



Flex NOA Review for FY 2019

August 22, 2019

Sarah Young, Flex Program Coordinator
Federal Office of Rural Health Policy

Purpose of this presentation

- Review Flex Notices of Award
- Understand terms and conditions

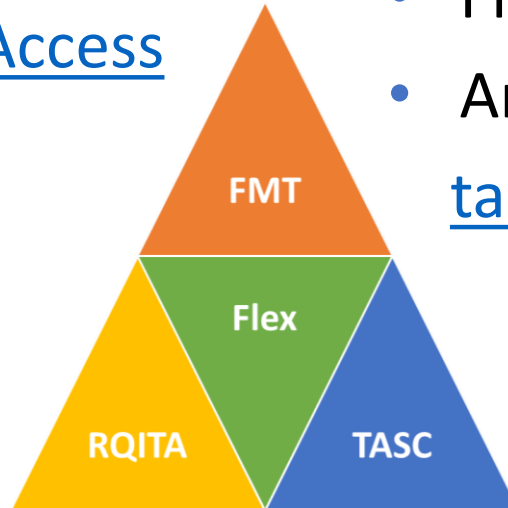
Tools for Flex Coordinators

HRSA grant resources

- [Manage Your Grant](#)
- [HHS Grants Policy Statement](#)
- HRSA [EHB Knowledge Base](#); [EHB Contact Center](#); [Grant Access FAQs](#)
- [45 CFR Part 75](#)

Flex-specific resources

- [CAH Quality Reports](#)
 - [CAHMPAS](#)
 - Flex [Fundamentals](#)
 - Flex [Core Competencies](#)
 - Flex Program [Forum](#)
 - And [more...](#)
- tasc@ruralcenter.org



What's in the Notice of Award

- Official document that states the terms, conditions, and amount of the award
- Signed by the Grant Management Official (GMO) who is authorized to obligate HRSA funds
- First page includes basic information about the award:
 - Date issued
 - Award/grant number
 - Project and budget period
 - Project Director name and address
 - Budget (current/future support)
 - Special remarks
- Subsequent pages provide additional information including:
 - Grant policy information
 - EHB access instructions
 - Terms and conditions
 - Reporting requirements with due dates
 - Contact information for PO and GMS

NOA Contents and Sample

1. DATE ISSUED: 06/16/2011		2. PROGRAM CFDA: 93.926 Revision #		3. SUPERSEDES AWARD NOTICE dated:							
4a. AWARD NO.: 5 H49 [REDACTED] 03-00		4b. GRANT NO.: H49MC [REDACTED]		5. FORMER GRANT NO.:							
6. PROJECT PERIOD: FROM: 06/01/2009 THROUGH: 05/31/2014		7. BUDGET PERIOD: FROM: 06/01/2011 THROUGH: 05/31/2012		8. TITLE OF PROJECT (OR PROGRAM): Healthy Start Initiative-Eliminating Racial/Ethnic Disparities							
9. GRANTEE NAME AND ADDRESS: [REDACTED]		10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) [REDACTED]									
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:									
a. Salaries and Wages : \$73,217.00 b. Fringe Benefits : 4.00 c. Total Personnel Costs : \$119,981.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$2,694.00 g. Travel : \$6,840.00 h. Construction/Alteration and Renovation : \$0.00 i. Other : \$118,980.00 j. Consortium/Contractual Costs : \$475,000.00 k. Trainee Related Expenses : \$0.00 l. Trainee Stipends : \$0.00 m. Trainee Tuition and Fees : \$0.00 n. Trainee Travel : \$0.00 o. TOTAL DIRECT COSTS : \$723,495.00		a. Authorized Financial Assistance This Period \$750,000.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$120,655.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Awards(s) This Budget Period \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$629,345.00									
13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)		14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)									
<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>04</td> <td>\$750,000.00</td> </tr> <tr> <td>05</td> <td>\$750,000.00</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	04	\$750,000.00	05	\$750,000.00	a. Amount of Direct Assistance \$0.00			
YEAR	TOTAL COSTS										
04	\$750,000.00										
05	\$750,000.00										

Key Parts of the NOA: Terms

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.

You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://www.dpm.psc.gov/contacts/contacts.aspx>.

2. The cooperative agreement recipient's responsibilities shall include:

- Collaborating with HRSA on refining and implementing the Work Plan according to HRSA priorities, state needs, and changes in the rural health care environment;
- Negotiating with HRSA to update Work Plans at least annually, or more frequently as needed (e.g., in response to identified challenges or to establish new

Key Parts of the NOA: Reporting

Reporting Requirement(s)

1. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

2. Due Date: Within 60 Days of Budget End Date

A Performance Improvement Management System (PIMS) report is due within 60 days of the budget period end date. Please upload the required documentation into the HRSA Electronic Handbooks (EHBs).

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Key Parts of the NOA: Contacts

Contact(s)

NoA Email Address(es):

Name	Role	Email
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Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Owmy Bouloute at:

MailStop Code: 17W59D
Hospital State Division/ FORHP
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: obouloute@hrsa.gov
Phone: (301) 945-9675

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Benjamin White at:

Rockville, MD, 20857-0001
Email: BWhite@hrsa.gov
Phone: (301) 945-9455
Fax: (301) 443-5461

Terms

- Informational
- 15 standard terms on all HRSA awards
- Grant specific terms on all Flex awards
- Special term on some awards listing CAHs that are not eligible for Flex funding in FY19

Cooperative Agreement Term

- The cooperative agreement recipient's responsibilities shall include:
 - Collaborating with HRSA on refining and implementing the Work Plan according to HRSA priorities, state needs, and changes in the rural health care environment;
 - Negotiating with HRSA to update Work Plans at least annually, or more frequently as needed (e.g., in response to identified challenges or to establish new activities in response to environmental changes);
 - Collaborating with HRSA to develop quality improvement benchmarks for the Flex Program and set state and national targets;
 - Developing and implementing a state Flex program as described in this notice;
 - **Identifying a state Flex coordinator and staffing at least one full time equivalent position** (may be met by multiple people) dedicated to managing and implementing the state Flex program;
 - Ensuring program staff have appropriate training, including attending a **Flex Program Workshop within one year of start date of new staff** directly responsible for executing the duties of the Flex award;
 - **Annually attending the national Flex Program meeting and one other regional or national meeting each year** related to the administration of the Flex award, as a part of ensuring program maintenance and integrity;
 - **Participating in information sharing and program improvement activities** coordinated by designated Flex Program technical assistance providers; and
 - **Participating in the national evaluation** of the Flex Program.

Cooperative Agreement Term

- FORHP's responsibilities shall include:
 - Collaborating with award recipients to review and provide input on the Work Plan in alignment with HRSA priorities, state needs, and changes in the rural health care environment through such activities as identifying and prioritizing needs to be addressed using federal funds;
 - Monitoring and supporting implementation of the Work Plan through progress report reviews; Identifying opportunities to coordinate activities with other federally-funded projects;
 - Providing guidance and assistance in identifying key changes in federal health care policies and the rural health care environment that impact state Flex programs (e.g., changes to national Medicare quality reporting program measures that impact the Flex Program); and
 - Collaborating with technical assistance providers that are developing tools and resources for state Flex program use.

Additional Terms

- Post-award changes require prior approval
- Two weeks to make Prior Approval changes
- Carryovers due 30 days after FFR
- [FFATA Reporting](#) is required (Federal Funding Accountability and Transparency Act)

MBQIP Participation Requirement

CAHs that wish to participate in any Flex-funded activity must participate and report in the Medicare Beneficiary Quality Improvement Project (MBQIP) core quality measures.

~ Medicare Rural Hospital Flexibility Program, Notice of Funding Opportunity, HRSA-19-024, page 2

FY 2019 MBQIP Participation

CAHs must [meet three criteria](#) to be eligible for FY 2019 Flex-funded activities:

1. A signed MOU to submit and share MBQIP data
2. Reported data on **at least one MBQIP Core measure, for at least one quarter, in at least three of the four quality domains, within a certain reporting period.**
3. Complete the appropriate Notices of Participation (NOPs) for “Public Reporting” and “Quality Improvement” as well as not opt to suppress their quality data from Hospital Compare. (New)

Ineligibility means:

- CAH listed on state's Notice of Award (NoA) as ineligible
- No access to MBQIP data reports
- The State Flex Coordinators cannot provide Flex funding to the ineligible CAH, including but not limited to:
 - Any Flex-funded services or activities where the inclusion of the ineligible CAH would increase the costs to the state Flex program
 - Travel assistance or sponsorship/scholarships to activities such as conferences and workshops
 - An ineligible CAH may still attend such conferences, so long as the CAH self-funds registration and travel costs

State Flex Coordinators may:

- Retain ineligible CAHs on state Flex program listservs provided that it is made clear that all Flex-funded activities are not available to ineligible CAHs
- Provide links to recorded webinars to ineligible CAHs
- Provide outreach and technical assistance such as site visits to ineligible CAHs for the purposes of assessing needs and encouraging MBQIP reporting

Conditions, Reporting Requirements

- Require action in EHB
- PIMS Report
- Annual Federal Financial Report (FFR)
 - Due January 30 every year
 - Must be accepted before carryover is approved
- Quarterly reports
- Required revisions

Quarterly Reports

- 15 states have quarterly reports in EHB
 - High UOBs last year, a UOB trend, or other concerns identified by POs
- Report activities completed and underway
- Report amount of award spent each quarter

Questions?

- If you have a no cost extension:
 - You will have separate reporting (including FFRs) for your H54 award and for your U2W award
 - Due dates for the extension may vary depending on your approved timeline
- The Flex 1.0 FTE requirement is a minimum staffing level

Flex PIMS Review for FY 2018 Reporting August 22, 2019



Sarah Young, Flex Program Coordinator
Federal Office of Rural Health Policy

Purpose of this presentation

- Review PIMS reporting
- Understand PIMS data validation

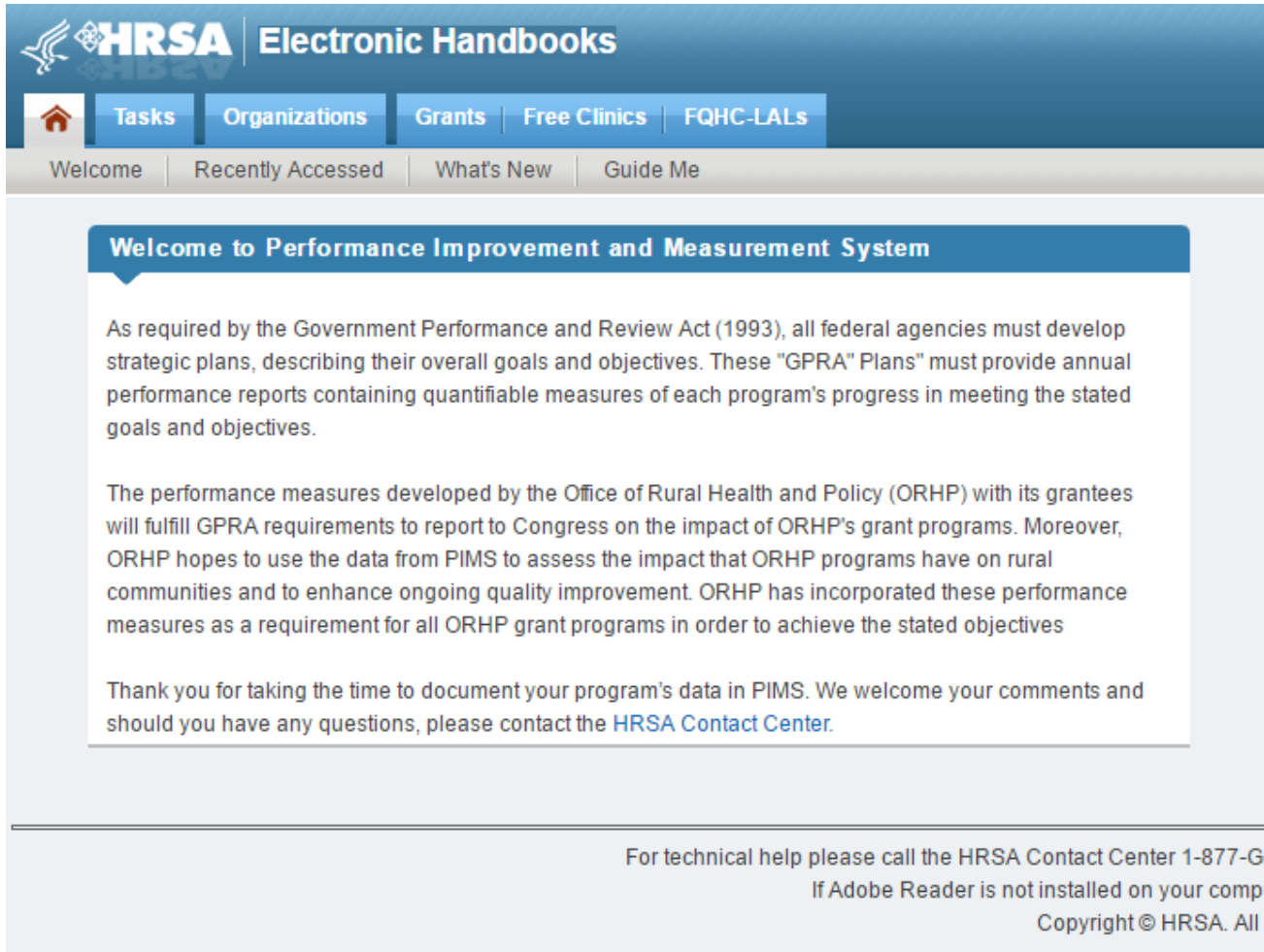
Current Timeline

Key
NCC Progress Reports
PIMS Reports
Applications
Financial Reports



2016				2017								2018								2019					2019								
S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F				
Project Year 2 (FY 16)										Project Year 3 (FY 17)										Project Year 4 (FY18)										Project Year 5 (FY19)			
Y1				Y2				Y2				Y3				n/a					Y4												
												New App					*																
FFR FY15				FFR FY16								FFR FY17					FFR FY19																

What is PIMS?



The screenshot shows the HRSA Electronic Handbooks website. The header features the HRSA logo and the text "Electronic Handbooks". Below this is a navigation bar with links for "Tasks", "Organizations", "Grants", "Free Clinics", and "FQHC-LALs". A secondary navigation bar includes "Welcome", "Recently Accessed", "What's New", and "Guide Me". The main content area is titled "Welcome to Performance Improvement and Measurement System". It contains three paragraphs of text explaining the purpose of PIMS and the requirements for federal agencies. The first paragraph discusses the Government Performance and Review Act (1993). The second paragraph explains the role of the Office of Rural Health and Policy (ORHP) and its use of PIMS data. The third paragraph thanks the user and provides a link to the HRSA Contact Center. At the bottom, there is a footer with technical help information and copyright notice.

HRSA | Electronic Handbooks

Home | **Tasks** | Organizations | Grants | Free Clinics | FQHC-LALs

Welcome | Recently Accessed | What's New | Guide Me

Welcome to Performance Improvement and Measurement System

As required by the Government Performance and Review Act (1993), all federal agencies must develop strategic plans, describing their overall goals and objectives. These "GPRA" Plans" must provide annual performance reports containing quantifiable measures of each program's progress in meeting the stated goals and objectives.

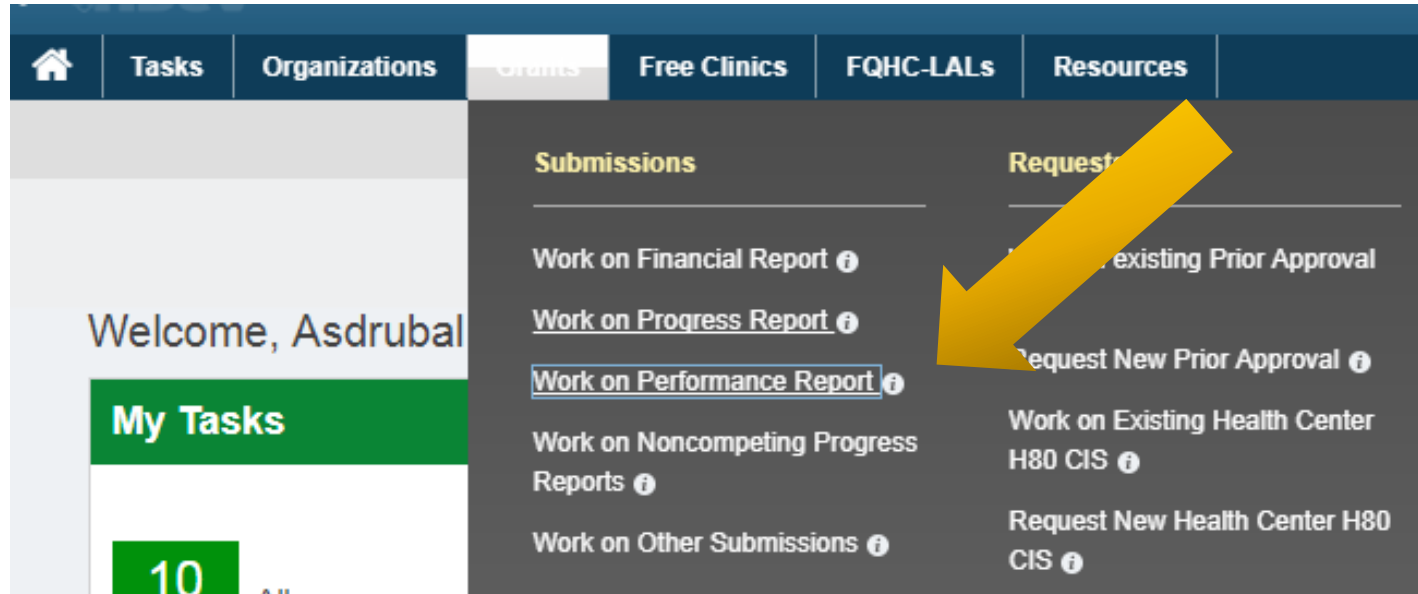
The performance measures developed by the Office of Rural Health and Policy (ORHP) with its grantees will fulfill GPRA requirements to report to Congress on the impact of ORHP's grant programs. Moreover, ORHP hopes to use the data from PIMS to assess the impact that ORHP programs have on rural communities and to enhance ongoing quality improvement. ORHP has incorporated these performance measures as a requirement for all ORHP grant programs in order to achieve the stated objectives

Thank you for taking the time to document your program's data in PIMS. We welcome your comments and should you have any questions, please contact the [HRSA Contact Center](#).

For technical help please call the HRSA Contact Center 1-877-Go-
If Adobe Reader is not installed on your comput
Copyright © HRSA. All R

How do you find PIMS?

- Access through EHB
 - Video on how to [access performance reports](#)
- Open September 1 – October 30



PIMS Instructions

REPORTING INSTRUCTIONS AND DATA DICTIONARY FOR FY 2018 FLEX PROGRAM PIMS

FORHP PERFORMANCE IMPROVEMENT AND MEASUREMENT SYSTEM

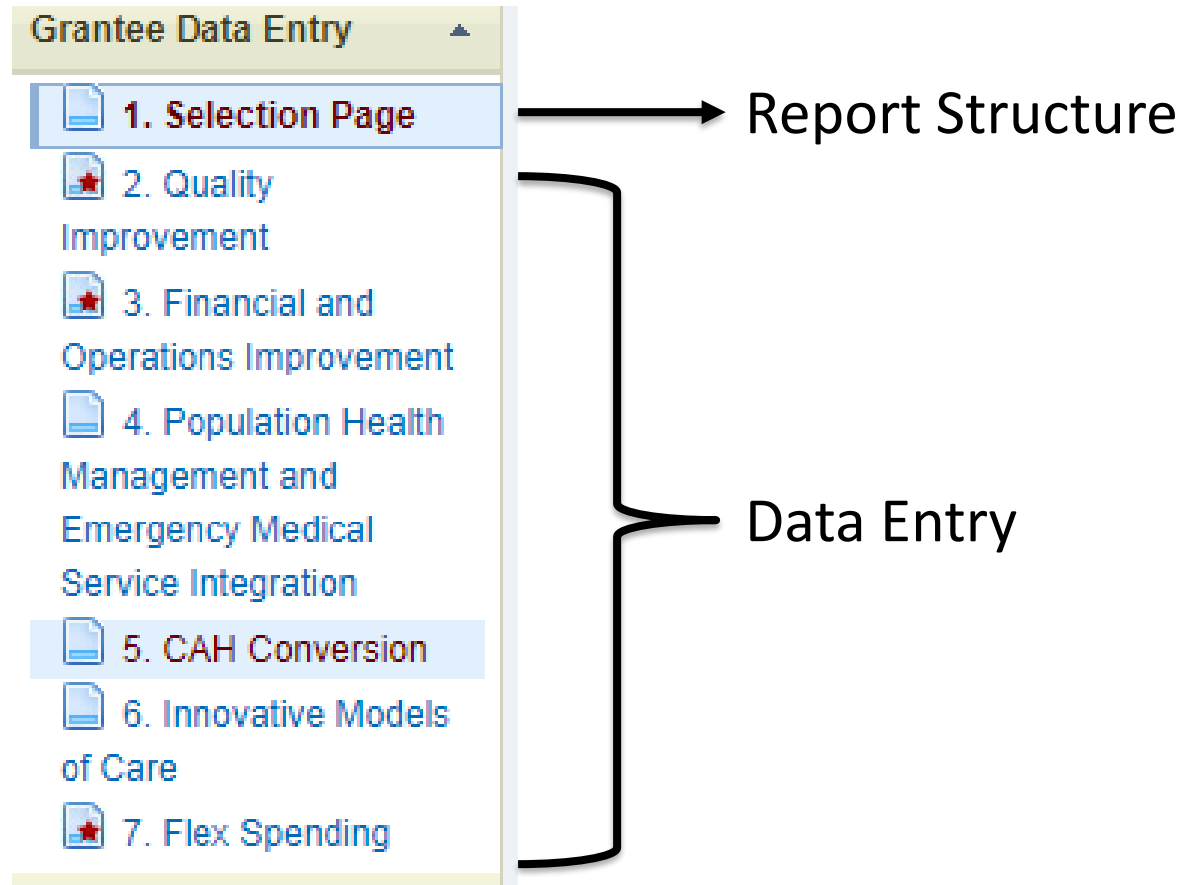
MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM

PROGRAM YEARS FY 2015 – FY 2018 (9/1/2015 – 8/31/2019)

PIMS Reporting Process

1. Log in to EHB, go to performance reports, and open PIMS
2. Select the applicable activities 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 Navigation



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		<input type="checkbox"/>	<input type="checkbox"/>
381305 - Blue Mountain Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381320 - Columbia Memorial Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381312 - Coquille Valley Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381322 - Curry General Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381325 - Good Shepherd Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381321 - Grande Ronde Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381307 - Harney District Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381309 - Lake District Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381311 - Lower Umpqua Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381301 - Peacehealth Cottage Grove Community Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381316 - Peacehealth Peace Harbor Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381310 - Pioneer Memorial Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381318 - Providence Hood River Memorial Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381303 - Providence Seaside Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381302 - Samaritan North Lincoln Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381323 - Samaritan Lebanon Community Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381314 - Samaritan Pacific Communities Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select your activity categories

Federal Office of Rural Health Policy

Flex Selection Page

Applicable Measures?	Measure
<input checked="" type="checkbox"/>	1.01 Core Patient Safety Quality Improvement
<input checked="" type="checkbox"/>	1.02 Core Patient Engagement Quality Improvement
<input checked="" type="checkbox"/>	1.03 Core Care Transitions Quality Improvement
<input checked="" type="checkbox"/>	1.04 Core Outpatient Quality Improvement
<input type="checkbox"/>	1.05 Additional Patient Safety Quality Improvement
<input type="checkbox"/>	1.06 Additional Care Transitions - Discharge Planning Quality Improvement
<input type="checkbox"/>	1.07 Additional Care Transitions - Medication Reconciliation Quality Improvement
<input type="checkbox"/>	1.08 Additional Outpatient and ED Quality Improvement
<input type="checkbox"/>	1.09 Data Reporting Improvement
<input checked="" type="checkbox"/>	2.01 Statewide Financial and Operational Assessment
<input type="checkbox"/>	2.02 Financial and Operational In-Depth Assessments
<input type="checkbox"/>	2.03 Revenue Cycle Management
<input type="checkbox"/>	2.04 Operational Improvements
<input type="checkbox"/>	3.01 Statewide CAH Population Health Management Needs Assessment
<input type="checkbox"/>	3.02 Hospital Community Health Needs Assessments and Improvement
<input type="checkbox"/>	3.03 Community-level Rural EMS System Assessment
<input type="checkbox"/>	3.04 Population Health Improvement
<input type="checkbox"/>	3.05 EMS Time Critical Diagnoses Capacity Improvement
<input type="checkbox"/>	3.06 EMS Capacity and Operational Performance Improvement
<input type="checkbox"/>	4.01 Designation of CAHs in the state
<input type="checkbox"/>	5.01 Integration of Innovative Health Care Models

Next enter CAH data

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

Reminder: Historical Participation

CAH Name	Historical Participation	Participation	Improvement
Select All		<input type="checkbox"/>	<input type="checkbox"/>
381305 - Blue Mountain Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381320 - Columbia Memorial Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381312 - Coquille Valley Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381322 - Curry General Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381325 - Good Shepherd Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381321 - Grande Ronde Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	—	—	—

Reminder: Select/Unselect All

CAH Name	Historical		
	Participation	Participation	Improvement
<i>Select All</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
381305 - Blue Mountain Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381320 - Columbia Memorial Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381312 - Coquille Valley Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381322 - Curry General Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381325 - Good Shepherd Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381321 - Grande Ronde Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381307 - Harney District Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381309 - Lake District Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Reminder: sustained high performance

- We added **sustained high performance** as a qualifying definition for improvement reporting in FY 2016 in response to Flex Coordinator concerns that improvement, as defined for PIMS, excluded CAHs that consistently maintained excellent performance
- Read the detailed definition on pages 8 – 9 of the instructions
- *This is a very high level of performance, and we expect few CAHs to meet the applicable benchmarks*

Then enter spending data

Flex Spending

[Award Information](#) | [Quality Improvement](#) | [Financial and Operations Improvement](#) | [Population Health Management and Emergency Medical Service Integration](#) | [Total](#)

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
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1.02 Core Patient Engagement Quality Improvement

Flex Funds utilized toward Activity 1.02	\$ 19925
--	----------

1.03 Core Care Transitions Quality Improvement

Flex Funds utilized toward Activity 1.03	\$ 19925
--	----------

1.04 Core Outpatient Quality Improvement

Flex Funds utilized toward Activity 1.04	\$ 19925
--	----------

Calculate spending with the PIMS Data Collection Tool

Flex PIMS Spending Worksheet - 9/1/16-8/31/17 Reporting Period

List your Flex grant award amounts, any approved carryover, and any unspent funds in the light gray boxes below. Actual program spending for the year will calculate automatically. This sheet is locked to avoid any inadvertent changes to the formulas. Only the light colored cells in column B are open for data entry.

Total FY 2016 grant award (from first NOA for the year)	
Total FY 2016 approved carryover (from carryover NOA, issued Jan. - Apr. Enter 0 if none)	
Total FY 2016 unspent funds (this will be close to UOB amount, may be estimated if full accounting for UOB is not complete in Sep. / Oct. Enter 0 if none.)	
Actual program spending for 9/1/16 - 8/31/17 (should be close to FFR but may not match exactly if accounting not finalized in Sep. / Oct.)	\$ -

Enter your award amounts and spending in each category in this column.

List your actual program spending directly attributed to specific projects in the light cells in the Direct Spending column. The other columns will auto-calculate. Report the total spending per activity category from the final column (Total Flex Spending) in PIMS. For activity categories with no spending enter 0.

This calculation will improve consistency of reporting among Flex grantees who have different ways of implementing Flex activities through contracts and staff services. All spending not specifically assigned to an activity category is allocated for the purpose of PIMS reporting.

Use the last column to report spending per activity in PIMS.

Spending Allocation for Flex Program Areas for Measures	Direct Spending	% of Direct Spending	Other Spending	Total Flex Spending
Program Area: Quality Improvement				
Activity 1.01 Influenza Vaccination (Required)		#DIV/0!	#DIV/0!	#DIV/0!
Activity 1.02 HCAHPS (Required)		#DIV/0!	#DIV/0!	#DIV/0!
Activity 1.03 EDTC (Required)		#DIV/0!	#DIV/0!	#DIV/0!
Activity 1.04 Outpatient (Required)		#DIV/0!	#DIV/0!	#DIV/0!
Activity 1.05 Patient Safety (Optional)		#DIV/0!	#DIV/0!	#DIV/0!
Activity 1.06 Transition Discharge Planning (Optional)		#DIV/0!	#DIV/0!	#DIV/0!
Activity 1.07 Medication Reconciliation (Optional)		#DIV/0!	#DIV/0!	#DIV/0!
Activity 1.08 Additional Outpatient Measures (Optional)		#DIV/0!	#DIV/0!	#DIV/0!
Activity 1.09 Reporting Improvements (Optional)		#DIV/0!	#DIV/0!	#DIV/0!
Subtotal	\$ -	#DIV/0!	#DIV/0!	#DIV/0!
Program Area: Financial and Operational Improvement				
Activity 2.01 Financial and Operation Assessment (Required)		#DIV/0!	#DIV/0!	#DIV/0!
Activity 2.02 Financial & Operational In-depth Assessments & Action Planning (Optional)		#DIV/0!	#DIV/0!	#DIV/0!

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 \(Index\)](#)

$$\text{Total award} + \text{Carryover} - \text{Unspent funds} = \text{Actual spending}$$

PIMS Flex Spending: Are these equal?

Actual Program Spending for Current Report Period

\$551500

≠

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

Total award amounts

APPENDIX C: FLEX FY 2018 AWARDS

This table shows the FY 2018 Flex funding levels.

We expect that the "Total award for Current Report Period" on the Flex Spending page will reflect these award amounts. States that received FY 2018 supplements should not include the supplemental funds in the total award for PIMS reporting. Please use the comment box to explain any discrepancies.

State	Recipient Name	Grant #	FY 2018 Funding
AK	HEALTH AND SOCIAL SERVICES, ALASKA DEPARTMENT OF	H54RH00014	\$611,422
AL	PUBLIC HEALTH, ALABAMA DEPARTMENT OF	H54RH00034	\$364,358
AR	ARKANSAS DEPARTMENT OF HEALTH	H54RH00035	\$602,319
AZ	UNIVERSITY OF ARIZONA	H54RH00030	\$551,961
CA	DEPARTMENT OF HEALTH CARE SERVICES	H54RH23636	\$542,359
CO	COLORADO RURAL HEALTH CENTER	H54RH00056	\$655,393
FL	HEALTH, FLORIDA DEPARTMENT OF	H54RH00032	\$511,289
GA	COMMUNITY HEALTH, GEORGIA DEPT OF	H54RH00057	\$651,413
HI	HEALTH, HAWAII DEPARTMENT OF	H54RH00012	\$446,074
IA	PUBLIC HEALTH, IOWA DEPARTMENT OF	H54RH00011	\$757,191
ID	HEALTH AND WELFARE, IDAHO DEPARTMENT OF	H54RH00039	\$641,351
IL	PUBLIC HEALTH, ILLINOIS DEPARTMENT OF	H54RH00019	\$824,375
IN	INDIANA STATE DEPARTMENT OF HEALTH	H54RH00042	\$656,819
KS	HEALTH AND ENVIRONMENT, KANSAS DEPARTMENT	H54RH00009	\$968,815

Sections with different data entry

- 1.09: No CAH selection, just record spending.
- 2.01: No CAH selection, just record spending.
- 2.02a: CAH selection but only to record participation, not improvement.
- 2.04: Record number of networks receiving Flex assistance.
- 3.01: No CAH selection, just record spending.
- 3.03: Only CAH participation, not improvement.
- 3.05 & 3.06: Number of EMS entities participating and improving.
- 4.01: Number of hospitals requesting CAH conversion assistance and the number that were unsuccessful in conversion. Please record the names of the unsuccessful hospitals in the text box.

Mark each page Complete

Any Comments About this Form or the Data You Entered

A large, empty rectangular text area with a thin border and a small cursor icon in the bottom right corner, intended for user comments.


Is this Form Complete?

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

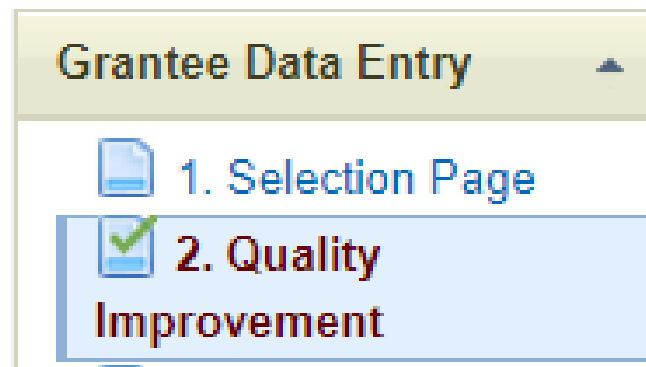
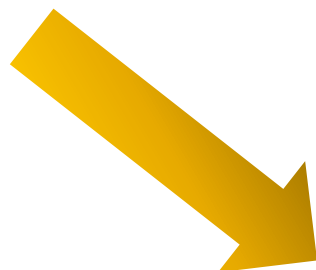
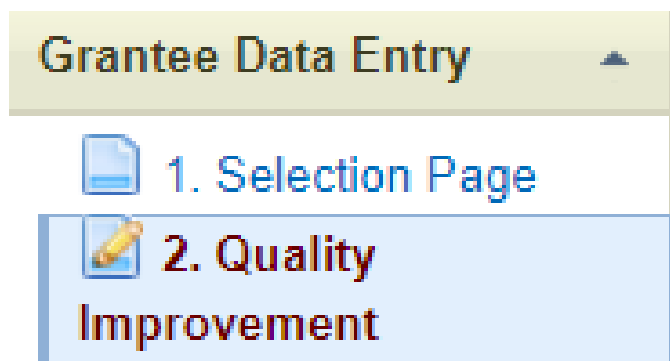
☐ No ☒ Yes

File Attachments

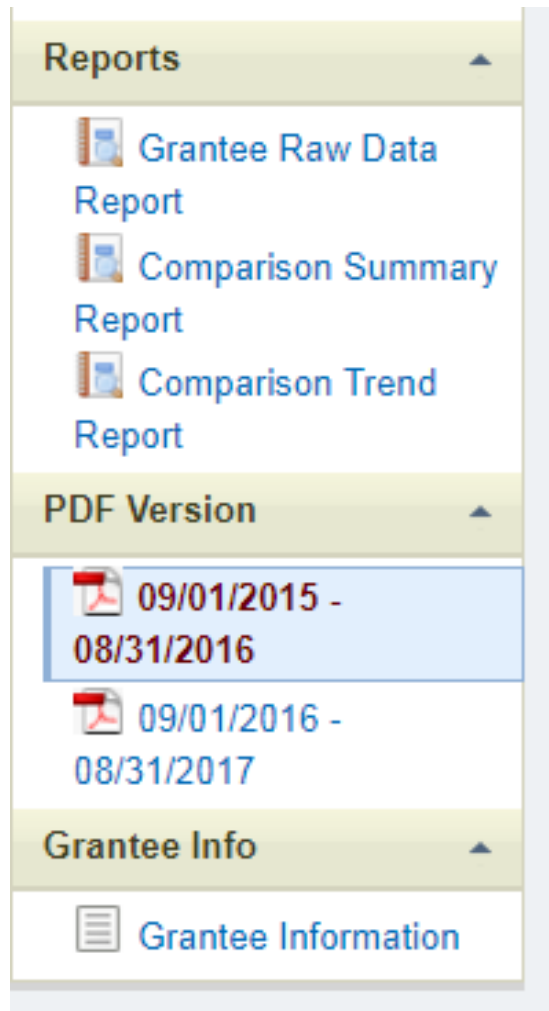
File to Upload: No file chosen

 [Attach File](#)

Confirm each page is complete



Reminder: Reports



PIMS Resources

- [Reporting instructions for FY 2017](#)
- [Reporting instructions for FY 2016](#)
- [PIMS data collection tool and webinar](#)
- [FY 2016 PIMS Data Report Out Webinar](#)
- [FY 2015 PIMS Data Report Out Webinar](#)

Questions?



THANK YOU FOR ATTENDING

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The recording of this webinar will be posted on the TASC website.