New Hampshire Office of Rural Health Medicare Rural Hospital Flexibility (Flex) Program

The Flex Program was designed to assist Critical Access Hospitals (CAHs) in an effort to improve the quality of care provided and help transition from cost-based reimbursement to value-based payments.

What is a Critical Access Hospital?

- 25 or fewer acute care inpatient beds
- More than 35 miles from another hospital
- Length of stay averaging 96 hours or less for acute care
- 24/7 emergency care services

Benefits of a CAH designation:

- Receive cost-based reimbursement from Medicare plus 1%
- Network with an acute care hospital for support and to receive acute patient transfers
- More flexible staffing and services while abiding by NH State laws
- Capital improvement costs included in calculation for Medicare reimbursement
- Eligible for: technical assistance, educational resources, grant funding

New Hampshire's 13 Critical Access Hospitals:

Alice Peck Day Memorial Hospital, Lebanon Androscoggin Valley Hospital, Berlin Cottage Hospital, Woodsville Franklin Regional Hospital, Franklin Huggins Hospital, Wolfeboro Littleton Regional Healthcare, Littleton Memorial Hospital, North Conway Monadnock Community Hospital, Peterborough New London Hospital, New London Speare Memorial Hospital, Plymouth Upper Connecticut Valley Hospital, Colebrook Valley Regional Hospital, Claremont Weeks Medical Center, Lancaster

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H54RH00022 Rural Hospital Flexibility Program for \$407,738. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



NH Flex Program Core Areas:

- 1. Quality improvement
- 2. Financial and operational improvement
- Health system development and community engagement