FY 2024 Small Rural Hospital Improvement Program (SHIP) NCC Webinar

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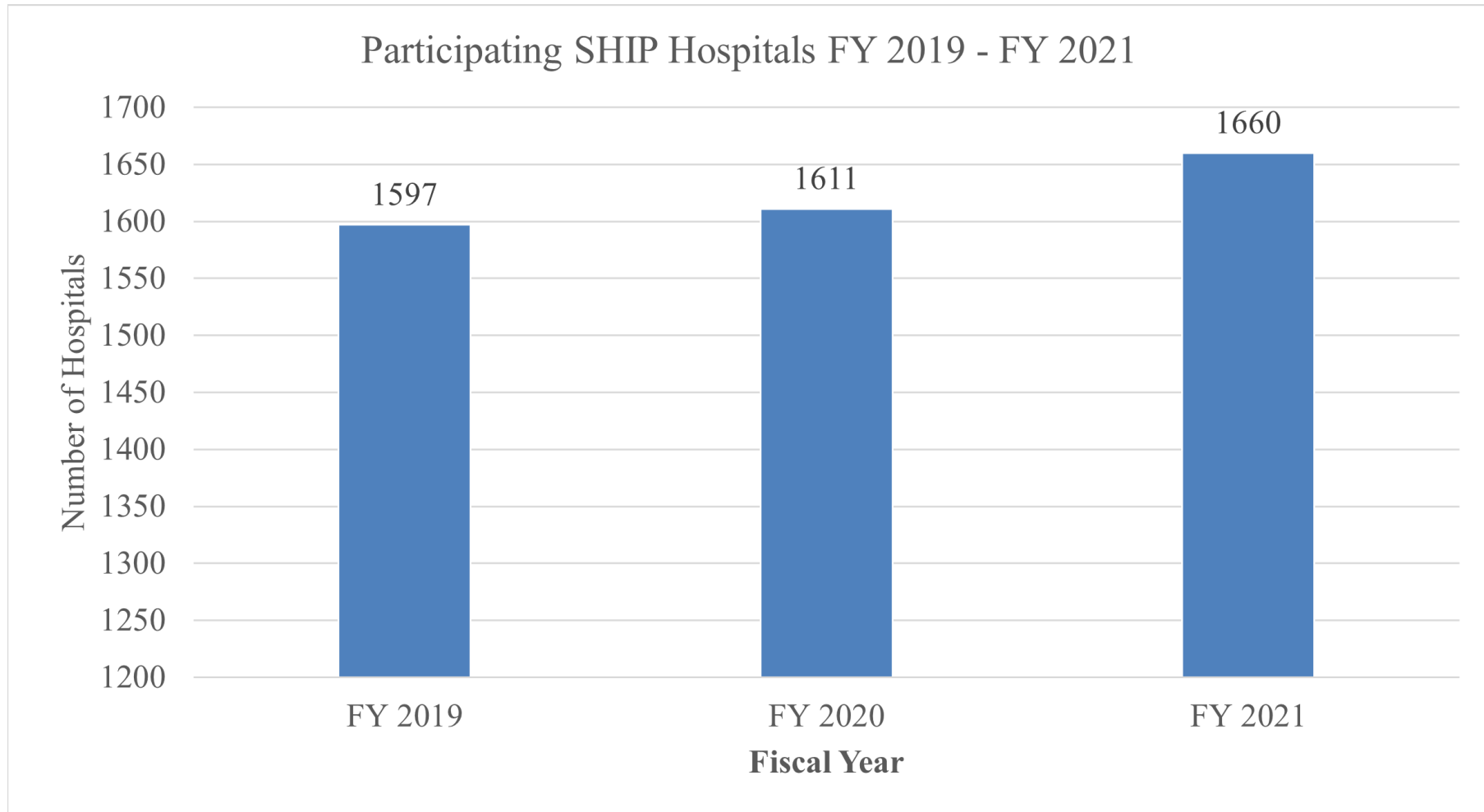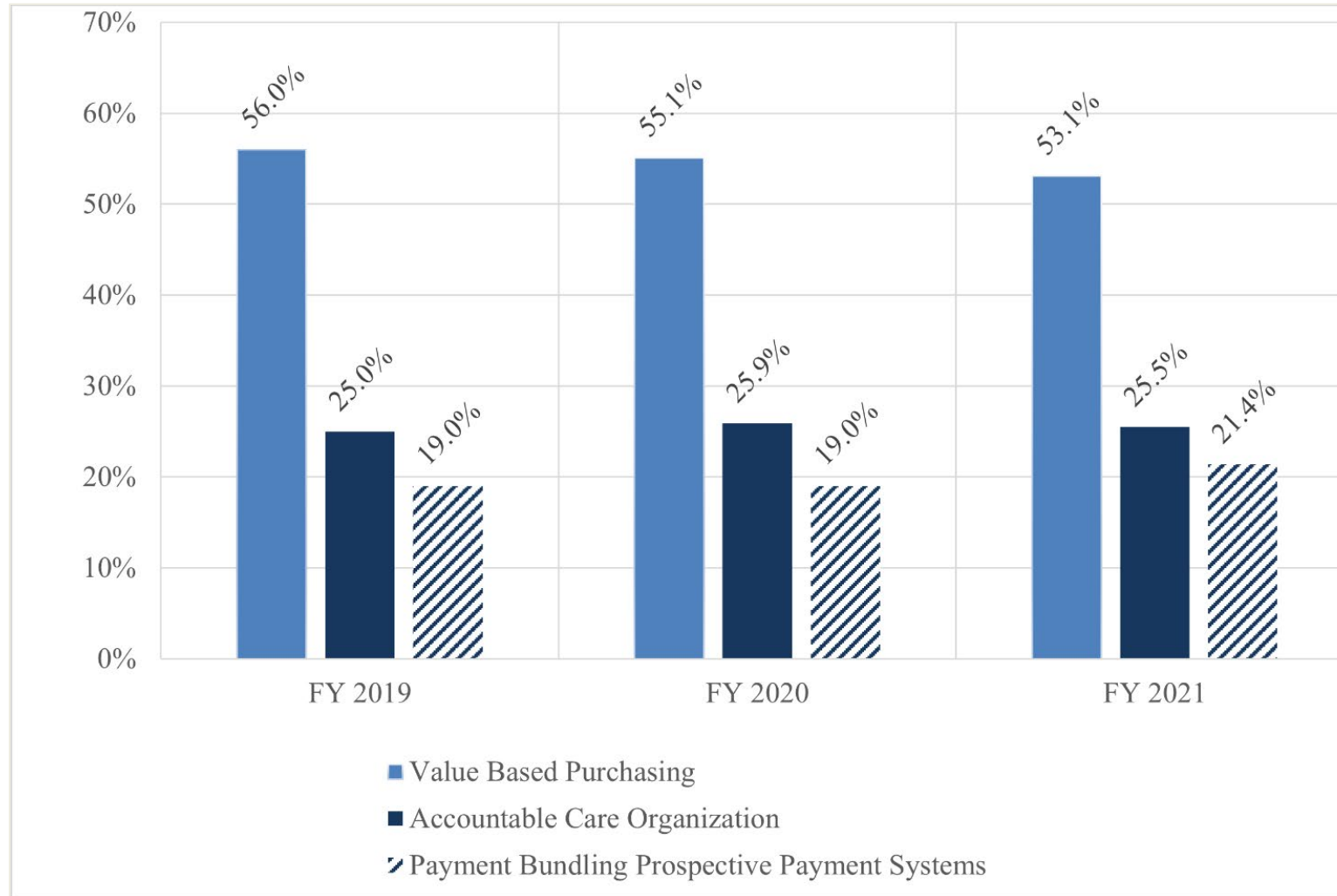Vision: Healthy Communities, Healthy People

Agenda

- Data & Trends
- Purpose
- Reminder: Hospital Eligibility & Priority Requirements
- What's New?
- EHB Submissions
- Salesforce Submissions
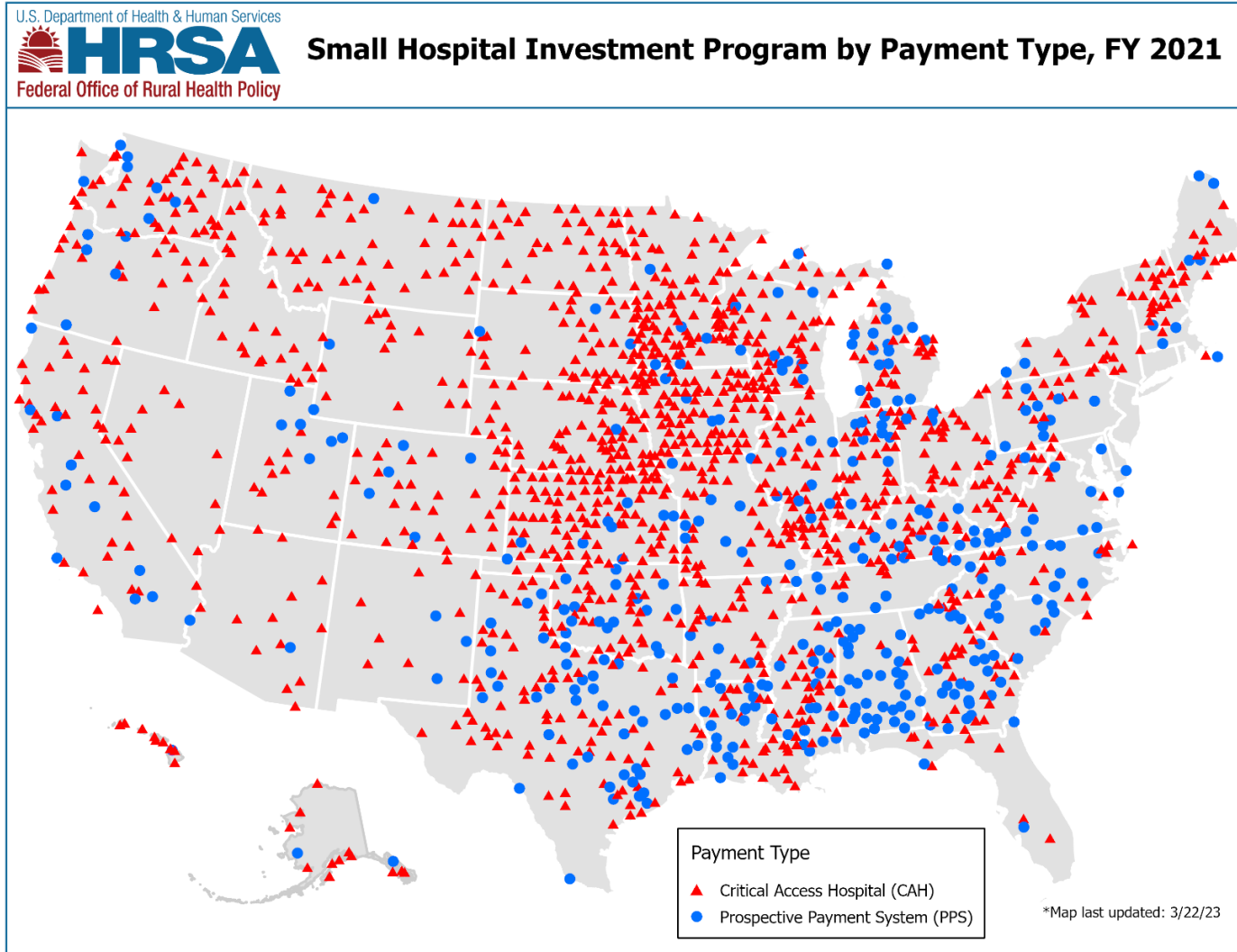- SHIP-TA
- Contacts
- Questions

Data & Trends

Participating SHIP Hospitals FY 2019 - FY 2021

Data & Trends

Bar chart showing percentages for FY 2019, FY 2020, and FY 2021.

- **FY 2019**: Value Based Purchasing 56.0%, Accountable Care Organization 25.0%, Payment Bundling Prospective Payment Systems 19.0%
- **FY 2020**: Value Based Purchasing 55.1%, Accountable Care Organization 25.9%, Payment Bundling Prospective Payment Systems 19.0%
- **FY 2021**: Value Based Purchasing 53.1%, Accountable Care Organization 25.5%, Payment Bundling Prospective Payment Systems 21.4%

Legend:
- ■ Value Based Purchasing
- ■ Accountable Care Organization
- ▨ Payment Bundling Prospective Payment Systems

Data & Trends

Small Hospital Investment Program by Payment Type, FY 2021

Payment Type
▲ Critical Access Hospital (CAH)
● Prospective Payment System (PPS)

*Map last updated: 3/22/23

Purpose

- The purpose of this program is to help small rural hospitals with 49 beds or fewer implement quality and operational improvement efforts to align with value-based care
- SHIP supports eligible small rural hospitals in meeting value-based payment and care goals for their respective organizations through purchases of hardware, software, and training. SHIP also assists such hospitals in participating in delivery system reforms such as to become or join a Medicare Shared Savings Program or Accountable Care Organizations (ACOs), participate in other shared saving programs, and purchase health information technology (hardware/software), equipment, and/or training to comply with quality improvement activities such as advancing patient care information, promoting interoperability, and payment bundling.

Hospital Eligibility

1) "eligible small rural hospital" is defined as a non-federal, short-term general acute care hospital that: (i) is located in a rural area as defined in 42 U.S.C. 1395ww(d) and (ii) has 49 available beds or fewer, as reported on the hospital's most recently filed Medicare Cost Report;

2) "rural area" is defined as either: (1) located outside of a Metropolitan Statistical Area (MSA); (2) located within a rural census tract of a MSA, as determined under the Goldsmith Modification or the Rural Urban Commuting Areas (RUCAs) or (3) is being treated as if being located in a rural area pursuant to 42 U.S.C. 1395(d)(8)(E); and,

3) Eligible small rural hospitals may be for-profit or not-for-profit, including faith-based. Hospitals in U.S. territories as well as tribally operated hospitals under Titles I and V of P.L. 93-638 are eligible.

Priority Requirements

- CAHs:
  - MBQIP and
  - ICD-11 Readiness
- Non-CAHs:
  - ICD-11 Readiness
- For both, if after meeting priority requirements funds remain, hospitals may propose additional activities
  - Allowable investment tools or
  - SORH SHIP coordinator and PO approval

What's New???

- What's not new:
  - Collect hospital information via applications (forms A & B) and retain
  - Performance narrative, workplans, budget, and staff info into EHB
- What is new:
  - [Key Contacts/Principal Information](#) Form in EHB
  - FY23 Hospital Deviations attachment in EHB
  - FY23 Activities Progress Spreadsheet
  - FY24 Hospital Funding Spreadsheet

FY 2024 NCC – DUE FEBRUARY 16

Reporting Periods:
- June 1, 2023 – May 31, 2024 (current year)
- June 1, 2024 – May 31, 2025 (future year)

How to submit in EHB:

https://grants.hrsa.gov/EAuthNS/external/account/SignIn

1. Locate the grant for which you want to work on the NCC Progress Report and under **Submissions** click on **Work On Noncompeting Progress Report**

2. Click the **Noncompeting Continuations** link in the left side menu. Your pending NCC Progress Report will appear listed.

3. Click the **Start Report** or **Edit Report** link to access

Section
Basic Information
SF-PPR
SF-PPR-2 (Cover Page Continuation)
Performance Narrative
Budget Information
SF-424A Budget Information
Budget Narrative
Appendices
Attachment 1
Attachment 2
Attachment 3
Attachment 4
Attachment 5
Attachment 6
Attachment 7

U.S. Department of Health & Human Services

HRSA
Federal Office of Rural Health Policy

SF-424A & Budget Narrative – DUE FEBRUARY 16

- SF-424A Form

  - Fillable in EHB

  - Reporting Period: June 1, 2024 – May 31, 2025

  - **Estimated $13,312 per hospital**

- Budget Narrative should align with:

  - State workplan (disburse funds, coordinate activities, monitor hospitals, etc.)

  - State unallowable categories: Travel, Equipment, Supplies, Construction, and Other

  - HHS Allowable Cost (45 CFR Part 75, Subpart E – Cost Principles)

Attachments in EHB – DUE FEBRUARY 16

- Current (FY 2023) Workplan
- Future (FY 2024) Workplan
- FY 2024 Budget Justification Narrative
- Staffing Plan and Position Descriptions
- Bio Sketches/Resumes
- FY 2023 Hospital Deviation
- Other relevant documents

Salesforce – DUE MARCH 8

- Collecting less information overall
- Hospital information from FY23 funding spreadsheet will be pre-populated
- Indicate level of completion for FY23 activities
- Add any new hospitals for FY24
- Deactivate ineligible hospitals
- Indicate hospitals' activities and funding for FY24

- REI will be offering training webinars – be sure you attend and are registered in the new system!

SHIP FY 2024
NCC Instructions & Attachments

FY23-24 Grant Guidance materials can be found at: *Grant Guidance and Reporting Templates*

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SHIP Allowable Investments Toolkit

In This Toolkit

Toolkit

Accountable Care Organizations (ACO)

Provides examples of Accountable Care Organization investment activities and resources that align with the SHIP category to support SHIP-eligible hospitals with investments in training and improvement activities.

Toolkit

Value Based Purchasing (VBP)

Provides examples of Value-Based Purchasing investment activities and resources that align with the SHIP category to support SHIP-eligible hospitals with investments in training and improvement.

Toolkit

Payment Bundling (PB)/Prospective Payment System (PPS)

Provides examples of Payment Bundling/Prospective Payment System investment activities and resources that align with the SHIP category to support SHIP-eligible hospitals with investments in training and improvement activities.

Investment Categories

- Value Based Purchasing (VBP)
- Accountable Care Organizations (ACO)
- Payment Bundling (PB) / Prospective Payment System (PPS)

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SHIP Allowable Investments Search Tool

Allowable Investments Search Tool

Identifying allowable investments for a SHIP-eligible hospital does not have to be a daunting task! This search tool created by SHIP-TA through the Federal Office of Rural Health Policy helps state coordinators and hospitals navigate the possibilities.

INVESTMENT STATUS

- [ ] Allowable
- [ ] Unallowable
- [ ] PO Pre-Approval
- [ ] COVID Allowable
- [ ] COVID Unallowable
- [ ] COVID PO Pre-Approval
- [ ] Definition

INVESTMENT CATEGORIES

- [ ] Accountable Care Organization (ACO)
- [ ] Payment Bundling (PB)/Prospective Payment System (PPS)
- [ ] SHIP ARP COVID-19 Testing & Mitigation
- [ ] Value-Based Purchasing (VBP) Investment

For additional clarification contact us anytime at: ship-ta@ruralcenter.org

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SHIP FY 2023-24
Allowable Investment Updates

Conferences

Conferences may be allowable for hospital staff if most of the training sessions are within SHIP allowable investment categories. Costs for CMEs or CEUs or travel associated with the conference are unallowable. Project Officer approval is required for attendance. Please email the conference agenda along with session titles and corresponding SHIP categories to your Project Officer and ship-ta@ruralcenter.org.

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SHIP FY 2023-24 Allowable Investment Updates

Patient-Centered Medical Home (PCMH)

The patient-centered medical home (PCMH) is a provider-based model for care coordination that can be implemented within a primary care practice. The PCMH, as defined by the Agency for Healthcare Research and Quality (AHRQ) and the Patient-Centered Primary Care Collaborative, is a model for providing patient care that is comprehensive, patient-centered, coordinated, accessible, and high quality. https://www.ruralhealthinfo.org/toolkits/care-coordination/2/patient-centered-medical-home-model

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SHIP FY 2023-24 Allowable Investment Updates

ICD-11

Activities that support ICD-11 readiness and/or implementation are allowable. This includes, but is not limited to:

- Computer software upgrades to support a future transition to ICD-11
- Computer hardware that improves quality, efficiencies, and/or coding
- Social Drivers of Health and Population Health trainings to use Z-Codes
- Efficiency or QI trainings to minimize ICD-11 transition impacts on patients and staff
- Revenue Cycle Management training
- Updating ICD-10 software or hardware
- ICD-11 system and/or coding trainings (individual hospitals or state-wide)
- ICD-11 Implementation

See also: *Subscription, Recurring Payment, Training (Hardware/Software/Services)*

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SHIP FY 2023-24 Allowable Investment Updates

MBQIP

Allowable MBQIP activities include vendor fees for HCAHPS surveys.

See also: HCAHPS Surveys, Surveys and Assessments.

Note: These categories are consistently under review, and we encourage SHIP Coordinators to email SHIP-TA@ruralcenter.org and copy your PO with questions or concerns.

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FY 2024 VBP Allowable Investments

VBP Investment Activities	Examples of Allowable Activities
A. Quality reporting data collection/related training or software	CAHs should participate in the Medicare Beneficiary Quality Improvement Project (MBQIP) MBQIP Resources: • Data Reporting and Use • MBQIP Quality Reporting Guide • Core Competency: Strengthening Quality Reporting and Improvement • Online MBQIP Data Abstraction Training Series • Emergency Department Transfer Communications Any activity to support process improvements that result in improved quality reporting and/or inpatient and outpatient measures for PPS acute care hospitals. • Quality Net • Hospital Outpatient Quality Reporting Program

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FY 2024 VBP Allowable Investments

VBP Investment Activities	Examples of Allowable Activities
B. MBQIP data collection process/related training	Activities to improve MBQIP patient engagement data collection, and reporting for MBQIP measures including provider communications and patient and family engagement that directly impacts patient satisfaction scores. Hospitals may use funds to support an HCAHPS vendor to assist them in fully implementing MBQIP patient engagement measures through HCAHPS and improved reporting. HCAHPS Overview: Vendor Directory HCAHPS Online

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FY 2024 ACO Allowable Investments

ACO or Shared Savings Investment Activities	Examples of Allowable Activities
C. Population health or disease registry training and/or software/hardware	Educational training, or hardware/software to support the development and implementation of a disease registry for care coordination. • Project ECHO • SHIP training: Care Coordination Software and training for analysis of population health needs by chronic disease or geographic location for care management programs. • Population Health Toolkit • Population Health Management Technology • Software for Population Health Management

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FY 2024 ACO Allowable Investments

ACO or Shared Savings Investment Activities	Examples of Allowable Activities
D. Social determinants of health (SDOH) screening software/training	Software and training for analysis of social determinants of health (SDOH) for improving health outcomes and care management programs. • County Health Rankings • CDC Tools for SDOH

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FY 2024 ACO Allowable Investments

ACO or Shared Savings Investment Activities	Examples of Allowable Activities
G. Telehealth and mobile health hardware/software (not telecommunications)	Training hardware/software that supports the application and implementation of telehealth and/or telemedicine. Tablets and hardware/software investments are allowed if they are used by staff to improve operational efficiencies and telehealth services. •Rural Telehealth Toolkit •Telehealth Resource Collection •Telehealth Resource Centers •CAH Telehealth Guide

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FY 2024 ACO Allowable Investments

ACO or Shared Savings Investment Activities	Examples of Allowable Activities
H. Community paramedicine hardware/software and training	Community Paramedic Program (CPP) training. If the hospital and/or hospital-owned ambulance units has a formal CPP, then hardware/software can be purchased to support the CPP to reduce inappropriate Emergency Department Use and emergency department and readmissions. However, use of SHIP funding for general EMS equipment is not allowable. • Rural EMS • Rural Community Ambulance Agency Transformation Toolkit

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FY 2024 PB/PPS Allowable Investments

PB or PPS Investment Activities	Examples of Allowable Activities
A. ICD-11 software	Training that updates and computerizes hospital policies and procedures to implement ICD-11 Hardware/software investments that improve quality, efficiencies, and coding
B. ICD-11 training	Training to support coding and reimbursement to prepare for and implement ICD -11 Training to support Revenue Cycle Management documentation improvements that result in increased coding compliance •Revenue Cycle Bootcamp Part I •Revenue Cycle Bootcamp Part II •Training for collecting and reporting on Z-Codes (SDOH)

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FY 2024 PB/ PPS Allowable Investments

PB or PPS Investment Activities	Examples of Allowable Activities
E. Price transparency training	Training to support hospital compliance with price transparency rule. Funding cannot support consultant or vendor to build a price transparency software or website development time. SHIP funds can support staff training by a consultant. •SHIP Price Transparency Guide •Price Transparency: Making the Most of the 2021 Requirement Training on revenue cycle management to improve processes that provide clear information about charges and cost to Medicare beneficiaries. Training examples: •Chargemaster, Pricing Transparency, Charges •Chargemaster Review

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SHIP-TA NCC Resources

- SHIP Performance Management and Evaluation Webinar

- SHIP 101 Webinar

- SHIP Frequently Asked Questions (FAQs)

- SHIP-TA Team NCC Workplan or Narrative Review
    - Last day to submit is **Monday, Jan 22**.
    - Allow 5-day turnaround by SHIP-TA
    - NCC due February 16 to HRSA Electronic Handbook (EHB)
    - Reach out to ship-ta@ruralcenter.org

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Contacts

- POs:
  - Krista Mastel
  - Jeanene Meyers
- GMSs:
  - Lissette Young
  - Whitney Watkins
  - Kristian Walker
  - James Padgett
  - Kimberly Dews
  - Kenya Myers
  - Bria Haley

- SHIP-TA
  - Guidance
  - Search Tool
  - Email

- HRSA Manage Your Grant
- EHB Helpdesk 1-877-464-4772

Questions?

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