The Commonwealth of Massachusetts

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**Memorandum**

**TO:** Acute Care Hospitals Chief Executive Officers and Administrators

Non-Acute Care Hospital Chief Executive Officers and Administrators

Department of Mental Health Hospital Chief Executive Officers

Public Health Hospital Chief Executive Officers

**FROM:** Stephen Davis, Director

Division of Care Facility Licensure and Certification

Bureau of Health Care Safety and Quality

**SUBJECT:** Updates to Capacity Data Reporting Requirements

**DATE:** May 3, 2024

The purpose of this guidance is to update all hospitals, including acute care, non-acute care, psychiatric, children’s and rehabilitation, on updates to 105 CMR 130.000 (Hospital Licensure) regarding mandatory data reporting. This guidance replaces previous guidance on capacity reporting issued on [May 18, 2023](https://www.mass.gov/info-details/covid-19-public-health-guidance-and-directives#:~:text=DPH%20Memorandum%2C%20May%2018%2C%202023%3A%20Web%20EOC%20Data%20Reporting%20for%20Covid%2D19). Information on required reporting and the process to do so is found below, **with the first report due no later than Tuesday, May 7, 2024, to include capacity data for Sunday, April 28, 2024 to Saturday, May 4, 2024.**

In April 2020, the United States Department of Health and Human Services began collecting daily data to understand health care system stress, capacity, and the number of patients hospitalized due to COVID-19. On September 2, 2020, this reporting was mandated under the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation. On April 8, 2024, the federal government announced these data would not be federally required for submission after April 30, 2024.[[1]](#footnote-2)

While these data informed the Commonwealth’s COVID-19 response, they have also been critical in allowing the Department of Public Health (DPH or the Department) and hospitals to perform necessary planning and coordination to improve patient access to care, including: (1) planning for and responding to instability in healthcare capacity; (2) facilitating regional collaboration to respond to hospital capacity constraints; and (3) responding to emergent needs, such as facility evacuations/closures. These data have benefitted both hospitals and the Department and remain necessary for ongoing visibility, patient safety, maintaining operations, and emergency response.

Because this capacity reporting is necessary to continue the planning and coordination activities discussed above, the Department has added a new section within the hospital licensure regulation, 105 CMR 130.333, that requires hospitals report those data elements necessary for hospital and Department understanding of overall hospital capacity.[[2]](#footnote-3)

Pursuant to 105 CMR 130.333 (“Required Hospital Capacity Reporting”), at a minimum, hospitals are required to report the following capacity data to DPH:

1. staffed beds by licensed bed type; and
2. occupied beds by licensed bed type; and
3. patient demographics for beds reported.

Please see Appendix A for the full list and description of data elements.

At a minimum, hospitals must submit the required data elements consistent with the cadence below:

* *For acute hospitals as defined in 105 CMR 130.375(A) -* Submissions shall include daily data, submitted at least once each week (but may be submitted daily or more frequently). Submissions for the previous week (Sunday to Saturday) must be uploaded into WebEOC no later than each Tuesday at 3 pm.
* *For non-acute hospitals as defined in 105 CMR 130.375(A) –* Submissions shall be at least once annually. Annual reporters must submit once annually into WebEOC on the first Wednesday of November.

The Commissioner may require more frequent data submission in response to potential or active urgent or emergent situations, which the Department will communicate to hospitals. Hospitals must update their reporting to align with any increased frequency as directed by the Commissioner.

The required data may be reported to DPH by facilities using one of two methods: manual entry into Web EOC or automated transmission via the MA Automated Capacity and Occupancy Reporting Network (ACORN).

* WebEOC is an emergency information management platform utilized by the DPH Office of Preparedness and Emergency Management (OPEM). The platform is username and password protected and available from any internet accessible device. No connection through Virtual Private Network is required. Access to WebEOC for this data reporting purpose may be requested by emailing dph.opem.data@mass.gov.
* The MA ACORN provides an automated, no cost, and near-real time data feed through GE HealthCare (GEHC) technologies. Use of the MA ACORN eliminates the need for manual data reporting into WebEOC. With MA ACORN, each hospital generates an automated report from their electronic medical records (EMR) platform which is transmitted to GEHC every 15 minutes. These reports contain the same non-identified, aggregate capacity data that is currently manually entered but would provide more timely and accurate data. All data is encrypted at rest and in flight. Access to the MA ACORN may be requested by emailing dph.opem.data@mass.gov.

If there are any questions about WebEOC or the MA ACORN, please reach out to OPEM via email at dph.opem.data@mass.gov.

In addition, DPH strongly encourages all hospitals in Massachusetts to continue to monitor the Department’s website that provides up-to-date information on respiratory illness in Massachusetts:  <https://www.mass.gov/info-details/respiratory-illness-reporting>.

1. Also of note, on April 10, 2024 CMS [released proposed rules](https://www.cms.gov/newsroom/fact-sheets/fy-2025-hospital-inpatient-prospective-payment-system-ipps-and-long-term-care-hospital-prospective#:~:text=Hospital%20and%20CAH%20Data%20Reporting) for Inpatient Prospective Payment Systems (IPPS) that if adopted, would go into effect on October 1, 2024. These proposed rules would replace the prior COVID-19 and Seasonal Influenza reporting standards and would require hospitals participating in IPPS to electronically report certain data elements about COVID-19, influenza, and respiratory syncytial virus (RSV), including confirmed infections of respiratory illnesses, COVID-19, influenza, and RSV, among hospitalized patients; hospital bed census and capacity; and limited patient demographic information, including age. CMS is proposing that, outside of a public health emergency (PHE), hospitals would report these data on a weekly basis.  [↑](#footnote-ref-2)
2. Under 105 CMR 130.333, federal and state data elements that addressed COVID hospitalizations are no longer required to be reported. [↑](#footnote-ref-3)