![MassHealth logo]

MassHealth Quality and Equity Incentive Program (QEIP)

Program:	**ACO QEIP, MCO QEIP**
Performance Year:	PY3 (2025)
Metric:	Quality Performance Disparities Reduction
Deliverable:	Measure Assessment Report
Submission Portal:	OnBase
Submission Due Date:	March 31, 2026
File Naming Convention:	EntityAbbreviation_MeasureAssessmentReport_YYYYMMDD
Suggested Page Limit:	1-2 Pages

Reporting Template

Contact Information

Point of Contact Name:	Add text
Organization Name:	Add text
Point of Contact Email Address:	Add text

Introduction

For PY3, through submission of this Measure Assessment Report, ACOs/MCOs will review and assess entity-specific stratified quality measure results to identify opportunities for disparities reduction. ACOs/MCOs will choose which measures they plan to focus on for disparities reduction efforts in PY4 and PY5.

Below is a table of the eligible quality measures and the respective calendar year(s) data used for baseline.

The Appendix in this document includes a reference to Attachment 1, the stratified entity-level data for the listed measures, which can be used to complete this deliverable.

Eligible Measures	Baseline Data (Calendar Year)
OHSU: Developmental Screening in the First Three Years of Life	2023/2024 combined
NCQA: Immunizations for Adolescents	Only 2024
NCQA: Childhood Immunization Status	Only 2024
NCQA: Prenatal and Postpartum Care	2023/2024 combined
NCQA: Follow-Up After Emergency Department Visit for Mental Illness (FUM; 7 day follow–up)	2023/2024 combined
NCQA: Follow-Up After Emergency Department Visit for Substance Use (FUA; 7 day follow-up)	2023/2024 combined
NCQA: Follow-Up After Hospitalization for Mental Illness (FUH; 7 day follow-up)	2023/2024 combined
NCQA: Initiation of Engagement of Alcohol and Other Drug Abuse or Dependence (IET)	2023/2024 combined
NCQA: Controlling High Blood Pressure	Only 2024
NCQA: Comprehensive Diabetes Care: HBA1c Poor Control	Only 2024

Section 1: Assessment of Measure-level Disparities

Question: Please review the MassHealth-provided entity-level stratified quality measure data and identify **three** eligible quality measures that your ACO/MCO will focus on for disparities reduction efforts, along with the rationale, in the table below. Please note that for PY4, ACOs/MCOs will be assessed on the highest performing selected measure and in PY5 the two highest performing selected measures. Eligible measures should have a significant (or approaching significance) race or ethnicity disparity gap of 5% points or greater.

Please be specific when providing the rationale for why a measure demonstrates an opportunity for disparities reduction. Discussion items may include, but are not limited to:

a. Observed statistically significant disparities between racial or ethnic groups;
b. For measures approaching significance, additional evidence, such as historical data from your entity demonstrating disparities between racial or ethnic groups;
c. Sufficient denominator size for subpopulations to allow meaningful comparison (minimum n=30); and/or
d. Other relevant factors.

Measure	Subpopulation(s)	Rationale

Appendix A. ACO/MCO-specific Stratified Data

Please see Attachment 1 for your ACO/MCO-specific stratified data for the eligible measures (also listed on page 2 of this document).

Reference for interpreting the data in Attachment 1:
- All measures are stratified using the Golden Table.
- Numerator or Denominator Count is denoted as "--" if cell count was 12 or fewer for either or both counts.
  - For example, if numerator had cell count less than 12, but denominator was greater than 12, both counts were suppressed.
  - For reference when interpreting, rates are included for measures that have the '--' designation, but that notation indicates that the numerator or denominator was 12 or less.
- Numerator, Denominator Count, Rate, Gap, or p-value is denoted as "N/A" if no value is available.
  - Gap and p-values are "N/A" if the reference and/or comparison groups have a denominator less than 30.
- Under "Sub-population Comparisons," the racial category listed first is the reference group while the second category is the comparison group.
  - For example, Asian-AA, Asian is the reference group and AA is the comparison group.
- Gaps with p-values less than or equal to 0.05 are statistically significant.
- Abbreviations
  - AA = African American
  - AI/AN = American Indian/Alaska Native
  - NH/PI = Native Hawaiian/ Other Pacific Islander