

MBQIP Open Call for Minnesota Critical Access Hospitals (CAHs)

April 10, 2024

1:00 p.m. - 2:00 p.m.



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Happy Spring!



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Agenda

- Current MBQIP Measure Reporting Updates
- Sharefile login reminder
- Preparing for 2025 Core MBQIP Measure Set Reporting
 - New Measures and Timelines
 - Measure Spotlight: CAH Quality Infrastructure, 2023 Results
 - Measure Spotlight: Hybrid Hospital Readmissions
- Birthing Friendly Hospital Designation

MBQIP Data Reporting Updates

Updates

- MBQIP Data Reports
- Upcoming Data Reporting Due Dates
- CART Tool 1.23.0 Installation reminder
 - Upgrade 1.24.0 for 2024 data
- Review the steps to ensure your data was accepted to Hospital Quality Reporting (HQR)

MBQIP Data Reporting Status

- Q3 2023: 71 CAHs reported on OP-18 to HQR (74 reported in Q2 2023)
 - New CART tool 1.23.0 installation issues prevented some from reporting
- 77 CAHs submitted EDTC data for Q4 2023 (All reported in Q2 2023)

Keep up the good work!!!

MBQIP 2025: Updated Core Measure Set

★ Current MBQIP Core Measure
 New MBQIP Core Measure

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

Nine measures are reported once annually (* denotes annual submission)
 Three measures reported quarterly (HCAHPS, EDTC, OP-18)

MBQIP 2025 – Measures Continuing in Core Set from Prior Years

Submission Process and Deadlines ^{1,2}													
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 ³	Influenza vaccination coverage among health care personnel	Patient Safety	NHSN	N/A	May 15, 2024 (Q4 2023 - Q1 2024 aggregate)		N/A	N/A	May 15, 2025 (Q4 2024 - Q1 2025 aggregate)		N/A	N/A	May 15, 2026 (Q4 2025 - Q1 2026 aggregate)
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	Patient Safety	NHSN	March 1, 202 ⁴ (CY 2023 data)		March 3, 2025 ⁴ (CY 2024 data)			March 2, 2026 ⁴ (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, 2024 (CY 2023 data aggregate)		May 15, 2025 (CY 2024 data aggregate)			May 15, 2026 (CY 2025 data aggregate)				

MBQIP Data Reporting Upcoming Due Dates (For Existing Measures)

- **EDTC** Q4 2023 due April 30th (MHA Portal)
- **OP-18** Q4 2023 due May 1st (Hospital Quality Reporting)
- **OP-22** – Calendar Year 2023 data due May 15th (Hospital Quality Reporting)
- **HCP-IMM-3** - Q4 2023 - Q1 2024 data due May 15th (CDC NHSN)

CART Tool 1.24.0 Version Upgrade

- Required for 1/1/2024-12/31/2024 data
 - No initial installation is required if you've installed 1.23.0 version – you can select upgrade only
 - If you have not installed the new 1.23.0 version yet, you will need to select initial 1.24.0 installation
- QualityNet page CART tool page with the latest version and installation instructions: [Download CART \(cms.gov\)](#)

How to make sure your HQR data submission was accepted and not rejected

After your data is submitted you should get confirmation that the data was received. To check and make sure the data was accepted and not rejected, run the Case Status Summary Report. This report is run from the Hospital Quality Reporting portal. To Run the Case Status Summary Report:

1. Log in to HQR via your HARP account.
2. Under the **Dashboard** on the left-hand side of the screen, select **Data Results** and **Chart Abstracted**.
3. Select the **File Accuracy** tab.
4. Under **Program** chose **OQR** (Outpatient Quality Reporting).
5. Under **Report** select **Case Status Summary**.
6. Under Encounter Quarter select the quarter for the data you have just submitted.
7. Click on **Export CSV**. Your report will appear in an Excel format showing the number of cases that made it to the warehouse for each measure submitted and the number accepted and/or rejected.

If your Case Status Summary Report shows that cases have been rejected, run the Submission Detail Report. This report will show you why your cases have been rejected. Correct the errors and resubmit those cases. Follow the above steps but select **Submission Detail** as your report.

If your Case Status Summary Report shows no data fits the criteria, then the data you submitted did not make it to the warehouse. Something must have gone wrong with your submission so try again.

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.

Sharefile Access Demo

Reminders:

- Individual CAH MBQIP quarterly reports are on Sharefile website.
- Reporting contacts have access.
- Important to login each time new reports are available to download and review MBQIP reports.
- Helps identify opportunities for improvement and adjust your QI activities.

2025 MBQIP Core Measures Set: Preparing to Report

MBQIP 2025: Updated Core Measure Set

★ Current MBQIP Core Measure
 New MBQIP Core Measure

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

Nine measures are reported once annually (* denotes annual submission)
 Three measures reported quarterly (HCAHPS, EDTC, OP-18)

2025 MBQIP Measures Reporting Timeline

- Existing MBQIP core measures set: continue to report as usual
- New MBQIP measures being added to the core set:
 - CAHs are encouraged to start reporting in 2025 for CY 2024 encounters
 - CAH are expected to report data in 2026 for CY 2025 encounters
 - Exception is Hybrid Hospital Wide-Readmission measure:
 - 2025 submission deadline includes encounters from Q3 2024 – Q2 2025
- Resource on specifications and reporting timelines:
 - [MBQIP 2025 Core Measure Set and Data Submission Deadlines \(stratishealth.org\)](https://stratishealth.org/mbqip-2025-core-measure-set-and-data-submission-deadlines)

MBQIP 2025 – Measures Being Added to Core Set

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

Submission Process and Deadlines ^{1,2}													
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
TBD	CAH Quality Infrastructure	Global Measures	FMT via online survey	MBQIP 2025 Core Measure starting with this measurement period due Dec 15, 2023			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 encouraged to report. Data submission is available starting April 1, 2024. Deadline May 15, 2024 (CY 2023 data)			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)			
Safe Use of Opioids ³	Safe Use of Opioids	Patient Safety	HQR Secure Portal	Hospitals encouraged to report. Deadline February 29, 2024 (CY 2023 data)			Hospitals encouraged to report Submission Deadline February 28, 2025 (CY 2024 data)			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	Hospitals encouraged to report Submission Deadline September 30, 2024 (Q3 2023 - Q2 2024 data)			MBQIP 2025 Core Measure starting with this measurement period Submission Deadline September 30, 2025 (Q3 2024 - Q2 2025 data)			Submission Deadline September 30, 2026 (Q3 2025 - Q2 2026 data)			
SDOH-1	Social Drivers of Health (SDOH) Screening	Care Coordination	HQR Secure Portal	Hospitals encouraged to report. Data submission is available starting April 1, 2024. Deadline May 15, 2024 (CY 2023 data)			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 encouraged to report. Data submission is available starting April 1, 2024. Deadline May 15, 2024 (CY 2023 data)			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)			

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What can you do to prepare?

- Understand what eCQMs your hospital is submitting and performance on those measures (CY 2023 eCQMs were due February 29, 2024)
- Consider reporting the [Hospital Commitment to Health Equity](#) structural measure (May 15th deadline for attesting to 2023 activities)
- Understand your hospital's screening and follow-up process for health-related social needs and capture of data in your EHR; start developing SDOH/HRSN strategy if you haven't already
- Talk with your IT/HIM regarding capture and submission of hybrid readmissions measure elements

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New Measure Spotlight: CAH Quality Infrastructure 2023 Minnesota Results

CAH Quality Infrastructure Measure

- *New* MBQIP 2025 Core Measure
- **Domain:** Global Measures
- **Description:** Structural measure to assess CAH quality infrastructure based on the nine core elements of CAH quality infrastructure
- **Reporting Channel:** Online survey via Flex Monitoring Team
- **Timeline:** Annual, timing TBD (anticipated Fall 2024)

National CAH Quality Inventory and Assessment

- With funding and support from FORHP, the Flex Monitoring Team (FMT) and other Flex partners developed a National CAH Quality Assessment a standardized mechanism for gathering information to:
 - Assess **CAH quality improvement infrastructure**
 - Better understand CAH **measurement and quality activities** across **different service lines**
- Initial survey implementation was completed in late 2023
 - 88% of CAHs nationally completed the survey
 - **94% of MN CAHs** in Minnesota completed the survey – Thank you!!
- Minnesota 2023 [Summary Report](#); individual CAHs received reports with Quality Infrastructure data via Sharefile

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Core Elements of CAH Quality Infrastructure



**Leadership
Responsibility &
Accountability**



**Quality Embedded
Within the
Organization's
Strategic Plan**



**Workforce
Engagement
& Ownership**



**Culture of
Continuous
Improvement
Through Systems**



**Culture of
Continuous
Improvement
Through Behavior**



**Integrating
Equity into
Quality Practices**



**Engagement of
Patients, Partners,
& Community**



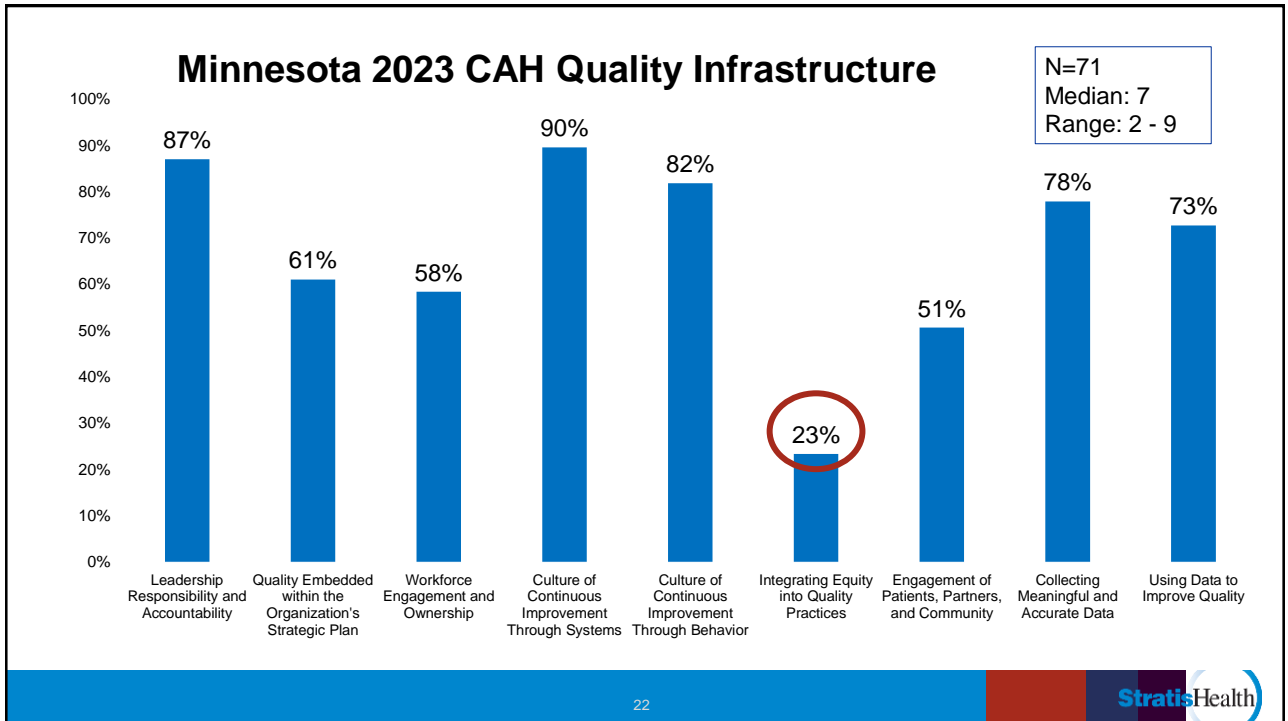
**Collecting
Meaningful
& Accurate Data**



**Using Data to
Improve Quality**



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Acting on your individual CAH results

- Review and understand elements for each criteria
- **Share and discuss** results with leadership and managers
- Identify opportunities to strengthen or build capacity related to specific criteria or elements.

Key Resource:

[CAH Quality Infrastructure Summit Report: Building Sustainable Capacity for Quality and Organizational Excellence](#)

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New Measure Spotlight: Hybrid Hospital-Wide Readmissions

Hybrid Hospital-Wide All-Cause Readmissions (Hybrid HWR)

- **Description:** Hospital-level, all-cause, risk-standardized readmission measure that focuses on unplanned readmissions 30 days of discharge from an acute hospitalization.
- **Background:** Submission of clinical variables and linking data elements which are combined with claims data to calculate a risk-standardized readmission rate.

Note: CMS is also implementing a Hybrid All Cause Mortality Measure, which has not been adopted as part of MBQIP.

Hybrid HWR Measure: Clinical Data Elements & Linking Variables

- Clinical Data Elements (first captured):
 - ✓ Heart Rate
 - ✓ Systolic Blood Pressure
 - ✓ Respiratory Rate
 - ✓ Temperature
 - ✓ Oxygen Saturation
 - ✓ Weight
 - ✓ Hematocrit
 - ✓ White Blood Cell Count
 - ✓ Potassium
 - ✓ Sodium
 - ✓ Bicarbonate
 - ✓ Creatinine
 - ✓ Glucose
- Linking Variables:
 - ✓ CMS Certification Number
 - ✓ Health Insurance Claims Number or Medicare Beneficiary Identifier
 - ✓ Date of birth
 - ✓ Sex
 - ✓ Admission date
 - ✓ Discharge date.
- [Reporting Resources \(QualityNet\)](#); [Measure Information and Specifications \(ECQI Resource Center\)](#)

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Hybrid HWR – Reporting

- **Submission:** Annual, patient-level file in QRDA 1 format via HQR
- **Timing:**

Encounter Period	Population	Data Submission Deadline
July 1, 2023 – June 30, 2024	All Medicare Fee-For-Service encounters age 65 and older at the start of an inpatient admission, who are discharged during the measurement period	Sept. 30, 2024
July 1, 2024 – June 30, 2025	All Medicare Fee-For-Service and Medicare Advantage encounters for patients aged 65 and older at the start of an inpatient admission, who are discharged during the measurement period	Sept. 30, 2025

- **Public Data:** Hybrid HWR will be publicly reported starting with the July 2025 refresh of *Care Compare* (replacing the current claims-based HWR measure)

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Hybrid HWR Key Resources

- [QualityNet Hybrid Measures](#): Methodology, Hospital-Specific Report Information, FAQ and resources
- [eCQI Resource Center](#): Technical information, Specifications and Data Elements, Value Sets
- [Quality Reporting Center](#):
 - Archived Webinar: [Submitting Voluntary Hybrid Measure Data \(August 2023\)](#). *(Updated resources anticipated summer 2024)*

What do you think you will need to prepare for submission of the new measures in the 2025 MBQIP Core Measure set?

Birthing Friendly Hospital Designation and the Maternal Morbidity Structural Measure

“Birthing-Friendly” Hospitals and Health Systems



- "Birthing-Friendly" is a new CMS designation on Care Compare to indicate high-quality maternity care.
- To earn the designation, hospitals report the **CMS Maternal Morbidity Structural Measure**, which includes annual attestation of hospital activities:
 1. Participation in a statewide or national perinatal quality improvement collaborative program; *and*,
 2. Implementing patient safety practices or care bundles to address complications occurring during pregnancy and birth.
- **Key resources:**
 - Minnesota Perinatal Quality Collaborative (www.mnpqc.org)
 - AIM (Alliance for Innovation on Maternal Health) (www.saferbirth.org)

“Birthing Friendly” Hospital and Health Systems (2)

- The designation was first reported on the CMS Care Compare site in November 2023 (based on CY 2022 reporting).
 - [Birthing-Friendly Hospitals and Health Systems | Interactive Map](#)
- Of the 1,366 CAHs in the U.S. 158 (12%) earned the Birthing Friendly designation for CY 2022, but 65% of CAHs did not report the measure.
- In Minnesota:
 - 38 CAHs reported the measure for CY 2022
 - 17 reported ‘yes’ and received the designation (3 reported ‘no’)
 - 18 reported Not Applicable (N/A)
 - 39 MN CAHs did not report the measure for CY 2022

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Maternal Morbidity Structural Measure Reporting Information

- **Submission Deadline is May 15, 2024**
(reflecting CY 2023 activities)
- Structural Measure reported into HQR:
 - Yes, No, Not Applicable

Reporting Resource:

- [QualityNet IQR Measures](#) (scroll down to Structural Measures) for measure information including [Instructions](#) and an [Attestation Guide](#)

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Wrap up

- Open Call Schedule/Register:
[Minnesota Critical Access Hospital Reporting and Improvement Assistance - Stratis Health](#)
- Last EDTC Open QI Call – May 15, 11-12 pm CT
- Next MBQIP Open Call – July 10, 1-2 pm CT;
– August 14th Open Call (includes SDOH LAN Sharing)
- Contact us with questions: jwinters@stratishealth.org

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