



MassHealth Quality and Equity Incentive Program (QEIP)

Program:	Hospital QEIP
Performance Year:	2
Metric:	Quality Performance Disparities Reduction
Deliverable:	Stratified Performance Report
Submission Portal:	OnBase
Submission Due Date:	March 31, 2025
File Naming Convention:	HospitalAbbreviation_StratifiedReport_YYYYMMDD
Suggested Page Limit:	4-5

Summary

Equitable care is an important pillar of high quality care. Stratification of quality measures by social risk factors supports identification of health and health care disparities and focused intervention to achieve more equitable care. This measure assesses targeted acute hospital quality measure performance stratified by race and ethnicity. The quality measures, drawn from the MassHealth Clinical Quality Incentive (CQI) Program, are disparities-sensitive measures in the areas of maternal health, care coordination, care for acute & chronic conditions, patient experience, and access to care.

Reporting Template

Contact Information

Point of Contact Name:	Add text
Organization Name:	Add text
Point of Contact Email Address:	Add text

Introduction

Participating hospitals will be assessed on three performance requirements for this measure:

- **Requirement 1.** Chart-based measures in Appendix, Table 1— Submit member-level self-reported race and ethnicity data alongside clinical quality measure data via the quarterly submission cycle for reporting CQI measure performance (additional submission details are included in the Hospital CQI Program Technical Specifications Manual);
- **Requirement 2.** Claims-based measures in Appendix, Table 1— Demonstrate capacity to internally stratify performance data by race and ethnicity by submitting to MassHealth a Stratified Performance Report (complete Section 1 in the reporting template below); and
- **Requirement 3.** HCAHPS survey— Submit aggregate results for all surveyed **MassHealth members** for each composite specified in the Hospital CQI Program Technical Specifications Manual [data are not required to be stratified by race and ethnicity]. HCAHPS composite top box results will be submitted via the MassQEX portal by June 30, 2025 in conjunction with the submission of data for the Patient Experience: Communication, Courtesy, and Respect measure. Please refer to the Performance Year 2 Technical Specifications for the MassHealth HQEIP for instructions on calculating composite top box results.

To fulfill **Performance Requirement 2**, a complete, responsive, and timely submission will be submitted to MassHealth by **March 31, 2025**, and will include direct responses to all the questions in the report template below.

Section 1: Demonstration of Claims-based Measure Stratification

1. Please fill out the tables below for each of the claims-based measures:
 - a. specify the proxy measures used for the claims-based measure. If a proxy measure is not used, and hospital is able to report on the claims-based measure, please write “N/A”;
 - b. provide a rationale for using the proxy measure. If a proxy measure is not used, please write “N/A”; and
1. share proxy measure calculations, which include, at a minimum, a description of data source(s), measurement period, denominator, numerator, and exclusions. If a proxy measure is not used, please write “N/A”.

Partially completed tables (e.g., blank cells) will not be accepted.

Claims-based Measure — NCQA: Follow-up After ED Visit for Mental Illness (7 and 30 Day)

Proxy Measure, as applicable	
Rationale for proxy measure selection, as applicable	
Proxy measure specification: how the proxy measure is calculated, including, at a minimum, a detailed description of the data source(s), measurement period, denominator, numerator, and exclusions.	

Claims-based Measure — NCQA: Follow-up After ED Visit for Alcohol or Other Drug Abuse or Dependence (7 and 30 Day)

Proxy Measure, as applicable	
Rationale for proxy measure selection, as applicable	
Proxy measure specification: how the proxy measure is calculated, including, at a minimum, a detailed description of the data source(s), measurement period, denominator,	

numerator, and exclusions.	
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Claims-based Measure — NCQA: Follow-up After Hospitalization for Mental Illness (7 and 30 day)

Proxy Measure, as applicable	
Rationale for proxy measure selection, as applicable	
Proxy measure specification: how the proxy measure is calculated, including, at a minimum, a detailed description of the data source(s), measurement period, denominator, numerator, and exclusions.	

2. For each Claims-based measure in Table 1 (or proxy measures identified by the hospital), submit a report of stratified performance to MassHealth. Stratified performance may be calculated using imputed or other sources of data for race and ethnicity stratification only where self-reported race and ethnicity are not available. For these measures, share aggregate data, for example, in a table format or as screenshots, in this template.

Appendix

Table 1.

Domain	Type	Measure
Perinatal Care	Chart-Based	PC-02: Cesarean Birth, NTSV
Perinatal Care	Chart-Based	PC-06: Unexpected Newborn Complications in Term Infants
Care Coordination	Chart-Based	CCM-1: Reconciled medication list received by discharged patient
Care Coordination	Chart-Based	CCM-2: Transition record with specified data elements received by discharge patient
Care Coordination	Chart-Based	CCM-3: Timely transmission of transition record within 48 hours at discharge
Care Coordination	Claims-based	NCQA: Follow-up After ED Visit for Mental Illness (7 and 30 Day)
Care Coordination	Claims-based	NCQA: Follow-up After ED Visit for Alcohol or Other Drug Abuse or Dependence (7 and 30 Day)
Care Coordination	Claims-based	NCQA: Follow-up After Hospitalization for Mental Illness (7 and 30 day)
Acute & Chronic Conditions	Chart-Based	SUB-2: Alcohol Use – Brief Intervention Provided or Offered
Acute & Chronic Conditions	Chart-Based	SUB-3: Alcohol & Other Drug Use Disorder – Treatment provided/offered at discharge
Patient Experience	Survey	AHRQ: HCAHPS Survey: Stratified by MassHealth population only, willingness to recommend and selected composites