The Commonwealth of Massachusetts

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**Memorandum**

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

Non-Acute Care Hospitals Chief Executive Officers and Administrators

Department of Mental Health Hospitals Chief Executive Officers

Public Health Hospitals Chief Executive Officers

**FROM:** Antonio Sousa, Acting Director

Bureau of Health Care Safety and Quality

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

**DATE:** October 10, 2024

The purpose of this guidance is to provide information to all hospitals, including acute care, non-acute care, psychiatric, children’s and rehabilitation, on updates regarding mandatory data reporting in accordance with 105 CMR 130.000 (Hospital Licensure) and the Centers for Medicare and Medicaid Services (CMS). This guidance replaces previous guidance on hospital capacity reporting issued on May 3, 2024. Information on required reporting and the process to do so is found below, **with the first report due no later than Friday, November 1, 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.

Because this capacity reporting is critical for the Department of Public Health (Department/ DPH) to perform necessary planning and coordination to improve patient access to care, in May 2024, the Department added a new provision within the hospital licensure regulations, [105 CMR 130.333](https://www.mass.gov/doc/105-cmr-130-hospital-licensure/download), that requires that hospitals report those data elements necessary for hospitals’ and the Department’s understanding of overall hospital capacity.[[1]](#footnote-2)

On August 1, 2024, CMS issued a new rule that requires hospitals to electronically report information, such as bed capacity and confirmed aggregate infections related to influenza, COVID-19, and RSV, beginning November 1, 2024.[[2]](#footnote-3) The Department is updating the required data elements to align with CMS’s required fields. Hospitals must continue to electronically report to the Department. The Department will subsequently report these data to the Centers for Disease Control and Prevention (CDC) on the hospitals’ behalf to satisfy the CMS requirements.

All hospitals should see Appendix A for the full list and description of data elements that must be submitted beginning November 1, 2024.

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

* *For acute care hospitals as defined in 105 CMR 130.375(A) -* Submissions shall include daily data, submitted at least once each week (Sunday to Saturday). Submission for the previous week must be uploaded each Tuesday by 3 pm. (but may be submitted daily or more frequently). Acute care hospitals do not need to submit data on state-observed holidays, but need to submit the following weekday (e.g., Wednesday if the Tuesday is a holiday) by 3pm.
* *For non-acute care hospitals as defined in 105 CMR 130.375(A) –* Submissions shall be at least once each week. Submissions for the previous week (Sunday to Saturday) must be uploaded no later than each Tuesday by 3 pm. Non-acute care hospitals do not need to submit data on state-observed holidays, but need to submit the following weekday (e.g., Wednesday if the Tuesday is a holiday) by 3pm.

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 WebEOC 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](mailto: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](mailto: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](mailto: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. Under 105 CMR 130.333, federal and state data elements that addressed COVID hospitalizations are no longer required to be reported. [↑](#footnote-ref-2)
2. <https://public-inspection.federalregister.gov/2024-17021.pdf> [↑](#footnote-ref-3)