**SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM (SHIP**)

**Hospital Grant Application for FY 2020**

***Return to the State Office of Rural Health by:***

To help facilitate the awards process the SORH will submit one SHIP application on behalf of all eligible hospital applicants to Federal Office of Rural Health Policy (FORHP)**.** *This form must be completed and returned to the SORH for inclusion in the FY20 SHIP Progress Report*. The SORH will award equal funding to each eligible hospital.

**A. General Information**

Hospital Name:       CMS Certification Number (CCN): #

Former Name *(if changed since FY19 SHIP application):*

Is there a change in hospital address since FY19 SHIP application? Yes  No

Is there a change in Administrator/CEO since FY19 SHIP application? Yes  No

Is there a change in SHIP Project Director, since FY19 SHIP application? Yes  No

If *Yes,* regarding changes since FY19, please update appropriate fields below.

Address:

City:       State:       Zip:       County:

Phone:       Fax:

Administrator / CEO:       E-mail:

Hospital SHIP Project Director Name**:** *Click here to enter text.* Email**:** *Click here to enter text.*

Phone:

Number of beds per Line 14 of the most recently filed Medicare Cost Report\*:

CAH: Yes  No

Cost Reporting Period: \_\_\_ mm/yy \_\_\_\_\_\_\_\_ - \_\_\_\_mm/yy\_\_\_\_\_\_\_\_

*\*Note: If hospital reports a licensed bed count greater than 49 on Line 14 but staffs 49 beds or fewer, eligibility may be certified by submitting a written statement to the SORH that includes: 1) the number of staffed beds at the time of the most recent cost report submission, 2) the cost reporting period of the most recently filed cost report and 3) the signature of the certifying official.*

**Does your hospital participate in the following Centers for Medicare and Medicaid Services (CMS) programs?**

Medicare Shared Savings Program  Yes  No

Other Accountable Care Organization Model ☐ Yes ☐ No

Hospital Inpatient Quality Reporting Program  Yes  No

Hospital Compare  Yes  No

Hospital Value-Based Purchasing Program (PPS Hospitals Only)  Yes  No

**B. SHIP Priorities:**

1. **Has your hospital fully implemented ICD-10** (e.g., ICD-10 currently in use**)?**

Yes  No

1. **Has your hospital fully implemented Hospital Consumer Assessment of Healthcare Providers and Systems**- **HCAHPS** (e.g., reported for at least one quarter during the most recent SHIP budget period?)

Yes  No

* 1. *If yes, is your hospital’s HCAHPS data publicly reported on Hospital Compare?*

Yes  No

**C. SHIP Purchasing Menu: Planned FY2020 (June 1, 2020 - May 31, 2021) Expenditures**

Check box(es) to indicate proposed activities from the purchasing menu below. In the final box, indicate the dollar amount by investment category. **Total Budget Estimate CANNOT exceed $11,866**

| **Value-Based Purchasing (VBP) Investment Activities**  Activities that support improved data collection to facilitate quality reporting and improvement. **Refer to** [SHIP Allowable Investments](https://www.ruralcenter.org/ship/allowable-investments) **webpage,** FY 2020 Allowable Investments doc included on webpage. | **Activity(ies):**  **Hospital** | **Activity(ies):**  **Network/**  **Consortium** | **Hospital to briefly describe the Activity.** |
| --- | --- | --- | --- |
| A. Quality reporting data collection/related training or software |  |  |  |
| B. HCAHPS data collection process/related training |  |  |  |
| C. Efficiency or quality improvement training in support of VBP related initiatives |  |  |  |
| D. Provider-Based Clinic Quality Measures education |  |  |  |
| E. Alternative Payment Model and Quality Payment Program training/education |  |  |  |

| **Accountable Care Organization (ACO) or Shared Savings Investment Activities**  Activities that support the development or the basic tenets of ACOs or shared savings programs. **Refer to** [SHIP Allowable Investments](https://www.ruralcenter.org/ship/allowable-investments) **webpage,** FY 2020 Allowable Investments doc included on webpage. | **Activity(ies):**  **Hospitals** | **Activity(ies):**  **Network/**  **Consortium** | **Hospital to briefly describe the Activity** |
| --- | --- | --- | --- |
| A. Computerized provider order entry implementation and/or training |  |  |  |
| B. Pharmacy services |  |  |  |
| C. Disease registry training and/or software/hardware  Population Health software  Social Determinants of Health Screening software/training |  |  |  |
| D. Efficiency or quality improvement training in support of ACO or shared savings related initiatives |  |  |  |
| E. Systems performance training in support of ACO or shared savings related initiatives |  |  |  |
| F. Mobile health and telehealth hardware/ software |  |  |  |
| G. Community paramedicine hardware/software and training |  |  |  |
| H. Health Information Technology (HIT) training for value and ACOs |  |  |  |

| **Payment Bundling (PB) or Prospective Payment System (PPS) Investment Activities**  Activities that improve hospital financial processes. **Refer to** [SHIP Allowable Investments](https://www.ruralcenter.org/ship/allowable-investments) **webpage,** FY 2020 Allowable Investments doc included on webpage. | **Activity(ies):**  **Hospitals** | **Activity(ies):**  **Network/**  **Consortium** | **Hospital to briefly describe the Activity** |
| --- | --- | --- | --- |
| A. ICD-10 software |  |  |  |
| B. ICD-10 training |  |  |  |
| C. Efficiency or quality improvement training in support of PB or PPS related initiatives |  |  |  |
| D. S-10 Cost Reporting training |  |  |  |
| E. Pricing Transparency Training |  |  |  |

| **Investment Category** | **Amount Requested** | **Percent by Category** |
| --- | --- | --- |
| VBP Investment Activities | *Enter Amount* | *Enter Percent of funding* |
| ACO or Shared Savings Investment Activities | *Enter Amount* | *Enter Percent* |
| PB or PPS Investment Activities | *Enter Amount* | *Enter Percent* |
| **Total Requested** | **$11,866.00** | **100%** |

**FY19 Investments & Expenditures (*Returning* Hospitals *Only*)**

1. Are any FY19 activities conducted in a network or consortium?  Yes  No

If *Yes*, briefly describe activity and progress: *Click here to enter text.*

*Progress:*  Started  Not started  Completed

1. Briefly describe activity and progress by investment category.

*VBP*: *Click here to enter text.*

*Progress:*  Started  Not started  Completed

*ACO*: *Click here to enter text.*

*Progress:*  Started  Not started  Completed

*PPS/PB*: *Click here to enter text.*

*Progress:*  Started  Not started  Completed

1. Do you anticipate expending all FY19 funds by the end of the current budget period (May 31, 2020)?

Yes  No Briefly explain challenges. *Click here to enter text.*

1. Briefly describe lessons learned and/or investment impact (such as number of participants that attended training). *Click here to enter text.*

**FY20 Network/Consortium Expenditures:**

Will FY20 funds be allocated to a SHIP network/consortium? (A network formed solely for the purposes of SHIP?)  Yes Network name: *Click here to enter text.*  No

Will FY20 SHIP funds be allocated to any ***other*** network/consortium? (A network formed for purposes other than SHIP that offers programs/services that SHIP hospital can “buy into” with SHIP funds?)

YesNetwork name*: Click here to enter text.*  No

**FY20 Special Innovations Project Expenditures:**

Will FY20 funds be allocated to a Special Innovations Project?

Yes Brief Description: *Click here to enter text.*  No

**Signature**

By signing this application, you are affirming adherence to all FY20 SHIP eligibility and program requirements including the selection of menu investment(s) based upon the specific selection priorities listed in the SHIP Purchasing Menu Instructions. Hospitals that do not follow the purchase priorities and/or purchase hardware and/or software or services that are not listed on the SHIP Purchasing Menu will be subject to penalties including suspension from the next SHIP funding opportunity.

Note: Prior approval from your state SHIP Coordinator is required before changing investments; no changes can be made after the mid-year point.

**Administrator/CEO Signature:**  **Date:**

**Hospital SHIP Coordinator Signature: Date:**

(E-signatures are acceptable.)