

Critical Access Hospitals



The Value of Membership in the American Hospital Association

The Section for Small or Rural Hospitals adds value to American Hospital Association (AHA) membership through its many functions and services and provides a home for more than 1,630 AHA constituents including over 975 Critical Access Hospitals (CAHs). Visit our Web site at www.aha.org/aha_app/issues/CAH/index.jsp.

Representation, Advocacy, and Policy Development

Recognized as the national advocate for hospitals and the communities and patients they serve, the AHA works with member hospitals, state and regional hospital associations, and other related organizations to shape and influence federal legislation and regulation to improve the ability of our members to deliver high quality health care. The AHA ensures that the unique needs of its many constituents are heard and addressed in creation of national health policy reforms, legislative proposals, regulatory comments, and administrative debates. Indeed, from its origins as part of the Balanced Budget Act of 1997, the AHA has been a champion for the development and subsequent improvements and enhancements to the CAH program.

Advocating for Program Improvement on the Legislative Front

Taking Our Message to the Hill

The AHA works with Congress to achieve fair payment and increased administrative flexibility for CAHs and represents CAHs on Capitol Hill by working with committee leaders, testifying, and writing letters to Congressional leadership. The outcome: a more reasonable and equitable program for our small or rural hospitals and the communities they serve.

On March 23, 2010 President Obama signed into law the Patient Protection and Affordable Care Act (PPACA). The law provides enhanced payments to rural hospitals, expands the 340B drug discount program, extends the Medicare Rural Hospital FLEX Grant Program, and provides additional payments to primary care physicians. In addition PPACA ensures that CAHs are paid 101 percent of costs for all outpatient services they provide, regardless of the billing method elected, and for providing qualifying ambulance services.

The PPACA also extends many expiring Medicare provisions and adjustments important to rural hospitals that sunset or were scheduled to sunset in the next several months. These were extended further in H.R. 4994 the Medicare and Medicaid Extenders Act of 2010 that was signed into law on December 15 as P.L. 111-309. While best known for its physician payment fix, the Act included but is not limited to extensions for:

- Payment for the technical component of physician pathology services
- Add-on payments for rural ambulance services
- Exceptions process for outpatient therapy caps
- Add-on payment for home health providers serving rural areas

AHA will continue its advocacy efforts to extend these important provisions while working on additional issues such as CAH flexibility and payment of provider taxes as allowable costs under Medicare.

Pursuing Fairness in the Regulatory Arena

Having a Level Playing Field

The AHA represents the interests of small or rural hospitals to numerous federal agencies, but most notably the Centers for Medicare & Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and the Federal Communications Commission (FCC). The AHA advocates for flexible and fair rules for CAH payment and program participation. Our efforts have inspired changes to regulations for greater flexibility in treating CAH outpatients and payment to CAHs using the optional method.

To learn more about who we are and how we add value please contact your AHA Regional Executive at 312-422-3000 or John Supplitt, senior director, AHA Section for Small or Rural Hospitals at 312-422-3306.



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CAHs welcomed some major victories in regulatory policy and enforcement including but not limited to:

- Expanding the reach and use of broadband connectivity;
- Extending the moratorium on enforcement of the direct supervision policy for therapeutic services;
- Payment of 101% of reasonable costs for outpatient services provided by a CAH regardless of payment method
- Flexibility for privileging and credentialing physicians using telehealth; and
- Enrolling new-covered entities such as CAHs now eligible for the 340B drug pricing program
- Including CAHs in Medicaid EHR incentive payments while achieving a better definition of meaningful use

AHA will continue to pursue changes to the policy on physician supervision for cardiac, pulmonary and intensive cardiac rehab; and incentive payments for meaningful use of certified electronic health records.

Member Services

The AHA offers its members a variety of services ranging from education to technical assistance. At the core are the AHA's seven constituency sections, which provide a unique blend of forum and network, linking members with shared interests and missions. Through the sections, members place political, economic and market-driven issues on the AHA's agenda where they can help shape AHA services and policy.

The Section for Small or Rural Hospitals

A Seat at the Table for Over 1630 Member Hospitals

The Section and AHA ensure that the unique needs of this constituency are a national priority. Working side-by-side with state and regional associations and with advice from its governing council the Section represents, advocates, educates, and communicates with and on behalf of its membership. With input from its 18-member Governing Council, the Section identifies the issues and challenges facing its constituents, tackle public policy priorities, develop strategies, and design solutions to their most pressing problems. Visit us at www.aha.org/aha_app/issues/Rural-Health-Care/index.jsp.

Communications, Education, and Member Relations

Expanding Knowledge through Dialogue and Instruction

The AHA is the field's primary resource for timely communication on the most critical information affecting CAHs. Through its *CAH Update* newsletter, Web site, and site visits the AHA reaches out and connects with CAHs across rural America. In addition, its bi-weekly *AHA News* and daily electronic *AHA News Now* publications deliver in-depth coverage of the issues that matter most to the hospital field.

The AHA is pre-eminent in educating its member CAHs. The AHA sponsors the Health Forum Rural Hospital Leadership Conference and cosponsors other national educational programs targeting CAHs. The AHA provides faculty for national and state association meetings and offers educational programming through Webinars and teleconferences. Each year the Section honors a CEO for innovation and service with the Shirley Ann Munroe Rural Hospital Leadership Award.

Inter-Organizational Relations

Effecting Change through Collaboration

The AHA works closely with its many partners including the state hospital associations, American Academy of Family Physicians, Federal Office of Rural Health Policy, The Joint Commission, National Rural Health Association, and others to combine resources to achieve change. By partnering with related organizations, the AHA has expanded its sphere of influence to improve the status of CAHs across the country.

Become a Member

Strength in Numbers

CAH program stability and improvement is a priority for the AHA. Securing the future of CAHs and the essential role they play in caring for rural America is of paramount importance. The AHA is vigilant in the face of legislative, regulatory, and policy proposals that threaten the local delivery of care and rural community health status. The AHA will continue to advocate on behalf of CAHs for fixes to payment and administrative limitations that constrain the efficiency and effectiveness of these essential health care providers.