Performance Year 2 (PY2)

ACO, MCO, and MBHV Quality and Equity Incentive Program (QEIP) Portal User Guide

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PY2 QEIP Portal User Guide

## 1. About this User Guide

This Quality and Equity Incentive Program (QEIP) Portal User Guide may be used as a resource to understand the technical requirements of the MassHealth QEIP for Accountable Care Organizations (ACOs), Managed Care Organizations (MCOs), and the MassHealth Managed Behavioral Health Vendor (MBHV).

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 organizations participating in QEIP. This guide is not meant to cover measure specifications. For detailed information on QEIP implementation, measure specifications, and reporting deadlines, please refer to the Technical Specifications published on Mass.gov website: <https://www.mass.gov/masshealth-quality-and-equity-incentive-programs>

This guide is applicable only to organizations submitting Medicaid member data to the QEIP portal. Organizations with special exceptions and exemptions for the QEIP should contact MassHealth for additional information at: [Health.Equity@mass.gov](mailto:Health.Equity@mass.gov)

Please reach out to us if you have any questions about the QEIP 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 organizations must use the versions of the forms posted on the Mass.Gov website at [MassHealth Organization Quality and Equity Incentive Program (QEIP) | Mass.gov](https://www.mass.gov/info-details/masshealth-hospital-quality-and-equity-incentive-program-hqeip)
2. **QEIP Portal Homepage:** Telligen is the MassHealth contractor who manages the secure portal that collects and analyzes all QEIP measures data on MassHealth’s behalf. The portal homepage is located on: <https://cqmv.telligen.com/rdc/>. See Section 2 of this User Guide for details.
3. **QEIP Portal Registration:** All online entry portal user registration forms are located on the QEIP portal homepage at: <https://cqmv.telligen.com/rdc/>
4. **QEIP 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. QEIP Portal Overview

### A. QEIP Portal Registration

Before an organization can submit data files for the QEIP quality measures or submit medical records needed for audit, a representative from the organization must register and maintain an active portal account in the QEIP portal.

1. Opening an Account.All organizations must set up user accounts to access the secure web portal using the on-line registration form.Each organization must identify the individual users that will be authorized to submit and conduct all data transactions on the organization’s behalf. The users can be individuals from the organization’s staff.
2. **Account Limits.** MassHealth sets a maximum limit of user accounts that the organization can identify as the registered user.
   * The organization can identify a maximum of five (5) accounts for QEIP organization Administrator and Staff users. The organization may have a maximum of two (2) accounts for QEIP Administrators and up to five (5) accounts across user roles.
   * If an individual needs to access QEIP for more than one organization, they will need to register for each organization separately. They will use a unique username and password for each unique organization they intend to access.
   * Newly identified users must complete user registration requirements described in this section to gain access to the secure web portal.
3. User Roles**.** When completing the registration, the individual will be prompted to register for a specific role they intend to use in the program. The roles specific to the QEIP program are defined as:
   * **QEIP Staff User:** This is a staff user of the organization who will participate in file upload, data review, etc.
   * **QEIP Administrator:** This is an organization lead designated by the organization as one of the Health Equity Key contacts. This role has unique permissions to activate QEIP Staff User accounts and other QEIP Administrator accounts for their organization. These individuals have the same access to file upload, data review, etc. as Staff Users.
4. Completing User Registration Form. Each organization will register one to two QEIP Administrators to manage Staff User accounts. QEIP Administration access will be reviewed and processed by the MassHealth contractor and QEIP Staff User access will be reviewed and processed by each individual organization. The new user must complete an electronic registration form located on the portal homepage. One of the organization’s designated QEIP Administrators must authorize the individual designated to be the registered user for that organization site. The form can be completed by following the steps below:
5. Navigate to the QEIP portal here: [cqmv.telligen.com](https://cqmv.telligen.com/rdc/)
6. Select “Register for Account”
7. When prompted to select “Program”, use the drop-down menu to select, “ACO/MCO/MBHV QEIP”
8. Enter First and Last Name
9. Begin typing name of Organization. A list of Organization Names will be available to select from. You may also use the drop-down menu to view and select the applicable Organization Name.
10. Use drop-down menu to select appropriate User Role
11. Enter email
12. Submit registration

Once information is entered, the user information will be saved in “Pending” status. **The Organization QEIP Administrator(s) will need to enter the portal to activate “Pending” users.**

**Note for existing QEIP Portal Users:** Registration for the QEIP program is required. Users who already have access to the QEIP Portal for a different program will need to request specific access to the QEIP portal. This will generate a new username and password that is specific to the QEIP program.

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

1. Account Activation and Deactivation Guidance for the QEIP Administrator**.** The QEIP Administrator(s) are responsible for activating and/or deactivating User Accounts for their organization.

**To activate an account:**

* + - 1. Navigate to the Left Side Navigation and select the three horizontal lines (also called Hamburger) in the left-hand corner.
      2. Navigate to “Contacts” on the Left Side Navigation menu.
      3. Review contacts for your organization where User Account Status = “Pending.”
      4. Review that the prospective user’s information is correct.
      5. Select “Activate Account” to activate account.
      6. This will generate two emails shared to the prospective user’s email: One with their username and one with their temporary password. The user will be prompted to update their password at login.

**To deactivate an account:**

1. Navigate to the Left Side Navigation and select the three horizontal lines (also called Hamburger) in the left-hand corner.
2. Navigate to “Contacts” on the Left Side Navigation menu.
3. Review contacts for your organization where User Account Status = “Active.”
4. Select the red “trash” symbol.
5. Enter reason for deactivation (optional). Select “Confirm” to deactivate.
6. **Forgot Password**. The portal provides instructions for setting up a password and is equipped with a “Forgot Password” option that will have the following functionality:

* After selecting “Forgot Password” on the log in screen, the user will be prompted to enter their username and email and select “Reset Password.” The user will receive two emails from QEIP Support. The first email will include their username and the second email will include a temporary password.
* Upon logging into the system, the user will be directed to Change Password and create a new password.

1. Locked Accounts. Organizations 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. **Locked Accounts-** defined as a user account that has not been logged into by the organization registered user in over 60 days or has failed log in three times. A QEIP Administrator can unlock a locked account within the portal.

**To unlock a locked account and reset a forgotten password:**

1. Navigate to the Left Side Navigation and select the three horizontal lines (also called Hamburger) in the left-hand corner.
2. Navigate to “Contacts” on the Left Side Navigation menu.
3. Identify the individual who is locked out of the account. Select the green “plus sign” symbol. Select “Activate.”
4. This will reactivate the user’s account and send a temporary password to that user.
5. The user will be prompted to select a new password after log in.
6. **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 organization 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 MassHealth Contractor is available to work with organization staff to assist in the implementation of technical data collection and transmittal procedures outlined in this User Guide.

**QEIP 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. Inquiries are addressed within one business day.

### C. Email Updates (List Servs)

**QEIP List-Serv.** The portal will share list serve updates to all registered QEIP portal authorized users. List servs provide updates on portal system functionality enhancements, status of portal production timelines, and other program related activities. Individuals not authorized as portal users may also register for the list serv by sending a request to the 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 QEIP measures that organizations will submit via the QEIP portal. As previously stated, this manual only focuses on the measures that require file upload within the QEIP portal, which are highlighted below.

The specifications for each measure are included in the Technical Specifications for the MassHealth QEIP, posted on: [https://www.mass.gov/info-details/masshealth-organization-quality-and-equity-incentive-program-QEIP](https://www.mass.gov/info-details/masshealth-hospital-quality-and-equity-incentive-program-hqeip)

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

| **Measure Name** | **Submission to QEIP 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 | N/A for PY2 |  |

Important timelines are also shared in the Technical Specifications located on Mass.gov website.

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

| **Submission Name** | **Applicable QEIP Measure** | **Measure Steward** | **Submission Description** | **Submission Detail** |
| --- | --- | --- | --- | --- |
| HRSN Supplemental File | Health-Related Social Needs Screening | MassHealth | * Pipe delimited file with eligible population, and * Detail on if a health-related social needs screen was performed, and health-related social needs identified | Organizations submit member-level supplemental file in QEIP Portal |
| Language Access Supplemental File | Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English | MassHealth | * Pipe delimited file with eligible population with preferred language other than English, and * Detail on if an in-language service or interpreter service was offered to member   ***Note****: MassHealth will share a sample to MCO and MBHV organizations for this measure. ACOs are responsible for sampling their own population.* | Organizations submit member-level supplemental file in QEIP Portal |

**Important Note about Submission Deadlines**

MassHealth allows organizations 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

Organizations must meet data accuracy and completeness requirements for all quality measures submitted in the portal listed in Table 3.2.

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

Table 3-3. Measure Data Completeness Criteria

|  |  |  |
| --- | --- | --- |
| Measure | Data Component | Description |
| HRSN, Language Access | Supplemental Member-Level File Data | Collect information from member electronic health records and other administrative data that apply to eligible population for supplemental file measures listed in Table 3.2. |
| HRSN, Language Access | Medical Record Documentation | Submit requested documentation for audit purposes for numerator event as requested by the MassHealth contractor. |
| HRSN, Language Access | 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 members, which includes information collected and abstracted from the member’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 organization 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 organization 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 member population.

## 4. Sampling Process for Preferred Language Access

### A. Population Sampling Specifications

Per the Technical Specifications for the MassHealth Accountable Care Organization QEIP (AQEIP), Managed Care Organization QEIP (MQEIP), and Managed Behavioral Health Vendor QEIP (MBHV-QEIP), organizations may provide a supplemental file on a sample of eligible members for the **Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English** measure. Sampling is only allowed for *Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English* measure.

For MCOs and the MBHV, MassHealth will share a sample of 432 members (411 with a 5% oversample) to the organizations. The organizations will provide data for the sample shared. ACOs are responsible for sampling their own population, if they choose to sample.

Please note, sampling should be done on the Eligible Population as described in the Technical Specifications posted on Mass.gov website for each respective program: <https://www.mass.gov/masshealth-quality-and-equity-incentive-programs>

### 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 organization 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 or cases 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**. Organizations 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. Organizations 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, organizations 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 organization has a large number of cases. Organizations 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 -* Organizations must sample cases from all eligible MassHealth cases and provide requested data for all sampled cases.
2. **Dates of Service.** Organizations must identify the Eligible Population using available databases that contain all eligible members enrolled in the organization during the reporting period.
3. **Enrollment Requirement**. Please refer to the Technical Specifications for the applicable MassHealth QEIP for details on enrollment requirements for the eligible population.

## 5. Portal Guidelines

This section outlines the technical guidelines for measures that are entered via the QEIP Portal. Organizations must comply with instructions provided in this section.

MassHealth has designated the QEIP portal 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 organizations and the MassHealth contractor.

The QEIP Portal address is: <https://cqmv.telligen.com/rdc/>. All aspects of the QEIP 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
* QEIP 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

The production environment is activated approximately 60 days before submission deadlines and then closed after each submission due date. Notices are sent via the QEIP 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 MassHealth QEIP measures.

### B. File Uploads

Organizations 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

The following outlines the process for uploading Supplemental Files in the QEIP portal.

1. **Uploading Supplemental File in Submission Tool**
   1. Navigate to the "Supplemental File Upload" page using one of the following options:
      * Select the “Supplemental Files” card on the portal homepage
      * Navigate to the Left Side Navigation and select the three horizontal lines (also called Hamburger) in the left-hand corner and select “Supplemental Files.”
   2. Use the drop-down menu next to “Organization” to select the reporting organization.
   3. Use the drop-down menu next to “Measure” to select the appropriate supplemental file measure being uploaded.
   4. Use the drop-down menu next to “Upload Type” to indicate if the file is a “Test” or “Production” file.
   5. Choose the appropriate file for upload.
   6. Click on “Upload File” to upload the file to the portal.
   7. Once you have reviewed TEST data and corrected any data errors, you may upload Measure Data for that measure.
2. **Supplemental File Specifications**: Organizations must submit data files using the MassHealth supplemental file layouts published on the Mass.gov website: [MassHealth Organization Quality and Equity Incentive Program (QEIP) | Mass.gov](https://www.mass.gov/info-details/masshealth-hospital-quality-and-equity-incentive-program-hqeip).

The organization 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.
2. **Production Data Files.** Organizations are required to use the MassHealth 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.

### C. Input Files Report

The portal is equipped with a reporting feature that provides users with summary information on data files uploaded to the QEIP data warehouse.

After upload, the organization is able to view their uploaded files and the status of each file at the bottom of the File Upload Page. If the organization would like a more formal report to download, they may navigate to the Input Files Report on the “Reporting” page of the QEIP Portal.

The Input Files Report is available for each file submitted to the portal.

* 1. **Input Files Report**. After a file is uploaded to the QEIP portal, any user in that organization may review detailed information on specifications met. This information is available to all users in the organization for previously submitted data files and for both test and production submissions.
     1. The ‘Input Files Report’ is available for all submissions, regardless of whether they are test or production submissions. You may use either one of the following options to navigate to the report:
        1. Select the “Reporting” card on the portal homepage, or,
        2. Navigate to the Left Side Navigation and select the three horizontal lines (also called Hamburger) in the left-hand corner and select “Reporting.”
     2. Select the “Input Files Report” option.
     3. 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 QEIP clinical data warehouse.

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

* File Name – the name of the XML file that was submitted
* Organization – the name of the submitting organization
* 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 organization.
    2. *OK Message*-If message has OK status, then the data file was processed with no errors as previously described.

Organizations 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. QEIP Data Audit Methodology

MassHealth requires that organizations pass medical record data audit as part of MassHealth QEIP participation. The MassHealth contractor will perform all aspects of the audit process for the QEIP Supplemental File Measures. All Supplemental File Measures are subject to the audit methods described in this section.

### A. Overview of QEIP Data Audit Process

1. **Purpose:** The purpose of the QEIP Supplemental File Measures audit is to verify that the Member-level data submitted by organizations 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 QEIP 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
2. **Chart Sampling:** The QEIP audit will be performed on a random sample of numerator qualifying events from the 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 organization does not meet or exceed the audit standard (80%), MassHealth will request an additional twelve (12) charts for each measure that did not pass.
   * If the organization does not meet or exceed audit standard for a second time, then the that measure is considered to not meet the audit standard 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 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.
4. **QEIP Notice:** The MassHealth contractor will notify organizations, via the QEIP list-serve, when the organization cases selected for audit have been posted.
5. **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.

B. Case Submission Content

Documentation requested for the supplemental file measures will differ by measure. Documentation can include medical records, notes, charts, etc. Table 6.1 below lists the audit request submission content by measure.

Table 6-1. QEIP 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 |

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>

### C. Secure Medical Record Upload Process

The MassHealth Contractor manages a secure file transfer method for organizations to submit copies of medical record data related to the 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 “Medical Record 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 “Medical Record 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 QEIP 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
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. 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.
4. **Calculating Overall Audit Results**
5. **File Request.** The MassHealth contractor will identify an annual sample of twelve (12) cases from each of the Supplemental File Measures submitted via the QEIP portal for audit.

**Note:** If an organization does not meet audit agreement standard of greater than 80%, then the MassHealth 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.