CHIA.

MASSACHUSETTS HEALTH POLICY COMMISSION

2026 Quality Measure Catalog

Executive Summary

INTRODUCTION

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 as a result of the health care system's shift from fee-for-service (FFS) reimbursement to alternative payment models (APMs), value-based payment approaches that provide additional 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]

This publication presents information about the quality measures incorporated in the global budget contracts between health plans and Massachusetts provider organizations. 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 has been a major source of administrative burden in the health care system, contributing to clinician burnout and dilution of quality improvement efforts.[4]

To advance efforts to address these challenges, in 2025 Massachusetts enacted Chapter 343: An Act Enhancing the Market Review Process, charging the Center for Health Information and Analysis (CHIA)—in coordination with the Division of Insurance (DOI) and the Health Policy Commission (HPC)—with convening a Statewide Quality Advisory Committee (SQAC) that recommends standard quality measure sets ("Aligned Measure Set") for **mandatory** use in contracts that incorporate quality measures into payment terms between payers and providers. Members of the SQAC include representatives from state agencies and commissions, payers, providers, patient advocates, and industry groups. Under Chapter 343, the SQAC first convened in January 2026 and is charged with making Aligned Measure Set recommendations starting with 2027 contracts.

Quality measure alignment policies had been previously implemented through the Executive Office of Health and Human Services (EOHHS) Quality Measure Alignment Taskforce ("Taskforce"), which EOHHS first convened in 2017 in coordination with the HPC and CHIA and which recommended Aligned Measure Sets for **voluntary** adoption for contract years 2019-2026.

The primary goal of the Taskforce (and, going forward, the SQAC) was to maintain an Aligned Measure Set for adoption by private and public payers and providers in global budget-based risk contracts. Adoption of a single, expert-informed set of quality measures and specifications simplifies administration for both providers and payers, advances the state's quality improvement priorities, and enables state agencies to better monitor health system performance overall. Through a consensus process, the Taskforce developed the Massachusetts Aligned Measure Set, which it reviewed and updated annually.

To track adoption of and adherence to the Aligned Measure Set by Massachusetts payers, CHIA and the HPC administer an annual 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, is CHIA's annual report on the Aligned Measure Set and 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, and identification of measures not endorsed by the Taskforce that continue to be used in contracts. **Although Chapter 343 requires mandatory adoption of the Aligned Measure Set, the results in this executive summary and the accompanying** interactive dashboard **reflect voluntary adoption of the 2026 Aligned Measure Set prior to the law's effective date**.

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

- Statewide Quality Advisory Committee (SQAC)
- EOHHS Quality Measure Alignment Taskforce
- EOHHS Quality Alignment Taskforce: Report on Work Through July 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 referenced in this report, including Patient Experience Survey results and some clinical quality measures from the Healthcare Effectiveness Data and Information Set (HEDIS), were recently published in CHIA's Annual Report on the Performance of the Massachusetts Health Care System (March 2026). Provider performance results at the parent provider group and medical group levels are also available in the Select Clinical Quality and Patient Experience Measures interactive dashboard.

In addition, CHIA applies a health equity lens to quality measurement by stratifying these performance results by race and ethnicity in Equity in Quality of Care reporting.

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 2023-2026, the most current APM data is for 2024, **so representation of covered lives under global budget arrangements should be interpreted as contextual estimates**.

Among the 6 commercial payers that submitted a 2026 Quality Measure Catalog survey response, 43.1 percent of Massachusetts residents who were enrolled in these plans had their care covered under a global budget arrangement in 2024. Blue Cross Blue Shield of Massachusetts (BCBSMA), the largest Massachusetts-based commercial payer, reported that nearly two-thirds of its commercial member months were enrolled in global budget arrangements (60.1 percent), indicating that adoption by large payers drives overall commercial membership in this type of APM. Among those enrolled in a MassHealth (Medicaid) Accountable Care Partnership Plan/Managed Care Organization (ACPP/MCO), 92.1 percent were covered under this arrangement.

OVERVIEW OF THE ALIGNED MEASURE SET AND METHODOLOGY

The Taskforce defined 6 categories of measures, 5 of which make up the Massachusetts Aligned Measure Set—Core, Menu, Developmental, Innovation, and On Deck (see Table 1 below for definitions of each category). Payers and providers are expected to adopt all Core measures and can include measures from the Menu Set and/or choose to pilot Developmental, Innovation, or On Deck measures. While the Taskforce tracks Monitoring measures, use of Monitoring measures in contracts is not considered in adherence with the Aligned Measure Set because performance on these measures is already high with limited opportunity for improvement. The Taskforce annually reviewed and made minor modifications to the Aligned Measure Set as measures were added or retired. Detailed descriptions of each Aligned Measure Set category, as well as the full Aligned Measure Sets for years 2023 to 2026, can be found in the interactive dashboard.

The Quality Measure Catalog survey request is sent annually to all Massachusetts commercial payers and MassHealth.[5] Commercial payers were 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 MassHealth Accountable Care Organizations (ACO) and MCOs, which includes contracts administered by a commercial payer.[7] This year, CHIA received survey responses from 6 commercial entities (Blue Cross Blue Shield of Massachusetts [BCBSMA], Havard Pilgrim Health Care [HPHC], Health New England [HNE], Mass General Brigham Health Plan [MGBHP], UnitedHealthcare [UHC], and WellSense) and 1 public payer (MassHealth).

Quality Measure Catalog submissions are used to track adoption 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 innovations in quality measurement.[8]

Payer adherence to the Aligned Measure Set is calculated as the sum of instances that endorsed measures were used by a given payer in their global budget contracts divided by the total instances of all measures used by a given payer in their global budget contracts.[9]

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

While the rate described above monitors adherence to the requirement that contracts include only endorsed measures, true adherence to the Aligned Measure Set requires payers and providers to use all Core measures in every contract. To track how frequently Core measures are used in contracts, CHIA calculates a Core Set adherence rate. The Core Set adherence rate is calculated by taking the sum of instances of Core measures in a given payer's global budget-based risk contracts and dividing it by the expected number of instances if all Core measures were used in all contracts.

$$\frac{\sum \textit{Number of payer global budget-based risk contracts in which Core measures are used}}{(\Sigma \textit{ Number of global budget-based risk contracts}) * (\Sigma \textit{ Number of Core measures in the Aligned Measure Set})}$$

This report focuses on contract years 2022-2025 and is an updated and expanded analysis of the February 2022 HPC *DataPoints* issue, which examines data from 2019-2021.

Table 1: Aligned Measure Set Categories and Endorsement Status

Endorsement for Use in Contracts	Aligned Measure Set Category	Definition
Endorsed	Core	Measures that payers and providers are expected to always use in their global budget-based risk contracts.
	Menu	All other measures from which payers and providers may choose to supplement the Core measures in their global budget-based risk contracts.
	Innovation	Measures which address a) clinical topics or clinical outcomes in the Core or Menu Sets utilizing a novel approach or b) clinical topics that are not addressed in the Core or Menu Sets. Innovation measures are well-defined and have been validated and tested for implementation. Innovation measures are intended to advance measure development and therefore cannot include measures that have been previously considered and rejected by the Taskforce as potential Core or Menu measures. Innovation measures can be used on a pay-for-performance or pay-for-reporting basis at the mutual agreement of the payer and providers. For payers choosing to voluntarily adopt the Massachusetts Aligned Measure Set and its associated parameters, use of Innovation measures, at the outset, will not be limited in number. Innovation measures will be monitored and may be evaluated, once developed and tested, for inclusion in the Menu or On Deck Sets.

Endorsement for Use in Contracts	Aligned Measure Set Category	Definition
Not Endorsed	Developmental	Measures and measure concepts that address priority areas for the Taskforce, but the measure has not yet been defined, validated and/or tested for implementation. Willing payers and providers may use these measures in their value-based contracts.
	On Deck	Measure(s) that the Taskforce supports for the Core or Menu Set, and which will move into those sets in the 2 or 3 years following formal support to give providers time to prepare for reporting.
	Monitoring	Measures that the Taskforce identified to be a priority area of interest, but because recent health plan performance has been high, or data are not currently available, were not endorsed for Core or Menu Set use. Monitoring Set measures are intended to be used for performance tracking to ensure performance does not decline. If performance does decline, the Monitoring Set measures may be reconsidered for future inclusion in the Core and Menu Sets.
	Not Endorsed	There are two categories of measures that are Not Endorsed: 1. Not Endorsed – Reviewed by Taskforce: Measures that were considered during the Taskforce annual review and were not endorsed. 2. Not Endorsed – Added by Payer: Measures that were not considered during the Taskforce annual review and do not meet the criteria for Developmental or Innovation measures.

KEY FINDINGS

Fidelity to the Aligned Measure Set

Fidelity to the Aligned Measure Set requires meeting 2 conditions, with each condition discussed separately:

1. Contracts include *only measures that are endorsed* in the Aligned Measure Set (a score of 100% means that a payer is not using any non-endorsed measures in any contracts). To monitor fidelity to this condition, CHIA calculates the **overall adherence rate,** which reflects the proportion of endorsed measures used in contracts.

2. Contracts include *all Core Set measures* (a score of 100% means that each contract a payer reports includes all Core Set measures, 4 measures in 2026). The calculated **Core Set adherence rate** reflects the completeness of appropriate Core Set adoption.

While this publication primarily focuses on changes from 2023 to 2026, it is worth highlighting that since the first Aligned Measure Set was endorsed by EOHHS for 2019 contracts, **overall adherence** across all respondents increased from 65 percent in 2019 to 92 percent in 2026, driven by a notable decline in the use of non-endorsed measures in contracts.

UnitedHealthcare (UHC) is the only reporting commercial payer that has not achieved the Taskforce goal of at least 70 percent adherence to the overall measure set, reporting 54 percent overall adherence in 2026.[10] MassHealth reported a

92 percent overall adherence rate, a decline from its 100 percent overall adherence rate in past years due to adoption of a Monitoring measure in its 2026 ACO contracts. Like in prior years, MassHealth includes some population-specific measures that are not part of the Aligned Measure Set but that have been endorsed by the Taskforce for use in MassHealth ACO contracts. As a result, this report also includes a commercial-only adherence rate, which aggregates across private commercial lines of business only; this rate has improved from 54 percent in 2019 to 92 percent in 2026.

Despite dramatic improvement in overall adherence to the Aligned Measure Set since 2019, the **Core Set** itself is not being properly utilized. In 2025, the Taskforce established an equivalent 70 percent Core Set adherence rate goal. The Core Set adherence rate across all payers was 87 percent in 2026, an improvement from 2025 (74 percent); however, adherence varied considerably among individual payers. MassHealth had the highest Core Set adherence rate at 100 percent in 2026, followed by 95 percent for BCBSMA and 93 percent for HPHC. UHC also met the goal with a 75 percent Core Set adherence rate. The remaining 3 payers did not meet the goal; HNE, MGBHP, and WellSense had similar Core Set adherence rates (54 percent, 58 percent, and 50 percent, respectively). Improving adoption of the Core Set as recommended is necessary to support provider organizations in focusing quality improvement efforts on state priorities.

In interviews that Taskforce staff conducted with payers to better understand overall fidelity to the Aligned Measure Set, payers cited some potential barriers to adoption, including:

- multi-year contracts that do not adjust to annual changes in the Aligned Measure Set during the contract period;
- provider requests to use non-endorsed measures;
- payer interest in use of Monitoring and Not Endorsed HEDIS measures that the National Committee for Quality Assurance considers for plan accreditation;
- insufficient denominators for certain measures; and
- the burden of collecting outcome measures that rely on clinical data.

National payers have also noted challenges 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 whether 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 that stratify measures for either purpose. In 2026 contracts, several payers stratified at least 1 measure by race, ethnicity, and/or language for internal or contractual use: BCBSMA, HNE, HPHC, MassHealth, and MGBHP.

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. Within the Core Set, 3 of the 4 measures were stratified by 5 of the 7 reporting payers in 2026: Childhood Immunization Status (CIS) (Combo 10), Controlling High Blood Pressure, and Glycemic Status Assessment for Patients with Diabetes (GSD) Poor Control (> 9.0%).

Among the Menu Set, 5 reporting payers stratified measures for Immunizations for Adolescents (Combo 2). Additionally, 4 reporting payers stratified measures for Breast Cancer Screening, Cervical Cancer Screening, Colorectal Screening, and Eye Exam for Patients with Diabetes.

Use of Measures Designated "Not Endorsed"

Despite significant improvements in adherence to the Aligned Measure Set, some measures that are not endorsed continue to be used in 2026 contracts. Tracking use of non-endorsed measures is valuable to ensure that the Aligned Measure Set includes metrics representing health care system priorities, and it may present opportunities to reevaluate non-endorsed measures that are consistently in use.

In 2026, non-endorsed measures were used in 53 contracts, an increase from 51 the prior year. Despite this increase, overall usage of non-endorsed measures has declined since 2022, when 101 contracts contained non-endorsed measures. The lowest usage of non-endorsed measures was 37 contracts in 2024.

Measures classified in the Overuse domain, which includes measures related to avoiding potentially unnecessary interventions, accounts for the highest use of non-endorsed measures in contracts in 2026. The 4 unique measures were used in 18 contracts from 3 of the 7 reporting payers in 2026. Visit the interactive dashboard to review the full list of non-endorsed measures in contracts from 2023 to 2026 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.
- Wellpoint confirmed that it does not have global budget-based risk contracts with quality measures. Wellpoint was formerly UniCare (effective July 2024).
- Aetna has not responded to any Quality Measure Catalog survey request since CHIA and the HPC began issuing requests in 2018, but based on review of Registered Provider Organizations and the HPC ACO certification programs, the Taskforce has determined that Aetna most likely does not hold global budget-based risk contracts in Massachusetts.
- HPHC and Tufts (THP and THPP) are Point32Health companies. CHIA no longer collects and reports results from Tufts because its global budget contracts have migrated to HPHC according to Point32Health.
- MassHealth ACPP/MCO enrollment includes contracts managed by Fallon, HNE, MGBHP, THPP, and WellSense; Fallon and THPP do not submit a Quality Measure Catalog survey because CHIA only requests information about commercial lines of business.

NOTES

1. Massachusetts Executive Office of Health and Human Services Quality Alignment Taskforce, *Report on Work Through July 2018* (Boston, October 2018), 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," accessed July 11, 2025, https://qpp.cms.gov/apms/overview.
3. Center for Health Information and Analysis, *Annual Report on the Performance of the Massachusetts Health Care System* (Boston, March 2026), https://www.chiamass.gov/assets/2026-annual-report/2026-Annual-Report.pdf.
4. Health Policy Commission, "2016 Annual Cost Trends Hearing Testimony," accessed July 11, 2025, https://masshpc.gov/meetings/annual-cost-trends-hearings/2016-cth/testimony.
5. Since the Taskforce began tracking adherence to the Aligned Measure Set in 2019, the Quality Measure Catalog has seen the following completion: MGBHP (formerly AllWays Health Partners), 2022-current year; 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); UnitedHealthCare, 2022-current year; WellSense (formerly BMCHP), all years. Surveys have also been sent to Aetna (no response) and Cigna (no response).
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. MassHealth ACOs include both Accountable Care Partnership Plan (ACPP) and Primary Care Accountable Care Organization (PCACO) contracts.
8. Some payers report using hospital-based quality measures in their contracts; however, the Taskforce determined that hospital-based measures are out of scope for global budget-based risk contracts and has therefore excluded them from consideration for the Aligned Measure Set and from the adherence calculation.
9. The Set also designates Monitoring measures, but these are not endorsed for contractual use. The adherence calculation uses instances, or the number of contracts in which a measure is used, to account for frequency of measure use across contracts. If a non-endorsed measure is in use in only in 1 contract and an endorsed measure is in use in several contracts, the adherence rate accounts for this.
10. UnitedHealthcare reported no global budget APMs in 2024, but it has indicated use of global budget contracts in 2023-2026 through Quality Measure Catalog survey submissions and is represented throughout this publication.