SHIP Quarterly Webinar
September 3, 2026
Noon – 1 p.m.
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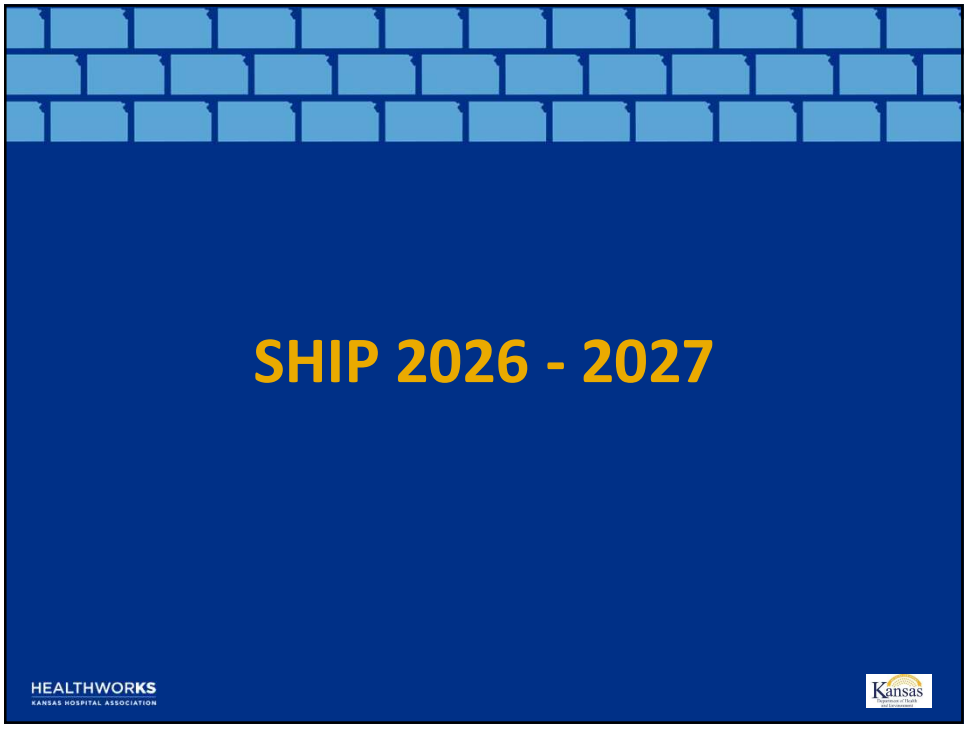
Department of Health and Environment

1


SHIP 2026 - 2027
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2

2026 – 2027 SHIP Overview

- FY 26 grant period
  - **June 1, 2026 to May 31, 2027**
- Funds hospitals are eligible to receive **$12,194.87**
- Funds must be spent on qualifying purchases during grant period
- New this year -- expenses reports need to match up with FY26 application

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3

2026 – 2027 SHIP Milestones

Milestone 1:

- Submission and approval of mid-year expense and activity report
- Due **December 31, 2026**
- Payment Amount **$4,194.87**

Milestone 2:

- Submission and approval of end-of-year SHIP expense and activity report
- Data submission requirements met for Q4/2025 through Q3/2026
- Due **June 15, 2027**
- Maximum Amount Available **$8,000.00**

Grant Period:	June 1, 2026 to May 31, 2027
Total Award:	$12,194.87

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4

Medicare Beneficiary Quality Improvement Project (MBQIP)
Hospital Data Submission Deadlines
Reporting Quarters Applicable to SHIP 2026-2027 Grant (FY26)

Measure ID	Measure Name	Reported To	Submission Deadline by Encounter Period			
			Q4 / 2025 Oct 1 - Dec 31	Q1 / 2026 Jan 1 - Mar 31	Q2 / 2026 Apr 1 - Jun 30	Q3 / 2026 Jul 1 - Sep 30
OP-18	Median time from ED Arrival to ED Departure for Discharged ED Patients	Hospital Quality Reporting (HQR) portal OR Vendor	May 1, 2026	August 1, 2026	November 1, 2026	February 1, 2027
OP-22	Patient left without being seen	Hospital Quality Reporting (HQR) portal	May 17, 2027 (Aggregate based on full calendar year 2026)			
HCAHPS	Hospital Consumer Assessments of Healthcare Providers and Systems	Hospital Quality Reporting (HQR) portal via Vendor	April 8, 2026	July 8, 2026	October 14, 2026	January 13, 2027
Hybrid HWR	Hybrid Hospital-Wide All Cause Readmission	Hospital Quality Reporting (HQR) portal via Vendor	October 1, 2026 (Q3 2025 to Q2 2026 data)			
Safe Use of Opioids	Safe Use of Opioids - Concurrent Prescribing (eCQM)	Hospital Quality Reporting (HQR) portal	March 1, 2027 (Calendar year 2026 data)			
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	National Healthcare Safety Network (NHSN)	March 1, 2027 (Survey year 2026)			
HCP/IMM-3	Influenza vaccination coverage among health care personnel	National Healthcare Safety Network (NHSN)	May 15, 2027 (Aggregate based on Q4 2026/Q1 2027)			
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	Flex Monitoring Team (FMT) via Qualtrics	October 16, 2026			

* Please note these are subject to change at any time during the grant cycle with directive from the Federal Office of Rural Health Policy and will be updated as soon as changes are known

Updated 05/29/26

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2026 – 2027 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

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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 **- Prior Approval Required**
  - Patient safety
  - Immunizations
  - Reducing readmissions
  - 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
  - Medicare spending per beneficiary
  - Financial and operational strategies
  - 340B
- Quality improvement software
  - Medicare spending per beneficiary
  - Non-clinical operations
  - Swing bed utilization and quality measures
  - Care coordination
  - Population health
  - **Health information exchange**

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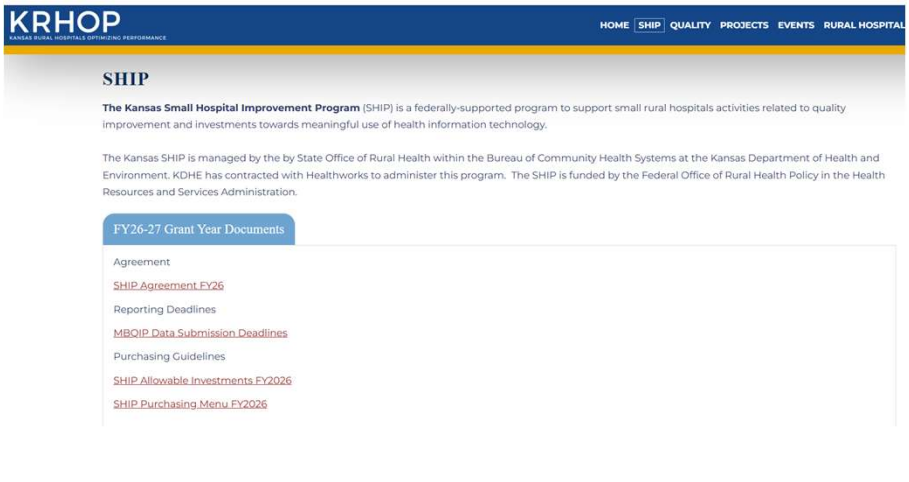
8

Kansas FY26 SHIP – www.krhop.net



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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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Upcoming Reporting Submission Deadlines

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12

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Updated 05/29/26

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13

HHWR

- July 1, 2025 to June 30, 2026
- Due October 1, 2026
- Submit QRDA 1 File in HQR

Five Linking Variables
CMS Certification Number (CCN)
Medicare Beneficiary Identifier (MBI)
National Provider Identifier (NPI) for MA patients
Inpatient Admission Date
Discharge Date

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14

HHWR

CCDEs	Data Elements	Data Capture Workflow	Code Type
	Body Temperature Body Weight Heart Rate Oxygen Saturation by Pulse Oximetry Respiratory Rate Systolic Blood Pressure	Clinical Documentation	LOINC
	Bicarbonate Lab Test Creatinine Lab Test Glucose Lab Test Hematocrit Lab Test Potassium Lab Test Sodium Lab Test White Blood Cells Count Lab Test	Lab	LOINC

15

OP Reporting Deadlines

2Q26 Submissions due November 1, 2026

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

16

EDTC Reporting Deadlines

3Q26 Submissions due November 1, 2026

- July 2026
- August 2026
- September 2026

KS Report is due to FORHP by November 10, 2026

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CAH Quality Program Assessment

- 9/15/26 to 10/16/26
- Including definitions/detailed instructions
- Completed detail was emailed when submitted in 2025
  - subject line "Thank you for your response - 2025 CAH Assessment" and was sent from "fmtdata@umn.edu."
- Please send a copy of your completed survey to ship@kha-net.org

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IP Reporting Deadlines

NO Abstracted IP Measures

*IP CART is going away

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Medicare Beneficiary Quality Improvement Project (MBQIP)
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ECAT Measure Specifications

Denominator	All ED visits that end during the measurement period for all patients
Numerator	ED visits where the patient experiences any of the following quality gaps in access: 1. The patient was not placed or waited longer than 60 minutes after arrival to the ED to be placed in a treatment room or dedicated treatment area that allows for audiovisual privacy during history-taking and physical examination, or 2. The patient left the ED without being evaluated by a physician, advanced practice nurse, or physician's assistant, or 3. The patient was boarded in the ED for longer than 240 minutes[1], or 4. The patient had an ED length of stay (LOS) (time from ED arrival to time ED departure) of longer than 480 minutes[1].

[1] ED encounters with ED observation stays are excluded from numerator criteria #3 (boarding) and #4 (ED LOS).

18

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ECAT Measure Numerator 3

The definition for "boarding" is different in the Hospital OQR Program and REH Quality Reporting Program versions of the ECAT measure.

Program	CMS eCQM ID	Boarding Definition
REH Quality Reporting	1264	Time from **Decision to Transfer** order to ED departure for **transferred** patients
Hospital OQR	1244	Time from **Decision to Admit** order to ED departure for **admitted** patients

A **Decision to Admit** can be captured using any of the following:

- An evaluation that results in a decision to admit
- An order to admit to inpatient
- An order for a bed assignment
- Start of inpatient admission

19

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ECAT Measure Stratification

Stratified by Age and Mental Health Principal Diagnosis [1]

Stratification	Age at Start of ED Encounter
Pediatric with No Mental Health Diagnosis	<18
Adult With No Mental Health Diagnosis	≥ 18
Pediatric with Mental Health Diagnosis	<18
Adult with Mental Health Diagnosis	≥ 18

[1] List of clinical codes included can be found on the Value Set Authority Center (VSAC) at https://vsac.nlm.nih.gov/. Click on the "Search Value Sets" tab and enter the value set ID (2.16.840.1.113762.1.4.1046.285) to review codes included in the respective value set.

20

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23

Hospital OQR Program ECAT Measure Sample Calculation

Scenario 1

Patient aged **25 arrives at ED** at **1pm.** Triage nurse takes **vital signs and brief history in the ED hallway at 1:30pm. ED encounter ends** at 4pm has a discharge disposition of **"left without being seen."**

Numerator 1: Time to Treatment Room > 60 Min or Missing	Numerator 2: Left Without Being Seen	Numerator 3: Boarding > 240 min	Numerator 4: ED LOS > 480 min
✓	✓	X	X

ED encounter meets numerator #1 and numerator #2 as the patient was not placed in a treatment room and has a discharge disposition of "left without being seen".

Scenario 2

Patient aged **5 arrives** with parents **at ED** at **5pm.** Child is placed in an ED room at 5:15pm. NP decides to **admit child for observation in the ED at 6:30pm**. Child is **discharged and leaves the ED** at **1:18am**.

Numerator 1: Time to Treatment Room > 60 Min or Missing	Numerator 2: Left Without Being Seen	Numerator 3: Boarding > 240 min	Numerator 4: ED LOS > 480 min
X	X	N/A	N/A

Although the ED LOS exceeds 480 minutes, observation stays are not evaluated for numerators #3 and #4.

21

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24

Hospital OQR Program
ECAT Measure Sample Calculation

Scenario 3

Patient aged **65 arrives at ED** at **9am with dementia-related psychosis**. Patient is placed in a **treatment room** at **9:45am.** Doctor signs an **admit order** at **10:30am,** but no inpatients beds are available. **ED encounter ends** at **3:20pm**, when **patient leaves the ED and is admitted as an inpatient**.

Numerator 1: Time to Treatment Room > 60 Min or Missing	Numerator 2: Left Without Being Seen	Numerator 3: Boarding > 240 min	Numerator 4: ED LOS > 480 min
X	X	✓	X

ED encounter meets numerator #3 since time from the "Decision to Admit" order to ED departure (380 minutes) exceeds 240 minutes.

Scenario 4

Patient aged **35 arrives at ED** at **11am and** is **placed in** an **ED room** at **12:05pm.** Patient is **discharged and leaves the ED** at **3pm**.

Numerator 1: Time to Treatment Room > 60 Min or Missing	Numerator 2: Left Without Being Seen	Numerator 3: Boarding > 240 min	Numerator 4: ED LOS > 480 min
✓	X	X	X

ED encounter meets numerator #1, since time to treatment room (65 minutes) exceeds 60 minutes.

22

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Hospital OQR Program
ECAT Measure Sample Calculation

Scenario	Numerator 1: Time to Treatment Room > 60 Min or Missing	Numerator 2: Left Without Being Seen	Numerator 3: Boarding > 240 Min	Numerator 4: ED LOS > 480 min
1	✓	✓	X	X
2	X	X	N/A	N/A
3	X	X	✓	X
4	✓	X	X	X

$$\text{Overall Measure Score} = \frac{\text{Numerator}}{\text{Denominator}} = \frac{3}{4} = 75\%$$

23

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26

Hospital OQR Program
ECAT Measure Sample Calculation

Scenario	Numerator	Age	Mental Health Diagnosis
1	✓	≥18	X
2	X	<18	X
3	✓	≥18	✓
4	✓	≥18	X

Stratified Measure Score

Stratification	Numerator	Denominator	Measure Score
Pediatric with No Mental Health Diagnosis	0	1	0%
Adult With No Mental Health Diagnosis	2	2	100%
Adult With Mental Health Diagnosis	1	1	100%

24

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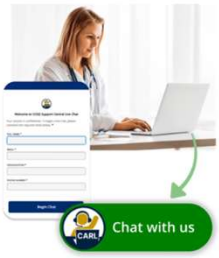
27

HQR – Chat and Resource Line (CARL)

Getting help in HQR is now easier than ever. CARL live chat is now available throughout the HQR portal, making it simple to connect with an HQR live representative without interrupting your workflow.

When you start a chat, you'll first be greeted by the CARL virtual agent, which will ask a few quick questions to better understand your request before seamlessly connecting you with a Live Representative.



With the CARL virtual agent feature, you can:

- Connect with an HQR live representative directly from anywhere within the HQR portal.
- Receive support for nearly all HQR-related questions and issues.
- Securely share screenshots and attachments to help explain your issue and speed resolution.
- Get assistance with account access, password resets, and other HQR support needs.

To get started, select the green **Chat with us** button available throughout the HQR site and follow the prompts to begin your conversation.

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28

Upcoming Offerings

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29

2026 careLearning Courses

HCAHPS Survey Education Series

- Introduction to the HCAHPS Survey Series
- Your Care From Nurses
- Your Care From Doctors
- The Hospital Environment
- Your Care in this Hospital
- Responsiveness of Staff
- Communication about Medication
- Leaving the Hospital
- Overall Rating of the Hospital

AI Fluency Series

- Intro to Prompts
- Legal and Ethical Concerns
- AI Business Essentials Part 1: ChatGPT
- AI Business Essentials Part 2: Microsoft Copilot
- Data Privacy
- Intro to Generative AI

Contact Jennifer Findley if interested

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30

2026 Upcoming Webinars

- Corporate Compliance Informational Webinar
  - September 22 @ 1000
- SHIP Quarterly Webinars
  - December 3 @ noon
- Quality Corner Calls @ noon
  - October 1
  - November 17
- MBQIP Basics - 10 am to noon
  - November 24

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Upcoming Networking Groups

- Swing Bed Networking Group – 1 to 2 p.m.
  - October 14
  - March 3
- Community Health Networking Group – 10 to 11 a.m.
  - November 4
  - December 2

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32

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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33

Resources

- www.krhop.net
  - SHIP 26-27
  - Quality
- www.kha-net.org
  - Education
    - Education Brochures
    - Register for Healthworks/KHA Events Online https://registration.kha-net.org/

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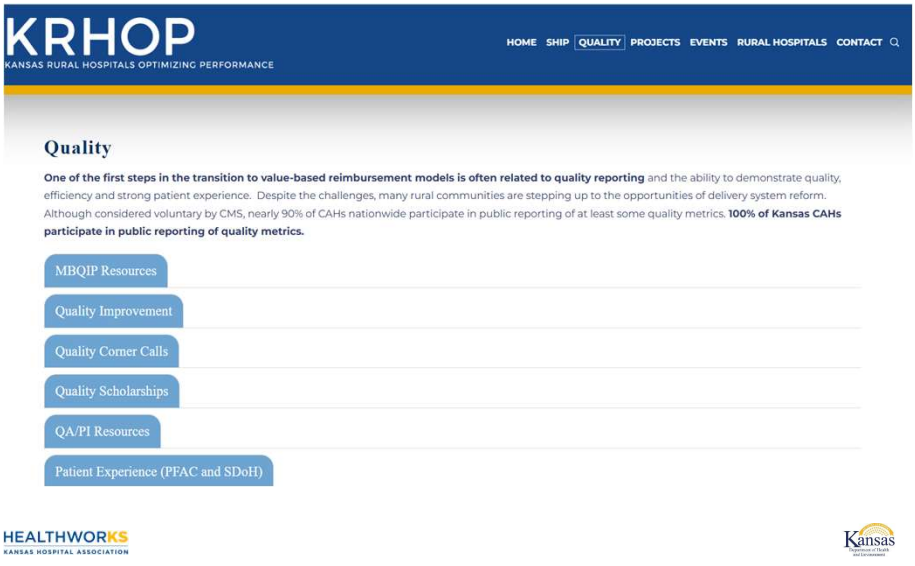
34

www.KRHOP.net



35

36

Contact Us

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37

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38