

# MBQIP Open Call for Minnesota Critical Access Hospitals (CAHs)

July 10, 2024

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



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## Happy Summer!



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# Agenda

- MBQIP Measures Reporting Updates
- Data Submission Reminders
- CART Tool 1.24.0 Upgrade
- 2025 Core MBQIP Measure Set Reporting
  - Measures and Timelines
  - Measure Updates: HCAHPS
  - ***Measure Spotlight: Hospital Commitment to Health Equity***

# MBQIP Data Reporting Updates

## Updates

- MBQIP Data Reports
- Upcoming Data Reporting Due Dates
- CART Tool 1.24.0 Upgrade reminder
  - Can't submit Q1 2024 by August 1<sup>st</sup> if you don't do this upgrade
- Review the steps to ensure your data was accepted to Hospital Quality Reporting (HQR)

## MBQIP Data Reporting Status

- OP-18: In Q4 2023, 76 CAHs reported (71 in Q3 2023)
- EDTC: 77 CAHs reported for Q1 2024 (no change from Q4 2023)
- HCP Influenza: For Q4 2023-Q1 2024, 75 CAHs reported (increase from 69 last year)
- **OP-22: For 2023 data, 68 CAHs reported (decrease from 75 in 2022)**

# MBQIP Data Reporting Upcoming Due Dates

- **EDTC** Q2 2024 due July 31<sup>st</sup> (MHA Portal)
- **OP-18** Q1 2024 due August 1st (Hospital Quality Reporting)
- **HCAHPS** Q2 2024 data due July 3rd submitted to HQR by your vendor

## 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.

# CART Outpatient 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 Outpatient tool page with the latest version and installation instructions: [Download CART \(cms.gov\)](#)

## Why Upgrade?

### 1.23.0 CART version

- Beginning with **July 1, 2023**, encounters, the **Sex data** element had the following Allowable Values:
  - 1 – Male,
  - 2 – Assigned/Designated Male at Birth,
  - 3 – Female,
  - 4 – Assigned/Designated Female at Birth,
  - 5 – LGBTQ,
  - 6 – Unknown.

### 1.24.0 Upgraded CART version

- Beginning with **July 1, 2024**, encounters, the **Sex data** element will be *replaced* by the Sex assigned at birth data element with Allowable Values:
  - 1 – Female,
  - 2 – Male,
  - 3 – Intersex,
  - 4 – None of the Above, Other, or Unable to Determine,
  - 5 - Preferred Not to Answer.

## More information about Sex Data Element Change

- The definition for the Sex assigned at birth data element is the patient's biological sex assigned at birth. Collecting the sex that is assigned at birth is useful as basic demographic information when used with the Gender Identity data element.
- For more information: [Hospital OQR Times Newsletter - Issue: Spring 2024 \(qualityreportingcenter.com\)](#)
- More information on the numerical values can be found in the Hospital OQR Program Specifications Manual on the QualityNet website. [QualityNet Home \(cms.gov\)](#)

## Notes for Abstraction

- The collection of this data element can be self-administered or interviewer administered.
- Intersex is a general term used to refer to individuals born with, or who develop naturally in puberty, biological sex characteristics that are typically male or female.
- If the patient does not describe themselves as female, male, intersex, describes themselves in other terms, or if the medical record does not include information about the patient's biological sex assigned at birth, select value 4 – None of the Above, Other, or Unable to Determine.
- If there is contradictory documentation, or if the sex assigned at birth is not documented or not available, select value 4 – None of the Above, Other, or Unable to Determine.

# 2025 MBQIP Core Measures Set Reminder



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## 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* ★  <i>Safe Use of Opioids (eCQM)*</i>		<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)



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# 2025 MBQIP Measures Reporting Timeline

- Existing MBQIP core measures set:
    - Continue to report as usual
  - New MBQIP measures being added to the core set:
    - Encouraged to start reporting in 2025 for CY 2024 encounters\*
    - Expected to report data in 2026 for CY 2025 encounters\*
- \*Exception for reporting timeline is Hybrid Hospital Wide-Readmission measure.
- 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 <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		
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 <sup>3</sup>	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)			



## What can you do to prepare?

- Understand what eCQMs your hospital is submitting and performance on those measures
- Consider reporting the Hybrid Hospital Readmissions measure (due September 30<sup>th</sup>);
  - Talk with your IT/HIM regarding capture and submission of hybrid readmissions measure elements
- 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

## HCAHPS Updates

## HCAHPS Finalized Changes: From the Finalized 2024 IPPS Rule

HCAHPS Survey Administration changes starting January 2025:

- Incorporate web-based options to modes of survey administration (web-based option is via email distribution)
- Allow patient proxy to complete the survey
- Extend data collection period to 49 days (from 42 days)
- Limit supplemental items to no more than 12
- Require collection of information about language that the patient speaks while in the hospital, and require official Spanish translation be administered to all patients who prefer Spanish

Source: [2024 IPPS Final Rule](#);

Additional information: [Survey Protocols, Response Rates, and Representation of Underserved Patients: A Randomized Clinical Trial | JAMA Network](#)

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## HCAHPS Proposed Changes: From the Proposed 2025 IPPS Rule

- CMS is proposing changes to the HCAHPS survey and measures starting with January 1, 2025 discharges.
- The proposed updates to the survey can be found here: [Updated HCAHPS Survey \(hcahpsonline.org\)](https://hcahpsonline.org).
- Has been referred to as HCAHPS 2.0
- *Please note that the Updated HCAHPS Survey changes are **proposed** until the finalization of the **FY 2025 proposed Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals rule (CMS-1808-P)**.*

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## HCAHPS Proposed Changes Cont'd...

### Updates to survey questions and measures:

- Adding, removing, and changing multiple questions
- Revised survey will have 32 questions (currently 29)
- Updates the 'about you' questions
- Sub-Measures: (Currently 10, will be 11)
  - Removes existing Care Transitions sub-measure
- Adds two new measures:
  - Care Coordination
  - Information about Symptoms
- Modifies existing Restfulness of Hospital Environment sub-measure

Details: [Updated HCAHPS Survey](#)

## Survey Questions: Proposed for Removal

Survey Questions Proposed for Removal	Current Sub-measure
During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?	Responsiveness of Hospital Staff (revised)
During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.	Care Transitions (removed)
When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	Care Transitions (removed)
When I left the hospital, I clearly understood the purpose for taking each of my medications.	Care Transitions (removed)
During this hospital stay, were you admitted to this hospital through the Emergency Room?	n/a - Descriptive

## Survey Questions: Proposed Additions

Survey Questions Proposed for Addition	Proposed Sub-measure
During this hospital stay, how often were you able to get the rest you needed?	Restfulness of Hospital Environment (revised)
During this hospital stay, did doctors, nurses and other hospital staff help you to rest and recover?	Restfulness of Hospital Environment (revised)
During this hospital stay, when you asked for help right away, how often did you get help as soon as you needed?	Responsiveness of Hospital Staff (revised)
During this hospital stay, how often were doctors, nurses and other hospital staff informed and up-to-date about your care?	Care Coordination (new)
During this hospital stay, how often did doctors, nurses and other hospital staff work well together to care for you?	Care Coordination (new)
Did doctors, nurses or other hospital staff work with you and your family or caregiver in making plans for your care after you left the hospital?	Care Coordination (new)
Did doctors, nurses or other hospital staff give your family or caregiver enough information about what symptoms or health problems to watch for after you left the hospital?	Information about Symptoms (new)
Was this hospital stay planned in advance?	N/A - Descriptive

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## HCAHPS Changes – Care Compare

### Public Reporting:

- During transition period, only the unchanged sub-measures will be publicly reported.
- Proposed - Starting with CY 2025 data, all sub-measures based on the revised survey will be publicly reported
  - Updated HCAHPS sub-measures anticipated to be released during the October 2026 Care Compare Refresh

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# New Measure Spotlight: Hospital Commitment to Health Equity

## Hospital Commitment to Health Equity (HCHE)

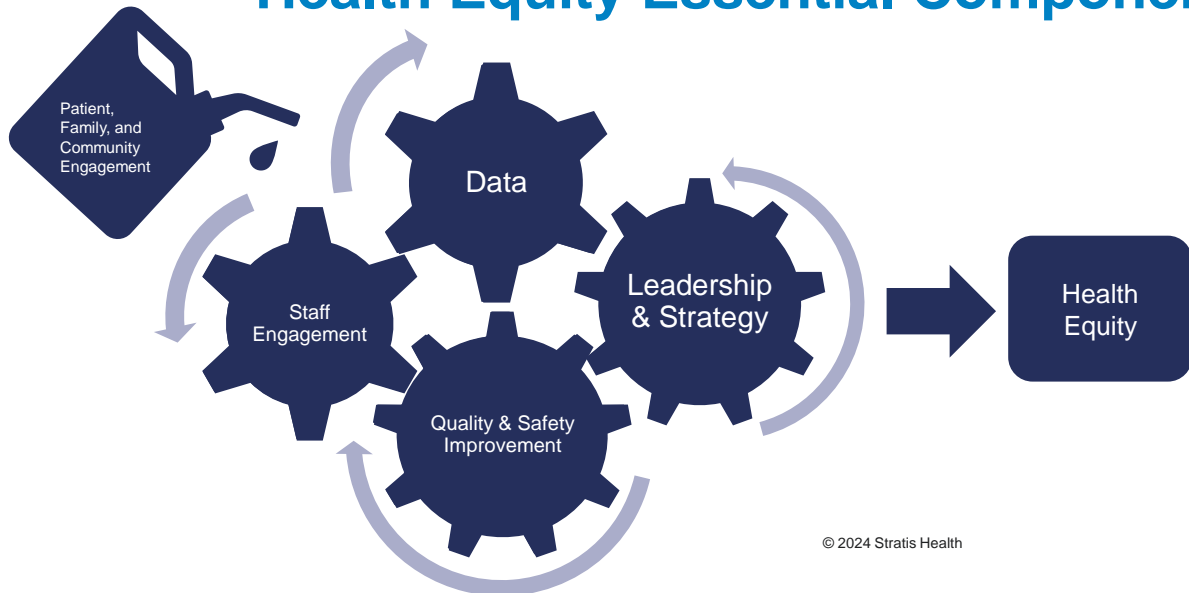
- New CMS IQR measure in CY 2023 **(and MBQIP 2025 Core Measure)**
- Structural measure to assess hospital commitment to health equity across five domains:
  - Domain 1 – Equity is a Strategic Priority
  - Domain 2 – Data Collection
  - Domain 3 – Data Analysis
  - Domain 4 – Quality Improvement
  - Domain 5 – Leadership Engagement
- Reporting Process: Annual attestation via HQR secure portal
- Additional information:
  - Hospital score can be a total of zero to five points (one point for each domain, must attest “yes” to all sub-questions in each domain, no partial-credit)
  - First available reporting deadline is May 15, 2024 (reflecting CY 2023 activity)
  - [Measure Specifications](#) and [Attestation Guidance](#)

Source: [Hospital Inpatient Quality Reporting \(IQR\) Program Measures](#)

Attestation	Elements: Select all that apply <small>(affirmative attestation of all elements will be required to receive a point for the domain)</small>
<b>Domain 1: Equity is a Strategic Priority</b>	
Hospital commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. Please attest that your hospital has a strategic plan for advancing healthcare equity and that it includes all the following elements.	(A) Our hospital strategic plan identifies priority populations who currently experience health disparities. (B) Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals. (C) Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals. (D) Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.
<b>Domain 2: Data Collection</b>	
Collecting valid and reliable demographic and social determinant of health data on patients served in a hospital is an important step in identifying and eliminating health disparities. Please attest that your hospital engages in the following activities.	(A) Our hospital collects demographic information, including self-reported race and ethnicity and/or social determinant of health information on most of our patients. (B) Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information. (C) Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified EHR technology.
<b>Domain 3: Data Analysis</b>	
Effective data analysis can provide insights into which factors contribute to health disparities and how to respond. Please attest that your hospital engages in the following activities.	(A) Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on hospital performance dashboards.

Attestation	Elements: Select all that apply <small>(affirmative attestation of all elements will be required to receive a point for the domain)</small>
<b>Domain 4: Quality Improvement</b>	
Health disparities are evidence that high-quality care has not been delivered equally to all patients. Engagement in quality improvement activities can improve quality of care for all patients.	(A) Our hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities.
<b>Domain 5: Leadership Engagement</b>	
Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity. Please attest that your hospital engages in the following activities.	(A) Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity. (B) Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.

# Health Equity Essential Components



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## Wrap up

- MBQIP Website: [Minnesota Critical Access Hospital Reporting and Improvement Assistance - Stratis Health](#)
- **New: Quality Reporting guide:** [MBQIP-Quality-Reporting-Guide Minnesota May 2024 \(stratishealth.org\)](#)
- SDOH Toolkit in the works
- Next MBQIP Open Call – August 14<sup>th</sup> – SDOH LAN Sharing and Learning
- Contact us with questions: [jwinters@stratishealth.org](mailto:jwinters@stratishealth.org)

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# Stratis Health Project Team

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**Additional team members to join in September 2024.**

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## *Thank you!*

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$225,000 with 0.00 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.*

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