The Value of AHA Membership for Rural Hospitals

Approximately 51 million Americans live in rural areas and depend on the hospital serving their community as an important source of care. These hospitals face a unique set of challenges because of their remote geographic location, small size, scarce workforce, physician shortages and constrained financial resources with limited access to capital.

The AHA works to ensure that the unique needs of this part of our membership are a national priority. Outlined below are just some of our most recent successes, including those of particular interest to rural health care providers.

Working for Rural Hospitals

Outdated regulations, duplicative or conflicting rules, unworkable timelines – all of these - increase the burden on rural providers and draw much-needed resources away from patient care. In 2013, AHA demonstrated the need for streamlined regulations, common sense rules and manageable timelines as outlined below.

- **Extension of Medicare Rural Provisions:** As part of the CY 2013 Medicare physician payment fix bill, AHA worked with Congress to extend several provisions of importance to rural hospitals, including: ambulance add-on payments, the low-volume adjustment add-on, and the Medicare- dependent hospital program. In July 2013 the AHA participated in a "Rural 101" policy briefing on Capitol Hill to educate congressional staff about extending several lapsed or soon-to-expire Medicare provisions that impact rural patients with health care providers. The AHA supports the *Rural Hospital Access Act of 2013*, which would reauthorize both the MDH program and the enhanced low-volume Medicare adjustment for one year through Sept. 30, 2014.

- **Recovery Audit Contractors (RACs):** Continue to forcefully call for relief from overly aggressive Medicare auditors and their unmanageable medical record requests and inappropriate payment denials. The AHA is looking for solutions through the courts and the regulatory and legislative fronts. AHA-supported Medicare Audit Improvement Act would level the playing field with RACs.

- **Medicare Conditions of Participation (CoPs):** AHA successfully urged CMS to revise many outdated CoPs for hospitals and critical access hospitals (CAHs). The improvements included permitting CAHs to provide certain services (e.g., diagnostic, therapeutic, laboratory, radiology and emergency services) under service arrangements instead of directly themselves.

- **Outpatient Supervision:** The AHA supports the *Protecting Access to Rural Therapy Services Act*, which would allow general supervision by a physician or non-physician practitioner for many outpatient therapy services.

- **Outpatient Prospective Payment System (OPPS) Adjustment:** Successfully urged CMS to continue the adjustment of 7.1 percent to OPPS payments to certain rural SCHs, including essential access community hospitals (EACHs). The AHA supports the *Rural Hospital Fairness Act*, which would reinstate the so-called "hold harmless" transitional outpatient payments through 2013 for certain eligible SCHs and rural hospitals with up to 100 beds.

- **Broadband Access:** Worked with the federal government to expand the reach and use of broadband connectivity for rural health care providers.

- **501c3 Tax Provisions for Health Care:** Urged the Senate Finance Committee to retain current tax code incentives that support access to hospital services.

- **Electronic Health Records (EHR) and Method II Billing:** Convinced CMS to take steps to ensure that certain physicians who provide services in the outpatient departments of CAHs are eligible to participate in the Medicare EHR Incentive Program, beginning 2013. However, due to CMS system changes that will be implemented over the coming year, these Method II physicians will not be able to submit attestations until January 2014.

- **Stage 2 Meaningful Use:** Voiced deep concern to the Department of Health & Human Services (HHS) about significant problems with the timeline for meaningful use Stage 2 implementation and urged HHS to heed stakeholder feedback on the current progress in order to achieve interoperability. The AHA also convinced CMS to allow CAHs to include capital lease costs as allowable costs when calculating incentive payments.

- **DSH Reduction Relief:** To allow more time for ACA coverage expansions to be realized, the AHA supports the *DSH Reduction Relief Act*, which eliminates the first two years of planned cuts to Medicare and Medicaid disproportionate share hospital payments.

- **Conrad State 30 J-1 Visa Waiver Program:** AHA worked with Congress as it approved legislation extending the 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.

- **Quality Measurement Efforts:** In August 2013, AHA testified before the Senate Finance Committee on the distracting volume of measures and disparate ranking and rating efforts, and recommended a strategically designed approach that involves all stakeholders.

- **Medicare Physician Payment:** Supported CMS's CY 2014 proposed rule to expand telehealth services to rural areas located within MSAs, and to pay physicians for complex chronic care management services. However, we opposed full application of the therapy cap to CAHs. We continue to urge Congress to fix the flawed physician payment formula in a manner that would not result in reduced payments to hospitals and other providers.

Engaging Rural Hospital Leaders

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

- **A Role in Governance and Policy-Making:** The AHA offers rural 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.
- **AHA Section for Small or Rural Hospitals:** The AHA Section for Small or Rural Hospitals currently has more than 1,600 members from across the country and comprises CEOs from critical access, small or rural hospitals. The Section provides forums linking members with shared interests and missions to advise AHA on policy and advocacy activities and to discuss issues of great importance to rural hospitals and the field as a whole. These efforts are led by the Small or Rural Governing Council which meets at least three times a year. Valuable opportunities are also provided for rural hospital leaders to interact and network with one another through special member conference calls and meetings.
- **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 **Alliance for Rural Hospitals** focuses on extending Medicare provisions that expired in 2012 and those that will expire in 2013. In addition, this Alliance continues to work to protect critical access and other rural hospital designations. The **Advocacy Alliance for the 340B Drug Discount Program** focuses primarily on preventing attempts to scale back this vital drug discount program and supports expansion of 340B discounts.
- **Rural Health Care Leadership Conference:** This annual conference brings together top thinkers in the field, and offers members strategies for accelerating performance excellence and improving the sustainability of rural hospitals.
- **Member Outreach:** Several times throughout the year rural 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 Rural Hospitals

We provide rural hospitals with the tools and resources to navigate today's changing landscape of health care delivery and to support your efforts to improve quality and increase value for the communities you serve. Also, through our Committee on Research, the AHA proactively works to ensure our members are prepared for the health care transformation that is expected in the long term.

- **Hospitals in Pursuit of Excellence (HPOE):** Through HPOE, an initiative from the AHA's Health Research & Educational Trust, we share action guides and reports that will accelerate performance improvement and support health reform implementation.
- **Population Health Partnerships:** The HPOE guide "The Role of Small and Rural Hospitals and Care Systems in Effective Population Health Partnerships" discusses how hospitals can develop partnerships that balance the challenges and opportunities encountered in providing health management
- **Get Enrolled:** This AHA webpage provides members with comprehensive resources to help their organizations navigate the ACA's insurance marketplaces, and Medicaid and CHIP enrollment.
- **Medicaid Presumptive Eligibility Webinar-** Held in November, this members-only webinar included CMS experts and focused on how hospitals can help potentially eligible Medicaid patients gain health coverage at the point of service.
- **Advocacy Action Center:** This site 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 also can be accessed through our mobile app, available for Apple and Android-based devices.
- **Reports and Research:** The AHA routinely analyzes the most pressing issues affecting the field. A previous report, "The Opportunities and Challenges for Rural Hospitals in an Era of Health Reform," highlighted the unique circumstances facing our rural members.