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Bureau of Community Health Systems
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Kansas

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Robert Moser, MD, Secretary
Department of Health & Environment
Sam Brownback, Governor

Dear Hospital Administrator:

You are invited to participate in a nation-wide FLEX ***Medicare Beneficiary Quality Improvement Program (*MBQIP**). The Federal Office of Rural Health Policy (ORHP), our FLEX grantor, created MQBIP to support critical access hospitals in quality data reporting. Their goal is to build a national data base of uniformly reported data that will be used to examine the effectiveness of QI initiatives and identify best practices. The Federal ORHP is seeking 100% participation by CAHs in submitting data to the CMS Q-Net Data Warehouse.

We are asking you to participate in MBQIP by agreeing to:

1. Collect the Phase I Hospital Indicators, starting September 1, 2011. Phase I Indicators:
   - Pneumonia: Hospital Compare CMS Core Measures;
   - Congestive Heart Failure: Hospital Compare CMS Core Measures; and
   - 30-day Readmission rates: Pneumonia and Congestive Heart Failure.
2. Starting September 1, 2012, collect Phase 1 and Phase 2 Hospital Indicators. Phase 2 indicators:
   - Outpatient 1-7: Hospital Compare CMS Measure; and
   - Hospital Consumer Assessment of Healthcare Providers and System.
3. Grant the Federal ORHP permission to access this data in the CMS Q-Net Data Warehouse. The Federal ORHP will only be analyzing hospital-level data.

While this initiative is voluntary, the Federal ORHP is strongly encouraging CAHs to participate as a step in preparing for anticipated future mandatory Medicare reporting.

We know that many Kansas CAHs already submit data to the CMS Q-Net Data Warehouse. We hope you will agree to participate in MBQIP as it shouldn't change your work load, just expedite access to your hospital's data. In so doing, the federal ORHP will report it back to the State FLEX programs sooner. You will also have access to free, regionally-available trainings to refresh existing staff or train new staff on using the CMS Abstraction and Reporting Tool (CART).

If you are not currently reporting or have never reported, MQBIP offers your CAH a great time to start. As mandatory reporting is around the corner, through MBQIP, hospitals can phase in reporting. Additionally, hospitals can access FLEX-offered technical assistance and resources, for example, free CMS CART training.

The Kansas Office of Rural Health and the Kansas FLEX program heartily supports the Federal ORHP's efforts to develop a CAH QI initiative of national scope. This will allow the Federal ORHP to perform national benchmarking, identify CAH best QI practices and showcase the quality of care and services available in CAHs. As an innovative leader in developing QI programming, Kansas can continue to lead the way.

Kansas facilities have made great strides in quality improvement and our hospital administrators have played a pivotal role in those efforts. We hope you will participate in this national collaborative project. Please complete and electronically return the accompanying participation agreement to Allen Sester at asester@kdheks.gov **by Friday, July 8**. Don't hesitate to contact me at 785-291-3796 if you have any questions.

Sincerely,

Sara M. Roberts

Director, Rural Health and FLEX Program