Medicare Rural Hospital Flexibility Program Performance

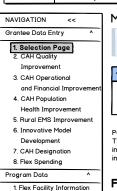
OMB Number: 0915-0363

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.







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

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

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

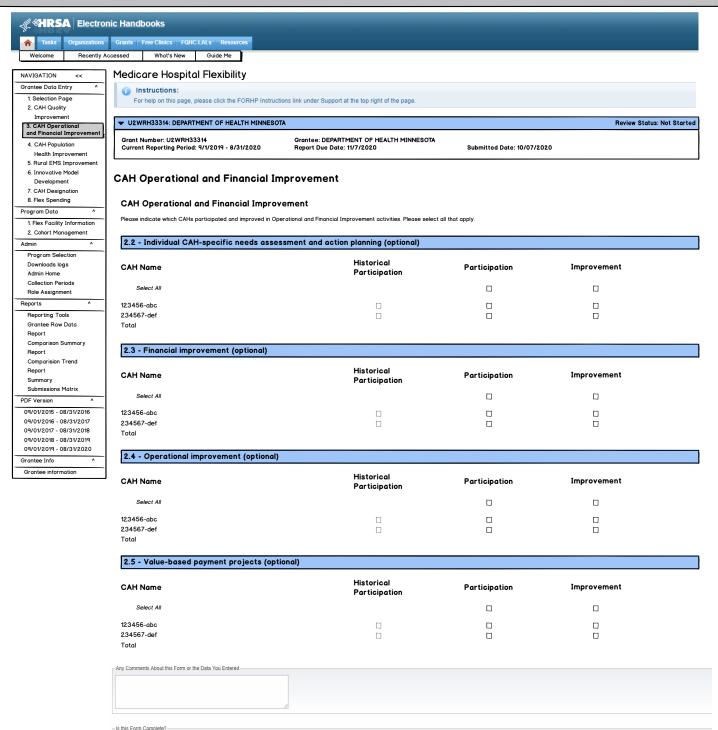
Applicable Measure ?	Measure
	1.1 - Report and improve Core Patient Safety/Inpatient Measures, including develop antibiotic stewardship programs (required annually)
\square	1.2 - Report and improve Core Patient Engagement Measures (required annually)
	1.3 - Report and improve Core Care Transitions Measures (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)

If selected "No", you're not required to fill in all fields before you save

File to Upload: Choose File No file chosen

○ No ● Yes

Save Cancel

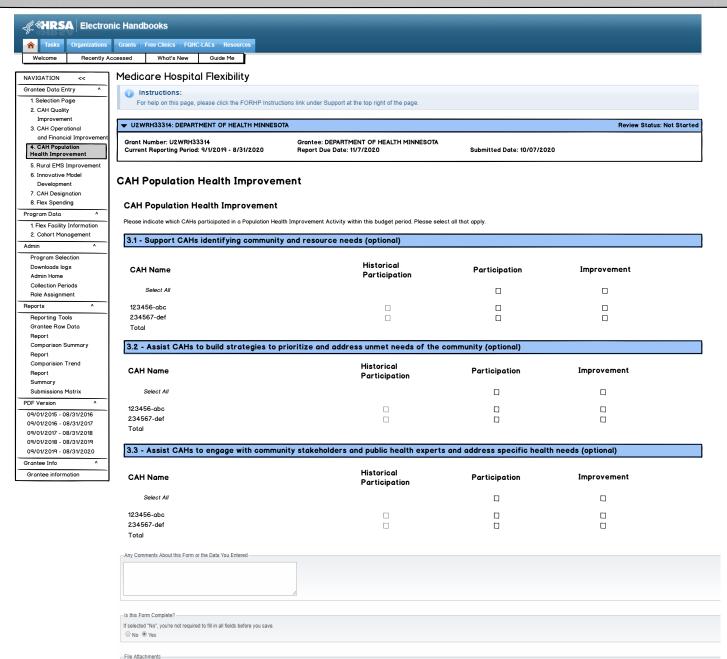


OMB Number: 0915-0363 Expiration Date: 07/30/2022

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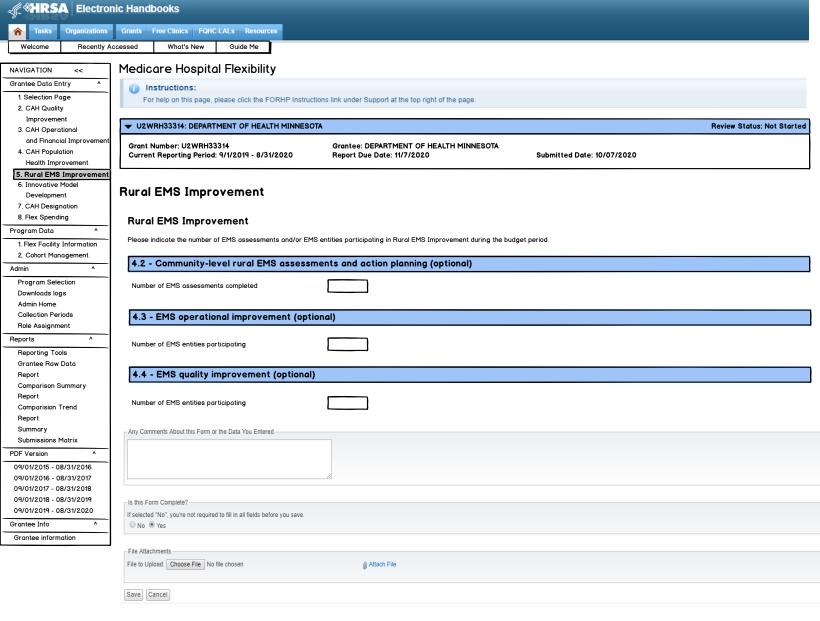
OMB Number: 0915-0363 Expiration Date: 07/30/2022

Attach File

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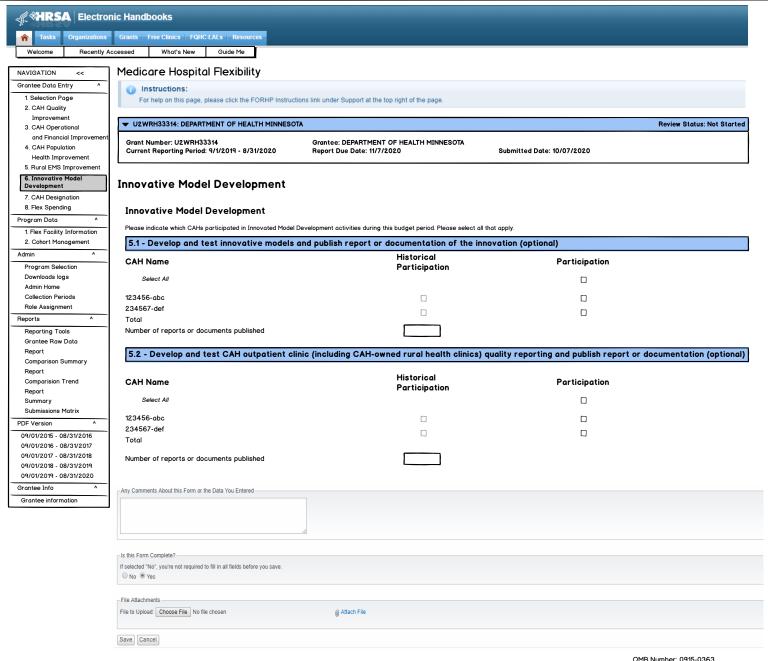
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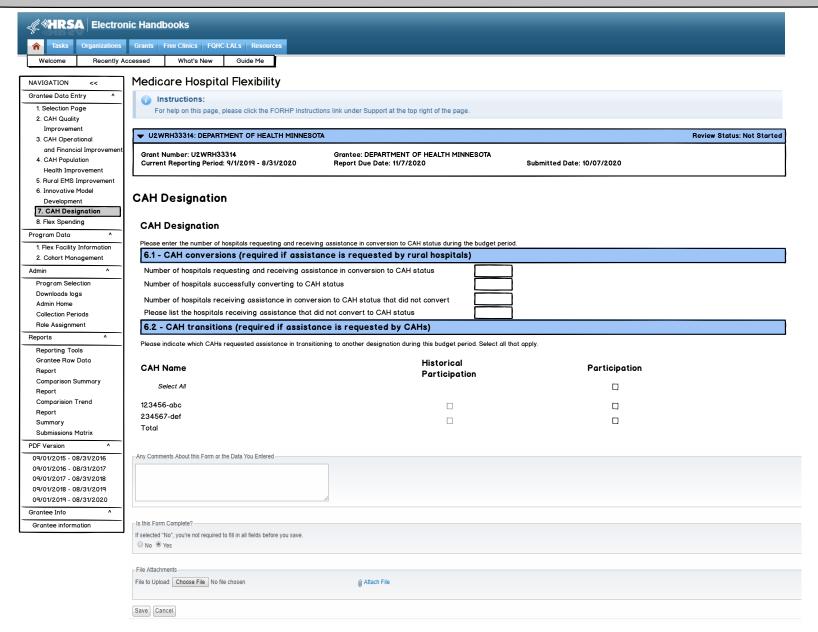


http:// FLEX_FORM 6 - Innovative Model Development









	A Wab Page 18 - Rex Spending	
≪HRSA Electro	nic Handbooks	
↑ Tasks Organizations	Grants Free Clinics FQHC LALs 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	▼ U2WRH333H: DEPARTMENT OF HEALTH MINNESOTA Review Status: Not Started	
CAH Population Health Improvement	Grant Number: U2WRH33314 Grantes: 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 Innovative Model Development	Flex Spending	
7. CAH Designation 8. Flex Spending	Award Information CAH Quality Improvement CAH Quality Improvement CAH Operational and Financial Improvement CAH Population Health Improvement Rural EMS Improvement Improvement Improvement CAH Designation	Actual Flex Program Spend
Program Data ^ 1. Flex Facility Information	Award Information List you Pex program oward amounts, any approved carryover, and any unspent funds in the fields below. Actual gragaran spending for the year will adoubte automatically.	
Cohort Management Admin A	List your has program award amounts, any approved corryover, and any unspent turies in the helds below. Actual program spending for the year will colculate automatically. Spending Summary	
Program Selection Downloads logs	Total award for Current Report Period Enter 0 if none.	
Admin Home Collection Periods Role Assignment	Total approved corryover for Current Report Period Enter 0 il none. Total unspert funds for Current Report Period	
Reports ^	Actual Program Spending for Current Report Period P Seturn to Top (Index)	
Grantee Raw Data Report	CAH Quality Improvement	
Comparison Summary Report	Please enter the amount of Flex Funds utilized in the following activity categories. The amount should be a whole number:	
Comparision Trend Report Summary	1.1 - Report and improve Core Patient Safety/Inpatient Measures, including develop antibiotic stewardship programs	
Submissions Matrix PDF Version ^	Pex Funds will and toward Activity Category 11 12 - Report and improve Core Patient Engagement Measures	
09/01/2015 - 08/31/2016 09/01/2016 - 08/31/2017	Flex Funds utilized toward Activity Cotegory 12	
09/01/2017 - 08/31/2018 09/01/2018 - 08/31/2019 09/01/2019 - 08/31/2020	13 - Report and improve Core Care Transitions Measures (required annually)	
Grantee Info ^ Grantee information	Plex Funds utilized toward Activity Cotegory 1.3	
Granue morniaum	1.4 - Report and improve Core Outpatient Measures (required annually) Plex Runds utilized toward Activity Category 1.4	
	1.5 - Report and improve Additional Patient Safety Measures (optional)	
	Piex Funds utilized toward Activity Category 15	
	16 - Report and improve Additional Patient Engagement Measures (optional)	
	Plex Funds villized toward Activity Category 16	
	17 - Report and improve Additional Care Transitions Measures (optional) Plex Funds vilized toward Activity Calegory 17	
	18 - Report and improve Additional Outpatient Measures (optional)	
	Fix Funds utilized toward Activity Colegory 18	
	Subtotal Pies Funds Utilized Towards CAH Quality Improvement	
	↑ Return to Top (Index)	
	CAH Operational and Financial Improvement Please enter the amount of Rex Funds utilized in the following activity adaptories. The amount should be a whole number.	
	Z.1 - Statewide operation and financial needs assessment (required annually) Rex Funds utilized toward Activity Cologory 2.1	
	2.2 - Individual CAH-specific needs assessment and action planning (optional)	
	Piex Funds utilized toward Activity Cotegory 2.2	
	2.3 - Financial improvement (optional)	
	Rex Funds utilized toward Activity Cotegory 2.3	
	2.4 - Operational improvement (optional) Piex Funds stilized toward Activity Cologory 2.4	
	2.5 - Value-based payment projects (optional)	
	Rex Funds utilized toward Activity Category 2.6 Subtotal	
	Flex Funds Utilized Towards CAH Operational and Financial Improvement * Batum to Too (Index)	
	CAH Population Health Improvement Please enter the amount of Piex Funds utilized in the following activity categories. The amount should be a whole number.	
	3.1 - Support CAHs identifying community and resource needs (optional) Rior Funds stilized toward Activity Category 3.1	
	3.2 - Assist CAHs to build strategies to prioritize and address unmet needs of the community (optional)	
	Rex Funds utilized toward Activity Cotegory 3.2	
	3.3 - Assist GAHs to engage with community stakeholders and public health experts and address specific health needs (optional) Riox Funds stilized toward Activity Category 3.3	
	Subtotal	
	Fine Times Utilized Towards CAI Population Health Improvement Patient to Tou (Index) Rural EMS Improvement	
	4.1 - Statewide rural EMS needs assessment and action planning (optional)	
	Plax Funds utilized toward Activity Cotegory 4.1 4.2 - Community-level rural EMS assessments and action planning (optional)	
	Flex Funds utilized toward Activity Cotegory 4.2	
	4.3 - EMS operational improvement (optional)	
	Pex Funds utilized toward Activity Category 4.3 4.4 - EMS quality improvement (optional)	
	Flex Funds utilized toward Activity Category 4.4	
	Subtotal Pex Funds Utilized Towards Rural EMS Improvement	
	A Return to Top (Indeed Innovative Model Development	
	Please enter the amount of Piex 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) Fix: Fixeds utilized toward Activity Category 5.2	
	Subtatal Per Funds URized Towards Innovative Model Development	
	Between to Tate (Index) CAH Designation Rease either the amount of Piex Funds villized in the following activity category. The amount should be a whole number:	
	6.1 - CAH conversions (required if assistance is requested by rural hospitals)	
	Fixer Funds utilized toward Activity Cotegory 6.1 6.2 - CAH transitions (required if assistance is requested by CAHs)	
	Piex Funds utilized toward Activity Category 6.2 Subfotal	
	Plex Funds Utilized Towards CAH Designation	
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