Flex Program FY23 Non-Competing Continuation (NCC)

March 14, 2023

HRSA
Health Resources & Services Administration

Medicare Rural Hospital Flexibility (Flex) Program

Non-Competing Continuation (NCC) Progress Report

March 14, 2023 @ 3pm EST

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Flex Program Coordinator
Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People

Agenda

FY 2023 NCC Progress Report Instructions

Focus on Outcome Measurement - FMT

Technical Assistance Resources - TASC

MBQIP Update

Questions

Background

- **The NCC Progress Report serves as the basis for continued funding for FY 2023 and a streamline review process**

- **Plan all activities and budgeting based on your FY22 funding level**

- **FY 2023** (September 1, 2023 – August 31, 2024) **is Year 5 of the 5-Year Project Period**
  - The NCC guidance was released March 2, 2023
  - **Submission is due in EHB May 5, 2023**

- **Purpose of the Progress Report**
  - Discussion of progress, changes to, and challenges in your current year (FY 2022) activities and future year (FY 2023) of your Flex Program
  - Project plans for continuation of funds next budget year (FY 2023).
  - 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
  - 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

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Performance Narrative Contents

- **In the Performance Narrative, clearly describe:**
  - **Progress on Activities:** Provide a short high-level summary (2-3 paragraphs) on the progress of your program activities during the FY 2022 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

In the Performance Narrative, clearly describe:

- **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.

- **Plan for Upcoming Budget Year:** Discuss your project plan for the coming budget year (September 1, 2023 – August 31, 2024). 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
- Significant changes in the objectives, aims, or purposes identified in the approved application require a Prior Approval change of scope request in EHB.

CAH Quality Improvement (required)	CAH Financial & Operational Improvement (required)	CAH Population Health Improvement (optional)
Rural EMS Improvement (optional)	Innovative Model Development (optional)	CAH Designation (required if requested)

Attachments

- Current Work Plan Matrix (table)
- Future Work Plan Matrix (table)
- Budget Justification Narrative
- Position Descriptions
- Biographical Sketches/Resumes
- EMS Supplement Progress Report
- EMS Supplement Budget Justification
- EMS Supplement Work Plan

- Note: The two work plan attachments may be combined into one document, if the difference between the two work plans is clear.

Helpful Tips!

- Each attachment should include the Grant Number, Project Title, Organization Name, and Primary Contact Name
- Attach only the documents listed in the submission instructions
- Submissions will be returned if they’re insufficient or missing information
- Start all file names with your state postal abbreviation: AK_Flex_Narrative_FY21.docx
- Use informative file names: MA_Flex_Budget_Justification_FY21.pdf
- Don’t scan documents as images—we may need to highlight or copy text or numbers

Attachment 1 & 2: Current & Updated Work Plan

- Please use the Work Plan Template to update the current year (FY 2022) 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.

- For future year (FY 2023) 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 3-4 measures to work on in your FY 2023 work plan in any of the program areas.
  - Example Outcome Measures: Quality Improvement & Financial & Operational Improvement
  - Example Outcome Measures: Population Health and EMS

Work Plan Template

Please add the outcome you are going to be measuring here

Example: decreased fall rates, decrease in number of claims denied, etc

	A	B	C	D	E	F
1	Activities Description (by category)	Expected Outputs	Actual Outputs (complete for progress reporting only)	Timeline and Key Milestones	Staffing	Interim Outcomes
2	Program Area 1: Critical Access Hospital (CAH) Quality Improvement (required)			Total budget for program area:		Refer back to 5-Year Performance Tab
3	1.1 Report and improve Core Patient Safety/Inpatient Measures (required annually)			Total budget for category:		
4						
5						
6						
7	1.2 Report and improve Core Patient Engagement Measures (required annually)			Total budget for category:		
8						
9						
10						
11	1.3 Report and improve Core Care Transitions Measures (required annually)			Total budget for category:		
12						
13						

Outcomes in the Work Plan

Output:

Conduct finanical improvement interventions for targeted improvement areas.	Expected output: # of CAHs completing interventions recommended from financial assessment

Outcome:

Provide financial improvement TA	Decrease the number of days in net accounts receivable by X%

Attachment 3: Budget Justification Narrative

- **Discuss any significant changes less than 25% to your FY22 budget.**
- **Detail the costs within each object class category.** Recipients should base budgets on FY 2022 Flex award levels. See projected funding levels by state listed in the appendix of the NCC instructions posted on the TASC website.
- **Personnel:** For each employee supported by funds from this award include their name; base salary; % FTE on the grant; and amount of Federal funds expended for the budget year. This personnel information requirement also applies to sub awards/subcontracts supported by Federal funds from this grant.
  - Reminder: At least one FTE must be dedicated to the Flex Program.

Attachment 3: Budget Justification Narrative

- **Travel:** List travel costs according to local and long-distance travel. Indicate the staff member and itemize airfare, hotel, per diem, mileage/mileage rate, car rental, ground transportation, and parking.
  - Travel is required to the Annual Flex Reverse Site Visit as well as one other regional or national meeting each year.
  - Any new staff directly responsible for executing the duties of the Flex award are required to attend a Flex Program Workshop in Duluth, MN within one year of their start date.
- **Equipment:** List equipment costs and provide justification for the need of the equipment to carry out the program's goals.
- **Supplies:** List the items that the project will use to implement the proposed project such as office supplies or educational supplies (brochures, videos).

Attachment 3: Budget Justification Narrative

- **Contracts:** Include a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.
- **Other:** Include all costs that do not fit into any other category. In some cases, rent or utilities.
- **Indirect:** If indirect costs are included in the budget, attach a copy of the current indirect cost rate agreement. Indirect costs for the Flex program are limited by statute. Following HRSA policy this indirect cost limitation is applied to the direct cost of the program and the requested indirect cost in the proposed budget should be no more than 15% of the direct cost. This limit comes to approximately 13.04% of the total program award, inclusive of direct and indirect costs.

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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)).

Budget Justification Template

Grant Number: ##### Funding Announcement Number: #####
Project Title: *Insert Title*
Organization Name: *Insert Name* Primary Contact Name: *Insert Name*

Attachment x: Budget Justification FY 2022

Useful Tips:

- *Include a table summarizing the required object class categories.*
- *The example table below includes mostly likely costs utilized within a state Flex Program cooperative agreement.*
- *Please refer to SF-424 Section B – Budget Categories for a complete listing of required Object Class Categories.*
- *Individual cost items may be removed if not applicable to your program and not required.*
- *Other direct costs should be sufficiently detailed to support activities in the cooperative agreement objectives and your described work plan.*

Project Title: MY STATE Medicare Rural Hospital Flexibility Program	
Project Period Date Range: 09/01/2022 – 08/31/2023	
	Fiscal Year 2022
COSTS	Budget
Personnel Salaries and Wages	$116,889
Fringe Benefits @ 25%	$29,222
Total Personnel Costs	**$146,111**
Travel	**$7,383**
Equipment	**$0**
Supplies and Software	**$4,503**
Contractual	**$262,020**
Other Direct Costs	
Telephone and Broadband	$800
Conference calls and webinars	$475
Printing/design	$0
Postage and mailing	$0
Event costs	$5,071
Total Other Direct Costs	**$6,346**
Total Direct Costs	**$426,363**
Indirect Costs @ 13.52%	$54,265
Total Costs	**$480,628**

Attachment 4: Position Descriptions

- Include position descriptions for all new or revised positions for which program support is requested.
- This attachment is still required even if there are no changes. 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 2022).
- This attachment is still required even if there are no changes. State “no changes” on attachment if applicable.

Attachment 6: EMS Supplement Progress Report

Required for FY22 EMS Supplement Awardees, not for NCEs.

- Awardees of the EMS Supplemental Funding must include an updated progress report to provide program related progress made so far during FY22 (September 1, 2022 – August 31, 2023) and future activities for the upcoming reporting period (September 1, 2023– August 31, 2024).
- Your progress report should include the following:.
  - Significant Progress, Changes, and Challenges faced or anticipated in the remainder of the year, including activities potentially not completed, in danger of delay, or those that need a change of scope. Discuss any staffing changes since the start of FY22 and any unfilled positions and plans to fill the positions. Describe plans to mitigate or manage significant changes, challenges, and barriers. This section should be about 2 paragraphs.

Attachment 7: EMS Supplement Budget Justification

Required for FY22 EMS Supplement Awardees

- The purpose of the Budget Justification Narrative is to provide a clear overview of proposed spending for the program-funded project. The Budget Justification must be sufficiently detailed and cover use of federal funds for each object class category listed on the SF-424A. **Travel and contractual costs must be itemized.** Itemized travel costs should include, at minimum, airfare or mileage, lodging, per diem, and miscellaneous expenses as applicable for each trip, plus any other requirements determined by your organization's travel policies. Itemized contractual costs should include deliverables.

Attachment 8: EMS Supplement Current & Future Work Plan Update

Required for FY22 EMS Supplement Awardees

- Please use the EMS Supplement Work Plan Template to update your current year (FY 2022) template and your future year (FY 2023) template.

Reporting Requirements

Reporting Requirement	Reporting Deadline
Performance Improvement and Measurement System (PIMS)	October 30, 2023
End of Year Report	November 30, 2023
Federal Financial Report (FFR)	January 30, 2024
Carryover Request	March 1, 2024
Non-Competing Continuation (NCC) Progress Report	May 2024

Reach out to TASC!

- TASC is available to review one component of your cooperative agreement application prior to your final submission (examples: work plan, budget narrative, etc.)
- If you would like assistance, you can submit your request to tasc@ruralcenter.org by April 20, 2023 and allow us five business days to review.

Let's Keep Sharing

- Please feel free to post your questions in the new Flex Program Forum. If you have a question, someone else likely does too and will benefit from seeing the question and answer.
- If you have not yet created an account on the new forum and would like to, you can email us at flex-forum@ruralcenter.org to set that up.

Resources to Support Your Flex Program Cooperative Agreement Application

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

- **FY2023 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 webinar recordings**

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Flex Program Funding Guidance

Flex Program Fundamentals

Flex Program Funding Guidance

TASC

For the current funding cycle of the Medicare Rural Hospital Flexibility (Flex) Program, which runs from fiscal years (FYs) 2019-2023, the primary components of the Flex Program include activities in the following areas:

- Critical Access Hospital (CAH) Quality Improvement (MBQIP) (required)
- CAH Operational and Financial Improvement (required)
- CAH Population Health Improvement (optional)
- Rural Emergency Medical Services (EMS) Improvement (optional)
- Innovative Model Development (optional)
- CAH Designation (required if requested)

The Flex Program continues to encourage the identification of areas for improvement with defined targets and measurable outcomes. A minimum standard of reporting on outcomes is requested for all state Flex Programs. Information on the state Flex Program assessment can be found in the Flex Performance Management/Program Evaluation Guide.

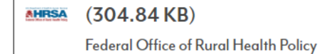
Each state interested in acquiring federal Flex Program funding must

Quickly Access Cooperative Agreement Materials by Year

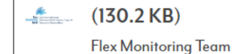
- FY 2019 Notice of Funding Opportunity (NOFO): September 1, 2019 - August 31, 2020
- FY 2019 EMS Supplement Funding - FYs 2019 - 2021
- FY2020 NCC: September 1, 2020 - August 31, 2021
- FY2021 NCC: September 1, 2021 - August 31, 2022
- FY 2022 NCC: September 1, 2022 - August 31, 2023
- FY2022 EMS Supplement Funding - FYs 2022 - 2023
- FY2023 NC: September 1, 2023 - August 31, 2024

FYs 2019-2023 Flex Program Cooperative Agreement Materials

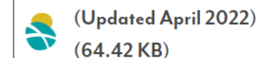
Flex FY 2023 NCC: September 1, 2023 - August 31, 2024



FY 2023 NCC Progress Report Instructions (304.84 KB)
Federal Office of Rural Health Policy



Example Outcome Measures for NCC (130.2 KB)
Flex Monitoring Team



FY19-FY23 Flex Program Work Plan Template (Updated April 2022) (64.42 KB)
National Rural Health Resource Center

FMT

Example Outcomes for Population Health and EMS

- Similar to last year, FMT has worked with FORHP to provide examples of outcomes for potential inclusion in your NCC
- This year, the focus was on the Population Health and EMS Program Areas
- The resource includes several examples of different activities in each program area, and examples of outcomes to align with those activities.

Example Outcomes for Population Health

Table 2: Outcome Measures for Utilizing Patient Registries to Build Capacity to Address Chronic Conditions	
Theory of Change: Patient registries are associated with improved outcomes for patients with chronic diseases by allowing clinicians to efficiently monitor and manage panels of patients by tracking clinical diagnoses, targeting quality improvement efforts, assessing medication efficacy and patient compliance with treatment recommendations, and identifying patients at risk for overutilization.	
Short-term Outcomes (implementing registries)	Intermediate Outcomes (use of the registries)
• **# and % of staff reporting increased understanding of the value of patient rosters and how to use them as part of the care management process** • **# and % of CAHs that have implemented a patient registry for one or more chronic conditions**	• # and % of patients whose chronic conditions are being managed through a patient registry

Example Outcomes for Population Health

Table 4: Outcome Measures for Chronic Care Management Program (CCM)		
Theory of Change: Chronic care management programs can improve quality of care and patient outcomes by offering patients monthly check-ins and 24/7 access to their care team; care coordination with other providers and community-based services; and management of care transitions, referrals, and follow up. Patients receive a comprehensive care plan to track progress towards disease control and health management goals including cognitive, psychosocial, functional, and environmental factors.		
Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
• # and % of patients with 2 or more chronic conditions at risk of death, acute exacerbation, decompensation, or functional decline registered in CCM program • # and % of patients receiving self-management education and support specific to their condition • # and % of patients participating in CCM interventions (e.g., keeping blood pressure or glucose logs, setting weight loss/exercise goals)	• Increase in # and % of patients receiving monthly check-ins, regular lab testing, and early medical attention for complications • Reduction in # and % of low patient satisfaction survey scores • Reduction in # and % of patients non-compliant with treatment regimen • Reduction in the # and % of patients with poor control of key biometrics (specific to diseases)	• Reduction in the rate of readmission after discharge from the hospital for all cause readmissions (NQF 1789)[19] for participating patients

Example Outcomes for EMS

Table 10. Example Outcome Measures for Billing Improvement Initiatives (Capacity Building)		
Theory of Change: A key element of EMS sustainability involves ensuring that EMS agencies have the capacity to bill for and collect revenues generated by their operations by improving their billing and coding capacity, ensuring that each agency has an appropriate billing system in place (directly or through a contracted billing service), improving their collection of demographic, insurance, and service information and data, and improving their ability use financial and billing data for performance improvement. Improving revenue cycle capacity can reduce denied claims, increase revenue, and avert unintentional violations of ambulance-service billing standards.		
Short-term Outcomes	**Intermediate Outcomes**	**Long-term Outcomes**
• **# and % of agencies with appropriate billing and collection capacity** • **# and % of agencies able to bill third party payers and patients for services rendered** • **% improvement in the number of runs for which all appropriate billing, demographic, and insurance information was collected** • **% reduction in errors in financial and billing data collected for each run**	• % reduction in time of processing claims • % reduction in denied claims (# of claims denied/aggregate # of claims submitted) • % reduction in days to collection • % increase of clean claims rate (claims paid on the first pass/claims submitted) • % reduction in registration errors as a percent of total registrations (total registration errors/total registrations)	• # and % of EMS agencies with improved financial stability based on key financial indicators: • Improvement in the % of expenses covered by patient/transport revenues • Reductions in the % of expenses covered by other revenue sources (e.g., local tax revenues, grants, revenues)

Example Outcomes for EMS

<table>
<tr><th colspan="3">Table 11. Outcome Measures for Improvement in TCD Times and Patient Survival (Improving Systems of Care)</th></tr>
<tr><td colspan="3">Theory of Change: Improvement in TCD response times and patient survival requires a comprehensive EMS system with personnel trained in best practice guidelines and dispatch protocols, proper equipment, familiarity with the receiving hospital services, and an understanding of systems resources and capacity. Examples of initiatives to improve TCD systems of care include implementing national guidelines for STEMI, stroke, and trauma; creating protocols for routine evaluation of compliance to those standards; building communication loops between tertiary hospitals and EMS to improve system performance by debriefing after TCD events; establishing and implementing EMS prehospital treatment and transfer protocols; and establishing and monitoring system performance targets (e.g., optimal time frames for successful treatment and transport).</td></tr>
<tr><th>Short-term Outcomes</th><th>Intermediate Outcomes</th><th>Long-term Outcomes</th></tr>
<tr>
<td>• # and % increase in EMS agencies equipped to acquire 12-lead EKGs and diagnose STEMIs
• # and % increase in number of staff with training on recognition of STEMI and stroke
• # and % increase in number of staff with training on trauma/field triage protocols for all ages
• # and % increase in number of agencies using the American Heart Association’s Mission (AHA): Lifeline Guidelines (STEMI)</td>
<td>• # and % increase in regional protocols to improve early notification times
• # and % increase in patients receiving percutaneous coronary intervention within 90 minutes from first contact for STEMI
• # and % increase in patients arriving at hospital within 120 minutes of stroke onset and receiving fibrinolytic therapy within 180 minutes</td>
<td>• # and % agencies functioning as part of an integrated system of emergency care
• # and % reduction in inpatient mortality rate of patients treated for TCD by agency</td>
</tr>
</table>

MBQIP Updates

March 14, 2023

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Recent Updates

- MBQIP Measures Under Consideration (MUCs) were released for public comment and the comment period closed on **February 28, 2023**. FORHP's goal is to develop a more robust, rural-relevant measure core set for MBQIP.

- FORHP, in partnership with RQITA, are in the process of reviewing all comments closely before announcing decisions about measure adoption into MBQIP (**expect to announce in May**).

- MUCs that are deemed feasible for MBQIP implementation would become part of a menu of measures available for reporting (Note: not all measures adopted are expected to be reported. The menu simply provides more options and flexibility for states to work with CAHs in meeting their quality improvement goals)

- All Flex Programs are expected to work closely with CAHs to determine which MBQIP measures from the expanded menu would be feasible for their CAHs to report

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Additional Updates

- As FORHP continues to work with other quality partners to help identify rural-relevant measures, states can expect more frequent future updates related to MBQIP eligibility requirements.
- Recent changes in MBQIP are meant to help support meaningful quality measurement and improvement activities and to integrate previous feedback received from states and other FORHP partners about the relevance of MBQIP.
- To further support meaningful measurement and improvement, FORHP, in partnership with TASC, FMT and RQITA are conducting a CAH quality assessment. In the future, this CAH assessment will help inform FORHP's efforts and targeted support for CAHs to help them meet their quality improvement needs.

MBQIP Eligibility Requirements

- MBQIP eligibility requirements were suspended during the COVID-19 Pandemic and they will remain suspended during the next NCC cycle.

- FORHP continues to encourage ALL Flex Programs to support CAHs in reporting measures, with a focus on the core MBQIP measures that have been part of the program thus far (to remain unchanged until further notice from FORHP)

- In the Fall of 2022, FORHP announced reinstatement of MBQIP requirements expected to take effect AFTER the next competitive Flex cycle (2024-2025):

    1)A CAH must have a signed MBQIP Memorandum of Understanding

    2)A CAH must report on **any** 4 MQBIP core measures

    3)A CAH must have reported data for four **consecutive** quarters in order to identify opportunities for improvement (annual measures reported once per reporting period)

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