

Small Rural Hospital Improvement Grant Program (SHIP)

TA Webinar
FY16 Competing
Continuation

October 22, 2015

PRESENTATION OVERVIEW

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- SHIP TA Overview
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GENERAL INFORMATION

Application Due Date –December 15, 2015

Project Period – June 1, 2016-May 31, 2019

Budget Period- June 1, 2016-May 31, 2017

Budgets based on \$9,000/per hospital for 2016-17

2016 CHANGES TO THE SHIP PURCHASING MENU

New

Medicare Beneficiary Quality Improvement Program (MBQIP) is no longer a priority requirement.

Critical Access Hospitals (CAHs) must choose either Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) or ICD-10 activities (or both, no particular order) if they have yet to implement either activity or require additional support

Care Transitions/ Coordination of care training is now included under Accountable Care Organizations (ACOs)/Shared Savings

FY 16 SHIP CATEGORIES

FY16 SHIP funds will support activities related to:

Value-Based Purchasing (VBP)-Improving data collection activities in order to facilitate reporting to Hospital Compare.

ACOs/Shared Savings-Improving quality outcomes. Focus on activities that support quality improvement (QI) such as reduction of medical errors as well as education and training in data collection and reporting and benchmarking. Care transitions/coordination.

Payment Bundling- Building accountability across the continuum of care. Funding could be used to improve care transitions between ambulatory and acute, acute to upstream acute and acute to step-down facility. This could be done in the form of training, clinical care transition protocol development or data collection that documents these processes.

Prospective Payment System - Maintaining accurate PPS billing and coding such as updating charge master or providing training in billing and coding.

SHIP TA Overview

SHIP Coordinator TA

The National Rural Health Resource Center is providing technical assistance (TA) to the 47 [State Offices of Rural Health \(SORH\)](#) that coordinate the Small Rural Hospital Improvement Grant Program (SHIP) through a technical assistance cooperative agreement with the [Health Resources and Services Administration's Federal Office of Rural Health Policy \(FORHP\)](#).

- <https://www.ruralcenter.org/ship/ta/webinars>

REVISED SHIP MENU

SHIP Purchasing Menu - Instructions

Indicate which activities your hospital plans to participate in from the purchasing menu on the next page following these instructions/priorities:

- a) Hospitals may select more than 1 category to participate in if priorities are followed and available funds exist
- b) Hospitals must be able to demonstrate and report measurable outputs/outcomes to the SORH
- c) SHIP funded investments must be prioritized as follows:
 - First Priority: HCAHPS (CAHs) and ICD-10 (all hospitals) both of these must be fully implemented and HCAHPS must be publicly reported to Hospital Compare before your hospital can select any other investment options. Priority is not given to one over the other. Your hospital may choose both
 - Second Priority: If your hospital is already participating fully in HCAHPS and ICD-10, you may select a different investment listed on the SHIP purchasing menu
 - Third Priority: If your hospital has already completed ALL investments listed on the SHIP purchasing menu, your hospital may identify an alternative piece of equipment and/or service ONLY IF: a) the purchase will optimally affect your hospital's transformation into an accountable care organization, increase value-based purchasing objectives and/or aid in the adoption of ICD 10; and b) your hospital receives pre-approval from both your state SHIP Coordinator and the appropriate FORHP project coordinator

SHIP Purchasing Menu: Planned FY2016 (June 1, 2016 - May 31, 2017) Expenditures

Following the instructions/priorities on the previous page, indicate which activities your hospital plans to participate in, selecting from the purchasing menu below. In the final box, indicate the dollar amount that will be used to support the activities selected by investment category. **Total Requested Budget Estimate = \$9,000**

Value-Based Purchasing (VBP) Investment Activities Activities that support improved data collection to facilitate quality reporting and improvement.	Selected Activity(ies)
A. Quality reporting data collection/related training	<input type="checkbox"/>
B. HCAHPS data collection process/related training	<input type="checkbox"/>
C. Efficiency or quality improvement training/project in support of VBP related initiatives	<input type="checkbox"/>

Accountable Care Organization (ACO) or Shared Savings Investment Activities Activities that support the development or the basic tenets of ACOs or shared savings programs.	Selected Activity(ies)
A. Computerized provider order entry implementation and/or training	<input type="checkbox"/>
B. Pharmacy services implementation	<input type="checkbox"/>
C. Disease registry training and/or software/hardware	<input type="checkbox"/>
D. Efficiency or quality improvement training/project in support of ACO or shared savings related initiatives	<input type="checkbox"/>
E. Systems performance training	<input type="checkbox"/>
F. Telemedicine or mobile health equipment installation/use	<input type="checkbox"/>
G. Community paramedicine training and/or equipment installation/use	<input type="checkbox"/>

Payment Bundling (PB) or Prospective Payment System (PPS) Investment Activities Activities that improve hospital financial processes.	Selected Activity(ies)
A. ICD-10 software	<input type="checkbox"/>
B. ICD-10 training	<input type="checkbox"/>
C. Efficiency or quality improvement training/project in support of PB or PPS related initiatives	<input type="checkbox"/>
D. Revenue Cycle Management training/project and/or hardware/software	<input type="checkbox"/>
E. S-10 Cost Reporting training/project	<input type="checkbox"/>

Investment Category	Budget Requested
VBP Investment Activities	Enter Amount
ACO or Shared Savings Investment Activities	Enter Amount
PB or PPS Investment Activities	Enter Amount
Total Budget Requested	\$9,000.00

APPLICATION INSTRUCTIONS

80 Page Limit including attachments, but does not include EHB web-based forms: SF-PPR, SF-PPR₂

Additional details can be found at the NCC Progress Report User Guide for Grantees at:

<https://grants.hrsa.gov/WebExternal/Include/Documents/NCC%20Progress%20Report%20User%20Guide%20for%20Non-H80%20Grants.pdf>

REQUIRED APPLICATION SECTIONS

Project Abstract (section 4.1.ix of HRSA's SF 424 Application Guide)

Project Narrative (follow the section headers outlined in the FOA-they correspond with the Review Criterion on page 13)

Budget Information (section 4.1.iv of HRSA's SF-424 Application Guide for additional instructions)

Budget Justification Narrative (section 4.1.v of HRSA's SF 424 Application Guide)

Attachments (clearly label each and unless noted, count towards page limit):

- Indirect Cost Allocation Agreement
- Staffing Plan
- Job Description(s) –Key Personnel
- Biographical Sketches –Key Personnel
- Work Plan (detailed summary for budget period and timeline for fund use and disbursement)
- Organizational Chart
- Accomplishment Summary – One to three paragraphs of prior year activities.
- Hospital Application Form (**not the actual applications**)
- State Spreadsheet of SHIP Applicants

PROJECT NARRATIVE

Introduction Briefly describe purpose and summarize goals and outcomes of investment category(ies)

Needs Assessment- Overview of small rural hospitals and how SHIP funds will support their current needs. Non-duplicative of Flex activities.

- Hospital Application

Methodology- Explain how data will be collected and funds disbursed and tracked

Work Plan – For the 3 year project period, describe anticipated efforts, collaborations, stakeholders (recognizing changes may occur, please give us your best presumption based on current environment); broad goals/outcomes as you are able to describe them; how will you include process improvements?

PROJECT NARRATIVE, con't

Resolution of Challenges –Discuss challenges that may be encountered w/SHIP implementation and potential resolutions.

Evaluation and TA Support Capacity- Explain assumptions for anticipated outcomes. Review example of process measures for activity categories(page 8 of FOA).

Organizational Information – Describe where SHIP fits within SORH and complementary efforts to Flex program (if any).

GRANTS MANAGEMENT

Reporting Requirements

- FFR due dates
- UOB/Carry-over submissions
- Changes (Scope, Project Director, other)

REPORTING REQUIREMENTS

For the prior budget period (FY15), Federal Financial Reports (FFR) is **October 30, 2016** and it must be submitted through EHB.

If an unobligated balance (UOB) is anticipated, submit with the FFR or by submitting a prior approval request within **30 days** after FFR submission.

Requests should be for the completion of activities and fully explain why they were not completed, and include a revised budget and budget justification.

Reminder: changes in scope, re-budgeting, etc., must be submitted through Prior Approval Module in EHB and not included as part of the Request for Carryover.

FAQ's (just a few)

Do hospitals have to allocate 100% of funds to one category?

If CAHs have begun implementing in priority areas, then they may allocate funds to additional investments.

Are hospitals allowed to change their investment after they have submitted their application?

The SHIP Coordinator has discretion to determine if a change in investment can/should be made. However, in an effort to ensure program integrity and that the hospital is spending funds appropriately, Coordinators may want to monitor hospital(s) closely. Some Coordinators have implemented deadlines for changes to investment by hospital

SHIP funds were used for a different category than what the hospital initially asked for so what should I do?

Remind the hospital of their agreement, monitor, evaluate progress and likelihood of it happening again and if it does, exclude them from future participation. They should seek prior approval from SHIP Coordinator/SORH before changing activities.

Can SORH (SHIP Coordinator) Program staff salary(ies) be paid with SHIP funds?

Yes, Personnel costs for award oversight only can be paid from SHIP funds, but do not include hospital personnel. Remember, SHIP is primarily a pass-through for hospital improvement so budgets will be scrutinized for unreasonable salary costs.

Can indirect costs be included in the SHIP budget?

Yes, indirect costs up to 15% can be allocated for the SORH.

REMINDERS

- FY16 Budget ends May 31, 2017
- FFR for FY15 (current funding year) is due October 30, 2016
- Carry-over/UOB requests due 30 days post-FFR submission
- Unallowable budget categories: Travel, Supplies, Construction, and Other
- Review Criteria (p. 13) – please take the time to look this over to insure your application meets the listed criteria

SHIP Priority Expenditures:

SHIP funds are to be spent in a prioritized manner. CAHs are to base funding expenditures in this order:

- 1) HCAHPS or ICD-10 activities (one or the other or both, in no particular order), if a hospital has yet to implement either activity, and
 - 2) If a hospital has already implemented both HCAHPS and ICD-10, then that hospital may select a different activity listed on the SHIP Purchasing Menu.
- Non-CAHs will prioritize ICD-10 activities, or if they have implemented, an activity listed on the SHIP Purchasing Menu.

Questions/Comments/
Concerns?

FORHP Contacts:

Please direct program-related questions to your FORHP Project Officer:

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