



# Medicare Beneficiary Quality Improvement Project (MBQIP) Quality Reporting Guide

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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 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 prospective payment system (PPS) hospitals on survey scores. 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 and every 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 percent 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.

### How This Guide is Organized

MBQIP measures are generally referred to by domain: Patient Safety, Patient Engagement, Care Transitions and Outpatient. However, since this guide focuses on reporting, the measures are grouped by how and where the data is to be reported. An [acronym list](#) is also provided.

## Key Resources

Below is a listing of key resources that are referenced throughout this Guide.

### [MBQIP Measures](#)

Overview of current MBQIP measures

### [MBQIP Data Submission Deadlines](#)

Chart of data submission deadlines for reporting the MBQIP measures.

### [MBQIP Acronyms](#)

A list of acronyms commonly used in reference to MBQIP.

### [CMS QualityNet Home Page](#)

Specifications Manuals and CMS Abstraction and Reporting Tools (CART) for both inpatient and outpatient measures.

### [CMS Quality Reporting Center](#)

This site contains inpatient and outpatient educational materials/resources developed by CMS. The instructional material can be very helpful, just remember that it is based on requirements for the CMS Inpatient and Outpatient Reporting Programs, and MBQIP Program requirements may differ.

### [National Healthcare Safety Network \(NHSN\)](#)

The Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network is a healthcare-associated infection tracking system.

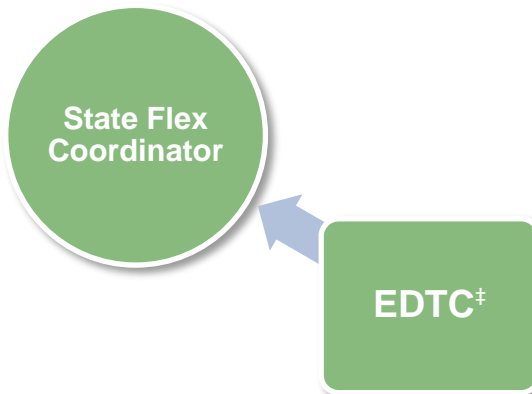
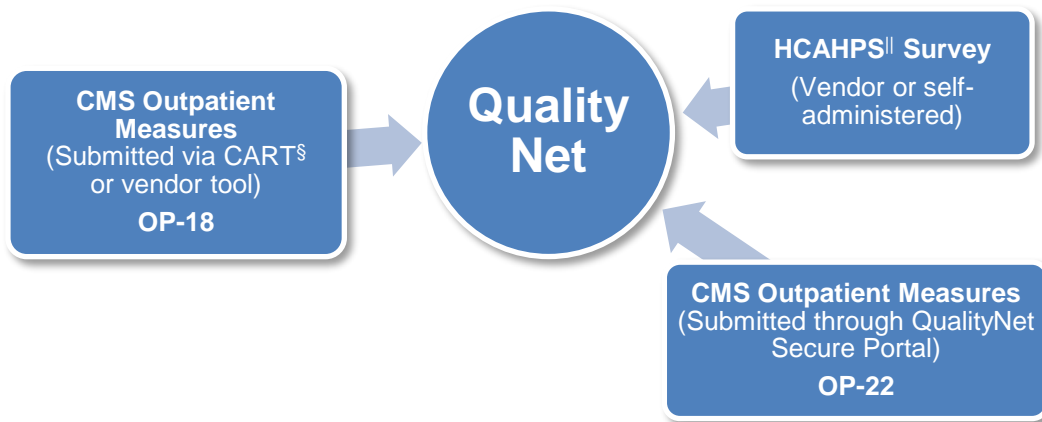
### [Emergency Department Transfer Communication Resources](#)

Links to the Emergency Department Transfer Communication (EDTC) Specifications Manual and a free Excel data entry tool.

### [Online MBQIP Data Abstraction Training Series](#)

Recorded sessions on YouTube on how to locate the CMS Specification Manuals, CART tool and the process to identify each MBQIP measure population and abstract the required data elements.

## Quality Data Reporting Channels for MBQIP Required Measures



<sup>§</sup>CMS Abstraction and Reporting Tool <sup>||</sup>Hospital Consumer Assessment of Healthcare Providers and Systems  
<sup>\*</sup>National Healthcare Safety Network <sup>†</sup>Antibiotic Stewardship <sup>‡</sup>Emergency Department Transfer Communication

## Getting Started in QualityNet

**MBQIP Training Video:** Data Abstraction Training Video Session 1 – [QualityNet](#). This video shows how to locate and navigate the CMS QualityNet website. (10-minute video)

### 1. Register with QualityNet

First, a hospital must register for a QualityNet Account. That is done by going to QualityNet and setting up at least one QualityNet Security Administrator (SA). It is highly recommended that hospitals designate at least two QualityNet SAs – one to serve as the primary QualityNet SA and the other to serve as backup. Registration information for QualityNet can be found here:

<https://www.qualitynet.org/getting-started#tab1>

Download and complete the registration packet and mail to the address indicated in the instructions. You will be notified by e-mail when registration is complete and your QualityNet account has been activated. The e-mail will also contain your User ID. A temporary password will be sent in a separate e-mail. You will need both to complete enrollment for access to the QualityNet Secure Portal.

### 2. Access the QualityNet Secure Portal

For access to the QualityNet Secure Portal, complete the New User Enrollment Process. You'll be asked to change your password and answer a set of security questions. Information on the New User Enrollment Process can be found here: <https://www.qualitynet.org/getting-started#tab2>

**CMS Training Video:** [QualityNet Secure Portal: New User Enrollment](#).

This video covers preparing for first-time login, logging in for the first time (proofing and credentialing process), logging into the QualityNet Secure Portal and logging out of the QualityNet Secure Portal. (19-minute video)

### 3. Maintain an Active QualityNet Security Administrator (SA)

Hospitals are required to maintain an active QualityNet SA. To stay active, SAs should log into their account at least once per month. If an account is not logged into for 120 days, it will be disabled. Once disabled, the user will need to contact the QualityNet Help Desk to have their account reset.

### 4. Complete a Notice of Participation (NoP)\*

In order for a hospital to have their inpatient data publicly reported, an NoP must be completed. To verify if your hospital has completed an NoP, or needs to complete an NoP for the first time:

- a. Log into the QualityNet Secure Portal.
- b. Select “Hospital Quality Reporting” from the “Choose Your QualityNet Destination” drop-down menu. This will bring up the My Tasks page.
- c. In the box titled Manage Notice of Participation click on View/Edit Notice of Participation, Contacts and Campuses.
- d. Follow the instructions to see your hospital’s status. Once your hospital’s NoP is accepted, it remains active unless your hospital changes its pledge status.

\*An NoP is no longer required for outpatient data. Such data will automatically be made publicly available unless it meets data suppression requirements set forth by Hospital Compare.

**CMS Training Video:** [Hospital Quality Reporting Notice of Participation](#).

This video provides instructions on the Hospital Quality Reporting Notice of Participation (NoP) pledge data entry application. (17-minute video)

## CMS Outpatient Measures

### MBQIP Measures

#### Required

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

**OP-22:** Patient Left Without Being Seen

#### 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.

Be sure to reference the manual for the encounter time period you are currently abstracting.

**MBQIP Training Video:** Data Abstraction Training Video Session 2 - [Locating CMS Data Specifications Manuals](#). This video provides assistance on how to locate the CMS Reporting Manuals. (13-minute video)

#### 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 via the QualityNet Secure Portal. 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.

Be sure to reference the manual for the discharge time period you are currently abstracting.

Population and Sample size counts are submitted via the QualityNet Secure Portal in the Hospital Outpatient Population and Sampling application, located under Quality Programs, then under My Tasks.

- a. Log in to the QualityNet Secure Portal.
- b. Select Hospital Quality Reporting from the Choose Your QualityNet Destination drop-down menu.
- c. On the MyTasks page look for Hospital Reporting Inpatient/Outpatient; select View/Edit Population & Sampling.
- d. Select Outpatient Population & Sampling.
- e. Enter your facility's CCN; click Continue.
- f. Select the reporting period for which you are submitting data; click Continue.
- g. Enter your total number of cases in the Population grid then click Edit.
- h. Select your sampling option. If you are doing all cases that meet the population requirements for the measure, select Not Sampled. If there are no cases that meet the population requirements, select Not Sampled.
- i. If you are sampling, enter the number of cases you are submitting. If you have chosen the Not Sampled option, the sampling grid will fill in automatically.
- j. Click Save to complete your entry.



The fields for the required measures should not be left blank. A zero should be submitted when there are no discharges for the measure set.

**CMS Training Video:** [Hospital Quality Reporting Population and Sampling](#) in the QualityNet Secure Portal. (2-minute video)

### 3. Abstract CMS Outpatient Measure Data using CART or a vendor tool

Hospitals must chart abstract and submit complete data quarterly for the ED-Throughput measure set (OP-18). For further information on how to collect this data, reference the [Hospital Outpatient Quality Reporting Specifications Manual](#) on QualityNet.

Be sure you reference the manual for the discharge time period you are currently abstracting.

**MBQIP Training Video:** [Data Abstraction Training Video Sessions 4 and 5](#). These videos provide further guidance on abstracting the MBQIP core outpatient measures.

The Outpatient CART application is available at no charge. Instructions on CART downloading and information, including the CART User's Guide are found here: [CART Downloads & Info](#).

Be sure to use the version that includes the data submission discharge time frame.

**MBQIP Training Video:** Data Abstraction Training Video Session 3 - [Locating CART](#). This video provides assistance on how to locate CART. (16-minute video)

**CMS Training Video:** [CART Basics](#).

This video reviews the basic steps needed to use CART, including how to download the application, log in, create a provider and user set up and navigate through the application. (30-minute video)

**CMS Training Video:** [CART Outpatient Quality Reporting \(OQR\): Knowing the Basics](#).

This video reviews the steps required for entering abstractions into CART. This presentation will also demonstrate how to export your abstractions and submit your data into the QualityNet Secure File Transfer. (43-minute video) [Presentation Slides](#).

### 4. Submit CMS Outpatient Web-Based Measures

ED Throughput measure OP-22 is collected using administrative data to determine the measures' denominator 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 QualityNet Secure Portal's Web-based data collection tool. For further information on how to collect this data, reference the [Hospital Outpatient Quality Reporting Specifications Manual](#) on QualityNet.



**CMS Training Video: [Outpatient Quality Reporting \(OQR\) Web-Based Measures.](#)**

This video demonstrates important features and key steps for submitting outpatient web-based measures via the QualityNet Secure Portal’s Web-Based Data Collection Tool. New users will want to watch the beginning of the video which demonstrates where to find the application for reporting the measures through the secure site. The video provides step-by-step instruction for submitting OP-22 starting at the 11:02 mark. (18-minute video)

**5. Submit Data to the CMS Warehouse (QualityNet)**

Clinical data submission is accomplished in one of two ways: uploading from Outpatient CART or by a third-party vendor.

Third-party vendors must be able to meet the Measurement Specifications for data transmission via the QualityNet Secure Portal to the CMS Clinical Warehouse. The online authorization process to authorize a vendor to submit data on the hospital’s behalf can be found through the QualityNet Secure Portal.



Data submissions must be timely. Refer to the [MBQIP Data Submission Deadlines](#) for timeframes.

**6. Check Submitted Cases**

After your data is submitted to the QualityNet warehouse you will get confirmation that data was received. To check and make sure the data was accepted and not rejected, run the Case Status Summary Report out of QualityNet. Reports are located through the QualityNet Secure Portal.

To Run the Case Status Summary Report:

- a. Log into the Secure Portal on QualityNet
- b. Select Hospital Quality Reporting for the Destination
- c. On the My Tasks page select My Reports
- d. Select Run Reports from the I’d Like To... list
- e. Select OQR (Outpatient) from the Report Program drop-down menu
- f. Select Hospital Reporting – Feedback Reports from the list in the Report Category drop-down menu
- g. Select View Reports to display a list of report names available
- h. Select Hospital Reporting – Case Status Summary Report under Report Name
- i. Select the quarter and measure sets for the data you have just submitted
- j. Select Run Reports at the bottom of the screen

**To View the Case Status Summary Report:**

Select the Search Reports tab. The report requested will display as well as the report status with icons indicating that the report is processing. A green check mark will display in the Status column when the report is complete. Be patient, it can take a while – several minutes to several hours – depending on how busy the QualityNet server is. Once complete, the report can be viewed or downloaded. Don't run the report right after you have submitted data. It needs time to process.

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 to run the report and select Hospital Reporting – Submission Detail Report under Report Name.



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.

## CMS Inpatient Measures

### MBQIP Measures

#### Additional

**PC-01:** Elective Delivery

#### Submitting Web-Based Measures<sup>1</sup>

The inpatient web-based measure PC-01: Elective Delivery is reported quarterly through the QualityNet Secure Portal.

The Initial Patient Population, numerator, denominator, and total exclusions are to be determined using the specifications developed by the Joint Commission for this measure. Full definitions and other relevant information can be found at <https://manual.jointcommission.org/bin/view/Manual/WebHome>

More information on how to submit this measure can be found at the [CMS Quality Reporting Center](#).

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<sup>1</sup> At this time there are no MBQIP core measures that are web-based inpatient measures.

# Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

## MBQIP Measures

<p><b>Required</b> <b>HCAHPS Survey</b></p>
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### 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.

Hospitals that plan to self-administer the survey will want to review these [training materials](#).



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 QualityNet in the specified Microsoft Excel XML file format by a registered QualityNet user. Data may be submitted by the hospital or a vendor representing the hospital.



HCAHPS data is submitted to QualityNet on a quarterly basis. Refer to the [MBQIP Data Submission Deadlines](#) for timeframes.

For more information about the HCAHPS, see [HCAHPSOnline.org](#)

## National Healthcare Safety Network (NHSN)

### MBQIP Measures

**Required**  
**HCP/IMM-3:** Influenza Vaccination Coverage Among Healthcare Personnel (HCP)  
**Antibiotic Stewardship** – NHSN Annual Facility Survey

**Additional**  
**Healthcare-Associated Infections (HAI):**  
**CLABSI:** Central Line-Associated Bloodstream Infection  
**CAUTI:** Catheter-Associated Urinary Tract Infection  
**C. diff:** Clostridioides difficile Infection (CDI)  
**MRSA:** Methicillin-resistant Staphylococcus Aureus Infection

#### 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](mailto:nhsn@cdc.gov)

If your hospital is not already enrolled in NHSN, follow these [instructions for enrollment](#).

#### 2. 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.

#### 3. 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). Resources and instructions on how hospitals submit HCP influenza data can be found on the [Surveillance for Healthcare Personnel Vaccination webpage](#).



HCP/IMM-3 data is due by May 15 of the reporting year. HAI data is submitted on a quarterly basis. Refer to the [MBQIP Data Submission Deadlines](#) for timeframes.

#### 4. Complete the NHSN Patient Safety Component Annual Facility Survey.

This survey will be used to measure implementation of Antibiotic Stewardship. Data submission is completed during the first quarter of a calendar year based on information from the previous year. A [copy of the survey](#) and [instructions for completion of the survey](#) can be found on the NHSN website.

Accessing the survey in NHSN:

- 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.
- 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.

Further information on timeframes and how to report the additional measures in NHSN can be found on the [Tracking Infections in Acute Care Hospitals/Facilities webpage](#).

## Emergency Department Transfer Communication (EDTC)

### MBQIP Measures

#### Required

#### EDTC Data Elements:

- 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
- Tests and/or Procedure Results

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

#### 1. Identify Measure Population

Hospitals need to identify which emergency department cases fit in the measure population for reporting. The information 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](#).

**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. The free Excel-based Data Collection Tool for EDTC measure, along with instructions for using the tool, can be found on the [EDTC Resources webpage](#).

**MBQIP 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.



Data submissions must be timely. Refer to the [MBQIP Data Submission Deadlines](#) for timeframes.

## Acronyms

CAH	Critical Access Hospital
CART	CMS Abstraction and Reporting Tool
CAUTI	Catheter-Associated Urinary Tract Infection
CCN	CMS Certification Number
C.Diff/CDI	Clostridioides difficile
CLABSI	Central Line-Associated Blood Stream Infection
CMS	Centers for Medicare & Medicaid Services (CMS)
CT	Computed Tomography
ECG	Electrocardiogram
ED	Emergency Department
EDTC	Emergency Department Transfer Communication
Flex	Medicare Rural Hospital Flexibility Program
FORHP	Federal Office of Rural Health Policy
HAI	Healthcare-Associated Infections
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCP	Healthcare Personnel
IMM	Immunization
IQR	Inpatient Quality Reporting
IVR	Interactive Voice Response
MBQIP	Medicare Beneficiary Quality Improvement Project
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant Staphylococcus aureus
NHSN	National Healthcare Safety Network
NoP	Notice of Participation
OP	Outpatient
OQR	Outpatient Quality Reporting
PC	Perinatal Care
PPS	Prospective Payment System
SA	System Administrator

## Record Your 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.

### Reporting Tools and Contacts

QualityNet Administrators: (recommend two from each facility)	

NHSN Facility Administrator:	
NHSN Users: (recommend at least one additional user beyond the facility administrator)	

### CMS Chart-Abstracted Inpatient and Outpatient Measures

Who is responsible for collecting the data:	
Who is responsible for submitting the data:	

#### If using the CMS CART tool:

CART Administrators (recommend at least two from each facility):	

#### If using a Vendor tool:

Vendor:	
Staff with Access:	
Contact information for vendor tool:	

### Emergency Department Transfer Communication

What data collection tool is used:	
Staff with access to the tool:	
Process for submission of EDTC data (note this varies by state):	

### HCAHPS

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

Other Quality Reporting Tools or Contacts:	
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### For MBQIP Assistance

State Flex or MBQIP Coordinator:	
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