



**Hospital Quality and Equity Incentive Program
Performance Year 1 Deliverable:
HCAHPS: Items Related to Cultural Competency
July 2024**

Context:

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 1 (PY1) Implementation Plan and associated 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 (Hospital Consumer Assessment of Healthcare Providers and Systems) 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 on-line modes are acceptable.

*Note: In response to stakeholder feedback and to reflect the content of the technical specification more accurately, this measure name was updated to *Patient Experience: Communication, Courtesy, and Respect*. MassHealth anticipates incorporating additional questions related to advancing cultural competency in future years.

Reporting Components:

A. Summary of Survey Statistics for CY 2023

A summary of survey statistics for CY2023 should be included with the following:

- Total number of MassHealth members with acute hospital inpatient admissions;
- Total number of MassHealth members sampled to participate in the HCAHPS survey;
- Total number of MassHealth members who completed the HCAHPS survey; and
- Response rate of MassHealth members participating in the HCAHPS survey.

B. HCAHPS Survey Report

Please extract and aggregate HCAHPS survey results for **only** any MassHealth members (primary payer) participating in the hospital's HCAHPS survey for the PY1 (CY2023) measurement year. The following composites identified from the HCAHPS survey must be reported:

Composite 1 (average of unadjusted top box score)

Nurse Communication: Patients reporting their nurses "Always" communicated well.

- *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)*

Composite 2 (average of unadjusted top box score)

Doctor Communication: Patients reporting their doctors “Always” communicated well.

- *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)*

C. 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 CY2023. Hospitals should use the HCAHPS XML File Specifications versions 4.5 and 4.6 to submit survey data for eligible discharges for the applicable time periods as outlined below:

- **January 1, 2023 – June 30, 2023:** CMS HCAHPS [XML File Specifications Version 4.5](#)
- **July 1, 2023 – December 31, 2023:** CMS HCAHPS [XML File Specification Version 4.6](#)

The CMS XML File Specifications can be located here:

<https://hcahpsonline.org/en/technical-specifications/>

XML files must be formatted following published CMS specifications. For the purpose of the *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 cannot filter to MassHealth patients in PY1, then the XML file format should follow CMS instructions for how to upload "Zero Case" information. The hospital should upload one file for each month that they have "Zero Cases" (i.e., they are unable to identify their MassHealth members and therefore have "Zero Cases" to submit for the MassHealth HQEIP HCAHPS measure). Please note a blank file that is not formatted using the instruction for uploading a file with Zero Cases will be rejected.

Deliverable Submission Information:

- Hospitals will submit reporting for Components A, B, and C in the MassQEX portal.
- For Reporting Components A and B, submit this aggregate data via a data entry form in the MassQEX portal.
- For Reporting Component C, 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:
 - Q1-2023 (XML File Version 4.5)
 - Q2-2023 (XML File Version 4.5)
 - Q3-2023 (XML File Version 4.6)
 - Q4-2023 (XML File Version 4.6)
- Please submit the three performance requirements outlined above via the MassQEX portal between August 19 and September 20, 2024. MassQEX registration instructions will be sent separately.