

Statewide Quality Advisory Committee

Meeting #3

September 22, 2026





Agenda

1. Welcome
2. Approval of the April 30th Meeting Minutes
3. Brief Updates on Activity Since the April Meeting
4. Statutory Charge of the SQAC and Discussion of Approach, Process, and Principles for SQAC's Measure Set Review and Recommendations
5. Assessment of the Need for Additional Measure Sets for Other Provider Types
6. Development of Reporting Requirements for Provider Performance on Aligned Measure Set Measures
7. Wrap-up and Next Steps



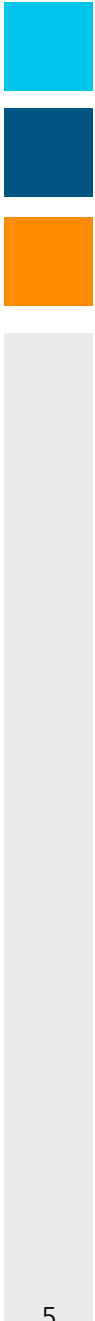
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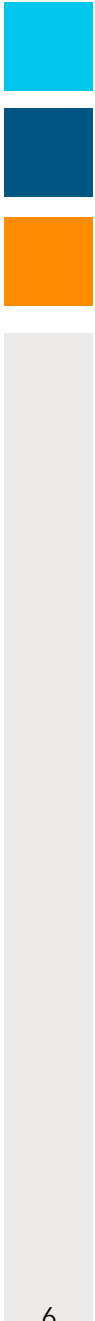
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Brief Updates: The 2027-2028 Aligned Measure Set

- On July 17th, CHIA published the 2027-2028 Aligned Measure Set via [administrative bulletin](#).
- As a reminder, the Core and Menu (“Non-Core”) Measures were defined in a CHIA [regulation](#) published in March.
- CHIA sent an email communication on July 20th to notify stakeholders about the administrative bulletin. CHIA conveyed that:
 - the 2027-2028 Aligned Measure Set is applicable to **global budget-based risk contracts**, and
 - adoption of the Aligned Measure Set will remain **voluntary for calendar year 2027 contracts**. Adoption will become mandatory for calendar year 2028 insurer/provider contracts.
- **Forthcoming:** Division of Insurance guidance on implementation (anticipated Q42026)



Brief Updates: Technical Advisory Group Procurement

- CHIA is procuring a Technical Advisory Group (TAG) to provide additional expertise in quality measurement to advise the SQAC.
 - As directed by the SQAC, the TAG will advise the SQAC as it develops recommendations for CHIA.
 - While the SQAC meets quarterly, the TAG may meet more frequently.
 - SQAC members may attend and participate in TAG meetings.
- CHIA anticipates posting a Notice of Opportunity (NOO) to apply for membership on the SQAC TAG by Friday, 9/25.
 - The NOO and application form will be posted to the [SQAC webpage](#) when available, and will be open for approximately 30 days.
 - CHIA will send an email announcement to a broad distribution list when the NOO is posted, which all of you will receive. Feel free to share with colleagues!



Brief Updates: Electronic Quality Measurement Subgroup

(1 of 2)

- During the SQAC's first meeting in January, we reported that the Quality Measure Alignment Taskforce (QMAT) set a 2026 goal of assembling a subgroup to develop recommendations for how plans and providers can expedite the transition to electronic quality measurement.
- An Electronic Quality Measurement Subgroup subsequently convened in May and June and focused on how to increase the amount of electronic health record data that providers share with payers. Members pointed to two primary strategies:
 - Payer adjustment of measure benchmarks to account for expected changes from the transition to electronic reporting, and
 - Leveraging the Massachusetts Health Data Consortium's (MHDC) New England Healthcare Exchange Network (NEHEN) as it introduces the use of Fast Healthcare Interoperability Resources (FHIR) - based Application Programming Interfaces (APIs) for quality data exchange.



Brief Updates: Electronic Quality Measurement Subgroup (2 of 2)

- MHDC reported in June that it was beginning work with payers and providers to pilot NEHEN FHIR and expected to have pilot results to share towards the end of 2026.
- In addition, a health care affordability working group convened by Governor Healey held parallel discussions on how to advance electronic quality measurement.
- Given these developments, the Electronic Quality Measurement Subgroup will not meet further. The SQAC may resume discussions on this topic in the future, after the Governor's working group releases its recommendations and/or the MHDC has NEHEN FHIR pilot results to report.



Brief Updates: ACO RELD Survey

- Another 2026 QMAT goal was to advance health equity through collection and reporting of ACOs' race, ethnicity, language, and disability status (RELD) data.
- Staff developed and distributed a survey in July, requesting ACOs report the extent to which they have complete, self-reported data that align with the current QMAT data standards for each of race, ethnicity, written and spoken language, and disability status.
- Data were requested by early August and 13 ACOs responded to the survey.
- Staff will analyze the submitted data and report findings to the SQAC in the future.



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Statutory Charge of the SQAC

- To further the goal of standardizing measures to reduce administrative burden while promoting quality improvement, [Chapter 343](#) of the Acts of 2024 requires CHIA to convene this SQAC to recommend a **Standard Quality Measure Set (SQMS)***.
- Notable differences exist between the SQAC's charge and the voluntary alignment work formerly led by the QMAT. Specifically, Chapter 343:
 - **Mandates use** of the SQMS in contracts between payers and providers that incorporate quality measures into payment terms over time;
 - Directs that the SQAC update the measure set **every two years**, versus annually;
 - **Expands the scope** of measure alignment to all provider value-based contracts and to provider tiering assignments in insurance products
- Requires **uniform reporting to CHIA** of performance on the SQMS.



Approach to Standard Quality Measure Set Review and Recommendations (1 of 2)

- Development of the 2027-2028 Aligned Measure Set relied on the QMAT's historical annual review process, with the QMAT's recommendations ultimately going to the SQAC for final review and approval.
- The SQAC now has the opportunity to determine the process and considerations for measure review and development of recommendations.
- Per Chapter 343, the SQAC is required to make recommendations for SQMS to:
 - **Ensure consistency** in the use of quality and safety measures in payer contracts and tiering methods
 - **Improve quality and safety** of care, as well as transparency
 - **Improve health system monitoring** and state oversight
 - **Reduce administrative burden**



Approach to Standard Quality Measure Set Review and Recommendations (2 of 2)

- Per Chapter 343, in developing its recommendations for the SQMS, the SQAC shall incorporate:
 - Recognized quality and safety measures including, but not limited to, measures used by CMS, the GLC, payers and providers
 - Other valid measures of health care provider performance and outcomes, including patient-reported outcomes and functional status, patient experience, health disparities and population health.
- Chapter 343 also requires that the SQMS shall allow for innovation and the development of outcome measures for quality and safety.



Discussion of the SQAC Process for Developing Recommendations to CHIA (1 of 2)

- The QMAT process was an annual review, historically begun in January, with any recommended modifications to the measure set finalized by the end of May to take effect at the start of the next calendar year.
- By statute, the SQAC is now required to make its recommendations by January 1 (of even-numbered years).
- For each measure in the set, staff anticipate preparing information, including any changes to measure specifications or status in relevant state and federal measure sets with input from the TAG, for review by the SQAC to support the SQAC's consideration of:
 1. Core Set changes, including additions or subtractions;
 2. Any Non-Core measures movement to the Core Set; and
 3. Non-Core measures addition or elimination due to development of new measures.



Discussion of the SQAC Process for Developing Recommendations to CHIA (2 of 2)

- Proposed review process for discussion:
 - **Timing and scope:** In odd-numbered years, conduct a review of current measure set, focusing on changes to current measures.
 - **Use of TAG expertise:** Delegate specific technical questions to the TAG for consideration (e.g. specification and sponsorship changes, etc.) and input to the SQAC.
 - **Recommendations:** Reach consensus on recommendations to CHIA, in accordance with the statutory goals and SQAC's principles for inclusions and exclusions to the SQMS.



Discussion of Principles for the SQAC to Consider in Developing its Recommendations for the Measure Set

- QMAT considered a variety of criteria it developed over many years when updating the Aligned Measure Set (see Appendix).
- Drawing on that foundation and consistent with the statutory goals and considerations, we are proposing the SQAC adopt a streamlined set of principles for inclusions and exclusions to the SQMS, weighing the following factors:
 - Furtherance of consistency among payers and reduction of administrative burden
 - Evidence that a measure correlates with improved patient health
 - National endorsement
 - Validity at the data element and performance score level
 - Potential to promote population health and/or health equity
 - Limited measurement-related administrative burden



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Assessing the Need for Additional Measure Sets for Other Provider Types (1 of 2)

- Chapter 343 calls for the SQAC to *"consider measures applicable to primary care providers, specialists, hospitals, provider organizations, accountable care organizations, oral health providers and other types of providers and measures applicable to different patient populations."*
- In prior years, on multiple occasions the QMAT considered whether to expand the Aligned Measure Set beyond global budget-based risk contracts. Each time, members concluded that the use of quality measures in contracts with other provider types was not prevalent enough to warrant such expansion.
- CHIA revisited this question when meeting with payers in late August and early September.



Assessing the Need for Additional Measure Sets for Other Provider Types (2 of 2)

- Of the payers that met with CHIA:
 - Two reported that they did not have contracts with other provider types that incorporate quality measures.
 - Two reported including quality measures in hospital contracts. Each noted that its contracts primarily use publicly available performance data from CMS' Hospital Compare web site.
- MassHealth also incentivizes hospital performance on select quality measures, also derived to a significant degree from CMS measures.
- *What criteria do you wish to apply to determine whether to recommend creation of an additional aligned measure set for hospitals?*



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Development of Reporting Requirements for Provider Performance on the Aligned Measure Set Measures (1 of 3)

- As discussed during our first meeting in January, [Chapter 343](#) calls for CHIA to develop uniform reporting requirements for provider performance on measures in the Aligned Measure Set.
- In service of this activity, the QMAT set a 2026 goal of working with payers and providers on a methodology for measuring and reporting on ACO quality performance.
- CHIA developed a draft methodology and Excel template for payer reporting of ACO performance on measures in the Core Set and shared the materials with payers for review.
- CHIA subsequently held meetings with payers in late August and early September to solicit feedback on the draft methodology.



Development of Reporting Requirements for Provider Performance on the Aligned Measure Set Measures (2 of 3)

- The draft methodology requests payers submit measure performance at the level of each of their global budget-based risk contracts. Payers would only need to report performance for the relevant measures where they were included in the contract. CHIA would then aggregate numerators and denominators across payers at the ACO provider organization level.
- Payers did not express concerns about the draft methodology for collecting Core Set clinical quality measures. Discussions primarily revolved around how to best collect data for the MHQP version of CG-CAHPS given that:
 - not all commercial payers participate in the MHQP survey;
 - not all payers that participate have included survey performance in their contracts, &
 - payers that do include the survey results in contracts do not necessarily pay ACOs based on the performance rates published by MHQP (e.g., due to differences in included providers, payer weighting methodologies, etc.).



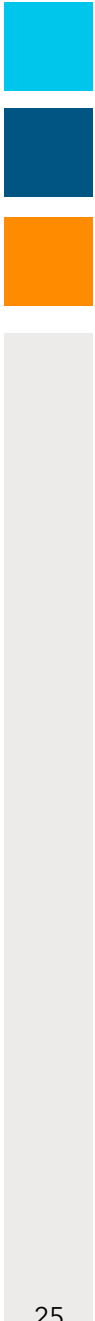
Development of Reporting Requirements for Provider Performance on the Aligned Measure Set Measures (3 of 3)

- After finalizing the methodology, CHIA will conduct a data collection pilot. Pilot results will not be publicly reported; rather, blinded results will be shared with the SQAC and/or TAG for discussion to determine the need for any changes before the methodology is implemented for mandatory reporting.



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Wrap-up and Next Steps

- The SQAC will next meet in December; staff are still confirming the meeting date/time and will send a calendar invite in the coming weeks.

THANK YOU



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



masshpc.gov



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Appendix



Measure Selection Criteria Previously Used by QMAT

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 Previously Used by QMAT

ADDITIONAL CRITERIA TO BE APPLIED TO NON-ENDORSED INDIVIDUAL MEASURES

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



Measure Selection Criteria Previously Used by QMAT

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 Previously Used by QMAT

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.



Measure Set Review Process Previously Used by QMAT



STAFF MONITORING OF MEASURE SET MEASURES

- For each measure in the measure set, staff typically prepare the following information for review:
 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 each measure in Massachusetts global budget-based risk contracts, and
 4. opportunities for performance and/or equity improvement on each measure, based on available reference information.

Measure Set Review Process Previously Used by QMAT

STAFF PRESENTATION OF MEASURES NOT PREVIOUSLY CONSIDERED

- Staff have presented additional measures for consideration to be added to the measure set. These measures have included:
 - new HEDIS measures;
 - measures newly added to national measure sets of interest (e.g., CMS Child and Adult Core Sets);
 - candidate measures to fill previously identified gaps in the Aligned Measure Set;
 - previously identified measures of interest with benchmarks available for the first time, and
 - "developmental" measures (i.e., measures of interest with defined specifications that have been validated, tested, and/or are in use in other states).