Revenue Cycle Assessment
Project Commitment

Facility:

Address: **City:** **ZIP Code:**

Administrator/CEO Name: **E-mail:** **Phone Number:**

CFO/Financial Officer Name: **E-mail:** **Phone Number:**

Project Contact Person: **E-mail:** **Phone Number:**

YES, our facility would like to participate in the Revenue Cycle Improvement Project from June28, 2012 through August 31, 2012. By agreeing to participate, we understand that confidential responses submitted on the Revenue Cycle Assessment Tool will be used by Nevada Rural Hospital Partners (NRHP) to document and assess the facility's current revenue cycle process. We further understand that a facility-specific report will be provided to both our facility and to the Kansas FLEX program, for use in planning future financial and operational improvement programming. We understand that all hospital-specific information will be kept confidential by all parties. Our facility understands this commitment requires the support of administrative leadership to meet the requirements outlined below.

Administrator/CEO Signature: **Date:**

	SESSION 4 **June 28-July 17**
Application deadline	**July 10**
WEBINAR	July 13
DEADLINE for Completing Surveys	**JULY 17**
Report returned to your facility	July 31

Please return your application ***electronically*** to **asester@kdheks.gov** or by fax (785)296-1231 no later than the deadline indicated above.
You will be notified by email when your application is received.

For questions about the project and application process,
Contact Jane Faubion at jfaubion@kdheks.gov, or (785)296-1232.

This project is done in partial fulfillment of grant expectations for the 2011-2012 Medicare Rural Hospital Flexibility (FLEX) Grant Program to support financial improvement in CAHs. The FLEX grant was awarded to the Kansas Department of Health and Environment, Bureau of Community Health Systems, Office of Rural Health, (Grant No. H54RH00009) from the Federal Office of Rural Health Policy, Health Resources and Services Administration.