

Medicare Beneficiary Quality Improvement Project (MBQIP) Q & A

Question: How do we start reporting the MBQIP Phase I measures to CMS Quality Net/Q-Net Data Warehouse?

The first immediate step to begin reporting data is to register your hospital with My Quality Net. You can start this by going to the [QualityNet Registration](#) web-page. Secondly, contact the Kansas Foundation for Medical Care, our federally-designated Quality Improvement Organization, who can assist your hospital in the registration process.

Question: What are the MBQIP Phase I measures that my hospital should be reporting?

Pneumonia: CMS Hospital Compare Core Measure

PN-3b: Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital

PN-4: Adult Smoking Cessation Advice/Counseling

PN-5c: Initial Antibiotic Received Within 6 Hours of Hospital Arrival

PN-6²: Initial Antibiotic Selection

Congestive Heart Failure: Core Measure

HF-1: Discharge Instructions

HF-2: Evaluation of LVS Function

HF-3: ACEI or ARB for LVSD

HF-4: Adult Smoking Cessation Advice/Counseling

Question: How often must our hospital submit data to CMS Quality Net/Q-Net Data Warehouse if the hospital is participating in MBQIP?

We ask that hospitals report their data timely to the Data Warehouse and at a minimal reported on a quarterly basis. We strongly recommend that hospitals report on a monthly basis, which aligns with the Kansas Foundation for Medical Care's recommendation and the Quality Health Indicators project. There are many advantages to reporting monthly – 1) the ability to use the data to drive quality improvement activities in your hospital, 2) less risk of forgetting passwords or getting locked out of system due to inactivity, and 3) the more often your staff uses CART and CMS system = decrease in technical difficulties.

Question: Where would I find the 30-day Readmission Rate Measures for Pneumonia and Congestive Heart Failure?

The 30-day Readmission Rate Measures for Pneumonia and Congestive Heart Failure are computed by Hospital Care using other Core Measure information reported by your hospital. We've listed these measures in the MBQIP participation agreement form as a means to inform you that the MBQIP will be looking at 30-day readmissions rates in addition to the Pneumonia and Congestive Heart Failure Core Measures your hospital is reporting to the Data Warehouse.

Question: How do we start reporting the MBQIP Phase II measures to CMS Quality Net/Q-Net Data Warehouse?

*To begin reporting MBQIP's Phase II - outpatient measures step, your hospital must complete the **on-line HOP QDRP Pledge**, available on My QualityNet. (To access the HOP QDRP Pledge process, you must be a registered My QualityNet user and have been assigned the HOP QDRP Pledge Update role by your active Security Administrator. For more information, see the [HOP QDRP Online Pledge training](#).) Again, contact the Kansas Foundation for Medical Care, our federally-designated Quality Improvement Organization, who can assist your hospital in the registration process.*

Medicare Beneficiary Quality Improvement Project (MBQIP) Q & A

Question: What are the MBQIP Phase II measures that my hospital should be reporting?

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Outpatient 1-7: Hospital Compare CMS Measure

OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival in the Emergency Department

OP-3: Median Time to Transfer to another Facility for Acute Coronary Intervention in the Emergency Department

OP-4: Aspirin at Arrival in the Emergency Department

OP-5: Median Time to ECG in the Emergency Department

OP-6: Timing of Antibiotic Prophylaxis (Prophylactic Antibiotic Initiated Within One Hour Prior to Surgical Incision) in Surgery

OP-7: Prophylactic Antibiotic Selection for Surgical Patients in Surgery

Question: How is the MBQIP related to the Quality Health Indicators web-tool?

When you choose to participate in MBQIP, your data reporting person will gather your hospital's quality data using the CMS Chart Abstraction Reporting Tool (CART) and upload the data to the CMS Quality Net Data Warehouse. Your hospital can run monthly reports from the CMS CART tool which can then be used to enter your data into the Quality Health Indicators (QHi) benchmarking tool. No double entry. QHi collects monthly aggregate data, so hospitals run a monthly CART report and key the data into QHi. See below diagram.

Quality Health Indicator Project

