



### 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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3

### Milestone 1 - Mid-Year Report

- Mid-Year Reports are being sent from Healthworks on December 12 to CEOs and SHIP Contacts
- Excel format
- Due December 31
- Review the sample
- "Less is best"
- Please reach out with questions

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Small Hospital Improvement Program Mid-year Expense and Activity Report					Due Date: Decen Grant Period: June 1, 2025 -	
Hospital Name						
Date Submitted, 202	15					
All three sections are required rega	rdless of expend	diture of funds	. The total grant award is \$	10,477.09		
SECTION 1 INSTRUCTIONS: Put an X in t Mid-year Report.	the box to the right	of the most app	ropriate statement for your ho	spital related to this		
My hospital is reporting no funds exp		will be reporter	d on the Year-End Report.			
My hospital is reporting partial funds						
My hospital is reporting all funds expend	led on this Mid-Yea	ir Heport.	A 1100 MOVE TO 1800			
2025-2026 SHIP Purchasing Menu Item				did you use Please list vendor and/o education program.	Were funds used as part of a network r name of group activity? (yes/no)	_
Quality reporting data collection/related training or software						]
MBQIP data collection process/related						1
framing (including HCAHPS) Provider based climb-based (Runal Meach)	-		+			-
Ciric) quality measures education						1
Alternative payment model and quality payment program training/education						
Computerized provider order entry						1
Implementation and/or training Pharmacy services training.					-	1
tardware/software and machines (not othermatist services or medications)						
Population health or disease registry training						1
and/or software/hardware Social drivers of health screening	-		+			-
software/training						1
Systems performance training in support of ACO or shared savings related in trainings						1
Telehealth and mobile health hardware/						1
software (not transcommunications) Community savamed cane training and/or	-		-			4
no-dwore/software						_
Hauth information technology fraining for						1
value and ACOs, including training/ software	1 1				I	
and risk assessments associated with						

### 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





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

			Submission Deadline by Encounter Period					
Measure ID	Measure Name	Reported To	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 Monitoriing 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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7

## 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

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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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9

### **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 stewardshipDischarge planning
  - Hospital safety training and emergency preparedness
  - Lean, IHI Plan/Do/Study/Act, root cause analysis
  - Team STEPPS

- Health information exchange
- Swing bed utilization and quality measures
- Population health
   Modicare spending p
- Medicare spending per
- beneficiaryFinancial and operational
- strategies
- 340B
- Quality impriowernent 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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### 2026-2027 Preparation

- Applications distributed Jan. 5
  - Information collected via Excel
- 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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13



### **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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15



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17

# **OP Reporting Deadlines**

### **3Q25 Submissions due February 1, 2026**

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

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### **EDTC Reporting Deadlines**

# 4Q25 Submissions due February 1, 2026

- October 2025
- November 2025
- December 2025

KS Report is due to FORHP by February 10, 2026

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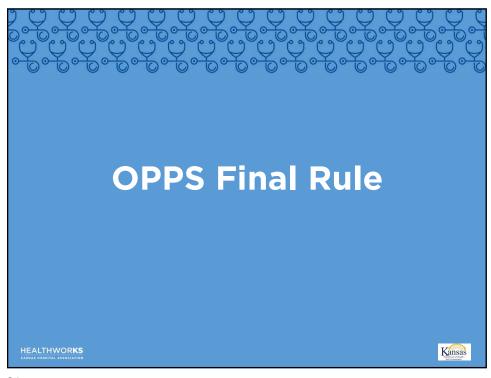
19

## **IP Reporting Deadlines**

# NO Abstracted IP Measures \*IP CART is going away

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# **Measure Overview**

The Emergency Care Access & Timeliness eCQM calculates the proportion of four outcome metrics that quantify access to and timeliness of care in an emergency department (ED) setting against specified thresholds:

- · Patient wait time 1 hour
- · Patient left the ED without being evaluated
- Patient boarding time in the ED (as defined by a Decision to Admit (order) to ED departure for admitted patients) – 4 hours
- Patient ED Length of Stay (LOS) which is the time from ED arrival to ED physical departure, as defined by the ED departure timestamp – 8 hours

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### **Upcoming Offerings**

- Population Health Networking Group
  - December 12 and January 9
  - 1000 to 1100
  - https://us02web.zoom.us/meeting/register/-H2Ov4LUTfOqb2chejXb5w
- KDHE Facilities & Licensing Quarterly
   Webinar December 18
  - https://us02web.zoom.us/webinar/register/ WN 0DKnXwipTjm3RLjUEzP 9g#/registrati





25

### **Upcoming Offerings**

- Patient Satisfaction Learning Community Informational Webinar - January 27
- Corporate Compliance Cohort Informational Webinar - TBD

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### **2026 Upcoming Webinars**

- SHIP Quarterly Webinars @ noon
  - March 3, June 3, September 3, and December 3
- Quality Corner Calls @ noon
  - January 8 From Burnout to Balance: Practical Resilience for 2026
  - February 3 TBD

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27

### 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/

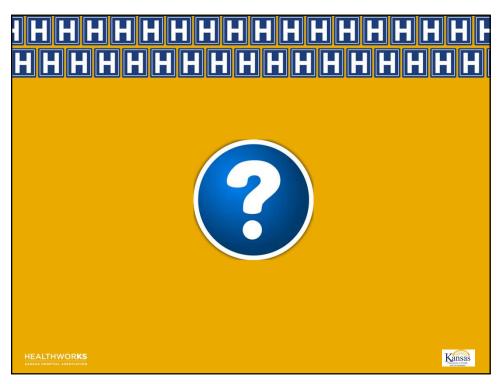
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29

# WWW.KRHOP.net Updates NAME SHIP QUALITY PROJECTS EVENTS RUBAL HOSPITALS CONTACT Q ANNEAS BUBAL HOSPITALS OPTIMIZING PERFORMANCE No 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, rearly 90% of CAH's nationwide participate in public reporting of at least some quality metrics. 100% of Kansas CAH's participate in public reporting of quality metrics. MBQIP Resources Quality Corner Calls Quality Scholarships QAPI Resources Patient Experience (PFAC and SDoH)





### **Contact Us**

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33

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