Critical Access Hospital

Guide to Quality Reporting Programs

FY25 Flex
(Sept. 1, 2025-Aug. 31, 2026)

OREGON OFFICE of RURAL HEALTH

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Introduction

Critical access hospitals (CAHs) are an essential contributor to the US health care system, providing timely, quality care to rural communities across the country. Quality reporting and benchmarking are essential activities to inform and advance quality improvement, patient safety, and health equity activities. Due to the nature in which CAHs are reimbursed by the Centers for Medicare & Medicaid Services (CMS), CAHs have been exempted from CMS quality reporting programs. However, to avoid a negative payment adjustment from CMS, CAHs are required to participate in the Promoting Interoperability Program and are encouraged to voluntarily report measures that are relevant to their scope of services, such as those that are included in the Medicare Beneficiary Quality Improvement Project (MBQIP).

With the health care system continuing to shift toward reimbursement that incentivizes value of care over volume of care, it is vital for CAHs to demonstrate their ability to provide quality care by participating in federal public quality reporting. Often CAHs can excel in performance on relevant measures in comparison to their larger, non-rural counterparts. For example, many CAHs that conduct Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys outperform prospective payment system (PPS) hospitals on HCAHPS measures. Similarly, CAHs tend to outshine larger PPS facilities in emergency department throughput times. While it can be difficult to measure CAH performance in some areas due to low-volumes, increasingly, there is a recognition among CAHs that it is important to provide evidence-based care for every patient, 100 percent of the time. This can be achieved through monitoring, reporting and continuous quality improvement efforts.

About this Guide

This guide helps quality improvement (QI) leaders make informed decisions about the quality reporting for their facilities. The guide explains the various **Federal quality reporting programs** in which CAHs may participate or report on measures that are part of those programs. It also includes information regarding hospital quality reporting channels, information regarding types of measures, and guidance on how to get started with data submission. CAH quality reporting varies depending on the needs and desire for quality monitoring by the CAH. In addition to the Federal programs outlined here, CAHs may also be held to state-level or payer specific reporting requirements.

To enhance the consistency and effectiveness of quality data reporting, multiple state Flex grant programs have united to develop a comprehensive Quality Data Reporting Guide. This collaborative project harnesses the collective expertise and resources of state Flex programs to create a standardized framework for capturing, analyzing, and reporting quality metrics across rural healthcare facilities. By integrating best practices and insights from diverse regions, the guide aims to streamline data collection processes, ensure accuracy, and facilitate meaningful comparisons of quality indicators. This unified approach not only helps rural hospitals meet regulatory requirements more effectively but also promotes the sharing of valuable data-driven insights to drive continuous improvement in patient care. The collaborative effort underscores a commitment to elevating healthcare quality and operational excellence through a cohesive, multi-state strategy, setting a benchmark for future data reporting initiatives.

Participating State Flex Programs Include – *Washington, Idaho, Oregon, Utah, Arizona, Montana, and South Dakota.*

This guide was originally developed by CAH QI leaders for other CAH QI leaders and was most recently updated by Stratis Health.

Prior authors and contributors:

- **Namrata Dave** (2016, 2017) Lake Health District, Oregon
- **Arielle LeVeaux** (2018) West Valley Hospital, Oregon
- **Tami Youngblood** (2019) Curry Health Network, Oregon
- **Seema Rathor** (2016-2021), Comagine Health
- **Susan Runyan**, (2021) Runyan Health Care Quality Consulting

Quality Reporting Programs: Summary Table

Program and Description	Voluntary or Required for CAHs	Participants	Lead Organization
MBQIP This federal grant program is administered by the Oregon Office of Rural Health (ORH) to support CAHs in reporting common, rural-relevant quality measures appropriate to low-volume hospitals.	Voluntary	CAHs only	Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP) Oregon Office of Rural Health (ORH)
Hospital Outpatient Quality Reporting (OQR) Includes outpatient measures collected and submitted by acute care hospitals and claims-based outpatient measures calculated by CMS. PPS hospitals are subject to a payment penalty if they do not report all OQR measures (pay-for-reporting).	Voluntary	CAHs (MBQIP) PPS Hospitals	CMS
Hospital Inpatient Quality Reporting Programs Includes a suite of CMS programs with inpatient measures collected and submitted by acute care hospitals and claims-based inpatient measures calculated by CMS. **Inpatient Quality Reporting Program (IQR)** Pay-for-reporting program that requires PPS hospitals to submit data on quality measures. It also includes CMS-calculated claims-based measures. **Hospital Readmissions Reduction Program (HRRP)** Pay-for-performance program that includes condition-specific 30-day readmission measures. **Hospital Acquired Condition Reduction Program (HAC)** Pay-for-performance program that uses patient safety measures calculated from claims or submitted to the National Healthcare Safety Network (NHSN). **Hospital Value-Based Purchasing Program (VBP)** Adjusts Medicare payment to PPS hospitals based on quality of care. Includes claims-based mortality and complication measures, patient experience (HCAHPS), chart-abstracted safety measures and CMS-calculated efficiency and cost measures.	Voluntary	CAHs (MBQIP) PPS Hospitals	CMS
Promoting Interoperability Program (includes eCQM reporting) Reporting electronic clinical quality measures (eCQMs) is one requirement for hospitals under the Promoting Interoperability Program (PI), formerly called the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, and sometimes referred to as Meaningful Use (MU).	Required	CAHs PPS Hospitals	CMS

Quality Payment Program (QPP) Payment incentive and penalty program for eligible clinicians. QPP has two payment tracks: Advanced Alternative Payment Models (APMs) and the Merit-Based Incentive Payment System (MIPS).	Required if using Method II billing with eligible providers	Eligible professionals and practices	CMS

Quality Reporting Programs

There are a number of quality reporting programs that hospitals may participate in at the federal, state, regional, or local level. This guide focuses on federal quality reporting programs run either through the Centers for Medicare and Medicaid Services (CMS) or the Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP).

Medicare Beneficiary Quality Improvement Project (MBQIP)

The Medicare Beneficiary Quality Improvement Project (MBQIP) is a quality improvement activity through the FORHP Medicare Rural Hospital Flexibility (Flex) Program. MBQIP is specific to CAHs and focuses on quality reporting and improvement on measures that are relevant to rural, low-volume hospitals. The program encourages CAHs to measure outcomes, demonstrate improvements and share best practices with data that is aggregated and shared as state and national benchmarks. MBQIP provides an opportunity for individual hospitals to look at their own data, compare their results against other CAHs and partner with other hospitals around quality improvement initiatives.

As the U.S. moves rapidly toward a health care system that pays for value over the volume of care provided, it is extremely important for CAHs to participate in federal, public quality reporting programs to demonstrate the quality of care they provide. MBQIP takes a proactive approach to ensure CAHs are well-prepared to meet quality reporting requirements by focusing on a set of rural relevant measures.

Recognizing the evolving nature of health care quality measures, FORHP released an updated set of MBQIP measures in the Fall of 2024. The MBQIP 2025 Core Set table on the next page includes a summary of new and existing MBQIP measures and key resources for each.

Key Resources

Rural Quality Improvement Technical Assistance | Telligen

- Medicare Beneficiary Quality Improvement Project (MBQIP) 2025 Measure Core Set Information Guide (telligen.com)
- Medicare Beneficiary Quality Improvement Project (MBQIP) Data Submission Deadlines (telligen.com)
- Medicare Beneficiary Quality Improvement Project (MBQIP) Navigator (telligen.com)

MBQIP Core Measure Set

Measure ID	Measure Name (* denotes new measure)	MBQIP Domain	Reporting Channel	Submission Frequency	Key Resource(s)
Antibiotic Stewardship	Implementation of Core Elements of Antibiotic Stewardship (via NHSN annual facility survey)	Patient Safety	NHSN	Annual	• NHSN Patient Safety Component Annual Facility Survey • Instructions for completion
EDTC	Emergency Department Transfer Communication	Emergency Department	MBQIP.com through the Oregon Office of Rural Health	Quarterly	• EDTC Data Specifications, Data Collection Tool, and other resources
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Patient Experience	HQR via vendor	Quarterly	• www.HCAHPSonline.org • HCAHPS Vendor Directory
HCP/ IMM-3[1]	Influenza vaccination coverage among health care personnel	Patient Safety	NHSN	Annual	• HCP Influenza Vaccination Summary Protocol • Surveillance for Healthcare Personnel Vaccination webpage
Hybrid HWR	Hybrid hospital-wide readmissions*	Care Coordination	HQR Secure Portal	Annual	• QualityNet Hybrid Measures: Methodology, Hospital-Specific Report Information, FAQ and Resources • RQITA Hybrid Hospital-Wide Readmission Data Submission Guide
OP-18	Median time from ED arrival to ED departure for discharged ED patients	Emergency Department	HQR via Outpatient CART or Vendor	Quarterly	• Hospital OQR Specifications Manual
OP-22	Patient left without being seen	Emergency Department	HQR Secure Portal	Annual	• Hospital OQR Specifications Manual
Safe Use of Opioids[2]	Safe use of opioids*	Patient Safety	HQR Secure Portal	Annual	• Safe Use of Opioids - Concurrent Prescribing | eCQI Resource Center • RQITA Safe Use of Opioids- Concurrent Prescribing Data Submission Guide
TBD	CAH Quality Infrastructure*	Global Measures	FMT via online survey	Annual	• CAH Quality Infrastructure Resources and Measure Specifications

The Hospital Commitment to Health Equity (HCHE) measure, and the Social Drivers of Health Screening (SDOH-1) and Social Drivers of Health Screen Positive (SDOH-2) measures were removed from MBQIP in 2025 to align with changes made by CMS removing the measures from the IQR program.

[1] The encounter period for HCP/IMM-3 is limited to Q4 and Q1.

[2] The Safe Use of Opioids measure is a required eCQM for the Medicare Promoting Interoperability Program.

CMS Outpatient Quality Reporting Program (OQR)

The Hospital Outpatient Quality Reporting (OQR) Program is a pay-for-reporting program implemented by CMS for outpatient hospital services. PPS hospitals that meet data reporting requirements during a given calendar year (CY) receive their full Outpatient Prospective Payment System (OPPS) payment update for the upcoming calendar year; those hospitals that do not participate or fail to meet these requirements may receive a 2% reduction of their payment update. From CMS's perspective, reporting OQR measures is voluntary for CAHs; however, state or other programs that CAHs are a part of, such as MBQIP, may require or strongly encourage reporting.

The current measure set for the Hospital OQR Program includes measures that assess imaging efficiency patterns, care transitions, ED throughput, care coordination, patient safety and volume. The full set of OQR measures is included in the Hospital Quality Reporting Crosswalk for CAHs. OQR measures are publicly reported on Care Compare if the threshold of cases submitted measures has been met (typically 25 cases in the reporting period). OQR includes several claims-based measures that are calculated by CMS using Medicare Fee-For-Service (FFS) claims, and results for those measures are reported on Care Compare if the reporting threshold has been met (typically 25 cases in the reporting period).

CMS Inpatient Quality Programs

CMS implements a set of interrelated Hospital Inpatient Quality Programs that include measures submitted directly from hospitals to CMS and measures calculated for hospitals by CMS using FFS Medicare Claims. Measure data from each of these programs is publicly reported on Care Compare for hospitals that meet the thresholds for public reporting (typically 25 cases in the reporting period). Measures across these programs are included in the Hospital Quality Reporting Crosswalk for CAHs. From CMS's perspective, reporting measures from any of these programs is voluntary for CAHs; however, state or other programs that CAHs are a part of, such as MBQIP, may require or strongly encourage reporting.

Prior to 2020, all CMS Inpatient Quality Measures were included in the IQR program, and measures were drawn from IQR for performance calculations in the pay-for-performance programs (HRRP, HAC, VBP). In 2020, CMS separated the programs so that the measures used in each of the pay-for-performance programs would be managed within each individual program (e.g., health care-associated infection measures are considered HAC measures rather than IQR measures). A summary of each program is outlined below.

Inpatient Quality Reporting Program (IQR)

The Hospital Inpatient Quality Reporting (IQR) Program is a pay-for-reporting program implemented by CMS for inpatient hospital services. There is a payment penalty for PPS hospitals that do not report all the required measures. IQR measures are reported on Care Compare.

Hospital Readmissions Reduction Program (HRRP)

The Hospital Readmissions Reduction Program (HRRP) is a pay-for-performance program that penalizes PPS hospitals with 'excess' readmission rates. Using FFS Medicare claims, CMS calculates readmission rates for six conditions: acute myocardial infarction (AMI),

heart failure, pneumonia, chronic obstructive pulmonary disease (COPD), coronary artery bypass graft (CABG) and elective primary total hip and/or total knee arthroplasty (THA/TKA).

CMS calculates condition-specific readmission rates for CAHs, but CAHs are exempt from any payment penalties. HRRP measures are reported on Care Compare. Any new readmissions measures must be part of the IQR program for at least one year before incorporation into the HRRP program.

Hospital-Acquired Conditions (HAC) Reduction Program

The Hospital Acquired Conditions (HAC) Reduction Program is a pay-for-performance program that encourages PPS hospitals to improve patient safety and reduce the number of hospital-acquired conditions, such as hospital-associated infections, pressure ulcers and hip fractures or hemorrhages after surgery.

PPS hospitals that rank in the bottom 25% have CMS payments reduced by 1% for the associated fiscal year. CAHs can voluntarily report the related hospital-associated infection (HAI) measures but are exempt from any CMS payment penalties. Most CAHs do not meet the volume thresholds to have a standardized infection ratio (SIR) calculated for the HAI measures. HAC measures are reported on Care Compare for hospitals that meet the reporting threshold. Some HAC measures are also incorporated into the Hospital Value-Based Purchasing Program (HVBP).

Hospital Value-Based Purchasing (VBP) Program

The Hospital Value-Based Purchasing (VBP) Program encourages hospitals to improve the quality, efficiency, patient experience and safety of care patients receive during acute inpatient stays. The program withholds a percent of participating hospitals' Medicare payments and uses the estimated amount of those reductions to fund value-based incentive payments to hospitals based on their performance in the program.

Medicare Promoting Interoperability (PI)

In 2011, CMS established the Medicare and Medicaid Electronic Health Record Incentive Programs, now known as the Medicare Promoting Interoperability (PI) Program, and often referred to as "Meaningful Use." PI encourages eligible professionals, hospitals and CAHs to adopt, implement, upgrade, and demonstrate meaningful use of certified electronic health record technology (CEHRT). Starting in 2018, the promoting interoperability requirements for eligible professionals were incorporated into the Quality Payment Program (QPP).

To avoid a payment penalty, eligible hospitals and CAHs report on or attest to four scored objectives:

- Electronic Prescribing
- Health Information Exchange
- Provider to Patient Exchange

- Public Health and Clinical Data Exchange

CMS uses a performance-based scoring methodology for the scored objectives. A minimum of 60 pointshas been required to satisfy the scoring requirement. **However, the minimum threshold has been raised to 70 points for CY 2025, and 80 points for CY 2026.** CMS has also indicated they will begin publicly reporting hospital PI performance scores on Care Compare.

Additional PI requirements include:

- Submission of electronic clinical quality measures (eCQMs)
- Reporting (yes/no) on a Protect Patient Health Information objective: Security Risk Analysis measure
- Attestation to use of the ONC's SAFER Guides (Safety Assurance Factors for EHR Resilience)
    - For CY 2025 PI reporting, hospitals should use the 2016 SAFER Guides which are also posted on the ONC site. The 2025 SAFER Guides will be used starting with CY 2026 reporting.
- *Note:* The Public Health and Clinical Data Exchange Objective includes reporting to NHSN on Antimicrobial Use and Antimicrobial Resistance (AU/AR)

Quality Payment Program (QPP)

Through the Quality Payment Program (QPP), CMS rewards high-value, high-quality Medicare clinicians with payment increases while reducing payments to those clinicians who do not meet performance standards. QPP has two payment tracks:

- Advanced Alternative Payment Models (APMs)
- Merit-Based Incentive Payment System (MIPS)

Clinicians who are determined to be MIPS-eligible must either successfully participate in MIPS or in an Advanced APM to avoid a negative payment adjustment. **For eligible clinicians practicing in Method II who have assigned their billing rights to a CAH, the payment adjustment would apply to Method II payments.** MIPS eligibility is subject to change from year to year. A clinician can be individually eligible or eligible at the group level. To check eligibility, use the QPP Participation Lookup. Generally, eligibility is determined based on:

- Being an eligible clinician type, including (for 2024) physician, osteopathic practitioner, chiropractor, physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, physical therapist, occupational therapist, clinical psychologist, qualified speech-language pathologist, qualified audiologist, registered dietician or nutrition professional, clinical social worker or certified nurse midwife
- Exceeding the low-volume threshold of any of the following:
    - Allowed charges (for 2025, billing more than $90,000 for Medicare Part B professional services)
    - Number of Medicare patients who received covered professional services (for 2025, seeing more than 200 Medicare Part B patients)
    - Number of services provided (for 2025, providing more than 200 covered professional services to Medicare Part B patients)

An APM is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode or a population. An Advanced APM is a type of APM that includes specific features and allows participants to seek Qualifying APM Participant (QP) status by achieving threshold levels of payments or patients through the Advanced APM. If a clinician achieves these thresholds, they become eligible for a higher Physician Fee Schedule update and are excluded from MIPS reporting requirements and payment adjustments.

For clinicians who are not part of an APM, MIPS is the alternative way to participate in QPP. Under MIPS, CMS evaluates clinician performance across four categories:

- Promoting Interoperability – Assesses promotion of patient engagement and electronic exchange of health information using CEHRT
- Improvement Activities – Assesses participation in activities that improve clinical practice and support patient engagement
- Quality – Assess the quality of care delivered based on measures of performance
- Cost – Assess the cost of care provided based on Medicare Part B claims

There are three reporting options available to MIPS-eligible clinicians:

- Traditional MIPS – Clinicians select from the available quality measures and improvement activities, report on their selections and complete the Promoting Interoperability Measure Set. CMS collects and calculates data for the cost performance category.
- Alternative Payment Model Performance Pathway (APP) – Clinicians participating in a MIPS APM report a predetermined measure set made up of quality measures in addition to completing the Promoting Interoperability measure set. CMS evaluates credit for improvement activities for MIPS APMs on an annual basis.
- MIPS Value Pathways (MVPs) – Clinicians report on a subset of measures and activities relevant to a specialty or medical condition as well as the Promoting Interoperability measure set, and CMS collects and calculates data for the cost performance category and population health measures.

Key Resources:

- Quality Payment Program (QPP) (cms.gov)
- How MIPS Eligibility is Determined Intro (cms.gov)

CMS Hospital Quality Public Reporting

Although CMS does not require CAHs to participate in most quality reporting programs, those that voluntarily submit data to CMS may have performance data publicly reported on Care Compare. If certain reporting thresholds are met, CMS will also calculate and post an Overall Hospital Quality Star Rating. More information about both is below. Individual states or payers may also have public reporting programs.

Care Compare

The CMS Care Compare website provides consumers with information on how well hospitals and other facilities deliver care to patients and encourages health care facilities to make continued improvements in care quality. Care Compare includes information on more than 100 quality measures for over 4,000 hospitals nationwide and allows consumers to compare hospital performance across many conditions.

The data displayed on Care Compare include measures from all the CMS programs listed above (OQR, IQR, HRRP, HAC, HVBP, and PI). Care Compare data are refreshed quarterly. On the Care Compare landing page for individual hospitals, CMS has also started including visual designations for hospitals designated as "Birthing Friendly."

Birthing Friendly Hospital Designation

Birthing Friendly Hospital Designation

If your CAH provides inpatient birthing services, you are strongly encouraged to report the Maternal Morbidity Structural Measure (annual measure, web-based attestation in HQR).

CMS is currently using results of the Maternal Morbidity Structural Measure as criteria for the CMS Birthing Friendly Hospital Designation on Care Compare.

Care Compare Preview Period

Data due to be displayed for each quarter are made available to providers for a 30-day preview period, approximately two months before being made available to the public. CMS makes preview reports available through the Hospital Quality Reporting (HQR) portal, allowing hospitals to preview their data before public reporting.

Overall Hospital Quality Star Rating

Starting in 2016, CMS began to calculate and post an "Overall" quality star rating for hospitals on Care Compare. The intent of the Overall Hospital Quality Star Rating is to summarize information from existing hospital measures on Care Compare in a way that is useful and easy to interpret for patients and consumers.

Methodology Overview and CAH Applicability

The Overall Hospital Star Rating is updated and posted on Care Compare annually (typically in July) and summarizes current Care Compare measures into a single rating (i.e., measures used in the calculation vary from year to year as CMS adds and retires measures).

For the calculation of the Overall Hospital Quality Star Rating, current Care Compare Measures are grouped into five areas: Mortality, Safety of Care, Readmissions, Patient Experience and Timely and Effective Care.

- To meet the threshold for calculation, hospitals must have at least three measures in at least three groups – one must be an "outcome" group (safety of care, mortality)
- CMS groups hospitals for comparison depending on how many measure groups they have available and then calculates cut-points for each star rating level (1 – 5 stars)
- The Mortality and Readmissions measures are calculated using Medicare FFS claims

CAHs often do not meet the threshold for the calculation of an Overall Hospital Quality Star Rating, as only about 16% of CAHs nationally met the threshold for the last Star Rating release (July 2025).

Key Resources:

- Measures used in July 2025 Overall Hospital Star Rating release, including timeframe and data source
- CMS Overall Hospital Star Ratings Resource - Comprehensive Methodology Report

Hospital Quality Reporting Channels

Information on hospital quality measure reporting channels and additional information related to HCAHPS, eCQMs and hybrid measures are summarized below. The MBQIP Reporting Channels Infographic illustrates the reporting channels specific to the core MBQIP measures. More information about how to submit data via these various channels is provided in the section titled Quality Data Submission Processes.

Hospital Quality Reporting Portal (HQR) Secure Portal

HQR is the only CMS-approved website for secure communications and health care quality data exchange between CMS, hospitals and data vendors. HQR provides secure data exchange to and within various CMS quality reporting programs, including Hospital Inpatient Quality Reporting, Hospital Outpatient Quality Reporting and the Medicare Promoting Interoperability Program. Most CMS measures are reported via file uploads to this portal (either by the CAH or a vendor), and CMS uses HQR to distribute hospital-specific data reports such as Care Compare Public Reporting Preview Reports. Below is a further exploration of a few kinds of measures reported through HQR: HCAHPS, eCQMs, and hybrid measures. For more information about how to access and submit data via HQR, see Quality Reporting Data Submission Processes.

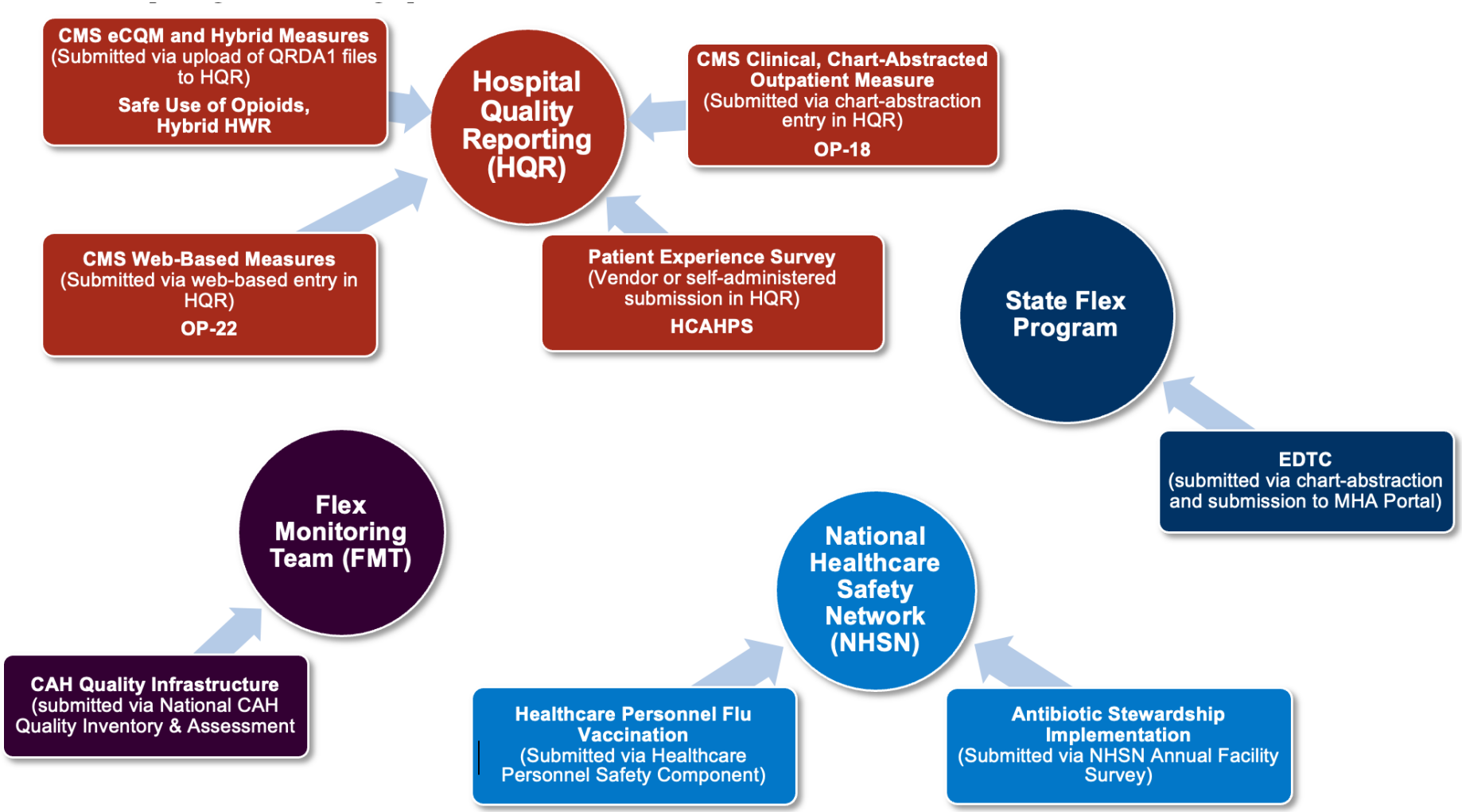
National Healthcare Safety Network (NHSN)

The Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) is a healthcare-associated infection tracking system. This site is used to submit information on antibiotic stewardship and HCP-IMM-3 MBQIP measures, HAI measures and Antimicrobial Use and Antimicrobial Resistance (AU/AR) data (required for Promoting Interoperability). For more information about how to access and submit data to NHSN, see Quality Reporting Data Submission Processes.

MBQIP Reporting

In addition to leveraging reporting through NHSN and HQR, over the years, MBQIP has included specific rural-relevant quality measures that are not aligned with other federal programs or submission channels. Currently, there are two measures included in MBQIP that are collected through different channels. See Quality Reporting Data Submission Processes for more information.

MBQIP Reporting Channels Infographic



Quality Measure Types

There are a wide variety of quality measure types. This section summarizes three specific measures/measure types in detail. Appendix B includes a table summarizing various hospital quality reporting data sources and measure types.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

The HCAHPS survey was created by the Agency for Healthcare Research and Quality (AHRQ) and CMS as a standardized assessment of patient experience. Questions about hospital experience cover areas such as cleanliness, noise levels, nurse and provider communication and the likelihood of recommendation. HCAHPS provides information about patient satisfaction to the hospital, helping identify opportunities for QI activities that could improve the overall patient experience and care. Furthermore, the HCAHPS score feeds into Care Compare and, therefore, contributes to the star rating received by a facility.

HCAHPS was designed to allow for the comparison of patient perspectives across hospitals, and public reporting was instituted as an incentive for improving the quality of care in addition to allowing for transparency for the public. Since 2007, the survey has been required for PPS hospitals. CAHs can voluntarily report HCAHPS. It has been included as an MBQIP measure since the program's inception. More than 95% of CAHs nationally report HCAHPS data regularly.

Most hospitals contract with an approved vendor to support HCAHPS data collection and reporting. Hospitals can opt to self-administer HCAHPs, but stringent business and quality assurance requirements are mandatory. The National Rural Health Resource Center maintains an HCAHPS Vendor Directory with additional information to assist small rural hospitals in vendor selection.

HCAHPS data is submitted quarterly. Results for public reporting on Care Compare and via MBQIP data reports include the most recent four quarters of data and are updated quarterly. HCAHPS results are posted on Care Compare for hospitals with at least 25 surveys in the four-quarter reporting period.[3] Hospitals with MBQIP data reports include all submitted data regardless of the number of surveys returned. Hospitals with at least 100 surveys in the four-quarter reporting period will also have an HCAHPS Star Rating calculated and published on Care Compare.

Upcoming Changes to HCAHPS

CMS made significant changes to the HCAHPS survey and administration starting with January 1, 2025, discharges including:

- Incorporating web-based options into modes of survey administration (via email distribution)

[3] Hospitals with >25 surveys will have a footnote indicating that "the number of cases/patients is too few to report." Hospitals with less than 50 completed surveys will have a footnote on Care Compare indicating "The scores shown reflect fewer than 50 completed surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance. Hospitals with 50 – 99 completed surveys will have a footnote indicating "Fewer than 100 patients completed the HCAHPS survey, use these scores with caution as the number may be too low to reliably assess hospital performance)

- Requiring collection of preferred patient language and the administration of the official Spanish translation of the survey for patients who prefer Spanish.
- Adding, removing and changing multiple questions. The revised survey has 32 questions (previous survey had 29)
    - Existing "Care Transitions" sub-measure will be removed
    - Adding two new sub-measures: Care Coordination and Information about Symptoms
    - Modifications to the Restfulness of Hospital Environment sub-measure
- CMS will continue to publicly report the eight unchanged HCAHPS sub-measures during the transition period. The revised and new sub-measures will be publicly reported after all four quarters of CY 2025 data are available (anticipated timing is Oct. 2026)

For more details on upcoming HCAHPS changes

- Summary of HCAHPS 2.0 Administrative Changes (hcahpsonline.org)
- Updated HCAHPS Survey (hcahpsonline.org)

Electronic Clinical Quality Measures (eCQMs)

CMS has been working toward transitioning to "digital quality measurement with the intention of reducing the reporting burden by using one or more sources of health information that are captured and transmitted electronically through interoperable systems. (CMS Digital Quality Measurement Strategic Roadmap). Electronic Clinical Quality Measures (eCQMs) were first incorporated into the IQR program in 2018 and into the OQR program in 2023. CMS began pilot testing Hybrid measures in 2018, with the first required IQR reporting of Hybrid Hospital-Wide Readmissions and Mortality data due in September 2024.[4] Detailed specifications for eCQMs and Hybrid measures are available through the Electronic Clinical Quality Improvement (eCQI) Resource Center.

Inpatient eCQMs

eCQM reporting requirements are aligned between the IQR and Promoting Interoperability program. CMS has progressively been increasing the number of measures available and the number of measures required to be reported. For CY 2024, hospitals must submit three required and three self-selected measures (from a list of available measures). CMS has indicated it will start publicly reporting eCQM results on Care Compare, but that process has been incremental. Starting with the October 2024 refresh, the Safe Use of Opioids measure will be publicly available on Care Compare. Results for all other eCQMs are included in the CMS Provider Data Catalog, but no date for release on Care Compare has been identified.

Outpatient eCQMs

CMS launched the first OQR eCQM – OP-40: ST-Elevation Myocardial Infarction (STEMI) for patients in the Emergency Department in CY 2023, reporting of two-self selected quarters of data is mandatory for PPS hospitals as part of OQR for CY 2025. The Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults eCQM was approved for voluntary

reporting starting with CY 2025, and CMS has indicated that the measure will remain voluntary until further notice. CMS adopted the Emergency Care Access & Timeliness eCQM for voluntary reporting in CY 2027, with mandatory reporting for QOR starting with CY 2028.

It is important to note that reporting of outpatient eCQMs does NOT count toward the required eCQM reporting for Promoting Interoperability.

Hybrid Measures

Hybrid measures differ from the claims-only measures in that they merge electronic health record (EHR) data elements submitted by the hospital with claims data to calculate risk-standardized rates. CMS currently has two Hybrid measures as part of IQR:

- Hybrid Hospital Wide Readmissions (HWR)
- Hybrid Hospital Wide Mortality (HWM)

Submission of the data files for calculation includes clinical data elements (such as labs) and linking data elements (such as name, and DOB). Format is a Quality Reporting Data Architecture (QRDA) file. Hospitals can submit all of the data elements for the HWR and HWM in a single QRDA file, uploaded to HQR. Starting with data submitted in Fall 2025 (July 1, 2024 – June 30, 2025). The population for the Hybrid measures has been expanded to include beneficiaries with Medicare Advantage in addition to those with Traditional FFS Medicare.

More details are available here: Critical Access Hospital Electronic Clinical Quality Measure (eCQM) Resource List (stratishealth.org)

Quality Data Submission Processes

This section provides an overview of the steps required to access and submit data to the CMS Hospital Quality Reporting (HQR) Secure Portal and the CDC's National Healthcare Safety Network (NHSN). The MBQIP Reporting Channels Infographic and MBQIP Core Measure Set table in this guide detail the submission channels for where MBQIP measures are reported.

Of note, all but two of the current MBQIP measures are submitted through HQR or NHSN. Exceptions are:

- EDTC – The emergency department transfer communication measure is submitted directly to the state Flex program through a process determined at each state. Oregon CAHs submit EDTC data directly into the MBQIP.com portal, which is made available through ORH.
- CAH Quality Infrastructure – This new MBQIP measure is collected via completion of the annual National CAH Quality Inventory and Assessment survey, which is distributed to CAHs by state Flex programs and is submitted to the Flex Monitoring Team (FMT).

Hospital Quality Reporting (HQR) Secure Portal

The Hospital Quality Reporting (HQR) Secure Portal is a CMS-approved website for secure communication and health care quality data exchange. If you've not submitted data to HQR before, below are some steps to get you started.

1. Become familiar with the CMS QualityNet website

QualityNet provides health care QI news, resources, data reporting tools and applications used for CMS quality programs. Here, 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

Before you can access HQR, you must create a Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account by completing the HARP registration. 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. Instructions for how to request a HARP account are provided in this CMS HARP Registration video (4 min).

3. Register in HQR

a. Log into the HQR Secure Portal using your HARP username and password

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.

1. On the QualityNet Home Page, select **Subscribe to Email Updates**.
2. 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)
3. Click the **sign-up** button. You will receive an email requesting your confirmation for each subscription submission.

b. Go to **My Profile** under your username in the upper right. From there, you can **View Current Access** and **Request Access**
c. Select either **Basic User** or **Security Official** when prompted to select a user type
    i. The role you choose will be based on your facility's needs and other users. The Security Administrator (SA)/Official role gives you access to all the data submission functions 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.
d. Select your required permissions and click **Submit an Access Request**. You will be notified by email when your request has been approved.

CMS has developed a set of more than 40 short HQR tutorial videos that describe how to utilize HQR, including how to:

- Upload a chart abstracted file
- Check data results
- Upload an eCQM file
- Check eCQM file outcomes
- Upload a web-based measure file
- View denominator declarations
- Submit HCAHPS
- Submit HCHE and SDOH data
- Submit hybrid measures and view outcomes

CMS recommends subscribing to the CMSHHSgov YouTube channel for notifications as additional videos become available.

Note about CART: CMS is no longer using CART for abstraction of outpatient measures and is phasing out the CART-Inpatient application. Sepsis is the only remaining IQR measure that utilizes CART. Effective October 1, 2025, CMS is making the abstraction process of sepsis cases available in the HQR system. All hospitals will begin using this new process for submitting sepsis cases beginning with calendar year 2026 patient cases. Data for chart-abstracted outpatient measures (such as OP-18) are already entered directly into HQR.

National Healthcare Safety Network (NHSN)

The National Healthcare Safety Network (NHSN) is CDC's health care-associated infection tracking system. NHSN allows health care facilities to track improvement in health care process measures such as health care personnel vaccination for influenza and COVID-19 and infection control adherence. If you've not submitted data to NHSN before, below are some steps to get you started.

1. **Confirm if your facility is enrolled in NHSN**
   If you are unsure if your facility is enrolled in NHSN, you can check your NHSN enrollment status.
   - If your facility is not enrolled, follow the steps outlined in the NHSN Facility Enrollment Guide
   - Enrolled facilities are required to designate an NHSN Facility Administrator. If your facility needs to reassign this role, follow the steps to Change NHSN Facility Administrator

2. **Request to be added by your NHSN Facility Administration**
   If your facility is enrolled in NHSN and has a known Facility Administrator, that person can add users to the system following the instructions for How to Add a New NHSN User.

3. **SAMS Card**
   New users will receive a welcome email with an invitation to register with the CDC's Secure Access Management System (SAMS). Follow the instructions provided to gain access to the NHSN for your facility.

4. **Submitting Data to NHSN**
   NHSN is organized into several components. Acute care hospitals (including CAHs) have access to three of those components (click the links below to learn more):

   - Patient Safety – Comprised of modules that focus on process measures and events associated with medical devices, surgical procedures, antimicrobial agents used during the provision of health care, and multidrug-resistant organisms
     - The MBQIP **Antibiotic Stewardship** measure is collected through the NHSN Annual Facility within the Patient Safety Component
     - This is also where Antimicrobial Use and Antimicrobial Resistance (AU/AR) data are reported as part of the Promoting Interoperability program
     - Hospital Respiratory Data As of November 1, 2024, CMS is requires acute care hospitals **and CAHs** to electronically report information via NHSN about COVID-19, influenza, and RSV, including confirmed infections of respiratory illnesses among hospitalized patients, hospital bed census and capacity (both overall and by hospital setting and population group [adult or pediatric]), and limited patient demographic information, including age.
     - The new IQR Patient Safety Structural Measure (required for PPS facilities starting with CY 2025) will be reported through NHSN. Specifications and an attestation guide are available on the QualityNet IQR Measures Web-Based Data Collection webpage. The NHSN website will provide more details closer to the initial data submission period.

   - Healthcare Personnel Safety – Used to monitor and report infectious disease exposures and preventive practices among personnel working in health care settings. The **MBQIP Healthcare Personnel Influenza Vaccination** measure is collected within the Healthcare Personnel Safety Component.

   - Biovigilance – The Hemovigilance Module within the Biovigilance Component is used for monitoring adverse reactions and incidents resulting in adverse reactions associated with recipient blood transfusions.

> The CDC has developed a set of NHSN Trainings Materials to support users in understanding NHSN data collection methods, submission requirements, and analysis to make the best use of the system.

Hospital Quality Reporting Crosswalk for CAHs

Measure Number or Abbreviation	Measure Name	Submission Channel	MBQIP	IQR*	OQR	PI
EDTC-All	Emergency Department Transfer Communication	State Flex Program	✓			
CAH QI Infrastructure	CAH Quality Infrastructure, collected via the National CAH Quality Inventory and Assessment	FMT via online survey	✓			
OP-10	Abdomen CT use of contrast material	Claims			✓	
OP-18	Median time from ED arrival to ED departure for discharged ED patients	HQR (CART or Vendor Tool)	✓		✓	
OP-22	Patient left without being seen	Web-based (HQR)	✓		✓	
OP-23	Head CT or MRI scan results for acute ischemic stroke or hemorrhagic stroke who received head CT or MRI scan interpretation within 45 minutes of arrival	HQR (CART or Vendor Tool)			✓	
OP-29	Appropriate follow-up interval for normal colonoscopy in average-risk patients	Web-based (HQR)			✓	
OP-31	Cataracts – Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Web-based (HQR)			✓	
OP-32	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Claims			✓	
OP-35	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Claims			✓	
OP-36	Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery	Claims			✓	
OP-37	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)	HQR (survey vendor)			✓	
OP-39	Breast Cancer Screening Recall Rates	Claims			✓	
OP-40	ST-Elevation Myocardial Infarction (STEMI) eCQM	HQR (eCQM)			✓	
OP-42 PRO-PM THA/TKA	Hospital-level Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Patient Reported Outcome-Based Performance Measure (PRO-PM) Outpatient (OP-42) and Inpatient (THA/TKA PRO-PM) reported separately.	HQR (file upload)		✓	✓	
OP-46	Information Transfer Patient Reported Outcome-Based Performance Measure (PRO-PM)	HQR (file upload)			✓	
Op & IP-ExRAD	Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults eCQM. Inpatient and Outpatient reported separately (new for CY 2025)	HQR (eCQM)		✓	✓	
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	HQR (via CART or vendor tool)		✓		
Safe Use of Opioids	Safe Use of Opioids - Concurrent Prescribing	HQR (eCQM)	✓	✓		✓✓
PC-02	Cesarean Birth	HQR (eCQM)		✓		✓✓
PC-07	Severe Obstetrics Complications	HQR (eCQM)		✓		✓✓
STK-02	Discharged on Antithrombotic Therapy	HQR (eCQM)		✓		✓

Measure Number or Abbreviation	Measure Name	Submission Channel	MBQIP	IQR*	OQR	PI
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	HQR (eCQM)		✓		✓
STK-05	Antithrombotic Therapy by the End of Hospital Day Two	HQR (eCQM)		✓		✓
VTE-1	Venous Thromboembolism (VTE) Prophylaxis	HQR (eCQM)		✓		✓
VTE-2	Intensive Care Unit Venous Thromboembolism (VTE) Prophylaxis	HQR (eCQM)		✓		✓
HH-Hypo	Hospital Harm - Severe Hypoglycemia	HQR (eCQM)		✓		✓
HH-Hyper	Hospital Harm—Severe Hyperglycemia	HQR (eCQM)		✓		✓
HH-ORAE	Hospital Harm – Opioid-Related Adverse Events	HQR (eCQM)		✓		✓
MCS[§]	Malnutrition Care Score	HQR (eCQM)		✓		✓
HH-PI	Hospital Harm – Pressure Injury (new in CY 2025)	HQR (eCQM)		✓		✓
HH-AKI	Hospital Harm – Acute Kidney Injury (new in CY 2025)	HQR (eCQM)		✓		✓
HH-FI	Hospital Harm – Falls with Injury (new in CY 2026)	HQR (eCQM)		✓		✓
HH-RF	Hospital Harm – Postoperative Respiratory Failure (new in CY 2026)	HQR (eCQM)		✓		✓
Antibiotic Stewardship	Core Elements of Antibiotic Stewardship (measured via CDC NHSN Annual Facility Survey)	NHSN	✓			
CLABSI	Central Line-Associated Bloodstream Infection	NHSN		✓		
CAUTI	Catheter-associated Urinary Tract Infection	NHSN		✓		
SSI	Harmonized Procedure Specific Surgical Site Infection – Colon and Abdominal Hysterectomy	NHSN		✓		
MRSA	Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia	NHSN		✓		
CDI	Facility-wide Inpatient Hospital-onset Clostridium difficile Infection	NHSN		✓		
HCP-Influenza Vaccination	Influenza Vaccination Coverage Among Healthcare Personnel	NHSN		✓		
Patient Safety	Patient Safety Structural Measure (new in CY 2025)	NHSN		✓		
Maternal Morbidity	Maternal Morbidity Structural Measure (required to receive CMS “Birthing Hospital” designation)	HQR (web-based)		✓		
Age-Friendly Hospital	Age-Friendly Hospital Structural Measure (new in CY 2025)	HQR (web-based)		✓		
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	HQR (survey vendor)	✓	✓		
Hybrid HWR	Hybrid Hospital-Wide All-Cause Readmission Measure	HQR (QRDA file upload) + Claims	✓	✓		
Hybrid HWM	Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure	HQR (QRDA file upload) +Claims		✓		
COMP-HIP-KNEE	Hospital-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	Claims		✓		

Measure Number or Abbreviation	Measure Name	Submission Channel	MBQIP	IQR*	OQR	PI
ISCMR†	Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications	Claims		✓		
CMS PSI 90	CMS Patient Safety and Adverse Events Composite	Claims		✓		
MORT-30-STK	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke (STK)	Claims		✓		
MORT-30-AMI	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization	Claims		✓		
MORT-30-HF	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure (HF) Hospitalization	Claims		✓		
MORT-30-PN	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia (PN) Hospitalization	Claims		✓		
MORT-30-COPD	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization					
MORT-30-CABG	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Coronary Artery Bypass Graft (CABG) Surgery					
READM-30-AMI	Hospital 30-Day All-Cause Risk-Standardized Readmission Rates for Acute Myocardial Infarction (AMI) Hospitalization	Claims		✓		
READM-30-PN	Hospital 30-Day All-Cause Risk-Standardized Readmission Rates for Pneumonia (PN) Hospitalization	Claims		✓		
READM-30-THA/TKA	Hospital 30-Day All-Cause Risk-Standardized Readmission Rates for Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	Claims		✓		
READM-30-COPD	Hospital 30-Day All-Cause Risk-Standardized Readmission Rates for Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Claims		✓		
READM-30-CABG	Hospital 30-Day All-Cause Risk-Standardized Readmission Rates for Coronary Artery Bypass Graft (CABG) Surgery	Claims		✓		
READM-30-HF	Hospital 30-Day All-Cause Risk-Standardized Readmission Rates for Heart Failure (HF) Hospitalization	Claims		✓		
AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction (AMI)	Claims		✓		
HF Excess Days	Excess Days in Acute Care after Hospitalization for Heart Failure (HF)	Claims		✓		
PN Excess Days	Excess Days in Acute Care after Hospitalization for Pneumonia (PN)	Claims		✓		
MSBP	Medicare Spending Per Beneficiary (MSBP) Hospital	Claims		✓		

*IQR includes the following CMS Inpatient Quality Programs: Inpatient Quality Reporting (IQR) Program, Hospital Value-Based Purchasing (VBP) Program, Hospital-Acquired Condition (HAC) Reduction Program, and Hospital Readmissions Reduction Program (HRRP)

† PSI-04 - Death Rate among Surgical Inpatients with Serious Treatable Complications was replaced with a revised claims-based measure (ISCMR) that incorporates Medicare Advantage patients for the July 1, 2023 – June 30, 2025 Reporting Period.

§ Population expanded to those over 18 years of age starting in CY 2025 (previous specifications for 65+), name updated to Malnutrition Care Score (MCS) from Global Malnutrition Composite Score.

✓✓Under Promoting Interoperability, hospitals have to report at least six measures. Three of those measures can be selected from a list, but three of the measures (denoted with the double checkmark) are required for CY 2025 reporting.

Appendix A: Resources for Quality Directors and Staff

National Organizations

Institute of Healthcare Improvement (IHI) (http://www.ihi.org/Pages/default.aspx)
IHI is a nonprofit organization that is a leading innovator, partner and driver of the results in health and health care improvement worldwide. IHI provides various forms of education, including virtual training, conferences, IHI open school and in-person training. IHI focus areas include:

- Improvement capability
- Person and family-centered care
- Patient safety
- Quality, cost and value
- Triple Aim for populations

National Rural Health Resource Center (https://www.ruralcenter.org/)
Provides technical assistance, information, tools and resources for the improvement of rural health care. It serves as a national rural health knowledge center to build state and local capacity. It supports various programs, including:

- Small Rural Hospital Improvement Grant Program (SHIP)
- Health Education and Learning Program Webinars
- Technical Assistance and Services Center (TASC)
- Rural Health Performance Improvement (RHPI)
- Rural HIT Network Development (RHITND)
- Population Health Portal

QualityNet (https://qualitynet.cms.gov/)
Established by the Centers for Medicare & Medicaid Services (CMS), QualityNet provides health care QI news, resources and data reporting tools and applications used by health care providers and others. It supports information for CART, HIQR, HOQR, ASCs, ESRD facilities and inpatient psychiatry facilities. QualityNet is the only CMS-approved website for secure communications and health care quality data exchange between quality improvement organizations (QIOs), hospitals, physician offices, nursing homes, end-stage renal disease (ESRD) networks and facilities and data vendors.

Quality Payment Program (https://qpp.cms.gov/)
The Quality Payment Program makes Medicare better by helping you focus on care quality and the one thing that matters most – making patients healthier. The Quality Payment Program ends the sustainable growth rate formula and gives you new tools, models and resources to help you give your patients the best possible care. You can choose how you want to take part based on your practice size, specialty, location or patient population. The QPP website has step-by-step instructions to meet MACRA/MIPS requirements and is governed by CMS.

Quality Reporting Center (http://www.qualityreportingcenter.com/)
This website provides outreach and education support programs. Here, you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals and ambulatory surgical centers with quality data reporting. Through these sites, you can access:

- Reference and training materials
- Educational presentations
- Timelines and calendars
- Data collection tools
- Contact information
- Helpful links to resources
- Question and answer tools

Rural Quality Improvement Technical Assistance (RQITA | Telligen)
RQITA Resource Center staff provide technical assistance for rural healthcare organizations to expand capacity in QI and ensure success in future models based on high-quality, high-value patient care.

Stratis Health Quality Improvement Basics Course, Concepts and Tools (https://stratishealth.org/quality-improvement-basics/)
This QI basics course is designed to equip professionals with the knowledge and tools to start QI projects at their facilities. The course may be completed sequentially, or individual modules and tools may be used for stand-alone training and review.

Other National Quality Sites:

- National Association for Healthcare Quality (http://www.nahq.org/)
- Agency for Healthcare Research and Quality (http://www.ahrq.gov/)
- Centers for Medicare and Medicaid Services, Quality Initiatives (https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/qualityinitiativesgeninfo/index.html)

State Organizations

Oregon Antimicrobial Stewardship Network (ORASN) (https://pharmacy.oregonstate.edu/research/pharmacy-practice/mcgregor-research-group/oregon-antimicrobial-stewardship-network-orasn-2)
ORASN is a non-profit, voluntary collaborative comprised of healthcare professionals, public health officials, and academic researchers. Their work is dedicated to enhancing patient outcomes and improving the quality and safety of antimicrobial utilization and infectious disease treatment through education, research, and quality improvement projects.

Oregon Health Authority HAI Reporting
(https://www.oregon.gov/oha/ph/diseasesconditions/communicabledisease/hai/pages/reporting.aspx)

The Oregon Health Authority HAI Division supports all HAI activities, including full technical assistance for using the National Healthcare Safety Network (NHSN), such as user setup and data entry. The OHA HAI Division is a valuable resource for infection control staff at Oregon's CAHs.

Oregon Health Authority Infection Control and Prevention
(https://www.oregon.gov/oha/ph/diseasesconditions/communicabledisease/hai/pages/infection-prevention-control.aspx)
The HAI Infection Prevention and Control (IPC) Program keeps healthcare facilities and their patients safe from infections through collaboration and targeted outreach. Our team of infection prevention experts provides education and consultation to healthcare providers and facilities in Oregon.

Infection control prevents or stops the spread of infections in healthcare settings. Preventing infections requires applying strategies and protocols to stop the spread of diseases within healthcare facilities. There is an Eastern and a Western Oregon Collaborative to help stay current with infection prevention best practices through monthly regional infection prevention seminars, open to all healthcare and public health professionals across Oregon.

Oregon Office of Rural Health (ORH) (https://www.ohsu.edu/oregon-office-of-rural-health)
ORH's mission is to improve the quality, availability and accessibility of health care for rural Oregonians. The office engages in four principal activities:
- Planning, policy development and advocacy
- Information clearinghouse
- Provider recruitment and retention
- Technical assistance to health care facilities and communities

ORH administers the HRSA Rural Hospital Flexibility Grant Program (Flex). See Appendix D for a list of the support ORH offers under the grant.

Oregon Patient Safety Commission (http://oregonpatientsafety.org/**)**
The Oregon Patient Safety Commission is a semi-independent state agency charged by the Oregon Legislature with reducing the risk of serious adverse events occurring in Oregon's health care system and encouraging a culture of patient safety. They support the following programs:
- Patient Safety Reporting Program (PSRP)
- Early Discussion and Resolution (EDR)
- Improvement initiatives

Telligen (https://midwestcmsqinqio.com/)
As the Midwest Quality Innovation Network-Quality Improvement Organization (QIN-QIO), Telligen experts work with Oregon and thirteen other states' hospitals, nursing homes, and outpatient clinical practices to drive measurable improvements in healthcare quality and patient

safety. Through their no-cost quality improvement initiatives, they work to increase access to quality care, enhance care delivery, and optimize health outcomes for millions of beneficiaries across their service area.

Appendix B: Select Hospital Quality Reporting Data Sources and Measure Types

Data Source	Description	MBQIP Measure Examples
Patient Charts/ Records	**Chart-abstracted:** Data is gathered from individual patient charts, often manually into a tool that can help calculate the measure (EDTC and OP-18) or that is aggregated for submission of numerators and denominators for measure submission (SDOH-1 and 2). Hospital-associated infections measures submitted into NHSN are also captured via chart-abstraction.	EDTC OP-18
	eCQMs: Patient-level data is extracted electronically from the EHR. File submission is typically an upload of a QRDA (Quality Reporting Data Architecture) file.	Safe Use of Opioids eCQM
Claims	CMS calculates claims-based measures using fee-for-service (FFS) (aka. Traditional Medicare) claims submitted for payment. Hospitals do not need to submit additional data (outside of claims). CMS will calculate and report these measures for all hospitals that meet the threshold for calculation (typically 25 cases in the measurement period)	None, but most CAHs participate in other programs where claims data, particularly the Readmissions Measures, are utilized.
Hybrid Measures	Hybrid measures differ from the claims-only measures in that they merge electronic health record (EHR) data elements submitted by the hospital with claims data to calculate risk-standardized rates. CMS currently has two Hybrid measures: • Hybrid Hospital Wide Readmissions (HWR) • Hybrid Hospital Wide Mortality (HWM) Submission of the data files for calculation includes clinical data elements (such as labs) and linking data elements (such as name and DOB). The format is a QRDA file. Hospitals can submit all of the data elements for the HWR and HWM in a single QRDA file.	Hybrid Hospital Wide Readmissions (HWR)
Hospital Attestation or Assessment	Often called Structural Measures. Hospitals respond to a series of questions or complete a survey where they assess and/or attest that they have processes or systems in place that address different domains or core elements related to a particular topic.	HCHE Antibiotic Stewardship CAH QI Infrastructure
Administrative Data	Gathered using information captured in the administration of health care services and hospital operations rather than patient-specific information or hospital self-assessment.	OP-22 HCP-IMM
Patient Surveys	Surveys are administered to ask about patients' experience with and ratings of their hospital stay. Patient Experience surveys, such as HCAHPS, are broader than patient satisfaction and are intended to understand how patients perceived key aspects of their care, such as communication with doctors and nurses, understanding of medication instructions, and coordination of care.	HCAHPS

Appendix C: Acronym List

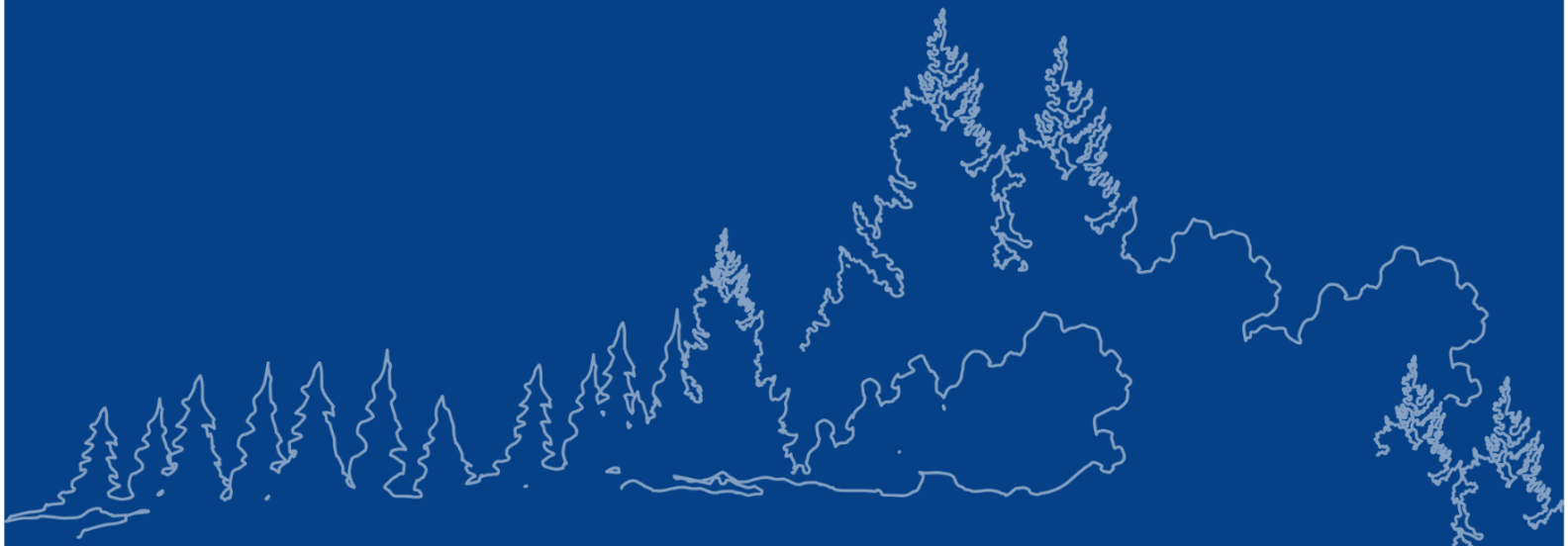
AHRQ	Agency for Healthcare Research and Quality
APM	Alternative Payment Model
APP	APM Performance Pathway
AU/AR	Antimicrobial Use and Antimicrobial Resistance
CAH	Critical Access Hospital
CART	CMS Abstraction and Reporting Tool
CCN	CMS Certification Number
CDC	Centers for Disease Control and Prevention
CEHRT	Certified Electronic Health Record Technology
CMS	Centers for Medicare & Medicaid Services
eCQM	Electronic Clinical Quality Measure
ED	Emergency Department
EDTC	Emergency Department Transfer Communication
EHR	Electronic health record
Flex	Medicare Rural Hospital Flexibility Program
FMT	Flex Monitoring Team
FORHP	Federal Office of Rural Health Policy
HAC	Hospital Acquired Conditions Reduction (Program)
HAI	Healthcare-Associated Infection
HARP	Health Care Quality Information Systems (HCQIS) Access Roles and Profile
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCP	Healthcare Personnel
HQR	Hospital Quality Reporting (Portal)
HRRP	Hospital Readmissions Reduction Program
HRSA	Health Resources and Services Administration
HWM	Hospital Wide Mortality
HWR	Hospital Wide Readmissions
IMM	Immunization
IQR	Inpatient Quality Reporting (Program)
MACRA	Medicare Access and CHIP Reauthorization Act
MBQIP	Medicare Beneficiary Quality Improvement Program
MIPS	Merit-Based Incentive Payment System
MVP	MIPS Value Pathway
NHSN	National Healthcare Safety Network
OP	Outpatient
OQR	Outpatient Quality Reporting (Program)
PI	Promoting Interoperability
PPS	Prospective Payment System
QI	Quality improvement
QP	Qualifying APM Participant

QPP	Quality Payment Program
QRDA	Quality reporting data architecture
SA	System Administrator
SAMS	Secure Access Management System
SDOH	Social Determinants/Drivers of Health
SIR	Standardized infection ratio
VBP	Value-Based Purchasing (Program)

OREGON OFFICE

ORH

of RURAL HEALTH



ohsu.edu/oregon-office-of-rural-health