The continuation of grant funding will be based on compliance with applicable statutory and regulatory requirements, demonstrated organizational capacity to accomplish the project’s goals, adequate justification for all projected costs, availability of appropriated funds, and a determination that continued funding would be in the best interest of the Government. Inadequate justification and/or progress may result in the reduction of approved funding levels.

Funding beyond the current year (budget period renewal) is dependent on the availability of appropriated funds, recipient satisfactory performance, and a decision that continued funding is in the best interest of the Federal government. Failure to submit timely, accurate, and complete reports will delay processing of budget period renewals and ongoing funding and may result in a lapse in funding.

I. Year 2014 NCC Overview

Summary of Funding:
This non-competing continuation will provide funding during budget year 2014-2015. The budget period start date is September 1, 2014.

II. 2013 NCC Instructions
The non-competing continuation progress report should not exceed 25 pages (including attachments). Progress reports that exceed the specified page limit may be deemed non-compliant.

The 25-page limit includes the Performance Narrative and any attachments. EHB web-based forms (i.e. SF-PPR, SF-PPR 2) will not count towards the 25-page limit.

The Non-Competing Continuation (NCC) Progress Report includes the following:

<table>
<thead>
<tr>
<th>Content</th>
<th>Title</th>
<th>Type</th>
<th>Required</th>
<th>Max. Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF-PPR</td>
<td>SF-PPR</td>
<td>Form</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>SF-PPR-2</td>
<td>SF-PPR-2</td>
<td>Form</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Performance Narrative</td>
<td>Progress Summary</td>
<td>Attachment</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Work Plan</td>
<td>Attachment</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Evaluation</td>
<td>Attachment</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td><em>The strength and effectiveness of the method and measures proposed to monitor and evaluate the SHIP work plan and results, and provides specific evidence that the evaluative measures/objectives have been met and any new measure for 2014.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budget Information-Narrative</td>
<td>Budget Information-Narrative</td>
<td>Attachment</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>Appendices</td>
<td>State Spreadsheet of SHIP Applicants</td>
<td>Attachment</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Position Description/Vitae for any new staff since most recent application submission</td>
<td>Attachment</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Other Relevant Documents</td>
<td>Attachment</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>
III. 2013 NCC Submission Details

A. Performance Narrative (Attachment- Required)

The Performance Narrative should include progress on specific goals and objectives; a brief summary of overall project accomplishments during the reporting period; any barriers to progress that have been encountered and strategies/steps taken to overcome them; current staffing, including the roles and responsibilities of each staff and a discussion of any difficulties in hiring or retaining staff; and technical assistance needs.

Organize the narrative section of the non-competing continuation progress report into the sections listed below. Make sure to include the section headings. Be specific. Rewrites will be required where specificity is lacking.

Section I: Goals and Objectives

List the goals and objectives contained in the Work Plan of your competing or most recently approved application. Indicate any approved changes to the original goals and objectives of the project.

Section II: Progress to Date

Summarize activities undertaken and accomplishments and progress achieved on each of the project objectives. Include preliminary data or other quantitative information when possible.

A sample Hospital Applicant Form is available through the Technical Assistance and Services Center (TASC) website, http://www.ruralcenter.org/tasc. All hospitals – new and returning – should submit signed applications to the grantee for their files. Do not attach to the NCC.

Section III: Significant Changes

Describe: 1) any significant previously approved changes from the awarded application, and 2) any major changes requested herein for the forthcoming budget period. Examples of significant changes include:

- changes requested for goals and objectives;
- staffing changes for key personnel (include as attachments resumes or biographical sketches for new personnel, not to exceed one pages each);
- establishment of networks;
- major changes in the utilization of funds compared to the originally or most recently approved budget (include documentation of budget changes approved during the previous budget period and formal request for proposed changes);
- significant changes in methodology (changes in methodology are changes in the approach to completing goals).

(Note: changes in scope, key personnel and significant re-budgeting must be submitted through the EHB Prior Approval Module, and are not to be included as part of the NCC Progress Report.)
Section IV: Significant Issues of Concern

Indicate any problem areas during the current budget period and describe efforts taken to address them. Describe any anticipated problems in meeting the project’s goals and objectives during the next budget period and describe actions that will be taken to address them.

Section V: Other Information

Discuss any other situations of interest, such as descriptions of linkages that have been established with other programs (e.g. Flex, Partnership for Patients, etc.), technical assistance needs, or other relevant information.

Additionally, provide a brief (no more than 1-2 paragraphs) discussion/response to the following:

What SHIP activities are most important to your hospitals?
What other activities would you like to see as part of the SHIP menu and in which category?
What improvements would help SHIP better serve your hospitals?
What was the area of greatest impact of SHIP dollars?

Section VI: Work plan

Describe the activities or steps that will be used to achieve objectives proposed during the budget period in the narrative, indicating any changes from the work plan in the proposal or in previous submissions (e.g. new hospitals, new activities from SHIP Purchasing Menu, etc).

Reminder: SHIP funds are to be spent in a prioritized manner. Critical Access Hospitals (CAHs) are to base funding expenditures in this order:

1) Activities relating to MBQIP implementation and reporting (if that hospital has yet to register and transmit MBQIP data),
2) HCAHPS or ICD-10 activities (one or the other or both, in no order), if a hospital has yet to implement either activity, and
3) If a hospital has already signed-up for MBQIP and has implemented both HCAHPS and ICD-10, then that hospital may select a different activity listed on the SHIP Purchasing Menu, contained within the hospital application.

If a hospital is currently using all equipment and/or services listed on the SHIP Purchasing Menu, that hospital may select an alternative piece of equipment and/or service provided: 1) This purchase will optimally affect a hospital’s transformation into an accountable care organization, increase value based purchasing objectives, and/or aid in the adoption of ICD-10, or supports care transition and/or a reduction of readmission activities (new SHIP Purchasing Menu category), and 2) That hospital receives permission from both their state SHIP director and the Federal Office of Rural Health Policy (FORHP) Project Officer.

Small hospitals that are not CAHs will prioritize HCAHPS and/or ICD-10 activities, or if they have already completed both activities, an activity listed on the SHIP Purchasing Menu, contained on the Hospital Application. If a small non-CAH is completing all Purchasing Menu activities, that hospital may engage in a different purchase, provided: 1) This purchase will optimally affect a hospital’s transformation into an accountable care organization, increase value based purchasing objectives, and/or aid in the adoption of ICD-10, and 2) That hospital receives permission from both their state SHIP director and the Federal Office of Rural Health Policy (FORHP) Project Officer.
New “Care Transitions” category added to the SHIP Purchasing Menu – activities that address preventable hospital readmissions. **Background:** CMS has added 30 day risk-adjusted readmission rates payment penalty for a select set of conditions to encourage hospitals to reduce readmissions. Due to their low volume of admissions, CAHs and are not currently included in this group of hospitals; but due to their high proportion of Medicare beneficiaries, any changes to future Medicare reimbursement policies as they relate to CAHs and small rural hospitals, could result in a disproportionate impact.

**Correction:** All PPS hospitals are subject to readmission rates payment penalties.

*Care Transitions* is a broad category of activities that may support CAHs and small rural hospitals in their efforts to get ahead of any potential CMS policy changes and develop appropriate strategies that prevent readmissions. These strategies are focused on efficiency and care coordination that is responsive to the patients’ needs and recognizes the roles played by the various health care professionals during post-acute care hospital stays.

**Note:** the “Overall Outcome Measure: Decrease in hospital readmissions over last year” applies to all Care Transitions investments

New “Payment Bundling/PPS” investments and corresponding measures added:
F. Chargemaster review and/or update

G. Center for Medicare and Medicaid Services (CMS) **S-10 Cost Reporting Worksheet** - Hospital Uncompensated and Indigent Care Data - Section 112(b) of the Balanced Budget Refinement Act (BBRA) requires that short-term acute (hospitals?) care submit cost reports containing data on the cost incurred by the hospital for providing inpatient and outpatient hospital services for which the hospital is not compensated. Charity care charge data, as referenced in section 4102 of American Recovery and Reinvestment Act of 2009, may be used to calculate the EHR technology incentive payments made to hospitals and critical access hospitals (CAHs). CAHs, as well as §1886(d) hospitals, are required to complete this worksheet. Note that this worksheet is **not** a cost estimate of treating uninsured patients required for disproportionate share payments under the Medicaid program.

*To assist CAHs in completing the S-10 report, funds may be used to support staff training/software. See SHIP Purchasing Menu for further details.*

New “Accountable Care Organizations/Shared Savings” investment and corresponding measure added:
E. Baldrige or systems performance training

**Note:** Descriptions for each category revised to include broad purpose statement.

**Section VII: Budget**

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. Do NOT use the justification to expand the project narrative. The budget justification must clearly differentiate between costs that will use federal funds and costs that will use matching non-federal funds.
IV. REPORTING REQUIREMENTS

Federal Financial Report
Prior budget period Federal Financial Reports (FFR) are required by January 30, 2015, and must be submitted electronically through the EHBs. If you anticipate that there will be an unobligated balance (UOB) of funds at the completion of the current budget period and that these funds will be needed to complete the project objectives, you must request prior approval to use the UOB as carryover for your project in the new budget period. You may do so with the electronic submission of the FFR or by submitting a prior approval request through the HRSA EHBs within 30 days of the electronic FFR submission. The request to use the UOB shall include an explanation of why the funds were not spent, why the carryover is needed, a revised budget, and a budget justification. Also include the most recent FFR, if not already submitted.

Note: changes in scope, key personnel and significant re-budgeting must be submitted through the EHB Prior Approval Module, and are not to be included as part of the Request for Carryover/Use of Unobligated Funds

B. Appendices (Attachment- As Applicable)
Grantees are allowed to attach only the appendices listed below with the NCC Progress Report submission. Each attachment must contain the grant number, project title, organization name, and primary contact name. Grantees must ensure that each attachment is correctly labeled and attached in the “Appendices” section as follows:

Appendix 1: State Spreadsheet of SHIP Applicants- All statewide participating hospital information must be included in this attachment. List all new hospital applicants, returning applicants, and those hospitals not returning from FY 13. Within these categories, alphabetize the hospitals and provide the full physical address, county, and names of both CEOs and Hospital Coordinator of SHIP Project(s). Within the same spreadsheet, also provide the information below for each new and returning hospital:

a) Critical Access Hospital (CAH) designation (yes or no);
b) Bed count;
c) Amount requested in dollars and the amount requested by percent of award that each hospital will spend on 1) value-based purchasing, 2) accountable care organizations or shared savings, 3) payment bundling/PPS and/or Care Transitions. Also list the purchases of each hospital under their respective category. Hospitals may select more than one category to fund, provided they follow investment priorities described in Section VI. Work Plan above.
d) Indicate if the hospital is requesting
   1. Direct funding
   2. Full or partial network funding; or
   3. Funding to be released to the SORH

e.) Provide the totals for the following
   1. Number of eligible hospitals
   2. Number of returning hospitals
3. Number of new hospitals
4. Number of hospitals not-returning and reason.

f. Amount of funds for the state in dollars and percent expended in each category

**Appendix 2: Position Description/Vitae for any new staff since most recent application submission**

**Appendix 3: Other Relevant Documents** - e.g. New or revised supplementary information such as memorandums of understanding, letters of commitment or support letters, evaluation plan, etc.

### V. TECHNICAL ASSISTANCE

**Program Assistance**
Please contact your Project Officer to obtain additional information regarding overall program issues:

Bridget Ware, MCP  
Project Officer  
5600 Fishers Lane, Room 5A-05  
Rockville, Maryland 20857  
Telephone: 301.443.3822  
E-mail: bware@hrsa.gov

**Grants Management**
Grantees may obtain additional information regarding business, administrative or fiscal issues related to the NCC submission by contacting:

Inge Cooper  
Grants Management Specialist  
Division of Grants Management Operations, OFAM, HRSA  
Health Resources and Services Administration  
5600 Fishers Lane, Room  
Rockville, Maryland 20857  
Telephone: 301.594.4236  
E-mail: ICooper@hrsa.gov

**Electronic Progress Report - HRSA EHBs Assistance**
Grantees may need assistance when working online to submit their noncompeting continuation information electronically. For assistance with submitting the information in HRSA’s EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center  
Phone: (877) Go4-HRSA or (877) 464-4772  
Fax: (301) 998-7377  
E-mail: CallCenter@HRSA.GOV
Please follow these instructions/priorities:

a. Hospitals may select more than 1 category to participate if priorities are followed and available funds exist.

b. Please check applicable investments and measures on the SHIP Purchasing Menu.

c. SHIP funded purchases are prioritized as follow:

1. **1st Priority**—Activities relating to MBQIP implementation and reporting (if that hospital has yet to register and transmit MBQIP data). Non-CAHs are exempt from this provision;
2. **2nd Priority**—HCAHPS and/or ICD-10 activities if that hospital is not in the process of implementing both systems. Hospitals may select both or one or the other, in no order; and
3. **3rd Priority** If a hospital is already participating in all three of these activities, MBQIP, HCAHPS, and ICD-10, then that hospital may select a different activity listed on the SHIP Purchasing Menu.
4. If a hospital has already completed **ALL** pre-selected investments (equipment and/or services) listed on the SHIP Purchasing Menu, that hospital may identify an alternative piece of equipment and/or service PROVIDED: a) this purchase will optimally affect a hospital’s transformation into an accountable care organization, increase value based purchasing objectives, and/or aid in the adoption of ICD-10; and b) that hospital receives pre-approval from both their state SHIP director and the appropriate federal Office of Rural Health Policy project officer.
### SHIP Purchasing Menu

Select (check) applicable investments and corresponding measures and indicate the dollar ($) amount and percent of FY14 requested budget that will be used to support the selected investments up to $9000.

<table>
<thead>
<tr>
<th>Category</th>
<th>Value-Based Purchasing (VBP)</th>
<th>Accountable Care Organizations or Shared Savings (ACOs)</th>
<th>Payment Bundling/PPS (PB/PPS)</th>
<th>Care Transitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Activities that support improved data collection to facilitate quality reporting.</td>
<td>Activities that support the development of ACOs.</td>
<td>Activities that improve the revenue cycle process.</td>
<td>Activities that reduce hospital readmissions.</td>
</tr>
</tbody>
</table>
| **Investments**        | ☐ A. Training specific to coordinating the collection of MBQIP measure(s') data and/or software that would enable the collection of data  
☐ B. HCAHPS Software or Hardware  
☐ C. Training Specific to HCAHPS implementation or further application  
☐ D. Efficiency Training (Six Sigma or Lean) in 1 of the following areas: patient satisfaction, improving ER efficiency (ies), or efficiencies to clinical care delivery areas | ☐ A. Computerized Provider Entry  
☐ B. Consultant Pharmacy Services  
☐ C. Hardware/Software Related to Purchase of Disease Registry  
☐ D. Efficiency Training (Six Sigma or Lean) in 1 of the following areas: non-clinical operations, board organization/operation, or multi-hospital/network projects  
☐ E. Baldrige or systems performance training  
☐ F. Quality Health Indicator (QHI) | ☐ A. ICD-10 Software  
☐ B. ICD-10 Training  
☐ C. QI or Efficiency Training (Six Sigma or Lean) in 1 of the following areas: financial improvement operational multi-hospital/network projects  
☐ D. Purchase of Six Sigma and/or Lean software  
☐ F. Chargemaster review and/or update  
☐ G. S-10 Cost Reporting | ☐ A. Emergency Department transfer communication improvement  
☐ B. Training to reduce readmissions and/or infections  
☐ C. Medical provider quality improvements  
☐ D. Telemedicine or mobile health equipment  
☐ E. Community paramedicine equipment and/or training  
☐ F. HIE subscription within state or region or adding direct address |
| **Measures**           | ☐ A. Training completed related to MBQIP data collection  
☐ B. Installation of HCAHPS software or hardware  
☐ C. Implementation and completion of HCAHPS training  
☐ D. Completion of Efficiency training and project implementation with identification of a specific measure selection and target | ☐ A. Implementation and/or training completed regarding use of a computerized provider entry system  
☐ B. Implementation of a pharmacy consultant service with selection of a process measure to improve upon  
☐ C. Implementation and/or training completed regarding use of a disease registry  
☐ D. Completion of efficiency training, with identification of a specific measure selection and target.  
☐ E. Completion of Baldrige or systems performance training | ☐ A. Installation and use of ICD-10 software  
☐ B. Implementation of ICD-10 training  
☒ C. Implementation of an efficiency project, with identification of a specific measure selection and target  
☐ D. Installation of Six Sigma or lean software  
☐ E. Implementation and use of QHI indicator  
☐ F. Completion of chargemaster review and/or updated services  
☐ G. S-10 Cost Reporting improvement | ☐ A. Implementation and/or training regarding ED transfer communications  
☐ B. Complete training for reducing readmissions and/or infections  
☐ C. Implementation and/or training of a medical provider quality improvement project  
☐ D. Installation/use of telemedicine or mobile health equipment  
☐ E. Installation/use of community paramedicine equipment and/or completion of training  
☐ F. Installation/use of state or region HIE or direct address  
☐ Overall Outcome Measure: Decrease in hospital readmission rate over last yr |
2014 Changes to the SHIP Purchasing Menu:

- New “Care Transitions” category added
  - Note: the “Overall Outcome Measure: Decrease in hospital readmissions over last year” applies to all Care Transitions investments
- New “Payment Bundling/PPS” investments and corresponding measures added:
  - F. Chargemaster review and/or update
  - G. S-10 Cost Reporting
- New “Accountable Care Organizations/Shared Savings” investment and corresponding measure added:
  - E. Baldrige or systems performance training
- Descriptions for each category revised to include broad purpose statement.