

Commonwealth of Massachusetts  
Executive Office Health and Human Services

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# **RY2025 EOHHS Hospital Clinical Quality Incentive Program Release Notes (Version 3.1)**

Supplement to:

RY2025 EOHHS Hospital Clinical Quality Incentive  
Program Technical Specifications Manual (v3.0)

**Published: April 15, 2025**

# Introduction

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## 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.

### 1) Key Updates:

- a. Table 1.2 has been updated in Section 1.D of the RY25 CQI EOHHS Technical Specifications Manual (3.0) effective for the RY25 (CY2025) reporting period to:
  - i. add minimum numerator criteria for the CHIA Adult Readmission Measure,
  - ii. update the CCI-3 measure name, and
  - iii. modify the Severe Obstetric Complications measure to Reporting only status for RY2025.
- b. Section 11: Program Reports have been added to share information on hospital-specific reports available through the MassQEX portal.

## B. EOHHS Manual Versions

The CQI Release Notes version 3.1 document should be used in conjunction with the RY2025 EOHHS Hospital Clinical Quality Incentive Program Technical Specifications Manual (v3.0). 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.

## 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. Updates to previously released technical specification manual sections are italicized and underlined.

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](mailto:massqexhelp@telligen.com) for any questions about the contents of this Release Notes document.

## Section 1: Summary of Changes in CQI Release Notes (v3.1)

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The content below is organized to follow the Table of Contents in the RY2025 Clinical Quality Incentive Program Technical Specifications Manual (v3.0). This section summarizes the key impact, description of change, and rationale for the updated requirements.

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

| Location of Update             | Update   | Update Description and Rationale   |
|--------------------------------|--|--|
| <b>Table 1-2, Section 1.D.</b> | <ul style="list-style-type: none"><li>• Modify Table 1-2</li></ul>   | <ul style="list-style-type: none"><li>• Add minimum numerator for the CHIA Adult Readmission Measure (CCI-1) and clarify the Case Minimum for Measure Payment Eligibility column.</li><li>• Update CCI-3 measure name to Follow-up after ED Visit for Substance Use.</li><li>• Modify Severe Obstetric Complications measure to R status for RY2025 incentive payment.</li></ul> |
| <b>Section 6.D</b>             | <ul style="list-style-type: none"><li>• Modify Table 6-1</li></ul>   | <ul style="list-style-type: none"><li>• Modify Scored Data Elements in Table 6-1 to include Race and Hispanic Ethnicity.</li></ul>   |
| <b>Section 8.B</b>             | <ul style="list-style-type: none"><li>• Update measure name following NCQA measure steward.</li></ul>  | <ul style="list-style-type: none"><li>• Update CCI-3 measure name to Follow-up after ED Visit for Substance Use.</li></ul>   |
| <b>Section 8.C</b>             | <ul style="list-style-type: none"><li>• Update CHIA Adult Readmission Measure Data Calculation Approach with correct link for access to technical appendix</li></ul> | <ul style="list-style-type: none"><li>• Update reference link in specification to webpage with current technical appendix.</li></ul>   |
| <b>Section 11</b>              | <ul style="list-style-type: none"><li>• Add Section 11: Program Reports</li></ul>  | <ul style="list-style-type: none"><li>• Provide important information on program reports available on the MassQEX portal.</li></ul>  |

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

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

The table below provides the addition of minimum numerator criteria for CCI-1, the update to the CCI-3 quality measure name, and the modification of the Severe Obstetric Complications measure to Reporting only status for payment incentive for RY2025 performance period.

**Table 1-2. CY2025 Performance Period CQI Program Measures**

| Quality Domain                        | Quality Measure   | Collection Method                                       | Payment for RY2025 | Case Minimum for Measure Payment Eligibility ( <u>denominator unless otherwise specified</u> ) | CQI 2025 Performance Period |
|---------------------------------------|---|---|--------------------|--|-----------------------------|
| Care Coordination / Integration       | CHIA Adult Readmission Measure- CCI-1   | The Massachusetts Hospital Inpatient Discharge Database | P4P                | 25<br><u>11(numerator)</u>   | Jul 1, 2023 – Jun 30, 2024  |
| Care Coordination / Integration       | Follow-up After ED Visit for Mental Illness- CCI-2                                | Claims-based  | P4P                | 30   | Jan 1 – Dec 31, 2025        |
| Care Coordination / Integration       | <u>Follow-up after ED Visit for Substance Use- CCI-3</u>                          | Claims-based  | P4P                | 30   | Jan 1 – Dec 31, 2025        |
| Care Coordination / Integration       | Follow-Up After Hospitalization for Mental Illness- CCI-4                         | Claims-based  | P4P                | 30   | Jan 1 – Dec 31, 2025        |
| Care Coordination / Integration       | Pediatric All-Condition Readmission- PED-1  | Claims-based  | P4P                | 25   | Jan 1 – Dec 31, 2025        |
| Care for Acute and Chronic Conditions | Alcohol Use Brief Intervention Provided or Offered- SUB-2                         | Chart-Abstracted  | P4P                | 25   | Jan 1 – Dec 31, 2025        |
| Care for Acute and Chronic Conditions | Alcohol & Other Drug Use Disorder Treatment Provided/ Offered at Discharge- SUB-3 | Chart-Abstracted  | P4P                | 25   | Jan 1 – Dec 31, 2025        |
| Care for Acute and Chronic Conditions | Safe Use of Opioids- Concurrent Prescribing- OP-1e                                | Data Entry  | P4P                | 25   | Jan 1 – Dec 31, 2025        |
| Care for Acute and Chronic Conditions | Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis- PED-2       | Claims-based  | P4P                | 30   | Jul 1, 2024 – June 30, 2025 |
| Patient Safety                        | Healthcare-Associated Infections (CLABSI, CAUTI, MRSA, CDI, SSI)                  | National Registry-Based                                 | P4P                | Predicted number of infections $\geq 1.0$  | Jan 1 – Dec 31, 2024        |
| Patient Experience                    | Patient Experience and Engagement- HCAHPS   | National Survey-Based                                   | P4P                | 100 Surveys  | Jan 1- Dec 31, 2024         |
| Perinatal Care                        | Cesarean Birth- MAT-4   | Chart-Abstracted  | P4P                | 25   | Jan 1 – Dec 31, 2025        |
| Perinatal Care                        | Unexpected Newborn Complications in Term Infants- NEWB-3                          | Chart-Abstracted  | P4P                | 25   | Jan 1 – Dec 31, 2025        |
| Perinatal Care                        | Severe Obstetric Complications- SOC   | Data Entry  | <u>R</u>           | N/A  | Jan 1 – Dec 31, 2025        |
| Behavioral Health Care                | Medication Continuation Following Inpatient Psychiatric Discharge- BHC-2          | Claims-based  | P4P                | 25   | Jan 1, 2024 – Dec 31, 2025  |
| Behavioral Health Care                | Screening for Metabolic Disorders- BHC-3  | Data Entry  | P4P                | 25   | Jan 1 – Dec 31, 2025        |

LEGEND:

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

## Section 6: Claims-Based Measures Specifications

### Section 6.D Data Validation Scoring Methods

**Table 6-1: Summary of Data Element Scoring Categories for Chart-Abstracted Measures**

| Scored Data Elements   | Non-Scored Data Elements  |
|--|---|
| <b>SUB-2 Measure:</b> Alcohol Use Status, Brief Intervention, Comfort Measures Only, <u>Race</u> , <u>Hispanic Ethnicity</u><br><br><b>SUB-3 Measure:</b> Alcohol Use Status, Comfort Measures Only, Discharge Disposition, Prescription for Alcohol or Drug Disorder Medication, Referral for Addictions Treatment, <u>Race</u> , <u>Hispanic Ethnicity</u><br><br><b>MAT-4 Measure:</b> Gestational Age, Previous Births, <u>Race</u> , <u>Hispanic Ethnicity</u><br><br><b>NEWB-3 Measure:</b> Birth Weight, Discharge Disposition, Term Newborn, <u>Race</u> , <u>Hispanic Ethnicity</u> | <ul style="list-style-type: none"> <li>• Admission Date</li> <li>• Admission Time</li> <li>• Birth Date</li> <li>• Discharge Date</li> <li>• Discharge Disposition (scored for SUB-3 &amp; NEWB-3)</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> </ul> |

## Section 8: Claims-Based Measures Specifications

### Section 8.B. NCQA HEDIS Claims-Based Measures Specifications

#### 1. Care Coordination and Integration of Care Domain

This section provides measure specifications for the NCQA HEDIS claims-based measures included in the CQI Care Coordination and Integration of Care domain.

#### II) Follow-Up After Emergency Department Visit for Substance Use (CCI-3)

**Measure Name:** Follow-Up After Emergency Department Visit for Substance Use (FUA)

### Section 8.C. Other Claims-Based and Readmission Measures

#### 1. Care Coordination and Integration of Care Domain

This section provides measure specifications for the readmissions measures included in the CQI Care Coordination and Integration core domain.

## I) CHIA Adult Readmission Measure (CCI-1)

**Data Calculation Approach:** The CHIA Adult Readmissions measure will be calculated using data submitted quarterly to the Massachusetts Hospital Inpatient Discharge Database. No direct electronic data file reporting to EOHHS is required for this measure. *For more information, visit <https://www.chiamass.gov/hospital-wide-adult-all-payer-readmissions-in-massachusetts>*

## Section 11: Program Reports

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The MassHealth Clinical Quality Incentive (CQI) Program publishes hospital-specific reports in the MassQEX Portal to facilitate the data validation process for chart-based measures, to provide year-end quality measure results for program measures, and to share the calculated hospital quality performance score (QPS).

### Instructions for Accessing Program Reports on MassQEX

1. On the [MassQEX](#) portal homepage **Account Log-in**, enter your MassQEX User-Name and Password. Once logged in, navigate to the CQI program page. Under the **Getting Started** header on the right side of screen, select **MassQEX Year-End Reports** link.
2. Select the applicable **Rate Year** (e.g. RY2023) from the drop-down box. Then select **List Reports** and the reports page for your hospital will display. *Note: Only reports for the hospital linked to your MassQEX account will be displayed.*
3. The left side of the screen will display report type headers and links to available reports. Select a report link, a Personal Health Information (PHI)/Personally Identifiable Information (PII) acknowledgement statement will pop-up. Select “Ok” to accept and proceed.
4. The PDF report document will download and display at the bottom left of screen.

Questions on reports should be directed to the MassQEX help desk at [massqexhelp@telligent.com](mailto:massqexhelp@telligent.com).

### Report Posting Schedule

The report posting schedule is as follows:

**Table 11-1: CQI Program Report Posting Schedule**

| Report Name                                | Posting Frequency and Date                                |
|--|---|
| Medical Record Case List Request           | Post within 2 weeks following portal close, as applicable |
| Year-End Data Validation Results           | Yearly, ~6 months following Q3 medical record submission  |
| Year-End Validation Record Detail          | Yearly, ~6 months following Q3 medical record submission  |
| Validation Data Element Comments           | Yearly, ~6 months following Q3 medical record submission  |
| Year-End Chart-Based Measure Results       | Yearly, December  |
| Year-End Safety Outcome Measure Report     | Yearly, December  |
| Year-End Claims-Based Measure Report       | Yearly, December  |
| Year-End Data-Entry Measure Report         | Yearly, December  |
| Year-End Patient Experience Measure Report | Yearly, December  |
| Quality Performance Score Report           | Yearly, ~3 months following December reports              |

## Quality Performance Score (QPS) Report

The Quality Performance Score report includes the results and associated scoring for each program measure as outlined in the performance assessment methodology for the program in Appendix J of the acute hospital RFA.

### General Scoring Notes:

- Attainment, improvement, and domain scores are not rounded during the underlying scoring process. However, the final QPS is rounded to the nearest hundredth (e.g., 0.8524 is rounded to 0.85). For purposes of display on the QPS report, attainment, improvement, and domain scores are displayed as a rounded number to the nearest hundredth even though they are not rounded in the calculation until the final QPS. Per the Acute Hospital RFA, attainment points are capped at 9.
- Hospitals that do not meet validation threshold (fail) for the rate year are coded as INVALID for the chart-based measures.
- When the case minimum is not met, the rate is displayed on the QPS report as CMU.

### Domain Weighting Redistribution:

- If a hospital is not eligible for one or more measures in a domain, the weighting for the measure(s) is redistributed to the remaining eligible measures in the domain, if applicable.
- If a hospital does not have any valid measure results for a domain for which it is eligible (e.g. all measures are CMU or INVALID), the domain weighting is equally redistributed to the remaining eligible domains.
- Domain weights for hospitals with and without specialty domains are published in Appendix J of the acute hospital RFA. Domain scores are capped at 1. If equal redistribution is not possible, the patient safety domain is first prioritized for the additional weight, followed by the care coordination domain (e.g. redistributing 8.33 points to each remaining domain is rounded to 8.34 for patient safety).

### Improvement Points:

- If a hospital failed validation in the prior year, the prior year measure results for the chart-based measure are not eligible to be used for assessing improvement points in subsequent years.
- When case minimums are unmet for P4P measures, the measure is not scored for the current rate year and the measure result is not eligible to be used for assessing improvement points in subsequent years.
- When case minimums are unmet for P4R measures, the measure is scored for the current rate year (assuming other eligibility requirements are met), but the measure result is not eligible to be used for assessing improvement points in subsequent years.
- When case minimums are unmet for R measures, the measure is not eligible for scoring and the measure result is not eligible to be used for assessing improvement points in subsequent years.