

Missouri Small Rural Hospital Improvement Program

FY21

June 1, 2021 – May 31, 2022

JUNE 30, 2021

MISTY DENNIS, RURAL HEALTH COORDINATOR

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES,

OFFICE OF RURAL HEALTH AND PRIMARY CARE





Health Resources & Services Administration

This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$551,948 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

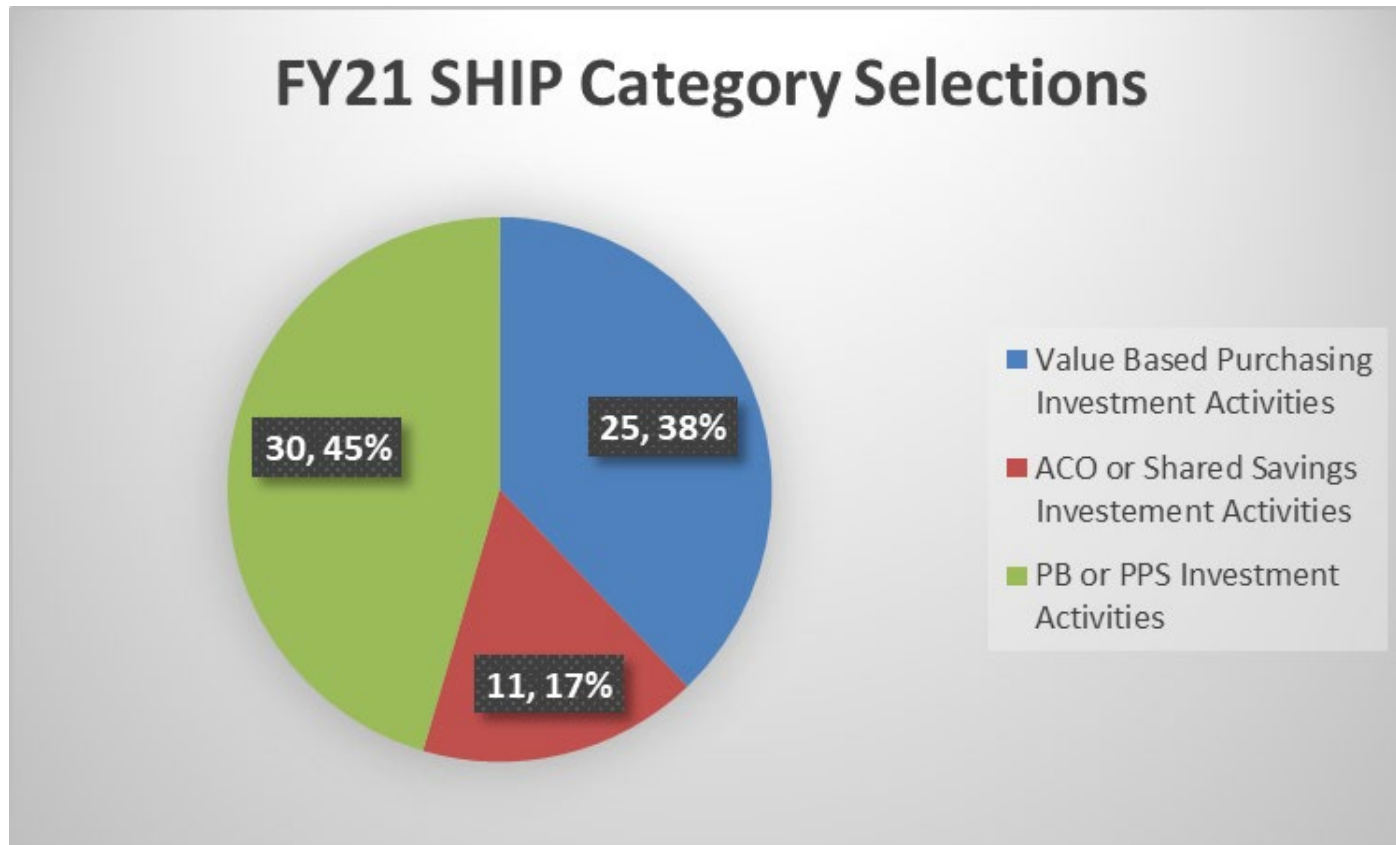


FY21 SHIP Funding Overview

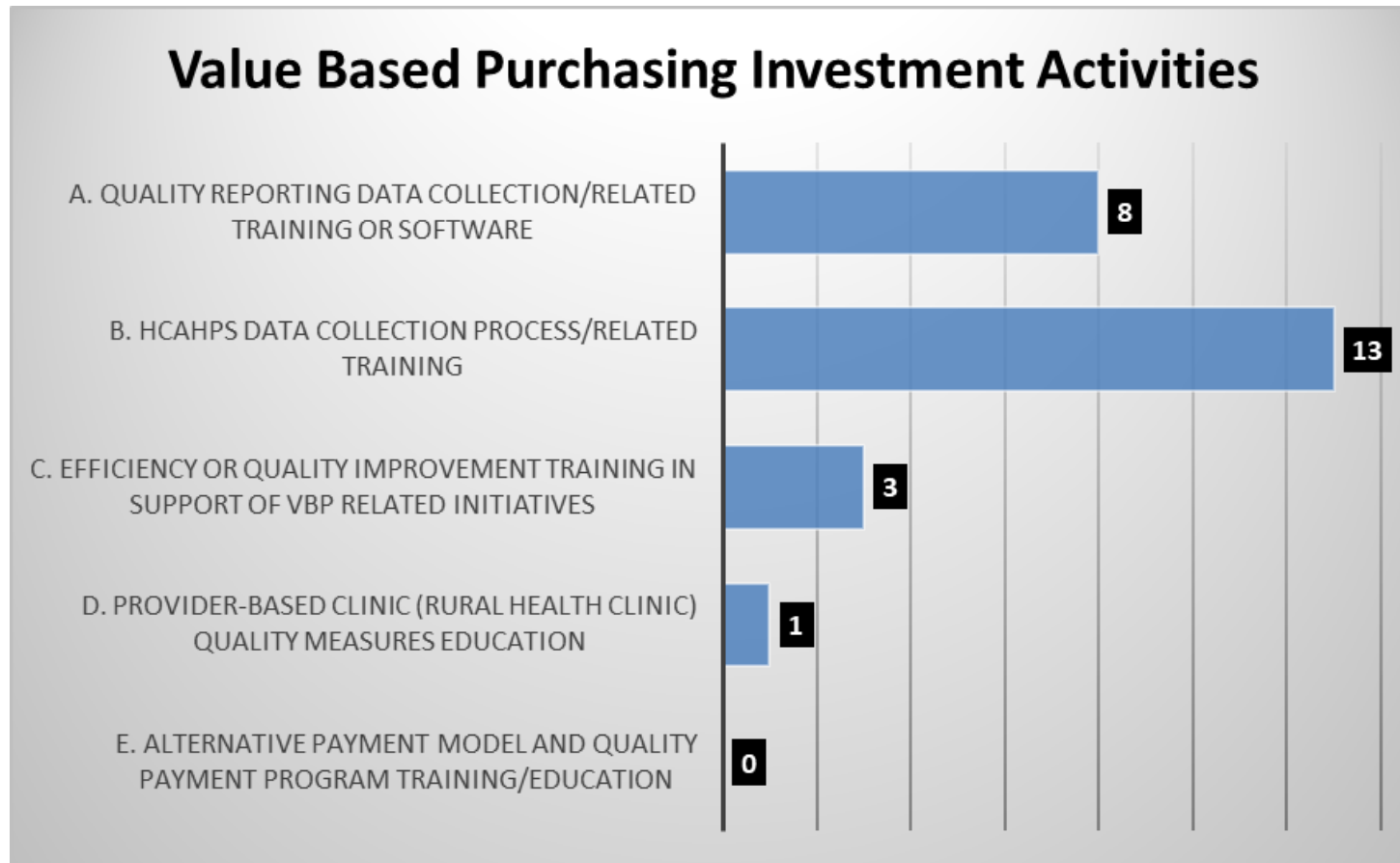
43 Participating Hospitals in MO

\$11,358.86

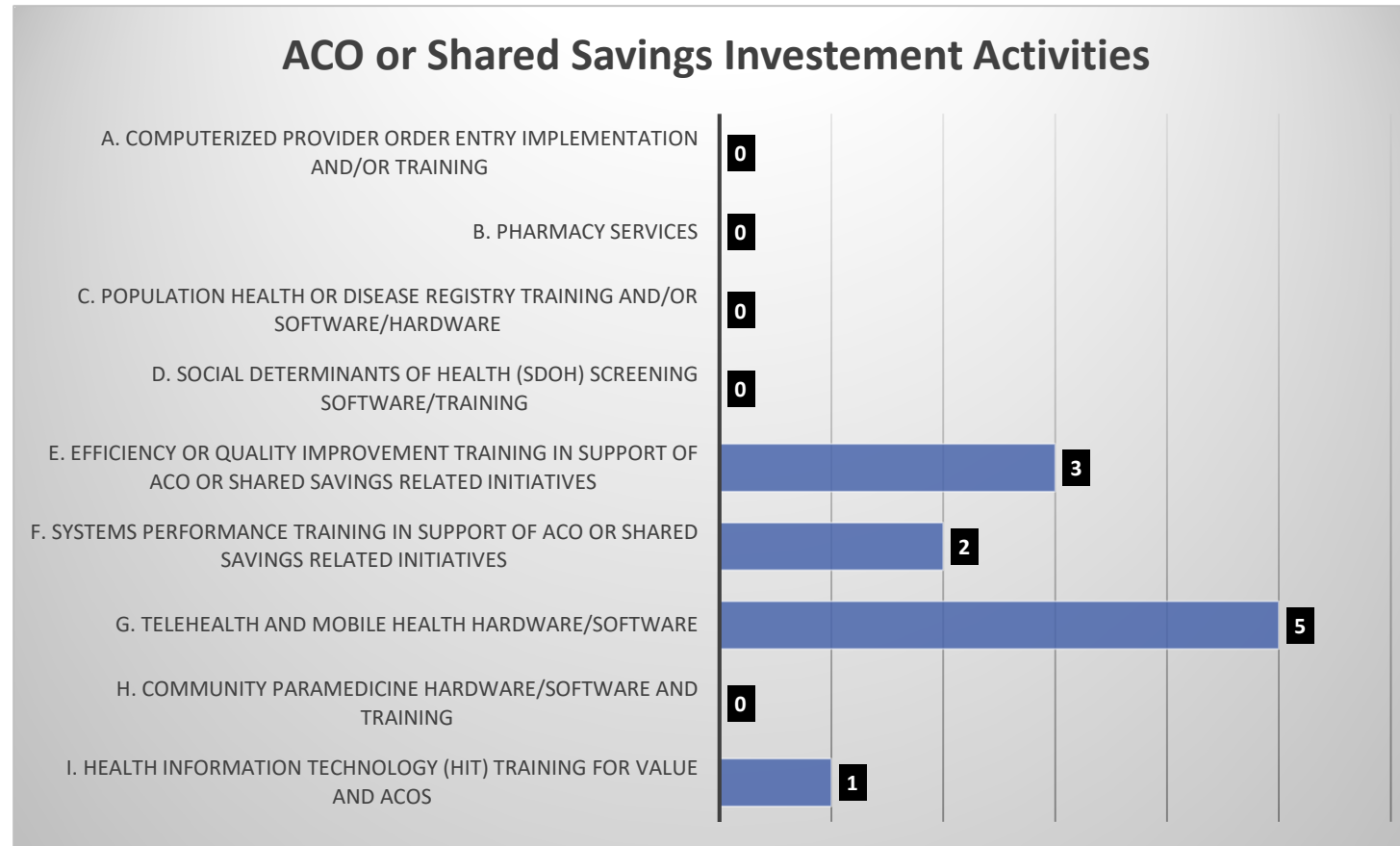
Category Selections



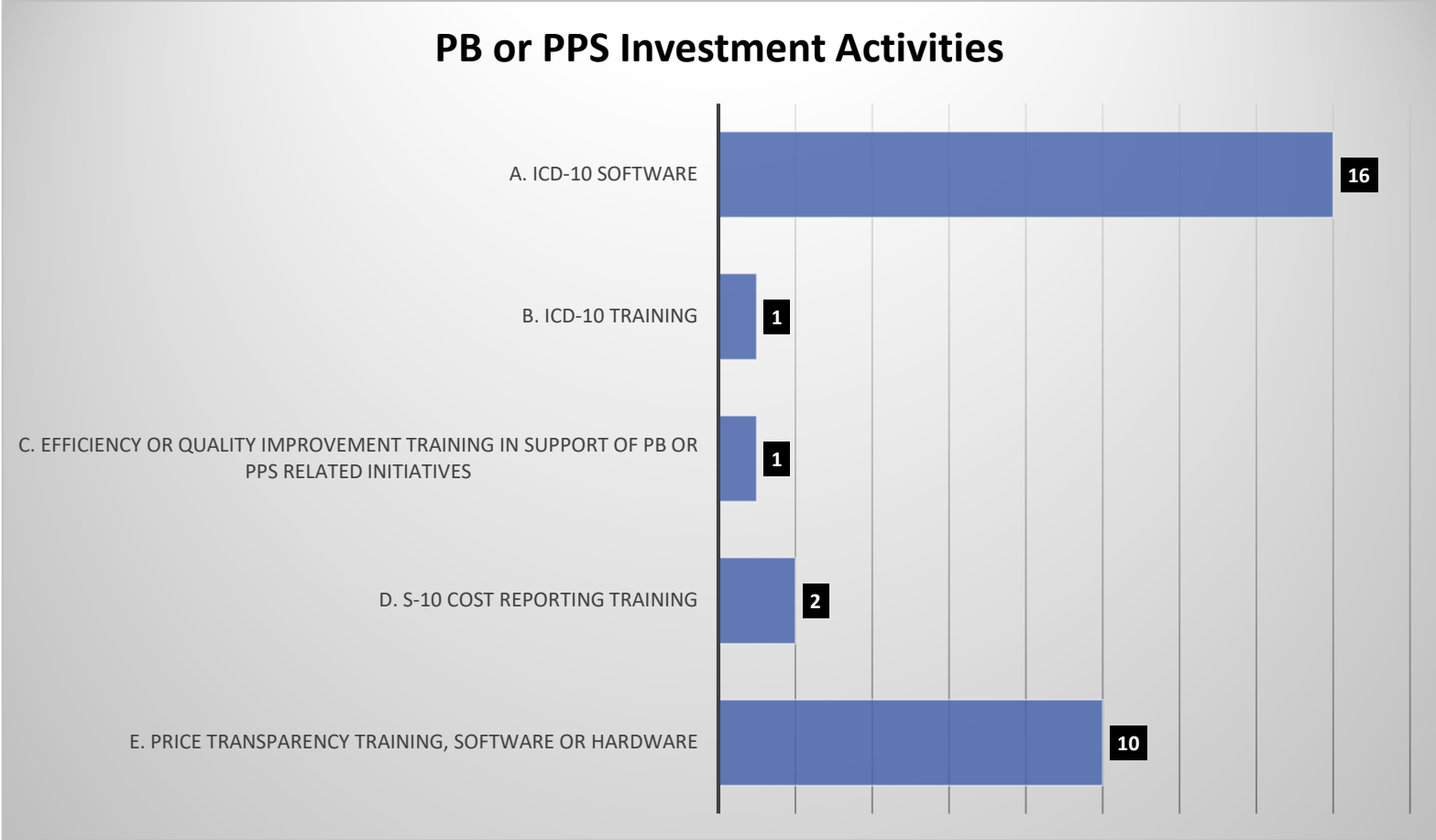
Value Based Purchasing Investments



ACO or Shared Savings Investment Activities



PB or PPS Investment Activities



Prepare for Successful FY21 Grant Cycle

Review approved application. If needed, request copy via email.

- Make sure requested activities are still planned.
- Review activity costs to ensure all funds will be expended.
- Request prior approval, if necessary.

Develop program goal and reporting measure(s).



Reporting Requirements

SHIP FY21 will require quarterly reporting and invoicing by all participating hospitals.

Quarter	Reporting Period	Due Dates
1	June 1 – August 31	September 10
2	September 1 – November 30	December 10
3	December 1 – February 28	March 10
4	March 1 – May 31	June 10



Progress Reports

- Quarterly progress reports will allow the hospitals and ORHPC staff to monitor progress and ensure that allowable activities are performed and all available funds will be expended before the end of the grant cycle.
- ORHPC will provide a survey link to complete each progress report prior to the end of each reporting period.

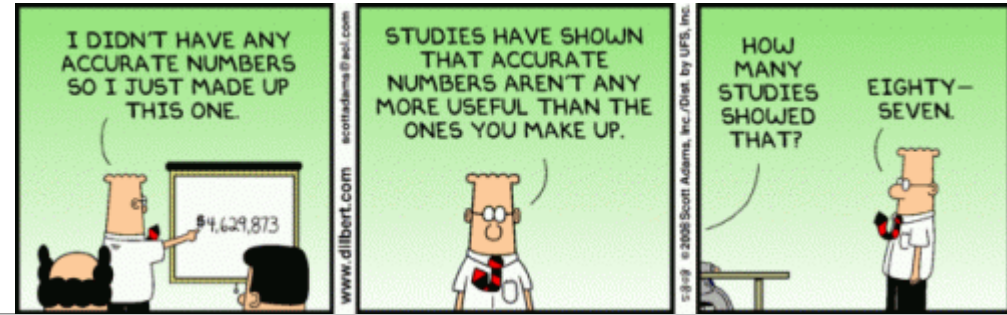


Progress Reports

Reports shall include achievements made during the period and indicate if the proposed activity(s) chosen from the purchasing menu:

- Have been performed and how;
- If there are any significant differences between the budgeted and actual activities and how SHIP funds were used to support those activities; and,
- If there are any current and anticipated challenges to completing the activities in the current contract period and how they were (or will be) resolved.

Quarterly Invoices















- Invoices are required to be submitted on a quarterly basis, with the progress report, as funds are expended.
- Hospitals are no longer allowed to submit an annual invoice at the end of the grant cycle.
- Invoices should include good or services received during the reporting period.
- Pre-payment of services is not allowed, unless it is a subscription.
- Vendor Request for Payment must be submitted with supporting vendor documentation/invoices.


Vendor Request for Payment Form



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
VENDOR REQUEST FOR PAYMENT

VENDOR USE			
VENDOR NAME 		INVOICE NUMBER 	
VENDOR REMIT TO ADDRESS 			
STATE VENDOR NUMBER 		BILLING PERIOD 	
CONTRACT NAME / SERVICE 		CONTRACT NUMBER 	AMOUNT REQUESTED 
COMMENTS			
I CERTIFY THAT THIS REPORT IS TRUE AND THAT ALL PAYMENTS CLAIMED ARE IN ACCORDANCE WITH THE PROVISIONS SET FORTH IN THE CONTRACT.			
AUTHORIZED SIGNATURE 		TITLE 	DATE 
FOR DHSS PROGRAM USE ONLY			
PURCHASE ORDER (SC, SCS DOCUMENT NUMBER)		RECEIVER DOCUMENT (RC) NUMBER	
PROGRAM / BUREAU APPROVAL SIGNATURE(S)		TITLE	DATE APPROVED
COMMENTS			
ACCOUNTING DISTRIBUTION			DATE STAMP, ETC.
SC, SCS ACCOUNTING LINE NO.	AMOUNT	PLEASE CIRCLE ONE PARTIAL (P) FINAL (F)	
		P F	
		P F	
		P F	
		P F	
		P F	
APPROVED PAYMENT AMOUNT			
ACCOUNTS PAYABLE SIGNATURE 			DATE PROCESSED

MO c80-0154 (9-01) DISTRIBUTION: WHITE / GREEN / CANARY - BUREAU OF FINANCIAL SERVICES; PINK - DIVISION / CENTER; GOLDENROD - LOCAL AGENCY DH-38

 These fields are **required**. Incomplete forms will be returned for completion.

I will no longer make revisions or corrections.



Vendor Request for Payment Form

- Fields **MUST** match Missouri Buys registration. Any forms with differing information will be rejected by accounts payable.
 - <https://missouribuys.mo.gov/>
 - MissouriBUYS@mo.gov
- Invoice #: your own assigned unique invoice number – cannot be the same as any other invoice # submitted to State of MO
- Vendor Remit to Address: must match Missouri Buys
- Vendor #: TIN plus any additional character assigned in Missouri Buys
- Contract Name/Service: SHIP

Prior Approvals



- Prior Approvals are required when a hospital requests to change funding activities from those selected at the time of the application. This includes changes to approved application budgets.
- All Prior Approvals must be submitted to and approved by ORHPC using the Prior Approval form.
- All requests must be submitted prior end of 2nd quarter (**11/30/2021**).

Prior Approval Form

Office of Rural Health and Primary Care Request for Approval FY 2021 SHIP Funds or Invoice

Date of Request: [Click or tap to enter a date.](#)

Hospital Name: [Click or tap here to enter text.](#)

Select the hospital's currently approved Investment Categories:

VBP ACO/Shared Savings PB/PPS

Will any category or activity be dropped with this request? If so, please indicate which one(s): [Click or tap here to enter text.](#)

Investment Category Requested ([SHIP 2021 Allowable Investments](#)):

VBP Investment Activities: [Choose an item.](#)

ACO or Shared Savings Investment Activities: [Choose an item.](#)

PB or PPS Investment Activities: [Choose an item.](#)

If approved, what will be the total funding requested for each category? Total must equal full funding amount.

VBP- [Click or tap here to enter text.](#) ACO/Shared Savings- [Click or tap here to enter text.](#) PB/PPS- [Click or tap here to enter text.](#)

What specific hardware, software, or training will be purchased with approved SHIP funding? If requesting payment approval for a specific invoice, please submit invoice with this request.

[Click or tap here to enter text.](#)

Explain how requested activity aligns with the requested category and meets SHIP guidelines:

- Review the appropriateness or fit of the certain activity (hardware, software, and/or training).
[Click or tap here to enter text.](#)
- How will this particular activity:
 - Impact the hospital's transformation into an accountable care organization, increase value-based purchasing objectives, and/or assist with prospective payment system investment activities;
 - Add value and improve hospital's performance by streamlining operational processes;
 - Improve access to a new or expanded health service and quality of health services;
 - Integrate process improvement into daily workflow;
 - Improve cost savings or cost reduction, and operational costs;
 - Enhance staff capacity, add new skills, or provide needed education;
 - Strengthen network quality and performance management programs;
 - Create new partnerships or relationships;
 - Enable the development of a security risk analysis, breach mitigation and response plan; and/or
 - Enhance capacity for data standardization, collection, and management.

[Click or tap here to enter text.](#)

DHSS/ORHPC Use Only

HRSA Notification Required? Choose an item.

Approval Status: Choose an item.

DHSS/ORHPC Approved By:

Date: Click or tap to enter a date.

Comments: Click or tap here to enter text.

|



SHIP Resources

- [MO SHIP Webpage](https://health.mo.gov/living/families/ruralhealth/) - https://health.mo.gov/living/families/ruralhealth/
- [Allowable Investment Search Tool](https://www.ruralcenter.org/ship/allowable-investments/search-tool) - https://www.ruralcenter.org/ship/allowable-investments/search-tool
- [Value Based Purchasing Investments](https://www.ruralcenter.org/ship/allowable-investments/value-based-purchasing) - https://www.ruralcenter.org/ship/allowable-investments/value-based-purchasing
- [ACO or Shared Savings Investments](https://www.ruralcenter.org/ship/allowable-investments/accountable-care-organizations) - https://www.ruralcenter.org/ship/allowable-investments/accountable-care-organizations
- [PB or PPS Investments](https://www.ruralcenter.org/ship/allowable-investments/payment-bundling) - https://www.ruralcenter.org/ship/allowable-investments/payment-bundling
- [CMS Hospital Price Transparency](https://www.cms.gov/hospital-price-transparency) - https://www.cms.gov/hospital-price-transparency

ORHPC Contact Information



Sara Davenport – Office Chief
Barbara Brendel – Rural Health Manager

Primary Contact: Misty Dennis – Rural Health Coordinator

Email: ORHPCinfo@health.mo.gov

Phone: 573-751-6441

Webpage: <https://health.mo.gov/living/families/ruralhealth/>

SHIP Webpage: <https://health.mo.gov/living/families/ruralhealth/rural-health-hospitals.php>

Rural Spotlight Blog: <https://ruralhealthinfocenter.health.mo.gov/>

Questions?

