



**Updates to the Performance Assessment Methodology (PAM) Manual for the
MassHealth Cambridge Health Alliance Hospital Quality and Equity Incentives Program
(CHA-HQEIP)
Performance Years 3-5**

This document outlines updates and modifications made to the Performance Assessment Methodology (PAM) for Performance Year (PY3-5) of the MassHealth CHA Hospital Quality and Equity Incentives Program (CHA-HQEIP). Updates are incorporated into the log table below.

Section Header	Page #	Update	Update Release Date
A. Individual Measure Scoring Approaches	3	Clarification on application of bonus points for P4P measures	5/19/25
B. Performance Assessment Methodology	6	Removed language that hospitals will earn 0 points if both threshold and improvement targets are not met	5/19/25
B.a. Measure Assessment Overview and Scoring	6 & 7	Updated partial improvement point scoring opportunities; removed language from section B.a.3. (Improvement Target) and integrated into section B.a.4. (Interaction of Attainment Threshold, Performance Goal, and Improvement Threshold)	5/19/25
B.a. Measure Assessment Overview and Scoring & E. Appendix B: Scoring Examples	6 & 30	Moved example on PY5 partial improvement point opportunities to Appendix B (Example 2)	5/19/25
C. Performance Measure, Domain, and Health Equity Scoring	25	Revised language that submeasures will be equally weighted to submeasures will be weighed based on information provided in Table 3 and Table 5	5/19/25
D. Appendix A: Performance Measure Score Point Flowchart	29	Added a flowchart diagram outlining performance measure scoring	5/19/25
B.i.a. Measure Assessment Overview and Scoring &	6 & 7	Provided clarification on minimum denominator as well as on baseline period	12/15/25

Update Log – PAM for CHA-Hospital Quality and Equity Incentives Program (HQEIP)
Performances Years 3-5 (Calendar Years 2025-2027)
Updated February 4, 2026

B.3. Improvement Target			
B.b. Patient Experience: Communication, Courtesy, and Respect	8	Updated minimum denominator for hospital-level from 25 to 30 to align with other measures and added a note about rounding of the composites	12/15/25
Table 2. PY3-5 Benchmarks by Measure	12	Technical correction removing July 1 – Dec 31, 2025 for Inpatient/Observation Stay for the Language Access measure	12/15/25
Table 2. PY3-5 Benchmarks by Measure	10-14	Added a reference to the QEIP User Guide about the audit	12/15/25
B.ii. Quality Performance Disparities Reduction	17-21	Added a description on the performance assessment methodology for the Quality Performance Disparities Reduction measure	12/15/25
B.iii. Equity Improvement Interventions	21 & 22	Updated PIP reporting scoring information	12/15/25
B.iv. Achievement of External Standards for Health Equity	24	Added a clarification note that the achievement also includes any additional acute hospital site(s)	12/15/25
C.ii. Domain Scoring	26	Provided clarification that bonus points earned for a measure are added to the domain score and capped at the maximum eligible points for the domain	12/15/25
Appendix C	36	Added a Measure Logic Selection for Quality Performance Disparities Reduction	12/15/25
Appendix D	37-41	Added scoring examples for the Quality Performance Disparities Reduction Measure	12/15/25
B.ii.a. Quality Performance Disparities Reduction	17	Clarified that hospitals assessed in PY4 (CY2026) and PY5 (CY2027)	2/4/26
B.ii.a. Quality Performance Disparities Reduction	18	Expanded inclusion of measure eligibility to include meeting minimum denominator of 30 in PY2 (CY2024) and PY3 (CY2025); previously, measure eligibility based only on PY1 (CY2023) data	2/4/26
B.iv. Achievement of External Standards for Health Equity	24-25	Included a footnote that TJC HCE Certification is now referred to as Excellent Health Outcomes for All Certification	2/4/26