

Advancing Health in America

## HIGAN CENTER 25 Years

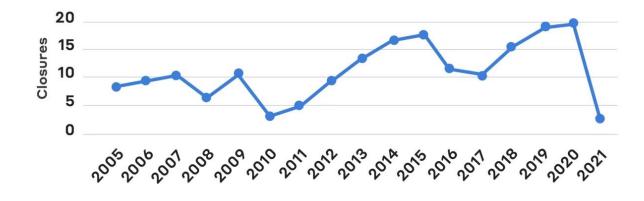
Michigan Critical Access Hospital Conference November 10-11, 2022 Park Place Hotel, Traverse City, MI

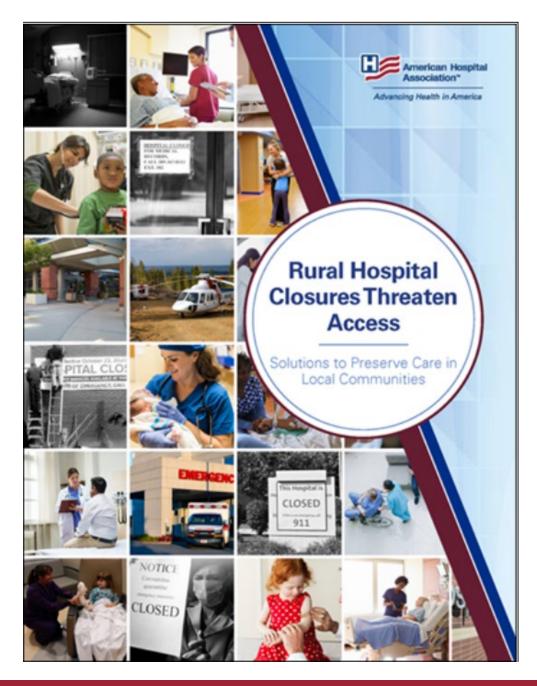
## American Hospital Association **Rural Hospital Closures and Solutions: A Federal Update** John T. Supplitt, Senior Director AHA Rural Health Services

## **Rural Hospital Closures**

- 136 closures between
   2010 and 2021
- 19 closures in 2020

Total Rural Hospital Closures, 2005-2021





6,000 hospitals 5.000...... 5.280 5.267 4.000...... of the decline 3,000...... in the number of U.S. community hospitals between 2.000 ...... 2015 and 2019 were 1.887 1.882 RURAL 1.000... HOSPITALS

5 262 5.198 5.141 Total manda 1,875 1.821 1.805 2015 2016 2017 2018 2019 U.S. rural community hospitals

U.S. rural community hospitals, 0% by ownership type, 2019 34% State and local government (620 total) ▶ Nonprofit (998 total) 55% Investor-owned, for-profit (187 total) \* Data may not total 100% due to rounding U.S. rural community hospitals, 18% by bed size, 2019 Up to 25 beds (850 total) 26-50 beds (316 total) 19% of rural hospitals 51-100 beds (345 total) have 25 or fewer 16% 101 beds or more (294 total) staffed bed TATES OF TREES

## Understanding the triggers driving hospital closures.





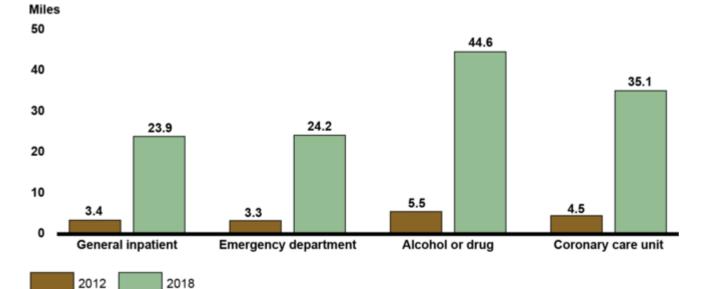
GAO

United States Government Accountability Office Report to the Ranking Member, Committee on Homeland Security and Governmental Affairs, United States Senate

December 2020

#### RURAL HOSPITAL CLOSURES

Affected Residents Had Reduced Access to Health Care Services



Source: GAO analysis of data from the Department of Health and Human Services and North Carolina Rural Health Research Program. | GAO-21-93

### **OBSTETRICS U.S. Rural Hospitals**

Rural hospitals provide access to obstetrical care close to home for millions of Americans. But now, that crucial lifeline is being threatened.

There are 1,796 rural community hospitals

in the U.S., slightly

more than a third of all

community hospitals.

Rural hospitals represented 35% of

the nation's 5,139 community hospi-

tals in 2020.



Rural community hospitals deliver nearly 1 in 10 babies in the U.S. The availability to local, timely access to care saves lives.

Rural hospitals accounted for 333,824 [9.5%] of the 3,505,115 total community hospital births in 2020.

Yet, nearly half of rural community hospitals did not offer obstetric services in 2020.

72% [1,292 of 1,796] of all U.S. rural community hospitals reported whether they offered obstetric services in 2020. Of these hospitals, 47% [601 of 1,292] indicated they did not provide obstetric services

Between 2015 and 2019, there were at least 89 obstetric unit closures in U.S. rural hospitals.



More than 2.2 million women of childbearing age live in maternity care deserts (1,095 counties) that have no hospital offering obstetric care, no birth center and no obstetric provider. Source: <u>Novhare to So</u>, March of Dimes, 2020.

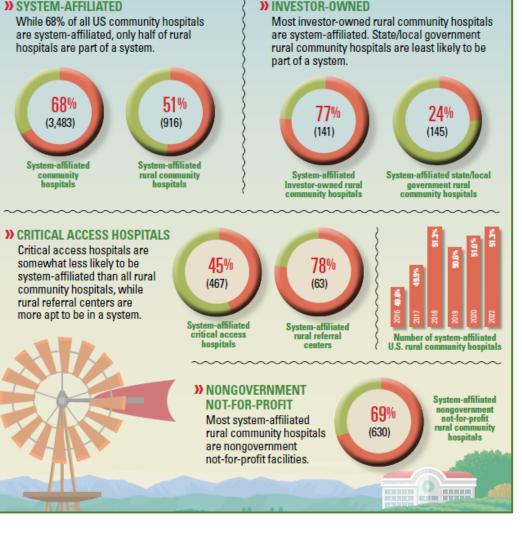
> For more information, visit: aha.org/advocacy/maternal-and-child-health

SOURCE: Based on AHA Annual Survey Databases | www.ahadata.com | © 2022 by the American Hospital Association | For more information or to purchase access to AHA data | ahadatainto@aha.org



### SYSTEM-AFFILIATED U.S. Rural Hospitals

WHAT IS A SYSTEM-AFFILIATED HOSPITAL? A system-affiliation, as defined by AHA, involves an ownership, lease, sponsorship or contract-management relationship with a central health care organization.

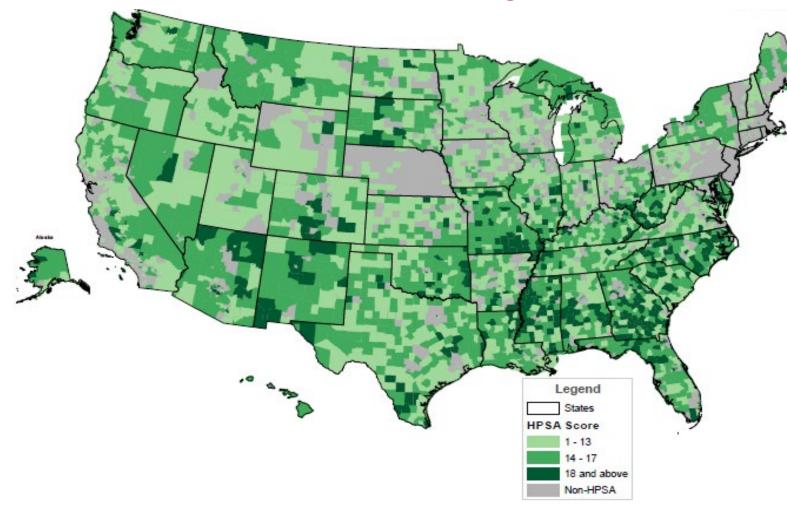


# WHAT IS A SYSTEM-AFFILIATED HOSPITAL?

A system-affiliation, as defined by AHA, involves an ownership, lease, sponsorship or contract-management relationship with a central health care organization.



### Health Professional Shortage Areas - Primary Care







#### Rural Hospitals: A Community's Anchor

Safe haven in times

of emergency

Access to

primary care

#### **DID YOU KNOW?**

- Rural America includes approximately 63 million people, about 19% of the population and 97% of the geographic area of the USA.
- There are 1,796 rural hospitals that support nearly 1.7 million jobs.
- Every dollar spent by a rural hospital produces another \$2.27 of economic activity.
- A typical critical access hospital employs 197 community members.
- Rural hospitals handle more than 18.5 million emergency visits.
- Rural hospitals support 1:12 rural jobs in the U.S. and \$220 billion in economic activity.

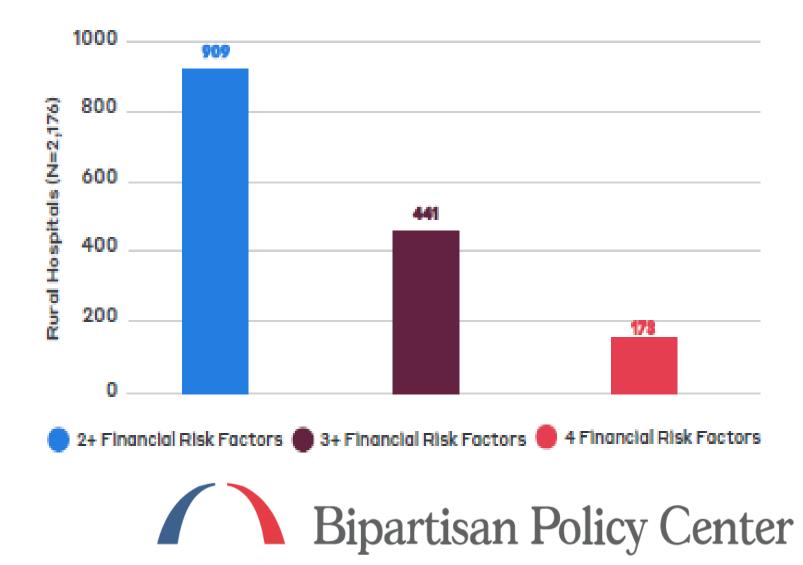


Tell Congress to protect health care in rural communities.



### Financial stress affects rural hospitals, 2017-2020





## **Congressional Legislative Update**









- Stop the forthcoming 4% Statutory Pay-As-You-Go (PAYGO) sequester
- Extend, or make permanent, the Low-volume Adjustment and the Medicaredependent Hospital programs
- Increase the number of Medicare-funded graduate medical education positions to address the need for additional physicians in the U.S.
- Finalize passage of the Improving Seniors' Timely Access to Care Act
- Make permanent the expansion of telehealth services and extend the hospital-at-home program
- Establish a **temporary per diem payment** targeted to hospitals to address the discharge of patients to post-acute care or behavioral facilities
- Create a special statutory designation for metropolitan anchor hospitals



117th CONGRESS 1st Session



To amend title XVIII of the Social Security Act to establish requirements with respect to the use of prior authorization under Medicare Advantage plans, and for other purposes.

#### IN THE SENATE OF THE UNITED STATES

October 20, 2021

Mr. MARSHALL (for himself, Ms. SINEMA, Mr. THUNE, and Mr. BROWN) introduced the following bill; which was read twice and referred to the Committee on Finance

#### A BILL

- To amend title XVIII of the Social Security Act to establish requirements with respect to the use of prior authorization under Medicare Advantage plans, and for other purposes.
- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,

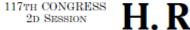
#### 3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the "Improving Seniors'5 Timely Access to Care Act of 2021".

**Seniors' Timely Access to Care Act**, (HR 3173/S 3018) This bill establishes several requirements and standards relating to prior authorization processes under Medicare Advantage (MA) plans. American Hospital



## Safety from Violence for Healthcare Employees Act



H. R. 7961

To protect hospital personnel from violence, and for other purposes.

#### IN THE HOUSE OF REPRESENTATIVES

JUNE 7, 2022 Ms. DEAN (for herself and Mr. BUCSHON) introduced the following bill; which was referred to the Committee on the Judiciary

#### A BILL

To protect hospital personnel from violence, and for other purposes.

1 Be it enacted by the Senate and House of Representa-

2 tives of the United States of America in Congress assembled,

#### 3 SECTION 1. SHORT TITLE.

- 4 This Act may be cited as the "Safety From Violence
- 5~ for Healthcare Employees Act" or the "SAVE Act".

Whoever knowingly assaults or intimidates an individual employed by a hospital, or an entity contracting with a hospital or other medical facility, during the course of the performance of the duties shall be fined under this title, imprisoned not more than 10 years, or both.

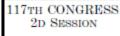
... uses a deadly or dangerous weapon or inflicts bodily injury, shall be fined under this title or imprisoned not more than 20 years, or both.



## The Healthcare Cybersecurity Act S 3904/HR 8806

- Improve collaboration and coordination between CISA and HHS
- Authorizing cybersecurity training for the Healthcare and Public Health (HPH) sector
- Analysis of cybersecurity risks to the HPH sector with a focus on:
  - impacts to rural hospitals
  - vulnerabilities of medical devices, and
  - cybersecurity workforce shortages

[Report	No. 117–177]
To enhance the cybersecurity of IN THE SENATE 0	<sup>117TH CONGRESS</sup> <b>H. R. 8806</b> To enhance the cybersecurity of the Healthcare and Public Health Sector.
MA Ms. ROSEN (for herself, Mr. CASS Mrs. FEINSTEIN, and Mr. Ko read twice and referred to Governmental Affairs OCT Reported under authority of the Mr. PETERS, with an amen [Strike out all after the enactin	IN THE HOUSE OF REPRESENTATIVES SRPTEMBER 13, 2022 Mr. Crow (for himself and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Homeland Security
A To enhance the cybersecu	<b>A BILL</b> To enhance the cybersecurity of the Healthcare and Public Health Sector.
- He	Be it enacted by the Senate and House of Representa     tives of the United States of America in Congress assembled
	3 SECTION 1. SHORT TITLE.
	4 This Act may be cited as the "Healthcare Cybersecu
	5 rity Act of 2022".



### H.R.7666

To amend the Public Health Service Act to reauthorize certain programs relating to mental health and substance use disorders, and for other purposes.

#### IN THE HOUSE OF REPRESENTATIVES

#### MAY 6, 2022

Mr. PALLONE (for himself and Mrs. RODGERS of Washington) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

#### A BILL

- To amend the Public Health Service Act to reauthorize certain programs relating to mental health and substance use disorders, and for other purposes.
- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,
- 3 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.
- 4 (a) Short Title.—This Act may be cited as the
- 5 "Restoring Hope for Mental Health and Well-Being Act6 of 2022".

## **Restoring Hope for Mental Health and Well-Being Act**

- Mental Health and Crisis Care Needs
- Substance use Disorder Prevention
- Treatment and Recovery Services
- Access to Mental Health Care and Coverage
- Supporting Children's Mental Health Care Access



## **Travel Nursing Agency Transparency Study Act**

117th CONGRESS 2d Session

### S. 4352

To require a study on the effects of travel nurse agencies on the health industry during the COVID-19 pandemic.

#### IN THE SENATE OF THE UNITED STATES

JUNE 6, 2022

Mr. CRAMER introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

#### A BILL

To require a study on the effects of travel nurse agencies on the health industry during the COVID-19 pandemic.

- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,

#### 3 SECTION 1. SHORT TITLE.

- 4 This Act may be cited as the "Travel Nursing Agency
- 5 Transparency Study Act".

### GAO STUDY ON TRAVEL NURSE AGENCIES.

The Comptroller General of the United States shall conduct a study which shall include consideration of—

- the business practices and payment practices of such agencies, including any potential price gouging;
- the specific ways in which rural areas of the United States were affected by the rise of travel nursing across the country, and subsequent workforce shortage disparities;



## 2022 Rural Advocacy Agenda

### **Protect Rural Hospitals—including extenders**

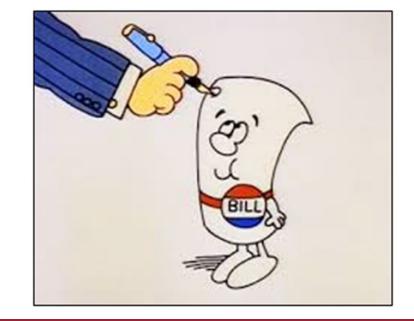
- HR 6700 Critical Access Hospital Relief Act
- H.R. 8747 Assistance for Rural Community Hospitals Act
- S. 4009 Rural Hospital Support Act

### **Protect Rural Moms & Babies**

- H.R. 769/ S.1491 Rural MOMS Act
- H.R. 4387 Maternal Health Quality Improvement Act of 2021
- H.R. 959/ S. 346 Black Maternal Health Momnibus Act of 2021

### **Rural Public Health**

• S. 3799 - PREVENT Pandemics Act



## 2022 Rural Advocacy Agenda

### **Address the Workforce Shortage**

- S 1810/HR 3541 Conrad State 30 and Physician Access Reauthorization Act
- S 924/HR 2130 Rural America Health Corps
- S 246/HR 851 Future Advancement of Academic Nursing Act professionals.
- S. 834/HR 2256 Resident Physician Shortage Reduction Act
- S.1024/H.R.2255 Expedite Visas for Highly Trained Foreign Health Care Workers

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## 2022 Rural Advocacy Agenda

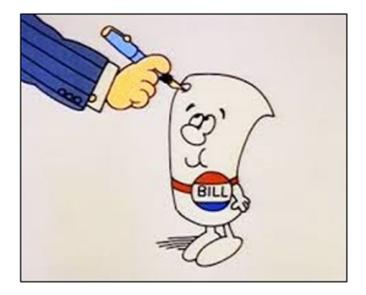
**Telehealth** 

- HR 4040 Advancing Telehealth Beyond COVID-19 Act of 2021
- S. 1512/ H.R. 2903 CONNECT for Health Act
- S. 368/HR 1332 Telehealth Modernization Act

### Protect 340B S 773/HR 3203 Protect 340B DSH Hospitals

**Emergency Medical Services** 

S. 2037/HR 2454 Protecting Access to Ground Ambulance Services





### **Policy, Regulations and Rulemaking Update**





### Telehealth Extenders Expire 151 Days After PHE Ends – House Passed 2-Year Extension in July • Expand originating sites

- Expand eligible practitioners to furnish telehealth services
- Extend the ability for RHCs and FQHCs to furnish telehealth
- Delaying the 6-month in-person requirement for mental health services furnished through telehealth
- Audio-only telehealth services
- Allow telehealth to meet the face-to-face recertification requirement for hospice care



#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 412, 413, 482, 485, and 495

[CMS-1771-F]

RIN 0938-AU84

Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2023 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Costs Incurred for Qualified and Non-Qualified Deferred Compensation Plans; and Changes to Hospital and Critical Access Hospital Conditions of Participation

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS). **ACTION:** Final rule.

# CMS final rule for hospital inpatient PPS for FY 2023

- IPPS payment rate was increased to 4.3%, or \$2.6B
- 2. Establishing new GME policies
- 3. 10 new quality including 3 health equityfocused measures
- 4. Finalized a proposed requirement for continued COVID-19-related reporting
- 5. Finalizing the new hospital designation to identify "Birthing-Friendly" hospitals
- 6. Permanently apply a 5% cap on any decrease in a hospital's area wage
- 7. MDH/LVA set to expire



## Medicare Physician Fee Schedule Final Rule

### **Rural-relevant proposals include:**

- Conversion Factor
- Telehealth: Audio Visits/Temporary Services
- Medicare Shared Savings Program
- Behavioral Health Incident to Physician Services

This document is scheduled to be published in th Federal Register on 07/29/2022 and available online at DEPARTM federalregister.gov/d/2022-14562, and on govinfo.gov **Centers for Medicare & Medicaid Services** 42 CFR Parts 405, 410, 411, 414, 415, 423, 424, 425, and 455 [CMS-1770-P] **RIN 0938-AU81** Medicare and Medicaid Programs; CY 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicare and Medicaid Provider Enrollment Policies, Including for Skilled Nursing Facilities; Conditions of Payment for Suppliers of Durable Medicaid Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); and Implementing Requirements for Manufacturers of Certain Single-dose Container or Single-use Package Drugs to Provide Refunds with Respect to Discarded Amounts AGENCY: Centers for Medicare & Medicaid Services (CMS), Health and Human Services (HHS). ACTION: Proposed rule. SUMMARY: This major proposed rule addresses: changes to the physician fee schedule (PFS); other changes to Medicare Part B payment policies to ensure that payment systems are updated to reflect changes in medical practice, relative value of services, and changes in the statute; Medicare Shared Savings Program requirements; updates to the Quality Payment Program; Medicare coverage of opioid use disorder services furnished by opioid treatment programs; updates to certain Medicare and Medicaid provider enrollment policies, including for skilled

nursing facilities; updates to conditions of payment for DMEPOS suppliers; HCPCS Level II coding and payment for wound care management products; electronic prescribing for controlled substances for a covered Part D drug under a prescription drug plan or an MA-PD plan under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT)

## CMS final rule for Hospital Outpatient PPS for CY 2023

- Conversion Factor
- 340B-Acquired Drugs
- Outpatient Mental Health
   Services
- Supervision of Diagnostic Tests



This document is scheduled to be published in the Federal Register on 07/26/2022 and available online at federalregister.gov/d/2022-15372, and on govinfo.gov

de: 4120-01-P]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services 42 CFR Parts 405, 410, 411, 412, 413, 416, 419, and 424

[CMS-1772-P]

#### RIN 0938-AU82

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical

Center Payment Systems and Quality Reporting Programs; Organ Acquisition; Rural

Emergency Hospitals: Payment Policies, Conditions of Participation, Provider Enrollment,

Physician Self-Referral; New Service Category for Hospital Outpatient Department Prior

Authorization Process; Overall Hospital Quality Star Rating

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and

Human Services (HHS).

ACTION: Proposed rule.

## **REH/CAH Conditions** of Participation

- Additional Outpatient
   Services
- Provider-based Rural Health Clinics
- REH Staffing
- Transfer Agreements



### FEDERAL REGISTER

The Daily Journal of the United States Government



#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 485 and 489

[CMS-3419-P]

RIN 0938-AU92

Medicare and Medicaid Programs; Conditions of Participation (CoPs) for Rural Emergency Hospitals (REH) and Critical Access Hospital CoP Updates

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS). **ACTION:** Proposed rule.

	s document is scheduled to be published in the feral Register on 07/26/2022 and available online at feralregister.gov/d/2022-15372. and on govinfo.gov	de: 4120-01-P]
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	Policies, Conditions of Participation, Provider	Enrollment,
Physician Self-Referral; New S	ervice Category for Hospital Outpatient Departs	ment Prior

Authorization Process; Overall Hospital Quality Star Rating AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and

Human Services (HHS).

ACTION: Proposed rule.

## **REH Payment Policies**



FEDERAL REGISTER The Daily Journal of the United States Government



- Covered Outpatient Services
- Payment of Covered Services
- Payment of non-Covered Services
- Monthly Payments
- Cost Reporting

DEPARTMENT OF HEALTH AND HUMAN SERVICES	
Centers for Medicare & Medicaid Services	
42 CFR Parts 485 and 489	
[CMS-3419-P]	
RIN 0938-AU92	theduled to be published in the 07/26/2022 and available online at vid/2022-15372, and on <u>govinfo.gov</u> de: 4120-01-P]
Medicare and Medicaid Programs Conditions of Participation (CoPs Rural Emergency Hospitals (REH Critical Access Hospital CoP Upd	) for ) and 19, and 424
<b>AGENCY:</b> Centers for Medicare & Medicaid Services (CMS), Departm of Health and Human Services (HE <b>ACTION:</b> Proposed rule.	
Physician Self-Referral; New Se Authorization Process; Overall	vice Category for Hospital Outpatient Department Prior Hospital Quality Star Rating

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and

Human Services (HHS).

ACTION: Proposed rule

### **CAH CoP Mileage Rule**

- Clarifies the definition for "primary roads" in the location and distance requirements for CAHs
  - "numbered Federal high way; or a numbered state highway with two or more lanes each way"
- Mileage requirement review process
  - Data-driven review process for all hospitals within 50-mile radius of the CAH
  - Automatic recertification for CAHs with no new hospitals within 50-mile
  - CAHs with new hospitals within 50-mile radius will be subject to additional review





## Litigation

### AHA's current and active policy-related litigation

- ✓ No Surprises Act Regulation
- ✓ 340B Contract Pharmacy Intervention
- ✓ 340B Contract Pharmacy
- ✓ 340B Payment Reductions
- Disclosure of Negotiated Charges
- Site Neutral Payment Policy
- HHS Deadlines for Deciding Appeals

In addition, AHA has filed dozens of Amicus or "Friend-of-the-Court" briefs.





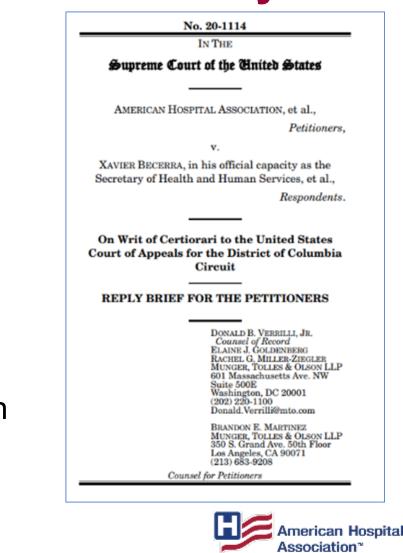
### **340B OPPS Litigation and Contract Pharmacy**

### **340B OPPS Payments**

- Supreme Court rules in favor of hospitals
  - 1. Unanimous decision in favor of hospitals
  - 2. Motion to Remedy HHS' Unlawful Cuts
  - 3. Motion to Include 2020-2022 Reimbursement Cuts
  - 4. Motion to Immediately Halt HHS' Unlawful Reimbursement Cuts for the Remainder of 2022
  - 5. Repayment begins October 2022 for all years

### **Contract Pharmacy**

- Drug manufacturers limit distribution of certain drugs with contract pharmacy arrangements: updates
- Urge HHS to enforce statute
- Support HHS in legal challenges including filing amicus brief supporting HRSA in Novartis/UT case



## **No Surprises Act - Update**



The Independent Dispute Resolution (IDR) system is live. Due to a pause in the launch required to address a court ruling (see <u>February 28 guidance</u>), there may be a backlog of IDR requests and high case volume. <u>See how possible delays will be managed</u>. You can <u>initiate a Federal IDR request</u>.

### **Ending Surprise Medical Bills**

See how new rules help protect people from surprise medical bills and remove consumers from payment disputes between a provider or health care facility and their health plan

Learn More



### Federal Independent Dispute Resolution Process

- IDR entities must consider the Qualifying Payment Amount
- IDR entities must issue written decisions
- Payers must identify when they have downcoded a claim

### Uninsured/Self-pay Good Faith Estimates



## Medicare Advantage



Advancing Health in America

August 31, 2022

The Honorable Chiquita Brooks-LaSure Administrator Centers for Medicare & Medicaid Services 7500 Security Blvd Baltimore, MD 21244

#### Re: CMS-4203-NC, Medicare Program; Request for Information on Medicare

Washington, D.C. Office

Two CityCenter, Suite 400

Washington, DC 20001-4956

800 10th Street, N.W.

(202) 638-1100

Dear Administrator Brooks-LaSure:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations and our clinician partners — including more than 270,000 affiliated physicians, two million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to provide comments in response to the Centers for Medicare & Medicaid Services' (CMS) Request for Information (RFI) regarding the Medicare Advantage (MA) program.

# AHA submitted comments Aug 31 on CMS' Request for Information on MA oversight

- Raised concerns over MA practices and policies that restrict/delay access to care
- Provided considerations for health equity, behavioral health access, and post-acute care services
- Outlined implications for continued enrollment growth in the program



### **Hospital and System Operational Priorities**





## **A Cybersecure Environment**

Key strategies to bolster your defenses and strengthen your response capabilities: 1 | Take a critical and objective look at your existing TPRM program framework. 2 | Implement third-party, risk-based controls and cyber-insurance requirements based on identified risk levels.

3 Consistently and clearly communicate third-party, risk-management policies, procedures and requirements internally.
4 Prepare intensively for incident response and recovery.

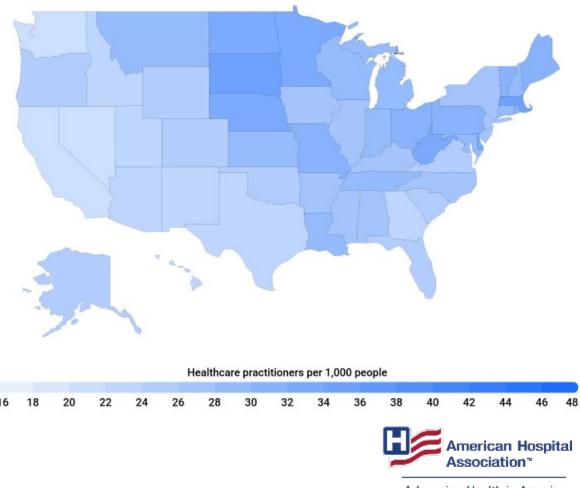




## **Workforce Shortages and Response**

- Creative staffing
- Well-being and violence prevention
- Stabilization and retention
- Data tools to address current staffing gaps
- Care model re-design
- Use of technology to extend care teams
- Leadership training/development
- Educational pipeline
- Workforce analytics and forecasting
- Workforce strategic planning

#### 2018 Healthcare Practitioners by State







Advancing Health in America

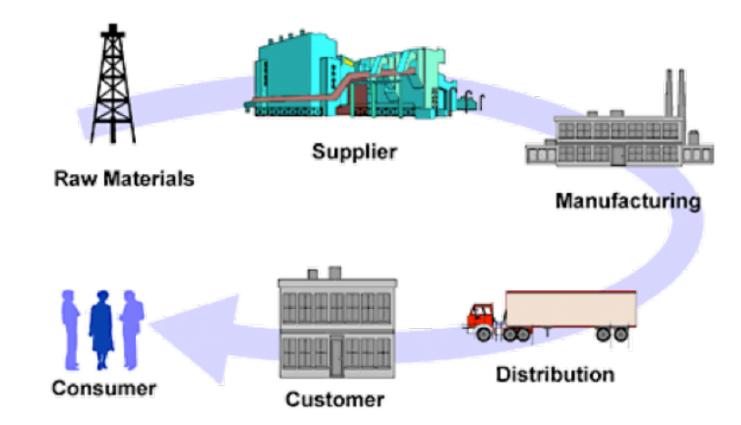
## Supply Chain Resource Council (SCRC) Report

## Supply Chain Issues

### Resilience efforts

FDA: Resilient Supply Chain Program for medical devices

ASPR: Supply Chain Resilience Work Group



## **Health Equity Priorities**





### **FORHP Areas of Impact for Health Equity**

The Federal Office of Rural Health Policy (FORHP) collaborates with rural communities and partners to support community programs and shape policy that will improve health in rural America.







Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models

**CHART Model** 

This model aims to empower rural communities to develop a high quality care delivery system through new seed funding, payment structures, operational and regulatory flexibilities and technical and learning support.

Stage: Announced

## Community Health Access and Rural Transformation (CHART) Model

#### **Community Transformation Track**

NOFO / Application portal opens <sup>†</sup>	September 15, 2020
Application deadline	March 16, 2021
LO/Awardee selection	July 2021
Pre-implementation period	August 2021 – December 2022
Performance periods	January 2023 – December 2028

### **Community Transformation Track**

The CHART Model Community Transformation Track aims to catalyze modernization of rural health delivery systems through three pillars: Upfront funding, Operational Flexibilities, and APMs.





Improved quality of care and health outcomes for rural beneficiaries

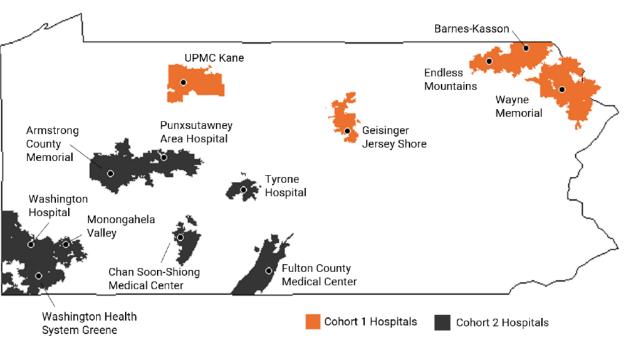


Improved access to care for rural beneficiaries



Increased financial sustainability for rural providers

## **Models of VBP & CHART**





**ACO Investment Model** 

Source: Centers for Medicare & Medicaid Services



Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models

Regional Budget Payment Concept

The Centers for Medicare and Medicaid Services is seeking input on the feasibility of regional multi-payer prospective budgets as a potential payment model and potential for rural areas.

Stage: Ongoing

### CMMI global budgets/all payer models

#### All-payer model Novel test

#### **Medicare flexibility**



Maryland

Hospital global budgets to decouple hospital revenues from volume and incentivize prevention and wellness

Allow global budgets to determine Medicare payment amounts to Maryland hospitals



Vermont

**Pennsylvania** 

ACOs at scale statewide to incent value and quality under the same payment structure throughout the delivery system

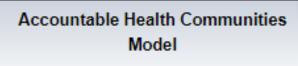
**OneCare Vermont is** currently the sole ACO operating in the state...

Hospital global budgets for rural hospitals and a deliberate plan to improve quality and efficiency across services and service lines

Allow global budgets to determine Medicare payments to participating Pennsylvania rural hospitals

## **Accountable Health Communities Model**

Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models



The AHC Model focuses on five core HRSNs:



### **AHC Model requirements:**

- 1. identify and partner with clinical delivery sites to screen for SDOHs and make referrals
- 2. connect high-risk communitydwelling beneficiaries to community service providers
- 3. align model partners to optimize community capacity to address health-related social needs

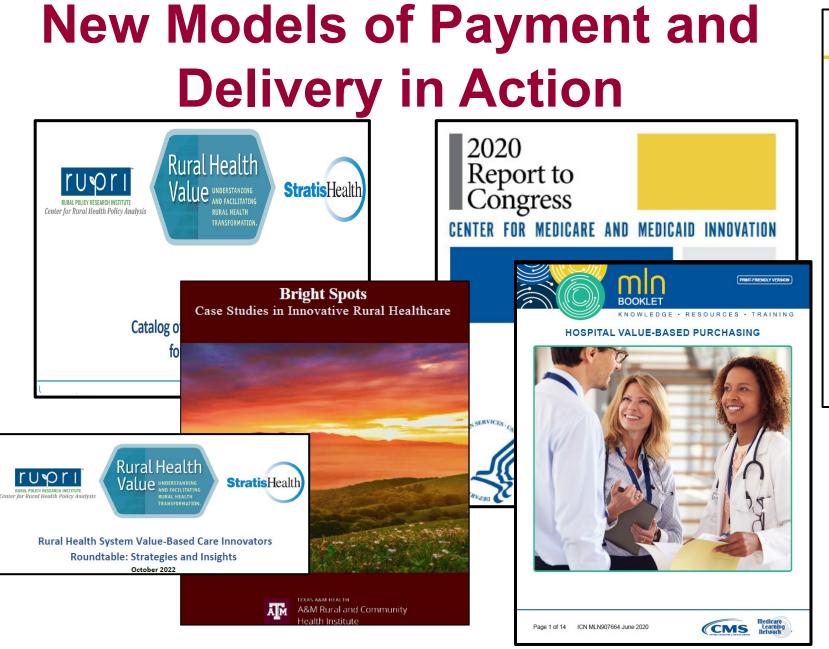




## Accountable Health Communities Model

**Assistance Track** – Provide community service navigation services to *assist* high-risk beneficiaries with accessing services.





The Accountable (	Care Organization (ACO)	Model Overview				
Model (AIM) opera (SSP) from 2015 to	ted under the Shared Sa 2018. AIM provided up-	front payments AIM ACOs rece payments for the	vo years.	3.2M		
to select ACOs to I It targeted:	nvest in infrastructure ar	nd staffing. These payment recouped from savings earned	shared	xouped		
low ACO penetr	courage their formation ation areas (41 AIM Test	ACOs for up to	six years. \$30.9M	\$52.1M		
In 2016). • Existing ACQ		A total of \$96.2 payments were	M in AIM Recouped dispersed.			_
<ul> <li>Existing ACC continued pa financial risk</li> </ul>			Frontie	er Commu	nity Health	
		A MEDICALD SERVICES			ect (FCHIP)	
	Findings at	t a Glance		-	f Model (2016-2019)	
	0					
Assigned 4 Beneficiaries	Findings					
	Ambular	nce – 2 Participating CAHs	_			
ACO 4 Practitioners	With higher cost-	based payments, CAHs reportedly used	the additional	"It's helped us beef up or been able to get equipm otherwise have been ab	ur staffing and we've	
Facility Darred	funds to bolster s	tipends for volunteer emergency medi tional EMT training classes, and purcha	cal technicians	otherwise have been ab	le to spend money	
Providers 5	Ambulance trans	ports declined by 25% over the 3 year o	emonstration, but	on if we didn't have mor	-CAH Administrator	
oncernomentificate 20	this was attribute	d by ambulance staff to normal variation	ns in demand.		Chinhammistrator	
A	<ul> <li>One of the hypot not be tested of</li> </ul>	hesized savings, substituting lower cost	land ambulance transp	orts for more expensive	air transports, could	
AIM ACO benefic			Bundled	<b>Payments</b>	for Care Impr	oveme
Fewe	Only one CAH	CMS			PCI Advance	
	admissions du			• • •	1, 2 & 3 (through Ja	
CN	<ul> <li>CAHs reported by keeping pat</li> </ul>	Findings at a Glanc	2			
	by keeping par					0
		HOSPITAL F	INDINGS THR	OUGH THE FI	RST TEN MONTH	5
F	Telehe				RST TEN MONTH	5
Higher r professio	Prior to FCHIP, provided 289 e	PAYMENT	UTILIZATIO	N	QUALITY	
professio	Prior to FCHIP,	PAYMENT S Reduction in payments were primarily driven by	UTILIZATION	N nts were to an institutional	QUALITY	s generally ficiary survey
	<ul> <li>Prior to FCHIP, provided 289 e</li> <li>All CAHs repor</li> <li>CAHs strength</li> </ul>	PAYMENT Reduction in payments were primarily driven by reductions in skilled nursing facility (SNF) and inpatient	UTILIZATION Fewer patien discharged t post-acute care fi SNF or IRF. For pa	N ntswere soan institutional scility, such as a stients who had a	QUALITY O Quality of care wa maintained. Benefind indicated no difference changes in functional:	s generally ficiary survey es in self-rep status, care
professio Greater disady Deprivation li	<ul> <li>Prior to FCHIP, provided 289 e</li> <li>All CAHs report</li> <li>CAHs strength of telehealth set</li> </ul>	PAYMENT S Reduction in payments were primarily driven by reductions in skilled nursing	UTILIZATION Fewer paties discharged t post-acute care fr	N ntswere soan institutional scility, such as a stients who had a	QUALITY O Quality of care wa maintained. Benel indicated no difference changes in functional: experience, or satisfac between BPCI Advance	s generally ficiary survey es in self-rep status, care tion with car ed and
professio Greater disadv	<ul> <li>Prior to FCHIP, provided 289 e</li> <li>All CAHs report</li> <li>CAHs strength of telehealth st</li> <li>There was little the demonstration</li> </ul>	PAYMENT S Reduction in payments were primarily driven by reductions in skilled nursing facility (SNF) and inpatient rehabilitation facility (IRF)	UTILIZATION Additional Sector Action post-source care to SNF or IRF. For pa SNF stay, the aver shorter.	N ntswere soan institutional scility, such as a stients who had a	QUALITY Ousity of care way maintained. Benel indicated no difference changes in functional: experience, or satisfied	s generally ficiary survey es in self-rep status, care tion with car ed and
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# Questions and Discussion



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