Confused About MBQIP?
What is MBQIP?

- MBQIP is the Medicare Beneficiary Quality Improvement Project created by the Federal Office of Rural Health Policy.
- Primary goal is for CAHs to implement quality improvement initiatives to improve inpatient care and operations.
- FLEX funding:
  - Technical assistance
  - National benchmarks
Participation in the project provides:
- Inclusion in quality improvement projects
- Improvement outcomes for the care provided to your patients
- Improved efficiency of services and operations
- Availability of benchmarking to identify best practice in the rural critical access setting
- Access to technical assistance with use of quality improvement tools and implementation of best practice models
- The opportunity to be viewed as a quality improvement leader and ready when reporting becomes non-optional
- Meets quality improvement component of the FLEX Grant
How does MBQIP align with everything else?

- KDHE FLEX projects: 2011–2012
  - Abstraction Review: 54 hospitals participating
    KFMC re-abstracting and providing feedback on 1 record per topic for 2Q11 and 4Q11
  - CART Abstraction Training: 27 hospitals trained
  - ACM HF Collaborative: 14 hospitals participating
How does MBQIP align with everything else?

- Projects are all driven by data collected at the hospital level in CART and submitted to the QIO Clinical Data Warehouse for public reporting (HQA to Hospital Compare)
  - Inpatient discharges admitted for AMI, HF, Pneumonia and Surgical Care
How does MBQIP align with everything else?

- Signing a participation agreement for MBQIP means that you have given permission to the ORHP to access your clinical outcome data in the QIO Clinical Data Warehouse before it reaches Hospital Compare
  - As a reporting hospital, this does not affect your current processes
  - The ORHP will be able to review data more timely, ultimately providing more current benchmarking capability and information for future funding cycles
Answer the following ?’s

- Step 1: Have you completed the MBQIP Participation Agreement?
  - Yes, proceed directly to Step 2
  - No, proceed to this url: [http://www.kdheks.gov/olrh/rural_mbqip.htm](http://www.kdheks.gov/olrh/rural_mbqip.htm) to download, complete and submit an agreement to Allen Sester at [asester@kdheks.gov](mailto:asester@kdheks.gov). Additional questions, contact Jane Faubion at 785–296–1232.
Dear Hospital Administrator:

You are invited to participate in a nation-wide FLEX Medicare Beneficiary Quality Improvement Program (MBQIP). The Federal Office of Rural Health Policy (ORHP), our FLEX grantor, created MBQIP to support critical access hospitals in quality data reporting. Their goal is to build a national data base of uniformly reported data that will be used to examine the effectiveness of QI initiatives and identify best practices. The Federal ORHP is seeking 100% participation by CAHs in submitting data to the CMS Q-Net Data Warehouse.

We are asking you to participate in MBQIP by agreeing to:

1. Collect the Phase 1 Hospital Indicators, starting September 1, 2011. Phase 1 Indicators:
   - Pneumonia: Hospital Compare CMS Core Measures;
   - Congestive Heart Failure: Hospital Compare CMS Core Measures; and
   - 30-day Readmission rates: Pneumonia and Congestive Heart Failure.

2. Starting September 1, 2012, collect Phase 1 and Phase 2 Hospital Indicators. Phase 2 Indicators:
   - Outpatient 1-7: Hospital Compare CMS Measure; and
   - Hospital Consumer Assessment of Healthcare Providers and System.

3. Grant the Federal ORHP permission to access this data in the CMS Q-Net Data Warehouse. The Federal ORHP will only be analyzing hospital-level data.

While this initiative is voluntary, the Federal ORHP is strongly encouraging CAHs to participate as a step in preparing for anticipated future mandatory Medicare reporting.

We know that many Kansas CAHs already submit data to the CMS Q-Net Data Warehouse. We hope you will agree to participate in MBQIP as it shouldn’t change your workload, just expedite access to your hospital’s data. In so doing, the Federal ORHP will report it back to the State FLEX programs sooner. You will also have access to free, regionally-available trainings to refresh existing staff or train new staff on using the CMS Abstraction and Reporting Tool (CART).

If you are not currently reporting or have never reported, MBQIP offers your CAH a great time to start. As mandatory reporting is around the corner, through MBQIP, hospitals can phase in reporting. Additionally, hospitals can access FLEX-offered technical assistance and resources, for example, free CMS CART training.

The Kansas Office of Rural Health and the Kansas FLEX program heartily supports the Federal ORHP’s efforts to develop a CAH QI initiative of national scope. This will allow the Federal ORHP to perform national benchmarking, identify CAH best QI practices and showcase the quality of care and services available in CAHs. As an innovative leader in developing QI programming, Kansas can continue to lead the way.

Kansas facilities have made great strides in quality improvement and our hospital administrators have played a pivotal role in those efforts. We hope you will participate in this national collaborative project. Please complete and electronically return the accompanying participation agreement to Allen Sester at aester@kdheks.gov by Friday, July 8. Don’t hesitate to contact me at 785-291-3796 if you have any questions.

Sincerely,

[Signature]
Director, Rural Health and FLEX Program
Answer the following ?’s

- Step 2: Do you have a registered QNet Security Administrator?
  - Yes, proceed directly to Step 3
  - No, contact KFMC, Tisha Carlson at tcarlson@ksqio.sdps.org or 1–866–899–0202 to obtain the necessary paperwork.
Step 3: Do you have CART, the CMS Clinical Abstraction and Reporting Tool installed in your facility?

- Yes, proceed directly to Step 4
- No, go find your IT person or computer savvy individual with administrative rights to your computer and proceed to the following URL for instructions and download:
  
  http://www.qualitynet.org/dcs/ContentServer?c=Page&pageName=QnetPublic%2FPage%2FQnetTier3&cid=1135267770141. For additional questions regarding CART contact KFMC at 1–866–899–0202.
CART Downloads & Info
Version 4.10.2 for Discharges 04/01/2011 - 12/31/2011


CART 4.10.2 Patch Download

If CART 4.10 or 4.10.1 is installed on the workstation, follow these steps to download a patch that will upgrade your installation to CART 4.10.2.
1. Be sure that you’ve installed CART 4.10 or 4.10.1.
2. Read and follow the CART 4.10.2 Patch Install Instructions, PDF-188 KB (10/20/11)
3. Download CART 4.10.2 Patch, EXE-27 MB (10/20/11)

Upgrading from CART-Inpatient 4.9.1, 4.9, 4.8 or 4.7.2

CART-Inpatient 4.10.2 is backward compatible; users may upgrade from any of these previous versions.

If CART-Inpatient 4.9.1, 4.9, 4.8 or 4.7.2 is installed on the workstation:
1. Read and follow the Upgrade Instructions, PDF-222 KB
2. Download the CART-Inpatient 4.10.2 Upgrade, EXE-78.3 MB (10/20/11)
Step 4: Do you know if someone at your facility is proficient in using CART?
- Yes, proceed directly to Step 5
- No, hands on training is provided by KFMC staff, please contact KFMC at 1-866-899-0202 to schedule your staff for a training session.
Step 5: Has your facility signed an HQA Pledge of Participation?
- Yes, proceed directly to Step 6
- No, proceed to the following URL for information and download the pledge form: http://www.qualitynet.org/dcs/ContentServer?c=Page&pagemen
Hospital Quality Alliance (HQA)

How to Participate
 Forms
 QIO Contacts
 Deadlines
 Measure Comparison
 Notifications

Registration
- QualityNet
- HQA Participation
- RHQDAPU Participation

HQA Program Overview
Hospital Quality Alliance: Improving Care through Information

The Hospital Quality Alliance (HQA) is a public-private collaboration that represents diverse stakeholders including hospitals, health professionals, government agencies, quality experts, purchasers, and consumer groups. The HQA is committed to making meaningful, relevant, and easily understood information about hospital performance accessible to the public and to informing and encouraging efforts to improve quality. The HQA believes that the accessibility and use of performance information will spur positive changes in health care delivery. A cornerstone of its collaboration is Hospital Compare (www.HospitalCompare.hhs.gov), which publicly reports hospital performance in a consistent, unified manner to ensure the availability of credible information about the care delivered in the nation’s hospitals.

Quality performance information collected from the more than 4,000 participating hospitals is reported on Hospital Compare, a website hosted by the Department of Health & Human Services.

The American Hospital Association (AHA); the Federation of American Hospitals (FAH); and the Association of American Medical Colleges (AAMC), which launched HQA in 2002, continue to work closely with CMS and other stakeholders in this initiative.

To participate in the HQA initiative, a hospital must complete and forward the Pledge of Participation Form to its Quality Improvement Organization (QIO) contact. Results for the current HQA hospital quality measures can be viewed on Hospital Compare.

For more information regarding the HQA initiative, see the HQA Overview: Data Collection, Transmission and Reporting, PDF.
Step 6: Are you currently submitting data to the QIO Clinical Data Warehouse for HF and PN?

- Yes, proceed directly to Step 7
- No, begin submitting! Phase 1 of MBQIP (9/1/2011–8/31/2012) requires transmission of HF and PN data for patients discharged with primary diagnosis of HF and PN. For assistance in identifying which cases apply, contact KFMC at 1–866–899–0202.
Step 7: Are you currently submitting HCAHPS data to the QIO Clinical Data Warehouse?

- Yes, proceed directly to Step 8
- No, HCAHPS is the Hospital Consumer of Healthcare Providers and Systems. Phase 2 of MBQIP (9/1/2012–8/31/2013) requires transmission of HCAHPS data. Proceed to the following URL for more information:
  
CAHPS® Hospital Survey (HCAHPS)
Hospital Consumer Assessment of Healthcare Providers and Systems

The Centers for Medicare & Medicaid Services (CMS) has partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency in the Department of Health and Human Services, to develop HCAHPS—the Hospital Consumer Assessment of Healthcare Providers and Systems Survey.

Background
The HCAHPS initiative is intended to provide a standardized survey instrument and data collection methodology for measuring patients’ perspectives on hospital care.

While many hospitals collect information on patient satisfaction, there is no national standard for collecting or publicly reporting this information that would enable valid comparisons to be made across all hospitals.

What it is
HCAHPS can be viewed as a core set of questions that can be combined with a customized set of hospital-specific items. HCAHPS is meant to complement the data hospitals currently collect to support improvements in internal customer services and quality related activities.

Implementation
Hospitals will voluntarily implement HCAHPS under the auspices of the Hospital Quality Alliance, a private/public partnership that includes the major hospital associations, government, consumer groups, measurement and accrediting bodies, and other stakeholders who share a common interest in improving hospital quality.

The hospital, or a vendor representing the hospital, will conduct the HCAHPS survey via paper, telephone or Interactive Voice Response (IVR). The survey data must be submitted via QualityNet.
Step 8: Are you currently participating in HOP QDRP by submitting outpatient data to the QIO Clinical Data Warehouse?

- Yes, Awesome! Proceed directly to sharing, analyzing your data and participating in Quality Improvement activities! Contact your friends at KFMC for assistance.
- No, Phase 2 of MBQIP (9/1/2012–8/31/2013) requires transmission of outpatient data.

- Participation in HOP QDRP requires:
  - Completion of the Online Pledge by March 31, 2012, contact KFMC at 1–866–899–0202 for assistance
  - Proceed to the following URL for details and measure information:
    http://www.qualitynet.org/dcs/ContentServer?c=Page&pname=QnetPublic%2FPage%2FQnetTier1&cid=1192804525137
Hospital News - Outpatient

Hospital Compare Preview Reports now available
January 2012 Hospital Compare preview reports are now available on My QualityNet for participating hospitals.

The preview reports are available November 9 through December 9, 2011. The data in the preview reports will be reported on Hospital Compare, the CMS website for Medicare beneficiaries and the general public.

Full Article »

Headlines
- Final CY 2012 OPPS rule issued

Hospital Outpatient Quality Reporting (OQR) Program Overview

To meet Hospital Outpatient Quality Reporting (OQR) Program requirements and receive the full Annual Payment Update (APU) under the Outpatient Prospective Payment System (OPPS), hospitals must meet administrative, data collection and submission, and data validation requirements — including the submission of data for 15 quality measures, consisting of chart-abstracted measures for Acute Myocardial Infarction (AMI), Chest Pain (CP) and Surgery; Imaging Efficiency Measures; and a Web-based Structural Measure. Participating hospitals agree that they will allow the Centers of Medicare & Medicaid Services (CMS) to publicly report the quality measures (as stated in the current OPPS Final Rule). Hospitals that participate in the Hospital OQR Program and meet the Hospital OQR requirements will receive their full OPPS...
Questions?

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Alphabet Soup Definitions

- **MBQIP**
  - Medicare Beneficiary Quality Improvement Project

- **QNet Security Administrator**
  - The person designated in your facility to access the secure side of QualityNet who has gone through the registration process to receive a user id by completing a notarized form and sent it to KFMC for processing

- **QualityNet**
  - [www.qualitynet.org](http://www.qualitynet.org), the website that houses the QIO Clinical Data Warehouse and provides information on all the CMS driven data initiatives. The only CMS–approved website for secure communications and healthcare quality data exchange between: quality improvement organizations (QIOs), hospitals, physician offices, nursing homes, end stage renal disease (ESRD) networks and facilities, and data vendors.
Alphabet Soup Definitions

- **FLEX**
  - The Rural Hospital Flexibility Program (Flex) provides funding to state governments to spur quality and performance improvement activities; stabilize rural hospital finance; and integrate emergency medical services (EMS) into their health care systems.

- **CART**
  - CMS Clinical Abstraction and Reporting Tool, the software program used for data abstraction that hospitals can download and use at no cost.

- **HQA**
  - Hospital Quality Alliance, public–private collaboration that represents diverse stakeholders including hospitals, health professionals, government agencies, quality experts, purchasers, and consumer groups. The HQA is committed to making meaningful, relevant, and easily understood information about hospital performance accessible to the public via Hospital Compare and to informing and encouraging efforts to improve quality.
Alphabet Soup Definitions

- **HCAHPS**
  - The hospital consumer assessment of healthcare providers and systems is a standardized survey instrument and data collection methodology for measuring patients’ perspectives on hospital care. It can be viewed as a core set of questions that can be combined with a customized set of hospital-specific items.

- **HOP QDRP**
  - The Hospital Outpatient Quality Reporting (OQR) Program is a quality data reporting program implemented by the Centers of Medicare & Medicaid Services (CMS) for outpatient hospital services.

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