Performance Year 2 (PY2)

Hospital Quality and Equity Incentives Program (HQEIP) MassQEX Portal User Guide

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PY2 HQEIP MassQEX Portal User Guide

## 1. About this User Guide

This Hospital Quality and Equity Incentive Program (HQEIP) MassHealth Quality Exchange (MassQEX) Portal User Guide may be used as a resource to understand the technical requirements of MassHealth’s HQEIP.

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 acute inpatient hospitals participating in the HQEIP. This guide is not meant to cover measure specifications. For detailed information on HQEIP implementation, measure specifications, and reporting deadlines, please refer to the Mass.gov website: <https://www.mass.gov/info-details/masshealth-hospital-quality-and-equity-incentive-program-hqeip>.

This guide is applicable only to hospitals submitting Medicaid patient data to the MassQEX HQEIP portal. Hospitals with special exceptions and exemptions for the HQEIP should contact MassHealth for additional information at: [Health.Equity@mass.gov](mailto:Health.Equity@mass.gov)

Please reach out to the Help Desk if you have any questions about the HQEIP Portal or require technical assistance:

* Phone: (844) 546-1343
* Email: [qeiphelp@telligen.com](mailto:qeiphelp@telligen.com)

**Additional Resources:**

1. **MassHealth Implementation Plans and Technical Specifications**: All hospitals must use the versions of the documents posted on the Mass.Gov website at [MassHealth Hospital Quality and Equity Incentive Program (HQEIP) | Mass.gov](https://www.mass.gov/info-details/masshealth-hospital-quality-and-equity-incentive-program-hqeip)
2. **MassQEX Portal Homepage:** Telligen is the MassHealth contractor who manages the secure portal that collects and analyzes all Quality and Equity Incentive Program measures data on MassHealth’s behalf. The portal homepage is located on: <https://www.mass.gov/service-details/massqex-portal>. See Section 2 of this User Guide for details.
3. **MassQEX Portal User Forms:** All online entry portal user registration forms are located on the MassQEX portal homepage at: <https://massqex-portal.telligen.com/massqex/>
4. **HQEIP Program Contact**

***MassHealth Office of Health Equity***

100 Hancock Street 6th floor Quincy, MA, 02171

Email: [Health.Equity@mass.gov](mailto:Health.Equity@mass.gov)

## 2. HQEIP Portal Overview

### A. MassQEX Portal Registration

Before a hospital can submit data entry or data files for the HQEIP quality measures, a representative from the hospital must register and maintain an active HQEIP portal account in the MassQEX Portal.

1. **Opening an Account:** All hospitals must set up user accounts to access the secure web portal using the on-line registration form.Each hospital must identify the individual users that will be authorized to submit and conduct all data transactions on the hospital’s behalf. The users can be individuals from hospital staff. When completing their registration, the prospective user should select “Provider,” for “Organization Type.”
2. **Account Limits:** MassHealth sets a maximum limit of user accounts that the hospital can identify as registered users.
   * The hospital can identify a maximum of five (5) accounts for HQEIP hospital staff users. The five-user per hospital limit *is inclusive of users* who are registered to access both the HQEIP and the MassHealth Acute Hospital Clinical Quality Incentives (CQI) Programs within the MassQEX portal.
   * *Users may seek authorization for both the HQEIP and the CQI Program within the MassQEX portal. Each user is required to register and receive authorization* ***for each program*** *per instructions in this User Guide.*
   * All designated individuals must be submitted to MassHealth as required by the MassHealth Office of Health Equity.
   * Newly identified users must complete user registration requirements described in this section to gain access to the secure web portal.
3. **Completing User Registration Forms**: The new user must complete a registration form. One of the hospital’s designated Health Equity Key Contacts must sign the form to authorize the individual designated to be the registered user for that hospital site. The signer **must be** one of the Health Equity Key Contacts that the hospital has identified and shared with MassHealth for the performance year.

Only the following forms of signature will be accepted:

* (Preferred method) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign; or
* Electronic signature that is:
  + Hand drawn using a mouse or finger if working from a touch screen device; or
  + An uploaded picture of the signatory’s hand drawn signature.
* Traditional “wet signature” (ink on paper); print out one original of the signature page, have an authorized signatory sign it, and scan the signed page.

**Note for existing CQI MassQEX CQI Portal Users:** A modified registration for the HQEIP program is required. . Existing MassQEX CQI Program Portal users may download their existing registration form from the “Download Registration Information” link on the Getting Started menu within the CQI portal t and obtain the HQEIP Key Quality Contact signature. Existing users are not required to get a new signature for the CQI program. Only a signature for the HQEIP program is required. Access to the CQI and HQEIP MassQEX portal content will utilize a single username and password for each unique hospital. The form with HQEIP Key Quality Contact signature is submitted to the MassQEX QEIP help desk for account activation.

**For technical assistance or questions regarding registration please contact the MassQEX HQEIP Help Desk at:** [***qeiphelp@telligen.com***](mailto:qeiphelp@telligen.com)***.***

**Email Submission for the User Registration Form.** All completed registration forms *must be emailed* to the MassHealth Contractor address listed below for the account to be activated.

**Email Completed Forms to**: [qeiphelp@telligen.com](mailto:qeiphelp@telligen.com)

1. **Logging into the System**. The portal provides instructions for setting up a password and is equipped with a ‘forgot my password’ option that will have the following functionality:

* A temporary password, valid for one time use, will be transmitted to the user’s registered email account after successfully answering three randomly selected security questions.
* Upon logging into the system, the user will be required to choose a new password.

1. **Maintaining User Accounts**: Hospitals 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:
2. **Inactive Accounts-** defined as a user account that has not been logged into by the hospital registered user over an extended period of time. The MassQEX HQEIP portal sends *notification after the annual review* stating that no user activity has been detected and requesting confirmation that the account is still active.
3. **Disabled Accounts-** defined as a user account that is locked during attempted log-in with an incorrect password. An email is generated from the MassQEX HQEIP Portal to the user alerting them the account has been disabled, the registered user must contact the MassQEX HQEIP Help Desk to reset the account.
4. **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 hospital 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 MassQEX Contractor is available to work with hospital staff to assist in the implementation of technical data collection and transmittal procedures outlined in this User Guide.

**MassQEX Quality and Equity Incentive Program Help Desk** *–* the customer support contact information follows.

* **Helpdesk Email:** [qeiphelp@telligen.com](mailto: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.

### C. Email Updates (Listservs)

**MassQEX HQEIP List-Serve.** MassQEX will share list serv updates to all registered MassQEX HQEIP authorized users and SFTP users (when content is applicable to medical record requests). List servs provide updates on portal system functionality enhancements, status of portal production timelines, posting of updated content in secure bulletins and other program related activities. Individuals not authorized as portal users may also register for the list serv by sending a request to the MassQEX QEIP Help Desk at: [qeiphelp@telligen.com](mailto:massqexhelp@telligen.com)

## 3. Data Collection Standards & Guidelines

### A. General Submission Guidelines

Table 3.1 below displays the HQEIP measures that hospitals will submit via the MassQEX HQEIP portal. As previously stated, this manual only focuses on the measures that require data entry or file upload within the MassQEX HQEIP portal, which are highlighted below.

The specifications for each measure are included in the Technical Specifications for the MassHealth HQEIP, posted on: <https://www.mass.gov/info-details/masshealth-hospital-quality-and-equity-incentive-program-hqeip>

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

| **Measure Name** | **Hospital Submission to MassQEX Portal Required** | **Performance Period** |
| --- | --- | --- |
| Health-Related Social Needs Screening | Yes | July 1 – Dec 31, 2024 |
| Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English - Addressing Language Access Needs | Yes | July 1 – Dec 31, 2024 |
| Disability Accommodation Needs | Yes | July 1 – Dec 31, 2024 |
| Patient Experience: Communication, Courtesy, and Respect | Yes | Jan 1 – Dec 31, 2024 |

**\*Important Note**: For the Quality Performance Disparities Reduction measure, the MassHealth vendor will stratify data from chart-based and claims-based measures in the EOHHS Acute Hospital Clinical Quality Incentive (CQI) Program to calculate measure performance. . For the HQEIP program, no additional hospital submission to MassHealth is required for the Quality Performance Disparities Reduction measure for chart-based measures or claims-based measures. Hospitals will report Composite results using a data-entry tool for the Member Experience data used for Quality Performance Disparities Reduction, which is outlined in Table 3.2.For a full list of measures included, please review the list located in the Technical Specifications for the MassHealth Hospital Quality and Equity Incentive Program.

**This User Guide focuses on data that will be submitted to MassHealth from hospitals via the MassQEX HQEIP portal:**

1. Supplemental File Measures
2. Patient Experience: Communication, Courtesy, and Respect

Information on data submission deadlines will be posted to the MassQEX HQEIP Portal viewable after secure login. Navigate to the User Bulletin and access “Submission Timelines.” Important timelines are also shared in the Technical Specifications for the MassHealth Hospital Quality and Equity Incentive Program.

Hospitals will use the Supplemental File Specifications for each measure to submit patient-level data to MassHealth via the MassQEX HQEIP portal. These files include:

* + - 1. HCAHPS Member Experience Files (12 files; one per each discharge month)
      2. HRSN Supplemental File
      3. Preferred Language Access Supplemental File
      4. Disability Accommodation Needs Supplemental File

The MassHealth specific supplemental measures data files must be collected using pipe delimited file format in accordance with standards and guidelines provided in the respective Supplemental File Specifications. EOHHS has published several file layouts in excel worksheets to assist hospitals 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. Patient Experience Submission Detail

| **File Submission Name** | **Applicable HQEIP Measure** | **Measure Steward** | **Submission Description** | **Submission Detail** |
| --- | --- | --- | --- | --- |
| Patient Experience Population Data-Entry | Patient Experience: Communication, Courtesy, and Respect | CMS, HCAHPS | * Total number of MassHealth acute inpatient discharges * Total number of MassHealth HCAHPS-eligible acute inpatient discharges * Total number of MassHealth HCAHPS-eligible members sampled to participate in the HCAHPS survey * Total numbers of submitted surveys * Response rate * Composite 1: Nurse Communication * Composite 2: Doctor Communication * Composite 3\*: Responsiveness of Hospital Staff * Composite 4\*: Communication About Medicines * Composite 5\*: Discharge Information * Composite 6\*: Care Transition   \****Note:*** *Composites 3, 4, 5, and 6 are collected in the same data-entry tool, but are collected for the Quality Performance Disparities Reduction Measure.* | Hospitals enter responses via Data-Entry Tool in MassQEX HQEIP portal |
| Patient Experience Member-level responses | CMS, HCAHPS | * XML file with Member-level responses uploaded via file submission | Hospitals submit patient-level XML files using in MassQEX HQEIP Portal |

Table 3-3. Supplemental File Measure Detail

| **Submission Name** | **Applicable HQEIP Measure** | **Measure Steward** | **Submission Description** | **Submission Detail** |
| --- | --- | --- | --- | --- |
| HRSN Supplemental File | Health-Related Social Needs Screening | MassHealth | * Pipe delimited file with acute inpatient and observation stay discharges, and * Detail on if a health-related social needs screen was performed, and health-related social needs identified | Hospitals submit patient-level supplemental file in MassQEX HQEIP Portal |
| Preferred Language Access Supplemental File | Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English | MassHealth | * Pipe delimited file with acute inpatient and observation stay discharges and detail for patients with a preferred language other than English, and * Detail on if an in-language service or interpreter service was offered to patient | Hospitals submit patient-level supplemental file in MassQEX HQEIP Portal |
| Disability Accommodation Needs Supplemental File | Disability Accommodation Needs | MassHealth | * Pipe delimited file with inpatient discharges, observation stay discharges, and ambulatory radiology encounters, and * 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 | Hospitals submit patient-level supplemental file using in MassQEX HQEIP Portal |

**Important Note about Submission Deadlines**

MassHealth allows hospitals 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

Hospitals must meet data accuracy and completeness requirements for all quality measures submitted in the MassQEX HQEIP portal listed in Tables 3.2 and 3.3.

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

Table 3-4. Measure Data Completeness Criteria

|  |  |  |
| --- | --- | --- |
| Measure | Data Component | Description |
| HCAHPS | XML Patient-Level Data | Upload electronic data files for Medicaid patients in the hospital HCAHPS survey population that conform to CMS HCAHPS XML File Specification format |
| HCAHPS | Web-Based Data-Entry Tool | Enter Summary of Survey Statistics for measure period using web-based data-entry tool and complete attestation |
| HCAHPS | Web-Based Data-Entry Tool | Enter each Composite for measure period using web-based data-entry tool and complete attestation |
| HRSN, Preferred Language, Disability Accommodation Needs | Supplemental Patient-Level File Data | Collect information from patient electronic health records and other administrative data that apply to eligible population for three supplemental file measures listed in Table 3.3 |
| HRSN, Preferred Language, Disability Accommodation Needs | Medical Record Documentation | Submit requested documentation for audit purposes as requested by the MassHealth contractor |
| HCAHPS, HRSN, Preferred Language, 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 patients, which includes information collected and abstracted from the patient’s medical record and other administrative data sources. Measure data elements that are not collected accurately will not be reliable for determining performance.
      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:

1. Incomplete Data - is defined as data that is selectively collected for or left out of submitted data files. If the hospital 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 hospital performance.
2. 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 patient population.
   * + 1. **Measures Reporting Exception**. Hospitals may submit an exemption request with rationale for the exemption included via email to the MassHealth Health Equity inbox at: health.equity@mass.gov. MassHealth will review and grant exemptions on a case by case basis.

## 4. Sampling Process for Preferred Language Access

### A. Medicaid Population Sampling Specifications

Per the Technical Specifications for the MassHealth Hospital Quality and Equity Incentives Program (HQEIP), when submitting the supplemental file for the **Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English measure,** hospitals may choose to include a sample of eligible acute inpatient and/or observation stay discharges. Sampling is allowed only for the *Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English* measure.

### 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 hospital 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 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**. Hospitals 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. Hospitals 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:

1. Identify the Eligible Population of the measure (refer to measure specifications).
2. Follow the systematic random sampling approach previously described.
3. 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, hospitals may sample their population or 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 hospital has a large number of cases. Hospitals 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 -* Hospitals must sample cases from all eligible MassHealth cases and provide requested data for all sampled cases.
2. **Dates of Service.** Hospitals must identify the Eligible Population using available databases that contain all discharges for the reporting period.
3. **Aggregate Medicaid Payer Sampling**. Please refer to the HQEIP Technical Specification Addendum for a list of included CHIA Medicaid payer codes that apply to the HQEIP. Only include patients with the Payer Source Type/ Payer Source Codes in the measure population.
4. **Aggregate Medicaid Payer Sampling Steps**. The order of data flow must be modified when selecting cases for the aggregate Medicaid payer source groups as follows:
   1. Step 1- Identify Eligible Populations based on measure specifications and dates of service.
   2. Step 2- Identify and include cases with all the Medicaid payer inclusion codes (refer to Technical Specifications Addendum for list of Medicaid payer code inclusions).
   3. Step 3- Select and apply the random sampling approach described in Section 4.B.
   4. Step 4- Begin review of specified measure on cases selected.

## 5. Portal Guidelines

This section outlines the technical guidelines for measures that are entered via the MassQEX HQEIP Portal:

1. HCAHPS Member-level Data
2. HCAHPS Web-based data-entry measure
3. Supplemental File Measures Data

Hospitals must comply with instructions provided in this section.

MassHealth has designated MassQEX 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 hospitals and the MassHealth contractor (Telligen).

The MassQEX Portal address is: <https://massqex-portal.telligen.com/massqex/>. All aspects of the MassQEX HQEIP 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
* MassQEX 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<https://massqex-portal.telligen.com/massqex/>

The production environment is activated approximately 60 days before submission deadlines and then closed after each submission due date. Notices are sent via the MassQEX HQEIP list-serve to announce when the portal environment is open for data production before each submission deadline.

1. **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 EOHHS HQEIP measures.

Portal status updates are periodically posted on the MassQEX HQEIP portal homepage to notify users of scheduled maintenance periods.

### B. Data-Entry Measures Data Collection

Hospitals will submit data-entry as part of the Patient Experience: Communication, Courtesy, and Respect measure deliverable. This section outlines the EOHHS data collection guidelines that apply to the Patient Experience: Communication, Courtesy, and Respect data-entry measure deliverable.

Acute hospitals must report on a select set of questions related to the Hospital Consumer Assessment Health Provider Systems (HCAHPS) Survey eligible population and select HCAHPS composites. Responses to the eligible population questions and the composite values will be entered by the hospital in the MassQEX HQEIP portal web-based data-entry tool.

*All data-entry questions and composite values relate to the MassHealth Medicaid population* ***only****.*

#### All hospitals must respond to the data-entry submission, even if they have a valid exemption from MassHealth. Hospitals that are ineligible or exempt from the HCAHPS data submission will be prompted to select, “Not Eligible” on the data-entry form, which will complete the submission. No further data entry is needed. i. Measure Name: Patient Experience: Communication, Courtesy, and Respect

Reporting Component A. HCAHPS Data-Entry: Hospital Population Data-Entry

* *Total number of MassHealth acute inpatient discharges*
* *Total number of MassHealth HCAHPS-eligible acute inpatient discharges*
* *Total number of MassHealth HCAHPS-eligible members sampled to participate in the HCAHPS survey*
* *Total number of submitted HCAHPS surveys for MassHealth HCAHPS-eligible acute inpatient discharges*
* *Response rate of MassHealth HCAHPS-eligible members participating in the HCAHPS survey*

Reporting Component B. HCAHPS Data-Entry: Composite Measures. ***For details on how to calculate measure composites, please refer to the Technical Specifications posted on the Mass.gov website:*** [MassHealth Hospital Quality and Equity Incentive Program (HQEIP) | Mass.gov](https://www.mass.gov/info-details/masshealth-hospital-quality-and-equity-incentive-program-hqeip)***.***

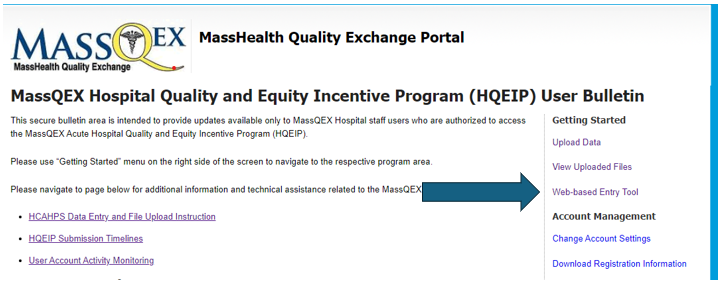
Hospitals will be required to report the unadjusted top-box scores for Composites 1, 2, 3, 4, 5 and 6 within the data-entry tool.

#### ii. MassQEX HQEIP Portal Data-Entry Guidance

1. **MassQEX Portal Users**: Only MassQEX HQEIP hospital staff users can access the web-based entry tool to submit data and complete the attestation form.
2. **Hospital Entry Preview:** The MassQEX HQEIP portal allows authorized users to store and print a draft of their item responses for review. Hospitals cannot change their responses after the MassQEX HQEIP portal deadline closes. Hospitals may print a copy of their responses after submission.
3. **Annual Submission Due Date:** Refer to Section 3 for submission deadlines.

Figure 5.1 demonstrates how to navigate to the data-entry tool. To navigate to the tool, hospitals will use the “Web-Based Entry Tool” link on the “Getting Started Menu” on the right side of the portal homepage. Figures 5.1 demonstrates how to access the tool.

Figure 5-1. Navigating to the Web-Based Entry Tools

 Aggregate Measure Data-Entry Measure Accuracy and Completeness

Hospitals must attest that the data submitted for the HCAHPS data-entry measure is accurate and complete. There will be an attestation box following data-entry. Hospitals are required to enter a response to the attestation box to complete submission.

### C. File Uploads

#### i. File Name: Member Experience

Hospitals upload Member-level Member Experience data as part of the Patient Experience: Communication, Courtesy, and Respect measure deliverable. This section outlines the data collection guidelines that apply to the Patient Experience: Communication, Courtesy, and Respect Member-level Survey Responses deliverable.

The following outlines the process for uploading HCAHPS MassHealth Member-level detail in the MassQEX HQEIP portal.

1. **Uploading Supplemental File in Submission Tool”**
   1. Navigate to "Upload Data" on the "Getting Started" menu.
   2. Use the drop-down menu next to “Filename” to select “Member Experience”.
   3. Use the drop-down menu next to “Discharge Period and XML File Version” to navigate to the appropriate month discharge period for each monthly file.
   4. Upload Test Data by selecting, “Upload TEST Data.”
   5. Once you have reviewed TEST data and made correction to any data errors, you may upload Measure Data for that measure by selecting, “Upload MEASURE Data.”
2. **XML File Specifications**: Hospitals must submit data files using the CMS XML File Layout Specifications for the submission period **for MassHealth Members only**. The hospital is responsible for identifying their MassHealth population. There is one CMS XML file version that is applicable to the MY2024 period: ***XML File Layout version 4.6****: Effective with January 1, 2024 discharges – December 31, 2024 discharges*
3. **XML File Upload Instruction**:
   1. Hospitals are required to use the designated CMS XML File Layout Specifications applicable to the specific measure period. More information on Technical Specifications for the MassHealth Hospital Quality and Equity Incentives Program (HQEIP) can be found here: <https://hcahpsonline.org/en/technical-specifications/>
   2. **Note**: Each XML file should contain one month's worth of data. Hospitals should upload one file for each month.

*Hospitals will submit twelve (12) total files for the measure year. For the HQEIP program, all twelve files will be uploaded during the same submission period.*

**Note**: Hospitals with 5 or fewer eligible MassHealth HCAHPS patient discharges for the monthly period should submit a Header Record with the <**monthlydata**> tag. More information about format for submitting files with 5 or fewer discharges in a month can be found here: <https://hcahpsonline.org/en/technical-specifications/>

**Note**: Hospitals with zero eligible MassHealth HCAHPS patient discharges (zero cases) for the monthly period should submit a Header Record with the <**monthlydata**> tag. More information about format for submitting zero cases can be found here: <https://hcahpsonline.org/en/technical-specifications/>

*Hospitals who are unable to stratify results to only the MassHealth patient population should submit monthly files formatted for zero eligible cases for each month that they are unable to stratify.*

1. **Test Data Files.** All usersare 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.
   1. Test files will be processed in a near real time environment.
   2. 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.
   3. All errors must be addressed before a measure may be submitted as final.
   4. There is no limit to the number of test files that can be submitted.
   5. Test files will not be permanently stored on EOHHS contactor servers.
2. **Production Data Files.** Organizations are required to use the EOHHS Contractor provided upload software for the transmission of data to the web portal. The upload application provides:

* Single file data submission
* Data compression to reduce transmission sizes
* 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.

Please refer to the published Technical Specifications and Instructions

#### ii. File Names: Health Related Social Needs (HRSN), Language Access, and Accommodation Needs

Hospitals 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 MassQEX HQEIP portal.

1. **Uploading Supplemental Files in the Submission Tool**
   1. Navigate to "Upload Data" on the "Getting Started" menu.
   2. Use the drop-down menu next to “Filename” to select the appropriate file you are submitting.
   3. Upload Test Data by selecting, “Upload TEST Data.”
   4. Once you have reviewed TEST data and made correction to any data errors, you may upload Measure Data for that measure by selecting, “Upload MEASURE Data.”
2. **Supplemental File Specifications**: Hospitals must submit data files using the MassHealth supplemental file layouts published on the Mass.gov website: [MassHealth Hospital Quality and Equity Incentive Program (HQEIP) | Mass.gov](https://www.mass.gov/info-details/masshealth-hospital-quality-and-equity-incentive-program-hqeip).

The hospital is responsible for ensuring adherence to the supplemental file layout for the applicable measure.

1. **Test Data Files.** All usersare 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.
   1. Test files will be processed in a near real time environment.
   2. 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.
   3. All errors must be addressed before a measure may be submitted as final.
   4. There is no limit to the number of test files that can be submitted.
   5. Test files will not be permanently stored on EOHHS contactor servers.
2. **Production Data Files.** Organizations are required to use the EOHHS Contractor provided upload software for the transmission of data to the web portal. The upload application provides:

* Single and multiple file data submission
* Data compression to reduce transmission sizes
* 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.

### D*.* Input Files Reports

The web portal is equipped with a self-serve feature that provides users with summary information on data files uploaded to the MassQEX data warehouse. Online self-serve reports are generated for processing of test and production level data that can be viewed and printed in a PDF format.

The MassQEX HQEIP portal generates reports that provide feedback on content of files uploaded into the portal environment in the “Input Files Report.” The Input Files Report is available for each file submitted to MassQEX HQEIP portal. This includes the HCAHPS Member-level Files and the three Supplemental File Measures.

* 1. **Input Files Report**. This report provides detailed information on specifications met for all test and production level data files submitted via the web portal to the MassQEX clinical data warehouse. These reports are available to the hospital for previously submitted data files and for both test and production submissions.
     1. To view the ‘Input Files Report’ the hospital user will click on the “View Uploaded Files” link from the MassQEX HQEIP portal home page. Clicking on this link will bring up the View Uploaded Files web page, which shows submissions to the MassQEX clinical data warehouse, including whether the data transmittal was a test or production data submission. Clicking on one of these submissions will bring up a list of the files uploaded for that submission. From the “Input Files” screen, the user can click the “Print Report” link to generate the ‘Input Files Report’ for that submission.
     2. The ‘Input Files Report’ is available for all submissions, regardless of whether they are test or production submissions. 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 MassQEX clinical data warehouse.

The MassQEX ‘Input Files Report’ contains the following information:

* File Name – the name of the XML file that was submitted
* Provider – the name of the submitting provider
* Measure Status – test or measure
* Date – the date that the file was submitted
* Processed – indicates whether the file was processed
* Status – indicates if the file processing ended with an error or an OK status.
* 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.

* + 1. *Error Message -* An error message identifies a problem with the file which needs to be corrected before resubmission by the hospital.
    2. *OK Message*-If message has OK status, then the data file was processed with no errors as previously described.

Hospitals 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. HQEIP Data Audit Methodology

The Executive Office of Health and Human Services’ Office of Medicaid (MassHealth) requires that hospitals pass medical record data audit as part of MassHealth HQEIP program participation. The MassHealth contractor will perform all aspects of the audit process for the HQEIP Supplemental File Measures. All Supplemental File Measures are subject to the audit methods described in this section.

### A. Overview of HQEIP Data Audit Process

1. **Purpose:** The purpose of the HQEIP Supplemental File Measures audit is to verify that the Member-level data submitted by hospitals is accurate and reliable for calculating performance scores and incentive payments. The MassHealth contractor will identify a sample of cases from the Supplemental File Measures submitted via the MassQEX HQEIP portal for audit. The measures included in the medical record audit are:
   * Health-Related Social Needs Screening
   * Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English
   * Disability Accommodation Needs
2. **Chart Sampling:** The HQEIP audit will be performed on a random sample of numerator qualifying events from the three supplemental file measures. The audit will *only* include cases that were numerator compliant.
   * A random sample of twelve (12) charts are identified for each of the supplemental file measures.
   * If the hospital does not meet or exceed the audit standard (80%), MassHealth will request an additional twelve (12) files for each measure that did not pass.
   * If the hospital does not meet or exceed audit standard for a second time, then the hospital fails audit for the measure year.
3. **Case List Request:** The MassHealth contractor will post the applicable year case list requests for the supplemental file measures in the MassQEX HQEIP secure portal for hospital users to download. Hospital Health Equity Key Quality Contacts and the MassQEX HQEIP staff users are responsible for communicating and coordinating this chart data submission requirement to staff.
4. **MassQEX Notice:** The MassHealth contractor will notify hospitals, via the MassQEX HQEIP list-serve, when the hospital cases selected for audit have been posted.
5. **Submission Window**: Each hospital’s case list request document includes the submission deadline by which the MassHealth contractor must receive all records. The MassHealth contractor will contact hospitals, by email or telephone, if any requested records have not been received within four (4) calendar days before the submission deadline.

### B. Case Submission Content

Documentation requested for the supplemental file measures will differ by measure. Documentation can include medical records, notes, charts, etc. Below lists the audit request submission content by measure.

Table 6-1. HQEIP Supplemental File Measure Audit: Fields Included

|  |  |
| --- | --- |
| **Measure Name** | **Audit Fields** |
| HRSN Supplemental File | * HRSN Screen Occurred * Positive Screen Documentation |
| Language Access Supplemental File | * Interpreter service was provided, or In-language service was provided |
| Accommodation Needs Supplemental File | * Disability Accommodation Needs Screening Occurred * Disability Accommodation Needs Request Documented |

For a list of definitions of each of the fields included in the HQEIP Supplemental File Measure audit, please refer to the Technical Specifications for the MassHealth Hospital Quality and Equity Incentive Program (HQEIP): <https://www.mass.gov/masshealth-quality-and-equity-incentive-programs>

### C. Secure File Transfer Portal (SFTP) Method

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

1. **SFTP System Description**. Hospitals will upload medical records electronically via the MassQEX HQEIP portal using the Go Anywhere secure file transfer application per instructions in this MassHealth User Guide. The secure file transfer method conducts transmission of the data using FIPS 140-2 compliant encryption algorithms and verified certificates while meeting Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards.
2. **SFTP System Specification**. The system specification includes:
   * The preferred browser for the secure file transfer application is Google Chrome.
   * File size cannot be larger than 1 GB per upload.
   * More than one file may be transferred at a time.
   * Each file must be uploaded in Adobe PDF format only.
   * Zip files with PDF documents may be uploaded.
   * Submit PDF files that have not been password protected or encrypted.
   * Uploaded files are routed to a secure directory and then deleted from the server.
   * The MassQEX HQEIP portal sends a confirmation e-mail to the SFTP sender for each file uploaded.
   * The SFTP feature is available 24 hours/7days during the chart submission window.
3. **Creating SFTP User Accounts**
   * **Account Type** 
     + **Account Limit:** Each hospital may designate two (2) SFTP users. If the hospital user is not already registered for the MassQEX portal, the hospital must complete an SFTP user registration form using the instructions that follow.
     + **Limited User Access:** Each authorized SFTP user is limited to medical record uploads only and cannot access other MassQEX portal data reporting or processing functions. All SFTP users must coordinate with their authorized MassQEX registered users to obtain a copy of the requested record information for the audit.

**Completing SFTP User Account Registration Form**

* + **Current HQEIP MassQEX User:** 
    - Active MassQEX HQEIP registered users already authorized by their hospital Health Equity Key Contact can request an SFTP user account by submitting an email to the HQEIP Help Desk at qeiphelp@telligen.com.
    - A separate SFTP user on-line form will not be required.
    - This arrangement can provide a backup option to the one SFTP user account limit to prevent possible interruption of access to MassQEX portal for record uploads.
  + **Non-MassQEX portal user:**
    - The MassQEX portal will display a SFTP user registration form under “User Resources”.
    - Select “Register for SFTP Account” which will display the on-line fillable form.
    - Complete entry of all fields and print the document.
    - User must obtain signature of hospital Health Equity Key Contact.
    - Submit signed SFTP user form to HQEIP Help Desk via email: [qeiphelp@telligen.com](mailto:qeiphelp@telligen.com) .
    - MassQEX will create the SFTP account and send the authorized individual two emails, one with the assigned user name and another with a temporary password.
    - The authorized individual user will reset the temporary password after which the account is active for file upload

1. **Preparing Records for SFTP.** The MassQEX HQEIP portal will accept imaged medical record files in Adobe PDF format only. Instructions on how to prepare records for secure file transfer follows:
   * Each patient record must be a separate PDF file.
   * Each file requires a unique file name that includes hospital name, patient name or audit control number.
   * 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
2. **SFTP Upload Procedure** 
   * Only individuals with an authorized SFTP user account can upload medical record files.
   * A link to access SFTP will be displayed on MassQEX portal homepage.
   * Clicking on the link will bring the user to the log in page.
   * Enter your SFTP user-name and password; you will enter a secure folders page.
   * SFTP user will open their applicable hospital folder and select “upload” for file transfer.
   * The Browse dialogue box displays. After selecting the file(s), click Open.
   * The upload is completed for the file(s) selected.
   * The SFTP sender of the file(s) receives a confirmation e-mail for each file uploaded.
3. **SFTP User Compliance** 
   * All record files will be date/time stamped upon submission through SFTP system. Record files received after the 5:00pm 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. Hospitals should minimize errors in transmittal of sensitive patient information whenever possible.
   * Record files that are not in the required PDF format will not be processed for review.
4. **Calculating Overall Audit Results**
5. **File Request.** The EOHHS contractor will identify an annual sample of twelve (12) cases from each of the three Supplemental File Measures submitted via the MassQEX HQEIP portal for audit.

**Note:** If a hospital does not meet audit agreement standard of greater than or equal to 80%, then EOHHS contractor will identify a sample of an additional twelve (12) cases from the remaining cases.

1. **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.