



MBQIP Reports User Guide for State Flex Programs

Version II - February 2025

Table of Contents

User Guide Overview	2
MBQIP Measures Reports	3
Summary	3
Report Format	4
Spreadsheet Format	6
Measures	7
HCAHPS Reports	8
Summary	8
Report Format	9
<i>CAH-Level Report Format</i>	9
<i>State-Level Report Format</i>	10
Spreadsheet Format	11
Measures	11
<i>HCAHPS Measures</i>	11
<i>HCAHPS Star Ratings</i>	13
Utilizing MBQIP Reports	13
Interpreting MBQIP Data	14
<i>Performance Comparisons</i>	14
<i>Erroneous Data</i>	15
<i>Trends in Performance</i>	16
Tools and Resources	17

User Guide Overview

The Medicare Beneficiary Quality Improvement Project (MBQIP) focuses on quality improvement efforts in the 45 states that participate in the Medicare Rural Hospital Flexibility (Flex) Program. Through Flex, MBQIP supports more than 1,350 rural hospitals certified as Critical Access Hospitals (CAHs) in reporting quality measures that are aligned with those collected by the Centers for Medicare and Medicaid Services (CMS) and other federal programs. The Flex Monitoring Team (FMT) produces state- and CAH-level reports of MBQIP measures for State Flex Programs (SFP) and CAHs. Each year, FMT creates and releases over 11,000 reports to support CAHs and SFPs in their quality improvement activities.

This guide was created to align with updated MBQIP reports released beginning in January 2025. These changes align with new measures added to MBQIP as a part of FORHP’s MBQIP 2025 initiative.

This guide describes the **two types of MBQIP reports** (the MBQIP Measures report and the HCAHPS report) to be released quarterly. Information in this guide includes:

- which MBQIP measures are included in each report type
- where the data comes from for each measure
- when the data is updated for each measure
- when each report type is expected to be released

In addition, this user guide provides examples of how SFPs can utilize the data in the MBQIP reports and highlights resources developed to assist with quality reporting, analyses, and improvement.

As part of **MBQIP 2025**, FORHP added five measures to the MBQIP core measures and organized the new and existing measures into five new domains:

Global Measures	<ul style="list-style-type: none"> • (NEW) Infrastructure: CAH Quality Infrastructure
Patient Safety	<ul style="list-style-type: none"> • HCP/IMM-3: Influenza Vaccination Coverage Among Healthcare Personnel • Antibiotic Stewardship • (NEW) Safe Use of Opioids: Safe Use of Opioids – Concurrent Prescribing
Patient Experience	<ul style="list-style-type: none"> • HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems
Care Coordination	<ul style="list-style-type: none"> • (NEW) Hybrid HWR: Hybrid Hospital-Wide Readmissions • (NEW) SDOH-1: Screening for Social Drivers of Health • (NEW) SDOH-2: Screen Positive Rate for Social Drivers of Health
Emergency Department	<ul style="list-style-type: none"> • EDTC: Emergency Department Transfer Communication • OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients • OP-22: Patient Left Without Being Seen

The MBQIP reports have changed from three report types (Patient Safety/Inpatient and Outpatient, Emergency Department Transfer Communication (EDTC), and HCAHPS) to two report types: MBQIP Measures reports and HCAHPS reports. These two types of quarterly reports are released to SFPs via NIH workspace each quarter. HCAHPS reports will be available in a folder called “HCAHPS”, as they were previously. MBQIP Measures reports will be released in a new folder called “MBQIP Measures”.

SFPs receive **CAH-level and state-level PDF reports for each report type as well as accompanying spreadsheets for each report type**. SFPs are responsible for distributing CAH-level PDF reports to the CAHs in their state. Based on the [MBQIP 2025](#) changes, as well as feedback from SFPs and CAHs, FMT reformatted the quarterly MBQIP reports to include the new measures and improve the display of the data.

The major changes to the report formats are as follows:

- The new report layout is arranged by measure, where each data table is directly followed by a corresponding trend figure.
- Trend figures now display an additional four reporting periods for a total of eight reporting periods for each measure (when available).
- The new reports start with a brief cover page outlining which measures are included in the report and conclude with an Appendix that includes additional information including methods, report formatting, and other data notes.
- The new Appendix also provides detailed information about each measure, including how the data was calculated for presentation in the report.

The spreadsheet accompanying each report type has also been updated. Spreadsheets now present all CAH- and state-level data in one place for SFPs and include a tab showing which CAHs are reporting which measures.

MBQIP Measures Reports

Summary

MBQIP Measures reports are released quarterly. See the summary table below for report release timing as well as which MBQIP measures will be updated in the first, second, third, and fourth MBQIP Measures reports each year.

MBQIP Measures Reports: Measures Included and Annual Anticipated Timeline

	Report 1	Report 2	Report 3	Report 4
Month Released	January	March	July	September
Data Updated <i>All measures will be included in each report. This row shows which report(s) will include new data for each measure.</i>	<ul style="list-style-type: none"> • EDTC Q3 • OP-18b Q2 • CAH Quality Infrastructure 	<ul style="list-style-type: none"> • EDTC Q4 • OP-18b Q3 • Safe Use of Opioids 	<ul style="list-style-type: none"> • EDTC Q1 • OP-18b Q4 • HCM/IMM-3 • Antibiotic Stewardship • OP-22 • SDOH-1 • SDOH-2 	<ul style="list-style-type: none"> • EDTC Q2 • OP-18b Q1 • Hybrid HWR

As quarterly measures, EDTC and OP-18b data will be updated in every MBQIP Measures report. All other measures in the MBQIP Measures reports—Hybrid HWR, CAH Quality Infrastructure, Safe Use of Opioids, HCM/IMM-3, Antibiotic Stewardship, OP-22, SDOH-1, and SDOH-2—are annually reported. Data tables and trend figures for these measures will be updated once a year as outlined above.

Report Format

All MBQIP Measures reports follow the same general format. Each quarter, FMT releases individual PDF reports for every CAH in your state as well as an aggregate state-level report. There are slight differences between the CAH-level and the state-level reports, which are noted below.

- Cover Page:** Every report has a brief cover page stating the type of report (MBQIP Measures), the report number (e.g., Report 1), and the measures included in the report. State-level reports show the state name. CAH-level reports show the hospital name, CCN, city, state, and zip code of the CAH.
- Data:** The body of each report presents data for each measure. The layout is arranged by measure, where each data table is directly followed by a corresponding trend figure. Trend figures show eight reporting periods (when available). CAH-level reports display trend lines or bar graphs for the CAH, state, and national values. State-level reports display trend lines or bar graphs for state and national values. Data tables are organized with the following general columns:
 - Measure:** This column outlines the measure reported in the data table. For example, for EDTC, this column includes a row for the composite value as well as a row for each individual component of the measure (e.g., Home Medications, etc.). For OP-22, this column has one row (as there are no sub-components for this measure).
 - Performance by Reporting Period:** The columns in this section provide data from the current and previous reporting periods (when available). For example, for a

quarterly measure like EDTC, these columns show data from the previous three quarters, the current quarter, as well as a combined value for all four quarters. For OP-22, an annual measure, these columns show data from previous years and the current year.

- i. **State-Level Report:** The heading for this section in state-level reports is **Your State’s Performance by Reporting Period**. Data are aggregate values for the CAHs reporting in your state for the current reporting period and previous reporting periods (when available).
- ii. **CAH-Level Report:** The heading for this section in CAH-level reports is **Your Hospital’s Performance by Reporting Period**. Data is specific to the CAH for the current reporting period and previous reporting periods (when available).

C. State Current Reporting Period: Depending on the measure, there are either two or three columns in this section.

- i. The first column provides the number of CAHs in the state reporting data for the current reporting period.
- ii. The second column shows an aggregate value of the measure for all CAHs in the state that reported for the current reporting period. For some measures, this value is provided in the units of the measure. For example, for OP-18b, measured in minutes, the aggregate value is the median time for reporting CAHs in the state. For some measures, the state aggregate value is the percentage of reporting CAHs that meet each element or domain. For example, for CAH Quality Infrastructure, the aggregate value is the percentage of reporting CAHs in the state meeting each element.
- iii. For HCP/IMM-3, OP-22, OP-18b, and EDTC, an additional third column is provided. This column shows the value reported by CAHs in the 90th percentile. The 90th percentile is the level of performance required to be in the top 10% of CAHs for a given measure (e.g., 10% of CAHs perform at or better than the 90th percentile).

D. National Current Reporting Period: This section mirrors the previous section of columns, “State Current Reporting Period,” but provides national values.

- i. The first column provides the number of CAHs nationally reporting data for the current reporting period.
- ii. The second column shows an aggregate value for all CAHs in the nation that reported. For some measures, this value is provided in the units of the measure. For example, for OP-18b, measured in minutes, the aggregate value is the median time for reporting CAHs nationally. For some measures, the state aggregate value is the percentage of reporting CAHs that meet each element or domain. For example, for CAH Quality Infrastructure, the aggregate value is the percentage of reporting CAHs nationally meeting each element.

E. Benchmark: The last column in each data table provides the MBQIP benchmark value for CAHs, set by FORHP. This value is provided in units of the measure. For

example, for Antibiotic Stewardship, the benchmark is meeting 100% of the elements. For OP-18b, the benchmark is 85 minutes or less. Not all measures have an MBQIP benchmark and will instead show “N/A.”

- 3. Appendix:** Each report concludes with an Appendix. The Appendix section outlines the report—similar to this user guide but more concise. It describes the data tables, data labels, percentiles, and trend figures. Most importantly, the Appendix includes specific information on how data elements were calculated for inclusion in the report and links to measure specifications.

Spreadsheet Format

The MBQIP Measures spreadsheet will guide you through the most up-to-date data from the quarterly MBQIP Measures reports. Each spreadsheet follows the same format:

- 1. Instructions Tab:** The Instructions serve as a user guide for the spreadsheet and provide a detailed walk-through for each tab.
- 2. Reporting Status Tab:** The Reporting Status Tab includes all CAHs in your state with a signed MOU for the current reporting period. This tab indicates whether a CAH reported each measure in the most recent reporting period. The format mirrors the MBQIP Tracking Tool (to be released in Fall 2025).

The MBQIP Measures spreadsheet has eight domain-based data tabs. The following four tabs provide CAH-level performance data for individual CAHs in your state for the measures in each MBQIP domain:

- 3. Global Measures Tab:** This tab provides CAH-level performance data for CAH Quality Infrastructure.
- 4. Patient Safety Tab:** This tab provides CAH-level performance data for HCP/IMM-3, Safe Use of Opioids, and Antibiotic Stewardship.
- 5. Care Coordination Tab:** This tab provides CAH-level performance data for Hybrid-HWR, SDOH-1, and SDOH-2.
- 6. Emergency Department Tab:** This tab provides CAH-level performance data for EDTC, OP-18b, and OP-22.

The following four tabs provide state- and national-level performance data for the measures in each MBQIP domain:

- 7. AllStates_Global Tab:** This tab provides state- and national-level performance data for CAH Quality Infrastructure.
- 8. AllStates_PtSafety Tab:** This tab provides state- and national-level performance data for HCP/IMM-3, Safe Use of Opioids, and Antibiotic Stewardship.
- 9. AllStates_CareCoord Tab:** This tab provides state- and national-level performance data for Hybrid-HWR, SDOH-1, and SDOH-2.

10. AllStates_ED Tab: This tab provides state- and national-level performance data for EDTC, OP-18b, and OP-22.

In addition to the domain-based data tabs, there are two measure-specific data tabs to provide SFPs with additional detailed data for their CAHs.

11. Detail_ABS Tab: This tab provides question-by-question, CAH-level data for the Antibiotic Stewardship (ABS) measure.

12. Detail_Infra Tab: This tab provides question-by-question, CAH-level data for the CAH Quality Infrastructure measure.

Measures

Each measure, as presented in state reports, is briefly described in the following table. For detailed information on how measures are displayed in CAH reports, please see the [MBQIP Reports User Guide for CAHs](#). For additional information on measures or measure reporting, please visit the [Measure Specific Resources](#) page on the RQITA website.

Measure	Displayed As	Source	Benchmark
EDTC: Emergency Department Transfer Communications	Percentage of eligible ED patients in the state who met all eight data elements and percentage who met each of the eight data elements	Reported to SFPs	100%
OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients	Median number of minutes for CAHs in the state	Reported to CMS via HQR	85 mins
OP-22: Patient Left Without Being Seen	Percentage of patients in the state who left the ED without being seen	Reported to CMS via HQR	0%
CAH Quality Infrastructure	Percentage of CAHs in the state that met all eight core elements and percentage of CAHs in the state that met each core element	Reported to FMT via Qualtrics portal	100%
HCP/IMM-3: Healthcare Personnel Flu Vaccination	Percentage of healthcare workers in the state vaccinated	Reported to CDC via NHSN Survey	100%
Antibiotic Stewardship	Percentage of CAHs in the state that met all seven elements and percentage of CAHs in the state that met each element	Reported to CDC via NHSN Survey	100%
Safe Use of Opioids	Percentage of adult inpatients in the state prescribed two or more opioids or	Reported to CMS via HQR	N/A

Measure	Displayed As	Source	Benchmark
	an opioid and benzodiazepine at discharge		
Hybrid HWR: Hybrid Hospital-Wide Readmission	Percentage of 65+ Medicare inpatients in the state readmitted to the hospital	Reported to CMS via HQR	N/A
SDOH-1: Screening for Social Drivers of Health	Percentage of adult inpatients in the state screened for all five health-related social needs	Reported to CMS via HQR	N/A
SDOH-2: Screen Positive Rate for Social Drivers of Health	Percentage of patients in the state who screened positive for each health-related social need	Reported to CMS via HQR	N/A

HCAHPS Reports

Summary

HCAHPS, the Hospital Consumer Assessment of Healthcare Providers and Systems, is a nationally standardized patient experience survey administered to adult inpatients. FMT creates quarterly reports based on HCAHPS data received from CMS. The summary table below outlines report release timing as well as which data will be in each report.

HCAHPS Reports: Measures Included and Annual Anticipated Timeline

	Q1 HCAHPS	Q2 HCAHPS	Q3 HCAHPS	Q4 HCAHPS
Month Released	December	March	June	September
Data Updated	Q1 of current calendar year	Q2 of previous calendar year	Q3 of previous calendar year	Q4 of previous calendar year
Measures Included <i>All measures are included and updated in each report.</i>	<ul style="list-style-type: none"> • Communication with Nurses • Communication with Doctors • Responsiveness of Hospital Staff • Communication about Medicines • Care Transition • Discharge Information • Cleanliness of Hospital Environment • Quietness of Hospital Environment • Hospital Rating • Recommend the Hospital 			

CMS requires a CAH to submit at least 10 months of data (within four consecutive quarters) to be considered reporting. CMS reports measure values **in rolling four-quarter time periods**. To receive HCAHPS data in FMT reports, a CAH must have at least two complete patient surveys from each quarter in the reporting period.

Note: For data collected starting in January 2025, HCAHPS has updated their survey. These changes will not be reflected in the reports until FMT receives and analyzes data from the updated surveys (data from Q1 2025). We anticipate changes to be reflected in HCAHPS reports in late 2025 and will update this user guide accordingly.

Report Format

Each quarter, FMT releases individual PDF reports for every CAH in your state as well as an aggregate state-level report. There are differences between the CAH-level and the state-level HCAHPS reports, described separately below.

CAH-Level Report Format

- 1. Cover Page:** Every report has a brief cover page stating the type of report (HCAHPS), the quarter reporting period, and the measure components included in the report. CAH-level reports show the hospital name, CCN, city, state, and zip code of the CAH.
- 2. Data:** The body of each report presents data for each HCAHPS measure component. The layout is arranged by component, where each data table is directly followed by a corresponding trend figure. Trend figures show eight reporting periods (when available) and display trend lines for the CAH, state, and national top-box percentage. The number of completed surveys, survey response rate, and overall star rating for the CAH are presented on the upper left of the page. (*Note: 100 completed surveys are required for CMS to calculate a star rating*). The state- and national-level number of completed surveys and survey response rates are reported on the upper right of the page. Data tables in CAH-level reports only present data from the current rolling four-quarter period. Data tables are organized with the following general columns:
 - A. Measure Component:** The first column outlines the measure component reported in the data table.
 - B. HCAHPS Component Star Rating:** CMS provides a star rating (0-5) for each measure component. (*See the HCAHPS Star Ratings subsection below for more details.*) The cell will show “N/C” if a star rating was not able to be calculated.
 - C. Your Hospital’s Adjusted Score:** For each possible survey response, these columns provide the adjusted percentages of patients who selected each response to the HCAHPS component. (*The [Measures](#) subsection explains how CMS calculates and adjusts the percentages*). For example, for the Care Transition component, the first column shows the adjusted percentage of patients at the CAH who responded “Disagree to Strongly Disagree”, the second column shows “Agree”, and the third column shows “Strongly Agree”.

- D. Your State’s CAH Data:** This section follows a similar structure as the previous but provides state-level data. These values are the aggregate values from all reporting CAHs in your state.
 - E. National CAH Data:** This section follows the same structure as the state-level data section. These values are the aggregate values from all reporting CAHs nationally.
 - F. Benchmark:** The last column in each data table provides the MBQIP benchmark for each component for CAHs, set by FORHP.
- 3. Appendix:** Each report concludes with an Appendix. The Appendix section outlines the report components—similar to this user guide but more concise. It describes the data tables, measure adjustments and aggregation information, response categories, benchmarks, and data labels and exceptions. It also includes links to measure specifications.

State-Level Report Format

- 1. Cover Page:** Every report has a brief cover page stating the type of report (HCAHPS), the quarter reporting period, and the measure components included in the report. State-level reports show the state name.
- 2. Data:** The body of each report presents data for each HCAHPS measure component. The layout is arranged by component, where each data table is directly followed by a corresponding trend figure. Trend figures show eight reporting periods (when available) and display trend lines for state and national top-box percentage. The state- and national-level number of completed surveys and survey response rates are presented at the top of each page. Data tables in state-level reports present data from the previous three reporting periods (i.e., the past three rolling four-quarter periods) and the current rolling four-quarter reporting period. Data tables are organized with the following general columns:
 - a. Measure Component:** The first column outlines the measure component reported in the data table.
 - b. Your State’s CAH Data:** This section includes four sub-sections of data. The first three sub-sections are previous rolling four-quarter reporting periods titled “Q# YYYY – Q# YYYY.” The fourth sub-section is the current rolling four-quarter reporting period, labeled as “Current Reporting Period” above its title “Q# YYYY – Q# YYYY.” The data for each subsection are presented in three columns. For each survey response category, these columns provide the aggregate percentage of patients in your state who selected each response to the HCAHPS component. (*The [Measures](#) subsection explains how CMS calculates and adjusts the percentages*). For example, for the Care Transition component, the first column shows the adjusted percentage of patients in the state who responded “Disagree to Strongly Disagree”, the second column shows “Agree”, and the third column shows “Strongly Agree”.

- c. National CAH Data:** This section follows the same structure as the previous state-level data section. These values are the aggregate percentages from all reporting CAHs nationally in the current rolling four-quarter reporting period. Like the current reporting period at the state-level, it is labeled as “Current Reporting Period” above its title “Q# YYYY – Q# YYYY.”
 - d. Benchmark:** The last column in each data table provides the MBQIP benchmark for each component for CAHs, set by FORHP.
- 3. Appendix:** Each report concludes with an Appendix. The Appendix section outlines the report components—similar to this user guide but more concise. It describes the data tables, measure adjustments and aggregation information, response categories, benchmarks, and data labels and exceptions. It also includes links to measure specifications.

Spreadsheet Format

The HCAHPS spreadsheet will guide you through the most up-to-date data from the quarterly HCAHPS reports. Each spreadsheet follows the same format:

- 1. Instructions Tab:** The Instructions serve as a user guide for the spreadsheet and provide a detailed walk-through for each tab.
- 2. Reporting Status Tab:** The Reporting Status Tab includes all CAHs in your state with a signed MOU for the current reporting period. This tab indicates whether a CAH reported HCAHPS in the most recent reporting period. The format mirrors the MBQIP Tracking Tool (to be released in Fall 2025).

The HCAHPS spreadsheet has two data tabs for the MBQIP Patient Experience domain:

- 3. HCAHPS Data Tab:** This tab provides CAH-level performance data for the HCAHPS components.
- 4. All States Tab:** This tab provides state- and national-level performance data for the HCAHPS components.

Measures

HCAHPS Measures

HCAHPS data are submitted to CMS via HQR by a [vendor](#). Each HCAHPS component is briefly described in the following table. For detailed information, please visit the [HCAHPS website](#) and/or [Technical Notes](#).

CMS classifies patient responses into top-box, middle-box, and bottom-box categories. Top-box is positive responses to questions, while middle-box is intermediate, and bottom-box is the least positive. See the table below for how responses are categorized for each measure.

HCAHPS Measure	Q	Patient Survey Response			Benchmark*	
		Bottom-Box	Middle-Box	Top-Box	2024	2025
Communication with Nurses	Q-1 Q-2 Q-3	Sometimes or Never	Usually	Always	86%	86%
Communication with Doctors	Q-5 Q-6 Q-7				86%	86%
Responsiveness of Hospital Staff	Q-4 Q-11				77%	-
Communication about Medicines	Q-13 Q-14				70%	70%
Cleanliness of Hospital Environment	Q-8				77%	78%
Quietness of Hospital Environment	Q-9					
Discharge Information	Q-16 Q-17	No	N/A	Yes	91%	91%
Hospital Rating	Q-18	6 or lower	7 or 8	9 or 10	83%	84%
Recommend the Hospital	Q-19	Probably No or Definitely No	Probably Yes	Definitely Yes	N/A	N/A
Care Transition	Q-20 Q-21 Q-22	Disagree or Strongly Disagree	Agree	Strongly Agree	61%	-

*MBQIP benchmarks are based on benchmarks set as a part of the [CMS Hospital Value-Based Purchasing Program](#). For 2024, the Recommend the Hospital component does not have a benchmark, and the benchmark for Quietness of the Hospital Environment and Cleanliness of the Hospital Environment is a joint benchmark. 2025 benchmarks differ due to the updated HCAHPS survey starting January 2025. This table will be updated in late 2025 to reflect these changes.

CMS uses data from the current quarter to calculate adjusted percentages of patients who responded for each measure component. These values are then adjusted to account for the 1) different types and distribution of patients across hospitals (see [Patient-Mix Adjustment](#) for details) and 2) differences in how the survey was administered to patients, such as by phone or mail (see [Mode Adjustment](#) for details). The purpose of adjusting percentages for these differences is to allow for more accurate comparisons across hospitals.

The adjusted percentages box for the current quarter are then combined with adjusted percentages from the previous three quarters to generate a rolling four-quarter average for each box.

HCAHPS Star Ratings

HCAHPS reports also include one summary and ten individual measure component HCAHPS Star Ratings calculated by CMS. CAHs must submit at least 100 surveys for four consecutive quarters to be eligible for a Star Rating. Measure HCAHPS Star Ratings are calculated for each measure component, and the Summary HCAHPS Star Rating is an average of those ratings. More details on the CMS calculation process can be found in the [Star Rating Technical Notes](#) on the HCAHPS website.

Utilizing MBQIP Reports

Each quarter, upon receiving notification of new MBQIP reports (via an email from FORHP and via notifications from NIH workspace), SFPs should:

1. **Access and Download** the reports and spreadsheet from NIH workspace and save the data in an accessible place for use by other SFP staff.
2. **Share CAH-Level PDF Reports** with each of your CAHs.
3. **Review the Reporting Status tab of the Spreadsheet** to identify, for each measure, which CAHs did and did not report for the reporting period. This information can help your SFP identify CAHs needing support with reporting.
4. **Review State-Level PDF Report and Spreadsheet** to identify overall trends and CAHs needing assistance improving performance. Utilize the following section, **Interpreting MBQIP Data**, as you review the data for each measure. We recommend:
 - a. Comparing performance to other state and national values.
 - b. Examining the data for signs of erroneous data.
 - c. Identifying trends in performance across reporting periods.
5. **Identify Action Steps** for engaging with CAHs, such as working with the CAHs that are not reporting to support reporting in the future, utilizing data in current quality-related Flex activities or projects, and planning for future Flex work plan activities and projects.

Each State Flex Program is different. There is a large variation in the number of CAHs per state. Steps 4-5 above might not be realistic to perform every quarter. SFPs should aim to review data in-depth and identify action steps as often as is feasible and prioritize integrating opportunities for improvement into current work.

Additionally, SFPs should use MBQIP data each year as they complete their Non-Competing Continuation (NCC) (*or in competitive application years, their competitive application*). MBQIP data can be useful to identify needs among your CAHs, both for necessary support for reporting measures and for improving measures CAHs are already reporting.

Interpreting MBQIP Data

Before interpreting the data, pay attention to the type of quarterly MBQIP report you are reviewing as data updated in each quarter varies. When interpreting MBQIP Measures reports, identify the report number (Report 1, 2, 3, or 4) and which measures are updated in that report. This is available in the MBQIP Measures section of this guide as well as on the cover page of the PDF reports. A reminder that for some measures, such as OP-22 and OP-18b, a lower value may indicate better performance (this is noted in the Appendix of reports).

Performance Comparisons

To compare performance, begin by reviewing your state-level PDF report. This report shows how the CAHs in your state are performing in the current reporting period compared to CAHs in other states/nationally as well as how they have performed over several past reporting periods. After the state PDF report, SFPs are encouraged to review the accompanying spreadsheet and identify comparisons between CAHs in their state and comparisons of their state aggregate data to other states. As you review, consider the following scenarios:

- **A CAH is performing better than other CAHs in your state/nationally on a measure(s).** Work with your team to identify what the CAH is executing well and potential strategies for sustaining and increasing high performance. Consider ways to leverage this CAH's strengths to improve other quality measures as well as other aspects of quality improvement.
- **A CAH is performing at or worse than other CAHs in your state/nationally on a measure(s).** Work with your team to identify opportunities for improvement as well as what this CAH is executing well. Consider ways to leverage the CAH's current strengths to address the identified areas for improvement.

Comparisons allow SFPs to **identify CAHs that would benefit from potential partnership or mentorship with other CAHs**. Partnerships are particularly useful for CAHs with high performance on some measures and low performance on others. In engaging with other CAHs, a CAH could share best practices for their high-performing measure(s) and receive best practices from other CAHs to improve their low-performing measure(s). SFPs can also

contact SFPs in other states to connect CAHs with similar characteristics to share information and/or work in cohorts on similar improvement work.

Erroneous Data

Erroneous data are data that does not make sense for a variety of reasons. Reviewing the CAH-level data tabs in the spreadsheet for erroneous data can help you identify CAHs that could be misunderstanding or misreporting a measure.

Erroneous data, or potential data errors, might not always indicate actual errors in the data, but are worth investigating. If you notice something, please check with the CAH to understand what might be happening that is reflected in their data. Some examples of common errors include:

- **Denominator Issues:** Denominator values typically represent the total population eligible for the measure. Values that look odd are worth investigating. Some examples include:
 - **The denominator is zero.** If a CAH has a zero listed for the denominator, this may be erroneous data. For example, during the initial reporting of the new SDOH-1 measure, several CAHs reported zero in the denominator. A value of zero in the denominator indicates there were no 18+ inpatients eligible for health-related social needs screening at the CAH for the entire year. This is likely not the case and suggests the CAH may have misunderstood how to report the SDOH-1 measure. Most likely, the CAH had not yet begun health-related social needs screening and meant to report zero as the numerator, which indicates no 18+ inpatients were screened. *(Note: In MBQIP Measures reports, a zero denominator for this measure will appear as “DNR” (not reporting). SFPs may receive questions from CAHs about why this is the case.)*
 - **The denominator is abnormally low.** If a CAH has a low denominator value compared to other CAHs or compared to other reporting periods, this might be erroneous data. For example, if the number of records reviewed for EDTC is reported as an abnormally low value, such as five or fewer records, this indicates the CAH only had that many patients eligible for EDTC over a three-month period. This is likely inaccurate and presents an opportunity for the SFP to engage with the CAH to discuss these data and offer support with the measure and reporting processes.
 - **The denominator is abnormally high.** An abnormally high value in the denominator might also indicate erroneous data. For example, if a CAH typically has a denominator of about 100 patients for OP-18b but reported

1,000 patients in the denominator for the current reporting period, this may indicate an error.

- **Abnormally High Percentages:** An abnormally large percentage may indicate an error with a numerator value. For example, in initial reporting for the new SDOH-2 measure, some CAHs submitted numerator values that were the same as their denominator values. Identical numerators and denominators would result in a performance value of 100% and indicate that 100% of the patients who were screened for the health-related social need screened positively. While this is not impossible, it is unlikely (especially with a high denominator, such as 1,000 patient screened). More likely, there is an issue with incorrectly reporting this measure and SFPs should reach out to the CAH with support.
- **Large Differences from Previous Reporting Periods:** Notable differences in performance compared to previous reporting periods should be investigated for possible errors. Trend graphs in the reports may make it easy to identify these changes over time. For example, if a CAH had been consistently performing around 95% for HCP/IMM-3 and suddenly dropped to 50% one year, this may be an error or could just be an opportunity to discuss why this measure changed significantly and offer strategies for improvement. It is also important to consider the denominator (e.g., number of patients) as changes over time will appear larger with fewer patients and may not be the result of a data error.

Trends in Performance

Utilize the CAH-level data tabs in MBQIP report spreadsheets to review the performance of your CAHs for each measure updated that quarter. If you identify CAHs with high or low values for the measure, this may indicate a need to further review the CAH’s trend data by looking at their CAH PDF report. As you review trends in CAH data, consider the following scenarios for potential areas for improvement:

- **A CAH does not have consistently reported data for a measure(s).** This will show up as a “DNR” in the current or any other quarter and a missing data point or column in the corresponding trend figure. This may indicate an issue with the CAH’s quality reporting process.
- **A CAH shows consistent improvement on a measure(s).** Identify the measure(s) that the CAH is executing well and investigate potential strategies for sustaining and increasing this improvement. Consider possible ways to leverage the CAH’s strengths on one measure to improve quality improvement processes or other aspects of quality in the CAH. This is also a great opportunity to recognize their improved

performance, either with the CAH directly or more publicly in a Flex newsletter, webinar, etc.

- **A CAH shows consistently low performance on a measure(s).** This trend may indicate a lack of standardized processes to perform and/or document best practices of care at the CAH. We would recommend engaging this CAH to implement or improve their standard processes.
- **A CAH shows variable performance on a measure(s).** A variable performance trend may appear as data with no clear trend or high performance in one reporting period, but then low performance in the next. Consider investigating the reason(s) for this variation. A common issue might indicate an opportunity to improve or standardize processes. For example, variation in performance on the Home Medications element of EDTC might indicate an opportunity to improve and/or standardize that aspect of the transfer process at the CAH. Other variations may be caused by an unusual case or situation, such as a severe weather event, and could indicate a need to develop or improve back-up plans. Low patient volume for a measure population could also result in varied performance across reporting periods.

Tools and Resources

Several **tools and resources** have been created for SFPs to support CAHs in their quality improvement activities.

[MBQIP Measures Resource Page](#) developed by RQITA (Telligen)

This webpage provides essential resources for MBQIP, including a submission deadlines and details document, implementation timelines for SFPs, a comprehensive Core Measure Set guide, and FAQs on new measures.

[CAH Quality Inventory & Assessment – SFP Resources](#) developed by FMT

The resources on this webpage are for SFPs and include ancillary materials related to the 2024 Assessment, including a SFP Fact Sheet, email template to CAHs, Assessment Data Tool instructions, and a recording demonstrating the data tool.

[CAH Quality Inventory & Assessment – CAH Resources](#) developed by FMT

This webpage provides CAH-specific materials that SFPs may also use and provide to CAHs regarding the 2024 Assessment. Resources include Assessment Questions and Instructions, a CAH Fact Sheet, and an informational recording.

[CAH Quality Infrastructure Resources](#) developed by FMT

For detailed information on the CAH Quality Infrastructure measure specifications as well as the data codebook, please visit this page. The data corresponding to the codebook is provided in the MBQIP Measures spreadsheet tab titled Detail_Infra.

[Antibiotic Stewardship Tool](#) developed by Stratis Health



SFPs can use this tool to summarize and make use of the detailed antibiotic stewardship data in the MBQIP Measures spreadsheet tab titled Detail_ABS. It provides a core element summary as well as a question-by-question summary of CAH responses at both the CAH- and state-level.

Interpreting MBQIP Reports developed by Stratis Health

While published prior to MBQIP 2025 changes, this guide contains useful information for SFPs in interpreting quarterly MBQIP reports. The guide walks through older versions of the MBQIP reports and interprets the data as an example.

For more information, please reach out to fmtdata@umn.edu.

This report was completed by the Flex Monitoring Team with funding from the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS), under PHS Grant No. U27RH01080. The information, conclusions and opinions expressed in this document are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.