Missouri Small Rural Hospital Improvement Program FY2020 June 1, 2020 – May 31, 2021

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Missouri Department of Health and Senior Services,

Office of Rural Health and Primary Care

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Grant Administration

- The Missouri Small Rural Hospital Improvement Program (SHIP) FY2020 Grant will be administered by the Missouri Department of Health and Senior Services (DHSS), Office of Rural Health and Primary Care (ORHPC).
- Missouri Hospital Association (MHA) will no longer be the contact for this grant.
- MHA will continue to be the primary contact for hospitals participating in the Medicare Rural Hospital Flexibility Program (Flex) grant.

Reporting Requirements

SHIP FY2020 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

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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.

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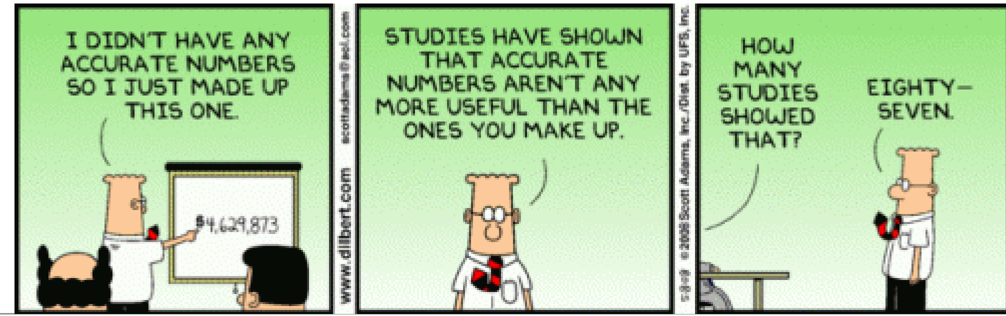
Progress Reports

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 expenses paid during the reporting period.
- Vendor Request for Payment must be submitted with invoices, along with supporting documentation.

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Allowable Expenses

- There have been changes in HRSA and ORHPC staff, as well as project guidelines. This may result in changes to allowable expenses compared to prior years.

- ORHPC staff will review all FY2020 SHIP applications. Hospitals will be notified if:
    - An unallowable activity is listed on the application; and/or,
    - Additional information is needed to determine if an activity is allowable.

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Allowable Expenses

If it is determined that a hospital has selected an unallowable activity, the hospital will be required to submit a Prior Approval.

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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 document.

- All requests must be submitted prior to January 1, 2021.

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Attachments

The following attachments were sent with these presentation slides. The documents were also included in the contract.

- Prior Approval Request document
- Vendor Request for Payment Form

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Attachments

Office of Rural Health and Primary Care
Request for Approval
FY 2020 SHIP Funds or Invoice

Date of Request: Click or tap to enter a date.

Hospital Name: Click or tap here to enter text.

Has hospital fully implemented ICD-10? Choose an item.

Has hospital fully implemented HCAHPS and reported for at least one quarter during the most recent SHIP budget period? Choose an item.

Does hospital publicly report HCAHPs on Hospital Compare? Choose an item.

Select the hospital's current 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 2020 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.

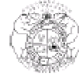
What specific hardware, software, or training will be purchased with approved SHIP funding? If requesting payment approval for a specific invoice, please submit invoice with this request.
Click or tap here to enter text.

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.

Attachments



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

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			

DATE STAMP, ETC.

ACCOUNTS PAYABLE SIGNATURE	DATE PROCESSED
►	

MO 580-0154 (9-01) **DISTRIBUTION: WHITE / GREEN / CANARY** – BUREAU OF FINANCIAL SERVICES; **PINK** – DIVISION / CENTER; **GOLDENROD** – LOCAL AGENCY DH-38

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

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Questions?

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