

Commonwealth of Massachusetts
Executive Office Health and Human Services

RY2023 EOHHS Manual Release Notes
(Version 16.2)



Supplement to:
RY2023 EOHHS Technical Specifications Manual for Acute
Hospital Quality Measures (v16.0)

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Introduction

A. Purpose

This EOHHS Release Notes provide hospitals with interim updates on MassHealth Acute Hospital Pay-for-Performance (P4P) Program quality data collection and reporting requirements applicable to the current rate year EOHHS Technical Specifications Manual (16.0) content posted on Mass.Gov website.

- 1) **Important Update:** The MassHealth Perinatal Morbidity Structural Measure (PMSM-1) performance assessment methods under RY2023 Section 7 Acute Hospital P4P Program quality requirements have been modified. The formal change was published in EOHHS Acute RFA2023 contract Amendment 3 issued April 13, 2023, and posted on the COMMBUYS website at <https://www.commbuys.com/bsol/>
- 2) **Perinatal Structure Measure Specifications Update:** The MassHealth Perinatal Morbidity Structural Measure Specification in RY23 EOHHS Technical Specifications Manual (16.0) has been updated to clarify existing content and changes to the measure evaluation methods.
- 3) **Effective Date:** Modifications to perinatal structural measure specifications and performance assessment methods apply to the hospitals CY2022 reported data.

B. EOHHS Manual Versions

- This Release Notes version 16.2 reflect revisions to enhance the perinatal structure measure specifications in Section 10.A to 10.D of the RY2023 EOHHS Technical Specifications Manual (16.0).
- Hospitals are responsible for downloading and using the appropriate versions of EOHHS Manual and Appendix data tools that apply to each quarterly data period being collected and submitted. Failure to adhere to appropriate versions of data collection tools will result in MassQEX portal rejecting data files.

C. Release Notes Guideline. Updates in the EOHHS Release Notes are organized to supplement the EOHHS Manual table of content core sections and appendices using the following headings:

- 1) **Key Impact** – identifies the EOHHS manual section that is impacted by the change listed (i.e.: measure specifications, data tools, dictionary, etc.). A key impact is defined as information that will substantively affect data collection and reporting file requirements.
- 2) **Description of Change** – identifies the specific content within the manual section where the change was made. (i.e.: measure specifications, flowcharts, data format, reporting values, etc.).
- 3) **Rationale** – a brief statement on the reason why the change was made.

Contact the MassQEX Helpdesk at massqexhelp@telligen.com if have any questions about the contents of this Release Notes document.

Section I: Summary of Changes in v.16.2

This section summarizes the key impact, description of change and rationale for the updated requirements.

A. Perinatal Structural Measure. Updates to the RY2023 MassHealth Perinatal Morbidity Structural Measure (PMSM-1) specifications are summarized in the following table.

Table A – Updates to Data Specifications

Key Impact	Description of Change	Rationale
Section 10.A: Measure Description	<ul style="list-style-type: none">Change to AIM resource website link.Add reference citations on National Partnership for Maternal Safety consensus bundles for primary cesarean birth, hypertension, support after severe maternal event.	<ul style="list-style-type: none">Align with updated web linksAdd literature that expands on definition of terms related to item responses.
Section 10.B.2.b Definition of Terms	<ul style="list-style-type: none">Insert examples of primary bundles.Update “supporting bundle” definition, insert examples, update AIM resource weblink.	<ul style="list-style-type: none">Align definition of terms with AIM website updates.
Section 10.B.3.b Completing Attestation Form	<ul style="list-style-type: none">Update instruction for in-Hospital practice prior to and up to end of CY22.	<ul style="list-style-type: none">Clarify item 5 response instruction.
Section 10.C.1.b Data Accuracy and Completeness	<ul style="list-style-type: none">Reliability subtitle – remove eligible for quality scoring and incentive payment text.Incomplete Response subtitle – updated definition of incomplete response and source to interpret year-end report.	<ul style="list-style-type: none">Clarify coding of inconsistent responses.
Section 10.D Measure Evaluation Method	<ul style="list-style-type: none">10.D.1a+b: Updated methods used for validation of hospital response on PQC participation and in-hospital implementation.10.D.2a: Replace the term “verifiable response” with valid response. Use “none of above” response to assign code.10.D.3: updates MassQEX year-end report content.	<ul style="list-style-type: none">Eliminate external PQC data sources to be used for verification of item 1 to 5 responses.Clarify item response coding inclusions.Clarify adjusted annual report content.

Updates and changes the full MassHealth Perinatal Morbidity Structural Measure specifications (Section 10) are noted in *emphasis font* under Section 2 of this document.

B. EOHHS Manual Version Tracker. Update to Section 2.E Table 2.6 is summarized in table below.

Table B- Rate Year Manual Version Tracker

EOHHS Manual (Publish Date)	Manual Version	Calendar Year Quarter Period	Measure Description (Section 10)	Abstraction Tools	XML Schema Files	Data Dictionary	Measure Calc. Rules	Report User Guides
RY2023 EOHHS Release Notes (Posted: May 2023)	16.2	CY2022 data	Edits to PMSM-1 description,	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable

Please contact MassHealth if you have questions on updated perinatal morbidity structural measure specifications via email at masshealthhospitalquality@mass.gov.

Section 2: Perinatal Morbidity Structural Measure Specifications (Updated)

A. Measure Description

Measure Name: Perinatal Morbidity Structural Measure (PMSM-1)

Rationale: Over the past decade severe maternal morbidity (SMM) has increased in the U.S. at an alarming rate with evidence showing that 60% of maternal deaths are preventable. Furthermore, racial and geographic disparities intensify the nation's maternal health crisis. The identification and effective treatment of SMM are essential to prevent conditions that lead to maternal mortality and reduce racial disparities. A key factor contributing to the increase in maternal morbidity and mortality is inconsistent obstetric practice. Hospitals in the U.S. lack standardized protocols to effectively address and manage obstetric emergencies and complications of care associated with SMM. Hospitals are encouraged to develop the infrastructure needed to implement best practices for the management of obstetric emergencies including targeted interventions that reduce disparities to support the delivery of equitable and high-quality care for all patients.

Given many factors contributing to maternal morbidity are preventable, a structural measure is a first step to assess the current landscape of hospital participation in a Perinatal Quality Collaborative (PQC) aimed at improving outcomes. A collaborative employs formal data-driven quality assessment of clinical practices and process to address gaps in care including implementation of safety practices and/or bundles to prevent and manage SMM. Safety bundles utilize a structured approach and measurable elements that ultimately support implementation of policies and consistency of care practices to prevent maternal deaths.

Type of Measure: A structural measure is designed to assess features of a healthcare organization or clinician practice relevant to its capacity to provide high quality care (i.e.: policy or procedures that govern practice, staff capability, technology). This measure serves as a requisite indicator of hospital infrastructure development.

Data Collection Method: Web-based data entry tool via the secure MassQEX portal.

Measure Analysis: The measure gauges the extent of hospital participation in a Perinatal Quality Improvement Collaborative (PQC) and implementation of in-hospital safety practices and/or bundles to manage obstetrical emergencies, from taking part in the collaborative.

Performance Period: Hospital responses must reflect activity taken during CY2022 (Jan 1 - Dec 31, 2022). See Section 10.B.3 for specific instruction applicable to item 5 only.

Updated References:

- *Alliance for Innovation on Maternal Health Resources:* <https://saferbirth.org/aim-data/resources/>
- State Perinatal Quality Collaborative <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc-states.html>
- National Network of Perinatal Quality Collaborative <https://cdc.gov/reproductivehealth/maternalinfanthealth/nnPQC.htm>
- Bajaj K, de Roche A, Goffman D. The Contribution of Diagnostic Errors to Maternal Morbidity and Mortality During and Immediately After Childbirth: State of the Science. Rationale for Improvement Tools. Content last reviewed September 2021. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/patient-safety/reports/issue-briefs/maternal-mortality-3.html>
- *Bernstein P., Martin, J., Barton, R., et al. National Partnership for Maternal Safety Consensus Bundle on Severe Hypertension During Pregnancy and the Postpartum Period. Obstetrics and Gynecology* vol. 130, no. 2, :347–57 August 2017. DOI: 10.1097/AOG.0000000000002115.
- Howell, E., Brown, H., Brumley, J., Bryant, A, et al. Consensus Statement Reduction of Peripartum Racial and Ethnic Disparities: A Conceptual Framework and Maternal Safety Consensus Bundle, *Jnl Obstetrics and Gynecology*; Vol., 131, NO. 5, MAY 2018
- *Lagrew, D., Low, LK, Brennan, R., Corry, M. et al. National Partnership for Maternal Safety Consensus Bundle on Safe Reduction of Primary Cesarean Births—Supporting Intended Vaginal Births; Obstetrics and Gynecology* vol 131: no. 3, 503–13 March 2018, DOI: 10.1097/AOG.0000000000002471
- Main EK, Goffman D, Scavone BM, Low LK, et al., Consensus Statement National Partnership for Maternal Safety: consensus bundle on **obstetric hemorrhage**. *Anesth Analg*. 2015 Vol 126. July 121(1):142-148. doi: 10.1097/AOG.0000000000000869. Erratum in: *Anesth Analg*. 2019 Dec;129(6):e206. PMID: 26091046
- *Morton, C., Hall, MF, Saffer, S. et al. National Partnership for Maternal Safety: Consensus Bundle on Support After a Severe Maternal Event. Jnl Obstetrics, Gynecologic and Neonatal Nursing* vol. 50, 88–101; 2021. <https://doi.org/10.1016/j.jogn.2020.09.160>

B. Data Collection Method

- 1) **Attestation Survey Content:** The PMSM-1 measure includes five items framed as attestation statements that collect information on perinatal quality collaborative participation and in-hospital implementation activity. An example of the survey items and response formats follow.

Table 10-1: MassHealth PMSM-1 Survey Items

Item Number and Description	Item Response Format
Item 1- The hospital participated in the following Perinatal Quality Collaborative (PQC) aimed at improving maternal morbidity outcomes during intrapartum care:	<u>Check one response:</u> <input type="checkbox"/> Massachusetts Perinatal Quality Collaborative (PQC) <input type="checkbox"/> Other State or National PQC (enter name): _____ <input type="checkbox"/> Both of above <input type="checkbox"/> None of above <input type="checkbox"/> N/A (hospital does not provide inpatient labor/delivery care)
Item 2 - The hospital implemented the following maternity bundles while partaking in PQC:	<u>Check all that apply:</u> <input type="checkbox"/> Obstetric Hemorrhage <input type="checkbox"/> Severe Hypertension/Preeclampsia <input type="checkbox"/> Safe Reduction of Primary Cesarean Birth <input type="checkbox"/> Obstetric Care for Opioid Use Disorder <input type="checkbox"/> Reduce Peripartum Race/Ethnic Disparities <input type="checkbox"/> Other Bundle not listed (enter name): _____ <input type="checkbox"/> None of above <input type="checkbox"/> N/A (hospital does not provide inpatient labor/delivery care)
Item 3- The hospital was involved in the following PQC activities listed	<u>Check all that apply:</u> <input type="checkbox"/> Formal data user agreement <input type="checkbox"/> Actively submit and exchange data <input type="checkbox"/> Attend educational events (webinars, annual meetings) <input type="checkbox"/> Attend ongoing team meetings <input type="checkbox"/> None of above <input type="checkbox"/> N/A (hospital does not provide inpatient labor/delivery care)
Item 4 - The hospital participated in the PQC during the following periods:	<u>Check all that apply:</u> <input type="checkbox"/> Q1-2022 (Jan to March 2022) <input type="checkbox"/> Q2-2022 (Apr to June 2022) <input type="checkbox"/> Q3-2022 (July to Sept 2022) <input type="checkbox"/> Q4-2022 (Oct to Dec 2022) <input type="checkbox"/> None of above <input type="checkbox"/> N/A (hospital does not provide inpatient labor/delivery care)
Item 5 - The hospital has implemented the specific practices listed to manage one or more of the maternal morbidity areas listed. NOTE: This item does not apply if hospital does not provide labor/delivery care.	<u>Enter X to indicate Yes for all that apply:</u> a) Unit Policy and Procedure – The hospital has an obstetrical complication policy and procedure (updated in last 2 years) that provides a Unit-standard approach using a stage-based management plan. b) Multidisciplinary Case Reviews – The hospital has procedures to perform multi-disciplinary systems-level reviews on all cases of severe maternal morbidity. c) Debriefs – The hospital has established an internal process to perform regular formal post-event debriefs on cases with major complications. d) Birth Unit Supplies – The hospital has the necessary supplies readily available on birthing unit (e.g.: in a cart or mobile box) to manage specific complications. e) Patient, Family & Staff Support Protocols - The hospital has developed OB specific resources and protocols to support patients, family and staff through major OB complications. f) Electronic Health Record Integration – Most of the recommended safety practices are integrated into the hospitals electronic medical record system (i.e.: order sets, tracking tools, medications, clinical metrics, etc.)

Detailed definition of terms and instructions on how to complete each PMSM-1 survey item are provided in the sections that follow.

2) Definition of Terms: The following definitions apply to each PMSM-1 item responses.

- a) **Perinatal Quality Collaborative (Item 1):** defined as a state or multi-state network of perinatal quality collaborative (PQC's) identified by Centers for Disease Control and Prevent (CDC) or Health Resources and Services Administration (HRSA) working to improve maternal and newborn outcomes. PQC's provide learning forums that support large scale quality improvement initiatives to develop and implement maternal safety practices focused on reducing severe maternal morbidity and mortality. The Massachusetts PQC provides support to implement evidence-based actions on high-risk maternal conditions aimed at improving state specific outcomes. *To learn more about the Massachusetts PQC partnership with the Alliance for Innovative Maternal Health (AIM) program visit <https://www.pnqinma.org/>*
- b) **Bundle Project (Item 2):** is a structured approach to improve care by adopting a small set of evidence-based practices, that when performed collectively, is proven to improve outcomes. A bundle ties together critical intervention procedures that must be followed for every patient every single time. The types of bundles developed by ACOG *and HRSA* to manage indicators of maternal morbidity include:
- i. *Primary Bundles* – these core bundles identify specific evidence-based clinical measures and quality metrics that address known causes of preventable morbidity and mortality during labor and delivery (i.e.: *obstetrical hemorrhage, hypertension, primary cesarean birth, opioid use disorder, etc.*).
 - ii. *Supporting Bundles* – *provides a counterpart framework to improve comprehensive care delivery for all women to complement the implementation of a primary bundle (i.e.: racial disparities, mental health, equitable care, postpartum discharge transition, etc.). These bundles identify other specific quality metrics that are not designed to be implemented independent from a primary bundle.*
- To learn more about the various types of safety bundles visit <https://saferbirth.org/aim-data/resources/>*
- c) **Implementation (Item 2):** defined as putting a plan into effect by formal collection of structural metrics that assess their system capacity (e.g.: medical equipment, EMR, etc.), process metrics known to improve care delivery (e.g.: risk profiles, unit drills, provider education) and outcome metrics (e.g.: evidence-based metrics, etc.) to assess impact of safety bundle interventions.
- d) **Participation Level (Item 3):** defined as actively partaking in a broad set of improvement activities coordinated by the PQC that include, but are not limited to, having a formal data user agreement to guide parameters for submitting and exchanging data on maternal safety bundle projects, team involvement, attend educational events, and/or analysis of measure results.
- e) **Participation Period (Item 4):** defined as approximate timelines the hospital actively engaged in a PQC coordinated maternal safety bundle project during the calendar year measurement period. The length and period may vary depending on the project scope or start/end times.
- f) **In-Hospital Practice (Item 5):** The National Partnership for Maternal Safety provides various consensus bundle frameworks to prevent and manage obstetrical emergencies organized into four domains (i.e.: readiness, recognition and prevention, response; reporting and systems learning). This framework guides in identifying key opportunities and effective strategies to improve hospital infrastructure and processes that promote consistency of practice.

Structural *component* practices include, but are not limited to, Unit policy/procedure that is regularly updated, multi-disciplinary reviews of serious complications, case debriefs/huddles for high-risk patients, patient and staff support protocols, birthing unit supply readiness, electronic health record integration that documents clinical or evidence-based interventions and quality measures appropriate to each indicator of severe maternal morbidity.

3) Completing the Attestation Form

a) **Hospital Response:** Each hospital must complete the attestation survey items using instruction that follow. Hospitals that do not provide inpatient labor and delivery care must enter “N/A” as applicable. Responses must reflect actions taken in measurement period noted per Section 10.A

- **Item 1 (Participation):** A valid response must represent the hospitals participation in a local state or national PQC as defined in Section 10.B.2. The hospital must select “one” response from those listed. If the hospital **only** selects “Other State/ National PQC” then you must enter exact name of the PQC in the line provided. If check “Both of above” then name of “Other State/National PQC” is not required. Select “none of above” or “N/A” as applicable.
- **Item 2 (Bundle Project):** A valid response must represent the safety bundle project(s) the hospital developed and tested while partaking in the PQC checked under Item 1. The hospital must check all that apply from those listed. If check “Other Bundle not listed” then must enter the bundle name in line provided. Select “none of above” or “N/A” as applicable.
- **Item 3 (Participation level):** A valid response must represent the extent of hospital involvement while partaking in PQC bundle projects checked under Item 2. The hospital must check all that apply from activities listed. Select “none of above” or “N/A” as applicable.
- **Item 4 (Participation period):** A valid response should represent the period the hospital actively carried out the PQC bundle project(s) checked under Item 2. The hospital must check all that apply from those listed. Select “none of above” or “N/A” as applicable.
- **Item 5 (In-Hospital practice):** This item content is separate from the item 2 response. The Item 5 entry field is automatically deactivated if the hospital checked “N/A” on survey items 1 to 4.

A valid response should represent the in-hospital practices that were formally implemented, prior to and through the end of CY2022 period, to promote consistency in managing complications of care across the areas of severe maternal morbidity as displayed below.

Table 10-2: MassHealth PMSM-1 Survey Item 5 (Mock Template)

Component Practice	OB Hemorrhage	Severe Hypertension/ Preeclampsia	Reduce Primary Cesarean Birth	Opioid Use Disorder in OB care	Cardiac Conditions in OB Care
Unit Policy and Procedure Updated					
Multidisciplinary Case Reviews					
Debriefs					
Birth Unit Supplies					
Patient, Family and Staff Support					
Electronic Health Record Integration					

Table 10.2 illustrates a truncated example of how Item 5 will be displayed in the MassQEX web-based data entry tool. The first column lists name of each component practice (described in Table 10.1) and row headers show the maternal morbidity areas.

The hospital must enter an “X” to indicate a “Yes” for each component practice that has been put in place to manage of complications in any maternal morbidity area listed.

Hospitals must enter a response for all data entry fields including the attestation box at the end of the survey. Contact the MassQEX helpdesk via phone 844-546-1343 or email at massqexhelp@telligen.com if you have questions on how to complete PMSM-1 item responses.

b) MassQEX Portal Submission

All hospitals must complete and submit the PMSM-1 survey using the instructions that follow.

1. **Web-Based Data Entry Tool:** Each hospital must enter the PMSM-1 survey item responses using the EOHHS approved web-based data entry tool located in the MassQEX secure portal. Hospitals that do not provide inpatient labor and delivery care must enter the “N/A” response to items 1 to 4 only to comply with Acute RFA required reporting. Measures required to be reported using the web-based data entry format cannot be submitted via paper format, an XML file or other electronic format.
2. **MassQEX Portal Users:** The authorized MassQEX hospital staff users are the individuals that shall access the PMSM-1 web-based entry tool to submit the completed attestation form.
3. **Hospital Entry Preview:** The MassQEX portal allows authorized users to store and print a draft of their item responses for review with their hospital Labor and Delivery Unit staff. Hospitals should allow ample time to review and correct their responses in web-based entry tool prior to and until the annual PMSM-1 submission deadline. Hospitals cannot change their responses after the MassQEX portal deadline closes.
4. **Annual Submission Due Date:** The PMSM-1 measure survey is due annually on the third quarter of each calendar year reporting cycle date noted on Table 1.2 (Section 1) in this EOHHS manual. The open period for RY2023 PMSM-1 web-based data entry will be December 1, 2022, to February 10, 2023.

C. Data Accuracy and Completeness

Hospital item attestation responses are evaluated for accuracy and completeness as described below.

1. **Reliability.** *The accuracy and completeness of item responses are assessed using the following criteria:*
 - a) **Accurate Response** – attestation survey items are worded as past tense statements. The past tense is a declaration that some activity has occurred. The hospital’s response should reflect a truthful representation of actions taken in the calendar year measurement period.
 - b) **Incomplete Response** – attestation survey items are inter-related and *inconsistent* or incomplete responses to any item can affect *reliability of overall measure result*. If the *hospital selects a response for an item that is not consistent with a response to another item*, then their overall result will not be reliable for year-to-year comparison. For example, for item 2, if hospital checked more than one response but item 3 or item 4 is checked “None of the above” then this is *inconsistent* and considered an incomplete response. Incomplete responses will impact *YES/NO* coding of hospital responses described in Section 10.D of this manual. *Further information on interpreting responses is provided in Appendix A-9: MassQEX Reports User Guide (16.0).*
 - c) **Invalid Response** – is a response that provides information not relevant to open-ended options listed for item 1 or item 2. For example, for item 1 if the hospital checked they are participating in “Other State/National PQC” and enters the name of a collaborative that does not focus on improving maternal outcomes or is not identified on the national CDC Perinatal Quality Collaborative website then that response is considered “Invalid” for meeting the PMSM-1 measure requirement. If the item 2 checked “Other Bundle not listed” and the name entered focuses on infant outcomes, then that response is considered “Invalid”.
2. **Data Completeness:** Hospital staff completing the PMSM-1 item content must coordinate with their authorized MassQEX hospital user staff who will submit responses via the portal. Hospitals are responsible for confirming the accuracy and completeness of item responses with their Obstetrical Labor and Delivery Unit medical lead prior to submitting the form.

D. Measure Evaluation Method

Hospital responses on the perinatal structural measure are evaluated using methods described below.

- 1) **Data Verification.** Hospital item responses are validated using the modified procedures that follow:
 - a. **PQC Participation** - EOHHS may request supporting documentation or a conference call with the hospital staff if needed to review inconsistent responses on items 1 to 4. For item 1, if hospital only selects “Other State/National PQC” and enters a name, that information is verified against the CDC national profile list on <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc.htm>.
 - b. **In-Hospital Implementation** - EOHHS may request supporting documentation and/or a conference call to validate item 5 responses with the hospitals birthing unit staff if needed.
- 2) **Measure Met Criteria.** The PQC participation and in-hospital implementation responses are coded using the criteria that follows.
 - a) **Valid Response** - is the response checked by the hospital from those listed on each item that has been validated using methods described above. Valid responses are coded as YES or NO to indicate if the measure requirement was met. Only the “N/A” item response is excluded for assigning YES/NO codes.
 - b) **PQC Participation** – to meet the participation requirement the hospital must have a valid response for both items 1 and 2 to obtain a YES code. If the hospital checked a valid response for just one of the items, then participation requirement is coded as a NO. If the hospital had “none of above” or “N/A” for items 1 to 4 then requirement is coded as NO. The hospital responses to items 3 and 4 will be used to further verify consistency of response for item 2 only.
 - c) **In-Hospital Implementation** – to meet the implementation requirement the hospital must have entered at least one valid response for item 5 on any of the component practices listed to obtain a YES code. If all item 5 responses were left blank, then implementation requirement is coded as NO.
 - d) **Overall Result** – to meet the overall intent of the PMSM-1 structural measure the hospital must meet both the PQC participation and in-hospital practice implementation requirement. To obtain a YES code on the overall requirement the hospital must have YES codes for items 1 and 2 plus item 5 only. Responses to items 3 and 4 are not included in the overall result. If the hospital meets in-hospital implementation but not the PQC participation status, then overall measure requirement is coded as NO.
- 3) **MassQEX Year-End Report:** The MassHealth PMSM-1 report result will provide a summary of the hospitals responses related to PQC participation, in-hospital implementation and an overall result that determines if the measure was met. Refer to Appendix A-9: MassQEX Reports User Guide (16.0) for details on how to interpret your report.

Please contact the MassQEX helpdesk at 844-546-1343 or massqexhelp@telligent.com if you have questions about your PMSM-1 report results.