



FLEX Medicare Beneficiary Quality Improvement Project

Critical Access Hospitals are rural hospitals that receive cost-based reimbursement from Medicare to help their financial performance and prevent hospital closures. About 1,320 hospitals in rural areas throughout the U.S. are certified by the Medicare program as Critical Access Hospitals.

The FLEX Medicare Beneficiary Quality Improvement Project works with Critical Access Hospitals to improve patient care and operations. Participating hospitals will report a set of annual quality measures and those that do not already, will submit data to Hospital Compare, Medicare's web-based tool that gives consumers access to measures that show whether or not hospitals provide some of the care that is recommended for patients being treated for a heart attack, heart failure, pneumonia, asthma (children only) or patients having surgery.

Phase 1 (FY 2012) will focus on pneumonia and congestive heart failure measures. Phase 2 (FY 2013) will expand to outpatient and the Hospital Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Phase 3 (FY 2013) will include pharmacy review of orders and outpatient emergency department transfer communication.

Funding

In Fiscal Year 2010, HRSA has allocated \$22.9 million in funding to 45 grantees receiving the Medicare Rural Hospital Flexibility award. FLEX Medicare States participating in this program will use their grant program dollars to fund outreach activities to Critical Access Hospitals in their state. The amount of funding each state will allocate to this project will vary.

Participants

FLEX Medicare Beneficiary Quality Improvement is a voluntary project that will begin in FY 2011. The HRSA Office of Rural Health Policy strongly encourages participation, both to improve patient care and hospital services at the participating Critical Access Hospital and to share knowledge and improve quality nationwide.

Partners

HRSA has entered into cooperative agreements with the Universities of Minnesota, North Carolina-Chapel Hill, and Southern Maine (the FLEX Monitoring team) to evaluate the data submitted and with the National Rural Health Resource Center (Technical Assistance and Services Center) to provide grantee mentoring and technical assistance during this project.

For more information, including specific measures and timelines, please see <http://www.ruralcenter.org/tasc/resources/medicare-beneficiary-quality-improvement-project-mbqip>.