



American Hospital  
Association

**HIGHLIGHTS**  
**GOVERNING COUNCIL MEETING**  
**AHA Section for Metro Hospitals**  
**June 20-21, 2013 ★ Atlanta, GA**

The governing council of the AHA Section for Metro hospitals met June 20-21, 2013 in Atlanta, GA. Governing council members received an update on the recent meeting of the AHA Board and were briefed on the current Washington political, legislative, and regulatory policy environment. Members reviewed and discussed several policy issues including the appropriate use of medical care, Medicaid and Medicare disproportionate share hospital payments, and patient status and rebilling. Members were asked for feedback on an AHA Committee on Research Report, *Value from Integrated Delivery of Care and Financial Systems*. Members also discussed funding graduate medical education. A [roster of the Section's governing council](#) is available on our Web site.

**Fiscal Roadmap**

**Critical Points On This  
Year's Fiscal Calendar**



**Washington Update:** With the debt ceiling expected to be reached early this fall, members were updated on and discussed deficit reduction activities and areas where hospitals are at risk as well as the political environment, key legislative activities, and AHA's advocacy agenda. Members reviewed and discussed key regulatory challenges, including inpatient hospital payments and proposed changes to the quality performance programs. Members endorsed the importance of the **AHAPAC** and the work of the **Coalition to Protect America's Health Care** to communicate our message to the public.



**Appropriate Use of Medical Care:** At the spring governance meetings, members discussed [Ensuring a Healthier Tomorrow: Actions to Strengthen Our Health Care System and Our Nation's Finances](#) and chose as a priority area *eliminating non-value added treatments*. The AHA Committee on Clinical Leadership has drafted a white paper that outlines the driving factors for overuse and misuse of care resources, including a "top five list" of hospital-based interventions that should be reviewed and discussed by a patient and physician prior to proceeding. Members shared thoughts on the resources needed to implement the paper's recommendations and how AHA should move forward.

**Patient Status/Re-Billing:** Recently, CMS issued rules to provide hospitals guidance on when an inpatient hospital admission is appropriate, and the ability of hospitals to rebill claims when issued a payment denial. Members discussed whether the CMS

recently-released policies provide better guidance to the field and how feasible they are to implement as well as their potential impact on hospitals and physicians. AHA submitted its [comments on CMS' two-midnights proposal](#) urging CMS to issue instructions to the RACs and other contractors explaining how to review the medical necessity of Part A inpatient hospital stays.

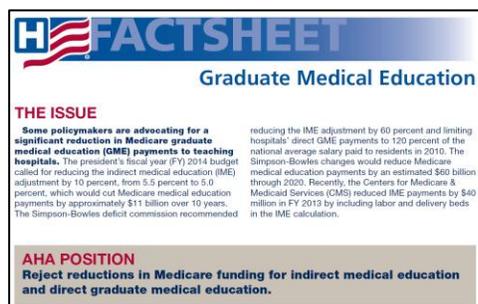
## Medicaid & Medicare DSH

**Payments:** DSH payment reductions have been premised on coverage growth

under the Patient Protection and Affordable Care Act. Last year's Supreme Court decision allowing states to opt out of Medicaid expansion and the potential that almost half the states will do so puts expanded coverage at risk. AHA has convened a Medicare DSH Payment Advisory Committee to provide advice on strategy. Members were asked to review the policy issues raised by recently-issued Medicare and Medicaid DSH regulations and share reactions and concerns as AHA staff prepares [comments](#) and [advocacy initiatives](#) for the DSH Reduction Relief Act (H.R. 1920).



**COR Report: Integrated Delivery: The [AHA Committee on Research's](#)** 2013 topic of integrated care delivery looks at best practices, lessons learned, roles, and contributions of different hospital organizations, and evolving roles and obligations of hospitals and health plans. Members shared feedback on the draft report and insights on the critical steps for integration.



## Graduate Medical Education:

In its June 2010 report to Congress, the Medicare Payment Advisory Commission (MedPAC) offered its assessment of gaps in the current GME system—with particular attention to move Medicare's GME payments to one that rewards value, and to ensure that resources for GME are devoted to meeting educational standards and

outcomes that can improve the value of our health care delivery system. Metro Governing Council members reviewed [AHA advocacy efforts to prevent significant reductions](#) in Graduate Medical Education (GME) payments, and, in particular, seek advice on proposed policies from MedPAC and others that would greatly impact and change the way GME payments are made.

For more information about the topics covered in these highlights or on the **AHA Section for Metro Hospitals**, contact John T. Supplitt, senior director, at 312-422-3306 or [jsupplitt@aha.org](mailto:jsupplitt@aha.org).