Medicare Rural Hospital Flexibility Program Performance

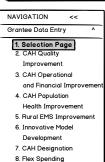
OMB Number: 0915-0363

Expiration date: 7/31/22

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0363, and it expires on 7/31/22. Public reporting burden for this collection of information is estimated to average XX hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.







1. Flex Facility Information 2. Cohort Management

Program Selection

Downloads logs Admin Home Collection Periods Role Assignment Reporting Tools Grantee Raw Data Report Comparison Summary Report Comparision Trend Report Summary Submissions Matrix PDF Version 09/01/2015 - 08/31/2016 09/01/2016 - 08/31/2017 09/01/2017 - 08/31/2018 09/01/2018 - 08/31/2019 09/01/2019 - 08/31/2020 Grantee Info Grantee information

Program Data

Admin

Medicare Hospital Flexibility

Instructions:

For help on this page, please click the FORHP Instructions link under Support at the top right of the page.

▼ U2WRH33314: DEPARTMENT OF HEALTH MINNESOTA

Review Status: Not Started

Grant Number: U2WRH33314

Grantee: DEPARTMENT OF HEALTH MINNESOTA Current Reporting Period: 9/1/2019 - 8/31/2020 Report Due Date: 11/7/2020

Submitted Date: 10/07/2020

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0363. Public reporting burden for this collection of information is estimated to average 70 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

Federal Office of Rural Health Policy

Flex Selection Page

Applicable Measure

I	Measure ?	reduct.
ı	\square	1.1 - Report and improve Core Patient Safety/Inpatient Measures, including develop antibiotic stewardship programs (required annually)
ı	\square	1.2 - Report and improve Core Patient Engagement Measures (required annually)
ı	\square	1.3 - Report and improve Core Care Transitions Measures (required annually)
ı	\square	1.4 - Report and improve Core Outpatient Measures (required annually)
I		1.5 - Report and improve Additional Patient Safety Measures (optional)
I		1.6 - Report and improve Additional Patient Engagement Measures (optional)
I		1.7 - Report and improve Additional Care Transitions Measures (optional)
I		1.8 - Report and improve Additional Outpatient Measures (optional)
I	\square	2.1 - Statewide operation and financial needs assessment (required annually)
I		2.2 - Individual CAH-specific needs assessment and action planning (optional)
I		2.3 - Financial improvement (optional)
ı		2.4 - Operational improvement (optional)
ı		2.5 - Value-based payment projects (optional)
١		3.1 - Support CAHs identifying community and resource needs (optional)
ı		3.2 - Assist CAHs to build strategies to prioritize and address unmet needs of the community (optional)
I		3.3 - Assist CAHs to engage with community stakeholders and public health experts and address specific health needs (optional)
ı		4.1 - Statewide rural EMS needs assessment and action planning (optional)
ı		4.2 - Community-level rural EMS assessments and action planning (optional)
ı		4.3 - EMS operational improvement (optional)
J		4.4 - EMS quality improvement (optional)
		5.1 - Develop and test innovative models and publish report or documentation of the innovation (optional)
		5.2 - Develop and test CAH outpatient clinic (including CAH-owned rural health clinics) quality reporting and publish report or documentation (optional)
		6.1 - CAH conversions (required if assistance is requested by rural hospitals)
		6.2 - CAH transitions (required if assistance is requested by CAHs)

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##RSA Electron	nic Handbooks				
* Tasks Organizations	Grants Free Clinics FQHC-LALs Resources				
Welcome Recently A	ccessed What's New Guide Me				
NAVIGATION <<	Medicare Hospital Flexibility				
Grantee Data Entry ^	Instructions:				
Selection Page CAH Quality	For help on this page, please click the FORHP Instruction	ns link under Support at the top right of the page.			
Improvement	■ U2WRH33314: DEPARTMENT OF HEALTH MINNESOTA Review Status: Not Started				
3. CAH Operational and Financial Improvement	Grant Number: U2WRH33314	Grantee: DEPARTMENT OF HEALTH MINNESOTA			
CAH Population Health Improvement	Current Reporting Period: 9/1/2019 - 8/31/2020	Report Due Date: 11/7/2020	Submitted Date: 10/07/2	020	
Rural EMS Improvement Innovative Model					
Development	CAH Operational and Financial Imp	provement			
CAH Designation Flex Spending	CAH Operational and Financial Improve	mont			
Program Data ^	Please indicate which CAHs participated and improved in Oper-		that apply		
Flex Facility Information Cohort Management	riedse indicate willon CAR's participated and improved in Open	ational and Findicial Improvement activities. Flease select di	шас арргу.		
Admin ^	2.2 - Individual CAH-specific needs assess	ment and action planning (optional)			
Program Selection Downloads logs	CALI Nama	Historical	Dautiain -41	Improvement	
Admin Home	CAH Name	Participation	Participation	Improvement	
Collection Periods Role Assignment	Select All				
Reports ^	123456-abc				
Reporting Tools Grantee Raw Data	234567-def Total				
Report Comparison Summary					
Report	2.3 - Financial improvement (optional)				
Comparision Trend Report	CAH Nama	Historical	Participation	Improvement	
Summary Submissions Matrix	CAH Name	Participation	Participation	Improvement	
PDF Version ^	Select All				
09/01/2015 - 08/31/2016 09/01/2016 - 08/31/2017	123456-abc				
09/01/2017 - 08/31/2018	234567-def Total				
09/01/2018 - 08/31/2019 09/01/2019 - 08/31/2020					
Grantee Info ^	2.4 - Operational improvement (optional)				
Grantee information	CAH Name	Historical	Participation	Improvement	
	0.1.14	Participation		-	
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	123456-abc 234567-def				
	Total	_	_	_	
	2.5 - Value-based payment projects (optio	nal)			
	, -) p,, (ep. 10				
	CAH Name	Historical Participation	Participation	Improvement	
	Select All	·			
	123456-abc				
	234567-def				
	Total				
	Any Comments About this Form or the Data You Entered				
	Is this Form Complete?				
	If selected "No", you're not required to fill in all fields before you save. ○ No ○ Yes				

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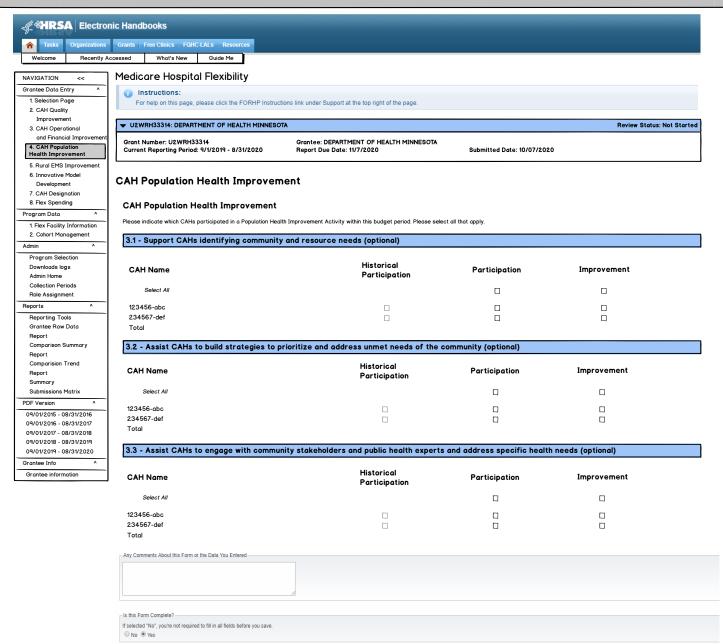
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File Attachments

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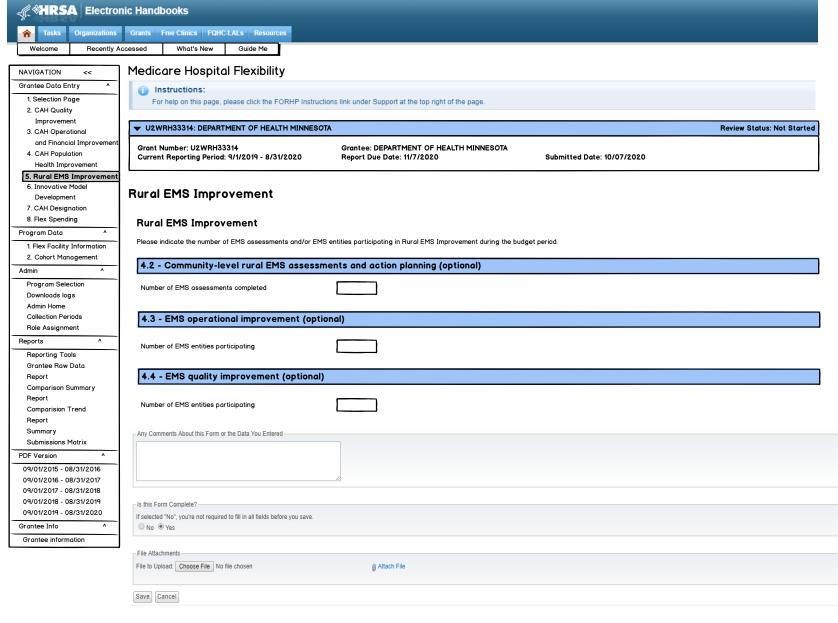
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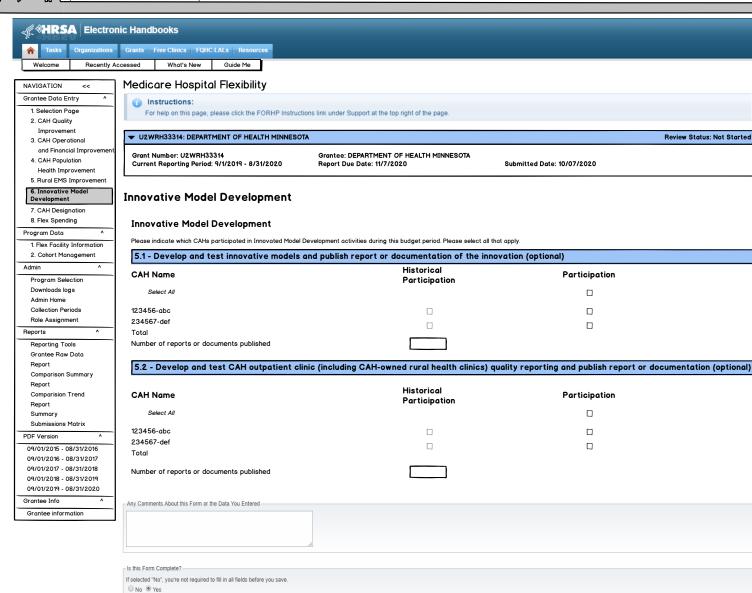
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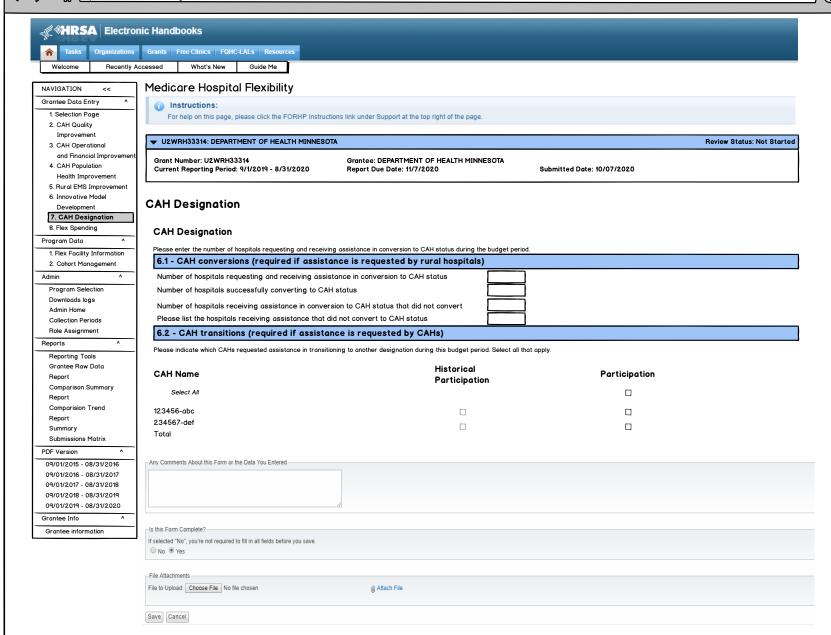
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≪HRSA Electro	nic Handbooks	
* Tasks Organizations	Grants Free Clinics FQVICTALs Resources	
	ccessed What's New Guide Me	
NAVIGATION << Grantee Data Entry ^	Medicare Hospital Flexibility instructions:	
1 Selection Page 2. CAH Quality	For help on this page, please click the FORHP instructions link under Support at the top right of the page.	
Improvement 3. CAH Operational and Financial Improvement	▼ U2WRHS3314: DEPARTMENT OF HEALTH MINNESOTA Review Stotus: Not Storted	
CAH Population Health Improvement	Grant Number: UZWRH33314 Grantee: DEPARTMENT OF HEALTH MINNESOTA Current Reporting Period: 9/1/2019 - 9/31/2020 Report Due Date: 11/7/2020 Submitted Date: 10/07/2020	
Rural EMS Improvement Innovative Model	Flex Spending	
Development 7. CAH Designation 8. Flex Spending	Award Information CAH Quality Improvement CAH Operational and Financial Improvement CAH Population Health Improvement Rural EMS Improvement Innovative Model Development CAH Designation	Actual Flex Program Spend
Program Data ^	Award Information	
2. Cohort Management	List your Piex program award amounts, any approved carryover, and any unspent funds in the fields below. Actual program spending for the year will calculate automatically. Spending Summary	
Program Selection Downloads logs	Total award for Current Report Period Enter 0 if none.	
Admin Home Collection Periods	Total approved carryover for Current Report Period Enter Of none. Total visconit funds for Current Report Period	
Role Assignment Reports ^	Actual Program Spending for Current Report Period Beturn to Too (Index)	
Reporting Tools Grantee Raw Data Report	CAH Quality Improvement	
Comparison Summary Report	Please enter the amount of Rex Funds utilized in the following activity categories. The amount should be a whole number.	
Comparision Trend Report	1.1 - Report and improve Core Patient Safety/Inpatient Measures, including develop antibiotic stewardship programs	
Summary Submissions Matrix	Fee Funds utilized toward Activity Category 1.1 12 - Report and improve Core Patient Engagement Measures	
PDF Version A 09/01/2015 - 08/31/2016 09/01/2016 - 08/31/2017	L2 - neport and improve Core ration chaggement measures Fix Finds utilized toward Activity Category 12	
09/01/2017 - 08/31/2018 09/01/2018 - 08/31/2019	13 - Report and improve Core Care Transitions Measures (required annually)	
09/01/2019 - 08/31/2020 Grantee Info ^	Plex Funds utilized toward Activity Category 13	
Grantee information	1.4 - Report and improve Core Outpatient Measures (required annually)	
	Flex Funds utilized toward Activity Cotegory 1.4	
	1.5 - Report and improve Additional Patient Safety Measures (optional) Fire Funds utilized toward Additivit Calegory 15	
	1.6 - Report and improve Additional Patient Engagement Measures (optional)	
	Piex Funds utilized toward Activity Cotegory 16	
1	1.7 - Report and improve Additional Care Transitions Measures (optional)	
	Flex Funds utilized toward Activity Category 1.7	
	18 - Report and improve Additional Outpatient Measures (optional)	
	Piex Funds utilized toward Activity Category 18 Subtotal	
	Piex Funds Utilized Towards CAH Quality Improvement	
	CAH Operational and Financial Improvement	
	Please enter the amount of Pex Funds utilized in the following activity categories. The amount should be a whole number: 2.1 - Statewide operation and financial needs assessment (required annually)	
	Piex Funds utilized toward Activity Category 2.1	
	2.2 - Individual CAH-specific needs assessment and action planning (optional)	
	Per Funds utlaced toward Activity Category 2.2 2.3 - Financial improvement (optional)	
	Rex Funds utilized toward Activity Category 2.3	
	2.4 - Operational improvement (optional)	
	Pex Funds utilized toward Activity Category 2.4 2.5 - Value-based payment projects (optional)	
	Flex Funds utilized toward Activity Category 2.5	
	Subtotal Plax Funds Utilized Towards CAH Operational and Financial Improvement	
	↑ Return to Top (Index) CAH Population Health Improvement	
	Please enter the amount of Res Funds utilized in the following activity categories. The amount should be a whole number: 3.1 - Support CAHs identifying community and resource needs (optional)	
	Rex Funds utilized toward Activity Callegory 3.1 3.2 - Assist CAHs to build strategies to prioritize and address unmet needs of the community (optional)	
	S.C Assist CAns to build strategies to prioritize and address uniner needs of the community (optional) Per Finds utilized toward Activity Cologory 3.2	
	3.3 - Assist CAHs to engage with community stakeholders and public health experts and address specific health needs (optional)	
	Rex Funds utliked toward Activity Cotegory 3.3 Subtotal	
	Fax Funds Utilized Towards CAH Population Health Improvement - Beturn to Tao (Index)	
	Rural EMS Improvement 4.1 - Statewide rural EMS needs assessment and action planning (optional)	
	Flex Funds utilized toward Activity Category 4.1	
	4.2 - Community-level rural EMS assessments and action planning (optional)	
1	Plax Funds utilized toward Activity Category 4.2 4.3 - EMS operational improvement (optional)	
	Flex Funds utilized toward Activity Category 4.3	
	4.4 - EMS quality improvement (optional)	
	Plan Funds utilized toward Activity Category 4.4 Subtotal	
	Pier Funds Utilized Towards Rural EMS Improvement A Return to Top (Index)	
	Innovative Model Development Please enter the amount of Piox Funds utilized in the following activity category. The amount should be a whole number.	
	5.1 - Develop and test innovative models and publish report or documentation of the innovation (optional) First Funds utilized toward Activity Cotegory 5.1	
	5.2 - Develop and test CAH outpatient clinic (including CAH-owned rural health clinics) quality reporting and publish report or documentation (optional)	
	Piex Funds utilized toward Activity Category 5.2 Subtotal	
	Fiex Funds Utilized Towards Innovative Model Development Reform to Toe Lifeties	
	CAH Designation Passe enter be mont of Pia Funds valizad in the following activity category. The amount should be a whole number. 6.1 - CAH conversions (required if assistance is requested by rural hospitals)	
	Flex Funds utilized toward Activity Cotegory 6.1	
1	E.2 - CAH transitions (required if assistance is requested by CAHs) Plex Funds utilized toward Activity Category E.2.	
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