

# Statewide Quality Advisory Committee

## Meeting #1

January 22, 2026



**MASSACHUSETTS**  
HEALTH POLICY COMMISSION





# Agenda

1. Welcome and Introductions
2. Overview of the SQAC's Charge and Responsibilities
3. Review of the 2026 Aligned Measure Set and Annual Review Process
4. 2026 Goals Recommended by the Quality Measure Alignment Taskforce
5. Discussion and Wrap-Up

# Welcome and Introductions

## SOAC APPOINTED REPRESENTATIVES

Representative	Name	Title	Organization
MHA	Pat Noga	Vice President, Clinical Affairs	MHA
Mass League of Community Health Centers, Inc.	Kristen Ells	Director, Population Health and Clinical Quality	Edward M. Kennedy Community Health Center
Mass Medical Society	Barbara Spivak	Internist; MMS Committee for Quality of Medical Practice Advisor	MACIPA; MMS
RN who practices in a patient care setting	Silda Melo	President	American Nurses Association, MA
Labor organization representing health care workers	Elisabeth Daley	Lead Research Analyst	SEIU
Behavioral health provider	Dan Mullin	Director	Center for Integrated Primary Care
Long-term supports and services provider	Ahmad Al-Musa	Vice President of Quality and Compliance	Aspire Health Alliance
BCBSMA	Mark Friedberg	Senior Vice President, Performance Measurement and Improvement	BCBSMA
MAHP	Renee Altman-Nefussy	Director, Provider Quality Performance; Quality and Medical Policy	Point32Health
Specialty pediatric provider	Mark Mandell	Chief Pediatric Medical Officer	Revere Medical
Representative for consumers	Dennis Heaphy	Lead Researcher; Health Justice Advocate	Disability Policy Consortium

# Welcome and Introductions

## SQAC STATE AGENCY REPRESENTATIVES

State Agency Representative	Name	Title
Health Policy Commission (Co-Chair)	David Seltz	Executive Director
Division of Insurance (Co-Chair)	Michael Caljouw	Commissioner of Insurance
Center for Health Information and Analysis	Andrew Jackmauh	Interim Executive Director
Department of Mental Health	Beth Lucas	Acting Commissioner
Department of Public Health	Katherine Fillo	Chief Clinical Officer & Director of Healthcare Strategy and Planning
MassHealth	Linda Shaughnessy	Senior Director, MassHealth Quality Office
Executive Office of Aging and Independence	Whitney Moyer	Chief Operating Officer
Group Insurance Commission	Lauren Makishima	Data Analytics Manager
Betsy Lehman Center for Patient Safety	Barbara Fain	Executive Director



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## The Origins of the Aligned Measure Set

- In 2017, EOHHS convened the Quality Measure Alignment Taskforce (QMAT) to define an aligned measure set for use in global budget-based risk contracts.
- In doing so, EOHHS' objectives were to:
  1. **reduce the administrative burden** on provider organizations associated with operating under multiple, non-aligned contractual measure sets, including burden associated with resources dedicated to varied quality improvement initiatives and to measure reporting, and
  2. **focus provider quality improvement efforts** on state health improvement opportunities and priorities.
- The State has historically relied on voluntary adoption of the Aligned Measure Set by payers and providers.



## Chapter 343

- On January 7, 2025, Governor Healey signed [Chapter 343](#) into law. Chapter 343 mandates use of a Standard Quality Measure Set\* in contracts between payers and providers which incorporate quality measures into payment terms. In practice, for 2026, it will build off the foundation of the Aligned Measure Set that the QMAT first began to create in 2017 for use in global budget-based risk contracts and make compliance a legal requirement.
- The law also:
  - broadens application of aligned measures to all provider value-based contracts;
  - requires aligned measure use in provider tiering assignments in insurance product design, and
  - requires public reporting of performance.

\* We will continue to use “Aligned Measure Set.”



## The SQAC

- The law calls on CHIA to convene a Statewide Quality Advisory Committee (SQAC) to make recommendations on the measure set.
- For the 2026 transition year, the QMAT will continue the annual review process it began this fall and bring recommendations to the SQAC in April. The QMAT will then sunset and CHIA will procure a new technical advisory group that will continue the review function that the QMAT previously performed. The new body will now do so in service to the SQAC.
- Whereas the QMAT is chaired by the EOHHS Undersecretary and recommendations have gone to the EOHHS Secretary, the SQAC is-co-chaired by the DOI Commissioner and HPC Executive Director, with recommendations to the CHIA Executive Director.
- The QMAT has typically met monthly from fall through June, while the SQAC is directed to meet quarterly. It may meet more often, however.





## The Annual Review

- Finally, the law directs that the SQAC update the Aligned Measure Set be updated only in even-numbered years. This varies from the existing annual review process.
- Taskforce staff have discussed having a more limited review in the off-years, focused on changes in measure specifications, changes in CMS requirements of MassHealth and changes in measure endorsement by national bodies.
- The off-years can be used to give greater focus to non-global budget-based contract types, tiering and public reporting.



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## The Aligned Measure Set

- The Aligned Measure Set consists of a **Core Set** and a **Menu Set**.
  - The Core Set consists of measures that payers and providers are always expected to use in their global budget-based risk contracts.
  - The Menu Set includes all other measures from which payers and providers may choose to supplement the Core Measures in their global budget-based risk contracts.
- The Quality Measure Alignment Taskforce has also traditionally tracked additional measures in the **Monitoring** and **Developmental** Sets.
  - The Monitoring Set includes measures representing priority areas of interest for which recent performance has been high. These measures are tracked to ensure performance doesn't decline.
  - The Developmental Set includes measures with defined specifications that have been validated, tested, and/or are use in other states that the QMAT wished to track, as well as measures or measure concepts of interest that are not ready for implementation.



## 2026 Core Set

1. CG-CAHPS (MHQP version)
2. *Childhood Immunization Status (Combo 10)*
3. *Controlling High Blood Pressure*
4. *Glycemic Status Assessment for Patients with Diabetes: Glycemic Status Poor Control (>9.0%)*



## 2026 Menu Set

1. *Adult Immunization Status (Influenza)*
2. *Behavioral Health Risk Assessment (for Pregnant Women)*
3. *Blood Pressure Control for Patients with Diabetes*
4. *Breast Cancer Screening*
5. *Cervical Cancer Screening*
6. *Child and Adolescent Well-Care Visits*
7. *Chlamydia Screening*
8. *Colorectal Cancer Screening (eCQM)*
9. *Depression Screening and Follow-up for Adolescents and Adults*
10. *Developmental Screening in the First Three Years of Life*
11. *Eye Exam for Patients with Diabetes*
12. *Health-Related Social Needs Screening (adapted from CMS' Social Drivers of Health)*
13. *Immunizations for Adolescents (Combo 2)*
14. *Initiation and Engagement of Substance Use Treatment*
15. *Kidney Health Evaluation for Patients with Diabetes*
16. *Pharmacotherapy for Opioid Use Disorder*
17. *Prenatal & Postpartum Care*
18. *Race, Ethnicity, Language, and Disability Data Collection*
19. *Race, Ethnicity, and Language Stratification*
20. *Screening for Depression and Follow-up Plan*
21. *Well-Child Visits in the First 30 Months of Life*



# Annual Review Process Overview

- The annual review process generally begins around December, with any recommended modifications to the measure set finalized by 5/31 to take effect at the start of the next calendar year.
- During the annual review, staff prepare information on the following topics for review by the Taskforce:
  1. substantive specification changes to the measures in the Aligned Measure Set;
  2. any changes to each measure's status in relevant state and federal measure sets;
  3. adoption of the Core and Menu Measures in Massachusetts global budget-based risk contracts, and
  4. opportunities for performance and/or equity improvement on the Core and Menu Measures.

# 2025-2026 Annual Review Timeline

Step	Timing
<b>1. QMAT: Background Review</b> <ul style="list-style-type: none"> <li>• Review measure selection criteria</li> </ul>	December
<b>2. QMAT: Review of the existing measure set</b> <ul style="list-style-type: none"> <li>• Specification changes</li> <li>• Recent performance</li> <li>• Opportunities for health equity improvement</li> <li>• Use in contracts (identified via the Quality Measure Catalog)</li> </ul>	December-February
<b>3. QMAT: Consideration of new measures</b> <ul style="list-style-type: none"> <li>• New HEDIS Measurement Year 2026 Measures</li> <li>• New to the MSSP and Medicaid Core Sets</li> <li>• Gap-filling measure proposals</li> <li>• Measures with benchmarks for the first time</li> <li>• Developmental measures for possible elevation</li> </ul>	February-March
<b>4. QMAT: Finalize the 2027-2028 measure set recommendations</b> <b>5. SQAC: Review QMAT recommendations</b>	April
<b>6. QMAT: Process SQAC feedback (if necessary)</b>	May



# Measure Selection Criteria

## CRITERIA TO BE APPLIED TO INDIVIDUAL MEASURES

1. Evidence demonstrates that the structure, process, or outcome being measured correlates with improved patient health.
2. Valid at the data element and performance score level.
3. Appropriate for use in a global budget-based risk contract between a payer and provider organization.
4. Generated without extensive measurement-related burden for providers, or the measure would reduce provider measurement burden by supplanting a measure with greater burden, or the burden is justified by reasonably expected high impact on patient health.
5. Represents an opportunity to improve population health.
6. Represents an opportunity to promote health equity.
7. Used in at least one global budget-based risk contract within three years of Measure Set addition, unless a payer commits to using the measure in the following year.





# Measure Selection Criteria



## ADDITIONAL CRITERIA TO BE APPLIED TO NON-ENDORSED INDIVIDUAL MEASURES

1. Addresses a State-defined health care priority or fills a gap in the Aligned Measure Set of Taskforce priority. Valid at the data element and performance score level.
2. No nationally endorsed measures are available for use, or the Taskforce has the evaluated nationally endorsed measures as failing to meet other Taskforce measure selection criteria.



# Measure Selection Criteria

## CRITERIA TO BE APPLIED TO THE MEASURE SET AS A WHOLE

1. Prioritizes health outcomes, including measures sourced from clinical and patient-reported data.
2. Provides as complete and holistic a view of the entity being evaluated as possible in terms of a) population age and sex, and b) primary care, behavioral health care and chronic illness care.
3. Strives for parsimony.
4. Taken as a whole, performance on the proposed measure set should significantly advance the delivery system towards the goals of safe, timely, effective, efficient, equitable, patient-centered (STEEEP) care.
5. Promotes value for patients, purchasers, and providers and support the triple aim of better care, better health, and lower cost.
6. Includes topics and measures for which there are opportunities to promote health equity by race, ethnicity, language, disability status, sexual orientation, and/or gender identity.



# Measure Selection Criteria

## CRITERIA TO BE APPLIED TO THE CORE SET

1. No more than six in number.
2. Outcomes-oriented.
3. Has at least one measure focused on behavioral health.
4. Universally applicable to the greatest extent possible.
5. Crucial from public health and health equity perspectives.
6. Enhances value, which may include patient-centeredness, evidence-based, clinical effectiveness, cost effectiveness, and equity, among other value attributes.



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## 2026 Goals Recommended by the Quality Measure Alignment Taskforce

1. Complete the annual review with SQAC recommendations to CHIA by May 2026, incrementally increasing the size of the Core Set in the process to strengthen alignment.
2. Develop and implement a data standards dissemination and education plan.
3. Work with payers and providers on a methodology for measuring and reporting on ACO quality performance.
4. Advance health equity through collection and reporting (to the SQAC) of ACO race, ethnicity, and language data.
5. Assemble a subgroup to develop recommendations for how plans and providers can expedite the transition to electronic measurement.

*Do members support these goals?*



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## Discussion and Wrap-Up

- The QMAT will continue to conduct the annual review through April, developing recommendations for SQAC review.
- The SQAC will next meet in April to discuss the QMAT's recommendations.

THANK YOU



**Statewide Quality Advisory Committee**  
[sqac@chiamass.gov](mailto:sqac@chiamass.gov)





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Mass.gov](http://Division of Insurance Mass.gov)



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