



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

## **Acute Inpatient Hospital Bulletin 202**

**DATE:** May 2025

**TO:** Acute Inpatient Hospitals Participating in MassHealth

**FROM:** Mike Levine, Assistant Secretary for MassHealth

**RE:** **Greenhouse Gas Emissions Reporting Requirements**

### **Overview**

Through the [Rate Year 2025 Acute Hospital Request for Applications and Contracts](#) (RY25 RFA), and as described in [Acute Inpatient Hospital Bulletin 198](#), MassHealth requires acute hospitals to report greenhouse gas emissions and verify the report through partnership with an Executive Office of Health and Human Services (EOHHS)–approved third party (called a “validator” in this bulletin). The report must be verified by the validator and is due to MassHealth by June 30, 2025. As described in Acute Inpatient Hospital Bulletin 198, each hospital is required to report total scope 1 and scope 2 emissions, including onsite fuel combustion, purchased energy and electricity, anesthetic gas, and fleet vehicle gas and diesel consumption.

This bulletin provides instructions to acute hospitals for submitting this report, including information on submission platforms and the required data fields.

### **Reporting Requirements**

By June 30, 2025, acute hospitals are required to report total scope 1 and scope 2 emissions for calendar year 2024 (CY24). If an acute hospital has more than one acute hospital campus listed on its hospital license issued by the Department of Public Health, it must report on each listed campus. Acute hospitals are only required to report on the scope 1 and scope 2 greenhouse gas emissions associated with these campuses. They do not need to report on clinical settings located outside the campuses, such as hospital-licensed outpatient satellite sites.

Acute hospitals will report onsite fuel combustion, and purchased energy and electricity through EnergyStar Portfolio Manager (ESPM). [Appendix A](#) of this bulletin lists metrics required in ESPM. Acute hospitals can submit required data through ESPM via this [report hyperlink](#). Hospitals with more than one acute hospital campus should send a single submission on ESPM that includes the data from all of the campuses.

**Please note:** The required data fields in ESPM are intended to align with the Large Building Energy Reporting (LBER) reporting requirements currently in development at the Massachusetts Department of Energy Resources. MassHealth is monitoring any guidance that

emerges and may update its reporting standards for future years through ESPM to maintain alignment with LBER.

Acute hospitals are required to report anesthetic gas, and fleet vehicle gas and diesel consumption (called “supplemental GHG data” in this bulletin), through supplemental reporting. [Appendix B](#) lists metrics required for supplemental GHG data reporting. EOHHS has developed a [form](#) for acute hospitals to submit supplemental GHG data. The hospitals must also attest that the entire submission, including the ESPM data and supplemental GHG data, has been reviewed and validated by the validator. [Appendix C](#) is the attestation template. To fill out, sign, and submit the attestation, please complete the form on [this](#) web page.

If an acute hospital needs more time to submit its greenhouse gas emissions reports, it can submit a formal letter requesting an extension of up to one month. Extension requests must be emailed on or before June 30, 2025, to [AcuteHospitalRFA@mass.gov](mailto:AcuteHospitalRFA@mass.gov).

Please note: A single acute hospital enrolled with MassHealth as both an acute outpatient and an acute inpatient provider type needs to submit only one EPSM report and one supplemental reporting form.

## MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

[Sign up](#) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

## Questions?

- For questions on the instructions in this bulletin, email [AcuteHospitalRFA@mass.gov](mailto:AcuteHospitalRFA@mass.gov)
- Call MassHealth at (800) 841-2900, TDD/TTY: 711
- Email us at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com)



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## Appendix A

### EnergyStar Portfolio Manager Reporting Requirements

Metric Name
Property Information
1. Property Name
2. Parent Property Name
3. Address 1
4. Address 2
5. City
6. State/Province
7. Postal Code
8. Property GFA [Gross Floor Area]—Calculated (Buildings and Parking)
9. Property GFA—Calculated (Buildings)
10. Property GFA—Calculated (Parking)
11. Property GFA—Self-Reported
12. Primary Property Type—Self Selected
13. Primary Property Type—Portfolio Manager-Calculated
14. List of All Property Use Types (GFA)
15. National Median Reference Property Type
16. Largest Property Use Type
17. Largest Property Use Type—Gross Floor Area
18. 2nd Largest Property Use Type
19. 2nd Largest Property Use Type—Gross Floor Area
20. Construction Status
21. Number of Buildings
22. Year Built
23. Occupancy
24. Property Notes
25. Third Party Certification Date Anticipated
26. Third Party Certification
27. Third Party Certification Date Achieved
28. Group(s)
29. Property Data Administrator—Name

<b>Metric Name</b>
<b>Property Information</b>
30. Property Data Administrator—Email
31. Property Data Administrator—Account ID
32. Shared by Contact
33. Shared by Contact—Account ID
34. 3rd Largest Property Use Type
35. 3rd Largest Property Use Type—Gross Floor Area
<b>Property ID Numbers</b>
36. Portfolio Manager Property ID*
37. Portfolio Manager Parent Property ID*
38. Standard ID—City/Town Name*
39. Standard ID—City/Town ID*
40. Standard ID—State/Province Name*
41. Standard ID—State/Province ID*
42. Unique Building Identifier (UBID)*
<b>Property Use Details</b>
43. Ambulatory Surgical Center—Gross Floor Area
44. Hospital (General Medical & Surgical)—Gross Floor Area
45. Hospital (General Medical & Surgical)—Licensed Bed Capacity
46. Hospital (General Medical & Surgical)—Number of Staffed Beds
47. Hospital (General Medical & Surgical)—Tertiary Care
48. Laboratory—Gross Floor Area
49. Outpatient Rehabilitation/Physical Therapy—Gross Floor Area
50. Parking—Completely Enclosed Parking Garage Size**
51. Parking—Gross Floor Area**
52. Parking—Open Parking Lot Size**
53. Parking—Partially Enclosed Parking Garage Size**
54. Medical Office—Gross Floor Area
55. Medical Office—Surgery Center Floor Area
56. Medical Office—Number of Surgical Operating Beds
<b>Energy Use by Fuel Source</b>
57. Electricity Use—Grid Purchase
58. Electricity Use—Generated from Onsite Renewable Systems and Used Onsite

<b>Metric Name</b>
59. Electricity Use—Grid Purchase and Generated from Onsite Renewable Systems
60. Electricity—Weather Normalized Site Electricity Use (Grid and Onsite Renewables)
61. Electricity—Weather Normalized Site Electricity Intensity (Grid and Onsite Renewables)
62. Electricity Use (Grid)—Monthly
63. Electricity Use—Onsite Renewables—Monthly
64. Percent Electricity
65. Natural Gas Use
66. Natural Gas—Weather Normalized Site Natural Gas Use
67. Natural Gas—Weather Normalized Site Natural Gas Intensity
68. Natural Gas Use—Monthly
69. Fuel Oil #1 Use
70. Fuel Oil #1—Weather Normalized Site Fuel Oil #1 Use
71. Fuel Oil #1 Use—Monthly
72. Fuel Oil #2 Use
73. Fuel Oil #2—Weather Normalized Site Fuel Oil #2 Use
74. Fuel Oil #2 Use—Monthly
75. Diesel Use
76. Diesel—Weather Normalized Site Diesel Use
77. Diesel Use—Monthly
78. Kerosene Use
79. Kerosene—Weather Normalized Site Kerosene Use
80. Kerosene Use—Monthly
81. Propane Use
82. Propane—Weather Normalized Site Propane Use
83. Propane Use—Monthly
84. District Steam Use
85. District Steam—Weather Normalized Site District Steam Use
86. District Steam Use—Monthly
87. District Hot Water Use
<b>Energy Use by Fuel Source</b>
88. District Hot Water—Weather Normalized Site District Hot Water Use
89. District Hot Water Use—Monthly
90. District Chilled Water Use

Metric Name	
91.	District Chilled Water—Weather Normalized Site District Chilled Water Use
92.	District Chilled Water Use—Monthly
93.	Coal—Anthracite Use
94.	Coal—Anthracite—Weather Normalized Site Coal—Anthracite Use
95.	Coal—Anthracite Use—Monthly
96.	Coal—Bituminous Use
97.	Coal—Bituminous—Weather Normalized Site Coal—Bituminous Use
98.	Coal—Bituminous Use—Monthly
99.	Wood Use
100.	Wood—Weather Normalized Site Wood Use
101.	Wood Use—Monthly
102.	Other Use
103.	Other—Weather Normalized Site Other Use
104.	Other Use—Monthly
Data Accuracy (Third Party Verification)	
105.	Verifier Title
106.	Verifier Organization
107.	Verifier Phone
108.	Verifier Email Address
109.	Verifier Postal Code
110.	Verifier Credentials
111.	Verified On Date
112.	Verifier Name
Energy Performance Metrics	
113.	Energy Baseline Date*
114.	Energy Current Date*
115.	ENERGY STAR Score*
116.	Site Energy Use*
Energy Performance Metrics	
117.	Source Energy Use*
118.	Site EUI* [Energy Use Intensity]
119.	Source EUI*
120.	Weather Normalized Site Energy Use*

Metric Name	
121.	Weather Normalized Source Energy Use*
122.	Weather Normalized Site EUI*
123.	Weather Normalized Source EUI*
124.	National Median Site Energy Use*
125.	National Median Source Energy Use*
126.	National Median Site EUI*
127.	National Median Source EUI*
128.	% Difference from National Median Site EUI*
129.	% Difference from National Median Source EUI*
Greenhouse Gas [GHG] Emissions	
130.	Total (Location-Based) GHG Emissions*
131.	Total (Location-Based) GHG Emissions Intensity*
132.	Direct GHG Emissions*
133.	Direct GHG Emissions Intensity*
134.	Indirect (Location-Based) GHG Emissions*
135.	Indirect (Location-Based) GHG Emissions Intensity*
136.	eGRID Subregion*
137.	Emissions Factor (Location-Based)—Electricity/eGRID*
138.	Emissions Factor—Direct Fuels*
139.	Emissions Factor (Location-Based)—District Steam*
140.	Emissions Factor (Location-Based)—District Hot Water*
141.	Emissions Factor (Location-Based)—District Chilled Water*
142.	Electric Distribution Utility*
143.	Power Plant*
144.	National Median Total (Location-Based) GHG Emissions*
Renewable Energy & Green Power	
145.	Electricity Use—Generated from Onsite Renewable Systems
146.	Electricity Use—Generated from Onsite Renewable Systems and Exported
147.	Percent of Total Electricity Generated from Onsite Renewable Systems
148.	Percent of RECs [Renewable Energy Certificates] Retained
149.	Green Power—Onsite
150.	Green Power—Offsite
151.	Green Power—Onsite and Offsite

Metric Name	
152.	Percent of Electricity That Is Green Power
153.	Green Power—Type
154.	Green Power—Green-e Certification
155.	Green Power—Generation Location Selection
156.	Green Power—Generation Location (Postal Code)
157.	Green Power—Generation Location (eGRID/Province)

\* This field will be automatically generated or calculated by the Energy Star Portfolio manager platform based on the data each hospital enters.

\*\* MassHealth plans to exclude parking square footage from any assessment of energy use intensity if it is included as part of the report.



## Appendix B

### Supplemental Data for Anesthetic Gas and Fleet Vehicle Gas and Diesel Consumption

<b>Metric Name</b>
<b>Property Information</b>
1. Hospital Name
2. Energy Star Portfolio Number
3. Submitter Name
4. Submitter Title
5. Submitter Email
6. Validator Entity
7. Validator Attestation
<b>Isoflurane, Sevoflurane, Desflurane</b>
8. Inhaled Anesthetic Gas (selection: Isoflurane, Sevoflurane, Desflurane)
9. Bottle Size (mL)
10. Number of Bottles Purchased
11. Data Source (e.g., invoice)
<b>Nitrous Oxide, CO2, and N2/O2 (50/50) Blend</b>
12. Anesthetic Agent (selection: NO2, CO2, N2/O2 [50/50 blend])
13. Do you store this gas through a central tank or e-cylinders?
14. If you store in a central tank, what is the central tank size?
15. If you store the gas in a central tank, what is the unit of measurement for the central tank size listed in the previous question?
16. How many other tanks do you have for storing this gas?
17. Please add additional information about your backup tanks, including their storage size (including unit of measurement) for storing this gas.
18. How many pounds of this gas did you purchase in CY24 for this tank(s)?
19. How many pounds of this gas did you purchase for e-cylinders in CY24?
20. Please describe your source(s) for reporting this information (e.g., invoices, extrapolated data).
21. Is there anything else you would like to share with us about how your organization stores this gas (such as type of tank)?
<b>Anesthetic Cases</b>
22. What is your total number of operating room procedures in CY24?
<b>Mobile Combustion</b>
23. Please provide methodological notes on your data source(s) and any extrapolation for estimating your gas and diesel consumption.
24. What type of fuel are you reporting? (gasoline, diesel, natural gas, biodiesel, biogasoline/bioethanol)
25. What is the amount consumed in CY24?
26. What is the unit of measurement for the number you entered in the previous question?
27. Do you need to report another type of fuel used in your mobile fleet?

## Appendix C

### Acute Hospital Provider Attestation for Greenhouse Gas Emissions Reporting

I, \_\_\_\_\_ (*name*), hereby certify under the pains and penalties of perjury that I am \_\_\_\_\_ (*title*) for \_\_\_\_\_ (*acute hospital*), located at \_\_\_\_\_ (*legal address*) (hereinafter the “acute hospital”), and that the information provided in this attestation is a true and accurate representation.

Specifically, I represent and warrant, pursuant to the requirements in Section 6.G of the [Rate Year 2025 Acute Hospital Request for Applications and Contracts](#) (RY25 RFA) and Acute Inpatient Hospital Bulletin 202, that

- 1) the acute hospital has completed and submitted all data fields required in the EnergyStar Portfolio Manager (ESPM);
- 2) the acute hospital has completed all data fields in the supplemental form for reporting anesthetic gas and fleet vehicle gas and diesel consumption and is submitting all such data with this attestation (referred to herein as “supplemental GHG data”);
- 3) the acute hospital’s third party reviewer, approved by the Executive Office of Health and Human Services and referred to as a “validator,” has reviewed and validated the completed ESPM data and supplemental GHG data before submission; and
- 4) the validated reporting, including the ESPM data and supplemental GHG data, is a complete and accurate representation of the acute hospital’s scope 1 and scope 2 greenhouse gas emissions for calendar year 2024.

Under the pains and penalties of perjury, by executing this form, I hereby attest and certify that the above information is complete and accurate.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The acute hospital should maintain the original executed copy of this submitted attestation, along with any accompanying documentation, in its files.