# SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM (SHIP)

# FY 2022 Hospital Grant Application A (Short Form)

***Return to [Insert SHIP SORH]* by:** **[*Insert Due Date*]**

To help facilitate the awards process the SORH will submit one SHIP application on behalf of all eligible hospital applicants to Federal Office of Rural Health Policy (FORHP)**.** *This form must be completed and returned to the SORH for hospital to be included in the FY2022 SHIP Progress Report*. The SORH will award equal funding to each eligible hospital.

# General Information

Hospital Name:       CMS Certification Number (CCN): #

Hospital Data Universal Number System (DUNS) Number:

**Does your hospital participate in any of the following Centers for Medicare and Medicaid Services (CMS) programs?**

Medicare Shared Savings Program  Yes  No

Other Accountable Care Organization Model ☐ Yes ☐ No

Hospital Inpatient Quality Reporting Program  Yes  No

Hospital Compare  Yes  No

Hospital Value-Based Purchasing Program (PPS Hospitals Only)  Yes  No

# SHIP Allowable Investments: Planned FY 2022 (June 1, 2022 - May 31, 2023) Expenditures

From the SHIP Allowable Investments Menu below, check the boxes that indicate your proposed activities. In the final box, indicate the dollar amount by, investment category. **Total Budget Estimate CANNOT exceed $12.836.**

**Refer to** [SHIP Allowable Investments](https://www.ruralcenter.org/ship/allowable-investments) **webpage or use the** [Allowable Investments Search Tool](https://www.ruralcenter.org/ship/allowable-investments/search-tool) for the FY 2022 Allowable Investments with examples and resources.

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| **Value-Based Purchasing (VPB) Investment Activities** | | |
| **Activities that support improved data collection to facilitate quality reporting and improvement.** | **Hospital Activity(s):** | **Briefly describe the Activity** |
| A. Quality reporting data collection/related training or software |  |  |
| B. HCAHPS data collection process/related training |  |  |
| C. Efficiency or quality improvement training in support of VBP related initiatives |  |  |
| D. Provider-Based Clinic quality measures education |  |  |
| E. Alternative Payment Model and Quality Payment Program training/education |  |  |

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| **Accountable Care Organization (ACO) or Shared Savings Investment Activities** | | | |
| **Activities that support the development or the basic tenets of ACOs or shared savings programs.** | **Hospital Activity(s):** | **Briefly describe the Activity** |
| A. Computerized provider order entry implementation and/or training |  |  |
| B. Pharmacy services training, hardware/software and machines (Not pharmacists’ services or medications) |  |  |
| C. Population Health or disease registry training and/or software/hardware |  |  |
| D. Social Determinants of Health Screening software/training |  |  |
| E. Efficiency or quality improvement training in support of ACO or shared savings related initiatives |  |  |
| F. Systems performance training in support of ACO or shared savings related initiatives |  |  |
| G. Mobile health and telehealth hardware/ software (not telecommunications) |  |  |
| H. Community paramedicine hardware/software and training |  |  |
| I. Health Information Technology (HIT) training for value and ACOs including training, software and risk assessments associated with cybersecurity. |  |  |

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| **Payment Bundling (PB) or Prospective Payment System (PPS) Investment Activities** | | | |
| **Activities that improve hospital financial processes.** | **Hospital Activity(s)** | **Briefly describe the Activity** |
| A. ICD-10 software |  |  |
| B. ICD-10 training |  |  |
| C. Efficiency or quality improvement training in support of PB or PPS related initiatives |  |  |
| D. S-10 Cost Reporting training |  |  |
| E. Pricing Transparency training |  |  |

| **Investment Category** | **Amount Requested** | **Percent by Category** |
| --- | --- | --- |
| VBP Investment Activities | *Enter Amount* | *Enter Percent of funding* |
| ACO or Shared Savings Investment Activities | *Enter Amount* | *Enter Percent* |
| PB or PPS Investment Activities | *Enter Amount* | *Enter Percent* |
| **Total Requested** | **$12,836.00** | **100%** |

# FY2021 (June 1, 2021 - May 31, 2022) Investments & Expenditures (Returning Hospitals Only****)****

1. Do you anticipate expending all FY2021 funds by the end of the current budget period (May 31, 2022)?

Yes  No Briefly explain challenges. *Click here to enter text.*

1. Briefly describe activity and progress by investment category.

*VBP*: *Click here to enter text.* Activities conducted in a network or consortium?  Yes  No

*Progress:*  Started  Not started  Completed

*ACO*: *Click here to enter text.* Activities conducted in a network or consortium?  Yes  No

*Progress:*  Started  Not started  Completed

*PPS/PB*: *Click here to enter text.* Activities conducted in a network or consortium?  Yes  No

*Progress:*  Started  Not started  Completed

1. Briefly describe lessons learned and/or investment impact (such as number of participants that attended training). *Click here to enter text.*

# FY2022 Network/Consortium Expenditures

Will FY2022 funds be allocated to a SHIP network/consortium? (A network formed solely for the purposes of SHIP?)  Yes network/consortium name: *Click here to enter text.*  No

Will FY2022 SHIP funds be allocated to any ***other*** network/consortium? (A network formed for purposes other than SHIP that offers programs/services that SHIP hospital can “buy into” with SHIP funds?)

Yesnetwork/consortium name*: Click here to enter text.*  No

# FY2022 Special Innovations Project Expenditures

Will FY2022 funds be allocated to a Special Innovations Project?

Yes Brief Description: *Click here to enter text.*  No

# Signature

By signing this application, you are affirming adherence to all FY2022 SHIP eligibility and program requirements including the selection of investment(s) activities based FY2022 SHIP Allowable Investment Instructions. Hospitals that purchase hardware and/or software or training services that are not listed on the SHIP Purchasing Menu will be subject to penalties including suspension from the next SHIP funding opportunity.

*Note: Prior approval from your state SHIP Coordinator is required before changing investments; no changes can be made after the mid-year point.*

**Administrator/CEO Signature:**  **Date:**

**Hospital SHIP Coordinator Signature: Date:**

(E-signatures are acceptable.)