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The Pulse

Beyond Legislation: Health Regulations

Congress may be in recess for August, but the Centers for Medicare & Medicaid Services (CMS) is busy releasing proposed and final rules affecting providers. In the past few months, regulations affecting mandated payment updates across all health care providers as well as changes for MACRA, 340B payments and disproportionate share hospital payments have been announced by CMS.

Most recently, CMS finalized its rule to instruct Quality Improvement Organizations (QIOs), Medicare Administrative Contractors (MACs), the Supplemental Medical Review Contractor (SMRC), and Recovery Audit Contractors (RACs) to make the CAH 96-hour certification requirement a low priority for medical record reviews. CMS has also removed their proposed changes requiring all accrediting organizations with Medicare deeming authority to make full accreditation survey reports available on their public websites.

CMS also released updates to CAH conditions of participation, including updating requirements for Quality Assessment and Performance Improvement (QAPI) programs. In the FY18 OPPI/ASC Policy and Payment proposed rule, CMS proposed to reimburse hospitals for Part B drugs purchased at a discount through the 340B drug pricing program at a rate of average sales price minus 22.5 percent, however CMS states that CAHs are exempt from this proposal.

The Coalition is commenting on a number of these regulations in addition to tracking how new proposed and final rules affect CAHs. To find a break down of these rules, please visit our website.

Post Mortem: ACA Repeal and Replace

The Affordable Care Act repeal and replace effort is dead...for now. Senators McCain (R-AZ), Murkowski (R-AK) and Collins (R-ME) joined 48 Democrats to vote against the "skinny" repeal bill. The GOP may resurrect the effort in the fall, but they will need to develop a new pathway forward and they are far from that now.

So, what's next? A group of about 40 moderate Republicans and Democrats met again in the House to discuss ways of working together to fix the ACA. Senator Lamar Alexander (R-TN) said that he would meet with Democratic counterparts to develop a solution for covering those growing number of counties where no exchange insurance is available for individuals, and Reps. Mark Meadows (R-NC) and Tom MacArthur (R-NJ) are in talks for a bill that would stabilize Obamacare markets. However, Speaker Paul Ryan (R-WI) has said the House's top priority now is tax reform.

Inside this issue

Beyond Legislation: Health Regulations	1
Post Mortem: ACA Repeal and Replace	1
Spotlight Article: Rep. Gregg Harper	2
Bonus Beats	2
Coalition Update	3
Mark Your Calendars	3
About the CAH Coalition	3

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CAH news!

Spotlight Author Article: Serving our CAHs

Rural communities in Mississippi and across the country depend on Critical Access Hospitals. That is why I have partnered with my colleague Rep. Dave Loebsack (D-IA) once again to introduce the [Critical Access and Rural Equity \(CARE\) Act of 2017 \(HR 3224\)](#). The CARE Act protects rural providers by clarifying the definition of allowable costs in the Social Security Act to alleviate the financial burden currently placed on CAHs due to reimbursement discrepancies.

Each of these hospitals plays a central role in their communities by maintaining access to inpatient and outpatient services, 24-hour emergency care, and by providing economic viability in rural America. I have visited multiple CAHs across my Congressional District and state that struggle every day with small margins from low payments; this important legislation will provide them with the certainty that they deserve. [Legislation like this](#) will help ensure that CAHs are able to maintain high quality care in communities with low patient volumes.

In a health care landscape facing rural hospital closures, we must provide payment stability to CAHs and maintain access to high quality health care for rural communities across the country. I am proud to work with a bipartisan group of Members to bring much-needed certainty to rural hospitals.



Rep. Gregg Harper

Member of Congress
R—Mississippi

Congressman Harper is currently serving his fifth term in the U.S. House of Representatives having been first elected to Congress in November of 2008. He serves as Chairman of the House Committee on Administration, and serves on the House Committee on Energy and Commerce.

“Legislation like [the CARE Act] will help ensure that CAHs are able to maintain high quality care in communities with low patient volumes.”

Bonus Beats:

- [Study Finds Delays in Rural EMS Response Time](#)

One in 10 EMS units did not reach an emergency scene within 30 minutes of the 911 call a recent study published in JAMA found. Longer EMS response times have been associated with worse outcomes in trauma patients, where even modest delays can be life threatening. In rural areas, while caring for the sick or injured is an EMS worker’s job, family and bystanders are often the first line of care. [Click here](#) for the complete study.

- [Bipartisan Health Expert Group Makes Recommendations to Congress](#)

A bipartisan group of health policy experts, the newly formed Health Reform Roundtable, has drafted recommendations for Congress to pursue in the wake of the failed Affordable Care Act repeal and replace effort. Broadly, the experts suggested five categories of policy ideas to improve the ACA and maintain coverage for millions of patients including: reauthorize of the Children’s Health Insurance Program (CHIP), stabilize Obamacare markets, pursue more tools to encourage Americans to sign up for health insurance, increase state flexibility and expand the use of health savings accounts [Click here](#) to read the recommendations from the panel.

- [Rural America Works to Attract Doctors](#)

According to a study last year by the Association of American medical Colleges, the country could be short 95,000 doctors in the next decade.

Rural areas are getting creative in attracting medical students to their hospitals. [Click here](#) for the story.



Coalition Updates

Sign on! The CAH Coalition supports a petition to exempt Critical Access Hospitals from sequestration. Gordy Lewis, CEO of Burnett Medical Center in Wisconsin, has started a petition addressing the impact of sequestration and under-funding of CAHs. The CAH designation was created to ensure that rural America has access to care in a timely fashion, but sequestration has impeded the ability of CAHs to deliver on that mission. The petition needs 150 signatures to become publicly available, and 100,000 signatures to receive a response from the White House. [Click here](#) to view the petition and sign on. Pass along to grow this grassroots effort.

Check it out! The CAH Coalition has launched its new website on CAHCoalition.com. Visit to read more about our policy priorities, the history of the Coalition, our staff, and sign up to join. Coalition members can log-in to read memos on legislation, regulations, and other issues affecting CAHs. Members can also read reports and blogs from experts in the field on issues like 340B, community needs assessments, and cost reporting.

Mark Your Calendars

September 7, 2017

Telecommunication Webinar:
Learn more about telecommunication and how to apply for funding from [USAC's Rural Health Care Program](#).

TBA

National Conference Call and Webinar:
Join the third of our series to learn more about the new Coalition

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.



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 bipartisan 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.