

SMALL RURAL HOSPITAL IMPROVEMENT PROGRAM (SHIP)

2010 Application TA Call

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PRESENTATION OVERVIEW

- ▶ Health Reform Background
- ▶ Program Background
- ▶ 2010 Program Changes
- ▶ Q &A



PROGRAM BACKGROUND

- ▶ Third year of five, non-competitive cycle
- ▶ \$15 million (~ \$9,000 per 1,600 hospitals)
- ▶ Application available at: www.grants.gov
- ▶ **New** Electronic Submission Deadlines:
 - Grants.gov – **May 24, 2010**
 - EHBs – **June 7, 2010**
 - SHIP Hospital Applications – **June 7, 2010**

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2010 Program Changes

Purpose (pg. 1)

- ▶ The purpose of the Small Rural Hospital Improvement Grant Program (SHIP) is to help small rural hospitals do any or all of the following:
 - 1) SHIP continues to make funds available for costs related to [implementation of prospective payment systems \(PPS\)](#) (such as updating chargemasters or providing training in billing and coding).
 - 2) In 2010 and going forward, SHIP funds will be used to pay for the costs related to [delivery system changes as outlined in Patient Protection and Affordable Care Act \(PACA\)](#) (such as value-based purchasing (VBP), accountable care organizations (ACO) and payment bundling).



PPS Implementation

- ▶ Examples of activities that satisfy PPACA:
 - Charge Master Systems
 - Updating Charge Masters
 - Training in billing and coding
 - Payment software updates



VBP

- ▶ One of the key challenges facing small rural hospitals in the area of VBP is [improving data collection activities in order to facilitate reporting to Hospital Compare.](#)
- ▶ Examples of activities that satisfy PPACA:
 - Assist participating hospitals in Hospital Compare
 - Purchase of computer hw/sw, training/education, equipment, consultants or assessments in this category is an appropriate use of SHIP funds



ACO

- ▶ The ACO concept is heavily focused on [improving quality outcomes](#).
- ▶ **Examples of activities that satisfy PPACA:**
 - *Any* activities that support quality improvement
 - Education and training in data collection and reporting, benchmarking
 - Reduction of medical errors
 - Purchase of computer hw/sw, training/education, equipment, consultants or assessments in this category is an appropriate use of SHIP funds



Payment Bundling

- ▶ One of the concepts behind bundled payment is [building accountability across the continuum](#) of care.
- ▶ **Examples of activities that satisfy PPACA:**
 - Improving care transitions between ambulatory and acute, acute to upstream acute and acute to step-down facility
 - Training
 - Clinical care transition protocol development
 - Data collection that documents these processes
- ▶ Purchase of computer hw/sw, training/education, equipment, consultants or assessments in this category is an appropriate use of SHIP funds



Guidance Changes: Eligibility Applicants (p.2)

- ▶ For the purpose of this program, 1) “small” is defined as 49 [available](#) staffed beds or less...

Staffed beds = acute care beds only

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Guidance Changes: Other Eligibility Info (p.2)

- ▶ State Offices of Rural Health are required to submit one SHIP application to HRSA on behalf of all hospital applicants in the State. [In doing so the SORH acknowledges that it has verified the eligibility of each hospital named in its 2010 SHIP application.](#) The SORH acts as the fiscal intermediary for SHIP hospitals and is required to make grant awards of equal amount to hospitals in an efficient and timely manner

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Guidance Changes: Budget Justification (p. 5)

- ▶ Equipment: Applicable to participating SHIP hospitals only. The SORH may not purchase equipment.
- ▶ Indirect Costs: States may not expend more than the lesser of (i) 15 percent of the grant ~~for administrative expenses~~ (may elect to take a lesser amount); or (ii) the State's federally negotiated indirect rate for administering the grant.
- ▶ ~~Explain the formula used to calculate indirect costs and include the State's approved indirect rate agreement.~~
Explain your negotiated indirect cost rate.

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Guidance Changes: Program Narrative (p. 7)

- ▶ Throughout the Guidance all references to the pre-PPACA funding categories should be replaced with:
 - 1) Implementation of prospective payment systems (PPS) (such as updating chargemasters or providing training in billing and coding).
 - 2) Delivery system changes as outlined in PPACA (such as value-based purchasing (VBP), accountable care organizations (ACO) and payment bundling).



Guidance Changes

Submission Dates, Times & Requirements (p. 11)

- ▶ The Non-Competing Continuation application due date in Grants.gov **May 24, 2010** at 8:00 p.m. ET. The due date to complete all other required information in HRSA's EHBs is at 5:00 p.m. ET two weeks after the Grants.gov due date, or **June 7, 2010**.



Electronic Submission Assistance

- ▶ For assistance with submitting the application in Grants.gov, contact: Grants.gov Call Center, Monday–Friday, 7:00 a.m. to 8:00 p.m. ET, excluding Federal holidays:

Grants.gov Call Center

Phone: 1-800-518-4726

E-mail: support@grants.gov

- ▶ For assistance with submitting the remaining information in HRSA's EHBs, contact the HRSA Call Center, Monday–Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Call Center

Phone: (877) 464-4772

TTY: (877) 897-9910

Fax: (301) 998-7377

E-mail: CallCenter@HRSA.GOV



Contact Info:

- ▶ Grantees may obtain additional information regarding overall program issues by contacting:

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- ▶ Grantees may obtain additional information regarding business, administrative, or fiscal issues related to this grant announcement by contacting:

Tonya Randall, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
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5600 Fishers Lane
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