



INTRODUCING

RURAL HEALTHCARE EXCHANGE PROGRAM FOR CAHs ***“Peer-to-Peer Mentoring in Rural and Frontier North Dakota”***

Sponsored by the ND Medicare Rural Hospital Flexibility Program (Flex)
(Federally funded by the Office of Rural Health Policy)

Rural Healthcare Exchange Program Applications Available

The ND Flex Program is offering a new program to provide opportunities for staff serving critical access hospitals (CAHs) of North Dakota to learn from their peers. The Rural Healthcare Exchange Program provides travel support for individuals or small groups to meet with similar entities from other areas of the state and share information, ideas, and successful approaches to improving quality and access to healthcare services.

Who is eligible? The program is open to staff and board members serving ND Critical Access Hospitals. Eligible applicants also include rural non-profit EMS agencies and network representatives serving rural health organizations. The program does *not* include visits with consultants, conference travel, or support for regularly scheduled meetings or training events.

How does it work? The applicant speaks with a prospective peer mentor to discuss the proposed exchange activity. Applicants may visit a peer mentor in another community or invite the mentor to visit their organization. After an agreement is reached, the applicant submits the Rural Healthcare Exchange Program application to the ND Flex Program.

When can the exchange be scheduled? The ND Flex Program will contact the applicant within 7 business days with an approval or denial of the application. Applicants and exchanges meeting the limitations and criteria defined in the attached instructions will be approved on a “first-come, first-serve” basis. Exchanges must be completed by August 15, 2008.

What happens after receiving the approval? Applicants proceed with their proposed exchange based on the approved application. Following the exchange visit, the applicant submits an invoice, receipts, and a completed outcome report to the ND Flex Program for reimbursement.

Questions? Details about completing an application and a copy of the required outcome report are attached. For additional questions or information, please contact:

Marlene Miller, Project Director
ND Medicare Rural Hospital Flexibility Program (Flex)
UND Center for Rural Health, 501 N. Columbia Road, Stop 9037, GF, ND 58202
Phone: (701) 777-4499 / Fax: (701) 777-6779
E-mail: marlenemiller@medicine.nodak.edu

Rural Healthcare Exchange Program for CAHs

APPLICATION
"Peer-to-Peer Mentoring in Rural and Frontier North Dakota"

Date: _____

1) Applicant:

Organization _____

Address _____

City _____ Zip _____

Contact Name _____

E-mail _____

Phone _____ Fax _____

Name of person(s) involved in exchange: _____

2) Location of Exchange:

Check one

I/We want to visit the following community/organization _____

I/We want to bring _____ to our community/organization.

3) Exchange Request:

a. Describe the exchange mentoring activity for which funding is requested.

b. Anticipated date(s) of exchange (*no later than August 15, 2008*): _____

c. Intended outcome: _____

d. Total estimated funding request \$ _____

Details on allowable expenses can be found on the instruction page.

Mileage: \$ _____ (calculated at \$.45/mile)

Lodging: \$ _____ (maximum 3 nights/person; limited to length of exchange)

Stipend: \$ _____ Provide justification: _____

(maximum \$200 per exchange)

Organizations receiving travel support are required to complete the attached outcome report upon exchange completion; original receipts for lodging are required for reimbursement.

Application Instructions for Rural Healthcare Exchange Program

1. **Eligible Applicants:** Critical Access Hospitals (staff and board members), network representatives serving rural health entities, rural non-profit EMS agencies.
 - The mentoring exchange may involve more than one person from the same organization, if they are essential to implementing the project. *Please note: funds cannot be requested to cover consultant fees, conference expenses, or regularly scheduled meetings.*
2. **Location of Exchange:** The exchange visit may occur at the applicant's organization or the applicant may travel to the location of the peer mentor. This decision is based upon the agreed upon location of the applicant and mentor. For example, the applicant may invite a peer with expertise in quality improvement to meet with a team at their facility or an applicant may travel to another location to view and evaluate an automated medication dispensing system. Location is limited to North Dakota and bordering states where the travel expenses are comparable to costs within the state.
3. **Exchange Reimbursement Request:** Itemize and total the funding estimate for the proposed exchange reimbursement request based on the following:
 - Round-trip ground mileage between your organization and the mentor location at \$.45 per mile; mileage receipts not necessary for reimbursement; state mileage chart used for mileage verification.
 - Lodging limited to reasonable accommodations and only those nights necessary to meet the needs of the proposed exchange; maximum three nights per person for two-day exchange; receipt required for reimbursement.
 - A stipend is available for individuals that will not be compensated by their hospital for the time spent on the exchange activity. The stipend for the mentor is limited to \$200 per exchange and justification must be provided.

Approval and Reimbursement Information

- A. Applications may be emailed, faxed, or mailed to the ND Flex Program; applicants will receive confirmation and an approval or denial of the proposed exchange within 7 business days of receipt of the application.
- B. All travel must be completed by August 15, 2008 and invoices received by August 31, 2008.
- C. The attached outcome report must be submitted with your reimbursement request; reimbursement will be denied if the outcome report and applicable receipts (lodging) are not included.
- D. A sample invoice can be provided to assist with your reimbursement request.
- E. Mentoring exchanges are limited to two per organization.
- F. Funding is allocated on "first-come, first-serve" basis for applicants meeting the criteria. The mentoring program ends when available funds are exhausted.

Rural Healthcare Exchange Program - OUTCOME REPORT
“Peer-to-Peer Mentoring in Rural and Frontier North Dakota”
Due upon exchange completion and required for reimbursement

Date: _____

1) Applicant:

Organization _____

Address _____

City _____ Zip _____

Contact Name _____

E-mail _____

Phone _____ Fax _____

Name of person(s) involved in exchange _____

2) Location of Exchange: _____

3) Exchange Reimbursement Request:

a. Description of completed exchange project: _____

b. What key issues or information did you learn from this visit? _____

c. How will that information be used? _____

d. Please add your comments or suggestions to improve the peer-to-peer mentoring program or application process: _____

Please submit your invoice and original receipts with this report.