Tuesday, February 13th, 2024

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The Future of MBQIP: Are You Ready?

Multi-State Collaborative (AZ,ID,MT, OR, SD, UT, WA)

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Outline of the Multi-State Collaborative Learning Series

- 2/12/24: Current Status MBQIP and Beyond – Meet the RQITA Team
- 2/13/24: Learn about the MBQIP 2025 Measures
- 4/16/24: Embedding QI in Organizational Culture
- 6/11/24: How to leverage MBQIP Data for Improvements
  - SDOH and Health Equity
- 8/13/24: CAH Quality Infrastructure Implementation

Objectives

- Learn about the 2025 MBQIP Core Measure set
- Understand the implementation timeline for the 2025 MBQIP Core Measure set and how to report the measures.
- Hear best practices on data collection for the 2025 MBQIP measures

The RQITA Team

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Role of Rural Quality Improvement Technical Assistance Center (RQITA)

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

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

Resources and Services

- Monthly Newsletter
- Up-to-date resources, guides and tools
- 1:1 technical assistance
- Learning and action webinar events
- Recorded trainings
- **TASC Rural Center website**

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Current MBQIP Measure Recap

What is the Benefit of MBQIP to Critical Access Hospitals (CAHs)?

- **Demonstrate value and quality of care to the community**
- Engage in quality improvement initiatives with rural peers and experts
  - Improve patient experience
  - Empowering persons and clinicians to make decisions about their healthcare
- Establish a common set of rural-relevant measures for quality improvement (patient safety/inpatient, patient engagement, care transitions, outpatient)
  - Data that drives action
  - Rural-relevant benchmarking
- Increase hospital-level capacity for participating in federal and state reporting programs
  - Value-based payment programs
- Access to Flex program resources and assistance
- For those participating in Small Rural Hospital Improvement Program (SHIP), MBQIP is a required priority area
- Aligns with CAH conditions of participation (e.g. QAPI, Infection Prevention)

Current Core MBQIP Measures

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Core MBQIP Measures			
Patient Safety/Inpatient	**Patient Engagement**	**Care Transitions**	**Outpatient**
HCP/IMM-3 (formerly OP-27): Influenza Vaccination Coverage Among Healthcare Personnel (HCP) **Antibiotic Stewardship:** Measured via the Centers for Disease Control and Prevention National Healthcare Safety Network (CDC NHSN) Annual Facility Survey	**Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics: • Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Communication about Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care The survey also includes screener questions and demographic items. The survey is 29 questions in length.	**Emergency Department Transfer Communication (EDTC)** One composite; eight elements • **All EDTC Composite** • Home Medications • Allergies and/or Reactions • Medications Administered in ED • ED provider Note • Mental Status/Orientation Assessment • Reason for Transfer and/or Plan of Care • Tests and/or Procedures Performed • Test and/or Procedure Results	**Emergency Department (ED) Throughput** • **OP-18:** Median Time from ED Arrival to ED Departure for Discharged ED Patients • **OP-22:** Patient Left Without Being Seen *The AMI Outpatient measures, OP-2 and OP-3 are being removed by the center for Medicare & Medicaid Services (CMS) following submission of Quarter 1 2023 data.

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2025 MBQIP Measure Core Set

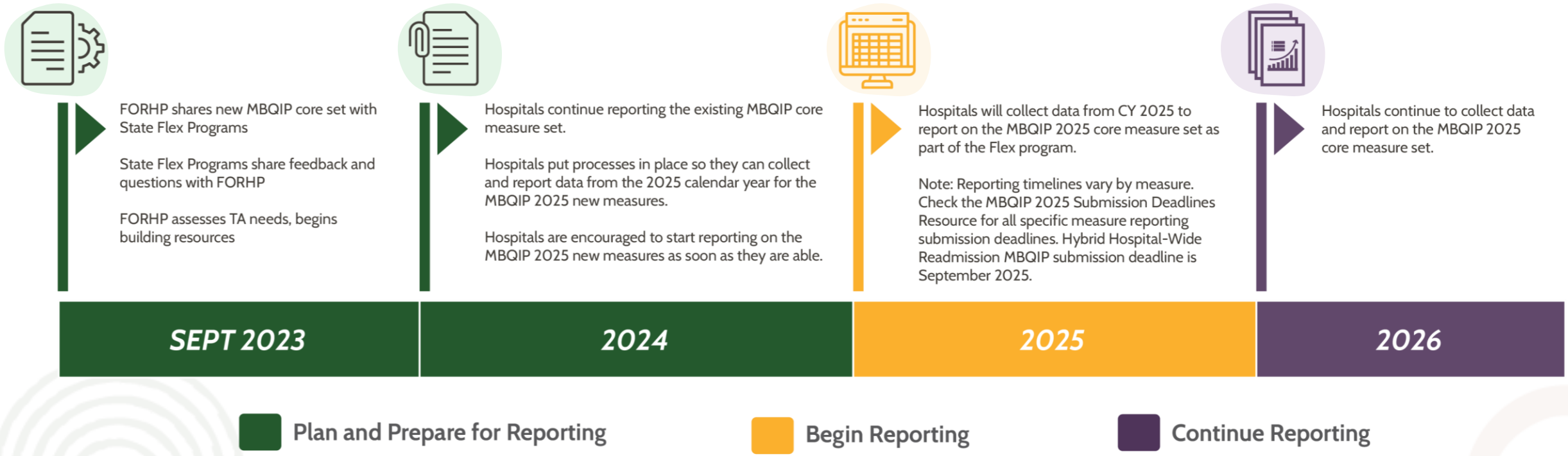
Implementation Timeline

2023:
Hospitals continue reporting the existing MBQIP core measure set.

2024:
Hospitals continue reporting the existing MBQIP core measure set.
Hospitals put processes in place so they can collect and report data from the 2025 calendar year.
Hospitals are encouraged to start reporting on the measures that will be new in MBQIP 2025 as soon as they are able.

2025:
Hospitals collect data to report on the MBQIP 2025 core measure set as part of the flex program.

MBQIP Implementation Timeline for State Flex Programs for the 2025 MBQIP Core Measure Set



- Moving from four domains to five domains
- Align with existing quality reporting programs
- FORHP “launch” date: September 1, 2025*

2025 MBQIP Core Measure Set

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

2025 MBQIP Core Measure Set				
Global Measures	**Patient Safety**	**Patient Experience**	**Care Coordination**	**Emergency Department**
• CAH Quality Infrastructure *(annual submission)* • Hospital Commitment to Health Equity *(annual submission)*	• Healthcare Personnel Influenza Immunization *(annual submission)* • Antibiotic Stewardship *(annual submission)* • Safe Use of Opioids (eCQM) *(annual submission)*	• Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) *(quarterly submission)*	• Hybrid Hospital-Wide Readmissions *(annual submission)* • SDOH Screening *(annual submission)* • SDOH Screening Positive *(annual submission)*	• Emergency Department Transfer Communication (EDTC) *(quarterly submission)* • OP-18 Time from Arrival to Departure *(quarterly submission)* • OP-22 Left Without Being Seen *(annual submission)*

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CAH Quality Infrastructure

Global Measures Domain

CAH Quality Infrastructure

Measure Description: Specifications for CAH Quality Infrastructure Measure will be released in 2024 and are dependent on data collection via the National CAH Quality Inventory and Assessment.

Structural measure to assess CAH quality infrastructure based on the nine core elements of CAH quality infrastructure:

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

CAH Quality Infrastructure

Measure Rationale: This measure will provide state and national comparison information to assess your CAH infrastructure, QI processes and areas of improvement for each facility. Using this measure, SFPs can plan quality activities to improve CAH quality infrastructure. Data will provide timely, accurate and useful CAH quality-related information to help inform state-level technical assistance for CAH improvement activities. This measure will provide hospital and state-specific information to help inform the future of MBQIP and national technical assistance and data analytic needs.

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

CAH Quality Infrastructure

Measure Submission and Reporting Channel: Annual submission through National CAH Quality Inventory and Assessment via FMT-administered Qualtrics platform.

Resources to Support You

- ****Specifications for CAH Quality Infrastructure Measure will be released in 2024 and are dependent on data collection via the National CAH Quality Inventory and Assessment.****

- More information about the Core Elements of Quality Infrastructure and the assessment can be found at:
  - Building Sustainable Capacity for Quality and Organizational Excellence | National Rural Health Resource Center
  - MBQIP 2025 Information Guide

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Hospital Commitment to Health Equity

Global Measures Domain

Hospital Commitment to Health Equity

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

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

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

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

Hospital Commitment to Health Equity

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

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

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

Hospital Commitment to Health Equity

Data Elements:

Domain 1 – Equity is a Strategic Priority

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

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

Hospital Commitment to Health Equity

Data Elements:

Domain 2 – Data Collection

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

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

Hospital Commitment to Health Equity

Data Elements:

Domain 3 – Data Analysis

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

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

Domain 4 – Quality Improvement

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

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

Hospital Commitment to Health Equity

Data Elements:

Domain 5 – Leadership Engagement

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

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

Hospital Commitment to Health Equity

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

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

Data Source: Multiple sources.

Data Collection Approach: Attestation.

Measure Submission and Reporting Channel: This is an annual attestation measure submitted through the Hospital Quality Reporting (HQR) secure portal.

Resources to Support You

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

Safe Use of Opioids – Concurrent Prescribing

Patient Safety Domain

Safe Use of Opioids – Concurrent Prescribing

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

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

Improvement Noted As: Decrease in rate.

Safe Use of Opioids – Concurrent Prescribing

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

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

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

eCQM Identifier: 506v6

Data Collection Approach: Chart extracted via Quality Reporting Document Architecture (QRDA) Category I File.

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

Safe Use of Opioids – Concurrent Prescribing

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

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

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

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

Resources to Support You

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

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Screening for Social Drivers of Health

Care Coordination Domain

Screening for Social Drivers of Health

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

To report on this measure, hospitals will provide:

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

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

Screening for Social Drivers of Health

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

Improvement Noted As: Increase in rate.

Screening for Social Drivers of Health

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

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

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

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

Screening for Social Drivers of Health

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

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

Data Source: Chart abstraction.

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

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

Resources to Support You

- Screening for Social Drivers of Health Measure Specification
- Frequently Asked Questions: SDOH Measures (August 2023)
- Listing of Various Screening Tools
- Guide to Social Needs Screening
- Rural Health Disparities Overview - Rural Health Information Hub
- MBQIP 2025 Information Guide

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Screen Positive for Social Drivers of Health

(SDOH Screening Positive)

Care Coordination Domain

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

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

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

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

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

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

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

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

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

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

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

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

Data Source: Chart abstraction.

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

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

Resources to Support You

- Screen Positive Rate for Social Drivers of Health Measure Specification
- Frequently Asked Questions: SDOH Measures (August 2023)
- Listing of Various Screening Tools
- Guide to Social Needs Screening
- Rural Health Disparities Overview - Rural Health Information Hub
- MBQIP 2025 Information Guide

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Hybrid Hospital-Wide Readmissions

(Hybrid HWR)

Care Coordination Domain

Hybrid Hospital-Wide Readmissions (Hybrid HWR)

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

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

Hybrid Hospital-Wide Readmissions (Hybrid HWR)

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

Hybrid Hospital-Wide Readmissions (Hybrid HWR)

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

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

Hybrid Hospital-Wide Readmissions (Hybrid HWR)

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

Hybrid Hospital-Wide Readmissions (Hybrid HWR)

Core Clinical Data Elements

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

(This will come from electronic medical record)

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

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

(This will come from claims data)

Hospital HWR - Guidance

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

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

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

Hybrid Hospital-Wide Readmissions (Hybrid HWR)

Encounter Period: First MBQIP encounter period is July 1, 2024, through June 30, 2025. The submission deadline is September 30, 2025.

Data Source: Chart abstraction and administrative claims.

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

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

****Currently available for submission****

Steps to Successful Submission

1.) Collect/Extract the data

2.) Populate the core clinical data elements into a QRDA Category I file

3.) Submit the QRDA Category I file through the HQR system

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

Resources to Support You

- Hybrid Hospital-Wide Readmission Measure Specification | eCQI Resource Center
- CMS Implementation Guide for QRDA 1 Implementation Guide for 2024 – see chapter 6 for CCDE submission
- QualityNet Hybrid Methodology
- Hybrid Measure Overview
- MBQIP 2025 Information Guide

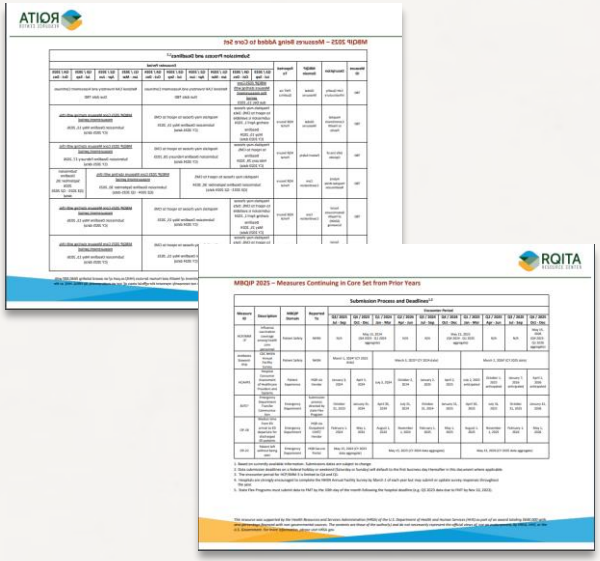
In Summary

- Measures in blue are the 2025 MBQIP measures
- A star (★) indicates the measure is currently available for reporting

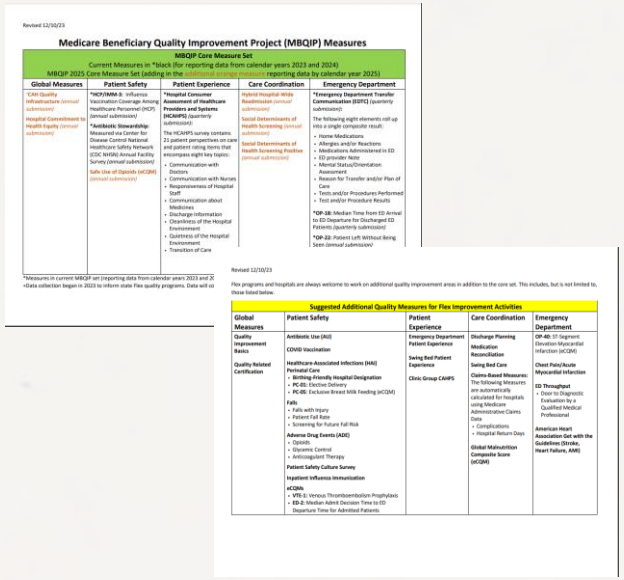
2025 MBQIP Core Measure Set				
Global Measures	**Patient Safety**	**Patient Experience**	**Care Coordination**	**Emergency Department**
• CAH Quality Infrastructure *(annual submission)* • Hospital Commitment to Health Equity *(annual submission)*	• Healthcare Personnel Influenza Immunization ★ *(annual submission)* • Antibiotic Stewardship Implementation ★ *(annual submission)* • Safe Use of Opioids (eCQM) ★ *(annual submission)*	• Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) ★ *(quarterly submission)*	• Hybrid Hospital-Wide Readmissions *(annual submission)* ★ • SDOH Screening *(annual submission)* • SDOH Screening Positive *(annual submission)*	• Emergency Department Transfer Communication (EDTC) ★ *(quarterly submission)* • OP-18 Time from Arrival to Departure ★ *(quarterly submission)* • OP-22 Left without Being Seen ★ *(annual submission)*

Hot Off the Press!

[MBQIP 2025 Information Guide]



[MBQIP 2025 Submission Deadlines]



[State Flex Program Key Resources]

Coming Soon!

- Measure Submission Guides for MBQIP 2025 core measures
- Recorded video overviewing MBQIP 2025 measures and reporting details
- Quality Improvement Basics recorded series

And More!

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Reporting the Data

Reporting Channels for 2025 MBQIP Measures

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Hospital Quality Reporting (HQR)

★ Hospital Commitment to Health Equity
★ Hybrid Hospital Wide Readmissions
★ Safe Use of Opioids-Concurrent Prescribing
★ Screening for Social Drivers of Health
★ SDOH Screening Positive
- HCAHPS Survey (vendor or self-administered)
- CMS Outpatient Measures (submitted via HARP) OP-22
- CMS Outpatient Measures (submitted via CART or vendor tool) OP-18

FMT Qualtrics Platform

★ CAH Quality Infrastructure

NHSN

- Antibiotic Stewardship
- Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

State Flex Coordinator

- Emergency Department Transfer Communication

Next Steps

Be on the lookout for deadline reminder emails from your State Flex Coordinator and the MBQIP Newsletter.

Start early! Explore the measure and report on them if you can. Plan for managing changes to clinical workflow and documentation processes

Be prepared to discuss any concerns or difficulties with your State Flex Coordinator.

Connect with your hospital system/vendor to confirm EHR reporting functionalities are in place or on track to be implemented. Know when your updates and server changes are scheduled.

Bookmark measure specification manuals on the Quality Net website for quick access.

Tips!

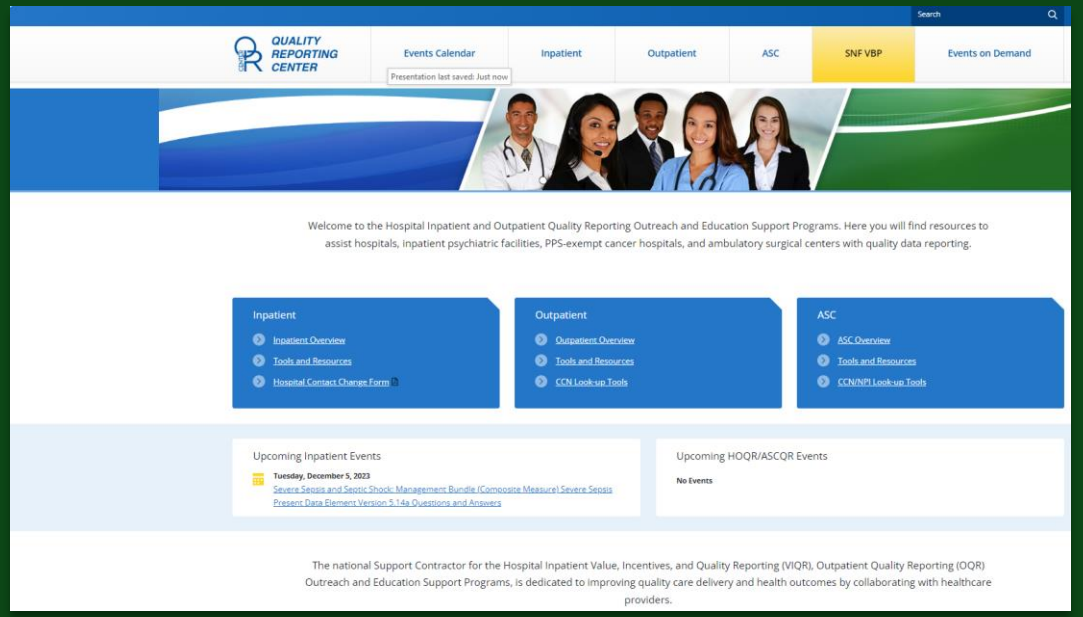
Most common reasons for rejections and resubmission of data

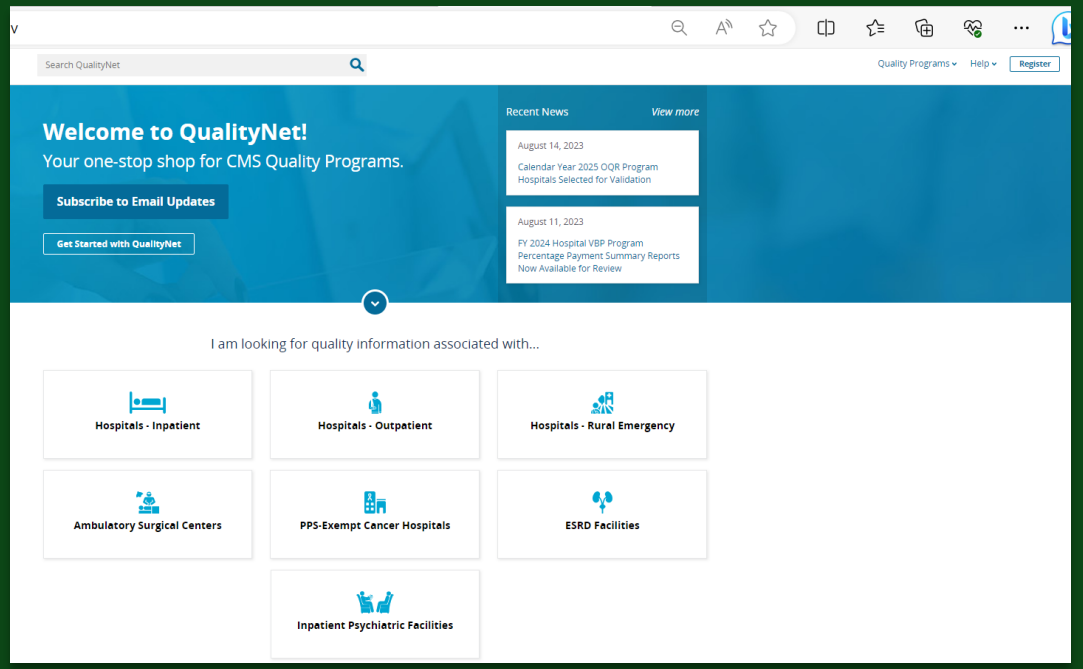
- The end time is before the start time – occasionally the timestamp of a data element defaults to midnight or there's a typo or it's not documented at all. When this happens, you can see this error. This is a documentation issue that needs to be corrected.
- There is an incorrect CEHRT ID in the file – one of the most annoying reasons for rejection. If your CEHRT ID is missing or incorrectly documented, your file will reject.
- The QRDA schema is incorrect – review that schema over and over (and over) for accuracy.
- The units of measurement are incorrect – most common problem was "white space" in the unit of measure. Make sure you send a unit of mmHg, not mm Hg (yup, that's annoying too).

Quality Reporting Center

Quality Net

- **Subscribe to Email Listservs**
  - HARP Notify
  - Quality Net Notifications
  - CART Notifications (if you use CART)
  - HIQR and HOQR
- **Locate Measure Specification Manuals**
- **CART Tool**
- **Register for HARP account**





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Questions?


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Thank You!


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