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Monitoring State Flex Program Financial and Operational Improvement Activities

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FINDINGS AND RECOMMENDATIONS

- State Flex Programs (SFPs) have implemented a wide range of initiatives to address the unique financial and operational performance improvement needs of Critical Access Hospitals (CAHs).
- SFPs face challenges in understanding the relative contributions of their initiatives on improvements in the financial and operational performance of participating CAHs.
- Efforts to document the impact of SFP initiatives would be supported by:
  - Clearer direction on defining CAH participation in SFP initiatives;
  - A framework to capture and assess the intensity of CAH participation;
  - Instructions on reporting activities properly across the defined activity areas;
  - Technical assistance (TA) to help SFPs identify evidence-based initiatives and construct well-developed theories of change and logic models based on the evidence; and
  - Development of a defined set of measures to support common SFP initiatives and strategies.

INTRODUCTION

A major goal of the Medicare Rural Hospital Flexibility (Flex) Program is to strengthen the financial and operational performance of Critical Access Hospitals (CAHs). This work is conducted under Program Area 2: Financial and Operational Improvement (FOI), a mandatory area of State Flex Program (SFP) activity. The Funding Opportunity Announcement (FOA) for the FY15-18 Flex funding cycle[1] required SFPs to conduct an annual statewide financial and operational needs assessment of their CAHs (Activity 2.01) and use the results to inform interventions in one or more of the following activity areas:

- **2.02**: In-depth financial and operational assessments and action planning for at-risk CAHs (or cohorts of CAHs) and the development of action plans/strategies to address their FOI-related vulnerabilities;
- **2.03**: Revenue cycle management initiatives to improve billing and collection performance and increase profitability; and
- **2.04**: Initiatives to improve the efficiency and operational performance of CAHs.

Potential activities suggested by the FOA under each of these areas will be discussed in subsequent sections of this brief. Although the Notice of Funding Opportunity for the FY19-23 funding cycle[2] reorganized the activity categories under Program Area 2, it essentially retained the same framework and suggested activities.[3] The primary difference is that support for assisting CAHs to prepare for value-based and new delivery system models of care was broken out of activity area 2.02 and identified as its own activity area. As such, the discussion and

recommendations in this brief, which focuses on the FY15-18 funding cycle, remain relevant to SFP initiatives implemented in the FY19-23 funding cycle.

A 2015 Flex Monitoring Team (FMT) study on the impact of Flex FOI interventions found participating CAHs were in poorer financial condition than non-participating CAHs, showed improved revenue cycle performance, and demonstrated a lower Medicare outpatient payer mix. The study also highlighted data quality and methodological issues that limited the ability to definitively infer that participation in an FOI intervention led to improvements.[4] A subsequent FMT study in 2020 confirmed that at-risk CAHs were more likely to participate in FOI interventions and that CAHs typically changed activities from year to year.[5] It also noted that the lack of data on the intensity of CAH participation was an impediment to quantifying the contribution of participation in FOI interventions.

SFPs are required to report CAH participation in their initiatives through the Performance Improvement and Measurement System (PIMS), as well as the extent to which participants improved their performance. For the FY15 funding cycle, the Federal Office of Rural Health Policy provided a set of instructions and frequently asked questions (FAQs) to assist SFPs in completing their PIMS reports.[6,7] The instructions and FAQs are updated as the definitions and measures change.

To supplement the 2019 quantitative study described above, the FMT undertook a qualitative evaluation of SFP FOI interventions by creating an inventory of all SFP FOI initiatives during the FY15-18 funding cycle. We further examined the activities proposed by a subset of 14 SFPs and identified challenges to monitoring the impact of interventions on FOI performance.* This brief summarizes the inventory of FOI activities proposed by the 45 SFPs and describes key themes and challenges to monitoring and documenting the impact of initiatives reported by the 14 study SFPs. A companion brief describes potential outcome measures for primary categories of SFP FOI initiatives.

METHODS

We identified Program Area 2 FOI initiatives using the FY15-FY18 applications, work plans, and progress reports for the 45 SFPs. We summarized categories of initiatives within activity areas 2.02: In-depth Financial and Operational Assessments and Action Planning (Appendix A); 2.03: Revenue Cycle Management (Appendix B); and 2.04: Operational Performance Improvement (Appendix C). We selected 14 SFPs for further study based on the interventions proposed, the geographic distribution of states, the number of CAHs in the state, and the use of consultants versus SFP staff. Telephone interviews with Flex Coordinators from these 14 SFPs were conducted in June and July 2019 using semi-structured interview protocols. We also requested assessment reports, plans, tools, and other work products resulting from FOI interventions. The study team analyzed interview transcripts and related documents to identify key themes.

OVERVIEW OF SFP FINANCIAL AND OPERATIONAL IMPROVEMENT STRATEGIES

As all SFPs are required to conduct an annual statewide assessment of CAH FOI performance (2.01), we did not concentrate on this area of activity. Briefly, most SFPs use data from the FMT's Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS) for their assessments.† A small number supplemented CAHMPAS data with current state- or hospital-level data. Others described additional

* The study states included Idaho, Illinois, Indiana, Massachusetts, Michigan, Montana, Nevada, New York, North Carolina, Pennsylvania, South Carolina, South Dakota, Texas, and Washington.

† CAHMPAS facilitates comparison of CAH financial performance by user-defined peer groups against peer group benchmarks as well as state and national medians.

assessments under Activity Area 2.01 including readiness assessments for participation in value-based purchasing or practice transformation efforts.

INTERVENTIONS IN ACTIVITY AREA 2.02: IN-DEPTH FINANCIAL AND OPERATIONAL ASSESSMENTS AND ACTION PLANNING

The FY15-18 FOA suggested the following potential activities:

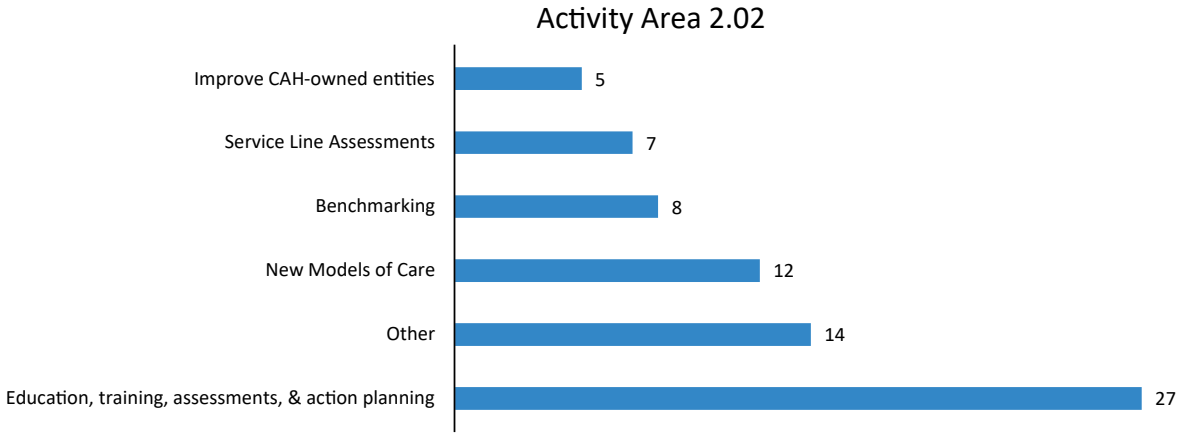
- Align health care services with community needs through action planning;
- Prepare CAHs for new payment and care delivery models;
- Conduct service line, market share, and outmigration analyses;
- Assess appropriateness of department-level staffing relative to future community needs;
- Develop action plans to implement best practice recommendations;
- Assess physician practice management practices and productivity; and/or
- Analyze reporting practices for Medicare reimbursement.

Thirty-six of the 45 SFPs implemented 2.02 initiatives in the FY2015-18 funding cycle with many focusing on a small number of CAHs each year (Appendix A). A number of SFPs used external consultants or accounting firms to work with CAHs to develop profiles of their financial and operational performance, highlight areas for improvement, and develop action plans. Elements of these assessments may include:

- Financial summary and service area overview;
- Review of CAH performance using the CAH Finance 101 measures;
- Examination of departmental productivity against standard benchmarks;
- Analysis of CAH liquidity; and
- Recommendations for next steps, with a focus on high value recommendations.

Although most SFPs target vulnerable CAHs, some reported difficulty engaging at-risk CAHs given the stress under which they (CAHs) operate. As a result, these SFPs expanded eligibility for their FOI initiatives to engage additional CAHs. Methods of selecting CAHs often include applications to the SFP, both competitive (e.g., Illinois and Idaho) and noncompetitive (e.g., North Carolina). Figure 1 provides a summary of the different types of activities proposed under Activity Area 2.02.

FIGURE 1. Activity Area 2.02 Interventions – In-Depth Assessments and Action Planning



Note: State Flex Programs could report multiple initiatives under each Activity Area

Fourteen proposed activities were classified as "other" as they did not fit into existing categories under this activity area. These activities included swing bed trainings and assessments, Lean/Six Sigma trainings, Studer Group coaching, emergency department charge capture and productivity projects, environmental and safety assessments, affiliation strategies, implementation of 340B programs, development of a physician peer review network, staffing productivity studies, staffing assessments, development of a "costmaster," and programs focused on population health and health information technology (Appendix A).

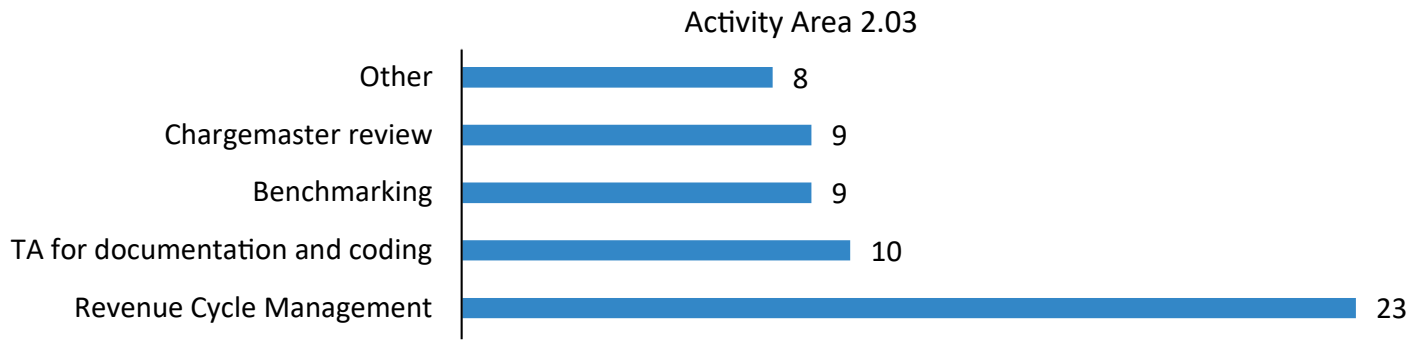
ACTIVITY AREA 2.03: REVENUE CYCLE MANAGEMENT

The FY15-18 FOA suggested the following potential 2.03 activities:

- Chargemaster reviews to create a more efficient and compliant pricing mechanism;
- Improvement of billing processes, coding accuracy/compliance, capture of revenue, and productivity;
- Implementation of effective revenue control processes;
- Use of financial improvement networks to improve revenue cycle efficiency; and
- Education/training for CAH personnel and boards to improve revenue management.

Twenty-nine SFPs proposed 2.03 initiatives using a mix of training, educational programs, and technical assistance (TA). Figure 2 provides a summary of the different types of activities proposed

FIGURE 2. Activity Area 2.03 Interventions – Revenue Cycle Management



Note: State Flex Programs could report multiple initiatives under each Activity Area

Eight SFPs proposed a series of "other activities" including the development of RHC telehealth and visiting nurse billing protocols, a pricing analysis for one CAH, Board of Directors boot camps, Medicaid cost report reviews, preparation of filings to recoup Medicaid shortfalls, cost report trainings and TA, establishing a new payment model workgroup, and process improvement projects (Appendix B).

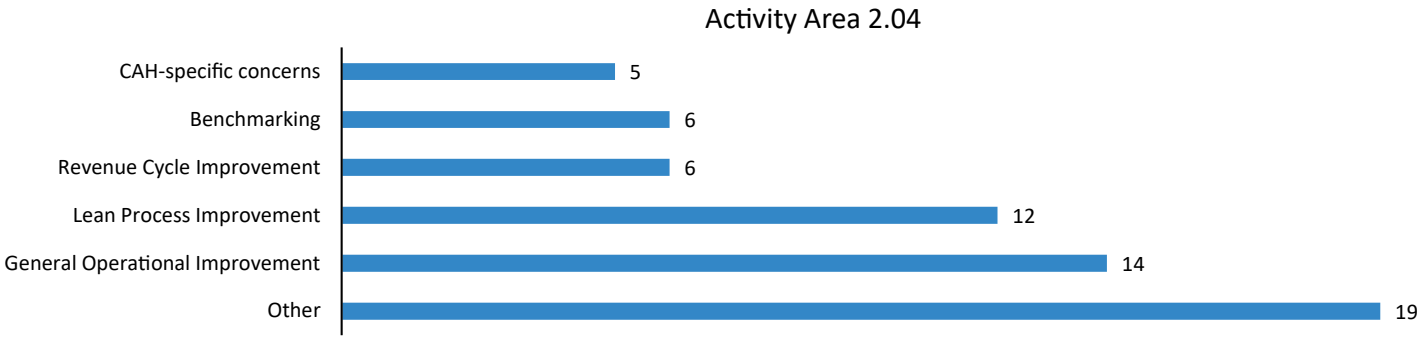
ACTIVITY AREA 2.04: OPERATIONAL IMPROVEMENTS

Suggested activities in the FY15-18 FOA included initiatives to:

- Improve operations, productivity, and efficiency within hospital departments;
- Increase CAH market share and avoid patient bypass; and
- Improve hospital processes (e.g., supply and materials management systems, billing, purchasing, workflow, and pharmacist review of medication orders).

Thirty SFPs proposed 2.04 initiatives focused on operational improvement (Appendix C). Figure 3 provides a summary of the different types of activities proposed under Activity Area 2.04.

FIGURE 3. Activity Area 2.04 Interventions – Operational Improvements



Note: State Flex Programs could report multiple initiatives under each Activity Area

Nineteen SFPs proposed "other" initiatives that did not fit neatly into the existing categories under Area 2.04 (Appendix C). These activities included education on board development, leadership, advanced trauma/life support, and alternative payment models; RHC operational reviews; participation in an RHC data portal; updating manuals for CAH swing beds, Medicare Conditions of Participation, and utilization management; an evaluation of a J-1 Visa process; assessment and TA on service line productivity, outmigration, and market share issues; secondary data collection for CAH needs assessments; planning for trustee development; and TA to improve employee and medical staff satisfaction, swing bed use, system affiliation, CAH marketing, and health information technology/health information exchange use.

DISCUSSION

Through our review of the applications, we identified the following issues that complicate efforts to evaluate the impact of SFP FOI initiatives:

1. A number of SFPs are "blurring" activities across the activity areas. Some described similar activities across multiple activity areas while others, for example, discussed revenue cycle activities under Areas 2.01, 2.02, and 2.04 but not under 2.03. This makes it difficult to distinguish discrete interventions from component parts of the same initiative reported across multiple activity areas.

2. SFPs do not always have well-developed logic models and theories of change to guide their initiatives and provide a framework to identify appropriate intermediate- and long-term outcome measures across their project lifecycles.

3. SFPs tend to focus heavily on process and output measures to monitor impact. When using more traditional outcome measures, they are likely to focus on long-term, high-level outcomes and pay less attention to short- and intermediate-term outcomes that would provide the bridge between output/process measures and long-term outcomes.

4. SFPs are not always clear about what constitutes substantive participation in FOI initiatives. Does it include webinars, meetings, training efforts, or preparation and distribution of assessment or benchmarking reports? While the PIMS instructions and Frequently Asked Questions provide guidance on reporting

participation, additional work is needed to help ensure consistent reporting across SFPs. More consistent reporting of the intensity of CAH involvement in SFP initiatives will enhance the ability to use these data for evaluation purposes as well as to document the impact of SFP activity on desired FOI outcomes.

5. For those initiatives involving education, participation in meetings, or peer learning, pre/post event surveys can be useful to assess benefits received from participation in these events including changes in knowledge and/or plans to use new knowledge to implement changes. The ability to assess the outcomes of these events would be improved by efforts to follow up with participating CAHs at periodic intervals to determine the extent to which financial or operational changes have been implemented and the impact of those changes.

The following evaluation challenges were identified through interviews with the 14 study participants:

1. SFPs often rely on the FMT's CAHMPAS data for their assessment and monitoring activities. One challenge cited by SFPs was the age of the FMT financial data in CAHMPAS and the need for "real-time" data to document program impact. While FMT data is valuable in tracking trends over time, it is not helpful for monitoring short- and intermediate-term outcomes. Participating CAHs should be encouraged to collect financial data that aligns with the interventions and/or the FMT's CAHMPAS data and to share relevant data with SFPs.
2. Due to the limitations of the FMT data, some SFPs have explored efforts to collect "real-time" data to monitor program impact. However, they are also reluctant to add to the burden of participating CAHs by asking them to report additional data. SFPs could establish the expectation that participating CAHs share outcome data by identifying a minimum set of measures specific to the intervention and requesting that participants share these data as a condition of receiving TA and support.

CONCLUSIONS

Two previous FMT studies suggest that CAHs benefit from participation in SFP FOI initiatives. However, these studies also found that methodological issues (e.g., changing CAH participation in initiatives from year to year and lack of data on the intensity of CAH participation) make it difficult to assess the impact of FOI initiatives on CAH performance. Our review confirms the findings of these earlier studies and suggests four opportunities to improve the ability of SFPs to monitor and document the impact of their initiatives on CAH financial and operational performance.

The first opportunity is clarification of what constitutes CAH participation in SFP initiatives, as well as the development of a conceptual framework to assess the intensity of CAH participation. The development of a framework to consistently capture the intensity of CAH participation in these initiatives would provide an ability to compare the impact of FOI initiatives across the 45 SFPs as well as improve the use of PIMS data in Flex Program evaluation.

The second opportunity is the provision of TA to help SFPs construct well-developed theories of change and logic models to clearly articulate how their initiatives will contribute to improved CAH financial and operational performance. This TA would involve working with SFPs to identify appropriate evidence-based strategies and appropriate short- and intermediate-term outcome measures that provide the bridge from process measures to long-term outcomes. The ability to construct effective theories of change and logic models would provide a foundation for SFPs to better document the impact of their initiatives.

The third opportunity is the identification of a common set of short-, intermediate-, and long-term outcome measures for common FOI initiatives such as chargemaster reviews, market share/outmigration analyses, analyses of claims denials, revenue cycle management, and service line analyses. SFPs would also benefit from assistance with identifying appropriate measures to assess the impact of different approaches to working with CAHs on FOI issues such as peer learning groups, webinars and educational events, or in-depth assessments and action planning. A separate policy brief explores potential outcome measures for the FOI initiatives described above and provides a resource to assist SFPs with monitoring the impact of their FOI initiatives.

The fourth opportunity involves a refined definition of FOI activity areas and the clarification of application reporting instructions. As noted above, the blurring of project activities across and within the activity categories complicates the evaluation of SFP FOI activities and documentation of project outcomes. To address this concern, it would be helpful to clearly define what belongs (and what does not belong) in each activity area and to insist that proposed interventions are described under the appropriate activity areas. In addition, SFPs should clearly distinguish between separate initiatives and those that are sequential components of one specific strategy in the appropriate activity areas. For example, in-depth assessments and action planning should be proposed under Activity Area 2.02. If the assessment indicates the need for interventions related to revenue cycle management, the proposed activities should be reflected in Activity Area 2.03. These changes would facilitate comparison across states and allow a clearer understanding of the range of SFP FOI initiatives.

SFPs are conducting a wide range of important initiatives to improve the financial and operational performance of CAHs, many of these initiatives address the unique needs of their CAHs. While this flexibility is important to SFPs, it also complicates the ability to evaluate these projects and assess the impact of SFP efforts. Given the ongoing financial vulnerability of CAHs, SFPs would benefit from an improved ability to document the impact of their initiatives and to understand how each initiative contributes to improved financial and operational performance. This would allow SFPs to focus their efforts on effective strategies and best use scarce Flex Program resources to support at-risk CAHs.

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For more information on this study, please contact John Gale at john.gale@maine.edu.

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APPENDIX A. Activity Area 2.02: In-depth Financial and Operational Assessments and Action Planning

State	Service Line Assessment	Financial/Operational Improvement	CAH-Entities (RHCs, Physician Practices, SNFs)	New Models	Benchmarks	Other
Alabama						Swing bed training
Arkansas		Cost report assessments				
Colorado		CEO/CFO workgroup webinars/CAH workshop				
Georgia		Financial management training	Assessments/planning			Lean/Six Sigma training
Hawaii		Assessments/planning				
Idaho*		Assessments/planning				
Illinois*			Practice management TA and training			Environmental and safety assessments
Indiana*						Studer Group coaching
Iowa		Assessments, consultation, TA, planning				
Kansas		Training/TA – staffing patterns		Assessments	Peer group data	
Kentucky		Training/interventions			Peer group data	
Maine				Transformation assessments		
Massachusetts*		Assessments/training		Transformation assessments	ED productivity	ED charge capture and productivity
Michigan*	Assessments					LEAN, board training
Minnesota		Assessments			Dashboard report	
Mississippi	ER redirect and service line assessment	Reimbursement assessments		Training		
Missouri	Assessments	Reimbursement and cost report assessments, chargemaster reviews		Annual training	Baseline comparison reports	Swing bed assessments
Nebraska		Assessments				
Nevada*	Service line, market, and outmigration assessments	Assessment and interventions, quarterly education meetings				
New Hampshire		Workshops on reimbursement		Transformation assessments, workshop on MIPS/APMs		Physician peer review network
New York*		Assessments; 3 Learning and Action Network cohorts	Physician alignment models			Affiliation strategies, swing beds, and 340B
North Carolina*		Learning and Action Network	Primary care capacity and workforce		Benchmarking studies	
Ohio		Assessments/trainings			Quarterly reports	
Oklahoma						Productivity studies
Oregon	Assessments/planning			Assessments/planning		
Pennsylvania*			Education on primary care practices	Education		Costmaster analysis
South Carolina*				Assessments/education/ TA		
South Dakota*		Assessments				Staffing assessments
Tennessee		Assessments/planning			Reports	
Texas*		Assessments, TA, education, and planning- performance network		Planning for new models		Assessment, TA, and
Utah		Assessment/TA				education on board/CEO/ staff development; quality management; population health; and technology
Vermont		Assessments; distribute/ review of financial data		Statewide ACO meetings		
Virginia	Market share assessments/planning	Cost report assessments				Summits on CHNAs and population health
Washington*	Market share assessments/training	TA to 13 CAHs, education on best practices		Assessments/planning		
Wisconsin		Assessments (individual and cohort)				
West Virginia		Education and listserv				

* Study states. Montana did not report an initiative under Activity Area 2.02.

APPENDIX B. Activity Area 2.03: Revenue Cycle Management Activities

State	Revenue Cycle Management	Documentation and Coding	Chargemaster	Benchmarking	Other
Alaska	Consultant/TA- CAH cohorts, CFO collaborative				
Arizona	Consultant/TA to 1-2 CAH/yr.	Boot camp		Track participants	
Arkansas		TA by consultant			
California	Workshops and webinars	Coding audit for 1 CAH		Productivity/financial by region and revenue stream	
Florida	Workshops and training; training to 2 CAHs			Monitor improvement	
Hawaii	Web-based trainings				
Illinois*	TA/education by subject matter experts to CAHs/ RHCs			Education on base line data	
Iowa	Webinars/regional meetings				
Kansas	Trainings, TA to select CAHs				
Kentucky	4 individual trainings/yr		4 chargemaster reviews/yr		
Massachusetts*				Annual revenue cycle/rapid cycle benchmarking data	
Michigan*	Peer education by high to low performing CAHs			Peer group data provided to CAHs	
Minnesota				Compare CAH charges to peers	RHC telehealth and visiting nurse protocols for 1 CAH
Mississippi	Assessments	Assessments	Assessments		
Missouri	TA to 16 CAHs in 2017, 7 additional targeted	Education	TA to 5 CAHs in 2016		
Montana*	Webinars			Performance Improvement Network data	
Nevada*	TA to decrease receivables/ uncompensated care				Pricing analysis/TA to 1 CAH to improve patient retention
New Hampshire	3 Day Medicare boot camp	TA to reduce denial rates		Insurance denial rates	
New York*	Assessments for select CAHs		Reviews for 2 CAHs		
North Dakota	Webinars series				Board of directors boot camp
Oklahoma		Education (by consultant)	TA and reviews (by consultant)		
Pennsylvania*					Cost report reviews/Fillings for Medicaid shortfalls
South Dakota*		Workshop	Reviews for 6 CAHs		Cost report workshop
Tennessee	Assessments, TA, and planning for at-risk CAHs				
Utah	TA by consultant				
Virginia	Assessments				
Washington*	Assessments for 13 vulnerable CAHs	Collaborative Improvement Workgroup: reduce collection time, expenses, denials	Reviews for participants		New payment model workgroup; CEO/ CFO summit
West Virginia	Education and TA		Education and TA		Education and TA on cost reporting
Wyoming	Education to 3 CAHs	Education to 5 CAHs	Support for 4 reviews		Education to 3 CAHS on process improvement

* Study states. Idaho, Indiana, North Carolina, South Carolina, and Texas did not report initiatives under Activity Area 2.03.

APPENDIX C. Activity Area 2.04: Operational Performance Improvement Activities

State	General Operational	Revue Cycle Review	LEAN / Six Sigma	Benchmarking	Other
Alaska	Assessments/planning- tribal CAHs, Small Hospital Network meetings	Medicare billing boot camp, TA on cost/ pricing			Board development, Advanced Trauma Life Support
Arizona			ED process improvement, air ambulance, patient satisfaction		Subscribe to POND and encourage RHC use
Arkansas		Revenue cycle/cost report reviews			RHC operational reviews
California	Convene CFO peer network		Throughput webinar, one-on-one training with CAHs	Identify productivity benchmarks; incorporate into QHi portal	Sponsor recruitment and FOI sessions at rural meeting and Western Region Flex Conference
Colorado					Update swing bed, Conditions of Participation, utilization management manuals
Hawaii			Training		Studer leadership training
Idaho*	Learning collaborative on financial measures and issues		TA for cohorts on business department workflows	Webinars on benchmarking financial measures	J-1 Visa evaluation, scholarships for meetings
Indiana*			Training: leadership improvement; rapid improvement/value stream analysis; community of practice		
Illinois*	Train the trainer programs for non-nursing service lines			Benchmark productivity data	Assess service line productivity
Kansas	TA/training using IHI collaborative framework				
Kentucky	Education on CAH Finance 101, swing beds		Onsite Lean training and support for Lean project		Conferences: CHNAs, internal communication, community outreach/engagement, internal culture/customer service; scholarships for Joint Commission workshop
Maine		CFO collaborative quarterly meetings: claims denials, TA/ assessment to reduce denials			
Massachusetts*	IHI trainings and certifications				
Michigan*		Identify payers with high denial rates/TA to reduce denials	TA to 2 CAHs to conduct projects	Review and engage CAHs on benchmarking measures	
Minnesota	Identify quality/patient safety targets for cost reduction; TA	Rural conference sessions on revenue cycle issues			Co-sponsor rural health conference
Mississippi					Conduct outmigration and market analysis
Missouri	Training on developing managed care contracts		Train 5 CAHs on TeamSTEPPS or population health, engage 5 CAHs in efficiency improvement		Fund secondary data for CHNAs
Montana*		Webinar/peer learning on revenue improvement	Conduct rapid cycle improvement projects with CAH cohort	Performance improvement data for benchmarking	Assess need for consultants; trustee development planning
Nebraska			Support Six Sigma training and provide TA to Lean projects		
Nevada*	TA on operational improvement, balanced scorecard, staff training				TA to improve employee and medical staff satisfaction
New Hampshire	Scholarships for IHI programs; education/TA for operational improvement projects				
North Carolina*					TA on swing beds, RHC conversion, system affiliation
North Dakota	Information and education on hot topics, legal consultations on operations issues				Partner with UND on CAH marketing, provide travel funds for peer exchange
Oregon			Develop in-house training/ certification		Alternative payment model training at Rural Health Summit
Pennsylvania*	Operational improvement projects using Penn State College of Engineering “Learning Factory”				
South Carolina*					State outmigration report; action plans to mitigate outmigration
South Dakota*			Assess need for LEAN Support; support work/ patient flow assessments		
Vermont	Training/certification support-IHI courses/ webinars				
Washington*					Assess HIT/HIE use, TA to improve components of HIT use
West Virginia				Develop labor benchmarks	

* Study states. New York and Texas did not report initiatives under Activity Area 2.04.