Commonwealth of Massachusetts
Executive Office Health and Human Services

# RY2024 EOHHS Hospital Clinical Quality Incentive Program Release Notes (Version 2.2)

Supplement to:

RY2024 EOHHS Hospital Clinical Quality Incentive

Program Technical Specifications Manual (v2.0)

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# Introduction

**A. Purpose**

The EOHHS Release Notes provide hospitals with interim updates on MassHealth Acute Hospital Clinical Quality Incentive (CQI) Program data collection and reporting requirements applicable to the current rate year EOHHS Technical Specifications Manual (v2.0) content posted on the Mass.Gov website.

1) **Important Update:** Table 1.2B has been added to Section 1.D of the RY24 CQI EOHHS Technical Specifications Manual (2.0) to clarify case minimum requirements for payment eligibility for measures in pay-for-performance status for RY2024.
2) **Effective Date:** Table 1.2B is effective with the RY24 (CY2024) reporting period.

**B. EOHHS Manual Versions.**

The CQI Release Notes version 2.2 document should be used in conjunction with the RY2024 EOHHS Hospital Clinical Quality Incentive Program Technical Specifications Manual (v2.0) and Release Notes 2.1.  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.

**C. Release Notes Guideline.**

Updates in the EOHHS Release Notes are organized to supplement the EOHHS Manual table of contents 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 MassQEX Helpdesk at *massqexhelp@telligen.com* for any questions about the contents of this Release Notes document.

# Section I: Changes in CQI Release Notes (v2.2)

The content below is organized to follow the Table of Contents in the RY2024 Clinical Quality Incentive Program Technical Specifications Manual (v2.0). This section summarizes the key impact, description of change, and rationale for the updated requirements.

**Table A – Changes to Data Reporting Specifications**

| Key Impact | Description of Change | Rationale |
|---|---|---|
| **Table 1-2B, Section 1.D.** CY2024 Case Minimum for Performance Scoring | • Add Table 1-2B | • Clarify case minimum requirements for measures in pay-for-performance status for RY2024. |

# Section II: Table 1-2B, Section 1.D

### Section 1.D. CQI Program Measures and Performance Periods

The table below clarifies case minimum requirements for payment eligibility for measures in pay-for-performance status for the RY2024 performance period.

**Table 1-2B. CQI 2024 Case Minimum for Measure Payment Eligibility**

| Quality Measure | CQI Program Domain | Collection Method | Payment for RY2024 | CQI 2024 Case Minimum for Measure Payment Eligibility* |
|---|---|---|---|---|
| CCM-1: Reconciled Medication List Received by Discharged Patient | Care Coordination / Integration | Chart-Abstracted | P4P | 25 |
| CCM-2: Transition Record with Specified Data Elements Received by Discharged Patient | Care Coordination / Integration | Chart-Abstracted | P4P | 25 |
| CCM-3: Timely Transmission of Transition Record Within 48 Hours at Discharge | Care Coordination / Integration | Chart-Abstracted | P4P | 25 |
| SUB-2: Alcohol Use Brief Intervention Provided or Offered | Care for Acute and Chronic Conditions | Chart-Abstracted | P4R | N/A |
| SUB-3: Alcohol & Other Drug Use Disorder Treatment Provided/ Offered at Discharge | Care for Acute and Chronic Conditions | Chart-Abstracted | P4R | N/A |
| MAT-4: Cesarean Birth, NTSV | Perinatal Care | Chart-Abstracted | P4P | 25 |
| NEWB-3: Unexpected Newborn Complications in Term Infants | Perinatal Care | Chart-Abstracted | P4R | N/A |

| Quality Measure | CQI Program Domain | Collection Method | Payment for RY2024 | CQI 2024 Case Minimum for Measure Payment Eligibility* |
|---|---|---|---|---|
| OP-1e: Safe Use of Opioids-Concurrent Prescribing (eCQM) | Care for Acute and Chronic Conditions | Data Entry | P4R | N/A |
| BHC-3: Screening for Metabolic Disorders | Behavioral Health Care | Data Entry | P4P | 25 |
| SOC: Severe Obstetric Complications (eCQM) | Perinatal Care | Data Entry | P4R | N/A |
| PMSM-1: Perinatal Morbidity Structural Measure | Perinatal Care | Survey | P4R | N/A |
| CCI-2: Follow-up After ED Visit for Mental Illness | Care Coordination / Integration | Claims-based | P4P | 30 |
| CCI-3: Follow-up After ED Visit for Alcohol or Other Drug Abuse or Dependence | Care Coordination / Integration | Claims-based | P4P | 30 |
| PED-2: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | Care for Acute and Chronic Conditions | Claims-based | R | N/A |
| CCI-4: Follow-Up After Hospitalization for Mental Illness | Care Coordination / Integration | Claims-based | R | N/A |
| CCI-1: Readmission Measure | Care Coordination / Integration | CHIA's Hospital Inpatient Discharge Database | R | N/A |
| PED-1: Pediatric All-Condition Readmission | Care Coordination / Integration | Claims-based | R | N/A |
| BHC-2: Medication Continuation Following Inpatient Psychiatric Discharge | Behavioral Health Care | Claims-based | P4P | 25 |
| PSI-90: Patient Safety and Adverse Events Composite | Patient Safety | Claims-based | P4P | At least three denominator cases (n=3) for any one of the PSI component indicators |
| HAI-1: Central Line-Associated Bloodstream Infection (CLABSI) | Patient Safety | National Registry-based | P4P | Predicted number of infections >1.0 |
| HAI-2: Catheter-Associated Urinary Tract Infection (CAUTI) | Patient Safety | National Registry-based | P4P | Predicted number of infections >1.0 |
| HAI-3: Methicillin-Resistant Staphylococcus Aureus bacteremia (MRSA) | Patient Safety | National Registry-based | P4P | Predicted number of infections >1.0 |
| HAI-4: Clostridium Difficile Infection (CDI) | Patient Safety | National Registry-based | P4P | Predicted number of infections >1.0 |
| HAI-5: Surgical Site Infections: Colon and abdominal hysterectomy surgeries (SSI) | Patient Safety | National Registry-based | P4P | Predicted number of infections >1.0 |

| Quality Measure | CQI Program Domain | Collection Method | Payment for RY2024 | CQI 2024 Case Minimum for Measure Payment Eligibility* |
|---|---|---|---|---|
| HCAHPS: Hospital Consumer Assessment of Healthcare Provider Systems Survey | Patient Experience | National Survey-based | P4P | 100 Surveys |

*Denominator minimum requirements apply to pay-for-performance measures only.

LEGEND:

- P4P = Pay-for-Performance
- P4R = Pay-for-Reporting
- R = Reporting Only