

Representatives from the Council of the AHA Section for Small or Rural Hospitals met with those of the AHA Section for Metro Hospitals for a combined meeting on September 13-14, 2018 in Washington, DC. Agenda items for the meeting include a listening session on CMS Star Ratings; a discussion of behavioral health coverage and reimbursement; the future of rural hospitals and health; cybersecurity; universal coverage proposals and high deductible health plans. In addition, members were updated on AHA Board activities and were briefed on the political environment, legislative advocacy and regulatory policy for the Administration and Congress. A [roster of the Section's council](#) is available www.aha.org.



Washington Legislative Update: Members were briefed on the congressional calendar and activity including judicial and administrative nominations, appropriations, congressional action on site neutral payments and provider base outpatient departments, pending opioid legislation and [340B drug pricing advocacy](#). They were updated on the political environment and expectations for the midterm elections including “Medicare for All,” and its influence. Members reviewed advocacy resources in advance of Hill visits by members. They endorsed the importance of the [AHAPAC](#) and the work of the [Coalition to Protect America's Health Care](#) to take our message to the public.

Washington Regulatory and Policy Update: Members were apprised of several proposed and final rules published by CMS since June. Proposed rules were published for outpatient PPS; physician fee schedule, individual market developments, and interoperability programs. The inpatient PPS final rule adjusted the DSH pool and included guidance on price transparency. There was a request for information on anti-kickback rules and civil monetary penalties. Members reviewed progress on regulatory relief and were introduced to a new effort to address the social determinants of health called “Aligning for Health.”

CMS Listening Session on Star Ratings: AHA is assisting CMS research how the current system helps or hinders Medicare beneficiaries and hospitals through listening sessions with hospital constituencies. Members received a brief history of CMS hospital overall star ratings and its methodology and were alerted to the recent volatility in star ratings subsequent to the introduction of ICD-10 codes likely due to a surprising change in the loading factors (weights) used for hip and knee complications and the composite measure of PSI 90. A representative from CMS facilitated a discussion with members about the impact of star ratings, changes CMS should consider and suggestions for improving the usefulness of hospital star ratings.

Behavioral Health Coverage and Reimbursement: Among the largest barriers to accessing behavioral health care is inadequate payment. Members are asked to help develop a policy and advocacy agenda on parity enforcement and reimbursement for behavioral health services. They reviewed and commented on an outline for a future *TrendWatch* report on behavioral health that will offer specific strategies that providers and policymakers can use to improve access to care.

The Future of Rural Health Care: AHA is working to advance policy priorities across several key areas for rural health. In light of the ongoing challenges confronting rural providers and new challenges ahead, AHA believes that federal policies must be updated and new investments made in order for rural communities to thrive in the health care system of the 21st century. Members offered insights into AHA's current advocacy priorities and longer term policy solutions needed to ensure access points for care in rural communities



Cybersecurity: AHA recognizes that cyber threats are a major risk issues for hospitals and health systems and prioritizes this threat as a significant challenge to the field. Members shared experiences

with cybersecurity issues and events. John Riggi, former FBI Cyber Executive and a nationally recognized expert for healthcare cybersecurity reviewed the importance of risk mitigation strategies, resource allocation and deployment. Also, Mr. Riggi addressed HIPPA privacy and security compliance, insider threat program, and cyber insurance related issues strategies.

Universal Coverage Proposals: Several proposals to achieve “universal coverage” have emerged as part of the lead up to the 2020 Presidential campaign. Two primary approaches have emerged that attempt to achieve universal coverage: 1) replacing the current system with a single coverage system to serve all residents; and 2) offering a new coverage option for those who “fall through the cracks” of our current system. Members discussed the features of these proposals and gave feedback on policy considerations for hospitals and health systems.

High Deductible Health Plans: There has been tremendous growth in high-deductible health plans (HDHPs) as employers shift more of the cost of coverage onto consumers. Health care payers, including public coverage programs and private health plans, are pursuing efforts to reduce health care costs and one approach that has grown significantly in the employer-sponsored and individual markets over the past 10 years is to shift more of the cost of coverage onto consumers through HDHPs. Members shared experiences both as providers and employers with the impact of these plans on patients and employees, and provided input on possible policy considerations.

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