



Executive Office of Health and Human Services

# **Rate Year 2023 MassHealth Acute P4P Technical Session**

**Medicaid Acute Hospital Program Annual Webcast  
September 16, 2022  
11:30 am – 12:30 noon (ET)**

# EOHHS Medicaid Acute Hospital Request For Application (RFA)

## Section 7:

### Quality Reporting Requirements & Payment Methods

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- ❖ Acute RFA outlines detail on prospective reimbursement method for inpatient and outpatient services.
- ❖ **Incentive Approach** → Reward hospitals for providing high quality care and improving outcomes for MassHealth patients
- ❖ **Participation Requirement** → All Hospitals must participate in quality performance requirements.
- ❖ **Add NEW Section 7B: Other Quality Requirement and Payment Methods.**

## Section 7A:

### Quality Reporting and Payment Methods

- Sect 7.1 Program Principles
- Sect 7.2 Hospital Key Representatives
- **Sect 7.3** Quality Performance Measures
- **Sect 7.4** Performance Assessment Method
- Sect 7.5 Incentive Payment Methods
- **Sect 7.6** Reporting Requirements

### Acute RFA Section 7 Supplements

- ▶ EOHHS Technical Specifications Manuals
- ▶ Hospital Program Participant Forms
- ▶ MassQEX Resource Hub (Mass.gov website)

# RY2023 Hospital Quality Performance Measures

Quality Measure Category	Metric ID#	Measure Name
<b>PERINATAL CARE</b>	MAT-4	Cesarean Birth, NTSV
	NEWB-1	Exclusive breast milk feeding ( <b>Discontinue as of Q1-2023</b> )
	PMSM-1	Perinatal Morbidity Structural Measure ( <b>NEW</b> )
<b>CARE COORDINATION</b>	CCM-1	Reconciled medication list rcvd by D/C patient
	CCM-2	Transition record with required data elements rcvd by D/C patient
	CCM-3	Timely transmission of transition record at D/C
<b>SAFETY OUTCOMES</b>	PSI-90	Patient Safety & Adverse Events Composite
	HAI-1	Central Line-Associated Bloodstream Infection
	HAI-2	Catheter-Associated Urinary Tract Infection
	HAI-3	Methicillin-Resistant Staphylococcus Aureus bacteremia
	HAI-4	Clostridium Difficile Infection
	HAI-5	Surgical Site Infections: Colon/Abdominal hysterectomy
<b>PATIENT EXPERIENCE &amp; ENGAGEMENT</b>	HCAHPS	Hospital Consumer Assessment Healthcare Provider System Composite (Nurse Communication, Doctor Communication , Communication about Meds, Hospital staff Responsiveness, Discharge Information , Care Transition Mgt., Overall Rating)

## Quality Measures Transition

- Perinatal Category - Discontinue NEWB-1 and Add new PMSM-1
- Remove HD-2 Composite
- **Section 7B:** Inserts additional hospital quality measure requirements

# New MassHealth Perinatal Morbidity Structural Measure (PMSM-1)

## Purpose

- ❖ **Measure Goal** → improve infrastructure capacity to effectively manage Obstetrical emergencies associated with severe maternal morbidity.
- ❖ **Perinatal Quality Collaborative (PQC)**  
**Participation:** Must participate in a federally sponsored CDC or HRSA perinatal quality collaboratives focused on improving maternal health outcomes.
- ❖ **In-Hospital Implementation** → Adopt practices to prevent complications across various areas of maternal morbidity.
- ❖ **Measurement Period:** Must reflect activity undertaken during CY2022.

## EOHHS Collection Format

- **Attestation Survey:** All Hospitals must complete survey that attests to PQC participation and hospital implementation practices.
- **Survey Content:** Includes 5 questions with close-ended response format.
- **Data Verification:** Hospital responses will be validated using data obtained from:
  - ✓ Massachusetts Perinatal Quality Collaborative (PQC) and
  - ✓ Betsy Lehman Center
- **Annual Submission:** Due 1x/year on the third Q3 reporting cycle.

PMSM-1 Item Number	Allowable Response Format
<b>Item 1-</b> 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)
<b>Item 2 -</b> 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"/> <b>Severe Hypertension/Preeclampsia</b> <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)
<b>Item 3-</b> 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)
<b>Item 4 -</b> 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)
<b>Item 5 -</b> 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> <b>a) Unit Policy and Procedure</b> – 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>b) Multidisciplinary Case Reviews</b> – The hospital has procedures to perform multi-disciplinary systems-level reviews on all cases of severe maternal morbidity. <b>c) Debriefs</b> – The hospital has established an internal process to perform regular formal post-event debriefs on cases with major complications. <b>d) Birth Unit Supplies</b> – The hospital has the necessary supplies readily available on birthing unit (e.g.: in a cart or mobile box) to manage specific complications. <b>e) Patient, Family &amp; Staff Support Protocols-</b> The hospital has developed OB specific resources and protocols to support patients, family and staff through major OB complications. <b>f) Electronic Health Record Integration</b> – 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.)

## MassHealth PMSM-1 Attestation Survey Items

### Collaborative Learning

Item 1: PQC Participation

Item 2: PQC Project Activity

Item 3: Participation Level

Item 4: Participation Period



Applying  
lessons  
learned

### Hospital Implementation

Item 5: National consensus  
bundle component structure  
framework that promote  
consistency of practice

# R Y23 Data Completeness Requirements by Measure Type

Measure Type	EHS Collection Format	Payer Source	Data Completeness Requirement
<b>Chart-based</b> (MAT, NEWB, CCM)	Hospital reported via MassQEX	All MassHealth payer (exclude TPL)	<ul style="list-style-type: none"> <li>▪ Meet case minimum (≥ 25 cases/year)</li> <li>▪ Submit IPP data files with all elements</li> <li>▪ Enter ICD population/sample data</li> <li>▪ Meet data reliability standard (.80)</li> <li>▪ Meet reporting deadlines</li> </ul>
<b>Claims-based</b> <b>(PSI-90)</b>	MMIS claims extract	All MassHealth payer (exclude TPL)	<ul style="list-style-type: none"> <li>▪ Meet case minimum (≥ 3 eligible discharges for at least one component indicator )</li> <li>▪ Contain all clinical and administrative elements (ICD codes, admission type, etc.)</li> </ul>
<b>Registry-based</b> <b>(HAI's)</b>	NHSN Registry extract (confer rights agreement)	All Payer State data files	<ul style="list-style-type: none"> <li>▪ Sufficient data required to compute SIR</li> <li>▪ Meet NHSN data specifications</li> <li>▪ Adhere to NHSN Monthly Report Plans</li> <li>▪ Meet CMS reporting deadlines</li> </ul>
<b>Survey-based</b> <b>(HCAHPS)</b>	CMS Provider Data Catalog Website	All Payer State data files	<ul style="list-style-type: none"> <li>▪ Meet case minimum (&gt; 100 surveys completed)</li> <li>▪ Meet Quality Assurance Guideline Specs</li> <li>▪ Meet CMS reporting deadlines</li> </ul>
<b>Web-Entry Measure</b> <b>(PMSM-1)</b>	MassQEX web-based entry tool	Not applicable	<ul style="list-style-type: none"> <li>▪ Complete all data entry fields</li> <li>▪ Accuracy &amp; Reliability of attestation response</li> <li>▪ Meet reporting deadline</li> </ul>

## Data Completeness Definition

- Refers to whether data contains all required information to compute each measure.
- Completeness for each measure type is determined using several methods to ensure data is accurate and usable for performance scoring.

# RY23 Data Accuracy Requirement (Chart-Based Measures)

## Data Validation Standard

- ❖ Purpose is to verify that hospital patient-level data is accurate and reliable across measures reported.
- ❖ Hospitals must meet data validation standard of .80 on **first three quarters** of CY2022 submitted data (Q1, Q2, Q3 only).
- ❖ Hospitals that fail validation are not eligible for perinatal and care coordination quality category incentive payments.

## Quality Scoring Impact

- ❖ Passing Validation is required prior to computing hospital performance scores
- ❖ If FAIL validation in comparison year (RY23) on reported measures then all measures data is considered unreliable for performance scoring.
- ❖ If FAILED validation in prior year (RY22) then data is considered invalid for computing comparative year performance



# RY23 Performance Evaluation Periods Modification

Quality Measure Category	Baseline Period	Comparison Year Period
Perinatal Care (MAT-3, NEWB-1)	Jan 1, 2021 – Dec 31, 2021	Jan 1, 2022 – Dec 31, 2022
Perinatal Structural Measure (PMSM-1)	Not applicable	Jan 1, 2022 – Dec 31, 2022
Care Coordination (CCM-1,2,3) ◆	Jan 1, 2021 – Dec 31, 2021 ◆	Jan 1, 2022 – Dec 31, 2022
Safety Outcomes ★		Oct 1, 2019 – Dec 31, 2019 plus
-Patient Safety Composite (PSI-90)	Not Applicable	Jan 1, 2021 – Dec 31, 2021 ★
-Healthcare Assoc. Infections (HAI's)	Not Applicable	Jan 1, 2021 – Dec 31, 2021 ★
Patient Experience (HCAHPS) ★	July 1, 2020 – Dec 31, 2020 ★	Jan 1, 2021 – Dec 31, 2021 ★

## Provisional Adjustments

★ **COVID-19 PROVISIO:** EOHHS acknowledges the impact of COVID-19 pandemic on CY20 and CY21 data may potentially distort performance results and adjusts use of data periods as follows:

### a) Safety Outcome Measures

- PSI-90 – Use shorter 15 mo. period (**Removed** 1/1/20 – 9/30/20 data impacted by initial COVID-19 surge)
- HAI's - Use shorter 12 mo. period (**Removed** 1/1/20 – 12/30/20 data impacted by initial COVID-19 surge)

### b) Patient Experience Measures

- CY21 Comparison Year – Extract data for EHS review (CMS caveats declared impacted by COVID-19)
- CY20 Previous Year- Not applicable (CMS posted insufficient data per COVID-19 impact).

### ◆ CARE COORDINATION

- CY22 Comparison Year – newly report data elements (used to set new benchmarks)
- CY21 Previous Year- Not applicable (outdated data elements)

# RY23 Provisional Performance Assessment Methods (PAM)

QUALITY MEASURE CATEGORY	PERFORMANCE SCORING METHOD	SET PERFORMANCE THRESHOLD	IMPROVEMENT NOTED AS
<b>Perinatal Care</b>	Attainment & Improvement	Attainment: Median (50 <sup>th</sup> ) Benchmark: Mean top 90 <sup>th</sup>	Lower is better (MAT4) Higher is better (NEWB1)
<b>PMSM-1 Metric</b>	PQC Participation In-Hospital Practice	Not applicable	Implementing Structure
<b>Care Coordination</b> ♦	Attainment/Improvement ( <b>Not Applicable</b> ) ♦	Attainment: Median (50 <sup>th</sup> ) Benchmark: Mean top 90 <sup>th</sup>	Higher is better (Not Applicable) ♦
<b>Safety Outcomes</b> ★ PSI-90 Composite Five HAI's	Interquartile Range ★ (Overall z-score)	Minimum Attainment ★ ( <b>Remove above 1<sup>st</sup> quartile</b> )	Lower is better
<b>Patient Experience</b> ★	Attainment/Improvement (Not Applicable) ★	Attainment: Median (50 <sup>th</sup> ) Benchmark: Mean top (90 <sup>th</sup> )	Higher is better ( <b>Not Applicable</b> ) ★

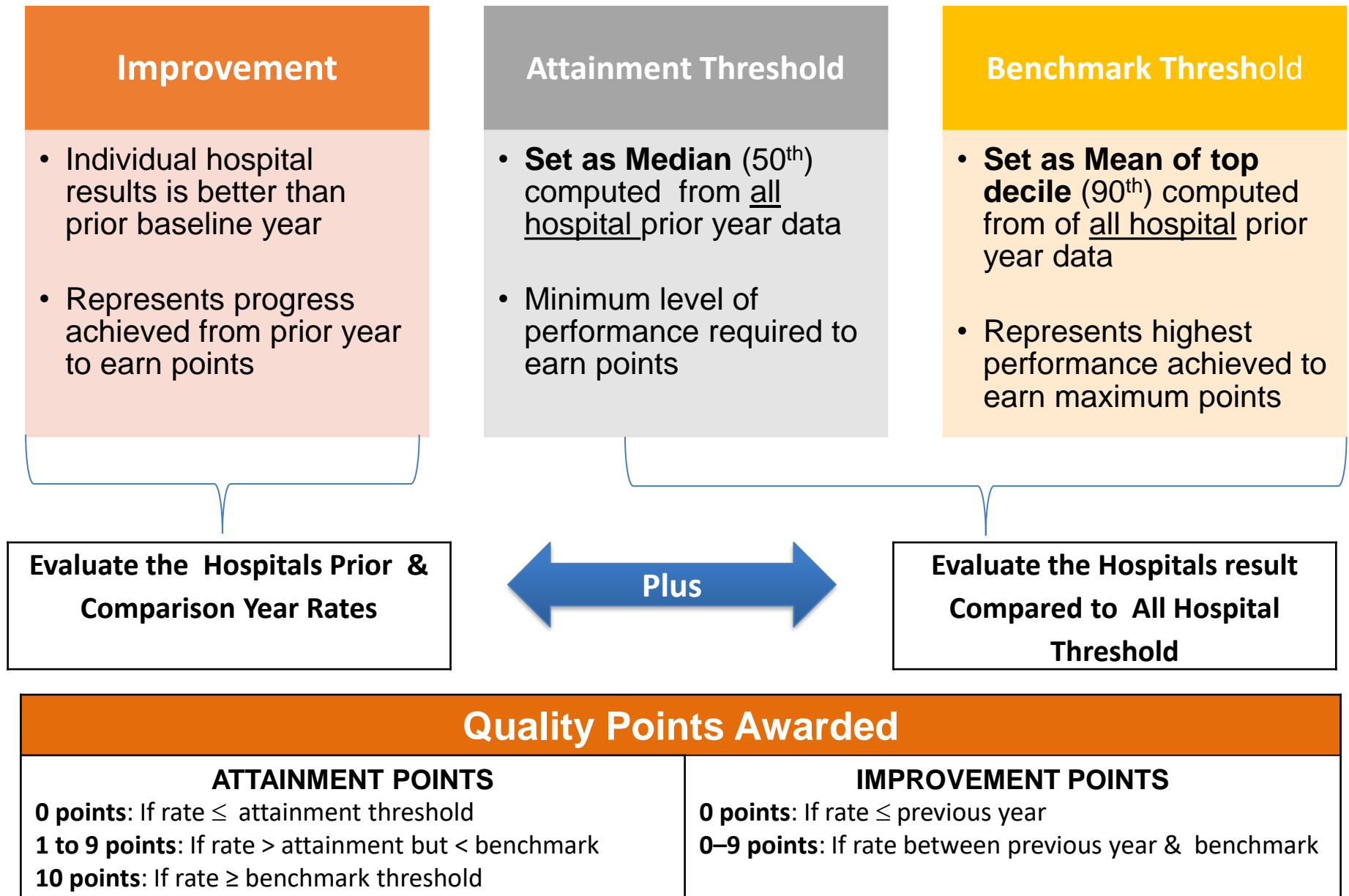
## ▪ Performance Scoring Eligible Criteria:

- Must Pass chart validation (.80)
- Must meet data completeness requirements for each measure.
- Must meet case minimum for each measure.

♦ = indicates PAM criteria apply to newly reported data elements for CCM-1,2,3

★ = PAM provisional criteria apply to outcome measures data period impacted by COVID-19.

# RY23 Attainment/Improvement Performance Assessment Method



## RY23 Perinatal and Care Coordination Category- Performance Scoring Method

### Quality Scoring Eligibility

- Must Pass Data Validation (.80)
- Meet Case Minimum → N=25
- **Get Attainment Pts** → if NO data in previous period may be eligible for attainment points *if pass validation* on comparison year data.
- **Get Improvement Pts** → Computed if have baseline & comparison period data.
- **Points Entitled** → Quality points apply if hospital already established a baseline rate on a given measure

### Quality Scoring Formulas

#### Step 1: Compute Attainment Points

$$\frac{(\text{Measure Rate} - \text{Attainment})}{(\text{Benchmark} - \text{Attainment})} \times 9 + 0.5$$

#### Step 2: Compute Improvement Points

$$\frac{(\text{Current Measure Rate} - \text{Prior Yr. Rate})}{(\text{Benchmark Threshold} - \text{Prior Yr. Rate})} \times 10 - 0.5$$

#### Step 3: Awarded Points -

- Get higher of Attainment or Improvement Pts.

#### Step 4: Compute Total Performance Score

$$\frac{\text{Total Awarded Points}}{\text{Total Possible Points}} \times 100 = \text{TPS}$$

- ▶ **Perinatal Quality Category** → The MAT-4 and NEWB-1 performance scores are computed using above methods. The MassHealth PMSM-1 metric scoring method follows.
- ▶ **Care Coordination Quality Category** ★ → In RY23 performance scores are computed based on passing validation only. Score = 100% (PASS) or Score = 0% (FAILED).

## **RY23 MassHealth PMSM-1 Measure Quality Scoring Approach**

- ▶ **Quality Scoring Eligibility:**
  - Meet data completeness requirement
  - Must meet data verification requirement.
- ▶ **Valid Response –** is the acceptable response checked from those listed on each item.
  - A valid response is coded as YES or NO to indicate if the measure intent was met.
  - The “none of above” and “N/A” responses are not used for scoring purposes.
- ▶ **Meet Participation Requirement –**
  - Assign a YES code If have a valid response for both items 1 and 2.
  - Assign a NO code if have valid response for just one item.
  - Responses to Items 3 and 4 used to crosscheck item 2 only.
- ▶ **Meet Hospital Implementation –** Assign YES code if checked any component practice associated with maternal morbidity areas.
- ▶ **Overall Score -** Assign a YES code if met both participation and implementation requirement. Must have YES codes for items 1, 2 and 5 only.
- ▶ The PMSM-1 Score will be integrated into the Perinatal Quality Category Score.

## **RY23 Patient Experience Category – Performance Scoring Modified**

### **Quality Scoring Eligibility**

- **HCAHPS Data** → extract N=7 survey dimensions from CMS Data Catalog website
- **Meets Case Minimum** → at least 100 surveys completed for the comparison year period.
- **Hospital Reports** → Each Hospitals CY21 data will be used for EOHHS monitoring and to generate hospital feedback reports only.

### **Covid-19 Proviso Impact★**

- ❖ **Suppress Scoring** → EOHHS will not compute HCAHPS performance scores due to insufficient data posted for CY20 and CMS declared caveats impacting posted CY21 data
- ❖ HCAHPS data results will not be used to compute attainment or improvement.
- ❖ HCAHPS data results will not be used to compute Total Performance Score

### **Provisional Quality Score**

- ❖ Hospitals will receive quality reporting credit if it meets case minimum for CY21 data
- ❖ HCAHPS Score = 100% (met survey minimum)
- ❖ HCAHPS Score = 0% (survey minimum not met)

# RY23 Safety Outcome Category – Performance Scoring Method (1 of 2)

## Quality Scoring Eligibility

### Raw Measure Result

- **PSI-90 Measure:** index value must be generated by AHRQ software v2022 (adjust for COVID-19 case exclusions). ★
- **HAI Measures:** SIR value must be generated by NHSN for CAUTI, CLABSI, MRSA, CDI, or SSI.

### Meet Case Minimum

- PSI-90 → Have  $\geq 3$  eligible discharges for at least on one component indicator.
- Each HAI → Reported sufficient data for NHSN to produce the SIR result.

## Data Transformation

### Step 1 → Compute Winsor Measure Result

- Rank distribution of all hospital raw measure values then truncate at 5<sup>th</sup> and 95<sup>th</sup> percentile

### Step 2 → Compute Winsorized Z-score:

- A Winsor Z-score is calculated for each measure using the following formula:

$$\text{Winsor } Z_i \text{ score} = (X_i - (\bar{X}) / \text{SD}(x_i))$$

- The Hospital Winsor z-score for each safety measure reflects how many standard deviations each value is away from the mean measure result.

# RY23 Safety Outcome Category- Performance Scoring Method (2 of 2)

## Step 3 → Assign Equal Measure Weight

- A weight is assigned based on total number of measures with a z-score

Number of measures with a z-score	Weight assigned to each measure z-score
6	16.7
5	20.0
4	25.0
3	33.3
2	50.0
1	100.0
0	N/A

## Step 4 → Compute Overall Safety Z-Score

- Each measure z-score is multiplied by the assigned weight to get overall z-score using formula below

$$(\text{PSI90 zscore} + \sum_{i=1}^{\text{Number of HAI}} \text{HAI zscore}_i) / (\text{Number of HAI} + 1)$$

- Overall safety z-score represents the weighted average of all available measure z-scores.

## Step 5 → Provisional Rank Scoring★

- Interquartile Range:** All Hospital Overall Safety Z-scores are ranked from highest to lowest.
- Remove Minimum Threshold:** In RY23 minimum attainment threshold penalty is removed and all hospitals will receive a payment (per table below).

Interquartile Range	Group	Conversion Factor
Top percentile (lower z-score)	4 <sup>th</sup> Quartile	1.0
	3 <sup>rd</sup> Quartile	.75
	2 <sup>nd</sup> Quartile	.50
Lower Percentile (higher z-score)	1 <sup>th</sup> Quartile	.25 ★

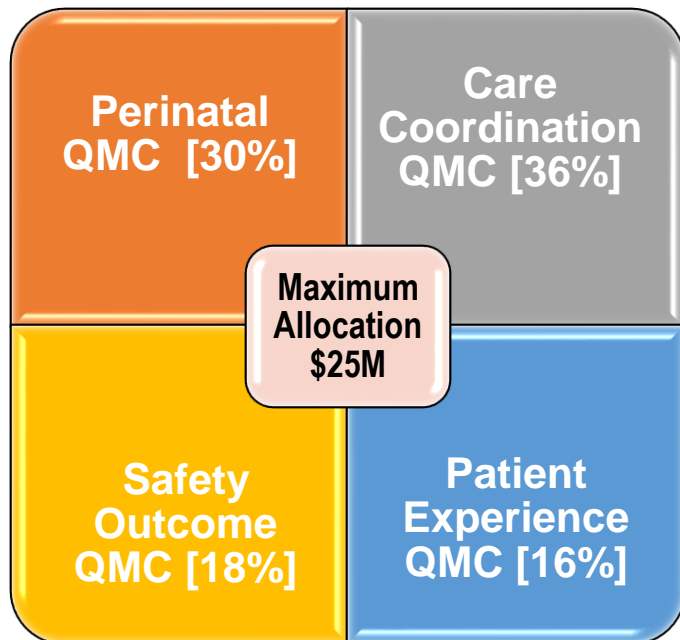


# MassHealth Incentive Payment Methods

## Payment Eligibility Criteria

- Pass Data Validation
- Meet Data Completeness
- Achieve Performance Thresholds

## Acute RFA23 Allocations by QMC



## Incentive Payment Components

- **Maximum Allocated Amount:** total dollars tied to achieving performance
- **Statewide Eligible Medicaid Discharges:** all hospital discharges for ICD measure population
- **QMC per Discharge Amount:** dollar amount by quality measure category

Maximum Allocated Amount	= Quality Measure Category per Discharge Amount
Statewide Eligible Medicaid Discharges	

## Incentive Payment Formula

- **Final Performance Score:** Computed for each QMC
- **QMC per-discharge Amount:** Computed from FY22 eligible discharges
- **Eligible Discharges for each QMC:** Computed from FY22 discharges

(Final Performance Score) x (Eligible Medicaid Discharges) x (QMC per Discharge Amount)	= Hospital Incentive Payment
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# RY23 Eligible Medicaid Discharge Data (MDD) Volume

## Eligible MDD Volume Definition

### MDD Volume Criteria

- Must meet ICD population criteria
- MassHealth is primary & only payer source
- Members covered under RFA payments  
(**FFS Network + PCCP + ACO-B Plans**)

### MMIS Claims Extract

- **Data Period:** Use FY22 (10/1/21 – 9/30/22) discharges to compute RY23 P4P payments.
- **Includes:** Adjudicated Payment Amount per Discharge (APAD) is an all-inclusive payment for inpatient hospitalization from admission to discharge.
- **Exclude:** Per Diem payments (Transfer, Psych, Rehab); Admin days, Interim bills, and outlier payments

## ICD Population Criteria

### Perinatal Care

- Meet ICD population in TJC code tables
- Mothers age  $\geq 8$  and  $\leq 65$  years
- Newborn age  $\geq 0$  and  $\leq 1$  day

### Care Coordination

- Meet ICD population in EHS Manual.
- Age  $> 2$  years and  $\leq 65$  years

### Safety Outcomes

- Use medical & surgical APR-DRG codes
- Age  $\geq 18$  years of age

### Patient Experience

- Use medical, surgical, cesarean, vaginal delivery APR-DRG codes
- Age  $\geq 18$  and  $\leq 65$  years

# RY2023 Quality Reporting Deadlines

Submission Due Date	Data Submission Requirement	Data Reporting Format	Reporting Instructions
<b>October 28, 2022</b>	<ul style="list-style-type: none"> <li>Hospital Quality Contacts Form</li> <li>Hospital Data Accuracy and Completeness Attestation Form</li> </ul>	HospContact_2023 HospDACA_2023	RFA Section 7.B RFA Section 7.C
<b>November 11, 2022</b>	<ul style="list-style-type: none"> <li>Q2-2022 (April – June 2022)</li> <li>Q2-2022 ICD population sample</li> <li>Q2-2022 Medical records DUE</li> </ul>	XML Data Files; and ICD online data entry form (via MassQEX Portal)	EOHHS Technical Specifications Manual (Version 15.0 and 15.1)
<b>February 10, 2023</b>	<ul style="list-style-type: none"> <li>Q3-2022 (July – Sept 2022) data</li> <li>Q3-2022 ICD population sample</li> <li>Q3-2022 Medical records DUE</li> <li><b>Perinatal Structural Measure</b> ❌</li> </ul>	XML Data Files and ICD online data entry form; <b>Web-based data entry tool</b> ❌ (via MassQEX Portal)	EOHHS Technical Specifications Manual (Version 16.0)
<b>May 12, 2023</b>	<ul style="list-style-type: none"> <li>Q4-2022 (Oct – Dec 2022) data</li> <li>Q4-2022 ICD population sample</li> <li>NO medical records due</li> </ul>	XML Data Files; and ICD online data entry form (via MassQEX Portal)	EOHHS Technical Specifications Manual (Version 16.0)
<b>August 11, 2023</b>	<ul style="list-style-type: none"> <li>Q1-2023 (Jan – Mar 2023) data</li> <li>Q1-2023 ICD population sample</li> <li>Q1-2023 Medical records DUE</li> </ul>	XML Data Files; and ICD online data entry form (via MassQEX Portal)	EOHHS Technical Specifications Manual (Version 16.0 or TBD)

## Section 7: Acute RFA Contract Language

- **Medical Record Submission** → Hospitals must submit charts via MassQEX secure file transfer portal (***No paper copies accepted***).
- **New Web-based entry tool** → Hospitals must enter Perinatal Morbidity Structural Measure responses using MassQEX web-based data entry tool (***No paper copies accepted***) ❌
- **Program Participant Forms** → Hospitals must mail hard copy forms (see slide 22)

# MassHealth Extraordinary Circumstance Exception Policy

## Data Exception Provision

- Hospital may request a quality reporting exception if they experienced extraordinary circumstance beyond the control of the facility during the RY2023 contract.
- EOHHS Technical Specs Manual (Section 5.F) clarifies definitions of extraordinary circumstances versus non-applicable circumstances.
- Hospital must consider impact request will have on performance scoring eligibility.

## Must Submit a Written Request

- Complete “MassHealth ECE Request Form” and include required documentation.
- Hospital CEO will get formal letter if data exception is granted stating terms of acceptance.

## Timely Notification Requirement

- Hospital must notify EOHHS within **10 days** of extraordinary circumstance occurring
- EOHHS must receive written request no later than 60 days from last date of exception period requested (as noted in below table)

Quarter Reporting Period	Acute RFA2023 Submission Deadlines	Hospital ECE Request Form Due Date
Q1-2022 (Jan 1, 2022 – Mar 31, 2022)	Aug 12, 2022	May 30, 2022
Q2-2022 (April 1, 2022 - June 30, 2022)	Nov 14, 2022	Aug 30, 2022
Q3-2022 (July 1, 2022 – Sept 30, 2022)	Feb 10, 2023	Nov 29, 2022
Q4-2022 (Oct 1, 2022 – Dec 31, 2022)	May 12, 2023	Mar 1, 2023

# RY23 MassHealth Acute P4P Program Participant Forms

## Identify Key Representatives

### EOHHS Liaison Role

- Hospital must identify **Key liaisons** for all EOHHS business correspondence related to Section 7 requirements

### Key RFA Representatives

- Quality executive for performance reports.
- Finance executive for payment notice & EFT.

### MassQEX Portal Users

- Hospital staff users
- Hospital Medical Records SFTP User
- Third-Party Data Vendor Users

### EOHHS Communication

- Both Key Reps entered in EOHHS mailbox [masshealthhospitalquality@mass.gov](mailto:masshealthhospitalquality@mass.gov)
- Portal users are entered in the MassQEX listserv system

## Required Reporting Forms

### Mailing Acute RFA Forms

- RY23 Hospital DACA Form (submit 1x/year).
- RY23 Hospital Quality Contact Form (submit start of new rate year and when contacts change)

### Other Program Forms

- MassHealth Extraordinary Circumstance Request Form (MHECR)
- MassHealth Data Validation Reevaluation Request Form (MHDREV)

### Portal User Registration On-line Forms

- MassQEX User Account Registration Form
- MassQEX SFTP User Registration Form

***See EOHHS Technical Specs Manual for detailed instruction on how to complete & submit each form.***

## RFA23 Other Quality Measure Requirements (Section 7B)

**Expansion to existing hospital quality metrics (on slide #3) will include:**

- Alcohol Use Brief Intervention Provided or Offered
- Alcohol & Other Drug Use Disorder Treatment Provided/ Offered at D/C
- Safe Use of Opioids Concurrent Prescribing (eCQM)
- Follow-up After ED Visit for Mental Illness (7 and 30 day)
- Follow-up After ED Visit for Alcohol or Other Drug Abuse or Dependence (7 and 30 day)
- Plan all Cause Readmission-Adult (7 and 30 day)
- Pediatric all condition Readmission
- Follow-up After Hospitalization for Mental Illness
- Medication Continued following Inpatient Psychiatric discharge
- Patients Discharged on Multiple Antipsychotic Medications
- Screening for metabolic disorders
- Unexpected Complication of Term Newborns (PC-06)
- Severe OB Complications (eCQM)
- Pediatric CLABSI

### **IMPORTANT NOTE**

- MassHealth will provide information sessions in Sept/Oct 2022 with more detail.



**RY2023**

**MassHealth Hospital Quality Measures  
Specifications and MassQEX Portal Updates**

Cynthia Sacco, MD  
Medical Director, Health Management  
Telligen, Inc.

# **RY23 Overview of MassQEX Key Technical Updates**

- ❑ **RY23 Changes to Data Reporting**
  - ✓ Overview of Reporting changes
  - ✓ Payer Source Code Updates
  - ✓ CCM new data specifications reporting (as of Q1-2022)
  
- ❑ **CY2022 Data Validation Requirements**
  - ✓ General requirements
  - ✓ Scored data element updates
  
- ❑ **Outcome Measures Provision**
  - ✓ PSI-90 and HAI collection and analysis
  - ✓ HCAHPS collection and analysis
  
- ❑ **Perinatal Structural Measure**
  - ✓ PMSM-1 Collection and Analysis
  - ✓ New web-based data entry tool
  
- ❑ **MassQEX Portal**
  - ✓ User Account maintenance
  - ✓ Portal Reports Dissemination Updates



# RY23 Changes to Data Reporting Specifications

Tool ID	Tool Name	Q1-2022 and Q2-2022 (Version 15.0 & 15.1)	As of Q3-2022 data (Version 16.0)	Q4-2022 data (Version 16.0)	As of Q1-2023 (Version 16.1)
A-1	<b>Data Abstraction Tool (NEWB-1)</b>	No change	Payer Codes Updated	Payer codes Updated	Discontinued reporting
A-2	<b>Data Abstraction Tool (MAT-4)</b>	No change	Payer Codes Updated	Payer Codes Updated	No change
A-3	<b>Data Abstraction Tool (CCM-1,2,3)</b>	Add Patient Refusal element (CCM-3)	<ul style="list-style-type: none"> <li>▪ Payer Codes Updated</li> <li>▪ Patient refusal element</li> </ul>	<ul style="list-style-type: none"> <li>▪ Payer Codes Updated</li> <li>▪ Patient refusal element</li> </ul>	No change
A-4	<b>XML Schema MassHealth Specific Files</b>	<ul style="list-style-type: none"> <li>▪ Prior Payer Codes</li> <li>▪ New PATROT element</li> </ul>	Payer Code Updates ★	Payer Codes Updated ★	<ul style="list-style-type: none"> <li>▪ Updated Payer Codes</li> <li>▪ Remove NEWB-1</li> </ul>
A-5	<b>XML Schema Data Deletion Request File</b>	No change	No change	No change	No change
A-6	<b>MassHealth Data Dictionary</b>	<ul style="list-style-type: none"> <li>▪ Reconciled Medication duration</li> <li>▪ Advance Care Plan definition</li> <li>▪ Add Patient refusal definition</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reconciled medication duration</li> <li>▪ Advance Care Plan definition</li> <li>▪ Patient Refusal definition</li> </ul>	No change	Remove NEWB-1 data elements
A-7	<b>Measure Calculation Rules</b>	New Patient refusal element	CCM-3: Add Patient refusal	No change	Remove NEWB-1 data elements

★ = Indicates provisional period for allowable values.

Refer to Section 1 of EOHHS Tech Specs Manual v16.0 for detail on version tool effective dates.

# R Y23 MassQEX Medicaid Payer Source Codes

## CHIA Medicaid Payer Source

## MMIS Claims Payer Source

### Chart-Based Measures

- Hospitals must collect the MAT-4, NEWB- and CCM metrics on members where MassHealth is primary payment source.
- MassHealth adopts CHIA Medicaid Payer source codes already used for hospital case mix reporting to identify members.

### CHIA Payer Code UPDATES

- Key changes to payer codes and descriptions are shown in next slide (see slide #25).
- As of Q3-2022 updated codes are active with version 16.0 tools (see slide #24)

### PSI-90 Measure

- Claims-based measure payer source data is extracted using revenue codes from MMIS and Encounter Data warehouse.
- **MMIS Revenue Codes** = hospital FFS billing system where MassHealth is only payment source for members in FFS, PCCP, Primary Care ACO Plans.
- **Encounter Data Revenue Codes** = hospital billing where MassHealth is only payment source for members in other ACO and MCO plans.
- MMIS revenue codes are not the same as CHIA Medicaid payer source code.

# RY2023 CHIA Medicaid Payer Source Code (Updates)

Existing Payer Code	Medicaid Plan Description	UPDATED Payer Code
103	MassHealth FFS Network, MassHealth Limited Plans	103
104	Primary Care Clinician Management (PCCM) Plan	<b>103</b>
118	Medicaid Managed Care: Massachusetts Behavioral Health Partnership	118
119	Medicaid Managed Care: Other (not listed elsewhere)	<b>147</b>
208	Medicaid Managed Care: Boston Medical Center HealthNet Plan	<b>288</b>
274, 207	Medicaid Managed Care: Tufts Health Together Plan	<b>7</b>
311	Medicaid Other ACO	311
312	Fallon 365 Care	<b>4</b>
313	Be Healthy Partnership with Health New England	<b>24</b>
314	Berkshire Fallon Health Collaborative	<b>4</b>
315	<u>Well Sense Community Alliance (former BMC Health Net Community Alliance)</u>	<b>288</b>
316	<u>Well Sense Mercy Alliance (former BMC Health Net Mercy Alliance)</u>	<b>288</b>
317	<u>Well Sense Signature Alliance (former BMC Health Net Signature Alliance)</u>	<b>288</b>
318	<u>Well Sense Southcoast Alliance (former BMC Health Net Southcoast Alliance)</u>	<b>288</b>
320	Community Care Cooperative	320
322	<u>MGB Healthcare Choice (former Partners Healthcare Choice)</u>	322
323	Steward Health Choice	323
321	<u>My Care Family – MGB Plan (former Allways Health Partners)</u>	<b>910</b>
324	Tufts Health Together with Atrius Health	<b>7</b>
325	Tufts Health Together with BIDCO	<b>7</b>
326	Tufts Health Together with Boston Children's	<b>7</b>
327	Tufts Health Together with Cambridge Health Alliance	<b>7</b>
328	<u>Tufts Medicine Care Plan (former Tufts Wellforce Care Plan)</u>	328

See RY23 EOHHS Tech Specs Manual v16.0 for more detail

# RY2023 Data Validation Requirements for Chart-Based Measures

- In CY2022 a total of 12 records are required for validation (4 charts Q1, Q2, & Q3-2022)
- Case List Request is posted in Portal 1 week after submission cycle closes
- **DUE DATE:** Charts must be submitted within 21 calendar days from date of request
- **Validation Score** = Total scored items in agreement/Total scored items
- To pass validation must meet data reliability threshold (.80) based on UCL
- Scored Data Elements are shown below (See EOHHS Manual section 6)

Scored Data Elements	Non-Scored Data Elements
<p><b>NEWB-1 Measure:</b> Admission to the NICU, Discharge Disposition, Exclusive Breast Milk Feeding, Term Newborn, Race, Hispanic Indicator</p> <p><b>MAT-4 Measure:</b> Gestational Age, Previous Live Birth, Race, Hispanic Indicator</p> <p><b>CCM Measures:</b> Discharge Disposition, Reconciled Medication List, Transition Record, Advance Care Plan, Contact Information 24 hours/ 7 days, Contract Information for Studies Pending, Current Medication List, Discharge Diagnosis, Medical Procedures and Tests, Patient Instructions, <u><b>Patient Refusal of Transmission</b></u>, Plan for Follow-up Care, Primary Physician/ Healthcare Professional for Follow-up Care, Reason for Admission, Studies Pending at Discharge, Transmission Date, Discharge Date, Race, Hispanic Indicator</p>	<ul style="list-style-type: none"> <li>• Admission Date</li> <li>• Admission Time</li> <li>• Birth date</li> <li>• Discharge Date (<i>scored for CCM-3 only</i>)</li> <li>• Discharge Disposition (<i>scored for NEWB-1 and CCM only</i>)</li> <li>• Episode of Care</li> <li>• First Name</li> <li>• Hospital Patient ID #</li> <li>• ICD-CM Diagnosis Codes</li> <li>• ICD-PCS Procedure Codes</li> <li>• Last Name</li> <li>• Member ID Number</li> <li>• Payer Source</li> <li>• Provider ID</li> <li>• Provider Name</li> <li>• Sex</li> </ul>

# RY2023 MassQEX PSI-90 Composite Measure

## Medicaid Claims Data Extract

### Hospital Measure Working File

- Extract final action paid claims 6 month run out period.
- Remove duplicate stays from hospital claims extract working file
- Exclude discharges with incomplete, partial or missing/invalid data in clinical and administrative data fields.

### PSI-90 Specification Update:

- NEW Required Element: Procedure dates for corresponding procedure codes are required for risk-adjustment calculations (element added to *Appendix-8*)
- Refer to EOHHS Technical Specs Manual (16.0) for detail on collection and analysis.

## PSI-90 Analysis Method

### Measurement Period:

- Include: 10/1/19 –12/31/19 & 1/1/21–12/31/21
- Exclude: Jan 1 – Dec 31, 2020
- **Case Minimum**: hospital data must have 3 cases for at least one indicator in data period

### COVID-19 Proviso

- AHRQ Software version v2022 allows option to remove COVID-19 discharges
- Removing COVID cases and shorter data period may result in lower denominators for PSIs and not meeting case minimum.
- **Data Transformation**: MassQEX will transform PSI-90 index results to Winsorized Z-score to reduce effect of outliers and standardize result.

# RY2023 MassQEX Healthcare-Associated Infection Measures

## NHSN Database Extract

### Data Period Shortened

- Includes Jan 1 - Dec 31, 2021
- Excludes Jan 1 – Dec 31, 2020
- **NHSN Working File:** MassQEX extracts a file for each hospital by copying and freezing data for a specific point in time.

### Data Completeness Review

- **NHSN Participation Alerts:** review each hospital's Alerts for measurement period to ensure accurate and complete data complies with NHSN protocols.
- **NHSN Monthly Report Plan:** review number of month hospital submitted and complied with NHSN warnings related to data period.

## Measure Analysis Method

- **Case Minimum:** Hospital must have SIRs generated in NHSN dbase if the number of predicted infections is greater than 1.0.
- NHSN does not risk-adjust HAI measures for COVID-19
- **Data Transformation:** MassQEX will transform HAI results to Winsorized Z-score to reduce effect of outliers and standardize result.
- **Valid Measure Exemptions:** Each hospital HAI measures data submitted to NHSN is compared to the MassHealth DACA Form exemptions checked.

# RY2023 MassQEX HCAHPS Survey Measure

## CMS Compare Extract

### Measurement Period:

- ✓ Comparison CY21 (Jan - Dec 2021)
- ✓ Previous CY20 (July - Dec 2020)
- ❖ COVID-19 posed substantive limitations for prior and comparison year data sources.
- ❖ The Hospital's "Top Box results" on the seven (7) survey dimensions will be extracted.
- ❖ The "Top Box" results are percent integers with highest response on survey scale for each HCAHPS survey dimension.

## Measure Analysis Method

- ❖ Comparison year analysis will be used to monitor impact of COVID-19.
- ❖ **Case Minimum:** Hospital CY21 file must have  $\geq 100$  surveys completed .
- ❖ **Data Completeness:** MassQEX will scan for any CMS caveats related to COVID-19 impact data quality.
- ❖ **MassQEX Year End Report:** Feedback will display the Top Box result as an "*Answer Percent*" for each dimension.
- ❖ **Total Performance Score Reports:** Adjusted to reflect provisional scoring criteria.

# MassQEX Perinatal Morbidity Structural Measure (PMSM-1) Procedure

## MassQEX Collection

### Web-Based Entry Tool (WBET):

- ▶ All Hospitals must complete PMSM-1 survey using WBET.
- ▶ Hospitals that do not provide labor/delivery care must enter “N/A”.
- ▶ Only MassQEX Hospital Users can access and enter responses in WBET.
- ▶ **Hospital Entry Preview:** Users can store and print a draft of item responses to preview with their Labor and Delivery Unit staff before final submission.

### Submission Deadline

- ▶ Opens Dec 1, 2022 to Feb 10, 2023
- ▶ DUE DATE: February 10, 2023 (5p ET)

## Measure Analysis

### Data Completeness

- Hospital responses are reviewed for accuracy, incomplete or invalid content per Section 10 criteria in EHS Technical Manual (16.0)
- **Data Verification:** Hospital item response is compared against PQC data profiles

### PQC Participation Codes:

- YES = Valid response for *Item 1* and *2*
- NO = Invalid response for *Item 1 or 2*
- NO = “None of above” or “N/A” response

### Hospital Implementation Codes:

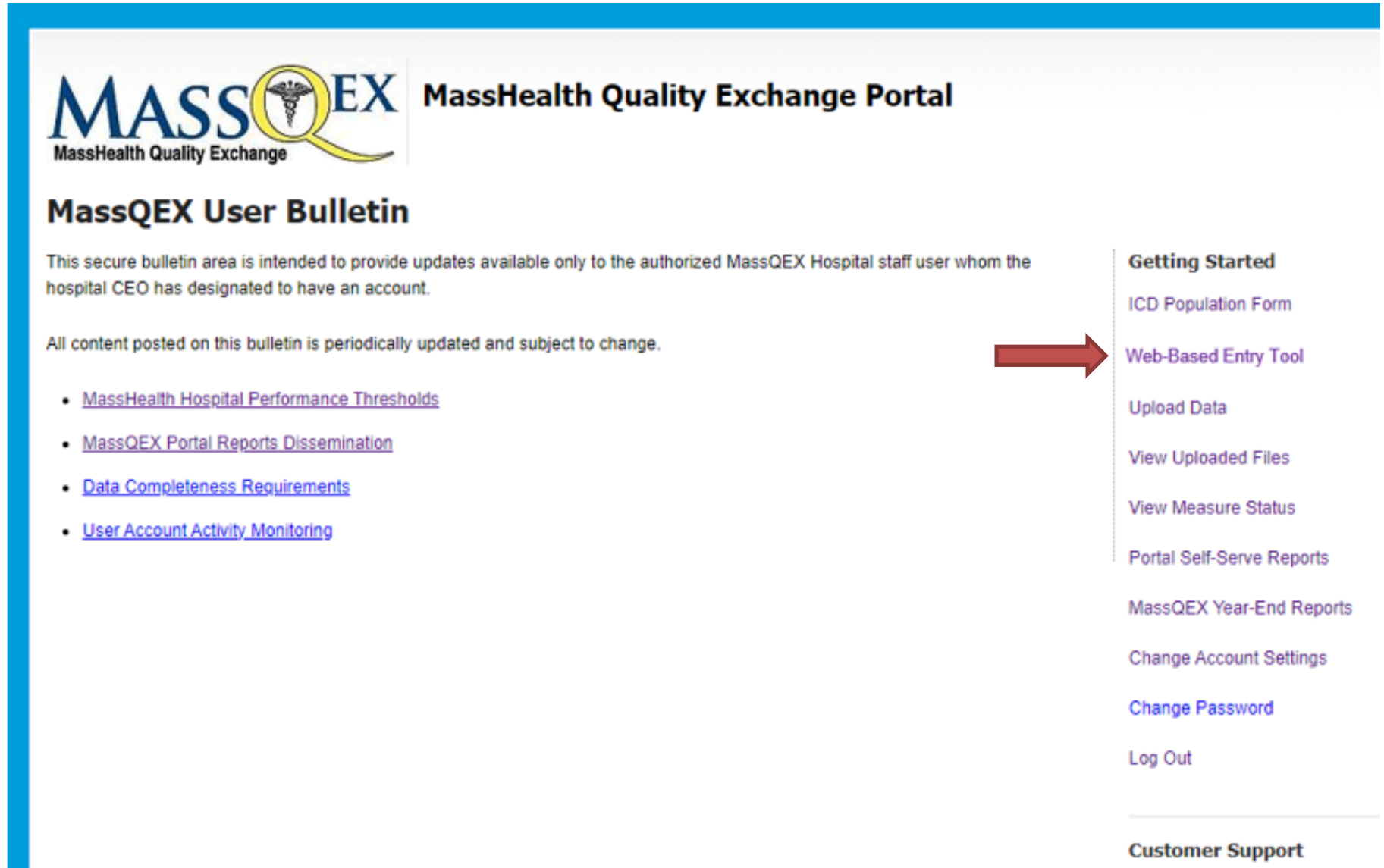
- ❖ YES = Any valid response in Item 5
- ❖ NO = All Item 5 left blank

### Overall Result Code:

- ❖ YES = if met *Item 1, 2, and 5 only*
- ❖ NO = if did not meet item 1,2,and 5



# Navigating to MassQEX Portal Secure Web-Based Entry Tool



The screenshot shows the MassQEX Portal homepage. The header features the MassQEX logo (MassHealth Quality Exchange) and the text "MassHealth Quality Exchange Portal". Below the header is the "MassQEX User Bulletin" section, which includes a paragraph about the secure bulletin area and a list of links: "MassHealth Hospital Performance Thresholds", "MassQEX Portal Reports Dissemination", "Data Completeness Requirements", and "User Account Activity Monitoring". On the right side, there is a sidebar with a "Getting Started" section containing links: "ICD Population Form", "Web-Based Entry Tool", "Upload Data", "View Uploaded Files", "View Measure Status", "Portal Self-Serve Reports", "MassQEX Year-End Reports", "Change Account Settings", "Change Password", and "Log Out". A red arrow points from the "Web-Based Entry Tool" link in the sidebar to the "MassQEX User Bulletin" section.

**MASSQEX**  
MassHealth Quality Exchange

**MassHealth Quality Exchange Portal**

**MassQEX User Bulletin**

This secure bulletin area is intended to provide updates available only to the authorized MassQEX Hospital staff user whom the hospital CEO has designated to have an account.

All content posted on this bulletin is periodically updated and subject to change.

- [MassHealth Hospital Performance Thresholds](#)
- [MassQEX Portal Reports Dissemination](#)
- [Data Completeness Requirements](#)
- [User Account Activity Monitoring](#)

**Getting Started**

- [ICD Population Form](#)
- [Web-Based Entry Tool](#)
- [Upload Data](#)
- [View Uploaded Files](#)
- [View Measure Status](#)
- [Portal Self-Serve Reports](#)
- [MassQEX Year-End Reports](#)
- [Change Account Settings](#)
- [Change Password](#)
- [Log Out](#)

**Customer Support**

# MassQEX Web-based Data Entry Tool

RY2023 MassHealth Perinatal Morbidity Structural Measure Form

**Hospital Name:** MassQEX

**MassHealth Provider ID:** 12345ZYXWV

**Item 1:** The hospital participated in the following Perinatal Quality Collaborative (PQC) aimed at improving maternal morbidity outcomes during intrapartum care (**Check one response**):

- ☐ Massachusetts Perinatal Quality Collaborative (PQC)
- ☐ Other State or National PQC (enter name):
- ☐ Both of above
- ☐ None of above
- ☐ N/A (hospital does not provide labor and delivery service)

**Item 2:** The hospital implemented the following maternity bundles while partaking in PQC (**Check all that apply**):

- ☐ Obstetric Hemorrhage
- ☐ Severe Hypertension/Preeclampsia
- ☐ Obstetric Care for Opioid Use Disorder
- ☐ Safe Reduction of Primary Cesarean
- ☐ Reduce Peripartum Race/Ethnic Disparities
- ☐ Other Bundle not listed (enter name):
- ☐ None of above
- ☐ N/A (hospital does not provide labor and delivery service)

**Item 3:** The hospital was involved in the following PQC activities listed (**Check all that apply**):

- ☐ Formal data user agreement
- ☐ Actively submit and exchange data
- ☐ Attend educational events (webinars, annual meetings)
- ☐ Attend ongoing team meetings
- ☐ None of above
- ☐ N/A (hospital does not provide labor and delivery service)

**Item 4:** The hospital participated in the PQC during the following periods (**Check all that apply**):

- ☐ Q1-2022 (Jan to March 2022)
- ☐ Q2-2022 (Apr to June 2022)
- ☐ Q3-2022 (July to Sept 2022)
- ☐ Q4-2022 (Oct to Dec 2022)
- ☐ None of above
- ☐ N/A (hospital does not provide labor and delivery service)

## Form (Top Portion)

- Example of WEBT portal screenshot for Items 1- 4 (vertical format).
- Hospitals must select a response for each item.
- **ALERT Notice** → A **red text message** will appear under each item that has not selected a response.
- If hospital enters “N/A” for Items 1, 2, 3 and 4 then Item 5 will be disabled and the form is ready for submission.

**Item 5:** The hospital has formally implemented the specific component practices listed to manage one or more of the maternal morbidity areas **(Check all that apply)**.

Hospital Component Practice	OB Hemorrhage	Severe Hypertension	Reduce Primary Cesarean Birth	Opioid Use Disorder in OB Care	Cardiac Conditions in OB Care
a) <b>Unit Policy and Procedure</b> – 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) <b>Multidisciplinary Case Reviews</b> – The hospital has procedures to perform multi-disciplinary systems-level reviews on all cases of severe maternal morbidity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) <b>Case Debriefs</b> – The hospital has established an internal process to perform regular formal post-event debriefs on cases with major complications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) <b>Birth Unit Supplies</b> – The hospital has the necessary supplies readily available on birthing unit (e.g.: in a cart or mobile box).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E) <b>Patient, Family &amp; Staff Support</b> - The hospital has developed OB specific resources and protocols to support patients, family and staff through major OB complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) <b>Electronic Health Record Integration</b> – Most of the recommended safety practices are integrated into the hospitals electronic medical record system (i.e.: order sets, tracking tools, medications, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Attestation:** I certify under the pains and penalties of perjury that all information submitted is true, accurate, and complete in accordance with the applicable versions of EOHHS Technical Specifications Manuals to the best of my knowledge. By submitting this form on behalf of this hospital, I also certify that I am the provider (in the case of a legal entity, duly authorized to act on behalf of the provider). I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained therein

Submit

Print

Save

## Form (Bottom Portion)

- Example of bottom portion showing item 5 (landscape display) and Attestation box
- Hospitals must click box to enter “X” for adopted practice that apply to areas of maternal morbidity.
- Submit, Print, and Save options are at bottom of form page.
- The **SAVE** feature will allow PDF option for printing or sending to internal staff.
- When press **SUBMIT** the User will receive a message that Form was submitted and will also get a separate email.

# MassQEX Portal User Account Registration Requirements

## MassQEX User Registered Account

### Hospital Staff User

- This account is for staff authorized by Hospital CEO to conduct multiple transactions.
- Users 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

- This account is 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

- This account is for staff 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**
- 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

# RY2023 MassQEX Annual Reports Portal Dissemination Update

- All MassQEX Year End Report Results are posted in the secure portal by Nov/Dec each year.
- Time sensitive reports must be accessed by the Hospital Quality Contact and MassQEX Hospital User Staff
- Hospitals are required to download and manage their reports via secure portal.
- MassQEX List Serv Messages will notify users when portal reports are posted.

## Changes to Available Reports:

- Add PMSM-1 Report Results
- Removes HD-2 Year end and Drill down reports

MassQEX Report Name	Description
<b>1. Medical Record Case List</b>	Records Request for Q1,Q2, Q3 validation
<b>2. Year-End Data Validation Results</b>	Overall Validation result (pass/fail status)
<b>3. Year-End Validation Record Detail</b>	Case level outcome for each validation record
<b>4. Validation Data Element Comments</b>	Educational comments on data mismatches
<b>5. Year-End Measure Results</b>	Overall and quarterly rates for every measure
<b>6. Safety Outcome Measure Results</b>	Overall display PSI 90 and HAI measures results
<b>7. PSI-90 Drill-Down</b>	Case level detail on the numerator event
<b>8. HCAHPS Measure Results</b>	Overall display of survey dimension results
<b>9. Perinatal Morbidity Structural Measure Results</b>	Summary of hospital attestation responses, verification status and overall result

## NOTE

- ✓ Reports #1-6, 8 & 9 are in PDF format (some contain PHI)
- ✓ Reports # 7in webpage HTML format (not for download)

# Wrap Up

## EOHHS Medicaid Acute Hospital P4P Resources

- **Mass.Gov Resource Website:** <https://www.mass.gov/masshealth-quality-exchange-massqex>
  - Post RY23 Technical Specification Manual and Appendices (v16.0, 16.1).
  - Post RY23 MassHealth P4P Program Participant Forms.
  - Post RY23 Acute P4P Technical Session slides.
- **COMMBUYS Posting:** <https://www.commbuys.com/bsa/>
  - Download copy EOHHS Acute RFA23
  - Go to Section 1 EOHHS Tech Specs Manual (v16.0) for instruction
- **MassQEX Customer Support Help Desk:** Call 844-546-1343 (toll free #) and Email: [Massqexhelp@telligen.com](mailto:Massqexhelp@telligen.com)
- **MassHealth Program Contact**
  - Iris Garcia-Caban, PhD, MassHealth Acute P4P Program Lead
  - EOHHS business mailbox: [Masshealthhospitalquality@mass.gov](mailto:Masshealthhospitalquality@mass.gov)