

Rate Year 2023
MassHealth Acute Hospital CQI Technical Session

Hospital Quality and Equity Office Hours
July 13, 2023
11am-12pm EDT

Purpose of Presentation

- Provide an overview of the recently published *RY2023 (CY2023) EOHHS Technical Specifications Manual for Clinical Quality Incentive Program (v1.0)*
- Highlight key updates from prior manual versions (*RY2023 EOHHS Technical Specifications Manual for MassHealth Hospital Quality v16.0, Release Notes 16.1 & 16.2*)
- Support hospitals in CQI CY2023 data reporting
- <https://www.mass.gov/masshealth-quality-exchange-massqex>
 - EOHHS Technical Specifications Manuals
 - MassHealth Hospital Clinical Quality Incentive Program

Agenda

- ✓ **Summary of Key Updates in Hospital CQI Program Technical Specifications Manual v1.0**
- ✓ **Measure Slate and Reporting Requirements**
- ✓ **Chart-Abstracted Measures**
 - Payer Source Code Updates
 - Data Element Changes
 - New SUB-2, SUB-3 Measures
 - CCM Measure Abstraction Guidance
 - Note: Reminder NEWB-3 began with Q1-2023 discharges
- ✓ **Medical Record Validation**
 - Update to quarterly chart request volume
- ✓ **Data-Entry Measures**
 - New measure overview
 - Data submission methodology
 - Perinatal Structural Measure
- ✓ **NEW Claims-Based Measures**
 - New measure overview
 - Measure calculation methodology
- ✓ **Patient Safety Domain Measures**
- ✓ **MassQEX Portal Registration and Forms**

CQI Quality Domains Participation Requirements

- CQI measures are categorized into **four Core Quality Measure Domains** and **two Specialty Quality Measure Domains**:
 - ***Core Quality Domains***: Care Coordination/Integration of Care; Care for Acute and Chronic Conditions; Patient Safety; and Patient Experience
 - ***Specialty Domains***: Perinatal Care and Behavioral Health Care
- Participation Requirements:
 - **Core Quality Measure Domains**: All hospitals must participate
 - **Perinatal Specialty Domain**: Birthing Hospitals with deliveries
 - **Behavioral Health Care Domain**: Hospitals with an inpatient psychiatric unit **and** who participate in the current CMS IPFQR program

Key Updates to Measure Slate Effective Q3 2023

Discharges

Additions to Measure Slate

- ✓ **NEW** SUB-2, SUB-3 (Q3, Q4-2023 discharges)
- ✓ **NEW** aggregate data-entry measures (OP-1e and BHC-3) (CY 2023 discharges)
- ✓ **NEW** HEDIS claims-based measures (CCI-2, CCI-3, PED-2, BHC-1) (CY 2023 discharges)
- ✓ **NEW** other (non-HEDIS) claims-based measure (BHC-2, PED-2) (CY 2023 discharges)
- Refer to RY2023 EOHHS Hospital Clinical Quality Incentive (CQI) Program Technical Specifications Manual (v1.0) Tables 1-2 for full list of measures and performance periods

Chart-Abstracted Measure Updates

- ✓ Payer Source Codes updated
- ✓ “Sex” data element updated (impacts CCM, SUB, MAT-4, NEWB-3)
- ✓ “Previous Live Births” element changed to “Previous Births” (impacts MAT-4)
- ✓ Quarterly medical record request volume increased from 4 to 6
- **MassHealth Hospital CQI Technical Specifications Manual v1.0**
(Specifications, Flow charts, Data Dictionary, and Abstraction Tools) published on EOHHS website: <https://www.mass.gov/info-details/masshealth-hospital-clinical-quality-incentive-program>
- **Specifications Manual for Joint Commission National Quality Measures, Release Notes, & Appendix A: ICD-10-CM Code Tables (SUB, MAT, NEWB)** on TJC website: <https://manual.jointcommission.org/Home/>
 - CQI will align with the most current published version of TJC specifications for the applicable discharge period


Payer Source Code Updates for Q3 2023 Discharges

Q1 & Q2 2023 DISCHARGES



Continue to use Payer Source Codes in Table 2.2 of RY2023 (CY2022) EOHHS Technical Specifications Manual v16.0

Q3 & Q4 2023 DISCHARGES



Please use Payer Source Codes in Table 2.1 of RY2023 (CY2023) EOHHS CQI Technical Specifications Manual v1.0

EOHHS will allow a transition period for CY2023 to accept codes from EITHER table from Q3-2023 thru Q4-2023. This is meant to allow hospitals time to adjust to using MassHealth Payer Code updates.

- Please refer to Section 2 of RY2023 (CY2023) EOHHS CQI Technical Specifications Manual v1.0 for further detail

Chart-Abstracted Measure Data Element Change (all chart measures)

“Sex” Data Element:

Change from: The patient’s documented sex on arrival at the hospital

To: The patient’s documented sexual orientation and/or gender identity

Allowable Values:

1. Male
2. Assigned/Designed Male at Birth
3. Female
4. Assigned/Designated Female at Birth
5. LGBTQ
6. Unknown

CQI Tools Impacted by Change in Sex Data Element

- Abstraction Tools (Appendix A-1 thru A-5)
- Data Dictionary (Appendix A-8)
- XML Schema (Appendix A-6)
- **Non-Scored** Data Elements (Table 6-1 in CQI Manual)

Chart-Abstracted Measure Data Element Change (MAT-4 only)

“Previous Births” Data Element:

- **Change from:** Documentation that the patient experienced a live birth prior to the current hospitalization.
- **Change To:** Documentation that the patient experienced a birth ≥ 20 weeks gestation regardless of the outcome (i.e. parity > 0) prior to the current hospitalization.

CQI Tools Impacted by Change in Previous Birth Data Element

- MAT-4 Abstraction Tool (Appendix A-4)
- Data Dictionary (Appendix A-8)
- XML Schema (Appendix A-6)
- Measure Calculation Rules (Appendix A-7)
- **Scored** Data Elements (Table 6-1 in CQI Manual)

New Chart Abstracted Measures SUB-2 & SUB-3

➤ SUB Initial Patient Population (IPP) definition:

- MassHealth payer code
- Patient age ≥ 18 years; **Includes patients age >65 years**
- Length of stay ≤ 120 days
- SUB-2 and SUB-3 will apply to **all discharges** (including maternity) over 18 years of age

MASSQEX MassHealth Quality Exchange Portal
MassHealth Quality Exchange

ICD Monthly Populations for MassQEX
Quarter Including JULY 2023 - SEPTEMBER 2023
[Switch to Quarterly Data Entry](#)

Measure	ICD	Sample
CCM	<input type="text" value="65"/>	<input type="text" value="60"/>
SUB	<input type="text" value="85"/>	<input type="text" value="82"/>
MAT-4	<input type="text" value="85"/>	<input type="text" value="82"/>
NEWB-3	<input type="text" value="85"/>	<input type="text" value="N/A"/>

Getting Started

- [ICD Population Form](#)
- [Upload Data](#)
- [View Uploaded Files](#)
- [View Measure Status](#)
- [Web-based Entry Tool](#)

- Hospitals will enter the ICD and Sample (if applicable) sizes for the SUB-2 and SUB-3 measures (SUB) in the MassQEX portal

New Chart Abstracted Measures SUB-2 & SUB-3

➤ **Alcohol Use Status**: Documentation of the adult patient’s alcohol use status using a **validated screening questionnaire** for unhealthy alcohol use within the first day of admission (by end of Day 1, Day of Admission is Day 0)

➤ Examples of Validated Screening Tools may be found in the Data Dictionary (Appendix A-8)

	Inclusion	Exclusion
Included in TJC Guidelines	Validated Screening Tools for Unhealthy Alcohol Use: <ul style="list-style-type: none"> AUDIT, AUDIT-C, ASSIST, CRAFFT, G-MAST, MAST, TWEAK 	Any tool which specifically screens for alcohol use disorder, alcohol dependency or alcohol abuse: <ul style="list-style-type: none"> CAGE, SASSI, S2BI
Other Tools	Validated screening tools that allow for evaluation of alcohol use status (e.g. 4Ps Plus Screening Tool)	Non-validated screening tools and/or tools that do not allow for evaluation of alcohol use status (e.g. 4Ps Screening Tool)

Continuing Chart Abstracted Measures: CCM-1 & CCM-3

Abstraction Guidance

- **Reconciled Medication List (CCM-1)**
 - A blanket statement such as "Take all meds until told to stop by your physician" may be used, but must be included with the medication list
 - Transfer Patients: If the patient is transferred and the medication reconciliation will be determined at discharge from transfer facility, the abstractor may answer YES for this data element
- **Transmission Date (of Transition Record) (CCM-3)**
 - The date when the transmission was sent to next site of care must be documented
 - Transfer Patients: The abstractor should use date of discharge as Transmission Date

Continuing Chart Abstracted Measures: CCM-2

Abstraction Guidance

Advance Care Plan (CCM-2)

- Any of the following documentation **will** be accepted as evidence:
 - “Healthcare Proxy (HCP) is available to place in the chart”
 - “Electronic copy of HCP is available”
 - “HCP is NOT available, will provide an existing copy”
 - “Not able or did not name HCP at this time”
 - Name of legal guardian or decision maker or HCP
 - POLST or MOLST form
 - Patient age less than 18 years (Advance Care Plan not required)
- Examples of documentation that **will not** be accepted as evidence of advance care plan:
 - “Information given”
 - “No” or “None” without a reason
 - “Not present” without a reason
 - Psychiatric directive
 - “Code Status”
- Transfers must include Advance Care Plan information provided to the next site

Updates to Medical Record Request for CY2023

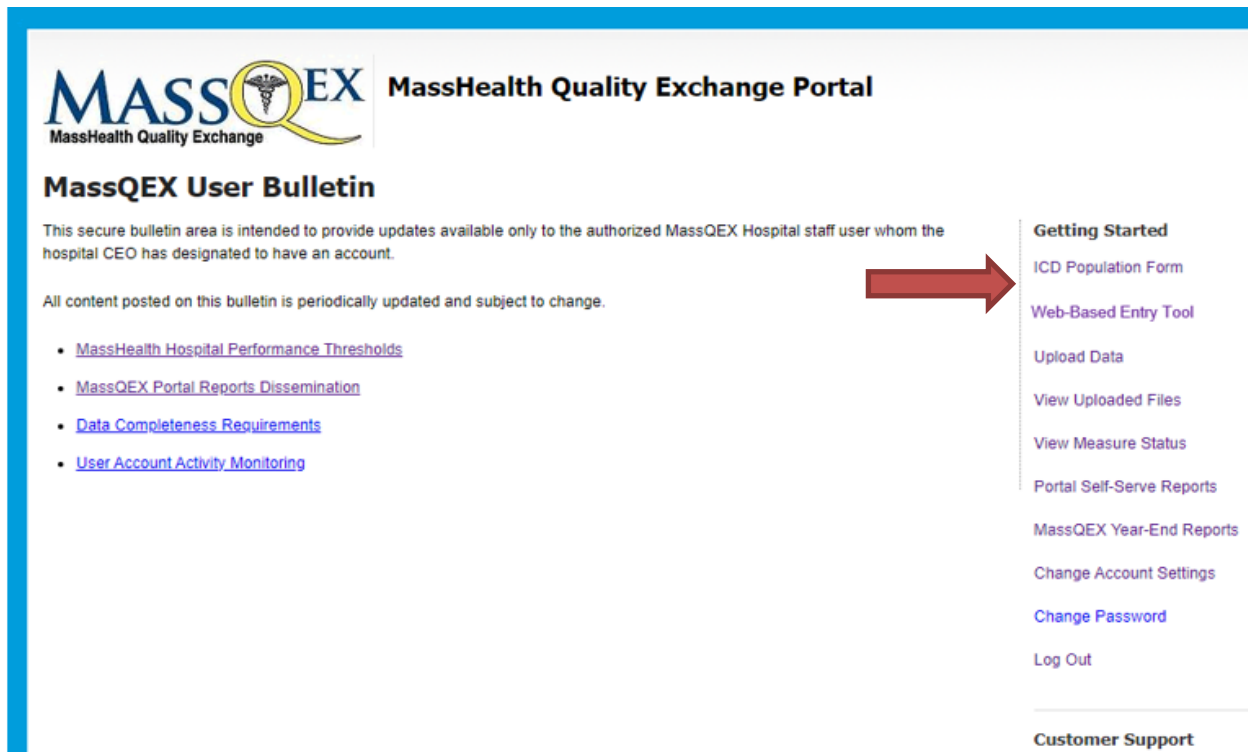
- **Total Charts Sampled** = Increase to total of **18 records** for CY23 data (6 per quarter for Q1,2,3)
 - For Q1-2023 & Q2-2023, the Case List will include 6 records selected from all chart-abstracted measures submitted
 - For Q3-2023, the Case List will include 6 records for SUB
- For complete list of Validated Data Elements please refer to Table 6.1 in RY2023 Clinical Quality Incentive Program Technical Specifications Manual (v1.0)
- Data reliability standard remains 80%

Case List Request: Posted in MassQEX portal within 14 calendar days of portal close

- Q1-2023 Portal Close Date = Aug 11, 2023
- Q2-2023 Portal Close Date = Nov 10, 2023
- Q3-2023 Portal Close Date = Feb 9, 2024

Data Entry Measures: OP-1e, BHC-3 and PMSM-1

- Data-entry for measures **OP-1e, BHC-3, and PMSM-1** is through the MassQEX Portal
- Only MassQEX hospital staff users can access the web-based entry tool
- Data is submitted annually with link active only during submission periods
 - OP-1e: Feb 29, 2024
 - BHC-3: Aug 15, 2024



The screenshot shows the MassQEX User Bulletin page. The header includes the MassQEX logo and the text 'MassHealth Quality Exchange Portal'. Below the header is the 'MassQEX User Bulletin' section, which contains a disclaimer 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 main content area.

Data Entry Measures OP-1e and BHC-3

Measurement Period:

- CY2023 discharge period

Data Source

- OP-1e: same data hospital reports to CMS IQR
- BHC-3: same data hospital reports to CMS IPFQR (if applicable)

Population

- All payer population that meets measure specifications

Data Entry

- Initial population, numerator, denominator and exclusions
- See image below

The screenshot shows the 'MassHealth Quality Exchange Portal' interface. The main heading is 'Aggregate Measures Data-Entry' with a reporting period of 'January 1, 2023 – December 31, 2023'. A table displays data for two measures: OP-1e and BHC-3. The table has columns for Measure, Initial Population, Num, Den, and Exclusions. For OP-1e, the values are 70, 50, 70, and 0 respectively. For BHC-3, the values are 187, 146, 187, and 0 respectively. An 'Update' button is located at the bottom left of the table. On the right side, there is a 'Getting Started' sidebar with links to 'ICD Population Form', 'Upload Data', 'View Uploaded Files', 'View Measure Status', 'Web-based Entry Tool', and 'Portal Self-Serve Reports'.

Measure	Initial Population	Num	Den	Exclusions
OP-1e	70	50	70	0
BHC-3	187	146	187	0

Data Entry Perinatal Structural Morbidity Measure (PMSM-1)

Measurement Period

- Activity taken during CY2023

Data Source

- Attestation statements to five items collecting information on perinatal quality collaborative participation and in hospital implementation activity.

Data Entry

- Instructions on how to complete the survey are found in Section 7C of CQI manual

Submission Deadline: Feb 09, 2024

Key Clarifications:

- Measure will not be validated, but items will be checked for completeness and consistency
- Items 1-4 reflect participation activity that occurred in CY2023. Activity that occurred prior to CY23 period cannot be selected and does not apply.
- Item 5 represent the in-hospital practices that were formally implemented prior to and through the end of CY2023 period (for CQI)

New Claims-Based Measures CY2023

- **4 HEDIS Measures:**
 - Follow-up after ED Visit for Mental Illness (**CCI-2**)
 - Follow-up after ED Visit for Alcohol or Drug Abuse Dependence (**CCI-3**)
 - Follow-up after Hospitalization for Mental Illness (**BHC-1**)
 - Avoidance of Antibiotic Use for Acute Bronchitis/Bronchiolitis (**PED-2**)
- **2 Non-HEDIS measures:**
 - Medication Continuation Following Inpatient Psych Admission (**BHC-2**)
 - Pediatric Readmission Measure (**PED-1**)
- **Measurement Period:** CY 2023
- **Data Source:** MassHealth Claims Data File
- **Population:** All MassHealth payer claims that meet measure specifications
- Refer to Section 8 of RY2023 EOHHS Hospital Clinical Quality Incentive Program Technical Specifications Manual (v1.0) for further details
- Hospitals may choose to purchase HEDIS specifications thru HEDIS website <https://www.ncqa.org/hedis/measures/>.

CY2023 Patient Safety Domain Measures

Measurement Periods:

- Patient Safety & Adverse Events (PSI-90): Jan 1, 2022 – Dec 31, 2023 (24-months)
- Healthcare-Associated Infections (HAI): Jan 1, 2022 – Dec 31, 2022 (12-months)

Data Source:

- PSI-90: Medicaid Hospital Stay File
- HAIs: NHSN Registry Data

Population

- PSI-90: All Medicaid 18 years and older
- HAIs: All payer

EOHHS anticipates using the most recent version of the AHRQ Patient Safety Indicators Technical Specifications v2023 and AHRQ Software v2023 when available

- Refer to Sections 9 of the RY2023 Clinical Quality Incentive Program Technical Specifications Manual v1.0 for additional detail

CY2023 MassQEX Annual Reports

CQI program reports will be posted in MassQEX portal

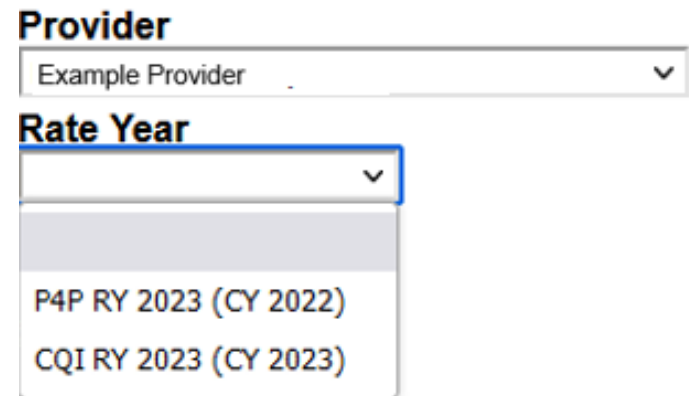
Hospitals will be able to navigate to CQI Reports to view through a drop-down menu in the MassQEX Year-End Report location

When selecting desired CQI reports, Hospital will select CQI RY 2023 (CY2023)

See image to the right

MassQEX Reports will include:

- Medical Record Case List
- Year-End Data Validation Results
- Year-End Measure Results (includes chart-abstracted measures, data entry measures, claims measures, patient safety measures, and HCAHPS survey)



The image shows a screenshot of a web form with two dropdown menus. The first dropdown is labeled 'Provider' and has 'Example Provider' selected. The second dropdown is labeled 'Rate Year' and is open, showing two options: 'P4P RY 2023 (CY 2022)' and 'CQI RY 2023 (CY 2023)'. The 'CQI RY 2023 (CY 2023)' option is highlighted.

MassQEX Portal User Account Registration Requirements

MassQEX User Registered Account

Hospital Staff User

- Authorized by Hospital CEO to conduct multiple transactions.
- 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

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 User

- 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

- Refer to RY2023 Technical Specifications Manual for MassHealth Acute Hospital Quality Measures (v16.0), Section 1.E for additional detail