

# **Clarifications, Technical Corrections, and Policy Changes**

# **to the Technical Specifications for the**

# **MassHealth Hospital Quality and Equity Incentives Program**

# **Performance Year 2**

This document outlines clarifications, technical corrections, and policy changes to the Technical Specifications for Performance Year (PY2) of the MassHealth Hospital Quality and Equity Incentives Program (HQEIP). Updates are incorporated into the change log table below.

MassHealth’s working definitions for clarification, technical correction and policy changes are as follows:

**Clarification** is additional information that explains an existing requirement.

**Technical Correction** is a change made to rectify an error in the technical specification.

**Policy Update** is a modification of an existing requirement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure Name** | **Page #** | **Type of Update** | **Section Header** | **Update** | **Update release date** |
| Preferred Language Data Completeness | 16 | Technical Correction | Overview | Revised the numerator source from CHIA “Electronic Health Record Dataset (EHRD)” to CHIA “Enhanced Demographics Data File” to align with the other RELD SOGI data elements | 11/8/24 |
| Preferred Language Data Completeness | 17 | Technical Correction | Definition | Revised the definition for “Hospital File [“Electronic Health Record Dataset (EHRD)”] now labeled as “Hospital File [“Enhanced Demographics Data File”] | 11/8/24 |
| RELD SOGI Data Completeness | 49 | Clarification | Performance Requirements & Assessment | Clarified Performance Requirement around timely submission of EHRD file to CHIA and Performance Assessment of EHRD Data Collection File | 11/8/24 |
| Health-Related Social Needs | 51 | Technical Correction | Eligible Population | Deleted “Members” definition which was duplicative; definition of “Members” is now listed only under Definitions | 11/8/24 |
| Health-Related Social Needs | 54 | Technical Correction | Administrative Specification—Rate 2: HRSN Screen Positive Rate | Edited language to reference discharges and not number of members (e.g., “Number of members” à “Discharges where a member”) | 11/8/24 |
| Health-Related Social Needs | 55 | Technical Correction | Supplemental Data Reporting Requirements— Table | For Rate 1, changed “CPT” to “HCPCS” under Code System | 11/8/24 |
| Health-Related Social Needs | 58 | Technical Correction | Performance Requirements & Assessment | Revised supplemental data submission date from March 31, 2025 to June 30, 2025 | 11/8/24 |
| Quality Performance Disparities Reduction | 61 | Clarification | Administrative Specification | Included a reference for calculating top box results | 11/8/24 |
| Quality Performance Disparities Reduction | 63 & 64 | Clarification | Performance Requirements & Assessment | Specified submission dates for the Reporting Elements and the submission process for HCAHPS survey data and provided clarifications on Performance Assessment for reach measure requirement | 11/8/24 |
| Equity Improvement Interventions | 69 | Clarification | Performance Requirements & Assessment | Added a sentence to clarify that the adjusted score on the PIP Reports will be used to calculate the measure score | 11/8/24 |
| Meaningful Access…for Individuals with a Preferred Language other than English | 71 | Technical Correction | Eligible Population | Modified the Anchor Date from “December 31 of the measurement year” to “Date of discharge of the qualifying hospital stay” | 11/8/24 |
| Meaningful Access…for Individuals with a Preferred Language other than English | 73 & 74 | Technical Correction | Reporting Method; Component 2: Addressing Language Access Needs in Acute Hospital Settings | Modified the required sampling size based on Eligible Population size to a minimum required sample size of 411 records or all discharges (whichever is less) and added language on oversampling | 11/8/24 |
| Meaningful Access…for Individuals with a Preferred Language other than English | 74 & 75 | Technical Correction | Performance Requirements & Assessment | Revised submission dates for Language Access Self-Assessment Survey (Component 1) from December 31, 2024 to January 31, 2025 and supplemental data submission date (Component 2) from March 31, 2025 to June 30, 2025 | 11/8/24 |
| Disability Accommodation Needs | 81 | Technical Correction | Eligible Population— Event | Removed reference of the HEDIS® Value Set and included specific Radiology CPT Code Sets to identify ambulatory radiology encounters | 11/8/24 |
| Disability Accommodation Needs | 82 | Technical Correction | Eligible Population— Exclusions | Removed exclusion criteria: “Patient reason for not screening for disability accommodation needs (e.g., patient declined or other patient reasons).” | 11/8/24 |
| Disability Accommodation Needs | 84 | Clarification | Reporting Method | Modified as follows: “Report to MassHealth on all inpatient discharges, observation discharges, and ambulatory radiology encounters identified in *Step 1 of the process to identify eligible events* ~~where members were screened for accommodation needs~~;”  added information on data form and format submission | 11/8/24 |
| Disability Accommodation Needs | 84 & 85 | Technical Correction | Performance Requirements & Assessment | Revised supplemental data submission date from March 31, 2025 to June 30, 2025 | 11/8/24 |
| Achievement of External Standards for Health Equity | 87 | Clarification | Performance Requirements & Assessment | Clarified the self-evaluation of compliance refers to TJC’s Health Care Equity Certification Standards Checklist | 11/8/24 |
| Achievement of External Standards for Health Equity | 87 | Technical Correction | Performance Requirements & Assessment | Revised attestation submission date from December 31, 2024 to January 31, 2025 | 11/8/24 |
| Patient Experience: Communication, Courtesy, and Respect | 90 & 91 | Clarification & Technical Correction | Performance Requirements & Assessment | Updated to align with data collection fields from PY1 and clarified language to include MassHealth HCAHPS eligible members; removed requirement for aggregate top-box scores for Nurse and Physician Communication Composites | 11/8/24 |
| RELD SOGI Data Completeness | 5,11, 17, 25, 37, 43 | Technical Correction | Eligible Population—  Event/ Diagnosis | Removed “acute” from “acute inpatient discharge” and “acute inpatient stays” | 12/27/24 |
| RELD SOGI Data Completeness | 5, 11, 18, 26, 38, & 44 | Clarification | Eligible Population—Members | Added a reference to an addendum that provides information on CHIA Medicaid Payer Source Types and Payer Source codes that apply to the HQEIP | 12/27/24 |
| Health-Related Social Needs | 51 | Technical Correction | Eligible Population—Anchor Date | Modified from “December 31 of the measurement year” to “None” | 12/27/24 |
| Health-Related Social Needs | 51 | Technical Correction | Eligible Population—  Event/ Diagnosis | Removed “acute” from “acute inpatient discharge” and “acute inpatient stays” | 12/27/24 |
| Health-Related Social Needs | 51 | Clarification | Definition—Members | Added a reference to an addendum that provides information on CHIA Medicaid Payer Source Types and Payer Source codes to use for the HQEIP | 12/27/24 |
| Meaningful Access…for Individuals with a Preferred Language other than English | 69 | Technical Correction | Eligible Population—Anchor Date | Modified from “December 31 of the measurement year” to “None” | 12/27/24 |
| Meaningful Access…for Individuals with a Preferred Language other than English | 69 | Technical Correction | Eligible Population—  Event/ Diagnosis | Removed “acute” from “acute inpatient discharge” and “acute inpatient stays” | 12/27/24 |
| Meaningful Access…for Individuals with a Preferred Language other than English | 69 | Technical Correction | Eligible Population | Deleted “Members” definition which was duplicative; definition of “Members” is now listed only under Definitions | 12/27/24 |
| Meaningful Access…for Individuals with a Preferred Language other than English | 72 | Clarification | Definition—Members | Added a reference to an addendum that provides information on CHIA Medicaid Payer Source Types and Payer Source codes to use for the HQEIP | 12/27/24 |
| Disability Competent Care | 77 | Technical Correction | Eligible Population—Anchor Date | Modified from “December 31 of the measurement year” to “None” | 12/27/24 |
| Disability Accommodation Needs | 80 | Technical Correction | Eligible Population—Anchor Date | Modified from “December 31 of the measurement year” to “None” | 12/27/24 |
| Disability Accommodation Needs | 82 | Clarification | Definition—Members | Added a reference to an addendum that provides information on CHIA Medicaid Payer Source Types and Payer Source codes to use for the HQEIP | 12/27/24 |
| N/A | 3 | Policy Update | Introduction (new section) | Outlines the HQEIP accountability policy for those hospitals participating in a performance period other than the calendar year in which majority of other hospitals are being held accountable | 3/14/25 |
| N/A | 3 | Clarification | Introduction | Added language on audit process for the HQEIP | 3/14/25 |
| Health-Related Social Needs | 50 & 51 | Clarification | Measure Summary | Revised language of the Description of Rate 2: HRSN Screen Positive Rate | 3/14/25 |
| Health-Related Social Needs | 53 | Clarification | Administrative Specification | Modified language from “and” to “and/or”— “screening instrument prior to discharge for food, housing, transportation, and**/or** utility needs” | 3/14/25 |
| Health-Related Social Needs | 54 | Clarification | Administrative Specification | Revised language of the Description of Rate 2: HRSN Screen Positive Rate | 3/14/25 |
| Health-Related Social Needs | 55 | Clarification | Supplemental Data Reporting Requirements | Modified language to the bullet regarding G0136 code under Notes for Rate 1 | 3/14/25 |
| Health-Related Social Needs | 58 | Clarification | Performance Requirements & Assessments | Audit of data submitted for Rate 1 and Rate 2 | 3/14/25 |
| Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English | 74& 75 | Clarification | Performance Requirements & Assessments | Revised audit language from  MassHealth “reserves” the right to  “expects” to audit data submitted for  Component 2; moved this language  from Reporting Methods section to  the Performance Requirements & Assessments section | 3/14/25 |
| Disability Accommodation Needs | 85 | Clarification | Performance Requirements & Assessments | Audit of data submitted for Rate 1 and Rate 2 | 3/14/25 |