




SHIP Quarterly Webinar
September 12, 2024
Noon – 1 p.m.



HEALTHWORKS
 KANSAS HOSPITAL ASSOCIATION




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SHIP 2024 - 2025

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2024 – 2025 SHIP Overview

- FY 24 grant period
 - **June 1, 2024 to May 31, 2025**
- Funds hospitals are eligible to receive \$11,922.31
- Funds must be spent on qualifying purchases during grant period

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2024 – 2025 SHIP Agreement

- Agreements were sent from Healthworks on September 12 to CEOs and SHIP Contacts
- Your hospital must respond back by executing and returning the agreement
- The agreement is due September 30
- New Appendix A – must be completed and returned

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2024 – 2025 SHIP Milestones

Milestone 1:

- Submission and approval of mid-year expense and activity report
- Due **December 31, 2024**
- Payment Amount **\$2,461.31**

Milestone 2:

- Submission and approval of end-of-year SHIP expense and activity report
- Due **June 30, 2025**
- Payment Amount **\$2,461.00**

Milestone 3:

- Data submission requirements met for Q4/2023 through Q3/2024
- Maximum Amount Available **\$7,000.00**

Grant Period: June 1, 2024 to May 31, 2025

Total Award: \$11,922.31



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Medicare Beneficiary Quality Improvement Project (MBQIP) Hospital Data Submission Deadlines Reporting Quarters Applicable to SHIP 2024-2025 Grant (FY24)

Measure ID	Measure Name	Reported To	Submission Deadline by Encounter Period			
			Q4 / 2023 Oct 1 - Dec 31	Q1 / 2024 Jan 1 - Mar 31	Q2 / 2024 Apr 1 - Jun 30	Q3 / 2024 Jul 1 - Sep 30
OP-18	Median time from ED Arrival to ED Departure for Discharged ED Patients	HQR portal via Outpatient CART/Vendor	May 1, 2024	August 1, 2024	November 1, 2024	February 1, 2025
OP-22	Patient left without being seen	Hospital Quality Reporting (HQR) portal	May 15, 2025 (Aggregate based on full calendar year 2024)			
HCAHPS	Hospital Consumer Assessments of Healthcare Providers and Systems	Hospital Quality Reporting (HQR) portal via Vendor	April 3, 2024	July 3, 2024	October 2, 2024	January 3, 2025
HCP/IMM-3	Influenza vaccination coverage among health care personnel	National Healthcare Safety Network (NHSN)	May 15, 2025 (Aggregate based on Q4 2024/Q1 2025)			
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	National Healthcare Safety Network (NHSN)	March 1, 2025 (Survey year 2024)			
EDTC	Emergency Department Transfer Communication	QHi	Submit each month by the end of the following month			
Quality Program Assessment	National CAH1 Quality Inventory and Assessment	Healthworks	October 18, 2024			
Social Drivers of Health	Identification of Team Leader	Healthworks	Submitted as part of SHIP agreement			
Health Equity	Identification of Team Leader	Healthworks	Submitted as part of SHIP agreement			

* Please note Hybrid Hospital-Wide All Cause Readmission, Safe Use of Opioids, Screening for Social Drivers of Health, Screen Positive for Social Drivers of Health, and Hospital Commitment to Health Equity will be required as part of MBQIP reporting in the next grant cycle (FY25).

Updated 09/10/2024

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2024 – 2025 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

SHIP Purchasing Menu

- **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 (not pharmacists)
- 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/software (not telecommunications)
- Community paramedicine training and hardware/software
- Health information technology training for value and ACOs including training, software and risk assessments associated with cybersecurity

SHIP Purchasing Menu

- 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 training 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 strategies
 - 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

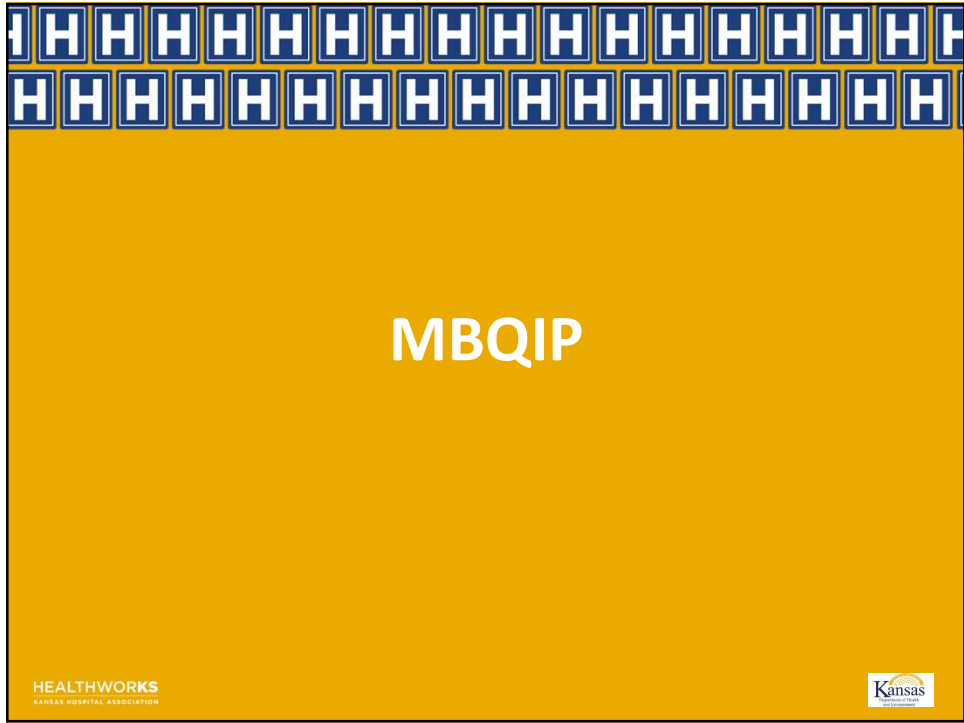


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Kansas FAQs for FY24 SHIP - www.krhop.net

The screenshot shows the KRHOP website with a prominent yellow diagonal watermark that reads "UNDER CONSTRUCTION". The page content includes a header for "SHIP" and a list of links under "Purchasing Guidelines". One link, "FY 2023 SHIP Frequently Asked Questions", is circled in red. To the right, there is a "Subscribe to the SHIP email group" form with fields for Name, Email, Hospital, and Title, and a Submit button. The footer of the page contains the HEALTHWORKS KANSAS HOSPITAL ASSOCIATION logo.

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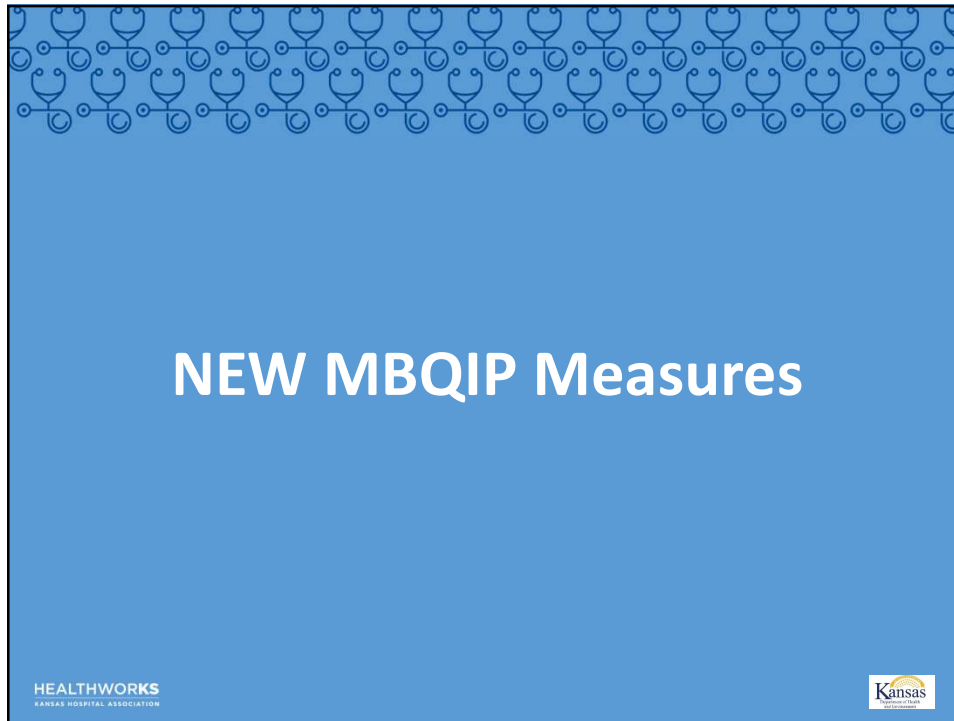


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MBQIP's Tie to SHIP

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

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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
<p>*CAH Quality Infrastructure (annual submission)</p> <p>Hospital Commitment to Health Equity (annual submission)</p>	<p>*HCP/IMM-3: Influenza Vaccination Coverage Among Healthcare Personnel (HCP) (annual submission)</p> <p>*Antibiotic Stewardship: Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey (annual submission)</p> <p>Safe Use of Opioids (eCQM) (annual submission)</p>	<p>*Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (quarterly submission):</p> <p>The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics:</p> <ul style="list-style-type: none"> • 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 	<p>Hybrid Hospital-Wide Readmission (annual submission)</p> <p>Social Determinants of Health Screening (annual submission)</p> <p>Social Determinants of Health Screening Positive (annual submission)</p>	<p>*Emergency Department Transfer Communication (EDTC) (quarterly submission):</p> <p>The following eight elements roll up into a single composite result:</p> <ul style="list-style-type: none"> • 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 <p>*OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients (quarterly submission)</p> <p>*OP-22: Patient Left Without Being Seen (annual submission)</p>

*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 10/18/24
- 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?

- View July New MBQIP Measure training recording: <https://krhop.net/quality-mbqip/>
- Start planning
- Pilot collection
- Run reports

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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 2024-2025 Grant (FY24)**

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* Please note Hybrid Hospital-Wide All Cause Readmission, Safe Use of Opioids, Screening for Social Drivers of Health, Screen Positive for Social Drivers of Health, and Hospital Commitment to Health Equity will be required as part of MBQIP reporting in the next grant cycle (FY25).

Updated 09/10/2024

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CAH Quality Program Assessment

- 9/19/24 to 10/18/24
- Including definitions/detailed instructions
- Completed detail was emailed when submitted in 2023
- Please send a copy of your completed survey to ship@kha-net.org

OP Reporting Deadlines

2Q24 Submissions due November 1, 2024

ED Throughput (OP-18) (arrival to departure time)

OP-18 Updated Public Reporting

Set Measure ID #	Performance Measure Name
OP-18a	Median Time from ED Arrival to ED Departure for Discharged ED Patients – Overall Rate
OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients – Reporting Measure
OP-18c	Median Time from ED Arrival to ED Departure for Discharged ED Patients – Psychiatric/Mental Health Patients
OP-18d	Median Time from ED Arrival to ED Departure for Discharged ED Patients – Transfer Patients

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CART OP Sex Demographic Changes

Effective July 1, 2024

- Data Element: Sex
- Changes to Data Element: Sex Assigned at Birth

Select all that apply:

- ~~1 = Male~~
- ~~2 = Assigned/Designated Male at Birth~~
- ~~3 = Female~~
- ~~4 = Assigned/Designated Female at Birth~~
- 5 = LGBTQ
- 6 = Unknown

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CART OP Sex Demographic Changes

Effective July 1, 2024

- Data Element: Sex Assigned at Birth

Allowable Values:

- 1 = Female
- 2 = Male
- 3 = Intersex
- 4 = None of the Above, Other, or Unable to Determine
- 5 = Preferred Not to Answer

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CART OP Sex Demographic Changes

Effective July 1, 2024

Data Element:
Gender Identity

Allowable Values:

Select all that apply:

- 1 = Man
- 2 = Woman
- 3 = Non-binary
- 4 = Transgender
- 5 = None of the Above, Other, or Unable to Determine
- 6 = Preferred Not to Answer

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CART OP Sex Demographic Changes

Effective July 1, 2024
Data Element:
Sexual Orientation

Allowable Values:
1 = Gay
2 = Lesbian
3 = Straight (Not Gay or Lesbian)
4 = Bisexual
5 = None of the Above, Other, or Unable to Determine
6 = Preferred Not to Answer



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OP Reporting Demographic Changes

Section 2 - Alphabetical Data Element List and Data Dictionary

Impacts: Alphabetical Data Dictionary

Rationale: Three data elements (*Sex Assigned at Birth*, *Sexual Orientation*, and *Gender Identity*) are being updated or added in order to bring CMS closer to alignment with best practices and the United States Core Data for Interoperability without requiring additional data collection. The *Sex Assigned at Birth* element [will be] required, while the *Gender Identity* and *Sexual Orientation* elements are voluntary. **This update is effective beginning with July 1, 2024 encounters.** See Data Dictionary for the data element details.

Description of Change(s):

Add: new data elements:

Gender Identity

Sexual Orientation

Change: Sex data element to:

Sex Assigned at Birth

Section 5 - Hospital Outpatient Quality Measure Data Transmission

Impacts: Hospital Outpatient Clinical Data File Layout

Rationale: This update is to include an additional Hospital Outpatient Clinical Data File Layout to accommodate changes effective with July 1, 2024, through December 31, 2024 encounters (Q3 - Q4 2024).

Description of Change(s):

Add: Hospital Outpatient Clinical Data File Layout (Q3 - Q4 2024 reporting period)

Section 6 - Tools and Resources

Impacts: OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

OP-29 Tool

OP-29 Algorithm

OP-29 Denominator Codes

Hospital OQR Specifications Manual
Encounter dates **01-01-24 (1Q24)** through **12-31-24 (4Q24)** v17.0a

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OP Reporting Demographic Changes

The [Hospital Outpatient Quality Reporting Program specifications](#) includes a change in Sex data elements that will impact future OP-18 data submission. The Sex data element will be replaced by the Sex Assigned at Birth data element beginning with **July 1, 2024, encounters**. This will impact OP-18 data abstractions. The Sex data element will continue to be used for abstractions for encounter dates up to June 30, 2024.

The numeric allowable values will be changed for encounters beginning July 1, 2024. This will impact your February 1, 2025, data submission which will need to contain this change from the Sex data element to the Sex Assigned at Birth data element. You will continue to report the Sex data elements for OP-18 for the August 1, 2024, data submission (Q1 2024 encounters) and the November 1, 2024, data submission (Q2 2024 encounters). For CART users you will continue to report as you have using version CART version 1.24.0 until further notice.

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OP Reporting Demographic Changes

What can hospitals do to prepare for this change?

- Inform EMR vendors and IT teams of this change beginning with July 1, 2024, encounters. It is important to align data elements with these changes for ease of abstraction of these encounters for the February 1, 2025, submission.
- CART users can continue using CART version 1.24.0 for submissions of Q1 2024 encounters and Q2 2024 encounters. The RQITA team anticipates a new version of CART will be released for encounters starting July 1, 2024, to use for submission due February 1, 2025.
- Connect with hospital leadership and clinical teams to ensure this information is captured for patient encounters starting July 1, 2024.
- Review the measure specifications. Page 2-48 of the [Hospital Outpatient Measure Specifications](#) version 17.0a contains detailed information regarding the changes.
- Sign up for the CART listserv to be the first to know about changes <https://qualitynet.cms.gov/listserv-signup>.

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EDTC Reporting Deadlines

3Q24 Submissions due November 1, 2024

- July 2024
- August 2024
- September 2024

KS Report is due to FORHP by November 10, 2024

IP Reporting Deadlines

**NO Abstracted
IP Measures**

NEW Kansas to FORHP Reporting Change

- The Federal Office of Rural Health Policy has announced a change to the Kansas annual report
- Every MISSED reporting deadline will have to be 'explained' for each facility
 - If 3Q24 OP-18 is 'N/A' - instead of just Susan R reaching out to ensure a process is in place to avoid missing future deadlines, Kansas will have to 'dig deeper' and report to FORHP what happened that contributed to the omission
 - More details to come



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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 July
- For assistance reading reports, view the QCC recording from May 2023

Kansas

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				Aggregate for All Four Quarters	State Current Quarter			National Current Quarter		Benchmark
	Q1 2022	Q2 2022	Q3 2022	Q4 2022		# CAHs Reporting	Average Current Quarter	90th Percentile	# CAHs Reporting	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%	95%	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%	95%	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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2024 Upcoming Webinars

- SHIP Quarterly Webinars @ noon
 - December 12
- Quality Corner Calls @ noon
 - October 15 – Heartbeat Behind the Headlines – Susan Runyan and Doug Morse
 - November 14 – NRHA Awards, Full SHIP Grant Recognition and Most Improved

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Kansas The Heart of Health KANSAS HOSPITAL ASSOCIATION

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Upcoming Offerings

- Care Transitions Learning Community
 - Informational Webinar September 12
- MBQIP Basics Virtual Training
 - November 8
- ER Work Group – more to come
- HCHE & SDoH Work Group – more to come
- Compliance Work Group – more to come
- Finance Work Group – more to come

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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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Resources

- www.krhop.net
 - SHIP 24-25
 - 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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