



**CAH Coalition**  
CRITICAL ACCESS HOSPITAL COALITION

April 2018

## The Pulse

### New CMS Policy Puts Critical Access Hospitals in Danger of Losing Status; 96 Hour Rule Bill Introduced

The Centers for Medicare & Medicaid Services (CMS) is pursuing a new policy that could jeopardize the status of dozens, if not hundreds, of critical access hospitals (CAH) across the United States. The issue involves the location of designated Hospital Outpatient Departments (HOPD) within 35 miles of a CAH. CMS now says that an HOPD is an extension of a hospital and, therefore, a CAH within 35 miles of an HOPD is in violation of the rules. How this new interpretation may impact existing CAHS that have been designated a Necessary Provider (prior to January 1, 2006) is unclear. A recent example of this happening is [Curry General Hospital in Oregon](#), that is having to prove it is a “necessary provider” or lose its CAH designation. In 2013, the Office of Inspector General audited all the critical access requirements and found a number of CAHs didn’t comply. CMS is interpreting provider-based clinics as extensions of the hospital whose license they bill Medicaid and Medicare. Curry General Hospital was never designated as a necessary provider because they “clearly met the distance requirement.”

Another ongoing issue at CMS involves the enforcement of the 96-hour rule. Last year, CMS released a rule instructing MACs and RACs to make the CAH 96-hour certification requirement a low priority for medical record reviews. While this was a step in the right direction, more is needed to be done. Nebraska Congressman Adrian Smith (R) introduced his bill to repeal this requirement. The Critical Access Hospitals Relief Act ([H.R. 5507](#)) would remove the “Medicare 96-hour physician certification requirement for inpatient critical access hospital services.”

### Opioid Crisis Bills Moving in Congress

After providing \$3.3 billion for additional research and grants to combat the opioid crisis in the omnibus package, Congress has continued their support for more significant reform and is considering a multitude of bills to further address the crisis. The bills prioritize interagency collaboration in order to further advance reform and improve the ability of relevant government agencies to combat the crisis. Included in proposed legislation is Jessie’s Law, a provision to give medical professionals better access to patients’ addiction history. Congressional leaders aim to have legislation through committee and in consideration on the full House floor by Memorial Day.

The [House Energy and Commerce Health Subcommittee](#) recently finished three hearings to discuss the numerous opioid bills under consideration, and mark up of these bills is set to begin April 25th, with each bill being considered individually, rather than as a joint package. The [Senate HELP Committee](#) is set to begin markup of their bipartisan opioid bill April 24th.

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## Board Communication, Teamwork, Spell Success at Yoakum Community Hospital

When I joined the Yoakum Community Hospital team in 2006, one of the biggest hurdles I faced was improving board-management relationships. I realized that addressing this challenge would be essential to paving the way for a better, more secure financial and operational future for the hospital and community. Elorine Sitka, Yoakum Board Trustee and Chair, shared this vision, and together, we turned ideas into reality.

It became apparent that trustees had not been receiving all the information they needed to make well-informed decisions. Change was necessary to create a high-performing board dedicated to the hospital's success.

We developed recommendations on ways to improve board relations and engagement – laying a solid benchmark for success for many rural hospitals.

**1. Clarify expectations regarding roles and responsibilities.** Governance and management are distinct functions. Board members provide direction. Managers create and implement tactics to support board strategies. One significant consideration is to provide board members with updates to keep them in the loop. Discussions about mutual expectations are important, too.

**2. Foster open, consistent communications.** Regular phone calls and a weekly newsletter are great tools to keep board members informed. An online portal provides members with meeting materials to review at least a week in advance. Trustees often reach out with questions or concerns, as well as participate in discussions and respectful debates.

**3. Make meetings purposeful.** Board meetings should be organized and action-oriented. Take informational items off the agenda for trustees to read on their own. Focus face-to-face time on several major issues that require voting at board meeting time. It's important to “stick to the agenda,” but set aside time to socialize.

**4. Create resourceful onboarding and continuing education.** New trustee orientation is vital and should include meetings with key stakeholders, including the CEO and CFO, as well as important partner organizations. A tour of the hospital and educational materials including an organizational chart and a glossary of healthcare industry terms are part of the process.

**5. Identify potential trustees.** A specific recruitment process for new trustees is key. At Yoakum, we maintain a running list of potential board members, keeping in mind leaders and colleagues with diverse backgrounds. Another consideration is to identify potential board members without any sort of personal agenda.

Today we have a strong board and dependable leadership committed to a common purpose. To learn how Yoakum Community Hospital developed a high-performing board, read the case study by [clicking here](#).



**Karen Barber, RN**

Chief Executive Officer of  
Yoakum Community Hospital

Yoakum Community Hospital is a 25-bed critical access hospital in Yoakum, Texas. Karen was recognized by Becker's Hospital Review in 2018 and 2015 as a “Top 50 Critical Access CEOs to Know” in recognition of her skillful leadership.



### Bonus Beats:

- [Critical Access Hospital Swing-Bed Quality Measures: Findings from Key Informant Interviews](#)

The University of Minnesota Rural Health Research Center released a report on the use of swing-beds in critical access hospitals following their interviews with CAH networks and hospitals. The report identifies recent swing-bed trends in CAHs and the challenges in measuring CAH swing-bed quality of care.

- [MedPAC Recommends Cuts to Freestanding EDs](#)

During their April meeting, MedPAC announced their intent to recommend cuts to freestanding emergency departments within six miles of an on-campus emergency department. MedPAC will recommend a 30% cut to freestanding EDs, potentially saving Medicare up to \$250 million a year.

## Coalition Updates

[Contact your Member of Congress](#) and urge them to cosponsor the [Critical Access and Rural Equity \(CARE\) Act \(HR 3224\)](#). The CARE Act protects rural providers by clarifying the definition of CAH allowable costs. It identifies frequently cited auditor discrepancies and removes barriers to care by ensuring coverage of the most common medical services and tests. For more, visit [CAHCoalition.com](http://CAHCoalition.com)

HRSA has announced funding for rural communities combatting the opioid crisis to receive \$200,000 for development of prevention, treatment, and recovery intervention resources. These funds are designed to reduce opioid overdoses among rural populations. [Read more about the opportunity here.](#)

The Coalition is advocating for the Veterans Choice Program to be made permanent. Share your stories or comments on the Veterans Choice Program with the CAH Coalition. Reach out to the [CAH Coalition online here](#) or over email at [contact@cahcoalition.com](mailto:contact@cahcoalition.com).

## Mark Your Calendars

**May 15, 2018**

### [Overcoming Physician Recruitment and Retention Challenges](#)

Take away best practice methodologies for attracting, interviewing, and overcoming the competition to sign physicians and keep them in your organization. Learn key strategies for aligning strategic goals with physician stakeholders, engaging your medical staff, and retaining the high performing physicians in your organization.

To learn more or participate in any upcoming webinars, you can register online at [CAHCoalition.com](http://CAHCoalition.com), you can also email us at [contact@cahcoalition.com](mailto: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 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.