

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.

HRSA Electronic Handbooks

- Tasks
- Organizations
- Grants
- Free Clinics
- FQHC-LALs
- Resources

- Welcome
- Recently Accessed
- What's New
- Guide Me

NAVIGATION <<

Grantee Data Entry ^

- 1. Selection Page**
- 2. CAH Quality Improvement
- 3. CAH Operational and Financial Improvement
- 4. CAH Population Health Improvement
- 5. Rural EMS Improvement
- 6. Innovative Model Development
- 7. CAH Designation
- 8. Flex Spending

Program Data ^

- 1. Flex Facility Information
- 2. Cohort Management

Admin ^

- Program Selection
- Downloads logs
- Admin Home
- Collection Periods
- Role Assignment

Reports ^

- Reporting Tools
- Grantee Raw Data
- Report
- Comparison Summary
- Report
- Comparison 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

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

OMB Number: 0915-0363
Expiration Date: 07/30/2022

Save

HRSA Electronic Handbooks

Tasks Organizations Grants Free Clinics FOHC LALS Resources

Welcome Recently Accessed What's New Guide Me

NAVIGATION <<

Grantee Data Entry ^

1. Selection Page

2. CAH Quality Improvement

3. CAH Operational and Financial Improvement

4. CAH Population Health Improvement

5. Rural EMS Improvement

6. Innovative Model Development

7. CAH Designation

8. Flex Spending

Program Data ^

1. Flex Facility Information

2. Cohort Management

Admin ^

Program Selection

Downloads logs

Admin Home

Collection Periods

Role Assignment

Reports ^

Reporting Tools

Grantee Row Data

Report

Comparison Summary

Report

Comparison 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

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

CAH Quality Improvement

[Core MBQIP Measures](#) | [Additional MBQIP Measures](#)

Core MBQIP Measures

Please indicate which CAHs participated and improved in each MBQIP activity category during the budget period. Select all that apply.

1.1 - Report and improve Core Patient Safety/Inpatient Measures, including develop antibiotic stewardship programs

| CAH Name | Historical Participation | Participation | Improvement |
|------------|--------------------------|--------------------------|--------------------------|
| Select All | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | | |

1.2 - Report and improve Core Patient Engagement Measures

| CAH Name | Historical Participation | Participation | Improvement |
|------------|--------------------------|--------------------------|--------------------------|
| Select All | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | | |

1.3 - Report and improve Core Care Transitions Measures (required annually)

| CAH Name | Historical Participation | Participation | Improvement |
|------------|--------------------------|--------------------------|--------------------------|
| Select All | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | | |

1.4 - Report and improve Core Outpatient Measures (required annually)

| CAH Name | Historical Participation | Participation | Improvement |
|------------|--------------------------|--------------------------|--------------------------|
| Select All | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | | |

[Return to Top \(Index\)](#)

Additional MBQIP Metrics

Please indicate which CAHs participated and improved in each additional quality activity during the budget period. Select all that apply.

1.5 - Report and improve Additional Patient Safety Measures (optional)

| CAH Name | Historical Participation | Participation | Improvement |
|------------|--------------------------|--------------------------|--------------------------|
| Select All | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | | |

1.6 - Report and improve Additional Patient Engagement Measures (optional)

| CAH Name | Historical Participation | Participation | Improvement |
|------------|--------------------------|--------------------------|--------------------------|
| Select All | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | | |

1.7 - Report and improve Additional Care Transitions Measures (optional)

| CAH Name | Historical Participation | Participation | Improvement |
|------------|--------------------------|--------------------------|--------------------------|
| Select All | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | | |

1.8 - Report and improve Additional Outpatient Measures (optional)

| CAH Name | Historical Participation | Participation | Improvement |
|------------|--------------------------|--------------------------|--------------------------|
| Select All | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | | |

[Return to Top \(Index\)](#)

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

File Attachments

File to Upload No file chosen

OMB Number: 0915-0363
Expiration Date: 07/30/2022

HRSA Electronic Handbooks

- Tasks
- Organizations
- Grants
- Free Clinics
- FGHC-LALS
- Resources

- Welcome
- Recently Accessed
- What's New
- Guide Me

NAVIGATION <<

Grantee Data Entry ^

1. Selection Page
2. CAH Quality Improvement
- 3. CAH Operational and Financial Improvement**
4. CAH Population Health Improvement
5. Rural EMS Improvement
6. Innovative Model Development
7. CAH Designation
8. Flex Spending

Program Data ^

1. Flex Facility Information
2. Cohort Management

Admin ^

- Program Selection
- Downloads logs
- Admin Home
- Collection Periods
- Role Assignment

Reports ^

- Reporting Tools
- Grantee Raw Data Report
- Comparison Summary Report
- Comparison 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

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

CAH Operational and Financial Improvement

CAH Operational and Financial Improvement

Please indicate which CAHs participated and improved in Operational and Financial Improvement activities. Please select all that apply.

2.2 - Individual CAH-specific needs assessment and action planning (optional)

| CAH Name | Historical Participation | Participation | Improvement |
|-------------------|--------------------------|--------------------------|--------------------------|
| <i>Select All</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | | |

2.3 - Financial improvement (optional)

| CAH Name | Historical Participation | Participation | Improvement |
|-------------------|--------------------------|--------------------------|--------------------------|
| <i>Select All</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | | |

2.4 - Operational improvement (optional)

| CAH Name | Historical Participation | Participation | Improvement |
|-------------------|--------------------------|--------------------------|--------------------------|
| <i>Select All</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | | |

2.5 - Value-based payment projects (optional)

| CAH Name | Historical Participation | Participation | Improvement |
|-------------------|--------------------------|--------------------------|--------------------------|
| <i>Select All</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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

File Attachments

File to Upload: No file chosen

OMB Number: 0915-0363
 Expiration Date: 07/30/2022

HRSA Electronic Handbooks

- Tasks
- Organizations
- Grants
- Free Clinics
- FQHC-LALS
- Resources

- Welcome
- Recently Accessed
- What's New
- Guide Me

NAVIGATION <<

Grantee Data Entry ^

1. Selection Page
2. CAH Quality Improvement
3. CAH Operational and Financial Improvement
- 4. CAH Population Health Improvement**
5. Rural EMS Improvement
6. Innovative Model Development
7. CAH Designation
8. Flex Spending

Program Data ^

1. Flex Facility Information
2. Cohort Management

Admin ^

Program Selection

- Downloads logs
- Admin Home
- Collection Periods
- Role Assignment

Reports ^

- Reporting Tools
- Grantee Raw Data Report
- Comparison Summary Report
- Comparison 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

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

CAH Population Health Improvement

CAH Population Health Improvement

Please indicate which CAHs participated in a Population Health Improvement Activity within this budget period. Please select all that apply.

3.1 - Support CAHs identifying community and resource needs (optional)

| CAH Name | Historical Participation | Participation | Improvement |
|------------|--------------------------|--------------------------|--------------------------|
| Select All | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | | |

3.2 - Assist CAHs to build strategies to prioritize and address unmet needs of the community (optional)

| CAH Name | Historical Participation | Participation | Improvement |
|------------|--------------------------|--------------------------|--------------------------|
| Select All | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | | |

3.3 - Assist CAHs to engage with community stakeholders and public health experts and address specific health needs (optional)

| CAH Name | Historical Participation | Participation | Improvement |
|------------|--------------------------|--------------------------|--------------------------|
| Select All | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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

File Attachments
 File to Upload: No file chosen [Attach File](#)

OMB Number: 0915-0363
 Expiration Date: 07/30/2022

HRSA Electronic Handbooks

- Home
- Tasks
- Organizations
- Grants
- Free Clinics
- FQHC-LALS
- Resources

- Welcome
- Recently Accessed
- What's New
- Guide Me

NAVIGATION <<

Grantee Data Entry ^

1. Selection Page
2. CAH Quality Improvement
3. CAH Operational and Financial Improvement
4. CAH Population Health Improvement
- 5. Rural EMS Improvement**
6. Innovative Model Development
7. CAH Designation
8. Flex Spending

Program Data ^

1. Flex Facility Information
2. Cohort Management

Admin ^

- Program Selection
- Downloads logs
- Admin Home
- Collection Periods
- Role Assignment

Reports ^

- Reporting Tools
- Grantee Raw Data Report
- Comparison Summary Report
- Comparison 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

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

Rural EMS Improvement

Rural EMS Improvement

Please indicate the number of EMS assessments and/or EMS entities participating in Rural EMS Improvement during the budget period.

4.2 - Community-level rural EMS assessments and action planning (optional)

Number of EMS assessments completed

4.3 - EMS operational improvement (optional)

Number of EMS entities participating

4.4 - EMS quality improvement (optional)

Number of EMS entities participating

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

File Attachments

File to Upload: No file chosen

[Attach File](#)

OMB Number: 0915-0363
Expiration Date: 07/30/2022

HRSA Electronic Handbooks

- Home
- Tasks
- Organizations
- Grants
- Free Clinics
- FQHC.LALS
- Resources

- Welcome
- Recently Accessed
- What's New
- Guide Me

NAVIGATION <<

Grantee Data Entry ^

1. Selection Page
2. CAH Quality Improvement
3. CAH Operational and Financial Improvement
4. CAH Population Health Improvement
5. Rural EMS Improvement
- 6. Innovative Model Development**
7. CAH Designation
8. Flex Spending

Program Data ^

1. Flex Facility Information
2. Cohort Management

Admin ^

- Program Selection
- Downloads logs
- Admin Home
- Collection Periods
- Role Assignment

Reports ^

- Reporting Tools
- Grantee Raw Data
- Report
- Comparison Summary Report
- Comparison 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

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 Submitted Date: 10/07/2020
 Current Reporting Period: 9/1/2019 - 8/31/2020 Report Due Date: 11/7/2020

Innovative Model Development

Innovative Model Development

Please indicate which CAHs participated in Innovated Model Development activities during this budget period. Please select all that apply.

5.1 - Develop and test innovative models and publish report or documentation of the innovation (optional)

| CAH Name | Historical Participation | Participation |
|--|--------------------------|--------------------------|
| Select All | | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | |
| Number of reports or documents published | <input type="text"/> | |

5.2 - Develop and test CAH outpatient clinic (including CAH-owned rural health clinics) quality reporting and publish report or documentation (optional)

| CAH Name | Historical Participation | Participation |
|--|--------------------------|--------------------------|
| Select All | | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | |
| Number of reports or documents published | <input type="text"/> | |

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

File Attachments
 File to Upload: No file chosen [Attach File](#)

OMB Number: 0915-0363
 Expiration Date: 07/30/2022

HRSA Electronic Handbooks

- Home
- Tasks
- Organizations
- Grants
- Free Clinics
- FQHC-LALS
- Resources

- Welcome
- Recently Accessed
- What's New
- Guide Me

NAVIGATION <<

Grantee Data Entry ^

1. Selection Page
2. CAH Quality Improvement
3. CAH Operational and Financial Improvement
4. CAH Population Health Improvement
5. Rural EMS Improvement
6. Innovative Model Development
- 7. CAH Designation**
8. Flex Spending

Program Data ^

1. Flex Facility Information
2. Cohort Management

Admin ^

- Program Selection
- Downloads logs
- Admin Home
- Collection Periods
- Role Assignment

Reports ^

- Reporting Tools
- Grantee Raw Data Report
- Comparison Summary Report
- Comparison 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

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

CAH Designation

CAH Designation

Please enter the number of hospitals requesting and receiving assistance in conversion to CAH status during the budget period.

6.1 - CAH conversions (required if assistance is requested by rural hospitals)

Number of hospitals requesting and receiving assistance in conversion to CAH status

Number of hospitals successfully converting to CAH status

Number of hospitals receiving assistance in conversion to CAH status that did not convert

Please list the hospitals receiving assistance that did not convert to CAH status

6.2 - CAH transitions (required if assistance is requested by CAHs)

Please indicate which CAHs requested assistance in transitioning to another designation during this budget period. Select all that apply.

| CAH Name | Historical Participation | Participation |
|------------|--------------------------|--------------------------|
| Select All | | <input type="checkbox"/> |
| 123456-abc | <input type="checkbox"/> | <input type="checkbox"/> |
| 234567-def | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | <input type="checkbox"/> |

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

File Attachments

File to Upload: No file chosen

OMB Number: 0915-0363
Expiration Date: 07/30/2022

- NAVIGATION <<
- Grantee Data Entry
- 1. Selection Page
- 2. CAH Quality Improvement
- 3. CAH Operational and Financial Improvement
- 4. CAH Population Health Improvement
- 5. Rural EMS Improvement
- 6. Innovative Model Development
- 7. CAH Designation
- 8. Flex Spending**
- Program Data
- 1. Flex Facility Information
- 2. Cohort Management
- Admin
- Program Selection
- Downloads
- Admin Home
- Collection Periods
- Role Assignment
- Reports
- Reporting Tools
- Grantee Row Data Report
- Comparison Summary Report
- Comparison 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

Medicare Hospital Flexibility

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

U2WRH3334: DEPARTMENT OF HEALTH MINNESOTA Review Status: Not Started

Grant Number: U2WRH3334 Grantee: DEPARTMENT OF HEALTH MINNESOTA
 Current Reporting Period: 9/1/2019 - 8/31/2020 Report Due Date: 10/7/2020 Submitted Date: 10/07/2020

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](#)

Award Information

List your Flex 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

Total award for Current Report Period

Enter 0 if none

Total approved carryover for Current Report Period

Enter 0 if none

Total unspent funds for Current Report Period

Actual Program Spending for Current Report Period

[Return to Top \(Index\)](#)

CAH Quality Improvement

Please enter the amount of Flex Funds utilized in the following activity categories. The amount should be a whole number.

11 - Report and improve Core Patient Safety/Inpatient Measures, including develop antibiotic stewardship programs

Flex Funds utilized toward Activity Category 11

12 - Report and improve Core Patient Engagement Measures

Flex Funds utilized toward Activity Category 12

13 - Report and improve Core Care Transitions Measures (required annually)

Flex Funds utilized toward Activity Category 13

14 - Report and improve Core Outpatient Measures (required annually)

Flex Funds utilized toward Activity Category 14

15 - Report and improve Additional Patient Safety Measures (optional)

Flex Funds utilized toward Activity Category 15

16 - Report and improve Additional Patient Engagement Measures (optional)

Flex Funds utilized toward Activity Category 16

17 - Report and improve Additional Care Transitions Measures (optional)

Flex Funds utilized toward Activity Category 17

18 - Report and improve Additional Outpatient Measures (optional)

Flex Funds utilized toward Activity Category 18

Subtotal

Flex Funds Utilized Towards CAH Quality Improvement

[Return to Top \(Index\)](#)

CAH Operational and Financial Improvement

Please enter the amount of Flex Funds utilized in the following activity categories. The amount should be a whole number.

2.1 - Statewide operation and financial needs assessment (required annually)

Flex Funds utilized toward Activity Category 2.1

2.2 - Individual CAH-specific needs assessment and action planning (optional)

Flex Funds utilized toward Activity Category 2.2

2.3 - Financial improvement (optional)

Flex Funds utilized toward Activity Category 2.3

2.4 - Operational improvement (optional)

Flex Funds utilized toward Activity Category 2.4

2.5 - Value-based payment projects (optional)

Flex Funds utilized toward Activity Category 2.5

Subtotal

Flex Funds Utilized Towards CAH Operational and Financial Improvement

[Return to Top \(Index\)](#)

CAH Population Health Improvement

Please enter the amount of Flex Funds utilized in the following activity categories. The amount should be a whole number.

3.1 - Support CAHs identifying community and resource needs (optional)

Flex Funds utilized toward Activity Category 3.1

3.2 - Assist CAHs to build strategies to prioritize and address unmet needs of the community (optional)

Flex Funds utilized toward Activity Category 3.2

3.3 - Assist CAHs to engage with community stakeholders and public health experts and address specific health needs (optional)

Flex Funds utilized toward Activity Category 3.3

Subtotal

Flex Funds Utilized Towards CAH Population Health Improvement

[Return to Top \(Index\)](#)

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)

Flex 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)

Flex Funds utilized toward Activity Category 4.4

Subtotal

Flex Funds Utilized Towards Rural EMS Improvement

[Return to Top \(Index\)](#)

Innovative Model Development

Please enter the amount of Flex 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)

Flex Funds utilized toward Activity Category 5.1

5.2 - Develop and test CAH outpatient clinic (including CAH-owned rural health clinics) quality reporting and publish report or documentation (optional)

Flex Funds utilized toward Activity Category 5.2

Subtotal

Flex Funds Utilized Towards Innovative Model Development

[Return to Top \(Index\)](#)

CAH Designation

Please enter the amount of Flex Funds utilized 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 Category 6.1

6.2 - CAH transitions (required if assistance is requested by CAHs)

Flex Funds utilized toward Activity Category 6.2

Subtotal

Flex Funds Utilized Towards CAH Designation

[Return to Top \(Index\)](#)

Actual Flex Program Spend

Total

Total Flex Funds Utilized

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

File Attachments

File to Upload | Choose File | No file chosen