



March 19, 2020

Honorable Michael R. Pence
Vice President of the United States
The White House
Office of the Vice President
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Honorable Alex Azar
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Vice President Pence and Secretary Azar:

On behalf of the Critical Access Hospital Coalition, we want to thank the Administration for its immediate approval of our request for a waiver for the 25-bed limit, the 96-hour rule and flexibility regarding state licensure requirements. The telehealth waivers will also be very helpful. These are important first steps that will allow CAHs to better serve patients in rural areas.

Unfortunately, most CAHs were operating on a razor thin budget before the epidemic. The coronavirus will greatly strain our limited resources and the call to reduce elective surgeries will likely result in some CAHs closing their doors.

We request additional assistance to so that CAHs have the financial resources to keep their doors open to serve their communities:

- Increase CAH reimbursement to 125% of costs – for a specific time period (perhaps in 3-month increments). While CAHs are reimbursed for some services at 101% of allowable costs, they've been struggling with the 2% sequestration cut for many years, placing many of them in precarious financial condition.
 - Consider a rapid expansion of Periodic Interim Payments (first implemented in 1986) to infuse CAHs with immediate financial help. This will be adjudicated in future CAH cost reports. Many CAHs have only a few days cash on hand and limited ability to secure loans and other financial resources. These constraints make it impossible to ramp up for an influx of patients.
 - Payment should also be made for home health and transportation services and other services provided by CAHs, which are currently not included as an allowable cost.
- Expedite the processing of current Medicare and Medicaid claims to assure that CAHs have enough cash flow allowing them to pay employees.
- Delay for a specific time period any amounts required to be paid back to Medicare related to audits to permit CAHs to use those funds during this crisis.

- Facilitate unsecured loans for CAHs.
- Eliminate Medicare copayment requirements for CAH outpatient services.
- Telehealth. We appreciate the waiver and guidance and request confirmation that a Rural Health Clinic may bill as the distant site.
- Permit payment for:
 - Psychotherapy sessions (30 min & 60 min) over the phone to be considered face to face counseling.
 - Follow-up on patients who come to the hospital or clinic and were told to self-quarantine for 14 days.
 - Walk-in clinic visits during normal physician clinical working hours.
 - Drive through testing.
- Relax rules around what is considered an ER visit to permit patients who are stable and experiencing flu-like and/or respiratory related symptoms to be evaluated in their car.
- Waive the requirement under the 340B program that prohibits purchases from GPOs.
- One-year delay on implementation of the interoperability rule.

CAHs serve 62 million people in rural America who are at risk of contracting and spreading the Coronavirus. We greatly appreciate every effort the Administration is making to ensure that CAHs can keep their doors open, have the necessary supplies to keep providers and patients safe, and provide efficient and effective care for what is sure to be an unprecedented number of patients.

Sincerely,

The CAH Coalition Policy & Advocacy Committee

Aultman Orrville Hospital
Orrville, OH

North Sunflower Medical Center
Ruleville, MS

Bingham Memorial
Blackfoot, ID

ProMedica Memorial Hospital
Fremont, OH

Edwards County Medical Center
Kinsley, KS

Carris Health - Redwood
Redwood Falls, MN

Howard Memorial Hospital
Nashville, AK

Union General
Farmerville, LA

Kremmling Memorial & Middle Park
Kremmling, CO

Van Diest Medical Center
Webster City, IA

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