



American Hospital  
Association™

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*Advancing Health in America*

# **New Models of Rural Health Payment and Delivery**

**May 2021**

# CMS Innovation Center Rural Demonstrations

	<u>Description</u>	<u>Examples</u>
<b>Bundled Payments</b>	<ul style="list-style-type: none"><li>▪ Combined payment to health care providers for all services provided during full episode of care</li></ul>	<ul style="list-style-type: none"><li>▪ <i>Bundled Payments for Care Improvement</i></li></ul>
<b>Primary Care Transformation</b>	<ul style="list-style-type: none"><li>▪ Payment models to support coordinated, patient-centered, high-quality primary care</li></ul>	<ul style="list-style-type: none"><li>▪ <i>Frontier Extended Stay Clinic</i></li></ul>
<b>Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models</b>	<ul style="list-style-type: none"><li>▪ Tests of more flexible approaches to payment or service design</li></ul>	<ul style="list-style-type: none"><li>▪ <i>Frontier CHIP</i></li><li>▪ <i>Rural Community Hospital</i></li><li>▪ <i>Accountable Health Communities</i></li><li>▪ <i>CHART Model</i></li><li>▪ <i>Global Budgets</i></li></ul>
<b>Accountable Care</b>	<ul style="list-style-type: none"><li>▪ Coordinated care across clinicians and health care organizations with opportunities for shared savings</li><li>▪ May include pre-payments</li></ul>	<ul style="list-style-type: none"><li>▪ <i>Advanced Payment ACO Model</i></li><li>▪ <i>ACO Investment Model</i></li><li>▪ <i>Next Gen ACO Model</i></li></ul>

# Accountable Health Communities Model

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

## Accountable Health Communities Model

The Accountable Health Communities Model will test whether addressing unmet health-related social needs can reduce health care costs and utilization among community Medicare and Medicaid beneficiaries.

Stage: Ongoing

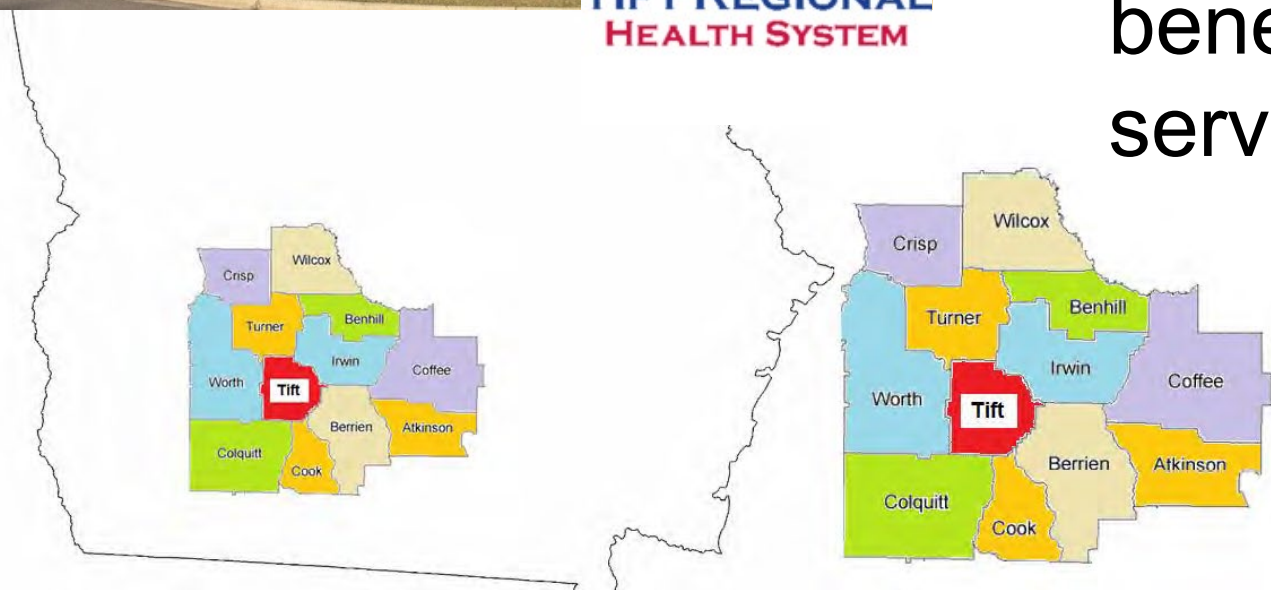
## AHC Model requirements:

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



# Accountable Health Communities Model

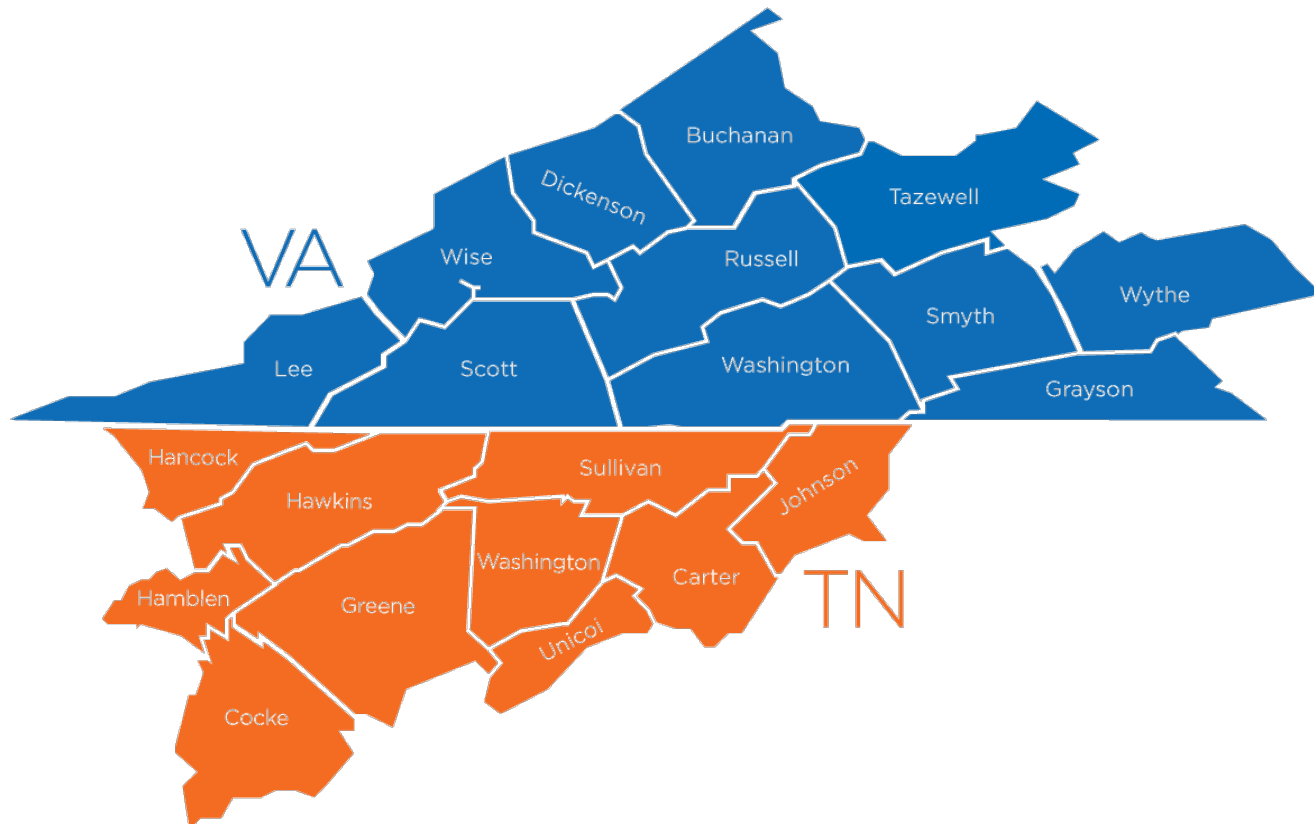
**Assistance Track** – Provide community service navigation services to *assist* high-risk beneficiaries with accessing services.



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# Accountable Health Communities Model



## Features:

- 9.5 FTE staff are paid directly from the cooperative agreement
- 50,000 screens and 5,000 beneficiaries eligible for navigation
- Established a preferred community resource network



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# Hospital at Home

## Hospital Without Walls/Acute Hospital Care at Home

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

### Medicare Demonstrations

The Center for Medicare & Medicaid Innovation (CMMI) conducts both demonstration projects and model tests to measure the effect of potential program changes. CMMI also sponsors demonstration projects and model tests conducted by other components at the Centers for Medicare & Medicaid Services.

Stage: Ongoing



# Putting it all together

## Keystone ACO

### Program timeline

**2013**

Planning begins to pilot the Proven Wellness Neighborhood Program  
Keystone ACO launched



**2014**

Pilot program launched under Geisinger Health System



**2016**

Pilot program concluded



**2017**

Program expanded and brought into Keystone ACO, renamed Proven Health Navigator Medical Home Program



### Program workflow

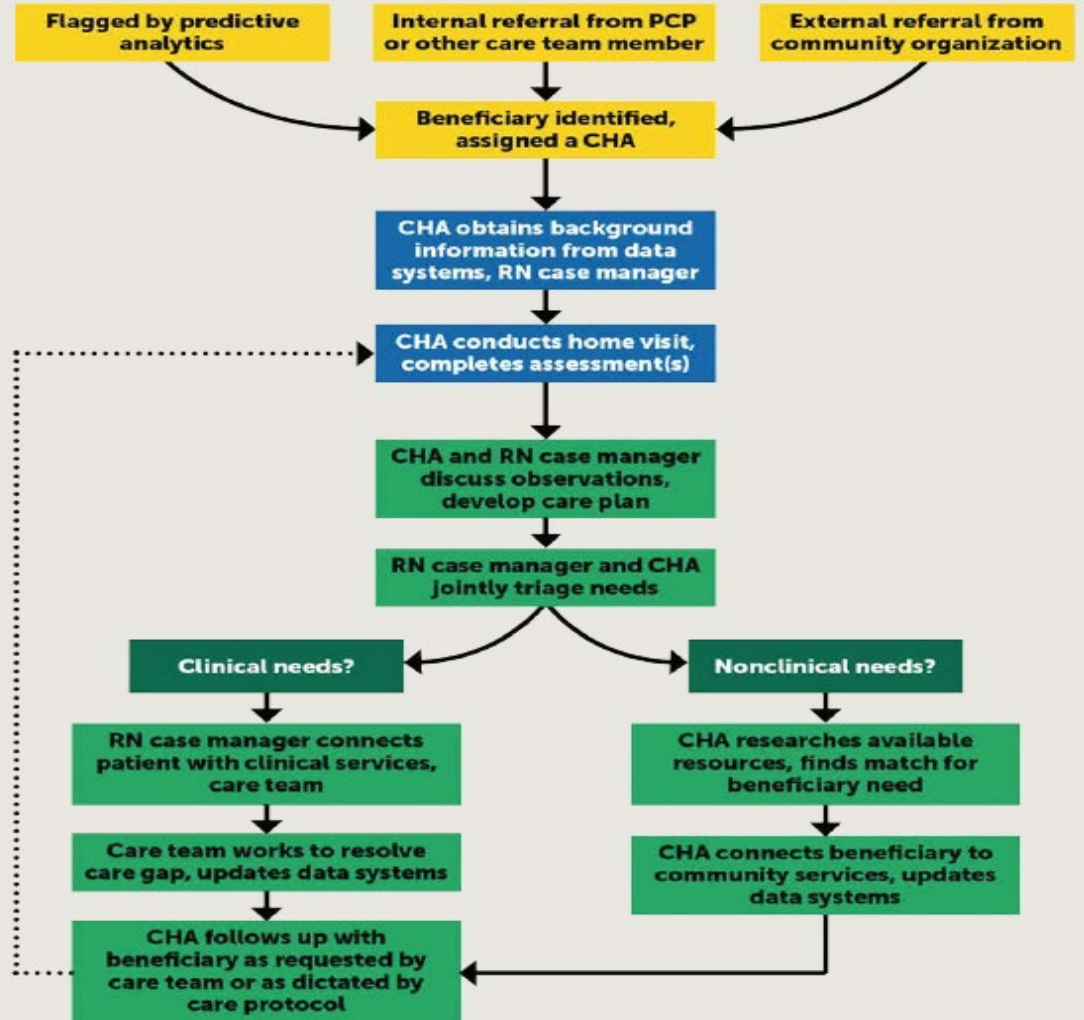
Identifying beneficiary



Conducting home visit



Working to close care gaps



# Rural Emergency Hospital

- No provision of acute care inpatient services
- An ALOSs not to exceed 24 hours
- Have a transfer agreement with a Level I or II trauma center
- Maintain an ED staffed 24x7 with a physician, nurse practitioner, clinical nurse specialist or physician assistant
- Meet CAH-equivalent Medicare CoPs for emergency services
- Meet applicable state licensing requirements
- Allowed to run SNF or hospital based outpatient services paid on PPS
- Develop an implementation plan for conversion to REH
- May convert back to a CAH or PPS hospital
- Must meet quality reporting standards
- May be an originating site for telehealth services

H. R. 133

One Hundred Sixteenth Congress  
of the  
United States of America

AT THE SECOND SESSION

*Began and held at the City of Washington on Friday,  
the third day of January, two thousand and twenty*

An Act

*Making consolidated appropriations for the fiscal year ending September 30, 2021,  
providing coronavirus emergency response and relief, and for other purposes.*

*Be it enacted by the Senate and House of Representatives of  
the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE.

This Act may be cited as the "Consolidated Appropriations Act, 2021".



# Piedmont Mountainside Hospital Emergency Services



## Ellijay, Georgia



North Georgia Medical Center



Before  
After



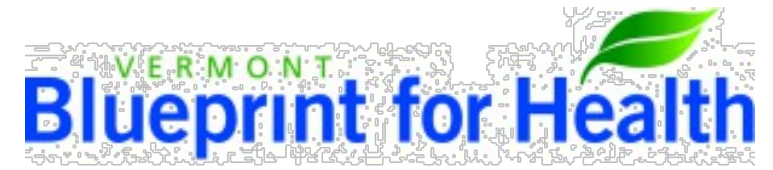
Piedmont Mountainside Hospital Emergency Services

- **NGMC closed its ED** and three months later it ceased operations.
- **PMH Jasper had a local footprint:** cardiac imaging center, outpatient diagnostic center, MRI and sleep center. Twenty-seven percent of PMH Jasper patients reside in Gilmore County.
- **PMH ran the gauntlet** of bureaucratic and legal obstacles as it crept toward approval.
- **PMH had to build trust and bridge a gap** between a skeptical community and the new owners.
- **PMH Emergency Services** is a licensed freestanding ED and the first of its kind in Georgia.



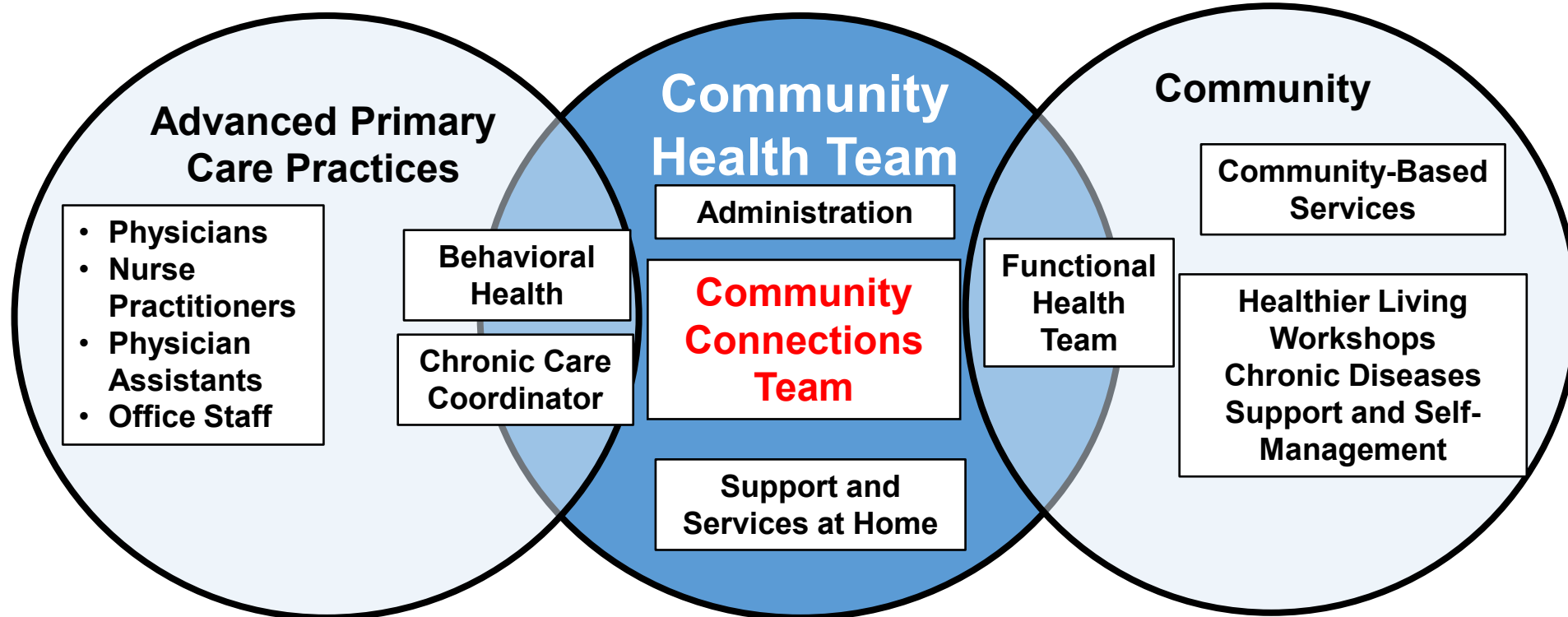
Choosing Health

NORTHEASTERN VERMONT  
REGIONAL HOSPITAL



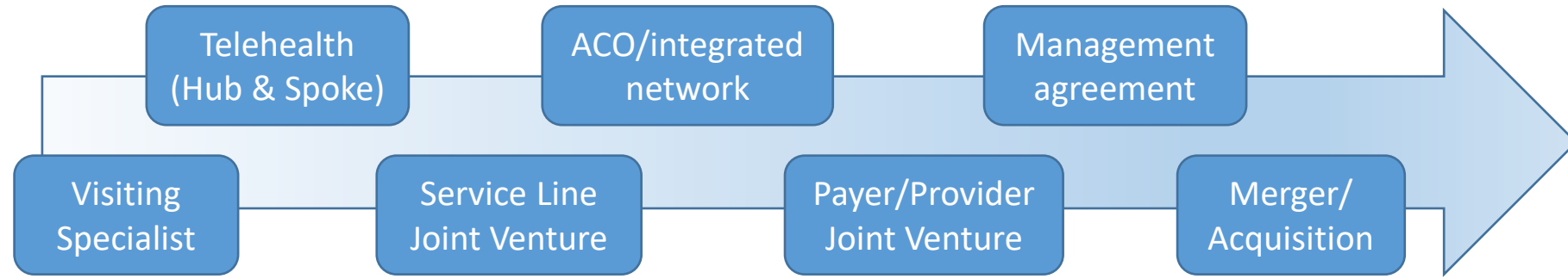
Smart choices. Powerful tools.

# Community Health Workers

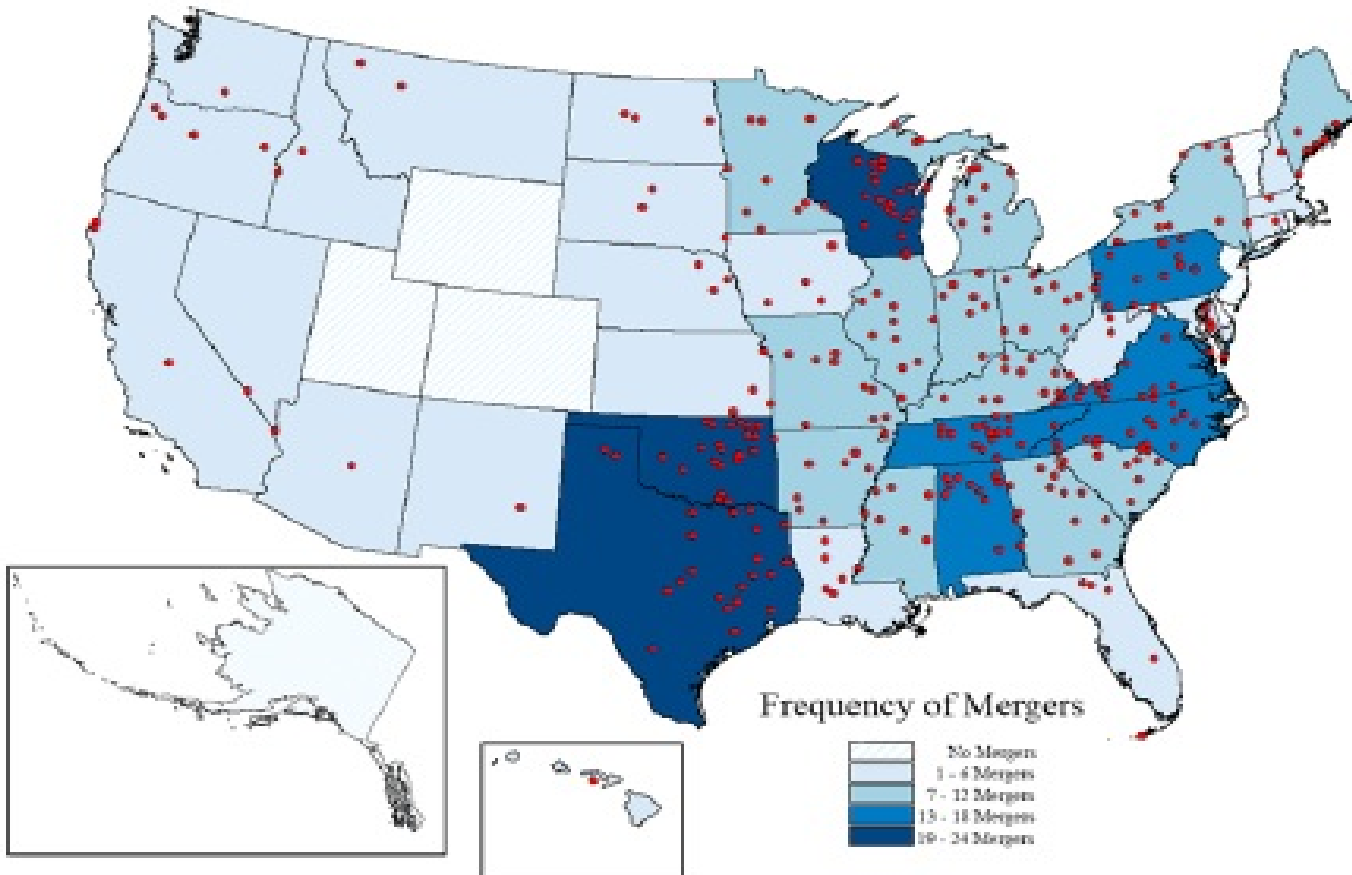


The NVRH Community Health Team is a model of coordinated care using a multidisciplinary team approach that involves CHWs who work in partnership with health and behavioral health and community-based providers, and patients and their families to improve the management of chronic conditions.

# Affiliation



Unique Rural Hospitals that Merged by State, 2005-2016



**Approximately 12% of all rural hospitals merged from 2005 through 2016**



# Wilderness Health Rural Health Network

**Wilderness Health** is a network of ten independent hospitals collaborating to improve health care for a population of approximately 450,000 people in Northeast Minnesota and Northwest Wisconsin.

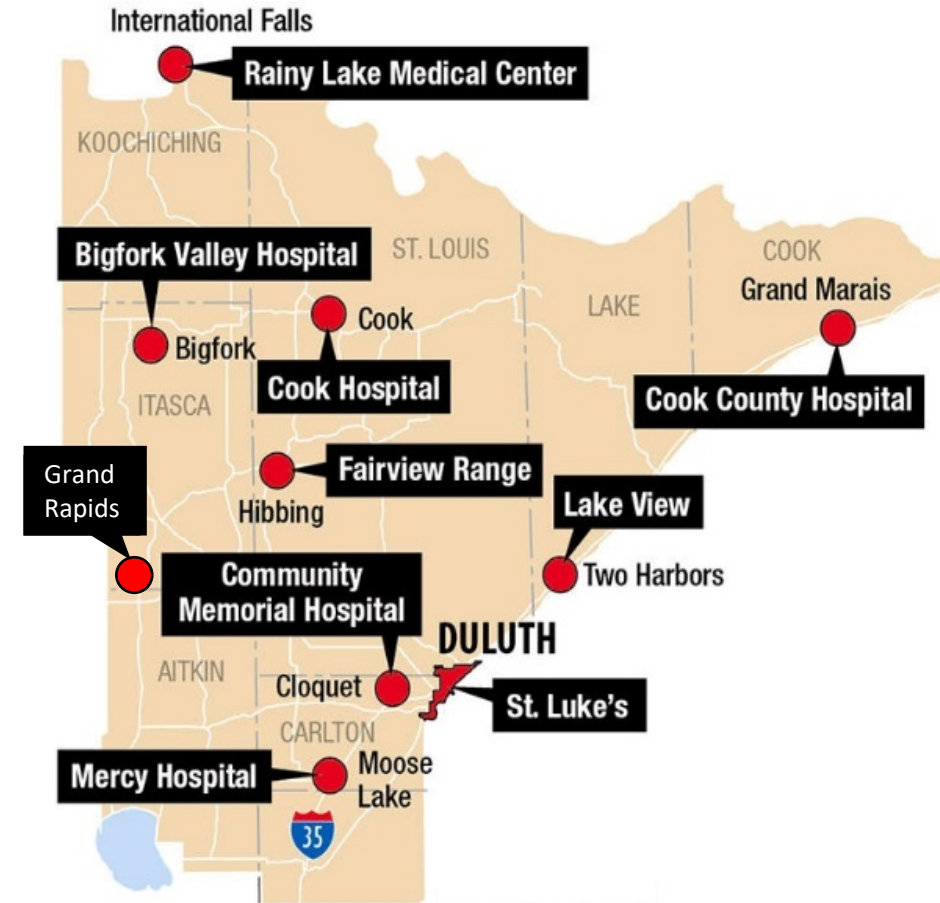


## Strategic goals of the network are to:

- Coordinate care using evidence-based medicine.
- Provide quality, local healthcare.
- Identify shared service opportunities to maximize operating efficiencies and reduce costs.
- Explore alternative payment models, such as ACOs
- Work with key community stakeholders to improve the continuum of care.
- Integrate data between entities to enable better care coordination and care planning.

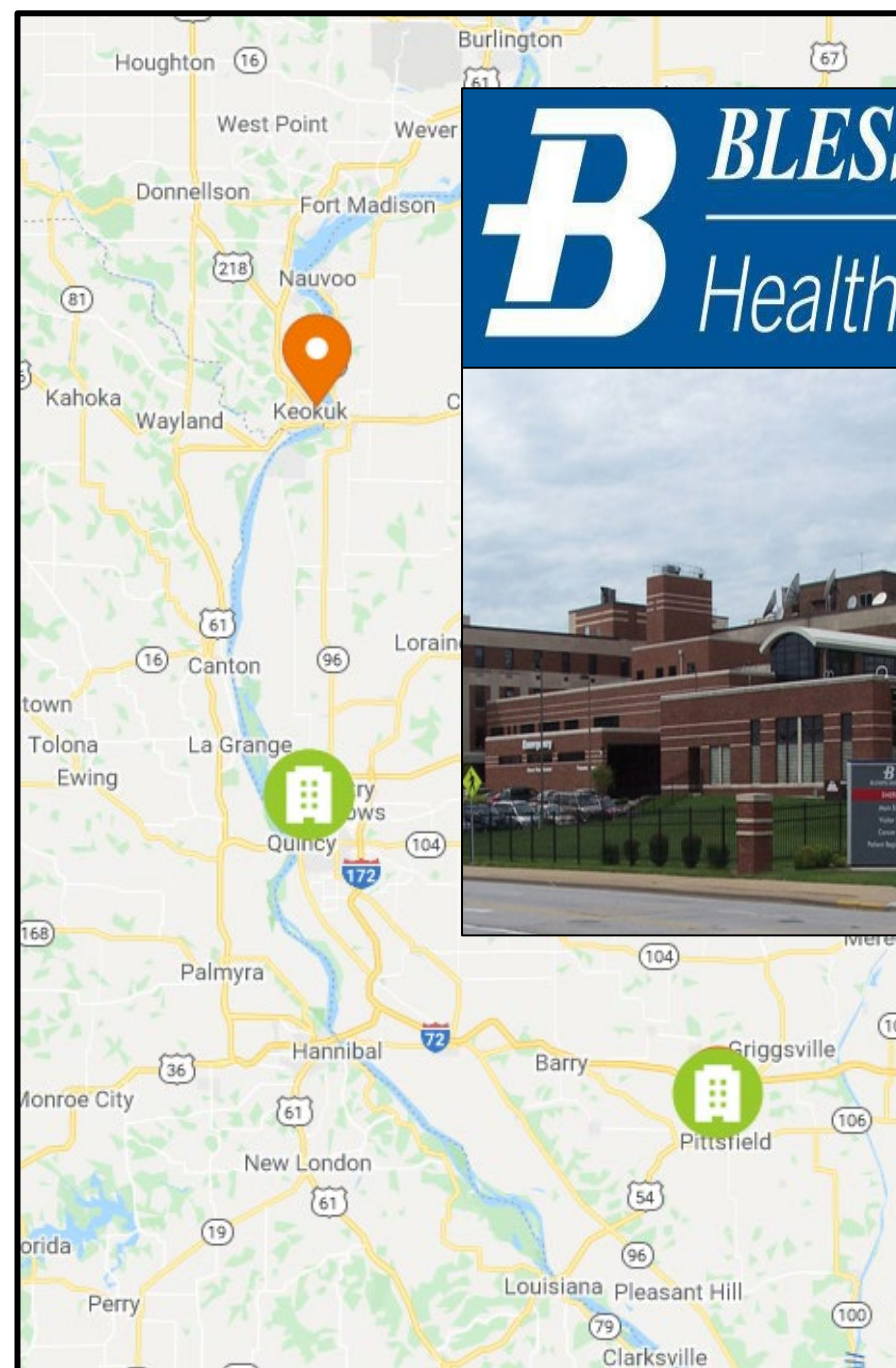
## Early achievements include:

- Creating member roundtables for Human Resource Directors and Chief Financial Officers
- Participating in MN Medicaid ACO model





# Affiliation





# Questions and Discussion



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# American Hospital Association

The leading voice for hospitals.

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