2024 Quality Measure Catalog

Executive Summary

INTRODUCTION

Background

Health care quality measurement serves an important role in ensuring that patients receive high quality care, identifying areas for improvement, and facilitating accountability. The role of quality measurement will continue to expand, in part with the health care system's shift from fee-for-service (FFS) reimbursement to alternative payment models (APMs), a value-based payment approach that provides added incentive payments to provide high-quality and cost-efficient care.[1,2] Global budgets are the most common form of APMs used in the Commonwealth and typically include incentives based on provider organizations' performance on a set of health care quality measures.[3] While quality measurement continues to be valuable for patient care and payment, a lack of alignment in the specific measures used in global budget-based risk contracts is a major source of administrative burden in the health care system, contributing to clinician burnout and dilution of quality improvement efforts.[4]

To address these challenges, the Executive Office of Health and Human Services (EOHHS), in collaboration with the Massachusetts Center for Health Information Analysis (CHIA) and

the Massachusetts Health Policy Commission (HPC), convened the Quality Measure Alignment Taskforce ("Taskforce") in 2017. The primary goal of the Taskforce has been to maintain an aligned set of quality measures ("Aligned Measure Set") for voluntary adoption by private and public payers and providers in global budget-based risk contracts. Adoption of a single, expert-informed set of quality measures would simplify administration for both providers and payers, advance the state's quality improvement priorities, and enable state agencies to better monitor health system performance overalll.

Members of the Taskforce include individuals with quality measurement expertise from provider organizations, commercial and Medicaid managed care plans, academic institutions, state agencies, and consumer advocacy organizations. Through a consensus process, the Taskforce developed and maintains the Massachusetts Aligned Measure Set, a standard set of quality measures and specifications that is reviewed and updated annually. The Commonwealth currently relies on voluntary adoption of the Massachusetts Aligned Measure Set by provider and commercial payers.

To track adoption of and adherence to the Aligned Measure Set by Massachusetts payers, CHIA and the HPC annually administer a voluntary survey—the Quality Measure Catalog—to learn which quality measures payers have included in their global budget-based risk contracts for the upcoming year. This publication, prepared in collaboration with the HPC, includes details about:

- the adoption of Taskforce-endorsed measures in global budget-based risk contracts
- the stratification of measures by race, ethnicity, and/or language
- identification of non-Taskforce-endorsed measures that continue to be used in contracts.

For additional background and previous analysis of the Aligned Measure Set, please visit the following resources:

- EOHHS Quality Measure Alignment Taskforce website
- EOHHS Quality Alignment Taskforce: Report on Work Through July 2018 (October 2018)
- Massachusetts Health Policy Commission DataPoints, Issue 21: The Quality Measure Alignment Taskforce's Evaluation of Payer Adherence to the Massachusetts Aligned Measure Set (February 2022)

Statewide performance results for a subset of the Aligned Measure Set measures referenced in this report, including Patient Experience Survey results and some Healthcare Effectiveness Data and Information Set (HEDIS) clinical quality measures, were recently published in CHIA's Annual Report on the Performance of the Massachusetts Health Care System (March 2024). Provider performance results at the parent provider group and medical group levels will be published in an upcoming report on Clinical Quality and Patient Experience Survey results in summer 2024.

Estimating Covered Lives Under Global Budget-Based Risk Contracts

Chapter 224 of the Acts of 2012 set goals to increase the adoption of APMs in the Commonwealth, and CHIA annually collects information from payers about APM adoption. While the Quality Measure Catalog dashboard includes information on use of quality measures in contracts for years 2021-2024, the most current APM data CHIA has available is for 2022, so representation of covered lives under global budget arrangements should be interpreted as contextual estimates.

Among the six commercial payers that submitted a 2024 Quality Measure Catalog, 48.7% of Massachusetts covered lives who were enrolled in a private commercial health insurance plan had their care covered under a global budget arrangement in 2022. The two largest Massachusetts-based commercial payers, Blue Cross Blue Shield of Massachusetts (BCBSMA) and Harvard Pilgrim Health Care (HPHC), reported nearly two-thirds of their commercial member months are enrolled in a global budget arrangement (62.0% and 61.7%, respectively), indicating that adoption by these largest payers is a driver of overall commercial membership in this type of APM. Among those enrolled in a Medicaid Managed Care Organization (MCO)/Accountable Care Organization (ACO), 87.7% were covered under this arrangement.

METHODOLOGY

The Quality Measure Catalog survey request is sent annually to all Massachusetts commercial payers and MassHealth.[5] Commercial payers are asked to report quality measures that are in only their private commercial global budget-based risk contracts for the upcoming year.[6] MassHealth submits a survey for Medicaid MCOs and ACOs, which includes contracts that may be administered by a commercial payer.

Quality Measure Catalog submissions are used to track use of endorsed measures in contracts, to calculate payer adherence rates to the Aligned Measure Set and to track stratification of measures by race, ethnicity, and/or language for either internal or contractual purposes. Additionally, the submissions allow the Taskforce to track modifications to defined measure specifications and/or homegrown measures used to identify potential innovation measures.

Payer adherence to the Aligned Measure Set is calculated as the sum of instances endorsed measures were used by a given payer in their global budget risk contracts divided by the total instances of all measures used by a given payer in their global budget contracts. Endorsed measures reflect all measures designated as Core, Menu, Developmental, Innovation, and On Deck. Measures designated as Not Endorsed or Monitoring are considered not in adherence with the Aligned Measure Set.[7] Hospital domain measures are excluded from the adherence calculation. The Taskforce determined that hospital measures are out of scope for global budget-based risk contracts and have therefore made the decision to exclude them from consideration for the Aligned Measure Set.

$$\frac{\sum \textit{Number of payer global budget-based risk contracts that include endorsed measures}}{\sum \textit{Number of payer global budget-based risk contracts that include any measures (endorsed or not endorsed/monitoring)}}$$

The Quality Measure Catalog survey and this publication were prepared in collaboration with the Massachusetts Health Policy Commission. This report focuses on contract years 2021-2024, and is an updated and expanded analysis of the February 2022 HPC *DataPoints* issue, which examines data from 2019-2021.

OVERVIEW OF THE MASSACHUSETTS ALIGNED MEASURE SET

The Taskforce has defined six categories of measures, five of which make up the Massachusetts Aligned Measure Set ("Aligned Measure Set")—Core, Menu, Developmental, Innovation, and On Deck measures. Payers and providers are expected to adopt all Core measures, can choose measures from the Menu set, and/or can choose to pilot Developmental, Innovation, or On Deck measures. The Taskforce tracks Monitoring measures, but use of Monitoring measures in contracts is not considered to be in adherence with the Aligned Measure Set given that performance on those measures is already high and there is limited opportunity for improvement. Should performance for those measures decline, the Taskforce may consider moving them into the Core or Menu sets.

The Taskforce reviews and modifies the composition of the Aligned Measure Set slightly from year to year as measures are added or retired. Detailed descriptions of each Aligned Measure Set category, as well as the full Aligned Measure Sets for years 2021-2024, can be found in the interactive dashboard.

KEY FINDINGS

Use of Core and Menu Measures

The 2024 Aligned Measure Set includes six Core set measures and 24 Menu set measures. One of the seven reporting payers adopted all six Core measures, while one of the seven payers adopted none of the six Core measures. Taskforce staff will further explore the limited adoption of the full Core set in summer 2024.

Fidelity to the Aligned Measure Set

While this publication primarily focuses on changes from 2021 to 2024, it is worth highlighting that since the first Aligned Measure Set was endorsed by EOHHS for 2019 contracts, overall adherence to the Aligned Measure Set across all respondents increased from 65% in 2019 to 96% in 2024. MassHealth reports 100% adherence for all years, though MassHealth does include some population-specific measures which are not part of the Aligned Measure Set but have been endorsed by the Taskforce for use in MassHealth ACO contracts. Therefore, the report also includes a commercial-only adherence rate, which aggregates across only private commercial lines of business, and this rate has improved from 54% in 2019 to 94% in 2024.

Among commercial payers, BCBSMA and HPHC reported near complete adherence with the 2024 Aligned Measure Set, and all three of the payers that reported rates below 80% in 2023 improved adherence in 2024. Health New England (HNE) improved adherence from 76% in 2023 to 84% in 2024, WellSense from 57% to 73%, and United Healthcare (United) from 40% to 63%, respectively. While the improvements are notable and the overall adherence rate across all participating payers is high (96%), WellSense and United adherence rates below 80% present opportunities to further reduce use of non-endorsed measures in contracts.

Additionally, the overall adherence rate only accounts for the Aligned Measure Set requirement to limit measures in contracts to those endorsed in the Core and Menu sets. It does not account for the requirement to use **all** Core measures in **every** contract, which only one payer reported implementing in 2024 contracts. Taskforce staff is exploring this lack of alignment, and a future publication will also include a metric of adoption of Core measure use when considering fidelity to the Aligned Measure Set.

In interviews Taskforce staff conducted with payers to better understand fidelity to the Aligned Measure Set, payers cited some potential barriers to adoption, including: multi-year contracts which do not adjust to annual changes in the Aligned Measure Set during the contract period; provider requests to use non-endorsed measures; plan interest in use of non-aligned HEDIS measures National Committee for Quality Assurance (NCQA) considers for plan accreditation; insufficient denominators for certain measures; and the burden of collecting outcome measures which rely on clinical data. National payers have also noted challenges with implementing Massachusetts-specific requirements that do not align with their contracting in other states.

Race, Ethnicity, and Language Stratification

Starting in the 2022 Quality Measure Catalog, payers indicated which measures used in contracts are stratified by race, ethnicity, and/or language (REL) for internal use—meaning that stratified results are informative but not a component of the payer/provider global budget arrangement. Payers also reported if measures were stratified for contractual use—meaning that stratified results were incorporated into provider contracts for accountability.

This publication provides broad information about the number of payers stratifying measures for either purpose, but a future publication may include additional detail specifying measures stratified for contractual use. It is worth recognizing, however, that MassHealth and BCBSMA did stratify at least one measure by race, ethnicity, and/or language for contractual use in 2024 contracts.

Understanding which measures are most commonly stratified may help inform policies to focus efforts toward broader, system-wide REL stratification and identify opportunities to reduce health inequities. Two measures were stratified by five of the seven reporting payers, and both are Core set measures: NCQA HEDIS Controlling High Blood Pressure and NCQA HEDIS HbA1c Control for Patients with Diabetes: Poor Control (>9.0%). An additional eight measures were stratified by four reporting payers, all of which are NCQA HEDIS measures and include one additional Core set measure and seven Menu set measures, including metrics of diabetes care, child and adolescent immunizations, preventive screenings, and child well-care visits.

Use of Measures Designated "Not Endorsed"

Despite significant improvements in adherence to the Aligned Measure Set, some measures that are not endorsed—meaning the Taskforce reviewed the measure and determined not to include it in any category of the Aligned Measure Set—continue to be included in 2024 contracts. Tracking use of non-endorsed measures is valuable to ensure the Aligned Measure Set includes metrics that represent health care system priorities and may present opportunities during annual review to consider non-endorsed measures that are consistently in use, to determine an approach to shift contracting or to reevaluate endorsement.

Notably, use of non-endorsed measures has declined since 2021. A total of 105 contracts contained non-endorsed measures in 2021, while 37 contracts did so in 2024, a notable reduction from 66 contracts in the 2023 survey.

Measures in the Chronic Illness Care domain account for the highest use of non-endorsed measures in contracts—the four unique measures in this domain were used in 19 contracts in 2024, and measures in this domain are in use by five of the seven reporting payers. Visit the interactive dashboard to review the full list of non-endorsed measures used in contracts in 2021-2024 by measure domain, including details about how many payers used the measures in each year and the number of contracts.

DATA NOTES

- Mass General Brigham Health Plan (MGBHP) was formerly AllWays Health Partners.
- WellSense was formerly BMC HealthNet.
- UniCare confirmed that they do not have global budget-based risk contracts with quality measures.
- CCA submitted a Catalog for the first time for 2023 contracts, but Taskforce staff determined that CCA has exclusively MassHealth global budget-based risk contracts and will therefore be captured in MassHealth's submission so their submission is excluded from this report.
- Aetna has not responded to any Quality Measure Catalog survey requests since CHIA and the HPC began issuing the request in 2018, but based on review of the Registered Provider Organizations (RPO) and the HPC ACO certification programs, Taskforce staff has determined that Aetna likely does not hold global budget-based risk contracts in Massachusetts.
- Cigna did respond to this year's request and is currently engaging with Taskforce staff to determine whether they hold any contracts in Massachusetts that meet the Taskforce definition of global budget-based risk contracts.
- HPHC and THP are Point32Health companies.

NOTES

1 Massachusetts Executive Office of Health and Human Services Quality Alignment Taskforce Report on Work Through July 2018. October 2018. Available at: **https://www.mass.gov/doc/eohhs-quality-alignment-taskforce-report-on-work-through-july-2018-october-2018/download**

2 Centers for Medicare and Medicaid Services Quality Payment Program APMs Overview. **https://qpp.cms.gov/apms/overview**. Last accessed September 21, 2023.

3 Center for Health Information and Analysis Performance of the Massachusetts Health Care System Annual Report. March 2024. Available at: **https://www.chiamass.gov/assets/2024-annual-report/2024-Annual-Report.pdf**

4 Health Policy Commission. Pre-filed Testimony Pursuant to the 2016 Annual Cost Trends Hearing. October 2016. Available at: **https://www.mass.gov/service-details/testimony-2016-cost-trends-hearing**

5 Since the Taskforce began tracking adherence to the Aligned Measure Set in 2019, the Quality Measure Catalog has seen the following completion: MBGHP (formerly Allways Health Partners) began reporting for 2022 contracts, Blue Cross Blue Shield of Massachusetts (all years), Harvard Pilgrim Health Care (all years), Health New England (all years), Tufts Health Plan (reported 2019-2023; as of 2024, Point32Health is migrating global budget contracts from THP to HPHC, to be completed by 2025. THP will no longer submit a survey), United Healthcare (began reporting for 2022 contracts), WellSense (formerly BMCHP, all years). Surveys were also sent to Commonwealth Care Alliance (Taskforce staff have since determined that all contracts are MassHealth so would be counted in the MassHealth submission; CCA will no longer be contacted separately), Aetna (no response), and Cigna (no formal submission).

6 The Taskforce has defined global budget-based risk contracts as: “Contracts between payers (commercial and Medicaid) and provider organization where budgets for health care spending are set either prospectively or retrospectively, according to a prospectively known formula, for a comprehensive set of services for a broadly defined population, and for which there is a financial incentive for achieving a budget. The contract includes incentives based on a provider organization’s performance on a set of measures of health care quality or there is a standalone quality incentive applied to the same patient population.”

7 The calculation uses instances, or the number of contracts a measure is used in, to account for frequency of measure use across contracts. If a non-endorsed measure is in use but only in 1 contract, but an endorsed measure is in use in several contracts, the adherence rate accounts for this. However, the current adherence rate does not account for the requirement to include all Core measures in contracts. A future representation of adherence to the Aligned Measure Set will incorporate this requirement to better represent true fidelity.

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