

Small Rural Hospital Improvement Program (SHIP)

Fiscal Year (FY) 2021 Non-Completing Continuation (NCC) Guidance Webinar

December 10, 2020

Question and Answers

NCC Dates and Logistics

What is the reporting period for FY2021?

- The FY2021 NCC submission requires reporting progress on the previous year for FY2020, June 1, 2020 - May 31, 2021.

What is the due date for the NCC progress in the Electronic Handbook (EHB)?

- Tuesday, February 23, 2021

Will you be sending this presentation to us?

- Yes, the slides and playback are available on the [SHIP website Grant Guidance](#) page.

If we anticipate adding hospitals to our application, do you want a heads up in advance?

- No, that isn't necessary to notify FORHP or SHIP-TA in advance of submission of NCC.

If an item requires a project officer's approval, what documentation do you need sent to the PO?

- If the item is listed in the SHIP Allowable Investments Search Tool as needing prior approval, please submit an email to your SHIP Project Officer, Sallay Barrie or Jeanene Meyers, with your question about the hospital activity requested, funding category, and expected outcomes.

Changes to NCC/Suspending of SHIP Priorities

Is there any difference from the previous hospital funding spreadsheet?

- Yes, both spreadsheets (Attachments #2 and #4) are updated with relevant dates, progress information, the Data Universal Numbering System (DUNS) numbers, funding amount at \$11,855, and a new activity: Social Determinants of Health (SDOH) software.

The requirement of DUNS numbers is new to this year. What happens if a hospital does not have a DUNS number? If a hospital does not have DUNS number, how do you want us to handle that on the report?

- If a hospital does not have a DUNS number, SORH may enter the hospital's Unique Entity Identifier (UEI), which is a unique number assigned to all entities (public and private companies, individuals, institutions, or organizations) who register to do business with the federal government. Please indicate on Attachment 4 in column C if the number listed is a UEI number in lieu of DUNS by adding "(UEI)" next to the number in the same column. For more information about UEIs, visit [GSA's UEI](https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-information-kit/unique-entity-identifier-update) information page <https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-information-kit/unique-entity-identifier-update>

Will the suspending of SHIP priorities continue into the future?

- For FY2021, HCAHPS reporting priority for SHIP is suspended due to the COVID-19 pandemic and the impact on small rural hospitals. It is uncertain what the SHIP priorities if any will be in FY2022. ICD-10 coding priority item is suspended due to most hospitals having completed the conversion to the ICD-10 system for accurate billing. . It is uncertain what the SHIP priorities if any will be in FY2022.

Without the "Priority" for HCAHPS and CODING/Billing training -- can we continue to do those activities, so the hospitals continue to participate?

- Yes, SHIP supports eligible hospitals in meeting value-based payment and care goals for their respective organizations, through purchases of hardware, software and training to comply with quality improvement activities. SHIP also enables small rural hospitals to invest in software and training to support coding and reimbursement; training to support documentation improvements that result in increased coding [compliance](#); hardware/software investments that improve quality, efficiencies, and training that improves processes through adoption of best practices and the transition to value-based payment strategies.

When you says HCAHPS is no longer a priority for SHIP, does this mean HCAHPS is no longer a requirement to participate?

- Yes, that is correct. HCAHPS has been a priority in SHIP to support the Flex Medicare Beneficiary Quality Improvement Project work. However, with the impacts of COVID-19 FORHP aims to relieve reporting burden for all small rural hospitals during the COVID-19 pandemic, so while we highly encourage continued reporting for CAHS and other small rural hospitals, we are suspending the HCAHPS priority for FY2021 SHIP.

When you mention HCAHPS and ICD-10 not being a priority for 2021, does that mean those hospitals who are ineligible because they do not meet the HCAHPS requirement are eligible in 2021?

- Yes, they are eligible in FY2021 if the hospital meets other eligibility criteria of size and location.

Will hospitals be required to retroactively report (HCAHPS) for FY 2021?

- For the **SHIP**, we will **not** require hospitals retroactively report HCAHPS in 2021.
- For the Flex Medicare Beneficiary Quality Improvement Project (MBQIP), FORHP continue to monitor CMS
- Earlier this year, FORHP suspended eligibility requirements for the Flex Medicare Beneficiary Quality Improvement Project (MBQIP), (September 1, 2020 – August 31, 2021) with a similar goal to support states and CAHs during the pandemic. For additional details about the

measures included in the full eligibility requirement criteria, please refer to the [flex eligibility document](#).

- At this time, FORHP has not yet made a decision to waive further MBQIP eligibility time periods (calculated through data reported in 2020 – 2021 encounters) or require retroactive reporting for HCAHPS under MBQIP. For questions related to HCAHPS reporting under MBQIP please contact MBQIP@hrsa.gov.

In saying we're encouraged to spend on quality improvement, does that still mean only hardware/software and training for quality improvement, or has it expanded?

- Yes, SHIP supports eligible hospitals in meeting value-based payment and care goals for their respective organizations, through purchases of hardware, software, and training. This has not been expanded.

Would it be possible to get a list of allowable/unallowable activities?

- The allowable activities are listed in the [FY2021 Allowable Investments](#).
- For a list of unallowable activities that are frequently asked about, please use the [Allowable Investments Search Tool](#), and choose *Unallowable* for the Investment Status.

Pricing Transparency

For pricing transparency, they won't meet the January 1, 2021 deadline because they won't be able to start activities until June 1, 2021 correct?

- This has been an allowable activity and was on the list for FY 2020 SHIP Allowable Investments.

What kind of investments are being considered. Does FORHP have more info than the Final Rule re: Price Transparency? Is there anticipated ongoing support needed?

- [Hospital Pricing Transparency training](#), software or hardware is an allowable activity in the current program year as well FY2020.

- With regards to using funds to pay for consultant or vendor to build a price transparency software, this is NOT allowable. Purchasing software for price estimation or an online data base for meeting the price transparency rule is allowed. However, if consultants provide training related to price transparency to hospital staff so that they can continue to operate and update the website, that is allowable for the first year as training enhances staff capacity, adds new skills, or provides needed education. Ultimately, SHIP funds should not be used to cover a hospital's operational cost year after year, as this is not sustainable and alignment with the program's intent.

Many of the allowable investments specify training but I want to make sure like for pricing transparency or quality - can SHIP hospitals pay for a consultant to help them improve quality or pay for a consultant to help them develop the pricing transparency website?

- Yes, the key is that it includes training for hospital staff.
- Includes training on using the website or demonstrate that the contractor is providing software such as the price estimator tool or designing a database on the website for searching prices.
- It would not pay for staff time for website development. Contractor time for training, installation of tool, software for price estimator is allowable.
- SHIP funds for development of the price transparency website, but the consultant needs to also provide training related to price transparency to hospital staff in order for that to be allowable.

COVID SHIP

Please see the newly updated COVID SHIP FAQs on the SHIP website here: <https://www.ruralcenter.org/ship/cares-act>

For COVID SHIP, if hospitals have already spent all their funds, is there a way to close them out rather than have them continue to do quarterly reports?

- Yes, SORHs are required to submit all 6 of the quarterly report in the EHBs. If a hospital has spent all funds in addition to all activities completed and provided all required documentation to the SORHS,

then the hospital would not need to submit additional information the SORHs. However, SORHs must include all hospitals in each quarterly report submission. [See page 17 of the COVID SHIP Funding Guidance FAQ.](#)

COVID has shifted hospitals' spending priorities. For instance, having security guards at hospital entrances to ensure visitors comply with screening. In light of this, will HRSA allow SHIP funds to be used on these unusual, yet necessary, expenses?

- Unallowable SHIP investments include, but are not limited to, travel costs, hospital patient care services, hospital staff salaries, or general medical and office supplies. Additionally, SHIP funds may not be applied to support coronavirus-related (COVID-19) activities or be used to supplement program activities under the COVID-SHIP grant.

Do we anticipate additional funding or opportunities using the SHIP mechanism going forward as with the COVID funding?

- As of the recording of this webinar, no new funding or opportunities have been announced using SHIP mechanism related to COVID. FORHP will communicate any changes or updates related to COVID funding when they are announced.

Other

Looking forward, I suspect a county will switch from rural to metro. How will this impact a SHIP hospital that is in that county, but outside of the metro area?

- Rural at the time of the SHIP application based on the [eligibility criteria](#).

To verify rural, we use only the HRSA rural eligibility tool.

- Use [HRSA's Rural Health Grants Eligibility Analyzer](#) to verify hospital and rural designation.
- The HRSA Rural eligibility tool is one source. However, in the SHIP eligibility criterion, see "rural area" defined in the small rural hospital eligibility criteria highlighted below. The third prong of this definition

speaks to hospitals being treated as if being located in rural pursuant to [42 USC 1395ww\(d\)\(8\)\(E\)](#), which states in part that The hospital is located in an area designated by any law or regulation of such State as a rural area (or is designated by such State as a rural hospital). To the extent that hospitals provide a copy of the state regulation or law validating state rural designation, the hospital could be eligible to apply for RHPTP—provided that all other RHPTP program eligibility criteria is satisfied.

- From SHIP Guidance of hospital eligibility. 2) "rural area" is defined as either: (1) located outside of a Metropolitan Statistical Area (MSA); (2) located within a rural census tract of an 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);

Do you have any examples of Telehealth Consortiums or Networks, or is there even a such thing?

- Telehealth consortiums and networks are important for rural health providers to pursue equipment and software group purchasing, implementation contracting, and group training. [Telehealth networks](#) are an active program funded by the Health Resources and Services Administration Federal Office of Rural Health Policy (FORHP). Also, the [Rural Health Network Development Program](#) has funded projects focused on telehealth. Providers have participated in networks to access [Project ECHO](#) education in care coordination. Some examples of Telehealth Networks include
 - Alabama Partnership for Telehealth
 - [Illinois Telehealth Network](#)
 - Palmetto Care Connections
 - [HCC of Lafayette County's Health Information Technology Workgroup](#)