

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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FACT SHEET

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Frontier Community Health Integration Project Fact Sheet

Overview

On January 31, 2014, the Centers for Medicare & Medicaid Services (CMS) announced a request for applications (RFAs) for the Frontier Community Health Integration Project, which aims to develop and test new models to improve health outcomes and the delivery of health care in certain rural counties by better integrating services in very sparsely populated areas.

Background

The Frontier Community Health Integration Project is authorized under section 123 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) and amended by section 3126 of the Affordable Care Act. The statute authorizes a three year demonstration, “to develop and test new models for the delivery of health care services in eligible counties for the purpose of improving access to, and better integrating the delivery of acute care, extended care, and other essential health care services to Medicare beneficiaries”.

Purpose

Section 123 of MIPPA defines the purpose of the Frontier Community Health Integration Project as the following:

- (1) Explore ways to increase access to, and improve the adequacy of, payments for acute care, extended care, and other essential health care services provided under the Medicare and Medicaid programs in eligible counties; and
- (2) Evaluate regulatory challenges facing such providers and the communities they serve.

CMS has designed a demonstration that will improve access to certain services, the delivery of which is often not feasible at low volumes under current Medicare reimbursement, but which, if integrated into the local delivery system, would lead to improved outcomes and greater efficiency in health care services delivery. The objective is to increase the availability and accessibility of services which are often not financially viable given the low patient volumes of remote and sparsely populated areas. This demonstration is projected to be budget neutral, as required by the authorizing legislation.

Eligible Organizations

The authorizing legislation limits the eligible entities under this demonstration. The eligible entities as defined by section 123 of MIPPA as:

- (1) A Rural Hospital Flexibility Program grantee under section 1820(g) of the Social Security Act (42 U.S.C. 1395i-4(g)); and
- (2) Is located in a State in which at least 65 percent of the counties in the state are counties that have six or less residents per square mile.

CMS interprets these requirements to mean that critical access hospitals (CAHs) receiving funding through the Rural Hospital Flexibility Program and located in a State in which at least 65 percent of the counties in the state have population densities of six persons or fewer per square mile. The applications to this Demonstration will be limited to CAHs in Alaska, Montana, Nevada, North Dakota, and Wyoming. As required by legislation, CMS will select applicants from no more than four of the five eligible states.

Interventions to be tested

Applicants must meet the eligibility requirements in the authorizing legislation and describe in this proposal how an enhancement to the following health related services will better serve the community's health related needs. These services are:

- Telemedicine
- Nursing facility care within the CAH (in addition to the 25 beds currently allowed)
- Home Health Services
- Ambulance Services

Application Process

Eligible CAHs interested in participating in this demonstration are required to submit the application materials as provided in the link below. As part of the application requirements, a

CAH in an eligible state must provide evidence of linkages with other community providers. Applications are due no later than May 5, 2014.

For application materials, please see the following: <http://innovation.cms.gov/initiatives/Frontier-Community-Health-Integration-Project-Demonstration/>.

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