

Performance Year 3 (PY3)

Hospital Quality and Equity Incentives Program (HQEIP) MassQEX Portal User Guide

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1. About this User Guide

This Hospital Quality and Equity Incentive Program (HQEIP) MassHealth Quality Exchange (MassQEX) Portal User Guide may be used as a resource to understand the technical requirements of MassHealth's HQEIP.

This guide includes an outline of portal requirements as well as information about data submission and reporting. This user guide is specifically meant to be a resource for acute inpatient hospitals participating in the HQEIP. This guide is not meant to cover measure specifications. For detailed information on HQEIP implementation, measure specifications, and reporting deadlines, please refer to the Mass.gov website: <https://www.mass.gov/info-details/masshealth-hospital-quality-and-equity-incentive-program-hqeip>.

This guide is applicable only to hospitals submitting Medicaid patient data to the MassQEX HQEIP portal. Hospitals with special exceptions and exemptions for the HQEIP should contact MassHealth for additional information at: Health.Equity@mass.gov

Please reach out to the Help Desk if you have any questions about the HQEIP Portal or require technical assistance:

- Phone: (844) 546-1343
- Email: geiphelp@telligen.com

Additional Resources:

1. **MassHealth Implementation Plans and Technical Specifications:** All hospitals must use the versions of the documents posted on the Mass.Gov website at [MassHealth Hospital Quality and Equity Incentive Program \(HQEIP\) | Mass.gov](#)
2. **HQEIP Portal Homepage:** Telligen is the MassHealth contractor who manages the secure portal that collects and analyzes all Quality and Equity Incentive Program measures data on MassHealth's behalf. The portal homepage is located on: <https://www.mass.gov/service-details/massqex-portal>. See Section 2 of this User Guide for details.
3. **HEIP Portal User Forms:** All online entry portal user registration forms are located on the MassQEX portal homepage at: <https://massqex-portal.telligen.com/massqex/>
4. **HQEIP Program Contact**

MassHealth Office of Health Equity

100 Hancock Street 6th floor Quincy, MA, 02171

Email: Health.Equity@mass.gov

Enhancements to Manual Version

This HQEIP Portal User Guide v2.0 contains changes from the most recently published version that are summarized in the following Table.

Content Topic	Section	Summary of Change
General Submission Guidelines, Table 3-1	Section 3.A	• Update performance periods for PY3
Patient Experience File Measure Detail	Section 3.A	• Update to data-entry submission questions • Remove requirement to submit composites
Supplemental File Measure Detail	Section 3.A	• Add emergency department visits to HRSN measure • Add emergency department visits to Language Access measure

Content Topic	Section	Summary of Change
		Modify Language Access to “language service” (replaces “In-language services” and “Interpreter services”)
MassHealth Member ID	Section 3.C	Add guidance on verifying and identifying the MassHealth Member ID
Medicaid Sampling Requirements	Section 4.C	Clarify that MassHealth must be primary payer for inclusion in eligible population
File Layouts	Section 5.C	- Updated HCAHPS file layout to version 4.7 for CY2025 discharge period - Clarify that pipe delimited text files with “UTF-8” encoding are required for HRSN, Language Access, and Accommodation Needs pipe delimited text supplemental files
Input Files Reports	Section 5.D	Updated report layout to accurately reflect what is in report
HQEIP Data Audit Methodology	Section 6.A	Updated Table 1

Changes from the prior version indicated in this User Guide will be designated using *red, underline, italic font*.

2. HQEIP Portal Overview

A. MassQEX Portal Registration

Before a hospital can submit data entry or data files for the HQEIP quality measures, one or more representatives from the hospital must register and maintain an active HQEIP portal account in the MassQEX Portal.

- 1) **Opening an Account:** All hospitals must set up user accounts to access the secure web portal using the on-line registration form. Each hospital must identify the individual users that will be authorized to submit and conduct all data transactions on the hospital's behalf. The users can be individuals from hospital staff. When completing their registration, the prospective user should select "Provider," for "Organization Type."
- 2) **Account Limits:** MassHealth sets a maximum limit of user accounts that the hospital can identify as registered users.
 - The hospital can identify a maximum of five (5) accounts for HQEIP hospital staff users. The five-user per hospital limit *is inclusive of users* who are registered to access both the HQEIP and the MassHealth Acute Hospital Clinical Quality Incentives (CQI) Programs within the MassQEX portal.
 - Users may seek authorization for both the HQEIP and the CQI Program within the MassQEX portal. Each user is required to register and receive authorization for each program per instructions in this User Guide.
 - All designated individuals must be submitted to MassHealth as required by the MassHealth Office of Health Equity.
 - Newly identified users must complete user registration requirements described in this section to gain access to the secure web portal.
- 3) **Completing User Registration Forms:** The new user must complete a registration form. One of the hospital's designated Health Equity Key Contacts must sign the form to authorize the individual designated to be the registered user for that hospital site. The signer **must be** one of the Health Equity Key Contacts that the hospital has identified and shared with MassHealth for the performance year.

Only the following forms of signature will be accepted:

- (Preferred method) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign; or
- Electronic signature that is:
 - Hand drawn using a mouse or finger if working from a touch screen device; or
 - An uploaded picture of the signatory's hand drawn signature.
- Traditional "wet signature" (ink on paper); print out one original of the signature page, have an authorized signatory sign, and scan the signed page.

Note for existing MassQEX CQI Portal Users: A modified registration for the HQEIP program is required. Existing MassQEX CQI Program Portal users may download their existing registration form from the "Download Registration Information" link on the Getting Started menu within the CQI portal and obtain the HQEIP Key Quality Contact signature. Existing users are not required to get a new signature for the CQI program. Only a signature for the HQEIP program is required. Access to the CQI and HQEIP MassQEX portal content will utilize a single username and password for each unique hospital. The form with HQEIP Key Quality Contact signature is submitted to the MassQEX HQEIP help desk for account activation.

For technical assistance or questions regarding registration please contact the MassQEX HQEIP Help Desk at: geiphelp@telligen.com.

Email Submission for the User Registration Form. All completed registration forms must be emailed to the MassHealth Contractor address listed below for the account to be activated.

Email Completed Forms to: geiphelp@telligen.com

- 4) **Logging into the System.** The portal provides instructions for setting up a password and is equipped with a 'forgot my password' option that will have the following functionality:
- A temporary password, valid for one time use, will be transmitted to the user's registered email account after successfully answering three randomly selected security questions.
 - Upon logging into the system, the user will be required to choose a new password.
 - Once approved, users will then receive an email from Okta to set up Multi-Factor Authentication (MFA), a security requirement through MassQEX Contractor
- 5) **Maintaining User Accounts:** Hospitals designate authorized users to transmit data, which may contain protected health information, in accordance with HIPAA standards. The MassHealth Contractor monitors all user account activity as follows:
- a) **Inactive Accounts-** defined as a user account that has not been logged into by the hospital registered user in over 90 days or has failed log in four times
 - b) **Disabled Accounts-** defined as a user account that is locked during attempted log-in with an incorrect password. An email is generated from the MassQEX HQEIP Portal to the user alerting them the account has been disabled, the registered user must contact the MassQEX HQEIP Help Desk to reset the account.
 - c) **Unusual Account Activity-** defined as an account where authorized users have provided access to their user ID and password to any individuals other than the one authorized by the hospital in their registration form. This type of activity is immediately reported to MassHealth and the account is automatically disabled and suspended.

B. Customer Support

MassHealth provides technical support for all registered portal users. The MassQEX Contractor is available to work with hospital staff to assist in the implementation of technical data collection and transmittal procedures outlined in this User Guide.

MassQEX Quality and Equity Incentive Program Help Desk – the customer support contact information follows.

- **Helpdesk Email:** geiphelp@telligent.com All inquiries will initiate a help desk ticket.
- **Phone:** The toll-free number is (844) 546-1343. This line is answered by a live person who will request a description of inquiry and initiate a help desk ticket. A response is sent via email or a call is returned from the health equity team.
- **Business Hours:** 8:00 a.m. – 5:00 p.m. (Eastern Time). Business hours are Monday to Friday. Inquiries are addressed within one business day.

C. Email Updates (Listserves)

MassQEX HQEIP Listserv. MassQEX will share listserv updates to all registered MassQEX HQEIP authorized users and SFTP users (when content is applicable to audit documentation requests). List serves provide updates on portal system functionality enhancements, status of portal production timelines, posting of updated content in secure bulletins and other program related activities. Individuals not authorized as portal users may also register for the list serv by sending a request to the MassQEX QEIP Help Desk at: geiphelp@telligent.com

3. Data Collection Standards & Guidelines

A. General Submission Guidelines

Table 3.1 below displays the HQEIP measures that hospitals will submit via the MassQEX HQEIP portal. As previously stated, this manual only focuses on the measures that require data entry or file upload within the MassQEX HQEIP portal, which are highlighted below.

The specifications for each measure are included in the Technical Specifications for the MassHealth HQEIP, posted on: <https://www.mass.gov/info-details/masshealth-hospital-quality-and-equity-incentive-program-hqeip>

Table 3-1. Performance Year 3 (PY3) HQEIP Measures

Measure Name	Hospital Submission to MassQEX Portal Required	Performance Period
Health-Related Social Needs Screening	Yes	<u>Jan 1 – Dec 31, 2025</u>
Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English - Addressing Language Access Needs	Yes	<u>Jan 1 – Dec 31, 2025</u>
Disability Accommodation Needs	Yes	<u>Jan 1 – Dec 31, 2025</u>
Patient Experience: Communication, Courtesy, and Respect	Yes	<u>Jan 1 – Dec 31, 2025</u>

***Important Note:** For the Quality Performance Disparities Reduction measure, the MassHealth vendor will stratify data from chart-based and claims-based measures in the MassHealth Acute Hospital Clinical Quality Incentive (CQI) Program to calculate measure performance. For the HQEIP program, no additional data submission to MassHealth is required from hospitals for the Quality Performance Disparities Reduction measure for chart-based measures or claims-based measures. For a full list of measures included, please review the list located in the Technical Specifications for the MassHealth Hospital Quality and Equity Incentive Program.

This User Guide focuses on data that will be submitted to MassHealth from hospitals via the MassQEX HQEIP portal:

- 1) Patient Experience: Communication, Courtesy, and Respect
- 2) Supplemental File Measures

Information on data submission deadlines will be posted to the MassQEX HQEIP Portal viewable after secure login. Navigate to the User Bulletin and access “Submission Timelines.” Important timelines are also shared in the Technical Specifications for the MassHealth Hospital Quality and Equity Incentive Program.

Hospitals will use the Supplemental File Specifications for each measure to submit patient-level data to MassHealth via the MassQEX HQEIP portal. These files include:

1. HCAHPS Member Experience Files (12 files; one per each discharge month)
2. HRSN Supplemental File
3. Preferred Language Access Supplemental File
4. Disability Accommodation Needs Supplemental File

The MassHealth specific supplemental measures data files must be submitted using pipe delimited file format in accordance with standards and guidelines provided in the respective Supplemental File Specifications. MassHealth has published several file layouts in excel worksheets to assist hospitals in standardized formatting of files for all MassHealth quality measures data reporting. These Supplemental File layouts should be used in conjunction with Sections 3 and 4 of this User Guide. Adherence to supplemental file formats is important to decreasing variation in data collection and critical to meeting compliance with portal specifications. **Failure to comply with the technical requirements in this manual will result in data files not being accepted by the portal.**

Table 3-2. Patient Experience Submission Detail

File Submission Name	Applicable HQEIP Measure	Measure Steward	Submission Description	Submission Detail
Patient Experience Population Data-Entry	Patient Experience: Communication, Courtesy, and Respect	CMS, HCAHPS	- Total number of <u>adult (18+)</u> MassHealth acute inpatient discharges - Total number of MassHealth HCAHPS-eligible acute inpatient discharges - Total number of MassHealth HCAHPS-eligible members sampled to participate in the HCAHPS survey - Total numbers of MassHealth HCAHPS-eligible submitted surveys - Response rate	Hospitals enter responses via Data-Entry Tool in MassQEX HQEIP portal
Patient Experience Member-level responses		CMS, HCAHPS	XML file with Member-level responses uploaded via file submission	Hospitals submit patient-level XML files in MassQEX HQEIP Portal

Table 3-3. Supplemental File Measure Detail

Submission Name	Applicable HQEIP Measure	Measure Steward	Submission Description	Submission Detail
HRSN Supplemental File	Health-Related Social Needs Screening	MassHealth	- Pipe delimited file with <u>emergency department</u>, acute inpatient, and observation stay discharges, and - Detail on if a health-related social needs screen was performed, and health-related social needs identified	Hospitals submit patient-level supplemental file in MassQEX HQEIP Portal <u>File for each sub-measure must contain the full Eligible Population, as defined in the MassHealth Technical Specifications</u>
Preferred Language Access Supplemental File	Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English	MassHealth	- Pipe delimited file with <u>emergency department</u>, acute inpatient, and observation stay discharges and detail for patients with a preferred language other than English, and - Detail on if <u>a language service</u> (interpreter services or in-language) was offered to patient	Hospitals submit patient-level supplemental file in MassQEX HQEIP Portal <u>File for each sub-measure must contain the full Eligible Population (or a sample of 432), as defined in the MassHealth Technical Specifications</u>
Disability Accommodation Needs Supplemental File	Disability Accommodation Needs	MassHealth	- Pipe delimited file with inpatient discharges, observation stay discharges, <u>and ambulatory radiology encounters</u>, and - Detail on if patient was screened for accommodation needs related to a disability and the results of the screen were documented, and - Detail on if patient screened positive for accommodation needs related to a disability and member-requested accommodation(s) related to a disability were documented	Hospitals submit patient-level supplemental file in MassQEX HQEIP Portal <u>File for each sub-measure must contain the full Eligible Population, as defined in the MassHealth Technical Specifications</u>

Important Note about Submission Deadlines

MassHealth allows hospitals to add new data and submit, resubmit, change, and delete existing data up until the submission deadline. Data should be submitted well before the deadline to allow time to review for accuracy and make necessary corrections.

B. Data Accuracy and Completeness Requirements

Hospitals must meet data accuracy and completeness requirements for all quality measures submitted in the MassQEX HQEIP portal listed in Tables 3.2 and 3.3.

HCAHPS, HRSN, Preferred Language, and Disability Accommodation Needs Submissions. The criteria that apply to each reporting period are as follows:

Table 3-4. Measure Data Completeness Criteria

Measure	Data Component	Description
HCAHPS	XML Patient-Level Data	Upload electronic data files for Medicaid patients in the hospital HCAHPS survey population that conform to CMS HCAHPS XML File Specification format
HCAHPS	Web-Based Data-Entry Tool	Enter Summary of Survey Statistics for measure period using web-based data-entry tool and complete attestation
HRSN, Preferred Language, Disability Accommodation Needs	Supplemental Patient-Level File Data	Collect information from patient electronic health records and other administrative data that apply to eligible population for three supplemental file measures listed in Table 3.3
HRSN, Preferred Language, Disability Accommodation Needs	Audit Documentation	Submit requested documentation for audit purposes as requested by the MassHealth contractor
HCAHPS, HRSN, Preferred Language, Disability Accommodation Needs	Timeliness of Data	All data components previously listed must be received by the submission due dates.

- 1) **Data Accuracy** - is defined as data on all cases that must meet the specific inclusion criteria for eligible patients, which includes information collected and abstracted from the patient's medical record and other administrative data sources. Measure data elements that are not collected accurately will not be reliable for determining performance.
Please review the Technical Specifications published on Mass.gov website:
<https://www.mass.gov/masshealth-quality-and-equity-incentive-programs> for detail on how to identify the eligible population for inclusion in each measure.
- 2) **Data Completeness** - refers to how comprehensive the data is and whether it contains all required information to compute each measure, including complying with all technical data collection format and reporting requirements published in this User Guide. Completeness is assessed as follows:
 - a) **Incomplete Data** - is defined as data that is selectively collected for or left out of submitted data files. If the hospital submits accurate data but leaves out eligible cases in data files, and vice versa, then those data are not reliable. Incomplete data also raises concerns about reliability of information to compare hospital performance.
 - b) **Missing or Invalid Data** – missing refers to measure data elements that have no values present (or blank). Invalid data refers to values that fall outside the range of allowable values defined by the measure File Specifications. Reducing missing and invalid data is critical to minimizing the bias for measure results because this data cannot be included in the measure rate calculation, and therefore, may not accurately reflect the observed measure rate for the patient population.

- 3) **Measures Reporting Exception.** Hospitals may submit an exemption request with rationale for the exemption included via email to the MassHealth Health Equity inbox at: health.equity@mass.gov. MassHealth will review and grant exemptions on a case by case basis.

C. MassHealth Member ID

As part of the supplemental file submission process, hospitals are asked to provide the MassHealth Member ID within the file. The MassHealth Member ID, or MMIS number, is defined as “a unique 12-digit identifier assigned to each Medicaid member and Health Safety Net recipient. For Medicaid Members, the MMIS number is known as the Member’s State Medicaid ID.” The identifier is a 12-digit numeric value.

Some MassHealth managed care insurance plans may issue different MassHealth member ID numbers that use alphanumeric type and exceed the 12 digit numeric requirement. For the purposes of measures reporting, MassHealth will **only accept the 12-digit numeric MassHealth Member ID.**

Member ID numbers can be verified using the on-line Eligibility Verification System (EVS) at:

<https://www.mass.gov/how-to/eligibility-verification-for-providers>. EVS provides historical data on a member for any given point in time that can be reviewed by entering a particular date of service.

Hospitals can submit HIPAA 270 Eligibility Verification Inquiry transactions in batches and receive 271 responses through the Eligibility Verification System (EVS). Instruction on how to manage batch files is provided here: [Manage Batch File Upload](#).

4. Sampling Process for Preferred Language Access

A. Medicaid Population Sampling Specifications

Per the Technical Specifications for the MassHealth Hospital Quality and Equity Incentives Program (HQEIP), when submitting the supplemental file for the **Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English measure**, hospitals may choose to include a sample of eligible acute inpatient and/or observation stays and a sample of eligible Emergency Department discharges. Sampling is allowed only for the *Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English* measure.

B. Sampling Methods Overview

Sampling is the process of selecting cases from a broader patient population without collecting data for the entire population. A well-designed sample is based on a selection of cases that provide sufficient information for calculating measure rates. MassHealth has determined that the hospital sample size must be 411 cases plus an oversample of 5% (432 total cases). The oversample will be used only to replace cases in the sample if/when a case do(es) not meet denominator requirements (i.e. is excluded). Cases in the oversample are drawn until a denominator of 411 is reached.

Sampling Approach. Hospitals should use systematic random sampling methods to ensure their data is representative of the measure eligible population. Random sampling allows you to control the likelihood of specific cases being selected. Hospitals can achieve this by using the following approach:

- Select a sample size (n) from the population of size (N) by selecting every k th record from a population of size N so that a sample of 411 plus an oversample of 5% (432 total cases) is obtained, where $k \leq N/n$. The first sample record (i.e.: the starting point) must be randomly selected before taking every k th record. This requires the following steps:
 - Randomly select the starting point by choosing a number between one and k using a table of random numbers or a computer-generated random number; and then
 - Select every k th record until the selection of the sample size of 411 plus a 5% oversample (432 total cases) is completed.

Order of Data Flow. The order of data flow for selecting cases involves the following steps:

- a) Identify the Eligible Population of the measure (refer to measure specifications).
- b) Follow the systematic random sampling approach previously described.
- c) Pull the sample of 411 medical records for each measure plus a 5% oversample (432 total cases).

For Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English, hospitals may sample their population or may report their entire population or a sample of the cases that meet criteria for inclusion in the eligible population. As previously stated, sampling should not be used unless the hospital has a large number of cases. Hospitals whose eligible population size is less than the minimum number of cases (411) cannot sample.

C. Medicaid Sampling Requirements

1. **MassHealth Sampling Instruction.** For Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English - Hospitals must sample cases from all eligible MassHealth cases and provide requested data for all sampled cases.
2. **Dates of Service.** Hospitals must identify the Eligible Population using available databases that contain all discharges for the reporting period.

3. **Aggregate Medicaid Payer Sampling.** Please refer to the HQEIP Technical Specification Addendum for a list of included CHIA Medicaid payer codes that apply to the HQEIP. Only include patients with the Payer Source Codes in the measure population where MassHealth is the primary payer and the member is less than 65 years of age.
4. **Aggregate Medicaid Payer Sampling Steps.** The order of data flow must be modified when selecting cases for the aggregate Medicaid payer source groups as follows:
 - a. Step 1- Identify Eligible Populations based on measure specifications and dates of service.
 - b. Step 2- Identify and include cases with all the Medicaid payer inclusion codes (refer to Technical Specifications Addendum for list of Medicaid payer code inclusions).
 - c. Step 3- Select and apply the random sampling approach described in Section 4.B.
 - d. Step 4- Begin review of specified measure on cases selected.

5. Portal Guidelines

This section outlines the technical guidelines for measures that are entered via the MassQEX HQEIP Portal:

1. HCAHPS Member-level Data
2. HCAHPS Web-based data-entry measure
3. Supplemental File Measures Data

Hospitals must comply with instructions provided in this section.

MassHealth has designated MassQEX as the secure web portal for submitting all required electronic data files and information outlined in this section. This portal is the only approved method to securely exchange data files between hospitals and the MassHealth contractor (Telligen).

The MassQEX Portal address is: <https://massqex-portal.telligen.com/massqex/>. All aspects of the MassQEX HQEIP web portal, including set up and configuration of system requirements are managed by the MassHealth contractor.

A. Portal System Requirements

The web portal's data submission tool allows users to securely transmit data files to the web portal. The following technical portal system specifications are required to transmit data. Any deviation from the portal system requirements may result in data submissions not being processed.

1) **System Requirements:** The portal system requirements are as follows:

- Minimum of 1 GHz processor or better with a minimum of 125MB free disk space
- Windows 10 or higher
- 1 GB of RAM or higher
- High speed internet connection of 384 Kbps or higher
- MassQEX Portal supports the following Browsers:
 - Microsoft Edge v 90 or higher
 - Chrome v 88 or higher
 - Firefox v 90 or higher
- Browser security level of medium
- Browser Transport Layer Security (TLS) version 1.2
- Pop-ups allowed for URL <https://massqex-portal.telligen.com/massqex/>

The production environment is activated approximately 60 days before submission deadlines and then closed after each submission due date. Notices are sent via the MassQEX HQEIP list-serve to announce when the portal environment is open for data production before each submission deadline.

2) **Portal Environment Maintenance.** The portal environment is periodically programmed in between submission cycles, to prepare for and support the changes in the transmittal of revised technical specifications for MassHealth HQEIP measures.

Portal status updates are periodically posted on the MassQEX HQEIP portal homepage to notify users of scheduled maintenance periods.

B. Data-Entry Measures Data Collection

Hospitals will submit data-entry as part of the Patient Experience: Communication, Courtesy, and Respect measure deliverable. This section outlines the MassHealth data collection guidelines that apply to the Patient Experience: Communication, Courtesy, and Respect data-entry measure deliverable.

Acute hospitals must report on a select set of questions related to the Hospital Consumer Assessment Health Provider Systems (HCAHPS) Survey and the eligible population. Responses to the eligible population questions will be entered by the hospital in the MassQEX HQEIP portal web-based data-entry tool.

All data-entry questions relate to the MassHealth Medicaid population **only**.

All hospitals must respond to the data-entry submission, even if they have a valid exemption from MassHealth. Hospitals that are ineligible or exempt from the HCAHPS data submission will be prompted to select, “Not Eligible” on the data-entry form, which will complete the submission. No further data entry is needed.

i. Measure Name: Patient Experience: Communication, Courtesy, and Respect

Reporting Component A. HCAHPS Data-Entry: Hospital Population Data-Entry

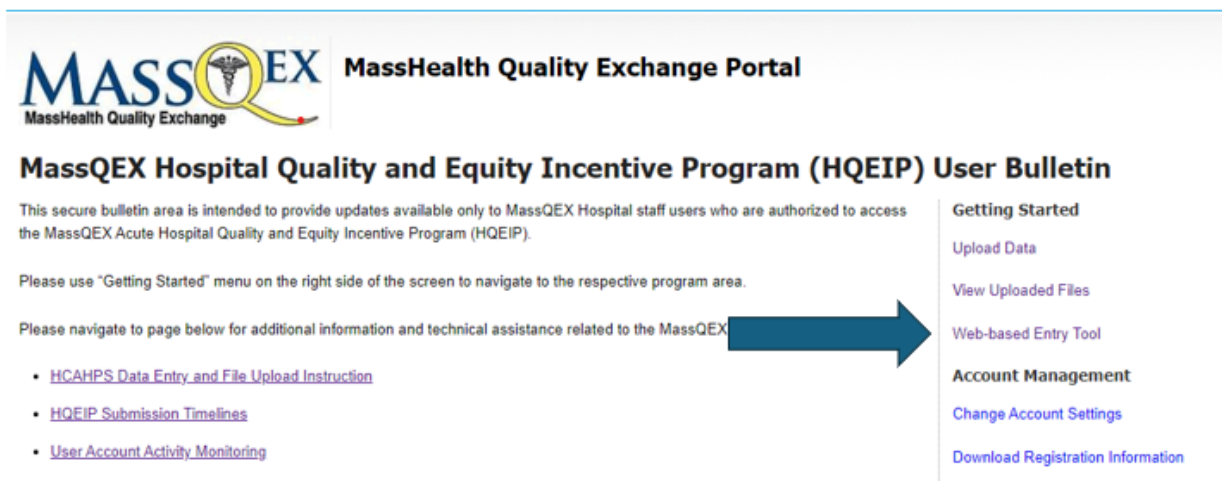
- *Total number of MassHealth acute inpatient discharges*
- *Total number of MassHealth HCAHPS-eligible acute inpatient discharges*
- *Total number of MassHealth HCAHPS-eligible members sampled to participate in the HCAHPS survey*
- *Total number of submitted HCAHPS surveys for MassHealth HCAHPS-eligible acute inpatient discharges*
- *Response rate of MassHealth HCAHPS-eligible members participating in the HCAHPS survey*

ii. MassQEX HQEIP Portal Data-Entry Guidance

- 1) **MassQEX Portal Users:** Only MassQEX HQEIP hospital staff users can access the web-based entry tool to submit data and complete the attestation form.
- 2) **Hospital Entry Preview:** The MassQEX HQEIP portal allows authorized users to store and print a draft of their item responses for review. Hospitals cannot change their responses after the MassQEX HQEIP portal deadline closes. Hospitals may print a copy of their responses after submission.
- 3) **Annual Submission Due Date:** Refer to Section 3 for submission deadlines.

Figure 5.1 demonstrates how to navigate to the data-entry tool. To navigate to the tool, hospitals will use the “Web-Based Entry Tool” link on the “Getting Started Menu” on the right side of the portal homepage. Figures 5.1 demonstrates how to access the tool.

Figure 5-1. Navigating to the Web-Based Entry Tools



MASSQEX MassHealth Quality Exchange Portal

MassQEX Hospital Quality and Equity Incentive Program (HQEIP) User Bulletin

This secure bulletin area is intended to provide updates available only to MassQEX Hospital staff users who are authorized to access the MassQEX Acute Hospital Quality and Equity Incentive Program (HQEIP).

Please use "Getting Started" menu on the right side of the screen to navigate to the respective program area.

Please navigate to page below for additional information and technical assistance related to the MassQEX

- [HCAHPS Data Entry and File Upload Instruction](#)
- [HQEIP Submission Timelines](#)
- [User Account Activity Monitoring](#)

Getting Started

- [Upload Data](#)
- [View Uploaded Files](#)
- [Web-based Entry Tool](#)

Account Management

- [Change Account Settings](#)
- [Download Registration Information](#)

Aggregate Measure Data-Entry Measure Accuracy and Completeness

Hospitals must attest that the data submitted for the HCAHPS data-entry measure is accurate and complete. There will be an attestation box following data-entry. Hospitals are required to enter a response to the attestation box to complete submission.

C. File Uploads

i. File Name: Member Experience

Hospitals upload Member-level Member Experience data as part of the Patient Experience: Communication, Courtesy, and Respect measure deliverable. This section outlines the data collection guidelines that apply to the Patient Experience: Communication, Courtesy, and Respect Member-level Survey Responses deliverable.

The following outlines the process for uploading HCAHPS MassHealth Member-level detail in the MassQEX HQEIP portal.

1. Uploading Supplemental File in Submission Tool"

- Navigate to "Upload Data" on the "Getting Started" menu.
- Use the drop-down menu next to "Filename" to select "Member Experience".
- Use the drop-down menu next to "Discharge Period and XML File Version" to navigate to the appropriate month discharge period for each monthly file.
- Upload Test Data by selecting, "Upload TEST Data."
- Once you have reviewed TEST data and made correction to any data errors, you may upload Measure Data for that measure by selecting, "Upload MEASURE Data."

- XML File Specifications:** Hospitals must submit data files using the CMS XML File Layout Specifications for the submission period **for MassHealth Members only**. The hospital is responsible for identifying their MassHealth population. There is one CMS XML file version that is applicable to the MY2025 period: **XML File Layout version 4.7: Effective with January 1, 2025 discharges**

3. XML File Upload Instruction:

- Hospitals are required to use the designated CMS XML File Layout Specifications applicable to the specific measure period. More information on Technical Specifications for the MassHealth Hospital Quality and Equity Incentives Program (HQEIP) can be found here: <https://hcahpsonline.org/en/technical-specifications/>

- B. **Note:** Each XML file should contain one month's worth of data. Hospitals should upload one file for each month.

Hospitals will submit twelve (12) total files for the measure year. For the HQEIP program, all twelve files will be uploaded during the same submission period.

Note: Hospitals with 5 or fewer eligible MassHealth HCAHPS patient discharges for the monthly period should submit a Header Record with the <monthlydata> tag. More information about format for submitting files with 5 or fewer discharges in a month can be found here: <https://hcahpsonline.org/en/technical-specifications/>

Note: Hospitals with zero eligible MassHealth HCAHPS patient discharges (zero cases) for the monthly period should submit a Header Record with the <monthlydata> tag. More information about format for submitting zero cases can be found here: <https://hcahpsonline.org/en/technical-specifications/>

4. **Test Data Files.** All users are required to successfully complete a test submission for each of the supplemental file measures before uploading final production data. The following is additional information about using this data submission tool to run test submissions.

- A. Test files will be processed in a near real time environment.
- B. The user will be able to access reports that show summary success or failure information as well as reports that provide detailed descriptions of errors detected in a test submission.
- C. All errors must be addressed before a measure may be submitted as final.
- D. There is no limit to the number of test files that can be submitted.
- E. Test files will not be permanently stored on MassHealth contractor servers.

5. **Production Data Files.** Hospitals are required to use the MassHealth Contractor provided upload software for the transmission of data to the web portal. The upload application provides:

- Single file data submission
- Filename
 - Name cannot exceed 45 characters
 - Filenames are limited to the following character ranges
 - a – z
 - A – Z
 - 0 – 9
 - Underscores will replace spaces in all filenames
 - Filenames containing illegal characters will not be uploaded or processed

Upon completion of data transmissions, users will be able to run reports that show the success or failure of processing.

For the supplemental files requiring pipe delimited text file format, please ensure file encoding is set to "UTF-8".

ii. File Names: Health Related Social Needs (HRSN), Language Access, and Accommodation Needs

Hospitals will submit Member-level detail via supplemental files one time per year for the following measures:

- Health-Related Social Needs Screening (HRSN)
- Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English
- Disability Accommodation Needs

The following outlines the process for uploading Supplemental Files in the MassQEX HQEIP portal.

1. Uploading Supplemental Files in the Submission Tool

- A. Navigate to "Upload Data" on the "Getting Started" menu.
- B. Use the drop-down menu next to "Filename" to select the appropriate file you are submitting.
- C. Upload Test Data by selecting, "Upload TEST Data."
- D. Once you have reviewed TEST data results and made correction to any data errors, you may upload Measure Data for that measure by selecting, "Upload MEASURE Data."

2. **Supplemental File Specifications:** Hospitals must submit data files using the MassHealth supplemental file layouts published on the Mass.gov website: [MassHealth Hospital Quality and Equity Incentive Program \(HQEIP\) | Mass.gov](#).

The hospital is responsible for ensuring adherence to the supplemental file layout for the applicable measure.

3. **Test Data Files.** All users are required to successfully complete a test submission for each of the supplemental file measures before uploading final production data. The following is additional information about using this data submission tool to run test submissions.

- A. Test files will be processed in a near real time environment.
- B. The user will be able to access reports that show summary success or failure information as well as reports that provide detailed descriptions of errors detected in a test submission.
- C. All errors must be addressed before a measure may be submitted as final.
- D. There is no limit to the number of test files that can be submitted.
- E. Test files will not be permanently stored on MassHealth contractor servers.

4. **Production Data Files.** Hospitals are required to use the MassHealth contractor provided upload software for the transmission of data to the web portal. Files must use the following formatting:

- Single file data submission
- Filename
 - Name cannot exceed 45 characters
 - Filenames are limited to the following character ranges
 - a – z
 - A – Z
 - 0 – 9
 - Underscores will replace spaces in all filenames
 - Filenames containing illegal characters will not be uploaded or processed

Upon completion of data transmissions, users will be able to run reports that show the success or failure of processing.

D. Input Files Reports

The web portal is equipped with a self-serve feature that provides users with summary information on data files uploaded to the MassQEX data warehouse. Online self-serve reports are generated for processing of test and production level data that can be viewed and printed in a PDF format.

The MassQEX HQEIP portal generates reports that provide feedback on content of files uploaded into the portal environment in the "Input Files Report." The Input Files Report is available for each file submitted to MassQEX HQEIP portal. This includes the HCAHPS Member-level Files and the three Supplemental File Measures.

1. **Input Files Report.** This report provides detailed information on specifications met for all test and production level data files submitted via the web portal to the MassQEX clinical data warehouse. These reports are available to the hospital for previously submitted data files and for both test and production submissions.

- a. To view the 'Input Files Report' the hospital user will click on the "View Uploaded Files" link from the MassQEX HQEIP portal home page. Clicking on this link will bring up the View Uploaded Files web page, which shows submissions to the MassQEX clinical data warehouse, including whether the data transmittal was a test or production data submission. Clicking on one of these submissions will bring up a list of the files uploaded for that submission. From the "Input Files" screen, the user can click the "Print Report" link to generate the 'Input Files Report' for that submission.
- b. The 'Input Files Report' is available for all submissions, regardless of whether they are test or production submissions. Submitters of test data will find the reports useful because they will indicate where the submitted data is either incomplete or incorrect and will thus enable the user to correct their data files before submitting them as "production" data to the MassQEX clinical data warehouse.

The MassQEX 'Input Files Report' contains the following information:

- File Name – the name of the XML file that was submitted
- Provider – the name of the submitting provider
- Datatype – measure name
- Measure Status – test or measure
- Population – Medicaid population
- Uploaded– the date that the file was submitted
- Upload Status – indicates if the file processing ended with an error or an OK status.
- Errors – Error message(s) (if applicable)

In addition to this information, error messages resulting from data file submission will be displayed in an error report when the data files contain either incorrect or incomplete field values.

- i. *Error Message* - An error message identifies a problem with the file which needs to be corrected before resubmission by the hospital.
- ii. *OK Message* - If message has OK status, then the data file was processed with no errors as previously described.

Hospitals are responsible for reviewing all details on the "Input Files Report" to ensure specifications and data completeness are met as part of the submission cycle process.

6. HQEIP Data Audit Methodology

A. Supplemental File Data Audit Process

All organizations participating in HQEIP are subject to data audit for reported supplemental file measures as part of the MassHealth HQEIP. The MassHealth contractor will perform all aspects of the audit process for supplemental file measure data reported. All supplemental file measures are subject to the audit methods described in this section.

1) Overview of Supplemental File Data Audit Process

- a) **Purpose:** Annually, MassHealth will perform data audit on the supplemental file measures to ensure the accuracy and reliability of data used for performance. The MassHealth contractor will identify a sample of cases from reported case-level data files submitted via the secure web portal for audit. The hospital's original submission will be compared to the medical record documentation submitted. Hospitals may pass one measure and fail another measure; compliance is calculated at the measure/sub-measure (i.e., by setting/discharge type) level. Hospitals will fail a measure/sub-measure if they meet less than 80% compliance on cases for that measure/sub-measure. Hospitals who fail the first round of audit will be eligible for reaudit for that measure/sub-measure. A separate sample of 12 cases that meet eligibility will be drawn

and abstracted. If a hospital is eligible for reaudit, then the results from the second audit (reaudit) will be considered final.

b) Audit Step-by-Step Process:

1. Hospitals submit supplemental files to the secure web portal with case-level detail by 5pm EST on June 30 of year following the measurement period.
2. MassHealth vendor randomly selects a sample of 12 cases per measure that meet criteria for case selection outlined in Table 1 (if less than 12 cases meet criteria, all eligible cases are included in audit sample).
3. Case Lists are posted as PDF reports within the secure web portal with the cases selected for audit. Each measure has its own Case List. The MassHealth vendor will send a notification via list serv (via QEIPListserv) on the day Case Lists are ready for each measure. Case Lists include basic demographic information on the selected cases. Note that there will be separate case lists per setting (e.g., ED and inpatient/observation stays).
4. Hospitals have three (3) weeks from the date of the Case List posting to submit requested documentation via secure file transfer within the portal. For reaudit, if audit is failed in the first round, *hospitals have two (2) weeks from the date of the Case List posting to submit documentation.*
5. The MassHealth vendor audits the documentation against the submitted data to confirm that the hospital's original submission matches what is in the medical record. If the documentation matches the submitted data, then the case will "Pass."
6. If the hospital does not "Pass" at least 80% of cases selected, then the measure will be eligible for reaudit. **This will repeat Steps 2-5 for the specific measure(s).** For any hospital that is subject to reaudit for a measure, the score from the reaudit of the measure will be considered final for that measure. Hospitals are only eligible for one reaudit per measure.
7. Hospitals will receive a final score for audit by measure in a formal Year-End Audit Report.

- c) Case Sampling:** Table 1 shows the process for case selection by measure. A total of 12 cases per measure are randomly selected for audit. The audit occurs once annually following submission of the supplemental file data.

Table 1. Case Selection Criteria by Measure

Measure Name	Number of Cases*	Criteria for Case Selection	Criteria from File Submission
HRSN – Inpatient or Observation Stay	12	- Screened or opted out of screening for HRSN (i.e. in numerator for Rate 1) - Cases that came into numerator through a claim (billed HRSN code) will not be included in the sample population	- FI_SCREEN = Y or O, <u>OR</u> - UI_SCREEN = Y or O, <u>OR</u> - HI_SCREEN = Y or O, <u>OR</u> - TN_SCREEN = Y or O - Did not use screen codes in file
HRSN – Emergency Department	12		
Language Access - Inpatient or Observation Stay	12	Had a language service (in numerator)	LANG_SERV = Y
Language Access - Emergency Department	12		
Accommodation Needs - Inpatient or Observation Stay	12	Had an accommodation needs screen performed <u>AND</u> screened positive <u>AND</u> accommodation needs request documented (in	- SCREEN = Y <u>AND</u> - REQUEST_DOCUMENTED = Y
Accommodation Needs – Ambulatory Radiology	12		

		numerator for Rate 1 and Rate 2)*	
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* Accommodation Needs: cases will be selected that meet both Rate 1 and Rate 2 selection criteria. If a hospital has less than 12 cases meeting these criteria, then cases meeting Rate 1 (i.e., had an accommodation needs screen performed) will be selected until the sample size of 12 has been met.

Example 1: The hospital has 3 eligible cases for HRSN – Inpatient or Observation Stay and 200 eligible cases for HRSN – Emergency Department. The audit sample will include all 3 eligible cases from HRSN - Inpatient or Observation Stay and a random selection of 12 cases from HRSN – Emergency Department .

Example 2: The hospital has 0 eligible cases for Language Access - Emergency Department and 200 eligible cases for Language Access - Inpatient or Observation Stay. The audit sample will include a random selection of 12 cases from Language Access - Inpatient or Observation Stay.

Example 3: The hospital has 200 eligible cases for Accommodation Needs - Inpatient or Observation Stay and 200 eligible cases for Accommodation Needs – Ambulatory Radiology. The audit sample will include a random selection of 12 cases from Accommodation Needs - Inpatient or Observation Stay and a random selection of 12 cases from Accommodation Needs – Ambulatory Radiology

- d) **Case List Request:** The MassHealth contractor will post the applicable year case list requests for the supplemental file measures in the secure portal for hospital users to download. Hospital Health Equity Key Contacts and the QEIP staff users are responsible for communicating and coordinating this chart data submission requirement to staff. Below outlines how to navigate to the Case List:
 1. Log into HQEIP portal:
 2. Navigate to “Reports” on the Getting Started menu
 3. Select Report Name: “Validation Case Lists”
 4. Choose Performance Year
 5. Download case list for each measure. Report will be in a PDF format.
- e) **QEIP Notice:** The MassHealth contractor will notify hospitals, via the QEIP list-serve, when the hospital cases selected for audit have been posted.
- f) **Submission Window:** Each hospital’s case list request document includes the submission deadline by which the MassHealth contractor must receive all records. The MassHealth contractor will contact hospitals, by email or telephone, if any requested records have not been received within four (4) calendar days before the submission deadline. Records may not be submitted or altered after the submission deadline has passed.
- g) **Submission Instructions:** All requested documentation must be submitted via the HQEIP Secure File Transfer Portal (SFTP) at <https://massqex-transfer.telligen.com/>. Only authorized HQEIP SFTP users may access the SFTP site to upload documentation. Please ensure submissions are within folder titled, “QEIP – Hospital Name.”
- h) **File Request.** The MassHealth contractor will identify an annual sample of twelve (12) cases per discharge type from each of the Supplemental File Measures submitted via the HQEIP portal for audit.
- i) **Calculating Overall Audit Results.** The overall audit results are computed as follows:
 1. Agreement Rate: The overall rate is the proportion of cases in agreement with MassHealth standard for each measure. Note: audit results will be computed at the measure/sub-measure level (i.e., setting/ discharge type).

B. Secure Audit Documentation Upload Process

The MassHealth Contractor manages a secure file transfer method for hospitals to submit copies of medical record data related to the QEIP audit. Hospitals must submit copies of requested documentation using the secure file transfer portal (SFTP) methods and instructions described as follows.

1. Preparing Records for Upload. The HQEIP portal will accept imaged medical record files in Adobe PDF format only. Instructions on how to prepare records for secure file transfer follows:

- Each member record must be a separate PDF file.
- Each file requires a unique file name that is labeled with the unique Case Identifier included in the Case List. Enter the Unique Case Identifier and the Patients Date of Birth (DOB) provided on the Case List.
- If photocopying records, copy them single sided, full size pages on white paper only.
- Do not highlight, tab, or otherwise mark any information in the medical record.
- Do not copy double sided pages or use color paper.
- Do not apply a password and do not encrypt the PDF file itself.
- Organizations are encouraged to submit a memo in addition to their medical record documentation that outlines a crosswalk or definitions for the fields in their Electronic Medical Record (EMR).

2. SFTP User Compliance

- All record files will be date/time stamped upon submission through SFTP system. Record files received after the 5:00pm ET deadline date will be removed from review and kept in portal secure directory storage.
- Any records received that were not requested will not be processed for review. Hospitals should minimize errors in transmittal of sensitive member information whenever possible.
- Record files that are not in the required PDF format will not be processed for review.

C. Audit Guidance by Measure

This section provides audit guidance by measure to support organizations in submitting their audit documentation. For a list of definitions of each of the fields included in the QEIP Supplemental File Measure audit, please refer to the Technical Specifications posted on the Mass.gov website: <https://www.mass.gov/masshealth-quality-and-equity-incentive-programs>

1) Measure: HRSN

Goal: To assess two rates:

- **Rate 1:** Members were screened for HRSN. The screening tool must contain at least 1 question related to all four domains: *Housing Instability, Food Insecurity, Transportation Needs, Utility Difficulties*. To pass for this rate, the member can either:
 - Answer (at least 1) ≥ 1 of the screening questions; *not all questions have to be answered to meet measure.*
 - Be offered an HRSN screening and opt out
- **Rate 2:** Member's screen results (positive, negative, or not applicable) for any of the four domains. If the member opted out of screening in Rate 1, then documentation of a positive or negative result is not required for Rate 2. **Please note: Rate 2 audit is informational only.**

Notes:

- **The tool MUST include a question(s) for all four of the HRSN domains (even if the patient does not answer all 4 questions)**
- Examples of screening tools are found within technical specifications.

Notes for Exclusion from Audit:

- Cases will not be selected for audit if numerator compliance is met by ICD code only.

Examples of documentation:

- Screenshots of survey, screening tool, questionnaire, or evaluation tool
- Screenshots of nurse, physician, or social work notes

2) **Measure:** Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English

Goal: Review documentation to determine if members with a non-English preferred spoken language had a language service during the stay (can be either interpreter service or an in-language service)

Notes:

- Language services are defined in the technical specifications.

Examples of documentation:

- Screenshots of nurse, physician, or social work notes
- Header information included in visit summary or visit notes

3) **Measure:** Disability Accommodation Needs

Goal: Review documentation to confirm the following:

1. **Rate 1:** All cases [with a disability] have been screened for an accommodation need, and the screen is documented in the record or was offered a screen and opted out
2. **Rate 2:** For all cases who screened positive and requested an accommodation need, the accommodation need is documented

Notes:

- An accommodation needs screen is defined in the technical specifications.
- The organization must have documentation for the applicable rate(s) (e.g., depending on the case, either both Rate 1 and Rate 2 or only Rate 1) to pass for each case.
- For Rate 1, the member may actively validate that ongoing accommodation need(s) as documented in the medical record continue to be sufficient instead of having a screening.
- Documenting only a disability screening (e.g., 6 HHS disability questions, Activities of Daily Living (ADL) Questionnaire) does not meet criteria for accommodation needs screening.
- Stating "Accommodation Needs: Other" is not specific enough to count as documentation of an accommodation request for Rate 2.
- Simply documenting an accommodation request (i.e., "Accommodation?: Wheelchair") will not count for Rate 1. This will count as documentation of an accommodation documented, but does not count as a screening for accommodation needs.

Examples of Documentation from Audit:

- Screenshot of a screening tool, questionnaire, or evaluation
- Screenshots of nurse, physician, or social work notes

- May be specific (e.g., member requests American Sign Language Interpreter) or categorical (e.g., member requests communication accommodations) at the discretion of the provider organization).

D. Requesting Re-evaluation of Quality and Equity Incentive Program Audit Results

Hospitals can have their original audit results for each individual measure considered for re-evaluation under the following conditions:

1. **Basis for Re-evaluation:** Only hospitals that have not met an overall agreement rate of $\geq 80\%$ for a particular measure may request a re-evaluation of their results for that measure. Request for a re-evaluation is applicable to only measures in Pay-for-Performance (P4P). Hospitals can request a re-evaluation of audit results for any measure where the overall score falls below 80%. Please note, hospitals that had a reaudit of original results may only request re-evaluation of the final (reaudit) results.

The re-evaluation process for any measure will be based on copies of medical records that were originally submitted for that measure. Hospitals are not allowed to submit any new or additional documentation as part of the re-evaluation process. Hospitals that failed to submit copies of the medical record documentation requested by the MassHealth Contractor are not eligible to submit a request for re-evaluation.

2. **Timelines for Re-evaluation:** The hospital has 10 business days from the date of notification on their original overall audit results to submit a written request for re-evaluation. The re-evaluation process will be completed and results will be sent to the hospital within 10 business days from receipt or request.
3. **Submission Format:** MassHealth maintains an **Audit Re-evaluation Request Form** on the MassHealth HQEIP website. The hospital must submit a request using the Quality and Equity Incentive Program Data Validation Re-evaluation Request Form that lists the specific measure name, cases for review, and basis for re-evaluation. The form is posted under the CQMV Portal Reporting System section on the Mass.Gov website at: [MassHealth Hospital Quality and Equity Incentive Program \(HQEIP\) | Mass.gov](#).

Completed forms can be submitted to Quality and Equity Incentive Program Help Desk at geiphelp@telligen.com.

4. **Final Re-Evaluation Results:** The hospital will receive a written response indicating whether any of the audit results have been adjusted and whether the overall agreement rate for the measure remains below the required threshold ($\geq 80\%$). The response will give detail on case mismatches that remain and comments to improve data reliability as appropriate.