

## February 27-28, 2020 ★ Denver, CO



## Updates on COVID-19

Since the COVID-19 outbreak began, the American Hospital Association has worked closely with the CDC and other federal, state and local partners to respond to this challenge and to make sure hospitals and health systems have the most up-to-date information. For the latest information and resources, visit aha.org/COVID19.

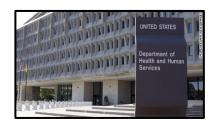
Representatives from AHA's Rural Health Services Council met February 27-28, 2020 in Denver. Agenda items included presentations on patient billing guidelines, policy on "Seizing the Conversation," improvements in health plan administrative processes and new models of payment and delivery. Members were updated on AHA Board activities and were briefed on the political environment, legislative advocacy and regulatory policy for the Administration and Congress. A Rural Health Services Council Roster is available at www.aha.org.



**Washington Legislative Update:** Members were apprised of the budget deadline of May 22 and the possible legislative activity leading to a new federal budget. Congressional priorities include surprise medical bills and prescription drug pricing. Members were informed of the status of the upcoming election and AHA's <u>We Care, We Vote</u> campaign. Members received an update on AHA's <u>Advocacy Agenda for Rural Hospitals</u> and alerted to ads on rural health and affordability playing in primary states. A potential rural legislative package was discussed in depth including a proposed rural emergency hospital and reopening necessary provider

eligibility for critical access hospitals. Members endorsed the importance of the AHAPAC.

**Washington Regulatory and Policy Update:** The AHA is working to ensure federal policies and regulations support and not undermine rural hospitals. Priorities include stopping the Medicaid Fiscal Accountability Regulation, disclosure of negotiated rates and "Healthy Opportunity Waivers," or Medicaid block grants. HRSA, USDA and the FCC are proposing ways to support infrastructure for broadband services and



telehealth. Members discussed preparedness for the coronavirus. They also offered opinions on several issues raised by CMS in its request for information on maternal and infant services.



**Improvements in Health Plan Administrative Processes:** AHA continues to pursue solutions to address inappropriate delays and denials of prior authorization requests and reimbursement claims by health plans. Members previewed a series of policy recommendations and commented on a new proposal that would take providers out of the role of collecting beneficiary costsharing.



**Patient Billing Guidelines:** Hospital and health system billing and collection practices have garnered significant media scrutiny over the past year. AHA is considering how to improve these practices in our field including reissuing guidelines on patient billing. Members reviewed comments on an updated draft of these guidelines.

Members recalled the past effort on principles for billing and collection and discussed its reintroduction. They agreed it is smart to build a tool box on principles for billing and collections simultaneously with transparency and suggested raising public awareness of the challenge as well as adopting principles.

**Seizing the Conversation:** Members were invited to continue the discussion from last year on monitoring the message to the public regarding hospital efforts on care, quality and affordability. Statler Nagle LLC shared findings from AHA-sponsored research on a messaging framework to effectively promote our members' positive impact on their communities. Hospitals have made strides toward affordability. Members are very supportive of the effort, saying that it is great work and well



needed. They are pleased to see AHA showing initiative and asserting itself. Members see this as a community effort led by a hospital, but with community engagement and goals.

**New Models of Delivery and Payment:** Numerous sources report rural hospital closures and the adverse effect on communities. In the face of hospital closure, alternative delivery and payment models for vulnerable rural communities include a spectrum of policy ideas such as affiliation, rural emergency hospital, Rural Community Hospital demonstration, accountable care organizations, bundled payments, Frontier Community Hospital Improvement Project, frontier extended stay clinics, global budgets and telehealth. Members discussed the pros and cons of new delivery and payment options.

AHA 2020 Annual Meeting Cancellation: In light of the latest COVID-19 developments and CDC recommendations, the AHA has cancelled its Annual Meeting, scheduled for April 19-21 in Washington, D.C., and all affiliated events. Please reference the meeting <u>Cancellation FAQ</u> <u>page</u> to help answer questions. If you have additional questions, please contact <u>AnnualMeeting@aha.org</u> for assistance. Please cancel all other personal travel arrangements.

**For more information** about the topics covered in these highlights or on <u>AHA Rural Health</u> <u>Services</u>, contact John Supplitt, senior director, at 312-425-6306 or <u>isupplitt@aha.org</u>.