

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

**REQUEST FOR PROPOSAL (RFP)
for
The North Dakota
Medicare Rural Hospital Flexibility (Flex) Program '21**

RELEASE DATE: Thursday, November 19, 2020

**TECHNICAL ASSISTANCE MEETING:
Wednesday, December 2, 2020, at 9 am CST
Participants interested in a review of the guidance and Q&A session:**

Zoom link: <https://und.zoom.us/j/98215941409>
Call Number/Passcode: **1-312-626-6799** Meeting ID: **982 1594 1409**

Unavailable to join the T/A call on 12/2/20? No problem! Contact Nicole Threadgold to walk through the process, RFP, details, and questions with you individually. Contact info: nicole.threadgold@und.edu or (701) 653-5198.

**APPLICATION DUE DATE: Tuesday, January 5, 2021
(Applications must be submitted via the online system by 4 pm CST)
AWARD NOTIFICATION DATE: Tuesday, January 12, 2021
AWARD COMPLETION DEADLINE: Saturday, July 31, 2021**



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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 and 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 ND Flex 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 Medicare Rural Hospital Flexibility Program is funded by the Federal Office of Rural Health Policy (FORHP), Department of Health and Human Services.

All North Dakota Critical Access Hospitals (CAH) are eligible to apply for Flex subcontract funding. **A Critical Access Hospital may submit more than one application. A separate online application must be submitted for each area of focus (financial and operational assessment, chart audit, collaborative population health improvement activities, and Cybersecurity risk assessment).**

DEFINITIONS

| | |
|------------------------------|---|
| Application..... | Response to the RFP |
| CAH | Critical Access Hospital |
| Contractor | Hospital receiving subcontract |
| Flex | Medicare Rural Hospital Flexibility Program |
| FORHP..... | Federal Office of Rural Health Policy |
| Proposal..... | Response to the RFP |
| RFP | Request for Proposal |
| Respondent | Hospital responding to RFP, Applicant |
| 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 |
| 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 North Dakota Rural Hospital Flexibility Program 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 Dun and Bradstreet number 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 website. <https://www.sam.gov>
2. Must provide a Dun and Bradstreet number (also called the DUNS number). This is a 9-digit identification of the physical location of your business.

Please note that there is a good chance your organization is already registered with the SAM and has a DUNS number. 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.) financial and operational assessment, or 2.) chart audit, as well as collaborative population health management efforts through 3.) Supporting CAHs and communities in developing programming in response to identification of unmet community health and health service needs, along with improving security through 4.) Cybersecurity risk assessments. All project activities must be completed by **July 31, 2021**.

NOTE: Rural Hospital Flexibility funds cannot be used:

- *for direct patient care, health care 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 Subcontract Program

There are four areas that may be addressed through this initiative:

- 1.) critical access hospital financial and operational assessment;
- 2.) critical access hospital chart audit activities;
- 3.) supporting critical access hospitals and communities in developing collaborative population health improvement activities;
- 4.) Critical access hospital system Cybersecurity risk assessment.

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

2A.1 CAH Financial and Operational Assessment

This activity will take the form of financial consultation for financial and operational assessment/education, with the objective of increasing hospital revenue and cash flow. The Flex Program will cover up to three subcontracts up to \$15,000 each for financial and operational assessment performed by Stroudwater Associates, a qualified accounting firm with history and experience in the area of healthcare finance. The three North Dakota CAHs selected will contract with Stroudwater individually to pay the remaining expense of \$5,000 per assessment.

ACTIVITY DESCRIPTION:

Stroudwater performs market, demographic, utilization and financial analysis, conducts a half-day hospital site visit, and generates a report that contains a set of high-level recommendations. Work steps for the Flex Financial and Operational Assessment include:

- Analysis of financial, operational, and utilization data.
- Identification of current financially supportable services and potential new services.
- Detailed description of market share, position, and market trends in the hospital service area. including information on local and regional competition.
- Volume-based departmental FTE benchmarking.
- Physician practice/medical staff analysis.
- Review of most current Medicare Cost Report for accuracy and operational improvement.

EXPECTED OUTPUTS:

Stroudwater supports a two-part evaluation process for each Financial and Operational Assessment. The first, qualitative component is based on the Recommendation Adoption Process (RAP). The second, quantitative component includes the vetted performance metrics for the SHRT program's Financial and Operational Assessments. Pre- and post-engagement financial metrics include at a minimum: Net Patient Revenue, Days Cash on Hand, Days in Net Accounts Receivable, and Operating Profit Margin. For detailed questions regarding this activity, please contact Jonathan Pantenburg at JPantenburg@stroudwater.com.

Each of the three CAHs selected will agree to participate in a statewide sharing project re-cap session, facilitated by Stroudwater, if requested. Information shared will include, but is not limited to: structure of project, recommendations received, implementation plans, best practices, lessons learned, etc. *Sensitive, hospital-specific data will not be included.*

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, Critical Access Hospital Measurement and Performance Assessment System, and other sources.

Reporting requirements for 2A.1 Financial and operational assessment subcontracts:

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

- Baseline Net Patient Revenue.
- Post-activity Net Patient Revenue.
- Baseline Days Cash on Hand.
- Post-activity Days Cash on Hand.
- Baseline Days in Net Accounts Receivable.
- Post-activity Days in Net Accounts Receivable.
- Baseline Operating Profit Margin.
- Post-activity Operating Profit Margin.
- Number of recommendations implemented after the assessment.
- Brief overview of activities and status of your onsite facility financial analysis team.
- Provide an overview of any project information gathered to-date, and facility outcomes to-date.

APPLICATION COMPONENTS: All of this 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 to be completed in the online application is included at that website.*** This preview may be printed off and you may prepare your responses ahead of time so that you can copy and paste them into the online form when you are ready to submit your application. Your line-item budget and bids will be uploaded into the online form.

A. **CAH CONTACT INFORMATION**

1. Hospital name, county, tax ID number, Address, Phone, Contact Person, Email
2. Confirm registration with sam.gov
3. DUNS number

B. **SUMMARY**

1. Provide a brief description of why your facility should be selected to receive subcontract funding.
2. Provide a brief description of anticipated outcomes, overview of intended use of information gathered, plan for results, and follow-through.
3. State the total dollar amount of funding being requested.

C. **BUDGET & BUDGET NARRATIVE**

Note: A sample budget and narrative can be found on the Flex website at:

<http://ruralhealth.und.edu/projects/flex/funding-programs>

1. Upload your line-item budget, be sure to include all expenses (contractual, in-kind, etc.).
2. 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 DESCRIPTION**

1. Provide a description of why your facility should be selected to complete a Financial and Operational Assessment.
2. Include the goals, action steps, and specific project deliverables. Make sure that they are time sensitive and measurable. Include a timeline with specific dates. All project activities must be completed by **July 31, 2021**. 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.
4. Does your facility currently have a financial analysis team in place?
 - i. If yes, explain which staff serve on the team, as well as frequency of financial analysis meetings.
 - ii. If no, please explain your facility's plans for establishing a financial analysis team, including which staff will serve on the team, as well as frequency of meetings.

E. **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.

2A.2 CAH Chart Audit Activities

This activity will take the form of financial consultation for chart audit services, or “Chart to Payment Review” performed by a certified reviewer with history and experience in the area of health care finance. The Flex Program will cover up to two subcontracts for up to \$6,000 each.

The chart audit must include the following:

- Must be completed by RHIT certified reviewer.
- Must include: IP, Observation, Swing bed, outpatient (including ER).
- 20 charts minimum (ideally 10 charts per provider).
- In- office review of the charts and related billing information
- On-site visit to review findings of the audit.
- Summary report of the project.

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, Critical Access Hospital Measurement and Performance Assessment System, and other sources.

NOTE: *All application requests for chart audit services must include a minimum of two bids from different consultants, each bid including both a detailed budget narrative and a thorough description of what the analysis will include. The applicant must then provide rationale for using their consultant of choice. The Flex Steering Committee does not wish to interfere with the hospital’s right to choose their own consultant; however, does want to understand the available options and a detailed description of the benefits that the analysis will provide to the specific hospital and its community.*

Reporting requirements for 2A.2 Chart Audit Subcontracts:

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

- Baseline provider compliance with coding and documentation requirements.
- Post-activity provider compliance with coding and documentation requirements.
- Number of recommendations implemented after the review.
- Brief overview of activities and status of your onsite facility financial analysis team.
- Provide an overview of use of any other chart audit activity information gathered to-date, and facility outcomes to-date.

APPLICATION COMPONENTS: All of this 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 to be completed in the online application is included at that website.*** This preview may be printed off and you may prepare your responses ahead of time so that you can copy and paste them into the online form when you are ready to submit your application. Your line-item budget and bids will be uploaded into the online form.

A. **CAH CONTACT INFORMATION**

1. Hospital name, county, tax ID number, Address, Phone, Contact Person, Email
2. Confirm registration with sam.gov
3. DUNS number

B. **SUMMARY**

1. Provide a brief description of why your facility should be selected to receive subcontract funding.
2. Provide a brief description of anticipated outcomes, overview of intended use of information gathered, plan for results, and follow-through.
3. State the total dollar amount of funding being requested.

C. **BUDGET & BUDGET NARRATIVE**

Note: A sample budget and narrative can be found on the Flex website at:

<http://ruralhealth.und.edu/projects/flex/funding-programs>

1. Upload your line-item budget, be sure to include all expenses (contractual, in-kind, etc.).
2. 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.
3. Copy of consultant bids (minimum of 2) and rationale for consultant/vendor. Applicants should use the *Chart Audit Consultant Bid Template Letter* for consultant bids, found on the Flex website at: <http://ruralhealth.und.edu/projects/flex/funding-programs>.

D. **PROJECT DESCRIPTION**

1. Provide a description of why your facility should be selected to complete a Chart Audit.
2. Include the goals, action steps, and specific project deliverables. Make sure that they are time sensitive and measurable. Include a timeline with specific dates. All project activities must be completed by **July 31, 2021**. 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.
4. Does your facility currently have a financial analysis team in place?
 - i. If yes, explain which staff serve on the team, as well as frequency of financial analysis meetings.
 - ii. If no, please explain your facility's plans for establishing a financial analysis team, including which staff will serve on the team, as well as frequency of meetings.

E. **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.

2A.3 Collaborative Population Health Improvement Activities

The objective is to support programming and activities that address a significant need identified by the hospital's most recent Community Health Needs Assessment (CHNA); assess determinants of health based on data review, encourage collaboration between CAH, Local Public Health Units, and other community organizations and stakeholders; and promote community engagement and healthy behaviors. The Flex program will support up to three subcontracts up to \$5,000 each.

Preference will be given to proposals that actively engage Local Public Health Unit(s); and propose activities that address, at minimum, one of the following four focus areas: diabetes, COPD, heart disease, mental health.

Reporting requirements for 2A.3 Collaborative Population Health Improvement Activities Subcontracts:

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

- Goals and objectives of the project.
- Description and number of activities or programs implemented as a result of Flex Collaborative Population Health Improvement Activities funding.
- Describe interventions the target population received.
- Description of collaborative partnerships developed through Flex-supported Collaborative Population Health Improvement activity. List all community partners and describe roles of all partners involved in the project.
- Number of individuals in the target population served by these activities or programs.
- Explain how the activity or program is measured for effectiveness.

APPLICATION COMPONENTS: All of this 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 to be completed in the online application is included at that website.*** This preview may be printed off and you may prepare your responses ahead of time so that you can copy and paste them into the online form when you are ready to submit your application. Your line-item budget and bids will be uploaded into the online form.

A. CAH CONTACT INFORMATION

1. Hospital name, county, tax ID number, Address, Phone, Contact Person, Email
2. Confirm registration with sam.gov
3. DUNS number

B. SUMMARY

1. Provide a brief description of why your facility should be selected to receive subcontract funding.
2. Provide a brief description of anticipated outcomes, overview of intended use of information gathered, plan for results, and follow-through.
3. State the total dollar amount of funding being requested.

C. **BUDGET & BUDGET NARRATIVE**

Note: A sample budget and narrative can be found on the Flex website at:

<http://ruralhealth.und.edu/projects/flex/funding-programs>

1. Upload your line-item budget, be sure to include all expenses (contractual, in-kind, etc.).
2. 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 DESCRIPTION**

1. Provide a description of why your facility should be selected to receive a Collaborative Population Health Improvement Activity funding.
2. Which CHNA-related need(s) are you seeking to address with this funding application?
3. Explain in detail the proposed activity or program, include the goals, action steps, and specific project deliverables. Make sure that they are time sensitive and measurable. Include a timeline with specific dates. All project activities must be completed by July 31, 2021. If you prefer to upload a workplan, you may do that.
4. Describe the cohort and collaborative partnerships involved, including information detailing specific project roles and responsibilities of each partner identified.
5. Will hospital personnel be involved in carrying out the proposed activity or program? If yes, explain which personnel will be involved and what each individual's role will be.
6. Define the anticipated impact the proposed activity or program will have on the community.
7. State the duration of the proposed activity or program? Is it a continuing program or of limited duration?
8. Explain how the activity or program will be measured for effectiveness.
9. Submit a completed population health project readiness assessment. Applicants should use template for population health project readiness assessment, found on the Flex website at: <http://ruralhealth.und.edu/projects/flex/funding-programs>.

E. **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.

2A.4 Cybersecurity Risk Assessment

The objective is to support cybersecurity risk assessments. Ransomware and other cybercrime are growing threats to hospitals. Failure to adequately protect your hospital or clinic from cyberattacks and ransomware can be quite costly. Assuring a secure information technology (IT) environment helps to ensure the confidentiality, availability, and integrity of information systems by preventing or mitigating asset losses from Cybersecurity attacks. The Flex program will support up to two subcontracts up to \$10,000 each.

Reporting requirements for 2A.4 Cybersecurity Risk Assessment Subcontracts:

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

- Overview of findings as a result of Flex Cybersecurity risk assessment funding.
- Description of and implementations/actions taken as a result of the finding.

APPLICATION COMPONENTS: All of this 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 to be completed in the online application is included at that website.*** This preview may be printed off and you may prepare your responses ahead of time so that you can copy and paste them into the online form when you are ready to submit your application. Your line-item budget and bids will be uploaded into the online form.

A. **CAH CONTACT INFORMATION**

1. Hospital name, county, tax ID number, Address, Phone, Contact Person, Email
2. Confirm registration with sam.gov
3. DUNS number

B. **SUMMARY**

1. Provide a brief description of why your facility should be selected to receive subcontract funding.
2. Indicate your current status in terms of what kinds of IT risk assessment activities has the hospital already completed to this point: Early beginning stages/have done little so far; initial assessment/s completed; remediation and implementation after assessment/s; or ongoing education and activities continuing after completing all stages listed above.
3. Provide a brief description of anticipated outcomes, overview of intended use of information gathered, plan for results, and follow-through.
4. State the total dollar amount of funding being requested.

C. **BUDGET & BUDGET NARRATIVE**

Note: A sample budget and narrative can be found on the Flex website at:

<http://ruralhealth.und.edu/projects/flex/funding-programs>

1. Upload your line-item budget, be sure to include all expenses (contractual, in-kind, etc.).
2. 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.
3. Copy of consultant bids (minimum of 2) and rationale for consultant/vendor.

D. **PROJECT DESCRIPTION**

1. Provide a description of why your facility should be selected to complete a Chart Audit.
2. Include the goals, action steps, and specific project deliverables. Make sure that they are time sensitive and measurable. Include a timeline with specific dates. All project activities must be completed by **July 31, 2021**. 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.
4. Has your facility completed a Cybersecurity risk assessment previously?
 - i. If yes, when was your most recent assessment?

E. **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: Thursday, November 19, 2020
Technical assistance: Wednesday, December 2, 9 am CST
Application due date: Tuesday, January 5, 2021 4 pm CST
Award notice date: Tuesday, January 12, 2021
Work completion: Saturday, July 31, 2021

APPLICATION GUIDELINES

Instructions: The application form is to be completed by hospitals seeking support from the Flex Subcontract Program. For information on the RFP or application please contact Jody Ward at the UND Center for Rural Health, School of Medicine and Health Sciences:

Nicole Threadgold, Project Coordinator
UND Center for Rural Health
School of Medicine and Health Sciences
Phone: (701) 653-5198
E-mail: nicole.threadgold@und.edu

In completing this application, be as specific as you can be in stating your needs, describing your situation, and identifying your actions.