

Project Application Guide

Rural Healthcare Provider Transition Project (RHPTP)

This document serves as a guide to help organizations prepare to apply to participate in the Rural Healthcare Provider Transition Project (RHPTP).

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Application Process

Rural Healthcare Provider Transition Project (RHPTP) applications can be completed at any time during the year. To be considered for the next project year, applications must be completed in their entirety by **11:59 p.m. on September 10th**. Please visit the [Eligibility & Application](#) web page to apply to participate.

RHPTP accepts applications from each of the following scenarios. The same application process applies to each scenario:

- A small rural hospital and certified rural health clinic apply together.
- A small rural hospital applies alone.
- A certified rural health clinic applies alone.
- A consortium of certified rural health clinics applies together.

The following table outlines the steps in the application process. Follow the links in the *Step* column below to see a preview of the information that is requested during the application process.

The *Completed By* column indicates who can complete each step. The possible roles are as follows:

- **Application Primary Contact:** This person should be employed by the lead organization. They are the primary person responsible to manage and complete the application process. All communication about the RHPTP application will be directed to this individual.
- **Organization Designee:** When more than one organization applies together, the Application Primary Contact may designate another individual to provide detailed information about other organizations.
- **Automated:** An automated process in the online application system will complete this step.

Step	Completed By	Notes
Part One: Pre-Application Screening	Application Primary Contact	

Step	Completed By	Notes
Part One: Eligibility Check	Automated	The application process ends if basic eligibility requirements are not met.
Part One: Lead Organization & Primary Contact Information	Application Primary Contact	
Part One: Additional Organizations	Application Primary Contact	<p>This step is skipped if only one organization applies.</p> <p>This step provides an opportunity to define Organization Designees who will complete Part Two of the application process.</p>
Email Instructions Delivered	Automated	<p>This step is skipped if there are no Organization Designees.</p> <p>The application system will email each Organization Designee a unique link to complete their section of the application.</p>
Part Two	Application Primary Contact - or - Organization Designee	Part Two is completed once for each organization included on the application.
Part Two: Contact Information	Organization Designee	This step only occurs when Organization Designees use their unique link to complete Part Two of the application.
Part Two: Organization Details	Application Primary Contact - or - Organization Designee	
Part Two: Organization Demographics	Application Primary Contact - or - Organization Designee	

Step	Completed By	Notes
Part Two: Hospital Specific Demographics	Application Primary Contact - or - Organization Designee	This step only occurs if the organization is a hospital.
Part Two: Participation Expectations and Verification Statements	Application Primary Contact - or - Organization Designee	

Application Previews

This section of the guide provides a preview of the questions asked during the application process. You may wish to use the Word version of this document to gather information before beginning the online application as you will be unable to save a partially completed application.

Parenthetical blue text after questions describes the type of field that will collect the data or the options you will be able to select from.

For example, a question that allows you to respond with one line of text (like your name) is denoted as follows:

(Text field)

A question that requires you to select either yes or no from a dropdown is denoted as follows:

(Yes/No)

Other blue text preceded by the word *Note:* describes how the online application form functions. Most often, these notes explain when a section will be skipped based on an answer to a previous question.

Assessment questions are used to score the application. The number of possible points is indicated for each question. In addition, information regarding details to include, that will impact scoring, are also included.

Questions that require a response are marked with an asterisk (*).

Part One

Pre-Application Screening

Eligibility Requirements

The following questions will determine whether RHPTP is an appropriate project for your organization based on eligibility and participation requirements.

Small rural hospitals (SRH) and certified rural health clinics (RHC), provider-based and independent, are eligible to apply. Please read the below definitions to determine eligibility.

Please note that certified RHCs only need to meet definition 2 below.

Hospitals must meet all three definitions.

1. "eligible small rural hospital" is defined as a non-federal, short-term general acute care hospital that: (i) is located in a rural area as defined in 42 U.S.C. 1395ww(d) and (ii) has 49 available beds or less, as reported on the hospital's most recently filed Medicare Cost Report.
2. "rural area" is defined as either: (1) located outside of a Metropolitan Statistical Area (MSA); (2) located within a rural census tract of a MSA, as determined under the Goldsmith Modification or the Rural Urban Commuting Areas (RUCAs) or (3) is being treated as if being located in a rural area pursuant to 42 U.S.C. 1395(d)(8)(E); and,
3. Eligible hospitals may be for-profit or not-for-profit, including faith based. Hospitals in U.S. territories as well as tribally operated hospitals under Titles I and V of P.L. 93-638 are eligible to the extent that such hospitals meet the above criteria.

If you are a hospital, do you have 49 beds or fewer per the most recently filed Medicare Cost Report?

(Yes/No/Not Applicable)

If you are a clinic, has your clinic been *certified* as a rural health clinic?

(Yes/No/Not Applicable)

Alternative Payment Models

Are you currently part of any of the following Advanced Alternative Payment Models? *

(Yes/No)

- **Bundled Payments for Care Improvement (BPCI) Advanced**
- **Comprehensive Primary Care Plus (CPC+)**
- **Medicare Accountable Care Organization (ACO)**
Track 1+ Model
- **Medicare Shared Savings Program**
Track 2, Track 3, Level E of the BASIC track, the ENHANCED track
- **Next Generation ACO Model**
- **Oncology Care Model (OCM)**
Two-Sided Risk
- **Comprehensive Care for Joint Replacement (CJR) Payment Model**
Track 1-CEHRT
- **Vermont Medicare ACO Initiative**
As part of the Vermont All-Payer ACO Model
- **Comprehensive ESRD Care (CEC) Model**
LDO arrangement and Non-LDO Two-Sided Risk Arrangement
- **Maryland Total Cost of Care Model**
Care Redesign Program and Primary Care Program

Lead Organization & Primary Contact Information

Congratulations! You are eligible to apply to participate in RHPTP. Please continue the application process below.

Lead Organization

Please identify the lead organization for this application.

Organization *

(Text field)

Type of Organization *

(Small Rural Hospital, Certified Rural Health Clinic, Consortium)

Are you including additional organizations in your application? *

(Yes/No)

Primary Contact Information

All communication about the RHPTP application will be directed to the primary contact you identify below. This person should be employed by the lead organization.

First Name *

(Text field)

Last Name *

(Text field)

Organization *

(Text field)

Job Title *

(Text field)

Email *

(Text field)

Confirm Email *

(Text field)

Phone *

You may include extensions in this field.

(Text field)

Additional Organizations

Note: This section is skipped if the answer to *Are you including additional organizations in your application?* was *No*.

Please identify the additional organizations that are part of this application below. The application process will request detailed information related to each applicant organization. You may choose to provide that information yourself or designate another contact to provide their organization's details.

Additional Organization

Organization Name *

(Text field)

Type of Organization *

(Small Rural Hospital/Certified Rural Health Clinic/Consortium)

Who will provide the details about this organization? *

If you choose another designated contact, they will be emailed a link to provide their organization's details after you complete and submit this portion of the application. The lead organization's primary contact will receive an automated email confirming when we've received the other organization's details.

(Lead Organization Primary Contact/Another Designated Contact)

Designated Contact Information

Note: This section only appears if the *Another Designated Contact* option is selected in the previous question.

First Name *

(Text field)

Last Name *

(Text field)

Email *

(Text field)

Confirm Email *

(Text field)

Would you like to add any additional organizations to this application? *

(Yes/No)

Note: Selecting *Yes* adds another *Additional Organization* section that repeats the questions in this section.

Part Two

Note: Part Two of the application process is completed once for each organization included on an application.

Contact Information

Note: This information only appears when Organization Designees use their unique link to complete Part Two of the application.

Thank you for your interest in the Rural Healthcare Provider Transition Project (RHPTP). The deadline to apply is 11:59 p.m. Central Time, Friday, September 10, 2021. Please contact rhptp@ruralcenter.org with questions about the application process.

You were designated to provide organization details about [ORGANIZATION NAME] as part of the RHPTP application lead by [LEAD ORGANIZATION NAME]. The primary contact from [LEAD ORGANIZATION NAME] will receive an email notification when you complete this portion of the application.

Contact Information

Please provide your contact information below. A confirmation email will be sent to the address provided once this section of the application is completed.

First Name *

(Text field)

Last Name *

(Text field)

Email *

(Text field)

Confirm Email *

(Text field)

Organization Details

Name and Location

Organization *

(Text field)

Type of Organization *

(Small Rural Hospital/Certified Rural Health Clinic/Consortium)

Address *

(Text field)

Address Line 2

(Text field)

City *

(Text field)

State *

(Dropdown list of states)

Postal Code *

(Text field)

County/Parish *

(Text field)

Chief Executive

The chief executive will serve as the project lead and must be actively involved and fully engaged in all aspects of the project. They may not designate any other person to fulfill the role of the project lead, but may delegate project tasks to key leaders. See the [Participation Expectations](#) for more details.

First Name *

(Text field)

Last Name *

(Text field)

Job Title *

(Text field)

Direct Phone Number *

Please provide a phone number to contact the chief executive directly. You may include extensions in this field.

(Text field)

Email Address *

(Text field)

Confirm Email Address *

(Text field)

Secondary Contact

First Name *

(Text field)

Last Name *

(Text field)

Job Title *

(Text field)

Direct Phone Number *

Please provide a phone number to contact this person directly. You may include extensions in this field.

(Text field)

Email Address *

(Text field)

Confirm Email Address *

(Text field)

Organization Demographics

Quality Focus Areas

Please rank the order of the following quality focus areas to indicate your need. *

Please choose a different number for each option below. Choose 1 to indicate the biggest need and 4 to indicate the least need.

- Building infrastructure that embeds quality improvement in practice
(1, 2, 3, 4)
- Improving patient safety culture
(1, 2, 3, 4)
- Improving coordination of care
(1, 2, 3, 4)
- Improving patient experience
(1, 2, 3, 4)

Please indicate whether the organization is actively involved in any of the following non-Medicare alternative payment or care delivery models through Medicaid or commercial payers. *

One point is assigned for each item selected.

- Accountable Care Organization (ACO)
(Actively Involved/Not Actively Involved)
- Shared Savings Program
(Actively Involved/Not Actively Involved)
- Patient Centered Medical Home (PCMH)
(Actively Involved/Not Actively Involved)

Key Performance Indicators

Please provide the following Key Performance Indicators (KPIs) from the most recent data for this organization.

Date Range

What is the date range for these KPI values?

- **Start Date ***
(Date Select Field)
- **End Date ***
(Date Select Field)

Net Patient Revenue *

This field only accepts numbers.

(Numeric Field)

Days Cash on Hand *

This field only accepts numbers.

(Numeric Field)

Total Margin *

This field only accepts numbers. Please report full percentage (use 90 instead of 0.90 to report 90%).

(Numeric Field)

Assessment Questions

Note: All open-ended Text Fields in this section have a 200-word limit.

What variables (measurable and unmeasurable) were considered in determining this organization's financial stability to participate in this project? *

Include variable, source for benchmarking, rationale, and measures. Up to four points will be assigned based on this response.

(Open-ended Text Field)

Does this organization utilize a current strategic plan? *

Up to five points will be assigned based on the response to questions about the strategic plan.

(Yes/No)

Note: The following question is skipped if the organization does not utilize a strategic plan.

Describe the strategic planning process. *

Please describe the planning process, the dashboard used (for example, Balanced Scorecard or other model) to monitor the progress of strategic goals and objectives, and how this information is shared in the organization.

(Open-ended Text Field)

Describe in detail the organization's quality improvement program. *

Include information about who is involved, how data is collected, tracked and used to make changes, and examples of quality improvement issues that have been addressed. Up to five points will be assigned based on this response.

(Open-ended Text Field)

Describe current activities to address population health and chronic disease management. *

Include any initiatives within the organization that address the health of its employees (i.e. wellness and prevention, community collaboration, care management, education, information management/disease registry, addressing social determinants of health, collaboration with primary care physicians). Up to five points will be assigned based on this response.

(Open-ended Text Field)

Describe the organization's past and current financial and operational activities to prepare for the transition to a value-based payment system. *

Up to five points will be assigned based on this response.

(Open-ended Text Field)

Describe how the organization currently utilizes telehealth services, as well as future plans. *

Up to five points will be assigned based on this response.

(Open-ended Text Field)

Describe the organization's strengths that will assist in participating in this project and implementing recommendations to move towards future payment and delivery models. *

Up to five points will be assigned based on this response.

(Open-ended Text Field)

Hospital Specific Demographics

Note: This section is skipped if the organization is not a hospital.

Hospital Specific Demographics

Hospital Designation *

(Prospective Payment System (PPS)/Critical Access Hospital (CAH)/Other)

List the number of staffed beds per the most recently filed Medicare Cost Report. *

This field only accepts numbers.

(Numeric field)

Is this hospital affiliated with a hospital system? *

(Yes/No)

Note: The following two questions are skipped if the hospital is not affiliated with a system.

What system is this hospital affiliated with? *

(Text field)

Does the system support this application to participate in RHPTP, including full support in implementing consultant recommendations? *

(Yes/No)

Does this hospital operate under a management company? *

(Yes/No)

Note: The following two questions are skipped if the hospital does not operate under a management company.

What is the name of the management company? *

(Text field)

Does the management company fully support this application to participate in RHPTP, including full support in implementing consultant recommendations? *

(Yes/No)

Participation Expectations and Verification Statements

The Chief Executive will serve as the project lead and must be actively involved and fully engaged in all aspects of the project. The Chief Executive may not designate any other person to fulfill the role of the project lead but may delegate project tasks to key leaders.

The Chief Executive should be ready, willing, and able to:

- Ensure that full data requests are submitted, and deadlines are met.
- Schedule and hold mutually agreed upon dates for onsite and virtual consultations. Once secured, dates may not be rescheduled.
- Obligate and commit necessary time to support the project, and include adequate time for executive and management teams and appropriate staff to actively participate in project activities.
- Build project support with the Board of Directors, and front-line and medical staff.
- Utilize available best practice resources and tools to support implementation of consultant recommendations.
- Develop action plans with project consultants and the National Rural Health Resource Center (The Center) technical assistance (TA) team to support the implementation process.
- Delegate actionable steps to executive and management teams to implement best practice recommendations and action plan items.
- Identify and implement transition strategies with consultants and The Center that support the organization in moving towards the adoption of new payment and care delivery models.
- Be willing to share successes and lessons learned with peer organizations through the Learning Collaborative and Spotlights.

Organization Readiness Requirements and Project Requirements

The organization should not have any pending projects or anticipated issues that would hinder the consultation process that include, but are not limited to, the following examples:

- If the organization is affiliated with a system, the system must support the project by providing all necessary data to complete and submit the data request.

- If the organization is currently working on another large project (i.e. a HIT deployment), the executive team must ensure that management and staff time has been appropriately committed to fully support the RHPTP activities.

Verification Statements

Please indicate your agreement to the following statements.

Verification Statement *

- I have read and agree with the [participation requirements](#). I understand that the participation requirements are the necessities that my organization must be willing and able to do to apply for RHPTP services.
(Yes/No)
- I verify that our organization meets readiness requirements, and we agree to meet project expectations by completing the participation requirements. I understand that organizations unable to meet readiness requirements shall be placed back in queue and the support shall be directed to the next organization.
(Yes/No)
- I verify that our organization is not currently receiving technical support for activities that are the same as those provided through RHPTP.
(Yes/No)
- I verify that our hospital has 49 or fewer staffed beds as per the most recently filed Medicare Cost Report.
(Yes/No)

Note: This statement only appears if the organization is a hospital.