HRSA Rural Hospital Technical Assistance Application

Inclusion criteria

1. A PPS hospital defined by federal or state as rural. See the Federal Office of Rural Health Policy (FORHP) tool for federal eligibility (link below), or check with your State Office of Rural Health (SORH) for state specific definition.
2. All Critical Access Hospitals are eligible.
3. Hospitals operated by tribes and tribal organizations under the Indian Self-Determination and Education Assistance Act are also eligible.
4. Rural hospitals evaluating health care services provided to the community which may exclude in-patient services, i.e., "right servicing" its local health care services.
5. If unsure of rural eligibility, please check the FORHP Eligibility Analyzer at https://data.hrsa.gov/tools/rural-health?tab=Address

Exclusion criteria

1. If you are participating in the Delta Region Health Systems TA or the Rural Healthcare Provider Transitions (formerly SRHT) program, HRSA has determined you are **not eligible** to participate in VRHAP.

   Note: Hospitals participating in Medicare Rural Hospital Flexibility Grant or Small Rural Hospital Improvement Project funds resources **are eligible.**

Application Questions

1. **Health of Community** (15 points)
   a. Demographics
      i. Name of the hospital:
      ii. State where the hospital is located:
      iii. CMS Certification Number for the hospital:
      iv. Name and position of the applicant:
      v. Contact information for applicant:
      vi. Is your hospital a critical access or prospective payment system hospital?
      vii. Is your hospital part of a system? If yes, please also name the system.
      viii. Is your hospital operated by an external management company?
      ix. Which business entity pays the salary for the hospital CEO?
      x. Size of the hospital (number of licensed beds and staffed beds):
      xi. Population size of the community:
      xii. Population of the catchment area:
      xiii. Geographic size of the catchment area (square miles)

xiv. Is your hospital supported by local and/or state taxes? If yes what is the source – for example: is it a hospital/healthcare tax specifically, part of a county taxing structure, other?

b. Community Status
   i. Population of your county/city - growth/loss over the last decade:
   ii. Average age of your population:
   iii. Average income of the population served:
   iv. What is your payer mix by approximate percentage? (Uninsured/Medicare/Medicaid/private insurance/other payers such as Veterans Administration)

2. **Community/Facility Level of Readiness to Participate** (20 points) Note: For questions in this section, please note that each hospital will be scored based on the level of effort and initiative to address the health of the hospital and access to care concerns, regardless of where you are in the implementation of activities.

   a. On a scale of 1-5, (with 1 being "not a priority at all" and 5 being "the greatest priority"), how does your <u>hospital board</u> perceive the need for your hospital to remain open? (After selecting where on the scale, please provide some justification for why you selected that level of board perception. Provide examples if possible.

   b. Is your hospital board actively engaged with hospital leadership to address the health of your hospital? Please answer yes or no.
      i. If yes, is the engagement between the hospital board and hospital leadership a collaborative effort? Please answer Yes or No
      ii. Please provide some information about why you selected the specific answers above.

   c. On a scale from 1 to 5, with 1 being decreased a lot, 3 being not changed, and 5 being increased a lot, has your concern for the health of your hospital decreased or increased in the last 12 months?

   d. Are there efforts in your community to address the health of your hospital or access to care concerns? Please describe these efforts.
      i. Is the community effort being conducted in partnership with hospital administration and/or the hospital board?
      ii. Are there misconceptions or incorrect information among community members about the current efforts?

   e. If selected, are you (hospital leadership, hospital board, community leaders) willing to serve as a mentor to other health care facilities in upcoming years to share lessons learned and best practices implemented?

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3. **Level of Vulnerability** (50 points) Note: The Financial Distress Index calculated by the University of North Carolina Sheps Center will be reviewed to provide a historical picture of financial vulnerability in addition to the current information you provide below.
   a. Quality/Experience
      i. 30 day readmission rate
      ii. Patient fall rate (number of falls per 1,000 patient days)
      iii. Medication error rate (number of errors per 1,000 orders)
      iv. Patient willingness to recommend (as a percentage)

      NOTE: If your hospital does not collect the data requested in this section, please describe the type of data you are collecting.

   b. Operations
      i. Average Daily Census – acute
      ii. Average Daily Census – swing
      iii. Adjusted Patient Days – (Total Patient Revenue/Total Inpatient Revenue) x Total Inpatient Days
      iv. Average Length of Stay
      v. Labor as Percentage of Expenses
         1. Salaries/Operating Expenses
         2. (Salaries + Physician contracts)/Operating Expenses
   c. Finance (Previous fiscal year)
      i. Total Margin (in percentage) = Net Income/Total Revenue
      ii. Operating Margin (in percentage) = Operating Income/Total Revenue
      iii. Current Ratio = Current Assets/Current Liabilities
      iv. Debt Service Ratio = Operating Income/Total Debt Service
      v. Net Accounts Receivable Days
      vi. Days Cash on Hand
   d. Please describe any other extenuating financial circumstances that you may have
      i. This is where you can describe how COVID-19 impacted your community and your hospital
      ii. This is the place to explain any recent changes to your financial situation that would not be reflected in the UNC financial distress index.

4. **Distance from the applicant community to next nearest hospital access** (15 points)
   a. Name and location of the next three facilities of the similar or larger size?
   b. Distance of these facilities from the applicant? (in miles and time to travel)
   c. Experience, if any, in partnering or collaborating with any of the proximate facilities?
   d. Are you tracking where patients go and for what services they leave town (outmigration)? Please describe.
   e. Distance to your usual tertiary facility?

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5. **Priority concerns/interests**
   If selected as a participant in the VRHAP, which of the following are current concerns or areas of priority for your hospital? (choose up to three selections)
   ☐ Board Leadership
   ☐ Building Renovation/Replacement
   ☐ Coding/Billing/Chargemaster
   ☐ Community Engagement/Outreach
   ☐ Covid-19 Relief Funding
   ☐ Financial Performance
   ☐ Marketing
   ☐ Patient Satisfaction
   ☐ Pricing Transparency
   ☐ Quality Improvement
   ☐ Recruitment and Retention
   ☐ Service Line Implementation
   ☐ Staff Training
   ☐ Staffing Issues
   ☐ Strategic Planning
   ☐ Telehealth
   ☐ Vendor Contract Negotiations
   ☐ Other: _____

6. If selected, I acknowledge that my facility may/could be used in Press Release(s). You may choose to be identified either by name or anonymously (i.e., a hospital in Pennsylvania). Please list how you wish for your facility to be identified.