



MassHealth Quality and Equity Incentive Program (QEIP)

Program:	Cambridge Health Alliance – 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. Quality measures identified for reporting in this measure for PY2 (detailed in Table 1) are disparities-sensitive measures in the areas of maternal health, care coordination, and care for acute and chronic conditions that MassHealth has prioritized because of their importance to the MassHealth population. Of the included measures, a subset will be targeted for disparities reduction accountability in later years of the HQEIP.

Reporting Template

Contact Information

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

Introduction

Cambridge Health Alliance (CHA) will be assessed on three performance requirements for this measure:

- Requirement 1. EHR-based measures in Appendix, Table 1— Submit annual member-level self-reported race and ethnicity data alongside clinical quality measure data to MassHealth (via a secured upload link); and
- Requirement 2. Claims-based measures in Appendix, Table 1 (applies to Medicaid population only)— Demonstrate capacity to internally stratify performance data by race and ethnicity by submitting a stratified performance report for those measures (or proxy measures identified by CHA) to MassHealth (complete Section 1 in the reporting template below). The stratification may use imputed or other sources of data for race and ethnicity stratification only where self-reported race and ethnicity are not available.

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	EHR-Based	PC-02: Cesarean Birth, NTSV <i>**Only applicable for the Medicaid population</i>
Perinatal Care	EHR-Based	PC-06: Unexpected Newborn Complications in Term Infants <i>**Only applicable for the Medicaid population</i>
Care Coordination	EHR-Based	TOB-1: Tobacco Use Screening (for CHA medical, surgical, and maternity inpatient units)
Care Coordination	EHR-Based	TOB-2: Tobacco U/se Treatment Provided or Offered (for CHA medical, surgical, and maternity inpatient units)
Care Coordination	EHR-Based	TOB-3: Tobacco Use Treatment Provided or Offered at Discharge (for CHA medical, surgical, and maternity inpatient units)
Care Coordination	Claims-Based (Medicaid)/ EHR-Based (served uninsured)	NCQA: Follow-up After ED Visit for Mental Illness (7 and 30 Day) <i>**CHA will report an EHR-based measure for a) the served uninsured patient population with an index ED visit at CHA and b) for the served uninsured patient population on CHA's primary care panel with an index ED visit at CHA.</i>
Care Coordination	Claims-Based (Medicaid)/ EHR-Based (served uninsured)	NCQA: Follow-up After ED Visit for Alcohol or Other Drug Abuse or Dependence (7 and 30 Day) <i>**CHA will report an EHR-based measure for a) the served uninsured patient population with an index ED visit at CHA and b) for the served uninsured patient population on CHA's primary care panel with an index ED visit at CHA.</i>
Care Coordination [Replacement measure since Perinatal Measures do not apply to the served uninsured]	EHR-based	Follow-up After Hospitalization (medical-surgical discharges) for primary care patients in the public hospital's primary care system. NQF 0576 is adapted to medical-surgical admissions (7-Day) <i>**Served Uninsured Only</i>

Care Coordination	Claims-Based (Medicaid)/ EHR-Based (served uninsured)	NCQA: Follow-up After Hospitalization for Mental Illness (NQF 0576) (7 and 30 day) <i>**CHA will report an EHR-based measure for a) the served uninsured population with an index hospitalization at CHA and b) for the served uninsured patient population on CHA's primary care panel with an index hospitalization at CHA.</i>
Acute & Chronic Conditions	EHR-Based	SUB-2: Alcohol Use – Brief Intervention Provided or Offered
Acute & Chronic Conditions	EHR-Based	SUB-3: Alcohol & Other Drug Use Disorder – Treatment provided/offered at discharge