



# **Community Behavioral Health Center (CBHC) Incentive Program Performance Years 2-5 Implementation Plan**

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**Performance Years (PY) 2-5 (Calendar Years 2025 - 2028)**

**CBHC Incentive Program: Clinical Quality Incentive (CQI) and  
Quality and Equity Incentive Program (QEIP)**

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# Section 1. Overview and Scope of the Community Behavioral Health Centers (CBHC) Incentive Program

## 1.1 Overview of the CBHC Incentive Program

Since the launch of the Community Behavioral Health Centers (CBHCs) in January of 2023 as part of the Roadmap for Behavioral Health Reform, CBHCs play an integral role in the state's health care system by providing front-door access to care for individuals experiencing behavioral health (BH) crises in the community. EOHHS is implementing a CBHC Incentive Program with two components: a quality component, the CBHC Clinical Quality Incentive (CCQI) and a health equity component, the CBHC Quality and Equity Incentive Program (CQEIP) for the CBHC provider network. These incentives are part of larger efforts at EOHHS to center equity alongside quality as a pillar of value-based care and as a priority for the state's health care system.

## 1.2 Scope of this CBHC Incentive Program PY 2-5 Implementation Plan

This CBHC Incentive Program PY2-5 Implementation Plan provides additional detail related to implementation of MassHealth's CBHC Incentive Program, inclusive of the quality component (CCQI) and the health equity component (CQEIP) for Performance Years 2-5 (January 1, 2025 – December 31, 2028). Total annual eligible incentive payment for PY2-5 shall total no more than \$17 million, with \$8.5 million total eligible incentive payment possible in the CCQI and \$8.5 million total eligible incentive payment possible in the CQEIP.

Incentive payments will be determined by the performance of each CBHC's Tax Identification Number (TIN)-billing entity (see Appendix 1). Each CBHC's TIN-billing entity, whether operating one or more CBHC sites, is eligible to earn one incentive payment based on the performance of all CBHC sites operated by that TIN-billing entity. For the purposes of this document, references to "CBHC" refer to both a single CBHC site operating under a TIN- billing entity and multiple CBHC sites operating under one TIN-billing entity.

# Section 2. Qualifications for Participation in the CBHC Incentive Program

Subject to any necessary legislative authorization, compliance with applicable federal and state statutes, regulations, state plan provisions, the availability of funds, and full federal financial participation, qualifying CBHCs may earn CCQI and CQEIP incentive payments regarding their respective completion of requirements and performance in PY2-5. In order to qualify for payments, CBHCs must meet the following criteria:

1. Be an MCE-contracted CBHC in good standing, as determined by EOHHS;

2. Qualify for incentive payment as per performance assessment methodology, as described in Sections 3.3 and 4.4; and
3. **FOR CQEIP ONLY:** Submit a timely and complete CQEIP Participation Attestation annually by **April 15th of the Performance Year (e.g., April 15, 2025 for PY2)** in which each CBHC attests that it intends to participate in the CQEIP and maintain the following activities:
  - a. Establish and maintain a Health Quality and Equity Committee (HQEC).
    - i. The HQEC shall have representation from various stakeholders, including but not limited to:
      - a. CBHC clinical staff;
      - b. CBHC non-clinical staff; and
      - c. At least two MassHealth members or family members of MassHealth members.
    - ii. Responsibilities of the HQEC must include but are not limited to:
      - a. Developing and steering implementation of the CBHC's QEIP strategy;
      - b. Monitoring progress towards addressing inequities;
      - c. Developing Health Equity reporting;
      - d. Sharing all relevant information with the CBHC's Community Accountability Board
  - b. Establish and maintain a Community Accountability Board (CAB).
    - i. Duties of the CAB must include, but are not limited to:
      - a. Providing regular feedback to the governing board on issues of care and services;
      - b. Identifying and advocating for preventive care practices to be utilized by the CBHC;
      - c. Being involved with the development and updating of cultural and linguistic policies and procedures, including those related to Quality Improvement, education, and operational and cultural competency issues affecting groups who speak a primary language other than English;
      - d. Advising on the cultural appropriateness and member-centeredness of necessary member or provider targeted services, programs, and trainings; marketing materials and campaigns; and partnerships; and
      - e. Providing input and advice on member experience survey results and other appropriate data and assessments.
    - ii. The CAB shall be exclusively made up of MassHealth members and family members of MassHealth members.
    - iii. The composition of the CAB shall, to the extent possible, reflect the diversity of the MassHealth population, with a membership that:
      - a. Considers cultural, linguistic, racial, disability, sexual orientation, and gender identities, among others; and
      - b. Includes representatives from parents or guardians of pediatric members.
    - iv. The CBHC shall ensure:
      - a. Reasonable accommodations, including interpreter services, as well as other resources are provided as may be needed to support participation by members and their family members in the CAB; and
      - b. That the process and opportunity for joining the CAB is publicized such that any member (or family members as applicable) may have the opportunity to apply or otherwise participate.

EOHHS anticipates monitoring the progress of these activities in the Health Quality and Equity Strategic Plan.

### 2.1. Health Quality and Equity Strategic Plan Qualification for Participation Reporting Requirement

In order to qualify for CQEIP incentive payments, each Performance Year, CBHCs must submit a timely, complete, and responsive Health Quality and Equity Strategic Plan to EOHHS due by **December 31 of the Performance Year** (e.g. December 31, 2025 for PY2).

## Section 3. Incentive 1. CBHC Clinical Quality Incentive (CCQI)

### 3.1 Overview of the Measures in the CCQI

The CCQI measure slate consists of three clinical quality incentive measures outlined in *Table 1. Overview of Measure Slate in the CCQI*. Further detail on these measures is provided in the *PY2 CBHC Clinical Quality Incentive (CCQI) Technical Specifications* document.

**Table 1. Overview of Measure Slate in the CCQI**

Measure Name	Measure Description
CCQI-1: Access Standards	This measure assesses timely access to behavioral health services for members experiencing a behavioral health crisis with an urgent or immediate care need by looking at the percentage of new patients (new to qualifying visits) that received an appointment for a qualifying CBHC visit within a specified timeframe.
CCQI-2: Follow-up After Acute Behavioral Health Episode of Care	This measure assesses the proportion of qualifying hospital encounters that result in a qualifying CBHC visit within 7 days of discharge that occur at each CBHC.
CCQI-3: Readmission to Acute Behavioral Health Care	This measure assesses the percentage of patients who have a qualifying encounter and who have a qualifying CBHC visit within 7 days of discharge from the qualifying encounter who subsequently readmit within 30 days of discharge from the qualifying encounter.

### 3.2 CCQI Measures and Their Performance Status for PY2-5

The payment status for all three CCQI measures will be in Pay-for-Performance (P4P) throughout PY2-5. *Table 2. CCQI Measures and their Payment Status in PY2-5* outlines the payment status for each of the CCQI measures.

**Table 2. CCQI Measures and their Payment Status in PY2-5**

Measure Name	Performance Status: PY2 (2025)	Performance Status: PY3 (2026)	Performance Status: PY4 (2027)	Performance Status: PY5 (2028)
CCQI-1: Access Standards	P4P	P4P	P4P	P4P
CCQI-2: Follow-up After Acute Behavioral Health Episode of Care	P4P	P4P	P4P	P4P
CCQI-3: Readmission to Acute Behavioral Health Care	P4P	P4P	P4P	P4P

### 3.2.1 Reporting Requirements for Performance Year 2

For PY2, CBHCs are required to submit the Access Standards Data File (ASDF) on a quarterly basis. Further information on the CCQI-1 measurement requirements and guidance on ASDF quarterly submissions can be found in the *PY2 CBHC Clinical Quality Incentive (CCQI) Technical Specifications* and the *VDDF Production-level Submission Guide*. Reporting requirements for the CCQI-1: Access Standards measure are outlined below in *Table 3. CCQI Reporting Requirements for PY2*. There are no reporting requirements for CBHCs on the CCQI-2 and the CCQI-3 measures. EOHHS's Comprehensive Quality Measurement Vendor (CQMV) will review paid claims and encounter data to assess CBHC performance for these two measures in PY2-5. Please note reporting requirements may be subject to change in subsequent performance years.

CBHCs that do not meet the reporting requirements for each CCQI measure during a performance year are subject to suspension from the CCQI component of the CBHC Incentive Program for that performance year and will not be eligible for the incentive within this performance period. The CBHC may resume participation in subsequent performance years upon demonstrating the ability to meet reporting requirements for each measure at the start of the following performance year. The CBHC will be held accountable for the reporting requirements in the performance year immediately following the last performance year in which the CBHC was suspended.

**Table 3. CCQI Reporting Requirements for PY2**

Measure Name	Reporting Expectations for PY2 (to be further specified by EOHHS)	Due Date
CCQI-1: Access Standards	Quarterly Submission of the Access Standards Data File (ASDF), as further specified in the Visit and Demographic Data File (VDDF) Submission Guide	Quarterly submission of ASDF  Please refer to the <i>VDDF Submission Guide</i> for the Submission Schedule.
CCQI-2: Follow-up After Acute Behavioral Health Episode of Care	<i>N/A – Paid claims and encounter data analysis will be completed by the</i>	<i>N/A</i>

Measure Name	Reporting Expectations for PY2 (to be further specified by EOHHS)	Due Date
	<i>EOHHS Comprehensive Quality Measurement Vendor (CQMV).</i>	
CCQI-3: Readmission to Acute Behavioral Health Care	<i>N/A – Paid claims and encounter data analysis will be completed by the EOHHS Comprehensive Quality Measurement Vendor (CQMV).</i>	<i>N/A</i>

### 3.3. CCQI PY2-5 Payment Methodology and Schedule

#### 3.3.1 Payment Methodology

The annual total maximum eligible incentive payment pool for the CCQI across all CBHCs per year is \$8.5 million. Of the \$8.5 million, each CBHC TIN-billing entity's **individual maximum eligible incentive amount** will be based on their relative proportion of unique MassHealth members served in the previous performance year. For example, for PY2 (2025), each CBHC TIN-billing entity's maximum eligible incentive amount will be based on their relative proportion of unique MassHealth members served from 01/01/24 to 12/31/24. Each CBHC's TIN-billing entity may earn their respective maximum eligible incentive amount based on their overall quality score (as described in Section 3.4). Please note that if the reporting requirements for the Access Standards measure are not adequately met where complete and accurate data is not provided for a performance period, EOHHS would not be able to calculate a quality score for this measure, which may result in a significantly reduced amount of the total earned incentive.

#### 3.3.2. Payment Schedule

##### *CCQI Performance Year 2-5 Payment Schedule*

In PY2-5 CBHCs will receive a one-time final earned incentive payment based on an overall quality score during each performance year.

1. Earned Incentive Payment: When the overall quality score is calculated for the performance period, CBHCs will be paid the one-time earned incentive amount.

### 3.4. CCQI Performance Assessment Methodology for PY2-5

The CCQI Performance Assessment Methodology (PAM) is used to determine how the quality performance score for each clinical quality incentive measure will be calculated relative to the total incentive amount earned for each CBHC. EOHHS will determine the overall quality score (the sum of each quality score for all three measures) based on the scoring mechanisms outlined in section 3.4. Please note that the Performance Assessment Methodology for the CCQI program may be subject to change in subsequent performance years. The complete framework for the CCQI PAM will be provided



to CBHCs in a forthcoming *CBHC Clinical Quality Incentive (CCQI) Performance Assessment Methodology (PAM) Manual*.

### 3.4.1 CCQI Measure Weights for Performance Years 2-5

Each CCQI measure will be weighted equally for each quality score for PY2-5. The measure weights are outlined in *Table 4. CCQI Measure Weights for Performance Years 2-5*.

**Table 4. CCQI Measure Weights for Performance Years 2-5**

Measure Name	Measure Weight PY2 (2025)	Measure Weight PY3 (2026)	Measure Weight PY4 (2027)	Measure Weight PY5 (2028)	Weighted Quality Score
CCQI-1: Access Standards	33.33%	33.33%	33.33%	33.33%	33.33% * quality score
CCQI-2: Follow-up After Acute Behavioral Health Episode of Care	33.33%	33.33%	33.33%	33.33%	33.33% * quality score
CCQI-3: Readmission to Acute Behavioral Health Care	33.33%	33.33%	33.33%	33.33%	33.33% * quality score
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>Overall Quality Score</b>

### 3.4.2 CCQI Benchmarking for Performance Years 2-5

Benchmarks for each clinical quality measure will be determined by identifying attainment targets which are comprised of the attainment threshold and goal benchmark based on CBHC performance during each performance year. To determine a quality score for each measure, CBHCs can earn attainment points if attainment targets are met. In PY2, EOHHS will determine the attainment threshold, goal benchmark, improvement target and other performance indicators where applicable based on performance in PY1 2024. EOHHS will establish these performance indicators for the CCQI-1: Access Standards measure based on performance in PY2 2025.

Please note that the benchmarking methodology may be subject to change under special circumstances (e.g. all CBHCs exceed the set goal benchmark or fall below the attainment threshold in a given performance year.)

### 3.4.3 CCQI Improvement Targets for Performance Years 2-5

In addition to attainment points, CBHCs can also meet improvement targets, thereby earning improvement points. Unless otherwise noted, the improvement target is based on the gap between the goal benchmark and the attainment threshold out of the total number of years of performance in the current CBHC program (i.e.,  $(\text{Goal Benchmark} - \text{Attainment Threshold}) / 5 \text{ Years}$ ). CBHCs can earn improvement points when current performance year rates (at the measure level) meet or exceed that measure's improvement target as compared to the previous highest performing year. Improvement points may still be earned in such cases where a CBHC fails to meet the attainment threshold or surpasses the goal benchmark. Improvement point calculation may vary across each measure based on the measure type. Improvement points are added to attainment points to determine a quality score for each measure.

### 3.4.4 CCQI Pay-for-Performance Quality Score Calculation for Performance Years 2-5

For CBHC performance measures, EOHHS will utilize a quality scoring calculation methodology consistent with other MassHealth quality incentive programs. EOHHS may modify the quality scoring calculation methodology as needed under special circumstances. The sum of attainment points with improvement points earned multiplied by the measure weight is calculated to determine a weighted quality score for each measure. The quality score calculation methodology for each CCQI performance measure will be detailed in the *CBHC Clinical Quality Incentive (CCQI) Performance Assessment Methodology (PAM) Manual*. An overview of the quality score calculation for performance measures is provided below.

Attainment Points (AP)	Improvement Points (IP)	Measure Weight Percentage	Weighted Quality Score for each Measure (WQS)
Between 0 to 10 points	0 or 5 points total	33.33%	$WQS = (AP+IP) * 33.33\%$

**Weighted Quality Score** = (Attainment Points + Improvement Points) \* Measure Weight

## Section 4. Incentive 2. CBHC Quality and Equity Incentive Program (CQEIP)

### 4.1. Overview of the Domains and Measures in the CQEIP

The CQEIP measure slate consists of eight measures across three targeted domains. The following *Table 5. Overview of Domains and Measures in the CQEIP* provides an overview of the targeted domains and its measures for CBHCs to pursue improvement in the CBHC Quality and Equity Incentive Program (CQEIP). Further detail on the measures is provided in the *PY2-5 CBHC QEIP Technical Specifications* document.

**Table 5. Overview of Domains and Measures in the CQEIP**

Domains and Measure Name	Domain and Measure Description
<b>Domain 1. Demographic and Health-Related Social Needs Data</b>	CBHCs will be assessed on the collection of beneficiary-reported demographic and health-related social needs data submitted in accordance with EOHHS specifications. Demographic and health-related social needs data will include at least the following categories: race, ethnicity, language, disability status, sexual orientation, gender identity, and health-related social needs. Data completeness will be calculated separately for each data element.
Race, Ethnicity, Language, Disability, Sexual Orientation, and Gender Identity (RELDSOGI) Data Completeness	This measure promotes increasing the percent of MassHealth members with self-reported demographic data (RELDSOGI) that was collected by a CBHC in the measurement year.

<b>Domains and Measure Name</b>	<b>Domain and Measure Description</b>
Health-Related Social Needs Screening	This measure assesses the percentage of encounters during the measurement period where patients were screened for health-related social needs (HRSNs). Two rates are reported: HRSN Screening Rate and HRSN Screen Positive Rate.
<b>Domain 2: Equitable Quality and Access</b>	CBHCs will be assessed on performance and demonstrated improvements on access and quality metrics, including associated reductions in disparities. Metrics will focus on overall access, access for individuals with disabilities, and access for individuals with a preferred language other than English.
Quality Performance Disparities Reduction	This measure assesses stratification of performance data by race, ethnicity, language and other social risk factors, and whether a CBHC reduces identified disparities in performance data between subgroups.
Equity Improvement Interventions	This measure promotes project design and implementation of a health equity-focused performance improvement project (PIP).
Meaningful Access to Healthcare Services for Individuals with a Preferred Language Other than English	This measure promotes increasing the percentage of encounters for patients who report a preferred spoken language other than English during which language assistance services were utilized.
Disability Competent Care	This measure promotes increasing the percent of applicable patient-facing staff who, in the past 24 months, completed disability competency training to address Disability Competent Care (DCC) pillars selected by the CBHC in its DCC Training Plan Report and demonstrated competency in the relevant disability competency training area(s).
Disability Accommodation Needs	This measure assesses the percentage of encounters where 1) patients were screened for accommodation needs related to a disability and 2) for those patients screening positive for accommodation needs related to a disability, a corresponding patient-reported accommodation need was documented.
<b>Domain 3: Capacity and Collaboration</b>	CBHCs will be engaged in assessing and improving provider cultural competence as evidenced by patient experience of courtesy, communication, and respect.
Patient Experience: Communication, Courtesy, and Respect	This measure promotes and builds on CBHC's patient experience survey practices.

## 4.2. CQEIP Measures and Their Performance Status for PY2-5

The status of the CQEIP measures may be:

- **Pay-for-performance:** CBHCs may earn an incentive on their performance for the measure, based on the scoring of the measure and applying a performance assessment methodology.
- **Condition of Participation:** CBHCs must report on measure reporting requirements for the measure in a timely, complete, and responsive manner to be eligible to qualify for CQEIP incentive payments.

Technical specifications for the CQEIP PY2-5 measures, which may be updated annually or more frequently as necessary, will be made available. A summary of the CQEIP measures and anticipated payment status in PY2-5 are provided in *Table 6. CQEIP Measures and their Measure Status in PY2-5*.

**Table 6. CQEIP Measures and their Measure Status in PY2-5**

Domains and Measure Name	Anticipated Performance Status: PY2 (2025)*	Anticipated Performance Status: PY3 (2026)*	Anticipated Performance Status: PY4 (2027)*	Anticipated Performance Status: PY5 (2028)*
<b>Domain 1: Demographic and Health-Related Social Needs Data</b>				
Race, Ethnicity, Language, Disability, Sexual Orientation, and Gender Identity (RELD SOGI) Data Completeness	CoP	CoP	CoP	CoP
Health-Related Social Needs Screening	P4P	P4P	P4P	P4P
<b>Domain 2: Equitable Quality and Access</b>				
Quality Performance Disparities Reduction	CoP	CoP	P4P	P4P
Equity Improvement Interventions	CoP	CoP	CoP	CoP
Meaningful Access to Healthcare Services for Individuals with a Preferred Language Other than English	P4P	P4P	P4P	P4P
Disability Competent Care	CoP	CoP	CoP	CoP
Disability Accommodation Needs	P4P	P4P	P4P	P4P
<b>Domain 3: Capacity and Collaboration</b>				
Patient Experience: Communication, Courtesy, and Respect	CoP	CoP	CoP	CoP

*\*P4P = Pay for Performance; CoP = Condition of Participation. Specific performance trajectories are subject to change. Reporting/performance requirements for each measure described in forthcoming measure technical specifications.*

If a CBHC TIN-Billing Entity anticipates not being able to meet the technical requirements for a measure during a performance year due to extenuating circumstances, the CBHC must provide a written request for exemption to MassHealth with rationale. Exemptions will be considered on a case-by-case basis at the discretion of MassHealth and will only be granted under extenuating circumstances. If a CBHC is approved to be exempted from a Pay for Performance measure, the measure weight would be re-distributed equally across the other P4P measures. If a CBHC is approved to be exempted from a Condition of Participation measure, the CBHC is not accountable to the CoP reporting requirements for that measure.

If a CBHC is not able to meet the technical requirements for at least 2 Pay for Performance measures and at least 2 Conditions of Participation measures during a performance year, the CBHC's participation in the CQEIP will be suspended for that performance period. The CBHC may resume participation when it is able to meet the technical requirements for at least 2 P4P measures and 2 CoP measures, provided that such participation shall begin at the start of the subsequent performance period and provided that the CBHC will be held accountable for the performance year requirements immediately following the last performance year in which the CBHC participated.

For example, if EOHHS determines that a CBHC is unable to meet minimum participation requirements for PY2 in calendar year 2025, the CBHC will not be able to participate in the CQEIP in 2025. If the CBHC is able to meet the minimum participation requirements to participate in calendar year 2026, they will resume participation in the CQEIP and will be held accountable to PY2 requirements in 2026.

#### 4.2.1. Anticipated Reporting Expectations for Performance Year 2

The anticipated reporting expectations for PY2 are summarized in *Table 7. CQEIP Reporting Expectations for PY2*; detailed reporting and performance expectations for PY2 are included in the *PY2-5 CBHC QEIP Technical Specifications*. Each report outlined in Table 6 shall be submitted by the CBHC in a form, format, and frequency to be further specified by EOHHS. Additional and/or revised reporting expectations for PY3-5 will be provided prior to the start of each performance year.

**Table 7. CQEIP Reporting Expectations for PY2**

Domains and Measure Names	Reporting Expectations for PY2 (to be further specified by EOHHS)	Anticipated Due Date
<b>Domain 1. Demographic and Health-Related Social Needs Data</b>		
Race, Ethnicity, Language, Disability, Sexual Orientation, and Gender Identity	1. Quarterly Submission of the Demographic Data File (DDF), as further specified in the Visit and	1. Quarterly Submission of the Demographic Data File*

Domains and Measure Names	Reporting Expectations for PY2 (to be further specified by EOHHS)	Anticipated Due Date
(RELDSOGI) Data Completeness	Demographic Data File (VDDF) Submission Guide 2. Mapping and Verification Deliverable	2. September 30, 2025  <i>* Please refer to the VDDF Submission Guide for the Submission and Resubmission Schedule.</i>
Health-Related Social Needs Screening	Submission of an HRSN Screening Administrative and/or Supplemental Data File	June 30, 2026
<b>Domain 2: Equitable Quality and Access</b>		
Quality Performance Disparities Reduction	Disparities Reduction Narrative Report	October 31, 2025
Equity Improvement Interventions	PIP Topic Selection and Planning Report	October 31, 2025
Meaningful Access to Healthcare Services for Individuals with a Preferred Language Other than English	1. Language Access Self-Assessment Survey 2. Submission of a Language Access Services Provision Supplemental Data File	1. January 31, 2026 2. June 30, 2026
Disability Competent Care	Disability Competent Care Training Report	March 31, 2026
Disability Accommodation Needs	1. Disability Accommodation Needs Report 2. Submission of a Disability Accommodation Needs Screening Supplemental Data File	1. March 31, 2026 2. June 30, 2026
<b>Domain 3: Capacity and Collaboration</b>		
Patient Experience: Communication, Courtesy, and Respect	1. Patient Experience Survey Practices Questionnaire 2. Patient Experience Shared Learning Event	1. January 31, 2026 2. Q4 of 2025

### 4.3. CQEIP PY2-5 Payment Methodology and Schedule

#### 4.3.1 Payment Methodology

The annual total maximum eligible incentive payment pool for the CQEIP across all CBHCs per year is \$8.5 million. Of the \$8.5 million, each CBHC TIN-billing entity's **individual maximum eligible incentive amount** will be based on their relative proportion of unique MassHealth members served in the previous performance year. For example, for PY2 (2025), each CBHC TIN-billing entity's maximum



eligible incentive amount will be based on their relative proportion of unique MassHealth members served from 01/01/24 to 12/31/24. Each CBHC’s TIN-billing entity may earn their respective maximum eligible incentive amount based on their final health equity score (as described in Section 4.4) and successfully meeting Conditions of Participation reporting requirements. If the reporting requirements for any Condition of Participation requirement are not met, the CBHC is ineligible to earn their total CQEIP incentive payment.

4.3.2. Payment Schedule

CQEIP Performance Year 2 Payment Schedule

In PY2 for the CQEIP, CBHCs will receive both an interim payment and a final reconciliation payment or recoupment payment.

- 2. Interim Payment: Each CBHC TIN-Billing Entity will receive 50% of their **individual maximum eligible incentive amount** as described in section 4.3.1 above. This amount will be paid out to each CBHC by the Managed Care Entity (MCE) plans, proportional to the unique MCE MassHealth members served by each CBHC during the previous performance year (2024).
- 3. Final Reconciliation/Recoupment Payment: When the Health Equity performance score is calculated for each CBHC for the performance year, CBHCs will either be paid, or required to return, the difference between the interim payment and the final calculated **earned incentive amount**. If CBHCs do not earn an amount equal to or greater than their interim estimated payments, the payment will be recouped based on final performance. The final reconciliation payment or recoupment to each CBHC TIN-Billing Entity will be completed by each of the MCE plans, proportional to the unique MCE MassHealth members served by each CBHC during the previous performance year (2024).

CQEIP Performance Years 3-5 Payment Schedule

In PY3-5 for the CQEIP, each Performance Year, CBHCs will receive one final earned incentive payment based on their Health Equity performance score.

- 1. Final Heath Equity Payment: The Health Equity performance score will be calculated and applied to the CBHC’s individual maximum eligible incentive amount, as described in Section 4.3.1 above, to determine the final **earned incentive amount**. The final payment to each CBHC TIN-Billing Entity will be completed by each of the MCE plans, proportional to the unique MCE MassHealth members served by each CBHC during the previous performance year.

4.4. CQEIP Performance Assessment Methodology Framework for PY2-5

Table 8. CQEIP Measure Weights for Performance Years 2-5

Domains and Measure Name*	Measure Weight PY2 (2025)	Measure Weight PY3 (2026)	Measure Weight PY4 (2027)	Measure Weight PY5 (2028)	Domain Weight

<b>Domain 1: DHRSN</b>					30%
Race, Ethnicity, Language, Disability, Sexual Orientation, and Gender Identity (RELD SOGI) Data Completeness	CoP	CoP	CoP	CoP	
Health-Related Social Needs Screening	30%	30%	30%	30%	
<b>Domain 2: EQA</b>					70%
Quality Performance Disparities Reduction	CoP	CoP	20%	20%	
Equity Improvement Interventions	CoP	CoP	CoP	CoP	
Meaningful Access to Healthcare Services for Individuals with a Preferred Language Other than English	35%	35%	25%	25%	
Disability Competent Care	CoP	CoP	CoP	CoP	
Disability Accommodation Needs	35%	35%	25%	25%	
<b>Domain 3: CC</b>					0
Patient Experience: Communication, Courtesy, and Respect	CoP	CoP	CoP	CoP	
<b>Total</b>	100%	100%	100%	100%	100%

*\*DHRSN=Demographic and Health-Related Social Needs Data; EQA=Equitable Quality and Access ; CC=Capacity and Collaboration*

*\*\*CoP = Condition of Participation*

MassHealth will hold each CBHC individually accountable for its performance on the CQEIP pay-for-performance measures. MassHealth's anticipated framework for the CQEIP Performance Assessment Methodology (PAM), which may be adjusted annually as needed (for example, to transition measures from pay-for-reporting to pay-for-performance, accommodate new contextual inputs, address extenuating circumstances impacting performance, etc.), is described below. Measure-specific PAM, including benchmarks, improvement targets, and measure score calculation approach, will be described in forthcoming measure specifications.

**1. Benchmarking:**

- Benchmarks for quantitative measures will include an attainment threshold and goal benchmark and will be set to apply to the full applicable performance period.
- Establishment of benchmarks will be informed by inputs such as initial CQEIP performance data, historical CBHC data/performance, external data/trends, and/or predetermined performance targets determined by MassHealth.

**2. Improvement Targets:**

- Specific improvement targets and the approach for each measure will be set to apply to the full applicable performance period.



- b. The approaches and actual improvement targets may differ by measure based on factors such as performance trends or type of measure; approaches may include year-over-year self-improvement, gap-to-goal percentage point increase, absolute percentage point increases, set milestones and/or goals for improvement.
- 3. **Pay-for-Performance Measure Score Calculation:** The pay-for-performance measure scoring approach will be consistent, as applicable, with other MassHealth incentive programs or other incentive program practices. MassHealth will establish a methodology for performance measure scoring for each measure, to be specified in technical specifications.
  - a. Measure scoring will include the following components for each measure:
    - i. Attainment points ranging from 0-10 points.
    - ii. Improvement points ranging from 0-10 points.
    - iii. Potential bonus points (with a cap) to ensure all CBHCs have incentive to improve, including high-performing CBHCs.
    - iv. Performance measure scores for each measure will be defined as a ratio between 0-1. Scores will be calculated by the sum of the points earned for each measure divided by the maximum number of points allowable for the measure. The maximum number of points allowable for the measure is the sum of the attainment, improvement and potential bonus points with a determined cap. The score will be calculated as follows:

*Performance Measure Score = Points earned for each measure / Maximum number of points allowable for the measure.*

- v. Some performance measures may have identified sub-measures for which sub-measure performance scores will be calculated in the same manner, but then typically equally weighted to calculate a composite performance measure score. For sub-measures the score is calculated as follows:

*Performance Measure Score = Sum of each (Sub-measure Score X Sub-measure Weighting).*

- 4. **Health Equity Score Calculation:** The overall Health Equity Scoring approach will, as applicable, be consistent with other MassHealth incentive programs or other incentive program practices. Using the predetermined weights specified in Table 5 above, a health equity score will be calculated by taking each measure score and calculating the sum of each measure score multiplied by its respective measure weight:

Health Equity Score = Sum of each (Measure Score \* Measure Weight) \* 100

The final Health Equity Score will be used to calculate the CBHC's final earned incentive payment for the CQEIP each performance year.

## Appendix A. List of CBHC TIN-billing Entities

#	CBHC TIN-Billing Entity Name
1	Advocates Community Counseling
2	Aspire Health Alliance
3	Bay Cove Human Services
4	Behavioral Health Network
5	Beth Israel Lahey Health Behavioral Services
6	Boston Medical Center
7	Cambridge Health Alliance
8	Center for Human Development
9	Child and Family Services
10	Clinical and Support Options
11	Community Counseling of Bristol County
12	Community HealthLink
13	Eliot Community Human Services
14	Fairwinds Nantucket Counseling Center
15	High Point Treatment Center
16	North Suffolk Mental Health Association
17	Riverside Community Care
18	The Brien Center for Mental Health and Substance Use
19	Vinfen Behavioral Health
20	Martha's Vineyard Community Services