UNIVERSITY OF NORTH DAKOTA School of Medicine & Health Sciences Center for Rural Health

REQUEST FOR PROPOSAL (RFP)

The North Dakota

Medicare Rural Hospital Flexibility (Flex)

Round 2

RELEASE DATE: February 12, 2024

TECHNICAL ASSISTANCE MEETING:
February 20, 2024, 1:00 pm Central
Participants interested in a review of the guidance and Q&A session:

Zoom link: https://tinyurl.com/FlexTA2024

Call Number: **1-669-444-9171** Meeting ID: 968 5553 6475 Passcode: **443960**

Unavailable to join the TA call on 2/20/24? Contact Holly Long to walk through the process, RFP, details, and questions with you individually. Contact info: holly.long@und.edu or (701) 213-9985.

APPLICATION DUE DATE: March 4, 2024
(Applications must be submitted via the online system)
AWARD NOTIFICATION DATE: March 15, 2024
AWARD COMPLETION DEADLINE: August 31, 2024



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PURPOSE

This Request for Proposal (RFP) is released on behalf of the North Dakota Medicare Rural Hospital Flexibility (Flex) Program. The North Dakota Flex Program is administered by the University of North Dakota Center for Rural Health, School of Medicine & Health Sciences. Its partners include the North Dakota Hospital Association, the North Dakota EMS Association, and Quality Health Associates of North Dakota (North Dakota's quality improvement organization). The Flex Program's Steering Committee is comprised of one or more members from each of the partners. The North Dakota Critical Access Hospital (CAH) Subcontract Program is designed to support the goals of the Flex Program by supporting rural hospitals in remaining viable to maintain access to care for rural North Dakotans. The funding for this program is supported through Flex. The Flex Program is funded through the Federal Office of Rural Health Policy (FORHP), Department of Health and Human Services.

All North Dakota CAHs are eligible to apply for subcontract funding. A CAH may only have one active subcontract for the CAH Financial/Operational Improvement Area of Choice. CAHs funded in Round 1 must complete those activities prior to applying for Round 2 consideration. Expenses for proposed activities cannot be incurred prior to award.

DEFINITIONS

Application	
CAH	Critical Access Hospital
Contractor	Hospital receiving subcontract
Flex	Medicare Rural Hospital Flexibility Program
Flex Steering Committee	University of North Dakota, Center for Rural Health
	North Dakota Hospital Association
	North Dakota EMS Association
	Quality Health Associates of North Dakota
FORHP	Federal Office of Rural Health Policy
Proposal	
RFP	Request for Proposal
Respondent	Hospital responding to RFP, Applicant
SME	Subject Matter Expert
UND	University of North Dakota

SECTION 1

SUBCONTRACT PROCESS INFORMATION

- 1. A subcontract will be provided to award recipients as the award document. See Standard Terms and Conditions.
- 2. Funded projects are required to provide periodic updates when requested during the grant cycle, relative to the status of their projects, and also submit a final report to the Center for Rural Health upon conclusion of the work.
- 3. The Center for Rural Health will coordinate news release information following subcontract award notification.

STANDARD TERMS AND CONDITIONS

1.1 UND subcontract requirements:

In order for the University to meet a federal requirement under the Federal Funding Accountability and Transparency Act (FFATA), all entities receiving federal flow-through funding are **required to obtain a Unique**Entity ID and to be registered on the System for Award Management site prior to submitting a proposal.

Below is a link to the registration site:

- 1. Must have active registration status with the official U.S. Government System for Award Management (SAM) website, https://www.sam.gov.
- 2. Must provide a Unique Entity ID (formally called the DUNS number). This is a 12-character alphanumeric identification of the physical location of your business.

Please note there is a good chance your organization is already registered with the SAM and has a Unique Entity ID. Please check first with your contracting or business office.

SECTION 2

SCOPE OF WORK

Funding is available to support North Dakota CAHs in identifying potential areas of financial and operational improvement through 1.) CAH Financial/Operational Improvement Area of Choice. Applications for this focus area will be accepted as follows.

Focus Area	Applications Deadline	Project Completion Date
CAH Financial/Operational	March 4, 2024	August 31, 2024
Improvement Area of Choice		

NOTE: Rural Hospital Flexibility funds cannot be used:

- For direct patient care, healthcare services, equipment, or supplies.
- To purchase vehicles or communications equipment.
- To purchase or acquire real property or to improve existing property.
- For building and/or physical structural improvements.
- For hospital personnel time or associated expenses.
- For t-shirts, hats, prizes, etc.
- For the purchase of food.

2A. Critical Access Hospital (CAH) Subcontract Program

There is **one** area that may be addressed through this initiative:

1. CAH Financial/Operational Improvement Area of Choice.

The following provides a description and application requirements of this focus area.

2A.1 CAH Financial/Operational Improvement Area of Choice

This activity is intended to allow CAHs to self-identify a financial or operational area for improvement and intervention. Suggested interventions include, but are not limited to: Chart Audit, Chargemaster Review, Chargemaster Scrub, 340B External Audit, etc. The CAH will select its preferred vendor to complete the intervention. Items to consider when selecting a vendor may include subject matter expertise, timeline for completion, cost, etc. The Flex Program has funding available for a maximum of four awards up to \$11,550 each.

During the application review process, subcontract award decisions will be determined based on need, as outlined by data from the Flex Monitoring Team CAH financial data, CAH Measurement and Performance Assessment System, and other sources.

Reporting requirements for 2A.1 CAH Financial/Operational Improvement Area of Choice Subcontracts:

Baseline and 12-month post measure reporting will include, but is not limited to:

- Identified area for improvement
- Identified vendor and intervention
- Vendor recommendations for improvement
- Number of recommendations implemented
- Outcomes resulting from implementation

APPLICATION COMPONENTS: All information will be submitted through an online form at https://ruralhealth.und.edu/projects/flex/funding-programs. A full application preview that includes the information required in the online application is included at this website. This preview may be printed off and you may prepare your responses ahead of time so you can copy and paste them into the online form when you are ready to submit your application.

A. CAH CONTACT INFORMATION

1. Hospital name, county, address, phone, contact person, email

B. PROJECT DESCRIPTION

- 1. Provide a description of your facility's identified financial or operational area for improvement. What type of activity are you proposing (chart audit, chargemaster review, chargemaster scrub, 340B external audit, etc.)? Why should your facility be selected to receive funding?
- Include the goals, action steps, and specific project deliverables. Make sure they are time sensitive and measurable. Include a timeline <u>with specific dates</u>. All project activities must be completed by <u>August 31, 2024</u>. If you prefer to upload a workplan, you may do that.
- 3. Provide a description of anticipated project outcomes. What is the intended plan for using the information/resources obtained through this project? Explain the plan for results and follow-through.

C. BUDGET and BUDGET NARRATIVE

Note: A sample budget and narrative can be found on the Flex website at: http://ruralhealth.und.edu/projects/flex/funding-programs.

- Upload your line-item budget, be sure to include all expenses (contractual, in-kind, etc.).
- Budget narrative: Following in the order of your line-item budget, please describe the items
 listed in detail that will assist the reviewers in understanding the proposed budget. The budget
 narrative should identify line item expenses and explain how the line items are determined
 and/or calculated.

D. PROJECT MANAGEMENT

- 1. Name, title, and email of the individual responsible for management and oversight of this project.
- 2. Name, title, and email of hospital official authorized to enter into contract.

SECTION 3

RULES FOR APPLICATION

3.1 It is the sole responsibility of the Respondent to be certain that it has received a complete set of the Proposal Documents when preparing to respond. Upon submission of its Application, the Respondent shall be deemed conclusively to have been in possession of a complete set of proposal documents.

Respondents are expected to examine the entire RFP; including all specifications, requirements, and instructions. Failure to do so will be at the Respondent's risk.

3.2 UND will not be responsible for any costs incurred by Respondents which may result from preparation or submission of application to this RFP.

3.3 **Proposal Application**

Respondents should submit their application through the online system available at: http://ruralhealth.und.edu/projects/flex/funding-programs.

Please refer to Section 2, Scope of Work, for additional application information. Applications will only be accepted through submission via the online system.

Acceptance or denial of application: The Flex Program reserves the right to accept or deny any or all applications or parts of the application, and to waive informalities.

The timeline for this process is as follows.

RFP release date: February 12, 2024

Technical assistance: February 20, 2024 1:00 pm Central

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Call Number: 1-669-444-9171 • Meeting ID: 968 5553 6475 • Passcode: 443960

Application due date: March 4, 2024
Award notice date: March 15, 2024
Work completion: August 31, 2024

Focus Area	Applications Accepted Until	Project Completion Date
CAH Financial/Operational Improvement Area	March 4, 2024	August 31, 2024
of Choice		
Application link: http://tinyurl.com/FLEXFOI24		

APPLICATION GUIDELINES

Instructions: The application form is to be completed by North Dakota CAHs seeking support from the North Dakota CAH Subcontract Program. In completing this application, be as specific as you can in stating your needs, describing your situation, and identifying your actions. For information on the RFP or application, please contact Holly Long at the Center for Rural Health:

Holly Long, Project Coordinator
UND Center for Rural Health, School of Medicine & Health Sciences

Phone: (701) 213-9985

E-mail: holly.long@und.edu