American Hospital Association

AHA Small or Rural Hospitals Advocacy Agenda - 2009

Help for "Tweener" hospitals

- Low-volume PPS payment adjustment for inpatient services (H.R. 362/S. 318)
- MDH-area wage adjustment if it benefits payments (H.R. 362/S. 318)
- Extend and expand the Medicare hold-harmless adjustment for outpatient PPS and SCHs (S. 318)
- Extend and expand the Rural Community Hospital Demonstration (S. 1279/H.R. 3256)

Help for Critical Access Hospitals

- Allow CAHs the option to operate up to 20 beds per day on average, while having more than 25 at other times allowing for seasonal or other fluctuations (H.R. 668/S. 307)
- Extend Medicare FLEX grants (S. 318)
- Eliminate the distance requirements for cost-based reimbursement of CAH-based ambulance services (Still unresolved from 110th Congress)

Help for All Small or Rural Hospitals

- *Craig Thomas Rural Hospital and Provider Equity Act (R-HoPE)*, S. 1157
  - Provides a low-volume adjustment for rural PPS hospitals with fewer than 2000 Medicare inpatient discharges
  - Extends the outpatient hold-harmless provision for SCHs and rural hospitals with < 100 beds
  - Provides a 5% add-on for 2 years for Medicare rural home health payment
  - Extends Section 508 wage index re-classification
  - Allows direct payments to independent labs for the tech component of path services
  - Removes the DSH cap for rural hospitals
  - Improves payments for ambulance services in rural areas

- *The Medicare Rural Health Access Improvement Act*, S. 318
  - Provides a PPS inpatient payment adjustment for low-volume rural hospitals having less than 2,000 Medicare inpatient discharges
  - Extends Medicare FLEX Grants
  - Improves MDH Program payments to the hospital without regard to any adjustment for different area wage levels
  - Extends and expands the Medicare hold-harmless for outpatient PPS and SCH adjustment
  - Allows direct Medicare payments to independent labs for the tech component of path services
  - Extends the rural ground ambulance bonus
  - Improves payment to RHCs at $92 per visit
  - Exempts DME suppliers in small MSAs and rural areas

- *The Rural Hospital Assistance Act*, H.R. 362
  - Provides a PPS inpatient payment adjustment for low-volume rural hospitals having less than 1,500 Medicare inpatient discharges
  - Provides for the use of the non-wage adjusted PPS rate under the MDH program
  - Eliminates the Medicare hospital exception for physician-owned hospitals, but provides a limited exception for existing facilities

- *The 340B Program Improvement and Integrity Act*, H.R. 444
  - Extends the 340B drug discount pricing program to include inpatient drugs
  - Expands eligibility to include rural CAH, MDH, SCH and RRC

- *The Conrad State 30 Improvement Act*, S. 628
  - Permanently reauthorizes the Conrad State 30 Program
  - Offers flexibility to the distribution of the annual per-state cap of 30
  - Extends eligibility to H1-B physicians practicing in MUAs/HPSAs

- Other Advocacy Priorities
  - Reinstate CAH necessary provider status
  - Fixing CRNA stand-by and pass-through reimbursement for CAHs
  - Addressing physician supervision “incident to”