



The Pulse

O’Halleran, Jenkins, Response to Proposed Changes to Swing Bed Reimbursements

Congressman Tom O’Halleran (D-AZ) and Evan Jenkins (R-WV) [sent a bipartisan letter, signed by 17 other lawmakers, to the House Ways and Means Committee urging them to not cut reimbursement rates for swing beds at critical access hospitals.](#) The lawmakers wrote, “if adopted, any cuts from current reimbursement levels would devastate hospitals that serve our communities and not only impact families’ ability to receive needed services, but also thousands of jobs across rural America.”

The House Ways and Means Committee announced their [Medicare extenders package](#), which would extend certain Medicare programs for beneficiaries and providers that recently expired or will expire at the end of the year. Included in the package is the proposed to reduction to CAH swing bed payments.

In response to the Committee’s announcement, the Coalition worked with CAHs across the country to send a letter opposing this provision. [Over 100 CAHs joined the letter urging the committee not to move forward with the proposed policy.](#) This letter caught the eye of lawmakers across Capitol Hill. The Committee has yet to release final language for the package, however this legislation is a must-pass by the end of the year. The Coalition continues to monitor this situation and urges the Committee to not consider a reduction to swing-bed reimbursements in the Medicare extenders package.

MedPAC: Scrap MIPS, Physician Supervision Requirement; Congress Addresses 340B

The Medicare Payment Advisory Commission (MedPAC) is expected to recommend to Congress that the [Merit-Based Incentive Payments System \(MIPS\) be scrapped and replaced with a voluntary program.](#) The Commission called MIPS “burdensome and inequitable.” [MedPAC also released a report to Congress this month on the physician supervision requirements in CAHs.](#) The report analyzed the effects of extension of the enforcement instruction on Medicare beneficiaries’ access to and quality of care, as well as its economic impact on affected hospitals. [The report stated that the requirement does not put a significant economic burden on hospitals or limit health services.](#) However, some hospitals have already been forced to discontinue or limit services.

Congress is currently floating legislation to stop CMS’ proposed cuts to the 340B drug discount program. [The House Ways and Means Committee legislation would place a moratorium on the cut for two years.](#) Another bill, by Congressman David B. McKinley (R-WV) would block implementation of the rule. CMS regulation would cut 340B drug payments by 28.5%, and will take effect January 1st. While CAHs are exempted from this change, any reduction in 340B services is concerning to hospitals who rely on it.

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Spotlight Author: Identifying Community Needs, Union General Hospital

Union General Hospital (UGH) is a Critical Access Hospital located in Farmersville, Louisiana. In 2012 we completed our Community Health Needs Assessment (CHNA). CHNA's are required for not-for-profit hospitals to conduct once every three years. Through our CHNA we identified two key areas of concern for our community – teen pregnancy/sexually transmitted diseases and youth suicide.

By identifying teen pregnancy and sexually transmitted diseases, including HIV, in young girls as a concern, we developed the [It's a Girl Thing: Making Proud Choices](#) in 2013. This program is designed to teach prevention, self-confidence, and personal responsibility to teen girls. The program has dropped teen pregnancy by 18% in Union Parish, far exceeding our goals of 5%. As a result, graduation rates have also increased with girls the longer they remain in the program. Due to the successes of this program we have expanded it to help prevent drug, alcohol, and tobacco use in youth.

Another need we identified through our CHNA was higher than average suicide rates among youth in Union Parish. We worked with the Union Parish Sheriff's Office, Crime Stoppers, and the Union Parish School District to establish the [Together We Can Be Bully Free](#) initiative. This program works with participating schools to identify different types of bullying and model positive social behavior. With over 2,500 students having participated in the program so far, our local sheriff's office receives an average of 20 phone calls a month for bullying-related cases hopefully preventing future suicide attempts in our youth.



Claudia Wade

Community Development Manager, Union General Hospital

Claudia works as the Community Development Manager and Grant Writer at Union General Hospital in Farmerville, Louisiana. She is the Project Director of It's a Girl Thing Making Proud Choices and Union Parish: Together We Can Be Bully Free Programs. Union General Hospital (UGH) is 20-bed Critical Access Hospital. Established in 1975, the motto is, "Providing Quality Service With Compassionate Care."

"Through our CHNA we identified two key areas of concern for our community – teen pregnancy/sexually transmitted diseases and youth suicide."

Bonus Beats:

- [VA Secretary Urges Congress for Permanent Vets Choice by 2018](#)

VA Secretary David Shulkin issued a statement urging Congress to pass legislation to make the Veterans Choice Program and Care in the Community Program permanent before year end. The Senate VA Committee passed a bill before Thanksgiving but the House VA Committee has yet to come to an agreement on theirs. Sen. Isakson, Chairman of the Senate VA Committee, [published a press release](#) urging the Senate to pass their legislation.

- [FCC Proposes Increased Funding for Rural Health Care Program](#)

The FCC voted to waive the FY2017 spending cap and review funding for their Rural Health Program which is currently at a \$400 million annual cap. Established in 1997, demand for the RHCP program is projected to outpace the available funds for the second year in a row. The RHCP helps support rural areas, by offering reduced rates for broadband and telecom services.

- [Small Town Doctors Have Big Impact on Rural Health](#)

The Oklahoman profiled a doctor who moved back to her small hometown to practice. As rural hospitals know, hospitals and doctors play crucial roles in their communities. "I am a physician 24 hours a day," Dr. Taylor-Bristow says, "it is not something you go home and stop doing." Dr. Taylor-Bristow participates in the TSET program which offers her loan repayment and allows her to continue to work in her community health center.



Coalition Updates

[Write to your Member of Congress!](#)

We encourage all CAHs to write to your Member of Congress opposing the modifications to swing-bed reimbursements. If you would like help identifying the staff for your Member of Congress, please reach out to Coalition staff. We can also supply you with suggested language to send to your Representative.

Legislation sponsored by Congressman David B. McKinley (R-WV) to protect 340B now has 141 House cosponsors. Urge your Member of Congress to cosponsor this important piece of legislation to block implementation of CMS' regulation to cut 340B drug payments. [Click here to see whether your Representative has signed on.](#)

The CAH Coalition posts even more CAH-specific news on our website at CAHCoalition.com. Visit to read more about our policy priorities, the history of the Coalition, and sign up to join.

Mark Your Calendars

January 18, 2017

[Helping Communities: Utilizing Your Community Health Needs Assessment \(CHNA\)](#)

Learn more about their importance and practical application, the process, and IRS guidelines.

March TBD, 2018

[Strategies for Successful Managed Care Contracting](#)

Learn more about managed care contracting and the changing health care industry. Carolyn Roten, Partner at Strategic Health Care, joins us.

To learn more or participate in any upcoming webinars, you can register online at CAHCoalition.com, you can also email us at contact@cahcoalition.com or call us at 202-266-2660.



CAH Coalition
CRITICAL ACCESS HOSPITAL COALITION

About the Coalition

The Critical Access Hospital Coalition is a consortium of innovative health care executives leading Critical Access Hospitals (CAHs) across the country. We exclusively focus on issues impacting CAHs. Our sole purpose is to assist policy makers in understanding the unique needs of CAHs and the vital role they play in the health of rural communities.

The CAH Coalition works to educate members of Congress, HHS, CMS, other federal agencies and organizations about the importance of our member hospitals. We work together as a bi-partisan Coalition to develop new federal policies impacting CAHs, including reimbursement, regulations, and other actions.

The Coalition delivers a positive message about CAHs and works collaboratively with other organizations with common interests.