The Value of AHA Membership for Community Hospitals

Community hospitals are the cornerstone of health and healing in America's communities, large and small, urban and rural. Hospitals are working not just to deliver quality care, but also to make their patients and communities healthier. This work extends far beyond the hospital building – bringing free clinics, job training, smoking cessation classes, back-to-school immunizations, literacy programs and so many other resources, often with little fanfare, directly to the people of the community.

Below are just some of the ways the American Hospital Association (AHA) works for America's community hospitals.

Working for Community Hospitals

Outdated regulations, duplicative or conflicting rules, unworkable timelines – all of these increase the burden on providers, including public hospitals, and draw much-needed resources away from patient care. The AHA time and again has demonstrated the need for streamlined regulations, common sense rules and manageable timelines, as outlined below.

- **Medicaid Disproportionate Share Hospital (DSH) Payments.** Worked with Congress to delay scheduled cuts to Medicaid DSH payments for three years.
- **Medicare DSH.** Helped persuade the Centers for Medicare & Medicaid Services (CMS) to reduce the size of the overall Medicare DSH cut in fiscal year (FY) 2014 from a proposed $1 billion to $550 million. CMS also will distribute uncompensated care DSH payments on a per-discharge (rather than periodic interim) basis, avoiding a potential cut in Medicare Advantage payments to hospitals of about $3 billion annually. Worked with CMS to revise cost reporting procedures to align the uncompensated care DSH payments with each individual hospital's cost reporting period. We continue to urge Congress to delay the Medicare DSH cuts contained in the Affordable Care Act (ACA).
- **Medicare Physician Payment.** Worked with Congress to prevent a 24% cut to Medicare physician payments that was scheduled to take place Jan. 1 through April 1, 2015.
- **Evaluation & Management (E&M) Services.** Successfully defended against recommendations to reduce overall Medicare hospital outpatient payments for E&M services to the rate paid to physicians. Such cuts would effectively lower the payment rate to the equivalent rate for physicians, and would disproportionately hurt public hospitals.
- **Conrad State 30 J-1 Visa Waiver Program.** Worked with Congress to approve legislation extending through September 2015 the Conrad State 30 J-1 visa waiver program, which allows foreign-born physicians to remain in the U.S. for three years after medical school to serve in medically underserved areas.
- **Community Health Needs Assessments (CHNA) for Non-profit Hospitals.** Worked with the Internal Revenue Service (IRS) to revise its proposals for implementing the ACA's CHNA requirement to explicitly permit hospitals to collaborate and share a joint CHNA, as well as implementation strategy, with other hospitals. The rule also reduces some of the detailed documentation that was proposed. Importantly, the guidance on how IRS will respond to noncompliance recognizes, as the AHA had urged, that not all infractions are of the same significance and creates a three-tiered approach to sanctions for noncompliance.
- **Medicare Conditions of Participation (COPs).** Successfully urged CMS to propose rescinding a new requirement that hospital governing boards include a medical staff member. This provision was problematic for a number of reasons, including the fact that some hospitals have boards that are elected or appointed. CMS now proposes only to require consultation with the medical staff.
- **Stage 3 Meaningful Use.** Secured a delay until FY 2017 for the start of Stage 3 requirements for meaningful use of electronic health records (EHR) under the Medicare and Medicaid EHR Incentive Programs. AHA welcomed the one-year delay in the Stage 3 start date, and continues to work to address its more immediate concerns with Stage 2. AHA also helped secure an expanded hardship exception for penalties for failure to meet meaningful use that begin in FY 2015.

- **EHR and Method II Billing.** Convinced CMS to take steps to ensure that certain physicians who provide services in outpatient departments of Critical Access Hospitals (CAHs) are eligible to participate in the Medicare EHR Incentive Program beginning in 2013. Secured extra time for physicians to complete their online attestations for meaningful use, and a one-time window for hospitals to attest to meeting meaningful use after the deadline for FY 2013.
- **Protections for Health IT Donations.** Consistent with AHA input, CMS and the Department of Health and Human Services (HHS) Office of Inspector General extended through 2021 the regulatory protections under the Stark and antikickback laws for health IT donations from hospitals to physicians. The protections were set to expire in 2013. AHA continues to urge the agencies to make the protections permanent.
- **Extension of Medicare Provisions.** As part of the most recent Medicare physician payment fix, AHA worked with Congress to extend several provisions of importance to hospitals through April 1, 2015, including: ambulance add-on payments, the enhanced low-volume adjustment, the Medicare-dependent hospital program, and the outpatient therapy cap exceptions process.
- **Outpatient Prospective Payment System.** Helped persuade CMS to delay implementing the comprehensive ambulatory payment classifications until calendar year (CY) 2015 due to insufficient and erroneous data impacts in the proposed rule. The additional time will allow for public review and comment as well as review by CMS's Advisory Panel on Hospital Outpatient Payment. CMS also made a number of other modifications to its proposed rule in response to AHA's advocacy efforts, including not collapsing the 10 emergency department visit codes into a single code in CY 2014 and modifying some of its packaging proposals.

Engaging Community Hospital Leaders

Community hospital leaders have a strong voice in the AHA. They help shape key advocacy activities, policy positions and member services of particular interest to community hospital leaders through their active involvement in many forums.

- **A Role in Governance and Policy-making.** The AHA offers community hospital leaders many opportunities to take an active role in shaping AHA policies and setting direction for the association. They can play a formal role in association governance and policy formation by serving on the AHA's Board of Trustees, Regional Policy Boards, Governing Councils and committees. In addition, the association creates short-term advisory and work groups where members weigh in on more focused, time-sensitive policy issues.
- **Advocacy Alliances.** The AHA's Advocacy Alliances provide members with another way to engage legislators on the specific issue or issues that have a direct impact on their ability to continue providing quality health care services in their communities. The **Advocacy Alliance for the 340B Drug Pricing Program** focuses primarily on preventing attempts to scale back this vital drug discount program and supports expansion of 340B discounts. The **Advocacy Alliance for Graduate Medical Education** focuses on advocacy related to graduate medical education funding and ensuring an adequate supply of physicians. The **Advocacy Alliance for Coordinated Care** focuses on ensuring payment rates remain fair and equitable in the hospital outpatient setting for evaluation and management and other services and for post-acute care providers. The **Advocacy Alliance for Rural Hospitals** focuses on advocating for appropriate Medicare payments, working to extend expiring Medicare provisions that help rural hospitals maintain financial viability and improving federal programs to account for specialized funding for special circumstances in rural communities.
- **Member Outreach.** Several times throughout the year AHA's hospital member CEOs are individually contacted by AHA staff and/or are invited to participate in small group CEO conference calls to discuss key AHA initiatives. During the calls members contribute their perspectives and often receive additional tools and resources to address key challenges shared during the discussions.

Providing Key Resources for Community Hospitals

Membership in the AHA means more than representation on critical regulatory and legislative issues. The AHA offers community hospitals tools and resources to navigate today's changing health care delivery landscape and to support the efforts to improve quality of care for the communities served.

- **Policy Reports and Research.** The AHA's Committee on Research (COR) develops the AHA research agenda, studies topics in depth and reports out to the AHA Board and the field. The COR's recent report, *Your Hospital's Path to the Second Curve: Integration and Transformation*, outlines potential paths to managing life in the gap and achieving the Triple Aim. Other AHA research reports have focused on hospitals' essential standby role in providing emergency and trauma care, patient engagement and advanced illness management.
- **HPOE Guides and Reports.** The AHA's Hospitals in Pursuit of Excellence (HPOE) shares action guides and reports to help accelerate performance improvement. For example, *Value Based Contracting* is a primer for hospitals and health care systems as they transition to value-based contracting arrangements and assume more risk, and *The Second Curve of Population Health* builds upon prior AHA reports that outline a roadmap for hospitals to use as they transition to the second curve of population health. The recent *Integrating Behavioral Health Across the Continuum of Care* explains the value of integrating physical and behavioral health services and the importance of measuring integration efforts.
- **Great Boards.** Founded in 2001, the Great Boards website and newsletter reports on governance trends and effective practices and providing extensive resources for hospital and health system boards of trustees such as sample policies, practices and tools. Great Boards is published through the AHA's Center for Healthcare Governance; the current issue focuses on strategic governance practices for turbulent times.

- **AHA's Physician Leadership Forum (PLF).** The PLF seeks to foster strong collaborative relationships between hospitals and physicians through education, quality and patient safety, leadership development, and advocacy and public policy. Through webinars, seminars and reports, PLF has focused on team-based care, physician competency development and physician practice management.
- **ICD-10 Executive Action Guide.** The AHA's *ICD-10 Executive Action Guide* helps hospital and health system leaders with their transition to the new ICD-10 coding system. The guide highlights four areas that are critical to implementation and provides a roadmap to benchmark progress.
- **AHA Resource Center.** Highly trained information specialists assist members in accessing timely and relevant health services articles and data.
- **Advocacy Action Center.** This Web-based kit provides a set of resources and materials tailored to help hospital executives effectively communicate key messages and explain concerns to legislators, the hospital family and the community at large. These resources can also be accessed through AHA's mobile app, available for both Apple and Android-based devices.