Performance Year 2 (PY2)

Community Behavioral Health Center (CBHC) Quality and Equity Incentive Program (CBHC QEIP) Portal User Guide

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1. About this User Guide

This Community Behavioral Health Center (CBHC) Quality and Equity Incentive Program (QEIP) Portal User Guide may be used as a resource to understand the technical requirements of the MassHealth QEIP for CBHCs.

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 organizations participating in CBHC QEIP. This guide is not meant to cover measure specifications. For detailed information on CBHC QEIP implementation, measure specifications, and reporting deadlines, please refer to the Technical Specifications published on Mass.gov website: MassHealth Community Behavioral Health Center (CBHC) Incentive Program

This guide is applicable only to organizations submitting Medicaid member data to the CBHC QEIP portal. Organizations with special exceptions and exemptions should contact MassHealth for additional information at: Health.Equity@mass.gov

Please reach out to us if you have any questions about the CBHC QEIP Portal or require technical assistance:

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

Additional Resources:

1. **MassHealth Implementation Plans and Technical Specifications**: All organizations must use the versions of the forms posted on the Mass.Gov website: MassHealth Community Behavioral Health Center (CBHC) Incentive Program

2. **CBHC QEIP Portal Homepage:** Telligen is the MassHealth contractor who manages the secure portal that collects and analyzes all CBHC QEIP measures data on MassHealth's behalf. The portal homepage is located on: https://cqmv.telligen.com/rdc/. See Section 2 of this User Guide for details.

3. **CBHC QEIP Portal Registration:** All online entry portal user registration forms are located on the CBHC QEIP portal homepage at: https://cqmv.telligen.com/rdc/

4. **CBHC QEIP Program Contact**

   MassHealth Office of Health Equity
   100 Hancock Street 6th floor Quincy, MA, 02171
   Email: Health.Equity@mass.gov

2. CBHC QEIP Portal Overview

A. CBHC QEIP Portal Registration

Before an organization can submit data files for the CBHC QEIP quality measures or submit requested documentation needed for audit, a representative from the organization must register and maintain an active portal account in the CBHC QEIP portal.

1) **Opening an Account.** All organizations must set up user accounts to access the secure web portal using the on-line registration form. Each organization must identify individual users that will be authorized to submit and conduct all data transactions on the organization's behalf. The users can be individuals from the organization's staff.

2) **Account Limits.** MassHealth sets a maximum limit of user accounts that the organization can identify as the registered user.

   - The organization can identify a maximum of five (5) accounts for CBHC QEIP organization Administrator and Staff users. The organization may have a maximum of two (2) accounts for CBHC QEIP Administrators and up to five (5) accounts across user roles.

   - If an individual needs to access CBHC QEIP for more than one organization, they will need to register for each organization separately. They will use a unique username and password for each unique organization they intend to access.

   - Newly identified users must complete user registration requirements described in this section to gain access to the secure web portal.

3) **User Roles.** When completing the registration, the individual will be prompted to register for a specific role they intend to use in the program. The roles specific to the CBHC QEIP program are defined as:
   - **CBHC QEIP Staff User:** This is a staff user of the organization who will participate in file upload, data review, etc.
   - **CBHC QEIP Administrator:** This is an organization lead designated by the organization as one of the CBHC Health Equity Key contacts. This role has unique permissions to activate CBHC QEIP Staff User accounts and other CBHC QEIP Administrator accounts for their organization. These individuals have the same access to file upload, data review, etc. as Staff Users.

4) **Completing User Registration Form.** Each organization will register one to two CBHC QEIP Administrators to manage Staff User accounts. These users must be the CBHC Health Equity Key Contacts. CBHC QEIP Administration access will be reviewed and processed by the MassHealth contractor and CBHC QEIP Staff User access will be reviewed and processed by each individual organization. One of the organization's designated CBHC QEIP Administrators must authorize the individual designated to be the registered user for that organization site. The form can be completed by following the steps below:

   1) Navigate to the CBHC QEIP portal here: cqmv.telligen.com
   2) Select "Register for Account"
   3) When prompted to select "Program", use the drop-down menu to select, "QEIP ACO/MCO/MBHV/CBHC"
   4) Enter First and Last Name

5) Begin typing name of Organization. A list of Organization Names will be available to select from. You may also use the drop-down menu to view and select the applicable Organization Name.
6) Use drop-down menu to select appropriate User Role
7) Enter email
8) Submit registration
9) Once approved, users will then receive an email from Okta to set up Multi-Factor Authentication (MFA), a security requirement through MassQEX Contractor

Once information is entered, the user information will be saved in "Pending" status. **The Organization CBHC QEIP Administrator(s) will need to enter the portal to activate "Pending" users.**

Note for existing QEIP Portal Users: Registration for the QEIP program is required. Users who already have access to the QEIP Portal for a different program will need to request specific access to the QEIP portal. This will generate a new username and password that is specific to the QEIP program.

For technical assistance or questions regarding registration please contact the CBHC QEIP Help Desk at: *QEIPhelp@telligen.com*.

5) **Account Activation and Deactivation Guidance for the CBHC QEIP Administrator.** The CBHC QEIP Administrator(s) are responsible for activating and/or deactivating User Accounts for their organization.

To activate an account:

1. Navigate to the Left Side Navigation and select the three horizontal lines (also called Hamburger) in the left-hand corner.
2. Navigate to "Contacts" on the Left Side Navigation menu.
3. Review contacts for your organization where User Account Status = "Pending."
4. Review that the prospective user's information is correct.
5. Select "Activate Account" to activate account.
6. This will generate two emails shared to the prospective user's email: One with their username and one with their temporary password. The user will be prompted to update their password at login.

To deactivate an account:

1. Navigate to the Left Side Navigation and select the three horizontal lines (also called Hamburger) in the left-hand corner.
2. Navigate to "Contacts" on the Left Side Navigation menu.
3. Review contacts for your organization where User Account Status = "Active."
4. Select the red "trash" symbol.
5. Enter reason for deactivation (optional). Select "Confirm" to deactivate.

6) **Forgot Password**. The portal provides instructions for setting up a password and is equipped with a "Forgot Password" option that will have the following functionality:

- After selecting "Forgot Password" on the log in screen, the user will be prompted to enter their username and email and select "Reset Password." The user will receive two emails from CBHC QEIP Support. The first email will include their username and the second email will include a temporary password.

- Upon logging into the system, the user will be directed to Change Password and create a new password.

7) **Locked Accounts.** Organizations 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) **Locked Accounts-** defined as a user account that has not been logged into by the organization registered user in over 90 days or has failed log in four times. A CBHC QEIP Administrator can unlock a locked account within the portal.

To unlock a locked account and reset a forgotten password:

1. Navigate to the Left Side Navigation and select the three horizontal lines (also called Hamburger) in the left-hand corner.
2. Navigate to "Contacts" on the Left Side Navigation menu.
3. Identify the individual who is locked out of the account. Select the green "plus sign" symbol. Select "Activate."
4. This will reactivate the user's account and send a temporary password to that user.
5. The user will be prompted to select a new password after log in.

Note: If a CBHC QEIP Administrator is locked out, a second CBHC QEIP Administrator may unlock their account. If further assistance is required, the MassHealth contractor will unlock the account. Please send an email to the Help Desk requesting assistance: qeiphelp@telligen.com

b) **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 organization 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 MassHealth Contractor is available to work with organization staff to assist in the implementation of technical data collection and transmittal procedures outlined in this User Guide.

CBHC QEIP Help Desk – the customer support contact information follows.

- **Help Desk Email:** QEIPhelp@telligen.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 (List Servs)

CBHC QEIP List-Serv. The portal will share list serv updates to all registered CBHC QEIP portal authorized users. List servs provide updates on portal system functionality enhancements, status of portal production timelines, and other program related activities. Individuals not authorized as

portal users may also register for the list serv by sending a request to the CBHC QEIP Help Desk at: QEIPhelp@telligen.com

3. Data Collection Standards & Guidelines

A. General Submission Guidelines

Table 3.1 below displays the CBHC QEIP measures that organizations will submit via the CBHC QEIP portal. As previously stated, this manual only focuses on the measures that require file upload within the CBHC QEIP portal, which are highlighted below.

The specifications for each measure are included in the Technical Specifications for the MassHealth CBHC QEIP, posted on: MassHealth Community Behavioral Health Center (CBHC) Incentive Program

Table 3-1. Performance Year 2 (PY2) CBHC QEIP Measures

Measure Name	Submission to CBHC QEIP Portal Required	Performance Period
Health-Related Social Needs Screening	Yes	July 1 – Dec 31, 2025
Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English - Addressing Language Access Needs	Yes	July 1 – Dec 31, 2025
Disability Accommodation Needs	Yes	July 1 – Dec 31, 2025

Important timelines are also shared in the Technical Specifications located on Mass.gov website.

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 organizations in standardized formatting of electronic 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. Supplemental File Measure Detail

Submission Name	Applicable CBHC QEIP Measure	Measure Steward	Submission Description	Submission Detail
HRSN Supplemental File	Health-Related Social Needs Screening	MassHealth	• Pipe delimited file with eligible population, and • Detail on if a health-related social needs screen was performed, and health-related social needs identified	Organizations submit member-level supplemental file in CBHC QEIP Portal. *File must contain the full Eligible Population, as defined in the MassHealth CBHC Technical Specifications*
Language Access Supplemental File	Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English	MassHealth	• Pipe delimited file with eligible population with preferred language other than English, and • Detail on if a language assistance service was provided or was offered to member	Organizations submit member-level supplemental file in CBHC QEIP Portal *File must contain the full Eligible Population (or a sample of 432), as defined in the MassHealth CBHC Technical Specifications*
Disability Accommodation Needs Supplemental File	Disability Accommodation Needs	MassHealth	• Pipe delimited file with eligible population • 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	Organizations submit patient-level supplemental file in CBHC QEIP Portal *File must contain all eligible visits, as defined in the MassHealth CBHC Technical Specifications.* ***MassHealth will identify Members with a disability.***

Important Note about Submission Deadlines

MassHealth allows organizations 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

Organizations must meet data accuracy and completeness requirements for all quality measures submitted in the portal listed in Table 3.2.

File Submission. The criteria that apply to each reporting period are as follows:

Table 3-3. Measure Data Completeness Criteria

Measure	Data Component	Description
HRSN, Language Access, Disability Accommodation Needs	Supplemental Member-Level File Data	Collect information from member electronic health records and other administrative data that apply to eligible population for supplemental file measures listed in Table 3.2.
HRSN, Language Access, Disability Accommodation Needs	Audit Documentation	Submit requested documentation for audit purposes for numerator event as requested by the MassHealth contractor.
HRSN, Language Access, 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 members**, which includes information collected and abstracted from the member'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 organization 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 organization 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 member population.

4. Sampling Process for Preferred Language Access

A. Population Sampling Specifications

Per the Technical Specifications, organizations may provide a supplemental file on a sample of eligible members for the **Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English** measure. Sampling is only allowed for *Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English* measure.

Please note, sampling should be done on the Eligible Population as described in the Technical Specifications posted on Mass.gov website for the CQEIP: MassHealth Community Behavioral Health Center (CBHC) Incentive Program

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 organization 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 or cases 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. Organizations 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. Organizations can achieve this by using the following approach:

- Select a sample size (*n*) from the population of size (*N*) by selecting every *kth* 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 ≤ N/n. The first sample record (i.e.: the starting point) must be randomly selected before taking every kth 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 kth 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, organizations 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 organization has a large number of cases. Organizations 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* - Organizations must sample cases from all eligible MassHealth cases and provide requested data for all sampled cases.

2. **Dates of Service.** Organizations must identify the Eligible Population using available databases that contain all eligible members enrolled in the organization during the reporting period.

3. **Enrollment Requirement**. Please refer to the Technical Specifications for the applicable MassHealth CBHC QEIP for details on enrollment requirements for the eligible population.

5. Portal Guidelines

This section outlines the technical guidelines for measures that are entered via the CBHC QEIP Portal. Organizations must comply with instructions provided in this section.

MassHealth has designated the CBHC QEIP portal 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 organizations and the MassHealth contractor.

The CBHC QEIP Portal address is: https://cqmv.telligen.com/rdc/. All aspects of the CBHC QEIP 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
   - CBHC QEIP 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

   The production environment is activated approximately 60 days before submission deadlines and then closed after each submission due date. Notices are sent via the CBHC QEIP list-serv 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 CBHC QEIP measures.

B. File Uploads

Organizations 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 CBHC QEIP portal.

1. **Uploading Supplemental File in Submission Tool**

    A. Navigate to the "Supplemental File Upload" page using one of the following options:
        - Select the “Supplemental Files” card on the portal homepage
        - Navigate to the Left Side Navigation and select the three horizontal lines (also called Hamburger) in the left-hand corner and select “Supplemental Files.”
    B. Use the drop-down menu next to “Organization” to select the reporting organization.
    C. Use the drop-down menu next to “Measure” to select the appropriate supplemental file measure being uploaded.
    D. Use the drop-down menu next to “Upload Type” to indicate if the file is a “Test” or “Production” file.
    E. Choose the appropriate file for upload.
    F. Click on “Upload File” to upload the file to the portal.
    G. Once you have reviewed TEST data and corrected any data errors, you may upload Measure Data for that measure.

2. **Supplemental File Specifications**: Organizations must submit data files using the MassHealth supplemental file layouts published on the Mass.gov website: https://www.mass.gov/info-details/masshealth-community-behavioral-health-center-cbhc-incentive-program

    The organization 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.

4. **Production Data Files.** Organizations 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:

    - Pipe delimited text file
    - Set file encoding to “UTF-8”
    - 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.

C. Input Files Report

The portal is equipped with a reporting feature that provides users with summary information on data files uploaded to the CBHC QEIP data warehouse.

After upload, the organization is able to view their uploaded files and the status of each file at the bottom of the File Upload Page.

The Input Files Report is available for each file submitted to the portal.

1. **Input Files Report**. After a file is uploaded to the CBHC QEIP portal, any user in that organization may review detailed information on specifications met. This information is available to all users in the organization for previously submitted data files and for both test and production submissions.

    a. The 'Input Files Report' is available for all submissions, regardless of whether they are test or production submissions. Use the following instructions to access the Input Files Report:
        1. Following file submission within the "Supplemental File" card, navigate to the bottom of the screen to review the report.
        2. To print a copy of the report to review with others in your organization, select "Excel" button to generate a file with the Input summary.
    b. 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 CBHC QEIP clinical data warehouse.

The CBHC QEIP 'Input Files Report' contains the following information:

- Measure – Name of measure
- File Name – the name of the pipe delimited file that was submitted
- Organization – the name of the submitting organization
- Measure Status – test or measure
- Date – the date that the file was submitted
- Status – indicates if the file processing ended with an error or an OK status.
- Error Message – Error message (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 organization.

ii. *OK Message* - If message has OK status, then the data file was processed with no errors as previously described.

Organizations 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. CBHC QEIP Data Audit Methodology

A. Supplemental File Data Audit Process

All organizations participating in QEIP are required to participate in audit for reported supplemental file measures as part of the MassHealth CBHC QEIP. 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) **Purpose:** Annually, MassHealth will perform data audit on the supplemental file measures to ensure the accuracy and reliability of data used for performance.
2) **Audit Step-by-Step Process:**
    1. Organizations 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.
    4. Organizations have three (3) weeks from the date of the Case List posting to submit requested documentation via secure file transfer within the portal. For re-audit, if audit is failed in the first round*, organizations 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 organization'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 organization 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 organization that is subject to reaudit for a measure, the score from the reaudit of the measure will be considered final for that measure. Organizations may only have one reaudit per measure.
    7. Organizations will receive a final score for audit in a formal Year-End Audit Report.

3) **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	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, ***OR*** • UI_SCREEN = Y or O, ***OR*** • HI_SCREEN = Y or O, ***OR*** • TN_SCREEN = Y or O • Did not use screen codes in file

Language Access	12	• Had a language assistance service (in numerator)	• LANG_SERV = Y
Accommodation Needs	12	• Had an accommodation needs screen performed ***AND*** screened positive ***AND*** accommodation needs request documented (in numerator for Rate 1 **and** Rate 2)*	• SCREEN = Y ***AND*** • REQUEST_DOCUMENTED = Y

*****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 will be selected until the sample size of 12 has been met.

Example 1: The organization has 200 eligible cases for the Accommodation Needs measure audit because they were in the numerator for both rate 1 and rate 2. The audit sample will include a random selection of 12 cases from these cases.
Example 2. The organization has 8 eligible cases for the Accommodation Needs measure audit that were in the numerator for both rate 1 and rate 2. The audit sample will include these 8 cases plus a random selection of 4 cases that were in the numerator for rate 1 only to complete the sample of 12.

4) **Case List Request:** The MassHealth contractor will post the applicable year case list requests for the supplemental file measures in the secure portal for organization users to download. Organization 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 CBHC QEIP portal: https://cqmv.telligen.com/rdc
    2. Navigate to "QEIP Reports" on the Reporting card
    3. Select Report Name: "Validation Case Lists"
    4. Select specific measure and select the green "Download" button to download list for each measure. Report will be in a PDF format.

5) **QEIP Notice:** The MassHealth contractor will notify organizations, via the QEIP list-serv, when the organization's cases selected for audit have been posted.

6) **Submission Window**: Each organization's case list request document includes the submission deadline by which the MassHealth contractor must receive all records. The MassHealth contractor will contact organizations, 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.

7) **Submission Instructions:** Upload documentation within the QEIP portal. After preparing documentation for upload, access the "Audit Documentation" card on the portal home screen. Select "Choose File" and locate documents for upload. Select green "UPLOAD FILE" button when ready to submit documentation.

8) **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.

B. Secure Audit Documentation Upload Process

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

1. SFTP Upload Procedure

- Organizations will access the file upload feature within the portal. To access the file upload feature, follow the steps below.
  - Log into the secure QEIP portal using your unique organization username and password.
  - Navigate to the "Audit Documentation Upload" page on the portal homepage *or* navigate to the Left Side Navigation and select the three horizontal lines (also called Hamburger) in the left-hand corner. Select "Audit Documentation Upload."
  - Upload requested records for audit.
  - Additional detail on file upload will be communicated by List Serv prior to the submission period.

2. Preparing Records for Upload. The QEIP 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 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).

3. 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. Organizations 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: MassHealth Community Behavioral Health Center (CBHC) Incentive Program

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 is informational only.***

Notes for Inclusion:

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

Notes for Exclusion from Audit:

The audit will NOT validate *ICD codes. 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 visit (can be either interpreter service or an in-language service)

Notes for Inclusion:

- Interpreter 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. ***Please note: Rate 2 is informational only.***

Notes:

- An accommodation needs screen is defined in the technical specifications.
- The organization must have documentation for 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 a disability screening (e.g., 6 HHS disability questions, Activities of Daily Living (ADL) 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 requested -, but does not count as a screening for accommodation needs.

Examples:

- 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

Organizations can request a re-evaluation of audit results for any measure where the overall score falls below 80%.

1. **Basis for Re-Evaluation:** Only organizations that have not met an overall agreement rate of ≥ 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). Please note, organizations 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. Organizations are not allowed to submit any new or additional documentation as part of the re-evaluation process. Organizations 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 organization 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 result sent to the organization within 10 business days from receipt or request.

3. Submission Format: MassHealth maintains an **Audit Re-evaluation Request Form** on the MassHealth website. The organization 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 Community Behavioral Health Center (CBHC) Incentive Program.

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

4. **Final Re-Evaluation Results**: The organization 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 (≥ 80%). The response will give detail on case mismatches that remain and comments to improve data reliability as appropriate.