

Consent Form for the Federal Office of Rural Health Policy's Medicare Rural Hospital Flexibility Program Medicare Beneficiary Quality Improvement Project

Background

The Medicare Beneficiary Quality Improvement Project (MBQIP) goal is for CAHs to implement quality improvement initiatives to improve their patient care and operations. Through MBQIP, the state Flex programs will support Critical Access Hospitals (CAHs) with technical assistance to improve health care outcomes on Hospital Compare and other national benchmarks. CAHs opting to participate will report on a specific set of rural-relevant measures and engage in quality improvement projects to benefit patient care. The Federal Office of Rural Health Policy (FORHP) will be analyzing the data in order to report back to the State Flex programs and CAHs, as well as track national performance and quality outcomes. By providing consent, CAHs allow FORHP access to all the non-beneficiary level data that is submitted and will ensure thorough and timely analysis and feedback of the results.

In the environment of meaningful use, pay for performance, bundled payments, and accountable care organizations (ACO), CAHs are increasingly compared with their urban counterparts to ensure public confidence in the quality of their health services. This initiative takes a proactive approach to ensure CAHs are well-equipped and prepared to meet future quality requirements. This project emphasizes putting patients first by focusing on improving health care services, processes and administration.

Measures

For a complete list of MBQIP measures, please see the MBQIP website:

<https://www.telligen.com/rqita/mbqip-measures/>

Data Use

_____ By checking here, the provider hereby confirms its written consent as required by 42 CFR section 480.140(d) to the release of the confidential Quality Review Study information for purposes as outlined below:

- The data from MBQIP measures submitted by the hospital will be provided to the Federal Office of Rural Health Policy, or designated entity, who will analyze the data.
- Beneficiary level data will not be accessed.
- Hospital level data will be analyzed and reported to the each state Flex program for comparison among hospitals within the state.

Contact Information

Facility Name:

CMS Certification Number (CCN):

Hospital Contact:

Address (with city, state, and zip code):

Phone:

Email:

Signature

Hospital CEO or designate

Date