



Type of Application: CAH Patient Outmigration Analysis

North Dakota State Office of Rural Health Application Form CAH Patient Outmigration Analysis

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 Center for Rural Health within the University of North Dakota 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 and the State Office of Rural Health (Federal Office of Rural Health Policy (FORHP) within the Department of Health and Human Services) and the Centers for Disease Control and Prevention.

All North Dakota CAHs are eligible to apply for the North Dakota CAH Subcontract Program 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

Managing long-term financial performance during the COVID-19 Public Health Emergency (PHE) and post-PHE has great significance on the survival of small, rural CAHs. This activity will take the form of financial consultation for patient outmigration analysis performed by The Chartis Group. The North Dakota CAH Subcontract Program will cover up to two subcontracts in their entirety. It is anticipated it will take four weeks' time to complete an analysis.

Hospital Information

Hospital Name

County

Address

Phone Number

Name of Contact Person

Email Address of Contact Person

PROJECT DESCRIPTION

Provide a brief description of why your facility should be selected to complete a Patient Outmigration Analysis.



List any service line areas of concern for your facility that have been exacerbated by the COVID-19 pandemic. Explain why and how they have been impacted by the COVID-19 pandemic?



Include your goals and their anticipated project deliverables for conducting a Patient Outmigration Analysis. Specify the date range you are able to complete the assessment within. (i.e. “We are flexible and able to work on this assessment upon funding notification through the funding end date of 5/31/23.”) All project activities must be completed by May 31, 2023. If you prefer to upload a workplan you may do so.



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.



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

× clear

Hospital official authorized to enter into contract:

Name

Title

Email

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