



Medicare Rural Hospital Flexibility (Flex) Program Non-Competing Continuation (NCC) Progress Report

March 25, 2020 @ 2pm EST

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Vision: Healthy Communities, Healthy People



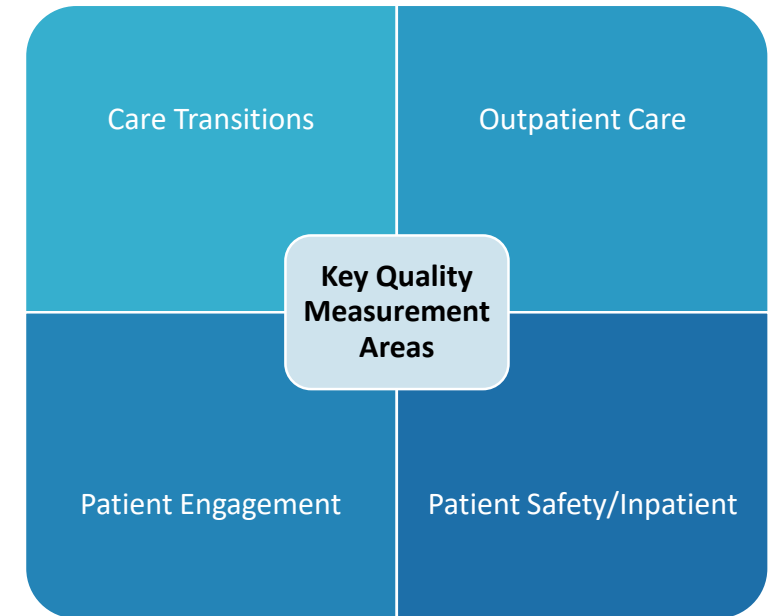
Agenda

- **MBQIP Update**
- **NCC Background Information**
- **Progress Report Instructions**
 - Performance Narrative
 - Budget
 - Attachments
 - EMS Supplement Instructions
- **Reporting Requirements**
 - End of Year Report
- **Technical Assistance Resources**
- **Questions**



MBQIP Overview

- The purpose of MBQIP is to enable CAHs to demonstrate improvements in the quality of care provided to rural patients across the *four* MBQIP Key Quality Measurement Areas
- Objectives:
 1. Increase quality data reporting by CAHs to drive improvements in care based on the data
 2. Provide an opportunity for individual hospitals to measure outcomes against other CAHs, and partner with other hospitals to support QI efforts
 3. Improve health outcomes and encourage the highest quality care to each rural patient
- **NCC provides opportunity to update, readjust, and refine**
 - Take the glass half-full approach: weak areas of MBQIP reporting and/or performance to refine strategy for QI
 - Leverage recommendations section of narrative: set the context for the measurement and quality challenges, and plans for readjusting or refining.



MBQIP Eligibility for FY 2020

- **CAHs must meet three MBQIP reporting criteria to be eligible for Flex-funded activities:**
 - (1) A signed MOU to submit and share MBQIP data
 - (2) Reported data on at least one MBQIP Core measure, **for at least two quarters**, in at least **three of the four key quality measurement areas**, within a certain reporting period.
 - (3) A CAH must complete the appropriate Notices of Participation (NOPs) for “Public Reporting” and “Quality Improvement” as well as not opt to suppress their quality data from Hospital Compare.
- **Caveats & Unique Exception**
 - Measures that are only reported on an annual basis (Antibiotic Stewardship, HCP/IMM-3, and OP-22) count towards the requirement of reporting for at least two quarters.
 - Due to variations in data availability and timing, the reporting period for EDTC is different than the other measures
 - **Unique Exception:** No eligibility requirements for this NCC



MBQIP Eligibility for FY 2020 (continued)

- CAHs are highly encouraged to continue reporting as many measures as possible, regardless of what the minimum requirements are for the year
 - *Very important to encourage public reporting!!*
- **Key changes in MBQIP measures for FY2020**
 - EDTC measure specifications revised in 2019
 - Antibiotic Stewardship measure will use calendar year 2019 NHSN Patient Safety Component Annual Facility Survey
- **MBQIP requirements evolve to align with CMS' measurement priorities**
 - HCAHPS questions related to pain management removed by CMS beginning in Q3 2019
 - MBQIP aims to align with CMS, but also recognizes need for rural-relevant measures

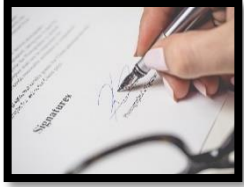


FY 2020 MBQIP Waiver

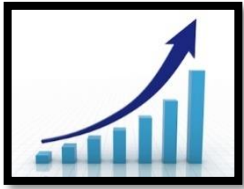
- **Submit waiver(s) for any potentially ineligible CAH, consolidating multiple waivers into a single request**
 - Exception for this year: **NO WAIVER**. Normally Part of Funding Extension Progress Report (Attachment 3)
 - Consult MBQIP Coordinator about challenges with measure reporting; focus on NCC Narrative part 3
 - Connect with RQITA and TASC for technical assistance (TA), resources, and opportunities for enhanced TA
- **Waiver requirements**
 - CAH's CCN and CAH Name
 - Copy of MOU
 - Justification (see further details below)
 - Notices of Participation (NOPs) for "Public Reporting" and "Quality Improvement"
 - *CAH must not opt to suppress their quality data from Hospital Compare*
 - Signatures and dates of the Flex Coordinator and CAH representative
- **Justification: Key elements required for waiver approval**
 - Describe the reason(s) for CAH inability to report MBQIP measures in the past year by key measurement area
 - Describe the steps the CAH will take to start reporting MBQIP measures this year. Please note if any change may require a change of scope



MBQIP Update: Overall Performance



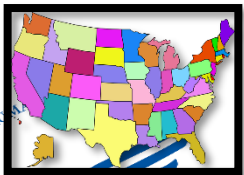
1,339 CAHs have a signed Memorandum of Understanding (MOU), demonstrating commitment to MBQIP



93% of CAHs reported quality measures in at least three domains in the past year, which is a 5% increase from FY18 reporting rates



The percent of CAHs reporting inpatient measures increased from 89.2% in 2017 to 92.9% in 2018, and the percent of CAHs reporting outpatient measures increased dramatically from 65.1% in 2017 to 87.4% in 2018



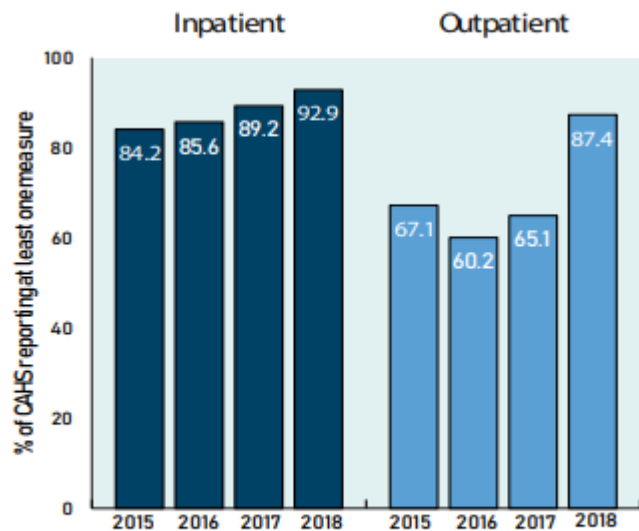
Nineteen states had all of their CAHs reporting inpatient measures, and 13 states had all of their CAHs reporting outpatient measures



National-Level Comparison of Quality Data Reporting by CAHs

Baseline

Percentage of CAHs Reporting to Hospital Compare (N=1,351)



1. N value refers to most recent data (2018). Prior years' N values are as follows: 2015: 1,331; 2016: 1,343; 2017: 1,348

Areas of Improvement

- Decrease # of CAHs NOT Reporting Measures to Hospital Compare for inpatient and outpatient key quality measurement areas
- Improve reporting on:
 - OP-2
 - OP-3
 - OP-23
 - OP-29
 - OP-30
 - HAIs

Background

- **FY 2020 is the Second Year of the Five Year Project Period**
- **Instructions were released March 20, due May 15, 2020**
- **The NCC Progress Report serves as the basis for continued funding and a streamline review process**
- **Purpose of the Progress Report**
 - Summary of grant activities and progress since the competitive application.
 - Expected progress for the remainder of the current budget year (FY 2019).
 - Project plans for continuation of funds next budget year (FY 2020).
 - The progress report is an opportunity to update, readjust, and refine your Flex projects.



Flex Timeline



2019				2020				2021				2022											
S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
Project Year 1 (FY19)								Project Year 2 (FY20)								Project Year 3 (FY21)							
				Y1								Y2								Y3			
Y4								Y1								Y2							
FFR FY18								FFR FY19								FFR FY20							

Key
NCC Progress Reports
PIMS Reports
Applications
Financial Reports



NCC Changes

Past NCC

Performance Narrative – 15 pages

1. Progress on Performance Improvement
2. Activities Completed
3. Current Year Planned Activities
4. Future Year Planned Activities
5. Significant Changes, Challenges, and Barriers
6. Flex Program Improvement
7. Lessons Learned / Best Practices
8. Recommendations for Flex (optional)

Current NCC

Performance Narrative – 10 pages

1. Current Year Progress and Planned Activities
2. Future Year Planned Activities
3. Significant Changes, Challenges, and Barriers
4. Significant Accomplishment (new)
5. Recommendations for Flex (optional)

NCC Progress Report Overview

Content	Title	Type	Required	Max. Pages
Performance Narrative	Performance Narrative	Attachment	Yes	10
Budget Justification	FY 2020 Budget Justification Narrative	Attachment	Yes	N/A
Attachments	1 Work Plan Template Update	Attachment	Yes	N/A
	2 Position Descriptions and Biographical Sketches of New Staff	Attachment	Yes	N/A
	3 MBQIP Participation Waivers: NO LONGER REQUIRED	Attachment	No	N/A
	4 EMS Supplement: Progress Report	Attachment	Only EMS Supplement Awardees	5
	5 EMS Supplement: Budget Justification	Attachment	Only EMS Supplement Awardees	N/A
	6 EMS Supplement: Work Plan Template Update	Attachment	Only EMS Supplement Awardees	N/A



Performance Narrative

- No more than **10 pages**, no smaller than 1-inch margins, use a readable 12-point font such as Times New Roman or Arial
- May be single spaced or double spaces
- Document format: .pdf, .doc, .docx
- Upload document into EHB



Performance Narrative Contents

- **Include the following sections:**

- 1. Current Year (FY 2019) Progress and Planned Activities**

- a. Number of CAH site visits completed since 9/1/2019.
- b. Number of additional CAH site visits planned to be completed before 8/31/2020.
- c. Discussion of any significant collaborative activities between the state Flex program and other organizations—work completed under a contract or sub-award paid by the state Flex program is not a collaborative activity.

- 2. Future Year (FY 2020) Planned Activities**

- a. Number of CAH site visits planned to be completed during the FY 2020 program year (from 9/1/2020 to 8/31/2021).

- 3. Significant Changes, Challenges, and Barriers**

- 4. Significant Accomplishment**

- a. Please write one paragraph on a significant accomplishment of your Flex program. Include a summary of the activity, program objectives and any progress/process measures and outcomes/impact to date.

- 5. Recommendations for Improving the National Flex Program (optional)**



Reminder

- All activities must fit within one of the core areas, consult the [FY 2019 Flex Program Guidance](#), if you are uncertain where/if a project fits:
 1. CAH Quality Improvement (required)
 2. CAH Operational and Financial Improvement (required)
 3. CAH Population Health Improvement (optional)
 4. Rural EMS Improvement (optional)
 5. Innovative Model Development (optional)
 6. CAH Designation (required if requested)
- Significant changes in the objectives, aims, or purposes identified in the approved application require a Prior Approval change of scope request in EHB.



Budget

- Discuss any significant changes to your FY20 budget relative to FY19.
- Detail the costs within each object class category.
- **Personnel**: For each employee supported by funds from this award include the name of employee; base salary; % FTE on the grant; and amount of Federal funds (wages and fringe) expended for the budget year. This personnel information requirement also applies to sub awards/subcontracts supported by Federal funds from this grant.
- **Travel**: List travel costs according to local and long distance travel. Itemize travel estimates, include airfare or mileage, lodging, misc.
- **Contracts**: Include a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.



Budget Requirements

- Recipients should base budgets on FY 2020 Flex award levels. See projected funding levels by state listed in Section IV of the NCC Instructions.
- At least one full time equivalent position is dedicated to the state Flex program.
- FORHP expects all recipients to participate in the **2020 National Flex Meeting (Reverse Site Visit)** and **one other regional or national meeting** each year.
- A Flex representative is encouraged to attend the NRHA CAH Conference in Kansas City, MO.
- New personnel are required to attend a Flex Program Workshop in Duluth, MN, within one year of start date in the role.
- Indirect costs for the Flex program are limited by statute. Indirect cost in the proposed budget should be no more than 15% of the direct cost. This limit comes to approximately 13.04% of the total program award, inclusive of direct and indirect costs.
- Recipients and sub-award recipients may **NOT** use Flex funds for the following purposes:
 - For direct patient care (including health care services, equipment, and supplies);
 - To purchase ambulances and any other vehicles or major communications equipment;
 - To purchase or improve real property; and/or
 - For any purpose which is inconsistent with the language of the NOFO [HRSA-19-024](#) or Section 1820(g) (1, 2) of the Social Security Act (42 U.S.C. 1395i-4(g) (1) and (2)).



Attachments

- Each document should include the Grant Number, Project Title, Organization Name, and Primary Contact Name
- Attach only the components listed in the Extension instructions
- Submissions will be returned if they're insufficient or missing information
- Up to 6 attachments

Please 😊

- Start all file names with your state postal abbreviation:
AK_Flex_Narrative_FY20.docx
- Use informative file names:
MA_Flex_Budget_Justification_FY20.pdf
- Don't scan documents as images—we may need to highlight or copy text or numbers



Attachment 1: Update Work Plan Template

- Please use the [Work Plan Template](#) to update the current year (FY 2019) if a new activity has been introduced through a change in scope, or an activity has been terminated; this should be noted and identified clearly.
- The updated Work Plan should **NOT** include the quantitative outputs based on previously identified process measures associated with the activities. This should be updated in the End of Year Report.
- For future year (FY 2020) include ongoing activities that will continue from the current budget period, as well as any new activities and indicate if each activity is new or ongoing.



Attachment 2: Position Descriptions and Biographical Sketches

- Include position descriptions for all new positions and/or new staff for which program support is requested.
- Please indicate if new positions are filled or currently vacant.
- Include a biographical sketch, curriculum vitae, or resume for all new staff.
- If there are no staff changes, please include a single page labeled Attachment 2 and stating, “No staffing changes since March 2019.”



Attachment 3: MBQIP Participation Waivers **NOT REQUIRED**

- **MBQIP Eligibility is suspended for FY 2020**
→ *Exception for FY20—not a requirement for this year *only**
- **All CAH are eligible to participate in Flex-Funded activities in FY 2020 (September 1, 2020 – August 31, 2021)**



Attachment 4: EMS Supplement – Progress Report

- **Awardees of the EMS Supplemental Funding** must include an updated progress report to provide program related progress made during the current reporting period (September 1, 2019 – August 31, 2020) and future activities for the upcoming reporting period (September 1, 2020– August 31, 2021).
- The requirements in the FY 2019 Notice of Funding Opportunity (NOFO), [HRSA-19- 095](#), continue for the funding year FY 2020.
- Your progress report should include the following:
 - **Activities Completed** since writing the FY 2019 Supplement Competitive (in March 2019). Use this narrative section to highlight significant projects and activities and discuss the current work plan.
 - **Significant Changes, Challenges, and Barriers** faced or anticipated in the remainder of the year, including activities potentially not completed, in danger of delay, or those that need a change of scope. Discuss any staffing changes since the FY 2019 Competitive Submission and any unfilled positions and plans to fill the positions. Describe plans to mitigate or manage significant changes, challenges, and barriers.



Attachment 5: EMS Supplement – Budget Justification

- The purpose of the Budget Justification Narrative is to provide a clear overview of proposed spending for the program-funded project.
- The Budget Justification must be sufficiently detailed and cover use of federal funds for each object class category listed on the SF-424A.
- **Travel and contractual costs must be itemized.**
- Itemized travel costs should include, at minimum, airfare or mileage, lodging, per diem, and miscellaneous expenses as applicable for each trip, plus any other requirements determined by your organization’s travel policies.
- Itemized contractual costs should include deliverables.



Attachment 6: EMS Supplement – Work Plan Template Update

- Please use the [EMS Supplement Work Plan Template](#) to update your current year (FY 2019) and future year (FY 2020) sheets in the excel file.
- The updated Work Plan should **NOT** include the quantitative outputs based on previously identified process measures associated with the activities. This should be updated in the End of Year Report.



Reporting Requirements

Federal Financial Report	January 30, 2021
Performance Improvement and Measurement System	October 31, 2020
End of Year Report	90 days after the budget period – November 30, 2020
Non-Competing Continuation Progress Report	March 2021



End of Year Report

- In the next few months, FORHP will be working with you, Flex Stakeholders, to develop a template for an End of Year Report.
- You will be asked to update your Work Plan Template for your FY 2019 and Summary 5-Year tabs to report.
- This will help capture the full budget year of data and accomplishments and minimize the burden of NCC reporting.
- We will be providing webinars, additional education, and support for more technical assistance on this report.



End of Year Report

NCC Report

1. **Performance Narrative – 10 pages**
 1. Current Year Progress and Planned Activities
 2. Future Year Planned Activities
 3. Significant Changes, Challenges, and Barriers
 4. Significant Accomplishment
 5. Recommendations for Flex (optional)
2. **Budget Justification**
3. **Attachments**
 1. Work Plan Template Update – **NO quantitative outputs, NO Data Table Update**
 2. Position Descriptions and Bio Sketches
 3. MBQIP Participation Waivers **NOT REQUIRED**
 4. EMS Supplement: Progress Report, Budget Justification, Work Plan Template Update

End of Year Report

1. **Performance Narrative – 5 pages**
 1. Accomplishments for Completed Activities FY 2019
 2. Flex Program Improvement
 3. Lessons Learned / Best Practices
2. **Attachments**
 1. Work Plan Template Update FY 2019 – with quantitative outputs & Data Table Update
 2. EMS Supplement
 1. Accomplishments for Completed Activities FY 2019
 2. Work Plan Template Update FY 2019

Technical Assistance Resources

- [HRSA Electronic Handbooks Knowledge Base](#)
- [HRSA Contact Center: 1-877-464-4772 or CallCenter@hrsa.gov](#)
- Your Project Officer
- TASC: tasc@ruralcenter.org
- The [Flex Forum](#)
- [Flex grant guidance and templates](#)



Questions?



Contact Information

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