

## **Appendix B**

### **EOHHS Accountable Care Organization Quality and Health Equity Appendix**

This Appendix details how EOHHS will determine the Contractor's Quality and Health Equity Performance as described in the Contract. EOHHS reserves the right to modify the methodology set forth herein prior to execution of the Contract. EOHHS may modify the methodology set forth herein after the execution of the Contract by written amendment. The following information is included. For the purposes of this document, "Performance Year" or "PY" shall mean "Contract Year" as defined in Section 1 of the Contract, unless otherwise specified by EOHHS.

#### **1. Overview of Quality and Health Equity Performance and Scoring**

#### **2. Scoring Methodology for ACO Quality Score**

- a. List of Quality Measures for ACO Quality Score**
- b. Measure Level Scoring Methodology (Achievement and Improvement Points)**
- c. Domain Level Scoring Methodology**

#### **3. Scoring Methodology for ACO Health Equity Score**

#### **4. Scoring Methodology for Community Partners Quality Score**

- a. List of Quality Measures for CP Quality Score**

#### **5. Methodology for Establishing Performance Benchmarks for Quality Measures**

#### **6. Quality and Health Equity Performance Financial Application**

## 1 Overview of Quality Performance and Scoring and Health Equity Performance and Scoring

The Contractor shall receive, for each Performance Year, an ACO Quality Score that shall determine the Quality Incentive payment amount available to the Contractor as prescribed in **Section 2.10** of the Contract. The Contractor shall also receive, for each Performance Year, an ACO Health Equity Score that shall determine the Health Equity incentive payment amount available to the Contractor as prescribed in **Sections 2.12** and **2.12.E** of the Contract. The Contractor shall also receive, for each Performance Year, a CP Quality Score (calculated by EOHHS) for each Community Partner subcontractor as described in **Section 2.4.E** of the Contract. The CP Quality Score shall be used in the determination of incentive payments made by the Contractor to each of its subcontracted CPs.

This Section of the Appendix describes the individual measures, and general methodology EOHHS will use to calculate the Contractor's scores (i.e., ACO Quality Score, ACO Health Equity Score, and CP Quality Score), as further specified by EOHHS.

## 2 Scoring Methodology for ACO Quality Score

The Contractor's Quality Score is based on the Contractor's performance across a set of benchmarks and improvement targets for individual measures that are grouped into three domains. EOHHS will weight and sum the Contractor's performance across domains to calculate one overall ACO Quality Score per performance year. For any measure where the Contractor does not meet minimum denominator requirements, as determined by EOHHS, then the measure's weight will be equally distributed to other measures within the same domain.

For ACOs serving primarily pediatric members (e.g.,  $\geq 75\%$  of the ACO's Enrollees are ages 0-17 years), EOHHS shall replace adult focused measures (i.e., measures applicable to 18+ populations only) with measure(s) applicable to pediatric populations only ("pediatric replacement measures") as further specified by EOHHS. Quality Performance on these pediatric replacement measures will be scored as described above.

### 2.a List of Quality Measures for ACO Quality Score

Quality Measures include claims-based measures, clinical quality measures, and member experience surveys across the following three domains:

- Preventive and Pediatric Care
- Care Coordination / Care for Chronic & Acute Conditions
- Member Experience

See Exhibit 2 for the list of Quality Measures.

# EXHIBIT 2 – ACO Quality Measures

Domain	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.
Preventive and Pediatric Care	Developmental Screening in the First 3 Years of Life	The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.	Claims/ Hybrid	OHSU	1448
	Immunizations for Adolescents	Percentage of members 13 years of age who received all recommended vaccines, including the HPV series	Hybrid	NCQA	1407
	Childhood Immunization Status	Percentage of members 2 years of age who received all recommended vaccines by their second birthday	Hybrid	NCQA	0038
	Prenatal and Postpartum Care	Percentage of deliveries in which the member received a prenatal care visit in the first trimester or within 42 days of enrollment  Percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery	Hybrid	NCQA	N/A
	Topical Fluoride for Children at Elevated Caries Risk	Percentage of children aged 1–21 years who are at “elevated” risk (i.e. “moderate” or “high”) who received at least 2 topical fluoride applications within the reporting year	Claims	ADA DQA	2528
	Screening for Depression and Follow Up Plan	Percentage of members 12 to 64 years of age screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	Hybrid	CMS	0418

Domain	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	Included in Waiver 1.0
<b>Care Coordination/ Care for Acute and Chronic Conditions</b>	Follow-Up After Emergency Department Visit for Mental Illness (7 days)	Percentage of emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 7 days	Claims	NCQA	3489	Yes
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	Percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence, who has a follow up visit for AOD	Claims	NCQA	3488	No
	Follow-Up After Hospitalization for Mental Illness (7 days)	Percentage of discharges for members 6 to 64 years of age, hospitalized for mental illness, where the member received follow-up with a mental health practitioner within 7 days of discharge	Claims	NCQA	0576	Yes
	Controlling High Blood Pressure	Percentage of members 18 to 64 years of age with hypertension and whose blood pressure was adequately controlled	Hybrid	NCQA	0018	Yes
	Comprehensive Diabetes Care: HbA1c Poor Control	Percentage of members 18 to 64 years of age with diabetes whose most recent HbA1c level demonstrated poor control (> 9.0%)	Hybrid	NCQA	0059	Yes
	Asthma Medication Ratio	Percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater	Claims	NCQA	1800	Yes

Domain	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.	Included in Waiver 1.0
	Initiation and Engagement of Alcohol, or Other Drug Abuse or Dependence Treatment	Percentage of members 13 to 64 years of age who are diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency who initiate treatment within 14 days of diagnosis and who receive at ≥2 additional services within 34 days of the initiation visit	Claims	NCQA	0004	Yes
Member Experience	Overall Care Delivery	Composites related to overall experience (e.g., Willingness to Recommend, Communications)	Survey	AHRQ	N/A	Yes
	Person-Centered Coordination/Integration of Care	Composites related to coordination of care (e.g., referrals, services etc.) and knowledge of the patient	Survey	AHRQ	N/A	Yes

#### Exhibit 2.A – ACO Quality Measures: Pediatric Replacement Measures

Domain	Measure Name	Description	Data Source	Measure Steward	NQF No.	Included in Waiver 1.0
Care Coordination/Care for Acute and Chronic Conditions	Metabolic Monitoring for Children and Adolescents on Antipsychotics  <i>Replacing:</i> <i>Controlling High Blood Pressure and</i>  <i>Comprehensive Diabetes Care: HBA1c Poor Control</i>	Percentage of members 1 to 17 years of age who had two or more antipsychotic prescriptions and received metabolic testing	Claims	NCQA	2800	Yes

## 2.b Measure Level Scoring Methodology (Achievement and Improvement Points)

### 1. Achievement Points

The Contractor may receive up to a maximum of ten (10) achievement points for each Quality Measure, as follows:

1. EOHHS will establish an “attainment threshold” and a “goal benchmark” for each Quality Measure
  - a. “Attainment threshold” sets the minimum level of performance at which the contractor can earn achievement points
  - b. “Goal benchmark” is a high performance standard above which the Contractor earns the maximum number of achievement points (i.e., 10 points)
2. EOHHS will calculate the Contractor’s performance score on the Quality Measure based on the measure specifications
3. EOHHS will award the Contractor between zero (0) and ten (10) achievement points as follows:
  - a. If the Contractor’s performance score is less than the attainment threshold: 0 achievement points
  - b. If the Contractor’s performance score is greater than or equal to the goal benchmark: 10 achievement points
  - c. If the performance score is between the attainment threshold and goal benchmark: achievement points earned are determined by the formula:
    - i.  $10 * ((\text{Performance Score} - \text{Attainment Threshold}) / (\text{Goal Benchmark} - \text{Attainment Threshold}))$

#### EXHIBIT 3 – Example Calculation of Achievement Points for Measure A

<b>Measure A attainment threshold</b> = 45% (e.g., corresponding to 25 <sup>th</sup> percentile of HEDIS benchmarks)	
<b>Measure A goal benchmark</b> = 80% (e.g., corresponding to 90 <sup>th</sup> percentile of HEDIS benchmarks)	
<b>Scenario 1:</b>	
	• Measure A performance score = 25%
	• Achievement points earned = 0 points
<b>Scenario 2:</b>	
	• Measure A performance score = 90%
	• Achievement points earned = 10 points
<b>Scenario 3:</b>	
	• Measure A performance score = 60%
	• Achievement points earned = $10 * ((60\% - 45\%) / (80\% - 45\%)) = 4.29$ points

### 2. Improvement Points

In addition to receiving achievement points based on performance (on a 0 to 10 scale), the Contractor may earn improvement points for reaching established improvement targets for each Quality Measure. Improvement points will be calculated as follows:

1. EOHHS will calculate the Contractor’s performance score on each Quality Measure based on the measure specifications. Each Quality Measure’s specifications will describe the detailed methodology by which this performance score is calculated.

2. Beginning PY2, EOHHS will compare the Contractor's performance score on each Quality Measure to the Contractor's performance score on that same Quality Measure from the highest scoring previous Performance Year.
3. EOHHS will calculate an Improvement Target for each Quality Measure using the following formula (unless otherwise communicated by EOHHS). The Improvement Target is based on at least a 20% improvement each year in the gap between Goal Benchmark and the Attainment Threshold of each ACO measure.

- a. Improvement Target formula =  $[(\text{Goal Benchmark} - \text{Attainment Threshold}) / 5]$

*For example, for Measure A, if the Attainment Threshold is 50% and the Goal Benchmark is 60%, the Improvement Target is 2%  $[(60 - 50)/5]$*

- b. For the purposes of calculating the Improvement Target, the result is rounded to the nearest tenth (i.e., one decimal point).

*For example, for Measure B, if the Attainment Threshold is 80% and the Goal Benchmark is 90.2%, the Improvement Target is calculated to 2.04%  $[(90.2 - 80)/5]$  which rounds to 2.0%.*

- c. The Contractor may earn up to five (5) improvement points for increases in measure score which meet or exceed the improvement target.

*For example, for Measure B, the Improvement Target is 2.0%. If Contractor performance in PY4 is 54.0% and if Contractor performance in PY5 is 60.0%, the Contractor improvement from PY4 to PY5 is 6.0%  $[(60.0 - 54.0)]$  and the Contractor is awarded 5 improvement points. No points above 5 are awarded for increases in excess of the improvement target.*

- d. For the purposes of calculating the difference in Contractor quality performance over a previous year, the results are rounded to the nearest tenth (i.e., one decimal point). Rounding takes place after the calculation.

*For example, for Measure B, if Contractor performance in PY4 is 54.54% and if Contractor performance in PY5 is 60.17%, the Contractor improvement from PY4 to PY5 is 5.63%  $[(60.17 - 54.54)]$ , and the Contractor improvement will be rounded to the nearest tenth (i.e., one decimal point) to 5.6%.*

- e. The Improvement Target is based on the higher of the original baseline or any year's performance prior to the current PY. This is intended to avoid rewarding regression in performance.

*For example, for Measure B, assume Contractor performance in PY1 is 90.0% and the Improvement Target is 2.0%. If in PY4 the performance for the Contractor decreases to 89.0%, in PY5 the Contractor would need to reach 92.0% to reach the Improvement Target.*

- f. There are several special circumstances:
  - i. *At or Above Goal:* If the Contractor has prior PY performance scores equal to or greater than the Goal Benchmark then the Contractor may

still earn up to five (5) improvement points in each PY if improvement from the highest prior PY is greater than or equal to the Improvement Target.

- ii. *At or Below Attainment:* If the Contractor has prior PY performance scores less than the Attainment Threshold then the Contractor may still earn up to five (5) improvement points each PY if improvement from the highest prior PY is greater than or equal to the Improvement Target, and performance in the current PY does not equal or exceed the Attainment Threshold. Additionally, if the Contractor has prior PY performance scores less than the Attainment Threshold and current PY performance scores are equal to or above the Attainment Threshold then the Contractor may still earn up to five (5) improvement points if the improvement is greater than or equal to the Improvement Target.

#### EXHIBIT 4 – Example Calculation of Improvement Points for Measure B

Measure B Attainment = 48.9% | Goal = 59.4% | Improvement Target = 2.1%

	PY4 Score	PY5 Score	Improvement	Improvement Target Met	Improvement Points Earned
Scenario 1:	50.0%	52.1%	2.1%	Yes	5
Scenario 2:	50.0%	56.7%	6.7%	Yes	5
Scenario 3:	59.5%	63.0%	3.5%	Yes; above Goal Benchmark	5
Scenario 4:	45.0%	48.0%	3.0%	Yes; below Attainment Threshold	5
Scenario 5:	46.0%	49.0%	3.0 %	Yes; crossing Attainment	5
Scenario 6:	45.0%	46.0%	1.0%	No	0

### 2.c Domain Level Scoring Methodology

EOHHS will sum the Contractor's achievement and improvement points for all Quality Measures within each Quality Domain. Improvement points earned in one Quality Domain may only be summed with achievement points from the same Quality Domain. The total number of points earned by the Contractor in each domain cannot exceed the maximum number of achievement points available in the domain. The maximum number of achievement points in the domain is calculated by multiplying the number of Pay-for-Performance (P4P) measures in the domain, in the given PY, by the number of available achievement points per measure.

*For example, if in PY4, there are ten (10) clinical quality measures in Domain X in Pay-for-Performance, and each measure is worth ten (10) achievement points, the maximum number of achievement points in Domain X would be 100. Assume that in PY5 there are now twelve (12) clinical quality measures in Domain X in Pay-for-Performance, and that each measure is worth ten (10) achievement points, the maximum number of achievement points in Domain X would be 120.*



*Cumulative Example:*

*Total number of measures in domain: 2*

*Maximum number of achievement points in the domain = 20*

*Measure Attainment = 48.9% | Goal = 59.4%*

*Improvement Target = [(Goal Benchmark – Attainment Level) / 5] = [59.4-48.9]/5 = 2.1*

For example, for Measure A, if Contractor performance in PY4 is 54.54% and if Contractor performance in PY5 is 58.17% the Contractor will earn 8.8 Achievement Points  $[10 * (58.17 - 48.9)/(59.4 - 48.9)]$ . The Contractor has improved from PY4 to PY5 by 3.63%  $[(58.17 - 54.54)]$  which will be rounded to the nearest tenth (e.g., one decimal point) to 3.6% which exceeds the Improvement Target of 2.1%. Thus, the Contractor will earn five (5) improvement points. No points above 5 are awarded for increases in excess of the improvement target.

*In this scenario the Contractor would earn 13.8 points.*

If there is only one (1) additional measure in the Domain and the Contractor earned 9 total points for this measure; the total score for the Contractor would be 20.0 (out of 20) given that domain scores are capped at the maximum number of achievement points (20) in the domain.

Once the total number of points has been calculated, EOHHS will divide the resulting sum by the maximum number of achievement points that the Contractor is eligible for in the domain to produce the Contractor's Domain Score. Domain Scores are a value between zero (0) and one (1) expressed as a percentage (i.e., 0% to 100%). EOHHS will score the Contractor on each P4P Quality Measure unless the Contractor does not meet eligibility requirements for a specific measure (e.g., it does not meet the minimum denominator requirement). In cases like this, the measure is not factored into the denominator. Reporting measures do not factor into the Domain Score. Additionally, improvement points do not count towards the denominator; they are therefore "bonus" points. Domain Scores are each capped at a maximum value of 100%.

**EXHIBIT 5 – Example Calculation of an Unweighted Domain Score**

Example Calculations of Unweighted Domain Score		
Example 1	Domain only has two Quality Measures (Measure A and Measure B)	
	Therefore, maximum number of achievement points is $2 \times 10 = 20$ points	
	Measure A:	Achievement points: 1.5
		Improvement Points: 0
	Measure B:	Achievement points: 0
		Improvement Points: 5
	Total achievement points: $1.5 + 0 = 1.5$ points	
	Total improvement points: $0 + 5 = 5$ points	
	Sum of achievement and improvement points: $1.5 + 5 = 6.5$ points	
Example 2	Unweighted domain score = $6.5/20 * 100 = 32.5\%$	
	Domain only has two Quality Measures (Measure A and Measure B)	
	Therefore, maximum number of achievement points is $2 \times 10 = 20$ points	
	Measure A:	Achievement points: 8

		Improvement Points: 5
	Measure B:	Achievement points: 9.3
		Improvement Points: 0
	Total achievement points: $8 + 9.3 = 17.3$	
	Total improvement points: 5 points	
	Sum of achievement and improvement points: $17.3 + 5 = 22.3$ points	
	However, total number of points cannot exceed maximum number of achievement points (20)	
	Therefore, total domain points = 20	
	Unweighted domain score = $20/20 * 100 = 100\%$	

### 3 Scoring Methodology for ACO Health Equity Score

1. **Overview of Targeted Domains for Improvement.** EOHHS will calculate the Contractor's Health Equity Score for purposes of the Health Equity Incentive as set forth in **Section 2.12.E** based on the Contractor meeting data collection requirements, reporting expectations, and achieving quality and equity improvement standards across the following three domains:
  - a. **Demographic Data and Health-Related Social Needs Data:** EOHHS shall assess the Contractor on the completeness of Enrollee-reported demographic and Health-related Social Needs data submitted in accordance with EOHHS-specified data requirements. Demographic and Health-related Social Needs data shall include at least the following categories: race, ethnicity, primary language, disability status, sexual orientation, gender identity, and Health-related Social Needs. EOHHS shall assess data completeness separately for each data element.
  - b. **Equitable Access and Quality:** EOHHS shall assess the Contractor on performance and demonstrated improvements on EOHHS-specified access and quality metrics, including associated reductions in disparities.
  - c. **Capacity and Collaboration:** EOHHS shall assess the Contractor on improvements in EOHHS-specified metrics, such as provider and workforce capacity and collaboration between health system partners to improve quality and reduce health care disparities.
2. **Demographic Data and Health-Related Social Needs Data:**
  - a. The Contractor will be incentivized through annual milestones to meet an interim goal of 80 percent data completeness for self-reported race and ethnicity data by end of PY3.
  - b. The Contractor will be incentivized through annual milestones to achieve at least 80 percent data completeness for beneficiary-reported other demographic data (including primary language, disability status, sexual orientation and gender identity) by the end of PY5.
  - c. The Contractor will be incentivized to meaningfully improve rates of Health-related Social Needs screenings from a baseline period specified by EOHHS by the end of PY5. To meet

this goal, the Contractor shall conduct screenings of Enrollees and establish the capacity to track and report on screenings and referrals.

**3. Equitable Quality and Access Domain Goals:**

- a. The Contractor will be incentivized for performance on metrics such as those related to access to care (including for individuals with limited English proficiency or disability), preventive, perinatal, and pediatric care, care for chronic diseases, behavioral health, care coordination, and patient experience.
- b. Metric performance expectations shall be specified further by EOHHS and shall include, at a minimum:
  - i. For up to the first three Performance Years:
    1. Reporting on access and quality metric performance, including stratified by demographic factors (such as race, ethnicity, language, disability, sexual orientation, and gender identity); Health-related Social Needs; and defined by other individual- or community-level markers or indices of social risk;
    2. Developing and implementing interventions aimed at improving quality and reducing observed disparities on metrics (as further detailed in **Section 2.10.A** of the Contract).
  - ii. For at least the last two Performance Years, the metric performances above, as well as improving quality or closing disparities as measured through performance on a subset of access and quality metrics (as further identified by EOHHS)

**4. Capacity and Collaboration Domain Goals:**

- a. Domain level requirements to be further specified by EOHHS.

## **4 Scoring Methodology for Community Partners Quality Score**

EOHHS shall calculate a Community Partner Quality Score for each of the Contractor's subcontracted CPs. Community Partner Quality Scores are based on the performance of each subcontracted CP's MassHealth enrollment, as determined by EOHHS, across a set of benchmarks or improvement targets for individual measures within the BH CP or LTSS CP measure slate as applicable as set forth in Exhibits 5 and 6 below. EOHHS will weight each CP's CP Quality Score by the volume of that CP's enrollment within the ACO relative to the volume of all other CP subcontractors within the same ACO. As further specified by EOHHS, EOHHS shall use the weighted CP Quality Score to determine the Contractor's payment to each CP based on the CP's quality performance. In addition to the above methodology, EOHHS may establish additional quality incentives designed to reward the Contractor's higher performing subcontracted CPs.

### **4.a Quality Measures for CP Quality Score**

#### **Exhibit 6 – BH CP Quality Measures**

Measure Name	Description	Data Source	Measure Steward	NQF No.	Included in Waiver 1.0
Follow-up with BH CP after acute or post-acute stay (x days)	Percentage of discharges from acute or post-acute stays for enrollees 18 to 64 years of age that were succeeded by a follow-up with a BH CP within x business days of discharge	Claims	EOHHS	NA	Yes
Follow-up with BH CP after ED visit (x days)	Percentage of ED visits for enrollees 18 to 64 years of age that had a follow-up visit within x days of the ED visit	Claims	EOHHS	NA	Yes
Annual Primary Care Visit	Percentage of enrollees 3 to 64 years of age who had at least one comprehensive well-care visit during the measurement year	Claims	EOHHS	NA	Yes
Initiation/Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment	Percentage of members 13 to 64 years of age who are diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency who initiate treatment within 14 days of diagnosis and who receive at $\geq 2$ additional services within 34 days of the initiation visit	Claims	NCQA	0004	Yes
Follow-Up After Hospitalization for Mental Illness (7 days)	Percentage of discharges for enrollees 18 to 64 years of age, hospitalized for treatment of mental illness, where the member received follow-up with a mental health practitioner within 7 days of discharge	Claims	NCQA	0576	Yes
Diabetes Screening for Individuals With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication	Percentage of enrollees with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication, and had diabetes screening test during the measurement year	Claims	NCQA	1932	Yes
Antidepressant Medication Management	Percentage of members (18-64) treated with antidepressant and had diagnosis of major depression who remained on	Claims	NCQA	0105	Yes

Measure Name	Description	Data Source	Measure Steward	NQF No.	Included in Waiver 1.0
	antidepressant medication treatment				
Treatment Plan Completion	TBD	Claims	EOHHS	NA	Yes
Member Experience	TBD	Survey	EOHHS	NA	Yes

#### Exhibit 7 – LTSS CP Quality Measures

Measure Name	Description	Data Source	Measure Steward	NQF No.	Included in Waiver 1.0
Follow-up with LTSS CP after acute or post-acute stay (x days)	Percentage of discharges from acute or post-acute stays for enrollees 3 to 64 years of age that were succeeded by a follow-up with a LTSS CP within x business days of discharge	Claims	EOHHS	NA	Yes
Annual Primary Care Visit	Percentage of enrollees 3 to 64 years of age who had at least one comprehensive well-care visit during the measurement year	Claims	EOHHS	NA	Yes
Care Plan Completion	TBD	Claims	EOHHS	NA	Yes
Oral Health Evaluation	Percentage of enrollees 3 to 20 years of age who received a comprehensive or periodic oral evaluation within the measurement year	Claims	ADA	NA	Yes
Member Experience	TBD	Survey	EOHHS	NA	Yes

## 5 Methodology for Establishing Performance Benchmarks for Quality Measures

EOHHS will establish the attainment threshold, goal benchmark, improvement target (and/or any other applicable performance indicator) for each Quality Measure applicable to ACO Quality, ACO Health Equity, and CP Quality scoring methodologies. EOHHS anticipates establishing these performance indicators as follows:

- For Quality Measures based on NCQA HEDIS measures, EOHHS anticipates using NCQA Quality Compass percentiles, as well as MassHealth historical ACO and Community Partners' performance

- For non-HEDIS Quality Measures, EOHHS anticipates using MassHealth historical ACO and Community Partners' performance
- For other Quality Measures where EOHHS does not have access to applicable data, EOHHS anticipates using MassHealth benchmarks based on ACO/CP-attributed populations

## 6 Quality Performance Financial Application

The Contractor's ACO Quality Score and ACO Health Equity Score will be applied to performance incentive payment as described in **Sections 2.10.C and 2.12.E**. Community Partner Quality Scores will be applied to incentive payments to CP subcontractors as described in **Section 2.4.E**.