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, limited workforce, physician shortages and constrained financial resources with limited access to capital.

The AHA is a tireless advocate working to ensure that the unique needs of rural hospital members are a national priority. Below are just some of the ways AHA is:

- *Working for rural hospitals;*
- *Engaging rural hospital leaders; and*
- *Providing key resources.*

Working for Rural Hospitals

AHA demonstrates the need for streamlined regulations, common sense rules and manageable timelines as outlined below.

- **Working to Shape Implementation of MACRA.** AHA worked with Congress to pass bipartisan legislation to replace the flawed Medicare physician sustainable growth rate formula. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) created a new physician payment and performance measurement system, and AHA is working with the Centers for Medicare & Medicaid Services (CMS) to shape implementation of the new law. AHA also offers web resources and ongoing education of members; physicians via the Physician Leadership Forum; state, metro and regional hospital associations; and trustees. For more, visit www.aha.org/macra.

- **Worked to Secure Critical Extensions.** AHA worked with Congress to ensure that MACRA contained extensions of several programs critical to small and rural hospitals, a two-year extension to the Children's Health Insurance Program, and modifications to the Civil Monetary Penalties law to enable hospitals and physicians to better work together to improve care for patients. Included among these changes were extensions of the:
  - Medicare-Dependent Hospital program until Oct. 1, 2017
  - Increased hospital payment adjustment for certain low-volume hospitals until Oct. 1, 2017
  - Ambulance add-ons for ground ambulance services and super rural areas until Jan. 1, 2018
  - Therapy cap exceptions process until Jan. 1, 2018
  - Medicare home health rural add-on until Jan. 1, 2018
  - Work Geographic Practice Cost Index for physicians until Jan. 1, 2018

- **Fostered Access to Outpatient Therapeutic Services.** For several years, the AHA has successfully advocated for Congress to extend the moratorium on CMS's enforcement of the agency's policies related to its "direct supervision" of outpatient therapeutic services furnished in CAHs and rural hospitals with 100 or fewer beds. This annual process is inefficient and so AHA has worked with Congress for a permanent solution. AHA supports the Rural Hospital Regulatory Relief Act of 2016 (H.R. 5164), which would permanently prohibit the federal government from enforcing its unreasonable supervision regulations for outpatient therapeutic services on CAHs and other small rural hospitals. AHA also supports and continues to work toward passage of the Protecting Access to Rural Therapy Services Act (S. 257/H.R. 1611), which would protect access to outpatient therapeutic services by adopting a default standard of "general supervision," among other provisions.

- **Encouraged Support for the 340B Drug Pricing Program.** AHA continues to preserve the 340B Drug Pricing Program. AHA also supports the Health Resources and Services Administration's (HRSA) efforts to improve the 340B program for eligible hospitals and clinics, including discounts for orphan drugs. In response to its detractors, AHA's "Setting the Record Straight on 340B" fact sheet separates fact from fiction on the 340B program.


Setting the Record Straight on 340B:
Fact vs. Fiction

- **Opposed Site-neutral Payment Policies.** Misguided site-neutral policies for hospital outpatient departments fail to recognize the unique and critical role hospitals play in their communities, such as providing 24/7 access to care, disaster and readiness response, and acting as the safety net for their communities. AHA is working to oppose these policies.

- **Drove Delay of CMS Release of Star Ratings.** Due to significant concerns raised by the AHA and others about whether the hospital quality star rating methodology provides a fair, accurate and meaningful representation of hospital performance, CMS delayed until at least July 2016 the release of overall hospital quality "star ratings" on its Hospital Compare website. We continue to work with CMS to refine its methodology.

- **"Two-midnight" Refinements.** In an effort to revise policies with burdensome regulations that divert time and resources away from patient care, AHA helped persuade CMS to finalize several positive changes to its two-midnight policy. In addition, AHA successfully challenged through the courts CMS's interpretation of its 0.2 percent payment reduction for inpatient services, convincing the agency to restore the resources that hospitals are lawfully due. CMS's recent IPPS proposed rule for FY 2017 proposes two adjustments to reverse the effects of the cut it unlawfully instituted when implementing the two-midnight policy in FY 2014.

- **Educating Stakeholders on Insurer Consolidation.** AHA is working to ensure that the proposed acquisitions involving four of the five major national insurers receive the highest level of scrutiny. The AHA has provided analysis to the Department of Justice and testified before Congress numerous times, introducing into the record concrete reasoning why the acquisitions would decrease competition and hurt the marketplace, in addition to working to educate the media and public on the potential consequences for patients and providers.

- **Organized Congressional Member and Staff Briefings.** Each year AHA convenes congressional briefings on rural health care issues with key groups. Past meetings occurred with the House of Representatives Subcommittee on Health of the Committee on Ways and Means (Rural Health), House of Representatives Subcommittee on Health of the Committee on Ways and Means (MedPAC Report), Senate Finance Committee Markup on Rural Bills Panel, Senate Rural Health Caucus Briefing on Capitol Hill Panel, and the Senate Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies (Rural Health).

- **Facilitated Improved Health Care Access for Veterans.** The Veterans Choice Program (VCP) allows qualifying veterans to elect to receive hospital care and medical services from non-Veterans Affairs (VA) entities and providers when a veteran lives more than 40 miles away from or cannot be seen within 30 days at a VA facility. In written comments to the U.S. Department of Veterans Affairs, AHA expressed concern that the VA's interpretation of the 40-mile criterion unreasonably restricts many veterans' ability to access health care and offered suggestions for improving the program with respect to the mileage requirement, timely payment of claims and contracting to provide care. The VCP will now use driving distance to determine the distance between a veteran's residence and the nearest VA medical facility. For more information, visit the Veterans Choice website.

- **Provided Resources Via the Rural 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.

Strong Hospitals
RURAL HEALTH
Strong Communities
Rural Advocacy Action Center

A comprehensive list of AHA's work can be found at www.aha.org/value.

Engaging Rural Hospital Leaders

Rural hospital leaders have a strong and valued voice in the AHA as they help shape key advocacy activities, policy positions and member services.

- **Task Force and Meetings on Ensuring Access to Care in Vulnerable Communities.** The AHA Board created a 30-member task force to focus on ensuring access to care in at-risk communities. The Task Force on Ensuring Access in Vulnerable Communities consists of two subcommittees that are examining the issue from the rural and urban perspectives. The task force has met several times, and listening sessions have been conducted among hospitals in the field. A report to the AHA Board of Trustees is expected in mid-2016.

- **Governance and Policy-making Roles.** The AHA offers rural hospital leaders many opportunities to take an active role in shaping AHA's public policy positions and in setting direction for the association. These opportunities include serving on 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 Constituency Section for Small or Rural Hospitals.** This Section has more than 1,600 members and is comprised of CEOs from critical access, small and rural hospitals. It 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 also are provided for rural hospital leaders to interact and network with one another through special member conference calls and meetings.

- **Advocacy Alliances.** AHA's Advocacy Alliances provide members with another way to engage legislators on the specific issues that have a direct impact on their ability to continue providing quality health care services in their communities. The Advocacy Alliance for Rural Hospitals focuses on extending Medicare provisions critical to CAHs and rural hospitals. In addition, this Alliance continues to work to protect CAHs 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.

AHA Advocacy Alliances™

- **AHA Health Forum 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.

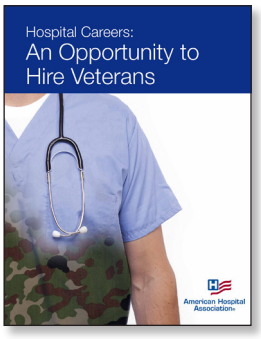
Providing Key Resources for Rural Hospitals

AHA offers rural hospitals myriad tools and resources to support their efforts to improve care for the individuals and communities served

- **Telehealth Resource.** AHA offers a web resource with comprehensive information on telehealth. The site includes information on federal and state telehealth initiatives, research documenting telehealth value, AHA-member case studies showing telehealth in action and AHA *TrendWatch* reports on telehealth benefits to patients. For more, visit *www.aha.org/telehealth*.

- **Enrollment Toolkit.** AHA's enrollment toolkit supports hospitals' efforts to help consumers enroll in the Health Insurance Marketplace. The toolkit contains links to key resources from AHA and other national and local organizations, as well as case examples from hospitals on their enrollment efforts. AHA's "Get Enrolled!" webpage is continually updated with resources to help hospitals connect their community to coverage. Fore more, visit *www.aha.org/getenrolled*.

- **Equity of Care.** Addressing disparities is essential for performance excellence and improved community health. AHA issued goals and milestones from the National Call to Action, launched in 2011 to end health care disparities and promote diversity, and encourages hospitals to take the #123forEquity Pledge to eliminate health care disparities. For more, visit *www.equityofcare.org*.



- **Veterans Hiring Resource.** *Hospital Careers: An Opportunity to Hire Veterans* is a toolkit for hospitals with guidance on recruiting veterans into hospital careers. The resource aims to assist hospitals in hiring veterans with clinical experience, as well as talent and leadership skills beyond their medical credentials.

- **Cybersecurity Resources.** AHA offers cybersecurity resources for hospitals, including cybersecurity alerts, links to tools to assist with risk assessment and gap analysis, and connections to opportunities for information sharing. For more, visit *www.aha.org/cybersecurity*.

- **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, *The Role of Small and Rural Hospitals and Care Systems in Effective Population Health Partnerships* describes how hospitals can develop partnerships that balance the challenges and opportunities encountered in providing health management and *The Second Curve of Population Health* builds upon prior AHA reports that outline a road map for hospitals to use as they transition to the second curve of population health.

- **RAC*Trac*.** The AHA RAC*Trac* website provides information on the RAC survey, which collects data from hospitals on a quarterly basis to assess the impact of the Medicare RAC program on hospitals. The site also offers webinars and reports that highlight the survey findings and provides access to the RAC*Trac* analyzer tool that compares similar hospitals' RAC activity. For more, visit *www.aha.org/rac*.

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