EPT Disparity Reduction Data Reporting Template

Overview

EPT practices will focus on reducing a disparity within a sub-population for one of their Population of Focus (PoF) HEDIS-like measures.

To do this, practices will review their previously submitted stratified HEDIS-like data and Disparity Reduction Plan to identify the sub-population experiencing the disparity (see the EPT Disparity Reduction Plan Question 3). The sub-population can be any group with a documented disparity - for example, "0ur overall colorectal screening rate is 63%, but the rate for Spanish-speaking patients is only 42%."

Practices will report their selected measure, sub-population, and baseline rate. The goal is to improve the rate either to:

1. Achieve a rate at or above the NCQA Medicaid 66.67th percentile benchmark for that measure, OR
2. Improve by at least 2.5 percentage points from the baseline rate.

Update October 2025:

1) Small Sample Size Guidance (11 ≤ n < 30
   a. Performance Expectation:
      ii) For practices with a baseline denominator between 20 and 29, a +2 numerator improvement threshold is recommended to demonstrate meaningful progress.
      ii) For practices with a baseline denominator between 11 and 19, improvement may be demonstrated by increasing the numerator by at least one (1) from baseline.
      ii) If, at remeasurement, the denominator reaches 30 or higher, the practice should follow the standard rules, meaning they must either:
         (2) Achieve a 2.5 percentage point absolute improvement, or
         (2) Achieve performance at or above the 66th percentile (P66).
      ii) Once the denominator is 30 or greater, the percentile-based (P66) achievement pathway becomes available.
   b. Safeguards: To ensure fairness and prevent artificial rate inflation, the following safeguards apply:
      ii) Justification requirement: Practices must provide a short rationale for selecting a small subpopulation and explain why a larger denominator is not feasible.
      ii) Denominator stability check: Rate increases will not count if they are driven solely by a reduction in the denominator.

Practices will report their progress during the remaining EPT deliverable cycles (e.g., November 2025, May 2026, November 2026). Practices should select a disparity to work on that is feasible to impact by the end of the EPT program (December 2026).

Selected measure and sub population

An example is provided below for a practice who is focused on increasing rates of depression screening and follow-up for unhoused patients.

Reporting and Population Information	Definition	Example	Response
HEDIS-like measure	Include the HEDIS-like measure that your practice is focused on	Depression screening and follow-up	
Measurement period for reporting	Use a rolling 6 month lookback period that ends the month before the submission	April 1, 2025 – October 1, 2025	
Specify how you are stratifying the measure	Race and ethnicity, primary spoken language, sexual orientation, gender identity, housing status, disability, other	Housing status	
Specify the sub-population	For example, Black or African American, Latino, Spanish speaking, Bisexual, Nonbinary, Unhoused	Unhoused patients	

Reporting schedule

Submit the denominator and numerator for the selected sub population during the November 2025, May 2026, and November 2026 deliverable cycle. The Learning Center will calculate the rate to determine if it is:

1. At or above the NCQA Medicaid 66.67th percentile benchmark for that measure, OR
2. Improved by at least 2.5 percentage points from the baseline rate.

November 2025 submission for the selected sub population

This submission will serve as your baseline.

	Measurement period	Denominator	Numerator	Rate percent
Definitions	6 month look back period	# of patients in the sub-population for the measure during the measurement period	Count of patients in the denominator who meet the measure during the measurement period	Auto-Calculated
Response				

(Optional) Describe your strategy and progress to address the disparity
[Insert response]

May 2026 submission for the selected sub population

	Measurement period	Denominator	Numerator	Rate percent
Definitions	6 month look back period	# of patients in the sub-population for the measure during the measurement period	Count of patients in the denominator who meet the measure during the measurement period	Auto-Calculated
Response				

(Optional) Describe your strategy and progress to address the disparity
[Insert response]

November 2026 submission for the selected sub population

	Measurement period	Denominator	Numerator	Rate percent
Definitions	6 month look back period	# of patients in the sub-population for the measure during the	Count of patients in the denominator who meet the	Auto-Calculated

		measurement period	measure during the measurement period	
Response				

(Optional) Describe your strategy and progress to address the disparity
[Insert response]