Fiscal Year 2018 Flex Program Appropriations

April 11, 2018
at 1:00 pm Eastern Time

Sarah Young and Christy Edwards

Federal Office of Rural Health Policy (FORHP)
Health Resources and Services Administration (HRSA)

Agenda

- Review FY 2018 Appropriations
- New EMS Project Awards
- Questions

Fiscal Year 2018 Appropriations

- The President signed the Consolidated Appropriations Act, 2018 into law on March 23
- Funds Flex line at $6 million above 2017 levels, $8 million above 2016 levels
- Applies to both Flex and SHIP programs (SORH is funded under a different legislative program)
- Increase to SHIP awards
- Additional assistance resources
- EMS sustainability projects: $2 million in new funds

FY 2018 Appropriations text:

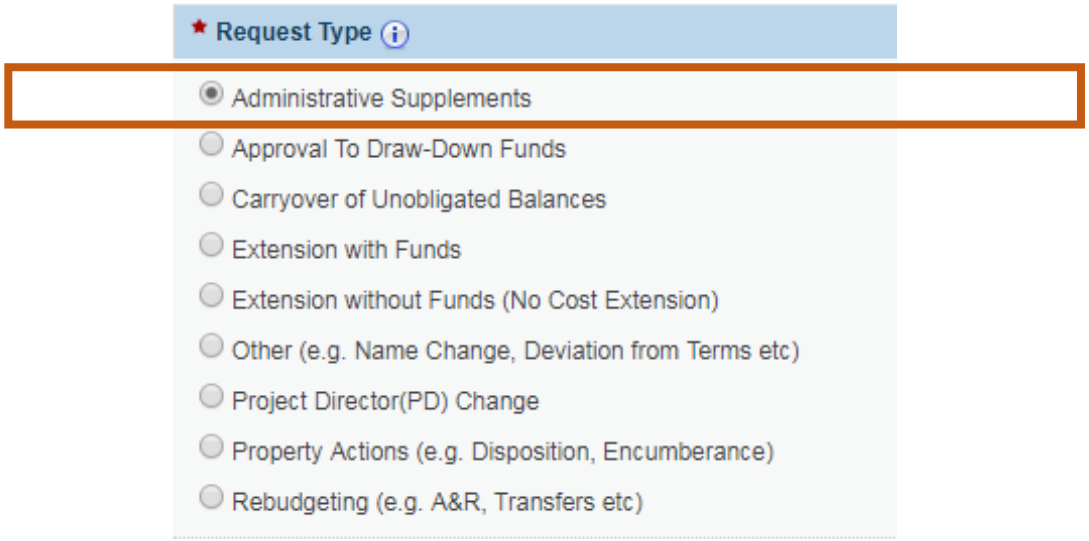
… of which $49,609,000 from general revenues, notwithstanding section 1820(j) of the Social Security Act, shall be available for carrying out the Medicare rural hospital flexibility grants program: *Provided*, That of the funds made available under this heading for Medicare rural hospital flexibility grants, $15,942,000 shall be available for the Small Rural Hospital Improvement Grant Program for quality improvement and adoption of health information technology and up to $1,000,000 shall be to carry out section 1820(g)(6) of the Social Security Act, with funds provided for grants under section 1820(g)(6) available for the purchase and implementation of telehealth services, including pilots and demonstrations on the use of electronic health records to coordinate rural veterans care between rural providers and the Department of Veterans Affairs electronic health record system …

New EMS Sustainability Projects

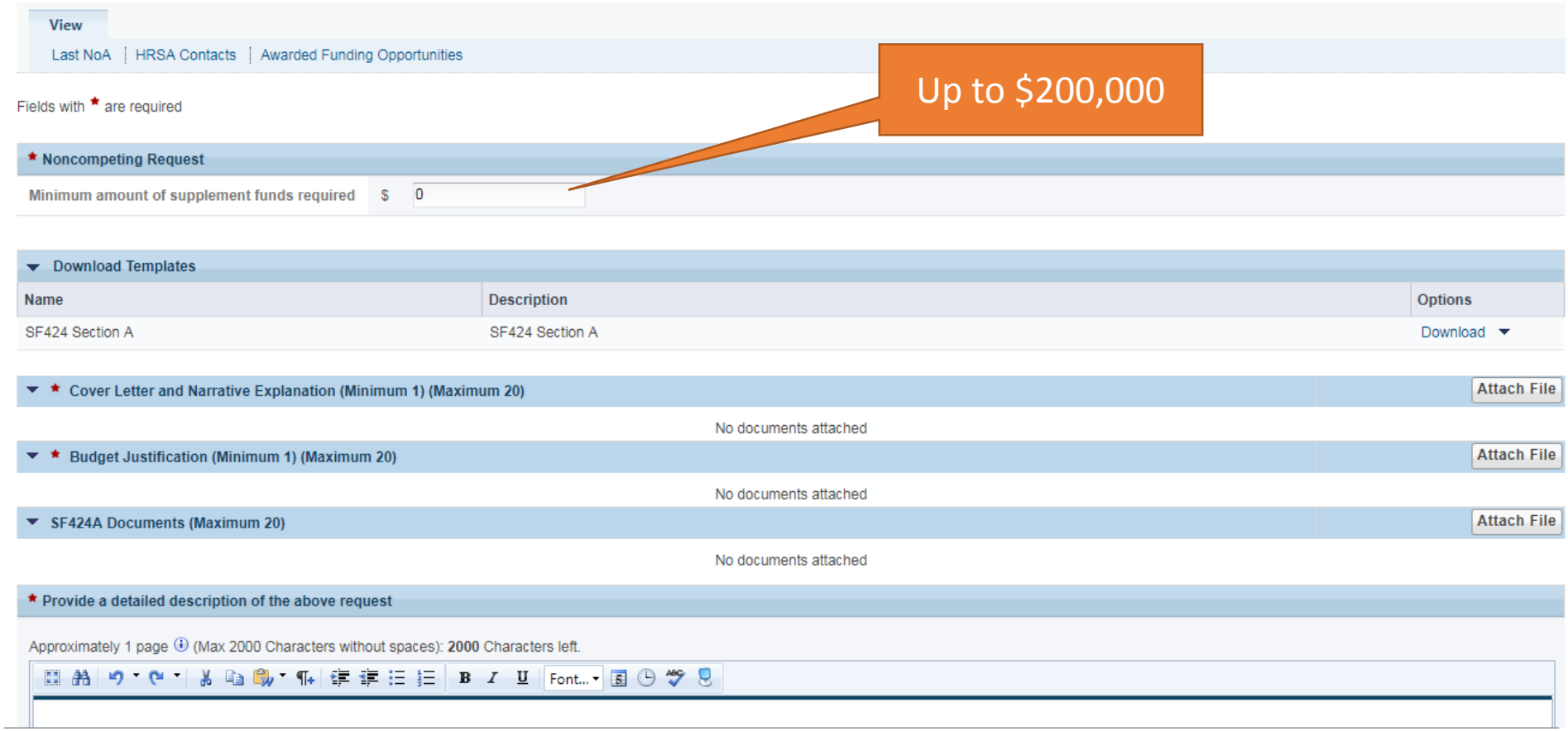
- $2 million available
- Up to $200,000 per state
  - Amount per state may be reduced depending on total number of requests
- One year of funding
- Letter of intent due by **11:59 pm on April 18, 2018** – required!
- Email confirmations from FORHP of letters of intent and funding levels on April 19, 2018
- Complete request due May 18, 2018

EMS Projects: Process

- Application instructions shared on the Flex Coordinators mailing list after this call
- State Flex Programs request funding through the Administrative Supplements Prior Approval



EMS Projects: Prior Approval



EMS Projects: Content

- Project Narrative (5 page limit)
  - Describe the need, purpose of the project, proposed activities, outcomes and partner organizations
- Budget with Narrative Justification
  - Indirect costs limited to 15% of direct costs
  - Supplemental funds are exempt from the 25% cap on EMS spending
  - May not be used for direct patient care or equipment purchases
- Work Plan
  - Overview of the grant objectives, goals, activities, and projected outcomes in table format
- SF-424A

EMS Projects: Purpose

- Funding to states to support the in depth technical assistance to rural EMS systems
- Build an evidence base for rural EMS models
- Use results to inform the Flex program future direction
- Disseminate information about successful models to rural EMS stakeholders

EMS Projects

- **Goal: Ensure access to quality emergency medical care in rural communities**
  - ***Objective 1:*** *To develop and implement sustainable models of rural EMS care*
  - ***Objective 2:*** *To identify a set of rural-relevant EMS quality measures and prepare the foundation to pilot test the measures*
- FY18 activities may result in actionable plans to implement projects in one of these two objectives

Objective 1: To develop and implement sustainable models of EMS care

- Sustainability is the ability to maintain or expand access to rural emergency medical services for the long term
- Address a factor contributing to the long-term stability of local and regional rural EMS systems of care
- The focus of this objective is to test interventions for use in the Flex program

Objective 1: To develop and implement sustainable models of EMS care

- Create or improve EMS payment models
- Improve care for non-emergent patients
- Reduce the total cost of care for frequent EMS users
- Support initiatives to revive distressed rural EMS agencies
- Improve access to continuing education for rural EMS personnel
- Improve the financial stability of rural EMS agencies
- Other projects as determined by the state Flex program

Objective 1: To develop and implement sustainable models of EMS care

- Create or improve EMS payment models example
  - A one year project might include:
    - Use needs assessments to select a model
    - Discussions with the state Medicaid office or other payers
    - Planning for a test project to be implemented in FY19
- Improve care for non-emergent patients
  - A one year project might include:
    - Finding EMS agencies, CAHs to participate
    - Stakeholder meetings to define the activities
    - Planning for a test project to be implemented in FY19

Objective 2: To identify a set of rural-relevant EMS quality measures and prepare the foundation to pilot test the measures

- Improve the capacity of EMS agencies to collect and report quality data and use that data for performance improvement
- Measures related to time critical diagnoses
- Select and seek consensus on a core set of measures, evaluate and address data collection issues

Objective 2: To identify a set of rural-relevant EMS quality measures and prepare the foundation to pilot test the measures

- Produce a report including:
- Defining the set of measures
- The process and reasoning for choosing the selected measures
- Description of data collection issues and capacity,
- Description of proposed data collection plans, including time, effort and cost of data collection at the rural EMS agency level
- Qualitative information on the anticipated barriers to data collection and implementation
- Description of plan to pilot test the measures
- Description of strategies for sustainability

Reporting Requirements

- Outcome measures approved by August 1, 2018
- Submit baseline data by October 1, 2018
- Participate in quarterly calls
- Submit an end-of-year report—details will be provided

How can the funds be used?

- Project funds are exempt from the 25% cap on EMS spending.
- Project funds may **not** be used for direct patient care or equipment purchases.
- Project funds **may be used for**, but are not limited to:
  - Training
  - Technical Assistance
  - Consultants
  - Personnel costs for contractors and state Flex program staff
  - Meetings and travel
  - Supplies that are integral to the project

Not sure what is allowable?

If you are unsure if a project idea can be funded or

Unsure if specific costs are allowable

Call Christy Edwards

301-945-0869

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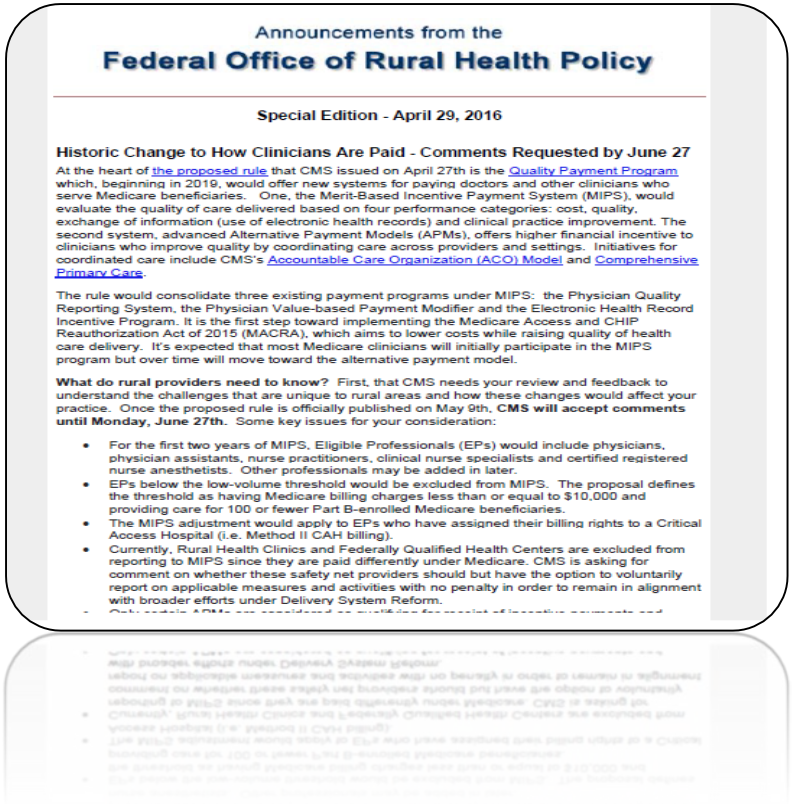
Questions about EMS Sustainability Projects?

Other questions?

FORHP Weekly Announcements

- Rural-focused Funding Opportunities
- Policy and Regulatory Developments Affecting Rural Providers and Communities
- Rural Research findings
- Policy updates from a Rural Perspective



Announcements from the

Federal Office of Rural Health Policy

Special Edition - April 29, 2016

Historic Change to How Clinicians Are Paid - Comments Requested by June 27

At the heart of the proposed rule that CMS issued on April 27th is the Quality Payment Program which, beginning in 2019, would offer new systems for paying doctors and other clinicians who serve Medicare beneficiaries. One, the Merit-Based Incentive Payment System (MIPS), would evaluate the quality of care delivered based on four performance categories: cost, quality, exchange of information (use of electronic health records) and clinical practice improvement. The second system, advanced Alternative Payment Models (APMs), offers higher financial incentive to clinicians who improve quality by coordinating care across providers and settings. Initiatives for coordinated care include CMS's Accountable Care Organization (ACO) Model and Comprehensive Primary Care.

The rule would consolidate three existing payment programs under MIPS: the Physician Quality Reporting System, the Physician Value-based Payment Modifier and the Electronic Health Record Incentive Program. It is the first step toward implementing the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which aims to lower costs while raising quality of health care delivery. It's expected that most Medicare clinicians will initially participate in the MIPS program but over time will move toward the alternative payment model.

What do rural providers need to know? First, that CMS needs your review and feedback to understand the challenges that are unique to rural areas and how these changes would affect your practice. Once the proposed rule is officially published on May 9th, **CMS will accept comments until Monday, June 27th.** Some key issues for your consideration:

- For the first two years of MIPS, Eligible Professionals (EPs) would include physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists. Other professionals may be added in later.
- EPs below the low-volume threshold would be excluded from MIPS. The proposal defines the threshold as having Medicare billing charges less than or equal to $10,000 and providing care for 100 or fewer Part B-enrolled Medicare beneficiaries.
- The MIPS adjustment would apply to EPs who have assigned their billing rights to a Critical Access Hospital (i.e. Method II CAH billing).
- Currently, Rural Health Clinics and Federally Qualified Health Centers are excluded from reporting to MIPS since they are paid differently under Medicare. CMS is asking for comment on whether these safety net providers should but have the option to voluntarily report on applicable measures and activities with no penalty in order to remain in alignment with broader efforts under Delivery System Reform.

To sign up: Email Michelle Daniels at mdaniels@hrsa.gov

U.S. Department of Health & Human Services
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