

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

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*Stratis Health, based in Bloomington, Minnesota, is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.*

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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. MBQIP aims 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.

### Purpose of This Guide

This guide is intended to help CAH staff understand the core MBQIP 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.

### 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, the Federal Office of Rural Health Policy released an updated set of MBQIP measures in the Fall of 2025. A summary of new and existing measures included in this guide is below:

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

Existing Measure				
New Measure				
Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
CAH Quality Infrastructure Implementation*	Healthcare Personnel Influenza Immunization (HCP/IMM-3)*	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Hybrid Hospital Wide All-Cause Readmissions* (Hybrid HWR)	Emergency Department Transfer Communication (EDTC)
Hospital Commitment to Health Equity (HCHE)*	Antibiotic Stewardship Implementation* (Abx)		Social Drivers of Health (SDOH) Screening (SDOH-1)*	OP-18 Time from Arrival to Departure
	Safe Use of Opioids eCQM*		SDOH Screen Positive (SDOH-2)*	OP-22 Left without Being Seen*

### How This Guide is Organized

MBQIP measures are generally organized by domain: Global Measures, Patient Safety, Patient Experience, Care Coordination, and Emergency Department. However, since this guide focuses on reporting, the measures are organized 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 and Data Submission Deadlines](#)

Chart of data submission deadlines for reporting the MBQIP measures.

### [CMS QualityNet](#)

Primary resource for information on CMS measures that are reported to the Hospital Quality Reporting (HQR) system including measure specifications, resources and the CMS Abstraction and Reporting Tools (CART).

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

This site contains quality reporting related educational materials/resources for CMS Measures. 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.

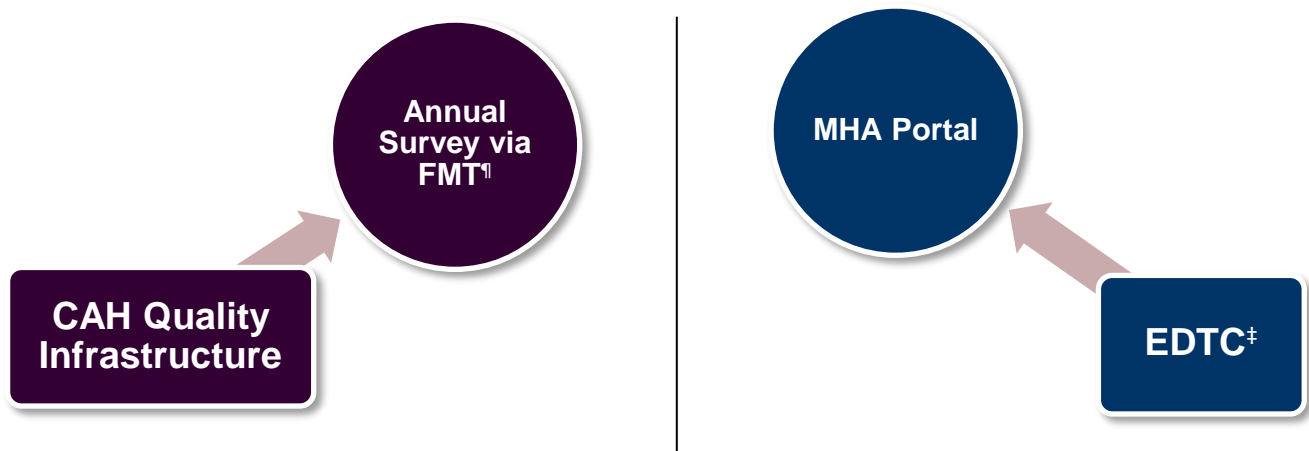
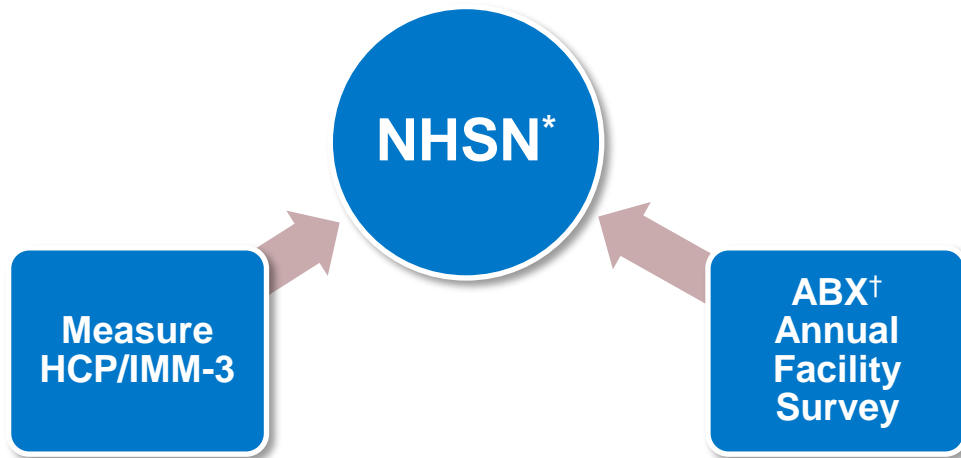
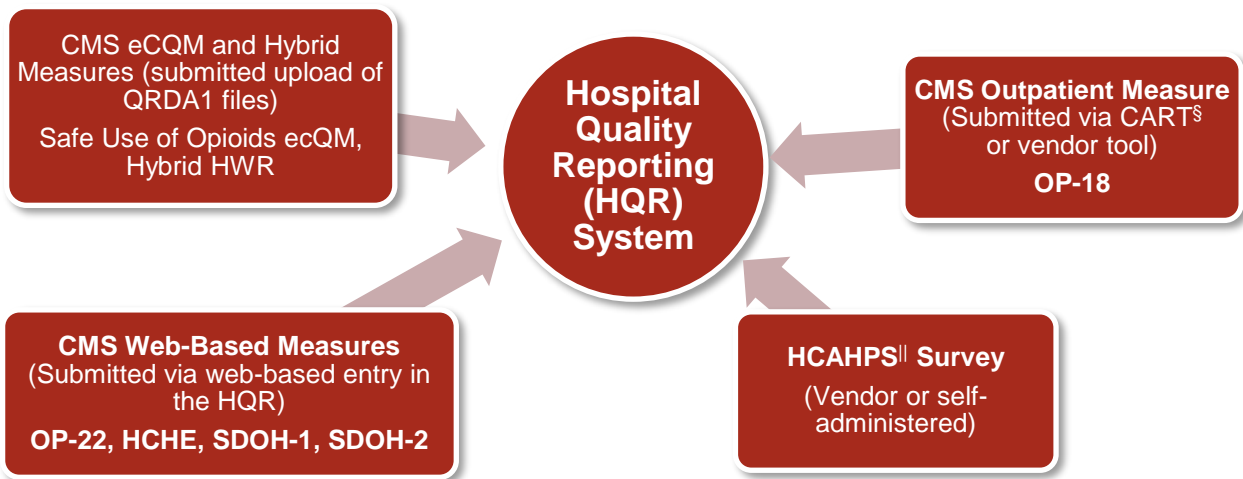
### [Emergency Department Transfer Communication \(EDTC\) Resources](#)

Links to the Emergency Department Transfer Communication (EDTC) Specifications Manual and a free Excel data entry tool. EDTC data are submitted at the [MN Hospital Association \(MHA\) Portal](#).

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

The Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network is a healthcare-associated infection tracking system. You will use this site to submit information on antibiotic stewardship and HCP-IMM-3 measures. See [facility enrollment step-by-step instructions](#) and [full enrollment guide for Facility NHSN administrator](#).

## Quality Data Reporting Channels for Core MBQIP Measures



§CMS Abstraction and Reporting Tool ||Hospital Consumer Assessment of Healthcare Providers and Systems \*National Healthcare Safety Network †Antibiotic Stewardship ‡Emergency Department Transfer Communication ¶Flex Monitoring Team

## Getting Started

### 1. Become Familiar with the CMS QualityNet website

[QualityNet](#) provides health care quality improvement news, resources, data reporting tools and applications used for CMS quality programs. This site is where you will find the Hospital Quality Reporting Specifications Manuals and measure specifications, which contain the measure definitions for reporting, as well as the CART tool, the free CMS software tool for data submission of chart-abstracted measures. The [QualityNet Support Center](#) offers technical support for issues with data submission.

### 2. Register for a HARP Account

To submit data to the Hospital Quality Reporting (HQR) platform, you must create a HARP account ([Getting Started with QualityNet](#)). HARP is a secure identity management portal provided by the CMS. Creating a HARP account provides you with a user ID and password to sign in to submit data to HQR.

Watch this [CMS HARP Registration video](#), then follow the steps below, listed under Scenario #2 on the [HARP – Getting Started page](#).

1. Go to <https://harp.cms.gov/register>.
2. Enter your profile information (please use your corporate email address) and select Next. 3. Choose your user ID, password, and challenge question and select **Next**
3. If remote proofing questions were successfully generated, answer the five identity proofing questions to verify your identity and select **Next**.
4. Your account has been created, and you will receive a confirmation email.
5. For security reasons, all HARP accounts are required to have two-factor authentication. Select **Login** to Complete Setup to log into HARP and set up two-factor authentication. Once you have set up two-factor authentication, you are able to log into your respective CMS application. Follow the instructions on your application for how to request a role.

To register as a Basic User or Security Administrator/Official in the Hospital Quality Reporting (HQR) System:

1. Log into [hqr.cms.gov](http://hqr.cms.gov) with your HARP User ID and Password.
2. Go to **My Profile**. (Under your **User Name** in the upper right)  
From this page, you can Request Access or View Current Access.
3. Select either **Basic User or Security Administrator/Official** when prompted to **Choose Your User Type**.
4. **Select** your required permissions, **Review** them, and click **Submit** when ready.
5. You will be notified by email when your request has been approved.

The Security Administrator (SA)/Official role gives you access to all the functions of submitting data in HQR. Hospitals are required to maintain an active SA. To stay active, SAs should log into their account at least once per month. It is recommended that all hospitals have at least two staff members in that role.

### 3. Sign up for QualityNet email updates

You are encouraged to subscribe to QualityNet email updates to receive information from CMS about measure or reporting updates.

- a. On the [QualityNet Home Page](#), select **Subscribe to Email Updates**.
- b. Enter your email address, then select the lists you want to join. The mailing lists most relevant for MBQIP include:
  - HARP Notify
  - CART Notify (for CART users)
  - HIQR EHR Notify (eCQMs)
  - HCAHPs Notify
  - HIQR Notify (Hospital Inpatient/IQR)
  - HOQR Notify (Hospital Outpatient/OQR)
- c. Click the **sign-up** button. You will receive an email requesting your confirmation for each subscription submission.

**CMS Training Videos:** [HQR Tutorials](#). The 24 videos in this playlist contain tips on using Hospital Quality Reporting, including instructions on submitting data to CMS.

## CMS Outpatient Chart Abstracted Measure

### MBQIP Measure:

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

### 1. Identify Measure Population

Identify which outpatient cases fit in the measure population for reporting. 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.

### 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 chart-abstracted measure(s) quarterly. Submitting this data allows CAHs with no cases that meet population requirements for measure(s) an option to indicate ‘zero’ patients for the quarter.

Information on determining the clinical measure population and sampling requirements are found in the Measurement Information and Population and Sampling Specification sections 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 HQR Secure Portal.

- a. Log in to HQR via your HARP account.
- b. Under Dashboard on the left-hand side of the screen, select Data Submissions.
- c. Click on the Population and Sampling tab.
- d. Choose Data Form and then OQR for Outpatient Quality Reporting.
- e. Make sure the Reporting Period box contains the correct quarter for which you are submitting data.
- f. Click on Start Measure for the measure set where you want to submit data.
- g. Select your sampling option.
  - Choose Sampled if you are not doing all the cases that meet the measure set population requirements and you are only doing a sample.
  - Choose Not Sampled if you are doing all the cases that meet the measure set population requirements.
  - Choose N/A Submission not required if you are not submitting any data for the measure set.

If you have no cases that meet the measure population requirements for a quarter, choose Not Sampled and enter zero for your population.

- h. Enter your numbers in the grids. Under Population, enter the total number of cases that meet the measure set requirements for the quarter in the boxes. Under Sampling, enter the number of cases you are planning to submit to the warehouse.
- i. Click on Save and Return to get back to the measure selection screen.



- j. When you have finished submitting data for each measure, in a green banner towards the top of the page, you should see a checkmark and the notice “Hospital Outpatient: Population and Sampling Measure Sets Successfully Submitted.”



Each measure must have a reply. If you are not submitting on a measure set, choose **N/A** for the sampling option. If you have a measure set for which you would be submitting cases but none meet the measure requirements for the quarter, select **Not Sampled** and record zero in the population and sampling boxes.

**CMS Training Video:** [How to Upload a Population and Sampling File in HQR](#) (2-minute video). *Note* – there is also an option to upload a file with population and sampling data. **Instructions for using the Data Form start at 0.56.**

### 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.

The Outpatient CART application is available at no charge. Instructions on CART downloading and information, including the CART User’s Guide, can be found here: [Download CART](#). The paper tool version is also available at [Abstraction Resources](#).

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

#### CMS Training Videos:

[CART Basics](#). These videos review the basic steps needed to use CART, including downloading the application, logging in, creating a provider, and setting up and navigating (2 videos for a total of 60 minutes).

[CART Outpatient Quality Reporting \(OQR\): Knowing the Basics](#) and [Presentation Slides](#).

Overview of the steps required for entering abstractions into CART. **STOP** at slide 55 (38:00 on the video), as the process for data submission has changed.

### 4. Submit Data via the HQR Secure portal.

Measure data must be submitted via the HQR Secure Portal either by the hospital or a vendor of their choice. Clinical data submission is accomplished in one of two ways: uploading from Outpatient CART or by a third-party vendor.

- In the HQR Portal Dashboard, select **Data Submissions**, then select **Chart-Abstracted**, then select **Test** (to test if your file has any errors that need correcting) **or Production** (for final submission- you must upload a ‘production’ file for the data to be considered submitted.)

- On the upload page, choose **Select Files**, then select the file from your computer and open it. You will be prompted to select a program in the program designation screen and select **OQR-Outpatient Quality Reporting**.
- Once the file has finished processing, the status will show as **Accepted**.

[HQR: How to Upload a Chart Abstracted File](#). 1-minute video showing the steps to upload a file to submit Chart Abstracted measures.



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

## 5. Check Submitted Cases

After your data is submitted, you should get confirmation that it 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 HQR portal. To Run the Case Status Summary Report:

- a. Log in to HQR via your HARP account.
- b. Under the Dashboard on the left-hand side of the screen, select **Data Results** and **Chart Abstracted**.
- c. Select the **File Accuracy** tab.
- d. Under Program chose **OQR** (Outpatient Quality Reporting).
- e. Under Report select **Case Status Summary**.
- f. Under Encounter Quarter select the **quarter for the data you have just submitted**.
- g. 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, the data you submitted did not reach 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.

## CMS Web-Based and Structural Measures

### MBQIP Measures:

**OP-22:** Median Time from ED Arrival to ED Departure for Discharged ED Patients  
(Web-based Measure)

**HCHE:** Hospital Commitment to Health Equity (Structural Measure)

**SDOH-1 & SDOH - 2:** Social Drivers of Health Screening & SDOH Screen Positive  
(Structural Measures)

### Outpatient Web-Based Measure: OP-22

#### 1. Collect OP-22 Data:

- OP-22 is collected using administrative data to determine the measures' denominator population; there is no individual chart abstraction.
- For further information on how to collect this data, reference the [Hospital Outpatient Quality Reporting Specifications Manual](#) on QualityNet.
- Data is collected on a calendar year, not a quarterly basis, and is submitted in the year following the encounter period (e.g., CY 2023 data is due by May 15, 2024)

#### 2. Submit OP-22 Data:

- In the HQR Portal Dashboard, select **Data Submissions**, then select **Web-based Measures**, then select **Data Form**. Select the **OQR** Data form.
- Select the reporting period, click the **Start Measure** button, then enter data into the data fields.
- Once data is entered, select **Submit**.

**CMS Training Video:** [Submitting web-based measure data using the data form](#) (1-minute video).

### CMS Structural Measure: Hospital Commitment to Health Equity (HCHE)

#### 1. Review the measure specifications and attestation guidance found on the [Hospital Inpatient Quality Reporting \(IQR\) Program Web-Based Data Collection Page](#) (scroll down to the Hospital Commitment to Health Equity information)

- a. Measure Specifications
- b. Attestation Guidance
- c. Frequently Asked Questions

#### 2. Gather your hospital's responses regarding attestation to each measure domain and subdomain (data entry is 'yes' or 'no' responses to each subdomain). The attestation is based on calendar year activities the year before the submission deadline (e.g., CY 2024 activities are reported in the spring of 2025.). The reporting submission is available for approximately six weeks each year (April – mid-May for reporting activities from the prior Calendar year).

#### 3. Submit data:

- a. In the HQR Portal Dashboard, select **Data Submissions**, then select **Structural Measures**, then select **Launch Form**.

- b. Select the Fiscal Year\* for reporting (for CY 2024 reporting, select Fiscal Year (FY) 2026), then select the **Start** button for the HCHE measure.
- c. **Respond to the questions for each domain (yes/no).**
- d. Once data is entered, select 'submit'

**\*Calendar Year (CY) vs. Fiscal Year (FY)**

CMS Quality Reporting systems often reference the 'Fiscal Year (FY)' rather than the 'Calendar Year (CY)'.

In CMS quality programs, there is a two-year lag between 'Fiscal Year' and 'Calendar Year':

- Calendar Year 2023 = Fiscal Year 2025
- Calendar Year 2024 = Fiscal Year 2026

For hospitals that do not meet the IQR and OQR reporting requirements, the 'fiscal year' is when the financial penalty would take place. So, a hospital that did not meet IQR requirements for CY 2024 reporting would have a financial penalty in 2026. CAHs are not held to the IQR and OQR program requirements.

**CMS Training Video:** [How to submit HCHE and SDOH data](#). (3-minute video). HCHE data is the first 1:30 min.

**CMS Structural Measures: Social Drivers of Health Screening (SDOH-1) and Screen Positive (SDOH-2)**

1. Review the measure specifications and FAQ found on the [Hospital Inpatient Quality Reporting \(IQR\) Program Web-Based Data Collection Page](#) (scroll down to the Social Drivers of Health (SDOH) information).
2. Gather your hospital's denominator and numerators for the calendar year to be reported.
3. Submit data:
  - a. In the HQR Portal Dashboard, select **Data Submissions**, then select **Structural Measures**, then select **Launch Form**.
  - b. Select the Fiscal Year for reporting (for CY 2024 reporting, select Fiscal Year (FY) 2026)\*, then Select the "start button" for the SDOH-1 & SDOH-2.
  - c. Enter the **SDOH-1 numerator/SDOH-2 denominator**: The number of patients admitted for an inpatient hospital stay who are 18 years or older and screened for all five required health-related social needs (HRSNs).
  - d. Enter the **SDOH-1 denominator**: The number of patients admitted for an inpatient stay who are 18 years and older.
  - e. Enter **SDOH-2 numerators**: The number of patients screened for all 5 HRSNs that screened positive for each HRSN: Food Insecurity, Housing Instability, Transportation Needs, Utility difficulties, interpersonal security)
  - f. Once data is entered, select 'submit'

**CMS Training Video:** [How to submit HCHE and SDOH data](#). (3-minute video). SDOH entry starts at 1:30 min.

## CMS eCQM and Hybrid Measures

### MBQIP Measures:

Safe Use of Opioids eCQM

Hybrid HWR – Hybrid Hospital-Wide Readmissions

### CMS eCQM: Safe Use of Opioids

1. Understand measure specifications and prepare data file:
  - eCQM Reporting for CAHs: [CAH eCQM Resource List](#)
  - Measure Specifications: [Safe Use of Opioids - Concurrent Prescribing | eCQI Resource Center \(healthit.gov\)](#)
  - Technical Resources:
    - [Safe Use of Opioids - Concurrent Prescribing | eCQI Resource Center \(healthit.gov\)](#)
    - [2024 eCQM Flow – CMS506v6: Safe Use of Opioids - Concurrent Prescribing \(healthit.gov\)](#)
    - [QRDA - Quality Reporting Document Architecture | eCQI Resource Center \(healthit.gov\)](#)
    - [Expert to Expert Webinars | The Joint Commission](#) (Select sessions on Safe Use of Opioids)
2. Submit eCQM data
  - Data submission is upload of QRDA 1 file in the HQR Portal Dashboard
  - **Videos:**
    - [How to Upload an eCQM File \(youtube.com\)](#)
    - [How to check eCQM File Outcomes \(youtube.com\)](#)
  - **On-Demand Webinar:** [Reporting eCQM and Hybrid Measure Data Using the 2024 CMS QRDA Category I Implementation Guide \(qualityreportingcenter.com\)](#)

### CMS Hybrid Measure: Hybrid Hospital-Wide Readmissions<sup>1</sup>

1. Understand measure specifications and prepare data file.
  - Key Dates and Resources:
    - [https://qualitynet.cms.gov/files/645d68773da56f001c0fc68a?filename=2025\\_Hybrid\\_HWR\\_HWM\\_KeyDatesRsrcs.pdf](https://qualitynet.cms.gov/files/645d68773da56f001c0fc68a?filename=2025_Hybrid_HWR_HWM_KeyDatesRsrcs.pdf)
  - [QualityNet Hybrid Measures](#): Methodology, Hospital-Specific Report Information, FAQ and resources
  - [eCQI Resource Center](#): Technical information, Specifications and Data Elements, Value Sets
2. Submit Hybrid Measure Data Elements
  - Data submission is uploaded to the QRDA 1 file in the HQR Portal Dashboard.
    - Video: [How to submit Hybrid Measures and View Outcomes - YouTube](#)
    - **On-Demand Webinar:** [Reporting eCQM and Hybrid Measure Data Using the 2024 CMS QRDA Category I Implementation Guide \(qualityreportingcenter.com\)](#)

<sup>1</sup> CMS also has a Hybrid Hospital-Wide All-Cause Risk Standardized *Mortality* Measure which is not currently included in MBQIP. CMS resources typically reference both Hybrid measures.

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

MBQIP Measure:  
HCAHPS Survey

### 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 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).

**There are several changes to HCAHPS that will take effect in January 2025**, including the option for web-based survey administration. [Summary of HCAHPS 2.0 Administrative Changes](#)

### 3. Submit HCAHPS survey data.

The survey data must be submitted via the HQR portal in the specified Microsoft Excel XML file format by a registered HQR user. Data may be submitted by the hospital or a vendor representing the hospital. [How to Submit HCAHPS \(youtube.com\)](#)



HCAHPS data is submitted to HQR 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) Measures

### MBQIP Measures:

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

### 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](#).

### HCP/IMM-3

#### 1. 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.

#### 2. Submit HCP Influenza Vaccination Summary Data

Hospitals must only report HCP Influenza Vaccination Summary Data in NHSN once a year after 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. Refer to the [MBQIP Data Submission Deadlines](#) for timeframes.

### Antibiotic Stewardship

#### 1. 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](#) 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 must select the Patient Safety Component to access the survey.

**Hospital Acquired Infection (HAI) and Antibiotic Use and Resistance (AU/AR)** are also [reported through NHSN](#). HAI reporting is encouraged but not required for CAHs. [AU/AR reporting](#) is required for CAHs as part of the [Medicare Promoting Interoperability Program](#).

## Emergency Department Transfer Communication (EDTC) Measure

**MBQIP Measure:****All-EDTC:** Composite of all 8 data elements**1. Identify Measure Population**

Hospitals need to identify which emergency department cases fit 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 [Emergency Department Transfer Communication webpage at Stratis Health](#).

**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 quarterly. 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 and instructions for using the tool can be found on the [EDTC Resources webpage](#).

**3. Submit the EDTC Data**

Numerator and denominator data are submitted through the MN Hospital Association (MHA) Portal at <https://portal.mnhospitals.org>.

**MBQIP Training Video:** [EDTC Data Collection Tool training video](#). A guide on abstracting EDTC measure and submitting data to the MHA portal. (56-minute video).



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



## CAH Quality Infrastructure Measure

MBQIP Measure:  
CAH Quality Infrastructure

### 1. Understand the measure.

- CAH Quality Infrastructure Summit Report: Building Sustainable Capacity for Quality and Organizational Excellence [Critical Access Hospital Quality Infrastructure Summit Report \(ruralcenter.org\)](#)
- [2023 National CAH Quality Assessment and Inventory Kick-Off Call | National Rural Health Resource Center \(ruralcenter.org\)](#)

### 2. Complete National CAH Quality Inventory and Assessment (anticipated annually, timing TBD). The survey link will be distributed to CAH Quality Reporting contacts with a completion request via email from Stratis Health and/or the MN State Office of Rural Health.

## Acronyms

CAH	Critical Access Hospital
CART CMS	Abstraction and Reporting Tool
CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services (CMS)
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
HQR	Hospital Quality Reporting System
IMM	Immunization
IQR	Inpatient Quality Reporting
IVR	Interactive Voice Response
MBQIP	Medicare Beneficiary Quality Improvement Project
NHSN	National Healthcare Safety Network
OP	Outpatient
OQR	Outpatient Quality Reporting
PPS	Prospective Payment System
SA	System Administrator

## Record Your Quality Reporting Contacts

It's important to track 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

<b>HQR Security Administrators: (recommend two from each facility)</b>	

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

### If using the CMS CART tool for Chart-Abstracted Measures:

<b>CART Administrators (recommend at least two from each facility):</b>	

### If using a vendor tool for Chart-Abstracted Measures:

<b>Vendor:</b>	
<b>Staff with Access:</b>	
<b>Contact information for vendor tool:</b>	

### Emergency Department Transfer Communication

<b>What data collection tool is used:</b>	
<b>Staff with access to the tool:</b>	
<b>Staff with access to the MN Portal:</b>	

### HCAHPS

<b>HCAHPS vendor:</b>	
<b>Staff with responsibility for working with HCAHPS vendor:</b>	

<b>Other Quality Reporting Tools or Contacts:</b>	
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