# Performance Assessment Methodology Manual for the MassHealth Managed Behavioral Health Vendor Quality and Equity Incentive Program (MBHV-QEIP)

## Performance Years 3-5 (Calendar Years 2025-2027)

## Version: July 2026

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MassHealth will hold the MBHV accountable for its performance on the MBHV Quality and Equity Incentive Program (MBHV-QEIP) performance measures and will make incentive payments based on such performance. This document describes MassHealth's MBHV-QEIP Performance Assessment Methodology (PAM) for Performance Years (PY) 3-5.

## A. Individual Measure Scoring Approaches

MBHV performance assessment will be based on a point scoring approach for each measure type across the MBHV-QEIP's three domains. The maximum number of points that the MBHV may attain for each measure is 10 points based on thresholds, goals, and, as applicable, improvement targets. Further, bonus points may be earned for select pay-for-performance measures. Bonus points will be applied to the respective measure's domain score.

There are two types of performance status:

1. **Pay-for-reporting (P4R) measures.** P4R measures will be assessed on a complete/incomplete basis for which if the MBHV successfully submits timely, complete, and responsive information based on each measure's technical specifications, it will earn 10 points for the measure. If the MBHV's submissions were not timely, complete, and responsive, it will earn 0 points for the measure. In other words, MBHV will receive either 0 or 10 points for P4R measures; MassHealth will not award partial credit for P4R measures.

2. **Pay-for-performance (P4P) measures.** The MBHV may receive 0-10 points depending on each measure's performance compared to set performance thresholds, goals, and/or improvement targets for the individual measures. If the measure performance goal is exceeded, bonus points (which are applied to domain score) may be earned for select P4P measures.

Performance thresholds, goals, and improvement targets will be monitored and may be adjusted as needed.

Table 1 below lists the performance status of each measure in PY3-PY5 (2025-2027).

***Table 1. PY3-5 MBHV-QEIP Measures & Performance Status***

| Measure | Measure Component(s)/ Sub-measures | PY3 2025 | PY4 2026 | PY5 2027 |
|---|---|---|---|---|
| **Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity (RELDSOGI) Data Completeness** | 1. Race<br>2. Ethnicity<br>3. Language<br>4. Disability<br>5. Sexual Orientation<br>6. Gender Identity<br>7. Date Stamp Element (PY5 only) | P4P | P4P | P4P |

| Measure | Measure Component(s)/ Sub-measures | PY3 2025 | PY4 2026 | PY5 2027 |
|---|---|---|---|---|
| **Health-Related Social Needs (HRSN) Screening** | Rate 1. HRSN Screening Rate<br><br>Rate 2. HRSN Screen Positive Rate<br>a. Food Insecurity<br>b. Housing Instability<br>c. Transportation Needs<br>d. Utility Difficulties | Rate 1. P4P<br><br>Rate 2. P4R | Rate 1. P4P<br><br>Rate 2. P4R | Rate 1. P4P<br><br>Rate 2. P4R |
| **Quality Performance Disparities Reduction** | 1. Quality Measure 1<br>2. Quality Measure 2<br>3. Quality Measure 3 (Measures to be selected by MBHV) | P4R | P4P | P4P |
| **Meaningful Access to Healthcare Services for Individuals with a Preferred Language Other than English ("Language Access")** | Component 1. Language Access Self-Assessment Survey (PY3)<br>Component 2. Addressing Language Access Needs in Behavioral Health Outpatient Settings | 1. P4R<br><br>2. P4P | 2. P4P | 2. P4P |
| **Disability Competent Care** | Staff Training Rate | P4P | P4P | P4P |
| **Disability Accommodation Needs** | Rate 1. Accommodation Needs Screening Rate<br>Rate 2. Accommodation Needs Documentation Rate | P4R | P4P | P4P |
| **Achievement of External Standards for Health Equity** | 1. External Standards for Health Equity Report | P4P | P4R | P4R |
| **Member Experience*** | 1. MBHV Member Experience Survey Question 1<br>2. MBHV Member Experience Survey Question 2<br>3. MBHV Member Experience Survey Question 3a | P4P | P4P | P4P |

| Measure | Measure Component(s)/ Sub-measures | PY3 2025 | PY4 2026 | PY5 2027 |
|---|---|---|---|---|
| | 4. MBHV Member Experience Survey Question 3b | | | |

* The questions in the MBHV Adult Member Experience Survey that contribute to the Member Experience measure are as follows:

1. How often did MBHP's staff member(s) treat you with courtesy and respect?
2. And how often did MBHP staff member(s) give you all the information or help you needed?

3a. In the last 12 months, how often did counseling or treatment meet your needs concerning the following areas: Communication

3b. In the last 12 months, how often did counseling or treatment meet your needs concerning the following areas: Cultural

## B. Performance Assessment Methodology

### i. RELDSOGI Data Completeness, HRSN Screening, Language Access, Disability Competent Care, Disability Accommodation Needs, and Member Experience

#### *a. Measure Assessment Overview and Scoring*

As stated above, for P4R measures, the MBHV may achieve 10 points for timely, complete, and responsive submissions, or 0 points for untimely, incomplete, and/or unresponsive submissions. For P4P measures, the MBHV's performance on measures will be assessed based on meeting a minimum attainment threshold and towards meeting a performance goal to determine points. In addition to reaching the performance goal, submissions must be complete, timely, and responsive in order to earn the full 10 points. If the performance goal is not reached, partial credit may be earned (outlined below). Improvement points may also be earned by reaching improvement targets, whether the MBHV reaches the attainment threshold or not. The MBHV will earn 0 points if it does not complete the required submission(s).

MBHV must meet the minimum denominator of at least 30 cases in the eligible population in the PY to be eligible for scoring on each measure or submeasure (when applicable). If the MBHV does not meet the minimum denominator for a measure or submeasure, the weighting of the measure or submeasure will be redistributed equally to the remaining eligible performance measures or submeasures in the domain.

For the measures listed in Table 2, three types of benchmarks have been established:

1. **Attainment Threshold:** The attainment threshold represents the minimum level of performance that must be attained on each individual measure to earn between 1-10 points.

2. **Performance Goal:** The performance goal represents the level of performance on each individual measure the MBHV must attain to score the maximum 10 points.

3. **Improvement Target:** The improvement target represents a specified percentage point improvement for each applicable measure where the MBHV may earn improvement points. Improvement targets are established by taking the difference between the attainment threshold and the PY5 performance goal divided by the number of program years (5 years):

$$\text{Improvement Target} = \frac{(\text{PY5 Performance Goal} - \text{PY3-5 Attainment Threshold})}{\text{\# of program years}}$$

Unless otherwise specified, the baseline period for all measures is the first full year of complete data in which the MBHV also meets the minimum denominator threshold for the measure. The Disability Competent Care measure will use PY2 data as the baseline period. The Language Access measure will use PY3 data as the baseline period. The potential for improvement points takes effect the first year following the baseline year for the measure. Specifically:

- Effective beginning PY3, improvement points may be earned for RELDSOGI Data Completeness, Disability Competent Care, and Patient Experience, if the minimum denominator is met and
- Effective beginning PY4, improvement points may be earned for HRSN Screening, Language Access, Disability Accommodation Needs, if the minimum denominator is met.

The comparison year for improvement points is initially the baseline year for the measure. If the improvement target is reached, the comparison year then becomes the most recent highest-performing year (the year the improvement points were earned).

### *b. Member Experience: Communication, Courtesy, and Respect*

The member experience measure utilizes the same attainment threshold, performance goal, and improvement target benchmarks as above with the following modifications:

- The improvement target for each MBHV Adult Member Experience Survey question is either 1% or 2% points.

Table 2 below outlines the attainment thresholds, performance goals, and improvement targets for these select P4P measures.

*Table 2. PY3-5 Benchmarks by Measure*

| **Measure** & Measure Component(s)/ Sub-Measures | **Attainment Threshold** | **Performance Goal PY3 (2025)** | **Performance Goal PY4 (2026)** | **Performance Goal PY5 (2027)** | **Improvement Target** | **Bonus Points** | **Additional Measure Requirement** |
|---|---|---|---|---|---|---|---|
| **Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness ¥** | **R:** 40%<br>**E:** 40%<br>**L:** 15%<br>**D:** 15%<br>**SO:** 15%<br>**GI:** 15%<br>**Date stamp element** (PY5 only): 35% (average across all elements[#] | **R:** 80%<br>**E:** 80%<br>**L:** 30%<br>**D:** 30%<br>**SO:** 30%<br>**GI:** 30%<br>**Date stamp element:** N/A | **R:** 80%<br>**E:** 80%<br>**L:** 50%<br>**D:** 50%<br>**SO:** 50%<br>**GI:** 50%<br>**Date stamp element:** N/A | **R:** 80%<br>**E:** 80%<br>**L:** 80%<br>**D:** 80%<br>**SO:** 80%<br>**GI:** 80%<br>**Date stamp element:** N/A | **R:** 8%<br>**E:** 8%<br>**L:** 13%<br>**D:** 13%<br>**SO:** 13%<br>**GI:** 13% | +1 point if exceed goal on any 3 of 6 sub-measures; +2 points if exceed goal on all sub-measures | Entities must submit and pass mapping and verification tool for PAM to be applied; Failure to pass mapping and verification on a data element/ category will result in a 0 score for the applicable sub-measure(s).<br><br>In PY5 Date Updated and/or Date Verified must be submitted in the Member Data Monthly Submission File for each data element, but will not be used for data completeness calculations; entity will earn 0 points for the Date Stamp element |

| **Measure** & Measure Component(s)/ Sub-Measures | **Attainment Threshold** | **Performance Goal PY3 (2025)** | **Performance Goal PY4 (2026)** | **Performance Goal PY5 (2027)** | **Improvement Target** | **Bonus Points** | **Additional Measure Requirement** |
|---|---|---|---|---|---|---|---|
| | | | | | | | sub-measure if it is below the attainment threshold and 10 points if it meets or exceeds the threshold. |
| **HRSN Screening**<br>Rate 1. HRSN Screening Rate<br>Rate 2. HRSN Screen Positive Rate | Rate 1: 10% | Rate 1: 30% | Rate 1: 45% | Rate 1: 60% | 10% pts | +1 point if exceed PY performance goals | Entities will report Rate 2, which will be P4R.<br>Entities may be required to pass an audit[Ω] of their data; failure to pass the audit will result in a 0 score for the P4P component of the measure and impact improvement point eligibility in the following year. |
| **Language Access**<br>Component 1. Survey<br>Component 2. Addressing Language Access Needs | Component 2. 25% | Component 2. 50% (Jul 1 – Dec 31, 2025) | Component 2. 75% | Component 2. 85% | 12% pts | +1 point if exceed PY performance goals | Entities must submit Component 2. Language Access Self-Assessment Survey (PY3: P4R; PY4 & 5: N/A). |

| **Measure** & Measure Component(s)/ Sub-Measures | **Attainment Threshold** | **Performance Goal PY3 (2025)** | **Performance Goal PY4 (2026)** | **Performance Goal PY5 (2027)** | **Improvement Target** | **Bonus Points** | **Additional Measure Requirement** |
|---|---|---|---|---|---|---|---|
| | | | | | | | Entities may be required to pass an audit of their data; failure to pass the audit[Ω] will result in a 0 score for the P4P component of the measure and impact improvement point eligibility in the following year. |
| **Disability Competent Care:** Staff Training Rate | 10% | 20% | 35% | 50% | 8% pts | +1 point if exceed PY performance goal | N/A |
| **Disability Accommodation Needs** Rate 1. Disability Accommodation Needs Screening Rate 2. Disability Accommodation Needs Documented | Rate 1: 25% Rate 2: 25% | Rate 1: N/A (P4R) Rate 2: N/A (P4R) | Rate 1: 45% Rate 2: 50% | Rate 1: 65% Rate 2: 75% | Rate 1: 8% pts Rate 2: 10% pts | +1 point if exceed PY performance goals (Rate 1 and Rate 2) | Entities may be required to pass an audit of their data; failure to pass the audit[Ω] will result in a 0 score for the measure and impact improvement point eligibility in the following year. |

| **Measure** & Measure Component(s)/ Sub-Measures | **Attainment Threshold** | **Performance Goal PY3 (2025)** | **Performance Goal PY4 (2026)** | **Performance Goal PY5 (2027)** | **Improvement Target** | **Bonus Points** | **Additional Measure Requirement** |
|---|---|---|---|---|---|---|---|
| **Member Experience^** | Question 1. 50%<br>Question 2. 50%<br>Question 3a. 50%<br>Question 3b. 50% | Question 1. 92%<br>Question 2. 87%<br>Question 3a. 92%<br>Question 3b. 79% | Question 1. 92%<br>Question 2. 87%<br>Question 3a. 92%<br>Question 3b. 79% | Question 1. 92%<br>Question 2. 87%<br>Question 3a. 92%<br>Question 3b. 79% | Question 1. 1% pt.<br>Question 2. 2% pts.<br>Question 3a. 1% pt<br>Question 3b. 2% pts. | N/A | N/A |

¥ R=Race; E=Ethnicity; L=Language; D=Disability; SO=Sexual Orientation; GI=Gender Identity

# Date stamp usage rate will be calculated as follows: for each RELDSOGI element, calculate the proportion of unique members with a date verified and/or date modified value by dividing the number of unique members with a date verified and/or date modified value submitted for the data element by the total number of unique members with a submitted value for that data element; Then, the proportions across all data elements are averaged.

Ω Reference the QEIP User Guide on the MBHV Quality and Equity Incentive Program (MBHV-QEIP) webpage under the CQMV Portal Reporting System section for more information on audit.

^ The questions in the MBHV Adult Member Experience Survey that contribute to the Member Experience measure are as follows:

1. How often did MBHP's staff member(s) treat you with courtesy and respect?
2. And how often did MBHP staff member(s) give you all the information or help you needed?

3a. In the last 12 months, how often did counseling or treatment meet your needs concerning the following areas: Communication

3b. In the last 12 months, how often did counseling or treatment meet your needs concerning the following areas: Cultural

Performance on member experience questions are assessed using the top 2 box score, which is the percent of respondents indicating "Usually" or "Always." Performance goals for each question were informed by past performance in the past three survey measurement years (MY2021-M2023).

Measure performance rates achieved by the MBHV will be rounded to the nearest whole number. For example, an ethnicity data completeness rate of 74.3% will be rounded to 74%, and an ethnicity data completeness rate of 74.5% will be rounded to 75%. This rule will apply to all rounding for the MBHV-QEIP PAM.

### *c. Point Scoring Using Attainment Threshold, Performance Goal, and Improvement Target*

In PY3-5, if the MBHV does not reach performance goal(s), they may earn partial credit by the following opportunities:

a. If attainment threshold is met:
   i. attainment points will be earned, which is calculated as: % of PY Performance Goal * 10;
   ii. *and* if improvement target is also met, 7 improvement points will be earned in addition to attainment points. The maximum number of points MBHV can earn on a measure is capped at 10 points.

***OR***

b. If attainment threshold is not met, but improvement target is met, 7 improvement points will be earned.

***OR***

c. If attainment threshold and improvement target are not met, partial improvement points proportional to the improvement target may be earned [see Example 1 in Appendix B: Scoring Examples].

Partial improvement points may not be earned in PY3 or PY4 if the attainment threshold is met However, a stepwise approach is used so that if a target is met (e.g., cumulatively over multiple performance periods), the full 7 points are earned in the future performance period in which the improvement target is attained.

In PY5 only, if the attainment threshold is met and MBHV improves but does not reach the improvement target, they may earn partial improvement points. These points are proportional to the improvement target, with the maximum points available being the difference between the MBHV's measure score and 10. To illustrate the application of partial improvement points in PY5, see Example 2 in Appendix B: Scoring Examples

The flowchart in **Appendix A** illustrates how points may be earned for a performance measure score in PY3-5.

### *d. Measure Component Weights*

Table 3 summarizes each measure's sub-measure and component weights.

*Table 3. Measure Weights for Sub-measures (as applicable)*

| Measure | PY3 (2025) | PY4 (2026) | PY5 (2027) |
|---|---|---|---|
| **RELDSOGI Data Completeness** | **Sub-measure weights[Ω]:**<br>**Option A**<br>• Race (~16.7%)<br>• Ethnicity (~16.7%)<br>• Language [with two equal sub-components of written and spoken – averaged] (~16.7%)<br>• Disability [with 6 equal sub-components – averaged] (~16.7%)<br>• Sexual Orientation (~16.7%)<br>• Gender Identity (~16.7%)<br><br>**Option B**<br>• Race (~20.8%)<br>• Ethnicity (~20.8%)<br>• Language [with two equal sub-components of written and spoken – averaged] (~20.8%)<br>• Disability [with 6 equal sub-components – averaged] (~20.8%)<br>• Sexual Orientation (~8.3%) | **Sub-measure weights[Ω]:**<br>**Option A**<br>• Race (~16.7%)<br>• Ethnicity (~16.7%)<br>• Language [with two equal sub-components of written and spoken – averaged] (~16.7%)<br>• Disability [with 6 equal sub-components – averaged] (~16.7%)<br>• Sexual Orientation (~16.7%)<br>• Gender Identity (~16.7%)<br><br>**Option B**<br>• Race (~20.8%)<br>• Ethnicity (~20.8%)<br>• Language [with two equal sub-components of written and spoken – averaged] (~20.8%)<br>• Disability [with 6 equal sub-components – averaged] (~20.8%)<br>• Sexual Orientation (~8.3%) | **Sub-measure weights[#]:**<br>**Option A**<br>• Race (~14.3%)<br>• Ethnicity (~14.3%)<br>• Language [with two equal sub-components of written and spoken – averaged] (~14.3%)<br>• Disability [with 6 equal sub-components – averaged] (~14.3%)<br>• Sexual Orientation (~14.3%)<br>• Gender Identity (~14.3%)<br><br>**Option B**<br>• Race (~16.7%)<br>• Ethnicity (~16.7%)<br>• Language [with two equal sub-components of written and spoken – averaged] (~16.7%)<br>• Disability [with 6 equal sub-components – averaged] (~16.7%)<br>• Sexual Orientation (~8.3%) |

| | | | |
|---|---|---|---|
| | • Gender Identity (~8.3%) | • Gender Identity (~8.3%) | • Gender Identity (~8.3%)<br>• Date Stamp Element (~16.7%) |
| **HRSN Screening** | **Sub-measure weights:**<br>• HRSN Screening Rate (75%)<br>• HRSN Screen Positive Rate (25%) | **Sub-measure weights:**<br>• HRSN Screening Rate (75%)<br>• HRSN Screen Positive Rate (25%) | **Sub-measure weights:**<br>• HRSN Screening Rate (75%)<br>• HRSN Screen Positive Rate (25%) |
| **Language Access** | **Sub-measure weights:**<br>• Language Access Self-Assessment Survey (25%)<br>• Addressing Language Access Needs (75%) | **Sub-measure weights:**<br>• Addressing Language Access Needs (100%) | **Sub-measure weights:**<br>• Addressing Language Access Needs (100%) |
| **Disability Competent Care** | N/A | N/A | N/A |
| **Disability Accommodation Needs*** | **Sub-measure weights:**<br>• Rate 1 (50%)<br>• Rate 2 (50%) | **Sub-measure weights:**<br>• Rate 1 (50%)<br>• Rate 2 (50%) | **Sub-measure weights:**<br>• Rate 1 (50%)<br>• Rate 2 (50%) |
| **Member Experience: Communication, Courtesy & Respect^** | **Sub-measure weights:**<br>• Question 1 (25%)<br>• Question 2 (25%)<br>• Question 3a (25%)<br>• Question 3b (25%) | **Sub-measure weights:**<br>• Question 1 (25%)<br>• Question 2 (25%)<br>• Question 3a (25%)<br>• Question 3b (25%) | **Sub-measure weights:**<br>• Question 1 (25%)<br>• Question 2 (25%)<br>• Question 3a (25%)<br>• Question 3b (25%) |

Ω In PY3-4, MassHealth will calculate a measure score in two ways: (1) equal weight of 16.7% for each sub-measure, including SO & GI, and (2) reduced weight of SO & GI (8.3%), with remaining weight distributed equally to R, E, L, and D; MassHealth will use the higher of the two scores for the RELDSOGI Data Completeness measure.

# In PY5, with the introduction of the date stamp element, MassHealth will calculate a measure score in two ways: (1) equal weight of 14.3% for each sub-measure, including SO & GI and the date stamp element, and (2) reduced weight of

SO & GI (8.3%), with remaining weight distributed equally to R, E, L, D, and date stamp element; MassHealth will use the higher of the two scores for the RELDSOGI Data Completeness measure

*Rate 1: Disability Accommodation Needs Screening; Rate 2: Disability Accommodation Needs Documented;

^ The questions in the MBHV Adult Member Experience Survey that contribute to the Member Experience measure are as follows:

1. How often did MBHP's staff member(s) treat you with courtesy and respect?
2. And how often did MBHP staff member(s) give you all the information or help you needed?

3a. In the last 12 months, how often did counseling or treatment meet your needs concerning the following areas: Communication

3b. In the last 12 months, how often did counseling or treatment meet your needs concerning the following areas: Cultural

### ii. Quality Performance Disparities Reduction

The MBHV will be assessed on the *three measures*, which MBHV selected in the PY3 MBHV-QEIP Measure Assessment Report informed by entity-level baseline data stratified using the Golden Table. Table 4 lists the eligible measures and respective baseline year(s); please note 2023 and 2024 data are combined (i.e., pooled) as indicated in the table. The MBHV will have selected measures from this slate for which race or ethnicity gap is significant or approaching significance within baseline data. A minimum denominator of 30 members per race and ethnic categories must be met.

***Table 4. Eligible MBHV-QEIP Quality Measures and Respective Baseline Year(s)***

| Eligible Measures | Baseline Data (Calendar Year) |
|---|---|
| 7 day - Follow-Up After Emergency Department Visit for Mental Illness (FUM-7) | 2023/2024 combined |
| 7 day - Follow-Up After Hospitalization for Mental Illness (FUH-7) | 2023/2024 combined |
| IPFQR- 30-day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (RAD30) | 2023/2024 combined |
| Pharmacotherapy for Opioid Use Disorder (POD) | 2023/2024 combined |
| Pharmacotherapy for Opioid Use Disorder (OUD) | 2023/2024 combined |

The MBHV will earn points based on the *highest performing selected measure in PY4* (CY2026) and on the *two highest performing selected measures in PY5* (CY2027). Fisher Exact test at the $p<0.5$ significance level will be utilized for each selected measure (three total) to determine if racial and/or ethnic disparity gap is detected. Table 5 outlines the number of measures assessed, total eligible points, and possible points earned based on disparity gap detected for each selected measure in PY26 and PY27.

***Table 5. Measure Performance Assessment and Scoring by PYs***

| PY | Number of Measures Assessed | Total Eligible Points | Points Earned |
|---|---|---|---|

| | | | |
|---|---|---|---|
| PY4 (CY2026) | Highest performing selected measure (dropping performance of the lowest performing selected measures) | 10 points<br><br>(if both race and ethnicity gaps detected, then 5 points each) | • No disparity gap = 10 points<br>• Disparity gap<br>  ○ Lessened and significant = 10 points<br>  ○ Lessened but <u>not</u> significant and meets minimum improvement target* = 5 points<br><br>*Minimum improvement target = Baseline gap (2023&2024 or 2023) ÷ 5 |
| PY5 (CY2027) | 2 highest performing selected measures | 20 points<br><br>(10 points per selected measure; if both race and ethnicity gaps detected, then 5 points each) | For each measure:<br>• No disparity gap = 10 points per measure<br>• Disparity gap<br>  ○ Lessened and significant = 10 points per measure<br>  ○ Lessened but <u>not</u> significant and meets minimum improvement target* = 5 points per measure<br><br>*Minimum improvement target = Baseline gap (2023&2024 or 2023) ÷ 5 |

MassHealth will use a stepwise approach, described below, to determine Quality Performance Disparity Reduction.

**PY26 and PY27 Stepwise Calculation:**

| | |
|---|---|
| **Step 1** | a. As applicable, pooling of 2023 & 2024 data (pooling used to boost statistical power to detect differences)<br>b. Examine highest to lowest gaps (race and ethnicity) to detect disparity<br>c. If disparity is present (race or ethnicity), then race or ethnicity becomes **Focus Category** for PY26 & PY27, thereby making measure an eligible measure in PY2026-27<br>a. If race and ethnicity gap is detected, then both become **Focus Category** in PY2026-27<br>b. If only one is detected (i.e., race or ethnicity), then it becomes the **Focus Category** in PY2026-27, and one (e.g., race) will be analyzed and the other (e.g., ethnicity) is excluded from the reduction analysis |
| **Step 2** | a. Test **Focus Category**<br>➢ If no disparity is detected, then full points are awarded<br>➢ If disparity is detected, then test PY2026 (or PY2027, as applicable) vs pooled 2023 & 2024<br>➢ If disparity has lessened and is significant then full points are awarded<br>➢ If disparity has lessened and is not significant and meets **Minimum Improvement Target** then half points are awarded |

Please see Appendix C for scoring examples.

### iii. Achievement of External Standards for Health Equity

The goal for this measure is for the MBHV to achieve the National Committee for Quality Assurance's (NCQA) Health Equity Accreditation (HEA)[1] by the end of PY3. If the MBHV does not achieve certification by end of PY3 (e.g., in PY4 or PY5), the MBHV may earn partial credit for progress towards HEA certification. Details on points scoring for this measure in PY3-5 are listed below; PY4 and PY5 are pay-for-reporting only.

[1] Effective January 15, 2026, per the NCQA, the Health Equity Accreditation is renamed Health Outcomes Accreditation

Points Scoring for Achievement of External Health Equity Standards in PY3:

- Official certificate of achievement of the NCQA Health Equity Accreditation = **10 points**

  *OR*

- The MBHV demonstrates progress towards/achievement of the NCQA HEA = **7 points**

  *OR*

- The MBHV does not demonstrate progress towards/achievement of the NCQA HEA = **0 points**

  *OR*

- The MBHV achieved NCQA HEA in PY1 or PY2 = **10 points + 1 bonus point**

Points Scoring for Achievement of External Health Equity Standards in PY4-5:

- The MBHV will earn 100% of the points attributed to this measure if it submits a timely, complete, and responsive "External Standards for Health Equity Report" indicating that its met performance requirements.
- The MBHV will earn 0% of the points attributed to the measure if the "External Standards for Health Equity Report" submission is not timely, complete, and responsive.

## C. Performance Measure, Domain, and Health Equity Scoring

### i. Measure Scoring

Performance measure scores for each measure will be defined as a ratio between 0-1. The score will be calculated as follows:

*Performance Measure Score = Points earned for each measure / Maximum number of points allowable for the measure*.

Some performance measures have sub-measures for which sub-measure performance scores will be calculated in the same manner. The sub-measures will be weighted as described in Table 3 to calculate a composite performance measure score between 0-1. For measures with sub-measures, the score is calculated as follows:

*Performance Measure Score = Sum of each (Sub-measure Score * Sub-measure Weighting)*.

### ii. Domain Scoring

A domain score will be calculated by taking each performance measure score in the domain and calculating the sum of each performance measure score multiplied by its respective measure weight:

*Domain Score = Sum of each (Performance Measure Score * Performance Measure Weight) *100*

Table 6, below, specifies measure weights by performance year. If the MBHV is not eligible for a measure (e.g., does not meet the minimum denominator criteria or minimum volume), the weighting will be redistributed equally to the other eligible performance measures in the domain. Any bonus points earned for a measure will be added to the Domain score and will not exceed the maximum eligible Domain points. For example, Domain score for Domain 1 (DHRSN) will be capped at 25 points as the maximum eligible points for Domain 1 (DHRSN) is 25 points.

***Table 6. PY 3-5 MBHV-QEIP Measure Weights***

| Domain* | Measure Name | Measure Weight (%) by Performance Year | | | Domain Weight (%) |
|---|---|---|---|---|---|
| | | PY3 (2025) | PY4 (2026) | PY5 (2027) | |
| **DHRSN** | Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness | 10 | 15 | 15 | 25 |
| | Health-Related Social Needs (HRSN) Screening | 15 | 10 | 10 | |
| **EQA** | Quality Performance Disparities Reduction | 15 | 20 | 20 | 50 |
| | Meaningful Access to Healthcare Services for Persons with a preferred language other than English | 15 | 15 | 15 | |
| | Disability Competent Care | 10 | 5 | 5 | |
| | Disability Accommodation Needs | 10 | 10 | 10 | |
| **CC** | Achievement of External Standards for Health Equity | 15 | 10 | 10 | 25 |
| | Member Experience: Communication, Courtesy and Respect | 10 | 15 | 15 | |
| **TOTAL** | | | | | **100** |

*DHRSN=Demographic and Health-Related Social Needs Data; EQA=Equitable Quality and Access; CC=Capacity and Collaboration

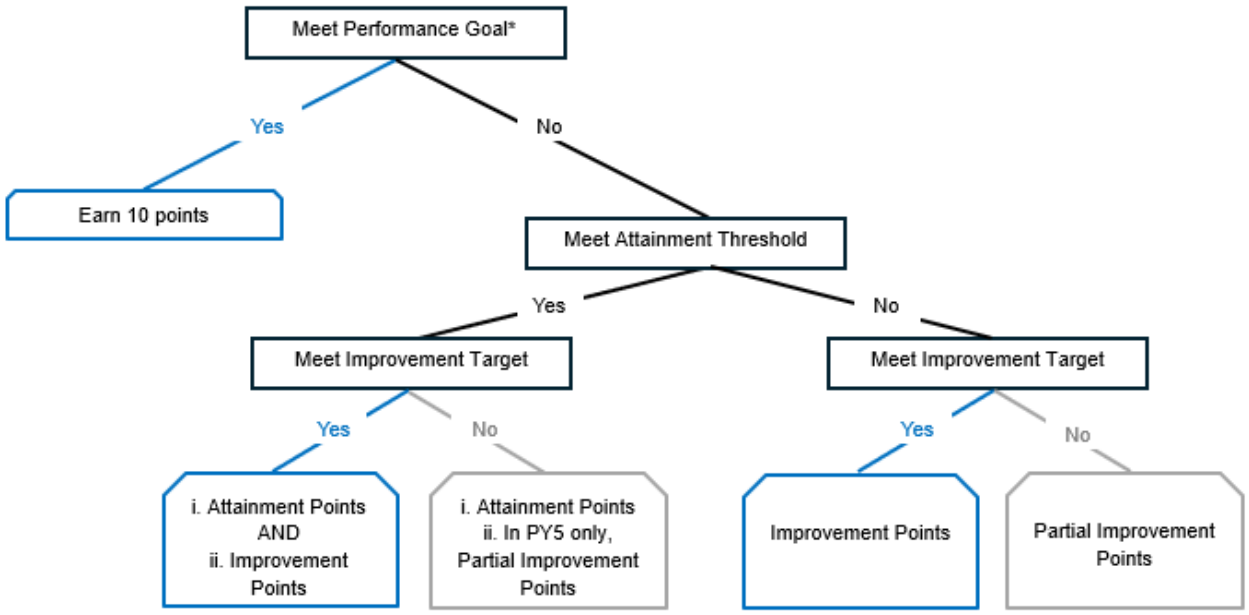
### iii. Health Equity Scoring

A health equity score will be calculated by taking each domain score and calculating the sum of each domain score:

*Health Equity Score = Sum of each Domain Score*

The final Health Equity Score will be used to calculate the MBHV's earned incentive payment and will not exceed 100%. The Health Equity Score will be rounded to the nearest hundredth. The final Health Equity Score will be used to calculate the MBHV's earned incentive payment for the QEIP each performance year.

## D. Appendix A: Performance Measure Score Point Flow Chart




*If the MBHV exceeds the Performance Goal, bonus point(s), as applicable to the measure, are added to the Domain Score

**Attainment Points = % of PY Performance Goal * 10**

**Improvement Points = 7 points**

**Partial Improvement Points (proportion to improvement target) = (Current MBHV PY rate – Previous MBHV PY rate) / Improvement Target**

## E. Appendix B: Scoring Examples

### Example 1. PY4 – Disability Competent Care: Not Meet Attainment Threshold and Not Meet Improvement Target

The MBHV reported a 5% Training Rate in PY3 and an 8% Training Rate in PY4.

**Disability Competent Care Measure Benchmarks:**

| Attainment Threshold | Performance Goal – PY3 | Performance Goal – PY4 | Improvement Target |
|---|---|---|---|
| 10% | 20% | 35% | 8% |

In this example, in PY4, the MBHV's Disability Competent Care measure would be calculated as follows:

1. Partial improvement = (Current MBHV PY rate – Previous MBHV PY rate) / Improvement target = (8% - 5%) / 8% = 0.38
2. Maximum eligible improvement points = 7 points
3. Improvement points = Eligible improvement * Partial improvement = 7 * 0.38 = **2.66 points**

### Example 2. PY5 – Disability Competent Care: Meet Attainment Threshold and Not Meet Improvement Target

The MBHV's had a 32% Training Rate in PY4 and a 38% Training Rate in PY5.

**Disability Competent Care Measure Benchmarks:**

| Attainment Threshold | Performance Goal – PY4 | Performance Goal – PY5 | Improvement Target |
|---|---|---|---|
| 10% | 35% | 50% | 8% |

In this example, in PY5, the MBHV's Disability Competent Care measure would be calculated as follows:

- Earned attainment points = % of Performance Goal * 10 = (38 / 50) * 10 = 7.60 points
- Maximum eligible improvement = Maximum measure points – Earned attainment points = 10.0 – 7.6 = 2.40 points
- Partial improvement (proportion to improvement target) = (Current MBHV PY rate – Previous MBHV PY rate) / Improvement Target = (38% - 32%) / 8% = 0.75
- Improvement points = Maximum eligible improvement * Partial improvement = 2.40 * 0.75 = 1.80 points

**Total PY5 Performance Measure Score** = Earned Attainment points + Improvement points = 7.60 + 1.80 = **9.40 points**

### Example 3. PY3 – Achievement of External Standards for Health Equity

The MBHV reported to MassHealth in PY3 that they were making progress towards the NCQA Health Equity Accreditation standards.

**Steps for Health Equity Scoring**

| | |
|---|---|
| **1. Measure Points** | **Measure points = 7**<br>(Measure type: P4P)<br><br>Note: Referencing Section B.iii. above, *demonstrates progress towards NCQA HEA Standards* = 7 points. |
| **2. Performance Measure Score** | **Performance Measure Score = $\frac{7}{10}$ = 0.70** |
| **3. Domain Score**<br><br>Domain 3 Measure Weights<br>• Achievement of Ext. Stds. for HE (15%)<br>• Member Experience (10%) | • *Achievement of Ext. Stds. for HE = (0.7 * 0.15) = 0.105*<br>• Member Experience = (1 * 0.1) = 0.1<br><br>**Domain 3 Score = (**0.105 +0.1)*100 = **20.50** |
| **4. Health Equity Score** | • Domain 1 Score = 20.00<br>• Domain 2 Score = 46.00<br>• *Domain 3 Score = 20.50*<br><br>**Health Equity Score** = 20 + 46 + 20.5 = 86.50 |

### Example 4. PY4 – Health-Related Social Needs (HRSN) Screening

The MBHV reported to MassHealth in PY3 and PY4:

| Rate 1 - PY3 | Rate 2 - PY3 | Rate 1 - PY4 | Rate 2 – PY4 |
|---|---|---|---|
| 41% | Data submitted | 50% | Data submitted |

**HRSN Benchmarks:**

| Component | Attainment Threshold | Performance Goal - PY4 | Improvement Target | Bonus Point |
|---|---|---|---|---|
| **Rate 1 – HRSN Screening Rate** | 10% | 45% | 10% pts | +1 point if exceed PY performance goal |
| **Rate 2 – HRSN Screen Positive Rate** | **N/A: P4R** | | | |

**Steps for Health Equity Scoring**

| | |
|---|---|
| **1. Measure Points** | *Rate 1*<br>• Exceeded Performance Goal in PY4 (50%>45%)<br>• Sub-measure Points = **10.00 points**<br>  ○ 10 points for reaching Performance Goal<br>  ○ 1 bonus point for exceeding Performance Goal (bonus point added during domain scoring)<br>*Rate 2*<br>• Timely, completely, responsive data submitted.<br>• Sub-measure Points = **10.00 points** |
| **2. Performance Measure Score**<br>Sub-measure Weights<br>• Rate 1 (75%)<br>• Rate 2 (25%) | Rate 1 Sub-measure Score: 10/10= 1<br><br>Rate 2 Sub-Measure Score: 10/10 = 1<br><br>**Overall Performance Measure Score = (1*0.75) + (1*0.25) = 1** |
| **3. Domain Score**<br><br><u>Domain 1 Measure Weights</u><br>• RELD SOGI Data Completeness (15%)<br>• HRSN Screening (10%) | RELD SOGI Data Completeness = (0.87 * 0.15) = 0.1305<br>[Performance Measure Score = 0.87]<br><br>*HRSN Screening = (1 * 0.1) = 0.1*<br><br>**Domain 1 Score** = (0.1305+0.1)*100 + 1 *bonus point* = **24.05** |
| **4. Health Equity Score** | *Domain 1 Score = 24.05*<br>Domain 2 Score = 46.28<br>Domain 3 Score = 19.37<br><br>**Health Equity Score** = 24.05 + 46.28 + 19.37 = **89.70** |

## F. Appendix C: Disparity Reduction Detection Methodology – Stepwise Calculation Example

Pooled data from 2023 and 2024 demonstrate a statistically significant race <u>and</u> ethnicity gap on the FUH-7 measure.

| Race | Ethnicity |
|---|---|
| • White = 78%<br>• Asian = 68%<br><br>*Minimum Improvement Target = (78-68)/5 = 2.0* | • Hispanic = 80%<br>• Non-Hispanic = 70%<br><br>*Minimum Improvement Target = (80-70)/5 = 2.0* |

| | |
|---|---|
| Eligible to earn 5 points (out of 10 points) | Eligible to earn 5 points (out of 10 points) |

**PY2026 Calculation**

| Focus Category | 2026 | 2023 & 2024 to 2026 | Points Earned |
|---|---|---|---|
| White to Asian | 80% to 75%<br><br>No gap detected (p≥ .05) → Full points earned | NA | 5/5 |
| Hispanic to Non-Hispanic | 80% to 73%<br><br>Gap detected (p<.05) → No points earned | 2023 & 2024: 80-70 = 10%<br><br>2026: 80-73 = 7%<br><br>10% to 7% = -3.0<br><br>Gap reduction not significant (p≥.05) → No points earned<br><br>–3.0 ≥ minimum improvement target (i.e., 2.0) → Half points earned | 2.5/5 |
| | | Total Points Earned | 7.5/10 |

**PY2027 Calculation**

| Focus Category | 2027 | 2023 & 2024 to 2027 | Points Earned |
|---|---|---|---|
| White to Asian | 80% to 75%<br><br>No gap detected (p≥ .05) → Full points earned | NA | 5/5 |
| Hispanic to Non-Hispanic | 80% to 76% | 2023 & 2024: 80-70 = 10% | 5/5 |

| | | | |
|---|---|---|---|
| | Gap detected (p<.05) → No points earned | 2027: 80-76 = 4%<br><br>10% to 4% = -6.0<br><br>Gap reduction significant (p<.05) → Full points earned | |
| | | Total Points Earned | 7.5/10 |