



# Minnesota Rural Hospital Flexibility Program Quality and Population Health

GRANT REQUEST FOR PROPOSAL (RFP)

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To obtain this information in a different format, call: 651-201-3528.

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# RFP Part 1: Overview

## 1.1 General Information

- **Announcement Title:** Minnesota Rural Hospital Flexibility Program Quality and Population Health
- **Minnesota Department of Health (MDH) Program Website:** <https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#flexqiph>
- **Application Deadline:** March 29, 2024

## 1.2 Program Description

Minnesota Statute [144.1482](#) establishes the Office of Rural Health, which shall establish and maintain a clearinghouse for collecting and disseminating information on rural health care issues, research findings, and innovative approaches to the delivery of rural health care and assist rural communities in improving the delivery and quality of health care in rural areas.

Minnesota Statute [144.1483](#) establishes rural health initiatives, to include the Medicare Rural Hospital Flexibility Program pursuant to section 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, by developing a state rural health plan and designating, consistent with the rural health plan, rural nonprofit or public hospitals in the state as [critical access hospitals](#) (CAHs). Minnesota has 77 licensed critical access hospitals.

The Minnesota Medicare Rural Hospital Flexibility Program (Flex Program) receives funds from the Health Resources and Services Administration’s (HRSA) Federal Office of Rural Health Policy (FORHP) to help [critical access hospitals](#), emergency medical services and health professionals work together. Flex Program funding is intended to provide training or technical assistance to CAHs to build capacity, encourage innovation, and promote sustainable improvements in the rural health care system.

## 1.3 Funding and Project Dates

### Funding

The Minnesota Department of Health will receive \$1,049,465 in funding each year from the Health Resources and Services Administration’s Federal Office of Rural Health Policy for the next five years. Up to \$400,000 in annual funding will be allocated by a competitive process to eligible organizations for projects to support quality and population health in critical access hospitals. If selected, you may only incur eligible expenditures when the grant agreement is fully executed, and the grant has reached its effective date.

Funding	Year 1 Estimate	Year 2 Estimate	Year 3 Estimate	Year 4 Estimate	Year 5 Estimate
Estimated Amount to Grant	\$400,000	\$400,000	\$400,000	\$400,000	\$400,000

FLEX PROGRAM QUALITY AND POPULATION HEALTH

Funding	Year 1 Estimate	Year 2 Estimate	Year 3 Estimate	Year 4 Estimate	Year 5 Estimate
Estimated Number of Awards	4	Based on awards in Year 1	Based on awards in Year 1	Based on awards in Year 1	Based on awards in Year 1
Estimated Award Maximum	\$250,000	Based on awards in Year 1	Based on awards in Year 1	Based on awards in Year 1	Based on awards in Year 1
Estimated Award Minimum	\$50,000	Based on awards in Year 1	Based on awards in Year 1	Based on awards in Year 1	Based on awards in Year 1

**Match Requirement**

There are no match requirements.

**Project Dates**

The eligible project period is September 1, 2024 - August 31, 2029. Applicants may propose projects that are a minimum of 1 year and a maximum of 5 years. Applicants will provide a comprehensive overview of activities to be completed during year 1 and in subsequent project years, will submit an updated workplan and budget.

**1.4 Eligible Applicants**

Eligible applicants include organizations that are either for-profit or not-for-profit entities that demonstrate extensive experience working in healthcare quality, to include experience with quality measurement, understanding State and Federal systems to report to quality measures, assessing accuracy in reported data, and quality improvement. Applicants should demonstrate experience with the Medicare Beneficiary Quality Improvement Project (MBQIP) along with related quality reporting and quality measurement frameworks from organizations such as the Centers for Medicare and Medicaid Services (CMS) or the Minnesota Quality Reporting System. Applicants should also demonstrate experience working in rural health care and with the proposed target audience. Applicants will be selected based on their ability to complete proposed projects and evidence of experience in the proposed subject matter. Eligible applicants are organizations with a history of providing in-depth, high-quality education and training and/or by developing resources that support critical access hospital quality. Experience will be assessed in the proposal.

Critical access hospitals are not the intended applicant organization(s). CAHs and CAH staff will be the recipients of any proposed education, training or resources developed with these grant dollars. CAHs that have questions about the funding should contact [health.flex@state.mn.us](mailto:health.flex@state.mn.us).

**Collaboration**

Multi-organization collaboration is encouraged but is not required and will receive no competitive advantage.

## 1.5 Questions and Answers

All questions regarding this RFP must be submitted by email or phone to [health.flex@state.mn.us](mailto:health.flex@state.mn.us) or 651-201-3528. All answers will be posted within 5 business days at:

<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#flexqiph>

Please submit questions no later than 4:30 p.m. Central Standard Time (CST), on March 20, 2024.

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

### RFP Information Meeting

An RFP Informational Webinar will be held on March 6, 2024, at 10:00 am on MS Teams. [Click here to join the meeting.](#)

All prospective applicants are urged to attend. Questions from the informational webinar will be posted to the program's webpage:

<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/index.html#flexqiph>.

## RFP Part 2: Program Details

### 2.1 Priorities

#### Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. [The Policy on Rating Criteria for Competitive Grant Review](#) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

This grant will serve people residing in rural Minnesota and rural communities by way of Critical Access Hospitals (CAHs). CAHs are a central part of rural communities and the rural healthcare safety net, providing necessary health care services to rural and remote parts of Minnesota.

This grant seeks to create training or provide education to CAHs that will show and improve rural healthcare quality by way of activities that support implementation of the Medicare Beneficiary Quality Improvement Project (MBQIP) measures, quality reporting, quality improvement and population health education that addresses changing community needs, and ensures patient care is integrated throughout the rural health care delivery system.

Grant outcomes will include:

- Training opportunities for critical access hospital staff to recognize health disparities within quality, or similar, data to improve health equity.
- Training opportunities for critical access hospitals with a focus on quality data, quality improvement and population health.
- Educational opportunities for critical access hospitals to understand quality data and ensure data accuracy.
- Critical access hospital staff will report accurate quality data.
- Critical access hospital staff will understand how to implement quality improvement initiatives in their facilities.
- Critical access hospitals will demonstrate their quality outcomes and capacity to engage in quality improvement strategies.
- Grant performance will be measured by the submission of quarterly reports.

### 2.2 Eligible Projects

Eligible projects will focus on critical access hospital quality and addressing rural population health. Eligible projects are based on CAH quality improvement activities necessary for implementing the Medicare Beneficiary Quality Improvement Project (MBQIP) quality measures, working with CAHs on activities to support quality improvement on MBQIP, or supporting population health as it relates to quality and community needs.

Federal funding for this grant opportunity limits the recipients of training and education created from this funding opportunity to critical access hospitals, critical access hospital staff,

or provider-based rural health clinics. The CAH may utilize or build partnerships with community organizations through their participation in Flex funded projects.

In determining which organizations will receive this award, the following criteria shall be considered:

- Understanding of health equity and the impacts health disparities have on health outcomes.
- Demonstrated understanding of the basics of critical access hospital quality.
- Demonstrated understanding of the core principles of quality improvement and/or population health, depending on the selected strategies.
- Demonstrated understanding of the Medicare Beneficiary Quality Improvement Project measures.
- Ability to communicate how the proposed activities will improve the quality of care that critical access hospitals are providing.

## Key tasks

The Medicare Beneficiary Quality Improvement Project (MBQIP) is the organizing structure for all Flex quality improvement activities. A summary of the MBQIP measure set is available in Appendix E.

### Strategy Area 1: MBQIP implementation

Projects must provide activities that will ensure Minnesota CAHs consistently and accurately report core MBQIP measures. CAHs must continue to report existing measures and focus on the implementation of the 2025 core measure set. Projects should:

- Identify CAHs in need of reporting assistance and outline how assistance will be provided.
- Maintain the participation of all CAHs in MBQIP quality reporting.
- Build capacity of CAHs to report new MBQIP measures.

### Strategy Area 2: MBQIP quality improvement

Quality improvement proposals should focus on projects that engage CAHs in improving their core MBQIP measures. Projects must use quality data to assess CAH quality improvement needs and work with CAHs to implement quality improvement projects. Proposals should include an assessment process for determining quality improvement needs. Projects should identify how many CAHs will participate in the quality improvement project, how CAHs will be identified, what the desired improvement is, and the intended outcome of the project. Projects may also identify quality improvement initiatives that focus on improving health outcomes of specific populations experiencing health disparities.

- Examples of possible outcomes are included in Appendix E.

### Strategy Area 3: Population health improvement

Population health requires a range of strategies that combine complex hospital operations and quality of care to realize improved health outcomes alongside community partners. Projects will build the capacity of CAHs to achieve measurable improvements in the health outcomes of their communities, with consideration of determinants of health, such as medical care systems

and social and physical environments. Projects should focus on health equity and can include connections between MBQIP and community health initiatives, or other strategies for improving health outcomes and providing quality of care in rural communities. These ideas may include but are not limited to implementation of needs identified in community health needs assessments, engaging community health workers or community paramedics, and other collaborations between CAHs and organizations within their community.

## Proposed work

Applicants are encouraged to propose activities for how they will address the selected strategy. Applicants will not receive a competitive advantage for the selected strategy, tasks, or the number of strategies selected. Applicants will be scored on the quality of the proposal. Applicants must provide a comprehensive description for how their organization will implement each strategy and all proposed activities. Applicants must provide a detailed evaluation plan for all proposed work.

Consider the following aspects when providing a description of proposed work:

- **A description of the proposed project.** Applicants may select one or more strategies, as applicable, to the proposed project but must provide a thorough description of the entire project and how the chosen strategy(ies) will be addressed.
- **Project outreach, engagement and participant recruitment including the expected target audience.** Minnesota has 77 critical access hospitals. Applicants should specify how their projects will be offered to all CAHs or how a cohort of CAHs will be identified as potential participants and the corresponding outreach strategy. Applicants should identify what key positions from the CAH are the intended recipient of this work.
- **Project implementation and logistics,** including a detailed timeline of activities with clear phases for implementation.
- **Descriptions of any materials, resources, curriculum or content that will be developed with these grant dollars.** If grant funds will be used for this purpose, provide a summary of how the product will be created (by staff or sub-contracted entity), how the product will be used or accessed by the CAH, purpose and other relevant details.
- Applicants that are proposing to work with **MBQIP measures must include the measure name** that will be focused on during each project period or for each activity. If one activity includes multiple measures, that should be clear.
- **A detailed evaluation plan** including the expected, proposed outcomes and how success of the project will be measured.
- **Demonstrated experience** in working with the intended audience and topics.

## Grant outcome expectations

Applicants should provide their proposed evaluation plan, to include suggested measures for tracking activity progress. Projects must track individual participant improvement of all CAHs that are engaged in this work.

All applicants will participate in Flex Program evaluation through MDH but should also provide an evaluation plan as part of the application. The anticipated and actual outcomes for awards



made from this RFP will be included as part of the required evaluation of the Federal Flex Program. All projects should have annual (short-term) outcomes. Projects that last longer than a year will be asked to propose intermediate (2-3 year) outcomes and long-term anticipated outcomes for any activities that will last 3 years or longer.

## **Ineligible Expenses**

Ineligible expenses include but are not limited to:

- Expenses not directly related to the approved work plan and not in the approved budget.
- Supplanting existing operating expenses or existing program expenses.
- Expenses incurred prior to receiving grant agreement.
- Direct patient care (including health care services, equipment and supplies)
- Purchase of ambulances and any other vehicle or major equipment (including software that costs more than \$5,000 per unit) and any other single item purchase over \$5,000.
- Taxes, except sales tax on goods and services.
- Bad debts, late payment fees, finance charges, or contingency funds.
- Fundraising.
- Lobbyists, political contributions.
- To purchase or improve real property.
- To conduct or complete any part of the Community Health Needs Assessment for non-profit 501(c)3 CAHs as required by the IRS.
- Administrative expenses are capped at 10 percent of the total direct costs; or the organization's federally negotiated indirect cost rate agreement.

## **2.3 Grant Management Responsibilities**

### **Grant Agreement**

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Grantee should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place and the State's Authorized Representative has notified the Grantee that work may start.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

### **Accountability and Reporting Requirements**

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all of the terms in the grant agreement have been met.

The reporting schedule will be in accordance with the State of Minnesota's policy requiring at least an annual written progress report, or a quarterly minimum.

The reporting schedule will be quarterly, due 20 days after the end of the quarter. Final payments must be submitted no later than September 20 of each project year. Reporting deadlines will be communicated through the Office of Rural Health and Primary Care's grant portal. A standard report form will be provided to grantees. Written reports documenting activity progress and outcomes will be due at least biannually. Written reports will align with the schedule provided by the federal funding agency Health Resources and Services Administration's Federal Office of Rural Health Policy.

## Grant Monitoring

[Minn. Stat. § 16B.97](#) and [Policy on Grant Monitoring](#) require the following:

- One monitoring visit during the grant period on all state grants over \$50,000.
- Annual monitoring visits during the grant period on all grants over \$250,000.
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000.

The monitoring schedule will be determined after awards have been made.

## Technical Assistance

MDH will provide technical assistance to ensure the Grantee is meeting proposed deliverables and meeting the goals of the federal funder. MDH will support the Grantee in any outreach or implementation needs to recruit participants from the target audience.

## Grant Payments

Per [State Policy on Grant Payments](#), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

The invoicing and payment schedule will be quarterly, due 20 days after the end of the quarter. Final payments will be due no later than September 20 of each project year. Reports will be submitted through the Office of Rural Health and Primary Care's online grant portal. A report form will be provided to grantees. All deadlines will be communicated to grantees through the grant portal.

## Funding Statement and Publicity Requirements

When applicable, all products must contain information about publicity requirements, such as including MDH logo on project related documents. Relevant funding statements will be provided to the Grantee in the Grant Agreement Exhibit A.

## 2.4 Grant Provisions

### Contracting and Bidding Requirements

**(a) Municipalities** A grantee that is a municipality, defined as a county, town, city, school district or other municipal corporation or political subdivision of the state authorized by law to enter into contracts is subject to the contracting requirements set forth under [Minn. Stat. § 471.345](#). Projects that involve construction work are subject to the applicable prevailing wage laws, including those under [Minn. Stat. § 177.41](#), et. seq.

**(b) Non-municipalities** Grantees that are not municipalities must adhere to the following standards in the event that duties assigned to the Grantee are to be subcontracted out to a third party:

- i. Any services or materials that are expected to cost \$100,000 or more must undergo a formal notice and bidding process consistent with the standards set forth under Minnesota Statutes 16B.
- ii. Services or materials that are expected to cost between \$25,000 and \$99,999 must be competitively awarded based on a minimum of three (3) verbal quotes or bids.
- iii. Services or materials that are expected to cost between \$10,000 and \$24,999 must be competitively awarded based on a minimum of two (2) verbal quotes or bids or awarded to a targeted vendor.
- iv. The grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible:
  - Minnesota Department of Administration’s Certified Targeted Group, Economically Disadvantaged and Veteran-Owned Vendor List (<https://mn.gov/admin/osp/government/professionatechnicalcontracts/targeted-group-preferences/>);
  - Metropolitan Council’s Targeted Vendor list: Minnesota Unified Certification Program (<https://mnuccp.metc.state.mn.us/>) or
  - Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul: Central Certification Program (<https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9>).
- v. The grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.
- vi. The grantee must maintain support documentation of the purchasing or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if

applicable.

- vii. Notwithstanding (i) - (iv) above, State may waive bidding process requirements when:
  - Vendors included in response to competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
  - There is only one legitimate or practical source for such materials or services and that grantee has established a fair and reasonable price.
- viii. Projects that include construction work of \$25,000 or more, are subject to applicable prevailing wage laws, including those under Minnesota Statutes 177.41 through 177.44.
- ix. Grantee must not contract with vendors who are suspended or debarred in MN: The list of debarred vendors is available at:  
<https://mn.gov/admin/osp/government/suspended-debarred/>.

### Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per [Minn. Stat. § 16B.98](#) and the Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant-Making."

**Applicants must complete the Applicant Conflict of Disclosure form (Attachment C) and submit it as part of the completed application.** Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

- a grantee or applicant is unable or potentially unable to render impartial assistance or advice
- a grantee's or applicant's objectivity in performing the grant work is or might be otherwise impaired
- a grantee or applicant has an unfair competitive advantage

Individual conflicts of interest occur when:

- an applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence.
- An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

In cases where a conflict of interest is perceived, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

### **Public Data and Trade Secret Materials**

All applications submitted in response to this RFP will become property of the State. In accordance with [Minn. Stat. § 13.599](#), all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in [Minn. Stat. § 13.37](#), subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. ([Minn. Stat. § 13.599](#), subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by [Minn. Stat. § 13.37](#), the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act ([Ch. 13 MN Statutes](#)) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

## **Audits**

Per [Minn. Stat. § 16B.98](#), subd. 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

## **Affirmative Action and Non-Discrimination Requirements for all Grantees**

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. [Minn. Stat. § 363A.02](#). The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minn. Rules, part [5000.3550](#).

The grantee agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.

## **Federal Funding Purpose**

The purpose of the Medicare Rural Hospital Flexibility (Flex) Program is to enable states to support critical access hospitals (CAHs) in quality improvement, quality reporting, performance improvement and benchmarking; to assist facilities seeking designation as CAHs; and to establish or expand programs for the provision of rural emergency medical services (EMS). The long-term objectives of the Flex Program are to enable CAHs, including CAH-owned clinics, and rural EMS agencies to:

- Show and improve quality of care;
- Stabilize finances and maintain services;
- Adjust to address changing community needs; and
- Ensure patient care is integrated throughout the rural health care delivery system.

## 2.5 Review and Selection Process

### Review Process

Funding will be allocated through a competitive process with review by a committee representing content specialists with knowledge of rural issues and rural health care. The review committee will evaluate all eligible and complete applications received by the deadline.

MDH will review all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

### Selection Criteria and Weight

The review committee will be reviewing each applicant on a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The scoring that applicants will be judged on are based on a 0-5 rating system. See Attachment B: Application Evaluation Criteria for a detailed description of the scoring system and scoring criteria.

- Problem Statement (30 points total)
- Methods (35 points total)
- Work Plan (20 points total)
- Budget and Budget Narrative (15 points total)

### Grantee Past Performance and Due Diligence Review Process

- It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.
- State policy requires states to conduct a financial review prior to a grant award made of \$50,000 and higher to a nonprofit organization, in order to comply with [Policy on the Financial Review of Nongovernmental Organizations](#).

## **Notification**

MDH anticipates notifying all applicants via email of funding decisions by June 1, 2024. For successive budget years, MDH will provide the grantee with the award amount via the ORHPC grants portal. Upon notification of the award amount, grantees must submit a budget and narrative due 30 days following the notice of award. Future funding will be contingent on MDH's total funding amount.



## RFP Part 3: Application and Submission Instructions

### 3.1 Application Deadline

All applications **must** be received by MDH no later than 4:30 p.m. Central Time, on March 29, 2024.

**Late applications will not be accepted.** It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by mail, delivery, computer or technology problems.

### 3.2 Application Submission Instructions

ORHPC requires application submissions to be made through an online [Grants Portal](#). Please reference the Office of Rural Health and Primary Care's [Grant Guide](#) for information on account creation, password recovery, application creation, and collaboration.

Read Attachment B: Application Detailed Instructions within this request for proposals for further instructions on how to address application questions outlined in the Grants Portal.

If you have any questions, please contact us at: [health.flex@state.mn.us](mailto:health.flex@state.mn.us).

### 3.3 Application Instructions

You must submit the following in order for the application to be considered complete. Detailed application instructions are available in Attachment A. Incomplete applications will be rejected and not evaluated.

- Organization and Applicant Information
- Project Information
- Narrative
  - Project Summary
  - Problem Statement
  - Project Methods
  - Key Personnel Biographic Sketch(es)
- Timeline and Workplan
- Budget and Budget Narrative
- [Applicant Conflict of Interest](#) will be completed in the application. An example is available as Attachment C to this RFP.
- Required Attachments
  - [Due Diligence Review Form](#) is a required attachment.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

FLEX PROGRAM QUALITY AND POPULATION HEALTH

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

**All costs incurred in responding to this RFP will be borne by the applicant.**

## **RFP Part 4: Attachments**

- Attachment A: Application Detailed Instructions
- Attachment B: Application Evaluation Criteria and Scoring
- Attachment C: Applicant Conflict of Interest Disclosure Form
- Attachment D: Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

## Attachment A: Application Detailed Instructions

ORHPC requires application submissions to be made through an online [Grants Portal](#). Please reference the Office of Rural Health and Primary Care's [Grant Guide](#) for information on account creation, password recovery, application creation, and collaboration.

### Organization and Applicant Information

Basic information about the applicant entity is requested, including the organization's legal and business name, address, and tax identification information for contracting purposes.

Applicants will be asked to provide SWIFT Supplier Information. To create an account in SWIFT visit the [SWIFT Vendor Resources](#) page.

This project is funded with federal dollars. Applicants must provide their [Unique Entity Identifier \(UEI\)](#) Name and Number.

### Project Information

This section requests summary information about the project, including the total request amount, the name of the program the grant funds are being requested for and basic contact information for the organization.

### Narrative

#### Project Summary

Provide a short overview summarizing the project, a high-level description of activities and how grant funds will be utilized.

Character limit: 5,000

#### Problem Statement

Provide a description of the need for this project. The problem statement should demonstrate an understanding of challenges facing critical access hospitals and rural systems of care. The problem statement should provide data and context for the project statement and proposed workplan.

Character limit: 5,000

#### Project Methods

The project methods must clearly explain how the grant funding will be used, what will be accomplished. Applicants should provide robust details on how the proposal will meet needs of CAHs and achieve any proposed outcomes.

Provide a plan to evaluate the impact(s) of the project. Individual hospital performance as well as program level outcomes should be considered and included as applicable. Program level outcomes can be measurable short-term (1 year), intermediate (2-3 years) and long-term (5 years) outcomes. The time frames for the outcomes should correspond to the proposed length of the project.

Character limit: 10,000

### **Key Personnel Biographical Sketch(es)**

Provide the following information for key personnel who will be involved in the project: name, title, role in proposed project, relevant education, and professional experience relevant to the proposed project. It is important that all staff that will be funded through this grant are included and the FTE correspond to the budget narrative. If the position is currently vacant, please provide a brief description of the position that will be involved and any information on the vacancy.

Character limit: 10,000

### **Timeline and Workplan**

Provide a timeline for the top project activities/tasks. The timeline should identify the staff position or role (ex. Clinical Director, Strategic Planning Consultant, etc.) involved in each task, and the estimated start and completion date for each task. All requests must have at least 1 project activity defined. The workplan and timeline should include all key tasks proposed for year 1 of this project.

### **Budget and Budget Narrative**

Please provide a detailed budget description organized by the individual budget line items. The narrative must provide a rationale and details regarding how all budgeted costs are calculated.

- **Salary:** This category is for direct employees of the applicant organization. Grant funds can only be used for staff working directly on the proposed project. The anticipated FTE funded by the grant should be included along with an estimated number of hours to complete deliverables.
- **Fringe:** The cost of benefits and fringe based on the applicant organization's allocation schedules or plans. Provide an explanation for the fringe rate and a summary of what costs are included.
- **Travel:** Travel costs should include separate calculations for mileage, food and lodging. In-State room and board will be reimbursed in the same manner and in no greater amount than provided in the current "[Commissioner's Plan](#)" promulgated by the Commissioner of Minnesota Management and Budget; or, at the Grantee's established rate (for all travel related costs), whichever is lower, at the time travel occurred. Mileage must be calculated at the IRS approved rate that is current at the time of the application.
- **Supplies:** Describe all estimated costs for supplies and materials needed to complete the project.
- **Contractual:** This category is for any external contracts required to complete proposed grant deliverables. Outline estimated costs for each proposed contract, separately. Examples include but are not limited to space rental, website development or a training facilitator. Any individual that is not a direct employee of the applicant's organization should be listed under contractual. Applicants can use grant funds to work with outside consultants for training or curriculum development, but these costs must be project

specific. For all subcontracted personnel, provide hourly rates and the anticipated number of hours to complete the intended deliverable.

- **Other:** Project specific costs that are not already addressed in other categories. Provide a brief description of the costs. Costs cannot be billed to this grant if they are already accounted for within an organization's indirect rate.
- **Indirect:** An indirect cost rate is a percentage used to distribute indirect costs to all of an organization's programs that benefit from them. Grantees cannot claim indirect costs in excess of the indirect cost rate that applies to their organization. Grantees must submit and retain on-file, the corresponding documentation of that indirect cost rate as outlined below:
  - Grantees with a federally negotiated indirect cost rate can use grant funds for indirect costs in an amount up to, but not exceeding, that rate. Grantees must submit a copy of the current federally negotiated indirect cost rate as an attachment to this application.
  - Grantees without a federally negotiated indirect cost rate can use grant funds for indirect costs in an amount up to but not exceeding 10% of total direct costs. The Grantee must provide a summary of what is included in their indirect costs.

Grantees are responsible for ensuring that the indirect rate is not applied to direct costs that are excluded from the described indirect rate.

### **Conflict of Interest**

Applicants will complete the [Applicant Conflict of Interest](#) form in the online application. An example of the Conflict of Interest form is available in Attachment C.

### **Required Application Attachments**

Applicants will complete and attach a [Due Diligence Review](#).

### **Application Attachments**

An additional upload field will be available should an applicant have need to submit additional information. There will be no scoring advantage to attaching additional files.

## Attachment B: Application Evaluation Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final funding recommendations.

Applicants are encouraged to score their own application using the evaluation score-sheet before submitting their application. This step is not required, but may help ensure applications address all criteria evaluators will use to score applications.

Applications will be scored up to a maximum of 100 points possible. General criteria to be used in evaluating the application includes:

- The applicant organization has experience in the proposed subject matter.
- The applicant organization has an overall work plan that is clearly defined and describes goals and deliverables that are measurable, attainable, realistic and time bound.
- The applicant has an appropriate staff and administrative structure available to complete the project by the end of the grant period.

The following scoring system will be applied:

Rating	Description
5	<b>Excellent:</b> Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses.
4	<b>Very Good:</b> Substantial response; meets in all aspects and in some cases exceeds the minimum requirements; good probability of success; no significant weaknesses.
3	<b>Good:</b> Generally meets minimum requirements; probability of success; significant weaknesses, but correctable.
2	<b>Marginal:</b> Lack of essential information; low probability for success; significant weaknesses, but correctable.
1	<b>Unsatisfactory:</b> Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.
0	<b>Blank or did not answer:</b> Applicant did not answer the question or offered no response.

### Problem Statement (30 points available)

The criteria to be used in determining the scoring corresponds to the problem statement and project statement.

- The applicant describes the need for the project. (5 points available)

- The applicant provides adequate documentation or data to support the description of need. (5 points available)
- The applicant provides a thorough description of the project. (5 points available)
- The description of the project clearly demonstrates the project will address the selected strategies. (5 points available)
- The applicant clearly describes the target audience of the project. (5 points available)
- The applicant thoroughly describes how the proposed project will meet the needs of the intended audience. (5 points available)

### **Methods (35 points available)**

The criteria to be used in determining the scoring corresponds to the project methods, key personnel biographical sketches.

- The applicant provides measurable and reasonable project objectives. (5 points available)
- The applicant clearly describes the program approach and how they will achieve the proposed project objectives. (5 points available)
- The applicant clearly describes how grant funding will be used to carry out project objectives. (5 points available)
- The applicant provides a reasonable plan to evaluate the impact of the project. (5 points available)
- The applicant demonstrates a staffing plan that is consistent with their ability to complete the project. (5 points available)
- The applicant demonstrates experience in the proposed subject matter. (5 points available)
- The applicant demonstrates experience working with intended stakeholders. (5 points available)

### **Work Plan (20 points total)**

The criteria to be used in determining the scoring corresponds to the project workplan.

- The applicant proposes a workplan that addresses the needs for this project. (5 points available)
- The applicant proposes a workplan that is reasonable. (5 points available)
- The applicant provides a thorough description of key activities necessary for project completion. (5 points available)
- The applicant proposes a workplan that will be completed within the timeframe of the grant period. (5 available)

### **Proposal Budget and Budget Narrative (15 points total)**

The criteria to be used in determining the scoring corresponds to the budget and budget narrative.

- The applicant proposes a reasonable budget. (5 points available)
- The applicant provides an adequate budget narrative. (5 points available)
- The applicant provides a budget narrative that describes all costs in the proposed budget. (5 points available)



## Attachment C: Applicant Conflict of Interest

- **Applicants will complete this form as part of the online application. This form is considered public data under [Minn. Stat. § 13.599](#).**

The purpose of this form is to provide grant applicants a mechanism to disclose any actual, perceived or potential individual or organizational conflicts of interest that exist, as required by [Minn. Stat. § 16B.98, subd 2-3](#); Minnesota Office of Grants Management (OGM) [Policy 08-01, “Conflict of Interest Policy for State Grant-Making”](#); and federal regulation [2 Code of Federal Regulation \(CFR\) § 200.112, “Conflict of Interest.”](#) It is helpful if the applicant explains the reason for the conflict, but it is not required.

***A disclosure will not automatically result in removal of the applicant, or grant application, from the review process.***

### Instructions

Read the descriptions below, mark the appropriate box(es) that pertain to you and your organization as it relates to this specific Request for Proposal (RFP), obtain applicant signature (applicant to determine appropriate signer).

### Conflicts of Interest

Conflicts of interest may be actual, potential, or perceived. An actual conflict of interest occurs when a person uses or attempts to use their official position to secure benefits, privileges, exemptions or advantages for self, relatives, or organization with which the person is associated which are different from those available to the general public ([Minn. Stat. § 43A.38, subd. 5](#)). A potential conflict of interest may exist if an applicant has relationships, affiliations, or other interests that could create an inappropriate influence if the person is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests. A perceived conflict of interest is any situation in which a reasonable person would conclude that conflicting duties or loyalties exists. A conflict of interest may exist even if no unethical, improper or illegal act results from it.

The Minnesota Department of Health (MDH) recognizes that applicants must maintain relationships with other public and private sector entities in order to continue as a viable organization. MDH will take this into account as it evaluates the appropriateness of proposed measures to mitigate actual, potential, and perceived conflicts of interest. It is not MDH’s intent to disqualify applicants based merely on the existence of a relationships with another entity, but rather only when such relationships cause a conflict that cannot be mitigated. Nevertheless, MDH and its partners must follow federal regulation and statutory guidance on conflicts of interest.

#### I. Organizational Conflict of Interest:

An [organizational conflict](#) of interest exists when, because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice, or a person’s objectivity in performing the grant work is or might be otherwise impaired, or a person has an unfair competitive advantage.

An example of organizational conflict of interest includes, but is not limited to:

- Unequal Access to Information. Access to information that is classified as nonpublic data or is otherwise unavailable to the public could provide a vendor a competitive advantage in a later competition for another grant. For example, a nonprofit entity, in the course of conducting grant work for the State, may be given access to information that is not available to the public such as government plans, opinions, interpretations or positions. This nonprofit entity cannot use this information to its advantage in securing a subsequent grant, and measures must be put into place to assure this. Such an advantage could be perceived as unfair by a competing vendor who is not given similar access to the relevant information.

## II. Individual Conflict of Interest:

An **individual conflict** of interest occurs when any of the following conditions is present:

- a. An applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence.
- b. An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project.
- c. An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- d. An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

Examples of individual conflict of interest include, but are not limited to:

- An individual owns Entity C and also sits on the board of Entity D, and both entities are applying to the same RFP.
- An employee or volunteer of the applicant has previously worked with MDH to create the "ground rules" for this solicitation by performing work such as, but not limited to: writing this RFP, preparing evaluation criteria, or evaluation guides for this RFP.
- An employee or volunteer of the applicant is compensated for serving on the board of a non-profit that may benefit from this work.

Instances in which an individual or applicant worked in a volunteer capacity with MDH should be evaluated on a case-by-case basis. Volunteer status has the potential to, but does not necessarily create a conflict of interest, depending on the nature of the relationship between the two parties. Volunteer is defined as "[a]n individual who performs hours of service for a public agency for civic, charitable, or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered, is considered to be a volunteer during such hours" ([29 CFR § 553.101\(a\)](#)).

Certification and signature required on next page.

## III. Certification:

FLEX PROGRAM QUALITY AND POPULATION HEALTH

Applicant Name:	
RFP Title:	
MDH Grant Program Name: <i>(Ex. Family Planning Grant)</i>	

**By signing in the space provided below, Applicant certifies the following:**

A. To the best of Applicant’s knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances that could give rise to individual or organizational conflicts of interest.

B. Applicant, or employees of applicant, have an actual, potential, or perceived conflict(s) of interest which are listed below.

*To the best of your knowledge, write the names of entities/individuals with which you have an actual, potential, or perceived conflict:*

<i>Name of entity/individual</i>	<i>Relationship (e.g., Volunteer, Employee, Contractor, Family Relation)</i>	<i>Description of conflict (optional)</i>

C. If a conflict of interest is discovered at any time after submission of this form, Applicant will immediately provide full disclosure in writing to MDH. If a conflict of interest is determined to exist, MDH may, at its discretion, take action.

D. Applicant will obtain, and keep record of, conflict of interest disclosure forms from any subgrantees or subcontractors and keep them on file.

**Applicant’s Signature**

Printed Name	Title
Signature	Date

**MDH Program Use Only**

This section to be completed by appropriate Grant Program Staff.

FLEX PROGRAM QUALITY AND POPULATION HEALTH

- Applicant has no conflict(s) of interest.
- Applicant has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with [ST510.01](#). MDH Program has determined the conflict(s) can be mitigated in the following way(s):

Describe how conflict(s) will be eliminated. Example: *Applicant's application will not be reviewed by External Partners with which they have a conflict.*

- Applicant has disclosed conflict(s) of interest and appropriate MDH Program staff have reviewed the conflict(s) in accordance with ST510.01. MDH Program has determined the conflict(s) cannot be mitigated. As such Applicant will not move forward in the RFP/grant process. MDH will communicate back to the Applicant and keep documentation of communication in RFP/grant files.

I certify that the conflict(s) has/have been discussed with this Applicant and the actions above have been taken.

**MDH Program's Signature**

Printed Name	Title
Signature	Date

## Attachment D. Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

Information about MBQIP is summarized below. The following resources are available for more detailed information:

- [MQBIP Measures](#) summary with core measures and additional measures
- [MBQIP 2025 core measure set and submission deadlines.](#)

Measure specifications are posted on the [MBQIP resources](#) page and linked in the [MBQIP 2025 core measure set and submission deadlines](#). This includes a detailed report on [Building Sustainable Capacity for Quality and Organizational Excellence](#) and the CAH quality infrastructure measure.

### MBQIP Core Measure Set

Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
<b>CAH Quality Infrastructure Implementation (new)</b>  <b>Hospital Commitment to Health Equity (new)</b>	Healthcare Personnel Influenza Immunization (existing)  Antibiotic Stewardship Implementation (existing)  Safe Use of Opioids eCQM (new)	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (existing)	<b>Hybrid All-Cause Readmissions (new)</b>  <b>SDOH Screening (new)</b>  <b>SDOH Screen Positive (new)</b>	Emergency Department Transfer Communication (EDTC) (existing)  OP-18 Time from Arrival to Departure (existing)  OP-22 left without being seen (existing)

**MBQIP Additional Measure Set**

<b>Global Measures</b>	<b>Patient Safety</b>	<b>Patient Experience</b>	<b>Care Coordination</b>	<b>Emergency Department</b>
<p>Quality Improvement Basics</p> <p>Quality Related Certification</p>	<p>Antibiotic Use (AU)</p> <p>COVID Vaccination</p> <p>Healthcare-Associated Infections (HAI)</p> <p>Perinatal Care</p> <ul style="list-style-type: none"> <li>▪ Birthing-Friendly Hospital Designation</li> <li>▪ PC-01: Elective Delivery</li> <li>▪ PC-05: Exclusive Breast Milk Feeding (eCQM)</li> </ul> <p>Falls</p> <ul style="list-style-type: none"> <li>▪ Falls with Injury,</li> <li>▪ Patient Fall Rate</li> <li>▪ Screening for Future Fall Risk</li> </ul> <p>Adverse Drug Events (ADE)</p> <ul style="list-style-type: none"> <li>▪ Opioids</li> <li>▪ Glycemic Control</li> <li>▪ Anticoagulant Therapy</li> </ul> <p>Patient Safety Culture Survey</p> <p>Inpatient Influenza Immunization</p> <p>eQMs</p> <ul style="list-style-type: none"> <li>▪ VTE-1: Venous Thromboembolism Prophylaxis</li> <li>▪ ED-2: Median Admit Decision Time to ED Departure Time for Admitted Patients</li> </ul>	<p>Emergency Department Patient Experience</p> <p>Swing Bed Patient Experience</p> <p>Clinic Group CAHPS</p>	<p>Discharge Planning</p> <p>Medication Reconciliation</p> <p>Swing Bed Care</p> <p>Claims-Based Measures: The following Measures are automatically calculated for hospitals using Medicare Administrative Claims Data: Complications, Hospital Return Days</p> <p>Global Malnutrition Composite Score (eCQM)</p>	<p>OP-40: ST-Segment Elevation Myocardial Infarction (eCQM)</p> <p>Chest Pain/Acute Myocardial Infarction</p> <p>ED Throughput: Door to Diagnostic Evaluation by a Qualified Medical Professional American Heart Association Get with the Guidelines (Stroke, Heart Failure, AMI)</p>

Below are suggested outcomes for projects that are working to improve core MBQIP measures. This is a non-exhaustive list and meant to provide examples of possible improvements under strategy area 2.

**Possible outcomes for MBQIP core measures**

<b>Core Measure</b>	<b>Possible Outcome</b>
CAH Quality Infrastructure	Increase in number of core elements/criteria for elements of CAH quality infrastructure met.
Hospital Commitment to Health Equity	Increase in compliance with 5 health equity domains.
Healthcare Personnel Influenza Immunization	Increase in rate of healthcare personnel influenza immunization (HCP/IMM-3).
Antibiotic Stewardship	Increase in number of core elements/criteria for elements of antibiotic stewardship met.
Safe Use of Opioids	Reduction in rate of inpatient adults prescribed two or more opioids or an opioid and benzodiazepine concurrently on discharge.
HCAHPS	<ul style="list-style-type: none"> <li>▪ Improvement in rate of performance for Communication with Nurses</li> <li>▪ Improvement in rate of performance for Communication with Doctors</li> <li>▪ Improvement in rate of performance for Responsiveness of Hospital Staff</li> <li>▪ Improvement in rate of performance for Communication about Medicines</li> <li>▪ Improvement in rate of performance for Discharge Information</li> <li>▪ Improvement in rate of performance for Care Transition</li> <li>▪ Improvement in rate of performance for Cleanliness of Hospital Environment</li> <li>▪ Improvement in rate of performance for Quietness of Hospital Environment</li> <li>▪ Improvement in rate of performance for Overall Rating of Hospital</li> <li>▪ Improvement in rate of performance for Willingness to Recommend This Hospital</li> </ul>
Readmissions	Reduction in rate of all-cause readmissions

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Core Measure	Possible Outcome
Social Drivers of Health Screening	Increase in screening rate for housing instability, food insecurity, transportation needs, utility difficulties, or interpersonal safety.
EDTC	Improvement in rate of performance for all EDTC components (EDTC-ALL)
ED Throughput	Reduction in median of Admit Decision Time to ED Departure Time for Discharged Patients (OP-18) or Reduction in rate of Patients Left Without Being Seen (OP-22)