MBQIP Open Call for Minnesota Critical Access Hospitals (CAHs)

April 10, 2024
1:00 p.m. - 2:00 p.m.

Happy Spring!
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
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

<table>
<thead>
<tr>
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</table>

Nine measures are reported once annually (* denotes annual submission)

Three measures reported quarterly (HCAHPS, EDTC, OP-18)

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MBQIP 2025 – Measures Continuing in Core Set from Prior Years

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Description</th>
<th>MBQIP Domain</th>
<th>Reported To</th>
<th>Encounter Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCP/ IAMM-3</td>
<td>Influenza vaccination coverage among health care personnel</td>
<td>Patient Safety</td>
<td>N/A</td>
<td>Q1 / 2023 Jul - Sep</td>
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<td>Q4 / 2023 Oct - Dec</td>
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<td>Q3 / 2024 Jul - Sep</td>
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<td>Q4 / 2024 Oct - Dec</td>
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<td>Q4 / 2025 Oct - Dec</td>
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<td>May 15, 2026 (Q4 2025 - Q1 2026 aggregate)</td>
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<tbody>
<tr>
<td></td>
<td>CDC N-HIS Annual Facility Survey</td>
<td>Patient Safety</td>
<td>March 1, 2024*</td>
<td>March 2, 2024*</td>
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<td>March 3, 2025*</td>
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<td>(CY 2024 data)</td>
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<td>March 2, 2026*</td>
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<td>(CY 2025 data)</td>
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<tbody>
<tr>
<td></td>
<td>Hospital Consumer Assessment of Healthcare Providers and Systems</td>
<td>Patient Experience</td>
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<td>January 31, 2024</td>
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<tbody>
<tr>
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<td>Emergency Department Transfer Communication</td>
<td>Emergency Department</td>
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<td>October 31, 2023</td>
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<tbody>
<tr>
<td></td>
<td>Median time from ED arrival to ED departure for discharged ED patients</td>
<td>Emergency Department</td>
<td>February 1, 2024</td>
<td>February 1, 2024</td>
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<td>February 1, 2025</td>
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<tr>
<td></td>
<td>Patient left without being seen</td>
<td>Emergency Department</td>
<td>May 15, 2024*</td>
<td>May 15, 2024*</td>
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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)](https://www.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).
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.
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

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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)](stratishealth.org)
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 15\(^{th}\) 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
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**
- **Culture of Continuous Improvement Through Systems**
- **Engagement of Patients, Partners, & Community**
- **Quality Embedded Within the Organization’s Strategic Plan**
- **Culture of Continuous Improvement Through Behavior**
- **Collecting Meaningful & Accurate Data**
- **Workforce Engagement & Ownership**
- **Integrating Equity into Quality Practices**
- **Using Data to Improve Quality**
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](#)
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)

Hybrid HWR – Reporting

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

<table>
<thead>
<tr>
<th>Encounter Period</th>
<th>Population</th>
<th>Data Submission Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2023 – June 30, 2024</td>
<td>All Medicare Fee-For-Service encounters age 65 and older at the start of an inpatient admission, who are discharged during the measurement period</td>
<td>Sept. 30, 2024</td>
</tr>
<tr>
<td>July 1, 2024 – June 30, 2025</td>
<td>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</td>
<td>Sept. 30, 2025</td>
</tr>
</tbody>
</table>

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

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
Wrap up

- Open Call Schedule/Register: 
  [Minneapolis 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](mailto:jwinters@stratishealth.org)

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Thank you!

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