



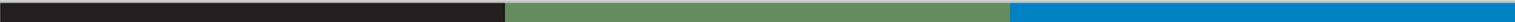
# Medicare Beneficiary Quality Improvement Project (MBQIP) Quality Reporting Guide

---

December 2017

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1RRH29052, Rural Quality Improvement Technical Assistance Cooperative Agreement, \$500,000 (0% financed with nongovernmental sources).

This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

A horizontal bar at the bottom of the page, divided into three colored segments: black, green, and blue.

## Table of Contents

Overview .....	2
About MBQIP .....	2
Current MBQIP Measures .....	2
Purpose of This Guide .....	2
Key Resources .....	2
How This Guide is Organized .....	3
Quality Data Reporting Channels for MBQIP Required Measures .....	4
Getting Started in QualityNet .....	5
CMS Outpatient Measures .....	6
CMS Inpatient Measures.....	8
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) .....	11
National Healthcare Safety Network (NHSN).....	12
Emergency Department Transfer Communication (EDTC) .....	13
Acronyms.....	15
Record Your Quality Reporting Contacts.....	16

## Overview

### About MBQIP

The Medicare Beneficiary Quality Improvement Project (MBQIP) is a quality improvement activity under the Federal Office of Rural Health Policy's (FORHP) Medicare Rural Hospital Flexibility (Flex) grant program. Implemented in 2011, 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.

CAHs have historically been exempt from national quality improvement reporting programs due to challenges related to measuring improvement in low volume settings and limited resources. It is clear, however, that some CAHs are not only participating in national quality improvement reporting programs, but are excelling across multiple rural relevant topic areas. For example, small rural hospitals that participate in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey often outperform prospective payment system (PPS) hospitals on survey scores. 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 to improve outcomes and provide the highest quality care to each and every one of their patients.

As the U.S. moves rapidly toward a health care system that pays for value versus volume of care provided, it is crucial for CAHs to participate in federal, public quality reporting programs to demonstrate the quality of the care they are providing. Low numbers are not a valid reason for CAHs to not report quality data. It is important to provide evidence-based care for every patient, 100 percent of the time. MBQIP takes a proactive approach to ensure CAHs are well-prepared to meet future quality requirements.

### Current MBQIP Measures

This guide focuses on measures reported for MBQIP as part of the Flex grant program. Recognizing the evolving nature of health care quality measures, this guide will be updated on a routine basis to align with changes made to MBQIP. A current list of MBQIP measures can be found [here](#).

### Purpose of This Guide

This guide is intended to help Flex Coordinators, CAH staff, and others involved with the MBQIP program understand the measure reporting process. For each reporting channel, information is included on how to register for the site, which measures are reported to the site, and how to submit those measures to the site.

### Key Resources

Below is a listing of key resources that are referenced throughout this Guide.

#### [MBQIP Measures](#)

Overview of current MBQIP measures

#### [MBQIP Data Submission Deadlines](#)

Chart of data submission deadlines for reporting the MBQIP measures.

[CMS QualityNet Home Page](#)

Specifications Manuals and CMS Abstraction and Reporting Tools (CART) for both inpatient and outpatient measures.

[CMS Quality Reporting Center](#)

This site contains inpatient and outpatient educational materials/resources developed by CMS. The instructional material can be very helpful, just remember that it is based on requirements for the CMS Inpatient and Outpatient Reporting Programs, and MBQIP Program requirements may differ.

[National Healthcare Safety Network](#) (NHSN)

The Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network is a healthcare-associated infection tracking system.

[Emergency Department Transfer Communication Resources](#)

Links to the Emergency Department Transfer Communication (EDTC) Specifications Manual and a free Excel data entry tool.

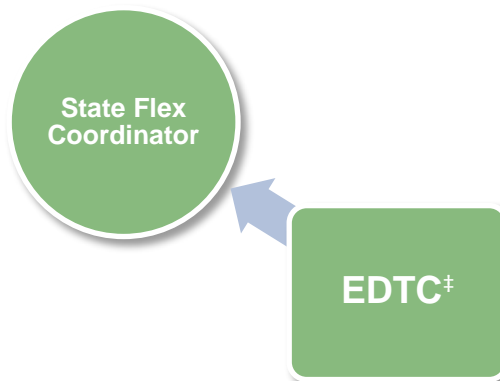
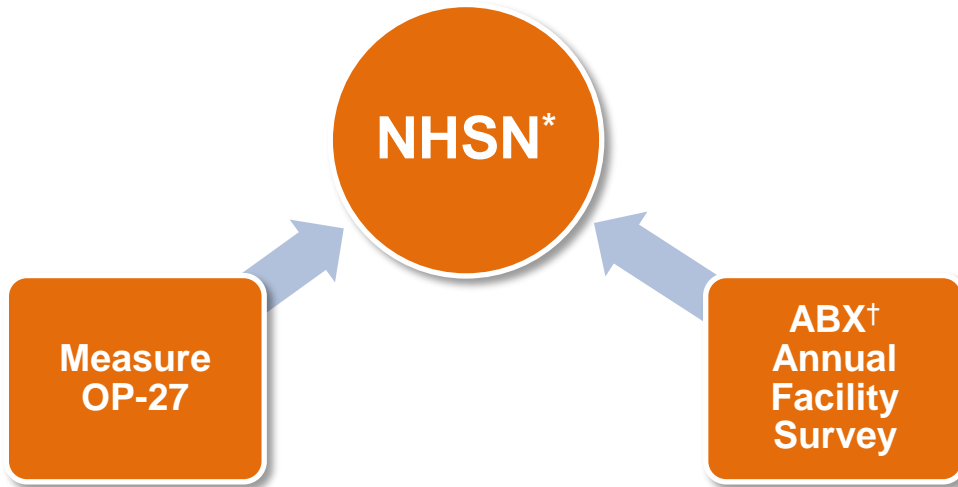
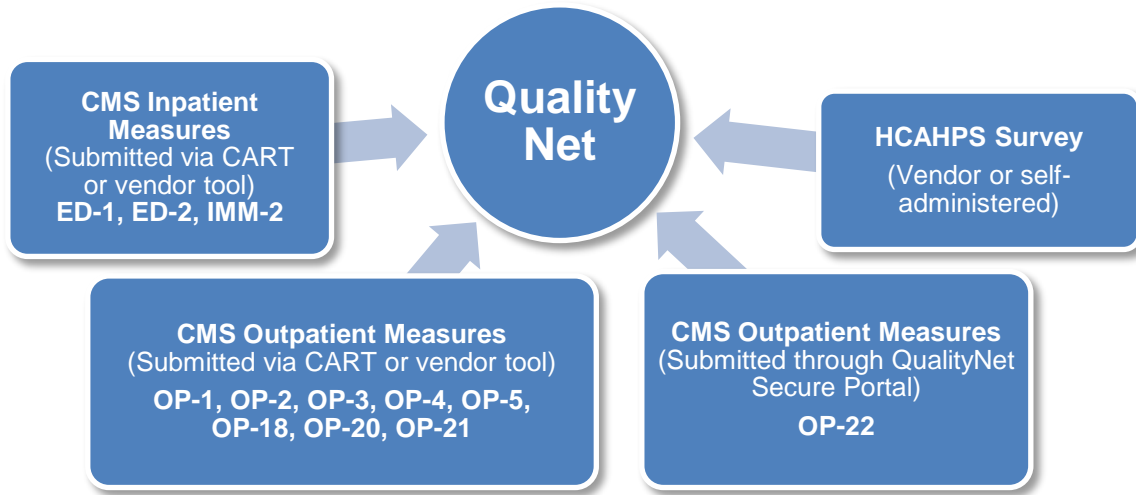
[Online MBQIP Data Abstraction Training Series](#)

Recorded sessions on YouTube on how to locate the CMS Specification Manuals, CART tool and the process to identify each MBQIP measure population and abstract the required data elements.

**How This Guide is Organized**

MBQIP measures are generally referred to by domain: Patient Safety, Patient Engagement, Care Transitions and Outpatient. However, since this guide focuses on reporting, the measures are grouped by how and where the data is to be reported. An [acronym list](#) is also provided.

## Quality Data Reporting Channels for MBQIP Required Measures



\*National Healthcare Safety Network †Antibiotic Stewardship ‡Emergency Department Transfer Communication

## Getting Started in QualityNet

### 1. Register with QualityNet

First, a hospital must register for a QualityNet Account. That is done by going to QualityNet and setting up at least one QualityNet Security Administrator (SA). It is highly recommended that hospitals designate at least two QualityNet SAs – one to serve as the primary QualityNet SA and the other to serve as backup.

Download and complete the registration packet and mail to the address indicated in the instructions. You will be notified by e-mail when registration is complete and your QualityNet account has been activated. The e-mail will also contain your User ID. A Temporary Password will be sent in a separate e-mail. You will need both to complete enrollment for access to the QualityNet Secure Portal.

### 2. Access the QualityNet Secure Portal

For access to the QualityNet Secure Portal, complete the New User Enrollment Process. As part of the process, you'll be asked to change your password and answer a set of security questions.

#### **CMS Training Video: [QualityNet Secure Portal: New User Enrollment.](#)**

This video covers preparing for first-time login, logging in for the first time (proofing and credentialing process), logging into the QualityNet Secure Portal and logging out of the QualityNet Secure Portal. (19-minute video)

### 3. Maintain an Active QualityNet Security Administrator (SA)

Hospitals are required to maintain an active QualityNet SA. To maintain an active account it is recommended that QualityNet SAs log into their account at least once per month. If an account is not logged into for 120 days it will be disabled. Once an account is disabled, the user will need to contact the QualityNet Help Desk to have their account reset.

### 4. Complete a Notice of Participation (NoP)

In order for a hospital to have their data publicly reported a NoP must be completed. A NoP must be completed for both inpatient and outpatient reporting. NoPs are not required for participation in the Medicare Beneficiary Quality Improvement Project (MBQIP), but must be completed for data submitted to QualityNet to appear on Hospital Compare. To verify if your hospital has completed a NoP, or needs to complete a NoP for the first time:

- a. Log into the QualityNet Secure Portal.
- b. Under Quality Programs select Hospital Quality Reporting. This will bring up the My Tasks page.
- c. In the box titled Manage Notice of Participation click on View/Edit Notice of Participation, Contacts and Campuses.
- d. Follow the instructions to see your hospital's status. Once your hospital's NoP is accepted, it remains active unless your hospital changes its pledge status.

#### **CMS Training Video: [Hospital Quality Reporting Notice of Participation.](#)**

This video provides instructions on the Hospital Quality Reporting Notice of Participation (NoP) pledge data entry application. (17-minute video)

## CMS Outpatient Measures

### MBQIP Measures

#### Required

- OP-1:** Median Time to Fibrinolysis
- OP-2:** Fibrinolytic Therapy Received within 30 minutes
- OP-3:** Median Time to Transfer to another Facility for Acute Coronary Intervention
- OP-4:** Aspirin at Arrival
- OP-5:** Median Time to ECG
- OP-18:** Median Time from ED Arrival to ED Departure for Discharged ED Patients
- OP-20:** Door to Diagnostic Evaluation by a Qualified Medical Professional
- OP-21:** Median Time to Pain Management for Long Bone Fracture
- OP-22:** Patient Left Without Being Seen

#### Additional

- OP-23:** ED – Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Receive Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival
- OP-25:** Safe Surgery Checklist Use

### 1. Identify Measure Population

Hospitals need to identify which outpatient cases fit in the measure population for reporting. The information on how to determine the initial patient population for each measure is found in the related Measurement Information section of the [Hospital Outpatient Quality Reporting Specifications Manual](#) on QualityNet.

Be sure to reference the manual for the encounter time period you are currently abstracting.

**MBQIP Training Video:** Data Abstraction Training Video Session 1 - [Locating CMS Specification Manuals](#). This video provides assistance on how to locate the CMS Reporting Manuals. (13-minute video)

### 2. Enter Outpatient Population and Sampling Counts

Hospitals are encouraged to submit aggregate population and sample size counts for Medicare and non-Medicare discharges for each chart abstracted required measure quarterly via the QualityNet Secure Portal. Information on how to determine the clinical measure population and sampling requirements are found in the Measurement Information sections and the Population and Sampling Specification section of the [Hospital Outpatient Quality Reporting Specifications Manual](#) on QualityNet.

Be sure to reference the manual for the discharge time period you are currently abstracting.

Population and Sample size counts are submitted via the QualityNet Secure Portal in the Hospital Outpatient Population and Sampling application, located under Quality Programs, then under My Tasks.

- a. Log in to the QualityNet Secure Portal.
- b. Select Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR from the Quality Programs drop-down menu.
- c. Look for Hospital Reporting Inpatient/Outpatient; select View/Edit Population & Sampling.

- d. Select Outpatient Population & Sampling.
- e. Enter your facility's CCN; click Continue.
- f. Select the reporting period for which you are submitting data; click Continue.
- g. Enter the number of cases in the grids.



The fields for the required measures should not be left blank. A zero should be submitted when there are no discharges for the particular measure set.

### 3. Abstract CMS Outpatient Measure Data using CART or a vendor tool

Hospitals must chart abstract and submit complete data quarterly for the required clinical process measure sets AMI/Chest Pain (OP-1-5), ED-Throughput (OP-18, OP-20) and Pain Management (OP-21). For further information on how to collect this data, reference the [Hospital Outpatient Quality Reporting Specifications Manual](#) on QualityNet.

Be sure you reference the manual for the discharge time period you are currently abstracting.

**MBQIP Training Video:** [Data Abstraction Training Video Sessions 3-6](#). These videos provide further guidance on abstracting the outpatient measures.

The Outpatient CART application is available at no charge. Instructions on CART downloading and information, including the CART User's Guide are found here: [CART Downloads & Info](#).

Be sure to use the version that includes the data submission discharge time frame.

**MBQIP Training Video:** Data Abstraction Training Video Session 2 - [Locating CART](#). This video provides assistance on how to locate CART. (9-minute video)

**CMS Training Video:** [CART Basics](#).

This video reviews the basic steps needed to use CART, including how to download the application, log in, create a provider and user set up and navigate through the application. (30-minute video)

**CMS Training Video:** [CART Outpatient Quality Reporting \(OQR\): Knowing the Basics](#).

This video reviews the steps required for entering abstractions into CART. This presentation will also demonstrate how to export your abstractions and submit your data into the QualityNet Secure File Transfer. (43-minute video) [Presentation Slides](#).

### 4. Submit CMS Outpatient Web-Based Measures

ED Throughput measure OP-22 is collected using administrative data to determine the measures' denominator population; there is no individual chart abstraction. Data is collected on a yearly, not quarterly basis. Data is submitted the year following the encounter period, through the QualityNet Secure Portal's Web-based data collection tool. For further information on how to collect this data, reference the [Hospital Outpatient Quality Reporting Specifications Manual](#) on QualityNet.



**CMS Training Video:** [Outpatient Quality Reporting \(OQR\) Web-Based Measures](#).

This video demonstrates important features and key steps for submitting outpatient web-based measures via the QualityNet Secure Portal's Web-Based Data Collection Tool. New users will want to watch the beginning of the video which demonstrates where to find the application for reporting the measures through the secure site. The video provides step-by-step instruction for submitting OP-22 starting at the 11:02 mark. (18-minute video)

**5. Submit Data to the CMS Warehouse (QualityNet)**

Clinical data submission is accomplished in one of two ways: uploading from Outpatient CART or by a third party vendor.

Third party vendors must be able to meet the Measurement Specifications for data transmission via the QualityNet Secure Portal to the CMS Clinical Warehouse. To authorize a vendor to submit data on the hospital's behalf, the online authorization process can be found through the QualityNet Secure Portal.



Data submissions must be timely. Refer to the [MBQIP Reporting Submission Deadlines](#) for timeframes.

**6. Check Submitted Cases**

After your data is submitted to the QualityNet warehouse you will get confirmation that data was received. To check and make sure the data was accepted and not rejected, run the Case Status Summary Report out of QualityNet. Reports are located through the QualityNet Secure Portal.

To Run the Case Status Summary Report:

- a. Look for My Reports and from the drop-down menu select Run Reports
- b. Select Run Reports from the I'd Like To.... list
- c. Select OQR from the Report Program drop-down menu
- d. Select Hospital Reporting – Feedback Reports from the list in the Report Category drop-down menu
- e. Select View Reports to display a list of report names
- f. Select Hospital Reporting – Case Status Summary Report under Report Name
- g. Select the quarter and measure sets for the data you have just submitted
- h. Select Run Reports at the bottom of the screen
- i. If the report shows cases have been rejected, run the Submission Detail Report. This report will show you why the case is being rejected. Correct and submit any applicable cases.
- j. Do not wait until right before the due date to submit and check on data. Once the due date has passed, no further data will be accepted for the quarter.

## CMS Inpatient Measures

### MBQIP Measures

#### Required

**IMM-2:** Influenza Immunization  
**ED-1:** Median Time from ED Arrival to ED Departure for Admitted ED Patients (Starting FY 2018)  
**ED-2:** Admit Decision Time to ED Departure Time for Admitted Patients Patients (Starting FY 2018)

#### Additional

**PC-01:** Elective Delivery

### Identify Measure Population

Hospitals need to identify which inpatient cases fit in the measure population for reporting. The information on how to determine the initial patient population for each measure is found in the related Measurement Information section of the [Specifications Manual for National Hospital Inpatient Quality Measures](#) on QualityNet.

Be sure to reference the manual for the discharge time period you are currently abstracting.

**MBQIP Training Video:** Data Abstraction Training Video Session 1 - [Locating CMS Specification Manuals](#). This video provides assistance on how to locate the CMS Reporting Manuals. (13-minute video)

### 1. Enter Inpatient Population and Sampling Counts

Hospitals are encouraged to submit aggregate population and sample size counts for Medicare and non-Medicare discharges for each chart abstracted required measure quarterly via the QualityNet Secure Portal. Information on how to determine the clinical measure population and sampling requirements are found in the related Measurement Information section of the [Specifications Manual for National Hospital Inpatient Quality Measures](#) on QualityNet.

Be sure you reference the manual for the discharge time period you are currently abstracting.

Population and Sample size counts are submitted via the QualityNet Secure Portal in the Hospital Inpatient Population and Sampling application, located under Quality Programs, then under My Tasks.

- a. Log in to the QualityNet Secure Portal.
- b. Select Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR from the Quality Programs drop-down menu.
- c. Look for Hospital Reporting Inpatient/Outpatient; select View/Edit Population & Sampling.
- d. Select Inpatient Population & Sampling.
- e. Enter your facility's CCN; click Continue.
- f. Select the reporting period for which you are submitting data; click Continue.
- g. Enter the number of cases in the grids.



The fields for the required measures should not be left blank. A zero should be submitted when there are no discharges for the particular measure set.

**CMS Training Video:** [Where to Enter Inpatient Population and Sampling Data](#) in the QualityNet Secure Portal. (2-minute video)

## 2. Abstract CMS Inpatient Measure Data using CART or a vendor tool.

Hospitals must chart abstract and submit complete data quarterly for the required clinical process measure, IMM-2: Influenza Immunization. For further information on how to collect this data, reference the [Specifications Manual for National Hospital Inpatient Quality Measures](#) on QualityNet.

Be sure to reference the manual for the discharge time period you are currently abstracting.

**MBQIP Training Video:** Data Abstraction Training Video Session 7 - [Inpatient Influenza Vaccination Measure](#). This video provides further guidance on abstracting the IMM-2 measure. (17-minute video)

**MBQIP Training Video:** Data Abstraction Training Video Session 8 - [Inpatient ED Measures](#). This video provides further guidance on abstracting the ED-1 and ED-2 measures. (18-minute video)

The CMS Abstraction and Reporting Tool (CART) is available at no charge. Instructions on Inpatient CART downloading and information, including the CART User's Guide, are found here: [CART Downloads & Info](#).

Be sure to use the version that corresponds to the data submission discharge time frame.

NOTE: The training videos listed in the Outpatient section can also be followed for installing and using the Inpatient CART tool.

## 3. Submit Data to the CMS Warehouse (QualityNet)

Clinical data submission is accomplished in one of two ways, uploading from the Inpatient CART or by a third party vendor.

Third party vendors must be able to meet the Measurement Specifications for data transmission via the QualityNet Secure Portal to the CMS Clinical Warehouse. To authorize a vendor to submit data on the hospital's behalf, the online authorization process can be found through the QualityNet Secure Portal.



Data submissions must be timely. Refer to the [MBQIP Reporting Submission Deadlines](#) for timeframes.

## 4. Check Submitted Cases

After your data is submitted to the QualityNet warehouse you will get confirmation that data was received. To check and make sure the data was accepted and not rejected, run the Case Status Summary Report out of QualityNet. Reports are located through the QualityNet Secure Portal.

To Run the Case Status Summary Report:

- a. Look for My Reports and from the drop-down menu select Run Reports
- b. Select Run Reports from the I'd Like To.... list
- c. Select IQR from the Report Program drop-down menu
- d. Select Hospital Reporting – Feedback Reports from the Report Category drop-down menu
- e. Select View Reports to display a list of report names

- f. Select Hospital Reporting – Case Status Summary Report under Report Name
- g. Select the quarter and measure sets for the data you have just submitted
- h. Select Run Reports at the bottom of the screen
- i. If the report shows cases have been rejected, run the Submission Detail Report. This report will show you why the case is being rejected. Correct and submit any applicable cases.
- j. Do not wait until right before the due date to submit and check on data. Once the due date has passed, no further data will be accepted for the quarter.

**Submitting Web-Based Measures<sup>1</sup>**

The inpatient web-based measure PC-01: Elective Delivery is reported quarterly through the QualityNet Secure Portal. For information, please reference [The Joint Commission Specifications Manual for PC-01](#).

More information on how to submit this measure can be found at the CMS Quality Reporting Center [here](#).

---

<sup>1</sup> At this time there are no required web-based inpatient measures for MBQIP.

# Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

## MBQIP Measures

<p><b>Required</b> <b>HCAHPS Survey</b></p>
-------------------------------------------------

### 1. Decide Process for HCAHPS Survey Implementation

HCAHPS is a standardized survey instrument and data collection methodology for measuring patients’ perceptions of their hospital experience. The survey can be implemented by either the hospital, or a vendor representing the hospital.

Training materials for hospitals that plan to self-administer the survey can be found [here](#).



It should be noted that the requirements for implementing the survey are quite stringent so most hospitals choose to have their survey process done by a vendor. An updated list of approved vendors can be found at on the HCAHPSOnline website [here](#). For more information about approved vendors, including those that work specifically with small rural hospitals, see the [HCAHPS Vendor Directory](#) from the National Rural Health Resource Center.

### 2. Conduct the HCAHPS Survey

There are four approved methods of conducting the survey:

- Mail Only
- Telephone only
- Mixed (mail followed by telephone)
- Interactive Voice Response (IVR).

### 3. Submit HCAHPS survey data

The survey data must be submitted via QualityNet in the specified Microsoft Excel XML file format by a registered QualityNet user. Data may be submitted by the hospital or a vendor representing the hospital.



HCAHPS data is submitted to QualityNet on a quarterly basis. Refer to the [MBQIP Reporting Submission Deadlines](#) for timeframes.

For more information about the HCAHPS initiative, see [HCAHPSOnline.org](#)

## National Healthcare Safety Network (NHSN)

### MBQIP Measures

**Required**  
**OP-27:** Influenza Vaccination Coverage Among Healthcare Personnel (HCP)  
**Antibiotic Stewardship** – NHSN Annual Facility Survey

**Additional**  
**Healthcare-Associated Infections (HAI):**  
**CLABSI:** Central Line-Associated Bloodstream Infection  
**CAUTI:** Catheter-Associated Urinary Tract Infection  
**C. diff:** Clostridium Difficile Infection (CDI)  
**MRSA:** Methicillin-resistant Staphylococcus Aureus Infection

**1. Enroll Hospital in NHSN**

To report these measures, your hospital must be enrolled in NHSN. If you are unsure of your hospital’s status with NHSN, email them at: [nhsn@cdc.gov](mailto:nhsn@cdc.gov)

If your hospital is not already enrolled in NHSN, the instructions for enrollment can be found [here](#).

**2. Gather Influenza Vaccination Data**

Hospitals report healthcare personnel (HCP) influenza vaccination coverage in the Healthcare Personnel Safety Component of NHSN. The [HCP Influenza Vaccination Summary Protocol](#) is a guide to collecting and reporting influenza vaccination summary data for the HCP Vaccination Module.

**3. Submit HCP Influenza Vaccination Summary Data**

Hospitals are only required to report HCP Influenza Vaccination Summary Data in NHSN once a year, at the conclusion of the reporting period (October 1 through March 31). Resources and instructions on how hospitals submit HCP influenza data can be found [Surveillance for Healthcare Personnel Vaccination webpage](#).

**NHSN Training Video:** [Healthcare Professional Flu Measure](#).  
 This video provides an overview of the Healthcare Professional Flu measure (OP-27), including how to sign up for an account through NHSN, the measure submission process and available quality improvement support. (86-minute video)



OP-27 data is due by May 15 of the reporting year. HAI data is submitted on a quarterly basis. Refer to the [MBQIP Reporting Submission Deadlines](#) for timeframes.

**4. Complete the NHSN Patient Safety Component Annual Facility Survey.**

This survey will be used to measure the required Antibiotic Stewardship work. Data is completed during the first quarter of a calendar year based on information from the previous year.

A copy of the survey can be found [here](#).  
 The instructions for completion of the survey can be found [here](#).

Accessing the survey in NHSN:

- If the hospital has only been reporting on the Influenza Vaccination Coverage Among Healthcare Personnel measure, they will need to select the Patient Safety Component to access the survey.
- Hospitals that submit HAI measures via NHSN do so through the Patient Safety Component, and completion of the annual facility is required for submission of HAI data.

Further information on timeframes and how to report the additional measures in NHSN can be found [here](#).

## Emergency Department Transfer Communication (EDTC)

### MBQIP Measures

<p><b>Required</b></p> <p><b>EDTC-1:</b> Administrative Communication (Two data elements)</p> <p><b>EDTC-2:</b> Patient Information (Six data elements)</p> <p><b>EDTC-3:</b> Vital Signs (Six data elements)</p> <p><b>EDTC-4:</b> Medication Information (Three data elements)</p> <p><b>EDTC-5:</b> Physician or Practitioner Generated Information (Two data elements)</p> <p><b>EDTC-6:</b> Nurse Generated Information (Six data elements)</p> <p><b>EDTC-7:</b> Procedures and Tests (Two data elements)</p> <p><b>All-EDTC:</b> Composite of all 27 data elements</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

#### 1. Identify Measure Population

Hospitals need to identify which Emergency Department cases fit in the measure population for reporting. The information on how to determine the patient population for the measure is found on the Population and Sampling page of the EDTC Data Specifications Manual available [here](#).

**MBQIP Training Audio:** [EDTC Data Specifications Overview](#).  
 A guided audio overview of all the data elements in the EDTC measure Data Specifications Manual. We recommend having the manual open to follow along. (22-minute audio file) [Transcript](#) (7-page PDF)

#### 2. Abstract the EDTC Measure Data

Hospitals must chart abstract the EDTC data elements to determine the numerator and denominator for the MBQIP program submission on a quarterly basis. Data can be collected via a tool from a vendor or by the use of an Excel-based data collection tool. The free Excel-based Data Collection Tool for EDTC measure, along with instructions for using the tool, can be found [here](#).

**MBQIP Training Video:** [EDTC Data Collection Tool Training](#).  
 A step-by-step guide on how to download the free Excel-based data collection tool, enter data, and run reports to calculate your measures. (18-minute video) [Transcript](#) (4-page PDF)

### 3. Submit the EDTC Data

Numerator and denominator data is submitted to the State Flex Coordinator or their designee. Contact your Flex Coordinator to determine how the EDTC data should be submitted. To find your State's Flex Coordinator, visit the [State Flex Profiles](#) on the Technical Assistance Services Center (TASC) website.



Data submissions must be timely. Refer to the [MBQIP Reporting Submission Deadlines](#) for timeframes.



## Acronyms

AMI	Acute Myocardial Infarction
CAH	Critical Access Hospital
CART	CMS Abstraction and Reporting Tool
CAUTI	Catheter-Associated Urinary Tract Infection
CCN	CMS Certification Number
C.Diff/CDI	Clostridium difficile
CLABSI	Central Line-Associated Blood Stream Infection
CMS	Centers for Medicare & Medicaid Services (CMS)
CT	Computed Tomography
ECG	Electrocardiogram
ED	Emergency Department
EDTC	Emergency Department Transfer Communication
Flex	Medicare Rural Hospital Flexibility Program
FORHP	Federal Office of Rural Health Policy
HAI	Healthcare-Associated Infections
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCP	Healthcare Personnel
IMM	Immunization
IQR	Inpatient Quality Reporting
IVR	Interactive Voice Response
MBQIP	Medicare Beneficiary Quality Improvement Project
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant Staphylococcus aureus
NHSN	National Healthcare Safety Network
NoP	Notice of Participation
OP	Outpatient
OQR	Outpatient Quality Reporting
PC	Perinatal Care
PPS	Prospective Payment System
SA	System Administrator

## Record Your Quality Reporting Contacts

It's important to keep track of who in your organization has roles in the reporting process. If you have staff changes, this list can be a helpful record of which personnel have access to reporting sites, tools, and vendors.

### Reporting Tools and Contacts

QualityNet Administrators (recommend two from each facility):	

NHSN Facility Administrator:	
NHSN Users:	

### CMS Chart Abstracted Inpatient and Outpatient Measures

Who is responsible for collecting the data:	
Who is responsible for submitting the data:	

#### If using the CMS CART tool:

CART Administrators (recommend at least two from each facility):	

#### If using a Vendor tool:

Vendor:	
Staff with Access:	
Contact information for vendor tool:	

### Emergency Department Transfer Communication

What data collection tool is used?:	
Staff with access to the tool:	
Process for submission of EDTC data (note this varies by state):	

### HCAHPS

HCAHPS vendor:	
Staff with responsibility for working with HCAHPS vendor:	

Other Quality Reporting Tools or Contacts:	
--------------------------------------------	--

### For MBQIP Assistance

State Flex or MBQIP Coordinator:	
----------------------------------	--