What is, “Yesterday, Today and Tomorrow.” That would be the correct response, if Alex Trebek, the venerable host of the long-running TV trivia game show *Jeopardy!*, provided this clue: “The 1964 movie starring Sophia Loren and Marcello Mastroianni that won an Oscar for Best Foreign Language Film.” It would also be the correct response if, at this moment, Trebek’s clue was “The time when a group of Arkansas hospital representatives is attending the American Hospital Association’s Annual Meeting in Washington, DC.”

Thirty-nine Arkansans, a near-record number from the state’s hospitals, are now at the meeting, which offers the opportunity to hear an array of interesting speakers, get a first-hand update on important issues and learn more about the national hospital agenda for the remainder of the year. But, there are also more informal activities.

On Monday night, for example, the Arkansas Hospital Association (AHA) sponsored a reception for the aides who work for Arkansas’ U.S. Senators and Representatives. They’re the folks who do the real work, keeping the members of Congress updated on each and every type of legislative and regulatory matter affecting their Arkansas constituents. The event gives the AHA group an opportunity to get acquainted, or in some cases reacquainted, with the people who are really responsible for making things happen on the Hill.

The highlight of the trip will occur at 10:00 Wednesday morning, when the band will split up into smaller congressional district groups and trek to one of three House Office Buildings where they’ll meet with their Representative. Following those sessions, they’ll reassemble in the Capitol Building for lunch with Sens. Blanche Lincoln and Mark Pryor.

It’s those face-to-face sessions where hospital CEOs and trustees will be able to talk candidly with members of the state’s Washington delegation about the issues that matter most to them, the things that will influence their hospitals’ chances to succeed during the coming years.

As always, the focus of the conversations will center on Medicare and Medicaid. As Congress is in the midst of the FY 2008 budget process, the underlying message is to continue pushing for Medicare payment improvements and to oppose Federal Medicaid spending cuts that would harm the safety net that hospitals provide. The state’s hospitals also will urge support for H.R.1459 and S. 543, companion bills to freeze the 75% Rule affecting inpatient rehabilitation hospitals at the current 60% level, and will push for legislation that would fix Medicare’s approach for setting physician fees, but not at hospitals’ expense.

Since most Arkansas hospitals are rural, there is a genuine need for bills like S.458 and H.R.1105, both of which seek to permanently extend the provision to allow Medicare to continue to make direct payments to independent laboratories for the technical component of pathology services provided to hospitals. That was extended for one year last December, but is set once again to expire at the end of 2007.

The AHA also supports other Medicare provisions affecting rural hospitals that ought to be revisited. They include a home health 5% rural add-on; cost-based payment for rural laboratory services provided by hospitals with less than 50 beds; and ambulance mileage bonuses for transport of rural patients in low-population density areas. Expanding cost-based payment to rural hospitals with 50 beds or fewer and restoring the full value of the outpatient hold-harmless provision to small rural and sole community hospitals are also on the wish list.

Plus, Arkansas’ 28 Critical Access Hospitals (CAH) would be helped by expanding existing cost-based payments for their home health and skilled nursing facility services; by allowing flexibility for CAH bed size and relocation; and by passing S. 630, a bill that would ensure rural health clinics and critical access hospitals (CAH) receive at least 101% of costs for services provided to Part C Medicare Advantage (MA) patients.

In the end, the lawmakers will be given plenty of clues pointing to what’s at stake for Arkansas hospitals and why playing the Medicare/Medicaid game according to CMS’ rules has become their own never ending version of jeopardy. Whether the situation improves or gets worse over the coming year may very well depend on congressional responses to hospitals’ needs.