



## **Type of Application: CAH Financial/Operational Improvement Area of Choice**

### **North Dakota State Office of Rural Health Application Form**

### **CAH Financial/Operational Improvement Area of Choice**

This Request for Proposal (RFP) is released on behalf of the North Dakota Medicare Rural Hospital Flexibility (Flex) Program and the State Office of Rural Health (SORH). 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 and SORH programs by

supporting rural hospitals in remaining viable to maintain access to care for rural North Dakotans. Funding for this program is supported through the Medicare Rural Hospital Flexibility Program, the State Office of Rural Health, and the Centers for Disease Control and Prevention. These programs are 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 Flex subcontract funding. A CAH may submit more than one application; however, may only have one active subcontract for each area of focus. Expenses for proposed activities cannot be incurred prior to award. A separate online application must be submitted for each area of focus

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. The Flex Program has \$23,000 available for this purpose.

## Hospital Information

Hospital Name

County

Address

Phone Number

Name of Contact Person

Email Address of Contact Person

## **PROJECT DESCRIPTION**

Provide a brief description of your facility's identified financial or operational areas 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?

A large, empty rectangular box with a thin black border, intended for the user to provide an answer to the question above. A small double-slash icon is visible in the bottom right corner of the box.

Include the goals, action steps and specific project deliverables. Make sure they are time sensitive and measurable. Include a timeline with specific dates. All project activities must be completed by August 31, 2022. If you prefer to upload a workplan you may do so.

A large, empty rectangular box with a thin black border, intended for the user to provide an answer to the question above. A small double-slash icon is visible in the bottom right corner of the box.

Upload workplan (optional - may include as a supplement/replacement of the goals, action steps, deliverables, and timeline).

Provide a description of anticipated outcomes. What is the intended plan for using the information/resources obtained through this project? Explain the plan for results and follow-through.

## **BUDGET & BUDGET NARRATIVE**

The budget section should cover such areas as line item expenses, contractual costs, as well as in-kind contribution. A sample budget and narrative can be found on the Flex website at:

[http://ruralhealth.und.edu/projects/flex/funding\\_programs](http://ruralhealth.und.edu/projects/flex/funding_programs)

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.

PLEASE TAKE NOTE: These subcontracts are intended to fund new activities, not any activity or projects which begin before the Flex subcontract is awarded. Any expenditures incurred prior to the formal contractual signing by both parties are the responsibility of the hospital. Prior expenses cannot be submitted for reimbursement. All project activities must be completed by August 31, 2022.

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.

## PROJECT MANAGEMENT

Please identify the individual responsible for management and oversight of this project and include contact information.

Contact Name

Contact's Title

Email

Contact's Signature

**SIGN HERE**

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clear

Hospital official authorized to enter into contract:

Name

Title

Email