

# REPORTING INSTRUCTIONS AND DATA DICTIONARY FOR FY 2015 FLEX PROGRAM PIMS

*FORHP PERFORMANCE IMPROVEMENT MEASUREMENT SYSTEM  
MEDICARE RURAL HOSPITAL FLEXIBILITY GRANT PROGRAM  
PROGRAM YEARS FY 2015 – FY 2017 (9/1/2015 – 8/31/2018)*

## INTRODUCTION

Flex grantees must complete an annual Performance Improvement Management System (PIMS) report. This is a program requirement and listed on the Notice of Award (NOA). Grantees will access the PIMS report through the HRSA Electronic Handbooks (EHB), [grants.hrsa.gov](http://grants.hrsa.gov). For FY 2015, the reporting system will open September 13 and reports are due November 15, 2016. Please contact your project office with questions about PIMS reporting.

In this revised PIMS grantees are asked to report **participation** and **improvement** by Critical Access Hospitals (CAHs) in their state.

PIMS does not reflect everything that state Flex programs accomplish. This is a standardized, program-wide data collection tool to provide information about the Flex Program as a whole. Project officers also use progress reports, site visits, and individual updates to understand the Flex program in each state. We use the standardized data collected through PIMS for reports to HRSA, as part of the program justification measures in the yearly federal budget, and to inform Flex Program evaluations conducted by the Flex Monitoring Team. You can review the [HRSA FY17 Budget and the FY17 Performance Report online](#).

## PIMS REPORTING PROCESS

1. Log in to EHB and PIMS
2. Select the applicable activities for your state's Flex program
3. Record individual CAH participation and improvement in each selected activity
4. Record your program spending in each activity
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

# DETAILED INSTRUCTIONS FOR FY15 REPORTING

## ACCESSING PIMS

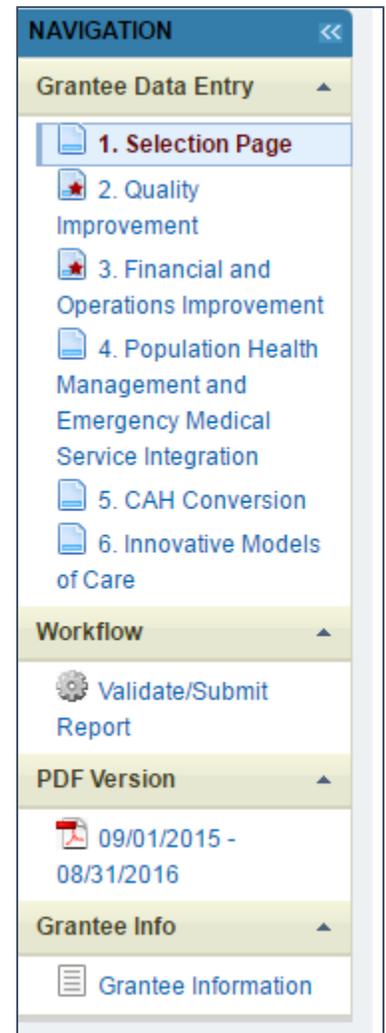
The Performance Improvement Measurement System is a module within the HRSA Electronic Handbooks. Access EHB using your usual username and password, then open the Tasks tab. From this page you can select Performance Report which will open PIMS. The screenshots in Appendix B show this process.

## SELECTING ACTIVITIES

The FY15 PIMS report has six sections: a selection page and five sections that correspond to the five core areas of the Flex grant as shown in the screenshot to the right. Start with the selection page and use the check boxes to choose the specific Flex activities that were part of your state Flex program in the just-completed grant year. The activities are numbered to match the numbering in the [Flex Grant Guidance](#). The required activities (1.01 – 1.04 and 2.01) are selected by default.

Note that in the navigation sidebar the selection page is #1 and the core areas are #2 through #6. This doesn't match their numbering in the grant guidance so follow the titles, not the numbers in the sidebar. The individual activity areas are numbered to match the guidance.

Once you have selected activities applicable to your program, click save on the bottom of the selection page. On the subsequent data entry sections you will only see those activities selected for your program. If you realize you missed an activity you can always reopen the selection page, make changes, and save it again to update the available activities to report. In PIMS you will report on the Flex activities that were carried out in the past year. Usually this corresponds to your FY15 work plan, please add comments at the bottom of the activity pages if you have deviations.



## CHECKING YOUR CAH LIST

Select Quality Improvement from the navigation sidebar. The reporting page will open and show a list of the CAHs in your state by Medicare number (CCN) and name. The names come from Medicare provider files so they may be different from business names in some cases. Review this list and make sure that all CAHs in your state that were open during the reporting period are included. This could include CAHs that were open last September but have since closed as well as hospitals that

converted to CAH status in the last few months. The same list will repeat in each activity area so make sure it is correct.

Stop and contact your project officer to update the database if there are any missing CAHs, facilities that should not be on your CAH list, or CAHs with incorrect official names.

## RECORDING CAH PARTICIPATION AND IMPROVEMENT

After confirming your CAH list you can start entering data. Open the reporting page for activities in each core area using the navigation sidebar. Activities are grouped under Quality, Financial, Population Health/ Emergency Medical Services (EMS), CAH Conversion, and Innovative Models. You will individually report CAH **participation** and **improvement** for activities in all five Flex core areas.

On the reporting page, each activity area (for example 1.01, 1.02, 1.03, 1.04) will have a list of the CAHs in your state followed by check boxes for indicating participation and improvement. See the Definitions on page 5 for help in understanding these terms for PIMS.

Check the box following the name of each CAH that participated in this Flex activity. After selecting the CAHs that participated, use the second column to indicate participating CAHs that improved on the outcome that was the goal of the project. Many Flex programs have defined multiple projects or sub-activities in a single Flex activity category. A CAH could meet the definition of participation in that activity if they engaged in one of those projects or several.

We recognize that Flex Coordinators will not have information on whether some CAHs improved or not since their projects may have been recently completed and data collection for quality and financial measures takes time. A blank in the “improved” column does not mean that the CAH did not improve. It merely indicates that the state Flex Coordinator was not able to document improvement at the time of the PIMS report.

## RECORDING FLEX SPENDING ON ACTIVITIES

After the list of CAHs, each activity has a field to record the amount of Flex grant funds spent in that activity during the year. The spending reported for each activity will be automatically totaled at the bottom of the page to show the total funds spent in that core area. The PDF report which you can download from the navigation sidebar will show the total funds reported for each core area and for your grant overall.

Report your utilization of Flex funds in each activity area. Only report Flex grant funds; in-kind resources and money from other sources should not be included in the PIMS report. All types of spending that directly support an activity should be

included, for example contracted services, staff salaries, travel, and direct sub-contracts to CAHs to support individual projects. We recognize that some Flex programs accomplish much of their work through in-house staff while others use consultants and contracts to accomplish activities. This data is intended to capture all of the program investments that support a specific Flex activity, regardless of spending type.

We understand that this PIMS report will be completed before the final financial report for the grant year and so you may not have exact expenditure numbers in some cases. Estimate spending if necessary and make a comment in the text box at the bottom of the page.

**Explanation:** The suggested [Flex work plan template](#) includes proposed spending by activity. We recognize that this budgeted amount is subject to change throughout the year as Flex programs adjust their projects and services based on changing needs and CAH feedback. Collecting information on actual spending for each activity in PIMS at the end of the budget year allows us to estimate the total Flex investments in each of the major activity areas of the Flex Program.

**Non-specific spending:** State Flex programs generally have some grant spending that is unrelated to a specific activity. Examples of such non-activity-specific spending could include staff salaries for time spent on general program administration and expenses for travel to national meetings. Non-specific spending should not be included in the activity-level spending reported in PIMS. In addition to these examples, the approved indirect costs in your grant budget should not be included in the spending reported in PIMS.

## SECTIONS WITH DIFFERENT DATA ENTRY OPTIONS

Most sections of the PIMS report ask you to select participating and improving CAHs using the CAH list and check boxes. However a few activity sections include different data entry methods.

- 1.09: No CAH selection, just record spending (\$).
- 2.01: CAH selection but only to record participation, not improvement.
- 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 (\$).
- 3.05 & 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.

## SUBMITTING YOUR DATA

After entering data on each page, you must *Mark as Complete* and *Save* so that your data will be recorded. You should save each page at least every 30 minutes to ensure that your work session does not time out. You can save the page multiple times before marking it complete.

Many of the pages require you to enter data before marking the page complete. If you get a validation error of this sort that doesn't make sense, please take a screenshot of what you were doing and share it with your project officer.

Sections that are completed will be indicated with a green checkmark in the left-side navigation sidebar. Once all of your applicable sections are completed, select *Validate/Submit Report* from the sidebar. The system will confirm that data has been recorded on all of your sections and the report will be submitted to HRSA.

## DEFINITIONS FOR FY15 REPORTING

**Budget year FY15** refers to grant activities conducted from 9/1/2015 through 8/31/2016. See the grant cycle timeline in Appendix A.

**Participation** answers the question, "Did this CAH engage in a Flex-funded activity intended to improve a specific outcome during the past grant year?"

- The activity or activities occurred between 9/1/2015 and 8/31/2016.
- Participation is an in-depth engagement intended to change something for the CAH. Attending a state rural health conference where the Flex Coordinator gave a state Flex update is not a significant engagement. Conducting a chargemaster review, joining a HCAHPS quality improvement cohort that meets bimonthly via webinar, attending a two-day TeamSTEPPS training for patient safety are all examples of in-depth engagement that would qualify as participation.
- In many cases, state Flex programs will only report participation from a subset of their CAHs in a given year. This PIMS data collection focuses on CAH participation in projects where the program expects to help CAHs make changes and show improvement. This is not measuring CAHs that are lightly engaged in general Flex activities where the program can't be expected to have some impact.
- A CAH may participate in one or more projects (also called sub-activities) in a single Flex grant activity category. Both cases (one project or several

projects in the same activity) should be reported as participation for the year.

- Check the box for yes, leave blank (no action required) for no. By default all CAHs are blank, indicating no participation.
- Report on all CAHs that participated in Flex activities in the reporting period even if those CAHs closed or converted to another type of health care facility sometime after they participated.
- Do not report CAHs that started an activity but quickly dropped out or otherwise failed to substantially participate in the activity.

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

- An improvement can be any change in the positive direction.
- Your Flex work plan and the outcome measures (short and long-term changes expected) you selected for your Flex activities will reflect the improvement(s) that you hope to see as a result of these activities. The PIMS report should align with the work plan so Flex programs will be collecting the necessary information to assess CAH improvement as part of work plan tracking. For most activities the baselines and targets for these outcome measures were defined in the work plan.
- Only participating CAHs can be selected as showing improvement in an activity.
- CAHs can show improvement on one or more outcomes. Many Flex projects target multiple outcomes and improvement on any one of the targets (short or long term) should be counted as CAH improvement for this PIMS report.
- CAHs that participate in multiple projects or sub-activities within a Flex activity category show improvement if they improve on one or more targeted outcomes. They do not need to show improvement on all of the projects to qualify.
- In year 2, you will be able to indicate that a CAH improved if it participated in *either* year 1 or year 2 or both.
- Indicate improvement in the reporting cycle when it is identified. Some activities may not have data immediately available to assess improvement.
- A check mark indicates yes, leaving it blank indicates no. By default all CAHs are blank, indicating no improvement.
- If you have no information on improvement or data is not yet available leave the improvement box blank. This shows that the Flex Coordinator has not observed and documented improvement by this CAH in this Flex activity at this time.

# APPENDIX A: FLEX GRANT CYCLE AND REPORTING PERIODS

2015				2016					2017					2018													
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
Project Year 1 (FY 15)				Project Year 2 (FY 16)					Project Year 3 (FY 17)					New Project...													
				Progress Y1					Progress Y2																		
				PIMS Y1					PIMS Y2					PIMS Y3													
									Application																		
FFR FY14				FFR FY15					FFR FY16					FFR FY17													

- Non-Competing Continuation Progress Reports
- Performance Improvement Measurement System Reports
- Competing Continuation Applications
- Federal Financial Reports

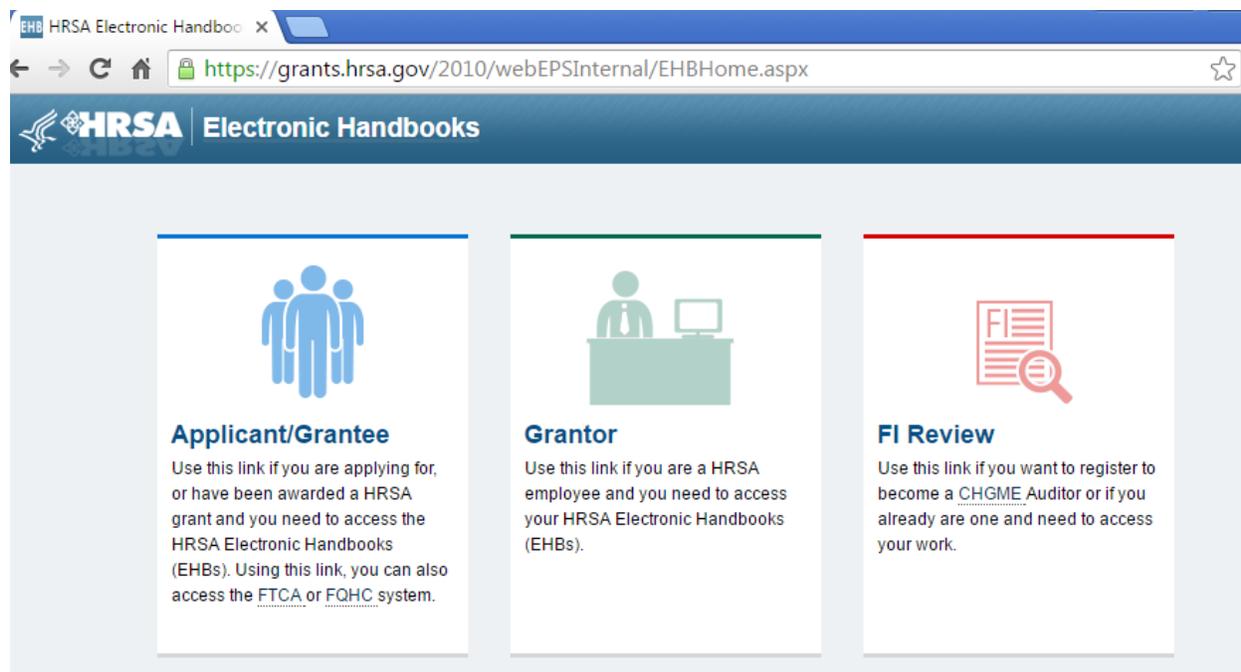
## APPENDIX B: FLEX PIMS SCREENSHOTS

### PIMS User Tips

- The PIMS time-out clock counts down from 60 minutes but the EHB time-out is only 30 minutes. You must **reset your timeout every 30 minutes** or you will have to log back in to EHB.
- Saving a form resets your time-out clock
- Viewing a different page resets your time-out clock
- Page load times have been slow, it may take up to 45 seconds for some pages to save or open.
- Save pages before pausing or leaving to ensure you don't lose any data.
- For the Flex Funds boxes you must enter only whole numbers. Do not use \$ signs or commas or decimal places. Any of these things will cause a validation error.

*Disclaimer: these screenshots come from the test environment. They are modeled on the Nevada Flex information, but all data shown is entirely made up for demonstration purposes.*

Login to EHB at <https://grants.hrsa.gov>



The screenshot shows a web browser window with the address bar displaying <https://grants.hrsa.gov/2010/webEPSInternal/EHBHome.aspx>. The page header features the HRSA logo and the text "Electronic Handbooks". Below the header, there are three main content boxes:

- Applicant/Grantee**: Use this link if you are applying for, or have been awarded a HRSA grant and you need to access the HRSA Electronic Handbooks (EHBs). Using this link, you can also access the [FTCA](#) or [FQHC](#) system.
- Grantor**: Use this link if you are a HRSA employee and you need to access your HRSA Electronic Handbooks (EHBs).
- FI Review**: Use this link if you want to register to become a [CHGME Auditor](#) or if you already are one and need to access your work.

## Go to Tasks

The screenshot shows the HRSA Electronic Handbooks homepage. The navigation bar includes 'Home', 'Tasks', 'Organizations', 'Grants', 'Free Clinics', and 'FQHC-LALs'. The 'Tasks' tab is circled in red. Below the navigation bar, there are sections for 'Getting Started with the Handbooks', 'Items We Are Tracking For You', and 'My Recently Accessed'.

**Items We Are Tracking For You**

- Task with a deadline: 6
- Due within 30 days Tasks: 1
- Late: 1
- Tasks without a deadline: 3
- Unread News: 0

**My Recently Accessed**

Display 7 | 15 | 20

No items are available at this time

[View All](#) [+ View More](#)

Select the performance report for your Flex grant (This is a test environment so it shows multiple performance reports, your grant will only have one.)

The screenshot shows the 'Pending Tasks - List' page. The 'Tasks' tab is selected. A table of pending tasks is shown, with the first row circled in red. The first row shows a task for 'Performance Reports' with a 'Start' button circled in red.

Deadline (Due)	Task Category	Tracking #	Task	Entity	Organization	Options
10/30/2016 12:00 AM (51 Days)	Grant Submissions		Performance Reports	H54RH00015 (Grant)	UNIVERSITY OF NEVADA, RENO	Start
10/30/2016 12:00 AM (51 Days)	Grant Submissions		Performance Reports	H54RH00015 (Grant)	UNIVERSITY OF NEVADA, RENO	Start
10/30/2016 12:00 AM (51 Days)	Grant Submissions		Performance Reports	H54RH00015 (Grant)	UNIVERSITY OF NEVADA, RENO	Start
10/30/2016 12:00 AM (51 Days)	Grant Submissions		Performance Reports	H54RH00015 (Grant)	UNIVERSITY OF NEVADA, RENO	Start

Select Start which will take you to the PIMS entry page.

On the entry page confirm that the state and reporting period (9/1/15 – 8/31/16) are correct, then select Continue.

**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](#).

**General Information**

Grant Number: H54RH00015  
 Grantee: UNIVERSITY OF NEVADA, RENO  
 Current Report Period: 9/1/2015 - 8/31/2016  
 Report Due Date: 10/30/2016  
 Report Status: Not\_Started

Continue

For technical help please call the HRSA Contact Center 1-877-Go4-HRSA (1-877-464-4772) or click to [submit help request](#).  
 If Adobe Reader is not installed on your computer, please [download](#) to view PDF files.  
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This will take you to the selection page.

There is a separate data entry page for activities in each core area, only the selected activities chosen on the selection page will appear on the data entry pages.

**Getting Started with the Handbooks**

Recommended Browser Settings | User Interface Crosswalk | Tour the Handbooks!

**Medicare Hospital Flexibility** Your session will expire in: 59:32

**Instructions:**  
 For help on this page, please click the ORHP Instructions link under Support at the top right of the page.

**H54RH00015: UNIVERSITY OF NEVADA, RENO** Report Status: In Progress

Grant Number: H54RH00015 | Grantee: UNIVERSITY OF NEVADA, RENO  
 Current Report Period: 9/1/2015 - 8/31/2016 | Report Due Date: 10/30/2016

**Federal Office of Rural Health Policy**  
**FLEX Selection Page**

Applicable Measures?	Measure
<input checked="" type="checkbox"/>	1.01 CORE PATIENT SAFETY Improvement Outcomes
<input checked="" type="checkbox"/>	1.01 CORE PATIENT SAFETY Improvement Outcomes: HCP / OP-27
<input checked="" type="checkbox"/>	1.01 CORE PATIENT SAFETY Improvement Outcomes: IMM-2
<input checked="" type="checkbox"/>	1.02 CORE PATIENT ENGAGEMENT Improvement Outcomes
<input checked="" type="checkbox"/>	1.03 CORE CARE TRANSITIONS Improvement Outcomes
<input checked="" type="checkbox"/>	1.04 CORE Outpatient Improvement Outcomes
<input type="checkbox"/>	1.05 ADDITIONAL PATIENT SAFETY Improvement Outcomes
<input type="checkbox"/>	1.06 ADDITIONAL CARE TRANSITIONS Discharge Planning Improvement Outcomes
<input type="checkbox"/>	1.07 ADDITIONAL CARE TRANSITIONS Medication Reconciliation Improvement Outcomes
<input type="checkbox"/>	1.08 ADDITIONAL OUTPATIENT Improvement Outcomes
<input type="checkbox"/>	1.09 REPORTING IMPROVEMENTS
<input checked="" type="checkbox"/>	2.01 Financial and Operational Improvement
<input type="checkbox"/>	2.02 In-Depth Assessments CAH Selection
<input type="checkbox"/>	2.02 In-Depth Assessments Financial Indicators
<input type="checkbox"/>	2.02 In-Depths Assessments
<input type="checkbox"/>	2.03 Revenue Cycle Management
<input type="checkbox"/>	2.04 Operational Improvements - Network Participation
<input type="checkbox"/>	2.04 Operations Improvements
<input type="checkbox"/>	3.01 - Statewide CAH Population Health Management Needs Assessment

Due to the electronic form structure, some of the numbered activities have multiple selection boxes. Make sure you select all of the boxes for a numbered activity if that activity is part of your grant. For example 4.01 has four boxes that must be selected. This issue applies to 2.02, 2.04, 3.03, and 4.01.

<input type="checkbox"/>	2.01 Financial and Operational Improvement
<input type="checkbox"/>	2.02 In-Depth Assessments CAH Selection
<input type="checkbox"/>	2.02 In-Depth Assessments Financial Indicators
<input type="checkbox"/>	2.02 In-Depths Assessments
<input type="checkbox"/>	2.03 Revenue Cycle Management
<input type="checkbox"/>	2.04 Operational Improvements - Network Participation
<input type="checkbox"/>	2.04 Operations 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 Activities
<input type="checkbox"/>	3.03 - Community-level Rural EMS System Assessment
<input type="checkbox"/>	3.04 - Population Health Improvement Activity
<input type="checkbox"/>	3.05 - Time Critical Diagnoses EMS System Capacity Improvement
<input type="checkbox"/>	3.06 - EMS Capacity and Operational Activity Improvement
<input checked="" type="checkbox"/>	4.01 - Designation of CAHs in the state
<input checked="" type="checkbox"/>	4.01 - Designation of CAHs in the state: Conversion Assistance
<input checked="" type="checkbox"/>	4.01 - Designation of CAHs in the state: Converted
<input checked="" type="checkbox"/>	4.01 - Designation of CAHs in the state: Unsuccessful Conversion
<input type="checkbox"/>	5.01 - Integration of Innovative Models of Care

Save

After selecting the applicable activities for your program, use the save button to update the report so the correct pages are available to you.

You are here:

**NAVIGATION**

Grantee Data Entry

- 1. Selection Page
- 2. Quality Improvement
- 3. Financial and Operations Improvement
- 4. Population Health Management and Emergency Medical Service Integration
- 5. CAH Conversion
- 6. Innovative Models of Care

Workflow

- Validate/Submit Report

PDF Version

09/01/2015 - 08/31/2016

Grantee Info

- Grantee Information

The navigation side bar shows which pages are underway and which are marked as complete (green check mark). A red asterisk indicates a required page that is not started.

Here is a screenshot of the Quality page before any data has been entered. Make sure this list has the correct name and Medicare number (CCN) for all of the CAHs in your state. They are listed alphabetically by name. This is the CMS registered name for the CAH, it may be different from their business name in some instances.

You are here:

NAVIGATION

Grantee Data Entry

- 1. Selection Page
- 2. Quality Improvement
- 3. Financial and Operations Improvement
- 4. Population Health Management and Emergency Medical Service Integration
- 5. CAH Conversion
- 6. Innovative Models of Care

Workflow

- Validate/Submit Report
- PDF Version
- 09/01/2015 - 08/31/2016
- Grantee Info
- Grantee Information

Medicare Hospital Flexibility Your session will expire in: 59:23

**Instructions:**  
For help on this page, please click the ORHP Instructions link under Support at the top right of the page.

H54RH00015: UNIVERSITY OF NEVADA , RENO Report Status: In Progress

Grant Number: H54RH00015 | Grantee: UNIVERSITY OF NEVADA , RENO  
Current Report Period: 9/1/2015 - 8/31/2016 | Report Due Date: 10/30/2016

**Quality Improvement**

Core MBQIP Metrics | Total Amount (\$) of Flex Funds utilized towards Quality Improvement

**Core MBQIP Metrics**

1.01 CORE PATIENT SAFETY Improvement Outcomes: HCP / 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	Participation	Improvement
291313 - BANNER CHURCHILL COMMUNITY HOSPITAL	<input type="checkbox"/>	<input type="checkbox"/>
291303 - BATTLE MOUNTAIN GENERAL HOSPITAL	<input type="checkbox"/>	<input type="checkbox"/>
291309 - BOULDER CITY HOSPITAL INC	<input type="checkbox"/>	<input type="checkbox"/>
291306 - CARSON VALLEY MEDICAL CENTER	<input type="checkbox"/>	<input type="checkbox"/>
291311 - DESERT VIEW REGIONAL MEDICAL CENTER	<input type="checkbox"/>	<input type="checkbox"/>
291312 - GROVER C. DILS MEDICAL CENTER	<input type="checkbox"/>	<input type="checkbox"/>
291308 - HUMBOLDT GENERAL HOSPITAL	<input type="checkbox"/>	<input type="checkbox"/>
291301 - INCLINE VILLAGE COMMUNITY HOSPITAL	<input type="checkbox"/>	<input type="checkbox"/>
291307 - MESA VIEW REGIONAL HOSPITAL	<input type="checkbox"/>	<input type="checkbox"/>
291300 - MT.GRANT GENERAL HOSPITAL	<input type="checkbox"/>	<input type="checkbox"/>
291304 - PERSHING GENERAL HOSPITAL	<input type="checkbox"/>	<input type="checkbox"/>
291302 - WILLIAM BEE RIRIE HOSPITAL	<input type="checkbox"/>	<input type="checkbox"/>
Total:	0	0

1.01 CORE PATIENT SAFETY Improvement Outcomes: IMM-2

Please indicate which CAHs participated and improved in the Core MBQIP Domain 1 Patient Safety activities for IMM-2 during the budget period. Select all that apply.

CAH Name	Participation	Improvement
----------	---------------	-------------

Only CAHs selected for Participation can be selected in the Improvement column as you can tell by the grayed-out check boxes. The form automatically totals the number of CAHs selected in each section.

1.02 CORE PATIENT ENGAGEMENT Improvement Outcomes

Please indicate which CAHs participated and improved in the Core MBQIP Domain 2 Patient Engagement Improvement Activities during the budget period. Select all that apply.

CAH Name	Participation	Improvement
291313 - BANNER CHURCHILL COMMUNITY HOSPITAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
291303 - BATTLE MOUNTAIN GENERAL HOSPITAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
291309 - BOULDER CITY HOSPITAL INC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
291306 - CARSON VALLEY MEDICAL CENTER	<input type="checkbox"/>	<input type="checkbox"/>
291311 - DESERT VIEW REGIONAL MEDICAL CENTER	<input type="checkbox"/>	<input type="checkbox"/>
291312 - GROVER C. DILS MEDICAL CENTER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
291308 - HUMBOLDT GENERAL HOSPITAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
291301 - INCLINE VILLAGE COMMUNITY HOSPITAL	<input type="checkbox"/>	<input type="checkbox"/>
291307 - MESA VIEW REGIONAL HOSPITAL	<input type="checkbox"/>	<input type="checkbox"/>
291300 - MT.GRANT GENERAL HOSPITAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
291304 - PERSHING GENERAL HOSPITAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
291302 - WILLIAM BEE RIRIE HOSPITAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Total:	8	3

Amount (\$) of Flex Funds utilized toward Core MBQIP Domain 2 Patient Engagement Activity(ies) during the budget period

\$



Some pages have different data entry formats, for example CAH Conversion only asks about participation, not improvement. Your CAH list should include *all* CAHs that were open at any time during the reporting year, including newly designated CAHs.

**CAH Conversion**

CAH Designation | Total Amount (\$) of Flex Funds utilized towards CAH Conversion

**CAH Designation**

**4.01 - Designation of CAHs in the state: Conversion Assistance**

Please enter the number (#) of hospitals requesting and receiving assistance in conversion to CAH status during the budget period.

Number (#) of hospitals requesting and receiving assistance in conversion to CAH status during the budget period

**4.01 - Designation of CAHs in the state: Converted**

Please indicate which hospitals converted to CAH status during the budget period. Select all that apply.

CAH Name	Participation
291313 - BANNER CHURCHILL COMMUNITY HOSPITAL	<input type="checkbox"/>
291303 - BATTLE MOUNTAIN GENERAL HOSPITAL	<input type="checkbox"/>
291309 - BOULDER CITY HOSPITAL INC	<input type="checkbox"/>
291306 - CARSON VALLEY MEDICAL CENTER	<input type="checkbox"/>
291311 - DESERT VIEW REGIONAL MEDICAL CENTER	<input type="checkbox"/>
291312 - GROVER C. DILS MEDICAL CENTER	<input type="checkbox"/>
291308 - HUMBOLDT GENERAL HOSPITAL	<input type="checkbox"/>
291301 - INCLINE VILLAGE COMMUNITY HOSPITAL	<input type="checkbox"/>
291307 - MESA VIEW REGIONAL HOSPITAL	<input type="checkbox"/>
291300 - MT.GRANT GENERAL HOSPITAL	<input type="checkbox"/>
291304 - PERSHING GENERAL HOSPITAL	<input type="checkbox"/>
291302 - WILLIAM BEE RIRIE HOSPITAL	<input type="checkbox"/>
Total:	0

**4.01 - Designation of CAHs in the state: Unsuccessful Conversion**

Please enter the number (#) of hospitals unsuccessful in converting to CAH status during the budget period. Please type the name of the hospitals that were unsuccessful, separated by commas.

Number (#) of hospitals unsuccessful in their attempt to convert to CAH status during the budget period

Hospitals unsuccessful in their attempt to convert to CAH status during the budget period

Each data entry page has a comment box, a Form Complete toggle, and a save button at the bottom.

#### 4.01 - Designation of CAHs in the state

Please enter the Amount (\$) of Flex Funds utilized toward Activity 4.01 during this budget period. The amount is a numerical value between 0-999999.

Amount (\$) of Flex Funds utilized toward Activity 4.01 during this budget period

[Return to Top \(Index\)](#)

#### Total Amount (\$) of Flex Funds utilized towards CAH Conversion

Total Amount (\$) of Flex Funds utilized towards CAH Conversion

Total Amount (\$) of Flex Funds utilized towards CAH Conversion **\$9878**

[Return to Top \(Index\)](#)

Any Comments About this Form or the Data You Entered

Two hospitals are in the process of converting to CAH status. They expect to continue working on conversion with NV Flex help in the coming year.

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](#)

Once all of your data sections are complete, select Validate/Submit Report. The system will check for errors and take you to the certification page. Check the box to certify your report and use the submit button to send to HRSA. You can view the report but you can't make any changes after it is submitted. If necessary your project officer can return the report so you can make changes.

Current Report Period: 9/1/2015 - 8/31/2016 | Report Due Date: 10/30/2016

#### Federal Office of Rural Health Policy

#### Report Submission for Grant H54RH00015

Your report has been successfully validated.

[Submit Report to Project Officer](#)

The following message will be sent to your Project Officer if the submission is confirmed. Please change the message as needed.

Message to Project Officer

#### CERTIFICATION

I certify that I am authorized to submit this report for grant H54RH00015.

You can download a pdf report of the data you entered from the navigation sidebar. However this report may be confusing. It repeats every page in the system, even the ones where you did not enter data and this means it is very long (70+ pages). It will probably be easier for most people to review their data on the data entry form rather than the pdf report.

Please share any suggestions about what you would like to see on the downloadable pdf report with your project officer. We will continue to improve the PIMS reports for next year.

