

**INFRASTRUCTURE AND CAPACITY BUILDING - COMMUNITY HOSPITAL REINVESTMENT  
 TRUST FUND  
 FINAL REPORT FORM FOR STATE FISCAL YEAR**

Acute care hospitals that received Community Hospital Reinvestment Trust Fund (“Trust Fund”) funding for the state fiscal year (SFY18) must expend their funds by **June 30, 2019**, and submit a completed version of this SFY18 Final Report Form and required attachments no later than **July 31, 2019**. All participating Community Hospital Reinvestment Trust Fund (“CHRTF”) hospitals are required to fill out the entire Final Report Form. Forms and supporting documentation must be submitted to Stephanie Buckler at [Stephanie.Buckler@massmail.state.ma.us](mailto:Stephanie.Buckler@massmail.state.ma.us).

Under the Community Hospital Reinvestment Trust Fund, participating hospitals may spend CHRTF funding on an independent financial and operational audit (“Audit”) to increase efficiency and sustainability; and/or implementation of the Audit’s recommended steps to improve or continue health care services that benefit the uninsured, underinsured or MassHealth populations. EOHHS requires participating hospitals to report Audit goals, approach, findings, and recommended next steps using this Final Report Form, regardless of whether or not CHRTF funds were used to support the Audit. Hospitals are not required to submit a copy of the Audit in completing this form.

**GENERAL INFORMATION**

Hospital Name:		
Hospital Address:		
Contact Information:	Primary Contact Person	Secondary Contact Person
First and Last Name:		
Phone:		
E-mail:		

**PROJECT OVERVIEW**

**Financial information:**

	SFY18 Trust Fund Funds
Dollar amount received:	
Dollar amount utilized to date:	
Dollar amount remaining:	

**Project summary:**

In the box below, please provide a two or three paragraph abstract. The abstract must describe (1) the independent financial and operational audit of the acute care hospital, either funded by SFY18 Trust Fund payments or an alternative funding source; (2) the Audit's recommended steps to increase sustainability and efficiency of the acute care hospital, and to improve or continue health care services that benefit the uninsured, underinsured or MassHealth population; and/or (3) progress made towards implementing the steps recommended by the Audit that have been funded using SFY18 CHRTF funds.

**PROJECT PROGRESS**

**Audit goals and approach:**

In the box below, please describe the goals of the Audit, and the method by which the Audit was implemented, including the names of individuals and entities responsible for conducting the Audit. The Hospital is not required to submit the actual Audit.

**Audit findings and recommended next steps:**

In the box below, please describe the Audit findings and the recommended next steps to improve sustainability and efficiency of the acute care hospital, and to improve or continue health care services that benefit the uninsured, underinsured, and MassHealth populations.

**Progress toward advancement of recommended steps:**

In the box below, please describe the progress made towards advancing the recommended steps identified in the Audit that will improve sustainability and efficiency of the acute care hospital, and will improve or continue health care services that benefit the uninsured, underinsured, and MassHealth populations. Hospitals are not required to implement recommended steps if they have exhausted CHRTF funds on conducting the Audit.

**Potential challenges:**

In the box below, please provide a brief narrative of any challenges that the Recipient faces or may face in the future as well as proposed solutions to manage and overcome these challenges.

**SUSTAINABILITY PLAN**

In the space below, provide a brief plan for continued progress in advancing the goals of the Audit and recommended next steps beyond the term of the Trust Fund funding, including, if applicable, information about other funding opportunities that will support continued progress and descriptions of any tools, resources, or processes that will be developed as a result of this funding.

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**CONFLICTS OF INTEREST**

Has the acute care hospital completed work under a contract pursuant to a previous ICB request for responses (RFR) or request for applications (RFA), whether as a Bidder or as a Constituent Provider? **Yes**  **No**

If “yes,” please provide the information requested in the table below.

Recipient of past ICB funds:
Description of the Project(s) supported by past ICB funds:
Have the past ICB funds been fully utilized for their intended purpose? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the past ICB funds support work that was built or improved upon by activities supported by the Recipient’s SFY18 ICB-Trust Fund funds? Yes <input type="checkbox"/> No <input type="checkbox"/>
If “yes,” describe how the activities supported by the Recipient’s SFY18 ICB-Trust Fund funds did so:
Explanation of why there is no duplication between work completed using past ICB funds and the activities supported by the Recipient’s SFY18 ICB-Trust Fund funds:

Has the Recipient received funds through the EHR Incentive Payment Programs, the Mass HIway Implementation Grant, the CHART Investment Program, the Targeted Cost Challenge Investment Program, Delivery System Transformation Initiatives (DSTI), the Delivery System Reform Incentive Payment Program, or any other EOHHS or Health Policy Commission (HPC) targeted funding program? **Yes**  **No**

If “yes,” please provide the information requested in the table below.

Recipient of past funds:
Received funds from (check all that apply): <input type="checkbox"/> EHR Incentive Payment Programs <input type="checkbox"/> Mass HIway Implementation Grant <input type="checkbox"/> CHART Investment Program

Executive Office of Health and Human Services  
Attachment B to the Provider Bulletin 18-05  
FY2018 Infrastructure and Capacity Building – Community Hospital Reinvestment Trust Fund

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| <input type="checkbox"/> Targeted Cost Challenge Investment Program  |
| <input type="checkbox"/> Delivery System Transformation Initiatives (DSTI)                                   |
| <input type="checkbox"/> Delivery System Reform Incentive Payment (DSRIP) Program                            |
| <input type="checkbox"/> Another EOHHS or Health Policy Commission (HPC) targeted funding program (specify): |

For each source of funding checked above, description of the purpose of funds received:
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For each source of funding checked above, explanation of why no work for which the Bidder seeks funding is duplicative of work funded by sources checked above:
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**REQUIRED ATTACHMENTS**

Please provide the following information as attachments:

- Up-to-date Excel budget
  - Please submit a budget using the attached Budget Template Form. The Budget Template Form must detail the costs associated with the activities, investments, and deliverables proposed in the work plan.
- Up-to-date Work Plan
  - Please include a workplan that describes activities, investments, and deliverables that occurred from the time that SFY18 CHRTF funds were received to June 30, 2019.