MassHealth Quality and Equity Incentive Program (QEIP)

Program:	**Hospital QEIP**
Performance Year:	2
Metric:	Disability Accommodations Needs
Deliverable:	Disability Accommodations Needs Report
Submission Portal:	OnBase
Submission Due Date:	March 31, 2025
File Naming Convention:	HospitalAbbreviation_AccomNeedsReport_YYYYMMDD
Suggested Page Limit:	2-3

Summary

Patients with disabilities continue to experience health care disparities related to lack of accommodations to access services. In order to reduce inequities experienced by individuals who have disabilities, accommodation needs must be identified at the point of care. Hospitals participating in the MassHealth HQEIP are incentivized to meet performance requirements for the Disability Accommodation Needs measure, as specified in the Performance Year 2 technical specifications.

Reporting Template

Contact Information

Point of Contact Name:	Add text
Organization Name:	Add text
Point of Contact Email Address:	Add text

Introduction

Participating hospitals will be assessed on two reporting elements for the Disability Accommodation Needs measure. Completion of this report template will fulfill <u>Reporting Element 1</u> requirements:
- state accommodation needs screening question(s) used; and
- describe how member-requested accommodation needs are documented in the medical record.

For <u>Reporting Element 2</u>, two rates will be calculated:

> The percentage of eligible inpatient discharges, observation discharges, and radiology ambulatory encounters where:
>> 1) members with disability were offered accommodation needs screening; and
>> 2) for those members screening positive for accommodation needs related to a disability, a corresponding member-requested accommodation(s) related to a disability was documented.

This data will be submitted via MassQEX. The Performance Year 2 Hospital Quality and Equity Incentive Program (HQEIP) Technical Specifications provide additional information on these rates.

A complete, responsive, and timely submission will be submitted to MassHealth by March 31, 2025, and will include direct responses to all the questions in the report template below.

Section 1: Reporting Element 1

1. Please share all accommodation needs screening tools (question(s)/set of questions) used for the purpose of meeting the performance requirements of this measure in the table below. Specifically, for each screening tool, please describe:
    a. The screening question(s) included in the tool;
    b. How the tool was selected, including the source/steward;
    c. The setting(s) of care in which the tool will be applied; and
    d. The modalities through which members will be presented with the tool (e.g. in-person, by telephone, as part of the MyChart pre-visit validation, etc.).
Add additional tables as needed to capture all screening tools.

Table 1A. Screening Tool 1

a. Screening question(s)	
b. Tool selection, including source/steward (with citation as relevant)	
c. Setting(s) of care	
d. Modalities	

2. For each screening tool described in Question 1, describe how a member's responses will be documented in the medical record (assumed for the purpose of this submission to be the electronic health record unless otherwise specified). Include the following:
    a. Which categories of medical record users may document member response data in the medical record;
    b. In what format member response data will be recorded in the medical record (e.g., structured, unstructured)
        i. For any structured fields, please describe:
        • The fixed field options presented to users entering the data
        • How member responses will correspond with those fields
    If a structured field is not used, please write "N/A."
    c. Where member response data will reside in the medical record (e.g., on the top or sidebar of the electronic health record, on the problem list, etc.);
    d. Whether a timestamp will exist for when the member response data are entered into the record; and
    e. Which categories of medical record users will have access to view the documented accommodation needs (e.g., billing, clinical teams, patient safety, etc.).

Add additional tables as needed to capture all screening tools.

Table 2A. Screening Tool 1

a. Categories for medical record users to document member response data in medical record	
b. Format for member response data recorded in medical record (e.g., structured, unstructured)	
b.i. If structured: fixed field options for users & how member responses correspond to those fields (write "N/A," if structured field not used)	
c. Where member response data reside in medical record	
d. Timestamp will exist for member response data entered in medical record	
e. Categories of medical record users have access to view the documented accommodation needs	