



RQITA
RESOURCE CENTER

**A Deeper Dive into the MBQIP
Measure - Safe Use of Opioids-
Concurrent Prescribing**

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Objectives



- Learn about the Safe Use of Opioids – Concurrent Prescribing eCQM
- Identify Steps for Success for data collection
- Walk through how to report the eCQM on the HQR system

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$640,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official view of, nor an endorsement, by HRSA, HHS or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

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Engagement Activity



Please participate in this activity during the event



As you listen to this presentation, we've identified 7 slides with "Activity Stops" marked with a stop sign.



These 7 slides describe a specific step in the collection/reporting of Safe Use of Opioids.



When these slides are presented, please write down the "Who" would be responsible for that step at your facility.



"Who" could be a person, vendor, department, someone inside/outside your facility, or it could be YOU, or maybe you don't know.



We will discuss your results at the end of the presentation.

The RQITA Team



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Quality Improvement Lead



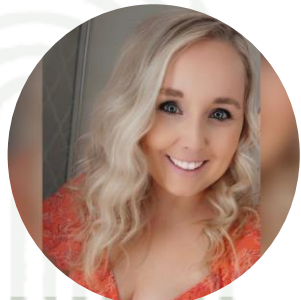
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2025 MBQIP Core Measure Set




Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

MBQIP Core Measure Set				
Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
<p>*CAH Quality Infrastructure (annual submission)</p>	<p>*HCP/IMM-3: Influenza Vaccination Coverage Among Healthcare Personnel (HCP) (annual submission)</p> <p>*Antibiotic Stewardship: Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey (annual submission)</p> <p>Safe Use of Opioids (eCQM) (annual submission)</p>	<p>*Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (quarterly submission):</p> <p>The HCAHPS survey contains patient perspectives on care and patient rating items that encompass eleven key topics:</p> <ul style="list-style-type: none"> • Communication with Nurses • Communication with Doctors • Restfulness of Hospital Environment • Care Coordination • Responsiveness of Hospital Staff • Communication About Medicines • Discharge Information • Cleanliness of Hospital Environment • Information About Symptoms • Hospital Rating • Recommend the Hospital 	<p>Hybrid Hospital-Wide Readmission (annual submission)</p>	<p>*Emergency Department Transfer Communication (EDTC) (quarterly submission):</p> <p>The following eight elements roll up into a single composite result:</p> <ul style="list-style-type: none"> • 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>*OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients (quarterly submission)</p> <p>*OP-22: Patient Left Without Being Seen (annual submission)</p>

2025 MBQIP Submission Deadlines



Data Submission Deadlines ^{1,2}							
Measure ID	Description	MBQIP Domain	Reported To	Encounter Period & Due Date			
				Q1 / 2025 Jan 1 – Mar 31	Q2 / 2025 Apr 1- Jun 30	Q3 / 2025 Jul 1- Sep 30	Q4 / 2025 Oct 1 – Dec 31
TBD	CAH Quality Infrastructure	Global Measures	FMT via Qualtrics	National CAH Inventory and Assessment Continues Submission window September 15, 2025- November 21, 2025			
Safe Use of Opioids	Safe Use of Opioids- Concurrent Prescribing	Patient Safety	HQR - eCQM File Upload	<u>MBQIP 2025 Core Measure starting with this measurement period⁶</u> Submission Deadline March 2, 2026 (CY 2025 data)			
Hybrid HWR	Hybrid Hospital-Wide Readmission	Care Coordination	HQR - Hybrid	Hospitals may choose to report to CMS Submission Deadline October 1, 2025 (Q3 2024 - Q2 2025 data)		<u>MBQIP 2025 Core Measure starting with this measurement period</u> Submission Deadline October 1, 2026 (Q3 2025 - Q2 2026 data)	



Safe Use of Opioids – Concurrent Prescribing

Patient Safety Domain

Safe Use of Opioids-Concurrent Prescribing



Measure Short Name: Safe Use of Opioids

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

eCQM ID	MBQIP Domain	Quality Programs
CMS506V7	Patient Safety	MBQIP Promoting Interoperability Hospital Inpatient Quality Reporting Program

Why Is This Measure Important?



- 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; eliminating the concurrent use of opioids and benzodiazepines could reduce the risk of emergency room and inpatient visits related to opioid overdose by 15% (Sun et al. 2017)
- 2022 CDC Guideline for Prescribing Opioids for Chronic Pain recommends avoiding concurrently prescribing two or more opioids OR opioids and benzodiazepines whenever possible.
- Opioid use disorder has a disproportionate effect on rural communities with respect to prescribing, overdose, and mortality

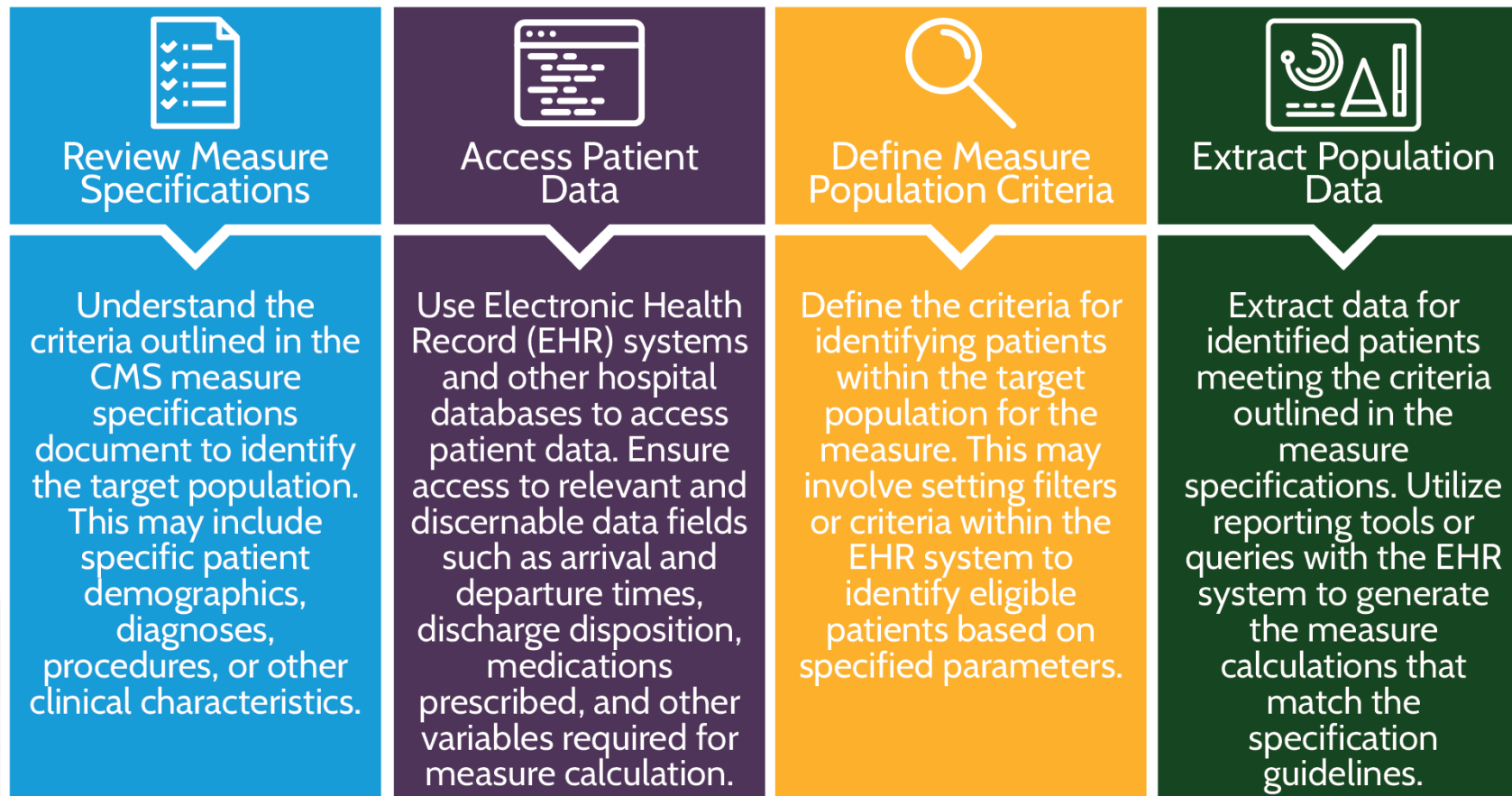


Getting Started

Steps for Success – Data Collection



Below are actionable first steps hospital quality teams can take for collecting data for this measure.



Measure Preparation



Review Measure Specifications

Understand the criteria outlined in the CMS measure specifications document to identify the target population. This may include specific patient demographics, diagnoses, procedures, or other clinical characteristics.

Measure Encounter Period: This measure is reported annually reflecting a calendar year (January 1, 2025 – December 31, 2025) encounter period.

Measure Submission Deadline: This measure is submitted annually. Data is due February 28 of each year for the previous year's data. Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter.

Measure Reporting Platform: This measure is submitted annually via the [Hospital Quality Reporting \(HQR\)](#) secure portal under the eCQM tab as any combination of: QRDA Category I File, zero denominator declarations and/or case threshold exemptions (≤ 5 cases in the reporting quarter).

Detailed Measures Specifications:

- [Safe Use of Opioids - Concurrent Prescribing](#)
- [CMS506v7 Technical Release Notes](#)

Verifying your EHR



Access Patient
Data

Use Electronic Health Record (EHR) systems and other hospital databases to access patient data. Ensure access to relevant and discernable data fields such as arrival and departure times, discharge disposition, medications prescribed, and other variables required for measure calculation.

CMS requires the use of certified electronic health record technology (CEHRT) for eCQMs. To determine if your system is CEHRT, visit the [Certified Health IT product List \(CHPL\)](#).

Welcome to the Certified Health IT Product List

The Certified Health IT Product List (CHPL) is a comprehensive and authoritative listing of all certified health information technology that have been successfully tested and certified by the ONC Health IT Certification program

A screenshot of the search interface for the Certified Health IT Product List. It features a light blue search bar with a white input field containing the placeholder text "Search by Developer, Product, or CHPL ID...". To the right of the input field is a blue "SEARCH" button with a magnifying glass icon. Further right is a "BROWSE" button with a vertical ellipsis icon.

Utilizing CHPL Website



CHPL Listings

Please note that only active and suspended listings are shown by default. Use the Certification Status filter to display retired, withdrawn, or terminated listings.

EPIC × ⌵ ⋮

FILTERS APPLIED:

Certification Status

SEARCH RESULTS: (1-25 of 26 Results) ⌵

CHPL ID	Developer ↑	Product	Version	Certification Date	Status ⓘ
15.04.04.1447.Elec.24.23.1.240209	Epic Systems Corporation	Electronic Case Reporting	February 2024	Feb 9, 2024	✔

+
 +

Note: the selected product must meet 100% of the Base Criteria. For assistance, view the [CHPL Public User Guide](#) or [Base Criteria](#).

0% Base Criteria Met

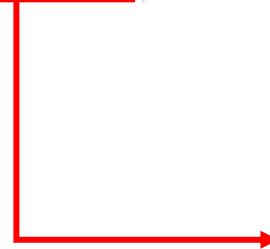
Please select a product or products that contain the following criteria:

- 170.315 (a)(5)
- 170.315 (a)(14)
- 170.315 (b)(1)
- 170.315 (c)(1)
- 170.315 (g)(7)

In addition, products with at least 1 criteria from the following groups

- 170.315 (a)(1), 170.315 (a)(2), 170.315 (a)(3)
- 170.315 (a)(9), 170.315 (b)(11)
- 170.315 (h)(1), 170.315 (h)(2)

If you're not sure of your EHR's product name, you can do a broad search of the developer; then you'll need to select each product that the EHR includes at your hospital.



Utilizing CHPL Website



Once you have selected all products, a pop up will indicate that your certification ID is ready to create. The CMS EHR Certification ID is required for your submission.

A screenshot of the CHPL website interface. At the top, a blue progress bar is followed by the text "100% Base Criteria Met". Below this is a rounded rectangular box containing the text "EpicCare Ambulatory Base" and a small "x" icon. Underneath, there is a line of text: "To view which products were used to create a specific CMS ID, use the [CMS ID Reverse Lookup](#)." At the bottom of the interface, there are three buttons: a blue button with the text "CREATE CERTIFICATION ID" and a right-pointing arrow, a white button with the text "COMPARE ALL" and a double-headed arrow, and a red button with the text "REMOVE ALL" and a trash can icon. A red arrow points from the "CREATE CERTIFICATION ID" button to the right.

A screenshot of a pop-up box with a black border. It contains the text "Your CMS EHR Certification ID" in a bold, black font, followed by the alphanumeric string "0015C49AB6SYU63" in a blue font. To the right of the string is a small blue icon of a document with a right-pointing arrow, indicating a copy function.

Define Population Criteria



Define Measure Population Criteria

Define the criteria for identifying patients within the target population for the measure. This may involve setting filters or criteria within the EHR system to identify eligible patients based on specified parameters.

Measure Population: Inpatient hospitalizations 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.

- **Note:** *There is no sampling for this measure. Hospitals are to report all cases that apply.*

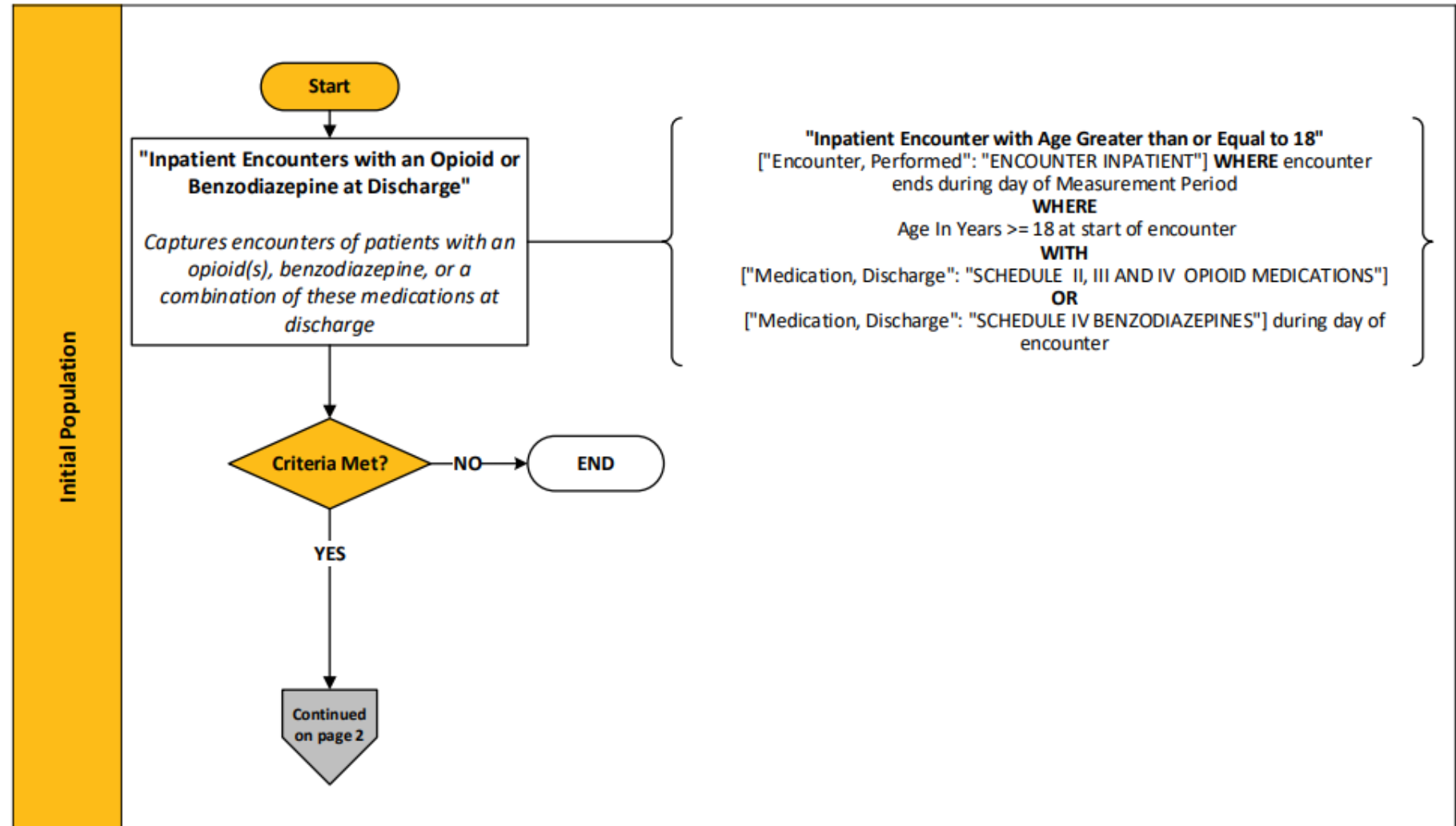
Denominator: Inpatient hospitalizations that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge.

Define Population Criteria



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Define Population Criteria



Define Measure Population Criteria

Define the criteria for identifying patients within the target population for the measure. This may involve setting filters or criteria within the EHR system to identify eligible patients based on specified parameters.

Exclusions: Exclusions include:

- Patients with cancer pain that begins prior to or during the encounter or are ordered or are receiving palliative or hospice care (including comfort measures, terminal care, and dying care) during the hospitalization, or in an emergency department encounter for observation stay immediately prior to hospitalization.
- Patients receiving medication for opioid use disorder.
- Patients with sickle cell disease.
- Patients discharged to another inpatient care facility or left against medical advice.
- Patients who expire during the inpatient stay.

Detailed population Criteria:

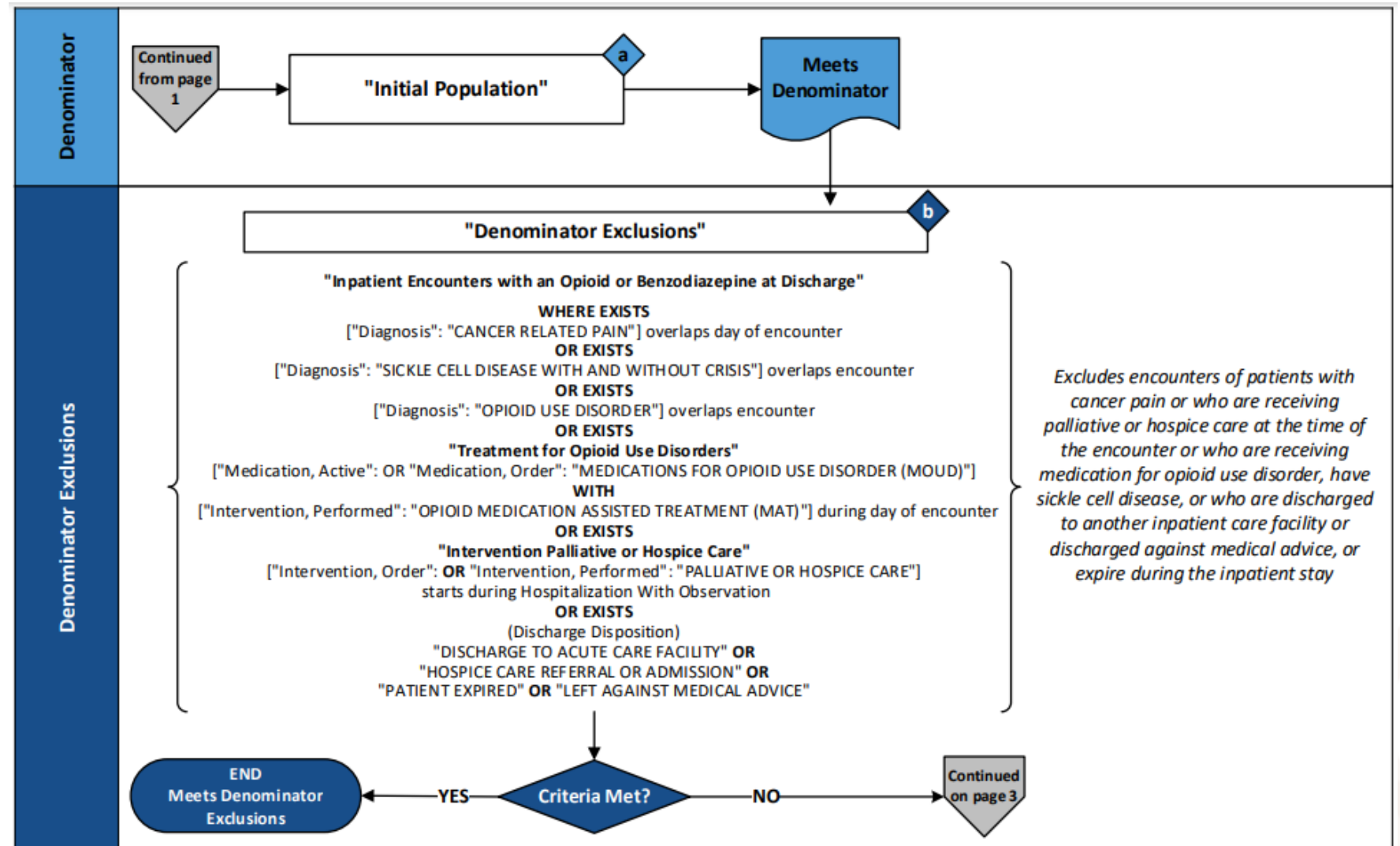
<https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS506v7.html#toc>

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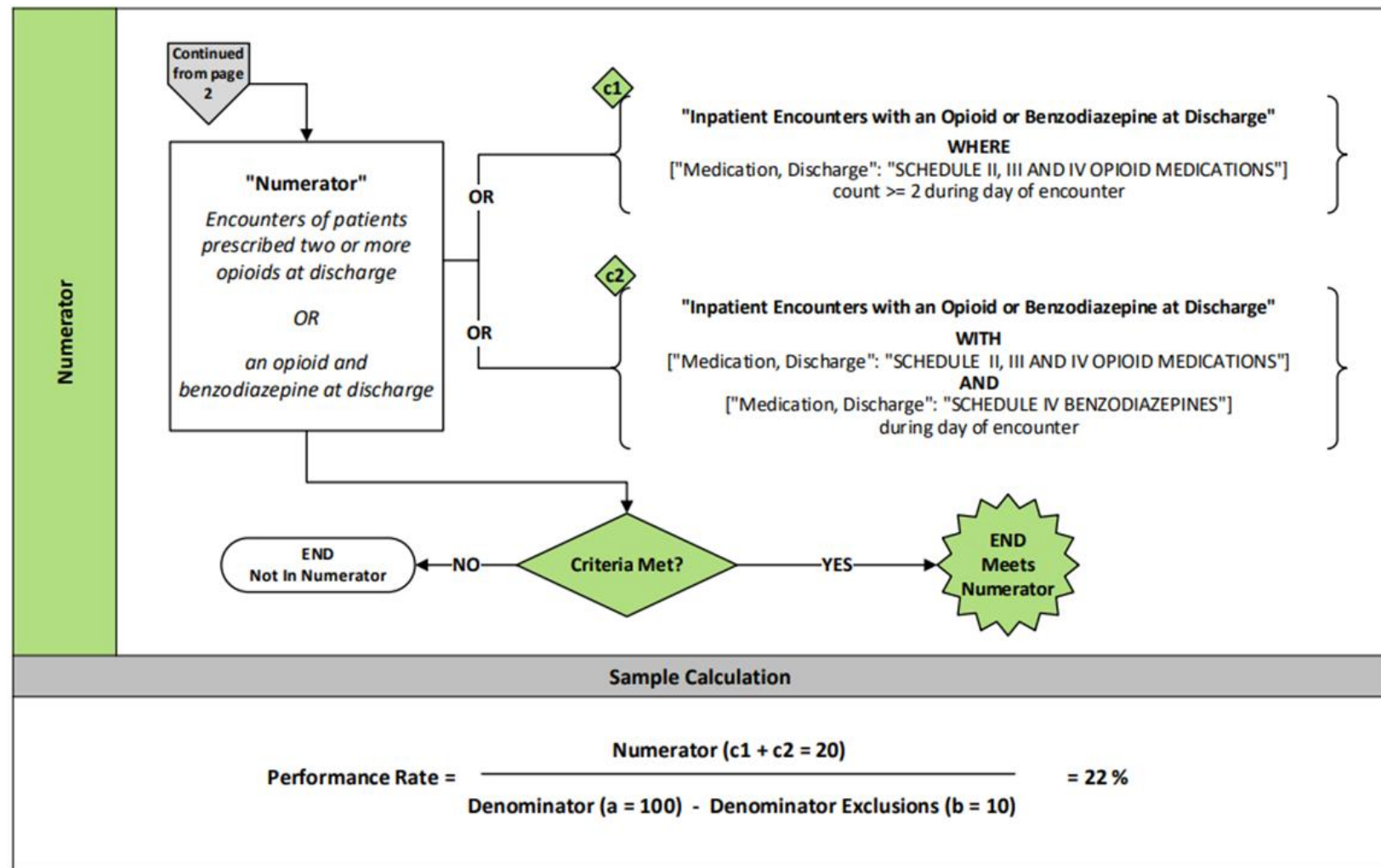
Numerator: Inpatient hospitalizations where the patient is prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge.

Define Population Criteria



Define Measure Population Criteria

Define the criteria for identifying patients within the target population for the measure. This may involve setting filters or criteria within the EHR system to identify eligible patients based on specified parameters.



Data Extraction



Extract Population Data

Extract data for identified patients meeting the criteria outlined in the measure specifications. Utilize reporting tools or queries with the EHR system to generate the measure calculations that match the specification guidelines.

Data elements are electronically extracted from a hospitals' EHR in QRDA Category I file format.

- **NOTE:** *These data elements will be important for your vendor or health IT department to help construct the QRDA I file(s) for reporting.*

Data Criteria (QDM Data Elements)

- "Diagnosis: Cancer Related Pain" using "Cancer Related Pain (2.16.840.1.113762.1.4.1111.180)"
- "Diagnosis: Opioid Use Disorder" using "Opioid Use Disorder (2.16.840.1.113762.1.4.1111.171)"
- "Diagnosis: Sickle Cell Disease with and without Crisis" using "Sickle Cell Disease with and without Crisis (2.16.840.1.113762.1.4.1111.175)"
- "Encounter, Performed: Emergency Department Visit" using "Emergency Department Visit (2.16.840.1.113883.3.117.1.7.1.292)"
- "Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient (2.16.840.1.113883.3.666.5.307)"
- "Encounter, Performed: Observation Services" using "Observation Services (2.16.840.1.113762.1.4.1111.143)"
- "Intervention, Order: Palliative or Hospice Care" using "Palliative or Hospice Care (2.16.840.1.113883.3.600.1.1579)"
- "Intervention, Performed: Opioid Medication Assisted Treatment (MAT)" using "Opioid Medication Assisted Treatment (MAT) (2.16.840.1.113762.1.4.1111.177)"
- "Intervention, Performed: Palliative or Hospice Care" using "Palliative or Hospice Care (2.16.840.1.113883.3.600.1.1579)"
- "Medication, Active: Medications for Opioid Use Disorder (MOUD)" using "Medications for Opioid Use Disorder (MOUD) (2.16.840.1.113762.1.4.1046.269)"
- "Medication, Discharge: Schedule II, III and IV Opioid Medications" using "Schedule II, III and IV Opioid Medications (2.16.840.1.113762.1.4.1046.241)"
- "Medication, Discharge: Schedule IV Benzodiazepines" using "Schedule IV Benzodiazepines (2.16.840.1.113762.1.4.1125.1)"
- "Medication, Order: Medications for Opioid Use Disorder (MOUD)" using "Medications for Opioid Use Disorder (MOUD) (2.16.840.1.113762.1.4.1046.269)"
- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer Type" using "Payer Type (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex (2.16.840.1.113762.1.4.1)"

Data Element Detail:

<https://ecqi.healthit.gov/measure-data-elements/185406>



How to Report

Steps for Success – eCQM Measure Reporting



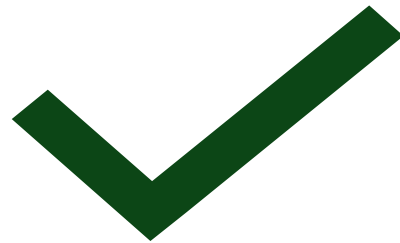
Below are actionable first steps hospital quality teams can take for reporting the Safe Use of Opioids eCQM measure.

Prepare for Reporting



Preparations begin in Quarter 1 of the Calendar Year

Create and Test HQR System



Create HQR System Account / Check your Access

Upload and Submit QRDA I File(s)



Upload your QRDA I file(s) to the HQR System

Verify and Generate Submission Report



Retain a copy of your Submission File

Prepare for Reporting

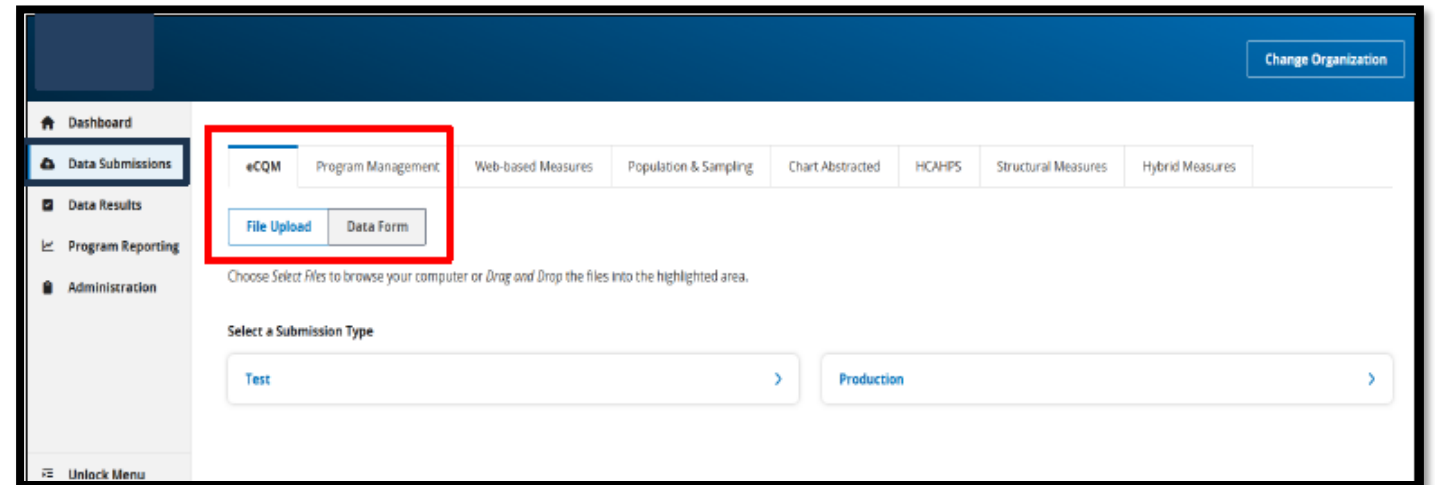


- Review your MBQIP reports to determine if your hospital or health system is already reporting the Safe Use of Opioids measure to fulfill another reporting program's requirement, such as the CMS Promoting Interoperability Program.
- Confirm health information technology (Health IT) is certified by the [Assistant Secretary for Technology Policy/Office of the National Coordinator of Health IT certification criteria](#). To ensure the edition is certified to report all available eCQMs, visit the [Certified Health IT Product List](#).
- Confirm the QRDA Category I file(s) are constructed per the most current CY 2025 requirements, such as the [CMS QRDA Category I HQR Implementation Guide](#) and the [associated Schematron and sample files](#). This can be verified by your health IT department or vendor.

Upload and Submit QRDA I File(s)



- Visit the [HQR system](#) log in page and sign into the HQR system using your Health Care Quality Information Systems Access Roles and Profile account.
- Navigate to the Dashboard Menu
- Upload 'Test' QRDA Category I files.
 - Click 'Data Submissions'.
 - Locate the eCQM tab.
 - Click on 'File Upload'.
 - There will be two options 'Test' and 'Production'. 'Test' submission should be used to make sure the file type and data is in an acceptable format. 'Production' will be used for submitting your data.
 - Select 'Test' to determine any issues.
- Click on 'Select Files' to locate the QRDA Category I batch files on your computer to upload.
 - Once the files load and the HQR system has processed them, you will receive a confirmation email.

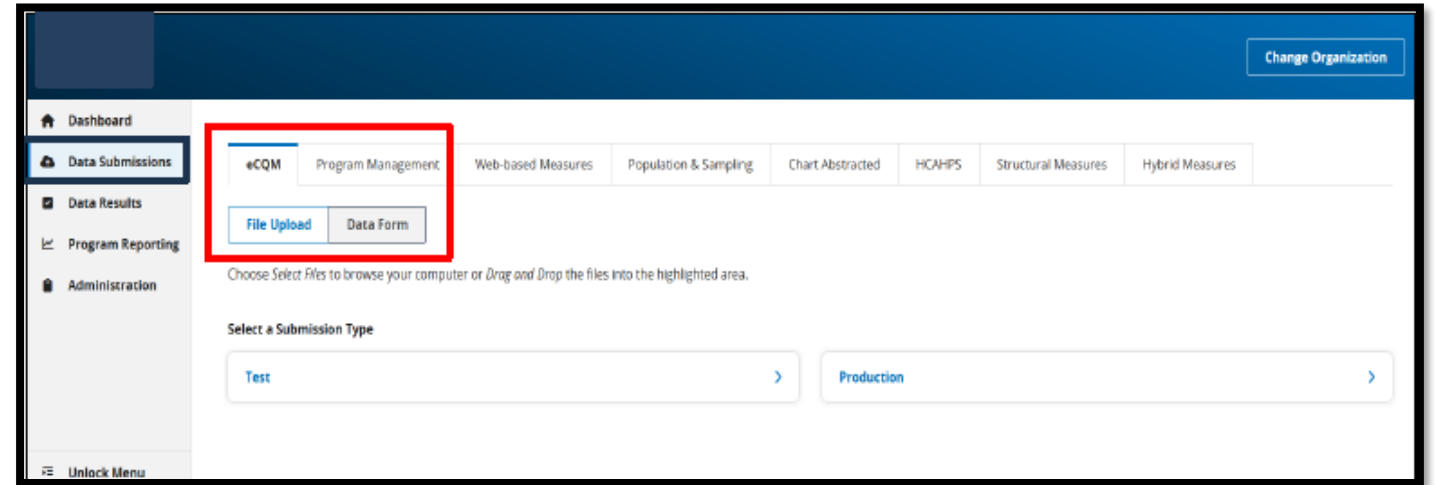


Upload and Submit QRDA I File(s)



Once you have tested your QRDA I file(s) to make sure the file type and data is in an acceptable format -

- Navigate to the Dashboard Menu
- Upload 'Production' QRDA Category I files.
 - Click 'Data Submissions'.
 - Locate the eCQM tab.
 - Click on 'File Upload'.
 - 'Production' will be used for submitting your data. Select 'Production'.
- Click on 'Select Files' to locate the QRDA Category I batch files on your computer to upload.
 - Once the files load and the HQR system has processed them, you will receive a confirmation email.

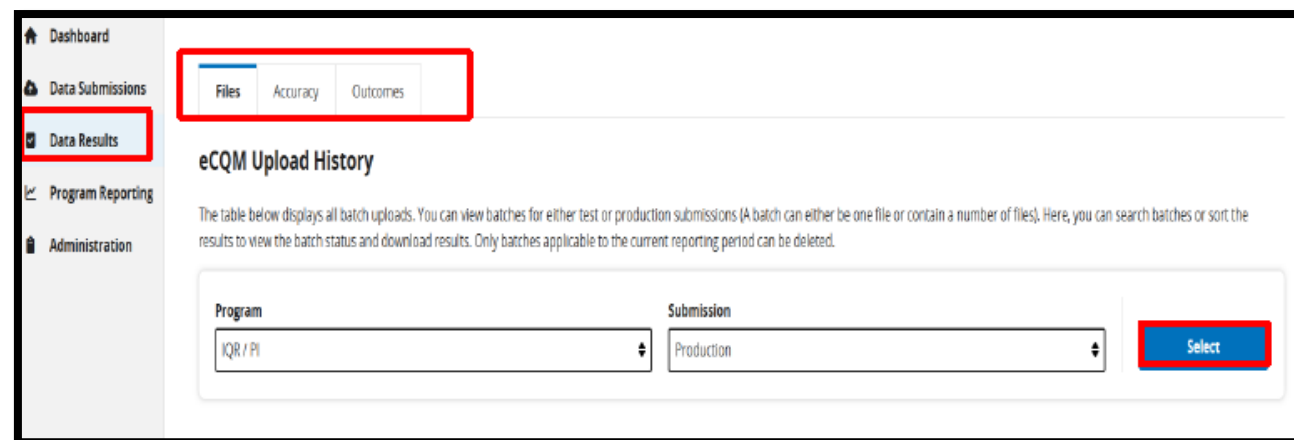


Upload and Submit QRDA I File(s)



- ❑ Review the processing status of the QRDA I files
 - ❑ From the dashboard menu, click on 'Data Results'. Then, click on 'eCQM'.
 - ❑ Click on the 'Files' tab to review your file submissions.
 - ❑ Select 'IQR/PI'. Select the submission type, 'Production'. Click the 'Select' button.
 - ❑ Once the uploaded file status says 'Ready', download errors for each batch as a CSV report.

- ❑ Review the 'Submission Accuracy' tab - **This is how to locate rejected files for revision and resubmission.**
 - ❑ Click on the 'Accuracy' tab. Select 'IQR/PI'. Select the submission type, 'Production'. Select the quarter. Click the 'Select' button.
 - ❑ The counts for the total files – accepted, rejected, and deleted files – will display.
 - ❑ You can click on the 'Export Results' button to download the results as a CSV report.



Upload and Submit QRDA I File(s)



- Enter Denominator Declarations (if they apply)
 - Select “Data Submissions”
 - Under the eCQM tab, select “Data Form” and launch the IQR/PI Denominator Declaration Data Form.
 - Select the Discharge Quarter
 - Enter the declarations for case threshold or for zero denominator for the measure.
 - Click “I’m Ready to Submit” button

- Repeat these steps for each applicable quarter.

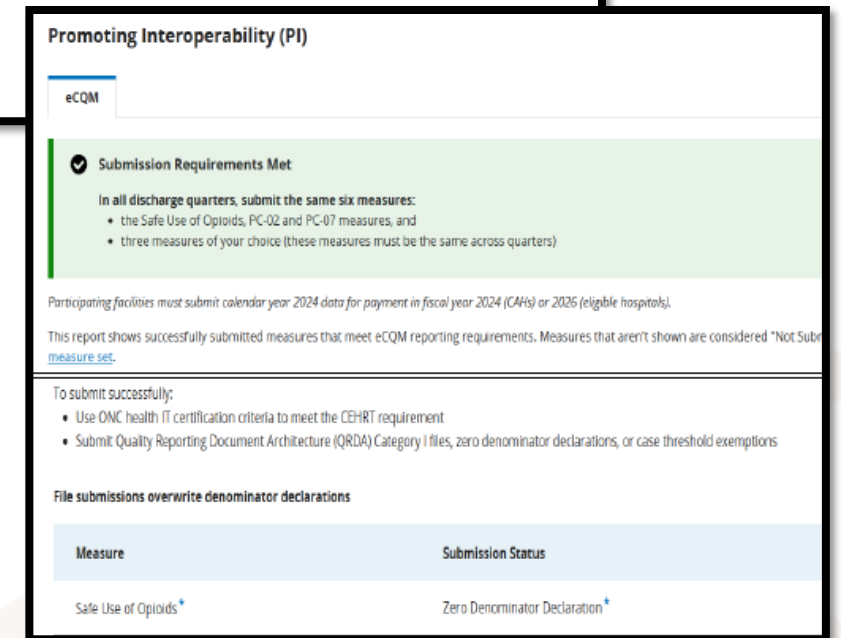
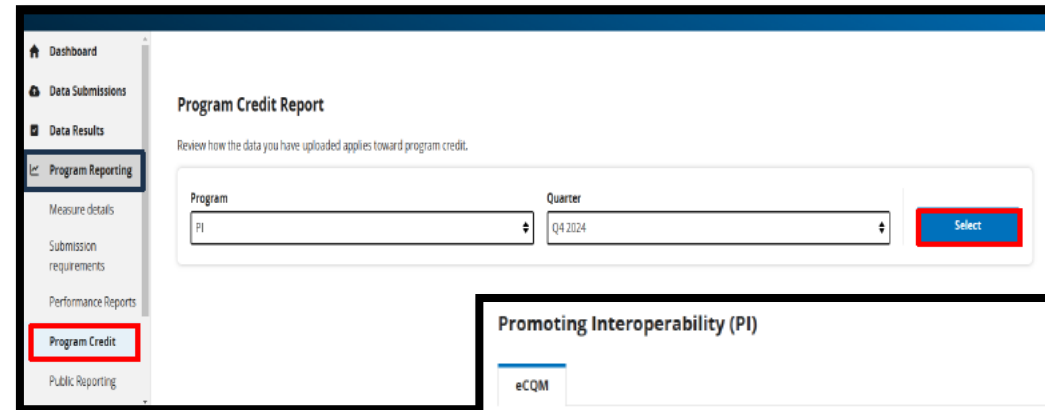
The screenshot shows the RQITA system interface. On the left is a navigation menu with 'Data Submissions' highlighted. The main content area has the 'eCQM' tab selected, with 'Data Form' highlighted. Below this, the 'IQR/PI Denominator Declaration' option is selected, and the 'Launch Data Form' button is visible. A second screenshot shows the 'Denominator Declaration' form with a table of measures and their corresponding discharge quarters.

Measure	Discharge Quarter
Safe Use of Opioids - Concurrent Prescribing	Q4
PC02 - Cleanse Birth	Q4
PC07 - Severe Disease Complications	Q4
ST02 - Discharge on Anticoagulant Therapy	Q4
ST03 - Anticoagulation Therapy for Atrial Fibrillation/flutter	Q4
ST04 - Anticoagulation Therapy at End of Hospital Stay Two	Q4
VT01 - Venous Thromboembolism Prophylaxis	Q4
VT02 - Intensive Care Unit Venous Thromboembolism Prophylaxis	Q4
HA-PTD - Hospital Harm - Severe Hypoglycemia	Q4
HA-PTB - Hospital Harm - Severe Hypoglycemia	Q4
HA-DBE - Hospital Harm - Open-Related Adverse Events	Q4
GR03 - Dialysis Maintenance Composite Score	Q4

Verify and Generate Submission Report



- ❑ Verify Submission and Generate the Program Credit Report(s)
 - ❑ From the dashboard menu, click on 'Program Reporting'. Then, click on 'Program Credit'.
 - ❑ Select the program and quarter. Click the 'Select' button. Program Credit Reports for the program will be generated.
 - ❑ The UI will show which measures were submitted, the submission status, and the date of the last submission update. Export the report for your records.
 - A green banner indicates successful submission was achieved for the reporting year.
 - A yellow banner indicates successful submission was not achieved for the reporting year.



Engagement Activity Discussion



Now that you identified who is responsible for each step required to report the Safe Use of Opioid measure, share this slide deck! It will be a great resource tool.

Use this information to connect with other CAHs who have a similar team completing these steps.

Other things to think about:

- Do you have the contact information for the people, vendors, and departments you identified?
- What did you discover by completing this activity?



eCQM Reporting Resources to Support You



Review eCQM 101 – Getting Started with Electronic Clinical Quality Measures for Quality Reporting

Introduction (PDF)	This resource provides details as to what is an eCQM, where to find eCQMs, and what details are included in an eCQM specification.
Resources (PDF)	This resource provides resources that are helpful to successfully understand, test, and implement eCQMs.
Programs CMS Specifics (PDF)	This resource includes where to find which eCQMs are used in CMS quality programs, where to go if you need help reporting or implementing eCQMs, and what/how to report for each program.
Guide for Reading eCQMs	This guide assists implementers with information on how to read eCQM specifications. This may be shared with hospital information technology (IT) departments to assist with determining information that needs to be extracted from EHR to meet the measure specification.

Implement the Safe Use of Opioids measure within your EHR.

Safe Use of Opioids Webinar	Safe Use of Opioids Concurrent Prescribing webinar and slides will assist with providing a great overview for the Safe Use of Opioids – Concurrent Prescribing measure.
eCQM Logic and Implementation Guidance v7.0	This guide can assist your vendor or health IT department with how to implement eCQMs. This guide breaks down the specific measure details within each eCQM and how to implement the value set and data elements within your EHR to match the measure specification.

eCQM Reporting Resources to Support You



QRDA Category I Resources

[CMS Implementation Guide for Hospital Quality Reporting](#)

This guide provides the necessary steps needed to format a QRDA I file(s) for reporting eCQMs. This would be a useful tool for whoever plans to create the QRDA I file(s) for your hospital, whether that be a vendor and/or health IT department

[2025 CMS QRDA I Schematron and Sample Files](#)

The sample file(s) provide your vendor and/or health IT department with a template to input your own data elements to create a QRDA I file(s) with reporting more easily. The Schematron can be used to validate the CMS QRDA I file(s) created before reporting them through the HQR system.

HQR Website Resources

[HQR User Guide](#)

This guide will provide users the necessary tools to register, log in, and navigate within the Hospital Quality Reporting (HQR) system. It will contain the steps needed to submit data for the Medicare Promoting Interoperability Program including electronic clinical quality measure (eCQM) data.

[CMS Email Updates](#)

This website allows you to sign up for email updates for CMS Programs including IQR, HQR, and the Promoting Interoperability Program.

[How to View Program Submission Requirements](#)

This video provides a quick tutorial on how to view and confirm IQR program submission requirements.

Resources to Support You!



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MBQIP Measure Core Set Information Guide
Version 2.3
9.1.2025

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Updated October 2025

Medicare Beneficiary Quality Improvement Project (MBQIP) Current MBQIP Core Measure Set

Data Submission Deadlines^{1,2}

Measure ID	Description	MBQIP Domain	Reported To	Encounter Period & Due Date			
				Q2 / 2025 Apr 1 – Jun 30	Q3 / 2025 Jul 1 – Sep 30	Q4 / 2025 Oct 1 – Dec 31	Q1 / 2026 Jan 1 – Mar 31
HCYP/HA-01	Medicare Reporting Requirements for Safe Use of Opioids Concurrent Prescribing Patient Safety	Patient Safety	N/A	N/A	N/A	May 13, 2025 (Q3 2025 - Q2 2026 aggregate)	
Ambulatory Dewarthing	Antibiotic Stewardship Patient Safety	Patient Safety	N/A	March 1, 2025 ³ (CY 2025 data)		March 1, 2025 ³ (CY 2026 data)	
HCAMPS	Assessment of Patient Experience Patient Experience	Patient Experience	HCAHPS	October 8, 2025	January 14, 2026	April 8, 2026	July 9, 2026 anticipated
EDTC	Emergency Department Transfer/Communication	Emergency Department	Submission process directed by State Fax Program	July 31, 2025	October 31, 2025	February 2, 2026	April 30, 2026
OP-18	Time from ED Arrival to ED Departure Patient Safety	OP-18	EDTC				
OP-22	Left Without Being Seen Patient Safety	OP-22	EDTC				

MBQIP Current Core Measure Set – Continued

Data Submission Deadlines^{1,2}

Measure ID	Description	MBQIP Domain	Reported To	Encounter Period & Due Date			
				Q1 / 2025 Jan 1 – Mar 31	Q2 / 2025 Apr 1 – Jun 30	Q3 / 2025 Jul 1 – Sep 30	Q4 / 2025 Oct 1 – Dec 31
TRD	CAH Quality Infrastructure	Global Measures	HAFT via Quatics	National CAH Inventory and Assessment Continues Submission window September 15, 2025 - November 21, 2025			
Safe Use of Opioids	Safe Use of Opioids Concurrent Prescribing Patient Safety	Patient Safety	HAFT via CDM File Upload	MBQIP 2025 Core Measure practice with this measurement period ⁴ Submission Deadline March 2, 2026 (CY 2025 data)			
Hybrid HWK	Hybrid Hospital Wide Reporting Care Coordination	Hybrid	HAFT - Hybrid	Hospital may choose to report to CMS Submission Deadline October 1, 2025 (Q3 2024 - Q2 2025 data)			

1. Based on currently available information. Submission dates are subject to change.
2. Data submission deadlines are defined by the reporting cycle and may vary by state. The first business day thereafter in this document where applicable, except for Ambulatory Stewardship which will remain March 3 regardless of what day it occurs.
3. The encounter period for HCYP/HA-01 is limited to Q2 and Q3.
4. Hospital must complete the 2025 Annual Facility Survey by March 1 of each year for NQAS and MBQIP data reporting.
5. State Fax Program must submit data by 11:59 PM the 31st day of the month following the reporting deadline by Q3 2025 due to HAFT by Nov 30, 2025.
6. The Safe Use of Opioids-Concurrent Prescribing measure is required as part of the Promoting Interoperability Program.

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**Safe Use of Opioids-
Concurrent Prescribing
Data Submission Guide**
Released April 2025, version 2.0

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[MBQIP Measure Core Set Information Guide v2.3 released September 2025](#)

[Monthly MBQIP Reporting Deadlines](#)

[Safe Use of Opioids – Concurrent Prescribing Data Submission Guide v2.0 released April 2025](#)

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This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$640,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official view of, nor an endorsement, by HRSA, HHS or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

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