



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

Rural Support Supplemental Payment Program (RSSPP)

Provider Attestation Program Year 2

General Requirements

To help facilitate the statewide hospital transformation and delivery reform efforts in the Colorado Hospital Transformation Program (HTP), eligible not-for-profit rural and critical access hospitals (“CAH”) (individually or jointly “participating hospitals”) may receive additional funding complementary to the HTP payments (“Rural Support Supplemental Payments”) through the Rural Support Supplemental Payment Program. Hospitals receiving Rural Support Supplemental Payments must attest that their spending supports their HTP goals and prepares the entity for future value-based purchasing (“VBP”) or alternative payment methodologies.

The form is only completed by participating hospitals under the Medicaid State Plan.

Participating hospitals must return all requested information via email to the Department of Health Care Policy & Financing (“the Department”) no later than Friday, August 5, 2022. **The Department will not accept incomplete attestations. Participating hospitals must complete an attestation annually to qualify for future Rural Support Supplemental Payments.**

- Instructions for completing the attestation form: Please type to complete the form, including any updates, on a computer and return to the Department at HCPF_RSF@state.co.us.
- Please complete all required contact information. In the event of any change, updates to the contact information **MUST** be made immediately. Updates to this information can be made by emailing the Department at HCPF_RSF@state.co.us.
- Electronic signatures are acceptable.



RSSPP Attestation Form

Provider Name and Medicaid ID Number

Please provide the name of your participating hospital and the Medicaid ID number.

Participating Hospital Name:

Medicaid ID Number:

Use of Rural Support Supplemental Payments

Qualified hospitals submitted attestations outlining plans for how the funding will be used to further the goals of the HTP. Reference the approved attestation when drafting responses to the questions listed on the next page. As a courtesy, the Department has provided the previously approved attestation and a summary of the plans contained in the attestation to all qualified hospitals in advance of the submission deadline for program year two.

Program areas supporting the goals of the HTP may include, but are not limited to:

1. **Improving or increasing technical capacity.** Enhancing patient care occurs when health providers have access to a complete electronic health record, and/or a complete picture of prior claims. Investing these payments in improving or increasing technical capacities of the organization may assist in meeting the goals of the HTP by improving patient outcomes, reducing costs, and improving the overall quality of the health delivery system in Colorado. Other examples of increasing technical capacity include improved data analytics, actuarial service, and financial modeling capabilities.
2. **Transformation capital to operationalize a strategic plan.** Engaging with community entities' other downstream providers enhances the ability of the hospital to become a streamlined service delivery model and make strategic investments in areas in which they can spur innovation within their communities. Examples of how rural hospitals can partner with community entities to streamline its service delivery model are below:
 - a. Enhancing or funding shared clinical resources for behavioral health or substance use disorder treatment;
 - b. Converting inpatient beds to ambulatory health suites; or
 - c. Building capacity for the behavioral health continuum of care.
3. **Investing in value-based organizational improvements.** Organizational readiness for value-based improvements is dependent on well-qualified and well-trained personnel. Investments in the training and education of staff personnel provides a strong organizational structure to successfully move toward future value-focused models.

The examples above are areas which support the goals of the HTP; however, they are not the only areas in which participating hospitals can support the goals of the HTP and the future move toward alternative payment methodologies. The Department further encourages providers to voluntarily reach out to the HTP Program Team at HCPF_COHTP@state.co.us with any questions or to discuss how providers plan to use these payments prior to submitting this attestation.

Supporting Documentation

Eligible hospitals received the first round of rural support supplemental payments in August 2021 and September 2021 and continue to receive the payments monthly. The August 2021 and September 2021 payments were for the first program year that runs from October 2021 through September 2022. Prior to issuance of these payments, eligible hospitals were asked to complete an attestation form documenting the intended use of the funding for program year one (PY1). To maintain the monthly funding amount going into program year two (PY2), eligible hospitals are required to submit an additional attestation form that outlines the progress your hospital has made in accomplishing the tasks initially documented. See Table 1 for a summary of the funding disbursement. The monthly disbursements are divided into 12 equal installments based on the amount per hospital.

Table 1. Rural Support Supplemental Payment Summary by Program Year

<i>Program Year</i>	<i>Period</i>	<i>Disbursement</i>	<i>Total Amount (per Program Year)</i>	<i>Per Hospital (per Program Year)</i>
PY1	10/2021 - 09/2022	08/2021 and 09/2021	\$12 million	\$521,739
PY2	10/2022 - 09/2023	Monthly Starting 10/2021	\$12 million	\$521,739
PY3	10/2023 - 09/2024	Monthly starting 10/2022	\$12 million	\$521,739
PY4	10/2024 - 09/2025	Monthly starting 10/2023	\$12 million	\$521,739
PY5	10/2025 - 09/2026	Monthly starting 10/2024	\$12 million	\$521,739

Please provide a detailed narrative summary explaining how your participating hospital used the Rural Support Supplemental Payment to further the HTP goals and principles in PY1. The narrative should address all the following questions.

- 1) What are the priorities, implementation milestones and expected outcomes during this period? What progress has been made toward achieving the expected outcomes so far, if any?
- 2) Presently, does your system have any budget concerns? Has your system resolved any budget concerns over the past year? How did your system resolve those concerns, if any?
- 3) What other support, if any, can the Department provide at this time?
- 4) Beginning in PY2, hospitals will be asked to answer:
 - a) How were these payments used to direct changes to improve patient care, services, and outcomes regarding people, process and technological infrastructure?
 - b) Were there any significant changes to staffing, including leadership or management since the last report?
 - c) Have there been executed agreements with contractors?

The Department will review the attestation and documentation for accuracy and completeness. The Department will contact you directly to discuss any issues or questions regarding this attestation and/or the submitted documentation by Friday, August 26, 2022.

If you have questions or need any additional information, please contact the RSSPP team at HCPF_RSF@state.co.us.

Attestation

In accordance with State statutory language in C.R.S. 25.5-4-402.4, I attest, to the best of my knowledge, that the information reported on this form and any supporting documentation provided is true and correct in all material respects and does not contain any material misstatement of facts or material omissions, and that my participating hospital meets the requirements for participation in the Rural Support Supplemental Payment Program.

I understand the information reported includes public information the Department reserves the right to post on its website. I further understand the Department may audit this attestation for accuracy and compliance with Rural Supplemental Payment Program rules at any time, even during future program years.

I attest, as a member of the facility's governing body or as a duly authorized official of the licensed entity, I am authorized to make this statement on behalf of the participating hospital. Signing my name below signifies my agreement with the above statements.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone Number: _____

Email Address: _____