

# QUALITY REPORTING GUIDE for KANSAS CRITICAL ACCESS HOSPITALS



Updated May 2024



## INTRODUCTION

Since 2003, the QHi benchmarking program has supported rural hospitals and clinics across the country. Critical Access Hospitals comprise over 75 percent of QHi participants. The QHi team developed this guide in response to the often-posed question, “As a CAH, what quality measures are required to report?”

There are many benefits to participating in a quality program, the most important being improved quality of patient care. All are voluntary but, depending on the program, participation may result in a financial impact. Federally funded programs often require reporting of particular quality measures as do state and local health insurers.

## ABOUT THE GUIDE

Quality experts at all levels were engaged to build this guide. We offer special thanks to the [Oregon Office of Rural Health](#) for generously sharing their document. This guide is adapted with permission from the Critical Access Hospital Quality Reporting Overview Guide, produced by the Oregon Office of Rural Health in partnership with Runyan Health Care Quality Consulting and Comagine Health.

Many others volunteered their time and expertise. Contributors and resources are listed here. Designed to assist quality staff at hospitals, this guide can also act as a template for network and state leadership to develop a customized guide supporting local, regional and state quality initiatives.

*If customizing and distributing the guide, we thank you for acknowledging QHi, the Kansas Hospital Association and Healthworks as the source.*

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Updated May 2024



Quality Reporting for Critical Access Hospitals

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HEALTHWORKS

Founded by the Kansas Hospital Association (KHA), Healthworks, educates partners, brings groups together and finds funding to provide services to change health care for the better. We believe that with bold ideas and brave leadership, anything is possible.

Our initiatives further our mission of optimal health for Kansans through facilitating collaboration and innovation. Projects include QHi and a partnership with the Kansas Department of Health and Environment to manage the FLEX and SHIP programs for Kansas.

In Kansas, the fees associated with participation in QHi are supported by the FLEX program which is funded by the Federal Office of Rural health.

NEW QUALITY DIRECTOR ORIENTATION

Each summer the Kansas FLEX program coordinates an orientation program to assist individuals new to the role of quality, data abstraction or data reporting. Topics discussed include developing a quality program, quality improvement initiatives active in Kansas and the organizations that support these initiatives. For more information on this program, contact Susan Runyan at [srunyan@kha-net.org](mailto:srunyan@kha-net.org)



# MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT (MBQIP)

## PROGRAM OVERVIEW

The Medicare Beneficiary Quality Improvement Project is a [federal grant program](#) to support Critical Access Hospitals to report common, rural-relevant quality measures appropriate to low-volume hospitals.

MBQIP provides an opportunity for individual hospitals to look at their own data, compare their results against other hospitals, and partner with other hospitals around quality improvement initiatives to improve outcomes and provide higher quality care to patients.

## SOURCE

- [Health Resources and Services Administration](#)
- [Federal Office of Rural Health Policy](#)

## IMPACT

Participation is required to receive support from the Kansas Small Hospital Improvement Program (SHIP). As Centers for Medicare and Medicaid Services continues to promote a value-based health care system, it is more important than ever for Critical Access Hospitals to participate in federal, public quality reporting programs to demonstrate the quality of care they are providing.



Participation in MBQIP allows Critical Access Hospitals to receive SHIP funds ranging between \$9,000 and \$12,000 to use on initiatives including quality and operational improvements.

## LOCAL SUPPORT

[Kansas Rural Hospital Optimizing Performance](#)

## SHIP OPPORTUNITIES IN KANSAS

SHIP funds may be used for various activities. Please access the [KRHOP website](#) for a complete SHIP Purchasing Menu.

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# MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT (MBQIP)

## DATA SUBMISSION PROCESS

The Federal Office of Rural Health Policy (FORHP) draws quality data from several sources to support MBQIP. Emergency Department Transfer of Communications (**EDTC**) measures are abstracted through an Excel tool developed by Stratis Health. The Excel file is then uploaded to QHi.

**CMS Measures** are abstracted through CART or another abstraction tool. Hospitals then export the abstracted data to QualityNet (QNet).

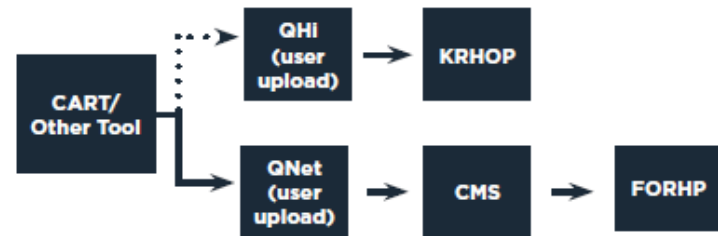
**HCAHPS** results are submitted by an approved HCAHPS vendor to the CMS QualityNet Clinical Data Warehouse.

Hospitals abstract healthcare associated infection measures through the National Healthcare Safety Network (NHSN). **NHSN** data is uploaded on behalf of Kansas hospitals to QHi for monthly performance tracking for all Kansas hospitals conferring rights to KHA and/or KHC.

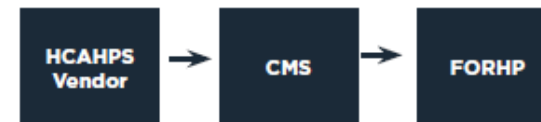
### EDTC Measures



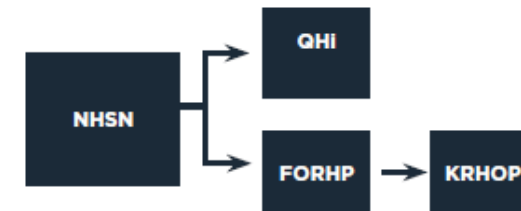
### CMS Measures



### HCAHPS Measures



### NHSN Measures



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# MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT (MBQIP)

Measure	Description	Reporting Method
Patient Safety/Inpatient		
HCP/IMM-3	Influenza Vaccination Coverage Among Health Care Personnel	<a href="#">National Healthcare Safety Network</a>
Antibiotic Stewardship	Kansas MBQIP participants complete the annual facility survey on the NHSN website to successfully meet this measure.	<a href="#">National Healthcare Safety Network</a>
Patient Engagement: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics. The survey is 29 questions in length.		
HCAHPS	<ul style="list-style-type: none"> <li>• Communication with Nurses</li> <li>• Communication with Doctors</li> <li>• Responsiveness of Hospital Staff</li> <li>• Communication about Medicines</li> <li>• Cleanliness of the Hospital Environment</li> <li>• Quietness of the Hospital Environment</li> <li>• Discharge Information</li> <li>• Transition of Care</li> <li>• Overall Rating</li> <li>• Willingness to Recommend</li> </ul>	<a href="#">Quality Net via HCAHPS vendor</a> or self-administered if in compliance with program requirements

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# MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT (MBQIP)

Measure	Description	Reporting Method
Care Transitions: Emergency Department Transfer Communication		
EDTC-1	Home Medications	Abstract through the Stratis tool then upload to QHi
EDTC-2	Allergies and/or Reactions	
EDTC-3	Medications Administered in Emergency Department	
EDTC-4	Emergency Department Provider Note	
EDTC-5	Mental Status/Orientation Assessment	
EDTC-6	Reason for Transfer and/or Plan of Care	
EDTC-7	Tests and/or Procedures Performed	
EDTC-8	Tests and/or Procedures Results	
ALL EDTC	Composite of All 8 Data elements (EDTC 1-8)	
ED Throughput:		
OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients	QualityNet via Outpatient CART/Vendor
OP-22	Patient Left Without Being Seen	QualityNet via Data Form

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# HOSPITAL INPATIENT QUALITY REPORTING PROGRAM (IQR)

## PROGRAM OVERVIEW

The Hospital Inpatient Quality Reporting Program is intended to equip consumers with quality of care information to make more informed decisions about health care options. It also is intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to all patients.

IQR includes inpatient measures collected and submitted by acute care hospitals paid under Prospective Payment System and claims-based inpatient measures calculated by the Centers for Medicare and Medicaid Services.

## SOURCE

[Centers for Medicare and Medicaid Services](#)

## IMPACT

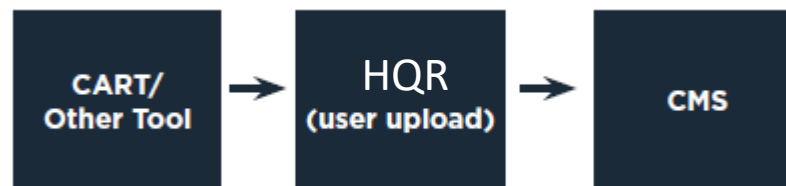
To be eligible for SHIP funding, Critical Access Hospitals must report select measures from the IQR program in compliance with the Medicare Beneficiary Quality Improvement Project requirements. Collecting data on these measures also can help with internal tracking for the hospital on patient safety measures and quality of care.

## LOCAL SUPPORT

[Kansas Rural Hospital Optimizing Performance](#)



## DATA SUBMISSION PROCESS



*Option 1:* Contract and authorize a vendor for data extraction and submission.

*Option 2:* Extract data from your Electronic Medical Record System and use CART or other quality measure abstraction tool for upload and submission of data to Centers for Medicare and Medicaid Services via QualityNet.

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# HOSPITAL INPATIENT QUALITY REPORTING PROGRAM (IQR)

Hospital Inpatient Quality Reporting Program Measures		
Measure	Description	Data Source
National healthcare Safety Network Measure		
HCP	Influenza Vaccination Coverage Among Healthcare Personnel	NHSN
HCP COVID-19 Vaccination	COVID-19 Vaccination Coverage Among Health Care Personnel	NHSN
Chart-Abstracted Clinical Process of Care		
PC-01	Elective Delivery	Medical Record
Sepsis	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	Medical Record
EHR-Based Clinical Process of Care (eQMs)		
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	EHR
PC-05	Exclusive Breast Milk Feeding	EHR
STK-02	Discharged on Antithrombotic Therapy	EHR
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	EHR
STK-05	Antithrombotic Therapy by the End of Hospital Day Two	EHR
STK-06	Discharged on Statin Medication	EHR
VTE-1	Venous Thromboembolism Prophylaxis	EHR
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	EHR
Safe use of Opioids	Safe Use of Opioids – Concurrent Prescribing	EHR
ePC-07/SMM	Severe Obstetric Complications	EHR
ePC-02	Cesarean Birth	EHR
Patient Experience of Care Survey		
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and systems Survey	Patient Survey
Claims-Based Patient Survey		
Maternal Morbidity	Maternal Morbidity Structural Measure	Web-Based Tool

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# HOSPITAL INPATIENT QUALITY REPORTING PROGRAM (IQR)

Hospital Inpatient Quality Reporting Program Measures		
Measure	Description	Data Source
Claims-Based Patient Survey		
CMS PSI 04	CMS Death Rate Among Surgical Inpatients with Serious Treatable Complications	Claims
Claims-Based Mortality Outcome		
MORT-30-STK	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke	Claims
Claims-Based Coordination of Care		
READM-30-STK	Hospital-Wide All-Cause Unplanned Readmission Measure	Claims
AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	Claims
HF Excess Days	Excess Days in Acute Care after Hospitalization for Heart Failure	Claims
PN Excess Days	Excess Days in Acute Care after Hospitalization for Pneumonia	Claims
Claims-Based Payment		
AMI Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction	Claims
HF Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure	Claims
PN Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia	Claims
THA/TKA Payment	Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty	Claims

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# HOSPITAL OUTPATIENT QUALITY REPORTING PROGRAM (OQR)

## PROGRAM OVERVIEW

The Hospital Outpatient Quality Reporting Program (OQR) is implemented by the Centers for Medicare and Medicaid Services. Like the IQR, the Hospital Outpatient Quality Reporting Program includes measures collected and submitted by acute care hospitals and claims-based measures calculated by CMS.

CMS provides no financial incentive or penalty to Critical Access Hospitals for reporting, but all participating hospitals performance and Star Ratings are made available on the [Care Compare website](#) by CMS.

## SOURCE

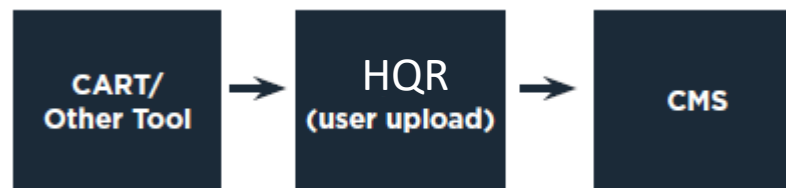
[Centers for Medicare and Medicaid Services](#)

## IMPACT

OQR is voluntary but has measures that align with reporting requirements of the Medicare Beneficiary Quality Improvement Project. Collecting data on these measures can help the hospital with tracking quality of care and identifying trends for continuous quality improvement. .



## DATA SUBMISSION PROCESS



*Option 1:* Contract and authorize a vendor for data extraction and submission.

*Option 2:* Extract data from your Electronic Medical Record System and use CART or other quality measure abstraction tool for upload and submission of data to Centers for Medicare and Medicaid Services via QualityNet.

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# HOSPITAL OUTPATIENT QUALITY REPORTING PROGRAM (OQR)

## DATA SUBMISSION SAMPLING REQUIREMENTS

Hospitals participating in OQR have the option of submitting a sampling of data regarding the quality measures in accordance with the sampling requirements located in the appropriate version of the Specifications Manual located on the [QualityNet website](#).

## AGGREGATE POPULATION AND SAMPLING DATA SUBMISSION

If a hospital chooses to report aggregate population and sample size counts for Medicare and non-Medicare outpatient encounters for Hospital Outpatient Acute Myocardial Infarction, Emergency Department Throughput and Stroke measures, these data must be submitted to the Centers for Medicare and Medicaid Services via QualityNet on the same quarterly submission schedule as chart-abstracted measures.

Submission of population and sampling will initiate the hospital as participating in the OQR program.

## LOCAL SUPPORT

[Kansas Rural Hospital Optimizing Performance](#)

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# HOSPITAL INPATIENT QUALITY REPORTING PROGRAM (OQR)

Hospital Outpatient Quality Reporting Program Measures	
Measure	Description
Hospital Outpatient Quality Reporting Program Measures	
OP-8	MRI Lumbar Spine for Low Back Pain
OP-10	Abdomen CT - Use of Contrast Material
OP-13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery
OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients
OP-22	Left Without Being Seen
OP-23	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival
OP-29	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
OP-31	Cataracts – Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery
OP-32	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
OP-35	Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy
OP-36	Hospital Visits after Hospital Outpatient Surgery
OP-38	COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)
OP-40	Appropriate treatment for STEMI patients in ED

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# HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS)

## PROGRAM OVERVIEW

The Hospital Consumer Assessment of Healthcare Providers and Systems survey is a national, standardized, publicly reported survey capturing the patient's experience of communication with doctors and nurses, responsiveness of hospital staff, communication about medicines, cleanliness and quietness of the hospital, discharge information, transition to post-hospital care and overall rating of the hospital.

The survey is administered between 2 and 42 days after discharge to a random sample of adult patients depending on agreements and vendors.

Hospitals can add their own supplemental items after the 29 official HCAHPS questions if they wish. The Centers for Medicaid and Medicare Services does not review, approve or obtain data from supplemental items; hospitals should limit their use to minimize any negative impact on survey response rates.

## SOURCE

[Centers for Medicare and Medicaid Services](#)

## IMPACT

To be eligible for SHIP funding, Critical Access Hospitals must participate and report the HCAHPS results in compliance with



MBQIP requirements. Collecting data on these measures also can help with internal tracking for the hospital on patient safety measures and quality of care

## LOCAL SUPPORT

[Kansas Rural Hospital Optimizing Performance](#)

## DATA SUBMISSION PROCESS



*Option 1:* Contract and authorize (via the Secure Portal at CMS) an approved HCHAPS vendor to administer and submit the survey data to the CMS QualityNet Clinical Data Warehouse.

*Option 2:* Become authorized by CMS to self-administer the survey and submit the data to the CMS QualityNet Clinical Data Warehouse.

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# ELECTRONIC CLINICAL QUALITY MEASURES (eCQMs)

## PROGRAM OVERVIEW

To successfully participate in the Medicare and Medicaid Promoting Interoperability Programs, the Centers for Medicare and Medicaid Services requires eligible providers, eligible hospitals, Critical Access Hospitals and dual-eligible hospitals to report on Electronic Clinical Quality Measures.

These eCQMs are determined by the Centers for Medicare and Medicaid Services and require the use of certified electronic health record technology.

[Electronic Health Record Incentive Programs/ ClinicalQuality Measures](#)

[eCQI Resource Center](#)

## SOURCE

[Centers for Medicare and Medicaid Services](#)

## IMPACT

Currently, in order to be considered a meaningful user and avoid a downward payment adjustment, eligible hospitals and Critical Access Hospitals must use the following:

- existing 2015 Edition certification criteria,
- the 2015 Edition Cures Update criteria, or



- a combination of the two in order to meet the certified electronic health record technology definition, as finalized in the calendar year 2022 Physician Fee Schedule final rule (85 FR 84818 through 84828).

## DATA SUBMISSION PROCESS



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## ELECTRONIC CLINICAL QUALITY MEASURES (eCQMs)

### Medicare Promoting Interoperability Program eCQM Reporting Requirements for First-time and Returning Hospitals CY2023

# of <a href="#">eCQMs</a>	Reporting Options	13
	Required Reporting	4: <b>3</b> self-selected eCQMs, <b>plus the Safe Use of Opioids</b> – Concurrent Prescribing measure
Reporting Period	Full Reporting Period	Full calendar year (consisting of four quarterly data reporting periods)
	Required Reporting Period	a full year's worth of data beginning with the reporting period in CY 2023

Short Name	Measure Name	Meaningful Measure Area
ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients	Admissions and Readmissions to Hospitals
HH-02	Hospital Harm – Severe Hyperglycemia	Preventable Healthcare Harm
HH-01	Hospital Harm - Hypoglycemia	Preventable Healthcare Harm
PC-05	Exclusive Breast Milk Feeding	Care is Personalized and Aligned with Patient's Goals
STK-2	Discharged on Antithrombotic Therapy	Preventive Care
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Preventive Care
STK-5	Antithrombotic Therapy By End of Hospital Day 2	Preventive Care
STK-6	Discharged on Statin Medication	Preventive Care
PC-05	Exclusive Breast Milk Feeding	Care is Personalized and Aligned with Patient's Goals
	<i>Continued on next page.....</i>	

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Quality Reporting for Critical Access Hospitals

eCQMs

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## ELECTRONIC CLINICAL QUALITY MEASURES (eCQMs)

### Medicare Promoting Interoperability Program eCQM Reporting Requirements for First-time and Returning Hospitals CY2023

# of <a href="#">eCQMs</a>	Reporting Options	13
	Required Reporting	4 – 3 self-selected eCQMs, plus the Safe Use of Opioids – Concurrent Prescribing measure
Reporting Period	Full Reporting Period	Full calendar year (consisting of four quarterly data reporting periods)
	Required Reporting Period	a full year's worth of data beginning with the reporting period in CY 2023

Short Name	Measure Name <i>continued</i>	Meaningful Measure Area
VTE-1	Venous Thromboembolism Prophylaxis	Preventive Care
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	Preventive Care
Safe Use of Opioids	Safe Use of Opioids - Concurrent Prescribing	Prevention and Treatment of Opioid and Substance Use Disorder
ePC-07/SMM	Severe Obstetric Complications	Safety
ePC-02	Cesarean Birth	Safety

# MERIT-BASED INCENTIVE PAYMENT (MIPS)

## PROGRAM OVERVIEW

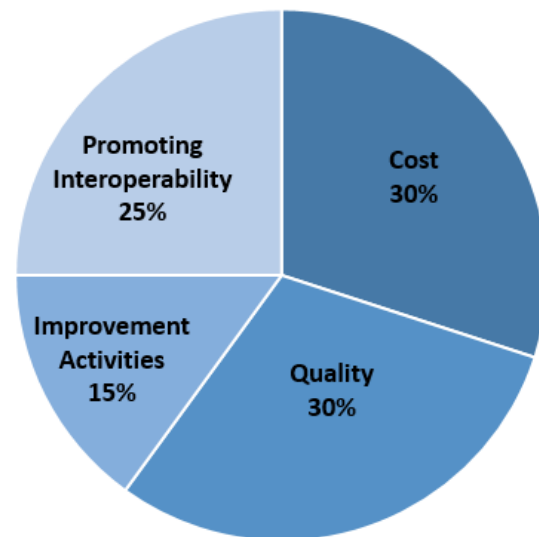
Merit-Based Incentive Payment is one option for clinicians to receive reimbursement under Medicare Part B. Health Care providers are incentivized to improve patient care and service quality while keeping down costs. While groups can conversely participate in an Advanced Alternative Payment Model or MIPS Value Pathways (MVP), the majority of eligible clinicians participate in MIPS.

Providers' performance will be measured under four categories which are quality, cost, promoting interoperability and improvement activities. Each category is weighted, and providers will receive a score of between 0 and 100. This score will then be used to adjust payments. Your final score in 2024 will determine your payment adjustment in 2026. Up to a nine percent bonus, or up to a nine percent penalty. If clinicians participate in Medicare Part B, they can participate in the Quality Payment Program by choosing one of the three following tracks:

1. Advanced Alternative Payment Models, which also include certain Medicare Shared Savings Programs (also known as Accountable Care Organizations), or
2. The Merit-based Incentive Payment System and APMs which are used to incentivize clinicians to improve patient care and service quality while controlling costs.



3. MIPS Value Pathways (MVP), newest option that offers clinicians a subset of measures relevant to a specialty or medical condition. This is done to provide a more meaningful assessment of quality. [More Information about MIPS Value Pathways \(MVP\)](#)



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# MERIT-BASED INCENTIVE PAYMENT (MIPS)

## SOURCE

[Centers for Medicare and Medicaid Services](#)

## IMPACT

MIPS streamlines quality programs and gives bonus payments for participation in eligible alternative payment models. Clinicians must participate in MIPS (unless exempt) if they bill more than \$90,000 for Part B covered professional services, and see more than 200 Part B patients, and provide 200 or more covered professional services to Part B patients in both 12-month segments of MIPS review period.

## SUBMISSION PROCESS

### ***For Eligible Clinicians Practicing in Method I:***

- The MIPS payment adjustment would apply to payments made for items and services that are Medicare Part B charges billed by MIPS eligible clinicians.
- The payment adjustment would not apply to the facility payment to the Critical Access Hospital itself

### ***For Eligible Clinicians Practicing in Method II who have assigned their billing rights to the Critical Access Hospital:***

- The MIPS payment adjustment would apply to Method II Critical Access Hospital payments.

### ***For Eligible Clinicians Practicing in Method II who have not assigned their billing rights to the Critical Access Hospital:***

The MIPS payment adjustment would apply the same way as for Method I Critical Access Hospitals.

For information go to [reporting methods and eligibility requirements](#).

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# HOSPITAL QUALITY IMPROVEMENT CONTRACTOR (HQIC)

## PROGRAM OVERVIEW

Hospital Quality Improvement Contractor provides targeted quality improvement assistance to rural and critical access hospitals, as well as hospitals serving vulnerable and underserved populations to achieve measurable outcomes with a focus on patient safety, care transitions and opioids.

HQIC is a new Centers for Medicare and Medicaid Services-led initiative which builds upon the Hospital Improvement Innovation Network. There are more than 100 hospitals in Kansas and more than 2,600 nationally identified as eligible to participate in this program.

## IMPACT

This initiative is designed to help hospitals improve in the respective measures and collaborate with other hospital peers to share best practices. This initiative can help facilities collectively promote better outcomes. This program is voluntary and is at no cost to hospitals.

## LOCAL SUPPORT

[Kansas Healthcare Collaborative](#)

[KFMC Health Improvement Partners](#)



### Kansas Healthcare Collaborative Compass



### KFMC Health Improvement Partners Alliant



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# Quality-Based Reimbursement for Critical Access Hospitals (QBRP)

## PROGRAM OVERVIEW

The QBRP is a voluntary program that was developed to provide incentives for providers to enhance quality and safety, and to reward providers for superior quality outcomes and cost efficiency. Contracting Blue Cross and Blue Shield of Kansas providers have an opportunity to earn additional revenue through increased allowances for meeting the defined quality metrics. Some measures require attestation only, while others require data to be submitted to BCBSKS.

BCBSKS works with the Kansas Hospital Association, the Kansas Healthcare Collaborative, and representatives from the provider community to select meaningful quality and efficiency measures. BCBKS strives to select and align with existing quality measures reported by the providers in Kansas for national and state-led quality initiatives conducted in Kansas, such as the Compass HQIC, Medicare Rural Hospital Flexibility programs, and/or Medicare Beneficiary Quality Improvement Project (MBQIP).

## SOURCE

[Blue Cross Blue Shield of Kansas](#)

## IMPACT

Providers report quality measure data biannually and are eligible to earn reimbursement increases. Quality incentives apply to



inpatient MS-DRG, maximum allowable payments (MAPs), per diems and outpatient MAPs except for outpatient pharmacy. QBRP incentives do not apply when the billed charge is less than the MAP or are services not listed with a maximum allowable payment.

## LOCAL SUPPORT

### [BCBSKS](#)

QHi – Many of the QBRP measures are collected monthly in QHi. QHi developed the BCBSKS report to facilitate the reporting of these measures biannually into the BCBSKS portal.

## DATA SUBMISSION PROCESS

The QBRP portal offers providers a mechanism for electronic reporting of the QBRP measures. In addition, the portal is a resource for all information related to QBRP, including a measure set description and various reporting features. Period 1 measure data (based on January – June discharges) is due in November and Period 2 measure data (based on July – December discharges) is due in May.

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# KU CARE COLLABORATIVE

## PROGRAM OVERVIEW

The University of Kansas Health System Care Collaborative is dedicated to delivering high quality clinical care to improve the health of people living in rural Kansas communities. The collaborative is a network of health care providers and care teams who use evidence based treatment models to achieve the best outcomes. Patients receive advanced, cost effective care close to home and experience better results.

## IMPACTS

Care Collaborative Patient Safety Organization membership includes 82 rural organizations across 72 Kansas counties. To date, participating organizations have received evidence-based clinical protocols and boot camp trainings in STEMI, stroke, sepsis, heart failure and diabetes. Additionally, the Care Collaborative offers membership in a rural Accountable Care Organization representing 36 Kansas communities caring for 35,000 Medicare beneficiaries. Additionally, the team has provided more than 120,000 Chronic Care Management and Remote Patient Monitoring

## LOCAL SUPPORT

[The University of Kansas Health System](#)

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QHi is an enterprise-wide benchmarking tool specifically designed for rural facilities.

### QHi PROVIDES

- A library of measures to monitor monthly quality performance
- Multiple data upload options to reduce reporting burden
- Customizable dashboards to trend and compare performance
- The ability to schedule reports, ideal for sharing with hospital leadership

### QHi PARTICIPANTS

- Collect, track and trend monthly data in real time, pertinent to their unique environment
- Compare against self-defined peer groups

### QHi SUPPORTS

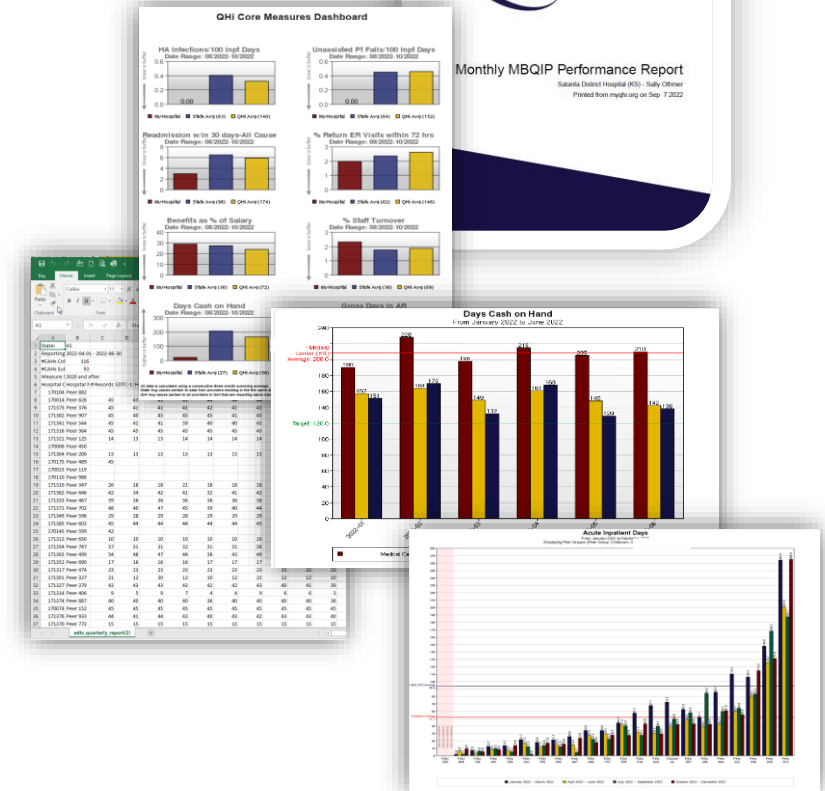
Internal, local, state and national quality initiatives like MBQIP, HQIC, FLEX Quality Improvement Projects.

**At no cost to Kansas hospitals**, QHi was developed through a partnership of the KRHOP, KDHE, KHA and Healthworks.

[About QHi](#)

[QHi Brochure](#)

[QHi Library of Indicators](#)



### CONTACTS

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*QHi participation for Kansas hospitals is federally funded through the Kansas Department of Health and Environment (KDHE) Bureau of Community Health Systems (BCHS) Medicare Rural Hospital Flexibility Program (FLEX) Program*

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# DATA COLLECTION AND REPORTING TOOLS

## CART

The CMS Abstraction & Reporting Tool, is used as a collection method for quality improvement data for the Hospital IQR, OQR, and MBQIP programs. CART can be downloaded for free [at this link](#). You can easily upload your CART files into [HQR](#).

## NHSN

CDC's [National Healthcare Safety Network](#) is a healthcare-associated infection tracking system.

## QualityNet

[HQR](#) is the Centers for Medicare and Medicaid Services portal that intakes the data your hospital reports. This source is where you upload your chart abstracted IQR and OQR data and respective MBQIP measures.

## QHi

[QHi](#) is an economical (free to KS hospitals) collection and reporting tool that allows small rural hospitals and clinics to collect, track and trend quality and financial data in real time through automatic uploads of data and keyed entry. QHi supports network, state and national quality and financial initiatives.

## Stratis (Telligen)

To properly report EDTC measures for your hospital, input your data in the Excel-based Stratis data collection tool. After you input your hospital's data, run the report and push that into QHi. Download and instructions are available at the [QHi website](#).

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# APPENDIX

## Appendix: Quality Overlap for Critical Access Hospitals

Measure	Measure Name	MBQIP	IQR	OQR	HQIC	QBRP
OP-8	MRI Lumbar Spine for Low Back Pain			X		
OP-10	Abdomen CT – Use of Contrast Material			X		
OP-13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery			X		
OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients	X		X		
OP-22	Patient Left Without Being Seen	X		X		
OP-23	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival			X		
OP-29	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients			X		
OP-31	Cataracts – Improvement in Patient’s Visual Function Within 90 Days Following Cataract Surgery*			X		
OP-32	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy			X		
OP-35	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy			X		
OP-38	COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)			X		
OP-40	Appropriate Treatment for STEMI patients in the ED			X		

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Measure	Measure Name	MBQIP	IQR	OQR	HQIC	QBRP
Opioid Mortality	Opioid Mortality*			X		
FALL HAC	Fall Rate Resulting in Fracture or Dislocation*			X		
PSI-03	Pressure Ulcer Rate, Stage 3+*			X		
HAPU Stage II	Acute Inpatients with a Hospital-Acquired Pressure Ulcer Stage II*			X		
PSI-13	Postoperative Sepsis Rate*			X		
Sepsis Mortality	Sepsis Mortality*			X		
PSI-12	Post-Operative Pulmonary Embolism (PE or Deep Vein Thrombosis (DVT) Rate*			X		
MRSA	MRSA Bacteremia Events*			X		

\*Claims-based (not-keyed in) but required

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## Appendix: Quality Overlap for Critical Access Hospitals

Measure	Measure Name	MBQIP	IQR	OQR	HQIC	QBRP
OP-36	Hospital Visits after Hospital Outpatient Surgery			X		
HCP/IMM-3 (formerly OP-27)	Influenza Vaccination Coverage Among Healthcare Personnel (HCP)	X	X			
EDTC	8 elements of Emergency Department Transfer Communication	X				X
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems		X			
PC-01	Elective Delivery		X			
PC-05	Exclusive Breast Milk Feeding		X			
PC-06	Unexpected Complications in Term Newborns		X			
STK-02	Discharged on Antithrombotic Therapy		X			
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter		X			
STK-05	Antithrombotic Therapy by the End of Hospital Day Two		X			
STK-06	Discharged on Statin Medication		X			
VTE-1	Venous Thromboembolism Prophylaxis		X			
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis		X			
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing		X			
CMS PSI 04	CMS Death Rate Among Surgical Inpatients with Serious Treatable Complications		X			

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Appendix: Quality Overlap for Critical Access Hospitals						
Measure	Measure Name	MBQIP	IQR	OQR	HQIC	QBRP
MORT-30-STK	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke		X			
READM-30-HWR	Hospital-Wide All-Cause Unplanned Readmission Measure		X		X	X
AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction		X			
HF Excess Days	Excess Days in Acute Care after Hospitalization for Heart Failure		X			
PN Excess Days	Excess Days in Acute Care after Hospitalization for Pneumonia		X			
AMI Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction		X			
HF Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure		X			
PN Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia		X			
THA/TKA Payment	Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty		X			
Sepsis	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)		X		X	X
Maternal Morbidity	Maternal Morbidity Structural Measure					

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## Appendix: Quality Overlap for Critical Access Hospitals

Measure	Measure Name	MBQIP	IQR	OQR	HQIC	QBRP
HCP COVID-19 Vaccination	COVID-19 Vaccination Coverage Among Health Care Personnel		X			
CDI	Clostridioides difficile(C.diff) infection				X	X
CAUTI	Catheter-Associated Urinary Tract Infection				X	X
CLABSI	Central Line Associated Blood Stream Infection				X	
Antibiotic Stewardship	NHSN Annual Hospital Survey	X			X	
HAI	Healthcare Associated Infections per 100 inpatient days					
Blood Glucose <50	Blood Glucose Less Than 50				*	
INRs >5	INRs Greater Than 5				*	
All Falls with Injury	All Documented Patient Falls with an Injury Level of Minor or Greater				X	
Follow Up	Post-Hospital Follow Up Appointment				X	
Pressure Ulcer Risk Assessment	Patients with Pressure Ulcer Risk Assessment completed within 24 hours of Admission				X	
ADE - Opioid	Adverse Drug Events - Opioid Safety				X	X
ADE - Anticoagulation	Adverse Drug Events - Anticoagulation Safety - Inpatients				X	X
Hand Hygiene	Hand-Hygiene Adherence Rate				X	X
Others from this link	NA					

\*Indicates that these measures are optional measures that are part of the KHC Compass HQIC

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## Appendix: Quality Overlap for Critical Access Hospitals

Measure	Measure Name	MBQIP	IQR	OQR	HQIC	QBRP
Skin Assessment Documented	Patients with Skin Assessment Documented within 24 hours of Admission				*	
Antimicrobial Stewardship	Days of Therapy for Antimicrobial Stewardship				*	
Opioid Prescribing	High-Dose Opioid Prescribing Upon Discharge				*	
Stat Naloxone - ED	Stat Naloxone Administration - Emergency Department				*	
Stat Naloxone - IP	Stat Naloxone Administration - Inpatient				*	
Unnecessary Catheters	Unnecessary Urinary Catheters				*	
All Falls	All Documented Patient Falls with or without Injury				*	
Fall Risk Assess	Fall Risk Assessment Completed within 24 Hours of Admission				*	
Surgical Safety	Surgical Safety Checklist Compliance				*	
VTE Appropriate Prophylaxis	VTE Appropriate Prophylaxis				*	
Ventilator Bundle Compliance	ABCDEF Ventilator Bundle Compliance				*	

*\*Indicates that these measures are optional measures that are part of the KHC Compass HQIC*

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Measure	Measure Name	MBQIP	IQR	OQR	HQIC	QBRP
Urinary Catheter Utilization	Urinary Catheter Utilization Ratio - ICUs (excluding NICUs) + Other Inpatient Units				X	
Central Line Utilization	Central Line Utilization Ratio - ICUs + Other Inpatient Units				X	
SSI COLO	Surgical Site Infection (SSI) Rate for Colon Surgeries (COLO)				X	
SSI HYST	Surgical Site Infection (SSI) Rate for Abdominal hysterectomies (HYST)				X	
SSI KPRO	Surgical Site Infection (SSI) Rate for Total Knee Replacements (KPRO)				X	
SSI HPRO	Surgical Site Infection (SSI) Rate for Total Hip Replacements (HPRO)				X	
VAC	Ventilator Associated Condition (VAC)				X	
IVAC	Infection-Related Ventilator-Associated Complication (IVAC)				X	
Ventilator Pneumonia	Possible/Probable Ventilator-Associated Pneumonia				X	
ADE - Glycemic	Adverse Drug Events - Glycemic Management				X	X
Elective Deliveries	Elective Deliveries at $\geq 37$ Weeks and $< 39$ Weeks					X

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# ACRONYMS

<b>AMI</b>	Acute Myocardial Infarction	<b>KDHE</b>	Kansas Department of Health and Environment
<b>APM</b>	Alternative Payment Model	<b>KRHOP</b>	Kansas Rural Hospitals Optimizing Performance
<b>APU</b>	Annual Payment Update	<b>MBQIP</b>	Medicare Beneficiary Quality Improvement Project
<b>CAH</b>	Critical Access Hospital	<b>MIPS</b>	Merit-Based Incentive Payment
<b>CART</b>	CMS Abstraction & Reporting Tool	<b>MORT</b>	Mortality
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>MU</b>	Meaningful Use
<b>Comp</b>	Complication	<b>NHSN</b>	National Healthcare Safety Network
<b>eCQM</b>	Electronic Clinical Quality Measure	<b>OQR</b>	Hospital Outpatient Quality Reporting Program
<b>ED</b>	Emergency Department	<b>PC</b>	Perinatal Care
<b>EDTC</b>	Emergency Department Transfer Communication	<b>PN</b>	Pneumonia
<b>EHR</b>	Electronic Health Record	<b>PSI</b>	Patient Safety Indicator
<b>FY</b>	Fiscal Year	<b>QBRP</b>	Quality Based Reimbursement Program
<b>FLEX</b>	Medicare Rural Hospital Flexibility Program	<b>QNet</b>	QualityNet
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems	<b>READM</b>	Readmission
<b>HCP</b>	Health Care Personnel	<b>STK</b>	Stroke
<b>HF</b>	Heart Failure	<b>THA/TKA</b>	Total Hip Arthroplasty/Total Knee Arthroplasty
<b>HQIC</b>	Hospital Quality Improvement Contractor	<b>VTE</b>	Venous Thromboembolism
<b>HWR</b>	Hospital-Wide Readmission		
<b>IQR</b>	Inpatient Quality Reporting		

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