SHIP Quarterly Webinar
December 14, 2023
Noon – 1 p.m.

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1

SHIP 2023 - 2024

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2023 – 2024 SHIP Overview

- FY 23 grant period
  - **June 1, 2023 to May 31, 2024**

- Funds hospitals will receive $11,938.95

- Funds must be spent on qualifying purchases during grant period

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2023-2024 SHIP Milestones

Milestone 1:

- Submission and approval of mid-year expense and activity report
- Due **December 31, 2023**
- Payment Amount **$2,469.95**

Milestone 2:

- Submission and approval of end-of-year SHIP expense and activity report
- Due **June 30, 2024**
- Payment Amount **$2,469.00**

Milestone 3:

- Data submission requirements met for Q4/2022 through Q3/2023
- Maximum Amount Available **$7,000.00**

Grant Period:	June 1, 2023 to May 31, 2024
Total Award:	$11,938.95

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Milestone 1 – Mid-Year Reports

- Mid-Year Reports were sent from Healthworks on December 4 to CEOs and SHIP Contacts

- These are due December 31

- Please reach out with questions

- We have received 13 reports to date

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2023-2024 Funding Priorities

The Federal Office of Rural Health Policy has identified the following two priorities for using SHIP funds:

- Meeting MBQIP Requirements (includes HCAHPS)
- ICD-11 Coding Readiness and/or Implementation

Once these priorities have been met, your hospital may select other activities listed on the SHIP Purchasing Menu

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SHIP Purchasing Menu (Updates)

- **MBQIP** data collection process/related training or software (includes HCAHPS)
- Provider based clinic-based (Rural Health Clinic) quality measures education
- Alternative payment model and quality payment program training/education
- Computerized provider order entry implementation and/or training
- Pharmacy services training, hardware/software, and machines
- Population health or disease registry training and/or software/hardware
- Social determinants of health screening software/training
- Systems performance training in support of ACO or shared savings related initiatives
- Telehealth and mobile health hardware and/or software (not telecommunications)
- Community paramedicine training and hardware/software
- Health information technology training for value and ACOs including training, software and risk assessments for cybersecurity

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SHIP Purchasing Menu (Updates)

- ICD-11 software/training
- S-10 Cost Reporting training (charity care)
- Pricing transparency training (chargemaster training)
- Efficiency or quality improvement training – no projects

  - Patient experience of care
  - Patient safety
  - Immunizations
  - Reducing readmissions, reducing readmission disparities
  - Antibiotic stewardship
  - Discharge planning
  - Hospital safety and emergency preparedness
  - Lean, IHI Plan/Do/Study/Act, root cause analysis

  - Team STEPPS
  - Care coordination
  - Health information exchange
  - Swing bed utilization and quality measures
  - Population health, social determinants of health
  - Medicare spending per beneficiary
  - Financial and operational improvements
  - 340B

- Efficiency or quality improvement software

  - Medicare spending per beneficiary
  - Non-clinical operations
  - Health information exchange
  - Swing bed utilization and quality measures

  - Care coordination
  - Population health
  - Social determinants of health

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Kansas FAQs for FY23 SHIP – www.krhop.net

9

Kansas Questions and Answers for SHIP FY23

	Topic	Question	Answer
1	ICD-10 and ICD-11	Can we still use our SHIP grant monies to pay for our ICD-10 software/vendor platform expenses?	Yes - this is an allowable expense as long as some training and/or preparedness has occurred around ICD-11 during this grant period as well. KRHOP will provide a webinar training to assist in meeting this requirement.
2	Cybersecurity	Can we use SHIP funds for a company to come in and do risk assessments on devices/systems in our facility. She said she was at a GPHA meeting recently where this was discussed.	Yes - allowable IF that company provides training and education to remediate the findings. SHIP supports HIT hardware/software and training, therefore, it would be beneficial to include risk assessments and/or trainings associated with cybersecurity.
3	Swing Bed	Can we do patient experience for a swing bed quality measure - pay for the surveys/tablets/web access - with SHIP grant funds without participating in the Healthworks Swing Bed Pt Exp project?	We are asking the Federal Office for additional clarification - no determination currently
4	Cybersecurity	Can we pay the subscription for KnowBe4 which is the product we use for cybersecurity training and risk assessments with the SHIP grant?	Yes - this is an allowable expense if the outcomes of the risk assessment are used and directly mitigated with the trainings. SHIP supports HIT hardware/software and training, therefore, it would be beneficial to include risk assessments and/or trainings associated with cybersecurity.
5	Quality Reporting Software	Can we use SHIP funds to purchase Sentri7 Quality Reporting software?	Yes - this is an allowable expense
6	Clinic Quality Measures Software	Can SHIP grant funds be used for quality measure software for the clinic?	be around training for clinic quality improvement. Funds do not support software or actual measure input/analysis for the clinic.

12/13/23

10

Kansas Questions and Answers for SHIP FY23

	Topic	Question	Answer
7	e-learning platforms for training	Can we use SHIP grant funds for Care Learning or Health Stream employee training for safety, quality, risk, emergency preparedness?	Subscriptions to ongoing or on-demand training (at-will training) are unallowable expenses. Subscriptions that "happen to include" a SHIP-approved expenditure should be avoided.
8	HCAHPS	How do we use grant funds for HCAHPS?	In order for SHIP grant funds to be used, the dates of service have to fall within the SHIP grant period, not the billed date. Also, only HCAHPS can be used for this grant - no emergency department or clinic surveys can be paid.
9	Pharmacy Services	Can we pay for the services of the pharmacist/telepharmacy contract with grant funds?	The cost of personnel, medications, medication delivery, refilling pre-packaged medication, or assistants for direct patient care are unallowable. Training, hardware, and software that support the application and implementation of remote pharmacy (telepharmacy) services are allowable.
10	Physical Plant and Fire Safety Mock Survey	A company called Patton can provide mock surveys and reports on CMS physical environment and fire safety surveys. They provide training and education on survey preparedness. Would this qualify as a hospital safety and emergency preparedness event? The expense would start at $3,350 a day.	No - this would not be an allowable expense. "Patient healthcare safety, security, and equipment that aids in treating a patient may also increase patient safety. The three are not the same, and direct patient care and hospital security measures are unallowable even if those measures increase patient safety measurements."

11

Kansas Questions and Answers for SHIP FY23

	Topic	Question	Answer
11	Charting, Coding, and Billing	We are interested in paying for an onsite Trainer to help us maximize the financial aspects of charting and billing within our EHR. Would this training be allowed?	Yes - this would be allowable by putting this expense under ICD-11 Training since the consultant will be training staff for efficiencies and coding compliance. There has to be some training and/or preparedness around ICD-11 during this grant period as well. KRHOP will provide a webinar training to assist in meeting this requirement.
12	Training for PT Department Staff	Would this pediatric therapy program training for staff - the registration/training would increase the number of skills and improve quality of services of our PT department be an allowable training expense for the SHIP grant? https://www.tmrtots.com/totshome	No - this would not be an allowable expense. Anything patient care related would not be allowable - even the training component.
13	Avel eCare Emergency - telehealth	I believe it would fall under the Telehealth and Mobile Health Hardware/Software. We use Avel eCare service in our Emergency Room. I don't want to submit this expense and it not qualify.	Yes - the equipment and technology monthly fee would quality for months June 2023 to May 2024, but the monthly service fee does not qualify since it is the professional component.
14	Disease Registry software/hardware	We are looking to use a large chunk of those funds for our compliance with Promoting Interoperability with an interface for Case reporting. I am just curious what all is needed from us to be able to utilize those funds - an invoice and a check that it's paid?	You would need the invoice - within the grant year of June 1, 2023 to May 31, 2024 - with enough detail to know what it is for. You could even have the invoice and in your report put the detail of what it is used for - the interface to report AUR cases for promoting interoperability - or whichever cases you are interfacing. We do not require the check that it's paid.

12

Kansas Questions and Answers for SHIP FY23

	Topic	Question	Answer
15	SDoH Training	This would be an invaluable tool for our discharge planning and utilization review. Would this conference be an allowable expense for SHIP? And if so, I know that an employees time is not allowable, but would the cost of the conferrence, hotel, and flights be allowable?	After reviweing the content of the conference, this would be allowable for training/education for SDoH or ACO from what I see in the schedule. The only item covered for any training is the cost of the registration. So, in this case, only the $395 for early bird registration. The airfare, meals, hotel are not allowable under the SHIP Grant.

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SHIP 2024-2025

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2024-2025 Preparation

- Applications distributed Jan. 3
  - Information collected via Survey Monkey

- Re-confirm your hospital's eligibility to participate in the SHIP

- Reserve your hospital's "spot" for grant funds in the upcoming award cycle

- Applications **Due Jan. 15**

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MBQIP

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MBQIP's Tie to SHIP

Kansas CAHs must actively participate in the Medicare Beneficiary Quality Improvement Project [MBQIP] to qualify for full funding.

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17

FORHP

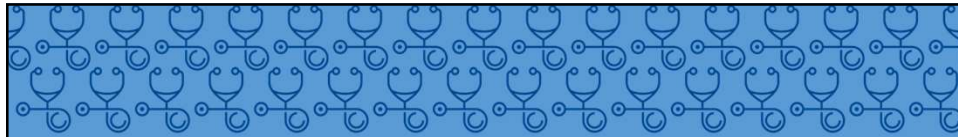NEW MBQIP Measures

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Measures Under Consideration

- Safe Use of Opioid‑ ~~~~rent Prescribing (eCQM) – Inpati~~

- Hybrid Hospi~~~~ ~~ission

- Hospital C~~~~ty

- Screeni~~~~lth

- Screen Positiv~~~~rs of Health

UPDATE: Hot off Press

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Revised 12/10/23

Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

		MBQIP Core Measure Set		
		Current Measures in *black (for reporting data from calendar years 2023 and 2024)		
		MBQIP 2025 Core Measure Set (adding in the additional orange measure reporting data by calendar year 2025)		
Global Measures	**Patient Safety**	**Patient Experience**	**Care Coordination**	**Emergency Department**
*CAH Quality Infrastructure *(annual submission)* Hospital Commitment to Health Equity *(annual submission)*	*HCP/IMM-3: Influenza Vaccination Coverage Among Healthcare Personnel (HCP) *(annual submission)* *Antibiotic Stewardship: Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey *(annual submission)* Safe Use of Opioids (eCQM) *(annual submission)*	*Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) *(quarterly submission)*: The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics: • Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Communication about Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care	Hybrid Hospital-Wide Readmission *(annual submission)* Social Determinants of Health Screening *(annual submission)* Social Determinants of Health Screening Positive *(annual submission)*	*Emergency Department Transfer Communication (EDTC) *(quarterly submission)*: The following eight elements roll up into a single composite result: • Home Medications • Allergies and/or Reactions • Medications Administered in ED • ED provider Note • Mental Status/Orientation Assessment • Reason for Transfer and/or Plan of Care • Tests and/or Procedures Performed • Test and/or Procedure Results *OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients *(quarterly submission)* *OP-22: Patient Left Without Being Seen *(annual submission)*

*Measures in current MBQIP set (reporting data from calendar years 2023 and 2024)
+Data collection began in 2023 to inform state Flex quality programs. Data will continue to be collected going forward.

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NEW MBQIP Measures – ALL Annual Submissions

- CAH Quality Program Assessment and Services Inventory – due 12/01/23 and annually

- Hybrid Hospital-Wide All Cause Readmission – 3Q24 – 2Q25 due 9/30/25

- Safe Use of Opioids – Concurrent Prescribing (eCQM) – Inpatient – CY 2025 due 2/27/26

- Hospital Commitment to Health Equity – CY 2025 due 5/15/26

- Screening for Social Drivers of Health – CY 2025 due 5/15/26

- Screen Positive for Social Drivers of Health – CY 2025 due 5/15/26

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What Can You Do Now?

- Go to www.krhop.net to listen to the August 17, 2023, QCC to hear details

- Start to prepare now for 2024/2025

- Don't panic – plenty of time to get ready

- Reach out with questions

- Watch for virtual training in 2024 on new measures

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CAH Quality Inventory and Assessment

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National CAH Quality Inventory and Assessment: Components

- Identification of Key CAH Characteristics
- Assessment of CAH Structure
- Inventory of CAH related quality measures

THANK YOU!!!

Kansas has the MOST completed surveys with the highest percentage as well! We have been mentioned on National calls to recognize and ask how we do so good!

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Upcoming Reporting Submission Deadlines

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Medicare Beneficiary Quality Improvement Project (MBQIP)
Hospital Data Submission Deadlines
Reporting Quarters Applicable to SHIP 2023-2024 Grants

Measure ID	Measure Name	Reported To	Submission Deadline by Encounter Period			
			Q4 / 2022 Oct 1 - Dec 31	Q1 / 2023 Jan 1 - Mar 31	Q2 / 2023 Apr 1 - Jun 30	Q3 / 2023 Jul 1 - Sep 30
Population & Sampling	Population & Sampling Submission (inpatient and outpatient)	HQR via HARP Log In	May 1, 2023	August 1, 2023	November 1, 2023	February 1, 2024
OP-2	Fibrinolytic therapy received within 30 minutes	HQR via Outpatient CART/Vendor	May 1, 2023	August 1, 2023	N/A Retired	N/A Retired
OP-3	Median time to transfer to another facility for acute coronary intervention	HQR via Outpatient CART/Vendor	May 1, 2023	August 1, 2023	N/A Retired	N/A Retired
OP-18	Median time from ED Arrival to ED Departure for Discharged ED Patients	HQR via Outpatient CART/Vendor	May 1, 2023	August 1, 2023	November 1, 2023	February 1, 2024
OP-22	Patient left without being seen	HQR via HARP Log In	May 15, 2023 (Aggregate based on full calendar year 2022)			
HCP/IMM-3	Influenza vaccination coverage among health care personnel	National Healthcare Safety Network	May 15, 2023 (Aggregate based on Q4 2022/Q1 2023)			
EDTC	Emergency Department Transfer Communication	QHi	Submit each month by the end of the following month			
HCAHPS	Hospital Consumer Assessments of Healthcare Providers and Systems	HQR via Vendor	April 5, 2023	July 5, 2023	October 4, 2023	January 3, 2024
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	National Healthcare Safety Network	March 1, 2024 (Survey year 2023)			
Quality Program Assessment	National CAH Quality Inventory and Assessment	Healthworks	December 1, 2023			

* The Federal Office of Rural Health currently has new MBQIP requirements under consideration. It is possible, additional items will be added. We will share more information as it becomes available.

Updated November 2023

26

OP Reporting Deadlines

2Q23 Submissions due November 1, 2023

Population & Sampling
ED Throughput (OP-18) – optional

Outpatient Quality Reporting
ED Throughput (OP-18) (arrival to departure time)

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27

OP CART Change

CMS Data Element Change
Starting with **July 1, 2023 encounters**, the Centers for Medicare and Medicaid Services (CMS) measure data collection question is changing from **"What was the patient's sex on arrival"** to **"What is the patient's sexual orientation and/or gender identity?"** The data element is being updated to be able to capture additional information to help evaluate health equity.

Format
Change Type from:
Character
To:
Alphanumeric

Change Occurs from:
1
To:
1 – 5

Allowable Values
Change from:
M = Male
F = Female
U = Unknown
To:
Select all that apply:
1. Male
2. Assigned/Designated Male at Birth
3. Female
4. Assigned/Designated Female at Birth
5. LGBTQ
6. Unknown

Refer to the CMS Hospital Outpatient Quality Reporting Specifications Manual and Release Notes Version 16.0a for further rationale on the change and the Data Dictionary Section for the specific data element (Sex) instructions.

Notes for Abstraction
Change to:
- Select any of the values that are applicable. The data element and values encompass both the patient's current gender identity and one assigned at birth.
- Consider the sex to be unable to be determined and select "Unknown" if the patient refuses to provide their sexual orientation and/or gender identity. If "Unknown" is selected, then no other value should be selected.

28

14

EDTC Reporting Deadlines

4Q23 Submissions due February 1, 2024

- October 2023
- November 2023
- December 2023

KS Report is due to FORHP by February 10, 2024

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IP Reporting Deadlines

NO Abstracted
IP Measures

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FMT MBQIP Reports

- EDTC
- IP/OP Core Measure
- HCAHPS
- ➢Waiting for all three reports to 'update' so we can send these out to the data and quality contacts
- ➢Last sent out in early October
- ➢Watch the QCC recording from May 2023

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State-Level Care Transition Core Measures/EDTC Report
Quarter 4 - 2022
Generated on 03/31/23

MBQIP Quality Measure	Your State's Performance by Quarter					State Current Quarter			National Current Quarter		Bench-mark
	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Aggregate for All Four Quarters	# CAHs Report-ing	Average Current Quarter	90th Per-centile	# CAHs Report-ing	Average Current Quarter	Average Current Quarter
EDTC-All Composite	84%	84%	81%	82%	83%	81	82%	100%	1,178	90%	100%
Home Medications	93%	92%	92%	91%	92%	81	91%	100%	1,178	94%	100%
Allergies and/or Reactions	96%	95%	94%	93%	94%	81	93%	100%	1,178	96%	100%
Medications Administered in ED	96%	94%	94%	93%	94%	81	93%	100%	1,178	96%	100%
ED Provider Note	91%	91%	89%	90%	90%	81	90%	100%	1,178	95%	100%
Mental Status/Orientation Assessment	95%	93%	92%	91%	93%	81	91%	100%	1,178	96%	100%
Reason for Transfer and/or Plan of Care	96%	96%	94%	95%	95%	81	95%	100%	1,178	97%	100%
Tests and/or Procedures Performed	95%	94%	93%	93%	94%	81	93%	100%	1,178	96%	100%
Tests and/or Procedures Results	94%	93%	92%	93%	93%	81	93%	100%	1,178	96%	100%
Total Medical Records Reviewed (N)	N=1,897	N=2,238	N=2,339	N=2,370	N=8,844	N=2,370			N=48,876		

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Upcoming Offerings

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2024 Upcoming Webinars

- SHIP Quarterly Webinars
  - March 12, June 12, September 12, and December 12

- Quality Corner Calls @ noon
  - January 10 – New Year, New Focus - Jennifer
  - February 6 – EDTC
  - April 18 – TBD
  - May 21 – TBD

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33

2024 Upcoming Offerings

- PSLC Info Webinar
  - February 1 @ 1000

- ERCP/Lean Info Webinar
  - February 22 @ 1000 (tentative)

- Antibiotic Stewardship Boot Camp Info Webinar
  - March 5 @1400

- Abstraction Training - Virtual
  - April 3 1000 - noon

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Site Visits (In-person or Zoom)

MBQIP Reporting Reviews (5/quarter)
- Current requirements to continue receiving the SHIP grant
- Flex Monitoring Team reports reviewed
- Discussion of who reports what elements at your facility
- Clearing up any questions your facility may have about reporting of this data to meet the deadlines

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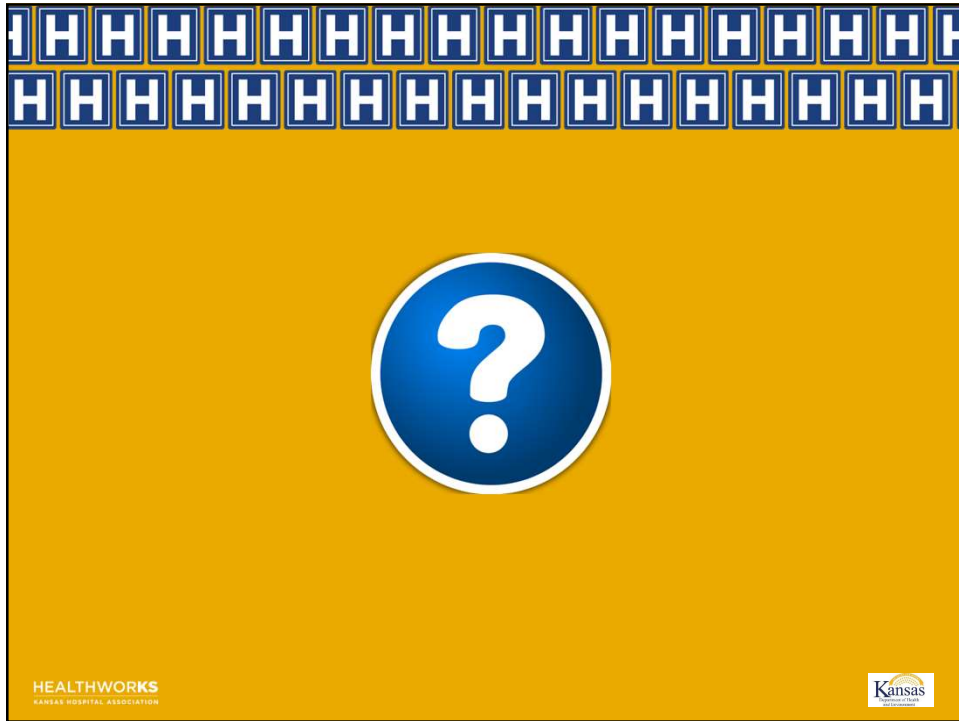and Environment

35

Resources

- www.krhop.net
  - SHIP
    - SHIP 23-24
  - MBQIP
    - Quality/MBQIP
    - Abstraction
- www.kha-net.org
  - Education
    - Education Brochures
    - Register for Healthworks/KHA Events Online https://registration.kha-net.org/

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36

37

38

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Funding Acknowledgement

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40