

HRSA Rural Hospital Technical Assistance Application

Inclusion criteria

1. A PPS hospital is 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 (CAHs) are eligible.
3. Hospitals operated by tribes and tribal organizations under the Indian Self-Determination and Education Assistance Act are eligible.
4. Rural hospitals evaluating health care services provided to the community which may exclude in-patient services, i.e., “right sizing” 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> or contact the CORH team at 1-855-234-0712 or CORH@tamu.edu

Exclusion criteria

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

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

Application Questions

1. If you are a returning VRHAP participant please provide a short explanation of how you benefitted from previous program participation.
2. **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 person filling out the application
 - v. Please list any other members of your leadership team that were involved in the application process.
 - vi. Contact information for applicant
 - vii. Is your hospital a critical access (CAH) or prospective payment system (PPS) hospital?
 - viii. Is your hospital part of a system? If yes, please name the system and describe what type of support the system provides for your hospital.
 - ix. Is your hospital operated by an external management company?
 - x. Which business entity pays the salary for the hospital CEO?
 - xi. Size of the hospital (number of licensed beds and staffed beds)

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- xii. Population size of the community
- xiii. Population of the catchment area:
- xiv. Geographic size of the catchment area (square miles)
- xv. Is your hospital supported by local and/or state taxes? If yes, what is the source? (for example: hospital/healthcare tax, part of a county taxing structure, other)
- xvi. Fiscal Year period: MM/YYYY- MM-YYYY

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)

3. 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 “no perception” and 5 being “a very strong sense”), does your board have a strong sense of community health care needs and issues? Or does the board ensure that the hospital meets the community’s health care needs? Provide examples if possible.
- b. Is your hospital board required to participate in any type of education related to hospital governance matters? Yes or No
- c. On a scale from 1 to 5, has your concern for the health of your hospital decreased or increased in the last 12 months?
- d. Are there community efforts to address the health of your hospital or access to care concerns? Please describe these efforts.
- e. Please provide a brief description of the general community perception of your hospital.

4. Level of Vulnerability (50 points)

- a. Financial metrics. Please include the date range for each metric. (e.g., fiscal year, last 6 months, 04/01/21-03/31/2022, etc.)
 - i. Days cash on hand
 - ii. Days in accounts receivable
 - iii. Operating margin
 - iv. Total margin
 - v. EBITDA (earnings before interest, taxes, depreciation and amortization)
 - vi. Debit Service

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- b. Extenuating circumstances
 - i. Have there been any changes in your hospital's administration/leadership
 - A. In the last year
 - B. in the last three years
 - C. in the last five years
 - ii. What is the staff turnover rate for your facility?
 - iii. Have there been any exceptional impacts on your hospitals performance or sustainability?
- 5. **Distance from the applicant community to next nearest hospital access** (15 points)
 - a. Name and location of the next three facilities of 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 these 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?

6. **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? (You may choose up to three selections, but must select at least one. Please rank them 1-3 with 1 being your highest priority.)

- Building Renovation/Replacement
- Coding/Billing/Chargemaster
- Community Engagement/Outreach
- Hospital and/or Board Leadership
- Marketing
- Patient Satisfaction
- Pricing Transparency
- Quality Improvement
- Recruitment and Retention
- Revenue Cycle
- Service Line Implementation
- Staff Training
- Strategic Planning
- Telehealth
- Vendor Contract Negotiations
- Other (please describe) _____

Provide a brief narrative describing the focus area(s) selected and the technical assistance needed for your health care organization:

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7. Hospital Identification

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

8. Commitment for Participation

If selected to the VRHAP, active participation by the administrative leadership team is critical.

Participation expectations include:

- attendance at regularly scheduled case management calls
- case-based sharing at a minimum of one ECHO session during the cohort year
- participation in monthly webinars (topic/department specific)
- utilization of resources (specific to hospital priority concerns)
- submission of quarterly financial, operational, and quality benchmarking data (DASH)*
- participation in evaluation surveys and end of year program exit survey

*please note: the DASH benchmarking data consists of the following metrics: 30 day readmission rate (all-cause), non-urgent ED visits as % of total ED visits, medication error rate (MER), willingness to recommend, admissions, average daily census, swing bed length of stay, FTE per adjusted occupied bed, operating margin, net revenue as % of gross, days cash on-hand, and Medicare acute inpatient cost per day. To minimize hospital burden, the CORH team is available to enter the quarterly data provided by participants. This information is aggregated and analyzed to inform future rural hospital programs and funding opportunities.

9. Signature

Application submission requires senior leadership acknowledgement and agreement to the above participation requirements. This is indicated by a signature below from the applying hospital's CEO/Administrator, CFO, or other senior-level administrator.

<<insert signature box>>