

# MBQIP Orientation Manual

A guide for New Hampshire Critical Access Hospitals-2022

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NH Division of Public Health Services  
Rural Health and Primary Care Section

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271-5885 for information about this manual.

## What is MBQIP?

“The Medicare Beneficiary Quality Improvement Project (MBQIP) is a quality improvement activity under the Medicare Rural Hospital Flexibility (Flex) grant program of the Health Resources and Services Administration’s Federal Office of Rural Health Policy (FORHP). The goal of MBQIP is to improve the quality of care provided in Critical Access Hospitals (CAHs), by increasing quality data reporting by CAHs and then driving quality improvement activities based on the data. This project provides an opportunity for individual hospitals to look at their own data, measure their outcomes against other CAHs and partner with other hospitals in the state around quality improvement initiatives to improve outcomes and provide the highest quality care to each and every one of their patients.” ([Source](#))

### Medicare Beneficiary Quality Improvement Project

Definition	Goal
<ul style="list-style-type: none"><li>• A quality improvement activity under the Medicare Rural Hospital Flexibility grant program.</li><li>• Funded by the Health Resources and Services Administration’s Federal Office of Rural Health Policy.</li></ul>	<p>Improve the quality of care provided in critical access hospitals by:</p> <ul style="list-style-type: none"><li>• increasing quality data reporting</li><li>• driving quality improvement activities based on the data.</li></ul>

All thirteen Critical Access Hospitals in New Hampshire have signed consents to participate in MBQIP.

Through MBQIP, the state Flex Program, part of the NH Office of Rural Health and Primary Care, will support Critical Access Hospitals with education and technical assistance to collect and report relevant quality of care measures, and then use that data to improve care.

### MBQIP Measures- Core Measures

Patient Safety	Patient Engagement	Care Transition	Outpatient
<p>HCP/IMM-3: Influenza Vaccination Coverage Among Healthcare Personnel (annual measure, updated in quarters 1 only)</p> <p>Antibiotic Stewardship Program-measured by the NHSN Patient Safety Component-Annual Facility Survey (annual measure, updated in quarters 3 &amp;4 only)</p>	<p>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</p>	<p>Emergency Department Transfer Communication (EDTC)</p>	<p>OP-2: Fibrinolytic Therapy Received within 30 minutes of ED Arrival</p> <p>OP-3b: Median Time to Transfer to another Facility for Acute Coronary Intervention</p> <p>OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients</p> <p>OP-22: Patient Left Without Being Seen (annual measure, updated in quarter 4 only)</p>

[MBQIP Measures Fact Sheets](#)

## The MBQIP Measures

### Outpatient Quality Reporting AMI Dataset

The OQR-AMI dataset measures care of patients seen in the Emergency Department who have a diagnosis of heart attack. Measure details are shown in the chart below.

	OP-2	OP-3b
Description	Fibrinolytic therapy received within 30 minutes of arrival- designed to be reported in conjunction with OP-1	Median time to transfer to another facility for Acute Coronary Intervention
Population	Seen in ED Discharged to inpatient care 18 or older Diagnosis code for AMI	Seen in ED Discharged to inpatient care 18 or older Diagnosis code for AMI
Sample Size	o-8o submit all cases	o-8o submit all cases
Data Elements	Arrival time Birthdate Discharge code E/M code Fibrinolytic administration, date and time ICD-10 code ECG interpretation Outpatient encounter date Reason for delay in Fibrinolytic	Arrival time Birthdate Discharge code ED departure date ED departure time E/M code Fibrinolytic administration ICD-10 code ECG interpretation Outpatient encounter date Reason for not administering Fibrinolytic Transfer for Acute Coronary Intervention

For more specific details about these measures: (Jan-Dec 2021 encounters) see: [Outpatient Manual](#)  
(Jan-Dec 2022 encounters) see: [Outpatient Manual](#)

- List of Warfarin and fibrinolytic agents are located in OP Table 1.2 Warfarin
- AMI diagnosis codes are located in OP Table 1.3 Fibrinolytic Agents

## Outpatient Quality Reporting ED Data Set

The OQR-ED Data Set includes OP-18b that documents the time patients spend in the ED before being discharged to home. OP-22 is also considered an ED through-put measure, and documents the percentage of people who leave the ED without being seen. OP-22 is collected by hospital tracking, and reported once a year. Measure details are shown in the chart below.

	OP-18b	OP-22
Description	Median time patients spend in the ED before being discharged home	Percentage of patients who left the ED without being seen
Population	Patients seen in hospital ED that have an ED visit E/M code	
Sample Size	0-900 submit 63 cases Over 900-submit 96 cases	All cases
Data Elements	Arrival time Discharge code E/M code ED departure date ED departure time ICD-10 code Outpatient encounter date	Patients who left without being seen by a provider divided by patients who presented to the ED

For more specific details about these measures (Jan-Dec 2021 encounters) see: [Outpatient Manual](#)  
(Jan-Dec 2022 encounters) see: [Outpatient Manual](#)

- E/M codes for emergency department encounters located in OP Table 1.0

## Patient Safety Measure Health Care Personnel (HCP) reported to National Healthcare Safety Network

HCP/IMM-3	
Description	Percentage of healthcare workers given influenza vaccination
Population	N/A
Sample Size	All cases
Data Elements	Healthcare workers who: Received vaccination at the facility, outside of facility Did not receive due to contraindication Declined vaccination

### Antibiotic Stewardship Program

This program is part of the Patient Safety/Inpatient MBQIP domain, and is expected to be fully implemented in all Critical Access Hospitals before August 2022. Antibiotic Stewardship is reported by completing and submitting the annual Hospital Facility Survey to NHSN. The core elements of Antibiotic Stewardship are:

- Leadership
- Accountability
- Drug Expertise
- Action
- Tracking
- Reporting
- Education

[Antibiotic Stewardship Core Elements for Hospitals 2019 Core Elements Assessment Tool](#)

## Emergency Department Transfer Communication (EDTC)

For patients who are transferred, discharged, or returned to a facility from the emergency department, EDTC measures whether the data elements were documented in the communication with the accepting facility. EDTC data is reported quarterly using an EDTC tool. The quarterly EDTC MBQIP report is submitted to the NH Flex Program at the NH Office of Rural Health and Primary Care via email. Email report to: [Darlene.E.Laro@dhhs.nh.gov](mailto:Darlene.E.Laro@dhhs.nh.gov)

Please reference the Data Specifications Manual for specific abstraction rules.

[EDTC Manuals and Tools](#)

Emergency Department Transfer Communication (EDTC)	
Description	Communication of care transitions
Population	Patients admitted to the emergency department and transferred, discharged, or returned to another health care facility
Sample Size	0-44 submit all cases, 45 or greater- submit at least 45 cases
Data Elements	Home Medications Allergies and/or Reactions Medications Administered in ED ED Provider Note Mental Status/Orientation Assessment Reason for Transfer and/or Plan of Care Tests and/or Procedures Performed Tests and/or Procedures Results

## Hospital Consumer Assessment of Healthcare Providers and Systems

HCAHPS is a standard survey used throughout the country to assess hospital patients' perceptions of their care experiences. NH Critical Access hospitals are all currently using a vendor to implement the survey process.

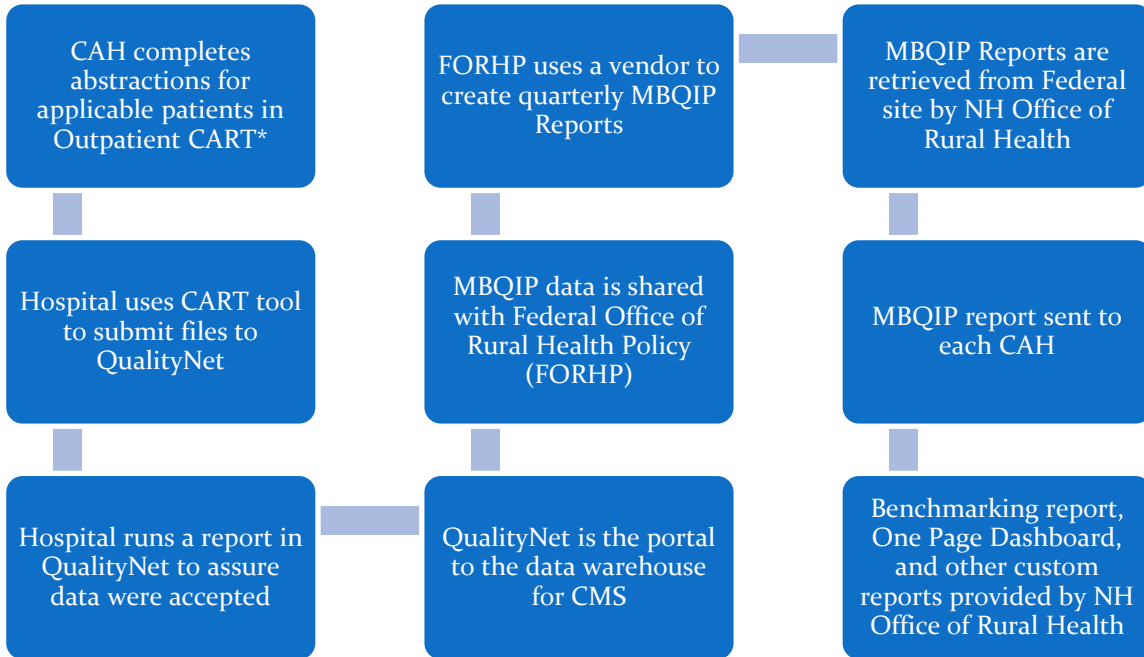
HCAHPS Composite/Question	Measure Description
Communication with Nurses	Percentage of patients surveyed who reported that their nurses "Always" communicated well
Communication with Doctors	Percentage of patients surveyed who reported that their doctors "Always" communicated well
Responsiveness of Hospital Staff	Percentage of patients surveyed who reported that they "Always" received help as soon as they wanted
Communication about Medicines	Percentage of patients surveyed who reported that staff "Always" explained about medicines before giving them
Cleanliness of the Hospital	Percentage of patients surveyed who reported that their room and bathroom were "Always" clean
Quietness of the Hospital	Percentage of patients surveyed who reported that the area around their room was "Always" quiet at night
Discharge Information	Percentage of patients surveyed who reported that "Yes" they were given information about what to do during their recovery at home
Care Transitions	Percentage of patients surveyed who "Strongly Agree" they understood their care when they left the hospital
Overall Rating of Hospital	Percentage of patients surveyed who gave their hospital a rating of 9 or 10 on a scale of 0-10.
Willingness to Recommend	Percentage of patients surveyed who reported "Yes" they would definitely recommend the hospital



## The Flow of MBQIP Data

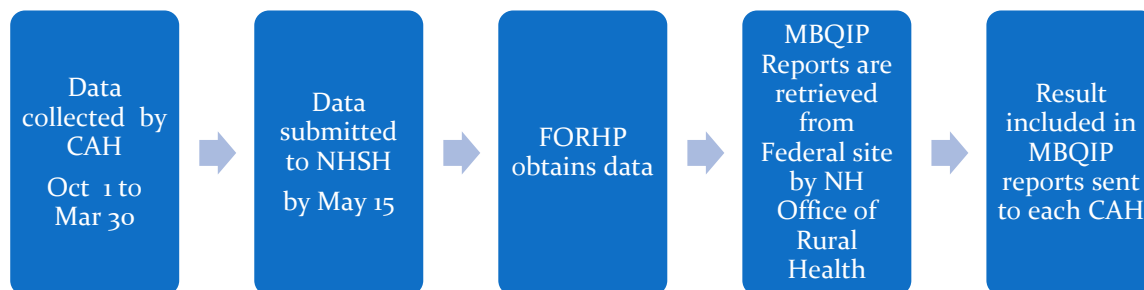
Below are overviews of how the MBQIP data flow from the Critical Access Hospital and then back as reports:

### Outpatient Measures

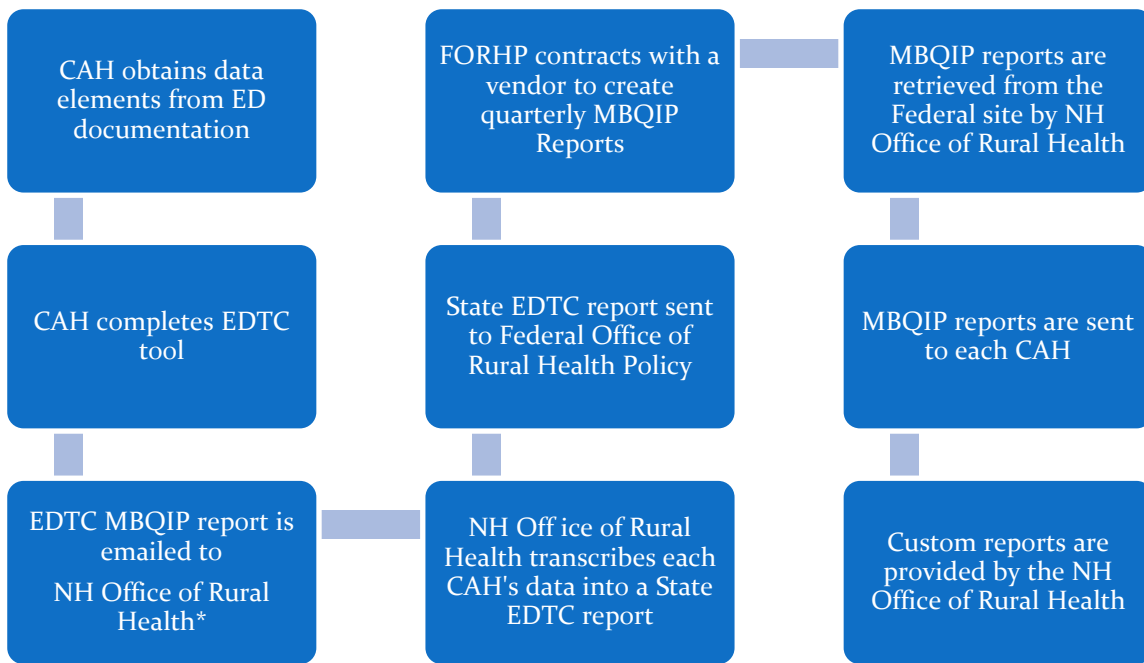


\*CART is CMS Abstraction and Reporting Tool. Hospital may use a vendor.

### HCP Data Flow



## Emergency Department Transfer Communication (EDTC)



\*Current email address is: [Darlene.E.Laro@dhhs.nh.gov](mailto:Darlene.E.Laro@dhhs.nh.gov)

## MBQIP Reporting Methods and Tools

### NHSN (National Healthcare Safety Network)

HCP data are collected Oct 1- Mar 30 and the numerator and denominator are submitted to NHSN annually by May 15.

### [HCP Information and Training](#)

### HCAHPS

Each New Hampshire CAH uses a vendor to implement the surveys and submit the HCAHPS data to Quality Net. Then the process is the same as above.

### EDTC

EDTC MBQIP report submitted to NH Office of Rural Health and Primary Care at [Darlene.E.Laro@dhhs.nh.gov](mailto:Darlene.E.Laro@dhhs.nh.gov)

## Reporting Process for Outpatient measures OP-2, OP-3b, and OP-18b

### Obtain access to Hospital Reporting

Hospitals submitting data are required to designate a Security Administrator (SA). It is highly recommended that hospitals designate at least two people as SAs—one to serve as the primary SA and the other to serve as back-up. To register as a Basic User or Security Administrator follow the steps below:

1. Log into [HARP Sign In](#) at <https://hqr.cms.gov/hqrng/login> with your HARP user name and password. (No HARP account? Create one on the [HCOIS Access Roles and Profile page](#) at [https://harp.qualitynet.org/.](https://harp.qualitynet.org/))
2. Go to **My Profile** (Under your User Name in the upper right). From this page, you can **Request** access, and **View Current Access**.
3. Select **Security Administrator/Official** when prompted to select a user type.
4. Select your required permissions and click **submit an access request**. You will be notified by email when your request has been approved.

### Set up CART (if not using a vendor for reporting)

1. Go to <https://qualitynet.cms.gov>
2. Click on Hospitals-Outpatient (little person with arm in a sling)
3. Click on Resources
4. Under the Tools section, click on View the CMS Abstracting and Reporting Tool.
5. Click on View all versions of CART.
6. Scroll down to Initial Installation of CART
7. Work with your IT staff to download and install CART-Outpatient. There are clear instructions in the PDF.

## 8. Log on as the **initial user**

- User ID: opps
  - Initial Password: p@ssword (that is a zero between the w and r)
  - Change the password and answer the security questions
  - Accept the terms and conditions
9. Set up provider information (the provider is your **hospital**) and user information
- Click on the Administration drop down (top left corner of the screen) and then click on Provider
  - Enter your hospital's information in the Provider Detail section on the right side of the screen
  - Click Save (upper left of screen)
  - Click on User from the Administration dropdown (top left corner of the screen)
  - On the User Detail on the right side of the screen enter information for a user making sure you set up a System Administrator. Enter activation date (today's date) and assure your hospital is showing in the Provider Detail section
  - Click Save
  - Log out under the Security tab.
  - Log in as a System Administrator using the password "p@ssword"
  - Change password and set up security answers
  - You are now ready to abstract and/or add more users

## Abstracting using CART

1. Set up provider preferences (must be a System Admin)
- Click on Provider from the Administration drop down
  - Go to Provider Preferences Section and click on your hospital's name in the Provider Summary
  - On the right side of the screen, select range of months for data you are reporting in the Time Period (note it is not a quarter- use the range that your quarter fits in)
  - Select measure sets you are reporting (can click to deselect)
    - OQR-AMI Set
    - OQR-ED
  - Click Save

## 2. Enter the Data

- Log in if not already in CART
- Go to Patient Information in the Administration Tab
- Enter the patient's information in the Patient Detail Section and click on Add Patient at the bottom of the Patient Detail Section
- The system will ask if you want to save or not.
- The system will check for duplicates.
- Click + to add another patient and so on.

Note: If you have already entered patients, you may use the search function to find a patient.

- Select the patient name in the Patient Summary Section
- Click on **Add Abstraction** (it is in the patient detail section on the right)
- Abstraction Pop-Up Screen appears. Enter information, click in the comment area, and click **Finish**.
- Enter the encounter date and arrival time
- Select the measure set
- Click on **Finish** (you may need to click in the comments section to get "Finish" to be available).
- Click on **Enable/Disable Questions Appropriately** and answer the questions in order
- Click on **Save** (Left upper corner of screen).
- A pop-up appears asking if you want to duplicate. Click **OK** to add another data set for this same patient. Otherwise click on Cancel.

- To edit or delete an abstraction
  - In Abstraction drop down, click on **Search**
  - Click on **Search** on next screen
  - Click on **Patient**
  - Click on **Edit Abstraction** at bottom of page (The Delete button is on the far right bottom of the page)
  - Make Changes
  - **Save.**

### **Submitting Data**

- Navigate to HQR site: [hqr.cms.gov](http://hqr.cms.gov)
- Enter your HARP User ID and password, then click Login.
- Click “View the new Hospital Quality Reporting” near the upper right corner of the HQR My Tasks page to navigate to the new HQR Home page.
- Click the File Upload card to begin uploading your files.
- Select the Chart Abstracted tab
- Click on change selection and In the drop down box select Production
- Select OQR for outpatient quality reporting
- Under Facilities List, a new page will open that allows the user to choose a facility. Search authorized organizations by entering the organization name or ID (such as the CMS Certification Number).
- Select the hospital by clicking on the name of the organization.

### **Reporting Process for OP-22**

1. Go to <https://hqr.cms.gov/hqrng/login>
2. Sign in to your HARP account
3. Complete the two factor identification
4. Accept the terms and conditions
5. Using the dashboard on the top left, select Data Submissions
6. Click on the Web Based Measures Tab
7. Click on Data Form
8. Select on Data Form ORQ then Launch Data Form
9. On the top right enter payment year. Payment year is two years added to current year.
10. You will see OP-22, OP-29 and OP-31. For OP-29 and OP-31, you must click the box under it that says, “Please enter zeros for this measure as I have no data to submit.” If you skip that and just address OP-22, it will not work.
11. For OP-22, leave that blank and click on the green Start Measure
12. Fill in the numbers for your hospital
13. Click Save and Return button
14. Click the I’m Ready to Submit button
15. The top right Export Data button will provide you with a copy

## MBQIP Key Resources and References

### MBQIP Measures Fact Sheets

This booklet contains a one page fact sheet for each MBQIP measure. It is highly recommended as a very useful resource. Have one on your desk if you are performing data collection and data entry for MBQIP.

The booklet is provided here: [MBQIP Measures Fact Sheets](#)

### MBQIP Data Submission Deadlines

[Data Submission Deadlines](#)

### MBQIP Reporting Guide

This booklet provides an overview of the various ways MBQIP data are reported.  
The booklet is provided here:

[Quality Reporting Guide](#)

[Office Hours for Abstraction Assistance](#)

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