# SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM (SHIP)
## FY 2024 HOSPITAL GRANT APPLICATION B (LONG FORM)

*Return to [Insert SORH SHIP Coordinator] by: [Insert Due Date]*

To help facilitate the awards process, the SORH will submit one SHIP application on behalf of all eligible hospital applicants to Federal Office of Rural Health Policy (FORHP). *This form must be completed and returned to the SORH for a hospital to be included in the FY2024 SHIP funding*. The SORH will award equal funding to each eligible hospital.

## General Information

Hospital Name: *Click here to enter text.*          CMS Certification Number (CCN): # *Click here to enter text.*

Former Name *(if changed since FY23 SHIP application):* *Click here to enter text.*

Is there a change in hospital address since FY23 SHIP application? Yes ☐ No ☐

Is there a change in Administrator/CEO since FY23 SHIP application? Yes ☐ No ☐

Is there a change in SHIP Project Director, since FY23 SHIP application? Yes ☐ No ☐

*For a new facility or if answered **Yes** to any of the above questions, please complete all appropriate fields below:*

Address: *Click here to enter text.*     City: *Click here to enter text.*     State: *Click here to enter text.*
Zip: *Click here to enter text.*  County: *Click here to enter text.*  Phone: *Click here to enter text.*

Administrator/CEO Name: *Click here to enter text.*          E-mail: *Click here to enter text.*

Hospital SHIP Project Director Name: *Click here to enter text.*          Email: *Click here to enter text.*

Phone: *Click here to enter text.*

Number of beds, per Line 14 of the most recently filed Medicare Cost Report*:
*\*Note: If hospital reports a licensed bed count greater than 49 on Line 14 but staffs 49 beds or fewer, eligibility may be certified by submitting a written statement to the SORH that includes: 1) the number of staffed beds at the time of the most recent cost report submission, 2) the cost reporting period of the most recently filed cost report, and 3) the signature of the certifying official.*

CAH:   Yes ☐ No ☐

Tribally operated hospital under Titles I and V of P.L. 93-638?     Yes ☐     No ☐

From the SHIP Allowable Investment Menu below, check the boxes that indicate your proposed activities. For CAHs, hospitals must select MBQIP and ICD-11 software or training before selecting other activities. For non-CAHs, hospitals must select ICD-11 software or training before selecting other activities. In the final box, indicate the dollar amount by investment category. **Total Budget Estimate CANNOT exceed $13,312.**

Refer to the SHIP Allowable Investments webpage or use the Allowable Investments Search Tool for examples and resources.

## Value-Based Purchasing (VBP) Investment Activities

| Activities that support improved data collection to facilitate quality reporting and improvement. | Hospital Activity(s) | Briefly describe the Activity |
|---|---|---|
| A. Quality reporting data collection/related training or software | ☐ | |
| B. MBQIP data collection process/related training | ☐ | |
| C. Efficiency or quality improvement training in support of VBP related initiatives | ☐ | |
| D. Provider-Based Clinic quality measures education | ☐ | |
| E. Alternative Payment Model and Quality Payment Program training/education | ☐ | |

## Accountable Care Organization (ACO) or Shared Savings Investment Activities

| Activities that support the development or the basic tenets of ACOs or shared savings programs. | Hospital Activity(s) | Briefly describe the Activity |
|---|---|---|
| A. Computerized provider order entry (COPE) implementation and/or training | ☐ | |
| B. Pharmacy services training, hardware/software, and machines (Not pharmacists' services or medications) | ☐ | |
| C. Population Health or disease registry training and/or software/hardware | ☐ | |
| D. Social Drivers of Health Screening software/training | ☐ | |
| E. Efficiency or quality improvement training in support of ACO or shared savings related initiatives | ☐ | |
| F. Systems performance training in support of ACO or shared savings related initiatives | ☐ | |
| G. Telehealth and mobile health hardware/software (not telecommunications) | ☐ | |
| H. Community paramedicine hardware/software and training | ☐ | |
| I. Health Information Technology (HIT) training for value and ACOs including training, software, and risk assessments associated with cybersecurity | ☐ | |

## Payment Bundling (PB) or Prospective Payment System (PPS) Investment Activities

| Activities that improve hospital financial processes. | Hospital Activity(s) | Briefly describe the Activity |
|---|---|---|
| A. ICD-11 software | ☐ | |
| B. ICD-11 training | ☐ | |
| C. Efficiency or quality improvement training in support of PB or PPS related initiatives | ☐ | |
| D. S-10 Cost Reporting training | ☐ | |
| E. Pricing Transparency training | ☐ | |

| Investment Category | Amount Requested | Percent by Category |
|---|---|---|
| VBP Investment Activities | *Enter Amount* | *Enter Percent of funding* |
| ACO or Shared Savings Investment Activities | *Enter Amount* | *Enter Percent of funding* |
| PB or PPS Investment Activities | *Enter Amount* | *Enter Percent of funding* |
| **Total Requested** | **$13,312.00** | **100%** |

*Note: $13,312 is an estimate based on the previous year's funding. The amount per hospital is subject to appropriation and may change.*

## FY2023 (June 1, 2023 - May 31, 2024) Investments & Expenditures (Returning Hospitals Only)

1. Do you anticipate expending all FY2023 funds by the end of the current budget period (May 31, 2024)?
☐ Yes    ☐ No   If no, briefly explain challenge:  *Click here to enter text.*

2. Briefly describe activity <u>and</u> progress by investment category.

    *VBP*: *Click here to enter text.* Activities conducted in a network or consortium? ☐ Yes    ☐ No

    *Progress:* ☐ None ☐ Not Started ☐ Planning    ☐ Started    ☐ Postponed ☐ Completed

    *ACO*: *Click here to enter text.* Activities conducted in a network or consortium? ☐ Yes    ☐ No
    *Progress:* ☐ None ☐ Not Started ☐ Planning    ☐ Started    ☐ Postponed ☐ Completed

    *PB/PPS*: *Click here to enter text.* Activities conducted in a network or consortium?  ☐ Yes ☐ No
    *Progress:* ☐ None ☐ Not Started ☐ Planning    ☐ Started    ☐ Postponed ☐ Completed

3. Briefly describe lessons learned and/or investment outcomes or impact (such as number of participants that attended training). *Click here to enter text.*

## FY2024 Network/Consortium Expenditures

Will FY2024 funds be allocated to a SHIP network/consortium? (A network formed solely for the purposes of SHIP?) ☐ Yes  Network/consortium name: *Click here to enter text.*          ☐ No

Will FY2024 SHIP funds be allocated to any ***other*** network/consortium? (A network formed for purposes other than SHIP that offers programs/services that SHIP hospital can "buy into" with SHIP funds?)
    ☐ Yes  Network/consortium name: *Click here to enter text.*          ☐ No

## Signature

By signing this application, you are affirming adherence to all FY2024 SHIP eligibility and program requirements including the selection of investment(s) activities based FY2024 SHIP Allowable Investment Instructions. Hospitals that purchase hardware and/or software or training services that are not listed on the SHIP Purchasing Menu will be subject to penalties which may include suspension from the next SHIP funding opportunity.

*Note: Prior approval from your state SHIP Coordinator is required before changing investments; no changes can be made after the mid-year point.*

**Administrator/CEO Signature:**                                         **Date:**

**Hospital SHIP Coordinator Signature:**                                **Date:**

(E-signatures are acceptable.)