



# Medicare Beneficiary Quality Improvement Project (MBQIP)

## MBQIP 2025 Core Measure Set and Data Submission Deadlines

Starting in calendar year 2025, critical access hospitals will collect data to report on the updated MBQIP core measure set as part of the Flex Program. Details on measure set submission/reporting deadlines for both the new MBQIP core measures and the existing MBQIP measure set are listed in the following tables. Links to measures specifications for the new MBQIP measures are also provided.

For calendar years 2023 and 2024, hospitals will continue reporting the <u>existing MBQIP core measure set</u>. In addition, hospitals are encouraged to start reporting on the new measures in the MBQIP 2025 Core Measure Set as soon as they are able. At a minimum, hospitals need to start putting processes in place so they can collect and report data on the new measures for calendar year 2025. During this time, the <u>Minnesota Flex Program</u> and Stratis Health are available to assist hospitals and health systems with incorporation of the new measures.

The 2025 MBQIP Core Measure Set was adopted by the Federal Office of Rural Health Policy after a process involving input from State Flex Programs, critical access hospitals, and the public via a public comment process. The measure set may be subject to change over time as needed to align with changes in federal and state health care quality programs as well the needs of rural hospitals and the communities they serve.

### **MBQIP 2025 Updated Core Measure Set**

Existing Measure						
New Measure						
Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department		
CAH Quality Infrastructure Implementation*	Healthcare Personnel Influenza	Hospital Consumer Assessment of Healthcare	Hybrid All-Cause Readmissions*	Emergency Department Transfer		
Hospital Commitment to	Immunization* Antibiotic	Providers and Systems (HCAHPS)	Social Drivers of Health (SDOH) Screening*	Communication (EDTC)		
Health Equity*	Stewardship Implementation*		SDOH Screen Positive*	OP-18 Time from Arrival to Departure		
	Safe Use of Opioids (eCQM)*			OP-22 Left without Being Seen*		

<sup>\*</sup>Annual Submission. Nine measures are reported once annually, three measures reported quarterly (HCAHPS, EDTC, OP-18).

#### Links to new MBQIP measure descriptions and specifications

- CAH Quality Infrastructure Implementation
- Hospital Commitment to Health Equity
- Hybrid All-Cause Readmissions
- Safe Use of Opioids
- Social Drivers of Health (SDOH-1 and SDOH-2)





## MBQIP 2025 - Measures Being Added to Core Set

Blue shading indicates the required measurement periods for the new measures.

Submission Process and Deadlines <sup>1,2</sup>													
Measure		MBQIP	Reported To	Encounter Period									
ID		Domain		Q3/ 2023 Jul - Sep	Q4 / 2023 Oct - Dec	Q1 / 2024 Jan - Mar	Q2 / 2024 Apr - Jun	Q3 / 2024 Jul - Sep	Q4 / 2024 Oct - Dec	Q1 / 2025 Jan - Mar	Q2 / 2025 Apr - Jun	Q3 / 2025 Jul - Sep	Q4 / 2025 Oct - Dec
TBD	CAH Quality Infrastructure	Global Measures	FMT via online survey	MBQIP 20 Measure star measureme due Dec	National CA	National CAH Inventory and Assessment Continues  Due date TBD				National CAH Inventory and Assessment Continues Due date TBD			
HCHE	Hospital Commitment to Health Equity	Global Measures	HQR Secure Portal	Hospitals end report. Data s available star 202 Deadline Ma (CY 202	ubmission is rting April 1, 24. ay 15, 2024		omission Dead	uraged to repo dline May 15, 2 24 data)		MBQIP 2025 Core Measure starting with this measurement period Submission Deadline May 15, 2026 (CY 2025 data)			
Safe Use of Opioids <sup>3</sup>	Safe Use of Opioids	Patient Safety	HQR Secure Portal	Hospitals er to rep Deadline Febru (CY 202	oort. uary 29, 2024	l Subm	ission Deadlin	uraged to repo ne February 28 24 data)	ort 5, 2025	MBQIP 2025 Core Measure starting with this measurement period Submission Deadline February 27, 2026 (CY 2025 data)			
Hybrid HWR	Hybrid Hospital- Wide Readmissions	Care Coordination	HQR Secure Portal	Submission	Hospitals encouraged to report Submission Deadline September 30, 2024 (Q3 2023 - Q2 2024 data)			me Submission D	asurement per	ember 30, 2025 (Q3 2025 - C			er 30, 2026 - Q2 2026
SDOH-1	Social Drivers of Health (SDOH) Screening	Care Coordination	HQR Secure Portal	Hospitals end report. Data s available April 1, Deadline Ma (CY 202	ubmission is starting 2024 ay 15, 2024	Hospitals encouraged to report Submission Deadline May 15, 2025 (CY 2024 data)			MBQIP 2025 Core Measure starting with this measurement period Submission Deadline May 15, 2026 (CY 2025 data)				
SDOH-2	Social Drivers of Health (SDOH) Screening Positive	Care Coordination	HQR Secure Portal	Hospitals end report. Data s available April 1, Deadline Ma (CY 202	ubmission is starting 2024 ay 15, 2024	Hospitals encouraged to report Submission Deadline May 15, 2025 (CY 2024 data)			MBQIP 2025 Core Measure starting with this measurement period Submission Deadline May 15, 2026 (CY 2025 data)				

<sup>1.</sup> Based on currently available information. Submissions dates are subject to change.

<sup>2.</sup> Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter in this document where applicable.

3. The Safe Use of Opioids measure is a required eCQM for the Medicare Promoting Interoperability Program.





## MBQIP 2025 - Measures Continuing in Core Set from Prior Years

Submission Process and Deadlines <sup>1,2</sup>														
Measure ID	Description	MBQIP Domain	Reported To	Encounter Period										
				Q3/ 2023 Jul - Sep	Q4 / 2023 Oct - Dec	Q1 / 2024 Jan - Mar	Q2 / 2024 Apr - Jun	Q3 / 2024 Jul - Sep	Q4 / 2024 Oct - Dec	Q1 / 2025 Jan - Mar	Q2 / 2025 Apr - Jun	Q3 / 2025 Jul - Sep	Q4 / 2025 Oct - Dec	
HCP/ IMM-3 <sup>3</sup>	Influenza vaccination coverage among health care personnel	Patient Safety	NHSN	N/A	May 15 (Q4 2023 aggre	- Q1 2024	l 2024 N/A N/A (Q4 2024 -		- Q1 2025	N/A	N/A	May 15, 2026 (Q4 2025 - Q1 2026 aggregate)		
Antibiotic Steward- ship	CDC NHSN Annual Facility Survey	Patient Safety	NHSN	March (CY 202		March 3, 2025 <sup>4</sup> (CY 2024 data)			March 2, 2026 <sup>4</sup> (CY 2025 data)					
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Patient Experience	HQR via Vendor	January 3, 2024	April 3, 2024	July 3, 2024	October 2, 2024	January 2, 2025	April 2, 2025	July 2, 2025 anticipated	October 1, 2025 anticipated	January 7, 2026 anticipated	April 1, 2026 anticipated	
EDTC	Emergency Department Transfer Communication	Emergency Department	MN Hospital Association Portal	October 31, 2023	January 31, 2024	April 30, 2024	July 31, 2024	October 31, 2024	January 31, 2025	April 30, 2025	July 31, 2025	October 31, 2025	January 31, 2026	
OP-18	Median time from ED arrival to ED departure for discharged ED patients	Emergency Department	HQR via Outpatient CART/ Vendor	February 1, 2024	May 1, 2024	August 1, 2024	November 1, 2024	February 1, 2025	May 1, 2025	August 1, 2025	November 1, 2025	February 1, 2026	May 1, 2026	
OP-22	Patient left without being seen	Emergency Department	HQR Secure Portal	May 15 (CY 20 aggre	23 data	May 15, 2025 (CY 2024 data aggregate)				May 15, 2026 (CY 2025 data aggregate)				

<sup>1.</sup> Based on currently available information. Submissions dates are subject to change.

<sup>2.</sup> Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter in this document where applicable.

<sup>3.</sup> The encounter period for HCP/IMM-3 is limited to Q4 and Q1.

<sup>4.</sup> Hospitals are strongly encouraged to complete the NHSN Annual Facility Survey by March 1 of each year but may submit or update survey responses throughout the year.