



## SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM (SHIP) FY 2021

### ALLOWABLE AND UNALLOWABLE INVESTMENT ACTIVITY EXAMPLES

#### Clarification of Allowable and Unallowable Investments

The Small Rural Hospital Improvement Grant Program (SHIP) supports eligible hospitals in meeting value-based payment and care goals for their respective organizations, through purchases of hardware, software and training. [SHIP](#) also enables small rural hospitals: to become or join accountable care organizations (ACOs); to participate in shared savings programs; and to purchase health information technology (hardware and software), equipment, and/or training to comply with quality improvement activities, such as advancing patient care information, promoting interoperability, and payment bundling.

Unallowable investments include, but are not limited to, travel costs, hospital patient care services, hospital staff salaries, or general medical and office supplies. Additionally, SHIP funds may not be applied to support coronavirus-related (COVID-19) activities or be used to supplement program activities under the COVID-SHIP grant. The **FY 2021 Allowable Investment Menu** below outlines examples and suggested topic areas for trainings by category to assist eligible SHIP hospitals in planning and selecting activities. Hospitals should contact their State Office of Rural Health (SORH) with questions regarding the appropriateness or fit of a certain activity, training, or hardware/software purchase.

## SHIP Funding Updates and Recommendations

There are updates this year to the priority items of HCAHPS and ICD-10. HCAHPS has been a priority in SHIP to support the Flex Medicare Beneficiary Quality Improvement Project work. However, with the impacts of COVID-19 FORHP aims to relieve reporting burden for CAHs during the COVID-19 pandemic, so while we highly encourage continued reporting for **CAHs**, we are suspending the HCAHPS priority for FY2021 SHIP. For additional details for the Flex Grant program, please refer to the MBQIP Eligibility Requirements Policy Update email sent by Natalia Vargas on November 23<sup>rd</sup>.

SHIP is also suspending the ICD-10 coding priority item for FY 2021 at this time. ICD-10 training and related activities was added a priority under SHIP to assist hospitals compliance with the Centers for Medicare and Medicaid (CMS) ICD-10 billing requirements in October 2015. At this time, most hospitals have completed the conversion to the ICD-10 system for accurate billing so participating SHIP hospitals are not required to prioritize these activities before selecting any other investment options.

HCAHPS and ICD-10 related activities will remain on the Allowable Investment Menu and hospitals may continue to select activities within these categories. In lieu of a funding priority, FORHP **recommends** that hospitals utilize funding to support quality improvement and/or healthcare finance requirements such as, but not limited, to:

- Develop or implement training, hardware/software that supports the application and expansion of telehealth and/or telemedicine
- Comply with CMS's [Price Transparency](#) rule by January 1, 2021, which requires hospital operating in the United States to provide clear, accessible online pricing information on the hospital services.

The **FY 2021 Allowable Investment Menu** below is not a complete list and is only intended to provide examples of allowable SHIP activities. For additional clarifications, refer to the SHIP Allowable Investments Search Tool and Frequently Asked Questions (FAQs) available on the [SHIP TA](#) website.

## Examples of Value-Based Purchasing (VBP) Investment Activities

VBP Investment Activities	Examples of Allowable Activities
A. Quality reporting data collection/related training or software	<p>CAHs should participate in the <a href="#">Medicare Beneficiary Quality Improvement Project (MBQIP)</a>.</p> <p>MBQIP Resources:</p> <ul style="list-style-type: none"> <li>• <a href="#">Data Reporting and Use</a></li> <li>• <a href="#">MBQIP Quality Reporting Guide</a></li> <li>• <a href="#">Online MBQIP Data Abstraction Training Series</a></li> <li>• <a href="#">Promoting Quality Reporting and Improvement</a></li> <li>• <a href="#">Emergency Department Transfer Communications</a></li> </ul> <p>Any activity to support process improvements that result in <a href="#">improved quality</a> reporting and/or inpatient and outpatient measures for PPS acute care hospitals.</p> <ul style="list-style-type: none"> <li>• <a href="#">Quality Net</a></li> </ul>
B. HCAHPS data collection process/related training	<p>Activities to improve HCAHPS data collection, reporting, <a href="#">provider communications</a>, and <a href="#">patient and family engagement</a> that directly impacts <a href="#">patient satisfaction scores</a>. Hospitals may use funds to support an HCAHPS vendor to assist them in fully implementing HCAHPS and improved reporting.</p> <ul style="list-style-type: none"> <li>• <a href="#">HCAHPS Overview: Vendor Directory</a></li> <li>• <a href="#">HCAHPS Guide: Using HCAHPS to Drive Patient and Employee Satisfaction</a></li> </ul>
C. Efficiency or quality improvement training in support of VBP related initiatives	<p>Consider adopting Six Sigma, Lean, Plan-Do-Study-Act, or other such efficiency or <a href="#">quality improvement</a> processes to address performance issues related to VBP initiatives, such as the following:</p> <ul style="list-style-type: none"> <li>• <a href="#">Patient experience of care</a></li> <li>• <a href="#">Discharge planning</a></li> <li>• <a href="#">Patient safety</a></li> <li>• <a href="#">Reducing readmissions</a></li> <li>• <a href="#">Antibiotic stewardship</a></li> <li>• <a href="#">Immunization</a></li> <li>• <a href="#">Hospital Safety Training &amp; Emergency Preparedness*</a></li> </ul>
D. Provider-Based Clinic (Rural Health Clinic) quality measures education	<p>Any activity that supports educational training for provider-based clinic quality improvement reporting and scores, including patient satisfaction survey scores.</p>

VBP Investment Activities	Examples of Allowable Activities
	<ul style="list-style-type: none"> <li>• SHIP State Learning Collaborative Part I: <a href="#">Learning Collaborative: Improving Quality Reporting in Provider-Based Rural Health Clinics</a> Part II: <a href="#">Learning Collaborative: Improving Quality Reporting in Provider-Based Rural Health Clinics</a></li> </ul>
E. Alternative Payment Model and Quality Payment Program training/education	<p>Software or training to prepare staff and physicians for the <a href="#">Quality Payment Program (QPP)</a>, which determines payment based on quality, resource use, clinical practice improvement, and meaningful use of certified electronic health record (EHR) technology.</p> <ul style="list-style-type: none"> <li>• <a href="#">Quality Payment Program: Small, Rural, and Underserved Practices</a></li> <li>• <a href="#">Physician and Provider Engagement and Alignment</a></li> <li>• <a href="#">Population Health Management</a></li> <li>• <a href="#">MACRA/MIPS Overview and Eligibility</a></li> <li>• <a href="#">Alternative Payment Models: Business Perspective*</a></li> </ul>

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

ACO or Shared Savings Investment Activities	Examples of Allowable Activities
A. Computerized provider order entry implementation and/or training	<p>Any educational trainings that support use and implementation.</p> <ul style="list-style-type: none"> <li>• <a href="#">Pharmacist Computerized Provider Order Entry (CPOE) / Verification of Medication Orders within 24 Hours Guide</a></li> </ul>
B. Pharmacy services	<p>Training, hardware/software that supports remote pharmacy services.</p> <ul style="list-style-type: none"> <li>• <a href="#">After-Hours Remote Processing of Medication Orders for CAHs: A Case Study from Mississippi</a></li> </ul>
C. Population health or disease registry training and/or software/hardware	<p>Educational training, or hardware/software to support the development and implementation of a disease registry for <a href="#">care coordination*</a>.</p> <ul style="list-style-type: none"> <li>• <a href="#">Project ECHO*</a></li> <li>• <a href="#">SHIP training: Care Coordination</a></li> </ul>

<b>ACO or Shared Savings Investment Activities</b>	<b>Examples of Allowable Activities</b>
	<p>Software and training for analysis of <a href="#">population health needs</a> by chronic disease or geographic location for care management programs.</p> <ul style="list-style-type: none"> <li>• <a href="#">Population Health Toolkit</a></li> <li>• <a href="#">Population Health Management Technology</a></li> </ul>
<p>D. Social determinants of health (SDOH) screening software/training*</p>	<p>Software and training for analysis of <a href="#">social determinants of health</a> for improving health outcomes and care management programs.</p> <ul style="list-style-type: none"> <li>• <a href="#">County Health Rankings*</a></li> <li>• <a href="#">CDC Tools for SDOH*</a></li> </ul>
<p>E. Efficiency or quality improvement training in support of ACO or shared savings related initiatives</p>	<p><a href="#">Quality Improvement</a> trainings such as the following:</p> <ul style="list-style-type: none"> <li>• <a href="#">IHI Plan Do Study Act (PDSA)</a></li> <li>• <a href="#">Root Cause Analysis (RCA)</a></li> <li>• <a href="#">TeamSTEPPS</a> and <a href="#">Lean Process planning</a></li> <li>• <a href="#">CMS Abstraction &amp; Reporting Tool</a></li> </ul> <p>Consider other efficiency or quality improvement trainings to address performance issues related to the following:</p> <ul style="list-style-type: none"> <li>• Medicare spending per beneficiary</li> <li>• Non-clinical operations</li> <li>• <a href="#">Health Information Exchange</a> (with traditional and/or non-traditional partners)</li> <li>• <a href="#">Swing-bed utilization</a></li> <li>• <a href="#">Care coordination</a></li> <li>• <a href="#">Population health</a></li> <li>• <a href="#">Social determinants of health</a></li> </ul>
<p>F. Systems performance training in support of ACO or shared savings related initiatives</p>	<p>Hospitals interested in systems <a href="#">performance training</a> should consider adopting a framework approach in transitioning to value-based system planning such as one of the following:</p> <ul style="list-style-type: none"> <li>• <a href="#">Performance Excellence (PE) Blueprint</a> for small rural hospitals based on the Baldrige Framework</li> <li>• <a href="#">Strategy Map and Balanced Scorecard development</a></li> </ul>

<b>ACO or Shared Savings Investment Activities</b>	<b>Examples of Allowable Activities</b>
G. Telehealth and mobile health hardware/software	<p>Training hardware/software that supports the application and implementation of <a href="#">telehealth</a> and/or telemedicine. This does NOT include telecommunications. Tablets and hardware/software investments are allowed if they are used by staff to improve operational efficiencies and telehealth services.</p> <ul style="list-style-type: none"> <li>• Rural Telehealth <a href="#">Toolkit</a></li> <li>• <a href="#">Telehealth Resource Centers*</a></li> </ul>
H. Community paramedicine hardware/software and training	<p><a href="#">Community Paramedic Program (CPP)</a> training. If the hospital and/or hospital-owned ambulance units has a formal CPP, then hardware/software can be purchased to support the CPP to <a href="#">reduce emergency medical services (EMS)</a> and <a href="#">emergency department misuse and readmissions</a>. However, use of SHIP funding for general EMS equipment is not allowable.</p> <ul style="list-style-type: none"> <li>• <a href="#">Rural EMS</a></li> </ul>
I. Health Information Technology (HIT) training for value and ACOs	<p>SHIP supports HIT hardware/software and training, therefore, it would be beneficial to include risk assessments and/or trainings associated with cybersecurity.</p> <ul style="list-style-type: none"> <li>• <a href="#">Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients (HICP) Guide</a></li> <li>• <a href="#">Healthcare and Public Health Sector Coordinating Councils guidelines for small, medium and large health care organizations to cost-effectively reduce cybersecurity risks*</a></li> <li>• <a href="#">Security Risk Assessment Tool</a></li> </ul>

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

PB or PPS Investment Activities	Examples of Allowable Activities
A. ICD-10 software	<ul style="list-style-type: none"> <li>• Training that updates and computerizes hospital policies and procedures</li> <li>• Hardware/software investments that improve quality, efficiencies, and coding</li> </ul>
B. ICD-10 training	<ul style="list-style-type: none"> <li>• Training to support coding and reimbursement</li> <li>• Training to support documentation improvements that result in increased coding <a href="#">compliance</a></li> <li>• <a href="#">Revenue Cycle Bootcamp Part I</a></li> <li>• <a href="#">Revenue Cycle Bootcamp Part II</a></li> </ul>
C. Efficiency or quality improvement training in support of PB or PPS related initiatives	<p>Training that improves processes through adoption of best practices and the transition to value-based payment strategies such as the following:</p> <ul style="list-style-type: none"> <li>• <a href="#">Financial and operational improvements</a></li> <li>• <a href="#">340B Training</a></li> </ul>
D. S-10 Cost Reporting training	<ul style="list-style-type: none"> <li>• Debt and charity care training</li> <li>• Training to improve charity care processes and develop policy guidelines for <a href="#">S-10 Cost Reporting</a></li> <li>• Training examples: <ul style="list-style-type: none"> <li>• <a href="#">Understanding the S-10 Worksheet: Determining Charity Care and Bad Debt (Part 1)</a></li> <li>• <a href="#">Understanding the S-10 Worksheet: Determining Charity Care and Bad Debt (Part 2)</a></li> </ul> </li> </ul>
E. Price transparency training, software or hardware	<p><b>SHIP funding recommendation – refer to above section</b></p> <p>Software or hardware to support hospital compliance with price transparency rule</p> <ul style="list-style-type: none"> <li>• <a href="#">SHIP Price Transparency Guide*</a></li> <li>• <a href="#">Price Transparency: Making the Most of the 2021 Requirement</a></li> </ul> <p>Training on <a href="#">revenue cycle management*</a> to improve processes that provide clear information about charges and cost to Medicare beneficiaries. Training examples:</p> <ul style="list-style-type: none"> <li>• <a href="#">Chargemaster, Pricing Transparency, Charges</a></li> <li>• <a href="#">Chargemaster Review</a></li> </ul>

\* New or expanded activities and examples