Commonwealth of Massachusetts
Executive Office Health and Human Services

RY2025 EOHHS Hospital Clinical Quality Incentive Program Release Notes (Version 3.2)

Supplement to:

RY2025 EOHHS Hospital Clinical Quality Incentive

Program Technical Specifications Manual (v3.0)

Published: September 24, 2025

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 (RY25).

1) **Key Updates:**
   a. ***Effective with Q1-2025 discharges:*** Add Section 11: Reporting Instructions for Optional Electronic Measure Reporting Opportunity. This section has been added to instruct on how to submit electronic clinical quality measure (eCQM) files within the MassQEX portal.

   b. ***Effective for Q4-2025 discharges:*** Update the "MassHealth Member ID" field for chart-based measure abstraction.
      i. Update *Appendix A-5: XML Schema MassHealth CQI Chart Measures* to require that the element "MassHealth Member ID" is the Member's 12-digit numeric MassHealth ID.
      ii. Update *Appendix A-7: Data Dictionary for MassHealth Chart-Based Measures* to require submission of the MassHealth Medicaid ID 12-digit numeric format.

B. EOHHS Manual Versions

The CQI Release Notes version 3.2 document makes updates to the RY2025 EOHHS Hospital Clinical Quality Incentive Program Technical Specifications Manual (v3.0) (the "RY2025 CQI Manual"), and should be read in conjunction with it. 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 CQI Release Notes are organized to supplement the RY2025 CQI Manual table of contents core sections and appendices using the following headings. Updates to previously released RY2025 CQI Manual sections are bold, italicized and underlined. Table A, below, includes the following information with respect to such updates:

1. **Location of Update** – identifies the manual section that is impacted by the change listed. A key impact is defined as information that will substantively affect data collection and reporting file requirements.

2. **Update** – identifies the specific content within the manual section where the change was made. (i.e.: measure specifications, flowcharts, data format, reporting values, etc.).

3. **Update Description and Rationale** – a brief statement on the reason why the change was made.

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

Section 1: Summary of Changes in CQI Release Notes (v3.2)

The content below is organized to follow the Table of Contents in the RY2025 CQI Manual (v3.0). This section summarizes the location of the update, description of the update, and rationale for the updated requirements.

Table A – Changes to Data Reporting Specifications

Location of Update	Update	Update Description and Rationale
Section 11	• Adds Section 11: Reporting Instructions for Optional Electronic Measure Reporting Bonus Opportunity	• Provides instruction to hospitals on how to submit MassHealth-specific eCQM QRDA I files within the MassQEX portal.
Appendix A-5: XML Schema MassHealth CQI Chart Measures (v3.2)	• Modifies XML data element	• Requires that the element "MassHealth Member ID" is the Member's 12-digit numeric MassHealth ID.
Appendix A-7: Data Dictionary for MassHealth Chart-Based Measures (v3.2)	• Modifies data element "MassHealth Member ID"	• Modifies element to require submission of the MassHealth Medicaid ID 12-digit numeric format.

Section 11: Reporting Instructions for Optional Electronic Measure Reporting Bonus Opportunity

In RY2025, all hospitals participating in the CQI Program have the option to submit MassHealth patient-level data for CQI Electronic Clinical Quality Measures (eCQMs) as part of a bonus opportunity. Please refer to the EOHHS RY2025 Acute Hospital RFA and Amendment 2 to such Acute Hospital RFA for additional details on the bonus opportunity and payment.

The measures are outlined in Table 1 below. Please note: hospitals who choose to submit measures for perinatal care are required to submit data for all three perinatal care measures to complete submission requirements for this bonus opportunity.

Submission Period:

- **Open Date*:** June 15, 2026
- **Submission Close Date*:** August 07, 2026 by 5pm ET

Dates are subject to change per MassHealth discretion. Any date changes will be shared via listserv.

All measures are currently specified for electronic reporting by either The Centers for Medicare & Medicaid Services (CMS) or The Joint Commission (TJC).

Measure specifications are published at the following locations:

- CMS Electronic Clinical Quality Improvement (eCQI) Resource Center: https://ecqi.healthit.gov/ecqms
- The Joint Commission: measurement specification-manuals electronic-clinical-quality-measures - jointcommission

Please refer to the most recently published measure specifications that align with the appropriate reporting period for submission.

Table 1. eCQM Measures for Inclusion

Quality Domain	MassHealth Measure ID	CMS Measure ID	CMS Measure Number	Measure Name	Measure Steward
Care for Acute and Chronic Conditions	OP-1e	OP-1e	CMS506	Safe Use of Opioids – Concurrent Prescribing	CMS
Perinatal Care	MAT-4	ePC-02	CMS334	Cesarean Birth	TJC
Perinatal Care	NEWB-3	ePC-06	CMS851	Unexpected Complications in Term Infants	TJC
Perinatal Care	SOC	ePC-07	CMS1028	Severe Obstetric Complications	TJC

File Requirement Overview

Hospitals who participate in eCQM patient-level data submission must submit data in Quality Reporting Document Architecture (QRDA) I, per CMS published guidelines. The submission will occur one time per

year, and hospitals will submit four (4) quarters of data for each measure at the time of submission. Please review the CMS QRDA I Implementation Guide for Hospital Quality Reporting, the CMS QRDA I Schematron and Sample Files for Hospital Quality Reporting, and the HL7 Clinical Document Architecture (CDA) Schema file for the appropriate reporting period, located on the CMS website.

- CMS QRDA I Implementation Guide: https://ecqi.healthit.gov/qrda?qt-tabs_qrda=versions
- HL7 CDA Schema: CDA Release 2.0 Online E1-2024

File Format Specific to the MassHealth CQI Program

Hospitals and vendors must comply with instructions provided in this section for the CQI Program.

QRDA I files submitted for the CQI Program can ONLY contain data for patients covered by MassHealth Medicaid. Each hospital should submit a separate patient-level QRDA I file for **each measure**. Do not include multiple measures in one QRDA I file.

Unique to the CQI Program, hospitals are required to submit a separate file for each patient and eCQM measure. This requirement is to ensure that patients who are eligible for multiple measures and who change enrollment status are not inadvertently submitted for a measure when they were not enrolled in MassHealth Medicaid.   **MassHealth cannot accept Member-level data for non-Medicaid patients**. Please see further detail below on how to determine the MassHealth Medicaid population for each measure.

Each file must be submitted as an XML file.

File Naming Instructions:

- Must contain the Patient ID in the file name
- Cannot exceed 45 characters
- Filenames are limited to the following character ranges
    - a – z
    - A – Z
    - 0 – 9
- Underscores will replace spaces in all filenames
- Filenames containing illegal characters will not be uploaded or processed

Submission Requirements

Test Data
All users are required to successfully complete a test submission for each of the CQI Program eCQM reporting measures they plan to submit before uploading final production data.

- Test files will be processed in a near real-time environment.
- The user will have access to reports that show summary success and failure totals as well as reports that provide detailed descriptions of errors detected in a test submission.
- There is no limit to the number of test files that can be submitted.
- Test files will not be permanently stored on EOHHS contractor servers.

Following successful submission of test data for a measure, the hospital can submit a measure file (i.e., a final production file) for the measure.

Identifying the MassHealth Medicaid Population

MassHealth requires that hospitals only include patients in the QRDA I files for submission where patients are covered by a MassHealth Medicaid payer source at time of measure eligibility.

To determine patient eligibility, MassHealth uses the Center for Health Information and Analysis (CHIA) Agency Medicaid payer code standards. The patient population is outlined in Section B.1 in the RY2025 CQI Manual. Patients must be covered by one of the included codes in Table 2-1 at the time of the **measure eligible qualifying event.** Measure eligibility is defined by the measure specifications on CMS or TJC websites.

Instruction for File Submission:

Hospitals will upload their QRDA I files one time per year within the CQI Portal located on the MassQEX website (https://massqex-portal.telligen.com/massqex/.) The hospital should submit for the four quarters of data at time of submission.

Users must be actively registered to access the CQI Portal in MassQEX in order to submit QRDA I files. Please refer to Section 3.E of these Technical Specifications for guidance on registration. There is a limit of 5 total unique users per hospital. Files must be submitted in a ZIP file by measure and can be submitted as batch upload files for the same measure at one time.

Navigating to File Upload within Portal:

1. After secure log in, navigate to the "Getting Started" menu on the left side of the MassQEX CQI Program User Bulletin homepage.
2. Select the link for "QRDA File Upload"

3. Use the drop-down menu to select the applicable measure and quarter discharge period that is included in the file for upload.

   Measures [select one]:

   ☐ Safe Use of Opioids – Concurrent Prescribing (OP-1e, CMS506)
      ▪ Q1-2025
      ▪ Q2-2025
      ▪ Q3-2025
      ▪ Q4-2025
   ☐ Cesarean Birth (MAT-4, ePC-02, CMS334)
      ▪ Q1-2025
      ▪ Q2-2025
      ▪ Q3-2025
      ▪ Q4-2025
   ☐ Unexpected Complications in Term Infants (NEWB-3, ePC-06, CMS851)
      ▪ Q1-2025
      ▪ Q2-2025
      ▪ Q3-2025
      ▪ Q4-2025

      ☐ Severe Obstetric Complications (SOC, ePC-07, CMS1028)
- Q1-2025
- Q2-2025
- Q3-2025
- Q4-2025

4. Select "Upload TEST Data"

5. Click box that says, "Choose Files". Navigate to file within your documents and select open. You may batch upload files for the same measure at one time.

6. Select "Submit Files" when ready. Select "Cancel" to cancel.

7. Review feedback for Test file and make corrections as necessary.

8. Select "Upload MEASURE Data"

9. Click box that says, "Choose Files". Navigate to file within your documents and select open.

10. Use the quality assurance checklist to confirm that the following is met:

    a. The file contains only MassHealth Medicaid data
    b. The file contains one measure per member

11. Select "Submit Files" when ready. Select "Cancel" to cancel.

Following submission, hospitals can view any errors that occurred. Hospitals should correct any errors in the file and reupload as necessary. The last file uploaded will be considered the final used for result calculation.

Results

MassHealth will provide year-end results for participating hospitals with the numerator, denominator, exclusions, and calculated rate for each eCQM included in reporting.

Table 2. eCQM Resulting

Measure	Reported As	Improvement Noted As
Safe Use of Opioids – Concurrent Prescribing (OP-1e)	Aggregate rate	Decrease in rate
Cesarean Birth, (MAT-4, ePC-02)	Aggregate rate	Decrease in rate
Unexpected Complications in Term Infants (Overall) (NEWB-3, ePC-06)	Aggregate rate reported per 1,000 livebirths	Decrease in rate
Severe Obstetric Complications (SOC, ePC-07): Reported as two separate rates- Overall and without Transfusions	2 aggregate rates	Decrease in rate

Questions:

Please contact the MassQEX Help Desk for any technical questions related to your upload at massqexhelp@telligen.com or 844-546-1343.

Appendix A-7: Data Dictionary for MassHealth Chart-Based Measures

Data Element Name:	MassHealth Member ID
Collected For:	All MassHealth Records
Definition:	The patient's MassHealth Member ID
Suggested Data	
Collection Question:	What is the patient's MassHealth Member ID?

Format: **Length**: _**12**_

 Type: _**Numeric**_

 Occurs: 1

Allowable Values: Any valid MassHealth Member ID number

No embedded dashes or spaces or special characters

Notes for Abstraction:

The Provider Regulations define a valid MassHealth Member ID as a twelve (12) digit number that contains numeric characters only. This 12-digit member ID number applies to members enrolled within various Medicaid managed care or fee-for-service insurance programs.

**Some MassHealth managed care insurance plans may issue different MassHealth member ID numbers that use alphanumeric type and exceed the 12-digit numeric requirement. For the purposes of chart-based measures reporting, hospitals are required to submit the 12-digit numeric MassHealth ID.**

Member ID numbers can be verified using the on-line Eligibility Verification System (EVS) via the Provider Online Service Center (POSC) at: https://mmis-portal.ehs.state.ma.us/EHSProviderPortal/.

**Hospitals can submit HIPAA 270 Eligibility Verification Inquiry transactions in batches and receive 271 responses through the Eligibility Verification System (EVS). Instruction on how to manage batch files is provided here: MassHealth MMIS Job Aid: Manage Batch Files.**

The abstractor should NOT assume that their hospital's claim information for the patient's MassHealth Member ID number is correct. If the abstractor determines through chart review that the MassHealth Member ID number is

incorrect, for purposes of abstraction, she/he should correct and override the downloaded value.

Suggested Data Sources: Medical record

Face sheet

Guidelines for Abstraction:

Inclusion	Exclusion
None	None