Program Areas of the Flex Program

In fiscal year (FY) 2019 (September 1, 2019 – August 31, 2020), the Flex Program began a new project period focused on providing training and technical assistance to build capacity, support innovation, and promote sustainable improvement in rural health care systems.

The Flex Program, a five-year project period, is designed to allow state Flex cooperative agreement partners to develop, implement, and measure impact and improvement within the program areas of the cooperative agreement:

1. CAH Quality Improvement (required)
2. CAH Operational and Financial Improvement (required)
3. CAH Population Health Improvement (optional)
4. Rural Emergency Medical Services (EMS) Improvement (optional)
5. Innovative Model Development (optional)
6. CAH Designation (required if rural hospitals request assistance)

The overall goal of the Flex Program is to ensure that high-quality health care is available in rural communities and aligned with community needs. The goals of each of the six program areas are as follows:

- CAH Quality Improvement (required)
    - Increase the number of CAHs consistently reporting quality data
    - Improve the quality of care in CAHs
- CAH Operational and Financial Improvement (required)
    - Maintain and improve the financial viability of CAHs
- CAH Population Health Improvement (optional)
    - Build capacity of CAHs to achieve measurable improvements in the health outcomes of their communities
- Rural EMS Improvement (optional)
    - Improve the organizational capacity of rural EMS
    - Improve the quality of rural EMS
- Innovative Model Development (optional)

    - Increase knowledge and evidence base supporting new models of rural health care delivery
- CAH Designation (required if assistance is requested by rural hospitals)
    - Assist rural hospitals in seeking or maintaining appropriate Medicare participation status to meet community needs

I. CAH Quality Improvement

This program area, referred to as the Medicare Beneficiary Quality Improvement Project (MBQIP), focuses on improving the quality of health care provided by CAHs and other rural health care providers. Other types of health care providers can and should benefit from this work, but most activities must target CAHs.

MBQIP activities are grouped in four quality domains:

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

FORHP expects all grantees to select Activity Categories 1.1- 1.4 (required) which covers the four quality domains of MBQIP.

Building and maintaining the participation of all CAHs in MBQIP through quality measurement and reporting activities are required. In year one of the cooperative agreement cycle, it is acceptable to work towards building the capacity for CAHs to participate in these activities and report data if they are not already doing so. For CAHs already engaged in quality reporting, the focus should be quality improvement.

Every year, FORHP evaluates the MBQIP participation requirements for CAHs to be eligible to participate in the Flex Program and Flex-related activities. FORHP understands that certain circumstances hinder CAHs from reporting. Therefore, Flex Programs have the opportunity to request waivers for MBQIP participation requirements for the current fiscal year on behalf of CAHs initially deemed ineligible due to non-participation. The Flex Program must submit a waiver as part of their non-competing continuation (NCC) progress report as an attachment. Detailed participation criteria are currently available from FORHP concerning participation through FY 2021.

Along with the required set of quality improvement activities, there are additional activity categories that grantees are encouraged to select based on the needs of the CAHs in their state (Activity Categories 1.5 – 1.8). These activity categories do not require participation by all CAHs. Instead, they should include a cohort(s) of CAHs in the state prepared to focus quality improvement efforts on the identified area. It is acceptable to work with an individual hospital, but the need must be clearly justified. While some of the additional activity categories have existing measures, some do not have a standardized measure set or reporting mechanism. These activity categories were included to give states an option to work on these national quality priority areas.

Potential resources related to quality improvement include:

- MBQIP website
- Flex Monitoring Team (FMT)
- Emergency Department Transfer Communication

For specific information on Program Area 1: CAH Quality Improvement goals, activity categories, requirements, and suggested output and outcome measures, please see the Medicare Rural Hospital Flexibility Program Structure for FY 2019 – FY 2023.

II. CAH Operational and Financial Improvement

FORHP requires all grantees to select Activity Category 2.1. Activity Categories 2.2 – 2.5 are not individually required. Still, FORHP requires state Flex Programs to support one or more improvement projects in this program area as determined by the state's needs assessment (Activity Category 2.1) and program capacity. FORHP encourages states to identify new or existing successful financial and operational improvement programs and leverage those to meet the collective needs of CAHs in each state to maximize the impact of limited Flex funds. States should minimize consultant expenditures toward individual CAHs for improvement activities, instead focusing on cohorts unless adequately justified. Work within this program area must focus on CAHs; however, state Flex Programs may assist CAHs that operate provider-based rural health clinics (RHCs) or other off-campus health care sites.

For specific information on the Program Area 2: CAH Operational and Financial Improvement goal, activity categories, requirements, and suggested output and outcome measures, please see the Medicare Rural Hospital Flexibility Program Structure for FY 2019 – FY 2023.

III. CAH Population Health Improvement

This optional program area focuses on helping to build capacity of CAHs to achieve measurable improvements in the health outcomes of their communities.

Activity categories for this program area focus on:

- Understanding health improvement needs
- Developing strategies
- Engaging with community stakeholders to address specific health needs
- Flex funds cannot be used to pay for the completion of community health needs assessments (CHNAs).

For specific information on the Program Area 3: CAH Population Health Improvement goal, activity categories, requirement, and suggested output and outcome measures, please see the Medicare Rural Hospital Flexibility Program Structure for FY 2019 – FY 2023.

IV. Rural EMS Improvement

This optional program area focuses on work to improve rural EMS as it is a vital link to emergency health care for rural residents. The Flex Program supports establishing and expanding programs that support the provision of rural EMS. Goals of this program area include improving organizational capacity of EMS providers and improving the quality of rural EMS. Projects within this program area are to focus primarily on out-of-hospital emergency medical services. Projects including both EMS and CAH emergency departments (ED) are encouraged, but projects that focus solely on the CAH ED should be part of Program Area 2: Operational and Financial Improvement.

If Rural EMS Improvement program area is chosen, the required areas are:

- Completion of a statewide rural EMS Needs Assessment and Action Plan (Activity Category 4.1)
- And/or completion of a community-level rural EMS system assessment and action planning

It is expected that states working in this program area will complete at least one of these two types of assessments during the five-year program cycle.

For specific information on the Program Area 4: Rural EMS Improvement goal, activity categories, requirements, and suggested output and outcome measures, please see the Medicare Rural Hospital Flexibility Program Structure for FY 2019 – FY 2023.

Flex Program EMS Supplement

With declining numbers of volunteers to staff ambulances, declining financial support from local governments, and increased educational standards for emergency medical technicians and paramedics, access to emergency care is at risk in many rural communities. Flex Program stakeholders have identified addressing the needs of struggling ambulance agencies as a key issue to maintaining access to emergency care in rural communities. Stakeholders have also identified EMS quality improvement as a key challenge for both EMS sustainability and EMS participation in value-based care.

The Flex Program provides a platform and resources for states to strengthen rural health care by supporting improvement initiatives with critical access hospitals and rural EMS agencies. State Flex Programs have supported EMS improvement activities in the past but have faced challenges with limited capacity to address EMS needs given other rural health care priorities. In the Fiscal Year 2019 (FY19) Flex Program funding cycle, the Federal Office of Rural Health Policy (FORHP) issued a Notice of Funding Opportunity (NOFO) for supplemental EMS projects. The goal of the supplemental funding is to improve access to quality emergency care in rural communities. The projects will develop an evidence base for Flex Program EMS activities by funding four multi-year projects in each of the following two focus areas:

- Focus Area 1: To implement demonstration projects on sustainable models of rural EMS care. Projects will facilitate the development and implementation of promising solutions for the problems faced by vulnerable EMS agencies and contribute to an evidence base for appropriate interventions.
- Focus Area 2: To implement demonstration projects on data collection and reporting for a set of rural-relevant EMS quality measures. Projects will facilitate the development of a core set of validated, rural-relevant EMS quality measures.

The Flex EMS Supplement's performance period is September 1, 2019, through August 31, 2022 (three years). The supplement is now in its final year. Funding beyond the first year is subject to the availability of federally appropriated funds for the Flex Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. The full Flex

EMS Supplement NOFO can be viewed here: https://www.ruralcenter.org/resource-library/flex-program-fiscal-year-2019-ems-supplement-funding-guidance-and-supporting

State Flex Programs awarded the Flex EMS Supplement funding up to $250,000 per year for three years for FY 2019 – FY 2021 are:

- Focus Area 1: Sustainable models of rural EMS care
  - Arizona
  - Ohio
  - South Carolina
  - Washington
- Focus Area 2: Data collection and reporting
  - Florida
  - Kentucky
  - New Mexico
  - North Dakota

The Technical Assistance and Services Center (TASC) provides technical assistance and support to the eight Flex EMS Supplement projects.

V. Innovative Model Development

If a state Flex Program is interested in developing innovative rural health care models to improve quality, finances, operations, population health, and/or system delivery, they may choose to do activities in this program area. The goal of this program area is to increase knowledge and the evidence base supporting new models of rural health care delivery. Projects in this program area can be for one to five years. Evidence must be provided by the state Flex Program that they can meet the majority of Program Area 1 and Program Area 2 needs in the state before opting to do work in Program Area 5. They also must demonstrate organizational capacity to manage projects in this program area. State Flex Programs were also required to submit a logic model with their application to work in this program area.

For specific information on Program Area 5: Innovative Model Development goal, activity categories, requirements, and suggested output and outcome measures, please see the Medicare Rural Hospital Flexibility Program Structure for FY 2019 – FY 2023.

VI. CAH Designation

In accordance with program authorizing authority, state Flex Programs must facilitate, when requested, appropriate conversion of small rural hospitals to CAH status. Flex Programs must assist hospitals in evaluating the effects of conversion to CAH status.

This may include assisting with financial feasibility studies for hospitals considering conversion to CAH status, as well as feasibility studies for reopening closed rural hospitals or converting CAHs to other types of facilities.

For specific information on the Program Area 6: CAH Designation, activity categories, requirements, and suggested output and outcome measures, please see the Medicare Rural Hospital Flexibility Program Structure for FY 2019 – FY 2023.