



# MassHealth Quality and Equity Incentive Program (QEIP)

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<b>Program:</b>	Hospital QEIP
<b>Performance Year:</b>	2
<b>Measure:</b>	Patient Experience: Communication, Courtesy, and Respect
<b>Deliverable:</b>	HCAHPS Data
<b>Submission Portal:</b>	MassQEX
<b>Submission Due Date:</b>	June 30, 2025

## Summary

The *Patient Experience: Communication, Courtesy, and Respect* measure evaluates MassHealth member perceptions of their hospital experience. The measure utilizes elements of the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey for patients' perspectives of hospital care experience specifically related to communication, courtesy, and respect.

## PY2 HCAHPS Deliverable Guidance

### Introduction

Hospitals participating in the EOHHS Hospital Quality and Equity Incentive Program (HQEIP) are expected to complete performance requirements as stated in the HQEIP Performance Year 2 (PY2) Technical Specifications. This document provides instructions for submission of the deliverable associated with the HCAHPS: Items Related to Cultural Competency measure. Using data from the HCAHPS survey, this measure requires hospitals to report HCAHPS survey results for MassHealth members, including but not limited to MassHealth members participating in the HCAHPS survey as part of a hospital's collection efforts for the Inpatient Prospective Payment System (IPPS) program for the Performance Year ([HCAHPS: Patients' Perspectives of Care Survey | CMS](#)). Surveys conducted via paper or online modes are acceptable.

## Section 1: Reporting Components

### A. HCAHPS Aggregate Data – Data Entry

#### **I. Summary of Survey Statistics for CY 2024**

A summary of survey statistics for CY2024 should be included with the following:

1. Total number of MassHealth acute inpatient discharges in PY2;
2. Total number of MassHealth HCAHPS-eligible inpatient discharges in PY2;
3. Total number of MassHealth HCAHPS-eligible members sampled to participate in the HCAHPS survey in PY2;
4. Total number of submitted HCAHPS surveys for MassHealth HCAHPS-eligible inpatient discharges in PY2; and
5. Response rate\* of MassHealth HCAHPS-eligible members participating in the HCAHPS survey in PY2.

*\*Response rate is defined as the total MassHealth HCAHPS surveys submitted (Item 4) over the total MassHealth HCAHPS-eligible members sampled (Item 3).*

#### **II. HCAHPS Composites Results**

Submit aggregate top box results for all surveyed MassHealth members (MassHealth as primary payer) for each of the seven composites (average of unadjusted top box score) specified in the EOHHS Hospital Clinical Quality Incentive Program Technical Specifications.

Nurse Communication and Doctor Communication composites fulfill the requirement for the Patient Experience measure and the remaining composites fulfill the requirement for the reporting requirements for Quality Performance Disparities Reduction (Requirement 3).

These data are not required to be stratified by race and ethnicity. Hospitals should submit MassHealth composite top box results for discharges for PY2 (CY2024). For submitted surveys with missing response to a specific question, the case should not be included in the numerator or denominator for the top-box calculations for that question.

##### Nurse Communication Composite (average of unadjusted top box score)

- *During this hospital stay, how often did nurses treat you with courtesy and respect? (HCAHPS Q1)*
- *During this hospital stay, how often did nurses listen carefully to you? (HCAHPS Q2)*
- *During this hospital stay, how often did nurses explain things in a way you could understand? (HCAHPS Q3)*

##### Doctor Communication Composite (average of unadjusted top box score)

- *During this hospital stay, how often did doctors treat you with courtesy and respect? (HCAHPS Q5)*
- *During this hospital stay, how often did doctors listen carefully to you? (HCAHPS Q6)*
- *During this hospital stay, how often did doctors explain things in a way you could understand? (HCAHPS Q7)*

Responsiveness of Hospital Staff (average of unadjusted top box score)

- *During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? (HCAHPS Q4)*
- *How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? (HCAHPS Q11)*

Communication About Medicines (average of unadjusted top box score)

- *Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? (HCAHPS Q13)*
- *Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? (HCAHPS Q14)*

Discharge Information (average of unadjusted top box score)

- *During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital? (HCAHPS Q16)*
- *During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (HCAHPS Q17)*

Care Transition (average of unadjusted top box score)

- *During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left. (HCAHPS Q20)*
- *When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. (HCAHPS Q21)*
- *When I left the hospital, I clearly understood the purpose for taking each of my medications. (HCAHPS Q22)*

Overall rating [HCAHPS Global Item] (unadjusted top box score)

- *Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay? (HCAHPS Q18)*

Reference for calculating top box results:

- Calculation of HCAHPS Scores: From Raw Data to Publicly Reported Results, 2011  
<https://www.hcahpsonline.org/globalassets/hcahps/technical-specifications/calculation-of-hcahps-scores2.pdf>

**B. Raw data file: Member-level Survey Responses**

Hospitals should submit member-level results for all completed HCAHPS surveys for MassHealth members who participated in the HCAHPS survey during CY2024. Hospitals should use the HCAHPS XML File Specifications *version 4.6* to submit survey data for eligible discharges.

The CMS XML File Specifications can be located here: <https://hcahpsonline.org/en/technical-specifications/>.

XML files must be formatted following published CMS specifications. Please include all fields that are included in CMS specifications. For the purpose of the MassHealth *HCAHPS: Items Related to*

Cultural Competency measure, EOHHS will use the following fields from the XML File Specifications :

- Q1: During this hospital stay, how often did nurses treat you with courtesy and respect? (XML Element: <nurse-courtesy-respect>)
- Q2: During this hospital stay, how often did nurses listen carefully to you? (XML Element: <nurse-listen>)
- Q3: During this hospital stay, how often did nurses explain things in a way you could understand? (XML Element: <nurse-explain>)
- Q5: During this hospital stay, how often did doctors treat you with courtesy and respect? (XML Element: <dr-courtesy-respect>)
- Q6: During this hospital stay, how often did doctors listen carefully to you? (XML Element: <dr-listen>)
- Q7: During this hospital stay, how often did doctors explain things in a way you could understand? (XML Element: <dr-explain>)
- Q24: In general, how would you rate your overall health? (XML Element: <overall-health>)
- Q25: In general, how would you rate your overall mental or emotional health? (XML Element: <mental-health>)
- Q27: Are you of Spanish, Hispanic or Latino origin or descent? (XML Element: <ethnic>)
- Q28: What is your race? Please choose one or more. (XML Elements: <race-white>, <race-african-amer>, <race-asian>, <race-hi-pacific-islander>, <race-amer-indian-ak>)
- Q29: What language do you mainly speak at home? (XML Element: <language-speak>)

Note: These data may be aggregated further by MassHealth to provide statewide insights.

If Hospitals have zero eligible MassHealth HCAHPS discharges to report for a particular month(s), then the XML file format should follow CMS instructions for uploading "Zero Case" information. The hospital should upload one file for each month that they have "Zero Cases." Please note a blank file that is not formatted using the instruction for uploading a file with Zero Cases will be rejected.

If Hospitals have 5 or fewer eligible MassHealth HCAHPS discharges to report for a particular month(s), then the XML file format should follow CMS instructions for uploading " 5 or Fewer Eligible HCAHPS Discharges in a Month" information. The hospital should upload one file for each month that they have 5 or fewer eligible HCAHPS discharges.

## Section 2: Deliverable Submission Information

- Hospitals will submit reporting for components A and B in the MassQEX portal.
- For reporting component A, submit this aggregate data via a data entry form in the MassQEX portal.
- For reporting component B, hospitals will upload twelve files: one XML file for each monthly discharge period, using the applicable CMS file specification version as outlined in Section C above. *When uploading the file, the hospital should select the appropriate measure period (i.e., quarter) and file version for each of the twelve files.*

Please submit the performance requirements outlined above via the MassQEX portal by **June 30, 2025**. MassQEX submission instructions will be sent separately.