

Small Rural Hospital Improvement Program (SHIP)

2020 GRANT FINAL REPORT

Allowable Investments

The U.S. Department of Health and Human Services, Health Resources and Services Administration's Federal Office of Rural Health Policy (FORHP) supports the Small Rural Hospital Improvement Grant Program (SHIP).

SHIP allowable investments include activities to assist small rural hospitals with their quality improvement efforts and with their adaptation to changing payment systems through **investments in hardware, software and related trainings**. This includes, aiding with value and quality improvement.

Unallowable investments include, but are not limited to, travel costs, hospital services, hospital staff salaries, or general supplies.

[SHIP Allowable Investments \(https://www.ruralcenter.org/ship/allowable-investments\)](https://www.ruralcenter.org/ship/allowable-investments)

Instructions

For every activity selected, grantees must provide information explaining how SHIP funds were used. Final reports, final invoices and all supporting documentation are due back to the Minnesota Department of Health, Office of Rural Health & Primary Care by: **June 30, 2020**.

Submit all documents by email to the SHIP Program: Health.RuralSHIPGrant@state.mn.us.

SHIP 2020 Final Report

Part A. Hospital Information

Hospital Name: Click or tap here to enter text.

Administrator / CEO Name: Click or tap here to enter text.

Administrator E-mail: Click or tap here to enter text.

SHIP Project Coordinator: Click or tap here to enter text.

SHIP Project Coordinator E-Mail: Click or tap here to enter text.

SHIP Project Coordinator Phone (direct line): Click or tap here to enter text.

Part B. Expenditure Information

Check applicable investments and indicate the dollar (\$) amount 2020 funds used to support the selected investments up to \$10,114 and provide descriptive information about each activity.

Table 1. Value-Based Purchasing (VBP) Investment Activities

Activities that support improved data collection to facilitate quality reporting and improvement.	Select Activity(ies)	Indicate Amount Spent
A. Quality reporting data collection/related training (e.g. eCQM implementation)	<input type="checkbox"/>	\$
B. HCAHPS data collection process/related training	<input type="checkbox"/>	\$
C. Efficiency or quality improvement training/project in support of VBP related initiatives	<input type="checkbox"/>	\$
D. Provider-Based Clinic Quality Measures Education	<input type="checkbox"/>	\$
E. Alternative Payment Model and Merit-Based Incentive Payment training/education	<input type="checkbox"/>	\$
Total amount of funds spent on VBP Activities	N/A	Total \$

1. Provide a brief description of each activity selected from Table 1. Value-Based Purchasing Investment Activities.
Click or tap here to enter text.
2. Indicate the status of your project.
Click or tap here to enter text.
3. List Outcomes resulting from the activities in progress or completed for each project.
Click or tap here to enter text.

Table 2. Accountable Care Organization (ACO) or Shared Savings Investment Activities

Activities that support the development or the basic tenets of ACOs or shared savings programs.	Select Activity(ies)	Indicate Amount Spent
A. Computerized provider order entry implementation and/or training	<input type="checkbox"/>	\$
B. Pharmacy services implementation	<input type="checkbox"/>	\$
C. Disease registry training and/or software/hardware	<input type="checkbox"/>	\$
D. Efficiency or quality improvement training/project in support of ACO or shared savings related initiatives	<input type="checkbox"/>	\$
E. Systems performance training	<input type="checkbox"/>	\$
F. Mobile health equipment installation/use	<input type="checkbox"/>	\$
G. Community paramedicine training and/or equipment installation/use	<input type="checkbox"/>	\$
H. Health Information Technology Training for Value and ACOs	<input type="checkbox"/>	\$
Total amount of funds spent on ACO or Shared Savings activities	N/A	Total \$

1. Provide a brief description of each activity selected from Table 2. ACO or Shared Savings Investments.

Click or tap here to enter text.

2. Indicate the status of your project.

Click or tap here to enter text.

3. List Outcomes resulting from the activities in progress or completed for each project.

Click or tap here to enter text.

Table 3. Payment Bundling (PB) or Prospective Payment System (PPS) Investment Activities

Activities that improve hospital financial processes.	Select Activity(ies)	Indicate Amount Spent
A. ICD-10 software	<input type="checkbox"/>	\$
B. ICD-10 training	<input type="checkbox"/>	\$
C. Efficiency or quality improvement training/project in support of PB or PPS related initiatives	<input type="checkbox"/>	\$
D. S-10 Cost Reporting training/project	<input type="checkbox"/>	\$
E. Pricing Transparency Training	<input type="checkbox"/>	\$
Total amount of funds spent on PB or PPS activities	N/A	Total \$

1. Provide a brief description of each activity selected from Table 3. Payment Bundling or Prospective Payment System (PPS) Investment Activities.

Click or tap here to enter text.

2. Indicate the status of your project.

Click or tap here to enter text.

3. List Outcomes resulting from the activities in progress or completed for each project.

Click or tap here to enter text.

The total of each category VBP + ACO or Shared Savings + PB or PPS should equal \$10,114. If you underspent the award, please indicate why.

Click or tap here to enter text.

C. Signatures

The individual who completed this report must approve the final document before submission to ORHPC.

Name: Click or tap here to enter text.

Date: Click or tap here to enter text.

(Individual responsible for managing SHIP-funded project. E-signatures accepted.)



Small Rural Hospital Improvement Program (SHIP) Grant

Invoice Form July 2019 – May 31, 2020

Please include supporting documentation of all expenditures/ Accepted forms of documentation include, but are not limited to invoices, purchase orders, receipts.

Grantee Name: Click or tap here to enter text. Address: Click or tap here to enter text. Remit Address (if applicable): Click or tap here to enter text.	Contract Number: Click or tap here to enter text. Purchase Order: Click or tap here to enter text. SWIFT ID: Click or tap here to enter text. SWIFT Location Code: Click or tap here to enter text. Invoice Number: Click or tap here to enter text.
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This information can be located on the cover sheet page of your Grant Agreement.

Expenditures

Purchasing Category	Total Amount Spent by Purchasing Category
1. Value-based Purchasing	\$Click or tap here to enter text.
2. Accountable Care Organization, Shared Savings Investments	\$Click or tap here to enter text.
3. Payment Bundling, Prospective Payment Systems	\$Click or tap here to enter text.
Total Expenses	\$Click or tap here to enter text.
Total Reimbursement Requested (cannot exceed \$10,114)	\$Click or tap here to enter text.

I declare that no part of this claim has been previously billed to MDH, and reflects only charges that conform and are consistent with the description and conditions of the grant agreement work plan and budget. I also declare that the data on this document is correct and all transactions that support this claim were made in accordance with all applicable Federal and State statutes and regulations.

Grantee Signature	Date
	/

For MDH use only

SWIFT Vendor ID: SWIFT Location Code: PO: Amount Approved: ORHPC Staff: Date:	
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