



# MassHealth Quality and Equity Incentive Program (QEIP)

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

# Reporting Template

## Contact Information

<b>Point of Contact Name:</b>	Add text
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## Introduction

For PY3, through submission of this Measure Assessment Report, the MBHV will review and assess entity-specific stratified quality measure results to identify opportunities for disparities reduction. MBHV 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
7 day - Follow-Up After Emergency Department Visit for Mental Illness (FUM-7)
7 day - Follow-Up After Hospitalization for Mental Illness (FUH-7)
IPFQR- 30-day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (RAD30)
Pharmacotherapy for Opioid Use Disorder (POD)
Pharmacotherapy for Opioid Use Disorder (OUD)

### 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 MBHV will focus on for disparities reduction efforts, along with the rationale, in the table below. Please note that for PY4, MBHV 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. MBHV-specific Stratified Data

Please see Attachment 1 for your MBHV-specific stratified 2023-2024 combined/pooled 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