RQITA
RESOURCE CENTER

# MBQIP NAVIGATOR

## Your Guide to Quality Reporting Success

This guide helps MBQIP participants understand and navigate the measure reporting process for the MBQIP core measures.

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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 most CAHs are not only participating in national quality improvement reporting programs but are excelling across multiple rural relevant topic areas. 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 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% 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 a list of key resources that are referenced throughout this guide.

- **Webpage: Telligen RQITA Website**
  Host of MBQIP resources, quality improvement tools, recorded trainings and guides for all 12 core measures and additional measures.
- **Webpage: MBQIP Report Resources**
  This page contains resources realted to MBQIP quarterly data reports produced for CAHs and State Flex Programs.
- **Webpage: MBQIP Data Reporting**
  Utilize these links to learn about various tools and resources relevant to data reporting for MBQIP measures.
- **MBQIP Measures and Additional Measures**
  Overview of Current MBQIP core measures and additional measures.
- **MBQIP 2025 Information Guide**
  This guide provides an overview of measures included in the MBQIP 2025 core measures, including information about the data collection, reporting processes and descriptions for each of the measures.
- **MBQIP Data Submission Deadlines**
  This chart shows the MBQIP core measure submission deadlines for reporting and is updated monthly.
- **QualityNet Home (CMS.gov)**
  This site contains Specifications Manuals and Centers for Medicare & Medicaid Services (CMS) inpatient and outpatient measures.
- **Quality Reporting Center**
  This site contains inpatient and outpatient educational materials/resources developed by CMS. **Note:** Information is based on requirements for the CMS Inpatient and Outpatient Reporting Programs and MBQIP Program requirements may differ.
- **Hospital Quality Reporting (CMS.gov)**
  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.
- **National Healthcare Safety Network (NHSN)**
  The Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network is a healthcare-associated infection tracking system and is used to report the Antibiotic Stewardship annual survey.
- **Emergency Department Transfer Communication**
  This site contains links to the Emergency Department Transfer Communication (EDTC) Specifications Manual as well as data collection tools.
- **Webpage: TASC MBQIP Toolkit**
  Contains archived resources for MBQIP for the previous 6 core measures.

## How This Guide is Organized

MBQIP measures are generally referred to by domain: Global Measures, Patient Safety, Patient Experience, Care Coordination and Emergency Department. However, since this guide focuses on reporting, the measures are grouped by how and where the data is to be reported: HQR, NHSN, State Flex Programs and Flex Monitoring Team.

The quality data reporting channels for MBQIP core measures are listed below:

**Hospital Quality Reporting**

OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients

OP-22: Patient Left Without Being Seen

H-HWR: Hybrid Hospital-Wide Readmission

Safe Use of Opioids: Concurrent Prescribing

HCAHPS: Hospital Consumer Assessment of Healthcare Provides & Systems

**National Healthcare Safety Network**

HCP/IMM-3: Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

Antibiotic Stewardship: NHSN Annual Facility Survey

**State Flex Programs**

EDTC: Emergency Department Transfer Communication

**Flex Monitoring Team**

CAH Quality Infrastructure

**You can jump to a specific measure in this guide by clicking on any of the measures listed in this graphic.**

**Each measure is marked with this icon:**

# Hospital Quality Reporting

## Reporting Measures into the Hospital Quality Reporting (HQR) Platform

### Review HQR and How it is Organized

The Hospital Quality Reporting (HQR) platform is a centralized location to report many measures for different CMS quality programs. The Data Submission platform contains multiple tabs: **eCQM, Web-Based Measures, Population & Sampling, Chart Abstracted, HCAHPS, Structural Measures, Hybrid Measures** and **PRO-PM**. Each of these tabs contains submission channels for multiple different measures. For some measures, there may be options to submit measures in "Test" or "Production" mode.

Submitting data in "Test" mode first is helpful to see if your data would be accepted with the anticipated number of cases. **Submitting data under "Test" is not submitting data for reporting.** Submitting the data into "Production" is submitting the data into HQR for CMS entry into the Clinical Data Warehouse. You must submit your data in "Production" mode by the due date for successful submission for MBQIP. **If you do not submit via "Production" you are not submitting your data.**

### Getting Started

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.
   a. View the Quality Net Training Guides.
   b. The QualityNet Service Center offers technical support for issues with data submission for the HQR platform.
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.
   a. Watch this CMS HARP Registration video, then follow the steps below, listed under Scenario #2 on the HARP -Getting Started page
      i. Go to https://harp.cms.gov/register.
      ii. Enter your profile information (please use your corporate email address) and select **Next**.
      iii. Choose your user ID, password and challenge question and select **Next**
      iv. If remote proofing questions were successfully generated, answer the five identity proofing questions to verify your identity and select **Next**.
      v. Your account has been created, and you will receive a confirmation email
      vi. 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.
   b. To register as a Basic User or Security Administrator/Official in the Hospital Quality Reporting (HQR) System:
      i. Log into hqr.qualt with your HARP User ID and Password.
      ii. Go to **My Profile**. (Under your **Username** in the upper right)
      iii. From this page, you can Request Access or View Current Access.
      iv. Select either **Basic User or Security Administrator/Official** when prompted to **Choose Your User Type.**

v. **Select** your required permissions, **review** them and click **Submit** when ready.
vi. You will be notified by email when your request has been approved.

c. 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.
d. Check out these resources from CMS for information on Creating a HARP account, Setting up a HARP Account for Hospital Quality Reporting, Setting Up a HARP Security Official, How to reactivate your organization account for security officials. Requesting Security Official Access when ASC has not been added to HQR system and Navigating HQR.
e. Under the Data Submissions on the left side of the screen hospitals will see 8 different selections on where to go to submit data into HQR. This section will show you where each of the MBQIP measures are submitted into HQR and how.

### Reporting Measures into HQR: Outpatient Chart Abstracted Measures

MBQIP Core Measure(s):

#### OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients (quarterly submission)

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 or the MBQIP Information Guide for a high-level review.
   a. Be sure to reference the specifications manual for the encounter time period you are currently abstracting.
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. **Note: Completion of population & sampling counts is voluntary. If a facility chooses NOT to submit population & sampling data, then all their Medicare cases for the measure should be abstracted for submission.** 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.
   a. Be sure to reference the manual for the discharge time period you are currently abstracting.
   b. Population and Sample size counts are submitted via the HQR Secure Portal.
      i. Log in to HQR via your HARP account.
      ii. Under **Dashboard** on the left-hand side of the screen, select **Data Submissions**.
      iii. Click on the **Population and Sampling** tab.
      iv. Choose **Data Form** and then **OQR** for Outpatient Quality Reporting.
      v. Make sure the Reporting Period box contains the correct quarter for which you are submitting data.
      vi. Click on **Start Measure** for the measure set where you want to submit data.
      vii. 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.

viii. 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.
ix. Click on **Save and Return** to get back to the measure selection screen.
x. 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."

c. 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
d. CMS Training Videos**:** Watch this quick tutorial for How to complete Population & Sampling via File Upload or Data Form

3. **Abstract CMS Outpatient Measure Data using HQR abstraction tool 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.
   a. Be sure you reference the manual for the discharge time period you are currently abstracting.
   b. HQR allows users to enter chart abstracted cases for reporting directly into HQR in place of vendor chart abstraction tools.
   c. Abstraction Paper Tools are also available to help hospitals gather information for entry into the HQR abstraction tool or vendor tools.
   d. To enter data abstractions into HQR navigate to 'Data Submissions', select 'Chart Abstracted', Select 'Data Form', Select 'OQR'. Next 'Launch Data Form' and select encounter quarter you are working with. Select 'View'. Next 'Add Case' to begin entering patient information. When complete select 'Submit' and repeat the process to enter all patient abstraction information.
   e. CMS Training Videos:
      i. How to Enter Chart Abstracted Data for OQR: This video will walk you through the new process for entering chart-abstracted data. Please note that although the support video specifies REHQR, the same steps can be used for MBQIP by selecting OQR in place of REHQR.

4. **Submit Data to Hospital Quality Reporting via a Vendor Tool File Upload**
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: entering abstractions directly into HQR as discussed above, or by uploading a third-party vendor abstraction data form. You can first upload your vendor data abstraction data form under "TEST" to verify the expected number of cases would be accepted. Submitting data under "TEST" is not submitting data for reporting. Submitting the data into "PRODUCTION" is submitting the data into HQR for CMS entry into the Clinical Data Warehouse. You must submit your data in "PRODUCTION" mode by the due date for successful submission for MBQIP. **If you do not submit via "PRODUCTION"**

**you are not submitting your data.**

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

5. **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.
   a. To Run the Case Status Summary Report:
      i. Log in to HQR via your HARP account.
      ii. Under the **Dashboard** on the left-hand side of the screen, select **Data Results** and **Chart Abstracted**.
      iii. Select the **File Accuracy** tab.
      iv. Under **Program** chose **OQR** (Outpatient Quality Reporting).
      v. Under **Report** select **Case Status Summary**.
      vi. Under Encounter Quarter select the quarter for the data you have just submitted.
      vii. Click on **Export CSV**. Your report will appear in Excel format showing the number of cases that made it to the warehouse for each measure submitted and the number accepted and/or rejected.
   b. 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.
   c. 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.
   d. 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.
   e. CMS Training: How to Check Data Results Follow the step-by-step process to check results.

### Reporting Measures into HQR: Outpatient Web-Based Measures

MBQIP Core Measures:

## OP-22: Patient Left Without Being Seen (submitted annually)

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 or the MBQIP Information Guide for a high-level review.
2. **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.
   a. Data submissions must be timely. Refer to the MBQIP Data Submission Deadlines for

timeframes.

b. CMS Training Videos
   i. Submitting web-based measure data using the data form shows how to submit web-based measures using the data form.
   ii. Submitting web-based measures using a file upload shows how to submit web-based measures using the file-upload option should you choose not to use the data form method.
   iii. System Updates: Hospital Outpatient Quality Reporting (OQR) Program demonstrates the important features and key steps for submitting outpatient measures to the CMS Hospital Quality Reporting (HQR) platform. Presentation slides are also available.
   iv. HQR Tutorials contains tips on using Hospital Quality Reporting, including instructions on submitting data to CMS.

3. **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. OP-22 data can be submitted directly into HQR via data form. You can first submit your data under "TEST" to verify the expected number of cases were accepted. Submitting data under "TEST" is not submitting data for reporting. Be sure to submit under "PRODUCTION" when ready to successfully submit your data into the CMS Clinical Data Warehouse and have your data accepted. **If you do not submit via "Production" you are not submitting your data.**

4. **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.

   a. To Run the Case Status Summary Report:
      i. Log in to HQR via your HARP account.
      ii. Under the **Dashboard** on the left-hand side of the screen, select **Data Results** and **Chart Abstracted**.
      iii. Select the **File Accuracy** tab.
      iv. Under **Program** chose **OQR** (Outpatient Quality Reporting).
      v. Under **Report** select **Case Status Summary**.
      vi. Under Encounter Quarter select the quarter for the data you have just submitted.
      vii. 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.
   b. 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.
   c. 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.
   d. 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.
   e. CMS Training: How to Check Data Results Follow the step-by-step process to check results.

# Hospital Quality Reporting

### Reporting Measures into HQR: Hybrid Measures

MBQIP Core Measure(s):

## H-HWR: Hybrid Hospital-Wide Readmission (submitted annually)

This measure is submitted into HQR under the Hybrid Measures tab. Hybrid measures are calculated using a combination of data submitted by the hospital and claims data. This measure is submitted by a file upload. Your hospital's IT department may extract data directly from the EHR and create a file format used for submitting this data called a QRDA-Category 1 file.

1. **Identify Measure Population**
   The initial patient population, numerator, denominator and total exclusions are to be determined using the specifications. Full definitions, specifications and other relevant information can be found at the eCQI resource center.
2. **Submit Hybrid Measure**
   Data submissions must be timely. Refer to the MBQIP Data Submission Deadlines for timeframes.
   a. Looking for detailed instructions on how to collect data, report data for these measures and how to improve quality? Review the Data Submission Guide for this measure:
      i. MBQIP Resource: Data Submission Guide for Hybrid Hospital Wide Readmission
      This guide contains detailed instructions on measure populations, how to collect data, submit data for this measure and how to improve quality. This guide contains links to detailed information that may be helpful for your hospital's IT team when building the correct file format for submission.
   b. CMS Training: How to submit Hybrid Measures and View Outcomes (YouTube)

### Reporting Measures into HQR: eCQM File Upload

MBQIP Core Measure(s):

## Safe Use of Opioids: Concurrent Prescribing (submitted annually)

This measure is submitted into HQR under the eCQM tab. Electronic clinical quality measures (eCQMs) are measures specified in a standard electronic format that use data electronically extracted from electronic health records (EHRs) and/or health information technology (IT) systems to measure the quality of health care provided. CMS uses eCQMs in a variety of quality reporting and value based purchasing programs. This measure is submitted by a file upload. Your hospital's IT department may extract data directly from the EHR and create an eCQM file format. **This measure is submitted annually. CAHs must report all four quarters of the submission year to be considered 'reporting' for MBQIP.**

1. **Identify Measure Population**
   The initial patient population, numerator, denominator and total exclusions are to be determined using the specifications. Full definitions, specifications and other relevant information can be found at the eCQI resource center.
2. **Submit eCQM**
   Data submissions must be timely. Refer to the MBQIP Data Submission Deadlines for timeframes.
   a. Looking for detailed instructions on how to collect data, report data for these measures and how to improve quality? Review the Data Submission Guide for this measure
      i. MBQIP Resource: Data Submission Guide for Hybrid Hospital Wide Readmission
      This guide contains detailed instructions on measure populations, how to collect data, submit data for this measure and how to improve quality.
   b. CMS Training: How to Upload an eCQM File
   c. CMS Training: How to View Your eCQM Data Results

# Hospital Quality Reporting

## Reporting Measures into HQR: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

MBQIP Core Measure(s)

### HCAHPS: Hospital Consumer Assessment of Healthcare Providers & Systems (submitted quarterly)

**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.
   a. Hospitals that plan to self-administer the survey will want to review these HCAHPS Online Training Materials.
   b. 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.
   a. HCAHPS data is submitted to HQR on a quarterly basis. Refer to the MBQIP Data Submission Deadlines for timeframes.
   b. CMS Training: How to Submit HCAHPS Data
   c. CMS Training: How to View HCAHPS Submission Results
   d. For more information about the HCAHPS, see HCAHPSOnline.org.
4. **Check Submitted Data**
   You can check your data results for both test and production. We recommend uploading data to test first to determine if the anticipated number of cases will be accepted once you submit in production. **Note: Data must be submitted into production in order to be accepted and considered 'submitted.'**

   There are three HCAHPS Data Submission Reports that are accessible to survey vendors or hospitals if they have been given "View" permissions for HCAHPS Submission Results in the CMS.gov Hospital Quality Reporting website. These reports include the Data Submission Detail Report, Submission Summary Report, and HCAHPS Submission Results Report (formerly the Review and Correction Report). We recommend reviewing the Final HCAHPS Quality Assurance Guidelines (QAG) for more information on HCAHPS Data Submission Reports and XML Data File Submission in the "Data Preparation and Submission" chapter beginning on page 241. In addition, it may be helpful to review Appendix Y "Sample Frame File Layout" and Appendix AA "XML File Specification V4.7" of the QAG.

There are three HCAHPS Data Submission Reports that are accessible to survey vendors or hospitals if they have been given "View" permissions for HCAHPS Submission Results in the CMS.gov Hospital Quality Reporting website. These reports include the following:

a. Data Submission Detail Report- includes the upload date and status of files (accepted or rejected) under a given Batch ID, and lists Patient IDs and any error codes with messages.
b. Submission Summary Report- includes the Provider ID and the number of files that were accepted or rejected under a given Batch ID.
c. HCAHPS Submission Results Report (formerly the Review and Correction Report)- contains the frequency of valid values submitted for a hospital for each month in the submission quarter. Survey vendors/Hospitals are strongly encouraged to review this report for possible data errors. If errors are identified in the HCAHPS data that have been submitted, survey vendors/hospitals have the opportunity to upload corrected files during the Review and Correct Period (one week following the data submission deadline). **Note: The Review and Correct Period is only for correcting previously submitted data. No new data files will be accepted. No Header Record information can be modified during the Review and Correct Period.**
d. We recommend reviewing the HCAHPS Quality Assurance Guidelines (QAG) for more information on HCAHPS Data Submission Reports and XML Data File Submission in the "Data Preparation and Submission" chapter beginning on page 241. In addition, it may be helpful to review Appendix Y "Sample Frame File Layout" and Appendix AA "XML File Specification V4.7" of the QAG.
e. For additional support, the "How to check HCAHPS File Submissions Results" video is available to watch on CMS.gov.

### How to Check Your Data Results In HQR

You can check your data results for both test and production. We recommend uploading data to test first to determine if the anticipated number of cases will be accepted once you submit in production. **Note: Data must be submitted into production in order to be accepted and considered 'submitted.'**

Follow the steps from this CMS.gov How to Check Data Results video. Directions for specific measure submissions verification can be found in the measure section of this guide.

1. Log into HQR via your HARP ID
2. Find the dashboard on the left
3. Choose Data Result
   a. This includes options to review results for the various delivery methods discussed in this guide (chart abstracted, hybrid measures, eCQM, HCAHPS and Population & Sampling
   b. Structural and web-based measures do not have this option as those data are submitted by directly entering information on the HQR platform).
   c. There are multiple options to verify submission of data depending on the need and measure.
      1. File Accuracy - eCQMs - Reviews eCQM file uploads Accepted/Rejected and any errors
      2. File Submission - Reviews any file rejections
      3. Case Status Summary Report - Overview of all files submitted
      4. Potential Duplicate - Reviews duplicate patient files
      5. Submission Detail - Reviews individual patient files
4. Choose the delivery method and measure you would like to review
5. Under Submission, choose Production from the drop-down menu
   a. Remember to change the selection to "Production" every time (unless you are testing the submission process)
6. At the top click on Accuracy
7. Change the submission to Production

8. Choose the quarter you are looking for
9. Look at the table to see the number of accepted files, the number of rejected files, the number of deleted files
10. Make sure the number of accepted files matches the number of files you submitted
11. Look at the table below to see details about any errors

# Reporting Measures into the National Healthcare Safety Network (NHSN)

MBQIP Core Measure(s):

HCP/IMM-3: Influenza Vaccination Coverage Among Healthcare Personnel (HCP) (submitted annually)

Antibiotic Stewardship: NHSN Annual Facility Survey (submitted annually)

## Getting Started

**Note: For NHSN reporting hospitals must first enroll in NHSN**

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.
   a. NHSN Training Videos:
      i. How to Add a User to a Facility
      ii. How to Deactivate and Activate a user in a Facility
      iii. Reassigning the Facility Administrator in a Facility
      iv. How to Add a Component to a Facility
      v. Enrolling a Facility in NHSN

**HCP/IMM-3: Influenza Vaccination Coverage Among Healthcare Personnel (HCP) (submitted annually)**

1. **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.
2. **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 monthly. Resources and instructions on how hospitals submit HCP influenza data can be found on the Surveillance for Healthcare Personnel Vaccination webpage .
   a. 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. Refer to the MBQIP Data Submission Deadlines for measure deadlines and encounter date details.
   b. NHSN training video for HPS Personal Annual Influenza Vaccination Summary

**Antibiotic Stewardship: NHSN Annual Facility Survey (submitted annually)**

1. **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. **This survey can be completed at any time throughout the year in NHSN. For MBQIP, hospitals must complete the survey by March 1 every year.**
2. **Accessing the survey in NHSN**
   a. 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.

b. 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.
c. Further information on timeframes and how to report the additional measures in NHSN can be found on the Tracking Infections in Tracking Infections in Acute Care Hospitals/ Facilities webpage.
d. Data submissions must be timely. Refer to the MBQIP Data Submission Deadlines for timeframes.

# Reporting Data to State Flex Programs

## Emergency Department Transfer Communication (EDTC)

MBQIP Core Measure(s):

### EDTC: Emergency Department Transfer Communication

**All-EDTC:** Composite of all 8 data elements

**EDTC Data Elements:**

1. Home Medications
2. Allergies and/or Reactions
3. Medications Administered in ED
4. ED Provider Note
5. Mental Status/Orientation Assessment
6. Reason for Transfer and/or Plan of Care
7. Tests and/or Procedures Performed
8. Tests and/or Procedure Results

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.
   a. 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.
   a. 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.
   a. Data submissions must be timely. Refer to the MBQIP Data Submission Deadlines for timeframes.
4. **Experiencing challenges with the EDTC data collection tool?**
   a. The tool can be used in OneDrive, SharePoint and as a desktop application. For those with Office 365, note that the tool does not function as intended in Excel Online – make sure to

open it via an Excel desktop application rather than in Excel Online.

b. There are several versions available on the website (under Data Collection Resources). If your tool isn't working, we commonly recommend that they try another version or re-download their tool. As hospital IT systems are updated, sometimes the tools with macros don't work as well and so the other versions may be more helpful/work better.
c. Hospitals can use a Google Sheets version for hospitals that no longer use Microsoft products. To use this version, hospitals must download a copy of the tool to be saved and unlocked for use.

# Flex Monitoring Team

## Reporting Data to the Flex Monitoring Team

### CAH Quality Inventory and Assessment

MBQIP Core Measure(s):

#### CAH Quality Infrastructure (submitted annually)

The data for the CAH Quality Infrastructure measure is reported once a year in the fall via the **CAH Quality Inventory and Assessment**. Your State Flex Coordinator will provide a link to complete the assessment in the fall when the reporting period begins.

- Full definitions, specifications and other relevant information can be found at on the Flex Monitoring Team measure specifications page.
- Data submissions must be timely. Refer to the MBQIP Data Submission Deadlines for timeframes.
- Looking for detailed instructions on how to collect data, report data for these measures and how to improve quality? Review the Data Submission Guide for this measure.
- MBQIP Resource: Data Submission Guide for CAH Quality Infrastructure contains detailed instructions on the measure population, how to collect data, how to submit data for this measure and how to improve quality..

## 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. Complete this document and keep an electronic and paper copy for reference.

| Hospital Quality Reporting (HQR) | |
|---|---|
| QualityNet Security Administrators/Officials (recommend two from each facility): | |
| Hospital Quality Reporting (HQR) basic users and data submitters: | |
| What quality measures does the hospital report that uses the Hospital Quality Reporting (HQR) platform:<br><br>(note this platform is used for submission of the following MBQIP core measures: OP-18, OP-22, Hybrid Hospital-Wide Readmission (H-HWR), Safe Use of Opioids, HCAHPS) | |

| National Healthcare Safety Network (NHSN) | |
|---|---|
| What quality measures does the hospital report using this platform?<br><br>(note this platform is used for submission of the following MBQIP core measures: Antibiotic Stewardship via the Patient Safety Annual Facility Survey and HCP/IMM-3.): | |
| NHSN Facility Administrator: | |
| NHSN Users (recommend at least one additional user beyond the facility administrator): | |

## CMS Chart-Abstracted Inpatient and Outpatient Measures

| | |
|---|---|
| What chart-abstracted inpatient and/or outpatient measures does your hospital report?<br><br>(note OP-18 is a chart abstracted MBQIP core measure and OP-22 is an outpatient MBQIP core measure) | |
| Who is responsible for collecting the data and/or abstracting data for your facility? | |
| Who is responsible for submitting the data for your facility? | |

| **If using an EHR Vendor tool for abstraction:** | |
|---|---|
| Vendor: | |
| Staff with access: | |
| Contact information for vendor tool: | |

## Emergency Department Transfer Communication (EDTC)

| | |
|---|---|
| What data collection tool is used: | |
| Where to access the data collection tool: | |
| Staff with access to the tool: | |
| Process for submission of EDTC data (note this varies by state): | |
| Name and contact information for submission assistance (note this varies by state): | |

## HCAHPS

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

## CAH Quality Inventory and Assessment

| | |
|---|---|
| Who is responsible for submitting the CAH Quality Inventory and Assessment annually? | |
| Where does your hospital save the CAH Quality Inventory and Assessment data? | |
| Who are the results of the CAH Quality Inventory and Assessment shared with? | |
| Who or what teams work on completing the assessment and provide insight on assessment responses? | |

## MBQIP Assistance

| | |
|---|---|
| State Flex or MBQIP Coordinator: | |
| RQITA Resource Center: | rqita@telligen.com |
| Hospital MBQIP quality contacts: | |
| Hospital quality champions: | |
| If you do not know who your State Flex Program contact is for MBQIP assistance, reach out to the RQITA team for assistance. | |

## Additional Quality Assistance

| | |
|---|---|
| EHR or IT Assistance in the hospital: | |
| Hospital Infection Preventionist: | |
| Other Quality Reporting Tools or Contacts: | |

# Appendix

## MBQIP and Other Quality Reporting Acronyms

| | |
|---|---|
| AA | Aortic aneurysm |
| ADE | Adverse drug events |
| AFIB | Atrial fibrillation |
| AHA | American Hospital Association |
| AHRQ | Agency for Healthcare Research and Quality |
| AMI | Acute myocardial infarction |
| CAC | Children's asthma care |
| CAH | Critical access hospital |
| CAP | Community-acquired pneumonia |
| CART | CMS Abstraction and Reporting Tool |
| CAUTI | Catheter-associated urinary tract infection |
| CCDE | Core clinical data elements |
| CCN | CMS certification number |
| CDC | Centers for Disease Control and Prevention |
| CDE | Common duct exploration |
| *C.Diff*/CDI | Clostridium difficile Chole Cholecystectomy |
| CHNA | Community health needs assessment |
| CLABSI | Central line-associated blood stream infection |
| CMS | Centers for Medicare & Medicaid Services |
| COPD | Chronic obstructive pulmonary disease |
| CQM | Clinical quality measure |
| CT | Computerized tomography |
| DACA | Data Accuracy and Completeness Acknowledgment |
| DVT | Deep vein thrombosis |
| ECG | Electrocardiogram |
| eCQM | Electronic clinical quality measure |
| ED | Emergency department |
| EDHI | Early hearing detection and intervention |
| EDTC | Emergency Department Transfer Communication |

| | |
|---|---|
| EHR | Electronic health record |
| EMS | Emergency medical service |
| ESI | Emergency Severity Index Flex Medicare Rural Hospital Flexibility Program |
| FORHP | Federal Office of Rural Health Policy |
| FY | Fiscal year |
| GI | Gastrointestinal |
| HAI | Healthcare-associated infections |
| HCAHPS | Hospital Consumer Assessment of Healthcare Providers and Systems |
| HCP | Healthcare personnel |
| H-HWR | Hybrid Hospital-Wide Readmission |
| HIIN | Hospital Improvement and Innovation Network |
| HIQR | Hospital Inpatient Quality Reporting Program |
| HF | Heart failure |
| HIP-KNEE | Total hip arthroplasty and/or total knee arthroplasty |
| HOQR | Hospital Outpatient Quality Reporting Program |
| HRET | Health Research & Education Trust |
| HRSA | Health Resource and Services Administration |
| HTN | Hypertension |
| HWR | Hospital-wide all-cause unplanned readmission |
| ICU | Intensive Care Unit |
| IMM | Immunization |
| IQR | Inpatient Quality Reporting |
| IVAC | Infection-related ventilator-associated complications |
| IVR | Interactive Voice Response |
| MBQIP | Medicare Beneficiary Quality Improvement Project |
| MMA | Medicare Prescription Drug Improvement and Modernization Act |
| MORT | Mortality |
| MOU | Memorandum of Understanding |
| MRI | Magnetic Resonance Imaging |
| MSPB | Medicare spending per beneficiary |
| MRSA | Methicillin-resistant Staphylococcus aureus |
| NHSN | National Healthcare Safety Network |

| | |
|---|---|
| NoP | Notice of Participation |
| ONC | Office of the National Coordinator for Health Information Technology |
| OP | Outpatient |
| OQR | Outpatient Quality Reporting |
| P4P | Partnership for Patients |
| PC | Perinatal Care |
| PCI | Primary percutaneous coronary intervention |
| PE | Pulmonary embolism |
| PN | Pneumonia |
| PI | Promoting Interoperability |
| POD | Postoperative day |
| PPS | Prospective Payment System |
| PSI | Patient Safety Indicators |
| QIN-QIO | Quality Innovation Network – Quality Improvement Organization |
| QMP | Qualified medical professional |
| QRDA | Quality reporting document architecture |
| READM | Readmission |
| RN | Registered nurse |
| SA | System administrator |
| SCIP-Inf | Surgical care improvement project-infection |
| Sfusion | Spinal fusion |
| SSI | Surgical site infection |
| STEMI | ST-Segment Elevation Myocardial Infarction |
| THA | Total hip arthroplasty |
| TKA | Total knee arthroplasty |
| UTI | Urinary tract infection |
| VAE | Ventilator-associated event |
| VBP | Value-Based Purchasing |
| VTE | Venous thromboembolism |