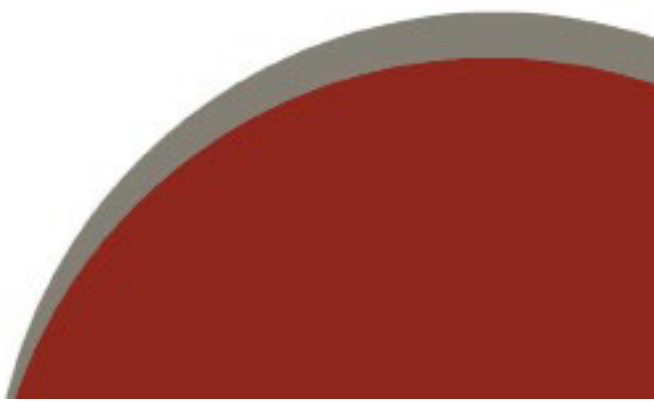




MBQIP FUNDAMENTALS GUIDE FOR STATE FLEX PROGRAMS

A Guide for Flex Coordinators
on the Current Status and
History of the MBQIP

Version 1.0
November 2025



Contents

Contents	2
Using this Guide.....	3
Purpose of MBQIP	3
Flex Program Responsibilities.....	4
RQITA Support	5
MBQIP Measures.....	6
MBQIP Reporting.....	7
MBQIP Data and Analysis	7
MBQIP Data Reports	7
Other FMT Data Resources	8
Quality Improvement	9
CAH Criteria for Participation	10
Changes to MBQIP Measures	12
Adding Measures.....	12
Removing Measures.....	12
Appendix A – MBQIP Infographic	13
Appendix B – MBQIP Measures Current and Former.....	14
Appendix C – Quality Reporting Channels for MBQIP Core Measures.....	18
Appendix D – Key Resource for State Flex Coordinators	19
Appendix E - Key Resources for Critical Access Hospitals.....	20
Measure and Reporting Resources	20
Quality Improvement Resources.....	21
Quality Reporting Partner Resources	22
Version History	23

Click [here](#) to return to the Table of Contents

Using this Guide

This guide provides an overview of the current status and history of the [Medicare Beneficiary Quality Improvement Project \(MBQIP\)](#). It is intended to help Flex program personnel and relevant subcontractors understand the basics of MBQIP, including key resources available to support them in their work. The guide is organized by topic, and each section provides an overview of the topic and links to related resources that give more detail and direction. Users are strongly encouraged to review all linked materials.

Purpose of MBQIP

MBQIP is a quality improvement activity under the Federal Office of Rural Health Policy's (FORHP) Medicare Rural Hospital Flexibility (Flex) Program. Launched in 2011, the goal of MBQIP is to improve the quality of care provided in critical access hospitals (CAHs) by increasing quality data reporting and then driving quality improvement activities based on the data. MBQIP provides an opportunity for individual hospitals to look at their 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 every patient. For a visual representation, see the MBQIP infographic in Appendix A.

Because CAHs are paid under a cost-based reimbursement model from Medicare, they have historically been excluded from federal quality reporting and incentive programs linked to payment, such as the Inpatient and Outpatient Quality Reporting, Hospital Value-Based Purchasing, and other such pay for reporting and performance programs that impact Medicare reimbursement for prospective payment system (PPS) hospitals. 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. MBQIP takes a proactive approach to help ensure CAHs are well prepared to meet future quality requirements. Furthermore, it is clear that some CAHs are not only participating in national quality improvement reporting programs but are excelling across multiple rural relevant topic areas. For example, small rural hospitals that participate in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey often outperform PPS hospitals.

Click [here](#) to return to the Table of Contents

Flex Program Responsibilities

State Flex Programs are responsible for implementing MBQIP within their state as part of the quality improvement program area under the Flex cooperative agreement. To do this successfully, they must:

- Ensure CAHs have signed [memorandums of understanding](#) to participate in the program and share their data with FORHP
- Be familiar with the [MBQIP measures](#) and related [MBQIP participation criteria](#), including staying up to date with any changes (See Process for Updating Measures below)
- Orient newly participating CAHs and new CAH quality staff to MBQIP
- Assess needs and provide CAHs with the resources and support needed to report MBQIP measures successfully
- Track CAH reporting and compliance with [MBQIP participation criteria](#) and assist CAHs as necessary to build their capacity in meeting those requirements
- Submit hospital data for the [Emergency Department Transfer Communication \(EDTC\)](#) measure to the Flex Monitoring Team on a quarterly basis (see the [MBQIP EDTC Reporting Instructions for Flex Programs](#))
- Encourage CAHs to work towards quality improvement demonstrated by change in performance on MBQIP measures over time
- Implement initiatives with groups or cohorts of CAHs to support quality reporting and improvement based on needs
- Build and sustain partnerships with local, state, and regional stakeholders to help align and leverage opportunities for quality improvement support for CAHs
- Share relevant resources with CAHs to support quality reporting and improvement, including the RQITA produced monthly newsletter available on the [Flex Forum](#)

For state Flex program personnel that are new to MBQIP, this guide is just one of many resources available. There are numerous opportunities to get support with MBQIP, including:

- Attending the Flex Workshop hosted by the [Technical Assistance and Services Center \(TASC\)](#)
- Participating in an introduction call with the [Rural Quality Improvement Technical Assistance Center \(RQITA\)](#)
- Joining the Flex Program Forum hosted by TASC as a way to connect with other state Flex programs across Flex program topics, and learn about the work they are doing to support CAHs with MBQIP

For more information about the options above or for support with other MBQIP related issues, email rqita@telligen.com.

Click [here](#) to return to the Table of Contents

RQITA Support

Through a cooperative agreement with FORHP, the RQITA team at Telligen provides technical assistance to beneficiaries of FORHP quality initiatives. As it relates to Flex, RQITA's primary role is to support the state Flex programs in supporting their CAHs with MBQIP participation. In addition to developing resources geared towards both state Flex programs and CAHs, such as those referenced throughout this guide, RQITA is available to provide individual technical assistance and consultations to state Flex programs related to a variety of topics including the following:

- Data collection and analysis
- Understanding measure specifications
- Benchmarking and target-setting
- Quality improvement skills and tools
- Developing and implementing efficient and effective improvement strategies
- Tracking the outcomes of quality improvement efforts

RQITA is also available to provide presentations to various audiences regarding topics related to MBQIP and CAH quality reporting and improvement. Recorded trainings are available on the [RQITA YouTube playlist](#) to play for CAH or state Flex program quality events. Also available are the accompanying slides and facilitation guides available for CAH and Flex program use. See the RQITA website for a list of some of the measure topics on which RQITA is available to present as well as the [RQITA YouTube playlist](#).

State Flex program staff and their MBQIP subcontractors are encouraged to participate in MBQIP Virtual Knowledge Groups. These RQITA hosted webinars provide a forum for sharing MBQIP successes, discussing challenges, and brainstorming strategies to assist hospitals towards reporting, participating, improving and excelling in MBQIP.

MBQIP Measures

Recognizing the impact of low patient volumes on the significance of quality measure outcomes, FORHP has selected a set of hospital quality measures that are relevant for the volume and services of the majority of CAHs. In some cases, these measures may still present concerns regarding low volumes, however low numbers are not a valid reason for CAHs to not report quality data. It is essential to provide evidence-based care for every patient, and quality reporting can hold CAHs accountable for tracking outcomes and providing high quality care.

Most MBQIP measures align with other Centers for Medicare & Medicaid Services (CMS) quality reporting programs; exceptions include Emergency Department Transfer Communication (EDTC), CAH Quality Infrastructure, and Antibiotic Stewardship.

The current list of [MBQIP Measures](#) is an essential resource for state Flex programs. For more information about the measures, including an overview of the data collection and reporting processes, and the significance of each, see the [MBQIP Measure Core Set Information Guide](#).

MBQIP measures are divided into two categories:

- **Core MBQIP Measures** are those that all state Flex programs are expected to support and all CAHs are expected to report per the [MBQIP participation criteria](#).
- **Additional MBQIP Measures** are those that state Flex programs can elect to support in addition to the core measures, particularly in alignment with other partners or initiatives. While these measures are also rural relevant, they may not be as widely applicable across all CAHs. The [MBQIP Measures](#) resource includes a list of potential additional measures, but that list is not meant to be exhaustive. Flex programs can propose to work on other quality improvement topics within the five MBQIP domains and obtain approval from their Project Officers. If there is not a nationally standardly reported measure currently available, Flex programs can propose a data collection mechanism for monitoring progress and improvement.

MBQIP measures, both Core and Additional, are further divided into five domains:

- Global Measures
- Patient Safety
- Patient Experience
- Care Coordination
- Emergency Department

Just as hospital quality reporting and available measures have continued to evolve, MBQIP measures have also evolved over the years of the project. A brief history of measure changes can be found in Appendix B. Beginning with updates to MBQIP measures in Flex program fiscal year (FY) 2018, FORHP has published a summary explanation for each added and removed measure. For more information, see the [MBQIP Measure Change Summaries](#).

Click [here](#) to return to the Table of Contents

MBQIP Reporting

MBQIP measures are reported through a variety of reporting channels to four primary data repositories, as depicted in the infographic in Appendix C. For a more in-depth explanation of the current reporting mechanisms and data repositories, see the [MBQIP Navigator](#).

Data submissions must be timely. The [Monthly MBQIP Data Submission Deadlines](#) provides this information in table form over a number of quarters including links to details about the required specification manual and abstraction tool versions for the given time period.

In coordination with state Flex programs, RQITA is available to answer individual hospital questions regarding data abstraction and submission.

MBQIP Data and Analysis

There are many data sources available for quality data. The following describes data sources provided to state Flex programs and critical access hospitals through FORHP funded initiatives.

MBQIP Data Reports

To support meaningful use of quality data, FORHP provides data to state Flex programs on a quarterly basis. The reports are sent to state Flex programs each quarter by the [Flex Monitoring Team \(FMT\)](#) through the NIH Workspace. Currently, data is broken into two sets of reports:

- MBQIP Measures Reports
- HCAHPS Reports

Reports are distributed roughly two to eight months after the reporting deadline, depending on how the measures are reported. For more information on anticipated, see the [Quarterly MBQIP Reports Updates](#). Note that this resource is intended for state Flex programs, not CAHs. The timelines provided are anticipated, but not guaranteed, and do not account for the processes individual state Flex programs undergo to share data with their hospitals nor unanticipated data delays from CMS.

The following files are distributed each quarter via the NIH Workspace:

- **CAH-specific MBQIP Data PDF Reports** State Flex programs are expected to individually distribute these hospital-specific PDF reports to their CAHs in a method that works best for their program. For more information about the reports and how CAHs can make use of them, CAHs should be directed to the [MBQIP Reports User Guide for Critical Access Hospitals](#).

- **State MBQIP Data PDF Report** State PDF files are for state Flex program use and provide aggregate information from all CAHs reporting in their state, trend data over time, and national data for comparison. These files can be analyzed in a variety of ways to help prioritize measures or identify areas for further state Flex program review (see spreadsheet below). For more information and suggestions on how to use these reports, see the [MBQIP Reports User Guide for State Flex Programs](#). 8
- **MBQIP Data Spreadsheet** This Microsoft Excel file contains all data relevant to the respective report (MBQIP Measures or HCAHPS) and is provided with data updates each quarter. It includes instructions, a tab displaying CAH reporting for each measure,

Other FMT Data Resources

The [Flex Monitoring Team \(FMT\)](#) provides additional resources to state Flex programs regarding quality data, including:

- Annual national and state-specific quality measure reports are made available on the FMT Website. [National reports](#) contain nationally aggregated quality data across MBQIP measures, and [state reports](#) provide data comparing each state to national data.
- The [Critical Access Hospital Measurement & Performance Assessment System \(CAHMPAS\)](#) is an online data query tool, which allows users to create graphs that compare CAH performance among various measures across user-defined groups. Quality data are aggregated to the state level and available to the public.

State Flex programs are encouraged to use these additional data resources to support their MBQIP work.

Click [here](#) to return to the Table of Contents

Quality Improvement

The ultimate goal of MBQIP is to improve health care outcomes for patients served by CAHs, first by increasing the quality data reporting and then driving improvement activities based on the data. When CAHs are consistently and accurately reporting on MBQIP measures, state Flex programs can work with them to analyze their data, identify opportunities for improvement, and then implement improvement strategies.

State Flex programs choose a variety of ways to organize quality improvement efforts depending on the landscape and needs of their CAHs. RQITA is available to strategize approaches to the work, and there are numerous resources available to state Flex programs and CAHs to support these efforts. A few include:

- [Quality Improvement Workbook](#)-This workbook provides valuable resources to support your team's quality improvement efforts, including an interactive timeline, quality improvement goal statement template and ways to track progress during your organization's quality improvement journey.
- **[Bite Sized Learning: Quality Improvement Basics](#)**
This series of bite-sized learning videos help strengthen skills for healthcare quality improvement professionals. Gain valuable insights, learn practical tools and discover best practices to drive continuous improvement. Whether you're new to quality improvement or looking to sharpen your expertise, these bite-sized videos fit into your busy schedule. Watch all 10 videos:
 - [Introduction to Quality Improvement](#)
 - [Building a Quality Improvement Team](#)
 - [Team Roles and Responsibilities](#)
 - [The 5 Ws of Effective Team Communication](#)
 - [Setting SMART Goals](#)
 - [Leveraging Process Mapping](#)
 - [Plan-Do-Study-Act \(PDSA\) Cycle](#)
 - [Root Cause Analysis and the 5 Whys](#)
 - [The Fishbone Diagram](#)
 - [A Plan for Sustaining Change](#)

Click [here](#) to return to the Table of Contents

CAH Criteria for Participation

The [criteria for participation](#) for FFY 2025 participation in Flex, based on the required participation in MBQIP activities, are outlined below. Please note, that it is expected that CAHs consistently report data on all measures in all five domains. If a CAH is not able to report a measure, the expectation is that the CAH communicate to the Flex Program the reason they aren't able to report the measure.

The minimum requirements to participate in Flex-funded activities in FFY 2025 (September 1, 2025 - August 31, 2026) include:

1. In order for any CAH to participate in MBQIP, each facility is required to have a signed [Memorandum of Understanding \(MOU\)](#).
 - a. MOUs will carry forward, so a CAH can continue to participate in MBQIP without the need to sign a new MOU
2. It is expected that a CAH report on all measures in the new measure set (beginning in September 2025).
 - a. If they are not reporting on a measure, they will need to provide information regarding why to the state Flex program coordinator on an annual basis.
3. Measures used to determine eligibility are listed here:
 - **Global Measures**
 - CAH Quality Infrastructure (annual submission)
 - **Patient Safety**
 - HCP/IMM-3: Influenza Vaccination Coverage Among Healthcare Personnel (HCP) (annual submission)
 - Antibiotic Stewardship: Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey (annual submission)
 - Safe Use of Opioids (eCQM) (annual submission)
 - **Patient Experience**
 - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (quarterly submission)
 - The HCAHPS survey contains 11 publicly reported patient perspectives measures on care and patient rating items that encompass eight key topics:
 - Communication with Nurses (composite)
 - Communication with Doctors (composite)
 - Restfulness of Hospital Environment (single-item)
 - Care Coordination (composite)

Click [here](#) to return to the Table of Contents

- Responsiveness of Hospital Staff (composite)
 - Communication about Medicines (composite)
 - Discharge Information (composite)
 - Cleanliness of the Hospital Environment (composite)
 - Information about Symptoms (single-item)
 - Overall Hospital Rating (single-item)
 - Recommend the Hospital (single-item)
- **Care Coordination**
 - Hybrid Hospital-Wide Readmission (Hybrid HWR)
(annual submission)
 - **Emergency Department**
 - *Emergency Department Transfer Communication (EDTC) (quarterly submission)
 - The following eight elements roll up into a single composite result:
 - 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
 - OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients (quarterly submission)
 - OP-22: Patient Left Without Being Seen (annual submission)

Changes to MBQIP Measures

As with all quality reporting programs, MBQIP measures evolve over time. A brief explanation of changes in MBQIP measures over the years can be found in Appendix B. Beginning with changes to MBQIP measures in FY2018, FORHP has published a summary explanation for each added and removed measure. See the [MBQIP Measure Change Summaries](#) for more information.

The following describes the processes for adding and removing measures from the project.

Adding Measures

FORHP adds measures to MBQIP as needed based on alignment with other federal quality reporting programs and feedback from rural stakeholders, with a strong preference for standardized measures that are supported by a national reporting system. Any rural stakeholder can propose to add measures to MBQIP. Feedback should be provided to MBQIP@hrsa.gov for consideration by FORHP.

The process for adding measures includes gathering feedback from stakeholders such as Flex grantees, CAHs, the [Technical Assistance and Services Center \(TASC\)](#), the [Flex Monitoring Team \(FMT\)](#), and the [Rural Quality Improvement Technical Assistance Center \(RQITA\)](#). To do this, FORHP shares draft guidance to rural stakeholders with a public comment period of at least 30 days. FORHP reviews all feedback internally and publicly announces additions to MBQIP. FORHP allows state Flex programs and CAHs one year to build capacity around any new measure before incorporating measures into the MBQIP Core Measures and participation criteria.

Removing Measures

To date, there are two primary circumstances under which measures are removed from MBQIP:

- **CMS Removes Measures**

If CMS removes or retires a measure from one of their reporting programs, and in doing so, removes the mechanisms for submitting data for that measure, FORHP may remove that measure from MBQIP. Some of the reasons CMS might remove or retire a measure include:

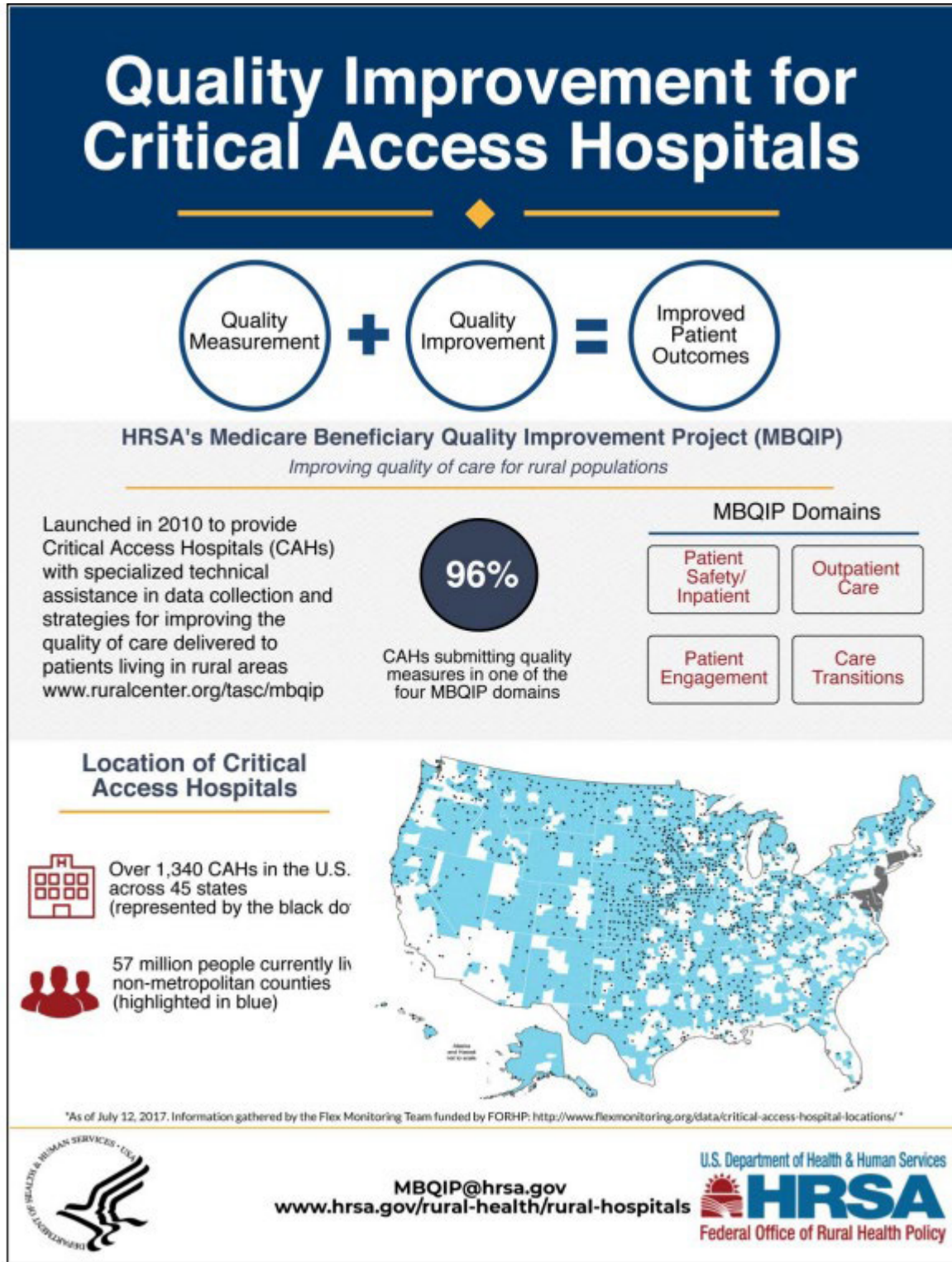
- National performance on the measure reaches a level indicating the measure is “topped out”, i.e., performance is so high and unvarying that meaningful distinctions in improvement cannot be made (e.g., OP-4: Aspirin at Arrival)
- Concerns regarding validity of a measure (e.g., OP-20: Door to Diagnostic Evaluation)
- Shifting priorities (e.g., OP-21: Median Time to Pain Management for Long Bone Fracture)

- **FORHP Removes Measures**

FORHP can also remove measures from MBQIP if performance among CAHs on a given measure reaches a level that indicates the measure is “topped out” such that performance is so high and unvarying that meaningful distinctions in improvement cannot be made, or if the measure is no longer deemed a priority for other reasons.

Click [here](#) to return to the Table of Contents

Appendix A – MBQIP Infographic



Click [here](#) to return to the Table of Contents

Appendix B – MBQIP Measures Current and Former

The table below displays the evolution of MBQIP measures over time starting in 2011 through the present. For each measure, the following information is provided:

- Measure ID – The CMS or CDC given measure ID, or the common acronym used for referencing non-CMS measures 14
- Measure Set – For CMS measures only
- Measure Name – The name for the measure or the longer description of the measure.
- MBQIP Domain – The MBQIP domain the given measure falls/fell within
- Reporting Platform – The repository through which data for this measure is/was reported
- Measure Background – Brief description of why this measure was included or removed from MBQIP

The current list of MBQIP Measures can be found on the RQITA website. Current measures are shaded in green below. Measures are listed in descending order of their inclusion in the MBQIP core measure set.

MBQIP Measures					
Years in MBQIP	Measure ID & CMS Measure Set	Measure Name	MBQIP Domain	Reporting Platform	Measure Background
2025-Present	n/a	CAH Quality Infrastructure	Global Measures	Flex Monitoring Team CAH Quality Inventory and Assessment via Qualtrics	MBQIP specific measure added in 2025
2025-Present	Safe Use of Opioids	Safe Use of Opioids-Concurrent Prescribing	Patient Safety	Hospital Quality Reporting (HQR) System	Adopted by CMS in 2020; added to MBQIP in 2025
2025-Present	Hybrid-HWR	Hybrid Hospital-Wide Readmission	Care Coordination	Hospital Quality Reporting (HQR) System	Adopted by CMS in 2023; added to MBQIP in 2025

Click [here](#) to return to the Table of Contents

Years in MBQIP	Measure ID & CMS Measure Set	Measure Name	MBQIP Domain	Reporting Platform	Measure Background
2017-Present	Antibiotic Stewardship	Antibiotic Stewardship	Patient Safety	National Healthcare Safety Network (NHSN) via the Annual Facility Survey	<u>Added</u> to MBQIP in 2017; CDC survey; assesses progress towards implementing antibiotic stewardship based on responses to NHSN annual facility survey; completion of the survey is a CDC prerequisite for reporting other infection related measures in NHSN
2016-Present	OP-18 (ED Throughput)	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Emergency Department	Hospital Quality Reporting (HQR) System	CMS measure; added to MBQIP in 2016 along with other CMS ED Throughput measures
2015-Present	HCP/IMM-3 (formerly OP-27)	Influenza vaccination coverage among healthcare personnel	Patient Safety	National Healthcare Safety Network (NHSN)	Adopted by CMS in 2015; added to MBQIP in 2015; measure name changed in 2019
2015-Present	OP-22 (ED Throughput)	Patient left without being Seen	Emergency Department	Hospital Quality Reporting (HQR) System	Adopted by CMS in 2011; added to MBQIP in 2015
2013-Present	EDTC	Emergency Department Transfer Communication	Emergency Department	State Flex Program	MBQIP specific measure added in 2013
2012-Present	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Patient Engagement	Hospital Quality Reporting (HQR) System	Adopted by CMS in 2006; added to MBQIP in 2015; composite measures and survey questions within the HCAHPS measure have been modified multiple times

Click [here](#) to return to the Table of Contents

Years in MBQIP	Measure ID & CMS Measure Set	Measure Name	MBQIP Domain	Reporting Platform	Measure Background
2012-2023	OP-2 (AMI)	Fibrinolytic therapy received within 30 minutes	Outpatient	Hospital Quality Reporting (HQR) System	CMS removed in 2023 and was thus removed from MBQIP
2012-2023	OP-3 (AMI)	Median time to transfer to another facility for acute coronary intervention	Outpatient	HQR System	CMS removed in 2023 and was thus removed from MBQIP
2012-2019	OP-5 (AMI and Chest Pain)	Median time to ECG	Outpatient	HQR System	CMS removed in 2019 and was thus removed from MBQIP
2017-2019	ED-2 (Inpatient ED)	Admit decision time for ED departure time for admitted patients	Patient Safety/ Inpatient	HQR System	Added to MBQIP in 2017; CMS removed in 2019 and was thus removed from MBQIP
2017-2018	ED-1 (Inpatient ED)	Median time from ED arrival to ED departure for ED patients	Patient Safety/ Inpatient	HQR System	Added to MBQIP in 2017; CMS removed in 2018 and was thus removed from MBQIP
2012-2018	OP-1 (AMI)	Median time to fibronolysis	Outpatient	HQR System	CMS removed in 2018 and was thus removed from MBQIP
2012-2018	OP-4 (AMI and Chest Pain)	Aspirin at Arrival	Outpatient	HQR System	CMS removed in 2018 and was thus removed from MBQIP
2015-2018	IMM-2 (Global)	Immunization for influenza	Patient Safety/ Inpatient	HQR System	CMS removed in 2018 and was thus removed from MBQIP
2015-2018	OP-21 (Pain Management)	Median time to pain management for long bone fracture	Outpatient	HQR System	CMS removed in 2018 and was thus removed from MBQIP

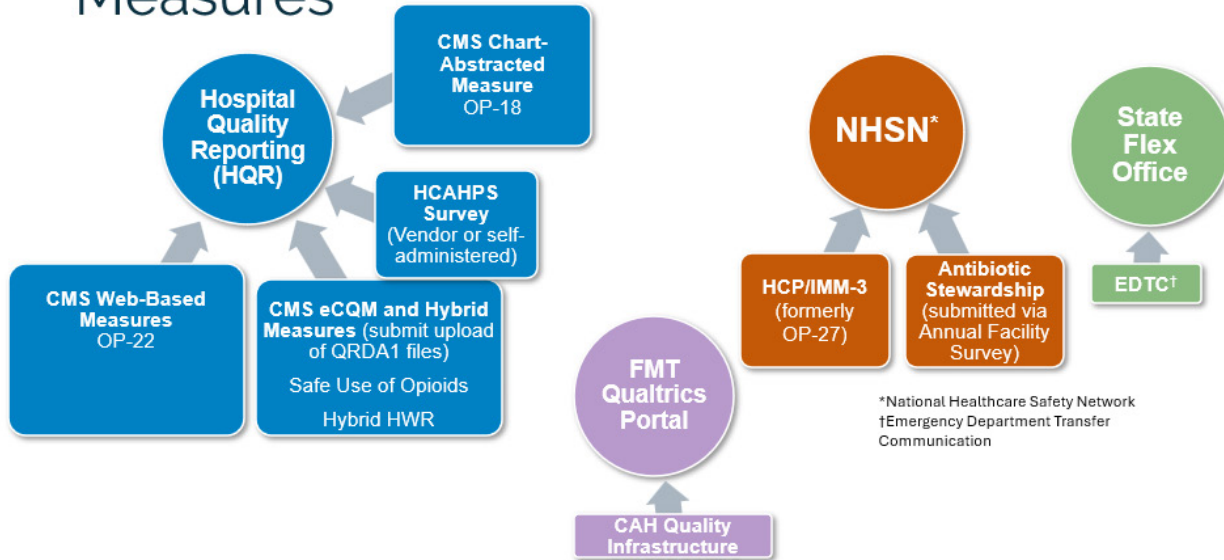
Click [here](#) to return to the Table of Contents

Years in MBQIP	Measure ID & CMS Measure Set	Measure Name	MBQIP Domain	Reporting Platform	Measure Background
2015-2018	OP-20 (ED Throughout)	Door to diagnostic evaluation by a qualified medical professional	Outpatient	Hospital Quality Reporting (HQR) System	CMS removed in 2018 and was thus removed from MBQIP
2013-2015	Pharm CPOE	Verification of Medication Orders Within 24 Hours	Patient Safety/ Inpatient	State Flex Program	MBQIP specific measure; FORHP decided to stop requiring CAHs to report on this measure in 2015
2011-2015	HF-2 (Heart Failure)	Evaluation of LVS Function	Inpatient	HQR System	CMS removed in 2015 and was thus removed from MBQIP
2011-2015	PN-6 (Pneumonia)	Initial Antibiotic Selection for CAP in Immunocompetent Patient	Inpatient	HQR System	CMS removed in 2015 and was thus removed from MBQIP
2012-2014	OP-7 (Surgery)	Antibiotic selection	Outpatient	HQR System	CMS removed in 2014 and was thus removed from MBQIP
2012-2014	OP-6 (Surgery)	Timing of antibiotic prophylaxis	Outpatient	HQR System	CMS removed in 2014 and was thus removed from MBQIP
2011-2014	PN-3b (Pneumonia)	Blood Cultures Performed in Emergency Department Prior to Initial Antibiotic Received in Hospitals	Inpatient	HQR System	CMS removed in 2014 and was thus removed from MBQIP
2011-2014	HF-3 (Heart Failure)	ACEI or ARB for LVSD	Inpatient	HQR System	CMS removed in 2014 and was thus removed from MBQIP
2011-2014	HF-1 (Heart Failure)	Discharge Instructions	Inpatient	HQR System	CMS removed in 2014 and was thus removed from MBQIP

Click [here](#) to return to the Table of Contents

Appendix C – Quality Reporting Channels for MBQIP Core Measures

Reporting Channels for Core MBQIP Measures



Click [here](#) to return to the Table of Contents

Appendix D – Key Resource for State Flex Coordinators

The following are resources specifically intended for use by state Flex personnel or subcontractors supporting MBQIP. This is not an exhaustive list. For more resources, visit the [Telligen RQITA webpage](#).

- **MBQIP Participation Criteria**

The MBQIP Participation Criteria Document is to be accessed by state Flex coordinators. This document contains the criteria for critical access hospital (CAH) participation for FFY 2025 in Flex, based on the required participation in MBQIP activities which are outlined in this document.

- **MBQIP Reports User Guide for State Flex Programs**

This page contains resources related to MBQIP quarterly data reports produced for CAHs and state Flex programs.

- **Antibiotic Stewardship Detailed Data Summarization Tool for State Flex Programs**

State Flex programs can use this tool to summarize and make use of the detailed antibiotic stewardship data. It provides a core element summary as well as a question-by-question summary of CAH responses at both the CAH- and state-level.

- **FORHP Rural Assistance Finder**

In collaboration with RHlhub, FORHP released a new tool to help rural hospitals and rural health clinics identify FORHP programs that provide free technical assistance to improve financial and operational performance, quality, and transition to value-based care.

- **Overall Hospital Compare Star Rating**

Provides an overview of the Overall Hospital Quality Star Ratings initially released in July 2016 by the Centers for Medicare & Medicaid Services. The document includes background information, a summary of the methodology and discussion/talking points.

- **MBQIP Reports User Guide for State Flex Programs**

Guide designed to assist Flex Programs with reviewing and utilizing MBQIP data reports. A related resource includes the Quarterly MBQIP Reports Updates (found on the same webpage).

Appendix E - Key Resources for Critical Access Hospitals

The following are resources specifically intended for use by CAHs participating in MBQIP. State Flex programs are encouraged to recreate and modify this list as appropriate to support your hospitals. This is not an exhaustive list. For more resources listed by topic category, visit the [Telligen RQITA webpage](#).

Host of MBQIP resources, quality improvement tools, recorded trainings and guides for all 9 core measures and additional measures. The webpage is divided into sections including:

- Key Resources and Tools
- Quality Improvement Tools and Templates
- Measure Specific Resources
- RQITA Monthly Newsletter
- Flex Coordinator Resources

Measure and Reporting Resources

- [MBQIP Measures and Additional Measures](#)
Overview of Current MBQIP core measures and additional measures.
- [MBQIP Navigator](#)
Guide to understanding the MBQIP measure reporting process. For each reporting channel, information is included on how to register, which measures are reported to the site and how to submit those measures. Included is a list of common acronyms used in MBQIP.
- [MBQIP Measure Core Set Information Guide](#)
This guide provides an overview of measures included in the MBQIP core measures, including information about the data collection, reporting processes and descriptions for each of the measures.
- [Monthly MBQIP Data Submission Deadlines](#)
This chart shows the MBQIP core measure submission deadlines for reporting and is updated monthly.
- [MBQIP Data Submission Guides](#)
These guides provide detailed instructions for submitting MBQIP measure data. They include measure details, linked trainings and step-by-step data submission instructions for the measure.

Click [here](#) to return to the Table of Contents

- **MBQIP Reports User Guide for Critical Access Hospitals** This page contains resources related to MBQIP quarterly data reports produced for CAHs and state Flex programs.

- **RQITA Monthly**

Monthly e-newsletter that provides CAHs with information and support for quality reporting and improvement and highlights current information about MBQIP. Currently on the [Flex Forum](#).

Quality Improvement Resources

- **Quality Improvement Workbook**

In this workbook you will find valuable resources to support your team's quality improvement efforts, including an interactive timeline to follow, quality improvement goal statement template and ways to track progress during your organization's quality improvement journey.

- **Bite Sized Learning: Quality Improvement Basics**

This series of bite-sized learning videos help strengthen skills for healthcare quality improvement professionals. Gain valuable insights, learn practical tools and discover best practices to drive continuous improvement. Whether you're new to quality improvement or looking to sharpen your expertise, these bite-sized videos fit into your busy schedule. Watch all 10 videos:

- [Introduction to Quality Improvement](#)
- [Building a Quality Improvement Team](#)
- [Team Roles and Responsibilities](#)
- [The 5 Ws of Effective Team Communication](#)
- [Setting SMART Goals](#)
- [Leveraging Process Mapping](#)
- [Plan-Do-Study-Act \(PDSA\) Cycle](#)
- [Root Cause Analysis and the 5 Whys](#)
- [The Fishbone Diagram](#)
- [A Plan for Sustaining Change](#)

- **MBQIP Reports User Guide for Critical Access Hospitals**

Guide designed to assist Critical Access Hospitals with reviewing and utilizing MBQIP data reports.

- **RQITA Webpage QI Tools**

The RQITA webpage contains various quality improvement tools targeted towards MBQIP activities.

Click [here](#) to return to the Table of Contents

- **Antibiotic Stewardship Implementation: Suggested Strategies from High Performing Critical Access Hospitals**

This resource shares implementation and enhancement strategies for antibiotic stewardship, collected from high performing CAHs across the U.S. during a series of focus group interviews.

- **Quality Improvement Measure Summaries for MBQIP**

This resource is focused on six of the core measures of MBQIP and provides suggested promising strategies for quality improvement for each.

Quality Reporting Partner Resources

- **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.

- **Webpage: RQITA Data Reporting**

Directs users to the reporting platforms used in MBQIP and other federal partner resources.

- **Webpage: TASC MBQIP Toolkit**

Contains archived resources for MBQIP for the previous 6 core measures.

Version History		
Date	Version Number	Update History
November 2025	Version 1.0	<ul style="list-style-type: none"> • Initial release

Click [here](#) to return to the Table of Contents