

CAH Application Checklist

(To be included in Application for Designation)

Criteria	Page Reference	Complete	Incomplete
		(To be completed by State)	
Application Cover Page			
Governing Board Resolution			
I. FEDERAL REQUIREMENTS FOR DESIGNATION			
A. Is located in a rural area			
B. Is a public, nonprofit, or for profit organization (Current hospital license Included in application)			
C. Has a Medicare participation agreement as a hospital			
D. Is in compliance with the Medicare Hospital Conditions of Participation			
E. Meets the federal mileage criteria			
1. Located more than 35 miles from another hospital, or			
2. Located more than 15 miles in mountainous terrain or in areas with only secondary roads, or			
3. Meets CMS Mountainous Terrain criteria for conversion if not located 35 miles from another hospital.			
4. Meets CMS Secondary Road criteria for conversion if not located 35 miles from another hospital.			
F. Agrees to make available 24-hour emergency care services that the State determines are necessary for ensuring Access to emergency care in each area served by a CAH		Note: compliance with this requirement at Section III.B(State requirements for Network Agreements)	
G. Agrees to provide not more than 25 beds (of which any combination may be utilized for acute or swing bed services)			
H. Agrees to provide inpatient care limited to a 96 hour annual			
I. Agrees to meet CAH staffing requirements			
J. Is a member of a Rural Health Network			
K. Has, or plans to have, an agreement with at least one hospital that is a member of the Rural Health Network for:			
1. Patient referral and transfer			
2. Development and use of communications systems			
3. Provision of emergency and non-emergency transportation			
4. Credentialing and quality assurance			

Criteria	Page Reference	Complete	Incomplete
II. PROVIDER STATUS			
A. The hospital is located in an area that meets the criteria for designation as a HPSA (Health Professional Shortage Area)			
B. The hospital is located in a MUA (Medically Under served Area)			
C. The hospital is located in a county where the percentage of families with incomes less than 100% of the Federal poverty level is higher than the State average for families with incomes less than 100% of poverty			
D. The hospital is located in a county with an unemployment rate that exceeds the state's overall unemployment rate			
E. The hospital is located in a county with a percentage of population age 65 of older that exceeds the State's average			
III. STATE REQUIREMENTS FOR DESIGNATION			
A. Member of a Rural Health Network			
1. Must include, at a minimum, one larger, acute care, referral hospital and a CAH			
B. Signed Network Agreements			
1. Network Agreement with area Emergency Medical Services (see B. 4 below and refer to Attachment I for suggested template)			
2. Network Agreement with Affiliate Facility(ies)			
a) Specify which patients are to be in the CAH, and, which patients are to be transferred to the Affiliate Hospital			
b) If midlevel practitioners provide services, the agreement must specify the limits of practice imposed upon the midlevel practitioner by the supervising physician			
c) The agreement must identify a process for classifying patients upon admission to the CAH			
d) The agreement must specify the roles and functions of personnel participating in the referral and transfer process			
e) The agreement must identify the patient information to be exchanged in the transfer and referral process and the means by which it is transferred. The agreement also stipulates the frequency with which the information will be communicated			

Criteria	Page Reference	Complete	Incomplete
3. Development and use of communications systems			
a) The agreement must identify which patient data is appropriate to share and how and when the data is to be shared			
b) The agreement must specify a plan for routine communication between the CAH and the Affiliate Hospital on administrative and clinical matters unrelated to specific patients			
4. Provision of emergency and non-emergency transportation			
a) The agreement must identify the emergency medical services (ambulance) provider(s) serving the network and define the relationships between the parties.			
5. Credentialing			
a) The agreement must identify a process for integrating CAH physician credentialing with the credentialing process of the Affiliate Hospital			

<p>b) The agreement must stipulate that physicians accepted for medical staff membership at the CAH will be given membership on the medical staff of the Affiliate Hospital in accordance with the medical staff and corporate by-laws of the Affiliate Hospital</p>			
<p>6. Quality assurance</p>			
<p>a) The agreement must identify a process through which the Affiliate Hospital supports the CAH quality assurance plan</p>			
<p>7. Clinical services</p>			
<p>a) The agreement must identify the outpatient and inpatient roles of the CAH and the Affiliate Hospital in providing obstetrical care and establish protocols for emergency obstetrical cases</p>			
<p>b) The agreement must identify the outpatient and inpatient surgical procedures that will be performed in the CAH and establish protocols for emergency surgical cases</p>			
<p>c) The agreement must identify the relationship (clinical and administrative communication, referral and problem resolution) between health care services integrated into the CAH and the Affiliate Hospital</p>			
<p>d) The agreement must identify the clinical services, terms and costs of services the Affiliate Hospital provides to the CAH</p>			
<p>8. Administrative Services</p>			
<p>a) The agreement must identify the services, terms and cost of administrative services</p>			

Criteria	Page Reference	Complete	Incomplete
9. Governance			
a) The agreement must establish a governing body for the network to implement and monitor the covenants, plans and protocols of the agreement, to identify and resolve differences related to service delivery within the network and to plan and develop new services to be provided by the network			
10. Other			
a) The agreement must stipulate that neither party will be held jointly and severally liable for the actions of their employees on behalf of the other party			
b) The agreement must stipulate that it will be in effect for a period of no less than two years			
11. Include copy of agreement(s) with signature pages signed by all signatory parties			
C. Community Needs Assessment/Local Health Service Delivery Plan			
1. Community Needs Assessment			
a) Advisory committee			
(1) List the membership of the Community Needs Advisory Committee, including names and organization (or role in the community) represented			
(2) List date of Advisory Committee meetings			
(3) Describe how Advisory Committee involved hospital board, staff and medical staff			
b) Service area information			
(1) List of service area towns			
(2) Include a map with mileage to other health care facilities			
(3) Describe the demographics of the population			
(4) Describe the health status of area residents			
c) Service area providers			
(1) Include the Services to be Evaluated Form (Attachment D)			
(2) Include the Area Provider Profile Form (Attachment E)			
(3) Assess the volume/capacity of the hospital and other area providers			
(4) Provide a list of current hospital services			

Criteria	Page Reference	Complete	Incomplete
(5) Provide an inventory of medical staff by name, age (>55) and medical specialty			
(6) Describe the area health care infrastructure			
(7) Describe telemedicine efforts in the area			
(8) Describe provider needs			
(9) Describe the accessibility of services			
(10) Describe the perceptions of health care services and needs			
(11) Describe the status of managed care and potential impact on CAH			
d) Summary of unmet needs			
(1) Develop a summary that details the areas of need, resources available to meet those needs, unmet needs and the strategy the Advisory Committee decides is most appropriate to address the unmet needs			
(2) Identify unmet needs that cannot be met			
2. Local Health Service Delivery Plan			
a) Include a description of network development issues			
(1) Describe networking opportunities with other area providers			
(2) Define a network development timeline			
(3) Discuss theoretical financial impact of networking			
(4) Discuss other factors influencing decision to network			
b) Describe the anticipated changes in CAH services, including the Community Service Profile Form (Attachment F)			
c) Describe the plan for hospital program development other than CAH			
D. Financial Feasibility Study			
1. Describe the hospital's current and historic financial status			
a) Describe the payor mix for outpatient visits, inpatient days and discharges			
b) Describe the history of prior three year financial status			
2. Describe the hospital's current and recent historic operations			
a) List current inpatient services			
b) List current outpatient services			

Criteria	Page Reference	Complete	Incomplete
3. Include three-year CAH income and expense projection. Include major assumptions:			
a) How were projected inpatient utilization and payor mix data determined?			
b) How were projected outpatient utilization and payor mix data determined?			
c) What are the projected inpatient per diem rates for each year and how were they calculated?			
d) What impact will the CAH program have on the facility's bottom line, exclusive of other changes in operations? Describe other operational changes and their impact on the facilities bottom line.			
4. Describe financial impact of network development plans			
5. Describe financial impact of hospital program development other than CAH			
6. Include a transition period plan			
a) Workplan			
b) Cash flow needs with particular attention to the impact of DSH (disproportionate share hospital) payments and other billing/reimbursement issues			
E. Document Inclusion Of State Staff In CAH Conversion Process			
1. State staff receives notification of meetings (advisory committee and CAH board)			
2. State staff meeting with hospital board			
3. Hospital representation at meeting between state staff and Consultant(s)			
F. Document Inclusion Of CAH Representative In The Conversion Process			
1. CAH board representative			
2. CAH medical staff representative			