

Attention: SHIP Program Application Notice and materials for 2014-2015

This message is blind copied to all of the SHIP Program Coordinators, CEO's and other SHIP program contacts at each of the eligible and/or participating hospitals. (An estimated 87 hospitals are eligible.)

The SHIP or Small Rural Hospital Improvement Program application window for the 9/1/14 to 8/31/14 year is now open. Please coordinate within your hospital to **complete the application attached by March 4, 2014** in order to be included in the upcoming grant application cycle for the State of Iowa.

Your Individual Hospital Application is Due March 4, 2014.

1) Email or Fax to Doreen Chamberlin Doreen.chamberlin@idph.iowa.gov or FAX [515-242-6384](tel:515-242-6384).

2) Following submission of the full application, send hardcopy signature page with your original signature in blue ink by post to:

Doreen Chamberlin
321 East 12th Street
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Award amount- Up to \$9,000/hospital for Budget Period 2014-15

Budget Period begins September 1, 2014

FY14 SHIP funds will support activities related to:

- 1) **Value-Based Purchasing (VBP)**-Improving data collection activities in order to facilitate reporting to Hospital Compare.
- 2) **Accountable Care Organizations or Shared Savings**-Improving quality outcomes. Focus on activities that support QI such as reduction of medical errors as well as education and training in data collection and reporting and benchmarking. **New "Accountable Care Organizations/Shared Savings" investment and corresponding measure added:**
 - E. Baldrige or similar systems performance training**Investment moved from "Payment Bundling/PPS" to "Accountable Care Organizations/Shared Savings" category:**
 - F. Quality Health Indicator or other quality improvement system
- 3) **Payment Bundling/Prospective Payment System:**

Payment Bundling- Building accountability across the continuum of care. Funding could be used to improve care transitions between ambulatory and acute, acute to upstream acute and acute to step-down facility. This could be done in the form of training, clinical care transition protocol development or data collection that documents these processes. **New "Payment Bundling/PPS" investments and corresponding measures added:**

 - F. Chargemaster review and/or update
 - G. S-10 Cost Reporting

Prospective Payment System - Maintaining accurate PPS billing and coding such as updating charge master or providing training in billing and coding.

- 4) **New "Care Transitions" category added**

Care Transitions-Strategies focused on efficiency and care coordination to prevent readmissions. This may include transfer communication improvement, staff training, telemedicine/mobile health/community para-medicine equipment and training.

Note: the "Overall Outcome Measure: Decrease in hospital readmissions over last year" applies to all Care Transitions investments

Attachments include the individual hospital application including the FY14 SHIP Menu

Please let me know if you have any questions

Doreen Chamberlin

Bureau of Oral and Health Delivery Systems,

Division of Health Promotion and Chronic Disease Prevention | Iowa Department of Public Health

Lucas State Office Building | 321 East 12th Street | Des Moines, Iowa 50319

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"Promoting and Protecting the Health of Iowans"