



Flex Year 2 Wrap Up

September 2, 2021

Victoria Leach
Public Health Analyst
Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People



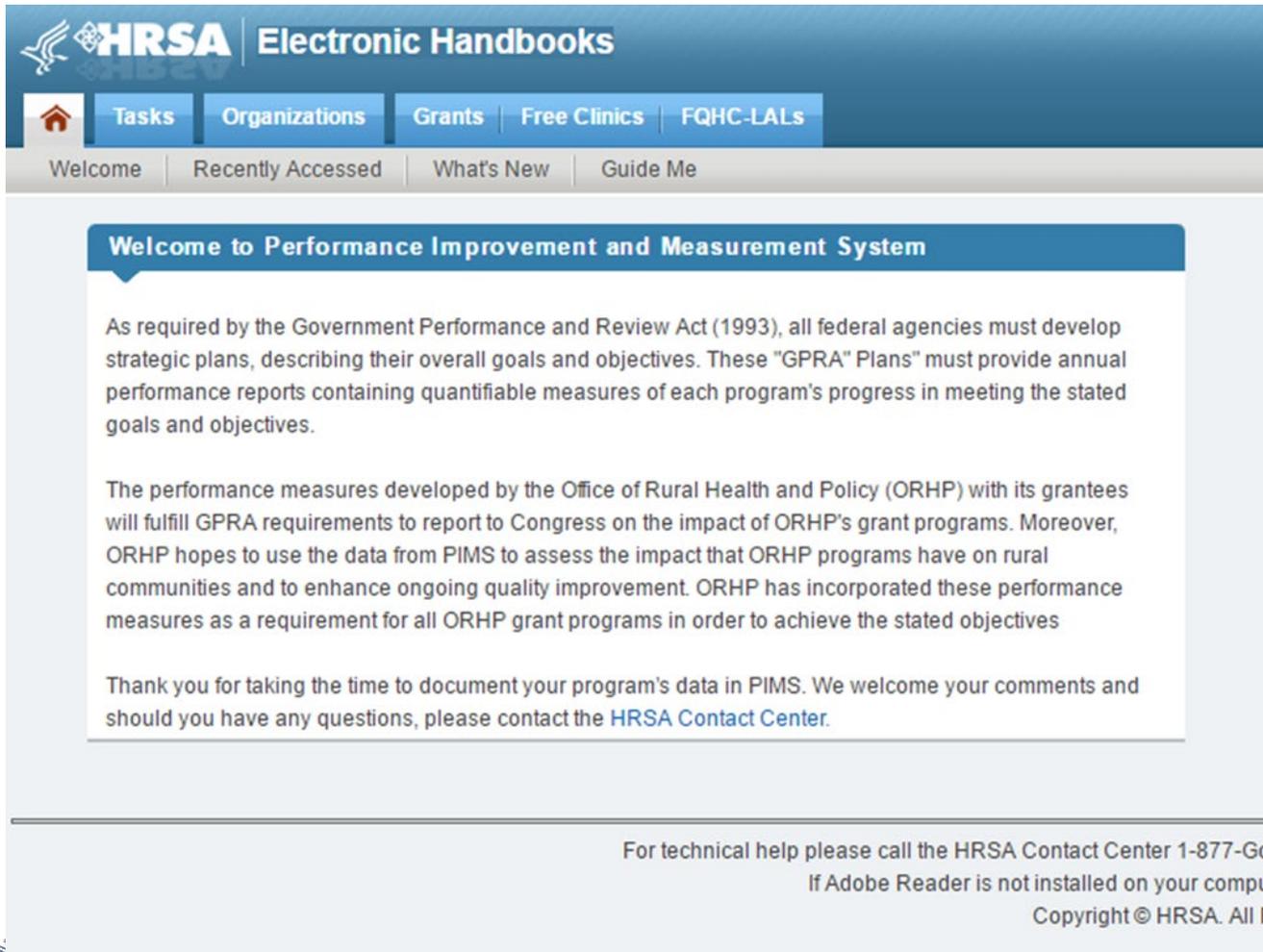
Overview

AGENDA

- FY 2019 PIMS Results
- FY 2020 PIMS Data Collection
- End of Year Report
 - End of Year Report – EMS Supplement
- Federal Financial Report Submission
 - Carryover Request



What is PIMS?



The screenshot shows the HRSA Electronic Handbooks website. The header includes the HRSA logo and the text "Electronic Handbooks". Below the header is a navigation bar with tabs for "Tasks", "Organizations", "Grants", "Free Clinics", and "FQHC-LALs". A secondary navigation bar contains links for "Welcome", "Recently Accessed", "What's New", and "Guide Me". The main content area features a blue header that reads "Welcome to Performance Improvement and Measurement System". Below this, there is a paragraph explaining the requirement for federal agencies to develop strategic plans under the Government Performance and Review Act (1993). A second paragraph describes how the Office of Rural Health and Policy (ORHP) uses PIMS data to assess the impact of its grant programs. A third paragraph thanks users for documenting their program data and provides contact information for the HRSA Contact Center. At the bottom of the page, there is a footer with technical help information and a copyright notice.

Welcome to Performance Improvement and Measurement System

As required by the Government Performance and Review Act (1993), all federal agencies must develop strategic plans, describing their overall goals and objectives. These "GPRA" Plans" must provide annual performance reports containing quantifiable measures of each program's progress in meeting the stated goals and objectives.

The performance measures developed by the Office of Rural Health and Policy (ORHP) with its grantees will fulfill GPRA requirements to report to Congress on the impact of ORHP's grant programs. Moreover, ORHP hopes to use the data from PIMS to assess the impact that ORHP programs have on rural communities and to enhance ongoing quality improvement. ORHP has incorporated these performance measures as a requirement for all ORHP grant programs in order to achieve the stated objectives

Thank you for taking the time to document your program's data in PIMS. We welcome your comments and should you have any questions, please contact the [HRSA Contact Center](#).

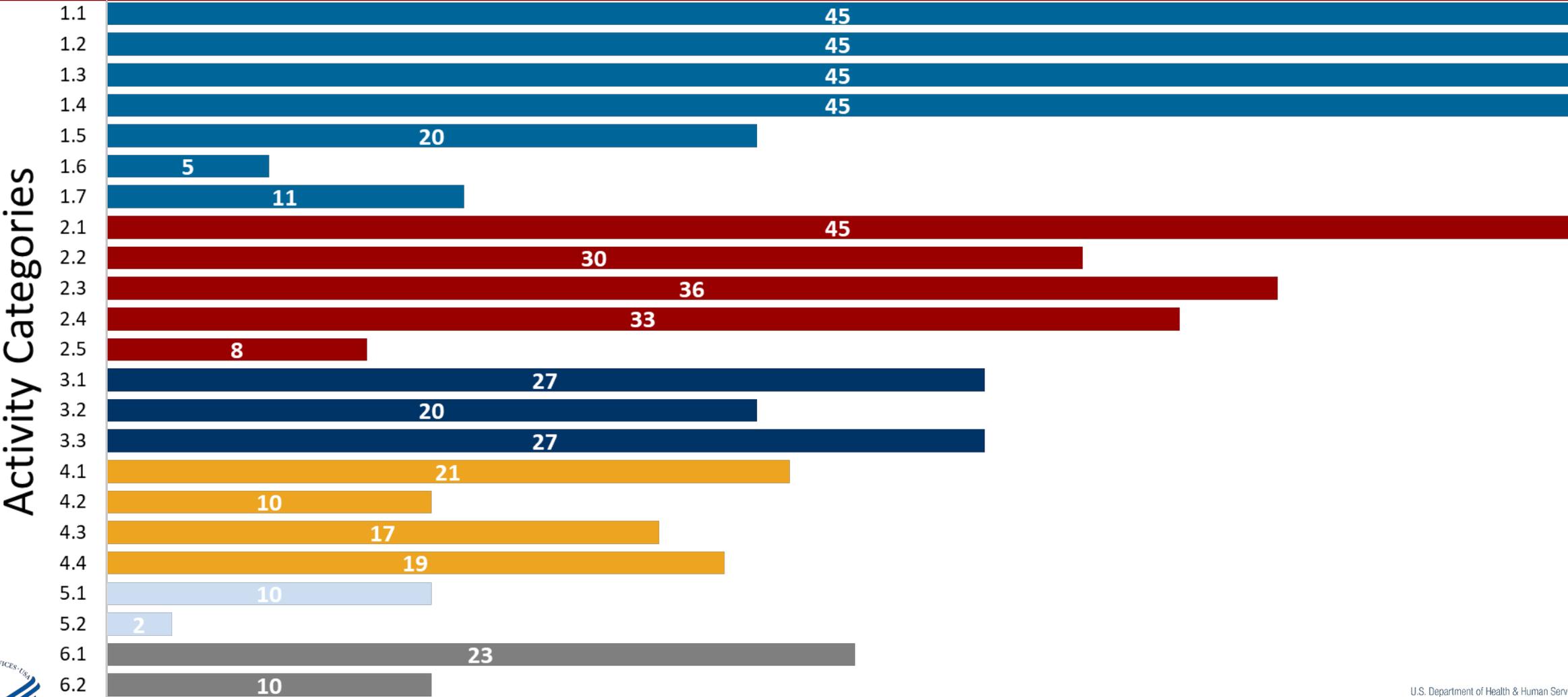
For technical help please call the HRSA Contact Center 1-877-Go-
If Adobe Reader is not installed on your comput
Copyright © HRSA. All R

- Allow FORHP identify future baselines, track trends and improvement, identify best practices.
- Inform TASC and RQITA's Tool and TA resource development strategies for not only MBQIP but other parts of Flex
- Provides more context for FMT's evaluations and in-depth analyses.
- Informs HHS Leaders and Congress of the 'Impact' Flex is having and what *opportunities* still exist for improvement.

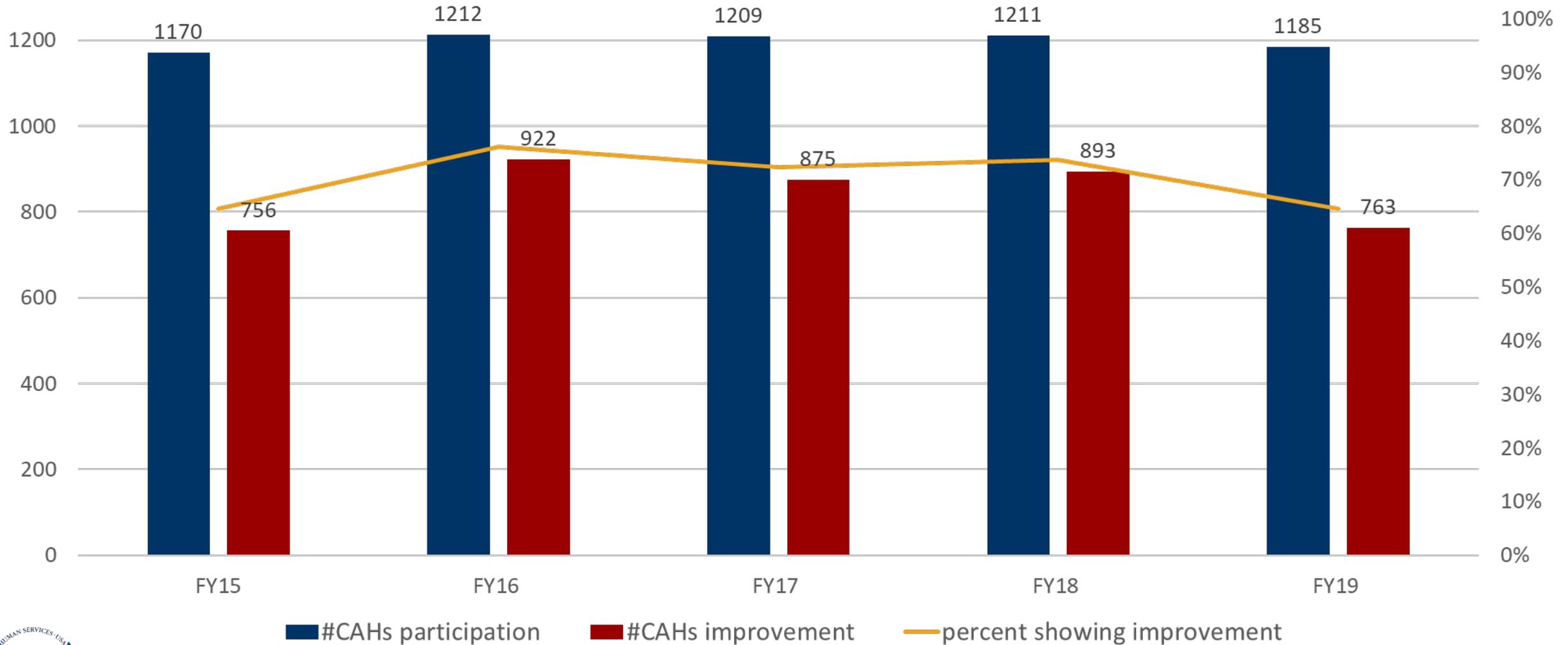
FY 2019 PIMS Results



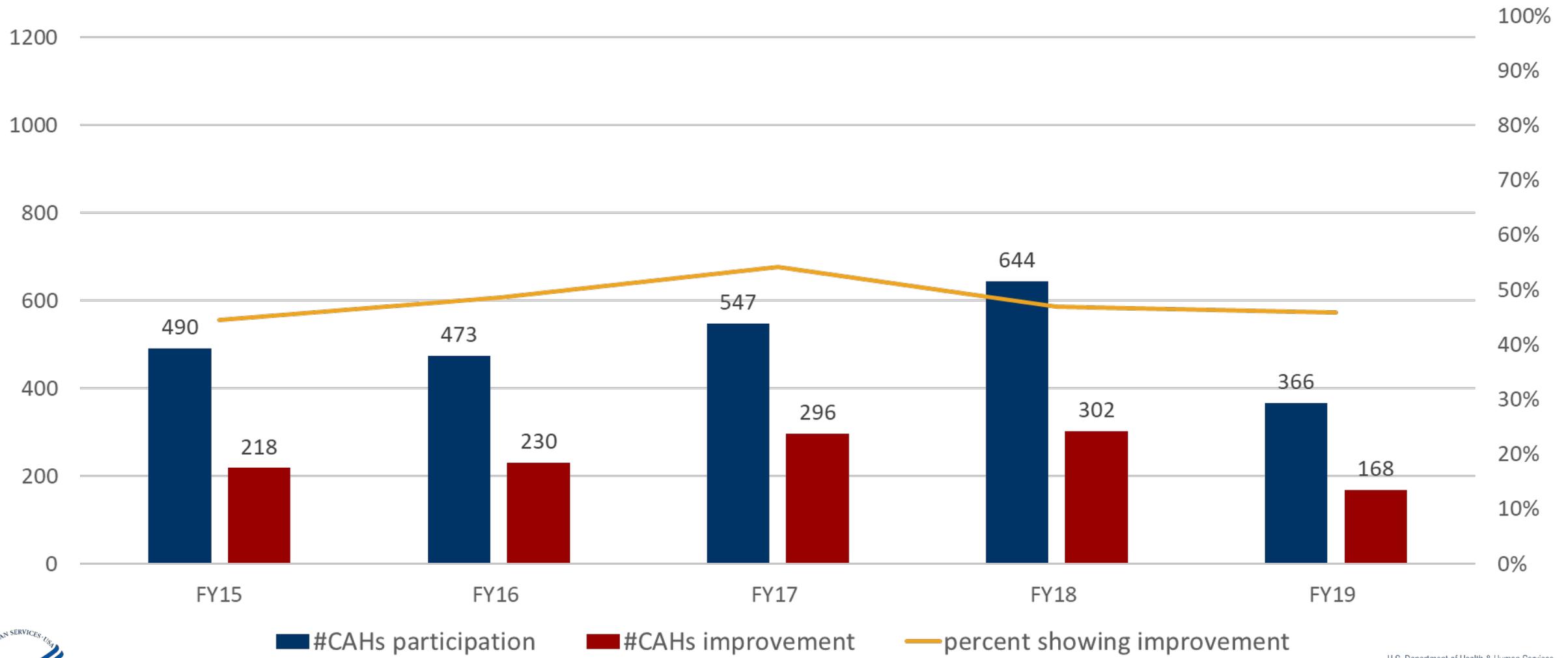
Number of States Working in Each Flex Program Area FY 2019



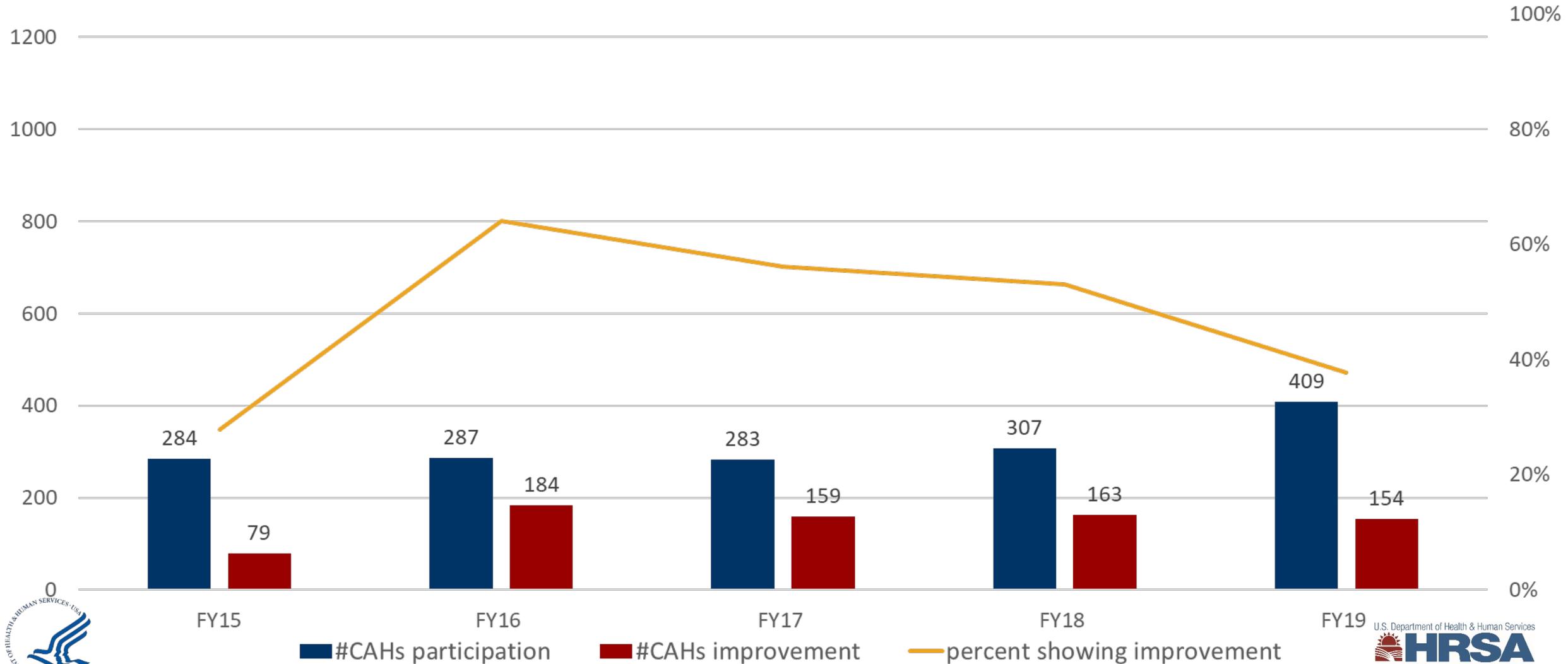
Core Measures Quality Improvement



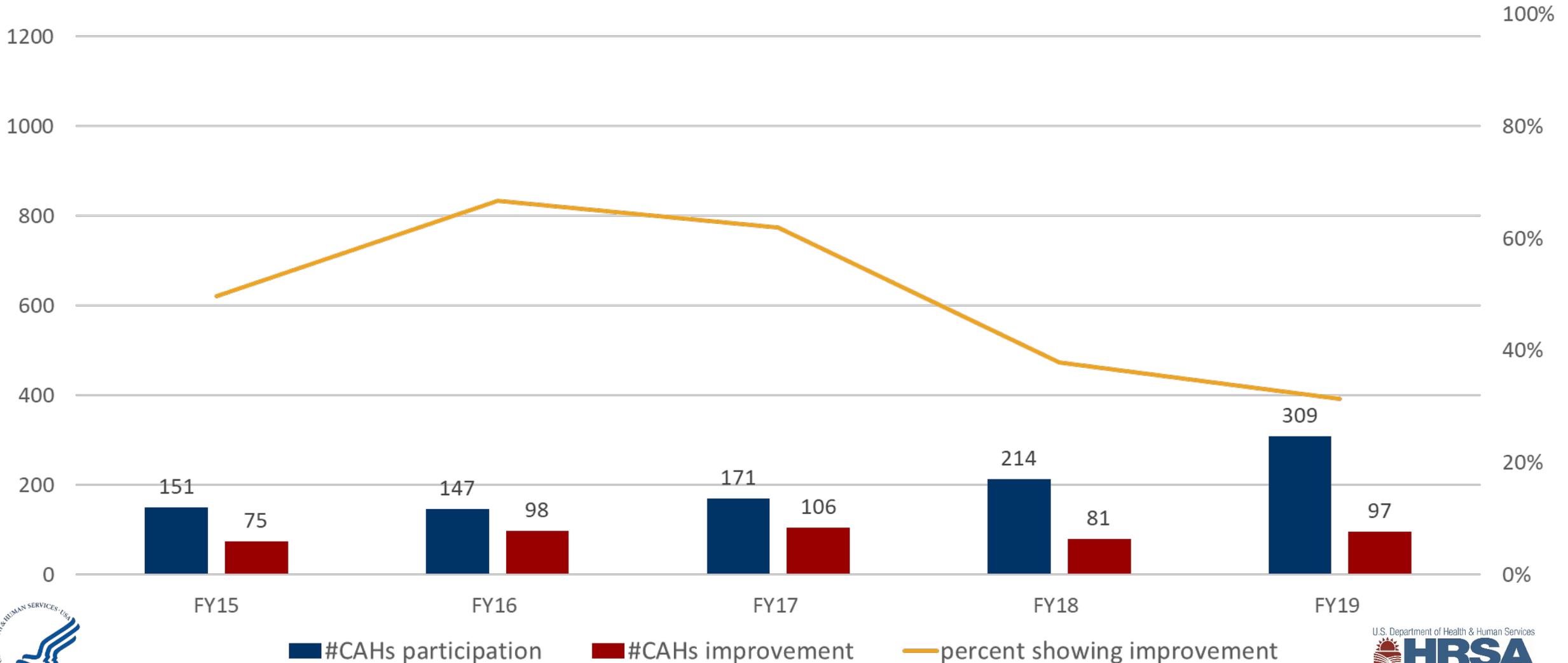
Additional Measures Quality Improvement



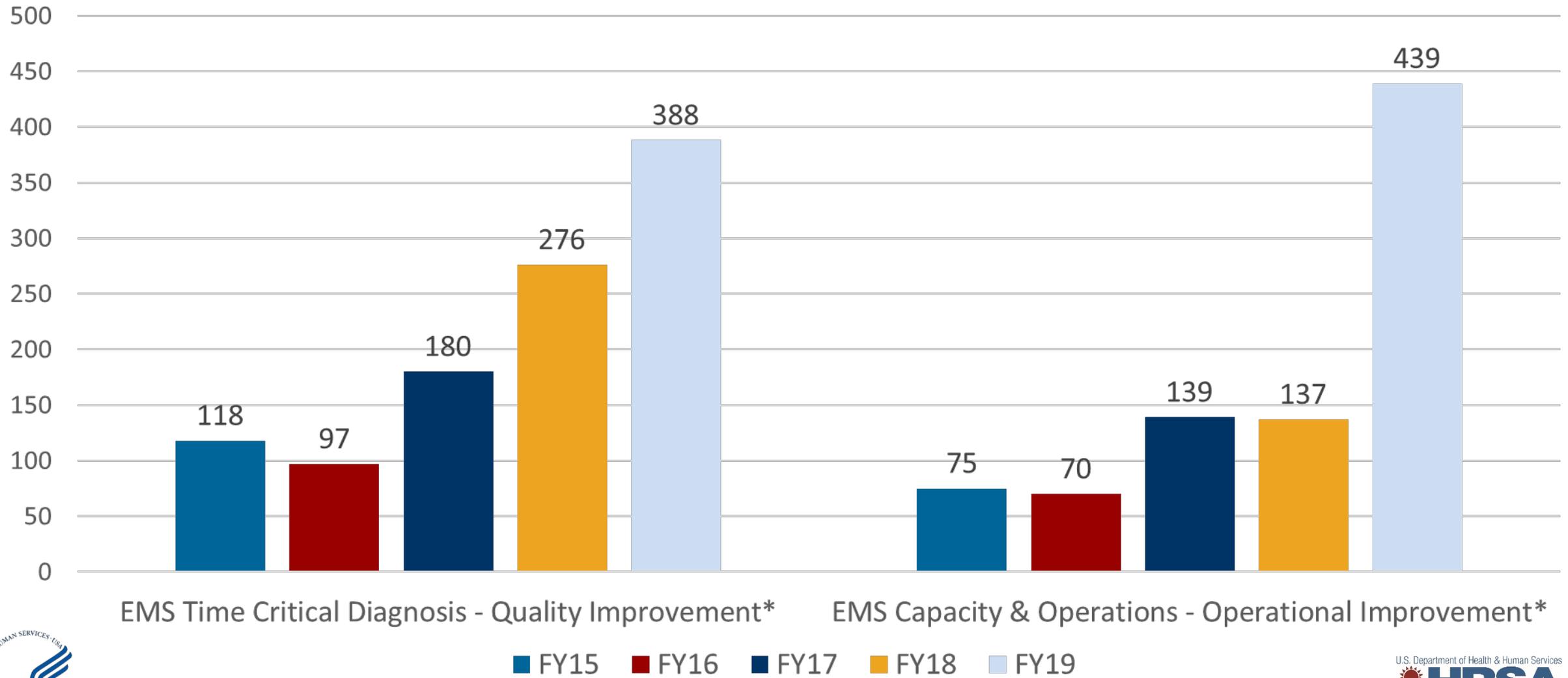
Operational Improvement 2.4



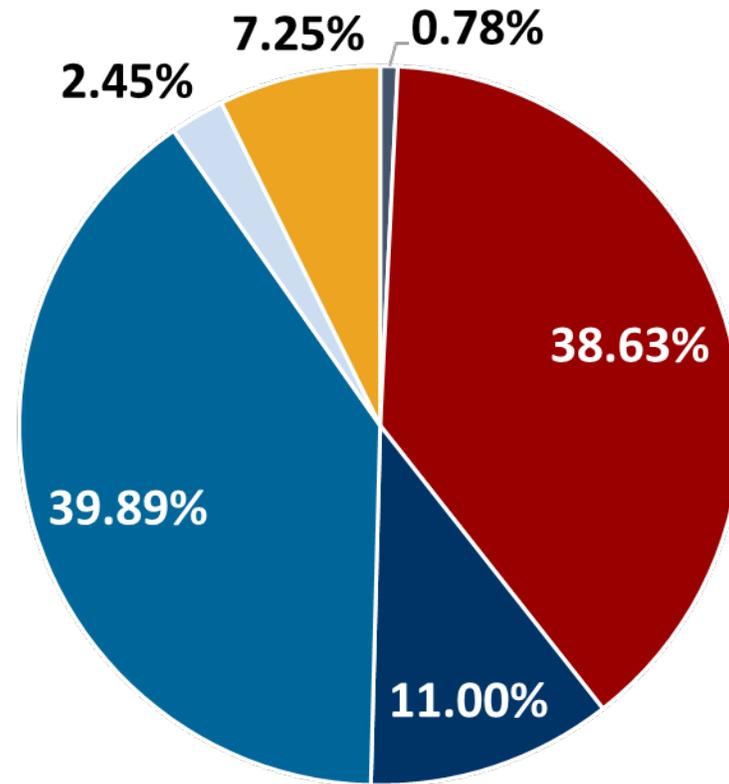
Population Health Improvement 3.1



Number of EMS Entities Participating in Flex EMS



Flex Spending FY 2019 - \$24,174,259



■ CAH Designation

■ CAH Population Health Improvement

■ Innovative Model Development

■ CAH Operational and Financial Improvement

■ CAH Quality Improvement

■ Rural EMS Improvement

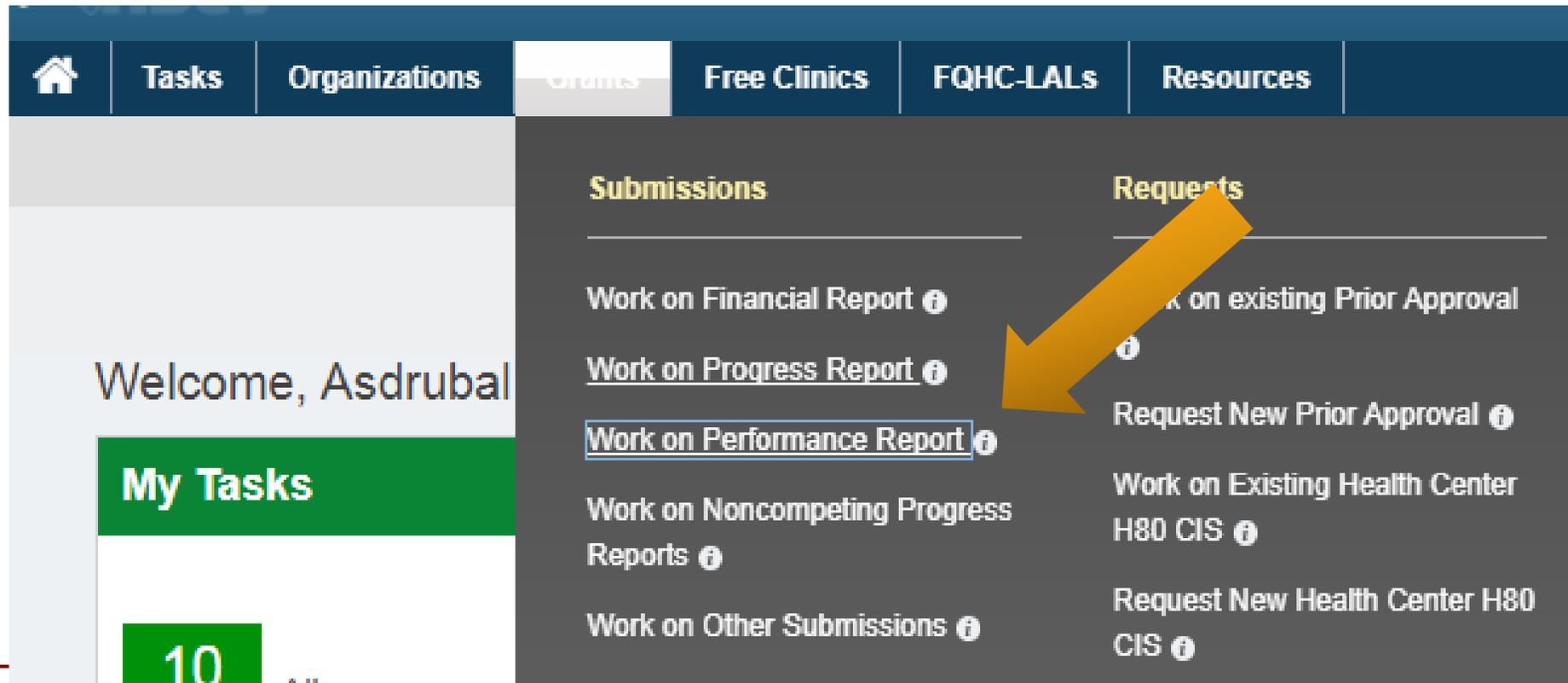


FY 2020 PIMS Data Collection



How do you find PIMS?

- Access through EHB
 - Video on how to [access performance reports](#)
- Open September 1 – October 30 (**Friday, October 29th**)



The screenshot shows the HRSA EHB portal interface. At the top, there is a navigation bar with tabs for Home, Tasks, Organizations, Grants, Free Clinics, FQHC-LALs, and Resources. The 'Grants' tab is selected, and a dropdown menu is open. The dropdown menu is divided into two columns: 'Submissions' and 'Requests'. Under 'Submissions', the items are: 'Work on Financial Report', 'Work on Progress Report', 'Work on Performance Report' (which is highlighted with a blue box and a yellow arrow), 'Work on Noncompeting Progress Reports', and 'Work on Other Submissions'. Under 'Requests', the items are: 'Work on existing Prior Approval', 'Request New Prior Approval', 'Work on Existing Health Center H80 CIS', and 'Request New Health Center H80 CIS'. On the left side of the page, there is a 'My Tasks' section with a green header and a large green box containing the number '10'. The user's name 'Welcome, Asdrubal' is visible above the 'My Tasks' section. The HRSA logo is in the bottom right corner.

PIMS Instructions

Reporting Instructions and Data Dictionary for FY 2020 Flex Program PIMS

*FORHP Performance Improvement and Measurement System
Medicare Rural Hospital Flexibility Program
Program years FY 2019 – FY 2023 (9/1/2019 – 8/31/2024)*



Updated PIMS Data Collection

- Now have 8 forms instead of 7
- Updated activity names to match work plan
- Please report on any FY 2019 activities and funds carried over into the FY 2020 year



PIMS Reporting Process

1. Log in to EHB, go to performance reports, and open PIMS
2. Select the applicable activities (via check box) for your state's Flex program
3. Record individual CAH participation and improvement in each selected activity category
4. Record your program spending in each activity category
5. Save each page and mark complete
6. Validate and submit your data
7. Your project officer will review your PIMS data and may ask for clarification or corrections



PIMS Support

The screenshot shows the HRSA Electronic Handbooks interface. At the top, there is a navigation bar with the HRSA logo and the text "Electronic Handbooks". On the right side of the top bar, there are links for "Support", "Logout", "Contact Us", and "FORHP Instructions". Below the top bar, there is a secondary navigation bar with links for "Tasks", "Organizations", "Grants", "Free Clinics", "FQHC-LALs", and "Resources". A "Welcome" message and "Recently Accessed" section are visible. A yellow banner contains the heading "Getting Started with the Handbooks" and three links: "Recommended Browser Settings", "User Interface Crosswalk", and "Tour the Handbooks!". On the left side, a "NAVIGATION" sidebar lists "Grantee Data Entry" and six numbered selection pages. The main content area displays the "Medicare Hospital Flexibility" page. It includes an "Instructions" section with a link to the FORHP Instructions. Below that, a grant entry for "U2WRH00005: POLYCROME BOUNCE STATE BOARD OF NURSING" is shown with a review status of "In Progress". The grant details include the grant number, grantee name, current report period (9/1/2019 - 8/31/2020), report due date (10/31/2020), and submitted date (N/A). A "Resources" section is also present, containing a "Grant" link and a "Related H54 Grant Folder". A session expiration timer in the top right corner indicates "Your session will expire in: 19:28".

HRSA Electronic Handbooks Environment: Development Carol Manciel 98819 Support Logout Contact Us FORHP Instructions

Welcome Recently Accessed What's New Guide Me Wednesday, 19th August 2020 01:57:04 PM

Getting Started with the Handbooks

- Recommended Browser Settings
- User Interface Crosswalk
- Tour the Handbooks!

NAVIGATION Grantee Data Entry

1. Selection Page
2. CAH Quality Improvement
3. CAH Operational and Financial Improvement
4. CAH Population Health Improvement
5. Rural EMS Improvement
6. Innovative Model Transformation

Medicare Hospital Flexibility

Your session will expire in: 19:28

Instructions:
For help on this page, please click the FORHP Instructions link under Support at the top right of the page.

U2WRH00005: POLYCROME BOUNCE STATE BOARD OF NURSING Review Status: In Progress

Grant Number: U2WRH00005 Grantee: POLYCROME BOUNCE STATE BOARD OF NURSING
Current Report Period: 9/1/2019 - 8/31/2020 Report Due Date: 10/31/2020 Submitted Date: N/A

Resources

Grant
Related H54 Grant Folder



Linkage to H54 Flex Grant

The screenshot displays the HRSA Electronic Handbooks interface. At the top, the navigation bar includes 'Tasks', 'Organizations', 'Grants', 'Free Clinics', 'FOHC-LALs', and 'Resources'. The main content area is titled 'Medicare Hospital Flexibility' and shows details for grant U2WRH00005. A red box highlights the 'Resources' section, which contains a link to the 'Related H54 Grant Folder'. The interface also includes a sidebar with navigation options and a public burden statement at the bottom.

HRSA Electronic Handbooks Environment: Development Carrol Manciet 98819... Support Logout

Tasks Organizations Grants Free Clinics FOHC-LALs Resources

Welcome Recently Accessed What's New Guide Me

Getting Started with the Handbooks

- Recommended Browser Settings
- User Interface Crosswalk
- Tour the Handbooks!

NAVIGATION

Grantee Data Entry

- 1. Selection Page
- 2. CAH Quality Improvement
- 3. CAH Operational and Financial Improvement
- 4. CAH Population Health Improvement
- 5. Rural EMS Improvement
- 6. Innovative Model Development
- 7. CAH Designation
- 8. Flex Spending

Reports

- Grantee Raw Data Report
- Comparison Summary Report
- Comparison Trend Report

Medicare Hospital Flexibility Your session will expire in: 19:52

Instructions:
For help on this page, please click the FORHP Instructions link under Support at the top right of the page.

U2WRH00005: POLYCROME BOUNCE STATE BOARD OF NURSING Review Status: In Progress

Grant Number: U2WRH00005 Grantee: POLYCROME BOUNCE STATE BOARD OF NURSING
Current Report Period: 9/1/2019 - 8/31/2020 Report Due Date: 10/31/2020 Submitted Date: N/A

Resources

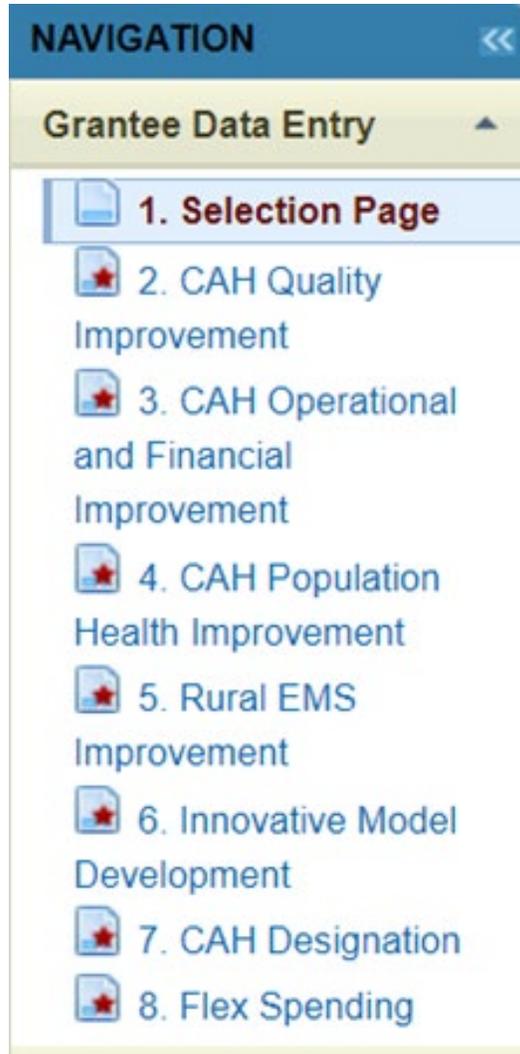
- Grant
- Related H54 Grant Folder

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0363. Public reporting burden for this collection of information is estimated to average 70 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

Federal Office of Rural Health Policy
Flex Selection Page



PIMS Navigation



→ Report Structure

⎵ Data Entry



First check your CAH list

Quality Improvement

Core MBQIP Metrics

1.01 Core Patient Safety Quality Improvement: OP-27

Please indicate which CAHs participated and improved in the Core MBQIP Domain 1 Patient Safety activities for HCP (aka OP-27) during the budget period. Select all that apply.

CAH Name	Historical Participation	Participation	Improvement
Select All		<input type="checkbox"/>	<input type="checkbox"/>
381305 - Blue Mountain Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381320 - Columbia Memorial Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381312 - Coquille Valley Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381322 - Curry General Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381325 - Good Shepherd Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381321 - Grande Ronde Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381307 - Harney District Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381309 - Lake District Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381311 - Lower Umpqua Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381301 - Peacehealth Cottage Grove Community Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381316 - Peacehealth Peace Harbor Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381310 - Pioneer Memorial Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381318 - Providence Hood River Memorial Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381303 - Providence Seaside Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381302 - Samaratin North Lincoln Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381323 - Samaritan Lebanon Community Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381314 - Samaritan Pacific Communities Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381304 - Southern Coos Hospital And Health Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Select your activity categories

Flex Selection Page

Applicable Measure ?	Measure
<input checked="" type="checkbox"/>	1.1 - Report and improve Core Patient Safety/Inpatient Measures, including develop antibiotic stewardship programs (required annually)
<input checked="" type="checkbox"/>	1.2 - Report and improve Core Patient Engagement Measures (required annually)
<input checked="" type="checkbox"/>	1.3 - Report and improve Core Core Transitions Measures (required annually)
<input checked="" type="checkbox"/>	1.4 - Report and improve Core Outpatient Measures (required annually)
<input type="checkbox"/>	1.5 - Report and improve Additional Patient Safety Measures (optional)
<input type="checkbox"/>	1.6 - Report and improve Additional Patient Engagement Measures (optional)
<input type="checkbox"/>	1.7 - Report and improve Additional Core Transitions Measures (optional)
<input type="checkbox"/>	1.8 - Report and improve Additional Outpatient Measures (optional)
<input checked="" type="checkbox"/>	2.1 - Statewide operation and financial needs assessment (required annually)
<input type="checkbox"/>	2.2 - Individual CAH-specific needs assessment and action planning (optional)
<input type="checkbox"/>	2.3 - Financial improvement (optional)
<input type="checkbox"/>	2.4 - Operational improvement (optional)
<input type="checkbox"/>	2.5 - Value-based payment projects (optional)
<input type="checkbox"/>	3.1 - Support CAHs identifying community and resource needs (optional)
<input type="checkbox"/>	3.2 - Assist CAHs to build strategies to prioritize and address unmet needs of the community (optional)
<input type="checkbox"/>	3.3 - Assist CAHs to engage with community stakeholders and public health experts and address specific health needs (optional)
<input type="checkbox"/>	4.1 - Statewide rural EMS needs assessment and action planning (optional)
<input type="checkbox"/>	4.2 - Community-level rural EMS assessments and action planning (optional)
<input type="checkbox"/>	4.3 - EMS operational improvement (optional)
<input type="checkbox"/>	4.4 - EMS quality improvement (optional)
<input type="checkbox"/>	5.1 - Develop and test innovative models and publish report or documentation of the innovation (optional)
<input type="checkbox"/>	5.2 - Develop and test CAH outpatient clinic (including CAH-owned rural health clinics) quality reporting and publish report or documentation (optional)
<input type="checkbox"/>	6.1 - CAH conversions (required if assistance is requested by rural hospitals)
<input type="checkbox"/>	6.2 - CAH transitions (required if assistance is requested by CAHs)



Next enter CAH data

CAH Name	Historical Participation	Participation	Improvement
<i>Select All</i>		<input type="checkbox"/>	<input type="checkbox"/>
381305 - Blue Mountain Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381320 - Columbia Memorial Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381312 - Coquille Valley Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381322 - Curry General Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381325 - Good Shepherd Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381321 - Grande Ronde Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
381315 - St. Alphonsus-Baker City	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
381319 - St. Anthony Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
381313 - St. Charles-Prineville	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
381324 - St. Charles-Madras	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
381317 - Tillamook County General Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381306 - Wallowa Memorial Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381308 - West Valley Community Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:	17	8	4



Reminder: Historical Participation

CAH Name	Historical Participation	Participation	Improvement
<i>Select All</i>		<input type="checkbox"/>	<input type="checkbox"/>
381305 - Blue Mountain Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381320 - Columbia Memorial Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381312 - Coquille Valley Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381322 - Curry General Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381325 - Good Shepherd Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381321 - Grande Ronde Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Historical Participation will be checked if a CAH previously reported participation in FY 2019.



Sections with different data entry

- 2.1: No CAH selection, just record spending.
- 4.1: No entry, just record spending.
- 4.2: Number of EMS entities participating
- 4.3: Number of EMS entities participating
- 4.4: Number of EMS entities participating
- 5.1: Only CAH participation, number of reports/documents created
- 5.2: Only CAH participation, number of reports/document created
- 6.1: Number of hospitals requesting assistance in converting to CAH status, number of hospitals successfully converting to CAH status, number of hospitals requesting assistance but did not convert, listing of hospitals that did not convert.
- 6.2: Only CAH participation



Award Information Section

Award Information

List your Flex grant award amounts, any approved carryover, and any unspent funds in the fields below. Actual program spending for the year will calculate automatically.

Spending Summary

Total award for Current Report Period \$

Total approved carryover for Current Report Period \$

Enter 0 if none.

Total unspent funds for Current Report Period \$

Enter 0 if none.

Actual Program Spending for Current Report Period \$0

[↑ Return to Top \(Index\)](#)

Total award + Carryover * –Unspent funds = Actual spending*

**** Carryover is any FY 2019 funds approved to spend in FY 2020****



Then enter spending data

Flex Spending

[Award Information](#) | [Quality Improvement](#) | [Financial and Operations Improvement](#) | [Population Health Management and Emergency Medical Service Integration](#) | [Total](#)

Award Information

List your Flex grant award amounts, any approved carryover, and any unspent funds in the fields below. Actual program spending for the year will calculate automatically.

Spending Summary

Total award for Current Report Period	\$ 302826
Total approved carryover for Current Report Period	\$ 35000
<i>Enter 0 if none.</i>	
Total unspent funds for Current Report Period	\$ 129547
<i>Enter 0 if none.</i>	
Actual Program Spending for Current Report Period	\$208279

[Return to Top \(Index\)](#)

Quality Improvement

Please enter the amount of Flex Funds utilized in the following activity categories. The amount should be a whole number.

1.01 Core Patient Safety Quality Improvement

Flex Funds utilized toward Activity 1.01	\$ 19925
--	----------

1.02 Core Patient Engagement Quality Improvement

Flex Funds utilized toward Activity 1.02	\$ 19925
--	----------



PIMS Flex Spending: Are these equal?

Actual Program Spending for Current Report Period

\$551500

≠

Total

Total Flex Funds Utilized

\$100000

 **Error:** One or more errors have occurred.

Total - Total Flex Funds Utilized Total Flex Funds Utilized must equal Actual Program Spending calculated in the Award Information section



Total award amounts

Appendix C: Flex FY 2020 Awards

State	Organization	Cooperative Agreement Number	Award Amount
AK	HEALTH AND SOCIAL SERVICES, ALASKA DEPARTMENT OF	U2WRH33307	\$611,422
AL	PUBLIC HEALTH, ALABAMA DEPARTMENT OF	U2WRH33293	\$364,358
AR	ARKANSAS DEPARTMENT OF HEALTH	U2WRH33304	\$602,319
AZ	University Of Arizona	U2WRH33311	\$551,961
CA	Department of Health Care Services	U2WRH33322	\$542,359
CO	COLORADO RURAL HEALTH CENTER	U2WRH33305	\$655,393
FL	Health, Florida Department of	U2WRH33316	\$511,289
GA	COMMUNITY HEALTH, GEORGIA DEPT OF	U2WRH33286	\$651,413
HI	HEALTH, HAWAII DEPARTMENT OF	U2WRH33300	\$446,074



Reminders



Mark each page Complete

Any Comments About this Form or the Data You Entered

Is this Form Complete?

If selected "No", you're not required to fill in all fields before you save.

No Yes

File Attachments

File to Upload: No file chosen

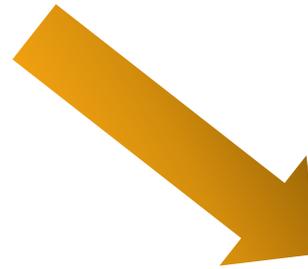
 [Attach File](#)



Confirm each page is complete

Grantee Data Entry ▲

- 1. Selection Page
- 2. Quality Improvement**



Grantee Data Entry ▲

- 1. Selection Page
- 2. Quality Improvement**



Reports

Reports ▲

- Grantee Raw Data Report
- Comparison Summary Report
- Comparison Trend Report

PDF Version ▲

- 09/01/2015 - 08/31/2016
- 09/01/2016 - 08/31/2017

Grantee Info ▲

- Grantee Information



EHB Help

7:00 a.m. to 8:00 p.m. Eastern Time (ET)
Monday through Friday

877-Go4-HRSA/877-464-4772

<https://www.hrsa.gov/about/contact/ehbhelp.aspx>

Once you receive a Ticket # please let me know Vleach@hrsa.gov



End of Year Report (EoYR)

- Due November 30, 2021 for FY 2020
 - **One significant accomplishment per Program Area**
 - Completed Work Plan for ALL activities in FY 2020 (September 1, 2020 – August 31, 2021)
- **Program Area 1: CAH Quality Improvement (required)**
 - **One Significant Accomplishment/Activity Details**

Describe the activity, including:

 - ✓ Describe the activity, how was it implemented and what were the expected outcomes?
 - **Impact**
 - ✓ What were the results of this activity? How did it impact the participating hospitals and overall Flex Program?
 - **Lessons Learned and Best Practices**
 - ✓ What were your lessons learned and/or best practices from implementing this activity that would be useful to other states that want to implement this in the future?
 - **Recommendations**
 - ✓ Do you recommend this activity for other Flex programs? Discuss why or why not.



End of Year Report (EoYR) EMS Supplement

Due November 30, 2021

- **Purpose and Current Status of the project**
 - Is your project on track?
 - How many agencies are participating?
 - How much time and effort did agencies need to put in for FY20?
- **Chart to summarize FY20 expenditures**
 - Include applicable carryover
- **Up-to-date Work Plan for FY 2020 (September 1, 2020 – August 31, 2021)**
- **Project Measures**
 - Provide a chart of your measures including the data from FY20
- **Barriers and Lessons Learned from FY20**
- **Recommendations (optional)**





Division of Grants Management Operations (DGMO)

Post Award Webinar - Federal Financial Report (FFR)

Medicare Rural Hospital Flexibility Program

Bria Haley

Grants Management Specialist

Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People



Federal Financial Report (FFR)

- All financial reporting for recipients of Health and Human Services (HHS) grants and cooperative agreements will be consolidated through a single point of entry, which has been identified as the Payment Management System (PMS). The FFR will be available for recipients to prepare, certify, and submit in PMS starting Oct. 1, 2020
- This initiative ensures:
 - all financial data is reported consistently through one source
 - shares reconciled financial data to the HHS grants management systems
 - assists with the timely financial monitoring and grant closeout
 - reduces expired award payments.



PMS Permissions or Request Access

Grantees who do not have access to PMS must submit a new user access request

<https://pms.psc.gov/grant-recipients/access-newuser.html>

Grantees who currently have access to PMS and are submitting/certifying the FFR's on behalf of their organization, should login to PMS and update their permissions to request access to the FFR Module

<https://pms.psc.gov/grant-recipients/access-changes.html>

It can take up to 3 days to process the User Access Request



FFR Workflow and Basic Information

- Recipients will navigate through several sections of the FFR to enter financial data
- Users can access details about specific FFRs (e.g., status history, uploaded documents, version history)
- The “Prepare Report” section of the FFR has several pre-populated fields including Federal agency name; grant number; organization name; DUNS number; EIN



FFR Workflow and Basic Information Continued

Federal Financial Report - Details

REPORT WORKFLOW:

Report Available

Prepare Report

Certify Report

Agency Review

Completed

Prepare Report

Report Details

Status History

Documents

Revision History

FEDERAL FINANCIAL REPORT

(Prescribed by OMB A-102 and A-110)

1. Federal Agency and Organizational Element to Which Report is Submitted:

ADMINISTRATION FOR CHILDREN

2. Federal Grant / Subaccount:

10AA000001

3. Recipient Organization (Name and complete address including Zip code):

CENTER FOR GENERIC RESEARCH
100 Some Street
Anywhere, VA 22222

4a. DUNS Number:

100000001

4b. EIN:

1000000001A1

*5. Recipient Account Number or Identifying Number:

0000P



FFR Basic Information Continued

- The FFR Report Frequency, as well as the Report Type are pre-populated fields based on awarding agency requirements
- The Basis of Accounting must be selected by the recipient; cash or accrual.
- The Project Period and Reporting Period End Date will also be pre-populated from the awarding agency



FFR Basic Information Further

6a. Report Frequency:	Semi-Annual	
*6b. Report Type:	Interim Report ▼	
*7. Basis of Accounting:	Accrual ▼	
8. Project/Grant Period (month,day,year):	From: 09/30/2016	To: 09/29/2019
9. Reporting Period End Date (month,day,year):	03/31/2017	



FFR Transactions Section

- In the FFR Transactions section, the first three fields (10a-10c) have always been captured in PMS
 - **Cash Receipts** – (pre-populated based on the current drawdowns in PMS)
 - **Cash Disbursements** – (pre-populated based on the disbursements last reported in PMS)
 - **Cash on Hand** (auto-calculated)



FFR Transactions Section Continued

*10. Transactions:

Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (on the GRANT LEVEL) for 10AA000001:

a. Cash Receipts:

153,257.23

b. Cash Disbursements:

153,257.22

c. Cash on Hand (line a minus b):

0.01



FFR Transactions Section Further

- Lines 10d-10h of the FFR Transactions section have been reported to the HRSA EHBs; these fields will be reported to PMS with the financial reporting consolidation
 - **Total Federal Funds Authorized** – Pre-populated from the award document
 - **Federal Share of Expenditures** – Entered by the recipient and should be cumulative for the grant document number
 - **Federal Share of Unliquidated Obligations** – Costs that have been incurred, but not yet paid (cash basis) or costs incurred, but expenditure not recorded (accrual basis).
 - **Unobligated Balance of Federal Funds** - Pre-populated based on the funds authorized minus the reported expenditures



FFR Transactions Section Final

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized:

200,000.00

e. Federal share of expenditures:

f. Federal share of unliquidated obligations:

g. Total Federal share (sum of lines e and f):

0.00

h. Unobligated balance of Federal funds (line d minus g):

200,000.00



FFR Recipient Share

Recipient Share:

- **Total Recipient Share Required (10i)** – pre-populated, if required by the program
- **Recipient Share of Expenditures (10j)** - cumulative amount of all recipient share expenses incurred
- **Remaining recipient share to be provided (10k)** – auto-calculated



FFR Recipient Share and Program Income

Recipient Share:

i. Total recipient share required:

20,000.00

j. Recipient share of expenditures:

k. Remaining recipient share to be provided (line i minus j):

0.00

Program Income:

l. Total Federal program income earned:

m. Program income expended in accordance with the deduction alternative:

n. Program income expended in accordance with the addition alternative:

o. Unexpended program income (line l minus line m or line n):



FFR Program Income

Program Income:

- **Total Federal Program Income Earned (10l)** - amount of Federal program income earned
- **Program Income Expended, Deduction Alternative (10m)**: amount of program income used to reduce Federal share of the total project costs
- **Program Income Expended, Addition Alternative (10n)**: amount of program income added to funds committed to the total project costs and expended to further eligible project or program activities
- **Unexpended Program Income (10o)** – auto-calculated; equals the program income that has been earned but not expended, as of the reporting period end date



FFR Indirect Expense

- Recipients must report Indirect Expenses on the FFR, if applicable
- Report the cumulative amounts from award inception through reporting period end date
- The indirect cost type must be specified (provisional, predetermined, final, or fixed), along with the rate



FFR Indirect Expense Continued

11. Indirect Expense:

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<input type="text" value=""/> 	<input type="text"/>	 <input type="text"/>	 <input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	<input type="text"/>
<input type="text" value=""/> 	<input type="text"/>	 <input type="text"/>	 <input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	<input type="text"/>
g. Totals:				<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>



FFR Remarks

- The FFR Remarks should be used to provide further details and explanations regarding the report
- If a change is necessary to prior year expenditures, recipients must specify the:
 - Value
 - Budget Period being changed
 - Reason for the change
- FFR Remarks should also be used to explain excess cash on hand; expanded authority being used; and any other information the organization needs to communicate



FFR Remarks Continued

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

*Prepared by:

Phone No.:

+1 (888) 777-6666

Email Address:

email.address@mail.com

Date Report Prepared:

02/28/2019



PMS Information

Internet Access

Payment Management Services

Home Page pms.psc.gov

Hours of Operation

Monday through Friday: 5:00
a.m. until 11:00 p.m. ET*

Saturday and Sunday: 9:00
a.m. until 9:00 p.m. ET*

*Requests for payment submitted after 5:00 p.m. ET will be processed as if received on the next business day.

Help Desk Number

Telephone #: 877-614-5533

E-Mail: PMSFFRSupport@psc.hhs.gov

PMS Federal Holidays

Payment Management Services is considered an Essential Government Office due to the nature of its business activities. This means as a general rule, PMS remains open for business year round except Federal Holidays and bank holidays.

Payment Management Services is closed on the following Federal holidays

New Year's Day
Martin Luther King, Jr. Day

President's Day

Memorial Day

Fourth of July

Labor Day

Columbus Day

Veteran's Day

Thanksgiving Day

Christmas Day



Contact Information

Questions related to recipient issues with the FFR: [PMS Self-Service Web Portal](#)

Bria Haley

Grants Management Specialist, HRSA

Email: bhaley@hrsa.gov



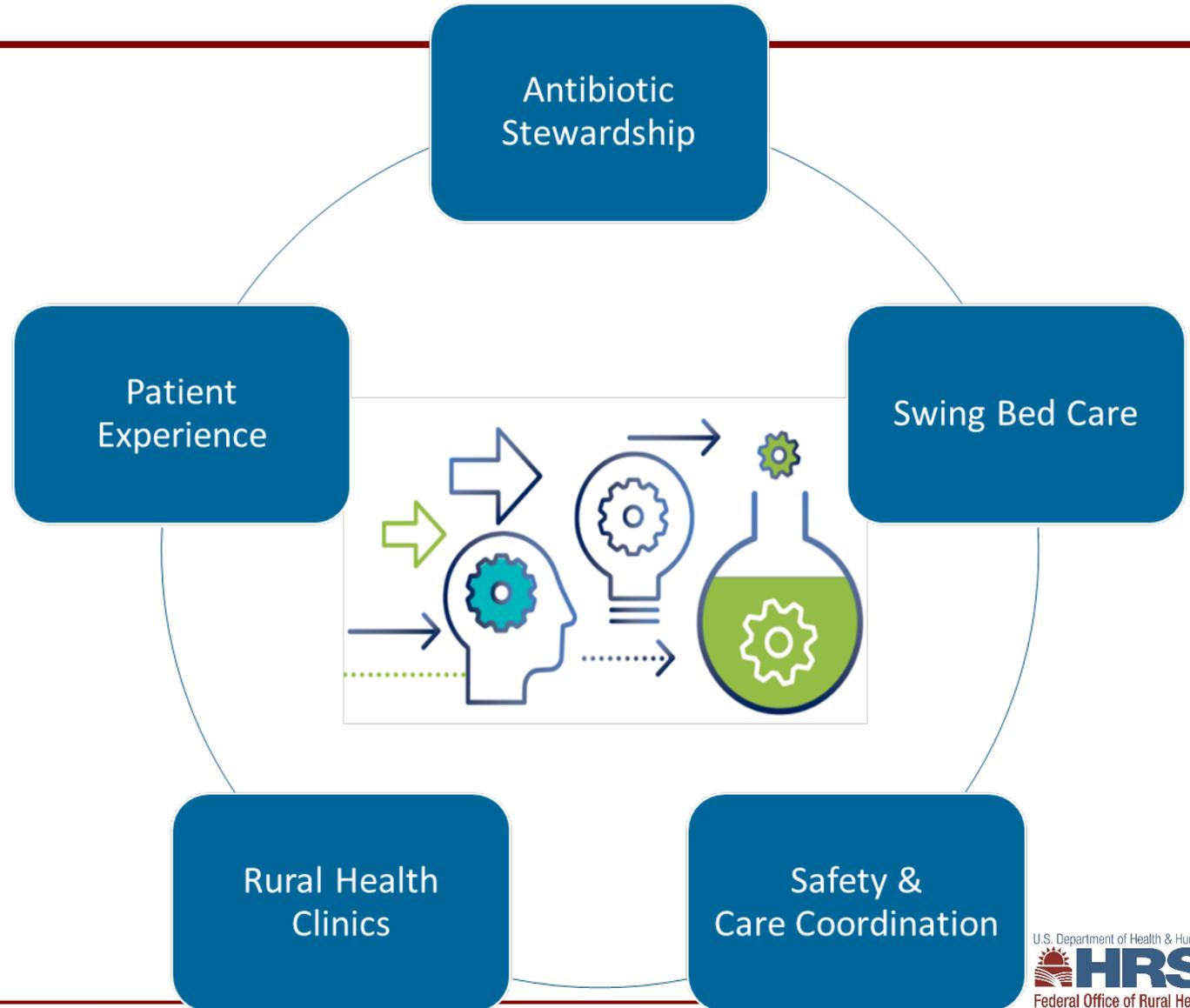
Prior Approval Carryover Request

- Must be submitted within 30 days of the FFR Submission, **final deadline is March 1, 2022.**
- If you have an Unobligated Balance (UOB) for your U2W award, you have the option to carryover those funds to your current budget period, to be spent by August 31, 2022. Please discuss your plan to utilize your carryover with your Project Officer. You can then submit a Prior Approval – Carryover Request in EHB, which should include:
 - **Cover Letter** – detailing the reason for the UOB and your plan to spend down the funds in the current budget period making direct connections to your work plan.
 - Please note: you can use carryover funds to complete an activity that was delayed in the previous budget year or expand upon an existing work plan activity. You cannot use carryover funds for NEW activities.
 - **Budget Justification** – for the carryover amount only
 - **SF424A** – for the carryover amount only
 - SF424A Form template can be found here: <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/coronavirus/SF424A.pdf>
- Please see this helpful video about the carryover request process:
<https://help.hrsa.gov/display/public/EHBSKBFG/Video+-+How+to+Request+a+Prior+Approval+for+a+Carryover+of+Unobligated+Balances>



Flex QI Project

- The Quality Innovation Labs (QILs) will launch on 9/16
- Based on project proposals and plans, QILs were formed based on quality improvement **topics**
- Each QIL group will have 2 QI coaches and will convene every other month
- RQITA will send Doodle Poll to State Flex Coordinators soon to schedule QILs in October



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Population Health

Natalia Vargas
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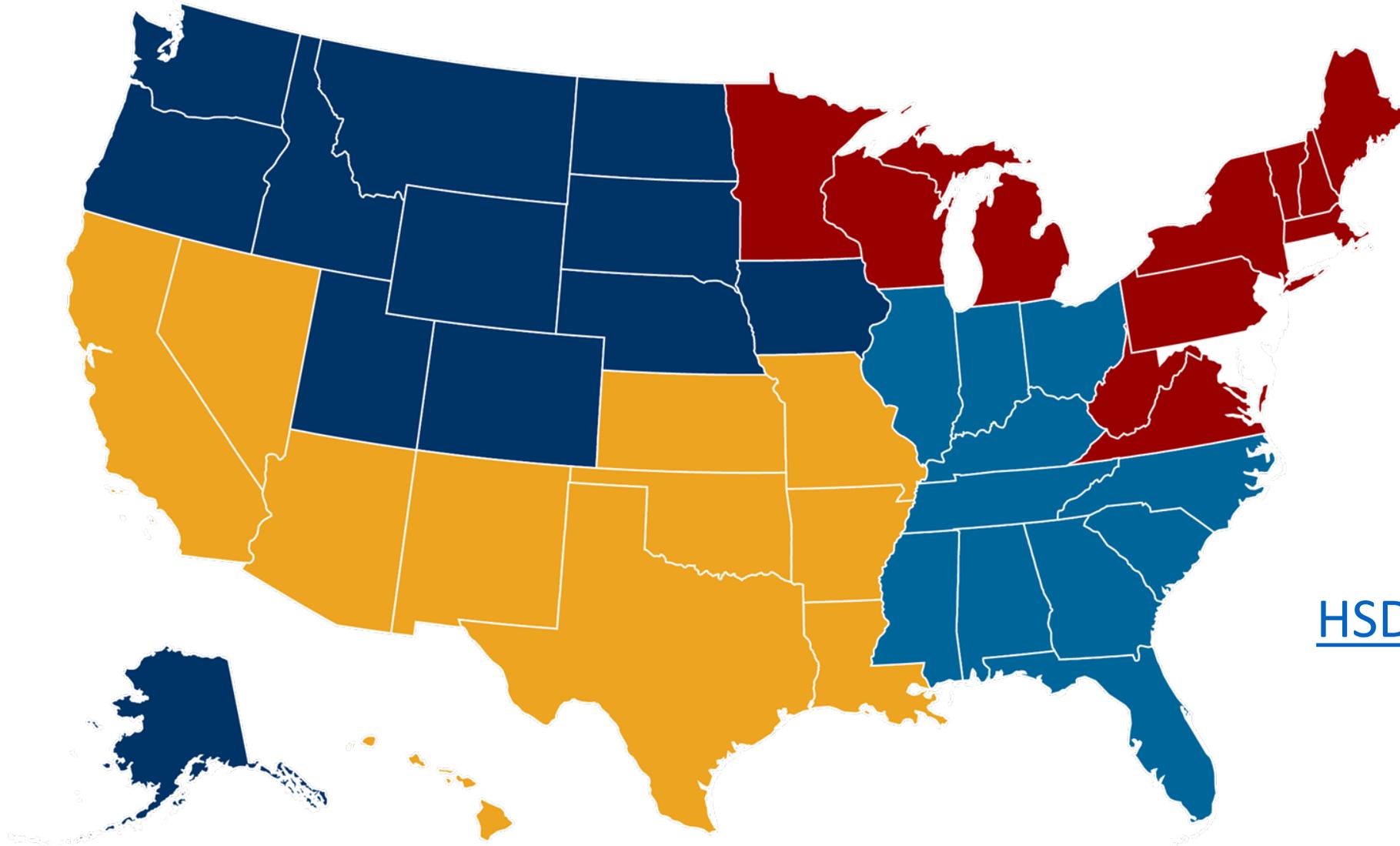
Quality

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Financial & Operational



HSD PO Map



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