PY3 HQEIP User Guide

Release Notes

(Version PY3.1)

Supplement to:

Performance Year 3 (PY3) Hospital Quality and Equity Incentives Program (HQEIP) Portal User Guide

Introduction

A. Purpose

Release Notes provide hospitals with interim updates on the MassHealth Acute Hospital Quality and Equity Incentive Program (HQEIP) Portal User Guide for the applicable measurement period. These release notes are meant to be used as a supplement to the PY3 HQEIP 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 PY3 (CY2025):

a. **Clarify Case Minimum Requirement**: Hospitals 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 HQEIP Portal User Guide are organized to supplement the PY3 HQEIP Portal User Guide table of contents core sections and appendices using the following headings. Changes to content previously published in the PY3 HQEIP MassQEX 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 PY3 HQEIP Portal User Guide Release Notes (vPY3.1)

The content below is organized to follow the Table of Contents in the PY3 HQEIP MassQEX 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. HQEIP 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 HQEIP Performance Assessment Methodology (PAM) for minimum denominator for Pay-for-Performance measures. • Added "Important Definitions" to clarify and support hospitals in interpreting audit requirements. • To support hospitals in understanding the audit process.
Section 6.A HQEIP 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.	• Hospitals 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 HQEIP are subject to data audit for reported supplemental file measures as part of the MassHealth HQEIP. 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/sub-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 hospital'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/sub-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 measure/sub-measure are included in Audit Round Two.*

   Entities who meet the passing threshold in Round One for all P4P measures/sub-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/sub-measure, their results from Audit Round Two will be considered their final audit results for that measure/sub-measure. In Round Two, the passing threshold is also 80% compliance for each of the P4P measures/sub-measures.

5. ***Case Minimum Requirement:** The hospital must have at least 30 denominator events per measure and/or sub-measure to be eligible for audit on that measure. For example, a hospital 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 hospital's supplemental data file submission will be compared to the medical record documentation submitted for audit.

Hospitals may pass one measure and fail another measure; compliance is calculated at the measure/sub-measure (i.e., by setting/discharge type) level. Hospitals will fail a measure/sub-measure if they meet less than 80% compliance on cases for that measure/sub-measure. *Hospitals that did not meet the passing threshold in Audit Round One will be eligible for Audit Round Two for that measure/sub-measure*. A separate sample of cases that meet sampling eligibility will be drawn and abstracted. *If a hospital 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. Hospitals submit supplemental files to the secure web portal with case-level detail by the due date outlined in the applicable year MassHealth HQEIP Technical Specifications.
2. MassHealth vendor randomly selects a sample of 12 cases per measure/*sub-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. Note that there will be separate case lists per setting (e.g., ED and inpatient/observation stays).
4. Hospitals 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 hospital'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 hospital 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/sub-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). Only measures/sub-measures in P4P status where the hospital did not meet passing threshold will be eligible for audit in Audit Round Two.*
2. *Hospitals 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 hospital'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 a hospital meets the passing threshold for a measure/sub-measure in P4P status in Audit Round One, the result from Audit Round One will be used in the Year-End Final Results. If a hospital does not meet the passing threshold in Audit Round One for a measure/sub-measure, their results from Audit Round Two will be considered their final audit results for that measure/sub-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/sub-measure level (i.e., setting/ discharge type).

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

1. ***Audit Round 1 Report:*** *All eligible hospitals 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 hospitals 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 hospital'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 – *Inpatient or Observation Stay* HRSN – *Emergency Department*	• 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 - *Inpatient or Observation Stay* Language Access - *Emergency Department*	• Had a language service (in numerator)	• LANG_SERV = Y
Accommodation Needs- *Inpatient or Observation Stay* Accommodation Needs – *Ambulatory Radiology*	• 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 hospital has 3 eligible cases for HRSN – Inpatient or Observation Stay and 200 eligible cases for HRSN – Emergency Department. The audit sample will include all 3 eligible cases from HRSN - Inpatient or Observation Stay and a random selection of 12 cases from HRSN – Emergency Department.

Example 2: *For Audit Round One,* if the hospital has 0 eligible cases for Language Access - Emergency Department and 200 eligible cases for Language Access - Inpatient or Observation Stay. The audit sample will include a random selection of 12 cases from Language Access - Inpatient or Observation Stay.

Example 3: *For Audit Round One,* if the hospital has 200 eligible cases for Accommodation Needs - Inpatient or Observation Stay and 200 eligible cases for Accommodation Needs – Ambulatory Radiology. The audit sample will include a random selection of 12 cases from Accommodation Needs - Inpatient or Observation Stay and a random selection of 12 cases from Accommodation Needs – Ambulatory Radiology.

Audit Round 2 Example:

Example 4: *In Audit Round One, the hospital meets the "passing threshold" for the Language Access and the Accommodation Needs measures, but does not meet the "passing threshold" for the HRSN measure – Inpatient or Observation Stay. For Audit Round Two, the hospital has 15 eligible cases for HRSN – Inpatient or Observation Stay. The audit sample will include all 15 eligible cases from HRSN – Inpatient or Observation Stay. Cases from HRSN – Emergency Department are not applicable for Audit Round Two because it is not in P4P status.*

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 hospital users to download. Hospital 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 HQEIP portal: *https://massqex-portal.telligen.com/*
   2. Navigate to "Reports" on the Getting Started menu
   3. Select Report Name: "Case Lists" *for the applicable Audit round*
   4. Choose Performance Year
   5. Download case list for each measure *and subpopulation (as applicable)*. Report will be in a PDF format.

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

i) **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. Records may not be submitted or altered after the submission deadline has passed.

j) **Submission Instructions:** All requested documentation must be submitted via the HQEIP Secure File Transfer Portal (SFTP) at https://massqex-transfer.telligen.com/. Only authorized HQEIP SFTP users may access the SFTP site to upload documentation. Please ensure submissions are within folder titled, "QEIP – Hospital Name."

B. Secure Audit Documentation Upload Process

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

1. **Preparing Records for Upload.** The 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 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).

2. 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. Hospitals 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 QEIP 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 hospital 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)**
- 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
- *Documentation should be provided from the most recent screening date*

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**.**
- *When there is not explicit documentation of a language assistance service in the Electronic Medical Record (EMR), the hospital must document the provider who conducted the visit is an approved bi-lingual/multilingual provider who speaks the non-English preferred spoken language of the patient.*
    - *MassHealth will look for documentation of the following (all three are required to meet compliance):*
        - *Patient's preferred spoken language other than English*
        - *Name of provider conducting the patient's visit*
        - *Evidence that provider is an 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

Notes:

- An accommodation needs screen is defined in the technical specifications.
- The organization must have documentation for the applicable rate(s) (e.g., depending on the case, either both Rate 1 and Rate 2 or only 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.*
- 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).
- *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

D. *Audit Documentation*

Hospitals 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 hospital's process or Electronic Medical Record (EMR) build characteristics in addition to the requested medical record documentation.

As an example, the hospital'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 hospital 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/sub-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).