

4654.0200 DEFINITIONS.

Subpart 1. **Scope.** For purposes of this chapter, the following terms have the meanings given them in this part.

Subp. 2. **Administrative data.** "Administrative data" means information contained on a health care claim or equivalent encounter transaction provided by a provider to a health plan company or third-party administrator.

Subp. 2a. **Ambulatory surgical center.** "Ambulatory surgical center" is an outpatient surgical center and has the meaning given in Minnesota Statutes, section 144.55, subdivision 2a, and is also certified under the Medicare program.

Subp. 3. **Applicable quality measure.** "Applicable quality measure" means a quality measure that pertains to a service provided by a physician clinic, hospital, or ambulatory surgical center.

Subp. 4. **Clinical staff.** "Clinical staff" means physicians, advanced practice registered nurses, and physician assistants.

Subp. 5. **Commissioner.** "Commissioner" means the commissioner of health.

Subp. 6. **Complete submission.** "Complete submission" means quality measures that a data submitter has submitted to the commissioner or commissioner's designee containing the required quality measures in a format that allows for further review and verification of the data's accuracy.

Subp. 7. **Data submitter.** "Data submitter" means a physician clinic, hospital, or ambulatory surgical center.

Subp. 8. **Health plan company.** "Health plan company" has the meaning given in Minnesota Statutes, section 62U.01, subdivision 8.

Subp. 9. **Hospital.** "Hospital" means any entity licensed under Minnesota Statutes, section 144.50, subdivision 2.

Subp. 10. **Material error.** "Material error" means omission of data or submission of inaccurate information that significantly changes the results of the analysis of quality measures.

Subp. 11. [Renumbered Subp. 2a]

Subp. 12. **Payer mix.** "Payer mix" means the distribution of insurance coverage for a provider's patient population including private insurance, Medicare, state public programs, self-pay, and uninsured.

Subp. 13. **Physician clinic.** "Physician clinic" means any location where primary or specialty care ambulatory services are provided for a fee by one or more physicians in the state of Minnesota. Physician clinic includes ambulatory surgical centers and hospital-based outpatient locations that provide primary or specialty care ambulatory services for a fee. With the exception of ambulatory surgical centers, multiple clinic locations may be considered a single physician clinic when the multiple locations have common ownership and a majority of common clinical staff working across

the multiple locations, and the total clinical staff across all locations is no greater than 20 full-time equivalent employees.

Subp. 14. **Provider or health care provider.** "Provider" or "health care provider" has the meaning in Minnesota Statutes, section 62U.01, subdivision 10.

Subp. 15. **Publicly reported measure.** "Publicly reported measure" means a standardized quality measure established by the commissioner that is stated in Appendix A, B, or C, which is incorporated by reference in part 4654.0800.

Subp. 16. **Quality measure.** "Quality measure" means a specific qualitative or quantitative indicator that measures health outcomes, processes, structures, or patient experience, access, or safety, or other desirable results for a defined population of patients. Quality measure does not include information:

- A. associated with assessing medical necessity for an individual patient;
- B. used to determine medical appropriateness of treatment for a particular patient;
- C. related to patient safety or adverse health events for an individual patient;
- D. related to a health care provider's qualifications or scope of practice; or
- E. necessary to detect and prevent fraud and abuse in the billing and payment of services.

Subp. 17. **Risk adjustment.** "Risk adjustment" means a process that adjusts the analysis of quality measurement by accounting for those patient-population characteristics that may independently affect results of a given measure and are not randomly distributed across all providers submitting quality measures. Risk adjustment characteristics include, for example, severity of illness, patient demographics, or payer mix.

Subp. 18. **Standardized electronic information.** "Standardized electronic information" means the specific required data format as described in Appendix E, which is incorporated by reference in part 4654.0800.

Subp. 19. **Standardized quality measure.** "Standardized quality measure" means:

- A. any measure listed in Appendix A, B, C, or D, which is incorporated by reference in part 4654.0800;
- B. any measure required to be reported under Minnesota Statutes, section 62U.03, subdivision 7, paragraph (a), or 62U.05;
- C. any quality measure that a health plan company or provider is required to collect or report by the Minnesota Department of Human Services;
- D. any structural quality measure; or
- E. any quality measure that a health plan company is required to collect or report by federal or state law or regulation.

Subp. 20. **Structural quality measure.** "Structural quality measure" means a measure of provider capacity, scope of services, or feature of the setting in which care is delivered that is independent of the care delivered to any individual patient.

Subp. 21. **Third-party administrator.** "Third-party administrator" means a vendor of risk management services or an entity administering a self-insurance or health insurance plan as defined in Minnesota Statutes, section 60A.23, subdivision 8.

Subp. 22. **Urgent care center.** "Urgent care center" means a medical facility where ambulatory patients can walk in without an appointment and receive services required to treat an illness or injury that would not result in further disability or death if not treated immediately, but requires professional attention and that has the potential to develop such a threat if treatment is delayed. Urgent care center does not include physician clinics offering extended hours for patient care.

Statutory Authority: *MS s 62U.02; 62U.06*

History: *34 SR 905; 35 SR 802; 36 SR 615; 37 SR 747*

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