

# Medicare Rural Hospital Flexibility (FLEX) Program Update



Federal Office Of Rural Health Policy

April 12<sup>th</sup> 2016

# Agenda

- Flex Overview
- FORHP Overview
- Flex Technical Assistance and Evaluation Partners
- MBQIP Updates: OP-4, 18, IMM-2
- MBQIP Resources
- Questions

# Flex Overview

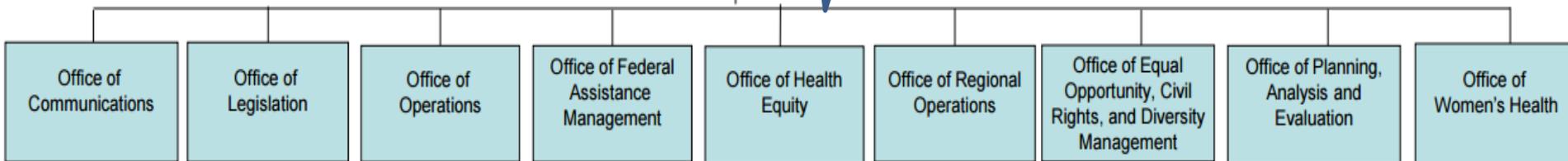
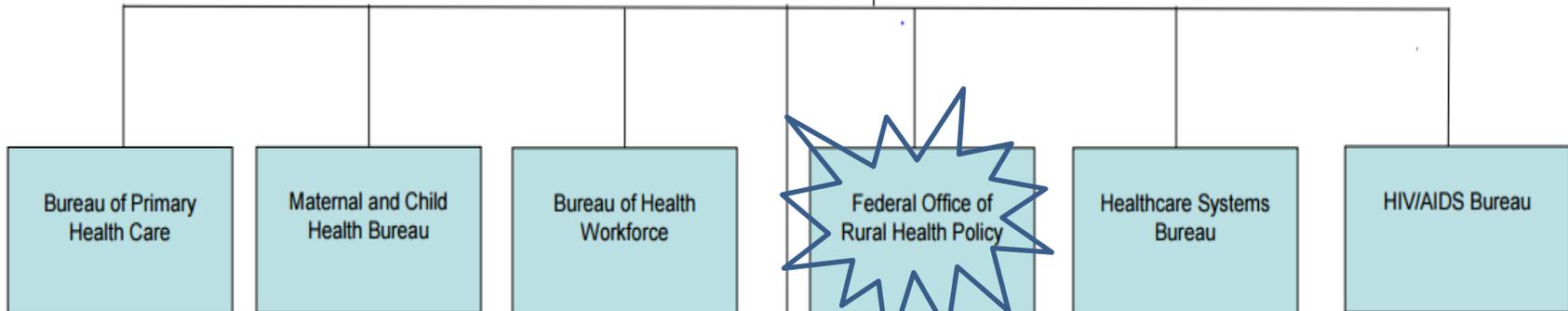
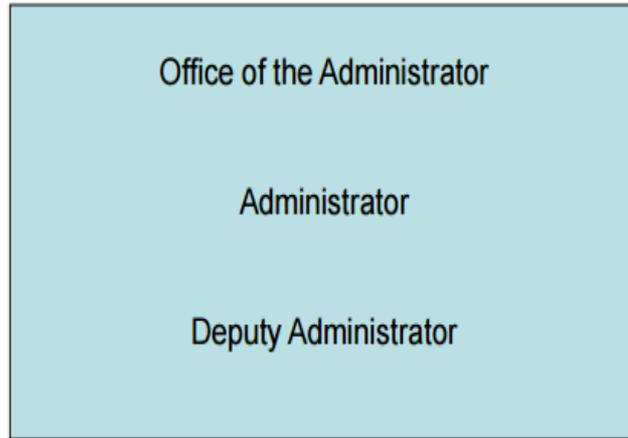
- In 1997 the Medicare Rural Hospital Flexibility Program (Flex) was *authorized* by Congress under Section 1820 of the Social Security Act (42 U.S.C. 1395i-4).
  - In response to the rapid increase of rural hospital closures
  - Established Critical Access Hospitals (CAHs) designation/criteria;
  - Established the Flex grant program
- Created the Flex program to engage *state designated entities* in activities relating to:
  - planning and implementing rural health care plans and networks;
  - designating facilities as Critical Access Hospitals (CAHs);
  - providing support for CAHs for quality improvement, quality reporting, performance improvements, and benchmarking; and integrating rural emergency medical services (EMS).

# Flex Overview

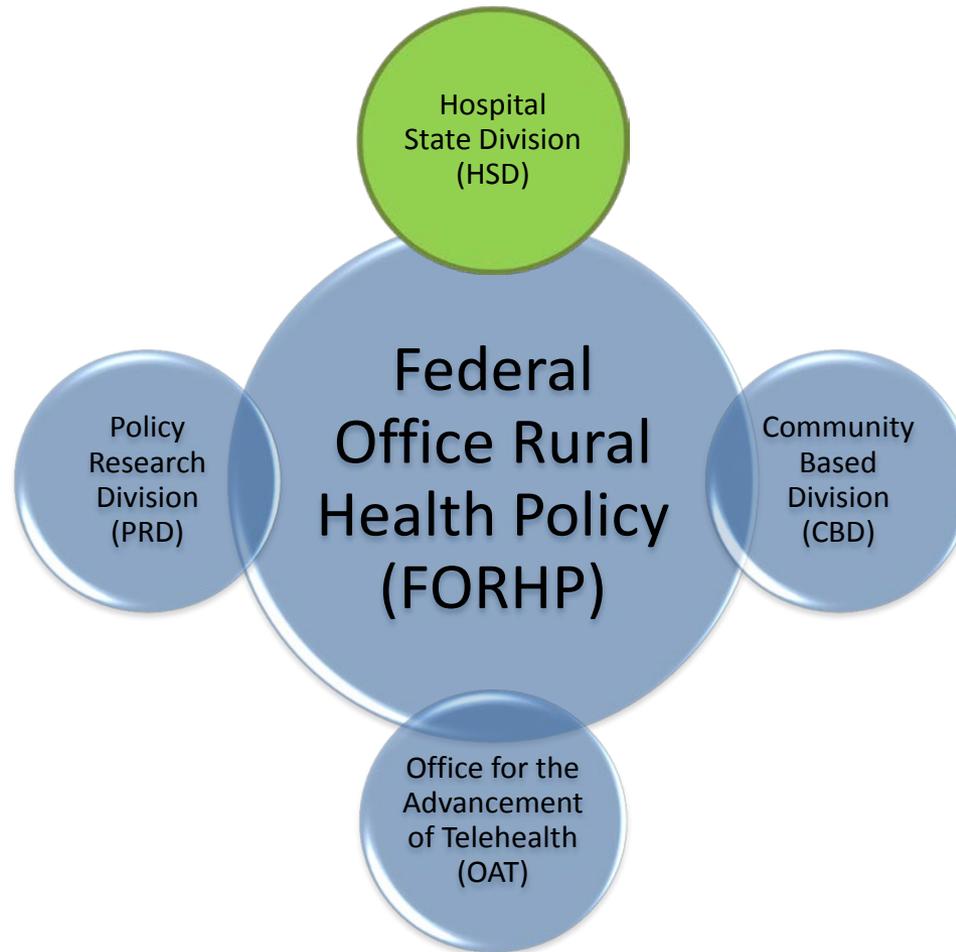
- Today, Flex is composed of five (5) Program Areas:
  - Quality Improvement
    - Medicare Beneficiary Quality Improvement Program MBQIP (MBQIP)
  - Financial and Operational Improvement
  - Population Health Management and EMS Integration (optional)
  - CAH Designation (optional)
  - Integration of Innovative Models (optional)

# The Home of Flex

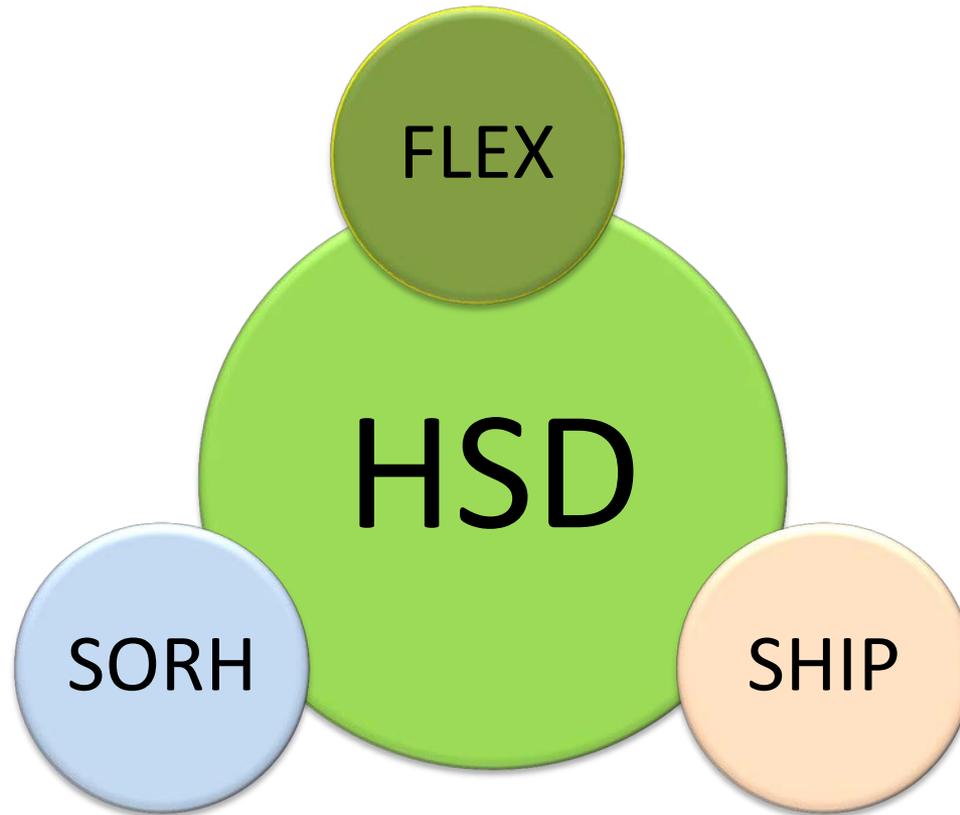
## Health Resources and Services Administration



# The Home of the Hospital State Division



# The Home of Flex, SHIP and SORH!



# HSD Grants by the Numbers



## State Offices of Rural Health

50 States

\$170K federal - 3:1 match



## Small Hospital Improvement Program

47 States

~1600 small rural hospitals/~\$9000 per hospital

\$~15million



## Flex Program

45 states

~1334 CAHs,

\$22 million



## Other resources, grants

RQITA; TASC; FMT

NOSORH

CBD Grants

OAT Grants

# The Big Picture of Flex

## Flex Partners

- Technical Assistance and Services Center
- Rural Quality Improvement Technical Assistance
- Flex Monitoring Team

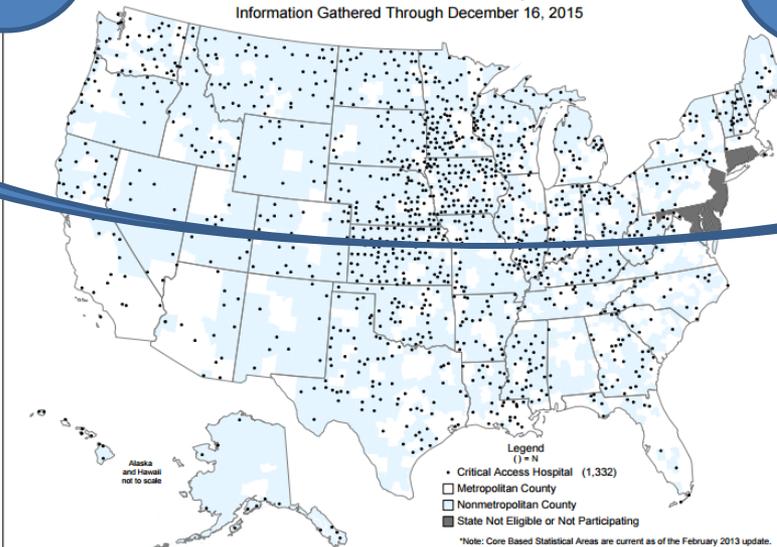
## Flex Grants

- 45 States
- ~1332 CAHs
- \$22 Million
- Four FORHP Project Officers

## Evaluation & Data

- Work Plan Data
- Financial Data
- Quality Data
- PIMS Data

**Location of Critical Access Hospitals**  
Information Gathered Through December 16, 2015



Sources: US Census Bureau, 2013; CMS Regional Office, ORHP, and State Offices Coordinating with MRHFP, 2015.

# The Flex Team!



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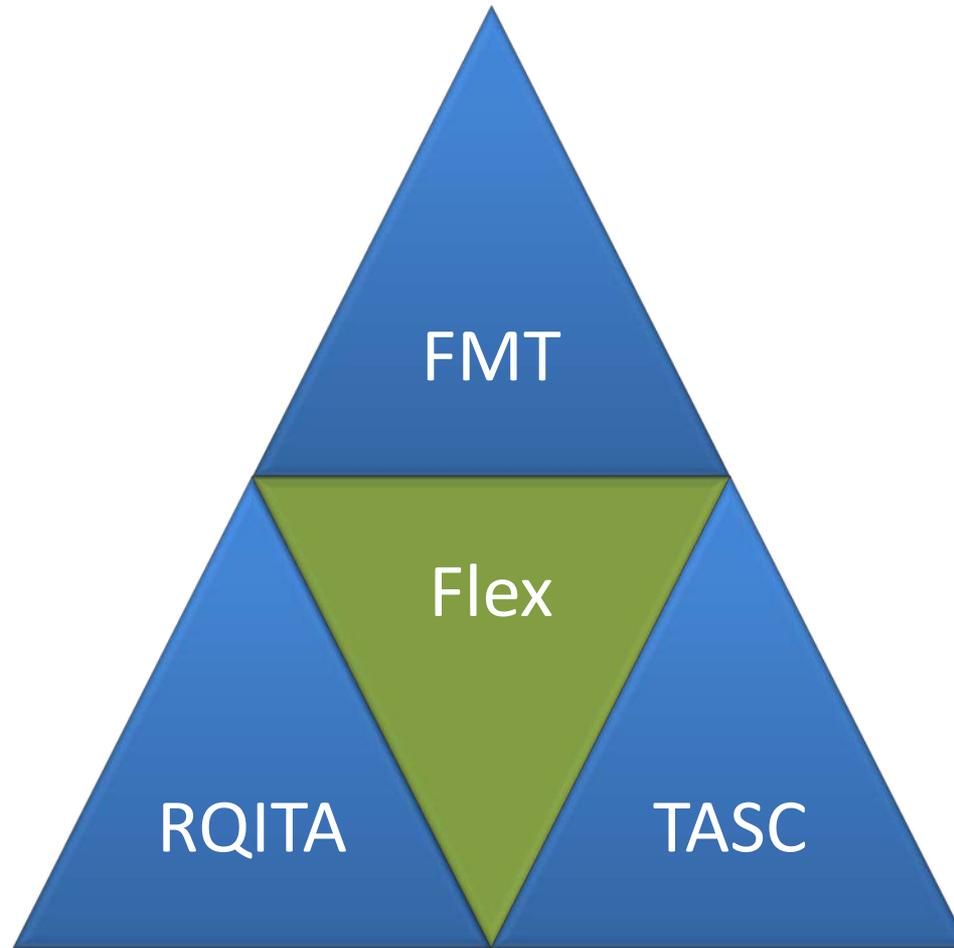
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To Be Determined



# Flex TA and Evaluation Partners



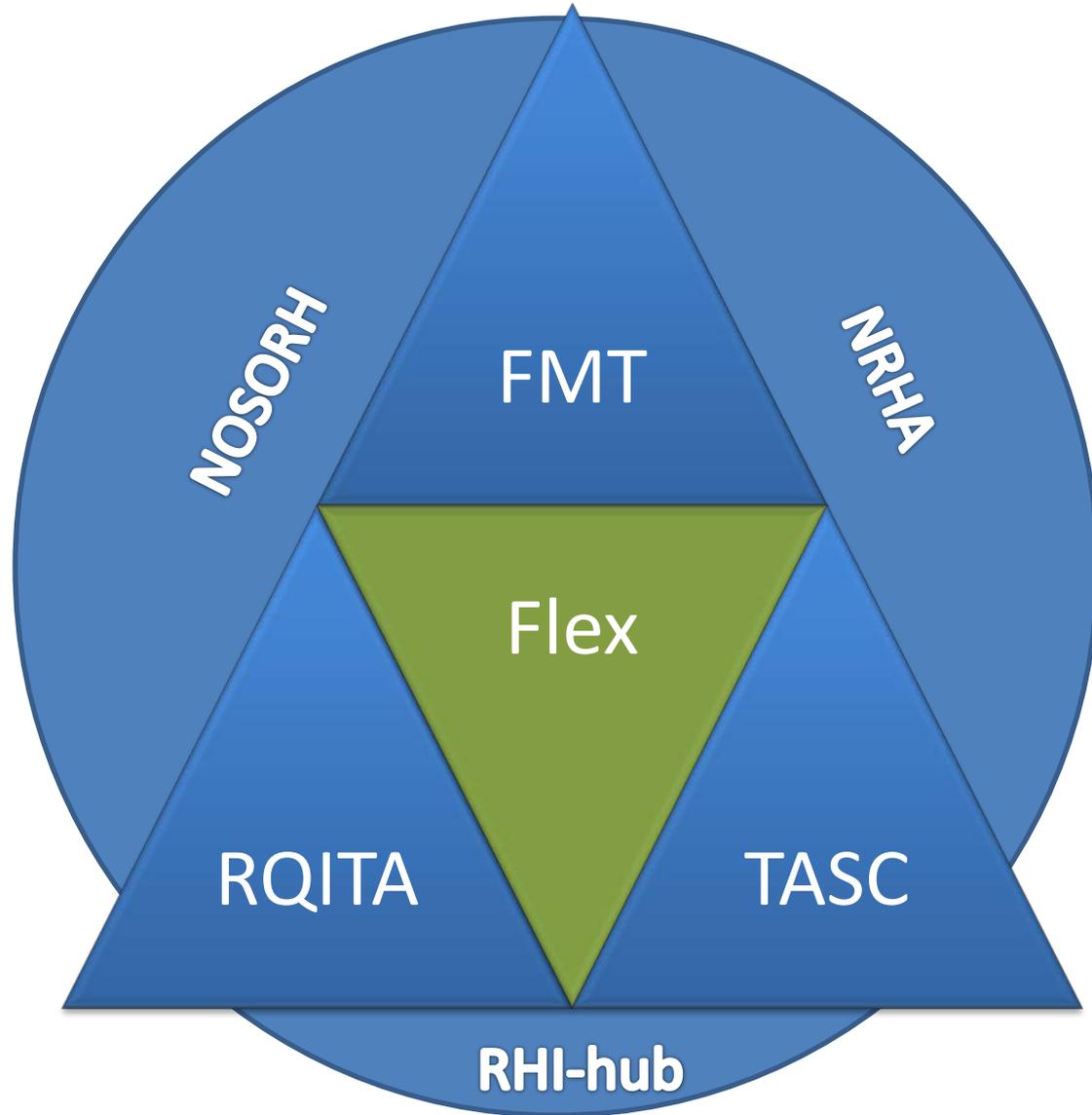
# Flex Technical Assistance (TA) Partners

- **Technical Assistance and Services Center (TASC)**
  - Develop webinars, workshops, resource guides, subject matter experts to support Flex grantees and CAHs improvement efforts across the 5 Flex grant program areas.
- **Rural Quality Improvement TA (RQITA)**
  - Assist Flex grantees with CAH challenges around data reporting and improvement through newsletters, toolkits, one-one consultations, and other resources.

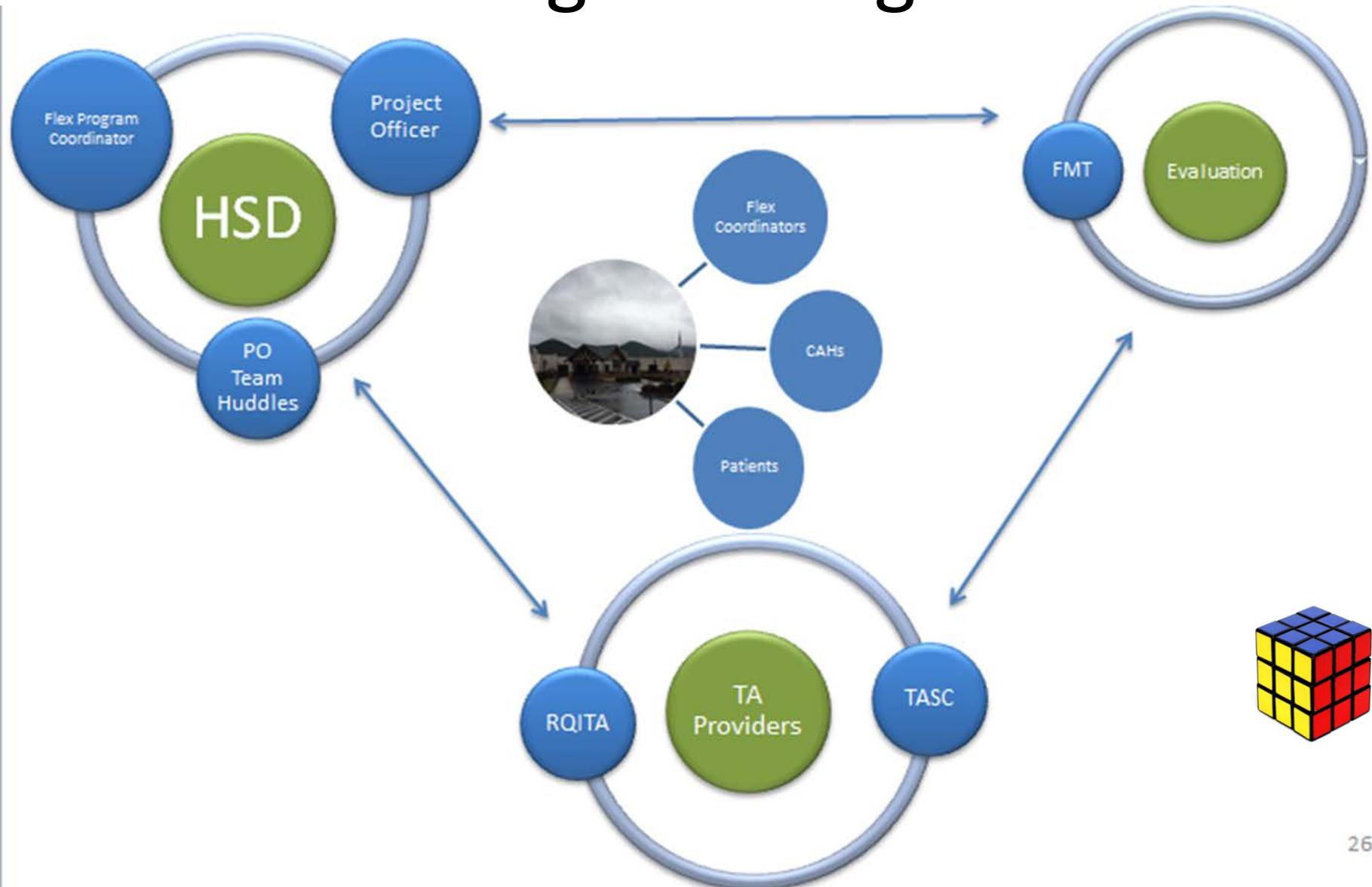
# Flex Evaluation and Research

- **Flex Monitoring Team (FMT)**
  - is a consortium of the Rural Health Research Centers at the Universities of Minnesota, North Carolina-Chapel Hill, and Southern Maine, funded by the [Federal Office of Rural Health Policy](#) to evaluate the impact of the Medicare Rural Hospital Flexibility Grant Program (the [Flex Program](#)).
  - FMT synthesizes work plan, CAH quality and financial data
  - FMT creates policy briefs and other reports as informed by data elements
  - CAHMPAS

# Flex Supporting Partners



# Pulling it All Together



# Flex participation: MBQIP Criteria Overview

- MBQIP Goal: 100% CAH reporting on ALL MBQIP core measures
- Current Status:
  - 98% of CAHs have signed MOUs with FORHP
  - 96% of CAHs are reporting data for at least one quarter in at least one domain between 2<sup>nd</sup> Quarter 2014 – 2<sup>nd</sup> Quarter 2015 (props to you all!)

# MBQIP Criteria Overview (cont.)

- Phased approach to give flexibility to CAHs to report on all MBQIP core measures
- Criteria for Eligibility for Flex funds and participation in Flex-funded activities
  - FY 2015 (September 2015 – August 2016): Capacity building
  - FY 2016 (September 2016 – August 2017):
    - (1) a signed Memorandum of Understanding with FORHP
    - (2) submitted data on MBQIP measures for at least one quarter for at least one measure in at least one of the four quality domains within a certain reporting period
  - FY 2017 (September 2017 – August 2018): more details will be provided in September 2016

# Criteria: Reporting Period

- Patient Engagement (HCAHPS): 2Q14 - 2Q15
- Care Transitions (EDTC): 2Q14 – 4Q15
- Outpatient (OP-1, 2, 3, and 5): 2Q14 – 2Q15
  - OP- 4, 18, 20, 21, and 22 - these measures do not apply for this year's eligibility requirements
- Patient Safety
  - Inpatient (HF-1, 2, 3 and PN-3b, 6): 2Q14 – 2Q15. These measures are included in this year's eligibility requirements (Sept 2016 – Aug 2017), but will be excluded in next year's eligibility requirements since CMS retired these inpatient measures
  - OP-27 and Imm-2 – these two measures do not apply for this year's eligibility requirements

# Criteria: Exceptions to waive penalty for CAHs not eligible for Flex funds

- Hospitals that have been building capacity/assessing readiness for MBQIP for the past year and are preparing to start submitting data in September 2016
- Hospitals that signed the Memorandum of Understanding between September 2015 thru August 2016 and is building capacity
- Hospitals who just received CAH designation
- Hospitals with extenuating circumstances

Questions on any exceptions not outlined above should be directed to your FORHP Project Officer

# Two Additional MBQIP Required Outpatient Measures

- Due to CART technical issues, OP-4 and OP-18 will be required MBQIP measures
- Flex programs/CAHs will not be penalized from participating in Flex if data for these two metrics is not reported between September 2016 – August 2017
- September 2016 – August 2017: Capacity building for these two outpatient measures
- September 2017: CAHs will be required to report on these two measures

# Situation

- Some hospitals have had their cases for the AMI (OP 1-5) and ED Throughput (OP- 18, 20, 22\*) rejected from the data warehouse because OP-4 and OP-18 data elements were not part of the submission process
- Occurs when CAHs change their measure preferences in CART to only collect certain measures in a measure set

# Assessment

- FORHP is not certain how many CAHs have changed their measure preferences in CART
- Requiring submission of OP-4 and OP-18 will have a limited impact on CAH data collection burden
  - Additional data elements needed to submit OP-4 and OP-18
    - OP-4: Aspirin on Arrival and Reason for no aspirin on arrival
    - OP-18: ED departure date and ED departure time
  - No additional cases need to be abstracted
- Cases for measures OP-1, 2, 3, 5, and 20 **will be rejected** from the data warehouse if OP-4 and OP-18 are not included. Hospitals not submitting on required MBQIP core measures will be on the non-submission list and possibly deemed not eligible to receive Flex funds or participate in Flex-funded activities.

# FORHP Recommendations

- Flex Coordinators:
  - Add these two measures to non-competing continuation application workplan
  - Update documentation and any lists of required MBQIP measures to include OP-4 and OP-18
  - Inform CAHs of the inclusion of these two additional measures in the required MBQIP measure set
- CAHs are highly encouraged to **NOT** adjust the measure setting preferences on CART after downloading the updated version of the tool prior to abstracting any cases
  - Updated CART version for Q4 2015 is anticipated in April 2016
  - Next CMS Outpatient data submission deadline (Q4 2015 discharges) is June 1, 2016
- CAHs using vendor tools: We are not aware of instances where CAHs using a vendor tool have had cases rejected from QualityNet warehouse for this reason
- TASC and RQITA are updating all documents relevant to these changes

# Situation: Immunization 2 Update

- For CAHs choosing to report IMM-2 for Q4 2015: some CAHs are at risk of having their IMM-2 cases rejected from QualityNet
- Due to QualityNet requirements to submit complete measure sets (IMM-1 and IMM-2)
- In Q1 of 2015, CMS changed the status of IMM-1 measure to make it optional. It will no longer be available for data collection starting in Q1 2016

# Assessment: Two Options

- **If CAHs do NOT change CART measure preferences, CAHs must collect the IMM-1 data element for Q4 2015, in order for their cases to be accepted (one additional data element)**
  - For CAHs that have already unselected this measure in their CART measure preferences, they would need to go in and select that they want to collect on the IMM-1 measure.
  - Additional data element = IMM-2 = pneumococcal vaccination status
- **If a CAH changes CART measure preferences to exclude IMM-1, CAHs only need to collect data elements on IMM-2 to get their cases accepted.**
  - PRIOR to ANY DATA SUBMISSION, they must go into the QualityNet Secure Portal and 'unselect' the IMM-1 measure in their measure designation. This MUST be done prior to any data submission to QualityNet. Once data has been submitted this cannot be changed.

# MBQIP Questions

- If you have questions/comments related to the measure submission process, please reach out to [TASC@ruralcenter.org](mailto:TASC@ruralcenter.org)
- If you have questions/comments related to this policy change, please reach out to [MBQIP@hrsa.gov](mailto:MBQIP@hrsa.gov)

# Flex Must Have Resources

- MBQIP Data Submission Deadline Chart: <https://www.ruralcenter.org/tasc/resources/mbqip-data-submission-deadlines-charts>
- MBQIP Measures Matrix: <https://www.ruralcenter.org/tasc/resources/mbqip-measures-matrix>
- National Quality Reporting Crosswalk: <https://www.ruralcenter.org/tasc/resources/national-quality-reporting-crosswalk-critical-access-hospitals>
  - MBQIP, MU, P4P/HEN and QIN-QIO priorities
- MBQIP Fact Sheets: <https://www.ruralcenter.org/tasc/resources/mbqip-measures-fact-sheets>
- MBQIP Reporting Reminders: <https://www.ruralcenter.org/tasc/resources/mbqip-data-reporting-reminders>
- MBQIP Monthly: <https://www.ruralcenter.org/tasc/mbqip/mbqip-monthly>
- Flex Related Data Reports and Portals
  - TASC Population Health Portal
  - FMT CAHMPAS – just released
  - <http://www.flexmonitoring.org/wp-content/uploads/2015/04/lowa.pdf>
- <https://www.ruralhealthinfo.org/>

The FORHP Flex Team extends a big  
Thanks!

Questions?