

**COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**One Ashburton Place, 11th floor
Boston, MA 02108**

**The HEALTH EQUITY INCENTIVES FOR CERTAIN MASSHEALTH
HOSPITAL, MANAGED CARE AND RELATED PROGRAMS
REQUEST FOR INFORMATION**

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REQUEST FOR INFORMATION

**REGARDING HEALTH EQUITY INCENTIVES FOR CERTAIN MASSHEALTH
HOSPITAL, MANAGED CARE AND RELATED PROGRAMS**

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Section 1: Introduction

The Executive Office of Health and Human Services (EOHHS) is the single state agency responsible for the administration of the Medicaid program and the State Children's Health Insurance Program within Massachusetts and other health and human services programs designed to pay for medical services for eligible individuals pursuant to M.G.L. c. 118E, Title

XIX of the Social Security Act (42 U.S.C. sec. 1396 et seq.), Title XXI of the Social Security Act (42 U.S.C. sec. 1397aa et seq.), and other applicable laws and waivers.

EOHHS is issuing this Request for Information (RFI) to solicit information regarding health equity and social risk factor data collection and the identification, prioritization, and reduction of disparities in health and health care, and related accountability. MassHealth may use responses it receives to this RFI to inform its continued efforts to reduce health inequities among its members.

EOHHS seeks comments from all interested parties, including but not limited to organizations or individuals with experience identifying and addressing health and health care disparities, health plans (including those contracted with MassHealth), other payers of health care, Community Partners, MassHealth members, and providers. Please feel free to respond to only those questions on which you would like to provide input. Please submit your response, according to the instructions provided in **Section 5, no later than December 17, 2021**. EOHHS encourages you to respond and thanks you in advance for your participation.

Section 2: Overview

MassHealth provides health coverage to more than two million Massachusetts residents, including families, individuals with disabilities, children, low-income adults and older adults. MassHealth covers services that commercial insurance typically covers, plus other benefits such as long-term services and supports (LTSS) and additional behavioral health services. MassHealth's mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence, and quality of life.

MassHealth is committed to health equity. Health equity has been defined to mean that every person has the opportunity to be as healthy as possible and that socioeconomic position or other socially determined circumstances do not hinder anyone from achieving this potential.¹ MassHealth has, over the last several years, implemented focused efforts to address health disparities, including the Flexible Services Program and the Disability Access Incentive Program, and by incorporating community-level social determinants of health into risk adjustment for the accountable and managed care rate setting process, among other efforts.

Over the next five years and as part of the renewal of its Section 1115 demonstration, MassHealth proposes building on these past efforts through significant new investments in health equity. For example, MassHealth intends to add doula services as a covered service under its State Plan and is proposing providing 12 months of postpartum eligibility for all members. The Commonwealth is also proposing additional supports for incarcerated individuals to improve the continuity of care and support transitions following release from incarceration. Further, MassHealth intends to enhance accountability for health

¹ NASEM (National Academies of Sciences, Engineering, and Medicine). Accounting for social risk factors in Medicare payment: Identifying social risk factors. Washington, DC: The National Academies Press; 2016.

equity for its contracted health system entities including but not limited to Managed Care Organizations (MCOs), Accountable Care Organizations (ACOs), Community Partners (CPs), hospitals, and MassHealth’s managed behavioral health vendor.² While multisectoral efforts will be necessary to address health inequities, health systems serving MassHealth members must contribute by ensuring equitable access and universally high-quality care to all people regardless of their individual characteristics.

Section 3: Questions for Response

MassHealth seeks information related to the following areas in which MassHealth may take action to reduce inequities in health and health care impacting its members:

- 1) Enhancing understanding of and attention to inequities through collection of standardized, member-level data on social risk factors, defined as individual-level social attributes or exposures that increase the likelihood of poor health³, including race, ethnicity, language, disability status, gender, sexual orientation, and gender identity; and
- 2) Identifying inequities and prioritization for action; and
- 3) Developing and refining policies to enhance accountability for health equity for MassHealth contracted health system entities including but not limited to MCOs, ACOs, CPs, hospitals, and MassHealth’s managed behavioral health vendor.

Please respond to any of the following questions:

1. **Enhancing Understanding of and Attention to Social Risk Factors**
 - a. What social risk factor data should MassHealth collect and/or require its contracted health system entities (e.g., MCOs, ACOs, CPs, hospitals, managed behavioral health vendor) to collect?
 - b. What benefits and/or risks to collecting social risk factor data on MassHealth members should MassHealth consider? If any risks, how should MassHealth mitigate those risks?
 - c. How should MassHealth most efficiently and accurately increase the completeness of its social risk factor data for members?

² MCOs are health plans run by insurance companies that provide care through their own provider network that includes primary care providers (PCPs), specialists, behavioral health providers, and hospitals.

ACOs have groups of PCPs and other providers who work together to improve member care coordination and better meet overall health care needs and who are accountable for the quality, member experience, and total costs of care.

Community Partners are community-based organizations that collaborate with ACOs and MCOs to provide care coordination and care management supports to individuals with significant behavioral health and/or complex long-term services and supports needs.

³ Green G, Zook M. “When Talking About Social Determinants, Precision Matters, ” Health Affairs Blog, October 29, 2019.

- i. Using a five-year timeline from calendar year 2023 (CY2023) to CY2027, when should MassHealth and/or its health system partner entities be expected to achieve more complete and accurate self-reported member-level data on social risk factors? What threshold level of completeness should be targeted for year one of the five-year period? Year three? Year five? Please describe your reasoning.
 - 1. Should a member response of “choose not to answer” for a social risk factor count towards any future data completeness thresholds for contracted health system entities? Why or why not?
 - ii. Before complete self-reported data are available, should MassHealth consider alternative approaches to estimating social risk factors at the individual and/or population levels (e.g., through imputation, use of administrative data such as claims, etc.)? Why or why not?
- d. MassHealth is considering updates to the data standards that it uses *internally* for member-level data related to social risk factors. Data standards being considered are detailed in “**Appendix A: MassHealth RELD, Gender & SOGI Data Standards**”.
 - i. What feedback do you or your organization have on the proposed data standards that are detailed in Appendix A?
 - ii. What alternative standards, if any, should MassHealth consider using (including any standards currently in use in your organization)?
 - iii. Should MassHealth require its health system partner entities to use the same standards? Why or why not?

2. Identification of Inequities and Prioritization for Action

- a. What are the most critical health and/or health care inequities that are experienced or observed by you, your organization, or your community?
- b. What strategies should MassHealth use to identify health inequities impacting its members?
 - i. MassHealth intends to stratify performance data by social risk factors to identify inequities.
 - 1. What criteria should MassHealth use to select performance metrics for stratification by social risk factors?
 - 2. How should MassHealth determine which performance metric stratifications it will perform first?
 - ii. What other strategies should MassHealth pursue to identify health inequities impacting its members?
- c. What factors should MassHealth consider when prioritizing interventions to address inequities (e.g., size of population impacted, magnitude of disparity, presence of specific social risk factors, etc.)?

3. Enhancing Accountability for Health Equity

- a. How should MassHealth hold its contracted health system entities (e.g., MCOs, ACOs, CPs, hospitals, managed behavioral health vendor) accountable for promoting health equity? Including but not limited to:
 - i. Contract requirements
 1. What contract requirements should MassHealth consider continuing, changing, or introducing, for MassHealth contracted health system entities related to health equity?
 - ii. Public reporting
 1. Should MassHealth publicly report health equity performance data for its contracted health system entities? If so, why?
 2. What conditions would need to be in place for public reporting to be introduced?
 - iii. Payment incentives
 1. Pay-for-Reporting⁴

MassHealth intends to hold certain health system entities financially accountable for identification and monitoring of health inequities (e.g., through stratified reporting of quality metric performance by social risk factors) within the early years of the 5-year period between CY2023 to CY2027 (the 1115 demonstration extension period).

 - a. What conditions would need to be in place to introduce financial accountability for stratified reporting and how should MassHealth promote achievement of those conditions?
 - b. On what time frame should financial accountability for stratified reporting be introduced, assuming a five-year timeline from CY2023 to CY2027? How might this differ by metric and/or social risk factor?
 2. Pay-for-Performance⁵

MassHealth intends to hold certain contracted health system entities financially accountable for reduction of health inequities within the 5-year period between CY2023 to CY2027 (the 1115 demonstration extension period).

 - a. What conditions need to be in place (e.g., thresholds of data completeness) to introduce financial accountability for reducing health inequities?

⁴ Pay for Reporting (P4R), comprises payment models that attach financial incentives/ disincentives (e.g., bonus, payment reduction) to reporting. P4R may tie reimbursement to complete, timely, and accurate reporting of metric-driven outcomes, best practices (process measures), or member experience.

⁵ Pay for Performance (P4P), also known as value-based payment, comprises payment models that attach financial incentives/disincentives to performance. P4P ties reimbursement to metric-driven outcomes, best practices (process measures), and member experience, aligning payment with value and quality.

- b. On what time frame should accountability for reduction of health inequities be introduced, assuming a five-year timeline from CY2023 to CY2027? How might this differ by metric and/or social risk factor?
 - i. What should MassHealth consider in terms of the time lag between actions taken to reduce inequities and observed outcomes?
- c. How should “success” in reducing inequities be defined for the five-year period between CY2023 to CY2027?
- b. Other: How can MassHealth ensure contracted health system entities that serve a disproportionately socially at-risk population are not unfairly impacted by the introduction of enhanced accountability for health equity?

Note: MassHealth is fielding a separate RFI specific to member engagement including as it relates to health equity. As such, questions about member and community engagement are not included in this RFI. This member engagement RFI can be found at www.commbuys.com.

Section 4: RFI Respondent Information

Please respond to the following questions with respect to the Respondent:

1. What is your name, organization, address, email address, and URL (if applicable)?
2. What is your affiliation or interest? Specifically, are you an advocate/advocacy organization, community member, Community Partner, consumer/patient, government organization, health care consultant, health care provider, health plan, payer, professional association/trade group, vendor, or some other entity?
3. What is your role in the health care system?
4. If applicable, in what geographic areas in Massachusetts do you provide services? If applicable, in what geographic areas outside of Massachusetts do you provide services?

Section 5: RFI Response Instructions

A. Response Submission Instructions

All responses to this RFI are due **no later than December 17, 2021**. Responses may be submitted in one of the following ways:

- **By email to:** Amy.Butcher@mass.gov, placing “Health Equity Incentives RFI” in the subject line; or
- **In writing to:**
Amy Butcher
Procurement Coordinator
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
Boston, MA 02108
RE: Health Equity Incentives RFI

B. Format

All parties interested in responding to this RFI (Respondents) should use the “Health Equity Incentives RFI Response Template”, attached hereto as **Attachment B**. The questions in the template are identical to the questions found in Sections 3 and 4 of this RFI. Respondents should prepare an electronically submitted response or a typewritten response to the questions listed in Sections 3 and 4 above, using the Health Equity Incentives RFI Response Template (**Attachment B**). EOHHS prefers to receive electronic submissions but will also accept typewritten responses. Any typewritten response should be double-sided/single-spaced. Parties responding in hard copy should submit one copy of their Response.

Interested parties are invited to respond to any or all of the RFI questions; please respond to as many as you feel are appropriate. Responses, including the template and any attachments thereto, should be clearly labeled and referenced by name in the RFI response documents.

Section 6: Additional RFI Information

A. COMMBUYS Market Center

COMMBUYS is the official source of information for this RFI and is publicly accessible at no charge at www.commbuys.com. Interested parties are solely responsible for obtaining all information distributed for this RFI via COMMBUYS. It is each interested party’s responsibility to check COMMBUYS for any amendments, addenda, modifications to this RFI and any related document. The Commonwealth accepts no responsibility and will provide no accommodation to interested parties who submit a Response based on out-of-date information received from any source other than COMMBUYS. Interested parties may elect to obtain a free COMMBUYS Seller subscription which provides value-added features, including automated email notification associated with postings and modifications to COMMBUYS records. To learn more about the COMMBUYS system, please visit the [COMMBUYS Resource Center](#). Questions specific to COMMBUYS should be made to the COMMBUYS Help Desk at OSDHELPDESK@MASS.GOV.

B. Communications

Interested parties are prohibited from communicating directly with any employee of EOHHS or any of its constituent agencies with regard to the subject matter of this RFI except as specified above, and no other individual Commonwealth employee or representative is authorized to provide any information or respond to any question or inquiry concerning this RFI. Interested parties may contact the RFI contact person in **Section 5.A** above in the event the interested party is having trouble obtaining any documents or attachments electronically through COMMBUYS.

C. RFI Amendments

Interested parties are solely responsible for checking COMMBUYS for any addenda or modifications that are subsequently made to this RFI. The Commonwealth and its subdivisions accept no liability and will provide no accommodation to interested parties who fail to check for amended RFIs.

D. Costs

By submitting a Response, Respondents agree that any cost incurred in responding to this RFI, or in support of activities associated with this RFI, shall be the sole responsibility of the Respondent. EOHHS shall not be held responsible for any costs incurred by Respondents in preparing their respective Responses to this RFI.

E. Use of RFI Information

Please note that this RFI is issued solely for the purpose of obtaining information. The RFI does not obligate EOHHS to issue a RFR nor to include any of the RFI provisions or responses in any RFR. No part of the response to this RFI can be returned. Receipt of RFI responses will not be acknowledged.

Information received in response to this RFI shall serve solely to assist the Commonwealth in the development of policy. No information received in response to this RFI is binding on the Commonwealth or any of its agencies. Responding to this RFI is voluntary and will not affect consideration of any proposal submitted in response to any subsequent procurement or solicitation. Responses to this RFI become the property of the Commonwealth of Massachusetts and, except as otherwise provided in section 3 of this RFI, or in this section 4.B., are public records under the Massachusetts Freedom of Information Law, M.G.L.c.66, section 10 and c.4, section 7, clause 26, regarding public access to such documents. Information provided in response to this RFI and identified by the Respondent as trade secrets or commercial or financial information, or which EOHHS has determined is such, shall be kept confidential to the extent permitted by law and shall be considered by EOHHS as exempt from disclosure as a public record (see Massachusetts General Laws, Chapter 4, section 7(26)(g)). This exemption may not apply to information submitted in response to any subsequent procurement solicitations.

Responses to this RFI may be reviewed and evaluated by any person(s) at the discretion of EOHHS, including independent consultants retained by EOHHS now or in the future. EOHHS

retains the right to request additional information from any Respondent. EOHHS may, at its sole discretion, elect to request formal presentations from certain Respondents and/or create an RFR based, at least in part, on the Responses received from this RFI. EOHHS may request further explanation or clarification from any and all Respondents during the review process.

F. Information Regarding Procurements

Information regarding EOHHS procurements, including but not limited to Requests for Responses for ACOs, CPs, and the MassHealth behavioral health vendor, will be posted on COMMBUYS. Interested parties should check COMMBUYS for procurement information. Procurement information will not be provided in response to this RFI.

Attachments

Attachment A: MassHealth RELD, Sex, and SOGI Data Standards

Attachment B: RFI Response Template

ATTACHMENT B – RFI RESPONSE TEMPLATE

Please use this template to respond to the questions contained in the RFI. The questions in the template are identical to the questions found in **Sections 3 and 4** of the RFI. *Interested parties are invited to respond to any or all of the questions; please respond to as many as you feel are appropriate.*

SECTION 3.1 Enhancing Understanding of and Attention to Social Risk Factors

a. What social risk factor data should MassHealth collect and/or require its contracted health system entities (e.g., MCOs, ACOs, CPs, hospitals, managed behavioral health vendor) to collect?

b. What benefits and/or risks to collecting social risk factor data on MassHealth members should MassHealth consider? If any risks, how should MassHealth mitigate those risks?

c. How should MassHealth most efficiently and accurately increase the completeness of its social risk factor data for members?

SECTION 3.1 Enhancing Understanding of and Attention to Social Risk Factors

- i. Using a five-year timeline from calendar year 2023 (CY2023) to CY2027, when should MassHealth and/or its health system partner entities be expected to achieve more complete and accurate self-reported member-level data on social risk factors? What threshold level of completeness should be targeted for year one of the five-year period? Year three? Year five? Please describe your reasoning.
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Section 3.2 Identification of Inequities and Prioritization for Action

a. What are the most critical health and/or health care inequities that are experienced or observed by you, your organization, or your community?

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i. MassHealth intends to stratify performance data by social risk factors to identify inequities.

SECTION 3.1 Enhancing Understanding of and Attention to Social Risk Factors

1. What criteria should MassHealth use to select performance metrics for stratification by social risk factors?

2. How should MassHealth determine which performance metric stratifications it will perform first?

ii. What other strategies should MassHealth pursue to identify inequities impacting its members?

SECTION 3.1 Enhancing Understanding of and Attention to Social Risk Factors

- c. What factors should MassHealth consider when prioritizing interventions to address inequities (e.g., size of population impacted, magnitude of disparity, presence of specific social risk factors, etc.)?

Section 3.3 Enhancing Accountability for Health Equity

- a. How should MassHealth hold its contracted health system entities (e.g., MCOs, ACOs, CPs, hospitals, managed behavioral health vendor) accountable for promoting health equity? Including but not limited to:
 - i. Contract requirements
 - 1. What contract requirements should be continued or introduced for MassHealth contracted health system entities related to health equity?

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 - 1. Should MassHealth publicly report health equity performance data for its contracted health system entities? If so, why?

SECTION 3.1 Enhancing Understanding of and Attention to Social Risk Factors

2. What conditions would need to be in place for public reporting to be introduced?

iii. Payment incentives

1. Pay-for-Reporting⁶

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3. What is your role in the health care system?

4. If applicable, in what geographic areas in Massachusetts do you provide services? If applicable, in what geographic areas outside of Massachusetts do you provide services?