



Hospital Quality and Equity Incentive Program Deliverable: Instructions for the Race, Ethnicity, Language, Disability, Sexual Orientation, Gender Identity and Health-Related Social Needs Assessment



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Context

A key goal of the Commonwealth's in this demonstration period is to improve quality of care and advance health equity, with a focus on initiatives addressing health-related social needs (HRSN) and health disparities demonstrated by variation in quality performance. To support achievement of this goal, Massachusetts is centering equity alongside quality as a pillar of value-based care and as a priority for the state's health care system.

To that end, MassHealth will implement aligned quality and equity initiatives across a delivery system setting, including for acute hospitals. In addition to being accountable to annual performance goals on a comprehensive set of quality performance metrics, acute hospitals will also be accountable to annual performance on a comprehensive set of equity performance metrics through the Hospital Quality and Equity Incentive Program (HQEIP), authorized under MassHealth Medicaid and CHIP Section 1115 Demonstration authority.

For the Hospital Quality and Equity Incentive Program, participating acute hospitals will be incentivized to pursue performance improvements in three domains: demographic and health-related social needs data, equitable access and quality, and capacity and collaboration. For the first domain, participating acute hospitals will be assessed on the completeness of self-reported demographic (include at least the following categories: race, ethnicity, primary language, disability status, sexual orientation, and gender identity (RELD SOGI)) and health-related social needs data.

A. Interim Payments for the HQEIP in 2023

MassHealth intends to make four interim payments and one reconciliation payment to acute hospitals during the first performance year of the HQEIP (1/1/23-12/31/23). In order to receive interim payments, hospitals must meet key milestones ("gates") determined by MassHealth to be foundational to successful performance in the HQEIP; these "gates" are a form of "pay-for-reporting" where timely and complete submission of



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gate deliverables will be required for interim payments to be made. Across these interim payments, Massachusetts will withhold 10% of each hospital's maximum annual incentive payment. As appropriate, the remaining 10% will be paid out as a reconciliation payment in Q2 CY24, based on the hospitals' final PY1 health equity performance and successful submission of payment gate reporting deliverables; if at the conclusion of PY1 a hospital's HQEIP performance is determined to earn it less than 90% of its allocated incentive amount, funds will be recouped in the reconciliation payment process.

As required by CMS, an Independent Assessor, an independent entity tasked with ensuring compliance, will be reviewing a subset of deliverables including this one. The Health Quality and Equity Independent Assessor is not required to review relevant submissions before interim payments are made; any necessary adjustments based on the Independent Assessor's review will be made retrospectively via the reconciliation payment.

B. General Instructions

The goal of this assessment is to establish your hospital's current approach to data collection for RELDSOGI and HRSN in order to inform implementation of the HQEIP. There are four components of the assessment that must be completed and submitted to MassHealth by the due date of June 2, 2023, to meet payment gate requirements:

1. RELDSOGI Assessment Table
2. RELDSOGI Assessment Narrative
3. RELDSOGI Data Flow Diagram
4. HRSN Narrative

Instructions for the RELD SOGI Assessment

For the HQEIP, MassHealth intends to use defined data standards for race, ethnicity, language, disability, sexual orientation, and gender identity to promote alignment, facilitate data exchange, and to reduce patient and provider burden related to collection. The MassHealth standards were decided upon using health equity data consensus recommendations made by the EOHHS Quality Measure Alignment Taskforce (QMAT) in 2022. The [QMAT standards](#) were informed by a Technical Advisory Group convened by EOHHS, including stakeholders from the payer, provider, and patient communities, specifically to inform statewide alignment amongst payers and providers around health equity data standards and measurement.

MassHealth anticipates many hospitals may not currently be collecting data in alignment with these standards. To better understand variation in health equity data collection at baseline, and to inform implementation of the HQEIP, MassHealth seeks information about how data are currently being collected and used today as well as anticipated trajectories toward aligned data collection in the future.



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A. RELDSOGI Assessment Table

Complete the attached “RELDSOGI Assessment Table” and submit to EOHHS as an excel file with the following file name:

hospitalname_RELDSOGItable_YYYYMMDD

B. RELDSOGI Assessment Narrative

Complete the attached “RELDSOGI Assessment Narrative” and submit to EOHHS as a word document with the following file name:

hospitalname_RELDSOGInarrative_YYYYMMDD

C. RELDSOGI Assessment Narrative

Complete the attached “RELDSOGI Data Flow Diagram” and submit to EOHHS as a word document with the following file name:

hospitalname_RELDSOGIdiagram_YYYYMMDD

Instructions for the HRSN Assessment

MassHealth has aligned expectations for health-related social needs data collection in the HQEIP with the CMS “Social Drivers of Health” metric. To inform implementation of the HQEIP, please complete the following narrative components of the HRSN Assessment and submit to EOHHS as a word document with the following file name:

hospitalname_HRSNnarrative_YYYYMMDD

For the purposes of this assessment, “health-related social needs” are defined as “the immediate daily necessities that arise from the inequities caused by the social determinants of health, such as a lack of access to basic resources like stable housing, an environment free of life-threatening toxins, healthy food, utilities including heating and internet access, transportation, physical and mental health care, safety from violence, education and employment, and social connection.”