The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Health Care Safety and Quality

Office of Emergency Medical Services

**Mobile Integrated Health Care (MIH) Program**

99 Chauncy Street, 11th Floor, Boston, MA 02111



CHARLES D. BAKER

Governor

KARYN E. POLITO

Lieutenant Governor

MARYLOU SUDDERS

Secretary

MONICA BHAREL, MD, MPH Commissioner

**Tel: 617-624-6000**

**www.mass.gov/dph**

**TO:** Mobile Integrated Health Care Program Applicants

Mobile Integrated Health Care Program with ED Avoidance Component Applicants

Community EMS Program Applicants

**FROM:** Elizabeth D. Kelley, MBA, MPH, Bureau Director

**DATE:** November 26, 2018

**RE:** Data Submission Requirements

In accordance with 105 CMR 173.100(A)(7) and 105 CMR 173.100(A)(8)(v), each Mobile Integrated Health Care (MIH) program and MIH program with ED Avoidance Component must comply with all guidelines established by the Department of Public Health (Department) for submission of data relative to access, availability, quality and cost associated with the delivery of program services. This memorandum provides specific information on the data submission requirements for MIH and MIH with ED Avoidance Component programs, and also describes optional data elements Community EMS programs may voluntarily submit to the Department.

Community EMS and MIH program data will be captured in a Department-specified format available on the Department’s website and attached to this memorandum. However, MIH programs with ED Avoidance Component must submit data via the Massachusetts Ambulance Trip Record Information System (MATRIS). Data submitted by Community EMS and MIH programs will be aggregate-level, while data submitted via MATRIS by MIH programs with ED Avoidance Component will be encounter-level.

MIH programs are required to submit data to the Department quarterly no later than one month after the end of the calendar quarter (April 30, June 30, October 31, and January 31). In addition to fulfilling the MIH program data submission requirement, MIH programs with ED Avoidance Component are also required to submit separate data elements to the Department via MATRIS for the ED Avoidance Component at the same time. Community EMS programs that choose to submit data to the Department should do so on an annual basis no later than one month after the end of the calendar year or January 31. While there is no regulatory requirement to submit Community EMS program data, the Department encourages providers to collect and submit these data to advance learning about the effectiveness of efforts to improve the public’s health.

The data submission requirements by program are outlined in the table below:

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| Topic | Requirement | Community EMS (optional) | MIH | MIH with ED Avoidance Component |
| System Requirement | MATRIS |  |  | X |
| Self-Reported via email using specified spreadsheet (see MIH website) | X | X | X[[1]](#footnote-1) |
| Submission Frequency | Per MATRIS submission requirements[[2]](#footnote-2) |  |  | X |
| Quarterly submission |  | X | X1 |
| Annual submission | X |  |  |
| Level of Granularity | Encounter-level data |  |  | X |
| Aggregate data | X | X | X1 |

The specific data elements to be reported vary by program and are outlined in the tables below:

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| **Community EMS Data Elements (optional for each calendar year, by January 31)** |
| 1. CEMS program name 2. CEMS program geographical area 3. Dates of service period captured in the data. 4. List of unique service(s) provided. 5. Number of encounters and/or service(s) provided, by service type. 6. Number of patients encountered and/or individuals served. 7. (Open Ended) Please share any metrics or relevant information regarding CEMS program clinical outcomes. 8. (Open Ended) Please describe how your Community EMS program has been contributing to the reduction of overall healthcare expenses in your region this quarter. |

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| **MIH Data Elements (required, submit quarterly)** |
| 1. Quarter and year during which services were provided (time period of data) 2. MIH program name 3. MIH program location address(es) 4. Number of individual patients encountered. Note: a patient encountered numerous times should only be counted once. 5. Number of individual patients encountered who did not have a primary care provider. Note: a patient encountered numerous times should only be counted once. 6. Number of encounters resulting in primary care provider referrals for patients who did not have a primary care provider. Note: a patient encountered numerous times should only be counted once. 7. Number of encounters. 8. Number of encounters resulting in behavioral health care provider referrals. 9. Number of encounters by type of service provided, including but not limited to types of assessments, diagnostic tests, interventions, and evaluations (Note: multiple services may be provided per encounter). 10. Number of encounters in which patient utilized the ED within 72 hours post-MIH encounter 11. Number of individual patients encountered more than six times within the quarter. Note: a patient encountered numerous times should only be counted once. 12. Number of encounters for which the primary purpose of the encounter was for an ambulatory care sensitive condition, by each condition.[[3]](#footnote-3) 13. (Open Ended) Please describe how your MIH program has been meeting its cost effectiveness goals over this quarter. |

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| **MIH with ED Avoidance Component Data Elements (Required; per 911 incident)** |
| For each MIH program with ED Avoidance encounter submitted to MATRIS, the following NEMSIS V2 elements and codes should be used:   1. E22\_01 Emergency Department Disposition: = 5350 Not Applicable (Not Transported to ED) or = 5355 Released 2. E20\_10 Incident/Patient Disposition = 4850 Treated and Released 3. E19\_03 Procedure = 154072 / 101.500 Contact Medical Control and = 9000 Emergency Department Avoidance 4. E13\_01 Run Report Narrative – In the narrative, indicate criteria justifying MIH with ED Avoidance, specifying that on-line medical control physician was contacted and agreed to the redirection, per the Protocol for EMS Initiated Determination to Treat / Transport to Alternate Destination. 5. Additional requirement to be documented with MIH quarterly data, not in the incident run report: Please describe how your MIH with ED Avoidance Component program has been meeting its cost effectiveness goals over this quarter. |

Should you have any questions about these requirements, please contact MIH Data Analyst at [MIH@state.ma.us](mailto:MIH@state.ma.us) or via phone at (617) 753-8484.

1. MIH programs with ED Avoidance Component must submit both MIH self-reported spreadsheet-based data and MATRIS-based data for the ED Avoidance component [↑](#footnote-ref-1)
2. For MATRIS submission timeframe requirements, reference [A/R 5-403 Statewide EMS Minimum Dataset](http://www.mass.gov/eohhs/docs/dph/emergency-services/ar/5-403.pdf) [↑](#footnote-ref-2)
3. Ambulatory care sensitive conditions include: bacterial pneumonia, congestive heart failure, diabetes, asthma, dehydration, pyelonephritis/urinary infection, angina, cellulitis, chronic obstructive pulmonary disease, gastroenteritis, epilepsy, hypertension, and severe E.N.T. infections. Retrieved from: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/2016-ACSC-MIF.pdf> [↑](#footnote-ref-3)