



## EOHHS Hospital Quality and Equity Incentive Program (HQEIP) Performance Year 1 (PY1) Deliverable: Stratified Reporting of Quality Data

### Context:

Hospitals participating in the MassHealth HQEIP are incentivized to meet performance requirements for the Stratified Reporting of Quality Data metric, as specified in the Performance Year 1 Implementation Plan and associated technical specifications. By collecting and stratifying quality measures by social risk factors, hospitals, and care systems can identify where health care disparities exist—and then focus interventions to reduce observed disparities and promote equitable care.

There are two performance requirements for this measure for PY1 pertaining to stratification of specific measures from the MassHealth Clinical Quality Incentive (CQI) slate included in Table 1 (see Appendix).

**Performance Requirement 1.** For chart-based and EHR measures in Table 1: Hospitals must 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.

**Performance Requirement 2.** For claims-based measures in Table 1: Hospitals must demonstrate capacity to internally stratify performance data by race and ethnicity by submitting to MassHealth a Stratified Performance Report. The Stratified Performance Report must include:

#### **1. Section 1: Reporting Information**

- a. Name of the Hospital
- b. Name and title of individual(s) responsible for completing this deliverable
- c. Name and email address of individual(s) submitting this deliverable

#### **2. Section 2: Stratifying Quality Data**

- a. Does the Hospital currently stratify performance on CQI quality measures in Table 1 by demographic factors<sup>1</sup> and/or social risk factors<sup>2</sup>?
  - i. If yes, please describe:

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<sup>1</sup> Demographic factors may include race, ethnicity, language, disability status, sexual orientation, gender identity

<sup>2</sup> Social risk factors may include health-related social needs (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”)

1. For what purpose(s) are stratified quality measure performance data generated, and by which team(s)?
  2. Which demographic and/or social risk factors are used for stratification?
  3. To which stakeholders are stratified quality performance data communicated, and when? Please include both internal and external stakeholders, as applicable.
  4. For each Claims-based measure in Table 1 (or proxy measures<sup>3</sup> 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.
    - ii. If no, does the Hospital plan to build capacity to stratify quality data? If so, how and when?
- b. What challenges does the Hospital experience with:
- i. stratifying quality data by demographic and social risk factors, and
  - ii. using stratified data to understand health disparities?

### **Submission Instructions:**

**Performance Requirement 1:** Report to EOHHS via the quarterly submission cycle for CQI reporting. Additional submission details are included in the Hospital CQI Program Technical Specifications Manual.

**Performance Requirements 2.** Please report to EOHHS via OnBase by June 29, 2024. Please submit as a Word document with the following file name:  
HospitalAbbreviation\_StratifiedReport\_YYYYMMDD.

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<sup>3</sup> Measures used to approximate performance on quality measures. Proxy measures may use other data sources than the quality measure they are replacing, such as those that are more readily available to acute hospitals for monitoring throughout the performance year.

## Appendix:

Table 1. MassHealth Clinical Quality Incentive Program Measures Identified for Inclusion in this HQEIP “Stratified Reporting of Quality Data” Measure for PY1

Domain	Type	Measure
<b>Perinatal Care</b>	Chart-Based or EHR	PC-02: Cesarean Birth, NTSV
	Chart-Based or EHR	PC-06: Unexpected Newborn Complications in Term Infants
<b>Care Coordination</b>	Chart-Based	CCM-1: Reconciled medication list received by discharged patient
	Chart-Based	CCM-2: Transition record with specified data elements received by discharge patient
	Chart-Based	CCM-3: Timely transmission of transition record within 48 hours at discharge
	Claims-based	NCQA: Follow-up After ED Visit for Mental Illness (NQF 3489) (7-Day)
	Claims-based	NCQA: Follow-up After ED Visit for Alcohol or Other Drug Abuse or Dependence (NQF 3488) (7-Day)
<b>Acute &amp; Chronic Conditions</b>	Chart-Based	SUB-2: Alcohol Use – Brief Intervention Provided/Offered
	Chart-Based	SUB-3: Alcohol & Other Drug Use d/o – treatment prov/offered at d/c
<b>Behavioral Health</b>	Claims-based	CMS IPFQR: Follow-up After Psychiatric Hospitalization
	Chart-Based	CMS IPFQR: Screening for Metabolic Disorders