Flex Year 3 Wrap Up

September 13, 2022

Laura Seifert
Public Health Analyst
Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People

Overview

AGENDA

- FY 2020 PIMS Results

- FY 2021 PIMS Data Collection

- End of Year Report
  - End of Year Repot – EMS Supplement

- Federal Financial Report Submission
  - Carryover Request

What is PIMS?

- Allow FORHP to identify future baselines, track trends and improvement, identify best practices.

- Inform TASC and RQITA's Tool and TA resource development strategies for not only MBQIP but other parts of Flex

- Provides more context for FMT's evaluations and in-depth analyses.

- Informs HHS Leaders and Congress of the 'Impact' Flex is having and what *opportunities* still exist for improvement.

FY 2020 PIMS Results

Number of States Working in Each Flex Program Area FY 2020
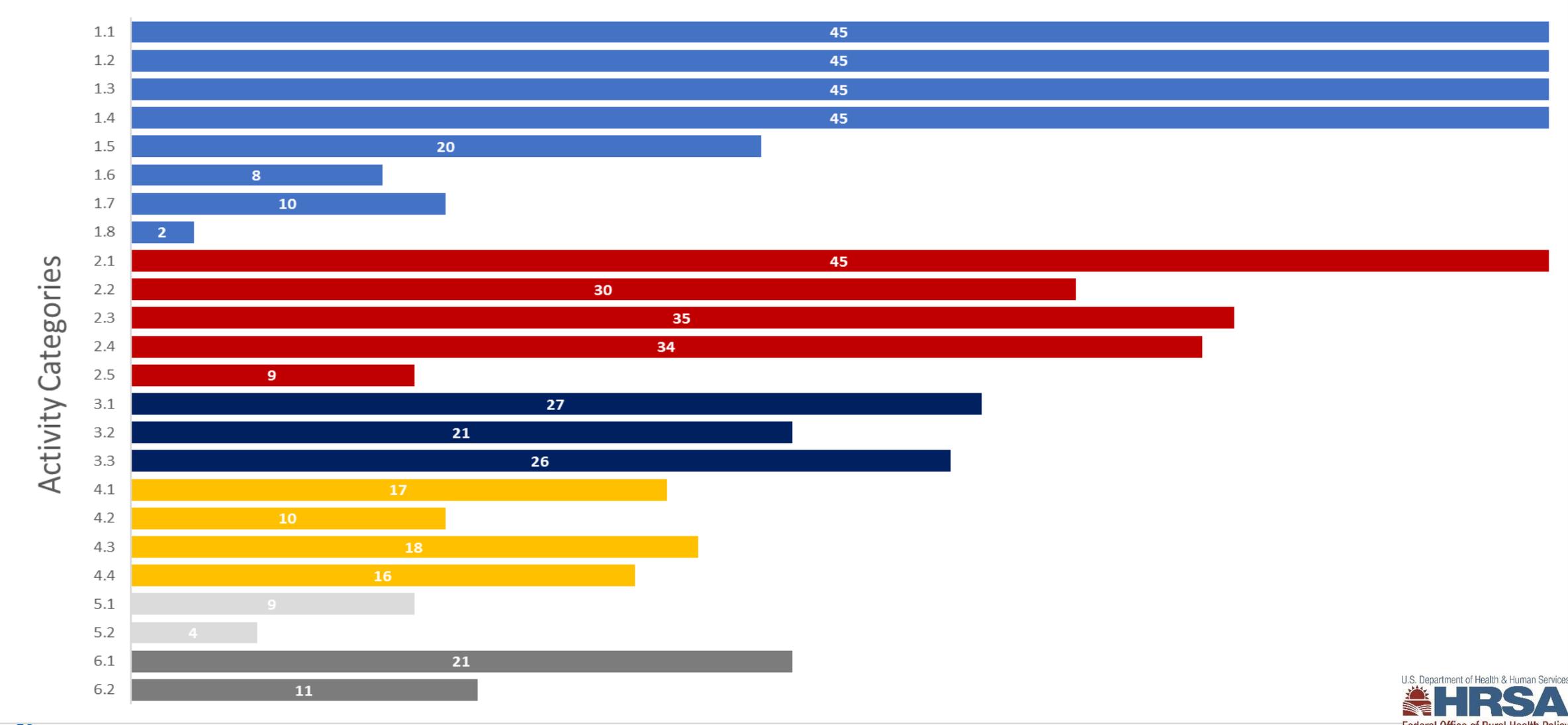
Core Measures Quality Improvement
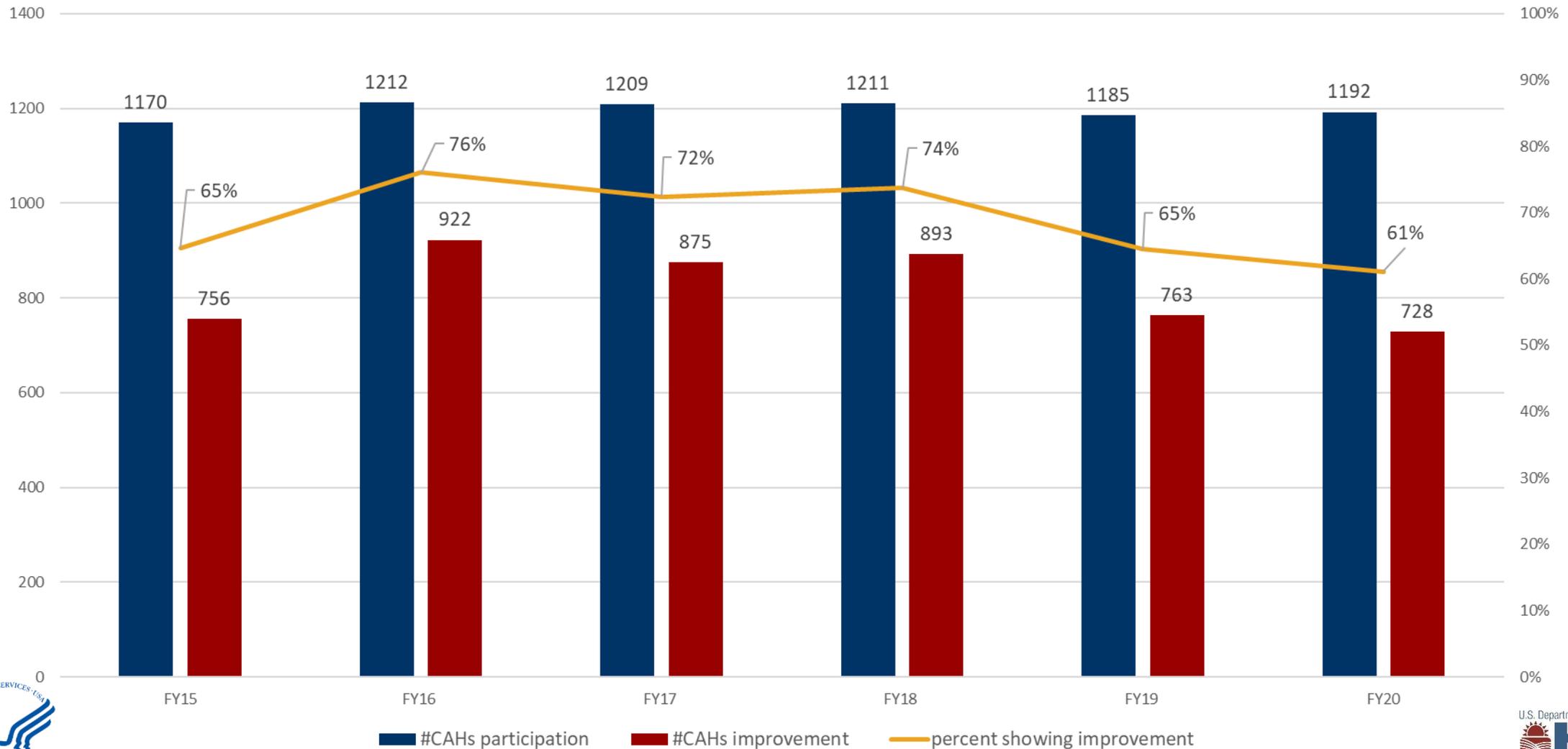
Additional Measures Quality Improvement
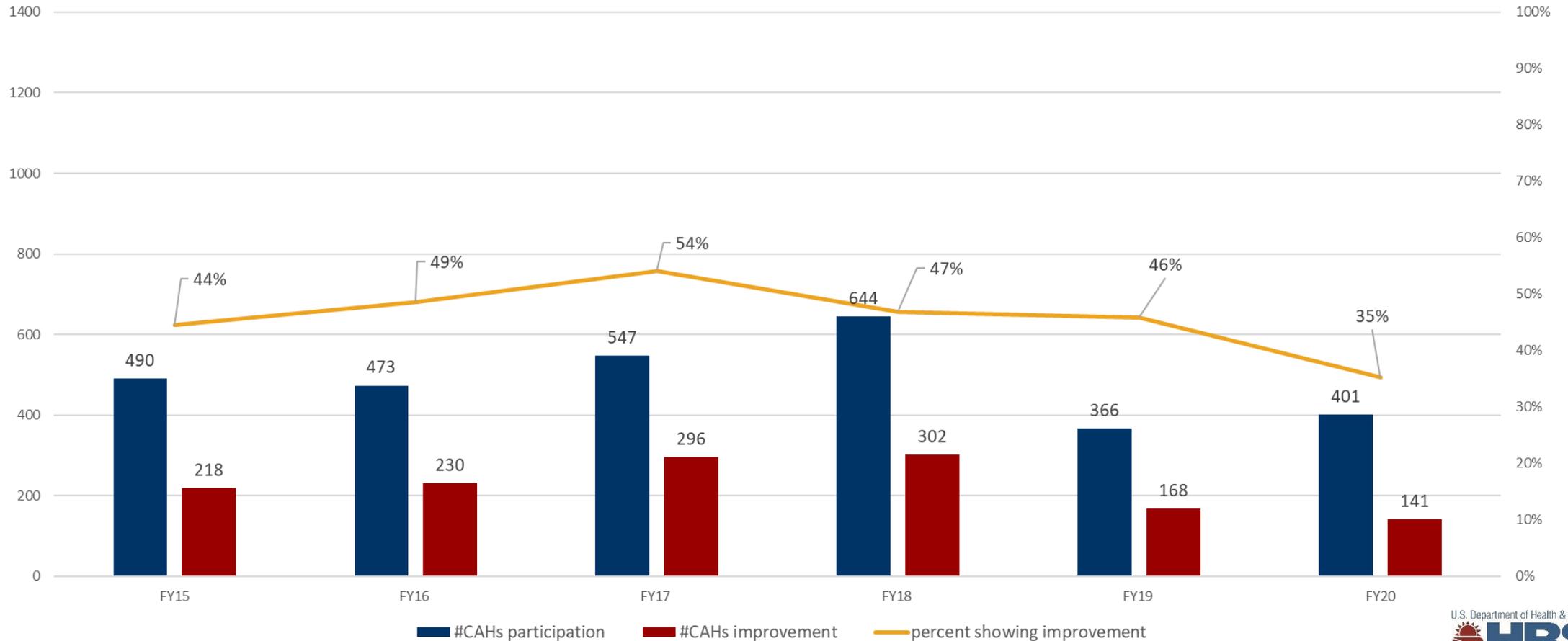
Operational Improvement 2.4

Chart showing CAHs participation, CAHs improvement, and percent showing improvement by fiscal year:

Fiscal Year	#CAHs participation	#CAHs improvement	percent showing improvement
FY15	284	79	28%
FY16	287	184	64%
FY17	283	159	56%
FY18	307	163	53%
FY19	409	154	38%
FY20	458	246	54%
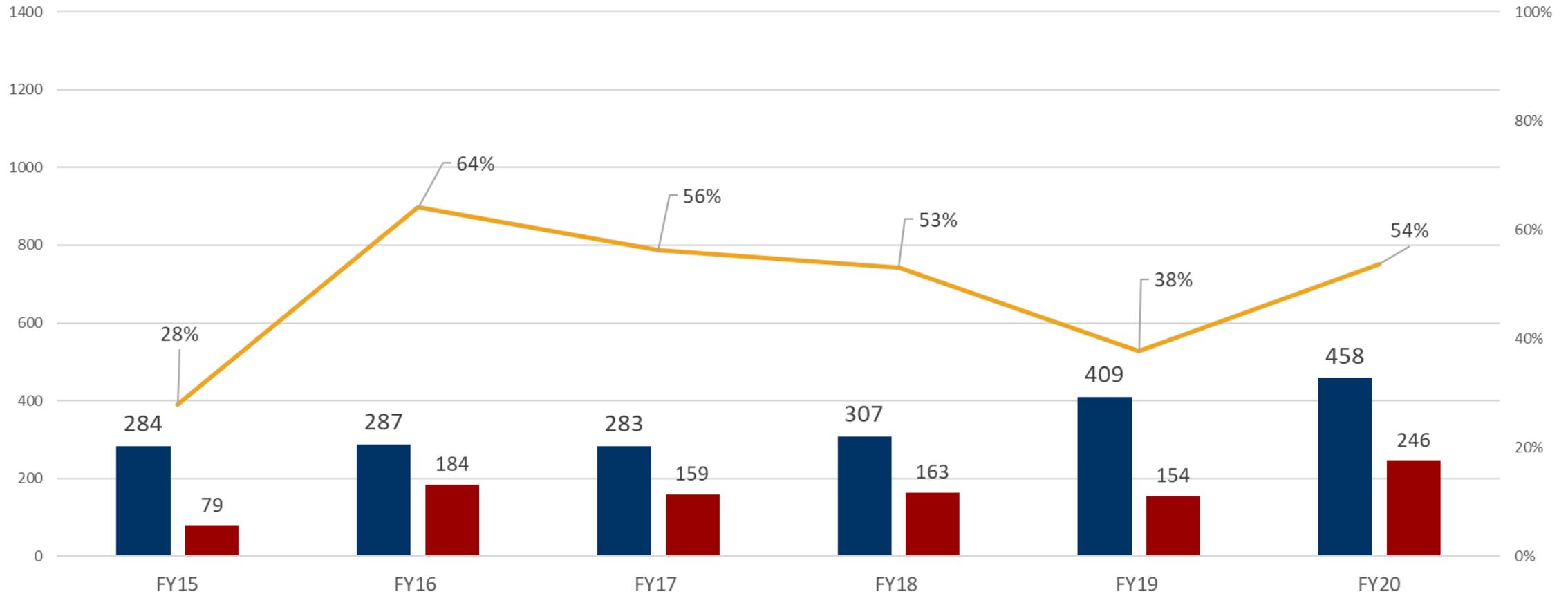
Legend: ■ #CAHs participation ■ #CAHs improvement — percent showing improvement

Population Health Improvement 3.1
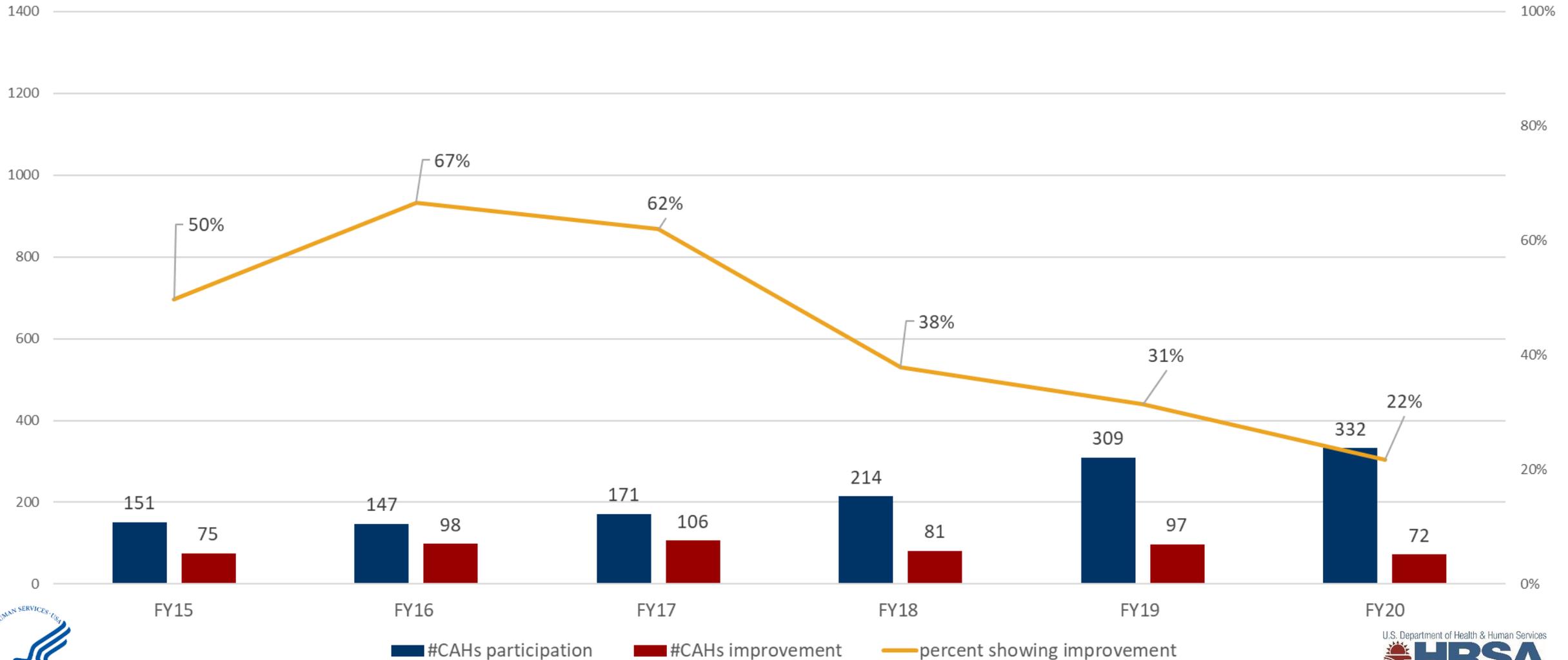
Number of EMS Entities Participating in Flex EMS

Bar chart comparing EMS Time Critical Diagnosis - Quality Improvement* and EMS Capacity & Operations - Operational Improvement* across fiscal years FY15–FY20.

EMS Time Critical Diagnosis - Quality Improvement*
- FY15: 118
- FY16: 97
- FY17: 180
- FY18: 276
- FY19: 388
- FY20: 718

EMS Capacity & Operations - Operational Improvement*
- FY15: 75
- FY16: 70
- FY17: 139
- FY18: 137
- FY19: 439
- FY20: 732

Legend: FY15, FY16, FY17, FY18, FY19, FY 20

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Flex Program Spending FY 2020 - $25,860,371

- ■ Quality
- ■ Financial & Operational
- ■ Population Health
- ■ Rural EMS
- ■ Innovative Model
- ■ CAH Designation

$512,074
$135,156
$1,788,593
$2,834,655
$10,025,489
$10,564,404

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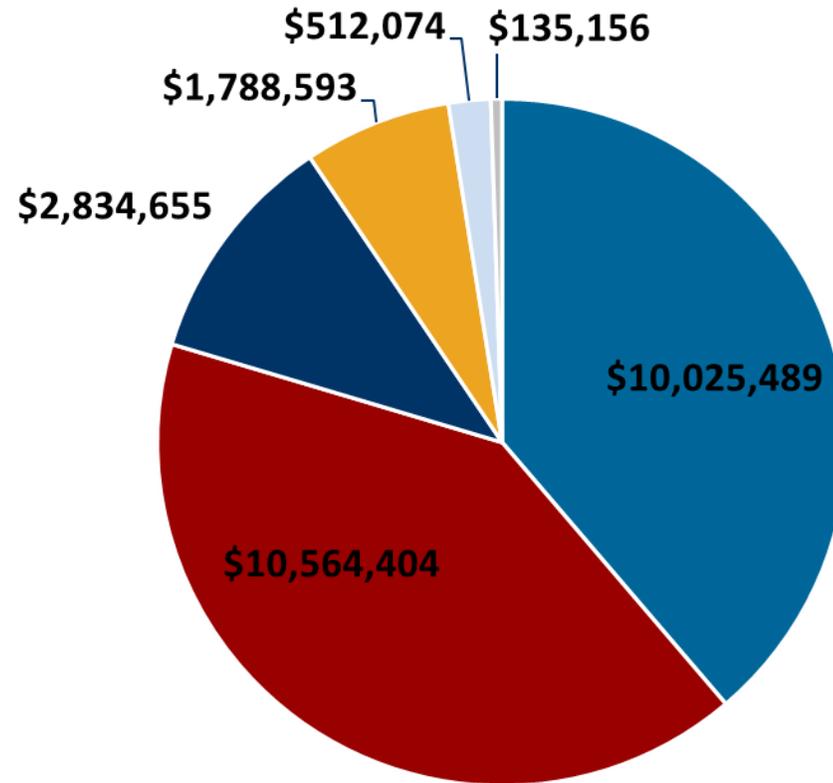
FY 2021 PIMS Data Collection

How do you find PIMS?

- Access through EHB
  - Video on how to [access performance reports](#)
- Open September 1 – October 29 (**Friday, October 28th**)

PIMS Instructions

Reporting Instructions and Data Dictionary for FY 2021
Flex Program PIMS

FORHP Performance Improvement and Measurement System
Medicare Rural Hospital Flexibility Program
Program years FY 2019 – FY 2023 (9/1/2019 – 8/31/2024)

Updated PIMS Data Collection

- Now have 8 forms instead of 7

- Updated activity names to match work plan

- Please report on any FY 2021 activities as well as any FY 2020 funds carried over into the FY 2021 year

PIMS Reporting Process

1. Log in to EHB, go to performance reports, and open PIMS

2. Select the applicable activities (via check box) for your state's Flex program

3. Record individual CAH participation and improvement in each selected activity category

4. Record your program spending in each activity category

5. Save each page and mark complete

6. Validate and submit your data

7. Your project officer will review your PIMS data and may ask for clarification or corrections

PIMS Support

PIMS Navigation

Report Structure

Data Entry

First check your CAH list

Quality Improvement

Core MBQIP Metrics

1.01 Core Patient Safety Quality Improvement: OP-27

Please indicate which CAHs participated and improved in the Core MBQIP Domain 1 Patient Safety activities for HCP (aka OP-27) during the budget period. Select all that apply.

CAH Name	Historical Participation	Participation	Improvement
Select All		☐	☐
381305 - Blue Mountain Hospital	☐	☐	☐
381320 - Columbia Memorial Hospital	☐	☐	☐
381312 - Coquille Valley Hospital	☑	☐	☐
381322 - Curry General Hospital	☐	☐	☐
381325 - Good Shepherd Medical Center	☑	☐	☐
381321 - Grande Ronde Hospital	☑	☐	☐
381307 - Harney District Hospital	☑	☐	☐
381309 - Lake District Hospital	☑	☐	☐
381311 - Lower Umpqua Hospital	☐	☐	☐
381301 - Peacehealth Cottage Grove Community Medical Center	☐	☐	☐
381316 - Peacehealth Peace Harbor Medical Center	☑	☐	☐
381310 - Pioneer Memorial Hospital	☐	☐	☐
381318 - Providence Hood River Memorial Hospital	☑	☐	☐
381303 - Providence Seaside Hospital	☑	☐	☐
381302 - Samaratin North Lincoln Hospital	☑	☐	☐
381323 - Samaritan Lebanon Community Hospital	☑	☐	☐
381314 - Samaritan Pacific Communities Hospital	☑	☐	☐
381304 - Southern Coos Hospital And Health Center	☐	☐	☐

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Select your activity categories

Flex Selection Page

Applicable Measure ?	Measure
☑	1.1 - Report and improve Core Patient Safety/Inpatient Measures, including develop antibiotic stewardship programs (required annually)
☑	1.2 - Report and improve Core Patient Engagement Measures (required annually)
☑	1.3 - Report and improve Core Care Transitions Measures (required annually)
☑	1.4 - Report and improve Core Outpatient Measures (required annually)
☐	1.5 - Report and improve Additional Patient Safety Measures (optional)
☐	1.6 - Report and improve Additional Patient Engagement Measures (optional)
☐	1.7 - Report and improve Additional Care Transitions Measures (optional)
☐	1.8 - Report and improve Additional Outpatient Measures (optional)
☑	2.1 - Statewide operation and financial needs assessment (required annually)
☐	2.2 - Individual CAH-specific needs assessment and action planning (optional)
☐	2.3 - Financial improvement (optional)
☐	2.4 - Operational improvement (optional)
☐	2.5 - Value-based payment projects (optional)
☐	3.1 - Support CAHs identifying community and resource needs (optional)
☐	3.2 - Assist CAHs to build strategies to prioritize and address unmet needs of the community (optional)
☐	3.3 - Assist CAHs to engage with community stakeholders and public health experts and address specific health needs (optional)
☐	4.1 - Statewide rural EMS needs assessment and action planning (optional)
☐	4.2 - Community-level rural EMS assessments and action planning (optional)
☐	4.3 - EMS operational improvement (optional)
☐	4.4 - EMS quality improvement (optional)
☐	5.1 - Develop and test innovative models and publish report or documentation of the innovation (optional)
☐	5.2 - Develop and test CAH outpatient clinic (including CAH-owned rural health clinics) quality reporting and publish report or documentation (optional)
☐	6.1 - CAH conversions (required if assistance is requested by rural hospitals)
☐	6.2 - CAH transitions (required if assistance is requested by CAHs)

Next enter CAH data

CAH Name	Historical Participation	Participation	Improvement
Select All		☐	☐
381305 - Blue Mountain Hospital	☐	☑	☐
381320 - Columbia Memorial Hospital	☐	☐	☐
381312 - Coquille Valley Hospital	☑	☐	☐
381322 - Curry General Hospital	☐	☐	☐
381325 - Good Shepherd Medical Center	☑	☐	☐
381321 - Grande Ronde Hospital	☑	☐	☐
381315 - St. Alphonsus-Baker City	☐	☑	☑
381319 - St. Anthony Hospital	☑	☑	☑
381313 - St. Charles- Prineville	☑	☑	☑
381324 - St. Charles-Madras	☑	☑	☑
381317 - Tillamook County General Hospital	☑	☑	☐
381306 - Wallowa Memorial Hospital	☑	☐	☐
381308 - West Valley Community Hospital	☑	☐	☐
Total:	17	8	4

PIMS Participation Criteria

Meet PIMS participation criteria	Do NOT meet PIMS participation criteria
Working towards a goal to improve MBQIP reporting	Reporting in MBQIP alone
Coordinating a chargemaster review	Projects that CAHs started but quickly ended or failed to engage in
Attending a two-day TeamSTEPPS training	Attending a state rural health conference
Joining a HCAHPS quality improvement cohort that meets bi-monthly via webinar	Participating in one webinar on a specific quality improvement topic

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Improvement

- **Improvement** answers the question, "Did the participating CAH improve the outcome that was the target of the activity?"

- Improvement is any change in the positive direction, including <u>Sustained High Performance</u>.

- CAHs listed in the Historical Participation column can be selected for improvement without selecting participation for the current year as long as the identified improvement occurred in or immediately after the current FY.

- If a CAH is participating in multiple projects within a PIMS activity, they need only show improvement in one of the target outcomes to qualify for improvement.

- If you have no information on improvement or the data is not yet available, leave the check box blank which indicates "no [identified] improvement".

Reminder: Historical Participation

CAH Name	Historical Participation	Participation	Improvement
Select All		☐	☐
381305 - Blue Mountain Hospital	☐	☐	☐
381320 - Columbia Memorial Hospital	☐	☐	☐
381312 - Coquille Valley Hospital	☑	☐	☐
381322 - Curry General Hospital	☐	☑	☐
381325 - Good Shepherd Medical Center	☑	☐	☐
381321 - Grande Ronde Hospital	☑	☐	☐

Historical Participation will be checked if a CAH previously reported participation in FY 2020.

Sections with different data entry

- 2.1: No CAH selection, just record spending.
- 4.1: No entry, just record spending.
- 4.2: Number of EMS entities participating
- 4.3: Number of EMS entities participating
- 4.4: Number of EMS entities participating
- 5.1: Only CAH participation, number of reports/documents created
- 5.2: Only CAH participation, number of reports/document created
- 6.1: Number of hospitals requesting assistance in converting to CAH status, number of hospitals successfully converting to CAH status, number of hospitals requesting assistance but did not convert, listing of hospitals that did not convert.
- 6.2: Only CAH participation

Award Information Section

Award Information

List your Flex grant award amounts, any approved carryover, and any unspent funds in the fields below. Actual program spending for the year will calculate automatically.

Spending Summary	
Total award for Current Report Period	$
Total approved carryover for Current Report Period	$
Enter 0 if none.	
Total unspent funds for Current Report Period	$
Enter 0 if none.	
Actual Program Spending for Current Report Period	$0

⬆ Return to Top (Index)

$Total\ award + * Carryover * - Unspent\ funds = Actual\ spending$

** Carryover is any FY 2020 funds approved to spend in FY 2021**

Then enter spending data

Flex Spending

Award Information | Quality Improvement | Financial and Operations Improvement | Population Health Management and Emergency Medical Service Integration | Total

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Award Information

List your Flex grant award amounts, any approved carryover, and any unspent funds in the fields below. Actual program spending for the year will calculate automatically.

Spending Summary	
Total award for Current Report Period	$ 302826
Total approved carryover for Current Report Period	$ 35000
Enter 0 if none.	
Total unspent funds for Current Report Period	$ 129547
Enter 0 if none.	
Actual Program Spending for Current Report Period	$208279

⇧ Return to Top (Index)

Quality Improvement

Please enter the amount of Flex Funds utilized in the following activity categories. The amount should be a whole number.

1.01 Core Patient Safety Quality Improvement	
Flex Funds utilized toward Activity 1.01	$ 19925

1.02 Core Patient Engagement Quality Improvement	
Flex Funds utilized toward Activity 1.02	$ 19925

PIMS Flex Spending:
Are these equal?

Actual Program Spending for Current Report Period	$551500

$$\neq$$

Total	
Total Flex Funds Utilized	$100000

🔴 **Error:** One or more errors have occurred.

Total - Total Flex Funds Utilized Total Flex Funds Utilized must equal Actual Program Spending calculated in the Award Information section

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Total award amounts

Appendix C: Flex FY 2021 Awards

State	Organization	Cooperative Agreement Number	Award Amount
AK	HEALTH AND SOCIAL SERVICES, ALASKA DEPARTMENT OF	U2WRH33307	$611,422
AL	PUBLIC HEALTH, ALABAMA DEPARTMENT OF	U2WRH33293	$364,358
AR	ARKANSAS DEPARTMENT OF HEALTH	U2WRH33304	$602,319
AZ	University Of Arizona	U2WRH33311	$551,961
CA	Department of Health Care Services	U2WRH33322	$542,359
CO	COLORADO RURAL HEALTH CENTER	U2WRH33305	$655,393
FL	Health, Florida Department of	U2WRH33316	$511,280

Reminders

Activity Categories & Work Plan Should Match

Flex Selection Page

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Mark each page Complete

Any Comments About this Form or the Data You Entered

Is this Form Complete?

If selected "No", you're not required to fill in all fields before you save.

○ No   ● Yes

File Attachments

File to Upload: Choose File   No file chosen   📎 Attach File

Save Cancel

Confirm each page is complete
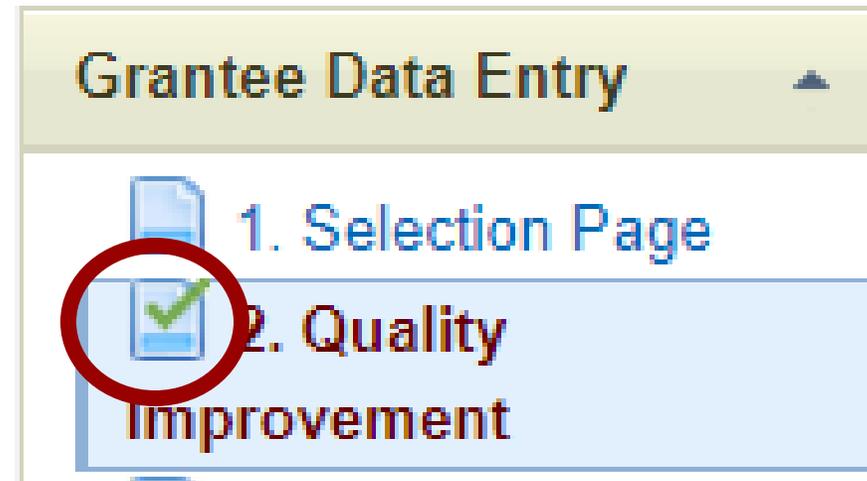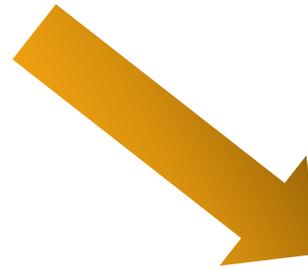
Reports

EHB Help

7:00 a.m. to 8:00 p.m. Eastern Time (ET)
Monday through Friday

877-Go4-HRSA/877-464-4772

https://www.hrsa.gov/about/contact/ehbhelp.aspx

Once you receive a Ticket # please let me know lseifert@hrsa.gov

FY 2021 End of Year Report

End of Year Report (EoYR)

- **Due November 30, 2022 for FY 2021**
  - Narrative report including one significant accomplishment per Program Area
  - Completed Work Plan for ALL activities in FY 2021 (September 1, 2021 – August 31, 2022)

- **Include for <u>all</u> program areas of your current work plan:**
  - **One Significant Accomplishment/Activity Details**
    Describe the activity, including:
    - ✓ Describe the activity, how was it implemented and what were the expected outcomes?
  - **Impact**
    - ✓ What were the results of this activity? How did it impact the participating hospitals and overall Flex Program?
  - **Lessons Learned and Best Practices**
    - ✓ What were your lessons learned and/or best practices from implementing this activity that would be useful to other states that want to implement this in the future?
  - **Recommendations**
    - ✓ Do you recommend this activity for other Flex programs? Discuss why or why not.

FY19 Funded EMS Supplement Reports

FY19 EMS Supplement Reports

For Projects that Have Concluded

- Final Report Due November 30, 2022
  - Your findings
  - Final workplan, measures, budget
  - Challenges and Tips
  - Sustainability

For those that have received a No Cost Extension (NCE)

- End-of-Year Report Due November 30, 2022
  - Current status and what is left to accomplish
  - Updated Workplan, budget, and measures

Final QIL Evaluation Spreadsheet

- Please include as an **attachment** to your End of Year Report submission in EHB

- This is an update to the same spreadsheet you submitted for the 6-month evaluation
  - Please include information for any CAH/RHC that participated in this specific cohort project throughout the year, even if they dropped out early or started late, whether or not they finished the project.
    - ✓ Note this information in the notes column of the spreadsheet

- Email from FORHP coming this week with instructions

Division of Grants Management Operations (DGMO)

Post Award Webinar - Federal Financial Report (FFR)
Medicare Rural Hospital Flexibility Program

Bria Haley
Grants Management Specialist
Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People

Federal Financial Report (FFR)

- Recipients must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number.

- Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).

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PMS Permissions or Request Access

Recipients who do not have access to PMS must submit a new user access request
https://pms.psc.gov/grant-recipients/access-newuser.html

Recipients who currently have access to PMS and are submitting/certifying the FFR's on behalf of their organization, should login to PMS and update their permissions to request access to the FFR Module https://pms.psc.gov/grant-recipients/access-changes.html

It can take up to 3 days to process the User Access Request

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FFR Workflow and Basic Information

- Recipients will navigate through several sections of the FFR to enter financial data
- Users can access details about specific FFRs (e.g., status history, uploaded documents, version history)
- The "Prepare Report" section of the FFR has several pre-populated fields including Federal agency name; grant number; organization name; UEI number; EIN

FFR Basic Information Continued

- The FFR Report Frequency, as well as the Report Type are pre-populated fields based on awarding agency requirements

- The Basis of Accounting must be selected by the recipient; cash or accrual.

- The Project Period and Reporting Period End Date will also be pre-populated from the awarding agency

6a. Report Frequency:	Semi-Annual	
*6b. Report Type:	Interim Report	▾
*7. Basis of Accounting:	Accrual	▾
8. Project/Grant Period (month,day,year):	From: 09/30/2016	To: 09/29/2019
9. Reporting Period End Date (month,day,year):	03/31/2017	

FFR Transactions Section

- In the FFR Transactions section, the first three fields (10a-10c) have always been captured in PMS
    - **Cash Receipts** – (pre-populated based on the current drawdowns in PMS)

    - **Cash Disbursements** – (pre-populated based on the disbursements last reported in PMS)

    - **Cash on Hand** (auto-calculated)

*10. Transactions:	Cumulative
(Use lines a-c for single or multiple grant reporting)	
Federal Cash (on the GRANT LEVEL) for 10AA000001:	
a. Cash Receipts:	153,257.23
b. Cash Disbursements:	153,257.22
c. Cash on Hand (line a minus b):	0.01

FFR Transactions Section Continued

Lines 10d-10h of the FFR Transactions section have been reported to the HRSA EHBs; these fields will be reported to PMS with the financial reporting consolidation

- **Total Federal Funds Authorized** – Pre-populated from the award document

- **Federal Share of Expenditures** – Entered by the recipient and should be cumulative for the grant document number

- **Federal Share of Unliquidated Obligations** – Costs that have been incurred, but not yet paid (cash basis) or costs incurred, but expenditure not recorded (accrual basis).

- **Unobligated Balance of Federal Funds** - Pre-populated based on the funds authorized minus the reported expenditures

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized:	200,000.00
e. Federal share of expenditures:	
f. Federal share of unliquidated obligations:	
g. Total Federal share (sum of lines e and f):	0.00
h. Unobligated balance of Federal funds (line d minus g):	200,000.00

FFR Remarks

- The FFR Remarks should be used to provide further details and explanations regarding the report
- If a change is necessary to prior year expenditures, recipients must specify the:

  1) Value, 2) Budget Period being changed, 3) Reason for the change

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

*Prepared by:	▼
Phone No.:	+1 (888) 777-6666
Email Address:	email.address@mail.com
Date Report Prepared:	02/28/2019

PMS Information

- **Internet Access**
- Payment Management Services Home Page

  pms.psc.gov

- **Hours of Operation**
- Monday through Friday:
5:00 a.m. until 11:00 p.m. ET*

- Saturday and Sunday:
9:00 a.m. until 9:00 p.m. ET*

- *Requests for payment submitted after 5:00 p.m. ET will be processed as if received on the next business day.

- **Help Desk Number**
- Telephone #: 877-614-5533
- E-Mail: PMSFFRSupport@psc.hhs.gov

- **PMS Federal Holidays**
- Payment Management Services is considered an Essential Government Office due to the nature of its business activities. This means as a general rule, PMS remains open for business year round except Federal Holidays and bank holidays.

- **Payment Management Services is closed on the following Federal holidays**

- New Year's Day
Martin Luther King, Jr. Day
  - President's Day
  Memorial Day
  Fourth of July
  Labor Day
  Columbus Day
  Veteran's Day
  Thanksgiving Day
  Christmas Day

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Contact Information

Questions related to recipient issues with the FFR:
PMS Self-Service Web Portal

Bria Haley

Grants Management Specialist, HRSA

Email: bhaley@hrsa.gov

Federal Financial Report (FFR)

- **Due January 30, 2023 (Friday, January 28th)**
  - Note, **you must use the FFR Remarks Section to express your intent to carryover funds**. If you intend to carryover funds and do not make note in this section, you will be required to resubmit your FFR.
- Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).
  - Webinar: https://hrsa-gov.zoomgov.com/rec/play/KH-Dc-85bSiAksmQ-jJsCQ-Ib36z0F4oy5FfKWmVnra9kW4F_uMdxrj2QScv5jGQEOC3Pq06wQ7NrQdj.d6P2J4_DmCPLNKvv?startTime=1624985125000
  - FAQ: https://www.hrsa.gov/grants/manage-your-grant/federal-financial-report-frequently-asked-questions
- Technical questions regarding the FFR, including system access, should be directed to the Help Desk at PMSFFRSupport@psc.hhs.gov.

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Prior Approval Carryover Request

- Must be submitted within 30 days of the FFR Submission, **final deadline is March 1, 2023**.

- If you have an Unobligated Balance (UOB) for your U2W award, you have the option to carryover those funds to your current budget period, to be spent by 8/31/23. Please discuss your plan to utilize your carryover with your Project Officer. You can then submit a Prior Approval – Carryover Request in EHB, which should include:

- **Cover Letter** – detailing the reason for the UOB and your plan to spend down the funds in the current budget period making direct connections to your work plan.
    - Please note: you can use carryover funds to complete an activity that was delayed in the previous budget year or expand upon an existing work plan activity. **You cannot use carryover funds for NEW activities**.

- **Budget Justification** – for the carryover amount only

- **SF424A** – for the carryover amount only (this is no longer a separate document, it is included within EHB)

- Please see this helpful video about the carryover request process:
  https://help.hrsa.gov/display/public/EHBSKBFG/Video+-+How+to+Request+a+Prior+Approval+for+a+Carryover+of+Unobligated+Balances

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Prior Approval Carryover Request: Helpful Tips

- Reach out to your Project Officer early!
- Timeline:
  - HRSA has **30 days** from the date of submission to issue a decision on the request
  - This timeline will restart if the request needs to be returned for changes
- Example:

Program Name	Initial Submission	Changes Requested	Changes Returned	Approval
Program A	January 5			February 1
Program B	February 15			March 15
Program C	February 28	March 1	March 6	April 6
Program D	March 1	March 3	March 9	April 9
Program E	March 1			April 1

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Population Health

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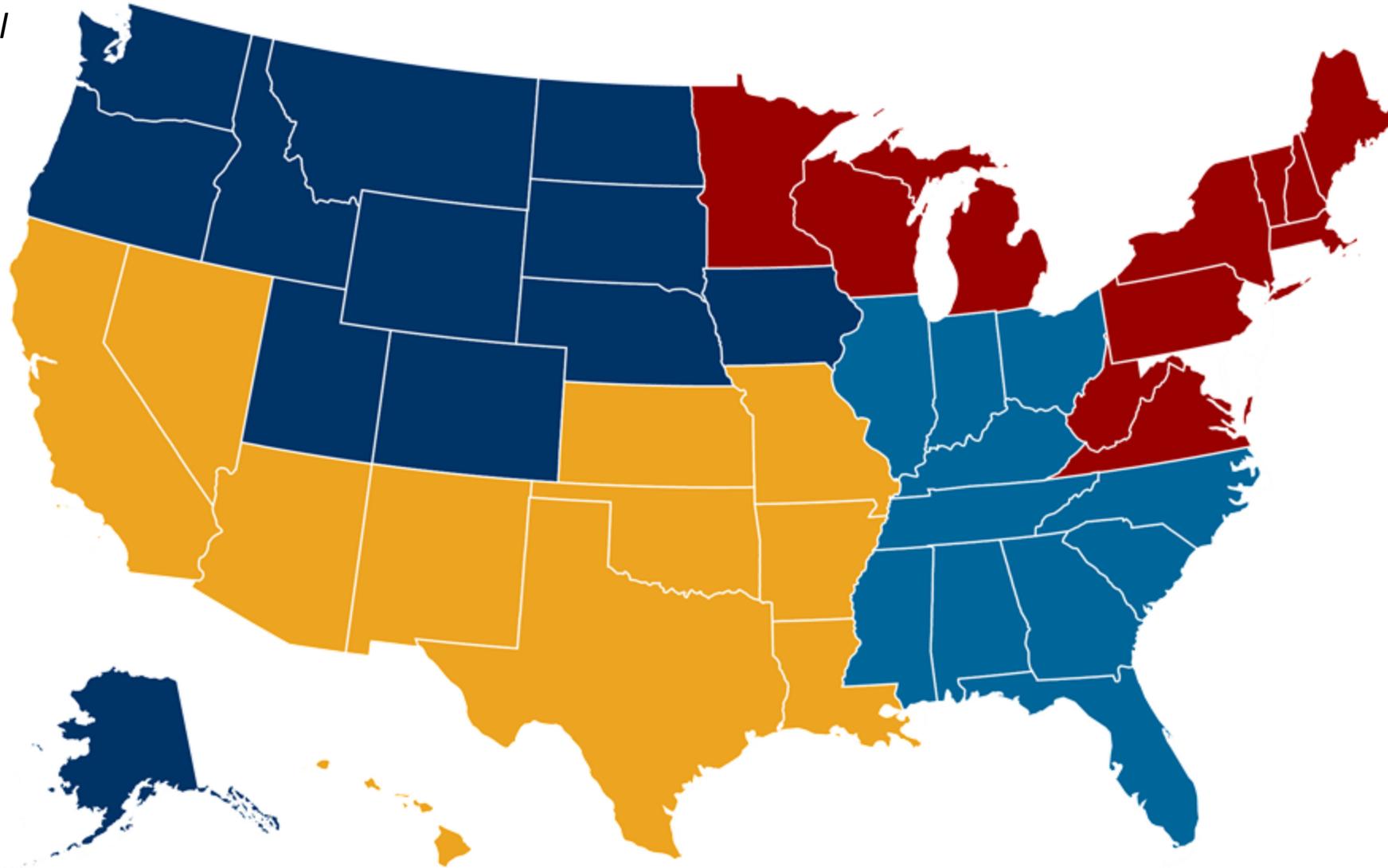
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Photos courtesy of Laura Seifert, Natalia Vargas, Tahleah Chappel, and Kathleen Connors de Laguna

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