

Operating Guidelines for:
Minnesota's Medicare Rural Hospital Flexibility Program
Advisory Committee

SECTION I: NAME, PURPOSE, AND BACKGROUND INFORMATION

- A. **Name:** The name of the organization is the Medicare Rural Hospital Flexibility Program Advisory Committee. This committee is informally known as the Flex Advisory Committee.
- B. **Purpose:** The purpose of this organization is to assist the Office of Rural Health and Primary Care with program planning, implementation, evaluation, and policy consultation for the Medicare Rural Hospital Flexibility Program.

Background Information: The Medicare Rural Hospital Flexibility (Flex) Program was established by the Balanced Budget Act of 1997 (Public Law 105-33), to support rural communities in preserving access to primary and emergency health care services. The Flex Program initially focused on: establishing Critical Access Hospitals, improving hospital performance, enhancing emergency medical services, improving quality, and promoting networks and community development. As of January 1, 2006, establishing critical access hospitals is complete. The programs current focus is supporting rural health care systems through improving Critical Access Hospital quality and performance, EMS enhancement, and promoting networks and community development.

- C. Minnesota Statute 144.1483 subdivision 11 empowered Minnesota to establish a Medicare Rural Hospital Flexibility Program. The Advisory Committee was established in 1998.

SECTION II: ADVISORY COMMITTEE MEMBERSHIP

- A. **VOTING MEMBERS:** The Flex Committee shall consist of 26 voting members according to the following:
1. **Critical Access Hospital Members:** Ten of the 26 members shall be CEOs from Critical Access Hospitals; there shall be two hospital members from each rural region of the state. Regions are defined as those used by the Minnesota Hospital Association.
 2. **Other Health Care Organization Members:** Each of the following five groups will have one member representative:
 - A Regional Emergency Medical Services Organization
 - A mid level-health practitioner organization
 - A Rural Health Clinic
 - A Physician or Director of Nursing member
 - An audit and financial services consulting organization with expertise in health systems funding.
 3. **Standing Organization Members:** Each of the following six organizations will have one member representative:
 - The Minnesota Hospital Association
 - Stratis Health Quality Improvement Organization
 - The Minnesota Ambulance Association
 - The Rural Health Resource Center
 - The Minnesota Rural Health Association

- The Rural Health Advisory Committee
 - Noridian
4. **Regulatory Members:** Three members shall be from the following regulatory organizations:
 - The Emergency Medical Services Regulatory Board (EMSRB)
 - The MDH Office of Licensing and Certification
 - The Department of Human Services
 5. **At Large Members:** Two at-large members from relevant programs or associations needed for their expertise or knowledge will be suggested by ORHPC staff and approved by the committee as needed.

B. NON-VOTING MEMBERS

1. State or Federal Legislators or other elected officials or their representatives will be seated as non-voting members at their request.

C. INTERESTED PARTIES

1. Anyone may be an “Interested Party.” Upon their request, interested parties may receive notice of meetings and meeting materials and may attend meetings but will not be official members.

SECTION III: TERMS OF MEMBERSHIP

- A. CAH, Other Health Care Organization and At-Large committee members shall have a term of membership lasting 3 years and may serve 3 terms. Regulatory and Standing Organization members will have one-year terms but may be reappointed annually by organization they represent.
- B. Three-year terms will be staggered so that only one-third of the members’ terms will expire at the same time.
- C. Members with two unexcused absences in one year will be replaced. Replacements will complete the remainder of the three year term. To be excused, members must contact the ORHPC staff member who sends out meeting announcements.
- D. The expenses related to attending advisory meetings shall be reimbursed by ORHPC for all voting members and those state and federal officials who attend upon their request within available resources.
- E. Interested parties may observe advisory meetings but their expenses will not be reimbursed by ORHPC.

SECTION IV: ELECTIONS

- A. When vacancies occur, a nominating committee will be formed by membership and staff to suggest members from the organizations and regions where vacancies have occurred.
- B. ORHPC will send out information on the Flex Advisory Committee to the nominees, inviting them to apply for membership or interested party status.
- C. ORHPC will collect the names of those interested in becoming members or interested parties and present the nominees to the first meeting following a nominating process.
- D. Voting members will approve or disapprove an applicant’s membership.
- E. The Director of ORHPC will confirm advisory committee membership.
- F. ORHPC shall provide notice to every member informing him or her when new members will be selected.

SECTION V: OFFICERS

- A. Officers will be elected at the first meeting following the start of the Federal Grant year, which is September 1 to August. 31 of each year. Officers may serve up to 2 terms
- B. Officers will consist of a Chair and a Vice Chair who will also serve as Chair Elect.
- C. The Chair will lead the Advisory Committee meetings and the vice chair will substitute when the chair is not available, and advise the chair.
- D. Terms of office for the Chair and Vice Chair will be one year.
- E. A subcommittee of the membership nominates officers. The nominating committee will be formed at the meeting previous to the beginning of the federal grant year and will present their recommendations to the full membership for a vote as above.
- F. To the extent possible, the position of Chair shall rotate between a CAH representative, and a representative of another involved organization.

SECTION V: MEETINGS AND RECORDS

- A. There will be four (4) regular meetings per year.
- B. Meeting dates will be set at the first meeting of each new grant year.
- C. ORHPC may call extra meetings if a special need arises.
- D. ORHPC shall mail to every member and interested party a notice telling the time and place of the meeting well in advance of each meeting.
- E. Notes will be taken at each meeting and posted on the ORHPC website within three weeks after a meeting.

SECTION VI: VOTING

- A. At any regular or special meeting where voting is necessary, it shall be by voice unless ballots are requested by a majority of those present. ORHPC staff does not vote.
- B. A quorum, which is 50% of voting members, must be present to hold a vote.
- C. The election of officers can be by voice or by unsigned ballots, whichever is requested by a majority of those members present. Ballots shall be provided by ORHPC.
- D. The Chair will tally and report on ballot vote results.

SECTION VII: RESPONSIBILITIES

- A. Members are expected to make every effort to attend all advisory meetings in person, and to provide relevant updates, feedback, and input as appropriate. In unusual circumstances and when ORHPC staff have the capability, telephone conferencing can be arranged.
- B. ORHPC staff will provide notice of meetings, agendas, and relevant materials well in advance of the meeting to members and interested parties. ORHPC staff will compile handouts for distribution at the meeting, and will mail or email, as appropriate, the handouts to those members who are not in attendance.
- C. ORHPC staff will provide information on issues related to the Flex program to members and interested parties at the meeting, by mail and/or by e-mail, as appropriate. Information will be provided proactively as appropriate, as well as in response to specific member requests.
- D. Members will provide input on issues as requested by ORHPC at quarterly meetings and by phone and e-mail as requested. Any member who wishes to express a concern about the operation of the Flex Committee and /or the Medicare Rural Hospital Flexibility Program is encouraged to contact the ORHPC Director.