



## 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 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)

			Submission Deadline by Encounter Period				
Measure ID	Measure Name	Reported To	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 CAH 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				

<sup>\*</sup> 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 (you must spend money in this area)

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

## **SHIP Purchasing Menu**

- Quality reporting data collection/related training or software
- 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 or medications)
- 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

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## **SHIP Purchasing Menu**

- ICD-11 software
- ICD-11 training
- S-10 Cost Reporting training (charity care)
- Pricing transparency training or software (chargemaster training)
- Efficiency or quality improvement training no projects
  - Patient experience of care
  - Patient safety
  - Immunizations
  - Reducing readmissions, reducing readmission disparities readmission disparities
  - Antibiotic stewardship
  - Discharge planning
  - Hospital safety training and emergency Medicare spending per beneficiary preparedness
  - Lean, IHI Plan/Do/Study/Act, root cause 340B
- Team STEPPS
- Care coordination
- Health information exchange
- Swing bed utilization and quality measures
- · Population health, social determinants
- of health
- Financial and operational strategies
- Efficiency or quality improvement software
  - Medicare spending per beneficiary
  - Non-clinical operations Health information exchange
  - Swing bed utilization and quality
- Care coordination
  - Population health
- Social determinants of health







## 2025 - 2026 SHIP Overview

- FY 25 grant period
  - June 1, 2025 to May 31, 2026
- Funds hospitals are eligible to receive TBD
- Funds must be spent on qualifying purchases during grant period

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## 2025 – 2026 Funding Priorities

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

Meeting MBQIP Requirements (includes HCAHPS)

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

## SHIP Purchasing Menu 25-26

- Quality reporting data collection/related training or software
- 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 or medications)
- 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

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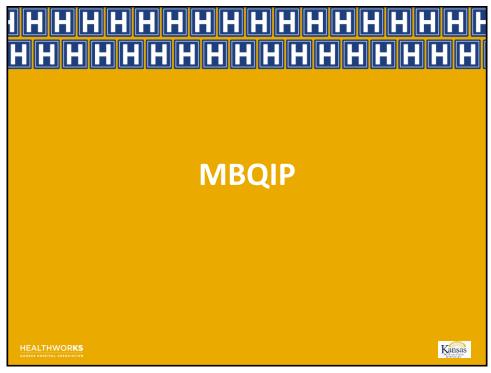


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## SHIP Purchasing Menu 25-26

- ICD-11 software
- ICD-11 training
- S-10 Cost Reporting training (charity care)
- Pricing transparency training or software (chargemaster training)
- Efficiency or quality improvement training no projects Prior Approval Required
  - Patient experience of care
  - Patient safety
  - Immunizations
  - Reducing readmissions, reducing readmission disparities
  - Antibiotic stewardship
  - Discharge planning
  - Hospital safety training and emergency Medicare spending per beneficiary preparedness
  - Lean, IHI Plan/Do/Study/Act, root cause
- Team STEPPS
- Care coordination
- Health information exchange
- Swing bed utilization and quality measures
- Population health, social determinants
- Financial and operational strategies
- Efficiency or quality improvement software
  - Medicare spending per beneficiary
  - Non-clinical operations Health information exchange
  - Swing bed utilization and quality
- Care coordination
- Population health



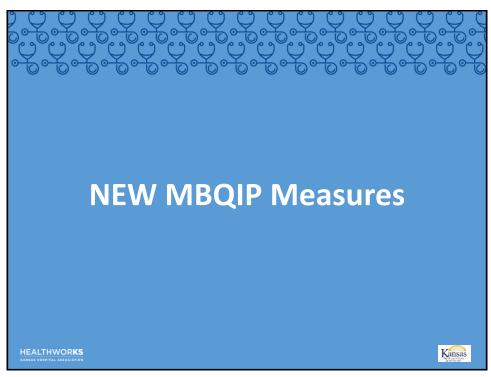


## **MBQIP's Tie to SHIP**

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

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MBQIP 2025 Core Measure Set								
Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department				
*^CAH Quality Infrastructure (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)	^Hybrid Hospital-Wide Readmission (annual submission) ^Social Drivers of Health Screening (annual submission) ^Social Drivers of Health Screening Positive (annual submission)	*Emergency Department Transfer Communication (EDTC) (quarterly submission): *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)				

^Gold tex

\*Blue Text: Measures in the current MBQIP core measure set

+Data collection began in 2023 to inform state Flex quality programs. Data will continue to be collected going forward.

## **ALL Annual MBQIP Submissions**

- CAH Quality Program Assessment and Services Inventory due October 2025
- Safe Use of Opioids Concurrent Prescribing (eCQM) Inpatient CY 2025 due 2/27/26
- 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
- Hybrid Hospital-Wide All Cause Readmission 3Q25 2Q26 due 9/30/26

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## **OP Reporting Deadlines**

1Q25 Submissions due August 1, 2025

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

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# **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 –
OP-18a	Overall Rate
OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients –
OP-180	Reporting Measure
OP-18c	Median Time from ED Arrival to ED Departure for Discharged ED Patients –
OP-18C	Psychiatric/Mental Health Patients
OD 104	Median Time from ED Arrival to ED Departure for Discharged ED Patients –
OP-18d	Transfer Patients

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# **EDTC Reporting Deadlines**

2Q25 Submissions due August 1, 2025

- April 2025
- May 2025
- June 2025

KS Report is due to FORHP by August 10, 2025

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# **IP Reporting Deadlines**

# NO Abstracted IP Measures

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## **2025 HCAHPS Changes**

## **HCAHPS Composite Measures**

- 1. Communication with Nurses (Q1, Q2, Q3)
- 2. Communication with Doctors (Q4, Q5, Q6)
- 3. Restfulness of Hospital Environment (Q8, Q9, Q18)\*
- Care Coordination (Q10, Q11, Q19)\*
- 5. Responsiveness of Hospital Staff (Q13, Q14)\*
- 6. Communication About Medicines (Q16, Q17)
- 7. Discharge Information (Q22, Q23)

#### **HCAHPS Individual Items**

- 8. Cleanliness of Hospital Environment (Q7)
- 9. Information About Symptoms (Q20)\*

#### **HCAHPS Global Items**

- 10. Hospital Rating (Q24)
- 11. Recommend the Hospital (Q25)

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## 2025 Scholarships

- NRHA CAH Conference
  - September 23-26, Kansas City
- Certified Professional in Health Care Quality
  - Reimbursing \$600 for the Prep Package
  - Applications due July 15
  - Application available soon

*Interested? Contact Jennifer Findley* 

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## **2025 Upcoming Webinars**

- SHIP Quarterly Webinars @ noon
  - September 11 and December 11
- Quality Corner Calls @ noon
  - August 13 TBD
  - October 9 TBD
  - November 6 Best Practices and NRHA Awards



## **Upcoming Offerings**

- Antibiotic Stewardship Program Boot Camp Info
   Webinar June 19
- New Quality Director Orientation July 10 & 11

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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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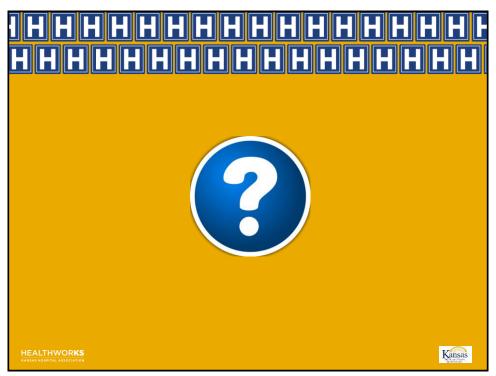
## **Resources**

- www.krhop.net
  - SHIP 24-25
  - Quality
- www.kha-net.org
  - Education
    - Education Brochures
    - Register for Healthworks/KHA Events Online <a href="https://registration.kha-net.org/">https://registration.kha-net.org/</a>

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#### **Contact Us**

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