RY2016 MassHealth Hospital P4P Program
Technical Briefing Session

EOHHS Statewide Hospital Webcast
September 11, 2015
11:00am– 12:00 noon (ET)
(Repost_2)

Technical Session Agenda

Welcome/Session Goal 11:00 am

- Presenter: Iris Garcia-Caban, PhD
  Hospital Performance Lead, MassHealth Office Providers & Plans

I. Acute Hospital RFA 2016 Quality Requirements

- Measures Transition
- Performance Assessment Methods
- Incentive Payment Methods
- Data Submission Schedules

II. RY16 Measures Technical Specifications

- CY15 Measures & Reporting Requirements
- CY16 New Measures, Medicaid Sampling, Reporting Requirements
- MassQEX Portal ICD-10 Readiness

III. Q & A Period

Wrap-up 12:00 noon

Webcast Logistics

- ✓ Webcast registration is required to view Slides https://engage.vevent.com/rt/telligenevents~082115
- ✓ EOHHS uses registration data to track hospital participation.
- ✓ Please mute your phone line to prevent background noise going into webcast environ.
- ✓ Do not put your line on hold as this will broadcast your organizations advertising system spilling into webcast environ.
- ✓ Q & A Period facilitated by Telligen Intercall staff

Summary of Key Changes Affecting RY2016 Hospital Quality Reporting & Payments

Acute RFA2016 Contract Requirements

- **Performance Measures Transition**
  - Begin TOB & MAT-4 reporting for CY15
  - **New** ICD-10 conversion with CY15 Q4 reporting
  - **New** MAT-5 & Newborn Metrics for CY16
  - Retire MAT-1, 2a, 2b Metrics for CY16
- **Incentive Payment Approaches**
  - Continue P4P vs. P4R
- **Payment Calculations**
  - **New** Eligible Medicaid Discharge Source
  - Discontinue Eligible HDD reports
- **Submission Requirements**
  - Revert to Quarterly Reporting as of Q3-2015
  - Updated Program Forms & Mailing instruction

EOHHS Technical Specifications Manual Versions

- **RY15 EOHHS Manuals (8.0 series)**
  - Version 8.0 (Specs/Tools for CY14 & CY15)
  - Version 8.1 (Specs/Tools for CY15)
  - **Version 8.1a** (Specs/Tools for ICD-10 reporting)
- **RY16 EOHHS Manual (v9.0)**
  - Update CY15 reporting cycle instruction
  - **New** MAT-5, NEWB-1,2 Metric Specs & Tools
  - **New** Aggregate Medicaid sampling requirement
  - **New** Aggregate Medicaid ICD Entry Form

Overview of MassHealth Hospital Quality Measurement Framework

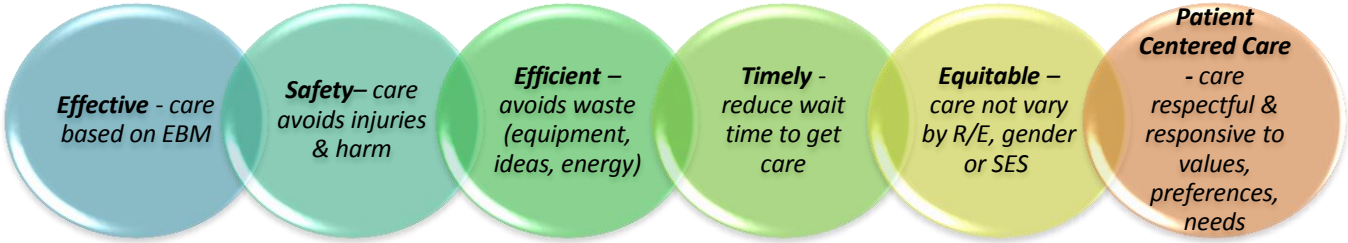
Quality Performance Goals

- ✓ Improve pregnancy and childbirth delivery to reduce morbidity & avoid length of stay for moms/newborns
- ✓ Improve care for chronic respiratory conditions to avoid readmissions.
- ✓ Improve surgical care process to avoid infections & complications of care
- ✓ Reduce health disparities in care processes
- ✓ Improve transition of care treatment across healthcare settings
- ✓ Improve timely access to acute care.

Guiding Principles for Selecting Measures

Relevance (Health impact on population)	**MassHealth Areas of Strategic Importance** • **High Volume -** Mothers, newborns, adults, prevalence of chronic conditions • **High Cost** - Deliveries, neonates, chronic disease, complex conditions, etc. • **High Risk -** Racial disparities, safety, behavioral health, preventable hospitalizations, inappropriate ED use, etc. • **Care Continuum -** Coordination of care, follow-up services, PCC linkage, etc.
Empirical Evidence	• There is evidence that interventions have proven beneficial based on scientific knowledge
Feasibility	• Whenever possible, measures are drawn from nationally accepted standard measure sets • Consider collection burden and capacity for subgroup analysis
Disparities Sensitive	• Impact on Racial/Ethnic minority member health • Address areas where disparities have been documented
Actionable	▪ Within control of the provider, ▪ Address quality gap, sufficient variability across provider
Alignment	▪ Whenever possible align with other payer or public reporting requirements. ▪ Align with National Quality Strategy & Priority Aims

IOM Quality Domains



RY2016 MassHealth Hospital Performance Measures

ID #	Measure Set Name	CY2015 Reporting	CY2016 Reporting
	Maternity		
MAT-1	Intrapartum Antibiotic Prophylaxis for Group B Streptococcus	Continue	**Retire with Q1-2016**
MAT-2a	Perioperative Antibiotics for Cesarean Section –Antibiotic Timing	Continue	**Retire with Q1-2016**
MAT-2b	Perioperative Antibiotics for Cesarean Section – Antibiotic Selection	Continue	**Retire with Q1-2016**
MAT-3	Elective Delivery ≥37 and <39 completed weeks gestation	***New with Q1-2015***	
MAT-4	Cesarean Birth, Nulliparous vertex singleton term	***New with Q1-2015***	
MAT-5	Appropriate DVT prophylaxis for cesarean delivery	----	***Start with Q1-2016***
	Newborn		
NEWB-1	Exclusive Breast Milk feeding	--N/A--	***Start with Q1-2016***
NEWB-2	Newborn Bilirubin Screening prior to discharge	--N/A--	***Start with Q1-2016***
	Care Coordination Measures		
CCM-1	Reconciled medication list received by patient at discharge	Continue	
CCM-2	Transition record with data received by patient at discharge	Continue	
CCM-3	Timely transmission of transition record	Continue	
	Health Disparities Composite		
HD-2	Composite includes MAT and CCM only	Continue	
	Emergency Dept. Throughput		
ED-1	Median time – from ED arrival to ED depart for Admitted ED patients	Continue	
ED-2	Median time – admit decision time to ED depart for admitted	Continue	
	Tobacco Treatment		
TOB-1	Tobacco Screening	***New with Q1-2015***	
TOB-2	Tobacco use treatment provided or offered	***New with Q1-2015***	
TOB-3	Tobacco use treatment provided or offered at discharge	***New with Q1-2015***	

Continue = Ongoing CY2015 data reporting for RY16 evaluation
New = begin new CY2015 data reporting for RY16 evaluation
Start = introduce rolling Q1 (Jan 1 – Mar 31, 2016) data reporting for next year
NOTE → Retired SCIP, PN, CAC categories

RY2016 Hospital Performance Evaluation Periods

Quality Measure Set	Previous Year (CY2014 data period)	Comparison Year (CY2015 data period)	RFA2016 Performance Scoring
Maternity (MAT-1, MAT-2a, 2b, MAT-3)	Jan 1, 2014- Dec 31, 2014	Jan 1, 2015 - Dec 31, 2015	Attainment/Improvement Points
Cesarean Birth (MAT-4)	**Not applicable**	Jan 1, 2015 - Dec 31, 2015 **(Baseline)**	**Not applicable**
Care Coordination (CCM-1, 2, 3)	Jan 1, 2014- Dec 31, 2014	Jan 1, 2015 - Dec 31, 2015	Attainment/Improvement Points
E.D Throughput (ED-1, ED-2)	Jan 1, 2014- Dec 31, 2014	Jan 1, 2015 - Dec 31, 2015	Attainment/Improvement Points
Tobacco Treatment (TOB-1, 2, 3)	**Not applicable**	Jan 1, 2015 - Dec 31, 2015 **(Baseline)**	**Pass/Fail Validation**
Health Disparities Composite (HD2)	Not applicable	Jan 1, 2015 - Dec 31, 2015	Decile Group Rank (Target Attainment > 2nd decile)
Announce CY16 Metrics (Q1)			
DVT Prophylaxis for cesarean (MAT-5)	Not applicable	Not applicable	Not applicable
Newborn Care (NEWB-1, 2)	Not applicable	Not applicable	Not applicable

- ✓ **Performance Evaluation applies to full CY of reported data that must pass data validation.**
- ✓ **Ongoing CY15 Data:** Performance scoring applies to measures reported in previous year.
- ✓ **New CY15 Data:** Performance scoring for MAT-4 is not applicable. TOB is evaluated on data validation standard.
- ✓ **CY16 Metrics:** Performance to be evaluated under RFA2017 contract..

Future Considerations: Hospital Quality Measurement

- Streamline data collection approach begins with RFA16
  - Select metrics with fewer data elements
  - Simplify how interventions are being measured
  - Phase-in claims-based measures
- Simplify Medicaid sampling requirements
- Put Validation on a rotation schedule
- Proposed timelines are subject to change

Improving collection efficiency and reducing burden

Metric ID #	Candidate Measures	Proposed Timeline
	Population Health Prevention	
SUB-1	Alcohol use screening	Q1-2017
SUB-2	Alcohol use treatment provided or offered	Q1-2017
SUB-3	Alcohol/Drug use treatment offered at D/C	Q1-2017
	Hospital Acquired Conditions Reduction	
PSI-90	PSI-3, 6, 7, 11, 12, 13, 14, 15	Baseline Testing (RY16)
HAI's	CLABSI, CAUTI, SSI, MRSA, C.difficile	Baseline Testing (TBD)
HCAHPS	Patient Care Experience (5 domains & CTM-3)	Baseline Testing (RY16)
	Other Obstetrical Care Measures	
IQI-21	Cesarean Section Rate	Baseline Testing (RY17)
IQI-22	VBAC, uncomplicated	
PSI-17	Birth Trauma – injury to neonate	
PSI-18	OB trauma with instrument	
PSI-19	OB trauma without instrument	

Data Validation Requirements

Data Reliability Standard → Impact on Quality Scoring

- Data reliability evaluates specific clinical and non-clinical data elements via random selection of charts across all reported metrics.
- Quality measures must meet data reliability standard (.80) on all 4 quarters of data.
- ***Newly reported measure category*** gets a separate validation score (in 1st year only).

Passing validation is required prior to computing all Hospital performance scores.

- If FAIL validation in ***previous year*** then data is considered invalid for calculating comparative year performance. (*In this case, No improvement scoring applies but attainment score is computed if PASS validation in RY16 and already established a valid baseline rate*).
- If FAIL validation in ***comparison year*** on existing reported measure category then ***all*** data is considered invalid for quality scoring.
- If FAIL validation on ***newly reported measure category*** then get 0% score and next years reported data will be used as your baseline rate.

MassHealth Hospital Performance Standards

Attainment

- Represents minimum level of performance required to earn points
- Set as **median** performance (50th) of all hospital previous year data.

Benchmark

- Represents highest performance achieved to earn maximum points
- Set as the **mean of top decile** (90th) of all hospital previous year data/

Improvement

- Represents progress achieved from prior year to earn points
- Progress is seen as rate at or better than previous year.

Compares Your Hospital rates with all other Hospital results

plus

Evaluates Your Hospitals Previous & Comparison Year rates

All Hospitals

Performance Assessment of Individual Measures

Pay-for-Performance (P4P) Measures (Use Quality Point System to weight measure rates)		Pay-for-Reporting (Newly Reported QMC)
Award Attainment Points	**Award Improvement Points**	**No Quality Points Apply**
•Get 0 points: If rate ≤ attainment •Get 1 to 9 points: If rate > attainment but < benchmark •Get 10 points: If rate ≥ benchmark	•Get 0 points: If rate ≤ previous year •Get 0 – 9 points: If rate between previous year & benchmark	•PASS Validation = 100 % •FAIL Validation = 0%

(Hospital Measure Rate – Attainment) x 9+0.5 = Attainment Pts.
(Benchmark – Attainment)

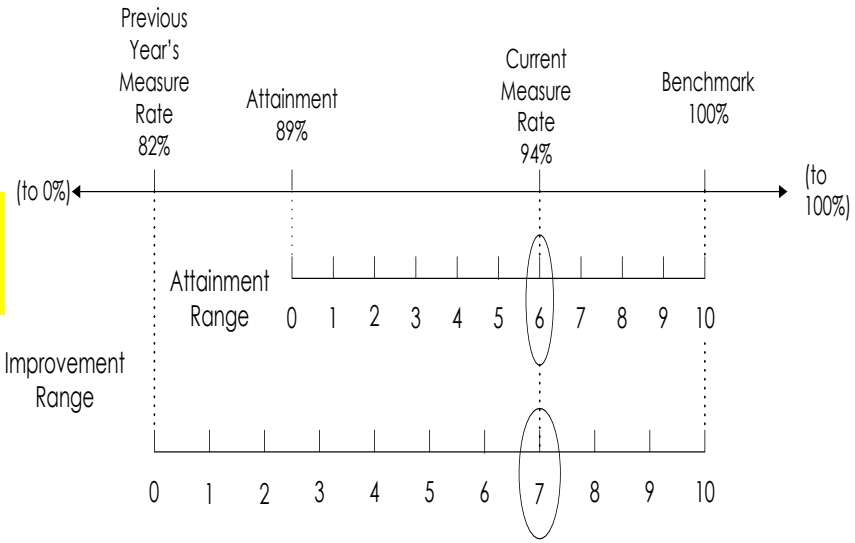
(Current Measure Rate – Prior Yr. Rate) x10 – 0.5 = Improvement Pts
(Benchmark Threshold – Prior Yr. Rate)

Calculating the Total Performance Score

Award the higher of the Attainment or Improvement Points

Total Awarded Points x 100 = Total Performance Score for each Metric
Total Possible Points

Example of Quality Points Assignment



6 Attainment Points
7 Improvement Points
7 Awarded Quality Measure Points

Performance Assessment of Health Disparity Measure (1 of 2)

Health Disparity Measurement Approach

Conceptual Rationale

HD-2 Composite Attributes

Use for HD2

MassQEX Data Source

OPPORTUNITY MODEL

Assumes each patient has the opportunity to receive one or more desired care processes.

- Calculated based on number of patients who received all the interventions they needed.
- **Numerator [N)]** = sum components of appropriate care that was given.
- **Denominator [D]** = sum of opportunity to receive appropriate care across a panel of measures.

Unit of Observation is ***racial group*** that received desired care process.

Calculated from all process measures data the hospital reports on.

Racial Comparison Group Rates

Sum **[N]** desire care not given to each R/E group
Sum **[D]** oppty to receive care for each R/E group

Hospital Reference Group Rate

Sum **[N]** desired care not given for all R/E groups
Sum **[D]** oppty across or all R/E groups

HD2 Missed Oppty Result

- Final Between Group Variance (BGV)

Unit of Observation is ***desired care*** process given for each measure

Each measure represents one or more care processes linked to a service line

MassQEX Results

- Validation & R/E Data Quality
- Measure Rates

Performance Assessment of Health Disparity Measure (2 of 2)

- Uses a Decile Performance Rank Model
- Sets a minimum attainment level that is required to achieve to earn a payment
- Does not evaluate your prior & comparison year performance

Components	Decile Scoring Methods
Type of Measure Results	✓ Racial Comparison Group Rate ✓ Hospital Reference Group Rate ✓ Between Group Variance (BGV): reflects variation in care across each racial group
Setting Thresholds	✓ Target attainment set above 2nd decile ✓ All Hospital BGV are ranked highest to lowest
Conversion Factor	✓ A weight is assigned to each decile group
Measure Analysis Consideration	✓ Focus on Racial Group Rates to identify oppty for improvement. ✓ Use HD2 results in conjunction with MassQEX individual measure reports. ✓ Every year your BGV value may fall into different decile group depending on your individual measure rates and all Hospital BGV values. ✓ Every year the distribution of all BGV values may affect where your Hospital falls relative to the Target Attainment.

Performance Threshold	*Decile Group*	*Conversion Factor*
Upper Decile	**10th decile**	**1.0**
	9th decile	**.90**
	8th decile	**.80**
	7th decile	**.70**
	6th decile	**.60**
	5th decile	**.50**
	4th decile	**.40**
Target Attainment	**3rd decile**	**.30**
Lower Deciles	2nd decile 1st decile	0 (zero)

Final Performance Score

Conversion Factor x 100% = HD2 Composite Score

Acute RFA2016 Payment Eligibility Rules

Meet Data Completeness Requirement

- Submit All Quarters of CY2015 Data (Files & Charts)

Meet Data Reliability Standards

- Pass Data Validation Threshold (.80) on all 4 Quarters of data

Achieve Performance Thresholds

- *Individual Metrics*: Meet Attainment, Improvement, Benchmarks
- *Composite Metric*: Target Attainment (above 2nd decile group)

Acute RFA2016 Incentive Payment Approaches

Pay-for-Performance (P4P)

- Applies to MAT, CCM, ED, HD2 quality measure categories
- Must meet data completeness requirement data validation standard and achieve performance thresholds.

Pay-for-Reporting (P4R)

- Applies to new measure category (TOB) only
- Must pass data validation in first year reported only (Pass = 100% and Fail = 0%).

ID	Quality Measure Category	RY2015 Payment Approach	RY2016 Payment Approach	RY2017 Payment Approach
MAT	Maternity	P4P	P4P	P4P
CCM	Care Coordination	P4P	P4P	P4P
ED	E.D. Throughput	P4P	P4P	P4P
HD-2	Health Disparities	P4P	P4P	P4P
	Newly reported CY2015	**Measures**		
MAT-4	Cesarean Birth	Not applicable	Not applicable	**P4P (Begin earning points)**
TOB	Tobacco Treatment	Not applicable	**P4R only**	**P4P (Begin earning points)**

RY16 Incentive Payment Calculation Method

Acute RFA Payment Formula

Maximum Allocated Amount ($50M for RY16)

Quality Measure Category	Maximum Allocated Amounts
Maternity	$ 22,000,000
Care Coordination	$ 11,000,000
Health Disparities	$ 2,500,000
ED Throughput	$ 7,000,000
Tobacco Treatment	$ 7,500,000
TOTAL	$50,000,000

Statewide Eligible Medicaid Discharges

- Estimated based on FY13 CHIA case mix discharges

Quality Measure Category Per-Discharge Amount

- Estimated based on FY13 CHIA case mix discharges

Maximum Allocated Amount / Statewide Eligible Medicaid Discharges	= Quality Measure Category per-Discharge Amount

Hospital Payment Formula

Eligible Medicaid Discharges for QMC

- Final based on FY15 MMIS Discharge Data

QMC per-discharge amount

- Final based on FY15 MMS Discharge Data

Total Performance Score for QMC

- For each QMC reported on

(Eligible Medicaid Discharges) x (Quality Measure Category per-Discharge Amount) X (Total Performance Score)	= Hospital QMC Incentive Payment

RY16 New Changes to Determine Eligible Medicaid Discharges

- Extract MMIS claims that meet ICD requirement where MassHealth is primary payment (members in PCCP/FFS programs).
- Use Adjudicated Paid Claims taken at end of 90 days following last day of discharge for FY15 period
- **Use FY15 period (10/1/2014 – 9/30/2015**) to calculate RY16 payments.

Quality Measure Category	MMIS Inpatient Discharges INCLUDED	MMIS Inpatient Discharges EXCLUDED
MAT	▪ Meet ICD requirements in national TJC code tables ▪ Patients age ≥ 8 and < 65 years; ▪ Length of stay ≤120days	▪ Patient expired
CCM	▪ Discharges that meet the ICD requirements in EHS Specs Manuals and national master code tables.	▪ Age less than equal to 2years ▪ Age greater than 65 years ▪ Left against medical advice ▪ patient expired
ED Throughput	▪ Meet ICD requirements in NHIQM appendix code tables ▪ Patients admitted via the ED only ▪ Length of stay ≤ 120 days	▪ Behavioral health patients ▪ Age greater than 65 years
TOB	▪ Meet ICD requirements in NHIQM appendix code tables ▪ Patients ≥ 18 and < 65 years; ▪ Length of Stay > 3 days and ≤120 days	▪ Age greater than 65 years ▪ Left against medical advice ▪ Less than 3 days
HD2	▪ Meet requirements for MAT and CCM only.	▪ ED metric discharges ▪ New TOB metric discharges

MMIS = Massachusetts Medicaid Information System .
Eligible Medicaid HDD reports will be discontinued.

Mock Examples of Hospital Performance Report & Payment Notice

Performance Score Summary Report

Table 1	Hospital Measure Rates		All Performance Threshold		Quality Points Earned			Measure Category Results		
Measure Category	Previous Year	Comparison Year	Attainment	Benchmark	Attainment points	Improvement points	Awarded points	Total Awarded Points	Total Possible Points	Total Performance Score
Maternity Category										
MAT-1	93%	97%	92%	100%	7	6	7	27	40	90%
MAT-2a	99%	100%	95%	100%	10	10	10			
MAT-2b	99%	100%	95%	100%	10	10	10			
MAT-3	10%	11%	8%	0%	0	0	0			
Pediatric Asthma Category										
CAC-1	100%	100%	100%	100%	10	0	10	28	30	93%
CAC-2	100%	100%	100%	100%	10	0	10			
CAC-3	47%	77%	18%	98%	8	6	8			
Pneumonia Measure Category										
PN-3b	100%	100%	97%	100%	10	0	10	10	20	25%
PN-6	50%	94%	96%	99%	0	0	0			
Surgical Infection Prevention Category										
SCIP-1a	100%	100%	98%	100%	10	0	10	30	30	100%
SCIP-2a	100%	100%	98%	100%	10	0	10			
SCIP-3a	89%	100%	97%	100%	10	10	10			
Care Coordination Category										
CCM-1	---	INVALID	---	---	---	---	---	xx	30	0%
CCM-2	---	INVALID	---	---	---	---	---			
CCM-3	---	INVALID	---	---	---	---	---			

TABLE 2	Measure	Results	Performance Threshold	Performance	Score
Health Disparity Composite	BGV value	Decile Rank	Target Attainment	Conversion Factor	Composite Score
HD-2 Composite	0.996250	4	0.998750	.40	40%

Incentive Payment Notice Statement

Quality Measure Category	Final Performance Score	Eligible Medicaid Discharges	QMC per -Discharge Amount	Incentive Payment Earned
Pay-for-Performance				
Maternity	90%	1140	$2,735.78	$ 2,806,691.28
Pediatric Asthma	93%	51	$6,653.06	$ 315,554.63
Pneumonia	25%	121	$7,318.70	$ 221,390.67
Surgical Infection	100%	100	$9,540.33	$ 954,033.00
Health Disparities	40%	1361	$261.50	$ 142,360.60
Pay-for-Reporting				
Care Coordination	0%	3255	$201.30	$0.00
			TOTAL AMOUNT:	$4,440,249.19

If Hospital X achieved 100% score on all QMC's would have earned extra $1.86 M

Acute RFA16 Data Submission Requirements Schedule

Submission Due Date	Data Submission Requirement	Data Reporting Format	Reporting Instruction
Oct 1, 2015* **	▪ Hospital Quality Contact Form ▪ Hospital Data Completeness Form	▪ HospContact_2016 ▪ HospDACA_2016	▪ RFA Section 7.2D ▪ RFA Section 7.6E
Nov 13, 2015	Q1-2015 (Jan 1 – Mar 2015) Q2-2015 (April – June 2015)	Electronic Data Files, and ICD Data Entry Form	EHS Tech Specs Manual (v8.0, 8.1)
Feb 12, 2016*	Q3-2015 (July – Sept 2015)*	Electronic Data Files, and ICD Data Entry Form	EHS Tech Specs Manual (v8.0, 8.1)
May 13, 2016**	Q4-2015 (Oct - Dec 2015)**	Electronic Data Files, and ICD Data Entry Form	EHS Tech Specs Manual (v8.0, 8.1) EHS Release Notes (v8.1a)
Aug 12, 2016	Q1-2016 (Jan – Mar 2016)	Electronic Data Files, and ICD Data Entry Form	EHS Tech Specs Manual (v 9.0)

***Reverts to Quarterly Submission Cycles**
****ICD-10 file requirements begin**
*****Mail Hard Copy Forms (with Typed Cover letter) to:**

Executive Office Health and Human Services
MassHealth Office of Providers and Plans
Attention: Acute Hospital P4P Program
100 Hancock Street 6th floor
Quincy, MA 02171

Program Forms are due at beginning of each new RFA contract period & when any change occurs during rate year.

RY2016
MassQEX Measure Technical Specifications and Reporting Requirements

Cynthia Sacco, MD and
Lindsey Wisham, Sr. Manager Info. Services
Telligen, Inc.

Key Changes in RY16 Quality Reporting Instructions

	CY2015 Measures Data Requirements	CY2016 Measures Data Requirements
Data Specifications	• Begin new MAT-4 reporting • Begin TOB-1,2,3 reporting • Begin Q4-2015 with ICD-10 files • Begin Q4-2015 with updated MAT data element definitions	• Add MAT-5 Specs & Flowcharts • Add NEWB-1 Specs & Flowcharts • Add NEWB-2 Specs & Flowcharts • Continue ICD-10 files with existing & new metrics
Sampling Methodology	**Last CY Data will Use Method** • Two distinct Medicaid payer source popn sets • Two distinct MassHealth FFS/PCCP vs. All Other Medicaid payer source sample size tables	**Begin Using New Method** • One Aggregate Medicaid payer popn set • One Aggregate Medicaid payer sample size tables
ICD Entry Form	**Last CY Data will Use Method** • Enter metric bucket for two distinct MassHealth FFS/PCCP & All Other Medicaid ICD popn & sample	**Begin Using New Method** • Enter metric buckets for one Aggregate Medicaid payer ICD popn & Sample
Appendix Data Tools	• EHS Manual (v8.0, 8.1) and data tools • EHS Release Notes (v8.1a) & Appendix tools (v8.1a)	• EHS Manual (v9.0) and • Appendix tools (v9.0)

Reminder of Updates to CY15 Existing MassHealth Specific Measure Reporting Specifications (v8.0; 8.1)

Metric ID#	Updates to Measure Description (Section 3)	Updates to Data Dictionary Definition (Appendix A-9)	Updates to Appendix Tools (Hospital/Vendor)
MAT- 1		▪ GBS Screening	
MAT- 2a, 2b		▪ Cesarean Section Incision Time	
MAT -3	•Included and excluded populations •Data element list •Gestational Age "UTD" yields exclusion •Evaluation of Prior Uterine Surgery relocated in algorithm •Evaluation of SROM removed	•*Gestational Age* • *Labor* • *Prior Uterine Surgery* • *Spontaneous Rupture of Membranes (RETIRED)*	A-3: Abstraction tool A-6: XML Schema A-10: Measure Calc.Rules
CCM-1	Algorithm revision to *Clinical Trial* data element	•Reconciled Medication List	
CCM-2	Algorithm revision to *Clinical Trial* data element	•Advance Care Plan •Contact Information for Studies Pending •Current Medication List •Discharge Diagnosis •Medical Procedures/Tests & Summary of Results •Patient Instructions •Plan for Follow Up Care •Transition Record	A-5: Abstraction Tool A-6: XML Schema A-10: Measure Calc. Rules
CCM-3	Algorithm revision to *Clinical Trial* data element	•Transmission Date	
ED-1,2			A-7: Identifier Crosswalk File

New CY15 Measures Reporting (MAT-4 & TOB) Effective Q1-2015 discharges

	Cesarean Birth, NVST (MAT-4)	Tobacco Treatment Measures (TOB-1,2,3)
Measure Name	• Nulliparous patients delivered of a live term singleton newborn in vertex presentation	• TOB-1: Hospitalized patients screened within first 3 days admission for tobacco use • TOB-2: Patients identified as tobacco users within past 30 days who received counseling • TOB-3: Patients identified as tobacco users receiving counseling upon discharge
Technical Instructions	• EOHHS Technical Specifications Manuals (v8.0, 8.1)	• NHIQM Specifications (v4.4a)
New Data Element Scoring	• ***Clinical Data Elements***: Clinical Trial, Gestational Age, Parity • ***Administrative Data Elements***: Race, Ethnicity, Hispanic Indicator, Hospital Bill Number	• ***Clinical Data Elements***: Comfort Measures Only , Tobacco Use Status , Reason for No Tobacco Cessation Medication During the Hospital Stay, Tobacco Use Treatment FDA-Approved Cessation Medication, Tobacco Use Treatment Practical Counseling, Prescription for Tobacco Cessation Medication , Reason for No Tobacco Cessation Medication at Discharge, Referral for Outpatient Tobacco Cessation Counseling , Discharge Disposition • ***Administrative Data Elements***: Race, Ethnicity, Hispanic Indicator, Hospital Bill Number
Validation Report	• Results integrated into overall score	• Receive separate validation score in first year only

EOHHS Release Notes v8.1a:
Updates to CY15 Reporting Specifications (Effective Q4-2015)

CY Reporting Cycle	EOHHS Release Notes (8.1a) Supplement Content	EOHHS Technical Manual Version (Full Set)	Technical Specs Appendices
Qtr 4- 2015	•ICD 10 data element definition & file format requirements •MAT 3, MAT 4 data elements	**v8.1a Release Notes** **v8.0, v8.1**	***New*** **A-3, A-4, A-6, A-10** ***plus*** **specific data dictionary definition updates included in release notes** **Refer to v8.0 for:** A-1, A-2, A-5, A-7, A-8, A-9

- ✓ EOHHS Release Notes (posted July 31, 2015) is a supplement instruction to the full set of EHS manuals listed.
- ✓ V8.1a contains detailed instruction on conversion from ICD-9 to ICD-10 data element file preparation and XML file layouts required for submissions.
- ✓ V8.1a also contains key changes to MAT 3 & MAT 4 data elements that will affect file transmittals

Summary of Changes in EOHHS Release Notes (8.1a)

Quality Measures Impacted	Measure Description/Flowchart (Select Components)	Data Dictionary (Select Data Element Definition)	XML Schema File (Specific Fields)
All MassHealth Records	N/A	• ICD-10-CM Other Diagnosis Code • ICD-10-CM Principal Diagnosis Code • ICD-10-PCS Other Procedure Code • ICD-10-PCS Principal Procedure Code	N/A
MAT-1	• Update IPP* to ICD 10	Gestational Age	• ICD-10 Coding • Gestational age
MAT-2a & 2b	• Update IPP to ICD 10	None	• ICD-10 coding
MAT-3	• Update IPP to ICD 10 • Updates to ICD-10 Code Tables • Add evaluation of Labor to flowchart	• Gestational age • Labor • Prior uterine surgery	• ICD-10 Coding • Gestational age • Labor • Prior uterine surgery
MAT-4	• Update IPP to ICD 10 • Updates to ICD-10 Code Tables • 'Parity' data element revised to 'Number of Live Births'	• Gestational age • Number of previous live births (replaces Parity)	• ICD-10 Coding • Number of live births
CCM-1,2,3	None	None	• ICD-10 Coding
ED-1,2	Refer to NHQIM manual (v5.0a)	N/A	• Use Crosswalk file

*Initial Patient Population (IPP) refers to the rules for identifying the measure population

New CY16 Data Reporting: Newborn Measure Category

	NEWB-1 Exclusive Breast Milk Feeding at D/C	NEWB-2 Newborn Bilirubin Screening Prior to D/C
Numerator	• Newborns who were fed breast milk only since birth	• Newborns who had serum or transcutaneous bilirubin screening prior to discharge to identify high risk hyperbilirubinemia
Denominator	• Single term newborns discharged alive from the hospital	• Newborns born at or beyond 35 completed weeks gestation that were delivered in the facility and discharged alive from the hospital.
Data Elements Scored in Validation	**Clinical Data Elements:** • Term Newborn • Admission to NICU • Discharge Disposition • Clinical Trial • Exclusive Breast Milk Feeding **Administrative Data Elements** • Race, Ethnicity, Hispanic Indicator, Hospital Bill Number	**Clinical Data Elements** • Gestational Age • Admission to NICU • Comfort Measures Only • Bilirubin Screening • Discharge Disposition • Clinical Trial • Born in this facility **Administrative Data Elements** • Race, Ethnicity, Hispanic Indicator, Hospital Bill Number
Validation Results	• Receive separate validation score for “Newborn Category” in first year only	

New CY 16 Data Reporting:
Appropriate DVT Prophylaxis for Cesarean Delivery (MAT-5)

	Description
Numerator	Women undergoing Cesarean delivery who receive either fractionated or unfractionated heparin or heparinoid, or pneumatic compression prior to surgery
Denominator	All women undergoing Cesarean delivery
Data Elements Scored in Validation	**Clinical Data Elements** ▪Discharge Disposition ▪Clinical Trial ▪Received DVT Prophylaxis **Administrative Data Elements** ▪Race, Ethnicity, Hispanic Indicator, Hospital Bill Number

Upcoming Changes to CY16 Medicaid Payer Sampling Methods (Effective with Q1-2016)

- **MassHealth Initial Patient Population**
  - ✓ Revised to aggregate All Medicaid payer sampling into one sampling population (all included Medicaid payer source codes)
  - ✓ Stratified payer population sampling eliminated

- **Minimum Sample Size Requirement Tables**
  - ✓ Revised for both quarterly and monthly sampling
  - ✓ Reflects aggregate All Medicaid payer population sampling

- **Impact of Change**
  - ✓ Sampling Options → Revised Quarterly or Monthly sample sizes
  - ✓ ICD Entry Form → Revised entry of ICD population and sample

Example: Revised CY16 Medicaid Payer Population Sampling (Effective Q1-2016)

New Aggregate Medicaid Payer Sampling Tables

Quarterly

Number of MassHealth Discharges Per QUARTER (Initial Patient Population Size "N")	***Aggregate of All Medicaid Payer*** Minimum Required Sample Size "n"
1 - 59	No sampling; 100% of ICD Population is required
60 – 119	**60**
120 – 199	**92**
> = 200	**103**

Monthly

Number of MassHealth Discharges Per MONTH (Initial Patient Population Size "N")	***Aggregate of All Medicaid Payer*** Minimum Required Sample Size "n"
1 - 19	No sampling; 100% of ICD Population is required
20 – 39	**20**
40 – 66	**30**
> = 67	**35**

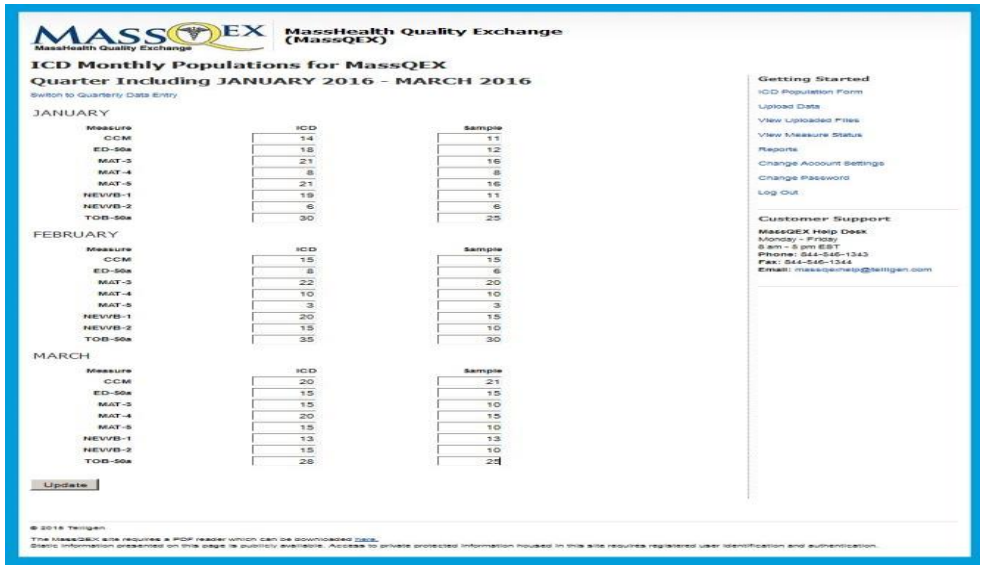
Key Changes:

Aggregate Medicaid Payer sample size identified for all MassHealth payer code cases eligible for a measure

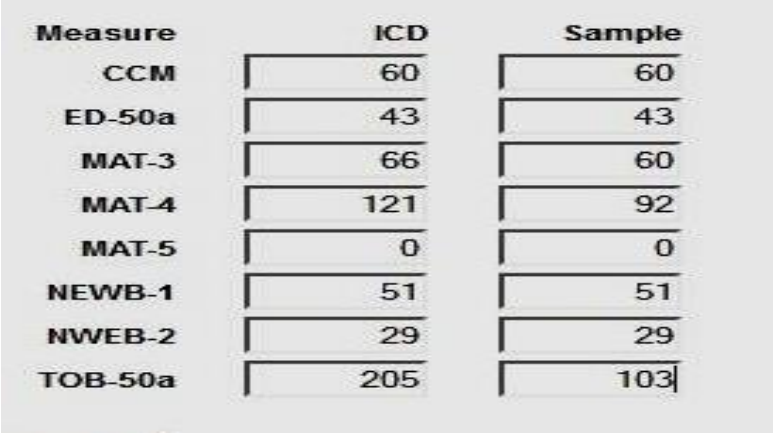
- Aggregate All Medicaid payer column shows a different minimum sample size requirement
- Number of MassHealth Discharge column shows different ranges to initial patient population sizes

Example: New CY16 Portal ICD Data Entry Format Screens (Effective Q1-2016)

ICD Monthly Entry Screen



ICD Quarterly Entry Screen



Measure	ICD	Sample
CCM	60	60
ED-50a	43	43
MAT-3	66	60
MAT-4	121	92
MAT-5	0	0
NEWB-1	51	51
NWEB-2	29	29
TOB-50a	205	103

- ***New ICD Entry Format***: portal screens will be revised for total counts of the Aggregate Medicaid population and sample data.
- ***Data Entry Requirements:*** Hospitals must enter ICD data for each measure and must enter zeros (0) if there are no cases for a given measure category assignment.

MassQEX Portal
ICD-10 Code Requirements

Data File Requirement

- Every file submitted must contain **only** valid ICD-10 Diagnosis and Procedure Codes found in national master code tables

Valid XML Format

- Type: character (upper of lower case)
- Length 3-7 (w/o decimal pt. or dot)

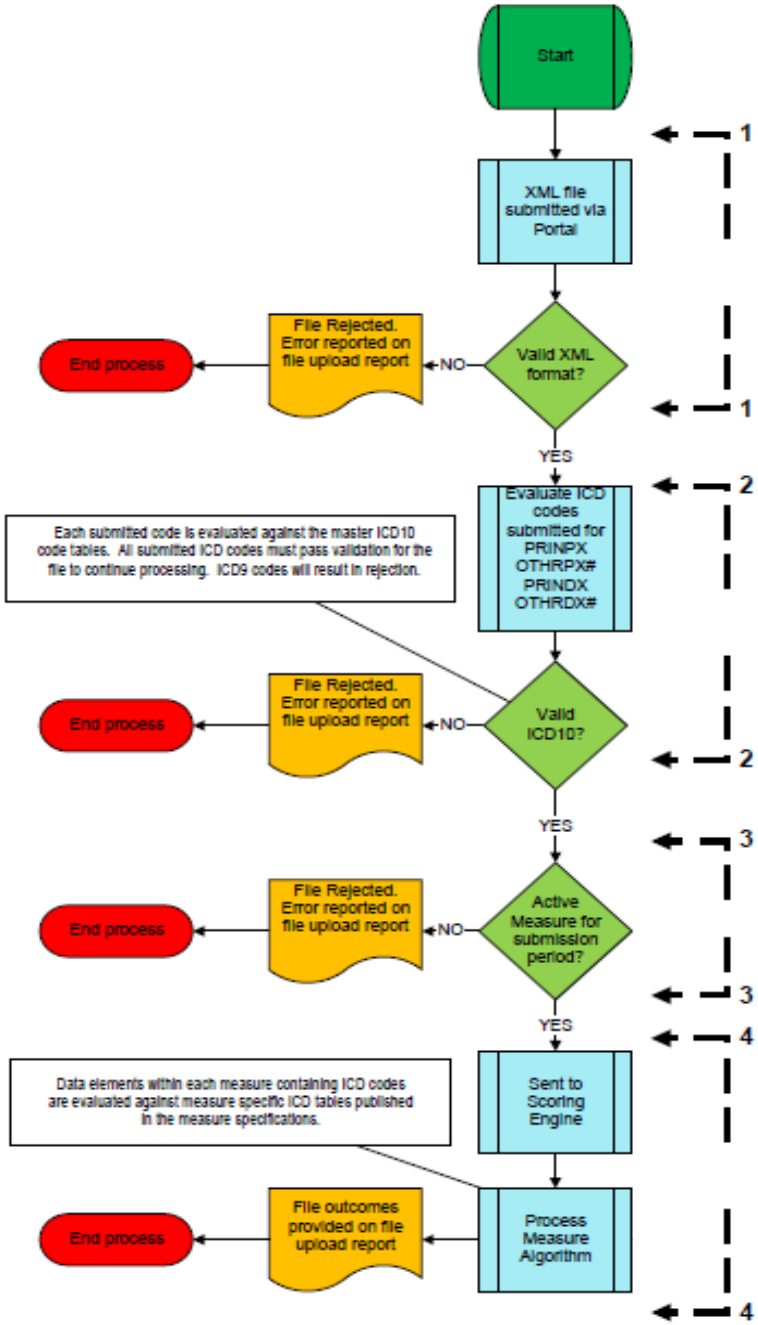
XML File Processing:

- PRINPX (Principal Procedure)
- OTHRPRX# (Other Procedure)
- PRINDX (Principal Diagnosis)
- OTHRDX# (Other Diagnosis)

Metric	ICD Code Table #	Reference
MAT-1	ICD-10 Code Table 11.01.1	Appendix A: Specifications Manual for TJC National Core Measures (version 2015B)
MAT-2	ICD-10 Code Table 11.06	Appendix A: Specifications Manual for TJC National Core Measures (version 2015B)
MAT-3	ICD-10 Code Table 11.01.1 ICD-10 Code Table 11.05 ICD-10 Code Table 11.06 ICD-10 Code Table 11.06.1 ICD-10 Code Table 11.07	Appendix A: Specifications Manual for TJC National Core Measures (version 2015B)
MAT-4	ICD-10 Code Table 11.01.1 ICD-10 Code Table 11.06 ICD-10 Code Table 11.08 ICD-10 Code Table 11.09	Appendix A: Specifications Manual for TJC National Core Measures (version 2015B)
MAT-5	ICD-10 Code Table 11.06	Appendix A: Specifications Manual for TJC National Core Measures (version **2015B-1)**
CCM-1,2,3	Any valid diagnosis/ procedure codes in: 2015 ICD-10-CM Codes and GEMs 2015 ICD-10-PCS Codes and GEMs 2016 ICD-10-CM Codes and GEMs 2016 ICD-10-PCS Codes and GEMs	Master ICD-10 diagnosis or procedure code lists published in the CMS website
ED-1,2	ICD-10 Code Table 7.01	Appendix A-1: Specifications Manual for NHQM (version 5.0a)
TOB-1,2,3	ICD-10 Code Table 12.3	Appendix A-1: Specifications Manual for NHIQM (version 5.0a)
NEWB-1	ICD-10 Code Table 11.20.1	Appendix A: Specifications Manual for Joint Commission National Core Measures **(version 2015B-1)**
NEWB-2	ICD-10 Code Table 11.01.3	Appendix A: Specifications Manual for TJC National Core Measures (version **2015B-1)**

Reference:
TJC Manuals at: https://manual.jointcommission.org/releases/TJC2015B/AppendixATJC.html
NHIQM Manuals at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228774725171
CMS Code Tables at: http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html

MassQEX Portal ICD-10 Data File Processing Steps



- **Step 1: Initial Processing (XML Format)**: The Portal will first evaluate the file submitted to ensure it meets correct XML format. If file is not properly formatted it will be rejected and show **Error** message on Input File Report.

- **Step 2: Continue File Processing:** *New* functionality added to accept valid ICD-10 codes. Fields impacted are: PRINPX OTHRPX#, PRINDX,OTHRDX#. If file contains invalid ICD-10 code values it will be rejected and show **Error** message on Input File Report.

- **Step 3: Final File Processing:** The file will be evaluated to check that it is being submitted for a measure active for that submission period. This step represents *current functionality* of the Portal. If file is not accepted for that submission period, the File Upload Report will display an **Error** message.

- **Step 4: Scoring Engine Processing:** For files that are pass ICD-10 code validation, the Measure Scoring Engine will then continue processing data.

Example of Portal Report with ICD-10 Input

MassHealth Quality Exchange (MassQEX)
Input Files Report

Processed: 07/28/2015 04:39 PM (Test, User)
Provider: MassQEX
Uploader: Tester

FILE NAME	PROVIDER	MEASURE	DATE	PROCESSED	STATUS
file test.xml	MassQEX	UNKNOWN	07/28/2015 04:39 PM	Yes	ERROR

ERRORS/WARNINGS:
1 [ERROR] XML file contained one or more invalid ICD Procedure codes

Portal File Upload Output

An **ERROR** message for each file that was rejected due to an invalid ICD-10 code will show a message under the **File Name** column of the report. The message identifies reason it was rejected.

- If the file includes an invalid Principal Procedure Code (PRINPX,) or Other Procedure Code (OTHRPX#), the File Upload Report will display the message, '***XML file contained one or more invalid ICD Procedure codes***' under the File name column.

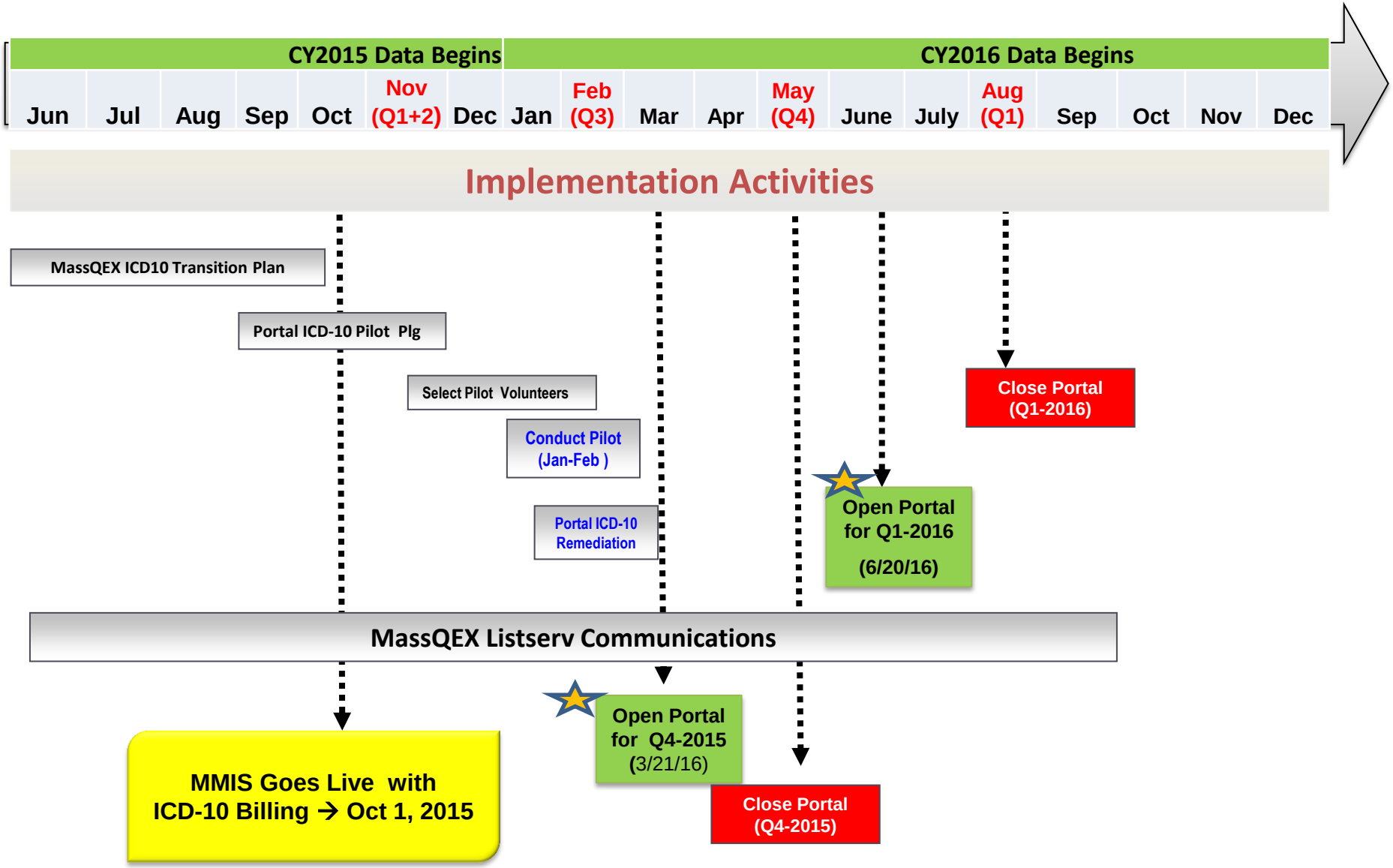
- If a submitted file includes an invalid Principal Diagnosis Code (PRINDX) or Other Diagnosis Code (OTHRDX#), the File Upload report will display the message, '***XML file contained one or more invalid ICD Diagnosis codes***' under the File name column.

Hospital ICD-10 Implementation Readiness Checklist

- Review the appropriate version of EOHHS Technical Specification Manuals & Release Notes (8.1a) that contain ICD-10 instructions.
- Ensure your staff and data vendors are using the correct versions of data abstraction & XML data tools related to uploading ICD-10 files
- Update portal system requirements and other quality data collection processes affected by ICD-10.
- Conduct ICD-10 file test uploads as soon as portal opens for Q4-2015 submissions rather than closer to due dates. (Factor in time to correct Input File Errors)
- Check MassHealth ICD-10 website at www.mass.gov/masshealth/icd-10 and other industry (CMS, TJC, QNet) for most up-to-date information.

Call MassQEX Help Desk (844) 546-1343 for questions & support!

RY16 MassQEX Portal ICD-10 Preparation Timelines



Wrap Up

EOHHS Contact Information

- **MassHealth Hospital P4P Program Requirements**
  Iris Garcia-Caban, PhD Hospital Performance Program Lead
  Phone: (617) 847–6528
  Email: Masshealthhospitalquality@state.ma.us

- **Today's Webcast Slides**
  - To be posted on MassQEX website at: http://www.mass.gov/masshealth/massqex
  - EOHHS will send email notice to hospitals when posted

MassQEX Customer Help Desk

- For technical questions on quality measures reporting:
  - Phone: 844-546-1343 (toll free #)
  - Email: Massqexhelp@telligen.com