



CAH Coalition
CRITICAL ACCESS HOSPITAL COALITION

May 2018

The Pulse

CMS Policy Puts CAHs in Danger of Losing Status; FCC Over Budget for Rural Telecommunications

The Centers for Medicare & Medicaid Services (CMS) are continuing ahead with their new interpretation of CAH distance and location requirements. In a recent call, agency officials discussed this new policy stating that “an off-campus provider-based location is considered part of a hospital.” This means that if a competing hospital (PPS or CAH) decides to open an off-campus provider-based location within 35 miles of your hospital, a CAH that is not deemed a Necessary Provider could be at risk of losing its CAH designation. [Strategic Health Care](#) in DC is leading a call on Thursday, May 24th to further discuss this matter and coordinate a response. If you are interested in joining please contact us at contact@cahcoalition.com or 202-266-2660. This call is limited to CAHs only.

The Federal Communications Commission (FCC) Rural Health Care (RHC) program works to support health care facilities through funding for broadband and telecom services. Since 1997, the RHC Program has long maintained a \$400 million spending cap. However, demand for the RHC program exceeded the cap in FY2016 and again in FY2017. In response the FCC released a notice of proposed rulemaking in November 2017 regarding opportunities to bolster the RHC program and increase the funding cap. [The CAH Coalition commented on this proposed rule in February](#). The FCC has yet to finalize the rule and increase the cap to meet all funding commitments, and in response in reduced funding for individual participants by 15 percent and consortia participants by 25 percent. This has already adversely hit some CAHs, including one in Alaska the [received a letter from their service provider](#), requesting they pay \$964,370 by June 30th.

Congress Pushes Key Bills Before Summer

Congress has been busy this month as they head into recess for Memorial Day. Congress is tackling some of their most important priorities including veterans health and the opioid crisis.

The House Veterans Affairs Committee approved bipartisan legislation to extend funding for the Veterans Choice program for an additional year. The [MISSION Act](#) was spearheaded by House VA Committee Chairman Phil Roe and represents a collaborative process of reconciling the differences which stalled prior VA health reform bills. President Trump has shared his support for this legislation and urges the Senate to approve.

In the opioid space, the House [Ways & Means Committee](#) approved six bills aimed at reducing opioid abuse through the Medicare program. The House [Energy and Commerce Committee](#) passed 55 bills to curb the opioid epidemic. Most bills were bipartisan and included policies to increase access to addiction treatment for Medicaid beneficiaries, to help build up the provider workforce as well as ways to encourage non-opioid treatments for pain.

Inside this issue

CMS Policy Puts CAHs in Danger of Losing Status; FCC Over Budget for Rural Telecommunications	1
Congress Pushes Key Bills Before Summer	1
Spotlight Author: Carmen Oguz, BBA, MBA	2
Bonus Beats	2
Coalition Update	3
Mark Your Calendars	3
About the CAH Coalition	3

Contact Information

Critical Access Hospital Coalition

1120 G St. NW
Suite 1000
Washington, DC
202-266-2660
contact@cahcoalition.com

Audrey Smith
Executive Director
Office: 202-266-2660

Emma Lange
Operations Manager
Office: 202-266-2610

Follow us for more CAH news!



Simple Strategies to Change the Perceptions of CAHs

Critical Access Hospitals (CAHs) have been in existence since 1997. However, as we all know, they are still just as misunderstood 20+ years later as they were back then. It's true; effectively managing CAHs can be tricky. However, there are many strategies, largely untapped and/or underutilized, that can help keep CAHs' doors open to people both in the immediate communities as well as their respective regions.

Many CAHs suffer from conditions that I have coined as the "Big Town Mentality" and the "Small Town Reputation." CAHs need to work tirelessly to educate their respective communities and regions to debunk notions associated with each of these conditions. Along with education will likely come a bit of hard work to change the way people think about CAHs. To save our facilities, we all need to be involved.

One example of my efforts is when I approached the American Physical Therapy Association (APTA) in April 2016, who had little-to-no resources pertaining to rural healthcare issues and knew very little about CAHs. I suggested that the APTA add "critical access hospital" to surveys that address demographics regarding where its APTA members work. Then, I continued discussions with the APTA via email, conference calls, and in-person meetings. I created a growing list of APTA members who are interested in rural healthcare issues and who stay in touch with this organization about rural healthcare issues. Developing partnerships/allocating resources to support key APTA members is vital to keep the momentum going. Are you willing to take the same advocacy steps within your professional organizations?

Associations like the APTA are part of our community, so consider reaching out to your local post-acute care facilities and develop "health care" relationships. We also need to work to change the perception of CAHs, by supporting community events and have leadership involvement with civic organizations. These are just a few of the ways to get involved, and if we all work together we'll be able to change the understanding of CAHs.



Carmen Oguz, BBA, MBA

North Sunflower Medical Center

Carmen received her BBA and MBA from Delta State University. She currently serves as the VP of Service Line Development and Director of Rehabilitation at North Sunflower Medical Center. She is active in the American Physical Therapy Association, and has received numerous awards and recognition for her work. [Full Bio](#)



Bonus Beats:

- [2018 Harkin on Wellness Report Released](#)

The Harkin Institute at Drake University released their first annual Harkin on Wellness Report. The report highlights the work of top wellness and nutrition initiatives across the country in order for other communities, leaders, and health providers can learn from the successes of others. Many of the featured organizations use cross-sector collaboration in order to help their communities achieve better health outcomes. "We encourage others to use this as a tool to build partnerships and create sustainable, cross-sector coalitions within their own community and beyond."

- [CDC Warns of Health Risks Associated with Swimming Pools and Hot Tubs](#)

The CDC is warning of outbreaks associated with treated water in recreational pools, waterparks, and hotels. From 2000-2014, 493 outbreaks were reported and eight deaths from contact with 'recreational water' with the majority involving a gastrointestinal illness. The CDC says to "Swim Healthy, Stay Healthy" in order to prevent outbreaks from pools and hot tubs.

Coalition Updates

The Centers for Medicare & Medicaid Services (CMS) released the agency's first [Rural Health Strategy](#) to help "improve access to high quality, affordable healthcare in rural communities." The strategy is intended to provide proactive and strategic focus on healthcare issues across rural America.

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.

The Centers for Medicare & Medicaid Services (CMS) released a number of proposed rule updates to the perspective payment system (PPS). The [FY19 Inpatient Prospective Payment System](#) proposed rule includes changes to CAH meaningful use and eQMs.

[Our memo](#) summarizes a number of CMS' other proposed rules with links to the rules and their fact sheets. These rules include:

- [FY19 Medicare Hospital IPPS and LTCH PPS](#)
- [FY19 Medicare Payment & Policy Changes for Skilled Nursing Facilities](#)
- [FY19 Medicare Inpatient Rehabilitation Facility Prospective Payment System](#)
- [FY19 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting](#)
- [FY19 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements](#)

[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



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.