

# A guide to the proposed rule

## Purpose of the quality rule

Minnesota's 2008 Health Reform Law requires the Commissioner of Health to establish a standardized set of quality measures for health care providers across the state and to produce an annual report on health care quality. The goal is to create a uniform approach to quality measurement and make information on health care quality more broadly available in order to enhance market transparency. The Minnesota Department of Health seeks to build on community standards and input in adopting the measures.

A subset of the standardized set of quality measures will be used for public reporting purposes. Physician clinics and hospitals must begin to submit data on those measures to be publicly reported starting January 1, 2010. After January 1, 2010, health plans may not require providers to submit data on any measure outside this standardized set.

MDH published a proposed rule on September 8, 2009 to carry out Minnesota Statutes 62U.02.

## Structure of the proposed rule

The proposed rule contains a narrative section, as well as several appendices.

### The narrative section:

- Defines essential terms, such as "quality measure," "physician clinic" and "standardized quality measure."
- Describes general data submission requirements for physician clinics, hospitals and outpatient surgery centers.
- Describes how the Commissioner will annually review and adopt new and existing measures. MDH will open the

administrative rule on an annual basis to update, add or retire measures.

- Outlines how health plan companies may use quality measures.
- Provides for a variance process for data submitters that may need to be granted an exception from some part of the rule.

Appendices A, B and C describe specific reporting requirements for those measures to be publicly reported for physician clinics, hospitals and outpatient surgical centers, respectively.

Appendix D is a list of additional standardized quality measures. Health plans may only require providers to submit data on measures that are included in Appendices A, B, C or D. However, health plans and providers may voluntarily agree to use and report measures that are not included in the standardized set of measures.

Appendix E contains submission specifications for physician clinics and hospitals.

## What is considered a standardized quality measure?

- Any measure included in the Healthcare Effectiveness Data and Information Set (HEDIS) or endorsed by the National Quality Forum (NQF). NQF's goals at a national level include vetting and aligning health care quality measures. These goals are similar to those of MDH at a statewide level.
- Any quality measure a provider is required to report related to health care homes or baskets of care.
- Any quality measure required by the Minnesota Department of Human Services.



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- Any “structural” quality measure that is not specific to the patients served by a health care provider (for example, a measure related to use of electronic health records).
- Any quality measure that a health plan company is required to report by federal or state law or regulation.

How were measures identified for public reporting?

MDH had several goals in choosing measures for public reporting:

- To make more information on quality more broadly available.
- To not increase administrative burden on health care providers where possible.
- To identify measures related to either high volume or high impact procedures and health issues.

The measures included in the rule were selected based in part on recommendations from work groups that included representation from health care providers, health plans, employers and consumers or from measures that are already reported and available. The number of measures will expand over time.

The initial proposed physician clinic measures for public reporting are primarily measures that are already being reported on a voluntary basis. The initial proposed hospital measures for public reporting are indicators that are already reported by many hospitals or may be calculated from existing data. Consistent with Minnesota Statutes 62U.02, the rule establishes a mandatory reporting framework for these measures.

Quality measures that are currently calculated and published using claims data from health plans (e.g., cancer screening or immunization rates) are not included in the rule, because the rule only applies to data submission by health care providers. These types of measures will, however, be included in the Commissioner's public reports on quality.

The rule establishes criteria for measures that are proposed to be added for either public reporting or to the standardized set in future years. These are based on criteria from the Institute of Medicine.

Providing comments on the proposed rule

MDH welcomes comments about the proposed rule. The deadline for comments is 4:30 p.m. on Wednesday, October 7, 2009. Comments may be e-mailed to [health.reform@state.mn.us](mailto:health.reform@state.mn.us) or mailed to Katie Burns, Minnesota Department of Health, P.O. Box 64882, St. Paul, MN 55164-0882.

For more information:

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