

Appendix C: MRHFP 2000-2001 Telephone Questionnaire

STATE:«StateFull»

Contact Person's Name and Title:«Contact», «Title»

Organization:«Organization»

Phone Number «Phone»

Email Address:«Email»

Date:

STATE PLAN

1. According to our records, your state's rural health plan is «StatePlanStatus»
2. Please describe your state's experience, especially problems encountered, in the development, approval and/or implementation of your state plan since we last spoke with your office on «DateOfLastInterview».

1999-2000 PROJECT YEAR

3. Our records indicate that your state's 1999-2000 MRHFP grant award (excluding start-up funds) was
 - a. Requested: «M_19992000GrantRequested»
Awarded: «M_19992000Grant».
Is this information accurate?
 - b. If the amount received was less than the amount requested: What activities were cut and/or program changes were made as a result of the smaller award?
 - c. How did you use the MRHFP funds you did receive?
 - Community Development
 - EMS
 - Network development/support
 - CAH conversion (financial feasibility studies)
 - State level program evaluation

2000-2001 PROJECT YEAR

4. Our records indicate that your state's 2000-2001 MRHFP grant award was:
 - a. Requested: «M_20002001GrantRequested»
Awarded: «M_20002001Grant»
 - b. How will this year's activities differ from last year's? Have your 2000-2001 activities and/or program been revised since the grant application and award?
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ELIGIBLE AND CERTIFIED CRITICAL ACCESS HOSPITALS

5. May we have a list (electronic spreadsheet preferred) of all hospitals eligible for CAH in your state, identifying each hospital by name, location, referral hospital and current status?

IF YES, GO TO QUESTION 6.

IF NO, ASK A AND B.

Status definitions:

<i>CAH-ELIGIBLE:</i>	Number of hospitals eligible for CAH conversion according to state's eligibility criteria. Include certified CAHs.
<i>CAH-CANDIDATE:</i>	Number of hospitals projected (by coordinator) to convert within next 3 years. Include certified CAHs.
<i>CAH-ASSISTED:</i>	Number of hospitals that have been assisted by MRHFP coordinator in getting information about CAH conversion. Include certified CAHs.
<i>CAH APPLICANTS:</i>	Number of hospitals currently in some stage of application for CAH certification. Do NOT include certified CAHs.
<i>DECLINED CAHs:</i>	Number of hospitals that are CAH-eligible but have chosen not to convert to CAH.
<i>CERTIFIED CAHs:</i>	Number of hospitals HCFA approved/certified for CAH conversion.

- a. If a list is not available: Our records indicate that your state has **«Number of Certified CAHs»** certified Critical Access Hospitals (CAHs). We also understand that __ hospitals have been identified as eligible CAHs (including the certified CAHs), __ of which have been identified as hospitals expected to convert to CAHs in the next 3 years, __ of which have been assisted by your office since the beginning of the program, and __ of which are some stage of the CAH-application process. Is this information correct? If not, please make corrections or additions.
- b. Could you please identify by name and location all of those facilities that have not yet converted to CAHs, but that have been identified as potentially eligible under your state's criteria? Please identify each facility's current status (SEE DEFINITIONS ABOVE) and referral hospital.
6. Have there been any changes in the CAH application/conversion process?
7. Are financial feasibility and community needs assessments being performed as part of the CAH application process in your state?
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Date:

- a. If yes, please describe.
 - b. Are these activities required or voluntary?
8. Are the facilities that have converted/are converting including and/or informing the community in/about the conversion to CAHs? Please describe the community reaction and impact of community opinions on decision to/not to convert (*TRY HARD to get detailed information about every community/facility experience*).
9. What, if any, problems are hospitals encountering in the conversion process?
- Community opposition
 - Hospital staff opposition
 - Conflicting financial feasibility findings
 - Intermediary payment (calculation and/or payment of interim rate)
10. Are there any other specific factors that we have not discussed which limiting the interest in conversion to CAHs for eligible facilities?

NETWORKS

11. Have you been able to establish formal rural networks? If so, may we have a list (electronic copy preferred) of your state's networks identifying the participating hospitals by name and location (city, state)? If not, could you please identify the networks and participating hospitals now?
12. What, if any, problems have been identified in establishing rural networks?

EMS

13. How are rural EMS systems organized in your state? (Who is responsible?)
14. Have you been able to establish and improve upon existing EMS systems?
- a. Please describe how MRHFP has affected your state's EMS systems.
 - b. What problems have been identified in establishing or improving EMS?
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COMMUNITY DEVELOPMENT

15. Have you been able to work with communities in your state to identify needs?

- a. If yes, how many communities?
- b. Can you please describe how you have been working with these communities and what needs they have identified?
 - Town meetings
 - Hospital boards
 - Health department
 - Chamber of commerce
 - Other
- c. Have any problems arisen during this process?

MEDICAID REIMBURSEMENT

16. According to our records, your state's status on Cost Based Reimbursement for CAHs is:

Inpatient: «Inpatient_Medicaid_CBR»

Outpatient:«Outpatient_Medicaid_CBR»

- a. Is this information correct?
IF State has CBR for CAHs, GO to question e.
 - b. Is there any other reimbursement agreement with Medicaid for CAHs (be sure to identify inpatient and outpatient reimbursement method)? How are other hospitals in the state paid by Medicaid? Please describe, especially how the CAH method of reimbursement is different from other hospitals.
 - DRG style
 - Per diem
 - Prospective
 - OtherIF State has alternate reimbursement for CAHs, GO to question e.
 - c. Is there any plan to establish an alternate Medicaid reimbursement for CAHs?
If yes, go to question e.
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- d. Please explain why your state does not plan to arrange special Medicaid reimbursement for CAHs.
- e. Have you experienced any problems as the result of this agreement (or lack thereof) between CAHs and Medicaid in your state? For example,
 - Disproportionate Share
 - Restrictions/Exclusions for services
 - Payment problems
 - Financial losses

NON-CONVERTERS

17. If a list of all eligible CAHs was promised in response to question #5, ask if the reason for choosing not to convert (for those facilities that declined) is indicated on this list, or if it can be added.

If not, ask: Among the facilities that have considered CAH conversion but decided not to convert, what are the reasons that hospitals are deciding not to convert? (*Document detailed info about non-converters including name, location, detailed reason(s) for not converting*)

IF THERE ARE NO NON-CONVERTERS, GO TO QUESTION 18.

- a. Are there potential areas where legislation/policy changes could cause the non-converting hospitals to reconsider conversion?
- b. Are there external forces (administrative/political pressures, community opposition) influencing the decision not to convert in your state or in these communities?
- c. What are the non-converters doing instead of CAH? (Sole Community Hospital, expansion, nothing, etc.)

MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM (IN GENERAL)

18. Please identify all agencies involved in the administering of the MRHFP in your state.
- | | |
|------------------------------|---------------------------------|
| - Department of Health | - Primary Care Association |
| - Office of Rural Health | - Local Health Department |
| - State Hospital Association | - Licensure/Certification Board |
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- Medicare Intermediary
- Medical School
- University
- Other

- b. How do these agencies feel the MRHF Program has been implemented and is operating in your state? Are goals being met? Any differences in opinion among the agencies? In particular, how do these stakeholders feel about the CAH component of the program?
 - c. If the interviewee is NOT with the SORH, what is the opinion of the state rural health agency on how well your state's program and CAHs are operating so far?
 - d. Are expectations about the program and interest in becoming CAHs among your state's eligible hospitals being met or exceeded? If not, please elaborate.
19. What is the perception of the program and its implementation among your state's hospitals?
20. Do you have a sense of how communities feel about the CAH program? If so, please elaborate.
21. How are the certified CAHs doing (financially, physician and/or administration retention, management of community needs, local linkages)?
22. Are there unique aspects of your state's MRHFP that you would like to highlight?
Such as:
- High number of struggling hospitals that could benefit from reimbursement plan under MRHFP
 - EMS structure
 - Problems
 - Strong link with organizations like Indian Health Service (IHS) and/or other safety net providers
23. Are there any general comments or criticisms about the MRHFP program? *(Make sure to find out if comments are ANYNOMOUS).*
- Any observed shortcomings of the program?
 - Any suggestions or issues of great importance to draw attention to?
 - Any suggestions to improve federal implementation of the program?