

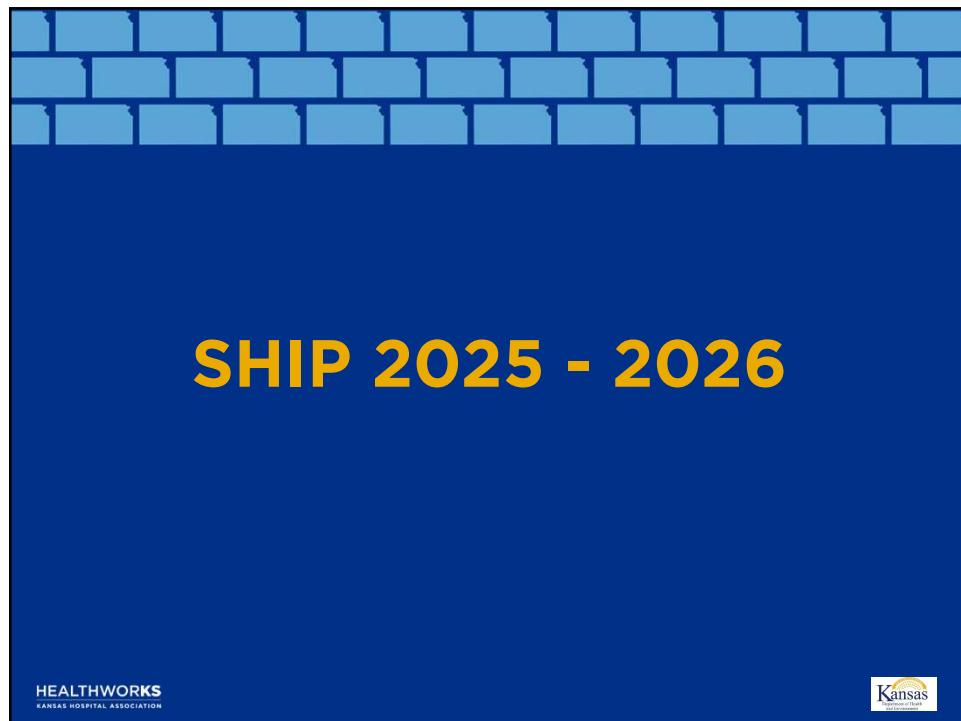


SHIP Quarterly Webinar
September 11, 2025
Noon – 1 p.m.

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 KANSAS HOSPITAL ASSOCIATION

Kansas
 Department of Health
 and Environment

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SHIP 2025 - 2026

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2025 – 2026 SHIP Overview

- FY 25 grant period
 - **June 1, 2025 to May 31, 2026**
- Funds hospitals are eligible to receive **\$10,477.09**
- Funds must be spent on qualifying purchases during grant period

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2025 – 2026 SHIP Agreement

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

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2025 – 2026 SHIP Milestones

Milestone 1:

- Submission and approval of mid-year expense and activity report
- Due **December 31, 2025**
- Payment Amount **\$3,477.09**

Milestone 2:

- Submission and approval of end-of-year SHIP expense and activity report
- Data submission requirements met for Q4/2024 through Q3/2025
- Due **June 30, 2026**
- Maximum Amount Available **\$7,000.00**

Grant Period: June 1, 2025 to May 31, 2026

Total Award: \$10,477.09

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Medicare Beneficiary Quality Improvement Project (MBQIP) Hospital Data Submission Deadlines Reporting Quarters Applicable to SHIP 2025-2026 Grant (FY25)

Measure ID	Measure Name	Reported To	Submission Deadline by Encounter Period			
			Q4 / 2024 Oct 1 - Dec 31	Q1 / 2025 Jan 1 - Mar 31	Q2 / 2025 Apr 1 - Jun 30	Q3 / 2025 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, 2025	August 1, 2025	November 1, 2025	February 1, 2026
OP-22	Patient left without being seen	Hospital Quality Reporting (HQR) portal	May 15, 2026 (Aggregate based on full calendar year 2025)			
HCAHPS	Hospital Consumer Assessments of Healthcare Providers and Systems	Hospital Quality Reporting (HQR) portal via Vendor	April 2, 2025	July 9, 2025	October 8, 2025	January 14, 2026
HCP/IMM-3	Influenza vaccination coverage among health care personnel	National Healthcare Safety Network (NHSN)	May 15, 2026 (Aggregate based on Q4 2025/Q1 2026)			
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	National Healthcare Safety Network (NHSN)	March 1, 2026 (Survey year 2025)			
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 17, 2025			
Safe Use of Opioids	Safe Use of Opioids - Concurrent Prescribing (eCQM)	Hospital Quality Reporting (HQR) portal	March 2, 2026 (4 quarters of data: Q1 2025, Q2 2025, Q3 2025, Q4 2025)			

*Please note Hybrid Hospital-Wide All Cause Readmission will be required as part of MBQIP reporting in the next grant cycle (FY26)

** 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 08/08/25

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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

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 preparedness
 - Lean, IHI Plan/Do/Study/Act, root cause analysis
 - 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
 - Team STEPPS
 - Medicare spending per beneficiary
 - Non-clinical operations
 - Health information exchange
 - Swing bed utilization and quality measures
 - Care coordination
 - Population health
 - **Social determinants of health**
 - Health Information Exchange

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Kansas FAQs for FY25 SHIP – www.krhop.net

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KANSAS RURAL HOSPITALS OPTIMIZING PERFORMANCE

HOME SHIP QUALITY

SHIP

The **Kansas Small Hospital Improvement Program (SHIP)** is a federally-supported program to support small rural improvement and investments towards meaningful use of health information technology.

The Kansas SHIP is managed by the by State Office of Rural Health within the Bureau of Community Health System Environment. KDHE has contracted with Healthworks to administer this program. The SHIP is funded by the Federal Resources and Services Administration.

25-26 Grant Year Documents

24-25 Grant Year Documents

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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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New Annual MBQIP Submissions

- CAH Quality Program Assessment and Services Inventory – due 10/17/25
- Safe Use of Opioids – Concurrent Prescribing (eCQM) – Inpatient – CY 2025 due 2/27/26
- Hybrid Hospital-Wide All Cause Readmission – 3Q25 – 2Q26 due 9/30/26

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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 2025-2026 Grant (FY25)**

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Updated 08/08/25

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OP Reporting Deadlines

2Q25 Submissions due November 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 – 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

EDTC Reporting Deadlines

3Q25 Submissions due November 1, 2025

- July 2025
- August 2025
- September 2025

KS Report is due to FORHP by November 10, 2025

CAH Quality Program Assessment

- 9/15/25 to 10/17/25
- Including definitions/detailed instructions
- Completed detail was emailed when submitted in 2024
 - subject line “Thank you for your response - 2024 CAH Assessment” and was sent from “fmtdata@umn.edu.”
- Please send a copy of your completed survey to ship@kha-net.org

IP Reporting Deadlines

**NO Abstracted
IP Measures**

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)*
4. 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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Proposed OPPS Rule

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April 2024 MUD List

Hospital Measures under Development

Measure Name	Potential Program(s)	Measure Type
Emergency Care Capacity (Median Time from ED Admission to Discharge)	Hospital Outpatient, Rural Emergency Hospitals	Process
Health Disparity Index	Hospital Inpatient	Index
Addressing Social Needs	Hospital Inpatient & Outpatient, MIPS, Medicaid	Outcome
Patient Safety Goals/Advance Directive	Hospital Inpatient	Process
Patient Safety Structural Measure (included questions on Drug shortage)	Hospital Inpatient, Promoting Interoperability (PI)	Structural
Patient Harm - Composite	Inpatient	Composite
Sepsis Outcome Measure	Hospital Inpatient	Outcome
Medication-Related Bleeding	Hospital Inpatient, PI	Outcome
Excess Days in Acute Care (EDAC)	Hospital Readmissions Reduction	Outcome
Pulmonary Embolism/ Deep Vein Thrombosis (Re-specification of PSI 12)	Hospital Inpatient, PI	Outcome
Transplant Measure (PSWR)	End Stage Renal Disease (ESRD), MIPS	Process
Bone/mineral measure	ESRD	Outcome
Oral Health	Hospital Inpatient	Process

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December 2024 MUC List

Emergency Care Capacity and Quality (ECCQ)

This measure captures the proportion of Emergency Department (ED) visits where patients (all ages, all payers) experienced any one of four quality gaps in access:

1. The patient waited longer than 1 hour 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/physician's assistant, or
3. The patient boarded (time from Decision to Admit [order] to ED departure for admitted patients) in the ED for longer than 4 hours, or
4. The patient had an ED length of stay (LOS) (time from ED arrival to ED physical departure as defined by the ED depart timestamp) of longer than 8 hours.

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Calendar Year 2026 Hospital Outpatient Prospective Payment System (OPPS)

CMS is proposing to adopt the Emergency Care Access & Timeliness electronic clinical quality measure (eCQM) beginning with voluntary reporting for the CY 2027 reporting period followed by mandatory reporting beginning with the CY 2028 reporting period/CY 2030 payment determination.

Furthermore, CMS is proposing to remove: (1) the Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients (Median Time for Discharged ED Patients) measure and (2) Left Without Being Seen measure, beginning with the CY 2028 reporting period/CY 2030 payment determination, contingency on the Emergency Care Access & Timeliness eCQM being finalized as proposed.

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What now?



More to come.....

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2025 Scholarships

- NRHA CAH Conference
 - September 23-26, Kansas City

Interested? Contact Susan Holmes

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Kansas The Heart of Health

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2025 Upcoming Webinars

- SHIP Quarterly Webinars @ noon
 - December 11
- Quality Corner Calls @ noon
 - October 9 – Getting Your Board On Board
 - November 6 – Best Practices and NRHA Awards

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Upcoming Offerings

- KDHE Facilities & Licensing Quarterly Webinar – September 18 and December 18
 - https://us02web.zoom.us/webinar/register/WN_ODKnXwipTjm3RLjUEzP_9g#/registration
- Kansas Health Impact Conference – Oct. 23, Manhattan
<https://www.kfmc.org/2025-khic/>

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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

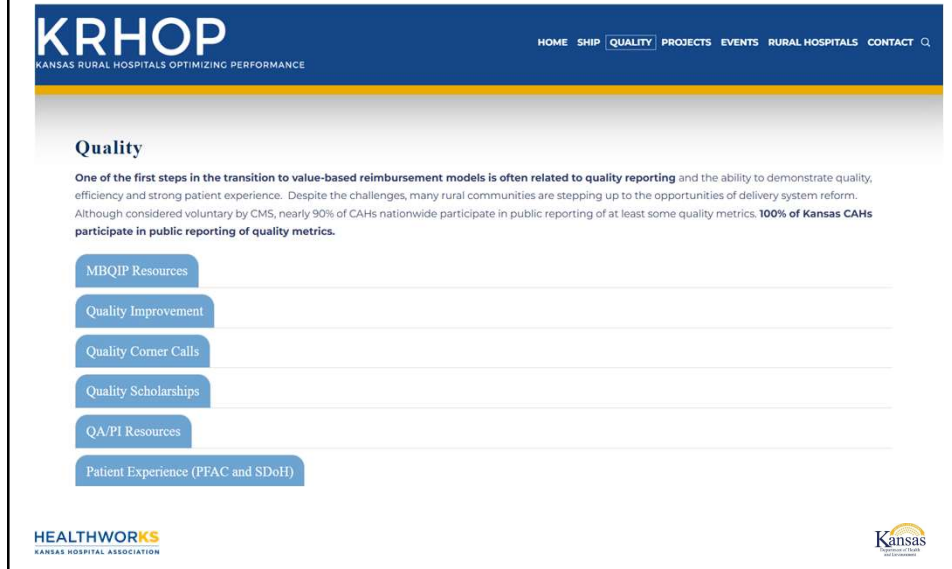
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Resources

- www.krhop.net
 - SHIP 25-26
 - Quality
- www.kha-net.org
 - Education
 - Education Brochures
 - Register for Healthworks/KHA Events Online
<https://registration.kha-net.org/>

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www.KRHOP.net Updates



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HOME SHIP **QUALITY** PROJECTS EVENTS RURAL HOSPITALS CONTACT

Quality

One of the first steps in the transition to value-based reimbursement models is often related to **quality reporting** and the ability to demonstrate quality, efficiency and strong patient experience. Despite the challenges, many rural communities are stepping up to the opportunities of delivery system reform. Although considered voluntary by CMS, nearly 90% of CAHs nationwide participate in public reporting of at least some quality metrics. **100% of Kansas CAHs participate in public reporting of quality metrics.**

- MBQIP Resources
- Quality Improvement
- Quality Corner Calls
- Quality Scholarships
- QA/PI Resources
- Patient Experience (PFAC and SDoH)

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Funding Acknowledgement

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1.2M with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).



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