

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.

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U2WRH33314: DEPARTMENT OF HEALTH MINNESOTA

Review Status: Not Started

Grant Number: U2WRH33314
Current Reporting Period: 9/1/2019 - 8/31/2020

Grantee: DEPARTMENT OF HEALTH MINNESOTA
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

- 1.1 - Report and improve Core Patient Safety/Inpatient Measures, including develop antibiotic stewardship programs (required annually)
- 1.2 - Report and improve Core Patient Engagement Measures (required annually)
- 1.3 - Report and improve Core Care Transitions Measures (required annually)
- 1.4 - Report and improve Core Outpatient Measures (required annually)
- 1.5 - Report and improve Additional Patient Safety Measures (optional)
- 1.6 - Report and improve Additional Patient Engagement Measures (optional)
- 1.7 - Report and improve Additional Care Transitions Measures (optional)
- 1.8 - Report and improve Additional Outpatient Measures (optional)
- 2.1 - Statewide operation and financial needs assessment (required annually)
- 2.2 - Individual CAH-specific needs assessment and action planning (optional)
- 2.3 - Financial improvement (optional)
- 2.4 - Operational improvement (optional)
- 2.5 - Value-based payment projects (optional)
- 3.1 - Support CAHs identifying community and resource needs (optional)
- 3.2 - Assist CAHs to build strategies to prioritize and address unmet needs of the community (optional)
- 3.3 - Assist CAHs to engage with community stakeholders and public health experts and address specific health needs (optional)
- 4.1 - Statewide rural EMS needs assessment and action planning (optional)
- 4.2 - Community-level rural EMS assessments and action planning (optional)
- 4.3 - EMS operational improvement (optional)
- 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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Grant Number: U2WRH33314 Grantee: DEPARTMENT OF HEALTH MINNESOTA
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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			

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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"/>
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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
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			

2.3 - Financial improvement (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			

2.4 - Operational improvement (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			

2.5 - Value-based payment projects (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"/>
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No Yes

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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
<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			

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

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
<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			

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No Yes

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U2WRH33314: DEPARTMENT OF HEALTH MINNESOTA

Review Status: Not Started

Grant Number: U2WRH33314

Current Reporting Period: 9/1/2019 - 8/31/2020

Grantee: DEPARTMENT OF HEALTH MINNESOTA

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

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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
<i>Select All</i>		<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
<i>Select All</i>		<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"/>	

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 No Yes

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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"/>

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U2WRH3334: DEPARTMENT OF HEALTH MINNESOTA Review Status: Not Started

Grant Number: U2WRH3334 Grantee: DEPARTMENT OF HEALTH MINNESOTA
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Flex Spending

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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

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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

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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

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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

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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

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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

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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

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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