**Clarifications, Technical Corrections, and Policy Changes to the Technical Specifications for the MassHealth Managed Behavioral Health Vendor (MBHV) Quality and Equity Incentive Program (MBHV-QEIP) Performance Years 3-5**

This document outlines clarifications, technical corrections, and policy changes to the Technical Specifications for Performance Years 3-5 (PY3-5) of the MassHealth MBHV Quality and Equity Incentives Program (MBHV-QEIP). Updates are incorporated into the change log table below.

MassHealth's working definitions for clarification, technical correction and policy changes are as follows:

**Clarification** is additional information that explains an existing requirement.

**Technical Correction** is a change made to rectify an error in the technical specification.

**Policy Update** is a modification of an existing requirement.

| Measure Name | Page # | Type of Update | Section Header | Updates | Update release date |
|---|---|---|---|---|---|
| RELDSOGI Data Completeness – Race | 3 | Clarification | Overview | Clarified denominator source is MassHealth encounter data | 06/08/26 |
| RELDSOGI Data Completeness – Race | 3-4 | Policy Update | Measure Summary – Description and Numerator | Modified PY4-5 requirement to include self-reported data collected or verified within the past 3 years | 06/08/26 |
| RELDSOGI Data Completeness – Race | 4 | Clarification | Measure Summary – Denominator | Clarified denominator is the eligible population | 06/08/26 |
| RELDSOGI Data Completeness – Ethnicity | 8 | Clarification | Overview | Clarified denominator source is MassHealth encounter data | 06/08/26 |
| RELDSOGI Data Completeness – Ethnicity | 9 | Policy Update | Measure Summary – Description and Numerator | Modified PY4-5 requirement to include self-reported data collected or verified within the past 3 years | 06/08/26 |
| RELDSOGI Data Completeness – Ethnicity | 9 | Clarification | Measure Summary – Denominator | Clarified denominator is the eligible population | 06/08/26 |

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| RELDSOGI Data Completeness – Language | 14 | Clarification | Overview | Clarified denominator source is MassHealth encounter data | 06/08/26 |
| RELDSOGI Data Completeness – Language | 14 | Policy Update | Measure Summary – Description and Numerator | Modified PY4-5 requirement to include self-reported data collected or verified within the past 3 years.. | 06/08/26 |
| RELDSOGI Data Completeness – Language | 14 | Clarification | Measure Summary - Description | Added note that rates are calculated separately for preferred spoken language and preferred written language | 06/08/26 |
| RELDSOGI Data Completeness – Language | 14 | Clarification | Measure Summary – Denominator | Clarified denominator is the eligible population | 06/08/26 |
| RELDSOGI Data Completeness – Language | 18 | Policy Update | Additional Measure Information – Completeness Calculations | Modified PY4-5 requirement to include self-reported data collected or verified within the past 3 years | 06/08/26 |
| RELDSOGI Data Completeness – Disability | 22 | Clarification | Overview | Clarified denominator source is MassHealth encounter data | 06/08/26 |
| RELDSOGI Data Completeness – Disability | 22 | Policy Update | Measure Summary – Description and Numerator | Modified PY4-5 requirement to include self-reported data collected or verified within the past 3 years | 06/08/26 |
| RELDSOGI Data Completeness – Disability | 22 | Clarification | Measure Summary – Denominator | Clarified denominator is the eligible population | 06/08/26 |
| RELDSOGI Data Completeness – Disability | 26 | Policy Update | Additional Measure Information – Completeness Calculations | Modified PY4-5 requirement to include self-reported data collected or verified within the past 3 years | 06/08/26 |
| RELDSOGI Data Completeness – | 34 | Clarification | Overview | Clarified denominator source is MassHealth encounter data | 06/08/26 |

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| Sexual Orientation | | | | | |
| RELDSOGI Data Completeness – Sexual Orientation | 34 | Policy Update | Measure Summary – Description and Numerator | Modified PY4-5 requirement to include self-reported data collected or verified within the past 3 years. | 06/08/26 |
| RELDSOGI Data Completeness – Sexual Orientation | 34 | Clarification | Measure Summary – Denominator | Clarified denominator is the eligible population | 06/08/26 |
| RELDSOGI Data Completeness – Gender Identity | 39 | Clarification | Overview | Clarified denominator source is MassHealth encounter data | 06/08/26 |
| RELDSOGI Data Completeness – Gender Identity | 39 | Policy Update | Measure Summary – Description and Numerator | Modified PY4-5 requirement to include self-reported data collected or verified within the past 3 years. | 06/08/26 |
| RELDSOGI Data Completeness – Gender Identity | 39 | Clarification | Measure Summary – Denominator | Clarified denominator is the eligible population | 06/08/26 |
| Language Access | 62 | Clarification | Administrative Specifications: Component 2 | Noted an additional exclusion type where in contrast to the MassHealth's records, there is documentation in the practice or sites' medical record that the member reported English as their preferred spoken language at the outpatient visit | 06/08/26 |
| Disability Competent Care | 67-68 | Technical Correction | PY3-5 Performance Requirements and Assessment | Clarified the information reported in the DCC training report. | 06/08/26 |
| RELDSOGI (all subcomponents | 4, 9, 14, 22, 34, 39 | Clarification | Eligible Population | Clarified that encounters identified are MBHV encounter claims. | 3/9/26 |

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| HRSN | 45 | Clarification | Eligible Population | Clarified that encounters identified are MBHV encounter claims. | 3/9/26 |
| HRSN | 53 | Clarification | PY3-5 Performance Requirements & Assessment | Clarified due date (time – 5pm) | 3/9/26 |
| Quality Performance Disparities Reduction | 56 | Technical Correction | Additional Measure Information | Removed section (not applicable to PY3-5) | 3/9/26 |
| Quality Performance Disparities Reduction | 56 | Technical Correction | PY3-5 Performance Requirements and Assessment | Changed due date of Measure Assessment Report from Oct 31, 2025 to “to be further specified by MassHealth.” | 3/9/26 |
| Language Access | 58 | Policy Update | Eligible Population | Clarified measurement period for PY3 (July 1 – December 31, 2025) | 3/9/26 |
| Language Access | 58 | Clarification | Eligible Population | Clarified that encounters identified are MBHV encounter claims. | 3/9/26 |
| Language Access | 62 | Clarification | PY3-5 Performance Requirements & Assessment | Clarified due date (time – 5pm) | 3/9/26 |
| Disability Competent Care | 65 | Technical Correction | Administrative Specifications | Included the revised formula used to calculate the DCC Training Rate (Rate 1) and removed previous “Denominator” and “Numerator” descriptions | 3/9/26 |
| Disability Competent Care | 66 | Technical Correction | PY3-5 Performance Requirements and Assessment | Modified to state MassHealth will calculate the DCC Training Rate (Rate 1) | 3/9/26 |

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| Disability Accommodation Needs | 68 | Technical Corrections | Eligible Population | Corrected age to “at least 6 years of age on the date of the visit” | 3/9/26 |
| Disability Accommodation Needs | 68 | Clarification | Eligible Population | Clarified that encounters identified are MBHV encounter claims. | 3/9/26 |
| Disability Accommodation Needs | 73 | Clarification | PY3-5 Performance Requirements & Assessment | Clarified due date (time – 5pm) | 3/9/26 |
| Achievement of External Standards for Health Equity | 75-76 | Clarification | All sections | Noted the updated NCQA product name change from “Health Equity Accreditation” to “Health Outcomes Accreditation.” | 3/9/26 |
| RELD SOGI Data Completeness – All Sub-measures | 4,9,14, 22,34, 39 | Clarification | Eligible Population | Removed “pending” and replaced with “*with* permission from NCQA” | 06/06/25 |
| RELD SOGI Data Completeness – Disability Sub-measure | 23-24 | Clarification | Administrative Specification | For Numerator, clarified ages for each of the six disability questions. | 06/06/25 |
| HRSN Screening | 45 | Clarification | Eligible Population | Removed “pending” and replaced with “*with* permission from NCQA” | 06/06/25 |
| HRSN Screening | 48 | Clarification | Administrative Specification | Removed “pending” and replaced with “*with* permission from NCQA” | 06/06/25 |
| HRSN Screening | 52 | Technical Correction | Administrative Data Reporting Requirements – Housing Instability | Added ICD-10 Code Z58.6 (Inadequate drinking-water supply) to *Inadequate Housing* | 06/06/25 |

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| Quality Performance Disparities Reduction | 56 | Clarification | Additional Measure Information | Provided additional clarification to general guidance. Added that "stratification may use imputed or other sources of data for race and ethnicity only when self-reported race and ethnicity data are not available." | 06/06/25 |
| Language Access | 58 | Clarification | Measure Summary | Added the word "eligible" to "eligible behavioral health outpatient visits" in Component 2 description. | 06/06/25 |
| Language Access | 58 | Clarification | Measure Summary | Clarified Component 2, changing "either interpreter services or in language services" to "language assistance services". | 06/06/25 |
| Language Access | 58-59 | Policy Update | Eligible Population | Added an interim step to the process for identifying eligible events to exclude events that are coded as a CBHC core outpatient services encounter (encounter bundle) occurring with a CBHC provider. | 06/06/25 |
| Language Access | 59 | Clarification | Eligible Population | Removed "pending" and replaced with "*with* permission from NCQA" | 06/06/25 |
| Language Access | 61 | Clarification | Administrative Specification | Clarified Component 2 description and numerator, changing "either interpreter services or in language services" to "language assistance services". | 06/06/25 |

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| Language Access | 61 | Clarification | Administrative Specification | For Component 2 Numerator, addition of "language services documentation system (e.g., vendor logs) as an acceptable source of documentation for language assistance services provided. | 06/06/25 |
| Disability Accommodation Needs | 68 | Clarification | Measure Summary | Added the word "eligible" to "eligible behavioral health outpatient visits" in Rate 1 description. | 06/06/25 |
| Disability Accommodation Needs | 68 | Clarification | Measure Summary | Clarified title of Rate 2 to "Accommodation Needs Documented" | 06/06/25 |
| Disability Accommodation Needs | 69 | Policy Update | Eligible Population | Added an interim step to the process for identifying eligible events to exclude events that are coded as a CBHC core outpatient services encounter (encounter bundle) occurring with a CBHC provider. | 06/06/25 |
| Disability Accommodation Needs | 69 | Technical Correction | Eligible Population | Removed Note in "Events" row. Not applicable as MassHealth will identify the eligible population and provide a sample. | 06/06/25 |
| Disability Accommodation Needs | 69 | Clarification | Eligible Population | Removed "pending" and replaced with "*with* permission from NCQA" | 06/06/25 |
| Disability Accommodation Needs | 70 | Technical Correction | Definition—Covered Individuals with Self- | Revised ages for each of the six questions to align with the ages listed in the RELD SOGI Data | 06/06/25 |

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| | | | reported Disability | Completeness – Disability Data Completeness measure (under Eligible Population) | |
| Disability Accommodation Needs | 70 | Clarification | Definitions | Added definition for “Covered Individual with Eligibility for MassHealth on the Basis of a Disability” | 06/06/25 |
| Disability Accommodation Needs | 72 | Clarification | Administration Specifications | Clarified title of Rate 2 to “Accommodation Needs Documented” | 06/06/25 |
| Disability Accommodation Needs | 72-73 | Policy Update | Reporting Method | Changed Reporting Method for Element 2 in which MassHealth provides a sample for which MBHV is required to report. | 06/06/25 |
| Disability Accommodation Needs | 73-74 | Technical Correction | PY3-5 Performance Requirements and Assessments | Changed due date for Reporting Element 2.<br>In PY3: from ‘June 30 2026’ to ‘September 1 2026’.<br>In PY4-5: from ‘June 30 following the PY’ to ‘September 1 following the PY’ | 06/06/25 |
| Patient Experience | 79 | Clarification | Administrative Specification | Clarified survey question response choices. | 06/06/25 |
| Patient Experience | 79 | Technical Correction | Additional Measure Information | Updated question scoring methodology. | 06/06/25 |