**Electronic Health Record Dataset (EHRD) Data Collection**

Supplemental Reporting Information

Accompanies the CHIA document: CY2023 EHRD File Submission Guide

Updated: June 8, 2023

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# **Background**

This document accompanies the [Electronic Health Record Dataset (EHRD) Data Collection File Submission Guide](https://www.chiamass.gov/assets/docs/p/ehrd/CY2023-EHRD-Submission-Guide.pdf), and outlines reporting requirements for each field in the guide. Reporting requirements are subject to change across measurement years, and this documentation will be updated accordingly to reflect current requirements.

This supplement is intended to help data submitters clarify which fields in the EHRD Submission Guide will be used for the purpose of the MassHealth 1115 Waiver Health Equity Data Completeness Specification, and reporting requirements for initial submissions.

Please consult the CHIA CY2023 EHRD Submission Guide for details about data submission requirements to ensure successful file submission. For information or clarification about requirements specific to the MassHealth Health Equity Data Completeness Specification or how these data will be used to calculate payment, please reach out to MassHealth directly at [Health.Equity@mass.gov](mailto:Health.Equity@mass.gov).

# **EHRD Data Elements for Use by MassHealth**

Table 1 clarifies data elements CHIA is requesting in relation to the MassHealth Health Equity Program and data elements requested separate from that initiative.

For the most current information about how MassHealth payment for data completeness will be calculated, please refer to the MassHealth health equity program materials or contact MassHealth directly at [Health.Equity@mass.gov](mailto:Health.Equity@mass.gov).

Table 1:

| **EHRD Data Elements: Flow to MassHealth** | | |
| --- | --- | --- |
| **Data Field CHIA Requests in EHRD** | **Included in *Enhanced Demographics Data File* CHIA will share with MassHealth** | **Included in MassHealth Data Completeness Specification** |
| Race | **X** | **X** |
| Race Update Date | **X** | **X** |
| Race Verification Date | **X** | **X** |
| Hispanic Ethnicity | **X** | **X** |
| Hispanic Ethnicity Update Date | **X** | **X** |
| Hispanic Ethnicity Verification Date | **X** | **X** |
| Granular Ethnicity | **X** |  |
| Granular Ethnicity Update Date | **X** |  |
| Granular Ethnicity Verification Date | **X** |  |
| Written Language | **X** |  |
| Written Language Update Date | **X** |  |
| Written Language Verification Date | **X** |  |
| Spoken Language | **X** |  |
| Spoken Language Update Date | **X** |  |
| Spoken Language Verification Date | **X** |  |
| English Proficiency | **X** | **X** |
| English Proficiency Update date | **X** | **X** |
| English Proficiency Verification Date | **X** | **X** |
| Sexual Orientation | **X** | **X** |
| Sexual Orientation Update Date | **X** | **X** |
| Sexual Orientation Verification Date | **X** | **X** |
| Gender Identity | **X** | **X** |
| Gender Identity Update Date | **X** | **X** |
| Gender Identity Verification Date | **X** | **X** |
| Disability Question 1: Are you deaf or do you have difficulty hearing? | **X** | **X** |
| Disability Question 1 Update Date | **X** | **X** |
| Disability Question 1 Verification Date | **X** | **X** |
| Disability Question 2: Are you blind or do you have difficulty seeing? | **X** | **X** |
| Disability Question 2 Update Date | **X** | **X** |
| Disability Question 2 Verification Date | **X** | **X** |
| Disability Question 3: Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | **X** | **X** |
| Disability Question 3 Update Date | **X** | **X** |
| Disability Question 3 Verification Date | **X** | **X** |
| Disability Question 4: Do you have difficulty walking or climbing stairs? | **X** | **X** |
| Disability Question 4 Update Date | **X** | **X** |
| Disability Question 4 Verification Date | **X** | **X** |
| Disability Question 5: Do you have difficulty dressing or bathing? | **X** | **X** |
| Disability Question 5 Update Date | **X** | **X** |
| Disability Question 5 Verification Date | **X** | **X** |
| Disability Question 6: Because of a physical, mental, or emotional condition, do you have difficulty doing errands such as visiting a doctor's office or shopping? | **X** | **X** |
| Disability Question 6 Update Date | **X** | **X** |
| Disability Question 6 Verification Date | **X** | **X** |
| Smoking Status |  |  |
| Smoking Status Update Date |  |  |
| Body Weight |  |  |
| Body Weight Update Date |  |  |
| Body Height |  |  |
| Body Height Update Date |  |  |
| Systolic Blood Pressure |  |  |
| Systolic Blood Pressure Update Date |  |  |
| Diastolic Blood Pressure |  |  |
| Diastolic Blood Pressure Update Date |  |  |

# **Measurement Year 1 (Calendar Year 2023) Minimum Reporting Requirement**

Due Date: Initial file must be successfully submitted by 12/31/2023. In Measurement Year 1, CHIA will accept submissions on a rolling basis for EHRD submittal schedule Q2 (1/1-3/31), Q3 (4/1-6/30), and Q4 (7/1-9/30)[[1]](#footnote-2).

To fulfill the minimum requirements for Measurement Year 1, hospitals must submit a file with a valid Header Record (Record Type 1), meaning valid values must be submitted for all Record Type 1 variables. Data elements that are required in Record Type 1 are defined in the Submission Guide. In addition, the file must include one Data Record (Record Type 2) with the correct number of delimiters for all Record Type 2 variables as defined in the Submission Guide. **Note that for this first year, a single Data Record (Record Type 2) that does not contain data but does include the correct number of delimiters will be accepted.**

**Measurement Year 1 (Calendar Year 2023) Additional Reporting Guidelines**

Hospitals that are prepared to submit a complete file in Measurement Year 1 that includes data for any additional fields are strongly encouraged but not required to do so.

* CHIA is prepared to ingest and validate full data submissions (including Record Type 1 and Record Type 2 variables) in order to test and prepare for Measurement Year 2 submissions.
* For baseline information, CHIA requests any available EHRD data fields for encounters that occurred in calendar years 2022 and 2023, which aligns with Case Mix quarterly reporting periods 2022 Q2 – 2023 Q4.
* Hospitals able to submit files for any or all of these quarters by 12/31/23 to test the submission process are encouraged to do so.

# **Measurement Year 2 (Calendar Year 2024) Expected Reporting Requirements**

*Subject to change*

Due Date: First quarterly submission for Measurement Year 2 of the MassHealth Health Equity Program is due to CHIA by 4/30/24 (with data for encounters that occurred between January 1 – March 31, 2024).

Starting in CY 2024, EHRD submissions will be due quarterly, according to the submittal schedule outlined in the CY2023 EHRD Submission Guide. Please consult the Edit Specifications in the Submission Guide for details about data elements that require valid values for successful file submission in Measurement Year 2.

# **Frequently Asked Questions (FAQ)**

*This section will be updated regularly as CHIA receives questions about the EHRD submission process.*

1. **What exactly is the minimum required submission due to CHIA by 12/31/23 to meet the Measurement Year 1 requirements of the MassHealth program?**

**Answer:** In Measurement Year 1 only, which is CY 2023, hospitals must submit a file with a valid header record (Record Type 1), meaning all Record Type 1 variables must be populated with valid values. The file must also contain at least one data record (Record Type 2) with the correct number of delimiters (71 asterisks) as placeholders for all Record Type 2 variables. No Record Type 2 data is required. An example of a minimum allowable submission for Measurement Year 1 is:

**Sample File: Minimum acceptable submission for Year 1 (CY23) ONLY**

Record Type 1:

1234567\*HOSPITAL NAME\*20230101\*20230331\*654321

Record Type 2:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Please note this is the *minimum* requirement. CHIA is prepared to ingest and validate full data submissions, including any actual Record Type 2 data elements, for hospitals that are able to do so in Year 1.

1. **What is the rationale for including outpatient data and other additional fields that are not part of the MassHealth equity program?**

**Answer:** The submission guide includes data additional to the MassHealth program that is of priority to CHIA for advancement of critical population health analyses, and which may become required in a future collection cycle. Recognizing that some hospitals may want early insight into potential considerations for future reporting as EHR systems are being updated, CHIA has included these fields for voluntary submission to provide insight into additional priorities for the EHRD collection, and to encourage hospitals to share feedback about challenges and considerations that CHIA should incorporate into planning for future EHRD collection cycles. **Please** **note: hospitals would be notified a minimum of six months in advance of any reporting requirement change that would change the voluntary reporting of these data elements.**

1. **How many file submitters can be assigned to a hospital?**

**Answer:** There is no limit. Most hospitals designate one primary person and one back-up person.

1. **Are hospitals expected to submit encounters for only MassHealth members, or all encounters?**

**Answer:** Hospitals should submit all encounters, regardless of payer, to CHIA. To support hospitals in patient attribution to MassHealth, CHIA will collect the data for all patient encounters and perform cross-database matching checks, which may enable inclusion of some members for which the hospital may not have a valid MassHealth ID.

1. **What if a patient’s RELD SOGI data was collected by phone outreach or updated in the patient portal, so it is not associated with an encounter?**

**Answer:** It is not a requirement of CHIA or MassHealth that the data was collected during the encounter being submitted. The encounter-level submission should include the most current data available in the EHR for the patient with the encounter, regardless of the setting where that information was collected or verified. For example, if a patient’s data was updated by phone outreach and is therefore current in the EHR system on 6/1/23, and then the patient visits the ED on 7/1/23, that encounter would include the updated patient demographic data.

1. **Our hospital already submits quarterly encounter-level data to CHIA with some demographic information for Case Mix reporting. Are we replacing that reporting process with this one?**

**Answer:** No – the Case Mix reporting process is unchanged, please continue submitting Case Mix as normal. EHRD submissions are considered separate.

1. **If an entity has a standard practice to verify patient RELD SOGI information at every visit, but does not have an EHR date field record of the verification, would it be appropriate to include the encounter date for all verification date fields, or to leave the verification date fields blank?**

**Answer:** The update date and verification date fields should only be populated with dates that explicitly record the update or verification in the EHR. If they are not recorded in the patient’s record, the date fields should be left blank in the submission.

1. **Will there be a test environment for submitting EHRD files to CHIA?**

**Answer:** Yes, there will be a test environment. More information will be available this summer regarding timeline and process for submitting files to CHIA.

1. **Collection of some of these data elements will take hospitals several months to implement, and even once implemented, it may not be appropriate to collect or verify all fields at every patient encounter. Will all fields be expected to be populated for each encounter submitted in the file?**

**Answer**: No, it is not a requirement for either CHIA or MassHealth that all fields will be collected at each encounter. The encounter-level record should contain the most current patient information available at the time of that encounter, but may have been collected previously and/or in another setting, and some elements may not be available at the time of submission. For details about which fields will be required for a file to pass submission, please refer to the “edit specifications” in the CY23 EHRD Submission Guide. Elements indicated as “Must be present” will need to include valid values for a successful submission. Elements indicated as “If present, must be valid” may be left blank for successful submission if they are not yet available.

1. **How does a hospital update a patient’s RELD SOGI data if the update occurs after the quarter is submitted? Example: Patient is discharged in** **February, the discharge is reported to CHIA with the 1/1 – 3/31 discharges in April. Patient RELD SOGI data is updated in June.**

**Answer:** As with our Case Mix data, CHIA understands that the most up-to-date data may not be available within 30 days of the close of the quarter. CHIA is working with MassHealth to finalize an approach to handling resubmissions for this data collection, and we will update with more information and guidance shortly.

1. **As hospitals move towards standardizing their RELD SOGI patient response options in Year 1, how should they submit the data during the conversion process? Should they only submit test files in Year 1?**

**Answer:** CHIA encourages hospitals to submit the RELD SOGI data they have available in Year 1, and is working with MassHealth to finalize specific guidance for hospitals on how to do so. We will update shortly with additional information.

1. As outlined in [Submission Guide](https://www.chiamass.gov/assets/docs/p/ehrd/CY2023-EHRD-Submission-Guide.pdf), CHIA will collect all EHRD data on a fiscal year quarterly basis in accordance with preliminary Case Mix data collections. CHIA will report EHRD data to MassHealth on a quarterly calendar year basis to align with the MassHealth health equity program measurement years. [↑](#footnote-ref-2)