PY2 CQEIP User Guide Release Notes (Version PY2.1)

Supplement to:

Performance Year 2 (PY2) Community Behavioral Health Center (CBHC) Quality and Equity Incentive Program (CBHC QEIP) Portal User Guide

Introduction

A. Purpose

Release Notes provide organizations with interim updates on the MassHealth Community Behavioral Health Center (CBHC) Quality and Equity Incentive Program (CQEIP) Portal User Guide for the applicable measurement period. These release notes are a supplement to the PY2 CBHC Quality and Equity Incentive Program (CQEIP) Portal User Guide which outlines portal requirements and information related to data submission and reporting. For information specific to measure specifications, please refer to the published specifications on Mass.gov website: MassHealth Quality and Equity Incentive Programs | Mass.gov

1) Key Updates:

Effective for PY2 (CY2025):

a. **Clarify Case Minimum Requirement**: Organizations must have greater than or equal to 30 cases in the denominator for a measure to be eligible for audit for the measure.

b. **Updates to Audit Case Selection Methodologies**:
   a. Audit case selection methodology for the Health-Related Social Needs Screen (HRSN) measure.
   b. Audit case selection methodology for the Disability Accommodation Needs measure.

c. Updates to Audit Abstraction Guidance
   a. Added detail to the "Audit Guidance by Measure" to support audit documentation.
   b. Added a descriptive section for "memos," with detail on the optional memo requirements.

B. Release Notes Guideline

Updates in the CQEIP Portal User Guide are organized to supplement the PY2 CQEIP Portal User Guide table of contents core sections and appendices using the following headings. Changes to content previously published in the PY2 CQEIP CQMV Portal User Guide are identified using *red, italicized, underlined text*. Table A, below, includes the following information with respect to each update:

1. **Location of Update** – identifies the manual section that is impacted by the change listed. Key impacts are updates that substantively affect reporting or audit requirements.
2. **Update** – identifies the specific content within the user guide section where the change was made.
3. **Update Description and Rationale** – a brief statement on the reason why the change was made.

Contact the QEIP Helpdesk at *qeiphelp@telligen.com* for any questions about the contents of this Release Notes document.

Section 1: Summary of Changes in PY2 CQEIP Portal User Guide Release Notes (vPY2.1)

The content below is organized to follow the Table of Contents in the PY2 CQEIP CQMV Portal User Guide. This section summarizes the location of the update, description of the update, and rationale for the updated requirements.

Table A – Changes to Data Reporting Specifications

Location of Update	Update	Update Description and Rationale
Section 6.A. QEIP Data Audit Methodology	• Clarify case minimum requirement for audit eligibility. • Add "Important Definitions." • Clarify "Overview of Supplemental File Data Audit Process"	• To align with guidance in the MassHealth QEIP Performance Assessment Methodology (PAM) for minimum denominator for Pay-for-Performance measures. • Added "Important Definitions" to clarify and support organizations in interpreting audit requirements. • To support organizations in understanding the audit process.
Section 6.A CQEIP Data Audit Methodology, Table 1	• Update to HRSN audit case selection criteria. • Update to Disability Accommodation Needs audit case selection criteria.	• Increase volume of valid eligible cases for audit selection.
Section 6.C Audit Guidance by Measure	• Provide clarifications on audit documentation for each measure.	• To support entities in providing meaningful audit documentation.
Section 6.D Audit Documentation	• Add information on optional memo requirements.	• Organizations are encouraged to provide a separate memo along with their documentation, which can clarify processes and procedures that are not documented in the EMR. The intention of this update is to support entities in their successful submission of audit documentation.

Section 6.A. Case Sampling

A. Supplemental File Data Audit Process

All organizations participating in QEIP are subject to data audit for reported supplemental file measures as part of the MassHealth CBHC QEIP. The MassHealth contractor will perform all aspects of the audit process for supplemental file measure data reported. All supplemental file measures are subject to the audit methods described in this section. *There will be two audit rounds offered.*

***Important Definitions**:*

1. ***Audit Round One** (1): This is a required audit for all eligible entities. All entities will receive an Audit Round One report.*

2. ***Audit Round Two** (2): Only entities that do not meet passing threshold in Audit Round One for one or more Pay-for-Performance (P4P) measures in Round One may participate in Audit Round Two. This is an additional opportunity to pass the audit for any P4P measure that did not meet passing threshold in Round One. Audit Round Two is distinct from Audit Round One.*

3. ***Case Compliance**: The MassHealth vendor reviews documentation for **each case** selected for audit to ensure that what the organization submitted in their supplemental file data is accurate to documentation in the record. Compliance is calculated at a case level – therefore, the MassHealth vendor is confirming that if a case is in the numerator for a specific measure, the documentation supports that the case meets numerator criteria. For example, if the organization's supplemental file shows that an HRSN screen occurred, then the documentation must show that an HRSN screen occurred to be compliant for that case.*

4. ***Passing Threshold:** In Round One audit, entities who meet case compliance on at least 80% of cases for each of the P4P measures respectively will meet passing threshold for that measure. Round One audit "Pass" or "Did not meet Threshold to Pass" status designation is considered final at the time of posting initial reports. Entities that do not meet the 80% threshold for case compliance for one or more measures are included in Audit Round Two.*

   Entities who meet the passing threshold in Round One for all P4P measures will end audit and Audit Round One will be considered their final audit results. For entities who do not meet the passing threshold in Audit Round One for a measure, their results from Audit Round Two will be considered their final audit results for that measure. In Round Two, the passing threshold is also 80% compliance for each of the P4P measures.

5. ***Case Minimum Requirement:** The organization must have at least 30 denominator events per measure to be eligible for audit on that measure. For example, an organization that has 25 cases in the HRSN measure denominator, 30 cases in the Language Access measure denominator, and 35 cases in the Accommodation Needs measure denominator will only be eligible for audit on Language Access and Accommodation Needs measures.*

1) *Overview* of Supplemental File Data Audit Process

a) **Purpose:** Annually, MassHealth will perform data audit on the supplemental file measures to ensure the accuracy and reliability of data used for performance. *The MassHealth contractor will identify a sample of cases from reported case-level data files submitted via the secure web portal for audit. The organization's supplemental data file submission will be compared to the medical record documentation submitted for audit. Organizations may pass one measure and fail another measure; compliance is calculated at the measure*

level. Organization will fail a measure if they meet less than 80% compliance on cases for that measure. Organizations that did not meet the passing threshold in Audit Round One will be eligible for Audit Round Two for that measure. A separate sample of cases that meet sampling eligibility will be drawn and abstracted. If an organization participates in Audit Round Two, then the results from the second audit will be considered final.

b) ***Audit Round One*** **Step-by-Step Process:**

1. Organizations submit supplemental files to the secure web portal with case-level detail by the due date outlined in the applicable year MassHealth CQEIP Technical Specifications.
2. MassHealth vendor randomly selects a sample of 12 cases per measure that meet criteria for case selection outlined in Table 1 (if less than 12 total cases meet criteria, all eligible cases are included in audit sample).
3. *Audit Round One Case Lists* are posted as PDF reports within the secure web portal with the cases selected for audit. Each measure has its own *Audit Round One Case List*. The MassHealth vendor will send a notification via list serv (via QEIPListserv) on the day *Audit Round One Case Lists* are ready for each measure. Case Lists include basic demographic information on the selected cases.
4. Organizations have three (3) weeks from the date of the Case List posting to submit requested documentation via secure file transfer within the portal.
5. The MassHealth vendor audits the documentation against the submitted data to confirm that the organization's original submission matches what is in the medical record. If the documentation matches the submitted supplemental data, then the case will be considered compliant.

c) ***Audit Round Two Step-by-Step Process:***

Only measures in P4P status where the organization did not meet passing threshold will be eligible for audit in Audit Round Two.

1. *MassHealth vendor randomly selects a sample of 18 cases per measure that meet criteria for case selection outlined in Table 1 (if less than 18 total cases meet criteria, all eligible cases are included in audit sample).*
2. *Organizations have two (2) weeks from the date of the Case List posting to submit requested documentation via secure file transfer within the portal.*
3. *The MassHealth vendor audits the documentation against the submitted data to confirm that the organization's original submission matches what is in the medical record. If the documentation matches the submitted supplemental data, then the case will be considered compliant.*

d) ***Calculate Final Audit Results (Agreement Rate):*** *If an organization meets the passing threshold for a measure in P4P status in Audit Round One, the result from Audit Round One will be used in the Year-End Final Results. If an organization does not meet the passing threshold in Audit Round One for a measure, their results from Audit Round Two will be considered their final audit results for that measure. In Round One and Round Two, the passing threshold is 80% compliance for each of the P4P measures. The overall audit results are computed as follows:*

- *Agreement Rate: The proportion of cases that were compliant for each measure.*

  Calculated as: *Number of Compliant Cases/ Total Cases Reviewed for the Measure*

Note: audit results will be computed at the measure level

e) ***Reporting Audit Results.*** *There will be two reports with the Audit Results for organizations to review.*

1. ***Audit Round 1 Report:*** *All eligible organizations will have an Audit Round One Report. The Audit Round One Report will include information on cases that were compliant or not compliant as well as*

a measure agreement rate for each measure. Reports will include educational comments on all cases that were not compliant in Audit Round One.

2. ***Year-End Final Results**: All eligible organizations will have an Audit Year-End Results Report that reflects final Audit Pass or Fail status by measure after both Audit Round One and Audit Round Two, if applicable, are complete. This report will reflect the organization's final results, as outlined in 1.d) above.*

f) **Case Sampling:** Table 1 shows the process for case selection by measure. The audit occurs once annually following submission of the supplemental file data.

Table 1. Case Selection Criteria by Measure

Measure Name	Criteria for Case Selection	Criteria from File Submission
HRSN	• Screened or opted out of screening for HRSN (i.e. in numerator for Rate 1)	• FI_SCREEN = Y or O, ***OR*** • UI_SCREEN = Y or O, ***OR*** • HI_SCREEN = Y or O, ***OR*** • TN_SCREEN = Y or O • *AND did not enter optional ICD codes for "Code_FI," "Code_UI," "Code_HI," or "Code_TN"*
Language Access	• Had a language service (in numerator)	• LANG_SERV = Y
Accommodation Needs	• Had an accommodation needs screen performed ***AND*** screened positive ***AND*** accommodation needs request documented (in numerator for Rate 1 **and** Rate 2)** • *If there are not enough cases to meet sample volume using above criteria:* • *Select cases where an accommodation needs screen was performed (in numerator for Rate 1 **only**)*	• SCREEN = Y ***AND*** • REQUEST_DOCUMENTED = Y

Audit Round 1 Examples:

***Example 1:** For Audit Round One, if the organization has 3 eligible cases for HRSN and 200 eligible cases for Language Access. The audit sample will include all 3 eligible cases from HRSN and a random selection of 12 cases from Language Access.*

***Example 2:** For Audit Round One, if the organization has 0 eligible cases for Language Access and 200 eligible cases for Accommodation Needs. The audit sample will include a random selection of 12 cases from Accommodation Needs.*

***Example 3:** For Audit Round One, if the organization has 200 eligible cases for HRSN and 200 cases for Accommodation Needs. The audit sample will include a random selection of 12 cases from HRSN and a random selection of 12 cases from Accommodation Needs.*

Audit Round 2 Example:

Example 4: *In Audit Round One, the organization meets the "passing threshold" for the Language Access and the Accommodation Needs measures, but does not meet the "passing threshold" for the HRSN measure. For Audit Round Two, the organization has 15 eligible cases for HRSN. The audit sample will include all 15 eligible cases from HRSN.*

g) **Case List Request:** The MassHealth contractor will post the applicable year case list requests for the supplemental file measures in the secure portal for organization users to download. Organization Health Equity Key Contacts and the QEIP staff users are responsible for communicating and coordinating this chart data submission requirement to staff. Below outlines how to navigate to the Case List:

1. Log into CBHC QEIP portal: *https://cqmv.telligen.com/rdc/*
2. Navigate to "QEIP Reports" on the Reporting card
3. Select Report Name: "Validation Case Lists" *for the applicable Audit round*
4. Select specific measure and select the green "Download" button to download list for each measure. Report will be in a PDF format.

h) **QEIP Notice:** The MassHealth contractor will notify organizations, via the QEIP list-serve, when the organization cases selected for audit have been posted.

i) **Submission Window**: Each organization's case list request document includes the submission deadline by which the MassHealth contractor must receive all records. The MassHealth contractor will contact organizations, by email or telephone, if any requested records have not been received within four (4) calendar days before the submission deadline. Records may not be submitted or altered after the submission deadline has passed.

j) **Submission Instructions**: Upload documentation within the CQEIP portal. After preparing documentation for upload, access the "Audit Documentation" card on the portal home screen. Select "Choose File" and locate documents for upload. Select green "UPLOAD FILE" button when ready to submit documentation.

B. Secure Audit Documentation Upload Process

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

1. **SFTP Upload Procedure**
   - Organizations will access the file upload feature within the portal. To access the file upload feature, follow the steps below.
     - Log into the secure QEIP portal using your unique organization username and password.
     - Navigate to the "Audit Documentation Upload" page on the portal homepage or navigate to the Left Side Navigation and select the three horizontal lines (also called Hamburger) in the left-hand corner. Select "Audit Documentation Upload."
     - Upload requested records for audit.
     - Additional detail on file upload will be communicated by List Serv prior to the submission period.
2. **Preparing Records for Upload.** The CQEIP portal will accept imaged medical record files in Adobe PDF format only. Instructions on how to prepare records for secure file transfer follows:
   - Each member record must be a separate PDF file.
   - Each file requires a unique file name that is labeled with the unique Case Identifier included in the Case List. Enter the Unique Case Identifier and the Patients Date of Birth (DOB) provided on the Case List.

- 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.
- Organizations are encouraged to submit a memo in addition to their medical record documentation that outlines a crosswalk or definitions for the fields in their Electronic Medical Record (EMR).

3. **SFTP User Compliance**
   - All record files will be date/time stamped upon submission through SFTP system. Record files received after the 5:00pm ET 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. Organizations should minimize errors in transmittal of sensitive member information whenever possible.
   - Record files that are not in the required PDF format will not be processed for review.

C. Audit Guidance by Measure

This section provides audit guidance by measure to support organizations in submitting their audit documentation. For a list of definitions of each of the fields included in the CQEIP Supplemental File Measure audit, please refer to the Technical Specifications posted on the Mass.gov website: https://www.mass.gov/masshealth-quality-and-equity-incentive-programs

1) **Measure:** HRSN

Goal: To assess two rates:

- **Rate 1:** Members were screened for HRSN. The screening tool must contain at least 1 question related to all four domains: *Housing Instability, Food Insecurity, Transportation Needs, Utility Difficulties.* To be *compliant for this measure*, the member can either:
  - Answer (at least 1) ≥1 of the screening questions; *not all questions have to be answered to meet measure.*
  - Be offered an HRSN screening and opt out
- **Rate 2:** Member's screen results (positive, negative, or not applicable) for any of the four domains. If the member opted out of screening in Rate 1, then documentation of a positive or negative result is not required for Rate 2. ***Notes on Rate 2:***
  - *Audit Results for Rate 2 are informational only.*
  - *If the MassHealth vendor abstracts screen=N for a given domain during the audit of Rate 1, then the audit of Rate 2 for that domain will not be applicable, and the audit will end for that domain.*

For example: *The organization supplemental file includes that the member had an HRSN screen on 1/1/2025, with screen = Yes for all four domains. During the audit, the MassHealth vendor reviews documentation showing the patient was only screened for Food Insecurity and Transportation Needs. The vendor will only audit Rate 2 for Food Insecurity and Transportation Needs. Thus, only if the vendor abstracts screen=Y (yes), the audit proceeds to review of positive screening documentation.*

Notes:

- **The tool MUST include a question(s) for all four of the HRSN domains (even if the patient does not answer all 4 questions)**
- *The organization is responsible for identifying and reporting the most recent screen within the catchment period for that event/encounter in the appropriate measure period that is numerator compliant*
- Examples of screening tools are found within technical specifications.

- *Documentation of "Unable to ask" does not indicate member was screened OR opted out of any of the four domains.*
- *A screenshot of an order for an HRSN Screener that does not clearly indicate if the member was screened or opted out of any of the four domains will not meet compliance for this measure.*

Examples of documentation:

- Screenshots of survey, screening tool, questionnaire, or evaluation tool
- *Screenshot must include at least 1 question related to each domain*
    - *Housing Instability*
    - *Food Insecurity*
    - *Transportation Needs*
    - *Utility Difficulties*
- Screenshot of nurse, physician, or social worker notes

2) **Measure:** Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English

Goal: Review documentation to determine if members with a non-English preferred spoken language had a language service during the stay (can be either interpreter service or an in-language service)

Notes:

- Language services are defined in the technical specifications.
- *Documentation that interpreter services or in-language services was provided during the eligible event for a patient with a preferred language other than English.*
    - *Documentation **MUST** include the patient's preferred spoken language other than English.*
    - *Documentation **MUST** demonstrate that interpreter services were provided by qualified interpreter or a multilingual staff member or provider.*
- *In cases where the above is not explicitly demonstrated for in-language services provided by bi-lingual/multi-lingual providers, documentation must include all three.*
        - *Patient's preferred spoken language other than English*
        - *Name of provider, who speaks the non-English preferred spoken language of the patient, conducting the patient's visit*
        - *Evidence that provider is a qualified bi-lingual/multi-lingual provider who speaks the non-English preferred spoken language of the patient.*
- *Interpreter services **must be** delivered by qualified interpreters employed or contracted by the provider or by a bi-/multi-lingual staff member or provider providing care in a non-English language preferred by the member and who meet competency for translation.*
- *The language service cannot be provided by a family member or support person as a sole interpreter.*
- *Although the language service may be done virtually (by phone, tablet, etc.), it must be with an individual qualified to provide language services. The language service cannot only be a translation tool (such as AI or an app).*

Examples of documentation:

- Screenshots of nurse, physician, or social work notes
- Header information included in visit summary or visit notes
- *Documentation that includes the patient's preferred non-English language accompanied by:*

- *A note in the "Communications" or "Additional Documentation" section that states: "John Smith MD is an approved bilingual provider in the following language: Spanish", with documentation that the patient's preferred spoken language is Spanish.*
- *An additional screenshot of the provider profile which lists their languages. "John Smith… Languages: Spanish"*
- *A note in the "Progress Notes" section which states: "John Smith - Approved Bilingual Provider #XYZ" and additional screenshot listing the approved languages for the provider.*

3) **Measure:** Disability Accommodation Needs

Goal: Review documentation to confirm the following:

1. **Rate 1:** All cases [with a disability] have been screened for an accommodation need, and the screen is documented in the record or was offered a screen and opted out
2. **Rate 2:** For all cases who screened positive and requested an accommodation need, the accommodation need is documented. ***Please note: Rate 2 is informational only***

Notes:

- An accommodation needs screen is defined in the technical specifications.
- The organization must have documentation for Rate 1 to pass for each case
- Documenting only a disability screening eliciting disability status (e.g., 6 HHS disability questions, Activities of Daily Living (ADL) Questionnaire) does not meet criteria for accommodation needs screening.
- Stating "Accommodation Needs: Other" is not specific enough to count as documentation of an accommodation request for Rate 2.
- Documenting an accommodation request alone (i.e., "Accommodation?: Wheelchair") will not count for Rate 1. This will count as documentation of an accommodation documented (Rate 2), but does not count as a screening for accommodation needs.
    - *Organizations may submit the specific result **with a memo** to clarify their internal process and/or EMR. For example, the memo might explain the screening process to demonstrate a screen was performed.*
- *A screenshot alone of just the specific result of the accommodation needs screen is not sufficient to pass Rate 1 (but does pass Rate 2).*
    - *Organizations may submit the specific result **with a memo** to clarify their internal process and/or EMR. For example, the memo might explain the screening process to demonstrate a screen was performed.*
- The patient may actively validate that ongoing accommodation need(s) as documented in the medical record continue to be sufficient instead of having a screening

Examples of Documentation for Audit:

- Screenshot of a screening tool, questionnaire, or evaluation
- Screenshots of nurse, physician, or social work notes
- May be specific (e.g., member requests American Sign Language Interpreter) or categorical (e.g., member requests communication accommodations) at the discretion of the provider organization)

D. *Audit Documentation*

Organizations may submit an optional memo as part of the audit to clarify processes and procedures for measure compliance that are not reflected in the medical record documentation or are not clear from

documentation. The memo may state the organization's process or Electronic Medical Record (EMR) build characteristics in addition to the requested medical record documentation.

As an example, the organization's medical record may show the following for the Preferred Language Access measure:

Translator = Yes

The statement above does not clearly distinguish if the patient needs a translator or if there was a provision of translator services. In this scenario, the organization is encouraged to submit a memo to outline the process for documentation and clarify that the statement is used to represent a provision of services.

The memo may include information relevant to each of the measures if desired and may be submitted once to apply to all measures requested in the audit Round. If a Round Two audit occurs, a new memo must be submitted to apply to the cases selected for Round Two (if providing a memo).