# SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM (SHIP)

# FY 2021 Hospital Grant Application B

***Return to [Insert SHIP SORH]* by:** **[*Insert Due Date*]**

To help facilitate the awards process the SORH will submit one SHIP application on behalf of all eligible hospital applicants to Federal Office of Rural Health Policy (FORHP)**.** *This form must be completed and returned to the SORH for inclusion in the FY2021 SHIP Progress Report*. The SORH will award equal funding to each eligible hospital.

# General Information

Hospital Name:       CMS Certification Number (CCN): #

Hospital Data Universal Number System (DUNS) Number:

Former Name *(if changed since FY20 SHIP application):*

Is there a change in hospital address since FY20 SHIP application? Yes [ ]  No [ ]

Is there a change in Administrator/CEO since FY20 SHIP application? Yes [ ]  No [ ]

Is there a change in SHIP Project Director, since FY20 SHIP application? Yes [ ]  No [ ]

If *you answered Yes to any of the above questions, please update all appropriate fields below.*

Address:

City:       State:       Zip:       County:

Phone:       Fax:

Administrator / CEO:       E-mail:

Hospital SHIP Project Director Name**:** *Click here to enter text.* Email**:** *Click here to enter text.*

Phone:

Number of beds, per Line 14 of the most recently filed Medicare Cost Report\*:

CAH: Yes [ ]  No [ ]

Tribally operated hospital under Titles I and V of P.L. 93-638? Yes [ ]  No [ ]

Cost Reporting Period: \_\_\_ mm/yy \_\_\_\_\_\_\_\_ - \_\_\_\_mm/yy\_\_\_\_\_\_\_\_

*\*Note: If hospital reports a licensed bed count greater than 49 on Line 14 but, staffs 49 beds or fewer, eligibility may be certified by submitting a written statement to the SORH that includes: 1) the number of staffed beds at the time of the most recent cost report submission, 2) the cost reporting period of the most recently filed cost report, and 3) the signature of the certifying official.*

**Does your hospital participate in any of the following Centers for Medicare and Medicaid Services (CMS) programs?**

Medicare Shared Savings Program [ ]  Yes [ ]  No

Other Accountable Care Organization Model ☐ Yes ☐ No

Hospital Inpatient Quality Reporting Program [ ]  Yes [ ]  No

Hospital Compare [ ]  Yes [ ]  No

Hospital Value-Based Purchasing Program (PPS Hospitals Only) [ ]  Yes [ ]  No

# SHIP Purchasing Menu: Planned FY 2021 (June 1, 2021 - May 31, 2022) Expenditures

From the Purchasing Menu below, check the boxes that indicate your proposed activities. In the final box, indicate the dollar amount by, investment category. **Total Budget Estimate CANNOT exceed $11,855.**

**Refer to** [SHIP Allowable Investments](https://www.ruralcenter.org/ship/allowable-investments) **webpage or use the** [Allowable Investments Search Tool](https://www.ruralcenter.org/ship/allowable-investments/search-tool) for the FY 2021 Allowable Investments.

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| **Value-Based Purchasing (VPB) Investment Activities** |
| **Activities that support improved data collection to facilitate quality reporting and improvement.**  | **Hospital Activity(s):** | **Briefly describe the Activity** |
| A. Quality reporting data collection/related training or software | [ ]  |  |
| B. HCAHPS data collection process/related training | [ ]  |  |
| C. Efficiency or quality improvement training in support of VBP related initiatives | [ ]  |  |
| D. Provider-Based Clinic quality measures education | [ ]  |  |
| E. Alternative Payment Model and Quality Payment Program training/education | [ ]  |  |

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| **Accountable Care Organization (ACO) or Shared Savings Investment Activities** |
| **Activities that support the development or the basic tenets of ACOs or shared savings programs.**  | **Hospital Activity(s):** | **Briefly describe the Activity** |
| A. Computerized provider order entry implementation and/or training | [ ]  |  |
| B. Pharmacy services  | [ ]  |  |
| C. Disease registry training and/or software/hardwarePopulation Health software | [ ]  |  |
| D. Social Determinants of Health Screening software/training | [ ]  |  |
| E. Efficiency or quality improvement training in support of ACO or shared savings related initiatives | [ ]  |  |
| F. Systems performance training in support of ACO or shared savings related initiatives | [ ]  |  |
| G. Mobile health and telehealth hardware/ software  | [ ]  |  |
| H. Community paramedicine hardware/software and training | [ ]  |  |
| I. Health Information Technology (HIT) training for value and ACOs  | [ ]  |  |

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| **Payment Bundling (PB) or Prospective Payment System (PPS) Investment Activities** |
| **Activities that improve hospital financial processes.**  | **Hospital Activity(s)** | **Briefly describe the Activity** |
| A. ICD-10 software | [ ]  |  |
| B. ICD-10 training  | [ ]  |  |
| C. Efficiency or quality improvement training in support of PB or PPS related initiatives | [ ]  |  |
| D. S-10 Cost Reporting training  | [ ]  |  |
| E. Pricing Transparency training or software  | [ ]  |  |

| **Investment Category** | **Amount Requested** | **Percent by Category** |
| --- | --- | --- |
| VBP Investment Activities | *Enter Amount* | *Enter Percent of funding* |
| ACO or Shared Savings Investment Activities  | *Enter Amount* | *Enter Percent* |
| PB or PPS Investment Activities | *Enter Amount* | *Enter Percent* |
| **Total Requested** | **$11,855.00** | **100%** |

# FY2020 (June 1, 2020 - May 31, 2021) Investments & Expenditures (Returning Hospitals Only****)****

1. Do you anticipate expending all FY2020 funds by the end of the current budget period (May 31, 2021)?

 [ ]  Yes [ ]  No Briefly explain challenges. *Click here to enter text.*

1. Briefly describe activity and progress by investment category.

*VBP*: *Click here to enter text.* Activities conducted in a network or consortium? [ ]  Yes [ ]  No

*Progress:* [ ]  Started [ ]  Not started [ ]  Completed

*ACO*: *Click here to enter text.* Activities conducted in a network or consortium? [ ]  Yes [ ]  No *Progress:* [ ]  Started [ ]  Not started [ ]  Completed

*PPS/PB*: *Click here to enter text.* Activities conducted in a network or consortium? [ ]  Yes [ ]  No

*Progress:* [ ]  Started [ ]  Not started [ ]  Completed

1. Briefly describe lessons learned and/or investment impact (such as number of participants that attended training). *Click here to enter text.*

# FY2021 Network/Consortium Expenditures

Will FY2021 funds be allocated to a SHIP network/consortium? (A network formed solely for the purposes of SHIP?) [ ]  Yes network/consortium name: *Click here to enter text.* [ ]  No

Will FY2021 SHIP funds be allocated to any ***other*** network/consortium? (A network formed for purposes other than SHIP that offers programs/services that SHIP hospital can “buy into” with SHIP funds?)

[ ]  Yesnetwork/consortium name*: Click here to enter text.* [ ]  No

# FY2021 Special Innovations Project Expenditures

Will FY2021 funds be allocated to a Special Innovations Project?

[ ]  Yes Brief Description: *Click here to enter text.* [ ]  No

# Signature

By signing this application, you are affirming adherence to all FY2021 SHIP eligibility and program requirements including the selection of menu investment(s) based upon the specific selection priorities listed in the SHIP Purchasing Menu Instructions. Hospitals that do not follow the purchase priorities and/or purchase hardware and/or software or services that are not listed on the SHIP Purchasing Menu will be subject to penalties including suspension from the next SHIP funding opportunity.

*Note: Prior approval from your state SHIP Coordinator is required before changing investments; no changes can be made after the mid-year point.*

**Administrator/CEO Signature:**  **Date:**

**Hospital SHIP Coordinator Signature: Date:**

(E-signatures are acceptable.)