



Technical Specifications for the MassHealth Managed Behavioral Health Vendor (MBHV) Quality and Equity Incentive Program (MBHV-QEIP)

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

Version: June 2026

Contents

Technical Specifications for the MassHealth Managed Behavioral Health Vendor (MBHV) Quality and Equity Incentive Program (MBHV-QEIP)..... 1

A. RELD SOGI Data Completeness..... 3

 i. Race Data Completeness..... 3

 ii. Hispanic Ethnicity Data Completeness 8

 iii. Preferred Language Data Completeness..... 13

 iv. Disability Data Completeness..... 21

 v. Sexual Orientation Data Completeness..... 33

 vi. Gender Identity Data Completeness..... 38

 vii. Performance Requirements and Assessment (Applicable to all subcomponents of the
 RELD SOGI Data Completeness Measure) 44

B. Health-Related Social Needs Screening..... 45

C. Quality Performance Disparities Reduction 55

D. Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than
English 58

E. Disability Competent Care..... 64

F. Disability Accommodation Needs 68

G. Achievement of External Standards for Health Equity 75

H. Member Experience: Communication, Courtesy, and Respect..... 77

A. RELD SOGI Data Completeness

i. Race Data Completeness

OVERVIEW

Measure Name	Rate of Race Data Completeness – MBHV
Steward	MassHealth
NQF Number	N/A
Data Source	Numerator source: MBHV Denominator source: MassHealth Encounter Data
Performance Status: PY3-5	Pay-for-Performance (P4P)

POPULATION HEALTH IMPACT

Complete, beneficiary-reported race data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	In PY3, the percentage of MBHV Covered Individuals with at least one Behavioral Health (BH) Outpatient (OP) Visit during the measurement year with self-reported race data that was collected or verified by the MBHV in the measurement year. In PY4-5, the percentage of MBHV Covered Individuals with at least one Behavioral Health (BH) Outpatient (OP) Visit during the measurement year with self-reported race data that was collected or verified by the MBHV within the past 3 years.
Numerator	In PY3, MBHV Covered Individuals with at least one BH OP Visit during the measurement year with self-reported race data that was collected or verified by the MBHV during the measurement year.

	In PY4-5, MBHV Covered Individuals with at least one BH OP Visit during the measurement year with self-reported race data that was collected or verified by the MBHV within the past 3 years.
Denominator	The eligible population

ELIGIBLE POPULATION

Age	Any age
Continuous Enrollment	Continuous enrollment in MassHealth for the measurement year
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year
Anchor Date	December 31 st of the measurement year
Event/Diagnosis	At least one BH OP Visit during the measurement year. To identify BH OP Visits: Identify all MBHV encounter claims that are Behavioral Health Outpatient Visits (<u>BH Outpatient Visit Value Set</u>)¹

DEFINITIONS

Covered Individual	A MassHealth Member who is eligible to receive Behavioral Health Covered Services under the MBHV Contract, including PCC Plan Enrollees, Members enrolled in a Primary Care ACO, Children in the Care and/or Custody of the Commonwealth, and children in MassHealth Standard or CommonHealth with other insurance.
Complete Race Data	Complete race data is defined as:

¹ HEDIS® Value Set used with permission from NCQA

	At least one (1) valid race value (valid race values are listed in Attachment 1). • If value is “UNK” it will <u>not</u> count toward the numerator. • If value is “ASKU,” it will count toward the numerator. • If value is “DONTKNOW,” it will count toward the numerator. Each value must be self-reported.
Measurement Year	Measurement Years 1-5 correspond to MBHV-QEIP Performance Years 1-5.
Member File	File Name: MBHV Member File Description: Existing member file sent by the MCEs to the MassHealth DW monthly through the existing encounter member process. This file specification has been updated to include a field to indicate the member’s enrollment at the MBHV level as well as the RELD/SOGI data fields provided by the MBHV.
Rate of Race Data Completeness	$(\text{Numerator Population} / \text{Eligible Population}) * 100$
Self-Reported data	For the purposes of this measure specification, data are defined as self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual’s behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy). Self-reported race data that has been rolled-up or transformed for reporting purposes may be included. For example, if the MBHV’s data systems include races that are included in HHS’ data collection standards and an individual self-reports their race as “Samoan”, then the MBHV can report the value of “Native Hawaiian or Other Pacific Islander” since the value of Samoan is not a valid value in Attachment 1.

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population
Numerator	For members in the denominator, identify those with complete race data, defined as: At least one (1) valid race value (valid race values are listed in Attachment 1). • If value is “UNK,” it will <u>not</u> count toward the numerator. • If value is “ASKU,” it will count toward the numerator. • If value is “DONTKNOW,” it will count toward the numerator. Each value must be self-reported.
Exclusions	If value is UTC, the member is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID ○ Format: Refer to MassHealth Member File Specification • At least one (1) race value, as defined under “Complete Race Data” above ○ Format: Refer to MassHealth Member File Specification
Data Collection	For the purposes of this measure, race data must be self-reported. Race data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported race data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient’s behalf, such as a parent or legal guardian) to self-report race

	(e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. MBHV, ACO, provider, staff) • Must include one or more values in Attachment 1.
Completeness Calculations	Completeness is calculated for: the MBHV.

Attachment 1. Race: Accepted Values

Description	Valid Values	Notes
American Indian/Alaska Native	1002-5	
Asian	2028-9	
Black/African American	2054-5	
Native Hawaiian or other Pacific Islander	2076-8	
White	2106-3	
Other Race	OTH	
Choose not to answer	ASKU	Member was asked to provide their race, and the member actively selected or indicated that they “choose not to answer.”
Don’t know	DONTKNOW	Member was asked to provide their race, and the member actively selected or indicated that they did not know their race.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.

Description	Valid Values	Notes
Unknown	UNK	The race of the member is unknown since either: (a) the member was not asked to provide their race, or (b) the member was asked to provide their race, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.

ii. Hispanic Ethnicity Data Completeness

OVERVIEW

Measure Name	Rate of Hispanic Ethnicity Data Completeness – MBHV
Steward	MassHealth
NQF Number	N/A
Data Source	Numerator source: MBHV Denominator source: Encounter Data
Performance Status: PY3-5	Pay-for-Performance (P4P)

POPULATION HEALTH IMPACT

Complete, beneficiary-reported ethnicity data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	In PY3, the percentage of MBHV Covered Individuals with at least one Behavioral Health (BH) Outpatient (OP) Visit during the measurement year with self-reported Hispanic ethnicity data that was collected or verified by the MBHV in the measurement year In PY4-5, the percentage of MBHV Covered Individuals with at least one Behavioral Health (BH) Outpatient (OP) Visit during the measurement year with self-reported Hispanic ethnicity data that was collected or verified by the MBHV within the past 3 years.
Numerator	In PY3, MBHV Covered Individuals with at least one BH OP Visit during the measurement year with self-reported Hispanic ethnicity data that was collected or verified by the MBHV during the measurement year In PY4-5, MBHV Covered Individuals with at least one BH OP Visit during the measurement year with self-reported Hispanic ethnicity data that was collected or verified by the MBHV within the past 3 years.
Denominator	The eligible population

ELIGIBLE POPULATION

Age	Any Age
Continuous Enrollment	Continuous enrollment in MassHealth for the measurement year
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year
Anchor Date	December 31 st of the measurement year
Event/Diagnosis	At least one BH OP Visit during the measurement year. To identify BH OP Visits:

- Identify all MBHV encounter claims that are Behavioral Health Outpatient Visits (BH Outpatient Visit Value Set)²

DEFINITIONS

Covered Individual	A MassHealth Member who is eligible to receive Behavioral Health Covered Services under the MBHV Contract, including PCC Plan Enrollees, Members enrolled in a Primary Care ACO, Children in the Care and/or Custody of the Commonwealth, and children in MassHealth Standard or CommonHealth with other insurance.
Complete Hispanic ethnicity Data	Complete Hispanic ethnicity data is defined as: One (1) valid Hispanic ethnicity value (valid Hispanic ethnicity values are listed in Attachment 2). • If value is “UNK,” it will <u>not</u> count toward the numerator. • If value is “ASKU it will count toward the numerator. • If value is “DONTKNOW” it will count toward the numerator. Each value must be self-reported.
Measurement Year	Measurement Years 1-5 correspond to MBHV-QEIP Performance Years 1-5.
Member File	File Name: MBHV Member File Description: Existing member file sent by the MCEs to the MassHealth DW monthly through the existing encounter member process. This file specification has been updated to include a field to indicate the member’s enrollment at the MBHV level as well as the RELD/SOGI data fields provided by the MBHV.
Rate of Hispanic Ethnicity Data Completeness	$(\text{Numerator Population} / \text{Eligible Population}) * 100$

² HEDIS® Value Set used with permission from NCQA

Self-Reported data	For the purposes of this measure specification, data are defined as self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy). Self-reported Hispanic ethnicity data that has been rolled-up or transformed for reporting purposes may be included. For example, if the MBHV's data systems include ethnicities that are included in HHS' data collection standards (i.e., Mexican; Puerto Rican; Cuban; Another Hispanic, Latino/a, or Spanish origin) and an individual self-reports their ethnicity as "Puerto Rican", then the MBHV can report the value of "Hispanic" since the value of Puerto Rican is not a valid value in Attachment 2.
---------------------------	--

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population
Numerator	For members in the denominator, identify those with complete Hispanic ethnicity data, defined as: One (1) valid Hispanic ethnicity value (valid Hispanic ethnicity values are listed in Attachment 2). ○ If value is "UNK," it will <u>not</u> count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Exclusions	If value is UTC, the member is excluded from the denominator

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID ○ Format: Refer to MassHealth Member File Specification • One (1) ethnicity value, as defined under “Complete Hispanic Data” above ○ Format: Refer to MassHealth Member File Specification
Data Collection	For the purposes of this measure, Hispanic ethnicity data must be self-reported. Hispanic ethnicity data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported Hispanic ethnicity data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient’s behalf, such as a parent or legal guardian) to self-report Hispanic ethnicity (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. MBHV, ACO, provider, staff) • Must include one value in Attachment 2.
Completeness Calculations	Completeness is calculated for: The MBHV

Attachment 2. Hispanic Ethnicity: Accepted Values

Description	Valid Values	Notes
Hispanic or Latino	2135-2	
Not Hispanic or Latino	2186-5	
Choose not to answer	ASKU	Member was asked to provide their ethnicity, and the member actively selected or indicated

Description	Valid Values	Notes
		that they “choose not to answer”.
Don’t know	DONTKNOW	Member was asked to provide their ethnicity, and the member actively selected or indicated that they did not know their ethnicity.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness).	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The ethnicity of the member is unknown since either: (a) the member was not asked to provide their ethnicity, or (b) the member was asked to provide their ethnicity, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.

iii. Preferred Language Data Completeness

OVERVIEW

Measure Name	Rate of Language Data Completeness – MBHV
Steward	MassHealth
NQF Number	N/A

Data Source	Numerator source: MBHV Denominator source: MassHealth Encounter Data
Performance Status: PY3-5	Pay-for-Performance (P4P)

POPULATION HEALTH IMPACT

Complete, beneficiary-reported preferred written and spoken language data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	In PY3, the percentage of MBHV Covered Individuals with at least one Behavioral Health (BH) Outpatient (OP) Visit during the measurement year with self-reported language data that was collected or verified by the MBHV in the measurement year. In PY4-5, the percentage of MBHV Covered Individuals with at least one Behavioral Health (BH) Outpatient (OP) Visit during the measurement year with self-reported language data that was collected or verified by the MBHV within the past 3 years. Rates are calculated separately for preferred spoken language and preferred written language.
Numerator	In PY3, MBHV Covered Individuals with at least one BH OP Visit during the measurement year with self-reported preferred written and spoken language data that was collected or verified by the MBHV during the measurement year. In PY4-5, MBHV Covered Individuals with at least one BH OP Visit during the measurement year with self-reported preferred written and spoken language data that was collected or verified by the MBHV within the past 3 years.
Denominator	The eligible population

ELIGIBLE POPULATION

Age	MBHV Covered Individuals age 6 and older as of December 31 of the measurement year
Continuous Enrollment	Continuous enrollment in MassHealth for the measurement year
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year
Anchor Date	December 31 st of the measurement year
Event/Diagnosis	At least one BH OP Visit during the measurement year. To identify BH OP Visits: Identify all MBHV encounter claims that are Behavioral Health Outpatient Visits (<u>BH Outpatient Visit Value Set</u>)³

DEFINITIONS

Covered Individual	A MassHealth Member who is eligible to receive Behavioral Health Covered Services under the MBHV Contract, including PCC Plan Enrollees, Members enrolled in a Primary Care ACO, Children in the Care and/or Custody of the Commonwealth, and children in MassHealth Standard or CommonHealth with other insurance.
Complete Preferred Written Language Data	Complete Preferred Written Language (PWL) data is defined as: One (1) valid Preferred Written Language value (valid Preferred Written Language values are listed in Attachment 3). - If value is “UNK,” it will not count toward the numerator. - If value is “ASKU,” it will count toward the numerator. - If value is “DONTKNOW,” it will count toward the numerator. Each value must be self-reported.
Complete Preferred Spoken Language Data	Complete Preferred Spoken Language (PSL) data is defined as:

³ HEDIS® Value Set used with permission from NCQA

	One (1) valid Preferred Spoken Language value (valid Preferred Spoken Language values are listed in Attachment 3). ○ If value is “UNK,” it will not count toward the numerator. ○ If value is “ASKU,” it will count toward the numerator. ○ If value is “DONTKNOW,” it will count toward the numerator. Each value must be self-reported.
Measurement Year	Measurement Years 1-5 correspond to MBHV-QEIP Performance Years 1-5
Member File	File Name: MBHV Member File Description: Existing member file sent by the MCEs to the MassHealth DW monthly through the existing encounter member process. This file specification has been updated to include a field to indicate the member’s enrollment at the MBHV level as well as the RELD/SOGI data fields provided by the MBHV.
Rate of Preferred Written and Spoken Language Data Completeness	There will be two rates reported for this measure, defined as: Rate 1: (Numerator (PWL) Population / Denominator Population) * 100 Rate 2: (Numerator (PSL) Population / Denominator Population) * 100
Self-Reported data	For the purposes of this measure specification, data are defined as self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual’s behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy).

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population
Numerator	Identify members with complete language data, (defined above under “Complete Preferred Written Language Data” and “Complete Preferred Spoken Language Data”) for each question below:

	• QMAT Language Q1: In which language would you feel most comfortable reading medical or health care instructions? Similar phrasing to elicit written language preference is acceptable. • QMAT Language Q2: What language do you feel most comfortable speaking with your doctor or nurse? Similar phrasing to elicit spoken language preference is acceptable.
Exclusions	If value is UTC, the member is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID ○ Format: Refer to MassHealth Member File Specification • One (1) Preferred Written and Spoken Language value per question, as defined under “Complete Preferred Written Language Data” and “Complete Preferred Spoken Language Data” above • Format: Refer to MassHealth Member File Specification
Data Collection	For the purposes of this measure, Preferred Written and Spoken Language data must be self-reported. Preferred Written and Spoken Language data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported Preferred Written and Spoken Language data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient’s behalf, such as a parent or legal guardian) to self-report preferred written and spoken languages_(e.g. over the

	phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. MBHV, ACO, provider, staff) • Must include one value in Attachment 3. ○ If the MBHV submits a value that is not included in Attachment 3 but allowable per the MassHealth Member File Specification, the value will be mapped to Other Preferred Written Language (OTH).
Completeness Calculations	Completeness is calculated per language question per denominator population, as described below: For the MBHV, the percentage of Covered Individuals with self-reported preferred written language data <u>for question 1</u> that was collected or verified by the MBHV in the measurement year for PY3 and within the past 3 years for PY4-5. For the MBHV, the percentage of Covered Individuals with self-reported preferred spoken language data <u>for question 2</u> that was collected or verified by the MBHV in the measurement year for PY3 and within the past 3 years for PY4-5.

Attachment 3. Language: Accepted Values

Preferred Written Language

Description	Valid Values	Notes
English	en	
Spanish	es	
Portuguese	pt	
Chinese – Traditional	zh-Hant	
Chinese Simplified	zh-Hans	
Haitian Creole	ht	

Description	Valid Values	Notes
French	fr	
Vietnamese	vi	
Russian	ru	
Arabic	ar	
Other Preferred Written Language	OTH	If the MBHV submits a value that is not included in Attachment 3 but allowable per the <u>MassHealth Member File Specification</u> , the value will be mapped to Other Preferred Written Language (OTH).
Choose not to answer	ASKU	Member was asked to provide their Preferred Written Language, and the member actively selected or indicated that they “choose not to answer.”
Don’t know	DONTKNOW	Member was asked to provide their Preferred Written Language, and the member actively selected or indicated that they did not know their Preferred Written Language.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The Preferred Written Language of the member is unknown since either: (a) the member was not asked to provide their Preferred Written Language, or

Description	Valid Values	Notes
		(b) the member was asked to provide their Preferred Written Language, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.

Preferred Spoken Language

Description	Valid Values	Notes
English	en	
Spanish	es	
Portuguese	pt	
Chinese	zh	If the MBHV submits Cantonese (yue), Mandarin (cmn), or Min Nan Chinese (nan) it will be mapped to Chinese for the purposes of data completeness.
Haitian Creole	ht	
Sign Languages	sgn	If the MBHV submits American Sign Language (ase) or Sign Languages (sgn), it will be mapped to Sign Languages for the purpose of data completeness.
French	fr	
Vietnamese	vi	
Russian	ru	
Arabic	ar	
Other Preferred Spoken Language	OTH	If an MBHV submits a value that is not included in Attachment 3 but allowable per the MassHealth Member File

		<u>Specification</u> , the value will be mapped to Other Preferred Spoken Language (OTH).
Choose not to answer	ASKU	Member was asked to provide their Preferred Spoken Language, and the member actively selected or indicated that they “choose not to answer.”
Don’t know	DONTKNOW	Member was asked to provide their Preferred Spoken Language, and the member actively selected or indicated that they did not know their Preferred Spoken Language.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The Preferred Spoken Language of the member is unknown since either: (a) the member was not asked to provide their Preferred Spoken Language, or (b) the member was asked to provide their Preferred Spoken Language, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.

iv. Disability Data Completeness

OVERVIEW

Measure Name	Rate of Disability Data Completeness – MBHV
Steward	MassHealth
NQF Number	N/A
Data Source	Numerator source: MBHV Denominator source: MassHealth Encounter Data
Performance Status: PY3-5	Pay-for-Performance (P4P)

POPULATION HEALTH IMPACT

Complete, beneficiary-reported disability data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	In PY3, the percentage of MBHV Covered Individuals with at least one Behavioral Health (BH) Outpatient (OP) Visit during the measurement year with self-reported disability data that was collected or verified by the MBHV in the measurement year. In PY4-5, the percentage of MBHV Covered Individuals with at least one Behavioral Health (BH) Outpatient (OP) Visit during the measurement year with self-reported disability data that was collected or verified by the MBHV within the past 3 years. Rates are calculated separately for 6 disability questions.
Numerator	In PY3, MBHV Covered Individuals with at least one BH OP Visit during the measurement year self-reported disability data that was collected or verified by the MBHV in the measurement year. In PY4-5, MBHV Covered Individuals with at least one BH OP Visit during the measurement year with self-reported disability data that was collected or verified by the MBHV within the past 3 years.
Denominator	The eligible population

ELIGIBLE POPULATION

Age	Age varies by disability question: - Disability Questions 1 and 2: MBHV Covered Individual of any age; - Disability Questions 3 – 5: MBHV Covered Individual age 6 and older as of December 31st of the measurement year; - Disability Question 6: MBHV Covered Individual age 16 and older as of December 31st of the measurement year.
Continuous Enrollment	Continuous enrollment in MassHealth for the measurement year
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year
Anchor Date	December 31 st of the measurement year
Event/Diagnosis	At least one BH OP Visit during the measurement year. To identify BH OP Visits: Identify all MBHV encounter claims that are Behavioral Health Outpatient Visits (BH Outpatient Visit Value Set)⁴

DEFINITIONS

Covered Individual	A MassHealth Member who is eligible to receive Behavioral Health Covered Services under the MBHV Contract, including PCC Plan Enrollees, Members enrolled in a Primary Care ACO, Children in the Care and/or Custody of the Commonwealth, and children in MassHealth Standard or CommonHealth with other insurance.
---------------------------	---

⁴ HEDIS® Value Set used with permission from NCQA

Complete Disability Data	Complete Disability data is defined as: One (1) valid disability value for each Disability Question (listed in Attachment 4). ○ If value is “UNK,” it will <u>not</u> count toward the numerator. ○ If value is “ASKU,” it will count toward the numerator. ○ If value is “DONTKNOW,” it will count toward the numerator. Each value must be self-reported.
Measurement Year	Measurement Years 1-5 correspond to MBHV-QEIP Performance Years 1-5.
Member File	File Name: MBHV Member File Description: Existing member file sent by the MCEs to the MassHealth DW monthly through the existing encounter member process. This file specification has been updated to include a field to indicate the member’s enrollment at the MBHV level as well as the RELD/SOGI data fields provided by the MBHV.
Rate of Disability Data Completeness	$(\text{Numerator Population} / \text{Eligible Population}) * 100$
Self-Reported data	For the purposes of this measure specification, data are defined as self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual’s behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy).

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population.
Numerator Set	For members in the denominator, identify those with complete disability data, (defined above under “Complete Disability Data”) for each question below: Disability Q1 (any age): Are you deaf or do you have serious difficulty hearing?

	Disability Q2 (any age): Are you blind or do you have serious difficulty seeing, even when wearing glasses? Disability Q3 (age 6 or older as of December 31 of the measurement year): Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? Disability Q4 (age 6 or older as of December 31 of the measurement year): Do you have serious difficulty walking or climbing stairs? Disability Q5 (age 6 or older as of December 31 of the measurement year): Do you have difficulty dressing or bathing? Disability Q6 (age 16 or older as of December 31 of the measurement year): Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? ○ If value is "UNK," it will <u>not</u> count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Exclusions	If value is UTC, the member is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	For a given disability question, the following information is required: • A valid MassHealth Member ID ○ Format: Refer to MassHealth Member File Specification • One (1) valid disability value per question, as defined under "Complete Disability Data" above ○ Format: Refer to MassHealth Member File Specification
---------------------------	---

Data Collection	For the purposes of this measure, disability data must be self-reported. Disability data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported disability data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient's behalf, such as a parent or legal guardian) to self-report disability (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, provider, staff) • Must include one value in Attachment 4.
Completeness Calculations	Completeness is calculated per disability question, as described below for questions 1 and 2, as an example: Example 1: The percentage of Covered Individuals with self-reported disability data <u>for question 1</u> that was collected or verified by the MBHV in the measurement year in PY3 and within the past 3 years in PY4-5. Example 2: The percentage of Covered Individuals with self-reported disability data <u>for question 2</u> that was collected or verified by the MBHV in the measurement year in PY3 and within the past 3 years in PY4-5.

Attachment 4. Disability: Accepted Values

Disability Q1: Are you deaf or do you have serious difficulty hearing?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they are deaf or have difficulty hearing, and the member actively

Description	Valid Values	Notes
		selected or indicated that they “choose not to answer.”
Don’t know	DONTKNOW	Member was asked whether they are deaf or have difficulty hearing, and the member actively selected or indicated that they did not know if they are deaf or have difficulty hearing.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether the member is deaf or has difficulty hearing is unknown since either: (a) the member was not asked whether they are deaf or have difficulty hearing, or (b) the member was asked whether they are deaf or have difficulty hearing, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q2: Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they are blind or have difficulty seeing, and the member actively selected or indicated that they “choose not to answer.”
Don’t know	DONTKNOW	Member was asked whether they are blind or have difficulty seeing, and the member actively selected or indicated that they did not know whether they are blind or have difficulty seeing.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether the member is blind or has difficulty seeing is unknown since either: (a) the member was not asked whether they are blind or have difficulty seeing, or (b) the member was asked whether they are blind or have difficulty seeing, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q3: Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they have serious difficulty concentrating, remembering or making decisions, and the member actively selected or indicated that they “choose not to answer”.
Don’t know	DONTKNOW	Member was asked whether they have serious difficulty concentrating, remembering or making decisions, and the member actively selected or indicated that they did not know whether they have serious difficulty concentrating, remembering or making decisions.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether the member has difficulty concentrating, remembering or making decisions is unknown since either:

Description	Valid Values	Notes
		(a) the member was not asked whether they have difficulty concentrating, remembering or making decisions, or (b) the member was asked whether they have difficulty concentrating, remembering or making decisions, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q4: Do you have serious difficulty walking or climbing stairs?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they have difficulty walking or climbing stairs, and the member actively selected or indicated that they “choose not to answer.”
Don’t know	DONTKNOW	Member was asked whether they have difficulty walking or climbing stairs, and the member actively selected or indicated that they did not know whether they have difficulty walking or climbing stairs.

Description	Valid Values	Notes
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether the member has difficulty walking or climbing stairs is unknown since either: (a) the member was not asked whether they have difficulty walking or climbing stairs, or (b) the member was asked whether they have difficulty walking or climbing stairs, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q5: Do you have difficulty dressing or bathing?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they have difficulty dressing or bathing, and the member actively selected or indicated that they “choose not to answer.”
Don’t know	DONTKNOW	Member was asked whether they have difficulty dressing or bathing, and the member actively

Description	Valid Values	Notes
		selected or indicated that they did not know whether they have difficulty dressing or bathing.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether the member has difficulty dressing or bathing is unknown since either: (a) the member was not asked whether they have difficulty dressing or bathing, or (b) the member was asked whether they have difficulty dressing or bathing, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q6: Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked if they have difficulty doing errands, and the member actively selected or

Description	Valid Values	Notes
		indicated that they “choose not to answer”.
Don’t know	DONTKNOW	Member was asked if they have difficulty doing errands, and the member actively selected or indicated that they did not know whether they have difficulty doing errands.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether a member has difficulty doing errands is unknown since either: (a) the member was not asked whether they have difficulty doing errands, or (b) the member was asked whether they have difficulty doing errands, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.

v. Sexual Orientation Data Completeness

OVERVIEW

Measure Name	Rate of Sexual Orientation Data Completeness – MBHV
--------------	---

Steward	MassHealth
NQF Number	N/A
Data Source	Numerator source: MBHV Denominator source: MassHealth Encounter Data
Performance Status: PY3-5	Pay-for-Performance (P4P)

POPULATION HEALTH IMPACT

Complete, beneficiary-reported sexual orientation data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	In PY3, the percentage of MBHV Covered Individuals with at least one Behavioral Health (BH) Outpatient (OP) Visit during the measurement year with self-reported sexual orientation data that was collected or verified by the MBHV in the measurement year. In PY4-5, the percentage of MBHV Covered Individuals with at least one Behavioral Health (BH) Outpatient (OP) Visit during the measurement year with self-reported sexual orientation data that was collected or verified by the MBHV within the past 3 years.
Numerator	In PY3, MBHV Covered Individuals with at least one BH OP Visit during the measurement year with self-reported sexual orientation data that was collected or verified by the MBHV in the measurement year. In PY4-5, MBHV Covered Individuals with at least one BH OP Visit during the measurement year with self-reported sexual orientation data that was collected or verified by the MBHV within the past 3 years.
Denominator	The eligible population

ELIGIBLE POPULATION

Age	MBHV Covered Individual age 19 and older as of December 31 of the measurement year.
Continuous Enrollment	Continuous enrollment in MassHealth for the measurement year.
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year.
Anchor Date	December 31 st of the measurement year.
Event/Diagnosis	At least one BH OP Visit during the measurement year. To identify BH OP Visits: Identify all MBHV encounter claims that are Behavioral Health Outpatient Visits (BH Outpatient Visit Value Set)⁵

DEFINITIONS

Covered Individual	A MassHealth Member who is eligible to receive Behavioral Health Covered Services under the MBHV Contract, including PCC Plan Enrollees, Members enrolled in a Primary Care ACO, Children in the Care and/or Custody of the Commonwealth, and children in MassHealth Standard or CommonHealth with other insurance.
Complete Sexual Orientation Data	Complete sexual orientation data is defined as: At least one (1) valid sexual orientation value (listed in Attachment 5). - If value is “UNK,” it will <u>not</u> count toward the numerator. - If value is “ASKU,” it will count toward the numerator. - If value is “DONTKNOW,” it will count toward the numerator. Each value must be self-reported
Measurement Year	Measurement Years 1-5 correspond to MQEIP Performance Years 1-5.

⁵ HEDIS® Value Set used with permission from NCQA

Member File	File Name: MBHV Member File Description: Existing member file sent by the MCEs to the MassHealth DW monthly through the existing encounter member process. This file specification has been updated to include a field to indicate the member's enrollment at the MBHV level as well as the RELD/SOGI data fields provided by the MBHV.
Rate of Sexual Orientation Data Completeness	$(\text{Numerator Population} / \text{Eligible Population}) * 100$
Self-Reported data	For the purposes of this measure specification, data are defined as self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy).

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population.
Numerator	For members in the denominator, identify those with complete sexual orientation data, defined as: At least one (1) valid sexual orientation value (valid sexual orientation values are listed in Attachment 5). ○ If value is "UNK," it will <u>not</u> count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Exclusions	If value is UTC, the member is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID ○ Format: Refer to MassHealth Member File Specification • At least one (1) valid sexual orientation value, as defined under “Complete Sexual Orientation Data” above • Format: Refer to MassHealth Member File Specification
Data Collection	For the purposes of this measure, sexual orientation data must be self-reported. Sexual orientation data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported sexual orientation data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient’s behalf, such as a parent or legal guardian) to self-report sexual orientation (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g., MBHV, ACO, provider, staff) • Must include one or more values in Attachment 5.
Completeness Calculations	Completeness is calculated for: The MBHV.

Attachment 5. Sexual Orientation: Accepted Values

Description	Valid Values	Notes
Bisexual	42035005	
Straight or heterosexual	20430005	
Lesbian or gay	38628009	

Description	Valid Values	Notes
Queer, pansexual, and/or questioning	QUEER	
Something else	OTH	
Choose not to answer	ASKU	Member was asked to provide their sexual orientation, and the member actively selected or indicated that they “choose not to answer”.
Don’t know	DONTKNOW	Member was asked to provide their sexual orientation, and the member actively selected or indicated that they did not know their sexual orientation.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The sexual orientation of the member is unknown since either: (a) the member was not asked to provide their sexual orientation, or (b) the member was asked to provide their sexual orientation, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.

vi. Gender Identity Data Completeness

OVERVIEW

Measure Name	Rate of Gender Identity Data Completeness – MBHV
Steward	MassHealth
NQF Number	N/A
Data Source	Numerator source: MBHV Denominator source: MassHealth Encounter Data
Performance Status: PY3-5	Pay-for-Performance (P4P)

POPULATION HEALTH IMPACT

Complete, beneficiary-reported gender identity data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	In PY3, the percentage of MBHV Covered Individuals with at least one Behavioral Health (BH) Outpatient (OP) Visit during the measurement year with self-reported gender identity data that was collected or verified by the MBHV in the measurement year. In PY4-5, the percentage of MBHV Covered Individuals with at least one Behavioral Health (BH) Outpatient (OP) Visit during the measurement year with self-reported gender identity data that was collected or verified by the MBHV within the past 3 years.
Numerator	In PY3, MBHV Covered Individuals with at least one BH OP Visit during the measurement year with self-reported gender identity data that was collected or verified by the MBHV in the measurement year. In PY4-5, MBHV Covered Individuals with at least one BH OP Visit during the measurement year with self-reported gender identity data that was collected or verified by the MBHV within the past 3 years.
Denominator	The eligible population

ELIGIBLE POPULATION

Age	MBHV Covered Individual age 19 and older as of December 31 of the measurement year.
Continuous Enrollment	Continuous enrollment in MassHealth for the measurement year.
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year.
Anchor Date	December 31 st of the measurement year.
Event/Diagnosis	At least one BH OP Visit during the measurement year. To identify BH OP Visits: Identify all MBHV encounter claims that are Behavioral Health Outpatient Visits (BH Outpatient Visit Value Set)⁶

DEFINITIONS

Covered Individual	A MassHealth Member who is eligible to receive Behavioral Health Covered Services under the MBHV Contract, including PCC Plan Enrollees, Members enrolled in a Primary Care ACO, Children in the Care and/or Custody of the Commonwealth, and children in MassHealth Standard or CommonHealth with other insurance.
Complete Gender Identity Data	Complete gender identity data is defined as: At least one (1) valid gender identity value (listed in Attachment 6). - If value is “UNK,” it will <u>not</u> count toward the numerator. - If value is “ASKU,” it will count toward the numerator. - If value is “DONTKNOW,” it will count toward the numerator. Each value must be self-reported.

⁶ HEDIS® Value Set used with permission from NCQA

Measurement Year	Measurement Years 1-5 correspond to MBHV-QEIP Performance Years 1-5.
Member File	File Name: MBHV Member File Description: Existing member file sent by the MCEs to the MassHealth DW monthly through the existing encounter member process. This file specification has been updated to include a field to indicate the member's enrollment at the MBHV level as well as the RELD/SOGI data fields provided by the MBHV.
Rate of Gender Identity Data Completeness	$(\text{Numerator Population} / \text{Eligible Population}) * 100$
Self-Reported data	For the purposes of this measure specification, data are defined as self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy).

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population
Numerator	For members in the denominator, identify those with complete gender identity data, defined as: At least one (1) valid gender identity value (valid gender identity values are listed in Attachment 6). ○ If value is "UNK," it will <u>not</u> count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Exclusions	If value is UTC, the member is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID ○ Format: Refer to MassHealth Member File Specification • At least one (1) valid gender identity value, as defined under “Complete Gender Identity Data” above ○ Format: Refer to MassHealth Member File Specification
Data Collection	For the purposes of this measure, gender identity data must be self-reported. Gender identity data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported gender identity data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient’s behalf, such as a parent or legal guardian) to self-report gender identity (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. MBHV, ACO, provider, staff) • Must include one or more values in Attachment 6.
Completeness Calculations	Completeness is calculated for: The MBHV.

Attachment 6. Gender Identity: Accepted Values

Description	Valid Values	Notes
Male	446151000124109	
Female	446141000124107	
Genderqueer/gender nonconforming/non-binary;	446131000124102	

Description	Valid Values	Notes
neither exclusively male nor female		
Transgender man/trans man	407376001	
Transgender woman/trans woman	407377005	
Additional gender category or other	OTH	
Choose not to answer	ASKU	Member was asked to provide their gender identity, and the member actively selected or indicated that they “choose not to answer”.
Don’t know	DONTKNOW	Member was asked to provide their gender identity, and the member actively selected or indicated that they did not know their gender identity.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The gender identity of the member is unknown since either: (a) the member was not asked to provide their gender identity, or (b) the member was asked to provide their gender identity, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.

vii. **Performance Requirements and Assessment (Applicable to all subcomponents of the RELDSOGI Data Completeness Measure)**

PY3-5 PERFORMANCE REQUIREMENTS AND ASSESSMENT

Performance Requirements: PY3-4	1) Timely submission of data as described in the “Member Data and Member Enrollment Monthly Submission Specifications for all Entities, Version 3.0 (June 21, 2024).” a. Within the data file submission, the date the value is updated (“<RELDSOGI field> Date Updated”) or verified (“<RELDSOGI field> Date Verified”) associated with each RELDSOGI data element may be submitted but is not required. 2) Timely, complete, and responsive submission to MassHealth, by September 1 of the performance year (e.g., September 1, 2026 for PY4), or a date specified by EOHHS, of a RELD SOGI mapping and verification deliverable including descriptions of member-reported demographic data collection efforts as specified by MassHealth, in a form and format to be specified by MassHealth.
Performance Requirements: PY5	1) Timely submission of data as described in the “Member Data and Member Enrollment Monthly Submission Specifications for all Entities, Version 3.0 (June 21, 2024).” a. Within the data file submission, the date the value is updated (“<RELDSOGI field> Date Updated”) and/or verified (“<RELDSOGI field> Date Verified”) associated with each RELDSOGI data element must be submitted. 2) Timely, complete, and responsive submission to MassHealth by September 1, 2027, or a date specified by EOHHS, of a RELD SOGI mapping and verification deliverable including descriptions of member-reported demographic data collection efforts as specified by MassHealth, in a form and format to be specified by MassHealth.

Performance Assessment	See the MassHealth MBHV Quality and Equity Incentive Program (MBHV-QEIP) Performance Assessment Methodology manual.
-------------------------------	---

B. Health-Related Social Needs Screening

Aligned with CMS' Screening for Social Drivers of Health Measure for the Merit-based Incentive Payment System (MIPS) Program⁷

OVERVIEW

Measure Name	Health-Related Social Needs (HRSN) Screening
Steward	MassHealth
NQF Number	N/A
Data Source	Supplemental Data, Administrative Data, Encounter Data
Performance Status: PY3-5	Rate 1: Pay-for-Performance (P4P) Rate 2: Pay-for-Reporting (P4R)

POPULATION HEALTH IMPACT

Eliminating health care disparities is essential to improve quality of care for all patients. An important step in addressing health care disparities and improving patient outcomes is to screen for health-related social needs (HRSN), the immediate daily necessities prioritized by individuals that arise from the inequities caused by social determinants of health. Identification of such needs provides an opportunity to improve health outcomes through interventions such as referral to appropriate social services.

MEASURE SUMMARY

⁷ Aligned with CMS' Screening for Social Drivers of health Measure for the Merit-based Incentive Payment System (MIPS) Program. [Centers for Medicare and Medicaid Services Measures Inventory Tool \(cms.gov\)](https://www.cms.gov/medicare/medicaid-services/medicaid-services-measures-inventory-tool)

This measure assesses the percentage of Covered Individuals with at least one eligible Behavioral Health (BH) Outpatient (OP) Visit during the measurement year who were screened at least once during the measurement year for health-related social needs (HRSN). Two rates are reported:

- 1. **Rate 1: HRSN Screening Rate:** Percentage of Covered Individuals with at least one eligible BH OP Visit during the measurement year screened at least once during the measurement year using a standardized HRSN screening instrument for food, housing, transportation, and/or utility needs.
- 2. **Rate 2: HRSN Screen Positive Rate:** Rate of Covered Individuals who had an HRSN identified (i.e., screen positive) among cases in numerator Rate 1. Four sub-rates are reported for each of the following HRSNs: food, housing, transportation, and utility.

ELIGIBLE POPULATION	
Product lines	MBHV Covered Individuals
Ages	Any age
Continuous enrollment/ Allowable gap	Continuous Enrollment: 90 days/ Allowable Gap: N/A
Anchor date	N/A
Measurement period	Performance Year 3: January 1 – December 31, 2025 Performance Year 4: January 1 – December 31, 2026 Performance Year 5: January 1 – December 31, 2027
Event/diagnosis	At least one Behavioral Health Outpatient Visit during the measurement period. To identify Behavioral Health Outpatient Visits: Identify all MBHV encounter claims that are Behavioral Health Outpatient Visits (BH Outpatient Visit Value Set)⁸

⁸ HEDIS® Value Set used with permission from NCQA

DEFINITIONS

Measurement Year	Measurement Years 1-5 correspond to MBHV-QEIP Performance Years 1-5.
Covered Individual	A MassHealth Member who is eligible to receive Behavioral Health Covered Services under the MBHV Contract, including PCC Plan Enrollees, Members enrolled in a Primary Care ACO, Children in the Care and/or Custody of the Commonwealth, and children in MassHealth Standard or CommonHealth with other insurance.
Health-Related Social Needs	The immediate daily necessities that arise from the inequities caused by the social determinants of health, such as a lack of access to basic resources like stable housing, an environment free of life-threatening toxins, healthy food, utilities including heating and internet access, transportation, physical and mental health care, safety from violence, education and employment, and social connection.
Standardized HRSN Screening Instruments	A standardized health-related social needs screening instrument is defined as a standardized assessment, survey, tool or questionnaire that is used to evaluate social needs. HRSN screening tools used for the purpose of performance on this measure must include at least one screening question in each of the four required domains. Examples of eligible screening tools include, but are not limited to: • Accountable Health Communities Health-Related Social Needs Screening Tool • The Protocol for Responding to and Assessing Patients' Riss and Experiences (PRAPARE) Tool • American Academy of Family Physicians (AAFP) Screening Tool The MBHV is not required to use the example screening tools listed above; the MBHV may choose to use other screening instruments, or combinations of screening instruments, that include at least one screening question in each of the four required domains. MassHealth may require the MBHV to report to

	MassHealth the screening tool(s) used for the purpose of performance on this measure.
Supplemental Data	Data supplementary to administrative claims data that documents at the member-level 1) when a health-related social needs screen was performed, and/or 2) whether health-related social needs were identified (and if so, in which domain needs were identified). Such supplemental data may be derived from clinical records (such as electronic health records and case management records) or other databases available to entities. Such supplemental data may document screens conducted by billing providers and/or non-billing providers (such as community health workers, medical assistants, and social workers).

ADMINISTRATIVE SPECIFICATION

RATE 1: HRSN Screening Rate

Description	Percentage of Covered Individuals with at least one BH Outpatient Visit during the measurement year that are screened during the measurement year using a standardized HRSN screening instrument for food, housing, transportation, and utility needs.
Denominator	The eligible population
Numerator	Number of Covered Individuals screened at least once during the measurement year using a standardized screening instrument for food, housing, transportation, and/or utility needs. - Includes Individuals where documentation indicates that: - The Individual was offered HRSN screening and responded to one or more screening questions; or - The Individual was offered HRSN screening and actively opted out of screening (i.e. chose not to answer any questions). - Includes screenings rendered by any clinical provider (e.g., an MBHV clinical provider, ACO clinical provider), non-

	clinical staff (e.g., care coordinator), and/or MBHV staff. Notes: • An eligible encounter during the year is required for the Covered Individual to be included in the eligible population. However, screens may be conducted through modalities other than (in person or telehealth) office visits; they may be conducted by mail and any other means approved by MassHealth. • The MBHV may report all screenings for a given member in the measurement year but for the purpose of rate calculations, the most recent screening will be used.
Unit of measurement	Screens should be performed at the individual member level for adults and, as determined to be clinically appropriate by individuals performing HRSN screening, for children and youth. Screening may be performed at the household level on behalf of dependents residing in one household; if screening is performed at the household level then results must be documented in the respondent's medical record and in each dependent's medical record in order for the screen to be counted in the numerator for each individual.
Exclusions	• Covered Individual dies during the measurement period. • Covered Individual in hospice (identified using the <u>Hospice Value Set</u>⁹). • Covered Individual not screened for food insecurity, housing instability, transportation needs, and utility difficulties because individual was unable to complete the screening and have no legal guardian or caregiver able to do so on their behalf. This should be documented in the medical record.

RATE 2: HRSN Screen Positive Rate

⁹ HEDIS® Value Set used with permission from NCQA

Description	Rate of Covered Individuals who had an HRSN identified (i.e., screen positive) among cases in numerator Rate 1. Four sub-rates are reported for each of the following HRSNs: food, housing, transportation, and utility.
Denominator	Covered Individuals who meet the numerator criteria for Rate 1.
Numerator 2a – Food insecurity	Number of Covered Individuals who screened positive for food needs and for whom results are electronically documented in the MBHV's or MBHV provider's electronic health record (see Code List below).
Numerator 2b – Housing instability	Number of Covered Individuals who screened positive for housing needs and for whom results are electronically documented in the MBHV's or MBHV provider's electronic health record (see Code List below).
Numerator 2c – Transportation needs	Number of Covered Individuals who screened positive for transportation needs and for whom results are electronically documented in the MBHV's or MBHV provider's electronic health record (see Code List below).
Numerator 2d – Utility difficulties	Number of Covered Individuals who screened positive for utility needs and for whom results are electronically documented in the MBHV's or MBHV provider's electronic health record (see Code List below).
Exclusions	None

DATA REPORTING REQUIREMENTS

This measure will be calculated by MassHealth using administrative data and/or supplemental data submitted to MassHealth by the MBHV as follows. Data must be submitted in a form and format specified by MassHealth.

ADMINISTRATIVE DATA REPORTING REQUIREMENTS

Rate 1: The following codes will be the administrative data utilized to calculate Rate 1:

Code System	Code	Meaning
-------------	------	---------

HPCPS	M1207	Member screened for food insecurity, housing instability, transportation needs, utility difficulties [<i>and interpersonal safety</i> ¹⁰].
HPCPS	M1208	Member not screened for food insecurity, housing instability, transportation needs, utility difficulties [<i>and interpersonal safety</i> ¹⁰].
HPCPS	M1237	Member reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, [<i>and interpersonal safety</i> ¹⁰] (e.g., member declined or other member reasons)

- Notes:
 - Members in the denominator where M1207 is coded will count towards the numerator.
 - Members in the denominator where M1237 is coded will count towards the numerator.
 - Members in the denominator where M1208 is coded will not count towards the numerator.
 - Members in the denominator where M1207, M1237, or M1208 are not coded will not count towards the numerator.

Rate 2: The following ICD-10 codes, which may be documented in any diagnosis field, are the administrative data that will be utilized to calculate Rate 2 numerators:

Food Insecurity

ICD-10 Code Contributing to Rate 2 Numerators	Meaning
E63.9	Nutritional deficiency, unspecified
Z59.41	Food insecurity

¹⁰ The HPCPS M1207, M1208, and M1237 codes include interpersonal safety as a screening domain. However, screening for interpersonal safety will not contribute toward performance on this HQEIP measure due to concerns about privacy and safety related to capturing this information through the same vehicle as other HRSN domains.

Z59.48	Other specified lack of adequate food
Z91.11	Patient's noncompliance with dietary regimen
Z91.110	Patient's noncompliance with dietary regimen due to financial hardship
Z91.A10	Caregiver's noncompliance with patient's dietary regimen due to financial hardship

Housing Instability

Homelessness

ICD-10 Code Contributing to Rate 2 Numerators	Meaning
Z59.00	Homelessness unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness

Housing Instability

ICD-10 Code Contributing to Rate 2 Numerators	Meaning
Z59.811	Housing instability, housed, with risk of homelessness
Z59.812	Housing instability, housed, homelessness in past 12 months
Z59.819	Housing instability, housed unspecified
Z59.2	Discord with neighbors, lodgers and landlord

Inadequate Housing

ICD-10 Code Contributing to Rate 2 Numerators	Meaning
Z58.6	Inadequate drinking-water supply
Z59.1	Inadequate housing, unspecified
Z59.11	Inadequate housing environmental temperature
Z59.12	Inadequate housing utilities
Z59.19	Other Inadequate housing

Transportation Needs

ICD-10 Code Contributing to Rate 2 Numerators	Meaning
Z59.82	Transportation insecurity

Utility Difficulties

ICD-10 Code Contributing to Rate 2 Numerators	Meaning
Z58.6	Inadequate drinking-water supply
Z58.81	Basic services unavailable in physical environment
Z59.12	Inadequate housing utilities

SUPPLEMENTAL DATA REPORTING REQUIREMENTS

In lieu of or addition to administrative data described above, the MBHV may choose to submit supplemental data (i.e. electronic health record or other medical record data demonstrating HRSN screening rates and/or identified needs) for use by MassHealth for calculating Rate 1 and/or Rate 2.

Such supplemental data must be submitted in a form and format to be specified by MassHealth, and must include:

1. For **Rate 1**: Data indicating any of the following:
 - a) a member was screened for food insecurity, housing instability, transportation needs, and utility difficulties during the performance period (corresponding to the definition of administrative HCPCS code M1207).
 - b) a member was not screened for food insecurity, housing instability, transportation needs, utility difficulties (corresponding to the meaning of the administrative HCPCS code M1208)
 - c) there is a member reason for not screening for food insecurity, housing instability, transportation needs, and utility difficulties (e.g., member declined or other member reasons.) (corresponding to the meaning of HCPCS code M1237)
2. For **Rate 2**: Data indicating identified needs, corresponding to the definitions of the ICD-10 codes provided in the Administrative Reporting section above. Data may be captured using the ICD-10 codes or other clinical record data (e.g., electronic health record data corresponding to these codes).

PY3-5 PERFORMANCE REQUIREMENTS & ASSESSMENT

Performance Requirements	This measure will be calculated by MassHealth using administrative data and/or, as applicable, supplemental data submitted to MassHealth by MBHV. Data must be submitted to MassHealth by 5pm on June 30 following the measurement year (e.g., PY3 data is due by June 30, 2026), in a form and format to be further specified by MassHealth. MassHealth anticipates auditing the data submitted by the MBHV, per the methodology outlined in the QEIP Portal User Guide.
Performance Assessment	See the MassHealth MBHV Quality and Equity Incentive Program (MBHV-QEIP) Performance Assessment Methodology manual.

C. Quality Performance Disparities Reduction

OVERVIEW

Measure Name	Quality Performance Disparities Reduction
Steward	MassHealth
NQF Number	N/A
Data Source	Administrative, Supplemental
Performance Status: PY3	Pay-for-Reporting (P4R)
Performance Status: PY4-5	Pay-for-Performance (P4P)

POPULATION HEALTH IMPACT

Equitable care is an important pillar of high-quality care. Stratification of quality measures by social risk factors supports identification of health and health care disparities and focused intervention to achieve more equitable care.

MEASURE SUMMARY

This measure assesses performance on reducing disparities on targeted quality performance measures associated with race, ethnicity, and/or other demographic or social risk factors.

Quality performance measures targeted for disparities reduction for the purpose of this measure are from the MBHV Quality Incentive Program (drawn from Appendix G) and are listed in Table 1. Alternative standard quality measures may be approved by MassHealth.

Targeted quality measures have been selected by MassHealth because of their importance to the MassHealth population.

ELIGIBLE POPULATION

The eligible population for each Appendix G, Quality Incentive Program measure identified in Table 1 for inclusion in this measure is defined in their respective measure steward technical

specifications (HEDIS Technical Specifications, CMS IPFQR Technical Specifications, and CMS Technical Specifications).

DEFINITIONS

Measurement Year	Measurement Years 1-5 correspond to MBHV-QEIP Performance Years 1-5.
Applicable Measures	Measures drawn from the Appendix G, Quality Incentive Program slate that are included in Table 1 of this specification.

ADMINISTRATIVE SPECIFICATION

In PY3, the MBHV must complete and submit a PY3 “Measure Assessment Report.” The report must be submitted in a form and format specified by MassHealth, and must include:

- An assessment of the opportunity for disparities reduction on the full list of measures specified by MassHealth, including how each measure does or does not represent an opportunity for the MBHV with regards to disparities reduction based on race/ethnicity.
- The measure(s) the MBHV proposes to focus on for disparities reduction in PY3-5, as well as a description of what is known about the MBHV’s historical aggregate performance on the selected measure(s), including performance stratified by race and ethnicity, and other evidence demonstrating the opportunity for improvement.

In PY4-5, MBHV will be assessed on disparities reduction for a subset of the measures in Table 1, as specified by MassHealth in its approvals of the individual MBHV’s’ PY3 “Measure Assessment Report.” Claims-based and chart-based measures will be calculated by MassHealth.

MassHealth reserves the right to request additional member-level measure data for the purposes of Quality measure stratification, as applicable, in a form and format specified by MassHealth.

Table 1: MassHealth Quality Incentive Program Measures Identified for Inclusion in this MBHV-QEIP “Quality Performance Disparities Reduction” Measure for PY3-5

Measure
NCQA-HEDIS (subset)- FUM-7 day: Youth (<18 years old)

NCQA-HEDIS (subset)- FUM-7 day: Adult (18+ years old)
NCQA-HEDIS (subset)- FUH-7 day: Youth (<18 years old)
NCQA-HEDIS (subset)- FUH-7 day: Adult (18+ years old)
CMS IPFQR- 30-day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility
NCQA-HEDIS (subset)- Pharmacotherapy for Opioid Use Disorder (POD)
CMS Adult Core Set- Use of Pharmacotherapy for Opioid Use Disorder (OUD)

PY3-5 PERFORMANCE REQUIREMENTS AND ASSESSMENT

Performance Requirements: PY3	By a date to be further specified by MassHealth timely, complete, and responsive submission to MassHealth of a PY3 “Measure Assessment Report.” Submissions must be in a form and format specified by MassHealth.
Performance Requirements: PY4-5	Submission requirements will vary by targeted disparities reduction measure; The MBHV must submit measure data, as applicable, in a form and format specified by MassHealth.
Performance Assessment: PY3	MBHV will earn credit for performance on this measure only through: • Timely, complete, and responsive submission to MassHealth of the PY3 “Measure Assessment Report.” All required questions must be answered or submission will not be considered complete.
Performance Assessment: PY4-5	See the MassHealth MBHV Quality and Equity Incentive Program (MQEIP) Performance Assessment Methodology Manual.

D. Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English

OVERVIEW

Measure Name	Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English
Steward	MassHealth
NQF Number	N/A
Data Source	Supplemental
Performance Status: PY3	Component 1: Pay-for-Reporting (P4R) Component 2: Pay-for-Performance (P4P)
Performance Status: PY4-5	Component 1: N/A Component 2: Pay-for-Performance (P4P)

POPULATION HEALTH IMPACT

Access to high quality language services is essential to delivery of accessible, high-quality care for individuals with a preferred spoken language other than English.

MEASURE SUMMARY

This measure focuses on the provision of quality interpreter services through two components:

1. **Language Access Self-Assessment Survey:** Self-assessment of language access services.
2. **Addressing Language Access Needs in Behavioral Health Outpatient Settings:** Percentage of eligible behavioral health outpatient visits occurring with an MBHV Network Provider serving Covered Individuals who report a preferred spoken language other than English (including sign languages) during which language assistance services were utilized.

ELIGIBLE POPULATION

Component 1: Language Access Self-Assessment Survey

Not applicable

Component 2: Addressing Language Access Needs in Behavioral Health Outpatient Settings

Product lines	MBHV Covered Individuals
Ages	Any age
Continuous enrollment/ Allowable gap	N/A
Anchor date	Date of Qualifying Behavioral Health Outpatient Visit
Measurement period	Performance Year 3: July 1 – December 31, 2025 Performance Year 4: January 1 – December 31, 2026 Performance Year 5: January 1 – December 31, 2027
Event/diagnosis	A three-step process must be used to identify eligible outpatient visits: Step 1. Identify eligible behavioral health outpatient visits occurring with an MBHV network provider during the measurement period. • To identify eligible outpatient visits: ○ Identify all MBHV encounter claims that are behavioral health outpatient visits (BH Outpatient Value Set)¹¹ ○ Identify behavioral health outpatient visits that occurred with an MBHV Network Provider. Step 2. Exclude behavioral health outpatient visits identified in Step 1 that are coded with a CBHC core outpatient services encounters (encounter bundle) with a CBHC provider.

¹¹ HEDIS® Value Set used with permission from NCQA

	- To identify CBHC core outpatient services encounters (encounter bundle), identify visits with the following encounter bundle code and modifiers: - T1040 HA or T1040 HB Step 3. For eligible outpatient visits identified in Step 1 and 2 identify those where a Covered Individual reported a preferred spoken language other than English (including sign languages).
--	--

DEFINITIONS

Measurement Year	Measurement Years 1-5 correspond to MBHV-QEIP Performance Years 1-5.
Covered Individual	A MassHealth Member who is eligible to receive Behavioral Health Covered Services under the MBHV Contract, including PCC Plan Enrollees, Members enrolled in a Primary Care ACO, Children in the Care and/or Custody of the Commonwealth, and children in MassHealth Standard or CommonHealth with other insurance.
Language Assistance Services	For the purposes of the MBHV-QEIP: - Language assistance services are defined¹² as oral or sign language assistance, including interpretation in non-English language provided in-person or remotely by a qualified interpreter for an individual who prefer a language other than English, and the use of services of qualified bilingual or multilingual staff to communicate directly with individuals who prefer a language other than English for health care. - Language assistance services must be delivered by individuals employed or contracted by the MBHV or MBHV Network Provider who are determined by the MBHV to be competent. Technologies such as smartphones, Applications, portable interpretation devices, or Artificial Intelligence used for interpretation do not count as language assistance services.

¹² Adapted from the Centers for Medicare and Medicaid Services' *Nondiscrimination in Health Programs and Activities* rule. [2024-08711.pdf \(govinfo.gov\)](#)

	- Competency may be specifically defined by the organization. It may be defined as possessing the skills and ethics of interpreting, and knowledge in both languages regarding the specialized terms (e.g., medical terminology) and concepts relevant to clinical and non-clinical encounters. - Language assistance services may be delivered using any delivery mode that meets communication needs (e.g., in-person, telephonic, video).
In-language Services	Services where a multilingual staff member or provider provides care in a non-English language preferred by the Covered Individual, without the use of an interpreter.
Preferred Spoken Language	Refers to a Covered Individual's preferred language other than English for health care. For the purpose of this measure, and in alignment with the Preferred Language Data Completeness measure, preferred spoken language may include visual languages expressed through physical movements, such as sign languages.

ADMINISTRATIVE SPECIFICATIONS

Component 1: Language Access Self-Assessment Survey

The MBHV must complete the Language Access Self-Assessment Survey (to be provided by MassHealth), which assesses language service infrastructure and programming in Performance Year 3. The Language Access Self-Assessment Survey will not be a component of the measure in PY4-5.

Component 2: Addressing Language Access Needs in Behavioral Health Outpatient Settings

Description	Percentage of behavioral health outpatient visits occurring with an MBHV network provider serving Covered Individuals who report a preferred spoken language other than English (including sign languages) during which language assistance services were utilized.
--------------------	---

Denominator	The eligible population
Numerator	Number of behavioral health outpatient visits occurring with an MBHV network provider serving Covered Individuals who reported a preferred spoken language other than English (including sign languages) during which language assistance services were utilized at least once during the visit, as documented in the medical record or language services documentation system (e.g., vendor logs).
Exclusions	Eligible events where: • There is documentation in the medical record that Covered Individual (or their caregiver, as applicable) refused interpreter services and/or in-language services. • There is documentation in the medical record of a medical reason where the Covered Individual cannot request interpreter services and/or in-language services (e.g., cognitive limitations) and there is no caregiver or legal guardian able to do so on the Individual's behalf. • In contrast to MassHealth's records, there is documentation in the practice or sites' medical record that member reported English as their preferred spoken language at the visit.

REPORTING METHOD

Component 1: Language Access Self-Assessment Survey

PY3 Only: Completed Language Access Self-Assessment Surveys must be submitted to MassHealth in a form and format to be specified by MassHealth.

Component 2: Addressing Language Access Needs in Behavioral Health Outpatient Settings

The MBHV is required to report performance using the following method:

1. *Visit sample following Sampling Methodology outlined in the QEIP Portal User Guide:*
Organizations report performance for a sample of 411 with a 5% oversample from the eligible population (total of 432 cases). MassHealth will draw the sample from all cases that meet criteria for the eligible population as described in these technical specifications. If an organization has less than 411 cases in the eligible population, the organization should report all cases in the eligible population. MassHealth measure logic will draw from cases from the oversample only to replace cases in the primary sample that do not meet denominator criteria (e.g. exclusions).

PY3-5 PERFORMANCE REQUIREMENTS & ASSESSMENT

Performance Requirements: PY3	Component 1: Language Access Self-Assessment Survey By March 31, 2026, the MBHV must submit the completed Language Access Self-Assessment Survey in the form and format specified by MassHealth. Component 2: Addressing Language Access Needs in Behavioral Health Outpatient Settings By 5pm on September 1 following the measurement year (e.g., PY3 data is due September 1, 2026), MBHV must report to MassHealth data using a visit sample, as specified in “Reporting Method” above. The MBHV must submit data in a form and format to be further specified by MassHealth. MassHealth anticipates auditing the data submitted by the MBHV for Component 2, per the methodology outlined in the QEIP Portal User Guide.
Performance Requirements: PY4-5	Component 1: N/A Component 2: Addressing Language Access Needs in Behavioral Health Outpatient Settings By September 1 following the measurement year (e.g., PY4 data is due September 1, 2027), the MBHV must report to MassHealth data using a visit sample, as specified in “Reporting Method” above. The MBHV must submit data in a form and format to be further specified by MassHealth. MassHealth anticipates auditing the data submitted by the MBHV for Component 2, per the methodology outlined in the QEIP Portal User Guide.

Performance Assessment: PY3	Component 1: Language Access Self-Assessment Survey (PY3 Only) (50% of measure score) - The MBHV will earn 100% of the points attributed to Component 1 of the measure for timely, complete, and responsive submission of the Language Access Self-Assessment Survey to MassHealth by March 31, 2026. - The MBHV will earn 0% of the points attributed to Component 1 of the measure if it does not submit a timely, complete, and responsive Language Access Self-Assessment Survey to MassHealth by March 31, 2026. Component 2: Addressing Language Access Needs in Behavioral Health Outpatient Settings (50% of measure score) See the MassHealth MBHV Quality and Equity Incentive Program (MQEIP) Performance Assessment Methodology manual.
Performance Assessment: PY4-5	Component 1: N/A Component 2: Addressing Language Access Needs in Behavioral Health Outpatient Settings (100% of measure score) See the MassHealth MBHV Quality and Equity Incentive Program (MQEIP) Performance Assessment Methodology manual.

E. Disability Competent Care

OVERVIEW	
Measure Name	Disability Competent Care
Steward	MassHealth
NQF Number	N/A
Data Source	Supplemental data
Performance Status: PY3-5	Pay-for-Performance (P4P)

POPULATION HEALTH IMPACT

Despite evidence of health care disparities experienced by people with disabilities, many health care workers lack adequate training to competently meet their health care needs. This measure will incentivize the MBHV to identify and prepare for addressing unmet needs for healthcare worker education and training to promote core competencies in providing care to members with disabilities.

MEASURE SUMMARY

This measure evaluates:

- 1) The percent of patient-facing staff who in the past 24 months 1) completed disability competency training to address Disability Competent Care (DCC) pillars selected by the MBHV in its DCC Training Plan and 2) demonstrated competency in the relevant disability competency training area(s).

ELIGIBLE POPULATION

The eligible population for this measure is all patient-facing staff at the MBHV. Within this eligible population, the MBHV must describe how they will define applicable patient-facing staff targeted for each disability competency training area in their DCC Training Plan report, which must be approved by MassHealth in PY2.

Applicable patient-facing staff targeted for each training area may overlap such that some (or all) staff are targeted for training in more than one training area.

DEFINITIONS

Patient-facing Staff

Patient-facing staff are employed MBHV staff whose role requires regular interaction with patients (and/or patients' caregivers).

Patient-facing staff may be clinical (i.e. providing or supporting clinical services, such as care management or clinical program staff) or non-clinical (i.e. providing non-clinical services, such as enrollment or member services staff).

Contracted providers or staff are not included in this definition of patient-facing staff.

	Note: if an entity wishes to expand their training population beyond this definition of applicable patient-facing staff, they must submit their request to MassHealth for approval and include their rationale in the DCC Training Plan.
Demonstrated competency	Demonstrated competency in a targeted disability competent care training area is defined as demonstrated ability to apply the knowledge and/or skills targeted for improvement through a disability competent care training exercise. Each entity may define what constitutes demonstrated competency for each training through the Disability Competent Care Training Plan. The demonstration of competency must be measurable. For example, demonstrated competency may be achieved through satisfactory performance on post-test assessments of knowledge and/or skills. Note: different trainings (e.g., care management and enrollment staff use different trainings) may satisfy the DCC pillar/sub-pillar selected for staff training so long as the staff demonstrate competency, and training completion and competency is documented and reported to MassHealth.
Measurement Year	Measurement Years 1-5 correspond to MBHV-QEIP Performance Years 1-5.
Supplemental Data	MBHV data drawn from organizational databases or otherwise related to staff training.

ADMINISTRATIVE SPECIFICATIONS

Rate 1: The percent of all patient-facing staff who, in the past 24 months, 1) completed disability competency training to address Disability Competent Care (DCC) pillars selected by the MBHV in its DCC Training Plan Report and 2) demonstrated competency in the relevant disability competency training area(s).

Rate 1 will be calculated as follows for the MBHV that have selected three training areas (for entities that select more or less than three training areas, the rate will be calculated by equally distributing performance credit across the total number of training areas):

$$\text{Rate 1} = 100 * (\# \text{ of patient-facing staff with demonstrated competency in training area 1} + \# \text{ of patient-facing staff with demonstrated competency in training area 2} + \# \text{ of patient-facing staff with demonstrated competency in training area 3}) / (\text{Eligible})$$

population for training area 1 + Eligible population for training area 2 + Eligible population for training area 3)

Note: the eligible population for the measure is all patient-facing staff at the MBHV.

Anchor Date	December 31 st of the measurement year
Measurement Periods	Performance Year 3: January 1 – December 31, 2025 Performance Year 4: January 1 – December 31, 2026 Performance Year 5: January 1 – December 31, 2027
Exclusions	Patient-facing staff that otherwise would fall into the denominator because of applicability of their roles to a targeted disability competency area who, as of the last day of the measurement year, have been employed with the organization less than 180 calendar days.
Other	If the MBHV wishes to change their targeted DCC training area from their approved DCC Training Plan in PY2, they should resubmit their updated DCC Training Plan to MassHealth for review and approval. If the MBHV wishes to expand their targeted patient-facing staff population, they must submit their request to MassHealth for approval.

PY3-5 PERFORMANCE REQUIREMENTS & ASSESSMENT

Performance Requirements	Rate 1 will be calculated by MassHealth using results submitted by MBHV to MassHealth, in a form and format specified by MassHealth, by March 31 following the measurement year (e.g., PY3 report is due March 31, 2026). Specific Reporting Requirements include: A. DCC Training Report: For each disability competency training area, report to MassHealth: If applicable, changes to the DCC training plan, including an overview of the approved selected
---------------------------------	---

	trainings, the number and description of the targeted “applicable” patient-facing staff. ii. The total number of patient-facing staff at the MBHV; iii. The number of patient-facing staff who completed the applicable training and demonstrated competency.
Performance Assessment	See the MassHealth MBHV Quality and Equity Incentive Program (MBHV-QEIP) Performance Assessment Methodology manual.

F. Disability Accommodation Needs

OVERVIEW

Measure Name	Disability Accommodation Needs
Steward	MassHealth
NQF Number	N/A
Data Source	Supplemental data
Performance Status: PY3	Pay-for-Reporting (P4R)
Performance Status: PY4-5	Pay-for-Performance (P4P)

POPULATION HEALTH IMPACT

Patients with disabilities continue to experience health care disparities related to lack of accommodations to access services. In order to reduce inequities experienced by individuals who have disabilities, accommodation needs must be identified at the point of care.

MEASURE SUMMARY

The measure assesses the percentage of eligible Behavioral Health Outpatient Visits where 1) Covered Individuals were screened for accommodation needs related to a disability and 2) for

those Covered Individuals screening positive for accommodation needs related to a disability, a corresponding Individual-reported accommodation need was documented.

Two rates are calculated:

- a) **Rate 1: Accommodation Needs Screening:** Percentage of eligible Behavioral Health Outpatient Visits occurring with an MBHV Network Provider where Covered Individuals with disability were screened for accommodation needs related to a disability and the results of the screen were documented electronically in the MBHV or MBHV Network's medical record.
- b) **Rate 2: Accommodation Needs Documented:** Percentage of eligible Behavioral Health Outpatient Visits where Covered Individuals screened positive for accommodation needs related to a disability and for which Individual-requested accommodation(s) related to a disability were documented electronically in the MBHV or MBHV Network's medical record.

ELIGIBLE POPULATION

Product Lines	MBHV Covered Individuals
Ages	At least 6 years of age on the date of visit
Continuous enrollment/ allowable gap	None
Anchor date	Date of Qualifying Behavioral Health Outpatient Visit
Measurement Periods	Performance Year 3: January 1, 2025 – December 31, 2025 Performance Year 4: January 1, 2026 – December 31, 2026 Performance Year 5: January 1, 2027 – December 31, 2027
Event	A three-step process will identify eligible events: Step 1. Identify eligible behavioral health outpatient visits occurring with an MBHV Network Provider during the measurement period: • To identify eligible outpatient visits: ○ Identify all MBHV encounter claims that are behavioral health outpatient visits (BH Outpatient Visit Value Set)¹³ ○ Identify behavioral health outpatient visits that occurred with an MBHV Network Provider.

¹³ HEDIS® Value Set used with permission from NCQA

	Step 2. Exclude behavioral health outpatient visits identified in Step 1 that are coded with a CBHC core outpatient services encounters (encounter bundle) with a CBHC provider. - To identify CBHC core outpatient services encounters (encounter bundle), identify visits with the following encounter bundle code and modifiers: - T1040 HA or T1040 HB Step 3. For eligible visits identified in Step 1 and 2, identify those where a Covered Individual is identified as having a disability using at least one or both of the following criteria: - A Covered Individual has self-reported disability; - A Covered Individual is eligible for MassHealth on the basis of a disability.
Exclusions	Eligible events where: The individual was not screened because the individual was unable to complete the screening and had no caregiver able to do so on their behalf. This should be documented in the medical record.

DEFINITIONS

Measurement Year	Measurement Years 1-5 correspond to MBHV-QEIP Performance Years 1-5.
Covered Individuals with self-reported disability	Covered Individuals with self-reported disability are defined as members that, as documented in the medical record, have responded “Yes” to one or more of the following six questions: - Disability Q1 (all ages): Are you deaf or do you have serious difficulty hearing? - Disability Q2 (all ages): Are you blind or do you have serious difficulty seeing, even when wearing glasses? - Disability Q3 (age 6 or older as of December 31 of the measurement year): Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

	• Disability Q4 (age 6 or older as of December 31 of the measurement year): Do you have serious difficulty walking or climbing stairs? • Disability Q5 (age 6 or older as of December 31 of the measurement year): Do you have difficulty dressing or bathing? • Disability Q6 (age 16 or older as of December 31 of the measurement year): Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
Covered Individual with Eligibility for MassHealth on the Basis of a Disability	Disability for the purpose of MassHealth eligibility determination is established by: (a) certification of legal blindness by the Massachusetts Commission for the Blind (MCB); (b) a determination of disability by the Social Security Administration (SSA); or (c) a determination of disability by the Disability Evaluation Services (DES). (d) Other Sources
Accommodation needs related to a disability	Accommodation needs related to a disability (including physical, intellectual and/or behavioral health disabilities) that are necessary to facilitate equitable access to high quality health care. Medical record documentation of member-requested accommodation needs for the purpose of calculating Rate 2 may be specific (e.g. member requests American Sign Language Interpreter) or categorical (e.g. member requests communication accommodations) at the discretion of the MBHV.
Accommodation Needs Screening	One or more questions posed to members by providers or staff that are intended to identify whether Covered Individuals need any accommodation needs related to a disability to facilitate equitable access to high quality health care. • Screening question(s) may be broad (e.g. Is there anything you need help with today to access your care?) or more specific (e.g., Do you have a need for an assistive listening

	device, mobility assistance, longer appointment time, or other accommodation?) Accommodation needs screening may be conducted at the point of service (e.g. during a live in-person visit) or asynchronously (e.g. through a patient portal).
--	--

ADMINISTRATIVE SPECIFICATIONS

RATE 1: Accommodation Needs Screening

Denominator	The eligible population
Numerator	Number of eligible events where, as documented in the medical record: - The Covered Individual was offered accommodation needs screening and responded; - To meet this requirement, the individual may instead actively validate that ongoing accommodation need(s) as documented in the medical record continue to be sufficient; - Or - The Covered Individual was offered accommodation needs screening and actively opted out of screening (i.e., chose not to answer any questions). If the Covered Individual responded to the accommodation needs screening, documentation must include the result of the screening, including at a minimum the following results: - Positive: the individual indicated a need for accommodation related to a disability. - Negative: the individual did not indicate any accommodation need related to a disability. Screening may be rendered by any MBHV staff or MBHV Network provider or staff.

RATE 2: Accommodation Needs Documented

Denominator	Cases in the eligible population with a positive accommodation needs screen.
Numerator	Denominator event where documentation in the medical record describes: Individual-requested accommodation(s) related to a disability documented either as a specific accommodation (e.g., member requests American Sign Language Interpreter) or categorical (e.g., member requests communication accommodations) at the discretion of the MBHV.

REPORTING METHOD

Reporting Element 1: Report to MassHealth a narrative description of the accommodation needs screening question(s) and tool(s) used and how member-requested accommodation needs are documented in the medical record.

Reporting Element 2: The MBHV is required to report performance using the following method:

2. Visit sample following Sampling Methodology outlined in the QEIP Portal User Guide: Organizations report performance for a sample of 411 with a 5% oversample from the eligible population (total of 432 cases). MassHealth will draw the sample from all cases that meet criteria for the eligible population as described in these technical specifications. If an organization has less than 411 cases in the eligible population, the organization should report all cases in the eligible population. MassHealth measure logic will draw from cases from the oversample only to replace cases in the primary sample that do not meet denominator criteria (e.g. exclusions).

In PY3, MassHealth anticipates auditing the data submitted by the MBHV for Reporting Element 2, per the methodology outlined in the QEIP Portal User Guide. These audits are anticipated to be used for informational purposes in PY3 and to promote data quality for future Performance Years. MassHealth reserves the right to take further action on the results of an audit, as appropriate.

PY3-5 PERFORMANCE REQUIREMENTS AND ASSESSMENT

Performance Requirements: PY3	Disability Accommodation Needs Screening The MBHV must report the following data to MassHealth. The MBHV must submit data in a form and format to be further specified by MassHealth. Required reporting elements will include: • <u>Reporting Element 1, due March 31, 2026:</u> ○ The accommodation needs screening question(s) used by the MBHV for the purpose of meeting performance requirements of this measure. ○ A description of how individual-requested accommodation needs are documented in the medical record including: a. entry mode (free text vs. fixed-field); b. specific fixed field options (if used); and c. where accommodation needs information is displayed (e.g. top or sidebar of electronic health record, problem list, etc.) • <u>Reporting Element 2, due 5pm on September 1, 2026:</u> For dates of service from January 1, 2025-December 31, 2025, data elements required to calculate Rates 1 and 2.
Performance Requirements: PY4-5	By 5pm on September 1 following the PY (e.g., September 1, 2027 for PY4), the MBHV must report data to MassHealth. The MBHV must submit data in a form and format to be further specified by MassHealth. Required reporting elements will include: • For dates of service in the respective PY, data elements required to calculate Rates 1 and 2 as specified in the file specifications submitted via the clinical quality measurement portal. MassHealth anticipates auditing the data submitted by the MBHV to calculate Rate 1 and Rate 2, per the methodology outlined in the QEIP Portal User Guide
Performance Assessment: PY3	• The MBHV will earn 20% of the points attributed to the measure for a timely, complete, and responsive submission of Reporting Element 1 to MassHealth by March 31, 2026.

	- The MBHV will earn 80% of the points attributed to the measure for a timely, complete, and responsive submission of Reporting Element 2 to MassHealth by September 1, 2026. - The MBHV will earn 0% of the points attributed to the measure if the MBHV does not submit a timely, complete, and responsive submission of Reporting Element 1 and Reporting Element 2 to MassHealth by March 31 and September 1, 2026, respectively.
Performance Assessment: PY4-5	See the MassHealth MBHV Quality and Equity Incentive Program (MBHV-QEIP) Performance Assessment Methodology manual.

G. Achievement of External Standards for Health Equity

OVERVIEW

Measure Name	Achievement of External Standards for Health Equity
Steward	National Committee for Quality Assurance (NCQA) and MassHealth (Relying on standards established by the NCQA.
NQF Number	N/A
Data Source	Supplemental
Performance Status: PY3	Pay-for-Performance (P4P)
Performance Status: PY4-5	Pay-for-Reporting (P4R)

POPULATION HEALTH IMPACT

To be successful in addressing persistent and longstanding health disparities, healthcare organizations must adopt structures and systems that systemically and comprehensively prioritize health equity as a fundamental component of high-quality care. These goals include collaboration and partnership with other sectors that influence the health of individuals, adoption and implementation of a culture of equity, and the creation of structures that support a culture of equity. External health equity certification independently and objectively assesses

attainment of these and other relevant health equity goals to ensure that healthcare organizations are providing a comprehensively high standard of equitable care.

MEASURE SUMMARY

This measure assesses the MBHV's progress towards and/or achievement of external standards related to health equity established by NCQA.

NCQA's Health Equity Accreditation Standards¹⁴ are intended to serve as a foundation for Health Plans to address health care disparities. These Health Equity Standards build on the equity-focused Health Plan Accreditation standards to recognize organizations that go above and beyond to provide high quality and equitable care.

This measure incentivizes the MBHV to demonstrate progress towards/achievement of the NCQA Health Equity Accreditation Standards, as demonstrated through a report to MassHealth.

ADMINISTRATIVE SPECIFICATIONS

By January 31st following the Performance Year (PY), timely, complete, and responsive submission of the **“External Standards for Health Equity Report”** indicating that the MBHV has met performance requirements (described below):

1. NCQA Health Equity Accreditation⁸ Report (either 1a or 1b must be reported)
 - a. Official certificate of achievement of the NCQA Health Equity Accreditation¹⁴; **or**
 - b. Progress Report related to achievement of NCQA Health Equity Accreditation¹⁴, including:
 - i. List of NCQA Health Equity Standards achieved to date (may be from the MBHV's own assessment of standards achieved).
 - ii. List of NCQA Health Equity Standards in progress (may be from the MBHV's own assessment of standards in progress).
 - iii. Description of any efforts undertaken in PY4 and PY5 to make progress towards achieving NCQA Health Equity Accreditation by the end of CY2028.
 - iv. Description of any anticipated efforts, resources, etc. needed to achieve Accreditation by the end of CY2028.

¹⁴ Effective January 15, 2026, per the NCQA, the Health Equity Accreditation will be renamed Health Outcomes Accreditation.

PY3-5 PERFORMANCE REQUIREMENTS AND ASSESSMENT

Performance Requirements	By January 31st following the Performance Year (e.g., PY3 report is due January 31, 2026), the MBHV must submit: 1) An “External Standards for Health Equity Report” in a form and format to be further specified by MassHealth.
Performance Assessment	See the MassHealth MBHV Quality and Equity Incentive Program (MBHV-QEIP) Performance Assessment Methodology manual.

H. Member Experience: Communication, Courtesy, and Respect

OVERVIEW

Measure Name	Member Experience: Communication, Courtesy, and Respect
Steward	MassHealth; using selected questions from the annual MBHV member experience survey
NQF Number	N/A
Data Source	Survey
Performance Status: PY3-5	Pay-for-Performance (P4P)

POPULATION HEALTH IMPACT

Using patient-reported experience, organizations can assess the extent to which patients are receiving culturally competent care that is respectful of and responsive to their individual preferences, needs, and values. Key components include effective communication, courtesy, and respect.

MEASURE SUMMARY

The *Member Experience: Communication, Courtesy, and Respect* measure evaluates MassHealth member perceptions of their behavioral health care experience with MBHV network providers. The measure utilizes elements from the annual MBHV member experience survey for members' perspectives of behavioral health care experience specifically related to communication, courtesy, and respect.

Note: The MBHV member experience survey is administered annually by the MBHV.

Three questions identified from the adult MBHV member experience survey contribute to the Member Experience: Communication, Courtesy and Respect measure.

ELIGIBLE POPULATION

Product Line	Covered Individuals
Age	Adult Covered Individuals (18+ years of age)
Event/Diagnosis	Adult Covered Individuals (18+ years of age) with a behavioral health outpatient visit
Continuous Enrollment/ allowable gap	None
Anchor date	None <i>Note: It is anticipated members will be surveyed who had a claim within the last twelve months of the measurement period where possible representing more recent member visits (methodology to be finalized prior to survey administration).</i>

DEFINITIONS

Measurement Year	Measurement Years 1-5 correspond to MBHV-QEIP Performance Years 1-5 as such: • MBHV-QEIP PY1 (CY2023) = MBHP Member Experience Survey MY2023 (Q3 CY2022 – Q2 CY2023) • MBHV-QEIP PY2 (CY2024) = MBHP Member Experience Survey MY2024 (Q3 CY2023 – Q2 CY2024)
-------------------------	---

	• MBHV-QEIP PY3 (CY2025) = MBHP Member Experience Survey MY2025 (Q3 CY2024 – Q2 CY2025) • MBHV-QEIP PY4 (CY2026) = MBHP Member Experience Survey MY2026 (Q3 CY2025 – Q2 CY2026) • MBHV-QEIP PY5 (CY2027) = MBHP Member Experience Survey MY2027 (Q3 CY2026 – Q2 CY2027)
Covered Individuals	A MassHealth Member who is eligible to receive Behavioral Health Covered Services under the MBHV Contract, including PCC Plan Enrollees, Members enrolled in a Primary Care ACO, Children in the Care and/or Custody of the Commonwealth, and children in MassHealth Standard or CommonHealth with other insurance.

ADMINISTRATIVE SPECIFICATIONS

The three questions identified from the adult MBHV member experience survey that contribute to the Member Experience: Communication, Courtesy and Respect measure are described below. **Adult Member Experience Survey Questions:**

- 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?
- 3) In the last 12 months, how often did counseling or treatment meet your needs concerning the following areas:
 - i. Communication
 - ii. Cultural

The question response choices are: Never, Sometimes, Usually, Always.

ADDITIONAL MEASURE INFORMATION

For PY3-5, the measure will be Pay-for-Performance.

Question Scoring	Performance on questions items 1-2, 3i and 3ii will be assessed using the top 2 box score Percent of respondents indicating “Usually” or “Always”.
Survey Administration	MBHV Member Experience Survey

	• Adult Survey Administration • Administered by the MBHV to collect approximately 400 adult survey completes. • Random sample drawn of adult members that had a behavioral health outpatient visit (in-person or telehealth visit). • Survey modes: Mail, phone. • Survey available in English with language line assistance. • Mail surveys include an English version. • Supplemental question/items may be tested/added to the survey in future years (finalized at least 3-4 months prior to survey administration)
Other Information	Other data may be provided: calculated/stratified by demographics/non-scoring patient reported elements (e.g., race, ethnicity, etc.) to support additional opportunities to identify opportunities to reduce disparities among the overall MassHealth population.

PY3-5 PERFORMANCE REQUIREMENTS AND ASSESSMENT

Performance Requirements	Surveys will be administered by the MBHV after Q2 of the performance year. (e.g., After June 2025 for PY3). The MBHV will share survey results with MassHealth in a form and format to be further specified by MassHealth by Q2 following the performance year (e.g., Q2 2026 for PY3).
Performance Assessment	See the MassHealth MBHV Quality and Equity Incentive Program (MQEIP) Performance Assessment Methodology manual.