Medicare Beneficiary Quality Improvement Project (MBQIP) Quality Reporting Guide

August 2023

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Overview

About MBQIP

The Medicare Beneficiary Quality Improvement Project (MBQIP) is a quality improvement activity under the Federal Office of Rural Health Policy's (FORHP) Medicare Rural Hospital Flexibility (Flex) grant program. Implemented in 2011, the goal of MBQIP is to improve the quality of care provided in critical access hospitals (CAHs) by increasing quality data reporting among CAHs and then driving quality improvement activities based on the data.

CAHs have historically been exempt from national quality improvement reporting programs due to challenges related to measuring improvement in low volume settings and limited resources. It is clear, however, that some CAHs are not only participating in national quality improvement reporting programs but are excelling across multiple rural relevant topic areas. For example, small rural hospitals that participate in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey often outperform prospective payment system (PPS) hospitals on survey scores. MBQIP provides an opportunity for individual hospitals to look at their own data, compare their results against other CAHs, and partner with other hospitals around quality improvement initiatives to improve outcomes and provide the highest quality care to each and every one of their patients.

As the U.S. moves rapidly toward a health care system that pays for value versus volume of care provided, it is crucial for CAHs to participate in federal, public quality reporting programs to demonstrate the quality of the care they are providing. Low numbers are not a valid reason for CAHs to not report quality data. It is important to provide evidence-based care for every patient, 100 percent of the time. MBQIP takes a proactive approach to ensure CAHs are well-prepared to meet future quality requirements.

Current MBQIP Measures

This guide focuses on measures reported for MBQIP as part of the Flex grant program. Recognizing the evolving nature of health care quality measures, this guide will be updated on a routine basis to align with changes made to MBQIP. The current list of MBQIP measures is also updated on a routine basis.

Purpose of This Guide

This guide is intended to help Flex Coordinators, CAH staff, and others involved with the MBQIP program understand the measure reporting process. For each reporting channel, information is included on how to register for the site, which measures are reported to the site, and how to submit those measures to the site.

Key Resources

Below is an alphabetical list of key resources that are referenced throughout this guide.

Emergency Department Transfer Communication Resources
Links to the Emergency Department Transfer Communication (EDTC) Specifications Manual and a free Excel data entry tool.

HARP Account
Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account login page for submitting measure data to the CMS Hospital Quality Reporting (HQR) platform.

MBQIP Acronyms
A list of acronyms commonly used in reference to MBQIP.

MBQIP Data Submission Deadlines
Chart of data submission deadlines for reporting the MBQIP measures.

MBQIP Measures
Overview of current MBQIP measures

National Healthcare Safety Network (NHSN)
The Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network is a healthcare-associated infection tracking system.

Online MBQIP Data Abstraction Training Series
Recorded sessions on YouTube on how to locate the CMS Specification Manuals, CART tool, and the process to identify each MBQIP measure population and abstract the required data elements.

QualityNet Home Page
Specifications Manuals and Centers for Medicare & Medicaid Services (CMS) Abstraction and Reporting Tools (CART) for inpatient and outpatient measures.

Quality Reporting Center
This site contains inpatient and outpatient educational materials/resources developed by CMS.
The instructional material can be very helpful. Just remember that it is based on requirements for the CMS Inpatient and Outpatient Reporting Programs, and MBQIP Program requirements may differ.

How This Guide is Organized

MBQIP measures are generally referred to by domain: Patient Safety/Inpatient, Patient Experience, Care Transitions, and Outpatient. However, since this guide focuses on reporting, the measures are grouped by how and where the data is to be reported.

Quality Data Reporting Channels for MBQIP Required Measures

CMS Outpatient Measures (Submitted via CART§ or vendor tool) **OP-2, OP-3, OP-18,**

Hospital Quality Reporting (HQR)

HCAHPS‖ Survey (Vendor or self-administered)

CMS Outpatient Measures (Submitted via HARP) **OP-22**

NHSN*

HCP/IMM-3

ABX† Annual Facility Survey

State Flex Coordinator

EDTC‡
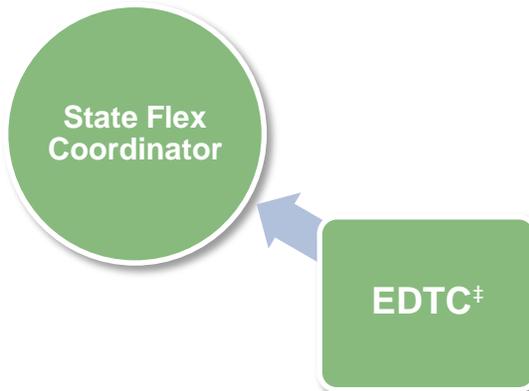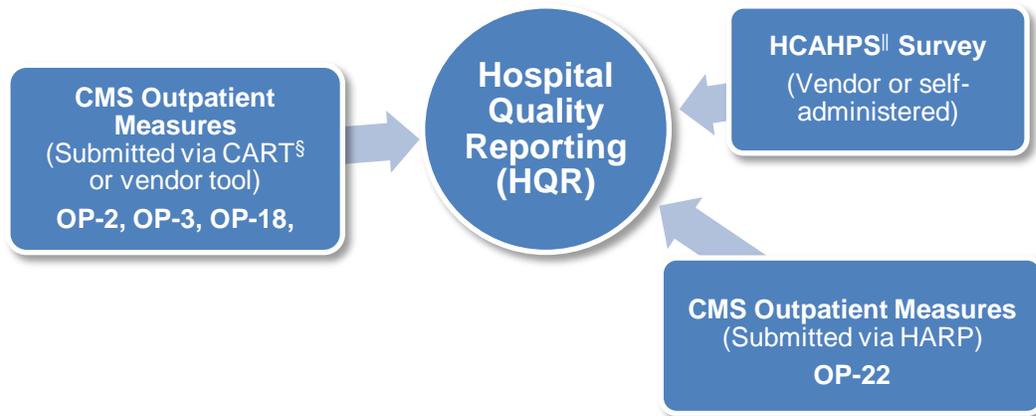
§CMS Abstraction and Reporting Tool ‖Hospital Consumer Assessment of Healthcare Providers and Systems
*National Healthcare Safety Network †Antibiotic Stewardship ‡Emergency Department Transfer Communication

Getting Started

MBQIP Training Video: Data Abstraction Training Series Session 1 – QualityNet. This video shows how to locate and navigate the CMS QualityNet website. (12-minute video)

1. **Become Familiar with QualityNet**

    QualityNet provides health care quality improvement news, resources, and data reporting tools and applications used by health care providers and others. This site is where you will find the Hospital Quality Reporting Specifications Manuals, which contain the measure instructions for reporting, and the CART tool, the free CMS software tool for data submission.

    The QualityNet Service Center offers technical support for issues with data submission.

2. **Register for a HARP Account**

    To submit data to the Hospital Quality Reporting (HQR) platform, you must create a HARP account. HARP is a secure identity management portal provided by the CMS. Creating a HARP account provides you with a user ID and password to sign in to submit data to HQR.

    - Watch this CMS HARP Registration video, then follow the steps below, listed under Scenario #2 on the HARP – Getting Started page.
        1. Go to https://harp.cms.gov/register.
        2. Enter your profile information (please use your corporate email address) and select **Next**.
        3. Choose your user ID, password, and challenge question and select **Next**
        4. If remote proofing questions were successfully generated, answer the five identity proofing questions to verify your identity and select **Next**.
        5. Your account has been created, and you will receive a confirmation email
        6. For security reasons, all HARP accounts are required to have two-factor authentication. Select **Login** to Complete Setup to log into HARP and set up two-factor authentication. Once you have set up two-factor authentication, you are able to log into your respective CMS application. Follow your application's instructions for how to request a role.

    To register as a Basic User or Security Administrator/Official in the Hospital Quality Reporting (HQR) System:
    1. Log into hqr.cms.gov with your HARP User ID and Password.
    2. Go to **My Profile**. (Under your **User Name** in the upper right)
        ○ From this page, you can Request Access or View Current Access.
    3. Select either **Basic User** or **Security Administrator/Official** when prompted to **Choose Your User Type**.
    4. **Select** your required permissions, **Review** them, and click **Submit** when ready.
    5. You will be notified by email when your request has been approved.

    The Security Administrator/Official role gives you access to all the functions of submitting data in HQR. Hospitals are required to maintain an active SA. To stay active, SAs should log into their account at least once per month. It is recommended that all hospitals have at least two staff with that role.

CMS Training Videos – Check out these resources from CMS for information on creating a HARP account and navigating HQR.

CMS Outpatient Measures

MBQIP Measures

Required
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients
OP-22: Patient Left Without Being Seen

1. **Identify Measure Population**

   Hospitals need to identify which outpatient cases fit in the measure population for reporting. The information on how to determine the initial patient population for each measure is found in the related Measurement Information section of the [Hospital Outpatient Quality Reporting Specifications Manual](#) on QualityNet.

   Be sure to reference the manual for the encounter time period you are currently abstracting.

> **MBQIP Training Video:** Data Abstraction Training Series Session 2 - [Locating CMS Data Specifications Manuals](#). This video shows how to locate the CMS Reporting Manuals. (13-minute video)

2. **Enter Outpatient Population and Sampling Counts**

   Hospitals are encouraged to submit aggregate population and sample size counts for Medicare and non-Medicare discharges for each chart-abstracted measure quarterly. Information on how to determine the clinical measure population and sampling requirements are found in the Measurement Information sections and the Population and Sampling Specification section of the [Hospital Outpatient Quality Reporting Specifications Manual](#) on QualityNet.

   Be sure to reference the manual for the discharge time period you are currently abstracting.

   Population and Sample size counts are submitted via the HQR Secure Portal.
   a. Log in to HQR via your HARP account.
   b. Under **Dashboard** on the left-hand side of the screen, select **Data Submissions**.
   c. Click on the **Population and Sampling** tab.
   d. Choose **Data Form** and then **OQR** for Outpatient Quality Reporting.
   e. Make sure the Reporting Period box contains the correct quarter for which you are submitting data.
   f. Click on **Start Measure** for the measure set where you want to submit data.
   g. Select your sampling option.
      - Choose **Sampled** if you are not doing all the cases that meet the measure set population requirements and you are only doing a sample.
      - Choose **Not Sampled** if you are doing all the cases that meet the measure set population requirements.
      - Choose **N/A Submission** not required if you are not submitting any data for the measure set.

      If you have no cases that meet the measure population requirements for a quarter, choose **Not Sampled** and enter zero for your population.
   h. Enter your numbers in the grids. Under **Population**, enter the total number of cases that meet the measure set requirements for the quarter in the boxes. Under Sampling, enter the number of cases you are planning to submit to the warehouse.
   i. Click on **Save and Return** to get back to the measure selection screen.

j. When you have finished submitting data for each measure, in a green banner towards the top of the page you should see a check mark and the notice "Hospital Outpatient: Population and Sampling Measure Sets Successfully Submitted."

Each measure must have a reply. If you are not submitting on a measure set, choose **N/A** for the sampling option. If you have a measure set that you would be submitting cases for but there are none that meet the measure requirements for the quarter, select **Not Sampled** and record zero in the population and sampling boxes.

3. **Abstract CMS Outpatient Measure Data using CART or a vendor tool**
    Hospitals must chart abstract and submit data quarterly for the ED-Throughput measure (OP-18). For further information on how to collect this data, reference the Hospital Outpatient Quality Reporting Specifications Manual on QualityNet.

    Be sure you reference the manual for the discharge time period you are currently abstracting.

MBQIP Training Video: Outpatient ED Throughput Measures (OP-18, OP-22)
(25-minute video) provide further guidance on abstracting the MBQIP core outpatient measures.

The Outpatient CART application is available at no charge. Instructions on CART downloading and information, including the CART User's Guide are found here: CART Downloads & Info.

Always check to make sure you have installed the most current version of CART available before you start abstracting for the quarter.

MBQIP Training Video: Data Abstraction Training Series Session 3 Locating CART. This video shows how to locate the CMS abstraction reporting tool, CART. (16-minute video)

CMS Training Video: CART Basics. This video reviews the basic steps needed to use CART including how to download the application, log in, create a provider and user set up and navigate through the application. (30-minute video)
Presentation Slides.

CMS Training Video: CART Outpatient Quality Reporting (OQR): Knowing the Basics.
This video reviews the steps required for entering abstractions into CART. Stop viewing at 38:00 – the rest of the video describes the outdated QualityNet submission method.

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4. **Submit CMS Outpatient Web-Based Measures**
    ED Throughput measure OP-22 is collected using administrative data to determine the measures' population; there is no individual chart abstraction. Data is collected on a yearly, not quarterly basis. Data is submitted the year following the encounter period, through the Hospital Quality Reporting (HQR)Secure Portal. For further information on how to collect this data, reference the Hospital Outpatient Quality Reporting Specifications Manual on QualityNet.

CMS Training Video: [System Updates: Hospital Outpatient Quality Reporting (OQR) Program](#).
This video demonstrates the important features and key steps for submitting outpatient measures to the CMS Hospital Quality Reporting (HQR) platform. (54-minute video) [Presentation Slides](#).

5. **Submit Data to Hospital Quality Reporting**
   Measure data must be submitted via the HQR Secure Portal either by the hospital or a vendor of their choice. Clinical data submission is accomplished in one of two ways: uploading from Outpatient CART or by a third-party vendor.

CMS Training Videos: [HQR Tutorials](#).
The 24 videos in this playlist contain tips on using Hospital Quality Reporting, including instructions on submitting data to CMS.

Data submissions must be timely. Refer to the [MBQIP Data Submission Deadlines](#) for timeframes.

6. **Check Submitted Cases**
   After your data is submitted you should get confirmation that the data was received. To check and make sure the data was accepted and not rejected, run the Case Status Summary Report. This report is run from the HQR portal.

   To Run the Case Status Summary Report:
   a. Log in to HQR via your HARP account.
   b. Under the **Dashboard** on the left-hand side of the screen, select **Data Results** and **Chart Abstracted**.
   c. Select the **File Accuracy** tab.
   d. Under **Program** chose **OQR** (Outpatient Quality Reporting).
   e. Under **Report** select **Case Status Summary**.
   f. Under Encounter Quarter select the quarter for the data you have just submitted.
   g. Click on **Export CSV**. Your report will appear in an Excel format showing the number of cases that made it to the warehouse for each measure submitted and the number accepted and/or rejected.

If your Case Status Summary Report shows that cases have been rejected, run the Submission Detail Report. This report will show you why your cases have been rejected. Correct the errors and resubmit those cases. Follow the above steps but select **Submission Detail** as your report.

If your Case Status Summary Report shows no data fits the criteria, then the data you submitted did not make it to the warehouse. Something must have gone wrong with your submission so try again.

Do not wait until right before the data due date to submit and check on your data. If you have rejected cases, you will want to have time to correct the errors and resubmit. Once the due date has passed, no further data will be accepted for the quarter.

CMS Inpatient Measures

MBQIP Measures

Additional

PC-01: Elective Delivery

Submitting Web-Based Measures[1]

The inpatient web-based measure PC-01: Elective Delivery is reported quarterly through the Hospital Quality Reporting Secure Portal.

The Initial Patient Population, numerator, denominator, and total exclusions are to be determined using the specifications developed by the Joint Commission for this measure. Full definitions and other relevant information can be found at https://manual.jointcommission.org/bin/view/Manual/WebHome

More information on how to submit this measure can be found at the Quality Reporting Center.

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[1] At this time there are no MBQIP core measures that are web-based inpatient measures.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

MBQIP Measures

Required
HCAHPS Survey

1. **Decide Process for HCAHPS Survey Implementation**

   HCAHPS is a standardized survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. Either the hospital or a vendor representing the hospital can implement the survey.

   Hospitals that plan to self-administer the survey will want to review these HCAHPS Online training materials.

   It should be noted that the requirements for implementing the survey are quite stringent, so most hospitals choose to have their survey process done by a vendor. An updated list of approved vendors can be found at on the HCAHPS Online website. For more information about approved vendors, including those that work specifically with small rural hospitals, see the HCAHPS Vendor Directory from the National Rural Health Resource Center.

2. **Conduct the HCAHPS Survey**

   There are currently four approved methods of conducting the survey:
   - Mail Only
   - Telephone only
   - Mixed (mail followed by telephone)
   - Interactive Voice Response (IVR).

3. **Submit HCAHPS survey data**

   The survey data must be submitted via Hospital Quality Reporting (HQR) in the specified Microsoft Excel XML file format by a registered HQR user. Data may be submitted by the hospital or a vendor representing the hospital.

   HCAHPS data is submitted to HQR on a quarterly basis. Refer to the MBQIP Data Submission Deadlines for timeframes.

For more information about the HCAHPS, see HCAHPSOnline.org

National Healthcare Safety Network (NHSN)

MBQIP Measures

Required	Additional
HCP/IMM-3: Influenza Vaccination Coverage Among Healthcare Personnel (HCP) **Antibiotic Stewardship** – NHSN Annual Facility Survey	**Healthcare-Associated Infections (HAI):** **CLABSI**: Central Line-Associated Bloodstream Infection **CAUTI**: Catheter-Associated Urinary Tract Infection **C. diff**: Clostridioides difficile Infection (CDI) **MRSA**: Methicillin-resistant Staphylococcus Aureus Infection

1. **Enroll Hospital in NHSN**
   To report these measures, your hospital must be enrolled in NHSN. If you are unsure of your hospital's status with NHSN, email them at: nhsn@cdc.gov. If your hospital is not already enrolled in NHSN, follow these instructions for enrollment.

2. **Gather Influenza Vaccination Data**
   Hospitals report healthcare personnel (HCP) influenza vaccination coverage in the Healthcare Personnel Safety Component of NHSN. The HCP Influenza Vaccination Summary Protocol is a guide to collecting and reporting influenza vaccination summary data for the HCP Vaccination Module.

3. **Submit HCP Influenza Vaccination Summary Data**
   Hospitals are only required to report HCP Influenza Vaccination Summary Data in NHSN once a year, at the conclusion of the reporting period (October 1 through March 31 A hospital can choose to submit their HCP in NHSN on a monthly basis. Resources and instructions on how hospitals submit HCP influenza data can be found on the Surveillance for Healthcare Personnel Vaccination webpage.

   HCP/IMM-3 data is due by May 15 (or the next business day if the 15th falls on a weekend) of the reporting year. HAI data is submitted on a quarterly basis and has the same submission dates as the CMS Inpatient Measures. Refer to the MBQIP Data Submission Deadlines for inpatient measure timeframes.

4. **Complete the NHSN Patient Safety Component Annual Facility Survey**
   This survey will be used to measure implementation of Antibiotic Stewardship. The deadline for submission is March 1 with responses based on information from the previous calendar year. A copy of the survey and instructions for completion of the survey can be found on the NHSN website.

   Accessing the survey in NHSN:
   - If a hospital has only been reporting on the Influenza Vaccination Coverage Among Healthcare Personnel measure, they will need to select the Patient Safety Component to access the survey.
   - Hospitals that submit HAI measures via NHSN do so through the Patient Safety Component, and completion of the annual facility is required for submission of HAI data.

Further information on timeframes and how to report the additional measures in NHSN can be found on the Tracking Infections in Acute Care Hospitals/Facilities webpage.

Emergency Department Transfer Communication (EDTC)

MBQIP Measures

Required
EDTC Data Elements:
• Home Medications
• Allergies and/or Reactions
• Medications Administered in ED
• ED Provider Note
• Mental Status/Orientation Assessment
• Reason for Transfer and/or Plan of Care
• Tests and/or Procedures Performed
• Tests and/or Procedure Results
All-EDTC: Composite of all 8 data elements

1. **Identify Measure Population**

   Hospitals need to identify which emergency department cases fit in the measure population for reporting. Instructions on how to determine the patient population for the measure is found on the Population and Sampling page of the EDTC Data Specifications Manual available on the EDTC Resources webpage.

> **MBQIP Training Video:** EDTC Data Specifications Manual training video. A guided overview of how to abstract the EDTC measure using the Data Specifications Manual. We recommend having the manual open to follow along. (28-minute video)

2. **Abstract the EDTC Measure Data**

   Hospitals must chart abstract the EDTC data elements to determine the numerator and denominator for the MBQIP program submission on a quarterly basis. Data can be collected via a tool from a vendor or by using an Excel-based data collection tool. A free Excel-based Data Collection Tool for EDTC measure, along with instructions for using the tool, can be found on the EDTC Resources webpage.

> **MBQIP Training Video:** EDTC Data Collection Tool training video. A step-by-step guide on how to download the Excel-based data collection tool, enter data, and run reports to calculate your measures. (25-minute video)

3. **Submit the EDTC Data**

   Numerator and denominator data are submitted to the State Flex Coordinator or their designee. Contact your Flex Coordinator to determine how the EDTC data should be submitted. To find your State's Flex Coordinator, visit the State Flex Profiles on the Technical Assistance Services Center (TASC) website.

Data submissions must be timely. Refer to the MBQIP Data Submission Deadlines for timeframes.

Record Your Hospital Quality Reporting Contacts

It's important to keep track of who in your organization has roles in the reporting process. If you have staff changes, this list can be a helpful record of which personnel have access to reporting sites, tools, and vendors.

Reporting Tools and Contacts

HQR Security Administrators: (recommend two from each facility)	

NHSN Facility Administrator:	
NHSN Users: (recommend at least one additional user beyond the facility administrator)	

CMS Chart-Abstracted Measures

Who is responsible for collecting the data:	
Who is responsible for submitting the data:	

If using the CMS CART tool:

CART Administrators (recommend at least two from each facility):	

If using a Vendor tool:

Vendor:	
Staff with Access:	
Contact information for vendor tool:	

Emergency Department Transfer Communication

What data collection tool is used:	
Staff with access to the tool:	
Process for submission of EDTC data (note this varies by state):	

HCAHPS

HCAHPS vendor:	
Staff with responsibility for working with HCAHPS vendor:	

Other Hospital Quality Reporting Tools or Contacts:	

For MBQIP Assistance

State Flex or MBQIP Coordinator:	