**Rate Year 2023**

**MassHealth Acute Hospital CQI Technical Session**

**Hospital Quality and Equity Office Hours**

**July 13, 2023 11am-12pm EDT**

# **Purpose of Presentation**

Provide an overview of the recently published RY2023 (CY2023) EOHHS Technical Specifications Manual for Clinical Quality Incentive Program (v1.0)

Highlight key updates from prior manual versions (RY2023 EOHHS Technical Specifications Manual for MassHealth Hospital Quality v16.0, Release Notes 16.1 & 16.2)

Support hospitals in CQI CY2023 data reporting

https://www.mass.gov/masshealth-quality-exchange-massqex

* EOHHS Technical Specifications Manuals
* MassHealth Hospital Clinical Quality Incentive Program

# **Agenda**

## Summary of Key Updates in Hospital CQI Program Technical Specifications Manual v1.0

## Measure Slate and Reporting Requirements

## Chart-Abstracted Measures

* Payer Source Code Updates
* Data Element Changes
* New SUB-2, SUB-3 Measures
* CCM Measure Abstraction Guidance

Note: Reminder NEWB-3 began with Q1-2023 discharges

## Medical Record Validation

* Update to quarterly chart request volume

## Data-Entry Measures

* New measure overview
* Data submission methodology
* Perinatal Structural Measure

## NEW Claims-Based Measures

* New measure overview
* Measure calculation methodology

## Patient Safety Domain Measures

## MassQEX Portal Registration and Forms

# **CQI Quality Domains Participation Requirements**

CQI measures are categorized into **four Core Quality Measure Domains and two Specialty Quality Measure Domains:**

* **Core Quality Domains:** Care Coordination/Integration of Care; Care for Acute and Chronic Conditions; Patient Safety; and Patient Experience
* **Specialty Domains:** Perinatal Care and Behavioral Health Care

Participation Requirements:

* **Core Quality Measure Domains:** All hospitals must participate
* **Perinatal Specialty Domain:** Birthing Hospitals with deliveries
* **Behavioral Health Care Domain:** Hospitals with an inpatient psychiatric unit **and** who participate in the current CMS IPFQR program

# **Key Updates to Measure Slate Effective Q3 2023 Discharges**

## **Additions to Measure Slate**

* **NEW** SUB-2, SUB-3 **(Q3, Q4-2023 discharges)**
* **NEW** aggregate data-entry measures (OP-1e and BHC-3) (CY 2023 discharges)
* **NEW** HEDIS claims-based measures (CCI-2, CCI-3, PED-2, BHC-1) (CY 2023 discharges)
* **NEW** other (non-HEDIS) claims-based measure (BHC-2, PED-2) (CY 2023 discharges)
* Refer to RY2023 EOHHS Hospital Clinical Quality Incentive (CQI) Program Technical Specifications Manual (v1.0) Tables 1-2 for full list of measures and performance periods

# **Chart-Abstracted Measure Updates**

* Payer Source Codes updated
* “Sex” data element updated (impacts CCM, SUB, MAT-4, NEWB-3)
* “Previous Live Births” element changed to “Previous Births” (impacts MAT-4)
* Quarterly medical record request volume increased from 4 to 6

**MassHealth Hospital CQI Technical Specifications Manual v1.0**

(Specifications, Flow charts, Data Dictionary, and Abstraction Tools) published on EOHHS website: https://www.mass.gov/infodetails/masshealth-hospital-clinical-quality-incentive-program

**Specifications Manual for Joint Commission National Quality Measures**, Release Notes, & Appendix A:

ICD-10-CM Code Tables (SUB, MAT, NEWB) on TJC website: https://manual.jointcommission.org/Home/

* CQI will align with the most current published version of TJC specifications for the applicable discharge period

# **Payer Source Code Updates for Q3 2023 Discharges**

**Q1 & Q2 2023 DISCHARGES**

Continue to use Payer Source Codes in Table 2.2 of RY2023 (CY2022) EOHHS Technical Specifications Manual v16.0

**Q3 & Q4 2023 DISCHARGES**

Please use Payer Source Codes in Table 2.1 of RY2023 (CY2023) EOHHS CQI Technical Specifications Manual v1.0

EOHHS will allow a transition period for CY2023 to accept codes from EITHER table from Q3-2023 thru Q4-2023. This is meant to allow hospitals time to adjust to using MassHealth Payer Code updates.

Please refer to Section 2 of RY2023 (CY2023) EOHHS CQI Technical Specifications Manual v1.0 for further detail

# **Chart-Abstracted Measure Data Element Change (all chart measures)**

## **“Sex” Data Element:**

**Change from:** The patient’s documented sex on arrival at the hospital

**To:** The patient’s documented sexual orientation and/or gender identity

**Allowable Values:**

1. Male
2. Assigned/Designed Male at Birth
3. Female
4. Assigned/Designated Female at Birth
5. Assigned/Designated Female at Birth
6. LGBTQ
7. Unknown

## **CQI Tools Impacted by Change in Sex Data Element**

* Abstraction Tools (Appendix A-1 thru A-5)
* Data Dictionary (Appendix A-8)
* XML Schema (Appendix A-6)
* Non-Scored Data Elements (Table 6-1 in CQI Manual)

# **Chart-Abstracted Measure Data Element Change (MAT-4 only)**

## **“Previous Births” Data Element:**

**Change from:** Documentation that the patient experienced a live birth prior to the current hospitalization.

**Change To:** Documentation that the patient experienced a birth > = 20 weeks gestation regardless of the outcome (i.e. parity > 0) prior to the current hospitalization.

## **CQI Tools Impacted by Change in Previous Birth Data Element**

* MAT-4 Abstraction Tool (Appendix A-4)
* Data Dictionary (Appendix A-8)
* XML Schema (Appendix A-6)
* Measure Calculation Rules (Appendix A-7)
* Scored Data Elements (Table 6-1 in CQI Manual)

# **New Chart Abstracted Measures SUB-2 & SUB-3**

## **SUB Initial Patient Population (IPP) definition:**

* MassHealth payer code
* Patient age > 18 years; **Includes patients age >65 years**
* Length of stay < 120 days
* SUB-2 and SUB-3 will apply to **all discharges** (including maternity) over 18 years of age

(\*) A screenshot of a computer with web portal. Shows ICD and sample entry for CQI measures. When sampling is not allowed for measure, then N/A will be automatically populated.

Hospitals will enter the ICD and Sample (if applicable) sizes for the SUB-2 and SUB-3 measures (SUB) in the MassQEX portal

# **New Chart Abstracted Measures SUB-2 & SUB-3**

**Alcohol Use Status:** Documentation of the adult patient’s alcohol use status using a **validated screening questionnaire** for unhealthy alcohol use within the first day of admission (by end of Day 1, Day of Admission is Day 0)

Examples of Validated Screening Tools may be found in the Data Dictionary (Appendix A-8)

(\*) Placed here is a chart of three rows and three columns:

Row 1:

\*Blank\* / Inclusion / Exclusion

Row 2:

Included in TJC Guidelines / Validated Screening Tools for Unhealthy Alcohol Use: AUDIT, AUDIT-C, ASSIST, CRAFFT, G-MAST, MAST, TWEAK / Any tool which specifically screens for alcohol use disorder, alcohol dependency or alcohol abuse: CAGE, SASSI, S2BI

Row 3:

Other Tools / Validated screening tools that allow for evaluation of alcohol use status (e.g. 4Ps Plus Screening Tool) / Non-validated screening tools and/or tools that do not allow for evaluation of alcohol use status (e.g. 4Ps Screening Tool)

# **Continuing Chart Abstracted Measures: CCM-1 & CCM-3 Abstraction Guidance**

## **Reconciled Medication List (CCM-1)**

* A blanket statement such as "Take all meds until told to stop by your physician" may be used, but must be included with the medication list
* Transfer Patients: If the patient is transferred and the medication reconciliation will be determined at discharge from transfer facility, the abstractor may answer YES for this data element

## **Transmission Date (of Transition Record) (CCM-3)**

* The date when the transmission was sent to next site of care must be documented
* Transfer Patients: The abstractor should use date of discharge as Transmission Date

# **Continuing Chart Abstracted Measures: CCM-2 Abstraction Guidance**

## **Transition Record (CCM-2)**

Any one of the following will meet this data element:

* Electronic or wet signature of nurse or provider w/ documentation that patient received transition record (TR), OR
* Signature of patient or caregiver, OR
* Nursing note documenting what was given at discharge, OR
* Physician/ Nurse signature on TR, OR
* Check box for discharge paperwork given (with nurse or provider signature), OR
* Documentation that TR was read by patient in electronic portal after discharge

Transfer Patients: documentation of the transfer is sufficient to select YES for this data element

A blanket statement that patient received Transition Record without any of above documentation does **not** meet the element

**Note:** Transition Record is a “parent” element. If the abstractor selects NO for this element and EHS selects YES, **ALL** subsequent elements will be mismatches

# **Continuing Chart Abstracted Measures: CCM-2 Abstraction Guidance**

## **Advance Care Plan (CCM-2)**

Any of the following documentation **will** be accepted as evidence:

* “Healthcare Proxy (HCP) is available to place in the chart”
* “Electronic copy of HCP is available”
* “HCP is NOT available, will provide an existing copy”
* “Not able or did not name HCP at this time”
* Name of legal guardian or decision maker or HCP
* POLST or MOLST form
* Patient age less than 18 years (Advance Care Plan not required)

Examples of documentation that **will not** be accepted as evidence of advance care plan:

* “Information given”
* “No” or “None” without a reason
* “Not present” without a reason
* “Not present” without a reason
* Psychiatric directive
* “Code Status”

Transfers must include Advance Care Plan information provided to the next site

# **Updates to Medical Record Request for CY2023**

**Total Charts Sampled** = Increase to total of **18 records** for CY23 data (6 per quarter for Q1,2,3)

* For Q1-2023 & Q2-2023, the Case List will include 6 records selected from all chart abstracted measures submitted
* For Q3-2023, the Case List will include 6 records for SUB

For complete list of Validated Data Elements please refer to Table 6.1 in RY2023 Clinical Quality Incentive Program Technical Specifications Manual (v1.0)

Data reliability standard remains 80%

**Case List Request:** Posted in MassQEX portal within 14 calendar days of portal close

* Q1-2023 Portal Close Date = Aug 11, 2023
* Q2-2023 Portal Close Date = Nov 10, 2023
* Q3-2023 Portal Close Date = Feb 9, 2024

# **Data Entry Measures: OP-1e, BHC-3 and PMSM-1**

Data-entry for measures **OP-1e, BHC-3, and PMSM-1** is through the MassQEX Portal

Only MassQEX hospital staff users can access the web-based entry tool

Data is submitted annually with link active only during submission periods

* OP-1e: Feb 29, 2024
* BHC-3: Aug 15, 2024

(\*) Screenshot of MassQEX portal. Arrow indicates where to navigate to enter data-entry measures in the Getting Started Menu.

# **Data Entry Measures OP-1e and BHC-3**

**Measurement Period:**

* CY2023 discharge period

**Data Source**

* OP-1e: same data hospital reports to CMS IQR
* BHC-3: same data hospital reports to CMS IPFQR (if applicable)

**Population**

* All payer population that meets measure specifications

**Data Entry**

* Initial population, numerator, denominator and exclusions

(\*) Image of MassQEX Portal. Provides an example of the data-entry tool in portal. Measures are OP-1e and BHC-3.

# **Data Entry Perinatal Structural Morbidity Measure (PMSM-1)**

**Measurement Period**

* Activity taken during CY2023

**Data Source**

* Attestation statements to five items collecting information on perinatal quality collaborative participation and in hospital implementation activity.

**Data Entry**

* Instructions on how to complete the survey are found in Section 7C of CQI manual

**Submission Deadline:** Feb 09, 2024

**Key Clarifications:**

* Measure will not be validated, but items will be checked for completeness and consistency
* Items 1-4 reflect participation activity that occurred in CY2023. Activity that occurred prior to CY23 period cannot be selected and does not apply.
* Item 5 represent the in-hospital practices that were formally implemented prior to and through the end of CY2023 period (for CQI)

# **New Claims-Based Measures CY2023**

**4 HEDIS Measures:**

* Follow-up after ED Visit for Mental Illness **(CCI-2)**
* Follow-up after ED Visit for Alcohol or Drug Abuse Dependence **(CCI-3)**
* Follow-up after Hospitalizati-on for Mental Illness **(BHC-1)**
* Avoidance of Antibiotic Use for Acute Bronchitis/Bronchiolitis **(PED-2)**

**2 Non-HEDIS measures:**

* Medication Continuation Following Inpatient Psych Admission **(BHC-2)**
* Pediatric Readmission Measure **(PED-1)**

**Measurement Period:** CY 2023

**Data Source:** MassHealth Claims Data File

**Population:** All MassHealth payer claims that meet measure specifications

Refer to Section 8 of RY2023 EOHHS Hospital Clinical Quality Incentive Program Technical Specifications Manual (v1.0) for further details

Hospitals may choose to purchase HEDIS specifications thru HEDIS website <https://www.ncqa.org/hedis/measures/>

# **CY2023 Patient Safety Domain Measures**

**Measurement Periods:**

* Patient Safety & Adverse Events (PSI-90): Jan 1, 2022 – Dec 31, 2023 (24-months)
* Healthcare-Associated Infections (HAI): Jan 1, 2022 – Dec 31, 2022 (12-months)

**Data Source:**

* PSI-90: Medicaid Hospital Stay File
* HAIs: NHSN Registry Data

**Population:**

* PSI-90: All Medicaid 18 years and older
* HAIs: All payer

EOHHS anticipates using the most recent version of the AHRQ Patient Safety Indicators Technical Specifications v2023 and AHRQ Software v2023 when available

Refer to Sections 9 of the RY2023 Clinical Quality Incentive Program Technical Specifications Manual v1.0 for additional detail

# **CY2023 MassQEX Annual Reports**

CQI program reports will be posted in MassQEX portal

Hospitals will be able to navigate to CQI Reports to view through a drop-down menu in the MassQEX Year-End Report location

When selecting desired CQI reports, Hospital will select CQI RY 2023 (CY2023)

(\*) Example of Drop-Down menu providers will see in Portal when selecting Year-end report 3

MassQEX Reports will include:

* Medical Record Case List
* Year-End Data Validation Results
* Year-End Measure Results (includes chart-abstracted measures, data entry measures, claims measures, patient safety measures, and HCAHPS survey)

# **MassQEX Portal User Account Registration Requirements**

## **MassQEX User Registered Account**

**Hospital Staff User**

* Authorized by Hospital CEO to conduct multiple transactions.
* Can submit data files, enter ICD population counts, submit PMSM measure, access case list request plus year-end reports and more).

**Hospital Data Vendor Account**

For third-party data vendors authorized by the Hospital CEO to conduct data file uploads only on their facilities behalf.

**User Account Limits**

* Hospital Staff N=5 accounts
* Data Vendor: N= 3 accounts
* Both Forms located on https://massqex-portal.telligen.com
* Refer to Section 5.D of Technical Specs Manual for more details

## **Medical Record SFTP User Account**

**Hospital Staff User**

* Designated by Hospital to upload medical records requested for data validation only.

**Account Options**

Assign existing MassQEX Hospital User:

* No SFTP User Registration Form is required
* User can request an SFTP account via the help desk at [Massqexhelp@telligen.com](mailto:Massqexhelp@telligen.com)
* Assign a separate Hospital SFTP User:
* Must complete SFTP User Registration Form online <https://massqex-portal.telligen.com>
* Must have Notary stamp
* Must have Hospital CEO signature

**User Account Limit**

* Separate SFTP Account: N=1.
* Hospitals may request additional MassQEX user as back-up to SFTP designee

Refer to RY2023 Technical Specifications Manual for MassHealth Acute Hospital Quality Measures (v16.0), Section 1.E for additional detail

Version: CQIPk71323v2