Commonwealth of Massachusetts
Executive Office Health and Human Services

RY2026 EOHHS Hospital Clinical Quality Incentive Program Release Notes (Version 4.1)

Supplement to:
RY2026 EOHHS Hospital Clinical Quality Incentive Program Technical Specifications Manual (v4.0)

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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.

1) **Key Updates:**
   a. RY2026 EOHHS Hospital Clinical Quality Incentive Program Technical Specifications Manual (4.0) effective for the RY26 (CY2026) reporting period updates to:
      i. Section 1.D, Table 1.2 has been updated to add minimum denominator criteria for the SOC measure
      ii. Section 1.D, Table 1.3 reflects an updated eCQM submission due date
      iii. Section 11, addition of content and Table 11-1 listing eCQM bonus measures
      iv. Section 11, removal of Patient ID as part of file naming requirements for eCQM QRDA 1 files
      v. Section 11, addition of content and Table 11-2 to provide Medicaid specific QRDA-1 Specification Payer Type codes for eCQM QRDA-1 file submission

B. EOHHS Manual Versions

The CQI Release Notes version 4.1 document should be used in conjunction with the RY2026 EOHHS Hospital Clinical Quality Incentive Program Technical Specifications Manual (v4.0). 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* for any questions about the contents of this Release Notes document.

Section 1: Summary of Changes in CQI Release Notes (v4.1)

The content below is organized to follow the Table of Contents in the RY2026 Clinical Quality Incentive Program Technical Specifications Manual (v4.0). 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
Table 1-2, Section 1.D.	• Modify Table 1-2	• Update SOC case minimum denominator for measure payment eligibility
Table 1-3, Section 1.D.	• Modify Table 1-3	• Update to eCQM Bonus Opportunity Measures submission due date
Table 11-1, Section 11	• Add Table 11-1	• Addition of content and table reflecting eCQM bonus measures effective for RY2026 submission
Section 11	• Update to file naming instructions	• Removed requirement for file name to contain the Patient ID
Table 11-2, Section 11	• Add Table 11-2	• Addition of instruction and table reflecting allowed Payer type codes specific to Medicaid population for submission of QRDA 1 files

Section 1: Section 1.D

Section 1.D. CQI Program Measures and Performance Periods

Table 1-2. CY2026 Performance Period CQI Program Measures

The table below clarifies measure names and types, measure domains, performance periods, and case minimums for the measures effective for the RY2026 CQI program.

Table 1-2. CY2026 CQI Program Measures

Quality Domain	Quality Measure	Collection Method	Payment for RY2026	Case Minimum Denominator for Measure Payment Eligibility	CQI 2026 Performance Period
Care Coordination / Integration	Follow-up After ED Visit for Mental Illness- CCI-2	Claims-based	P4P	30	Jan 1 – Dec 31, 2026
Care Coordination / Integration	Follow-up after ED Visit for Substance Use- CCI-3	Claims-based	P4P	30	Jan 1 – Dec 31, 2026
Care Coordination / Integration	Follow-Up After Hospitalization for Mental Illness- CCI-4	Claims-based	P4P	30	Jan 1 – Dec 31, 2026
Care Coordination / Integration	Pediatric All-Condition Readmission- PED-1	Claims-based	P4P	25	Jan 1 – Dec 31, 2026

Quality Domain	Quality Measure	Collection Method	Payment for RY2026	Case Minimum Denominator for Measure Payment Eligibility	CQI 2026 Performance Period
Care for Acute and Chronic Conditions	Alcohol Use Brief Intervention Provided or Offered- SUB-2	Chart-Abstracted	P4P	25	Jan 1 – Dec 31, 2026
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, 2026
Care for Acute and Chronic Conditions	Safe Use of Opioids- Concurrent Prescribing- OP-1e	Data Entry	P4P	25	Jan 1 – Dec 31, 2026
Care for Acute and Chronic Conditions	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis- PED-2	Claims-based	P4P	30	Jul 1, 2025 – June 30, 2026
Patient Safety	Healthcare-Associated Infections - HAI (CLABSI, CAUTI, MRSA, CDI, SSI)	National Registry-Based	P4P	Predicted number of infections ≥1.0	Jan 1 – Dec 31, 2025
Patient Experience	Patient Experience and Engagement- HCAHPS	National Survey-Based	P4P	100 Surveys	Jan 1- Dec 31, 2025
Perinatal Care	Cesarean Birth- MAT-4	Chart-Abstracted	P4P	25	Jan 1 – Dec 31, 2026
Perinatal Care	Unexpected Newborn Complications in Term Infants- NEWB-3	Chart-Abstracted	P4P	25	Jan 1 – Dec 31, 2026
Perinatal Care	Severe Obstetric Complications- SOC	Data Entry	P4P	*25*	Jan 1 – Dec 31, 2026
Behavioral Health Care	Medication Continuation Following Inpatient Psychiatric Discharge- BHC-2	Claims-based	P4P	25	Jan 1, 2025 – Dec 31, 2026
Behavioral Health Care	Screening for Metabolic Disorders- BHC-3	Data Entry	P4P	25	Jan 1 – Dec 31, 2026

LEGEND:

- P4P = Pay-for-Performance
- N/A = Not applicable

Data Submission Timelines. CQI reporting submission *performance periods and* due dates that apply to each reporting cycle are summarized in the table that follows.

Table 1-3. Hospital Data Submission Timelines

Measure	Submission Due Date	Performance Period
Chart-Based - Q1-2026	Aug 7, 2026	Jan 1, 2026 – Mar 31, 2026
Chart-Based - Q2-2026	Nov 6, 2026	Apr 1, 2026 – Jun 30, 2026
Chart-Based - Q3-2026	Feb 12, 2027	Jul 1, 2026 – Sept 30, 2026
Chart-Based - Q4-2026	May 14, 2027	Oct 1, 2026 – Dec 31, 2026
OP-1e (Data-Entry)	Feb 26, 2027*	Jan 1, 2026 – Dec 31, 2026

Measure	Submission Due Date	Performance Period
SOC (Data-Entry)	Feb 26, 2027*	Jan 1, 2026 – Dec 31, 2026
BHC-3 (Data-Entry)	Aug 13, 2027**	Jan 1, 2026 – Dec 31, 2026
eCQM Bonus Opportunity Measures	*Aug 6, 2027*	Jan 1, 2026 – Dec 31, 2026

Section 11: Electronic Clinical Quality Measures (eCQMs)

In RY2026, all hospitals participating in the MassHealth Acute Hospital Clinical Quality Incentive (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 RY2026 Acute Hospital RFA and Amendment 2 to the Acute Hospital RFA for additional details on the bonus opportunity and payment.*

The measures are outlined in Table 11-1 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 14, 2027
- **Submission Close Date***: August 06, 2027 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). Please refer to the most recently published measure specifications that align with the appropriate reporting period for submission.

Table 11-1. RY2026 eCQM Measures for Inclusion

Quality Domain	***MassHealth Measure ID***	***CMS Measure ID***	***CMS Measure Number***	***Quality Measure***	***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 Newborn Complications in Term Infants*	*TJC*
Perinatal Care	*SOC*	*ePC-07*	*CMS1028*	*Severe Obstetric Complications*	*TJC*
N/A	*N/A*	*HH-Hyper*	*CMS871*	*Hospital Harm – Severe Hyperglycemia*	*CMS*
N/A	*N/A*	*HH-Hypo*	*CMS816*	*Hospital Harm – Severe Hypoglycemia*	*CMS*

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: QRDA - Quality Reporting Document Architecture
- HL7 CDA Schema: *CDA: Clinical Document Architecture*

CQI Program Specific File Requirements

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

File Format Specific to the CQI Program

QRDA I files submitted for the MassHealth 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:

- 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 MassHealth 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 this technical specifications manual. Patients must be covered by one of the included codes in Table 2-1 at the time of the measure eligible qualifying event. The eligible qualifying event is defined as the "Initial Population" definition as written in the measure specifications on CMS or TJC websites.

*Prior to submission, the following step is required for successful submission of files to include **only** MassHealth Payer type following QRDA 1 file specifications. The Patient Characteristic "Payer" must reflect only values as listed in **Table 11-2** below for QRDA 1 files submitted for the CQI Hospital Program. As it is not possible to determine which represents the primary payer vs secondary payer in a QRDA 1 file, members including any payer code not listed in Table 11-2 should be excluded from submission.*

Table 11-2 QRDA-1 Specification Payer Type codes effective for eCQM QRDA-1 file submission for the MassHealth Medicaid Population

Payer Code	***Description***
2	*MEDICAID*
21	*Medicaid (Managed Care)*
22	*Medicaid (Non-managed Care Plan)*
23	*Medicaid/SCHIP*
26	*Medicaid - Long Term Care*
29	*Medicaid Other*
211	*Medicaid HMO*
212	*Medicaid PPO*
213	*Medicaid PCCM (Primary Care Case Management)*
219	*Medicaid Managed Care Other*
291	*Medicaid Pharmacy Benefit Manager*
299	*Medicaid - Dental*

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 Hospital Clinical Quality Incentive (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.
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.

Questions:

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