



Medicare Rural Hospital Flexibility (Flex) Program Non-Competing Continuation (NCC) Progress Report

March 3, 2022 @ 3pm EST

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Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People



Agenda

- **FY 2022 NCC Progress Report Instructions**
 - Performance Narrative
 - Attachments
 - Reporting Requirements
- **Focus on Outcome Measurement - FMT**
- **Technical Assistance Resources - TASC**
- **MBQIP Update**
- **Questions**



Background

- **FY 2022 (September 1, 2022 – August 31, 2023) is the Fourth Year of the Five Year Project Period**
 - The NCC guidance was released March 3, due May 4, 2022
- **The NCC Progress Report serves as the basis for continued funding and a streamline review process**
- **Purpose of the Progress Report**
 - Discussion of changes and challenges to your current year (FY 2021) and future year (FY 2022) of your Flex Program
 - Project plans for continuation of funds next budget year (FY 2022).
 - The progress report is an opportunity to update, readjust, and refine your Flex projects.



Performance Narrative

- No more than **10 pages**, no smaller than 1-inch margins, use a readable 12-point font such as Times New Roman or Arial
 - May be single spaced or double spaced
 - Information must be reported in a narrative form, portrait format.
 - Document format: .pdf, .doc, .docx
- **Do not copy/paste your work plan**; rather frame the Performance Narrative as a summary of your work plan. Make sure document is clearly labeled with your organization's name and HRSA award number.
- **Reminder:** The NCC Progress Report is intended to report on Medicare Rural Hospital Flexibility Program activities **only** and should not report on other HRSA funded programs unless the activity specifically relates to the Flex Program



Performance Narrative Contents

In the Performance Narrative, clearly describe:

- I. Progress on Activities:** Provide a short high-level summary (2-3 paragraphs) on the progress of your program activities during the FY 2021 budget period. Provide a summary of the project's activities including the impact of activities and outcomes. Include other relevant accomplishments such as dissemination of completed projects and/or presentations. Indicate any barriers or challenges to the project's progress during the current budget period and describe efforts taken to address them. Additionally, if you incorporated health equity into your program related activities or program related data collection include a description that includes a brief summary and outcomes of that work.



Performance Narrative Contents (cont.)

In the Performance Narrative, clearly describe:

II. Significant Changes: Summarize any significant changes to the project occurring during the reporting period that required the submission of a prior approval request, including changes of scope, supplemental funding requests, key personnel changes, etc.

III. Plan for Upcoming Budget Year: Discuss your project plan for the coming budget year (September 1, 2022 – August 31, 2023). Provide a detailed statement of the milestones or progress toward the outcome objectives planned for the period for which NCC funds are being sought and a description of the process objectives and activities that will be undertaken to achieve those milestones. Discuss any modifications (other than significant changes requiring a prior approval request) to the approved project plan, including changes to goals and/or objectives for the upcoming year (any anticipated change of scope will require a separate EHB prior approval submission).



Reminder

- **All activities must fit within one of the core areas, consult the [FY 2019 Flex Program Guidance](#), if you are uncertain where/if a project fits:**
 1. CAH Quality Improvement (required)
 2. CAH Operational and Financial Improvement (required)
 3. CAH Population Health Improvement (optional)
 4. Rural EMS Improvement (optional)
 5. Innovative Model Development (optional)
 6. CAH Designation (required if requested)
- **Significant changes in the objectives, aims, or purposes identified in the approved application require a Prior Approval change of scope request in EHB.**



Attachments

- Each document should include the Grant Number, Project Title, Organization Name, and Primary Contact Name
- Attach only the components listed in the instructions
- Submissions will be returned if they're insufficient or missing information
- Up to 6 attachments

Please 😊

- Start all file names with your state postal abbreviation:
`AK_Flex_Narrative_FY22.docx`
- Use informative file names:
`MA_Flex_Budget_Justification_FY22.pdf`
- Don't scan documents as images—we may need to highlight or copy text or numbers



Attachment 1 & 2: Update Work Plan Template

- Please use the [Work Plan Template](#) to update the current year (FY 2021) if a new activity has been introduced through a change in scope, or an activity has been terminated; this should be noted and identified clearly.
 - The updated Work Plan should **NOT** include the quantitative outputs based on previously identified process measures associated with the activities. This should be updated in the End of Year Report.
- For future year (FY 2022) include ongoing activities that will continue from the current budget period, as well as any new activities and indicate if each activity is new or ongoing.
- **Focus on Outcome Measurement:** select 2-3 measures to work on in your FY 2022 work plan in the Quality Improvement and Financial & Operational Improvement program areas.



Attachment 3: Budget Justification Narrative

- Discuss any significant changes **less than 25%** to your FY21 budget relative to FY21.
- Detail the costs within each object class category.
- **Personnel**: For each employee supported by funds from this award include the name of employee; base salary; % FTE on the grant; and amount of Federal funds (wages and fringe) expended for the budget year. This personnel information requirement also applies to sub awards/subcontracts supported by Federal funds from this grant.
- **Travel**: List travel costs according to local and long distance travel. Itemize travel estimates, include airfare or mileage, lodging, misc.
- **Contracts**: Include a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.



Budget Requirements

- Recipients should base budgets on FY 2022 Flex award levels. See projected funding levels by state listed in Appendix A of the NCC Instructions.
- At least one full time equivalent position is dedicated to the state Flex program.
- FORHP expects all recipients to participate in the **2022 National Flex Meeting (Reverse Site Visit)** and **one other regional or national meeting** each year.
- A Flex representative is encouraged to attend the NRHA CAH Conference in Kansas City, MO.
- New personnel are required to attend a **Flex Program Workshop in Duluth, MN**, within one year of start date in the role.
- Indirect costs for the Flex program are limited by statute. Indirect cost in the proposed budget should be no more than 15% of the direct cost.



Budget Restrictions

- Recipients and sub-award recipients may **NOT** use Flex funds for the following purposes:
 - For direct patient care (including health care services, equipment, and supplies);
 - To purchase ambulances and any other vehicles or major communications equipment;
 - To purchase or improve real property; and/or
 - For any purpose which is inconsistent with the language of the NOFO [HRSA-19-024](#) or Section 1820(g) (1, 2) of the Social Security Act (42 U.S.C. 1395i-4(g) (1) and (2)).



Attachment 4: Position Descriptions

- Include position descriptions for all new or revised positions for which program support is requested.
- State “no changes” on attachment if applicable.
- *New staff listed as the “Project Director” on the Notice of Award must go through the Prior Approval process in EHBs.



Attachment 5: Biographical Sketches or Resumes

- Include a biographical sketch, curriculum vitae, or resume for all new staff for any staff hired since submission of prior NCC application (May 2021).
- State “no changes” on attachment if applicable.



Reporting Requirements

Reporting Requirement	Reporting Deadline
Performance Improvement and Measurement System (PIMS)	October 30, 2022
End of Year Report	November 30, 2022
Federal Financial Report (FFR)	January 30, 2023
Non-Competing Continuation (NCC) Progress Report	March 2023



Example Outcome Measures

- Quality and Financial & Operational Improvement examples created to assist with inclusion in work plans

Outcomes - changes in behavior or performance that reflect or contribute to changes in financial, operational, and/or quality improvement

Outputs - assess participation and engagement in Flex activities (e.g., # meetings attended, # contacts reached via email), and while concrete, are not outcomes

- Background and full example tables are available on TASC website with other NCC materials – [Flex Program Fiscal Year 2022 Funding Guidance and Supporting Materials](#)
- *Note – both tables include outcome measures and activities, but are formatted differently to account for differences in program areas*

Quality Improvement Examples

Quality Outcome Measure	Example Improvement Goal	Example Activities
HCP/IMM-3 - Influenza Coverage among Health Care Personnel	Attain MBQIP Benchmark for the percentage of hospital staff with influenza vaccination (100%)	<ul style="list-style-type: none"> Organize an influenza vaccination campaign Document reasons for non-receipt of recommended vaccine Mandate vaccination among health care personnel
HCAHPS – Composite 6 – Discharge Information	Attain MBQIP Benchmark for the communication between hospital staff and patients for care after discharge from the facility (63.3% strongly understood care upon discharge)	<ul style="list-style-type: none"> Conduct pre-discharge assessment of ability of patient and/or family to provide self-care Develop a comprehensive shared care plan using a shared decision-making approach; consider patient values, preferences, social, and medical needs Use teach-back method to ensure patient/caregiver understanding of discharge instructions
EDTC-ALL – Emergency Department Transfer Communication Composite	Attain the MBQIP Benchmark for the percentage of patients transferred to another facility whose medical record documentation indicated all of the relevant elements were communicated to the receiving hospital in a timely manner (100%)	<ul style="list-style-type: none"> Update paper transfer forms to ensure capture of all the required data elements & documentation for next care setting Implement prompts and documentation in the EHR to ensure elements are captured and communicated to the receiving facility, whether electronically or via printed paper form Develop standardized setting of care processes to report outstanding test or lab results to the next setting of care if not available prior to transfer

Financial and Operational Improvement Examples

Activity Category	Example Improvement Activity	Short-term (within one year) Outcome Measures	Intermediate (two to three years) Outcome Measures	Long-term (over three years) Outcome Measures
Revenue cycle management	A cohort of CAHs engaged in a Flex-sponsored learning collaborative has implemented a project to reduce denied claims and improve collections from patients and third-party payers	<ul style="list-style-type: none"> • Reduced registration errors as a percent of total registrations • Increased % of point-of-sale collections 	<ul style="list-style-type: none"> • Reduced percentage of claims denied • Increase percentage of denied claims re-billed • Improved clean claims rate 	<ul style="list-style-type: none"> • Improved days' net revenue in accounts receivable (CAHMPAS) • Greater days cash on hand (CAHMPAS) • Improved current ratio (CAHMPAS)
Chargemaster reviews	SFP funds periodic chargemaster reviews for select CAHs to identify and correct errors/omissions in a CAH's list of procedures and related codes and charges	<ul style="list-style-type: none"> • Reduced percentage of claims denied • Improved clean claims rate 	<ul style="list-style-type: none"> • Improved net revenue per adjusted admission 	<ul style="list-style-type: none"> • Improved cash on hand (CAHMPAS) • Improved operating margin (CAHMPAS)
Service line assessments	SFP funds consultants to assess a CAH's service lines to improve its performance and better meet community needs	<ul style="list-style-type: none"> • Improved average daily census by service line • Improved outpatient utilization by service line 	<ul style="list-style-type: none"> • Improved inpatient payer mix • Higher swing bed average daily census • Improved outpatient revenue to total revenue 	<ul style="list-style-type: none"> • Higher contribution margin (contribution to profitability) by service line • Improved operating margin (CAHMPAS)



NATIONAL
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RESOURCE CENTER

Flex Program FY22 Non- Competing Continuation (NCC)

March 3, 2022

Reach out to TASC!

- TASC is available to review one component of your cooperative agreement application prior to your final submission (examples: work plan, narrative, budget, etc.)
- If you would like assistance, please choose one section of your proposal for TASC to review. Please submit your request to tasc@ruralcenter.org by **April 20, 2022** and allow us five business days to review.



Let's Keep Sharing

Please feel free post your questions in the [Flex Program Forum](#). If you have a question, someone else likely does too and will benefit from seeing the question and answer. For help logging into the Flex Program Forum, please [create an account](#) or [reset your password](#).



Resources to Support Your Flex Program Cooperative Agreement Application

TASC will send out a list of resources to help support you during this process

- [FY2022 Funding Guidance and Supporting Materials](#)
 - NCC Progress Report Program Specific Instructions
 - Work plan template
 - Budget justification
 - NCC technical assistance webinar playback
- Data sources
- Guides and manuals
- Publications
- Topical webinars recordings





NATIONAL
RURAL HEALTH
RESOURCE CENTER

Contact Information

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Get to know us better:

<http://www.ruralcenter.org>



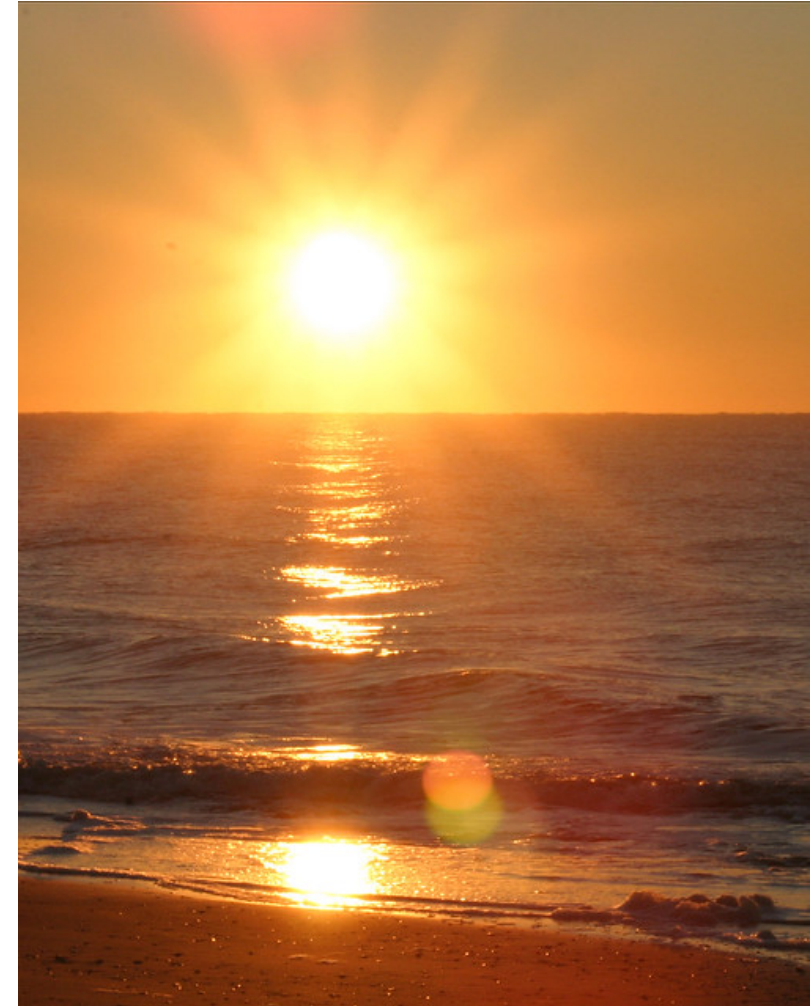
MBQIP Updates

March 4, 2022



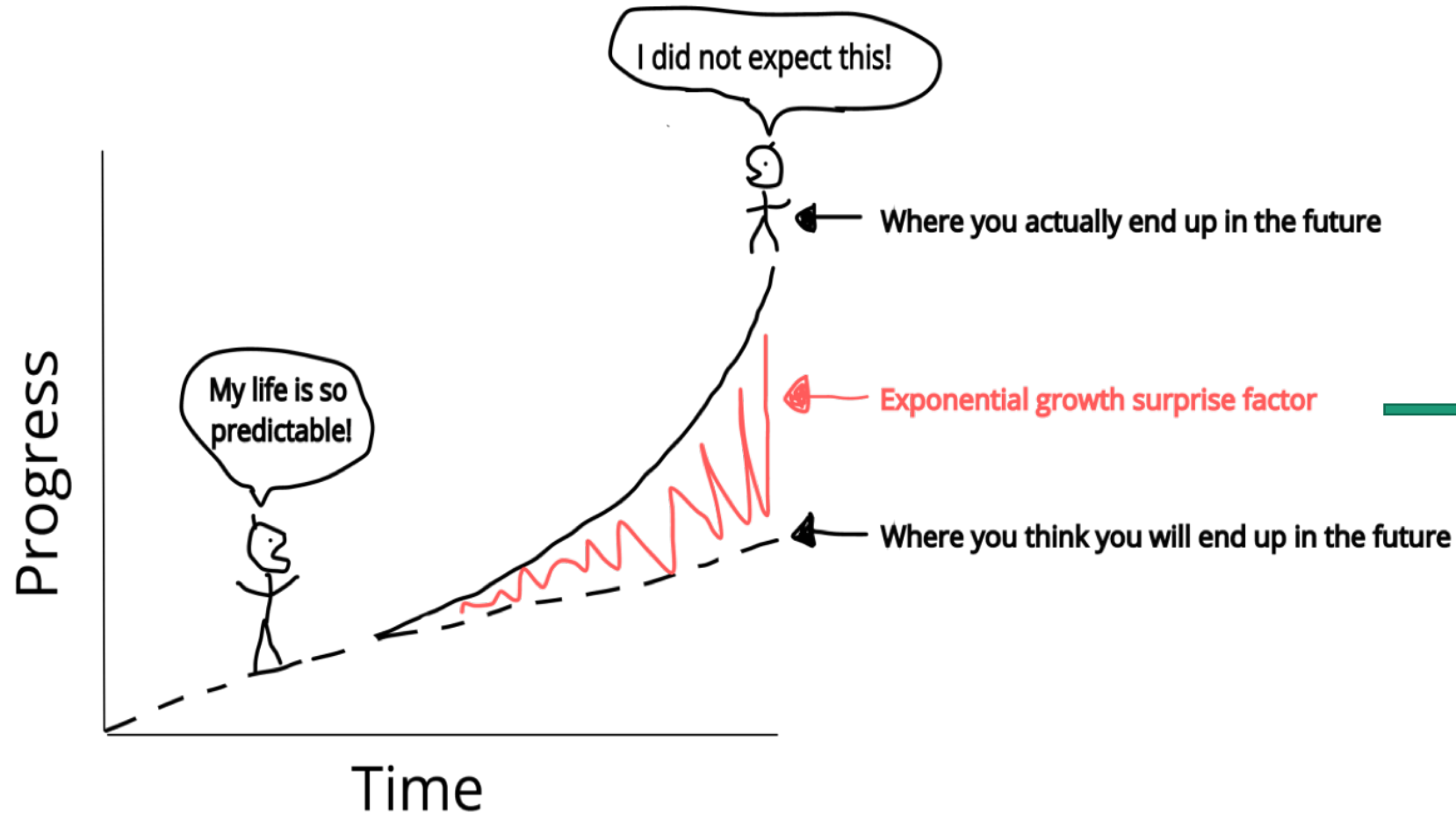
MBQIP: Looking Forward

- **Vision for the future of MBQIP**
A rising sun!
- **MBQIP Reporting for Flex Year 4**
- **Questions**



Vision for MBQIP

- Achieve a Dynamic, Fluid, Adaptable & Flexible Program, Consistent with the Flex Mission and Focused on High Quality Care for Rural Communities



SARS-CoV-2
Virus

Highlights from FMT Analysis on COVID-19 Reporting

- FMT analyzed MBQIP reporting trends during COVID-19 pandemic and compared to reporting trends prior to 2020 across all MBQIP measures
- Findings indicate that hospitals continued to report measures steadily throughout the pandemic
- Overview of analysis to be presented at the next MBQIP VKG (March 17)



- *Culture of Quality Improvement Remains Strong!!*
- *State efforts to maintain reporting do pay off!!*
- *Hospitals are resilient and so are Flex Programs!!*

How do we make progress towards the MBQIP Vision?

Understand FORHP's goals with the future of MBQIP:

Overall goal is to create a flexible, rural-relevant “measure core set” for MBQIP that offers a menu-style of measure options that programs can select to strengthen their QM/QI efforts

Understand FORHP's timelines and challenges—a 10-year endeavor

Acknowledge need to integrate viable, existing measures beyond those implemented in CMS hospital programs that better capture how care is delivered in rural communities

Understand the Scope of the Program-level Changes

A progressive transition to a **healthcare system** quality program with a **focus on hospital facilities** AND a direct link to the **community** that is served by hospitals



Why?

Understand our why: dearth of rural-relevant measures in MBQIP

FORHP is committed to support states in navigating the complex world of quality measurement

We need to continue to evolve to meet the needs of CAHs and strive for increasing the quantity of rural-relevant measures

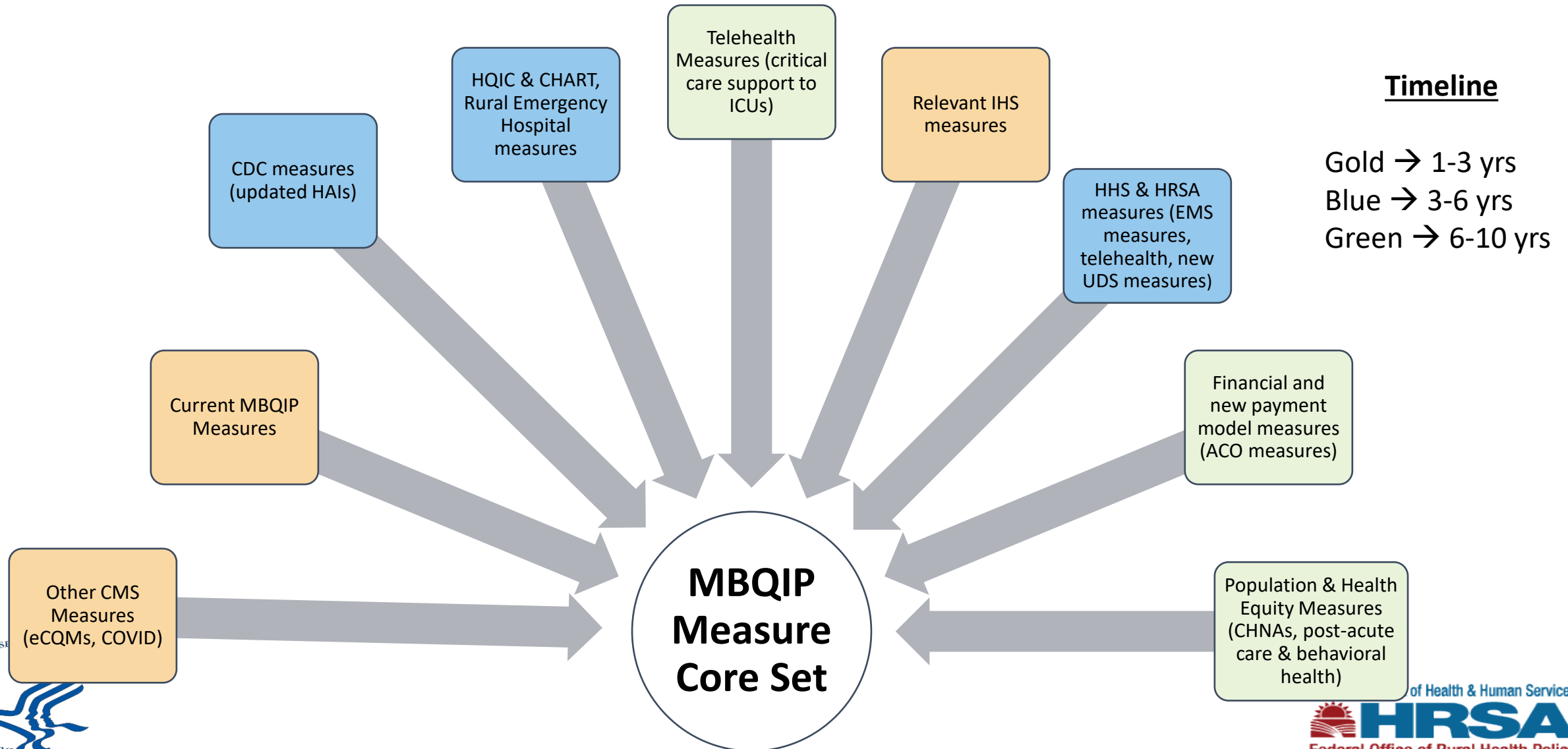
Understand hallmarks of QM/QI in MBQIP that align with overall Flex efforts to focus on outcomes/impact

FORHP aims to enhance opportunities to understand impact at National level and expand our ability to understand performance variability of CAHs in order to set benchmarks and encourage meaningful measurement to drive improvements in care

Meaningful measurement and benchmarking help FORHP meet hospital, state, and national goals



What is FORHP Doing to Achieve MBQIP Goals?



What Does this Mean for States Right Now?

MBQIP in Flex Year 4

- **FORHP's MBQIP focus for Flex Year 4:**
 - Strengthening **measure reporting** for all current MBQIP measures and in a state-Federal partnership to plan for a new MBQIP measure core set
 - Using QIL learnings to inform the future of MBQIP
- **MBQIP focus on continuous measure reporting & strengthening QI culture with CAHs vs. eligibility**
 - States may focus on improving reporting of all core MBQIP measures (no new measures now)
 - Unified effort for achieving consecutive reporting of measures (quarter to quarter or year to year) in order to identify opportunities for improvement (based on trends) & improve Flex/CAH relationships
- **States are encouraged to focus on strengthening QI activities AND explore other data that may be available in the state to strengthen QI activities**
 - States are encouraged to leverage their Flex QI Project to support QI activities in Year 4 and prepare for presenting QI project posters (knowledge transfer)
 - Focus on strategically leveraging other resources/data in state (such as CHNAs) to align QM/QI efforts
 - States may use annual MBQIP reports to identify needs related to supporting hospitals in continuous reporting of measures



Questions?



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