

957 CMR: Center for Health Information and Analysis

957 CMR 4.00: Uniform Provider Reporting of the Standard Quality Measure Set

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4.01: General Provisions

(1) Scope and Purpose. 957 CMR 4.00 governs the establishment, use of, and uniform reporting requirements for certain health care provider performance measures included in the Standard Quality Measure Set.

(2) Authority. 957 CMR 4.00 is adopted pursuant to M.G.L. c. 12C.

(3) Effective Date. 957 CMR 4.00 is effective May 1, 2013.

4.02: Definitions

Meaning of Terms: All defined terms in 957 CMR 4.00 are capitalized. As used in 957 CMR 4.00, unless the context otherwise requires, terms have the following meanings:

The Betsy Lehman Center. The Betsy Lehman Center for Patient Safety and Medical Error Reduction established under M.G.L. c. 12C § 15(b).

The Center. The Center for Health Information and Analysis established under M.G.L. c. 12C.

Home Health Agencies. Home health agencies as defined by 42 U.S.C. 1395x(o) of the Social Security Regulations.

Hospitals. The teaching hospital of the University of Massachusetts Medical School and any acute Hospital licensed under M.G.L. c. 111, § 51 that contains a majority of medical-surgical, pediatric, obstetric and maternity beds, as defined by the Department of Public Health.

Data Submission Manual. A Provider-specific data submission manual containing detailed specifications and submission guidelines.

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Quality Measure. A mechanism to assign a quantity to quality of care by comparison to a criterion.

Provider. A Home Health Agency, Hospital, Registered Provider Organization, or Skilled Nursing Facility, as defined by this section.

Registered Provider Organizations (RPOs). A Provider Organization that has been registered in accordance with M.G.L. c. 6D, § 11.

Skilled Nursing Facilities (SNFs). A Medicare-certified nursing facility that has a Medicare provider agreement pursuant to 42 CFR 488.301.

Statewide Quality Advisory Committee. The committee as established under M.G.L. c. 12C, § 14.

Standard Quality Measure Set (SQMS). A standard set of health care quality measures as determined by the Executive Director of the Center, following recommendations of the Statewide Quality Advisory Committee.

4.03: Establishment and Use of Standard Quality Measure Set

(1) Standard Quality Measure Set. The Executive Director of the Center shall designate the quality measures in the SQMS, subsequent to the annual recommendations from the Statewide Quality Advisory Committee in accordance with M.G.L. c. 12C.

(2) Provider Data Submission. Providers shall submit data necessary to calculate Provider performance on SQMS measures identified by the Center using a uniform methodology developed by the Center. Data shall be reported to either the Center or the Betsy Lehman Center, as specified in the Data Submission Manual.

(3) Reporting of Provider Performance. The Center shall publicly report Provider performance on the SQMS periodically.

(4) Data Release. Public reports on Provider performance on the SQMS will be limited to Provider-reviewed results aggregated to the reporting Provider level as defined in 957 CMR 4.04.

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4.04: Reporting Requirements

(1) Use of Existing Data. Whenever feasible, the Center shall use currently reported data to calculate Provider performance on SQMS measures in a uniform manner. The Center may request additional data from Providers, including data derived from electronic health records and patient registries, to calculate the SQMS quality measures.

(2) Data Submission Manual. The Center will prepare a draft Data Submission Manual prior to requiring data submissions from Providers. Providers will be given 30 days to submit written comments on the draft Data Submission Manual. The Center will issue a final Data Submission Manual following the deadline for written comments and will notify Providers of its availability.

(3) Data Submission Process. Each Provider shall submit data directly to the Center or the Betsy Lehman Center in the format specified by the Data Submission Manual. Data submissions must conform to specifications set forth in the Data Submission Manual by the Center. The Center will notify a Provider whether the submission has been accepted or rejected. Providers must correct and resubmit rejected data until notified that the submission has been accepted.

(4) Reporting Requirement Changes. Providers will be notified of changes to the Data Submission Manual and corresponding changes in reporting requirements by administrative bulletin. Providers will be given 30 days to submit written comments on the proposed revisions to the Data Submission Manual. The Center will finalize revisions to the Data Submission Manual no fewer than 15 days after the deadline to submit written comments.

(5) Audits. Data submissions are subject to audit through whatever mechanisms the Center deems necessary, including but not limited to matching and validating data in the All Payer Claims Database and the Hospital Discharge Database, or through medical record review.

(6) Data Verification Process.

(a) The Center will provide each Provider with a summary report of the data submitted for review and verification. These reports will provide aggregate results (aggregated to the reporting Provider level as defined in 957 CMR 4.02) of the

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SQMS measures based on the data submitted by the Provider or collected through alternative mechanisms as specified in the Data Submission Manual.

(b) Prior to the Center's public release of Provider performance data on the SQMS, the Provider will have an opportunity to correct and resubmit data or to provide comments. A Provider may request the Center's approval to amend the Provider's data submission. Regardless of whether the Center grants approval for data resubmission or amendment, Provider comments shall be included in the public data release.

(c) Providers will be notified by the Center at least 15 days in advance of the publication or release of Provider-specific data.

4.05: Other Provisions

(1) Administrative and Technical Information Bulletins.

(a) The Center may revise specifications or other administrative requirements in the Data Submission Manual from time to time by notice or administrative bulletin.

(b) The Center may issue measure-specific guidance on data collection from time to time by notice or administrative bulletin. Providers will be given 30 days to provide written comments before any revisions to the Data Submission Manual are finalized.

(c) The Center shall specify the quality measures and quality measure sets for which Providers are not required to report data to the Center from time to time by notice or administrative bulletin.

(d) The Center shall specify the schedule for written comments, data collection, data validation and data release from time to time by notice or administrative bulletin.

(e) The Center may specify data submission requirements for measures that cannot be calculated from existing datasets from time to time by revising the Data Submission Manual.

(f) The Center shall specify whether data shall be submitted to the Center or the Betsy Lehman Center in the Data Submission Manual.

(g) The Center may issue administrative bulletins to clarify its policies and understanding of substantive provisions of 957 CMR 4.00 and specify information and documentation necessary to implement 957 CMR 4.00.

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(2) Severability. The provisions of 957 CMR 4.00 are severable. If any provision or the application of any provision is held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 957 CMR 4.00 or the application of such provisions.

REGULATORY AUTHORITY

957 CMR 4:00: M.G.L. c. 12C