



Guidelines

North Dakota's Medicare Rural Hospital Flexibility Program

Advisory Committee

SECTION I: NAME, PURPOSE, and BACKGROUND INFORMATION

- A. Name: The name of the committee is the North Dakota Medicare Rural Hospital Flexibility Program Advisory Committee. This committee is informally known as the “ND Flex Advisory Committee”.
- B. Purpose: The purpose of this committee is to assist the Center for Rural Health (University of North Dakota School of Medicine and Health Sciences) and the ND Flex Steering Committee with program planning, implementation, evaluation and policy consultation for the Medicare Rural Hospital Flexibility Program.

Background: 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. Most hospitals wishing to convert to Critical Access Hospital designation did so by January 1, 2006. 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. North Dakota established a ND Flex Program in 1998. The ND Flex Program is administered by the Center for Rural Health (UND School of Medicine and Health Sciences) with formal partners including: 1) the ND Department of Health, 2) the ND Healthcare Association (hospital association), and 3) the ND Healthcare Review, Inc. (quality improvement organization). Members from the aforementioned organizations comprise the ND Flex Steering Committee which provides overall direction and assists with decision making of the ND Flex Program.

SECTION II: ADVISORY COMMITTEE MEMBERSHIP

- A. The Flex Advisory Committee shall consist of 8 official members.
 - 1. The 8 members shall be CEOs from Critical Access Hospitals or a designee such as a Director of Nursing, a Quality Improvement Coordinator or Chief Financial Officer.
 - 2. There shall be two small rural hospitals represented for each of the four quadrants of the state.
 - 3. State or Federal legislators or other officials or their representatives will be seated as non-voting members at their request for the meeting.
 - 4. Guests may be invited to advisory committee meetings upon the committee's request.

SECTION III: TERMS OF MEMBERSHIP

- A. Regular Flex Advisory Committee members shall have a term of membership lasting 3 years and may serve 1 term, unless otherwise extended by the ND Flex Steering Committee.
- B. Regular member terms will be staggered so that approximately 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.
- D. The expenses related to attending advisory committee meetings shall be reimbursed by the Center for Rural Health's Flex Program for all official members and others within available resources.

SECTION IV: ELECTIONS

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

SECTION V: MEETINGS and RECORDS

- A. There will be 3 regular meetings per year (January, May, September)
- B. Extra meetings may be scheduled if a special need arises.
- C. The Center for Rural Health will send e-mail notification to each Advisory Committee Member in advance of each meeting.
- D. Notes will be taken at each meeting and posted on the Center for Rural Health's website within three weeks after a meeting.

SECTION V: 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. Flex Steering Committee members do not vote.
- B. Half of the committee must be present for voting to be valid.

SECTION VI: RESPONSIBILITIES

- A. Members are expected to make every effort to attend all advisory meetings and to provide relevant updates, feedback, and input as appropriate.
- B. The ND Flex Steering Committee will provide information related to the ND Flex Program to members at the meeting, and by e-mail as appropriate.
- C. Members will provide input on issues as requested by the ND Flex Program's Steering Committee at regular meetings and by phone and e-mail as requested.
- D. Any member who wishes to express a concern about the operation of the Flex Advisory Committee, the Flex Steering Committee and/or the Medical Rural Hospital Flexibility Program is encouraged to contact the Flex Program Director.
- E. One member of the Flex Advisory Committee will be elected to attend the annual national Flex meeting with others from the ND Flex Steering Committee. The Federal Office of Rural Health Policy covers the costs associated with meeting attendance.
- F. The Advisory Committee will elect one tertiary rural representative to attend the annual national Flex meeting with the ND team, including one advisory committee member and members of the ND Flex Steering Committee. The Federal Office of Rural Health Policy covers the costs associated with meeting attendance.