

December 2024



RQITA
RESOURCE CENTER

The Future of MBQIP: Are You Ready?

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RQITA, Telligen

Objectives



- Review Health Resources and Services Administration (HRSA) Technical Assistance and Support to Rural Hospitals
- Identify the 2025 Medicare Beneficiary Quality Improvement Program (MBQIP) measures
- Understand 2025 MBQIP data elements, submission mechanisms and deadlines
- Orient participants to resources and available technical assistance to support MBQIP in your state

About Telligen



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Team Telligen is made up of more than **600 clinical and technical** professionals supporting clients nationwide



As a **100-percent employee-owned** company, our employee-owners drive our business, our solutions and share in our success

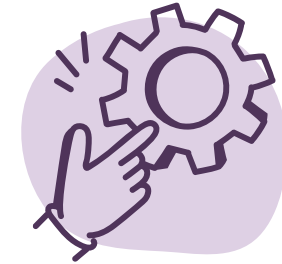
Role of Rural Quality Improvement Technical Assistance Center (RQITA)



The goal of RQITA is to improve quality and health outcomes in rural communities through technical assistance to beneficiaries of Federal Office of Rural Health Policy (FORHP) quality initiatives, which are focused on quality measure reporting and improvement.



RQITA is intended to add expertise related to quality reporting and quality improvement, not to replace technical assistance support already in place.



Resources and Services

- Monthly Newsletter
- Up-to-date resources, guides and tools
- 1:1 technical assistance
- Learning and action webinar events
- Recorded trainings
- [TASC Rural Center website](#)
- [Telligen RQITA website for quality improvement resources](#)

The RQITA Team



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Health Resources & Services Administration (HRSA)



- HRSA Provides Technical Assistance and Support to Rural Hospitals
- Within HRSA is the Federal Office of Rural Health Policy (FORHP) which administers Grant Programs
- The 4 Rural **Hospital** Grant Programs are:
 - State Offices of Rural Health (SORH) Program
 - Small Rural Hospital Improvement (SHIP) Program
 - Rural Veterans Health Access (RVHAP) Program
 - **Medicare Rural Hospital Flexibility (FLEX) Program**

Medicare Rural Hospital Flexibility Program (FLEX)



- The Flex Program funds states to provide support to Critical Access Hospitals (CAHs)
- The Goal of the FLEX Program is to help CAHs Improve:
 - Financial health and hospital operations
 - Emergency medical services
 - Health of people who live in rural areas
 - Rural health care quality measures
- How are FLEX Program Goals measured?
 - **Medicare Beneficiary Quality Improvement Project (MBQIP) Measures**

How Were the MBQIP Measures Selected?



- Federal Office of Rural Health Policy (FORHP) selected the current measures with input of rural experts who have worked with or within CAHs
- FORHP adds measures to MBQIP as needed with strong preference for standardized measures (supported by a national reporting system and in alignment with other Federal quality reporting programs).
- MBQIP Core Measures are intended to remain consistent
 - Updates and adjustments are made based on changes on national quality priorities and reporting systems.

Medicare Beneficiary Quality Improvement Project (MBQIP)



- The MBQIP measures help CAHs recognize healthcare processes, outcomes, patient perceptions of care, and organizational structure to guide decisions and quality improvement efforts in rural areas
- The **MBQIP Measures** provide data to illustrate that CAHs are meeting rural healthcare quality goals for continued Flex Program funding and support to rural communities.
- HRSA supports Flex Grantees and CAHs in participating in MBQIP through:
 - Technical Assistance and Services Center (TASC)
 - The Flex Monitoring Team (FMT)
 - **Rural Quality Improvement Technical Assistance (RQITA)**



Current MBQIP Measure Recap

Current Core MBQIP Measures



Core MBQIP Measures

| Patient Safety/Inpatient | Patient Engagement | Care Transitions | Outpatient |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>HCP/IMM-3 (formerly OP-27): Influenza Vaccination Coverage Among Healthcare Personnel (HCP)</p> <p>Antibiotic Stewardship: Measured via the Centers for Disease Control and Prevention National Healthcare Safety Network (CDC NHSN) Annual Facility Survey</p> | <p>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</p> <p>The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics:</p> <ul style="list-style-type: none"> • Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Communication about Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care <p>The survey also includes screener questions and demographic items. The survey is 29 questions in length.</p> | <p>Emergency Department Transfer Communication (EDTC) One composite; eight elements</p> <ul style="list-style-type: none"> • All EDTC Composite • 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 • Test and/or Procedure Results | <p>Emergency Department (ED) Throughput</p> <ul style="list-style-type: none"> • OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients • OP-22: Patient Left Without Being Seen <p>*The AMI Outpatient measures, OP-2 and OP-3 are being removed by the center for Medicare & Medicaid Services (CMS) following submission of Quarter 1 2023 data.</p> |



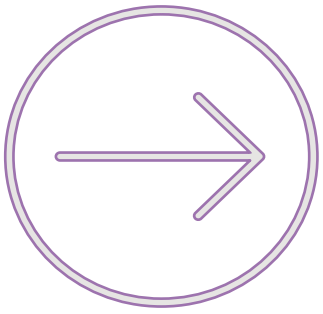
2025 MBQIP Measure Core Set

2025 MBQIP Core Measure Set

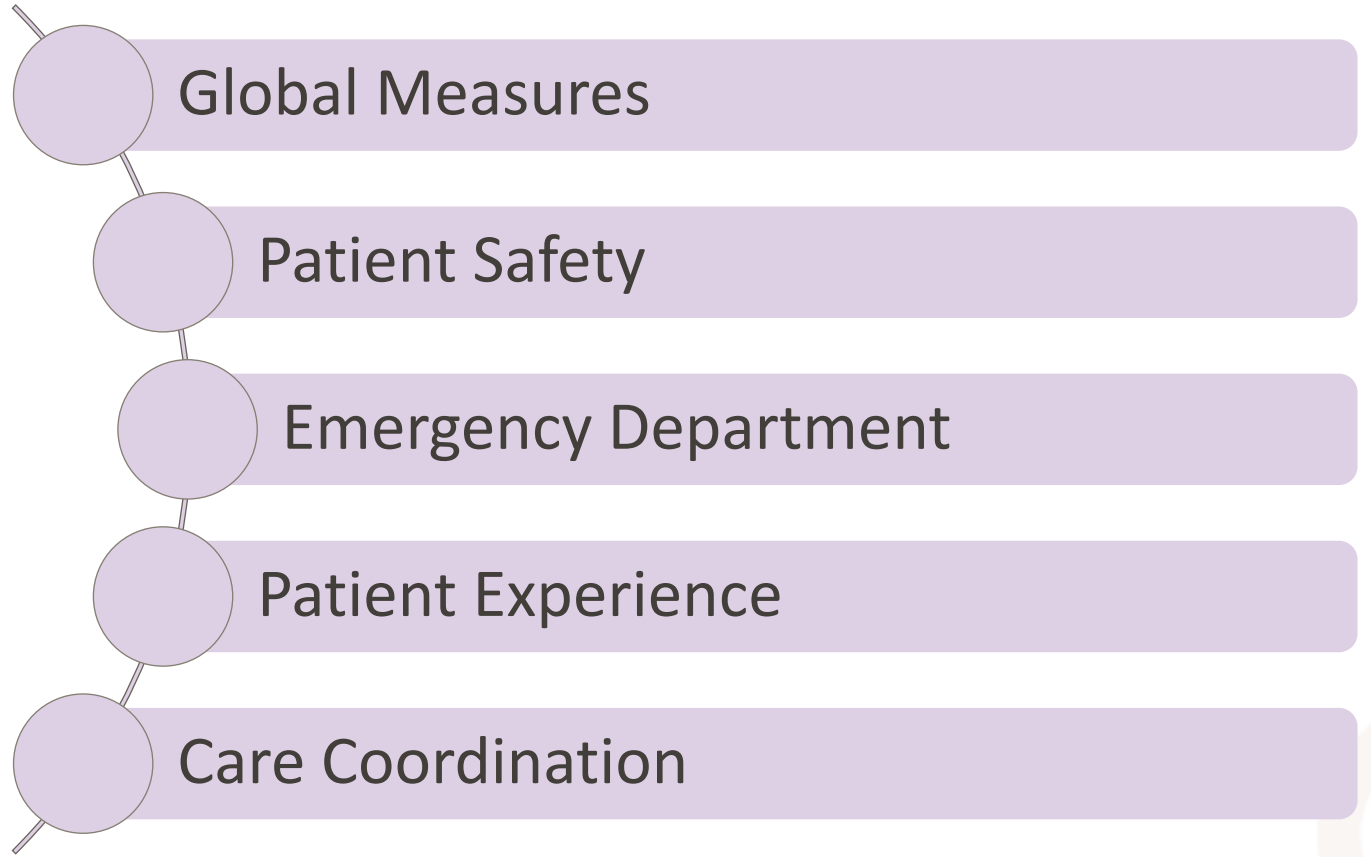


- Six new measures (noted in **green**)
- 12 total measures (nine submitted annually, three submitted quarterly)

| 2025 MBQIP Core Measure Set | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Global Measures | Patient Safety | Patient Experience | Care Coordination | Emergency Department |
| <ul style="list-style-type: none"> • CAH Quality Infrastructure (annual submission) • Hospital Commitment to Health Equity (annual submission) | <ul style="list-style-type: none"> • Healthcare Personnel Influenza Immunization (annual submission) • Antibiotic Stewardship (annual submission) • Safe Use of Opioids (eCQM) (annual submission) | <ul style="list-style-type: none"> • Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) (quarterly submission) | <ul style="list-style-type: none"> • Hybrid Hospital-Wide Readmissions (annual submission) • SDOH Screening (annual submission) • SDOH Screen Positive Rate (annual submission) | <ul style="list-style-type: none"> • Emergency Department Transfer Communication (EDTC) (quarterly submission) • OP-18 Time from Arrival to Departure (quarterly submission) • OP-22 Left Without Being Seen (annual submission) |



- Moving from four domains to five domains
- Align with existing quality reporting programs



Implementation Timeline



- 2024 Hospitals continue reporting the existing MBQIP core measure set. Hospitals are encouraged to put processes in place, so they are prepared to collect and report data for the 2025 calendar year
- 2025 Hospitals collect and report data for the MBQIP 2025 core measure set as part of the Flex program



CAH Quality Infrastructure

Global Measures Domain

CAH Quality Infrastructure



Measure Description: A structural measure to assess CAH capacity, processes, and infrastructure for quality activities based on the nine core elements of CAH quality infrastructure.

The nine core elements of CAH quality infrastructure:

1. Leadership Responsibility & Accountability
2. Quality Embedded within the Organization's Strategic Plan
3. Workforce Engagement & Ownership
4. Culture of Continuous Improvement through Behavior
5. Culture of Continuous Improvement through Systems
6. Integrating Equity into Quality Practices
7. Engagement of Patients, Partners and Community
8. Collecting Meaningful and Accurate Data
9. Using Data to Improve Quality



CAH Quality Infrastructure



Measure Rationale: This measure will provide hospital, state, and national comparisons about the quality infrastructure in CAHs. It will help identify areas for improvement for each facility and state. Using the data for this measure, SFPs can plan and prioritize quality activities and identify useful CAH quality-related information to help inform state-level technical assistance. The CAH Quality Infrastructure measure will also inform national technical assistance and data analytic needs.

Calculations: Hospital score will be a total of zero to nine points (one point for each element, must meet each element's criteria to receive credit).



CAH Quality Infrastructure



Measure Submission and Reporting Channel: Annual submission through National CAH Quality Inventory and Assessment via FMT-administered Qualtrics platform. The Assessment contains the CAH Quality Infrastructure measure questions, as well as several other questions that are not part of the CAH Quality Infrastructure measure (such as questions about service lines, quality measures, and other CAH characteristics). Submissions of the Assessment (and within it the CAH Quality Infrastructure measure) are due in November of each year, and late submissions of the Assessment and the measure within it will not be accepted.



Resources to Support You



- [Critical Access Hospital Quality Infrastructure Measure Data Specifications Manual – Updated August 2024](#)
- [Building Sustainable Capacity for Quality and Organizational Excellence | National Rural Health Resource Center](#)
- [MBQIP Data Submissions Deadlines](#)
- [RQITA CAH Quality Infrastructure Resources](#)



FAQs

Q. Can you explain how we submit the data for this measure?

A. CAHs must submit the Assessment on their own behalf through the Qualtrics platform for the measures to be accepted (emailed submission are not accepted). Submissions of the Assessment are due in November of each year, late submissions are not accepted. When the Assessment is submitted in Qualtrics, the individual submitting it will receive an email confirmation.

Note: Answers are not saved in the submission portal, so it is encouraged that CAHs complete entry of their answers in one sitting.

Detailed instructions can be found on the Flex Monitoring Team webpage.

 www.flexmonitoring.org



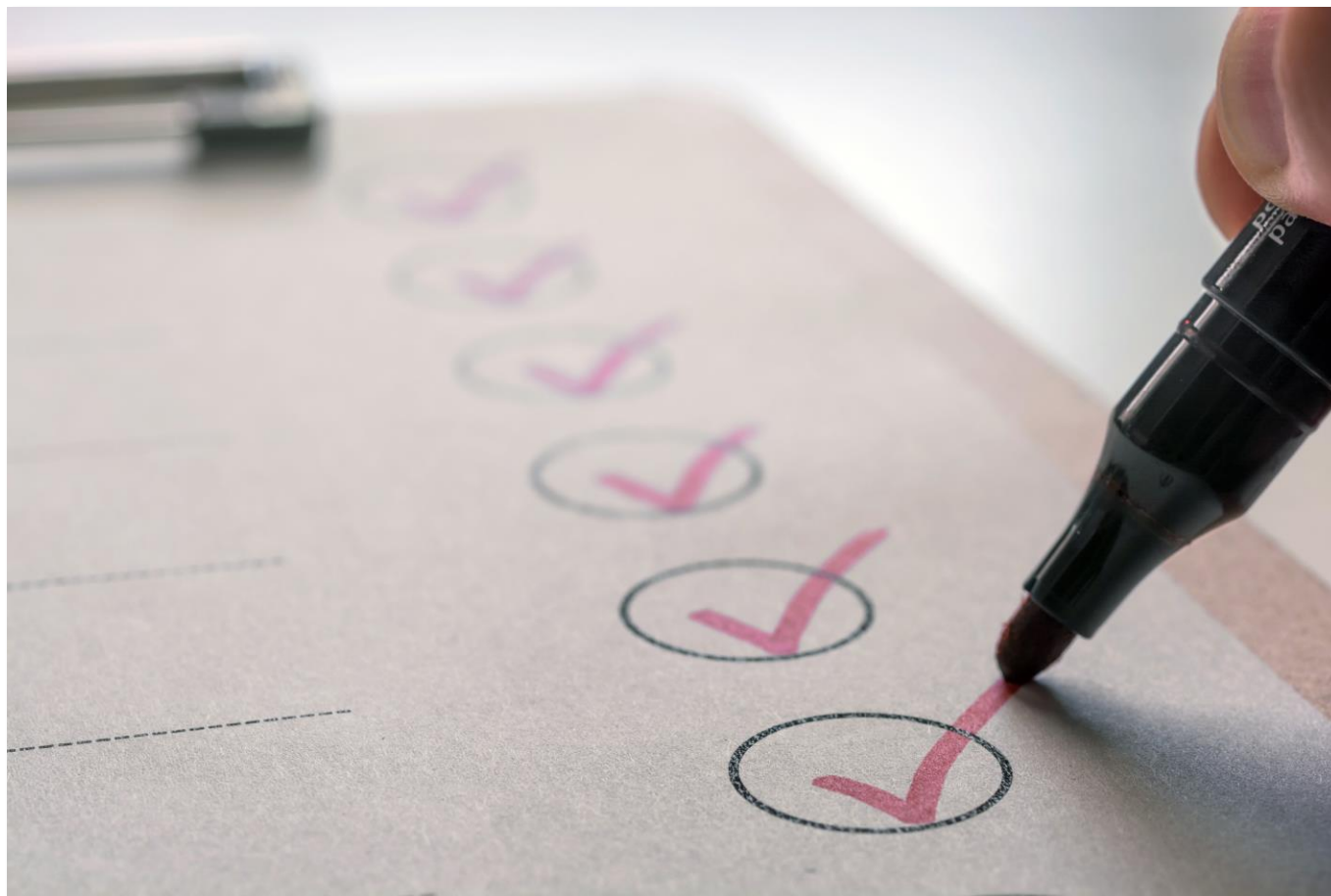
FAQs

Q. Is there a penalty if we do not meet all the criteria of an element?

A. No. There is no penalty for not meeting all the criteria of an element. If you do not meet the criteria of an element, this will result in a lower score overall for this measure. There are no penalties associated with lower scores.

Please refer to the Flex Monitoring Team webpage for more information.

 www.flexmonitoring.org





Hospital Commitment to Health Equity

Global Measures Domain



Hospital Commitment to Health Equity



Measure Description: This structural measure assesses hospital commitment to health equity.

Hospitals will receive points for responding to questions in five (5) different domains of commitment to advancing health equity.

- Domain 1 – Equity is a Strategic Priority
- Domain 2 – Data Collection
- Domain 3 – Data Analysis
- Domain 4 – Quality Improvement
- Domain 5 – Leadership Engagement

Hospital score can be a total of zero to five points (one point for each domain, must attest “yes” to all sub-questions in each domain, no partial credit).



Hospital Commitment to Health Equity



Measure Rationale: The recognition of health disparities and inequities has been heightened in recent years, and it is particularly relevant in rural areas. Rural risk factors for health disparities include geographic isolation, lower socioeconomic status, higher rates of health risk behaviors, limited access to healthcare specialists and subspecialists, and limited job opportunities. Rural residents are also less likely to have employer-provided health insurance coverage, and if they are poor, often are not covered by Medicaid. The intent of this measure is to help ensure hospitals are considering and addressing equity in the care they provide to their community.

Calculation: Hospital score can be a total of zero to five points (one point for each domain, must attest “yes” to all sub-questions in each domain, no partial credit).

Improvement Noted As: Increase in the total score (up to five points).



Hospital Commitment to Health Equity



Data Elements:

Domain 1 – Equity is a Strategic Priority

Please attest that your hospital has a strategic plan for advancing healthcare equity and that it includes all the following elements (note: attestation of all elements is required to qualify for the numerator):

- A. Our hospital strategic plan identifies priority populations who currently experience health disparities.
- B. Our hospital strategic plan identifies healthcare quality goals and discrete action steps to achieve these goals.
- C. Our hospital strategic plan outlines specific resources which have been dedicated to achieve our equity goals.
- D. Our hospital strategic plan describes our approach for engaging key stakeholders such as community-based organizations.



Hospital Commitment to Health Equity



Data Elements:

Domain 2 – Data Collection

Please attest that your hospital engages in the following activities (note: attestation of all elements is required in order to qualify for the numerator):

- A. Our hospital collects demographic information, including self-reported race and ethnicity, and/or social determinant of health information on the majority of our patients.
- B. Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.
- C. Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using certified EHR technology.



Hospital Commitment to Health Equity



Data Elements:

Domain 3 – Data Analysis

Please attest that your hospital engages in the following activities (note: attestation in all elements is required to qualify for the numerator):

- A. Our hospital strategizes key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4 – Quality Improvement

Select all that apply (note: attestation in all elements is required to qualify for the numerator):

- A. Our hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities.



Hospital Commitment to Health Equity



Data Elements:

Domain 5 – Leadership Engagement

Please attest that your hospital engages in the following activities. Select all that apply (note: attestation in all elements is required in order to qualify for the numerator).

- A. Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for health equity.
- B. Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.



Hospital Commitment to Health Equity



Encounter Period: Calendar year (January 1 – December 31)

First MBQIP Encounter Period and Reporting Date: The First MBQIP encounter period (measurement period) is January 1, 2025, through December 31, 2025. The first MBQIP submission deadline date is May 15, 2026.

Data Source: Multiple sources.

Data Collection Approach: Attestation.

Measure Submission and Reporting Channel: This is an annual attestation measure submitted through the Hospital Quality Reporting (HQR) secure portal – refer to the [2025 MBQIP Submission Deadline Document](#)



Resources to Support You



- [Attestation Guidance for Hospital Commitment to Health Equity Measure](#) (scroll down to measure and download 2024 PDF file)
- [Rural Health Disparities Overview](#) – Rural Health Information Hub
- [Rural Health: Addressing Barriers to Care](#)
- [MBQIP 2025 Information Guide](#)
- [RQITA Hospital Commitment to Health Equity Resources](#)



FAQs



Q. Under Domain 2C of this measure, it states “Our hospitals input demographic and/or social determinants of health information collected from patients into structured, interoperable data elements using certified EHR technology.” Given the use of the words “and/or” does this mean that hospitals can attest “YES” for this sub-domain if they only input demographic information into the EHR?

A. You are correct. If a hospital inputs demographic information (for example such as date of birth, zip code, sex, race, ethnicity, language spoken) into structured, interoperable data elements using certified EHR technology, then they can attest yes, as noted in the measure.

For more information, please refer to the measure specification manual



<https://qualitynet.cms.gov/inpatient/iqr/measures#tab2>





Screening for Social Drivers of Health

Care Coordination Domain

Screening for Social Drivers of Health



Measure Description: The Screening for Social Drivers of Health Measure assesses whether a hospital implements screening for all patients that are 18 years or older at time of admission for food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety.

To report on this measure, hospitals will provide:

1. The number of inpatients admitted to the hospital who are 18 years or older at time of admission and who are screened for all five health-related social needs (HRSNs): food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety; **and**
2. the total number of patients who are admitted to the hospital who are 18 years or older on the date they are admitted.

A specific screening tool is not required, but all 5 health-related social needs must be included.



Screening for Social Drivers of Health



Measure Rationale: The recognition of health disparities and impact of health-related social needs (HRSN) has been heightened in recent years. Economic and social factors, known as drivers of health, are known to affect health outcomes and costs, and exacerbate health inequities. This measure is derived from the Centers for Medicare & Medicaid Services Innovation Accountable Health Communities (AHC) model and has been tested in large populations across states. The intent of this measure is to help ensure hospitals are considering and addressing social needs in the care they provide to their community.

Improvement Noted As: Increase in rate.



Screening for Social Drivers of Health



Measure Population (determines the cases to abstract/submit): The number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission.

Exclusions: The following patients would be excluded from the denominator: 1) Patients who opt out of screening; and 2) patients who are themselves unable to complete the screening during their inpatient stay and have no caregiver able to do so on the patient's behalf during their inpatient stay. 3.) Patients who expire during their inpatient stay

Numerator: The number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission and are screened for each of the five HRSNs: food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety during their hospital inpatient stay.

Denominator: The number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission.



Hospital Quality Reporting Platform



SDOH-1 Numerator & SDOH-2 Denominator

The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission and are screened for all of the following five HRSNs (food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety) during their hospital inpatient stay. *

 ←

SDOH-1 Denominator

The number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission. *

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SDOH-2 Numerators - Health related social needs

Food insecurity

The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for all five HRSN, and who screen positive for food insecurity. *

This field is required *

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CMS Certification Number:
100112

Submission Period:
01/31/2024 - 05/15/2024

With Respect to Reporting Period:
01/01/2023 - 12/31/2023

Last Updated:
*

Housing instability

The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for all five HRSN, and who screen positive for housing instability. *

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Transportation needs

The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for all five HRSN, and who screen positive for transportation needs. *

 ←

Utility difficulties

The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for all five HRSN, and who screen positive for utility difficulties. *

This field is required *

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Settings

Screening for Social Drivers of Health



Encounter Period: Calendar year (January 1 – December 31)

First MBQIP Encounter Period and Reporting Date: The first MBQIP encounter period (measurement period) is January 1, 2025, through December 31, 2025. The submission deadline date is May 15, 2026.

Data Source: Hospital Tracking

Calculation: The Screening for Social Drivers of Health measure is calculated by dividing the total number of hospital inpatients who are 18 and older and screened for all five HRSNs by the total number of patients admitted to a hospital inpatient stay who are 18 or older at the time of admission.

Measure Submission and Reporting Channel: Annual numerator and denominator submission through Hospital Quality Reporting (HQR) system.



Resources to Support You



- [Screening for Social Drivers of Health Measure Specification](#)
- [Frequently Asked Questions: SDOH Measures \(August 2023\)](#)
- [Listing of Various Screening Tools](#)
- [Guide to Social Needs Screening](#)
- [Rural Health Disparities Overview - Rural Health Information Hub](#)
- [RQITA Social Drivers of Health Resources](#)
- [YouTube Video on How to Submit HCHE and SDOH](#)



FAQs



Q. Is there a particular screening tool we are supposed to use for the Social Drivers of Health measure(s)?

A. No. You may choose how you want to screen patients, as long as it includes the five-health related social needs (food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety). The screening tool does not need to be structured in the patients' EMR and the screening result does not need to be structured into a certified EMR.

For a list of recommended screening tools by the Rural Health Information Hub, you can click on the link below.

 <https://www.ruralhealthinfo.org/toolkits/sdoh/4/assessment-tools>

AHC HRSN Screening Tool Core Questions

If someone chooses the underlined answers, they might have an unmet health-related social need.

Living Situation

1. What is your living situation today?³

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

2. Think about the place you live. Do you have problems with any of the following?⁴

CHOOSE ALL THAT APPLY

- Pests such as bugs, ants, or mice
- Mold
- Lead paint or pipes
- Lack of heat
- Oven or stove not working
- Smoke detectors missing or not working
- Water leaks
- None of the above



Screen Positive Rate for Social Drivers of Health

(SDOH Screening Positive)

Care Coordination Domain

Screen Positive Rate for Social Drivers of Health (SDOH Screening Positive)



Measure Description: The Screen Positive Rate for Social Drivers of Health Measure provides information on the percent of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HSRN and who screen positive for one or more of the following five health-related social needs (HSRNs): food insecurity, housing instability, transportation problems, utility difficulties or interpersonal safety.

Measure Rationale: The recognition of health disparities and impact of HRSNs has been heightened in recent years. Economic and social factors, known as drivers of health, can affect health outcomes and costs and exacerbate health inequities. This measure is derived from the Centers for Medicare and Medicaid Services Innovation Accountable Health Communities (AHC) model and has been tested in large populations across states. The intent of this measure is to help ensure hospitals are considering and addressing social needs in the care they provide to their community.

Improvement Noted As: This measure is not an indication of performance.



Screen Positive Rate for Social Drivers of Health (SDOH Screening Positive)



Measure Population (determines the cases to abstract/submit): The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission and are screened for each of the five HSRNs (food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety) during their hospital inpatient stay.

Exclusions: The following patients would be excluded from the denominator: 1) Patients who opt out of screening; and 2) patients who are themselves unable to complete the screening during their inpatient stay and have no caregiver able to do so on the patient's behalf during their inpatient stay. 3.) Patients who expire during their inpatient stay

Numerator: The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for all five HSRN, and who screen positive for having a need in one or more of the following five HRSNs (calculated separately): food insecurity, housing instability, transportation needs, utility difficulties or interpersonal safety.

Denominator: The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission and are screened for each of the five HSRNs (food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety) during their hospital inpatient stay.



Screen Positive Rate for Social Drivers of Health (SDOH Screening Positive)



Encounter Period: Calendar year (January 1 – December 31)

First MBQIP Encounter Period and Reporting Date: The First MBQIP encounter period (measurement period) is January 1, 2025, through December 31, 2025. The submission deadline date is May 15, 2026.

Data Source: Hospital Tracking

Calculations: The result of this measure would be calculated as **five separate rates**. Each rate is derived from the number of patients admitted for an inpatient hospital stay and who are 18 years or older on the date of admission, screened for an HRSN, and who screen positive for each of the five HRSNs (food insecurity, housing instability, transportation needs, utility difficulties or interpersonal safety) divided by the total number of patients 18 years or older on the date of admission screened for all five HRSNs.

Measure Submission and Reporting Channel: Annual numerator and denominator submission through Hospital Quality Reporting (HQR) platform via web-based data form.



Resources to Support You



- [Screen Positive Rate for Social Drivers of Health Measure Specification](#)
- [Frequently Asked Questions: SDOH Measures \(August 2023\)](#)
- [Listing of Various Screening Tools](#)
- [Guide to Social Needs Screening](#)
- [Rural Health Disparities Overview - Rural Health Information Hub](#)
- [RQITA Social Drivers of Health Resources](#)



FAQs

Q. If we see a patient multiple times throughout the calendar year, do we report for each screening that occurred during their admission(s)?

A. No. You will need to demonstrate that the screening occurred during their most recent admission AND you will only report screened positive results for the most recent admission.





Safe Use of Opioids – Concurrent Prescribing

Patient Safety Domain

Safe Use of Opioids – Concurrent Prescribing



Measure Description: Proportion of inpatient hospitalizations for patients 18 years or older, prescribed or continued on two or more opioids, or an opioid and benzodiazepine concurrently at discharge.

Measure Rationale: Unintentional opioid overdose fatalities have become an epidemic and major public health concern in the United States. Concurrent prescriptions of opioids, or opioids and benzodiazepines, places patients at a greater risk of unintentional overdose due to increased risk of respiratory depression. Patients who have multiple opioid prescriptions have an increased risk for overdose, and rates of fatal overdose are ten times higher in patients who are co-dispensed opioid analgesics and benzodiazepines than opioids alone. A measure that calculates the proportion of patients with two or more opioids or opioids and benzodiazepines concurrently has the potential to reduce preventable mortality and reduce costs associated with adverse events related to opioids.

Improvement Noted As: Decrease in rate.



Safe Use of Opioids – Concurrent Prescribing



Encounter Period: Calendar year (January 1 – December 31)

First MBQIP Encounter Period and Reporting Date: The First MBQIP encounter period (measurement period) is January 1, 2025, through December 31, 2025. The first MBQIP submission deadline date is February 27, 2026.

Data Source: Certified electronic health record technology (CEHRT).

eCQM Identifier: 506v6

Data Collection Approach: Electronic Extraction from EHRs via Quality Reporting Document Architecture (QRDA) Category I File.

Measure Submission and Reporting Channel: Annually, QRDA Category I File via Hospital Quality Reporting (HQR) platform.



Safe Use of Opioids – Concurrent Prescribing



Measure Population (determines the cases to abstract/submit): Inpatient hospitalizations (inpatient stay less than or equal to 120 days) that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge.

Exclusions: Exclusions include patients with cancer that begin prior to or during the encounter or are receiving palliative or hospice care (including comfort measures, terminal care and dying care) during the encounter, patients discharged to another inpatient care facility and patients who expire during the inpatient stay.

Numerator: Inpatient hospitalizations where the patient is prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge.

Denominator: Inpatient hospitalizations (inpatient stay less than or equal to 120 days) that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge.



Resources to Support You



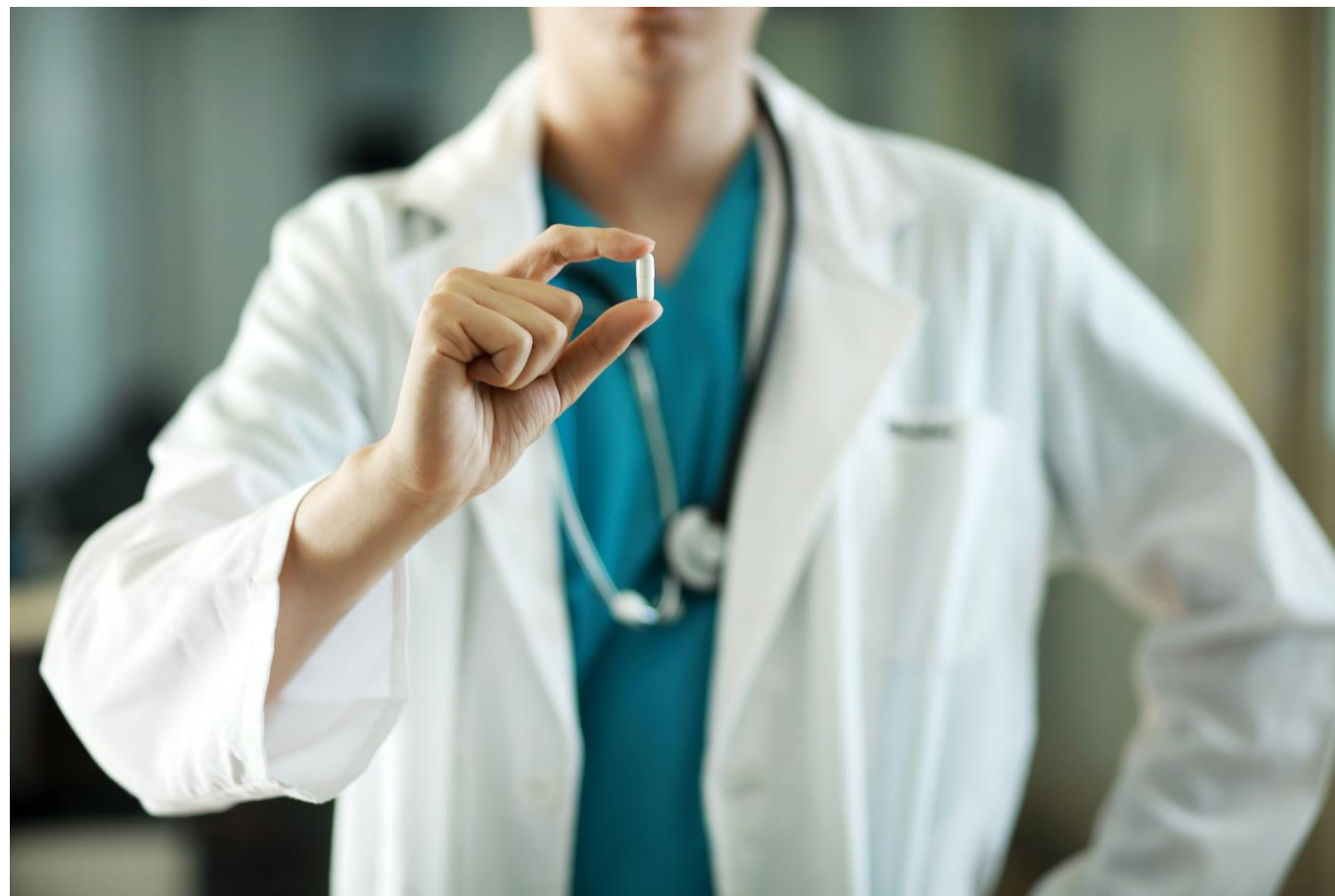
- [NQF: Quality Positioning System](#)
- [Safe Use of Opioids – Concurrent Prescribing | eCQI Resource Center](#)
- [eCQM 101](#)
- [Getting Started with eCQMs](#)
- [Quality Reporting Document Architecture \(QRDA\)](#)
- [Critical Access Hospital eCQM Resource List | National Rural Health Resource Center](#)
- [MBQIP 2025 Information Guide](#)
- [RQITA Safe Use of Opioids Resources](#)



FAQs

Q. We already report on the 'Safe Use of Opioids' measure for the Promoting Interoperability program, do we need to submit it again for MBQIP?

A. No. You do not need to submit for this measure twice. If you're participating in the PI program, CMS will use the data you submit for that program and FMT will be able to pull the data as well. If you do not participate in the PI program, you will need to submit for this measure through the Hospital Quality Reporting program (HQR).





Hybrid Hospital-Wide Readmissions

(Hybrid HWR)

Care Coordination Domain

Hybrid Hospital-Wide Readmissions (Hybrid HWR)



Measure Description: Hospital-level, all-cause, risk-standardized readmission measure that focuses on unplanned readmissions 30 days of discharge from an acute hospitalization. The Hybrid HWR was developed to address complex and critical aspects of care that cannot be derived through claims data alone. The Hybrid HWR uses EHR data including clinical variables and linking elements for each patient.

What Does Hybrid Mean? Hybrid measures differ from the claims-only measures in that they merge electronic health record (EHR) data elements with claims-data to calculate the risk-standardized readmission rate. CMS will link elements from claims to the electronic medical record data clinical variables.



Hybrid Hospital-Wide Readmissions (Hybrid HWR)



Measure Rationale: Returning to the hospital for unplanned care disrupts patients' lives, increases risk of harmful events like healthcare-associated infections and results in higher costs absorbed by the healthcare system. High readmission rates of patients with clinically manageable conditions in primary care settings, such as diabetes and bronchial asthma, may identify quality of care problems in hospital settings. A measure of readmissions encourages hospitals to improve communication and care coordination to better engage patients and caregivers in discharge plans and, in turn, reduce avoidable readmissions and costs.



Hybrid Hospital-Wide Readmissions (Hybrid HWR)



Initial Population: All Medicare Fee-For-Service and Medicare Advantage encounters for patients aged 65 and older at the start of inpatient admission, who are discharged during the measurement period (length of stay < 365 days)

***Note:** All Medicare Fee-For-Service and Medicare Advantage meeting the above criteria should be included, *regardless* of whether Medicare Fee-For-Service/Medicare Advantage is the primary, secondary, or tertiary payer.

Hybrid Hospital-Wide Readmissions (Hybrid HWR)



- **Numerator:** If a patient has more than one unplanned admission (for any reason) within 30 days after discharge from the index admission, only one is counted as a readmission. The measure looks for a dichotomous yes or no outcome of whether each admitted patient has an unplanned readmission within 30 days. However, if the first readmission after discharge is considered planned, any subsequent unplanned readmission is not counted as an outcome for that index admission because the unplanned readmission could be related to care provided during the intervening planned readmission rather than during the index admission
- **Denominator:** 1. Enrolled in Medicare FFS for the 12 months prior to the date of admission and during the index admission; 2. Aged 65 or over; 3. Discharged alive from a non-federal short-term acute care hospital; 4. Not transferred to another acute care facility
- **Exclusions:** The measure excludes index admissions for patients: 1. Admitted to Prospective Payment System (PPS)-exempt cancer hospitals; 2. Without at least 30 days post-discharge enrollment in Medicare FFS; 3. Discharged against medical advice (AMA); 4. Admitted for primary psychiatric diagnoses; 5. Admitted for rehabilitation; or 6. Admitted for medical treatment of cancer

Hybrid Hospital-Wide Readmissions (Hybrid HWR)



Core Clinical Data Elements

- Heart Rate
- Systolic Blood Pressure
- Respiratory Rate
- Temperature
- Oxygen Saturation
- Weight
- Hematocrit
- White Blood Cell Count
- Potassium
- Sodium
- Bicarbonate
- Creatinine
- Glucose

(This will come from electronic medical record)

For each encounter, please also submit the following Linking Variable:

- CMS Certification Number
- Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI)
- Date of Birth
- Sex
- Inpatient Admission Date
- Discharge Date

(This will come from claims data)



Hospital HWR - Guidance



Extract the **FIRST** set of core clinical data elements from hospital electronic health records (EHRs) for all qualifying encounters.

- The core clinical data elements are the **FIRST** set of vital signs and basic laboratory tests resulted from encounters for the initial population after they arrive at the hospital to which they are subsequently admitted. (These are often captured in the ED or in the pre-operative area)

Note: If the patient was a direct admission, extract the **FIRST** resulted elements after the start of the inpatient admission (within 2 hours for vital signs and within 24 hours for laboratory tests).

Hybrid Hospital-Wide Readmissions (Hybrid HWR)



Encounter Period: MBQIP encounter period is July 1, 2025 - June 30th, 2026. The submission deadline is October 1, 2026**.

Data Source: Chart extraction and administrative claims

Data Collection Approach: Hybrid – chart extraction of electronic clinical data *and* administrative claims data

Measure Submission and Reporting Channel: Annual Hospital Quality Reporting (HQR) via patient-level file in QRDA I format. CMS will calculate your score after submission

****MBQIP Hybrid HWR measure encounter period and submission deadline were revised in December of 2024****



Steps to Successful Submission



✓ **Collect/extract the data**

✓ **Populate the core clinical data elements into a QRDA Category (I) file**

✓ **Submit the QRDA Category (I) file through the HQR system**

✓ **The data you submitted will be linked with administrative claims linking variables data to risk adjust the hybrid HWR outcome measure. This is done by CMS.**

Resources to Support You



- [Hybrid Hospital-Wide Readmission Measure Specification | eCQI Resource Center](#)
- [CMS Implementation Guide for QRDA 1 Implementation Guide for 2024 – see chapter 6 for CCDE submission](#)
- [QualityNet Hybrid Methodology](#)
- [Hybrid Measure Overview](#)
- [RQITA Hybrid Hospital-Wide Readmission Measure Resources](#)



FAQs



Q. Do we need to submit CCDEs and linking variables for all discharges during the encounter period for CMS to calculate this measure?

A. For accurate submission of the data, hospitals must meet the following:

- Submit all linking variables on 95% or more of discharges
- Report all vital signs for 90% or more of hospital discharges
- Submit all laboratory test results for 90% or more of discharges for non-surgical patients, meaning those not included in the surgical specialty cohort of the Hybrid HWR measure or the surgical divisions of the Hybrid HWM measure



Other General Questions



FAQs



Q. What type of information can I find on the RQITA webpage?

A. The RQITA website hosts resources and tools under the domains noted below, including how to contact the team for support and view the monthly newsletter.

 RQITA webpage
<https://www.telligen.com/rqita/>

Telligen supports small, rural healthcare organizations by:

- Expanding capacity to use data for quality improvement
- Providing technical assistance to improve the use of health information technology and related quality measurement and improvement efforts
- Supporting implementation of quality measures, measure reporting and rural-relevant measures
- Identifying and disseminating evidence-based strategies for quality improvement



Key Resources and
Tools



Quality
Improvement
Tools and
Templates



Measure Specific
Resources



RQITA Monthly
Newsletter



Request Technical
Assistance



Meet the Team

FAQs

Q. Where do I go to find out about measure submission deadlines?

A. The RQITA webpage houses a document under measure resources that will help you. We suggest you bookmark it or print it out for ease of access. [MBQIP 2025 Submission Deadlines](https://www.telligen.com/rqita/mbqip-2025-submission-deadlines) (the next slide shows a visual of this tool and we'll discuss how to read it)

RQITA webpage:

 <https://www.telligen.com/rqita/>



Tip: How to Read This Document



MBQIP 2025 – Measures Being Added to Core Set

| Data Submission Deadlines ^{1,2} | | | | | | | | | |
|------------------------------------------|---------------------------------------------------------------------|-------------------|-------------------|-------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------|------------------------|
| Measure ID | Description | MBQIP Domain | Reported To | Encounter Period & Due Date | | | | | |
| | | | | Q3 / 2024 Jul - Sep | Q4 / 2024 Oct - Dec | Q1 / 2025 Jan - Mar | Q2 / 2025 Apr - Jun | Q3 / 2025 Jul - Sep | Q4 / 2025 Oct - Dec |
| TBD | CAH Quality Infrastructure | Global Measures | FMT via Qualtrics | National CAH Inventory and Assessment Continues Submission window September 16, 2024 - November 22, 2024 | | National CAH Inventory and Assessment Continues Due date TBD | | | |
| HCHE | Hospital Commitment to Health Equity | Global Measures | HQR Secure Portal | Hospitals may choose to report to CMS Submission Deadline May 15, 2025 (CY 2024 data) | | <u>MBQIP 2025 Core Measure starting with this measurement period</u> Submission Deadline May 15, 2026 (CY 2025 data) | | | |
| Safe Use of Opioids | Safe Use of Opioids- Concurrent Prescribing | Patient Safety | HQR Secure Portal | Hospitals may choose to report to CMS ⁷ Submission Deadline February 28, 2025 (CY 2024 data) | | <u>MBQIP 2025 Core Measure starting with this measurement period³</u> Submission Deadline February 28, 2026 (CY 2025 data) | | | |
| Hybrid HWR | Hybrid Hospital-Wide Readmission | Care Coordination | HQR Secure Portal | Submission Deadline October 1, 2025 (Q3 2024 - Q2 2025 data) | | | ★ Submission Deadline October 1, 2026 (Q3 2025 - Q2 2026 data) | | |
| SDOH-1 | Social Drivers of Health (SDOH) Screening | Care Coordination | HQR Secure Portal | Hospitals may choose to report to CMS Submission Deadline May 15, 2025 (CY 2024 data) | | <u>MBQIP 2025 Core Measure starting with this measurement period</u> Submission Deadline May 15, 2026 (CY 2025 data) | | | |
| SDOH-2 | Screen Positive for Social Drivers of Health (SDOH) | Care Coordination | HQR Secure Portal | Hospitals may choose to report to CMS Submission Deadline May 15, 2025 (CY 2024 data) | | <u>MBQIP 2025 Core Measure starting with this measurement period</u> Submission Deadline May 15, 2026 (CY 2025 data) | | | |

You can find this document on the [RQITA webpage](#) under:
 Key Resources and Tools
 Data Reporting
 MBQIP Data Submission Deadlines

1. Based on currently available information. Submissions dates are subject to change.
2. Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter in this document where applicable.
3. The encounter period for HCP/IMM-3 is limited to Q4 and Q1.
4. Hospitals are strongly encouraged to complete the NHSN Annual Facility Survey by March 1 of each year but may submit or update survey responses throughout the year.
5. State Flex Programs must submit data to FMT by the 10th day of the month following the hospital deadline (e.g. Q3 2023 data due to FMT by Nov 10, 2023). For additional information about measure submission see the [MBQIP Quality Reporting Guide](#).
6. OQR specifications contain changes to Sex Assigned at Birth data element beginning with July 1, 2024 encounters. There will be an updated version of the CMS Abstraction & Reporting Tool (CART) released for these encounters.
7. The Safe Use of Opioids-Concurrent Prescribing measure is required as part of the Promoting Interoperability Program.

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★ MBQIP 2025 starting with this measurement period

FAQs

Q. Where do I go to find out about data submission steps and guidelines?

A. The RQITA webpage houses **data submission guides** that can be used by hospitals wherever they are in the implementation journey on the new measures.

Included in each guide is information on:

- rural relevancy
- measure specifications
- data collection and hospital implementation
- data submission
- understanding outcomes and quality improvement



Data Submission Guides

<https://www.telligen.com/rqita/#measure>



FAQs



Q. How do I stay up to date on MBQIP news, reporting information and changes?

A. Connect with your State Flex Coordinator to make sure you're on their communication list, which will include the monthly RQITA newsletter.

We also recommend signing up for national list serves under [Quality Net](#)

- HARP Notify
- Quality Net Notifications
- CART Notifications (if you use CART)
- HIQR and HOQR

Locate State Flex Coordinator Profiles here:



<http://www.ruralcenter.org/resources/state-flex-programs>

RQITA Monthly Newsletters

October 2024 Edition Now Available to View

Click photo to view the full newsletter



[Click Here for Past Editions](#)

Next Steps



Confirm you are on the list to receive information and news, including the RQITA newsletter, from your State Flex Coordinator.



Develop an implementation plan for managing changes to clinical workflow and documentation processes.



Discuss any MBQIP related concerns or difficulties with your [State Flex Coordinator](#).



Connect with your hospital system/vendor to confirm EHR reporting functionalities are in place or are on track to be implemented. Take advantage of testing opportunities to report measures on HQR. Know how updates and server changes may affect reporting capabilities.



Bookmark measure specification manuals on the [Quality Net](#) website for quick access.



RQITA

RESOURCE CENTER

Thank You!

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