



MassHealth Quality and Equity Incentive Program

Program:	ACO & MCO Quality & Equity Incentive Programs (AQEIP MQEIP)
Performance Year:	PY1
Measure:	Stratified Reporting of Quality Data
Deliverable:	Stratified Reporting of Quality Data Report
Submission Portal:	OnBase
Submission Due Date:	June 29, 2024
File Naming Convention:	ACOMCOAbbreviation_StratifiedReport_YYYYMMDD
Suggested Page Limit:	5 pages

Submission Instructions

Accountable Care Partnership Plans (ACPPs) and Managed Care Organizations (MCOs): Please submit this report to EOHHS via OnBase by June 29, 2024. For Question 2.d. of this report (stratified performance report), please refer to the MassHealth ACPP and MCO PY2023 Quality Guidance document for further guidance on submission process. Note that the response to Question 2.d. is due to MassHealth via MQO@mass.gov by September 20, 2024.

Primary Care ACO (PCACO): Please submit this report to EOHHS via OnBase by June 29, 2024. For Question 2.d. of this report (stratified performance report), MassHealth will provide PCACOs with a sample stratified report that can be used as an example for their submission. Consistent with the expectations for ACPPs and MCOs listed above, PCACOs will submit the response to Question 2.d. to MassHealth via MQO@mass.gov by September 20, 2024.

Reporting Template

Contact Information

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

Introduction

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

The performance requirements for this measure for PY1 pertain to stratification of specific measures from the MassHealth Quality Incentive slates included in Table 1 and Table 2 (see Appendix).

Section 1: Stratifying Quality Data

1. Does the ACO/MCO currently stratify performance on quality measures in Table 1/Table 2 by demographic factors¹ and/or social risk factors²? (Yes/No)

Please describe: (Yes/No)

2. If yes, please describe (if no, skip to Question 2.d.):

- a. For what purpose(s) are stratified quality measure performance data generated, and by which team(s)?

Please describe:

- b. Which demographic and/or social risk factors are used for stratification?

Please describe:

- c. To which stakeholders are stratified quality performance data communicated, and when? Please include both internal and external stakeholders, as applicable.

Please describe:

- d. For each applicable measure in Table 1 or Table 2 (or proxy measures³ where applicable), 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. The response to this question is due on September 20th, 2024, see note below.

Note: Per the “MassHealth ACPP and MCO PY2023 Quality Guidance” document, ACPPs and MCOs should submit this report of stratified performance to MassHealth alongside their quality measure rate submission (i.e., as part of the PY23 Quality Incentive Program) due on September 20th, 2024. Further reporting guidance on measure level stratification is provided within the “MassHealth ACPP and MCO PY2023 Quality Guidance” document.

¹ Demographic factors may include race, ethnicity, language, disability status, sexual orientation, gender identity

² 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”)

³ 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.

MassHealth will provide PCACOs with a sample stratified report that can be used as an example for their submission. Consistent with the expectations for ACPPs and MCOs listed above, PCACOs will submit this report of stratified performance to MassHealth by September 20th, 2024.

3. If no, how and by when does the ACO/MCO plan to build capacity to stratify quality data?

Please describe:

4. What challenges does the ACO/MCO experience with stratifying quality data by demographic and social risk factors?

Please describe:

5. What challenges does the ACO/MCO experience with using stratified data to understand health disparities?

Please describe:

Appendix

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

Domain	Type	Measure
Preventative & Pediatric Care	Chart-based	NCQA: Prenatal and Postpartum Care (PPC)
Preventative & Pediatric Care	Chart-based	CMS: Screening for Depression and Follow-Up Plan (CDF)
Care Coordination/ Care for Acute & Chronic Conditions	Claims-based	NCQA: Follow-Up After Emergency Department Visit for Mental Illness (FUM; 7 and 30 day follow-up)
Care Coordination/ Care for Acute & Chronic Conditions	Claims-based	NCQA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence Treatment (FUA; 7 and 30 day follow-up)
Care Coordination/ Care for Acute & Chronic Conditions	Claims-based	NCQA: Follow-Up After Hospitalization for Mental Illness (FUH; 7 and 30 day follow-up)
Care Coordination/ Care for Acute & Chronic Conditions	Claims-based	NCQA: Initiation of Engagement of Alcohol and Other Drug Abuse or Dependence (IET)

Table 2. MassHealth MCO Quality Incentive Program Measures Identified for Inclusion in this MQEIP “Stratified Reporting of Quality Data” Measure for PY1

Domain	Type	Measure
Preventative & Pediatric Care	Chart-based	NCQA: Prenatal and Postpartum Care (PPC)
Care Coordination/ Care for Acute & Chronic Conditions	Claims-based	NCQA: Follow-Up After Emergency Department Visit for Mental Illness (FUM; 7 and 30 day follow-up)
Care Coordination/ Care for Acute & Chronic Conditions	Claims-based	NCQA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence Treatment (FUA; 7 and 30 day follow-up)
Care Coordination/ Care for Acute & Chronic Conditions	Claims-based	NCQA: Follow-Up After Hospitalization for Mental Illness (FUH; 7 and 30 day follow-up)
Care Coordination/ Care for Acute & Chronic Conditions	Claims-based	NCQA: Initiation of Engagement of Alcohol and Other Drug Abuse or Dependence (IET)

