FY 2025 Small Rural Hospital Improvement Program (SHIP) Non-Competing Continuation (NCC) Webinar

December 3, 2024

National Rural Health Resource Center

U.S. Department of
Health and Human Services

Enhancing the health and well-being of all Americans

HRSA

Health Resources & Services Administration

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Housekeeping Reminders

- Enter your name and state in the chat box for attendance

- Closed captioning is available

- When not speaking, please keep microphones muted

- Use chat box, raise hand feature, or come off mute to ask questions

- A copy of recording and slides will be made available

- Please take a moment to complete the polling questions on your screen

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Announcements and Reminders

- **TASC/SHIP recently completed a listserv email migration.**
  - Action required to ensure you still have access to the Flex Forum and other Center-hosted External SharePoints (ones from past Flex Learning Collaboratives and Workshops, for example.)
  - No action is required from you to keep receiving listserv emails related to TASC and SHIP.
  - Please reach out to SHIP-TA (ship-ta@ruralcenter.org) if you think you are not receiving the appropriate emails or if you need support accessing an External SharePoint and we can troubleshoot.

- **MBQIP Virtual Knowledge Group (VKG) call Tomorrow**
  - 12/4/24 2:00 p.m. CT

- **TASC 90 webinar – Financial Resources for State Flex Programs**
  - 12/12/24 2:00 p.m. CT

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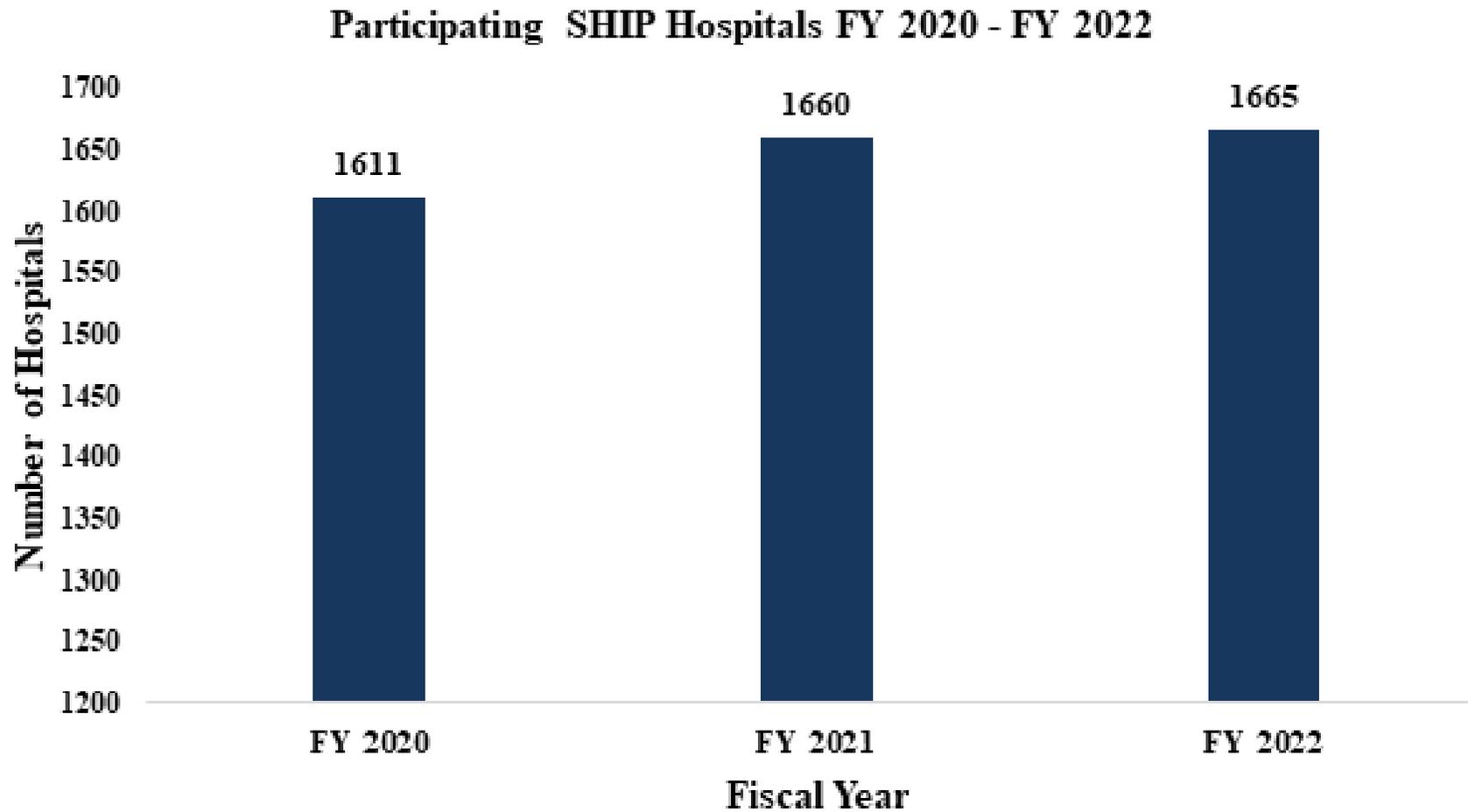National Rural Health Resource Center

Agenda

- Data & Trends
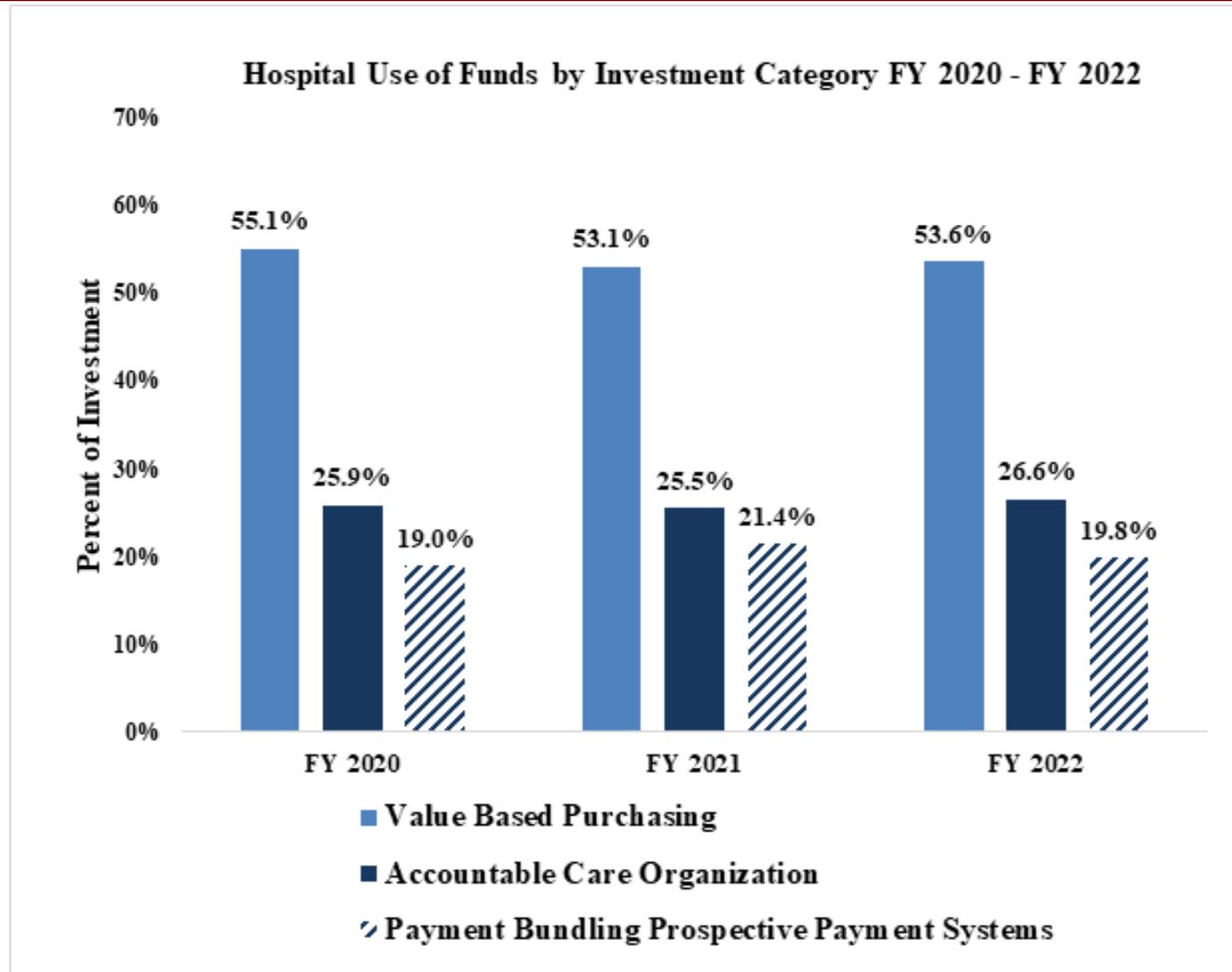- Purpose
- Hospital Eligibility
- Priority Requirements
- Hospital Applications
- EHB Submissions
- DCP Submissions
- SHIP-TA
- Contacts
- Questions

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Data & Trends

Participating SHIP Hospitals FY 2020 - FY 2022

Data & Trends

Hospital Use of Funds by Investment Category FY 2020 - FY 2022

Data & Trends

Small Rural Hospital Improvement Program by Payment Type, FY 2022

Payment Type
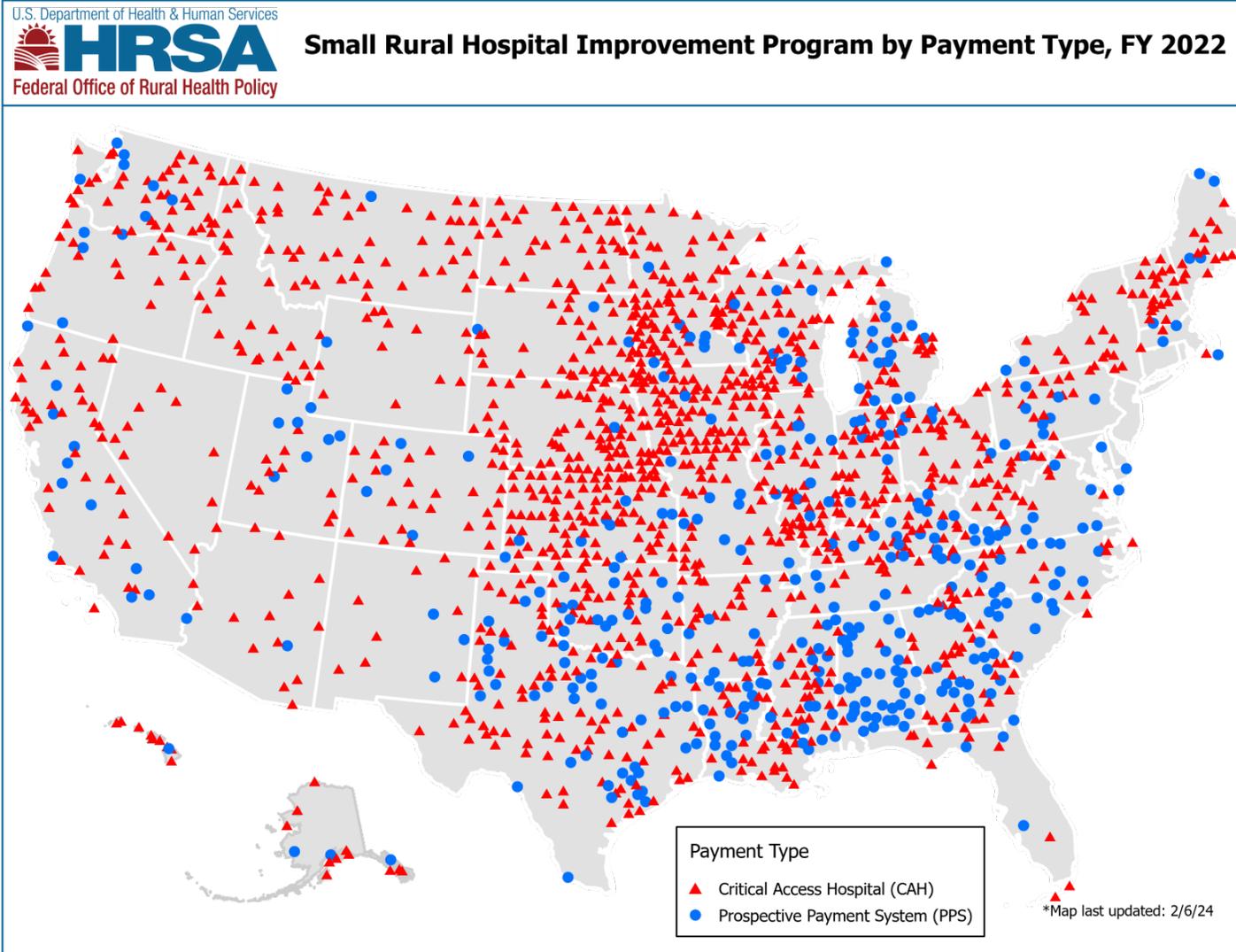▲ Critical Access Hospital (CAH)
● Prospective Payment System (PPS)

*Map last updated: 2/6/24

Purpose

- The purpose of this program is to help small rural hospitals with 49 beds or fewer implement quality and operational improvement efforts to align with value-based care
- SHIP supports eligible small rural hospitals in meeting value-based payment and care goals for their respective organizations through purchases of hardware, software, and training. SHIP also assists such hospitals in participating in delivery system reforms such as to become or join a Medicare Shared Savings Program or Accountable Care Organizations (ACOs), participate in other shared saving programs, and purchase health information technology (hardware/software), equipment, and/or training to comply with quality improvement activities such as advancing patient care information, promoting interoperability, and payment bundling.

Hospital Eligibility

1) "eligible small rural hospital" is defined as a non-federal, short-term general acute care hospital that: (i) is located in a rural area as defined in 42 U.S.C. 1395ww(d) and (ii) has 49 available beds or fewer, as reported on the hospital's most recently filed Medicare Cost Report;

2) "rural area" is defined as either: (1) located outside of a Metropolitan Statistical Area (MSA); (2) located within a rural census tract of a MSA, as determined under the Goldsmith Modification or the Rural Urban Commuting Areas (RUCAs) or (3) is being treated as if being located in a rural area pursuant to 42 U.S.C. 1395(d)(8)(E); and,

3) Eligible small rural hospitals may be for-profit or not-for-profit, including faith-based. Hospitals in U.S. territories as well as tribally operated hospitals under Titles I and V of P.L. 93-638 are eligible.

REHs are not eligible for SHIP funding

Priority Requirements

- CAHs:
  - MBQIP
- If after meeting the priority requirement funds remain, CAHs may propose additional activities
- Refer to the:
  - Allowable investment search tool
  - Allowable investment [PDF](PDF)
- SORH SHIP coordinator and PO approval

Hospital Applications

- REMINDER – YOU ARE REQUESTING FUNDING FOR ***PARTICIPATING*** HOSPITALS, NOT NECESSARILY THE TOTALITY OF ELIGIBILE small rural hospitals in your state
- YOU MUST COLLECT and retain SIGNED HOSPITAL APPLICATIONS Short Form A or Long Form B (or obtain the same information using electronic means)
- Per the terms of your award, HRSA may request the hospital applications at any time in order to verify the number of hospitals, hospital eligibility, hospital activities, and amount of funding requested

- Be sure you are collecting this information from your hospitals EARLY and have conducted your own internal verifications. HRSA returning submissions for revisions may cause a delay in funding.

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FY 2025 NCC – DUE FEBRUARY 1

Reporting Periods:

- June 1, 2024 – May 31, 2025 (current year)
- June 1, 2025 – May 31, 2026 (future year)

How to submit in EHB:

https://grants.hrsa.gov/EAuthNS/external/account/SignIn

1. Locate the grant for which you want to work on the NCC Progress Report and under **Submissions** click on **Work On Noncompeting Progress Report**

2. Click the **Noncompeting Continuations** link in the left side menu. Your pending NCC Progress Report will appear listed.

3. Click the **Start Report** or **Edit Report** link to access

Section
Basic Information
SF-PPR
SF-PPR-2 (Cover Page Continuation)
Performance Narrative
Budget Information
SF-424A Budget Information
Budget Narrative
Appendices
Attachment 1
Attachment 2
Attachment 3
Attachment 4
Attachment 5
Attachment 6
Attachment 7

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SF-424A & Budget Narrative – DUE FEBRUARY 1

- SF-424A Form

  - Fillable in EHB

  - Reporting Period: June 1, 2025 – May 31, 2026

  - **Estimated $13,832 per hospital**

- Budget Narrative should align with:

  - State workplan (disburse funds, coordinate activities, monitor hospitals, etc.)

  - State unallowable categories: Travel, Equipment, Supplies, Construction, and Other

  - HHS Allowable Cost (45 CFR Part 75, Subpart E – Cost Principles)

Attachments in EHB – DUE FEBRUARY 1

- Current (FY 2024) Workplan with progress updates
- Future (FY 2025) Workplan
- FY 2025 Budget Justification Narrative
- Staffing Plan and Position Descriptions
- Bio Sketches/Resumes of new staff
- FY 2024 Hospital Deviation
- Other relevant documents

- If an attachment is not applicable, please indicate as such

DCP (fka Salesforce) – DUE FEBRUARY 1

- https://hrsa-dcpaas.my.site.com/pars
- Revise hospitals activity progress or add any new activities on FY24 report
  - Remember! DO NOT DELETE activities – indicate it was abandoned using the "none" progress
  - Mark inactive any hospital who was funded but has since closed, converted to REH, declined funds, etc., will spend no funds, and funds will be returned to HRSA
- Hospital information for FY25 report will be pre-populated – you MUST verify Form 1!
- Add any new PARTICIPATING hospitals for FY25
- Deactivate non-participating or newly ineligible hospitals that will not be funded in FY25
- Indicate participating hospitals' proposed activities and allocate estimated funding for FY25

DCP (fka Salesforce) – DUE FEBRUARY 1

Accountable Care Organization (ACO) or Shared Savings	G. Telehealth or mobile health training or hardware/software	Education, training hardware/software and machines	Not Started
Accountable Care Organization (ACO) or Shared Savings	G. Telehealth or mobile health training or hardware/software	Two mobile carts for interpretation services technology.	Not Started

What will/did they actually do?

Investment Categories ∨	SHIP Purchasing Menu Investments Type ∨	Describe the specific activity
Value-Based Purchasing (VBP)	B. MBQIP data collection process/related training	Training

Investment Cat... ∨	SHIP Purchasin... ∨	Describe the sp... ∨	Select the level... ∨
Payment Bundling (PB) or Prospective Payment Systems (PPS)	A. ICD-11 Software	3M Coding Software	Not Started

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DO NOT BE LATE! DUE FEBRUARY 1

- NCC review term
- Calculate HRSA, SHIP-TA if applicable, and internal deadlines backwards
- Check for completeness – we provide templates and guidance to help you ensure your submission does not require returns for revisions, which delay the funding process
- Your lateness causes the ENTIRE program to be late, not just your award

SHIP FY 2025
NCC Instructions & Attachments

FY24-25 Grant Guidance materials can be found at: *Grant Guidance and Reporting Templates*

SHIP Allowable Investments Toolkit

In This Toolkit

Toolkit

Accountable Care Organizations (ACO)

Provides examples of Accountable Care Organization investment activities and resources that align with the SHIP category to support SHIP-eligible hospitals with investments in training and improvement activities.

Toolkit

Value Based Purchasing (VBP)

Provides examples of Value-Based Purchasing investment activities and resources that align with the SHIP category to support SHIP-eligible hospitals with investments in training and improvement.

Toolkit

Payment Bundling (PB)/Prospective Payment System (PPS)

Provides examples of Payment Bundling/Prospective Payment System investment activities and resources that align with the SHIP category to support SHIP-eligible hospitals with investments in training and improvement activities.

Investment Categories

- Value Based Purchasing (VBP)
- Accountable Care Organizations (ACO)
- Payment Bundling (PB) / Prospective Payment System (PPS)

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SHIP Allowable Investments Search Tool

FY 2025 VBP Allowable Investments

VBP Investment Activities	Examples of Allowable Activities
A. Quality reporting data collection/related training or software	CAHs must participate in the Medicare Beneficiary Quality Improvement Project (MBQIP). MBQIP Resources: • Data Reporting and Use • MBQIP Quality Reporting Guide • Core Competency: Strengthening Quality Reporting and Improvement • Online MBQIP Data Abstraction Training Series • Emergency Department Transfer Communications Any activity to support process improvements that result in improved quality reporting and/or inpatient and outpatient measures for PPS acute care hospitals. • QualityNet • Hospital Outpatient Quality Reporting Program

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FY 2025 VBP Allowable Investments

VBP Investment Activities	Examples of Allowable Activities
C. Efficiency or quality improvement training in support of VBP related initiatives	To support MBQIP measures in patient safety and care transitions, consider adopting Six Sigma, Lean, Plan-Do-Study-Act, or other such efficiency or quality improvement processes to address performance issues related to VBP initiatives, such as the following: • Value Based Care in Action • Discharge planning • Patient safety • Reducing readmissions • Antibiotic stewardship • Immunization • Hospital Safety Training & Emergency Preparedness • Reducing Disparities in Readmissions

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FY 2025 ACO Allowable Investments

ACO or Shared Savings Investment Activities	Examples of Allowable Activities
D. Social drivers/determinants of health (SDOH) screening software/training	Software and training for analysis of social drivers/determinants of health (SDOH) for improving health outcomes and care management programs. • Social Drivers of Health and Health-Related Social Needs • County Health Rankings • Centers for Disease Control and Prevention (CDC) Tools for SDOH

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FY 2025 ACO Allowable Investments

ACO or Shared Savings Investment Activities	Examples of Allowable Activities
I. Health Information Technology (HIT) training for value and ACOs including training, software, and risk assessments associated with cybersecurity	SHIP supports HIT hardware/software and training, including risk assessments for cybersecurity and health equity. • Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients (HICP) Guide • Cybersecurity & Risk Advisory Service • Security Risk Assessment Tool • Collecting Sexual Orientation and Gender Identity Information and other expanded demographic data

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FY 2025 PB/PPS Allowable Investments

PB or PPS Investment Activities	Examples of Allowable Activities
A. ICD-11 software	Hospitals may use funds to support an ICD-10 vendor to assist them in fully implementing and/or updating ICD-10-CM and related software/hardware to prepare for ICD-11. Hospitals may also use funds for: • Trainings that update and computerizes hospital policies and procedures to implement ICD-11 • Hardware/software investments that improve quality, efficiencies, and coding

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FY 2025 PB/PPS Allowable Investments

PB or PPS Investment Activities	Examples of Allowable Activities

B. ICD-11 training	Hospitals may use funds to support an ICD-10 vendor facilitate ICD-10-CM trainings and/or ICD-11 preparedness trainings. This may include:
	
	• Training to support coding and reimbursement to prepare for and implement ICD -11
	
	    ○ ICD-11 for SHIP Grantees
	
	    ○ WHO International Classification of Diseases, WHO ICD-11 Homepage
	
	    ○ NCVHS Workgroup on Timely and Strategic Action to Inform ICD-11 Policy
	
	• Training to support Revenue Cycle Management documentation improvements that result in increased coding compliance
	
	• Revenue Cycle Bootcamp Part I
	
	• Revenue Cycle Bootcamp Part II
	
	• Training for collecting and reporting on Z-Codes (SDOH)

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SHIP-TA NCC Resources

- SHIP Performance Management and Evaluation Webinar

- SHIP 101 Webinar

- SHIP Frequently Asked Questions (FAQs)

- SHIP-TA Team NCC Workplan or Narrative Review
  - Last day to submit to SHIP-TA for review is **Wednesday, January 8, 2025**
  - Allow 5 business-day turnaround by SHIP-TA
  - NCC due February 1, 2025 to HRSA Electronic Handbook (EHB) and DCP (fka Salesforce)
  - Reach out to ship-ta@ruralcenter.org

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Contacts

- POs:
  - Krista Mastel
  - Jeanene Meyers
- GMSs:
  - Lissette Young
  - Whitney Watkins
  - Kristian Walker
  - James Padgett
  - Kimberly Dews
  - Kenya Myers
  - Bria Haley

- SHIP-TA
  - Guidance
  - Search Tool
  - Email

- HRSA Manage Your Grant
- DCP (fka Salesforce) and EHB Helpdesk 1-877-464-4772

Questions?

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