

An aerial photograph of a rural landscape. A light-colored, winding road curves through the scene, separating various agricultural fields. The fields are in different stages of growth or harvest, showing shades of vibrant green, golden-brown, and light green. The overall scene is a patchwork of agricultural land.

Crossroads: Where Flex and SHIP Meet

2023 Flex Program Reverse Site Visit

Nick Galvez, North Carolina Flex/SHIP

Dawn Waldrip, Georgia Flex/SHIP



NC Department of Health and Human Services

North Carolina Rural Hospital Program

Nick Galvez, NC DHHS

[NC Office of Rural Health](#)

[NC Hospital Program Profile](#)



North Carolina Counties

Program Reach

31

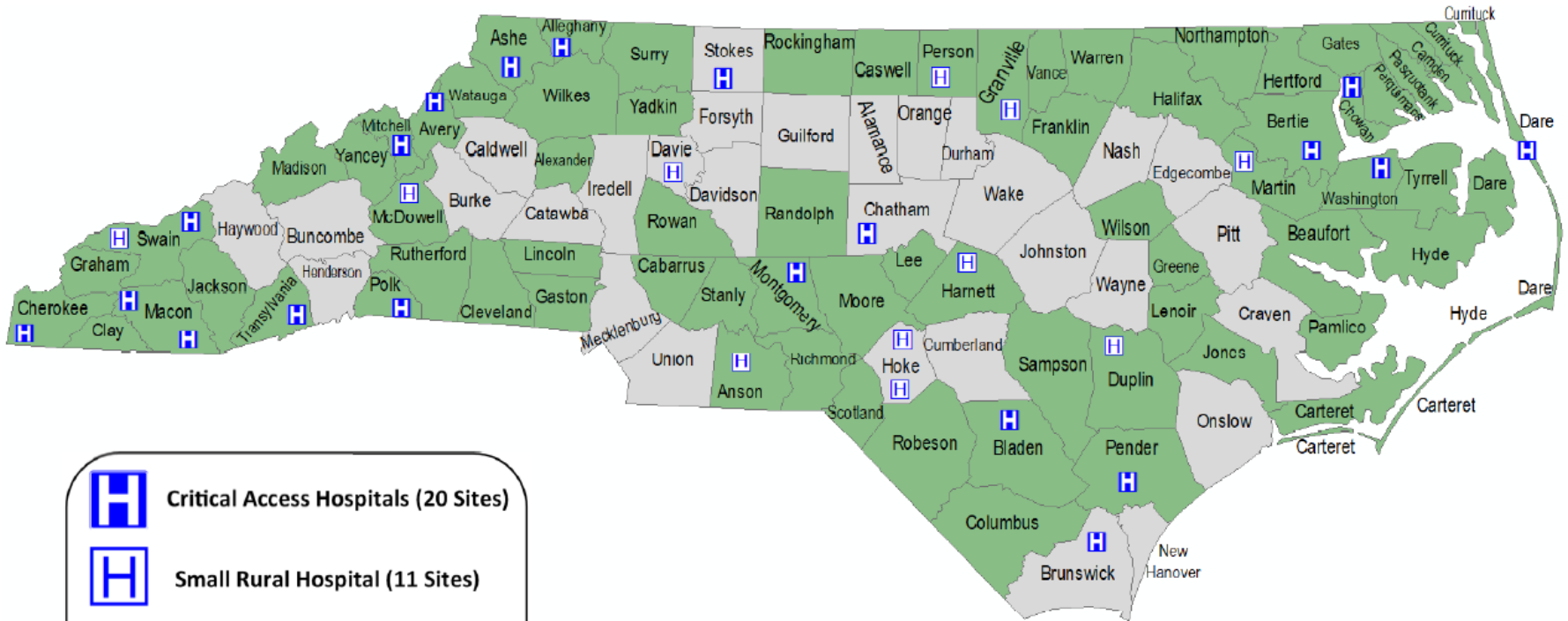
Supported Sites





28

Total Counties Covered

23

Rural Counties Covered



-  Critical Access Hospitals (20 Sites)
-  Small Rural Hospital (11 Sites)
-  Rural County (70 Counties)
-  Urban County (30 Counties)

If you have further questions, please contact:
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NC DEPARTMENT OF
**HEALTH AND
 HUMAN SERVICES**
 Office of Rural Health

NC SHIP Program Structure

OLD Model 2018-2020



- 1 contract \$400K
- 32 MOUs from subcontractor
- Indirect funds (x2 at 10%)
- No pooling of funds

NEWER Model (2021+)



- 1 contract \$400K
- TA provider(s) complete projects
- Indirect (only ORH 4%)
- Hospitals do not pay/fund
- Pooling for statewide projects (FLEX)



- 32 individual contracts
with all SHIP hospitals
(carryover projects)



NCDHHS



STROUDWATER



**NORTH CAROLINA
HEALTHCARE FOUNDATION**

North Carolina
Healthcare Association

FY 2022 Small Rural Hospital Improvement Program (SHIP)

End of Year Meeting

May 2023

North Carolina Office of Rural Health

Stroudwater Associates

North Carolina Healthcare Association

**2022 – 2023 SHIP
Program Year Summary**

Hospital Participation Summary

# Eligible Hospitals	# Participating Hospitals	Participation Rate
32	32	100%

Project Category	# Hospitals	%
Value-Based Purchasing	4	9%
ACO/Shared Savings	13	44%
Payment Bundling or Prospective Payment System	16	47%

Cost Report

- Ashe Memorial Hospital
- Cape Fear Bladen County Hospital

CPHQ

- Cape Fear Valley Hoke Hospital
- Charles A. Cannon Jr. Memorial Hospital
- First Health Montgomery Hospital
- Pender Memorial Hospital
- The Outer Banks Hospital
- UNC Rockingham Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Wake Forest Baptist Health- Wilkes Medical Center
- Erlanger Murphy Medical Center

ED Optimization

- Chatham Hospital
- St. Luke's Hospital

Opioid Management and Gap Analysis

- Martin General Hospital

Revenue Cycle

- Alleghany Memorial Hospital
- Cherokee Indian Hospital
- LifeBrite Community Hospital of Stokes

Swing Bed

- J. Arthur Doshier Memorial Hospital
- Person Memorial Hospital
- Washington Regional Medical Center

**Project Spotlight:
State-wide Project (11 Hospitals)**

State-Wide Project: Front-Line Training



- Project Goal
 - Improve organizational capacity for rural hospitals in NC to respond to significant staffing shortages
 - Train as many front-line managers as possible in rural hospitals across the state in an efficient manner that was agnostic to whether the staff worked in a system-owned or independent hospital
- Project Objectives
 - Focus on areas that can be trained remotely and would create ROI for organizations: Revenue Cycle, Outpatient Clinics
 - Ensure training included handouts/take aways that could be implemented in organizations immediately
 - New HR/administrative responsibilities that come with being a manager
 - Discuss administrative/management responsibilities as part of continued role of actively working “day job” (how to lead/manage)

State-Wide Project: Front-Line Training (Cont.)



- Training Modules Included:
 - Revenue Cycle:
 - RCM Strategy Management
 - Front-End RCM Improvement
 - Middle-and Back-End RCM Improvement
 - RHC Billing Training and Best Practices
 - Clinic Management
 - Clinic Management Expectations for New Managers
 - Scheduling 101
 - Data-driven Decision Making and Interpreting Hospital Reports
 - Strategies for Building Relationships with Referring Providers

State-Wide Project: Front-Line Training (again)



- Program developed to specifically address NC's need for increased capacity in rural hospitals due to staffing shortages
- Turnover, open positions, and needing to “wear multiple hats” meant that new managers often were not receiving direct training on their new role
- Combining several hospital projects together created a greater audience reach with over 50 people registered avoiding the need to travel
- Individual follow up and assistance is available to hospitals who registered; some hospitals have already received additional support
- Recordings of training modules with checklists, templates, etc. provided to all registrants
- Hospitals were allowed to incorporate training module recordings and handouts into their on-boarding files for future hires

MEASUREMENT OF SUCCESS

**Project Spotlight:
CPHQ Certification Preparation and Professional
Development Program**

CPHQ: What it is... What it represents



- The CPHQ (Certified Professional in Healthcare Quality®) credential is the international “gold standard” for the healthcare quality profession
- The goal of the CPHQ is to promote excellence and professionalism by documenting individual performance as measured against a predetermined level of knowledge about quality
- The CPHQ is fully accredited by the [National Commission for Certifying Agencies](#), the accrediting arm of the Institute for Credentialing Excellence in Washington, D.C.

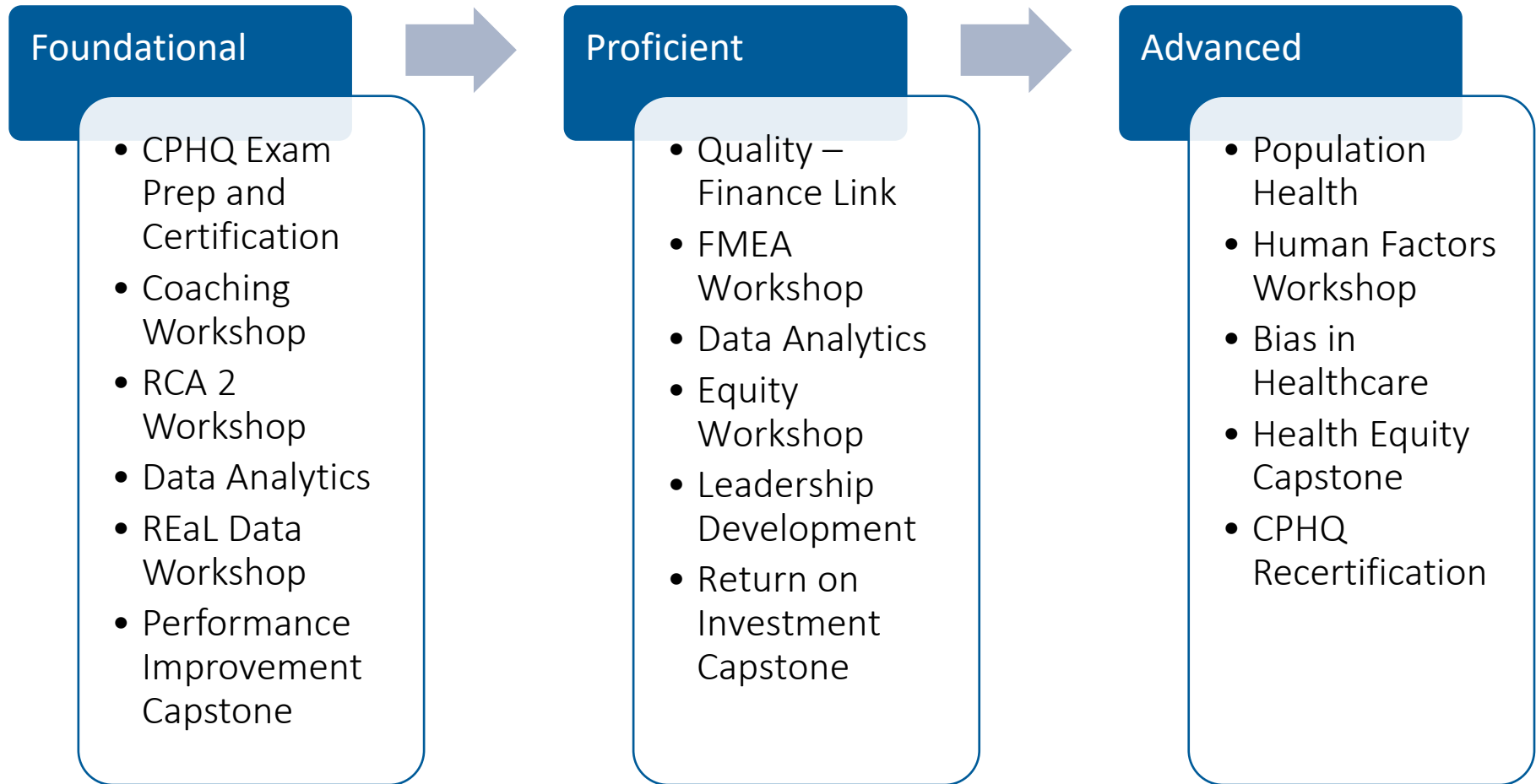


Certification Preparation Program Goal: Every participating facility will have at least one CPHQ-certified quality professional prepared to train others and execute a value-driven quality program



Advanced Training Program Goal: Program will focus on continued capacity building for rural healthcare quality professionals using a validated, educational framework, targeted coaching, hands-on practice, and collaborative networking building upon skills obtained in the inaugural CPHQ Preparation program

Participant Tracks Available



Exploring the NAHQ Competency Framework



Track 1- Foundational	Track 2 - Proficient	Track 3 - Advanced
Patient Safety	→	
Health Data Analytics	→	
Professional Engagement	→	
Performance and Process Improvement	→	
	Quality Leadership and Integration	→
	Regulatory and Accreditation	→
	Quality Review and Accountability	→
		Population Health and Care Transitions





Meagan's CPHQ Prep Journey....

- Pender Memorial Hospital
- Manager of Quality, Outcomes, & Nursing Supervision

Capstone Project

- Project Title: Compliance with Medication Bar Code Scanning Process
- Aim: Improve Med Bar Code Compliance to 95% by June 1, 2023

Program Resources & Impact

- Since program inception, NCHF has provided training resources to a total of 23 participants
 - Current pass rate of 87% (13 out of 15 participants) who have sat for CPHQ Exam
 - This is **significantly** higher than the national pass rate of 71% from 2012-2019
- Of the 23 participants, 15 unique hospitals (9 are Critical Access Hospitals)
- Two participants have moved on to administrative/executive level roles since program completion
- Participants consistently report continued professional networking and collaboration amongst rural peers beyond program completion

2023 – 2024 SHIP Program KICK off (June 2023)

Value-Based Purchasing (2)

Allowable Investment D

Outcome: The provider-based rural health clinic (PBRHC) will have training, education and tools to create and manage quality improvement projects related to a set of rural relevant primary care practice measures.

Project Description: Wintergreen maintains access to the only multi-state database focused on RHC quality measures; this proprietary platform serves as the basis for comparative analytics and best practices. Participating PBRHCs will have access to this system that will serve as a platform for customized educational programming, training and technical assistance on data integrity, staff training and competency testing, patient engagement, care coordination and community-based outreach.

Deliverable: Wintergreen will host a series of webinars based on the importance of PBRHC quality measurement in the context of VBP and alternate payment models. The hospital-specific training will result in a written readiness assessment and action plan roadmap. These documents will function as the foundation to understand potential barriers, strategies to improve and resource/timing requirements to ensure the PBRHC is positioned to succeed in the VBP public reporting and value-based contracting environment.

Pricing Transparency



Payment Bundling (PB) or PPS (5)

Allowable Investment E

Outcome: Your hospital will have a defensible, public-facing pricing strategy. Your pricing model will be positioned for public reporting, harmonized for various reimbursement methodologies and free from omissions and duplications.

Project Description: This project will start with a training on the pricing transparency requirements. Next, Wintergreen will evaluate the publicly reported information to identify opportunities for improvement and to determine whether the hospital meets the requirements. Last, based on the opportunities identified, Wintergreen will work the hospital to establish a corrective action plan to ensure the organization complies with the price transparency requirements.

Deliverable: Wintergreen will facilitate a training on the pricing transparency requirements including how to operationalize the requirements as a SHIP hospital. In addition, actionable recommendations regarding omissions or opportunities meeting the pricing transparency requirements. Most important, the deliverable will include ongoing access to Wintergreen staff throughout the project period to ensure the recommendations are implemented.

LifeBrite Community Hospital

- CMS evaluates hospital compliance using several methods
 - **Auditing hospitals' websites**
 - **Reviewing individuals' or entities' analysis of noncompliance**
- Life Brite Stokes CAH
 - Specific violations were provided
 - **Violation for not posting a Comprehensive Machine-Readable File (excel)**
 - **Violation related to not performing an annual update (2022 year)**
 - Was provided 90 calendar days to remediate the violations



Remediation Steps

- Contractor provided education on the need to review the offering and note date of review **EVEN IF** there were no *price changes* or *new payor contracts*
- LifeBrite-Stokes reviewed their existing offering
- Development of a Comprehensive Machine-readable file
- Posting of both updated files on website
- FLEX project (\$25K) for revenue cycle management



Swing Bed Growth and Optimization



Accountable Care or Shared Savings (1)

Allowable Investment E

Outcome: Your hospital will have a stronger and **more highly utilized swing bed program**. Hospital staff will implement the systems required to hardwire more efficient swing bed patient acquisition and care spectrum processes.

Project Description: This project will evaluate the hospital swing bed program to identify efficiency and performance improvement opportunities to increase access, reduce cost, and improve the overall financial solvency of the hospital. As a part of this project, Wintergreen will evaluate several key areas including the admissions process, pursuit of patients, and services offered.

Deliverable: Wintergreen will host a series of hospital-specific web-based training sessions on the importance of the swing bed program and provide a written review of the swing bed program. The write-up will center on a small set of actionable recommendations to improve performance and reduce the cost of care within the swing bed program. Most important, the deliverable will include ongoing access to Wintergreen staff throughout the project period to ensure the recommendations are implemented.

Payment Bundling (PB) or PPS (4)

Allowable Investment D

Outcome: Your hospital will have a modernized set of indigent care policies. Hospital leaders will utilize the updated policies to ensure more valid and reliable systems for monitoring and managing bad debt and charity care.

Project Description: This project will train hospital staff on the importance of the S-10 and how the information contained within this specific cost report worksheet can impact reimbursement. In addition, Wintergreen will work with your hospital to educate leaders on how the S-10 inter-relates with multiple components of the full cost report and identify opportunities for improvement through a comprehensive analysis of your hospital's most recent Medicare cost report.

Deliverable: Wintergreen will facilitate a training session on the importance of the S-10 and how this cost report worksheet can be used to identify systemic revenue cycle issues. We will also provide a summary report that identifies priorities for reimbursement improvement through enhanced cost report accuracy and outlines action steps for your hospital to modernize its bad debt and charity care policies. In addition, Wintergreen will evaluate the Medicare Cost Report to identify specific opportunities to improve the accuracy of the cost report.

Carryover Requests/ Statewide projects

2019-2020 Carryover Funds



The NC Office of Rural Health is also requesting to carry-over the remaining FY19 funds (\$50,000) for one year. Our Office hopes to develop statewide special projects designed to best support all 31 SHIP eligible hospitals.

- **Swing Bed Directory** (\$40,000)

The selected ORH contractor will work with large health systems to provide education and financial analysis on the use of the NC swing beds. The contractor will also provide training and facilitate communication from the large health systems to transfer patients into rural communities, especially for urban hospitals that do not have a rural option for their patients.

The contractor can assist cost savings and readmission penalty reduction to the large health system hospitals to calculate the relative value of using rural swing beds. The contractor will provide technical assistance, program analysis and financial improvements for rural hospitals that transfer swing bed patients

- **Telehealth Project** (\$15,000)

The Telehealth Project will be having a contractor work with the Office of Rural Health and the 31 SHIP hospitals to determine equipment needs for a telehealth program to address specialty care needs that are lacking in rural/small communities.





GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

FY 2023 Flex Reverse Site *Leveraging SHIP and Flex*



Dawn Waldrip

Director, Hospital Services

Flex/SHIP Coordinator

Georgia State Office of Rural Health

Date: July 20, 2023



Mission:

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.



Purpose:

Shaping the future of A Healthy Georgia by improving access and ensuring quality to strengthen the communities we serve.

Leveraging SHIP and Flex



Learning Objectives

Recognize program overlap between SHIP Investment Activities and Flex program core areas.

Learn how to assess SHIP hospital activities and performance to plan and implement complementary work plans.

Discover approaches for State SHIP to utilize funds to foster improvement in preparation for Value-Based Purchasing, Accountable Care Organizations, and Payment Bundling through individual hospital investments or state SHIP consortiums that also further Flex program goals in financial, operational, quality improvement, and population health.

About Georgia SORH...



- ❑ Division of the Department of Community Health
- ❑ Located in Cordele, Georgia, the *Watermelon Capitol of the World*
- ❑ 4 programs including:
 - SORH Program
 - Hospital Services
 - Primary Care Office
 - Farmworker Health Program and Health Care for the Homeless
- ❑ 9 SORH staff members manage 66 grants, over \$20 million in state and federal funding
- ❑ SORH Hospital Services manages SHIP and Flex grants, 3 legislatively directed grants, SORH quarterly newsletter, and Georgia Rural Tax Credit Program

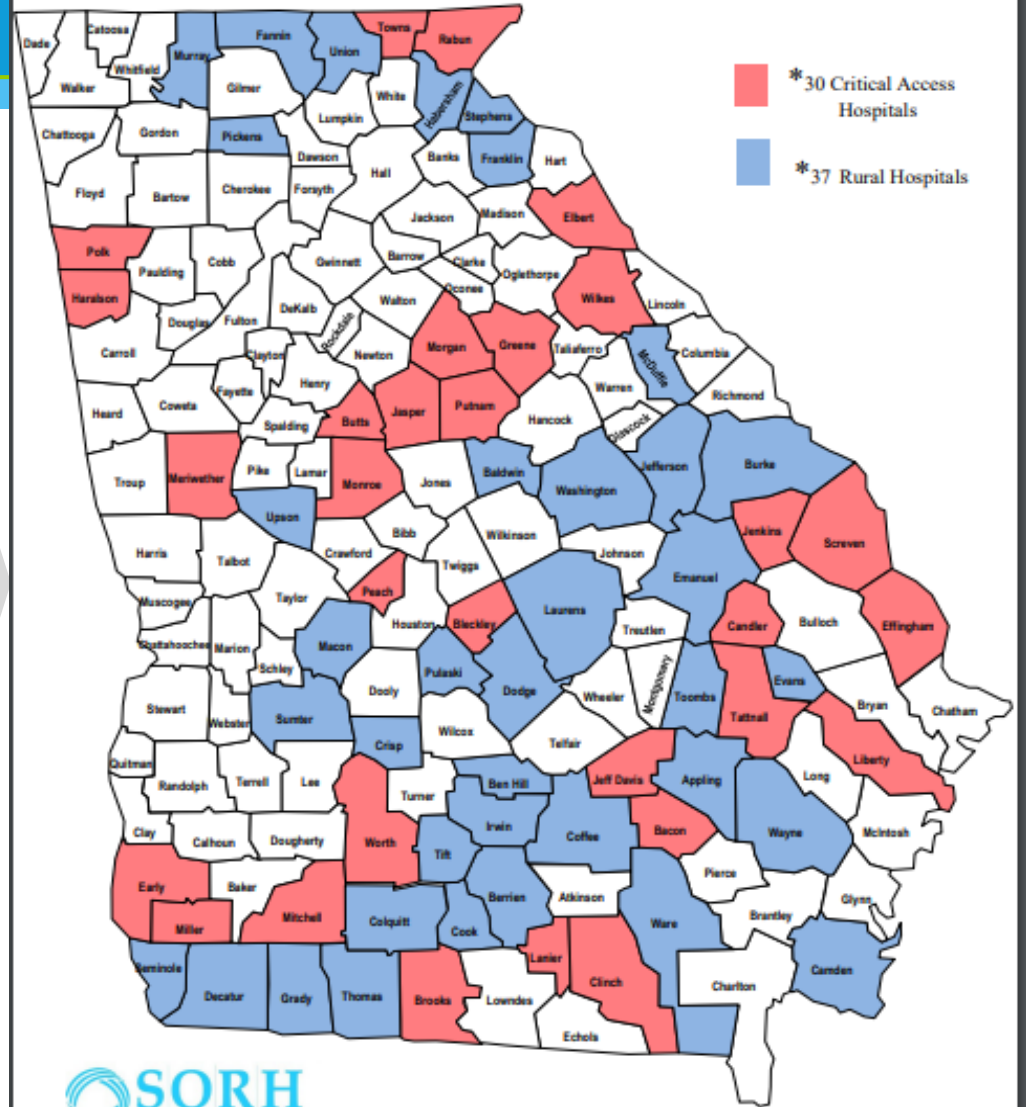
Who we serve...

30 CAHs

37 Rural PPS hospitals

(not all are SHIP-eligible)

Georgia Counties with Rural & Critical Access Hospitals

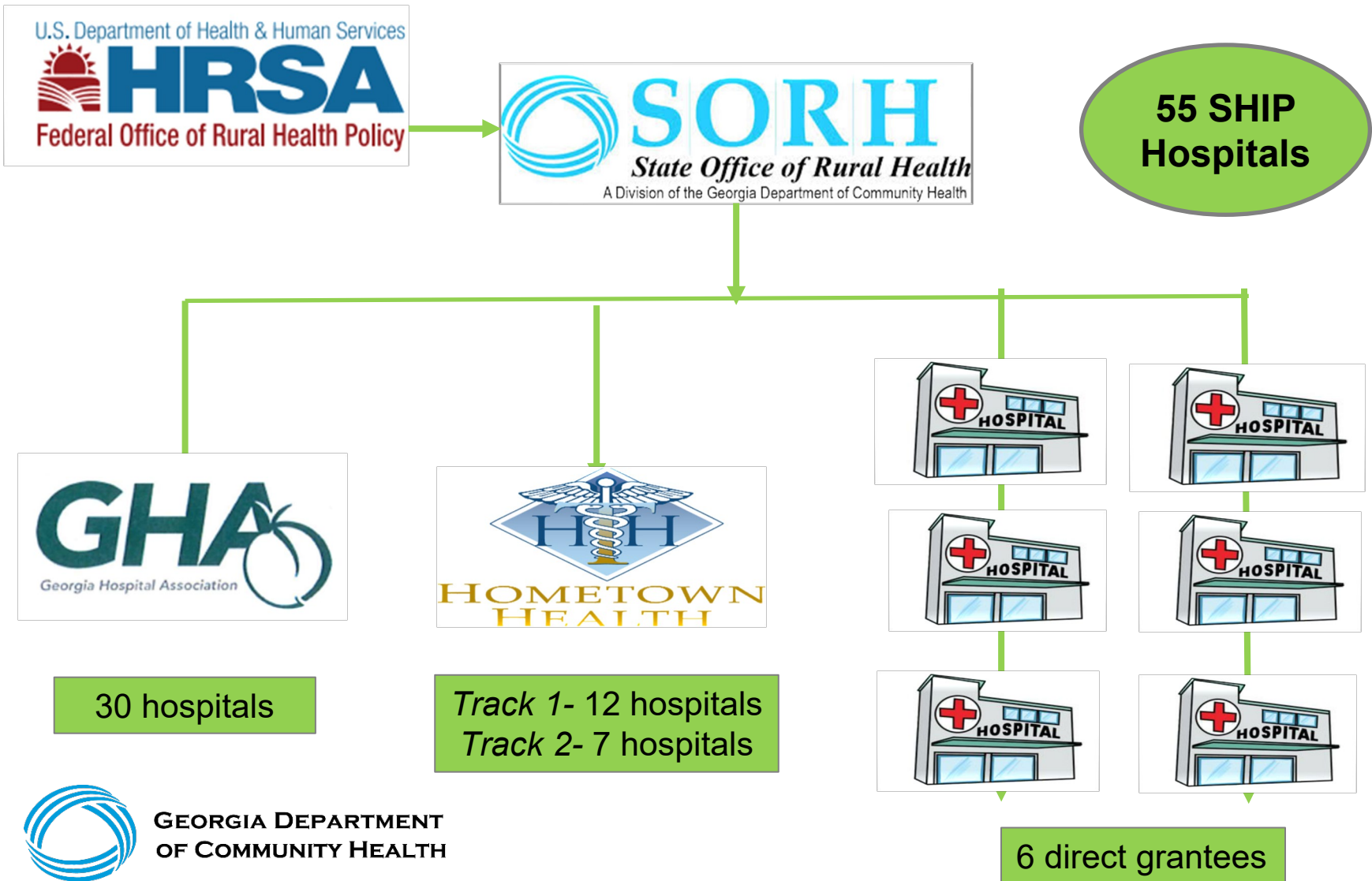


Updated Aug. 2021

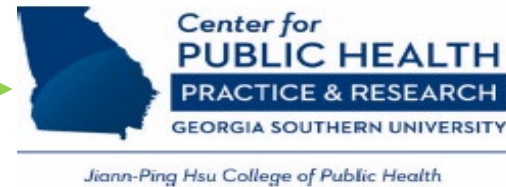
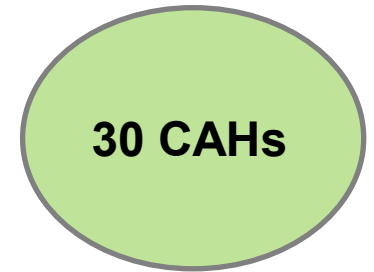


**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

FY 2023 SHIP Funding



FY 2022 Flex Funding



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

SHIP Investment Categories

1. Value-Based Purchasing (VBP)

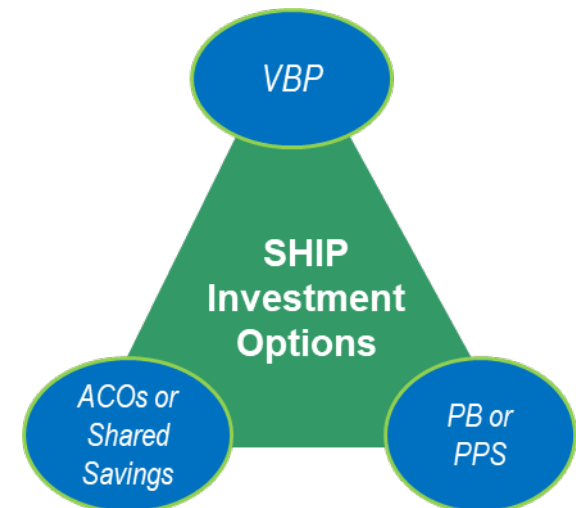
- Quality Reporting
- MBQIP data collection process/related training
- Efficiency or Quality Improvement (QI) training
- Provider-Based Quality Measures education
- Alternative Payment Model and Quality Payment Program training/education

2. Accountable Care Organizations (ACO) or Shared Savings:

- Computerized Provider Order Entry
- Pharmacy services training, hardware/software, and/or machines
- Population Health or Disease Registry training and/or software/hardware
- Social Determinants of Health screening software and training
- Efficiency or Quality Improvement training/project
- System Performance training
- Telehealth/mobile health
- Community Paramedicine
- Health Information Technology training for value and ACOs

3. Payment Bundling or Prospective Payment System (PPS):

- ICD 11 software
- ICD-11 training
- Efficiency or QI training
- S-10 Cost Report training
- Price Transparency training



Flex Program Areas and Goals

- 1. CAH Quality Improvement (required)**
 - Increase the number of CAHs consistently reporting quality data
 - Improve the quality of care in CAHs
- 2. CAH Operational and Financial Improvement (required)**
 - Maintain and improve the financial viability of CAHs
- 3. CAH Population Health Improvement (optional)**
 - Build capacity of CAHs to achieve measurable improvements in the health outcomes of their communities
- 4. Rural EMS Improvement (optional)**
 - Improve the organizational capacity of rural EMS
 - Improve the quality of rural EMS
- 5. Innovative Model Development (optional)**
 - Increase knowledge and evidence base supporting new models of rural health care delivery
- 6. CAH Designation (required if assistance is requested)**
 - Assist rural hospitals in seeking or maintaining appropriate Medicare participation status to meet community needs



Flex Core Competencies

Strengthening Quality Reporting and Improvement

- Proficiencies - Direct MBQIP reporting and Quality Improvement resources to rural providers

Flex program responsibilities include:

- Orient newly participating CAHs and new CAH quality staff to MBQIP
- Assess needs and provide CAHs with the resources and support needed to report MBQIP measures successfully
- Track on CAH reporting and compliance with MBQIP eligibility requirements and assist CAHs as necessary to build their capacity in meeting those requirements

Assessing hospital needs:

Workforce shortages, competing priorities, and frequent turnover of key hospital staff has identified the need for continuous, comprehensive training in understanding and reporting quality data. This led to development of Simplified Quality Improvement and Peer Learning Network to assist hospitals in understanding data, accurately reporting, utilizing data tools, and improving quality measures.



SHIP VBP & Flex Quality Improvement

FY 2023 SHIP VBP Activities

Build capacity of quality professionals to manage data/utilize data reporting tools to track and improve data

- Future of VBP and the 5-star rating
- Understanding/Managing data behind scores
- Best practices from 5-star hospitals
- HIDI Advantage Care Optics-quality reporting tool
- Technical assistance in navigating NHSN for consistency and reporting reliability
- Funding HCAHPS Vendor Fees
- Implementing Patient and Family Engagement Councils/H2Pi platform tools to improve HCAHPS



**SHIP activities
compliment
Flex Quality
Improvement/
MBQIP**

Flex Program Area 1. Quality Improvement goals:

- Increase the number of CAHs consistently reporting quality data
- Improve the quality of care in CAHs

Report and improve MBQIP domains:

- Patient Safety/Inpatient
- Patient Engagement
- Care Transitions
- Outpatient



SHIP Priorities

Hospitals must first meet SHIP funding priorities before using resources to support investments in other areas.

1. Critical Access Hospitals (CAHs):

- Must meet MBQIP participation requirements in order to improve quality outcomes. To be eligible to participate in SHIP, CAHs must be reporting HCAHPS.
- ICD-11 coding readiness and/or implementation activities.

2. Non-CAHs:

- ICD-11 coding readiness and/implementation activities

3. If these priorities have been met, hospitals may select a different activity listed on the SHIP Allowable Investments website: <https://www.ruralcenter.org/ship/allowable-investments>, also on the hospital application.



SHIP VBP & Flex Quality Improvement (cont.)

FY 2023 SHIP VBP Activities

Must meet MBQIP participation requirements in order to improve quality outcomes. To be eligible to participate in SHIP, CAHs must be reporting HCAHPS.

B. HCAHPS data collection process/related training



SHIP activities
compliment Flex
Quality
Improvement

Flex Program Area 1. Quality Improvement goals:

- Increase the number of CAHs consistently reporting quality data
- Improve the quality of care in CAHs

Report and improve MBQIP domains:

- Patient Safety/Inpatient
- Patient Engagement
- Care Transitions
- Outpatient



SHIP ACO or Shared Savings & Flex Financial and Operational Improvement

**FY 2022 SHIP ACO-Shared Savings Activities:
Track 1 - Revenue Integrity and Solutions Education (RISE) program**

Strengthen hospital finances by educating and training entire financial staff and providers to improve registration, coding, billing, and collections.

**SHIP activities
compliment
Flex Financial
and Operational
Improvement**

**Flex Program Area 2.
Financial and Operational
Improvement**

Goal:

- Maintain and Improve the financial viability of CAHs

Activity 2.3 - Financial Improvement



SHIP ACO-Shared Savings Activities & Flex Population Health Improvement

FY 2022 SHIP ACO-Shared Savings Activities:

Track 2 – Rural Swing Bed

Management program focuses on providing right care, in the right place, at the right time, addressing corporate compliance, Medicare compliance, medical necessity documentation, therapy services, coding, and billing.

SHIP activities
compliment
Flex
Population
Health
Improvement

Flex Program Area 3. Population Health Improvement

Goal:

- Build capacity of CAHs to achieve measurable improvements in the health outcomes of their communities.

Activity 2.4 - Operational Improvement



SHIP PB/PPS & Flex Financial and Operational Improvement

FY 2023 SHIP PB/PPS Activities

Training to support coding and reimbursement to prepare for and implement ICD-11

SHIP activities compliment Flex Financial and Operational Improvement

Flex Program Area 2. Financial and Operational Improvement

Goals:

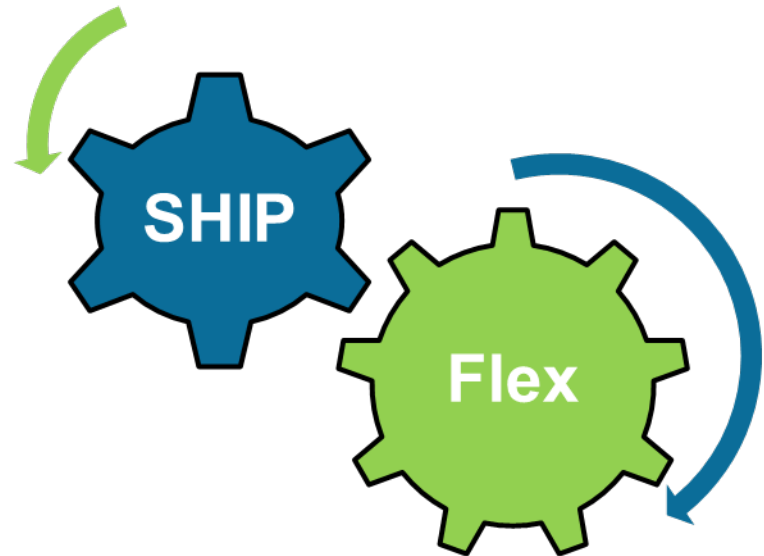
- Maintain and improve financial viability of CAHs.

Activity 2.3 Financial Improvement



What we've learned...

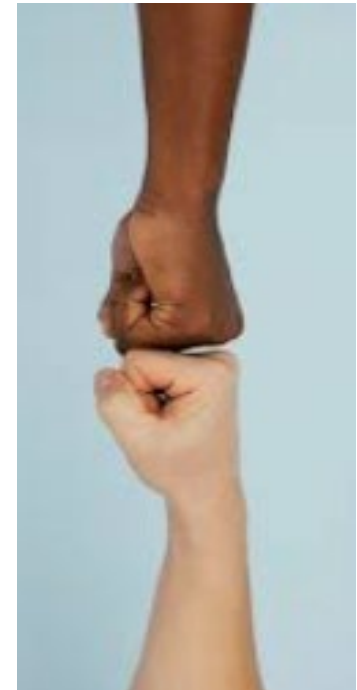
SHIP activities foster improvement in VBP, ACOs, and Payment Bundling that ***compliments*** Flex program goals in quality, financial, operational, and population health improvement.



Flex Core Competencies (cont.)

Building and Sustaining Partnerships

When combined with successful leadership, networking can be a powerful tool to advance rural health care systems. Networking enables providers and communities to leverage resources, expertise and capacity to increase access to healthcare and improve health care performance and quality while lowering costs. Networking can lead to new relationships, partnerships, and knowledge sharing. Networks can be an effective way for rural health care organizations and leaders, including SFPs to utilize limited resources to their advantage.



Building Partnerships

Partnership with Georgia Rural Health Innovation Center resulted in ICD-11 training for all 55 SHIP hospitals at no cost.

- 1-hour SHIP ICD-11 Coding and Readiness Training Webinar
- Cost to SHIP hospitals - \$0
- SHIP funding priority - met

SHIP ICD-11 CODING AND READINESS

**THURSDAY, JUNE 29
NOON - 1:00 PM**



JOIN US BY ZOOM!

garuralhealth.link/coding

Meeting ID: 548 732 2782



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**



**GEORGIA
Rural Health**
INNOVATION CENTER
AT MERCER UNIVERSITY SCHOOL OF MEDICINE

Lessons Learned

Effective communication is the key to building partnerships with your sub-contractors, hospitals, and stakeholders.

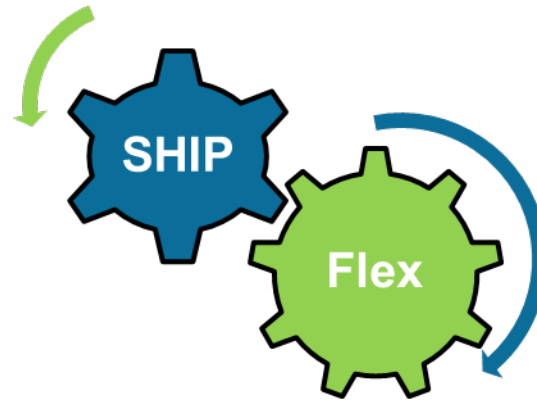


- Be available and responsive to others' needs and requests
- Keep an open line of communication
- Attend as many gatherings (webinars, workshops conferences, Zoom calls) as you can with hospitals
- It is important to always follow-up
- Always, always, always be kind

For example: You can't expect hospitals to respond to your year-end survey if it's the first time they've heard from you all year.



How will SHIP inform Flex 5-Year application?



The extensive education gained from the educational activities in our **Simplified Quality Improvement and Peer Learning Network...**

FY 23 SHIP activities compliment Flex Quality Improvement

...should improve critical access hospitals' reporting and improvement of **Flex MBQIP Core** and **Additional** quality measures.



Contact information



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