Illinois Critical Access Hospital Network

*2020 Flex Grant Reporting Form*

***Financial Assessment/Revenue Cycle Award***

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| --- |
| **Hospital:**  |
| **Person Completing Report:**  |
| **Date of Report:**  | **Phone:**  |
| **Authorized Signature:** |

*Please complete the following information and return with accompanying budget evaluation form to Laura S. Fischer at* *lfischer@icahn.org* *no later than* ***July 31, 2020.***

|  |
| --- |
| 1. Which category did you use the funds for:

[ ]  Revenue Cycle Analysis[ ]  Chargemaster Review[ ]  Coding Audits[ ]  Interim Cost Report [ ]  Cost Management Analysis[ ]  Financial Tracking and/or Reporting Software[ ]  Service Line Evaluation[ ]  Price Estimator[ ]  Financial Assessment[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Update on baseline data used in grant application:**What is your Medicare Cost to Charge ratio? What is your Days Cash on Hand? What is your Days in Accounts Receivable? **Describe your grant program/project and how it was implemented.****Did this program/project do the following:**1) Evaluate and Change existing services [ ]  Yes [ ]  No [ ]  Not Applicable 2) Improve Coding workflow [ ]  Yes [ ]  No [ ]  Not Applicable 3) Improve financial and/or operations [ ]  Yes [ ]  No [ ]  Not Applicable  **Have you completed a Lean readiness assessment?** [ ]  Yes [ ]  No**Are Interested in becoming a High Reliability Organization?** [ ]  Yes [ ]  No**Are you participating in a financial collaborative, such as an ACO?** [ ]  Yes [ ]  No |
| 1. **Explain how you achieved the outcomes defined in the application for this grant. If outcomes were not achieved, explain what factors kept you from achieving them.**

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| --- | --- |
| Short term outcomes (less than 6 months) |  |
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|  |  |
| Long term outcomes (6 months or greater) |  |
| 1.
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| 1.
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| 1. **Were there any changes to the planning process for the program/project?**  [ ]  Yes [ ]  No

**If yes, please describe.** |
| 1. **Explain how you measured the success of the program/project.**

|  |  |
| --- | --- |
| Measure 1 |  |
| Measure 2 |  |
| Measure 3 |  |
| Measure 4 |  |

**Was there an improvement in Days in AR**? [ ]  Yes [ ]  No [ ]  Not Applicable **Was there an improvement in revenue after chargemaster update?**[ ]  Yes [ ]  No [ ]  Not Applicable **Was there a decrease in number of claims denied after chargemaster update?**[ ]  Yes [ ]  No [ ]  Not Applicable **Did you identify benchmarking tools for this program/project**?[ ]  Yes [ ]  No [ ]  Not Applicable   |
| 1. **Please describe any changes to the original budget request and the reasons for the change.**
 |
| 1. **Please describe any changes to the original timeline or deliverables. Explain the reason(s) for the change. Describe in detail the plans for the completion of the project.**
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| 1. **Was an audit completed of the Organization’s most recent fiscal year-end by an independent Certified Public Accountant?**

[ ]  Yes [ ]  No **If an audit was completed, what type of audit opinion was issued on the financial statements?** [ ]  Unqualified [ ]  Qualified [ ]  Adverse |
| 1. **Was a single audit completed of the Organization’s most recent fiscal year-end? (A single audit is required if more than $500,000 of federal funding is expended in a given fiscal year.)**

[ ]  Yes [ ]  No**If a single audit was completed, did the Organization have any findings or questioned costs?**[ ]  Yes [ ]  No**If findings or questioned costs were in existence, please attach the single audit package for ICAHN’s review.** |

***Budget Evaluation***

**Did you receive your grant award funds?** [ ]  Yes [ ]  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Grant Amount Received** | **Applicant Contribution** | **Total** |
| Consultant’s Fees |  |  |  |
| Contracted Services  |   |   |   |
| Communications/Marketing |   |   |   |
| Education/Training |   |   |   |
| Equipment/Supplies |   |   |   |
| Hardware/Software |   |   |   |
| **Total** |  |  |  |

**Budget Narrative** (Please provide detail of the amounts listed in budget evaluation section above.) **No food expenses are allowed.**

Consultant’s Fees

Contracted Services

Communications/Marketing

Education/Training

Equipment/Supplies

Hardware/Software