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WORKSHOP

HRSA Examined: The Federal Office of Rural Health Policy April 2019

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Federal Office of Rural Health Policy (FORHP)

Health Resources and Services Administration (HRSA)



Agenda

- **Overview of the Federal Office of Rural Health Policy (FORHP)**
- **Key Priorities and Issues**
- **FORHP Program Overviews and Updates**
 - Programs for States and Hospitals
 - Programs Targeting Rural Communities
 - Opioid Programs
 - Telehealth Programs
 - Policy Analysis and Research
- **Resources**

Federal Office of Rural Health Policy

- **Authorized in Section 711 of the Social Security Act**
- **Created in 1987 to address the problems for rural hospitals that arose from the implementation of the Prospective Payment System (PPS)**
- **Serves as the voice for rural within the Department of Health and Human Services**
- **Administers grant programs, makes policy recommendations, and facilitates research on rural health**

FORHP Organizational Set Up

Community-Based Division

- **Programs for Rural Communities**
 - Expanding the Community Health Gateway
- **Public Health Programs**
 - Black Lung and Radiation Exposure

Policy Research Division

- Policy and Regulatory Analysis
- Research



FY 2018: Addition of Rural Communities Opioid Response Program

Hospital State Division

- Grants Focusing on Performance and Quality Improvement for Small Rural Hospitals
- State Offices of Rural Health

Office for the Advancement of Telehealth

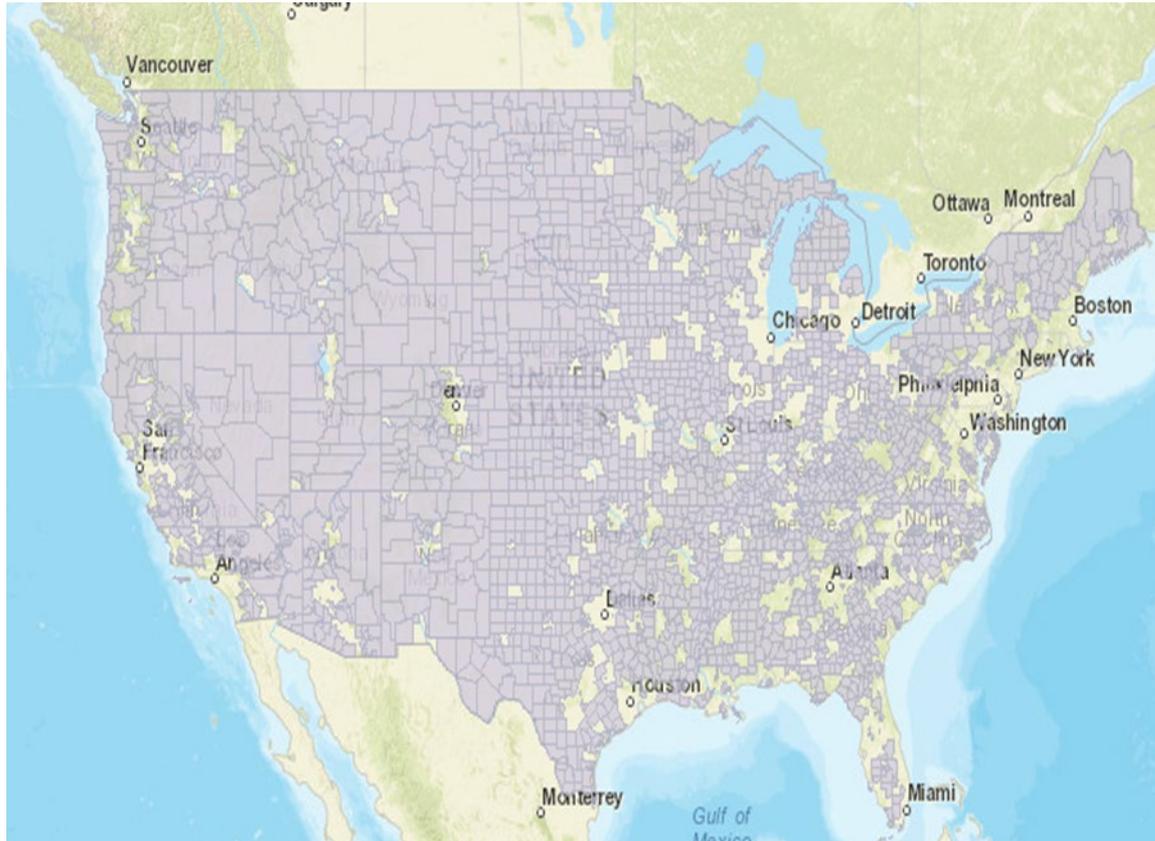
- Telehealth Network Grants
- Telehealth Resource Centers
- Licensure and Portability

Focus Areas for FORHP



- Opioids
- Soaring drug prices
- Affordability
- Shift to value

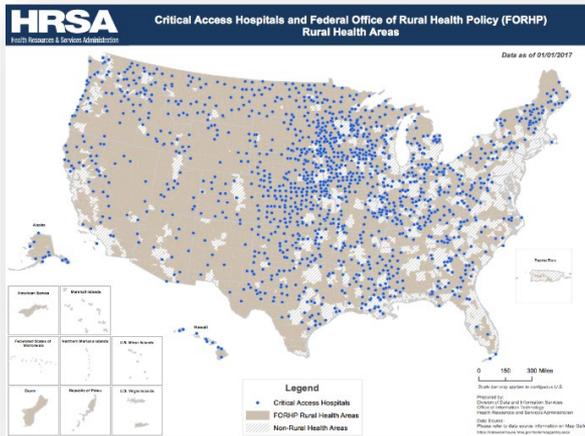
Rural Basics: What is Rural?



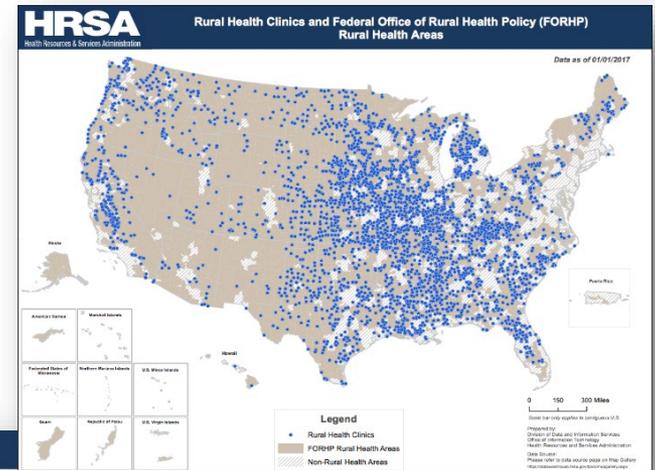
Rural Defined:

- **Census Bureau:** Urban Areas
- **OMB:** Metropolitan Statistical Areas
- **FORHP:** Rural-Urban Commuting Area (RUCA) codes
 - <https://data.hrsa.gov/tools/rural-health>

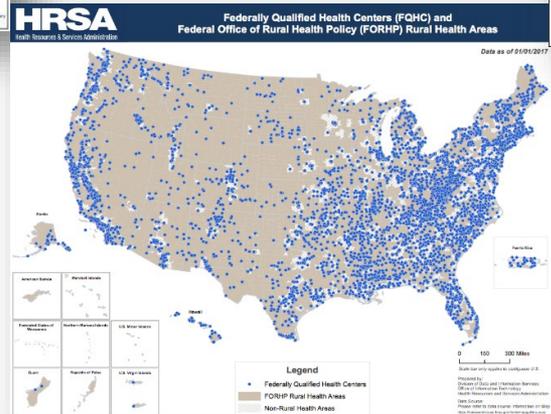
Rural Basics: The Rural Safety Net



Critical Access Hospitals



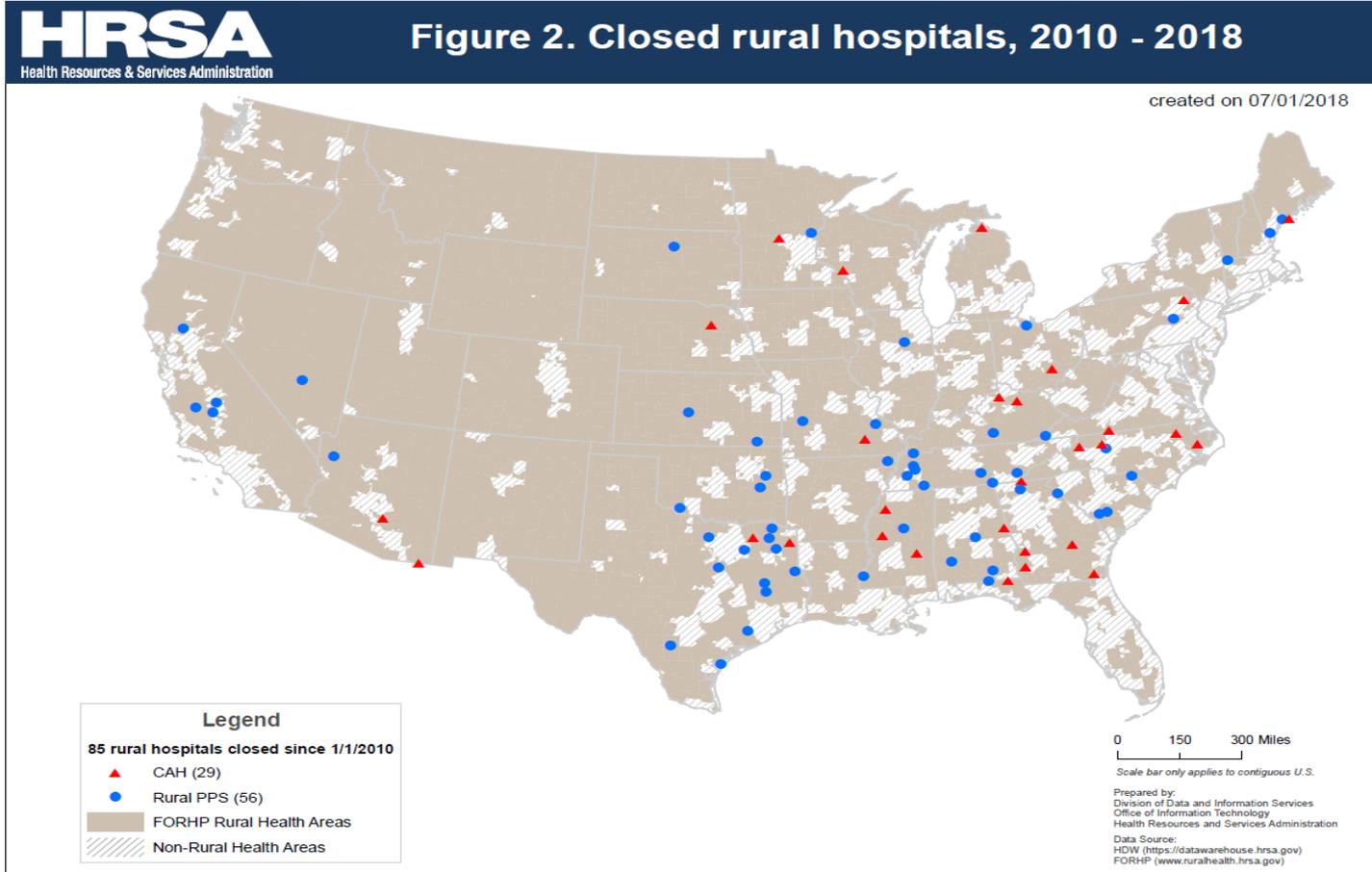
Rural Health Clinics



Federally Qualified Health Centers

Tracking Rural Hospitals

Closures, Financial Risk, Services



Growing Gaps and Disparities

In 2014, a higher rate of potentially excess deaths occurred among rural Americans than urban Americans from:

- **Heart disease**

- More than 25,000 excess deaths
- 42.6% in rural areas; 27.8% in urban areas
- Approx. **50% higher** in rural areas than urban

- **Cancer**

- More than 19,000 excess deaths
- Overall cancer deaths declined 1.5%/year between (2003-2012);
- Declined less in rural vs. urban areas

- **Unintentional injuries**

- More than 12,000 excess deaths
- 57.5% in rural areas; 39.2% in urban areas
- Approx. **50% higher** in rural areas than urban (age-adjusted between 1999-2014)

- **Chronic lower respiratory disease**

- More than 11,000 excess deaths
- 54.3% in rural areas; 30.9% in urban areas
- Approx. **50% higher** in rural areas than urban

The Opioid Epidemic and Rural America

Though opioid abuse and opioid-related death has been on the rise nationally, rural communities face unique challenges

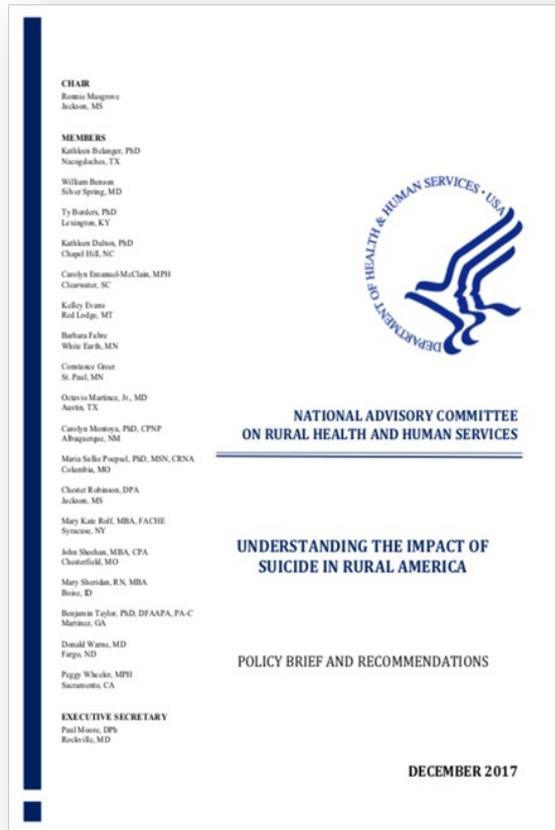
Opioid-related overdose deaths in rural areas increased more than 10% from 2015 to 2016

Rural residents are most likely to be prescribed, and overdose on, prescription painkillers

Rural residents with opioid use disorder tend to be younger, less wealthy and educated, more likely to be uninsured

More than 60% of rural counties lack a single physician that can prescribe buprenorphine, < 10% of opioid treatment programs in rural areas

Rural Behavioral Health



- Workforce shortages
- Limited access to health care facilities that focus on behavioral health
 - Only 88 Rural Psychiatric Hospitals in the U.S.
- Few small rural hospitals have an inpatient psychiatric unit.
 - Approx. 83 CAHs have added a Psychiatric Distinct Part Unit (DPU)
- Approximately 6% of independent and 2% of provider-based RHCs offer mental health services.
- FQHCs increasingly offering some access through ongoing investment and expansion

[HRSA Advisory Committee Publication on 2017 Impact of Suicide](#)

Rural Recruitment and Retention

- **The National Rural Recruitment and Retention Network**

- State-Level Resources
- New Training Module Series

- **Tools for Enhancing Retention**

3RNet Healthcare Jobs Across the Nation

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[Free 3RNet registration](#) gets you: full job details such as compensation and contact information; email notifications on new jobs that meet your needs.

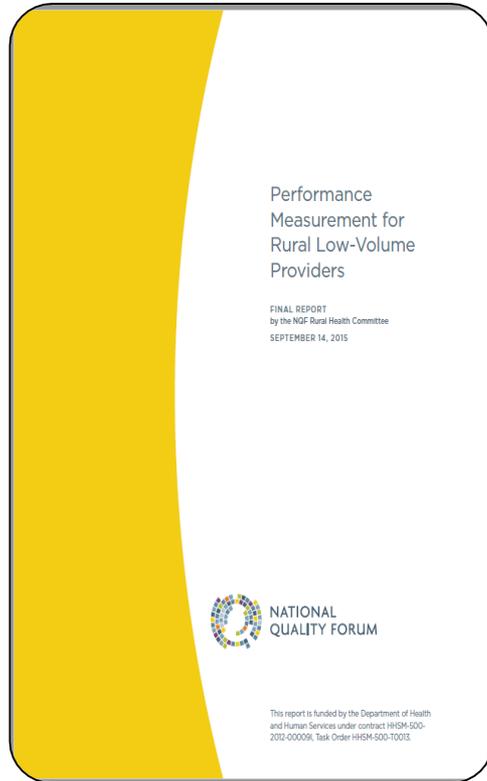
Register today!

- ✓ Receive email notifications for new jobs
- ✓ View full job details
- ✓ Access compensation information
- ✓ Save jobs to your profile
- ✓ Get contact information
- ✓ Obtain individualized help

3RNet members can provide:

Rural Relevant Quality Measurement

Engaging the National Quality Forum



- **Initial Project**

- *Performance Measurement for Rural Low-Volume Providers (2015)*
 - [Rural Health Final Report](#)

- **Subsequent projects**

- *Creating a Framework to Support Measure Development for Telehealth (2017)*
 - [Creating a Framework to Support Measure Development for Telehealth](#)
- MAP Rural Health Workgroup
 - [Rural Health Workgroup](#)



Hospital and State Programs

- **2019 Focus**

- Quality Improvement
- Refining outcome measures for Strengthening rural hospitals
- New EMS Program within Flex

Programs

- State Offices of Rural Health
 - Resource for all rural HRSA grantees: www.nosorh.org
- Medicare Rural Hospital Flexibility Grant (Flex)
 - Supporting critical access hospitals to ensure access to high quality care in rural communities
- Small Rural Hospital Improvement Program
 - Hardware/software and training related to implementing value-based care

FORHP Indirect Hospital Support: Grants to States

Medicare Rural Hospital Flexibility Grant

- Supports Critical Access Hospitals to ensure access to high quality care in rural communities
- 45 states (all states with CAHs receive funds)
- FY 2019 estimated awards: \$28.7 M
- Supports state efforts to promote quality and performance improvement, including around emergency medical services

Small Rural Hospital Improvement Program Grant

- Supports purchases of hardware, software and training related to implementing value-based care
- 46 states (all states with hospitals with 49 beds or fewer); 1,592 participating hospitals
- FY 2019: states to receive ~ \$12,000 per participating hospital

Interested hospitals should contact their [State Office of Rural Health](#)

Direct Hospital Support: In-depth on- site assistance

Small Rural Hospital Transitions Project

- Helps small rural hospitals through on-site assistance to bridge gaps between the current health care system and the newly emerging system of health care delivery and payment.
- Targets hospitals with fewer than 50 beds in persistent poverty counties.
- Visit [Rural Health Innovations](#) for more information.
- Serves seven hospitals per year

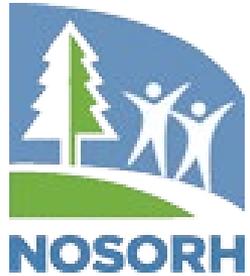
Delta Region Community Health Systems Development

- HRSA collaboration with the Delta Regional Authority to help underserved rural communities in the region identify and better address their health care needs and to help small rural hospitals improve their financial and operational performance.
- For more information: Rachel Moscato, rmoscato@hrsa.gov

New: Vulnerable Rural Hospital Assistance Program

- Provides targeted in-depth assistance to vulnerable rural hospitals, nationwide, that are struggling to maintain health care services within the community on strategies on how they could continue to provide essential services locally.
- Texas A&M University, Center for Optimizing Rural Health

State Offices of Rural Health



- Source for information on rural health issues and resources from state and federal level
- Provide *technical assistance* to rural communities.
- Encourage *recruitment and retention* of health professionals in rural areas.
- Coordinate activities within the state to avoid duplication of effort and activities.
- Host grant writing workshops with FORHP representatives

[Link to browse nosorh members by state](#)

Community-Based Division

- **Programs**

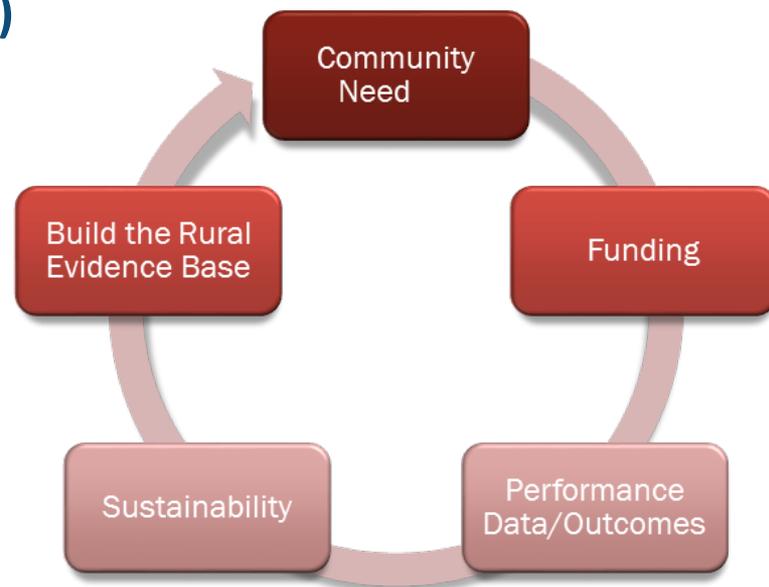
- **Sec. 330a of Public Health Service Act (PHS)**

- Rural Health Outreach
- Rural Network Development
- Rural Network Planning
- Quality Improvement
- Delta States Network Grant
- Rural Health Opioid Program

- **Black Lung Clinics Program**

- **Radiation Exposure Screening Education**

- **NEW: Rural Maternity and Obstetrics Program**



CBD Direct Services

Rural Health Care Services Outreach Program (Outreach)

- The program supports projects that demonstrate creative or effective models of outreach and service delivery in rural communities
- 3-year award

Small Health Care Provider Quality Improvement Program (Quality)

- Supports rural providers engaged in quality improvement initiatives through evidence-based quality improvement models, tests of change focused on improvement and use of health information technology to collect and report data.
- 3-year award

Delta States Rural Development Network Grant Program (Delta States)

- To fund organizations located in the eight Delta States (Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee) to address unmet local health care needs by providing resources to help rural communities develop partnerships to jointly address health problems that could not be solved by single entities work alone
- 3-year award

CBD Direct Services (cntd.)

Black Lung Clinics Program (BLCP)

- To assist clinics to conduct outreach and provide services, including primary care and pulmonary rehabilitation, to current and former coal miners
- 3-year award

Radiation Exposure Screening and Education Program (RESEP)

- To fund organizations that support outreach and education programs as well as cancer screenings for individuals who may have been exposed to nuclear fallout or nuclear materials resulting from U.S. nuclear weapons testing
- 3-year award

Rural Health Opioids Program (RHOP)

- To promotes rural health care services outreach by expanding the delivery of opioid related health care services to rural communities through broad community consortiums focused on treatment, care coordination practices to organize patient care activities, and support to individuals in recovery through behavioral counselling and peer support activities
- 3-year award

CBD Non-Direct Services

Rural Health Network Development Planning Program (Network Planning)

- To assist in the development of an integrated healthcare network, if the network participants do not have a history of formal collaborative efforts.
- Supports one year of planning with the primary goal of helping networks create a foundation for their infrastructure and focusing member efforts to address important regional or local community health needs.

Rural Health Network Development Grant Program (Network Development)

- Provides support for mature networks of rural providers to integrate administrative, clinical, technological and financial functions to improve health care delivery
- 3-year award

Rural Maternity and Obstetrics Program

- Details to come...

CBD Upcoming Funding Opportunities

Program	FY 2019	FY 2020	FY 2021
Rural Health Network Development Planning (Network Planning)	Funding applications available in Winter 2018. Awards in Summer 2019.	Funding applications available in Winter 2019. Awards in Summer 2020.	Funding applications available in Winter 2019. Awards in Summer 2021.
Small Healthcare Provider Quality Program (Quality)	Funding applications available in Winter 2018. Awards in Summer 2019.		
Rural Health Care Services Outreach Program (Outreach)			Funding applications available in Winter 2020. Awards in Summer 2021.
Rural Health Network Development Program (Network Development)		Funding applications available Winter 2019. Awards in Summer 2020.	
Delta States Network Grant Program (Delta)	Funding applications available in Winter 2018. Awards in Summer 2019.		
Rural Communities Opioid Response Program-Planning (RCORP-Planning)	Funding application available in Summer 2019. Awards in Fall 2019.	Funding application available in Summer 2020. Awards in Fall 2020.	Funding application available in Summer 2021. Awards in Fall 2021.
Black Lung Clinics Program (BLCP)		Funding applications available Winter 2019. Awards in Summer 2020.	
Radiation Exposure Screening and Education Program (RESEP)		Funding applications available Winter 2019. Awards in Summer 2020.	

Rural Communities Opioid Response Initiative

	RCORP-Planning	RCORP-Implementation	RCORP-MAT Expansion
Goal	To strengthen the capacity of multi-sector consortiums to address opioid use disorder prevention, treatment, and recovery.	 To strengthen and expand SUD/ODU prevention, treatment, and recovery service delivery. Learn more: HRSA 2019 Press Releases	 To enhance access to medication-assisted treatment within small rural clinic and hospital settings.
Period of performance	1 year	3 years	3 years
Award amount	Up to \$200K	Up to \$1 million	TBD
# Awards	95 (FY18); 120 (projected-FY19)	75 (projected-FY19); 34 (projected-FY20)	24 (projected-FY19)
Eligibility Domestic public or private, non-profit or for-profit, entities. Additional applicant and consortium specifications as described in NOFO. All services must exclusively target rural areas.			

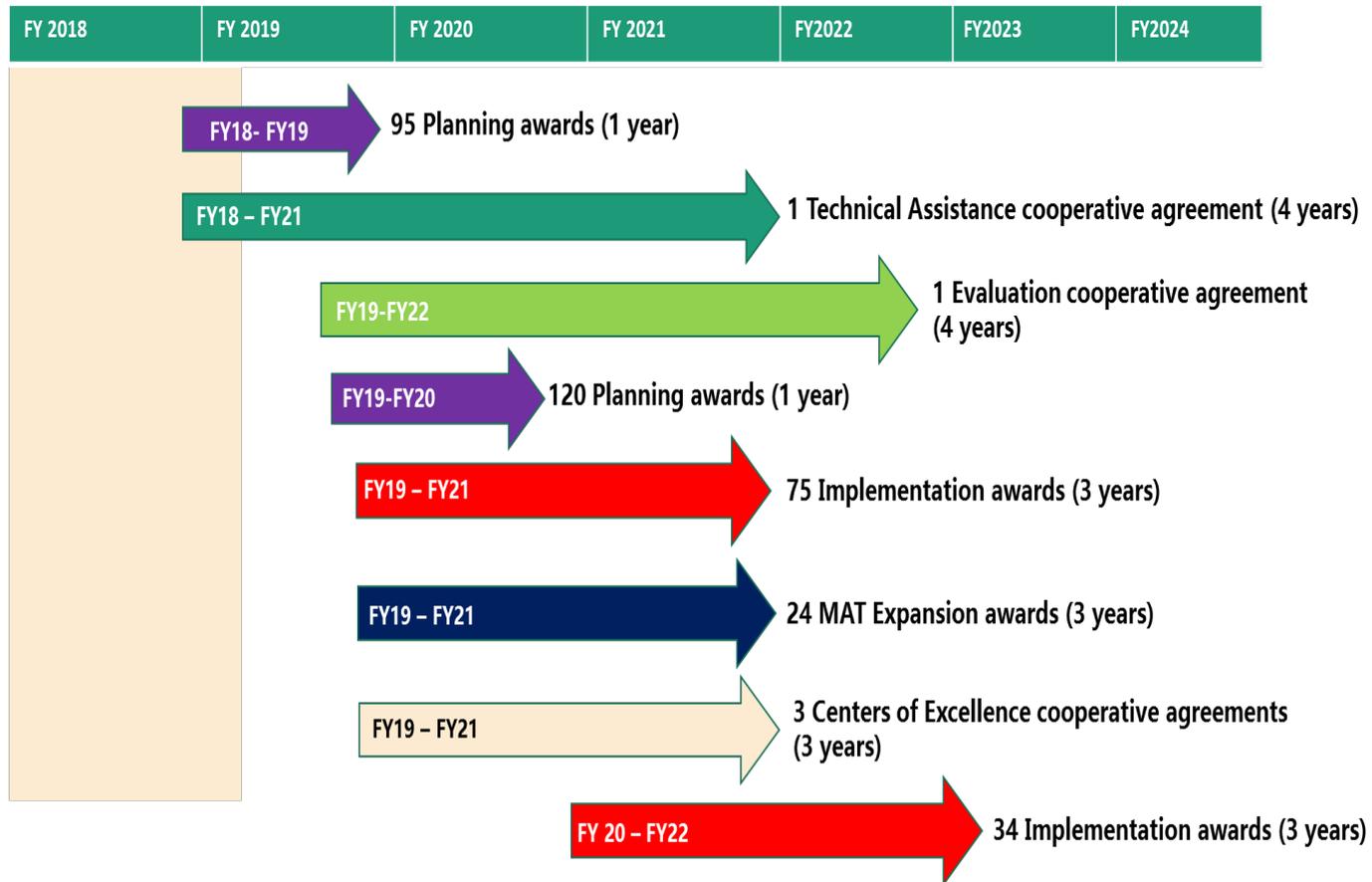
 = opportunities competitive later this year

RCORP Initiative

	RCORP-Technical Assistance	RCORP-Evaluation	RCORP-Centers of Excellence
Goal	To assist rural consortiums with addressing opioid use disorder prevention, treatment, and recovery service and workforce needs.	To evaluate the impact of RCORP initiatives through data collection and analysis, and to develop evaluation tools and resources for rural communities. 	To support the dissemination of best practices related to the treatment for and prevention of SUDs within rural communities, with a focus on the current opioid crisis, and the development of methods to address future SUD epidemics. 
Period of performance	4 years	4 years	3 years
Award amount	\$3 million per year	\$3 million per year	\$6.7 million
Award recipient	JBS International	1 award--TBA	Up to 3 awards--TBA

 = opportunities competitive later this year

RCORP Timeline (Projected)



Office for the Advancement of Telehealth (OAT)

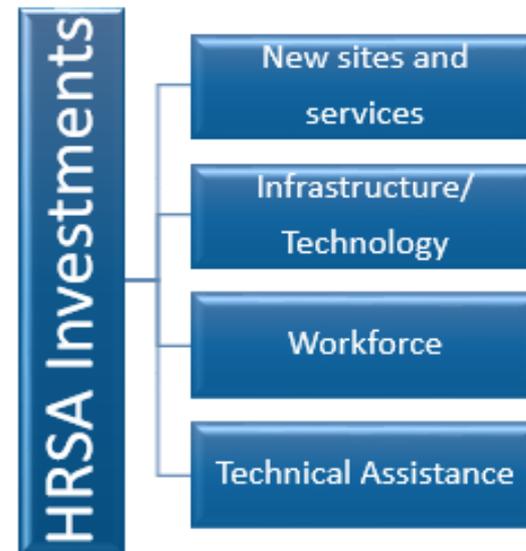
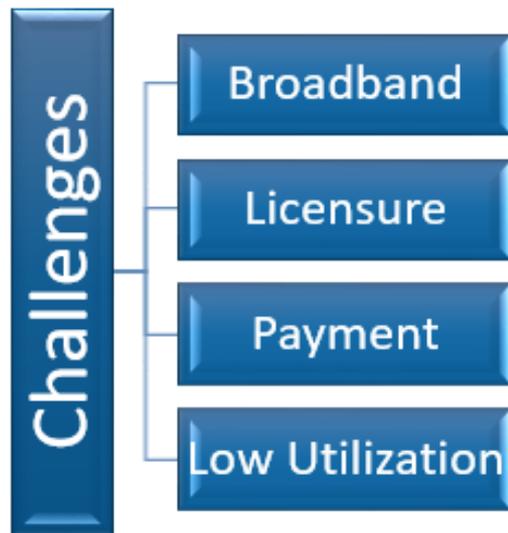
Mission: Promote the use of telehealth technologies for health care delivery, education, and health information services

Definition: The use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

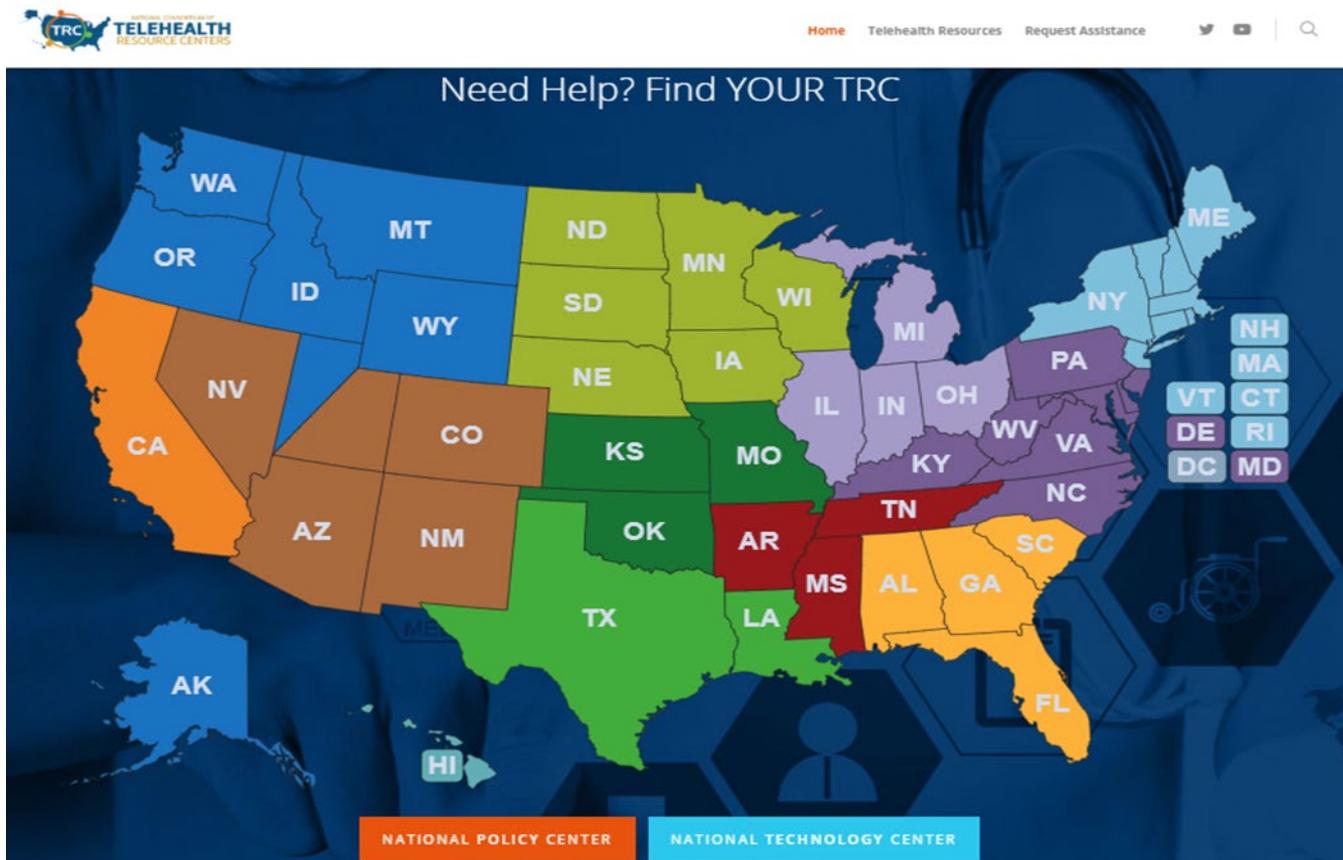
Activities: Administer eight grant programs, coordinate and collaborate on telehealth activities, monitor telehealth policy

Rural Health Issues: Telehealth

Telehealth is an Important Tool to Increase Access in Rural Communities



Telehealth Resource Centers



Telehealth Resource Centers: Assistance available to anyone interested in learning how to implement telehealth

<https://www.telehealthresourcecenter.org/>

Center for Connected Health Policy



[About CCHP](#) [CCHP Projects](#) [What is Telehealth?](#) [Telehealth Policy](#) [Resources](#)



The **Center for Connected Health Policy** (CCHP) is a nonprofit, nonpartisan organization working to maximize telehealth's ability to improve health outcomes, care delivery, and cost effectiveness.

Telehealth Network Grant Program

- **Purpose is to demonstrate how telehealth networks are used to:**
 - ✓ Expand access to, coordinate, and improve the quality of health care services;
 - ✓ Improve and expand the training of school nurses and providers; and/or
 - ✓ Expand and improve the quality of health information available to children's parents for decision-making.
- **7 cohorts supported:**
 - Traditionally focused on all age populations
 - All clinical healthcare settings
 - Chronic Disease Management services
 - Key measure: Patient Travel Miles Saved
- **Next Competitive FY2020**



Policy Research Division

- Reviews policy and regulations to assess impact on rural providers and beneficiaries
- Funds health services research and disseminates findings to rural stakeholders
- Maintains a clearing house through the Rural Health Information Hub for rural health policy and program information including publications and maps
- Staffs the National Advisory Committee on Rural Health & Human Services to inform the Secretary of HHS



Another Voice for Rural Policy

- National Advisory Committee on Rural Health and Human Services
- Issues Policy Briefs and Makes Recommendations to the HHS Secretary
- Focuses on Both Rural Health and Rural Human Services Issues

The image shows the cover of a policy brief from the National Advisory Committee on Rural Health and Human Services. The title is "Social Determinants of Health" and it is dated January 2017. The cover features a list of members and a brief introduction. A blue box on the right side of the cover contains the text: "The Eightieth Meeting of the National Advisory Committee on Rural Health and Human Services". Below this, there is a paragraph of text describing the committee's work and a quote from the brief.

**National Advisory Committee
On Rural Health and Human Services**

Social Determinants of Health

National Advisory Committee on Rural Health and Human Services
Policy Brief, January 2017

Introduction

The social determinants of health are becoming an increasingly important framework for understanding and taking into account the broad range of factors that affect health outcomes in the United States. As the Department of Health and Human Services (HHS) considers how to incorporate the social determinants of health in its programs and policies, it will be important to understand the unique characteristics of rural communities that influence the ways that the social determinants manifest. For this reason, the National Advisory Committee on Rural Health and Human Services (NACRHHS or the Committee) offers this policy brief, informed by a field meeting and site visits in New Mexico, to provide recommendations as to how HHS can best contribute to addressing the social determinants of health in rural communities.

Setting a Rural Context

Over the years, the Committee has examined individual social determinants of health—poverty, access to services, economic opportunity, rates of chronic disease, homelessness, intimate partner violence, life expectancy—and found that rural communities often fare worse than their urban and suburban counterparts.¹ While the social determinants of health serves as a general policy construct, the Committee believes that there are distinct rural considerations that policymakers must keep in mind when deciding how to develop and align health and human service systems such that they are able to improve population health in rural communities. This will be increasingly important in the coming years as the social determinants of health framework becomes embedded into HHS efforts.

The Eightieth Meeting of the National Advisory Committee on Rural Health and Human Services

The National Advisory Committee on Rural Health and Human Services chose to meet in Albuquerque, New Mexico for its eightieth meeting. New Mexico presented a wide lens to view the subject of Social Determinants of Health in the rural United States. The Committee visited a Native Community Finance organization in Laguna, a small rural hospital in Santa Rosa and met with health care and economic development staff in Cuba.

This brief is informed by those experiences, and conversations providing insight to inform better policy making for families.

CHAIR:
Ramon Mangione
Jackson, MI

MEMBERS:
Kathleen DeAngelis, PhD
Newport, TX
William Brown
West Spring, MD
Ty Hodson, PhD
Lexington, KY
Rene S. O'Neil-Quinn, MPH, JD
Wilmington, VA
Christina Carson, MBA, FACHE
Tomball, TX
Kathleen DeLoo, PhD
Chapel Hill, NC
Cynthia Leonard McChes, MPH
Charleston, SC
Kathy Evans
Red Lodge, MT
Barbara Johns
West Earth, MI
Candace Owe
St. Paul, MN
Oscar Matthews, Jr. MD
Austin, TX
Carilyn Moskwa, PhD, CFP
Albuquerque, NM
Marta Keller Poppe, MPH, PhD
CRSA
Columbia, MD
Clayton Robinson, EPA
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Mary Kay Ruff, MBA, FACHE
Troyes, NY
John Sheehan, MBA, CPA
Channahall, MO
Mary Sheridan, RN, MBA
Bism, ID
Brianna Taylor, PhD, DHA/PA
Tla-C
Milledge, GA
Donald Wanda, MD
Fargo, ND
Prage Wheeler, MPH
Barnesville, GA
EXECUTIVE SECRETARY:
Paul Moore, CPA
Rockville, MD

<https://www.hrsa.gov/advisorycommittees/rural/publications/>

Resources



Rural Health Research

Makes FORHP-funded research to rural stakeholders at the national, state, and location level with the goal of informing and raising awareness of key policy issues

<https://www.ruralhealthresearch.org/>

Rural Health Research Gateway

#30 OF RURAL RESEARCH YEARS | 1988-2018

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30 Years of Rural Health Research

Rural Health Research Gateway

The Rural Health Research Gateway provides easy and timely access to research conducted by the Rural Health Research Centers, funded by the [Federal Office of Rural Health Policy](#). Gateway efficiently puts new findings and information in the hands of our subscribers, including policymakers, educators, public health employees, hospital staff, and more.

- [Celebrate 30 Years](#)
- [Gateway Flyer](#)
- [Learn more](#)

Research Centers

- Learn about the Rural Health Research Centers Program
- View list of currently funded research centers
- Learn about their areas of expertise

Research Alerts

- Email notifications when new research products are completed
- See five most recent alerts

Rural Health Research Recaps

- Access brief summaries on key rural health issues
- Key findings from the work of the Rural Health Research Centers

Research Products

- Access free policy briefs, chartbooks, full reports, and more
- Browse peer-reviewed journal articles by date

Dissemination Toolkit

- Learn how to create health research products
- Tips for developing policy briefs, fact sheets, journal articles and more

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The Rural Health Research Gateway is a project of the University of North Dakota Center for Rural Health and funded by HRSA's Federal Office of Rural Health Policy.

Value Based Care in Rural

Inform rural health care providers and stakeholders about the impacts of changes in the health care delivery system and provide technical assistance to rural providers in identifying new approaches to health care delivery for their communities

- Tools & Resources
- Explanation of Programs & Demonstrations
- Profiles in Innovation

<https://ruralhealthvalue.public-health.uiowa.edu/>

The screenshot shows the homepage of the Rural Health Value website. At the top left, there is a blue hexagonal logo with the text "Rural Health Value" and "UNDERSTANDING AND FACILITATING RURAL HEALTH TRANSFORMATION." To the right of the logo is a search bar labeled "Custom Search". Below the logo is a navigation menu with links for "Home", "About Us", "Related Links", and "Share Your Rural Innovation". The main content area features a large image of a doctor examining a child's ear. To the right of the image is a quote: "We build knowledge through research and collaboration to support rural communities and providers as they pursue high performance rural health systems. [Learn More >](#)". Below the image is a vertical sidebar with four hexagonal buttons: "Tools & Resources", "Programs & Demonstrations", "Profiles in Innovation", and "Presentations". The main content area is divided into two columns. The left column is titled "Newest Resources from Rural Health Value" and lists several links: "Catalog of Value-Based Initiatives for Rural Providers (update)", "Behavioral Health Integration into Primary Care", "Affiliation Partners Sought to Prepare Small Hospital for Value-Based Care", "High Reliability Culture to Eliminate Serious Harm", "Medical-Legal Partnership Addresses Social Determinants of Health", "Guide to Selecting Population Health Management Technologies for Rural Care Delivery", and "Critical Access Hospital Financial Pro Forma for Shared Savings". The right column is titled "Pulse Check" and features a blue ECG line graphic. Below the graphic is the text "Rural system high performance" and a section titled "Value-Based Care Assessment - Assess capacity and capabilities to deliver value-based care. Receive an eight category readiness report." followed by three sub-sections: "Physician Engagement - Score current engagement and build effective relationships to create a shared vision for a successful future.", "Board and Community Engagement - Hold value-based care discussions as part of strategic planning and performance measurement.", and "Social Determinants of Health - Learn and encourage rural leaders/care teams to address issues to improve their community's health."

One Stop for Rural Health and Human Services Information

A gateway to information on rural health for residents who live in rural areas as well as other rural health stakeholders

www.ruralhealthinfo.org

The RHIhub can help you:



PLAN

Find toolkits and program models that show what works in rural communities so that you can build effective community health programs. Locate statistics, maps, and more to help you demonstrate need in your area.



DEVELOP

Get the information you need to build, maintain, and improve services in your community. The RHIhub online library offers easy access to thousands of resources from organizations across the U.S. Search federal, state, and foundation funding opportunities for those that might fund your project.



LEARN

Gain insight and understanding of the issues affecting rural America through topic guides, timely news, and updates. Every morning you can get the latest news and regulations relevant to rural health. Hear right away about the newest key reports and opportunities from federal agencies and national organizations via the website, social media, or our regular email updates.



CONNECT

Find others who have passion and expertise in rural health issues. Our resources can help you identify organizations and experts on a variety of topics, as well as in your state.

FORHP Weekly Announcements

Focus on ...

- Rural-focused Funding opportunities
- Policy and Regulatory Developments Affecting Rural Providers and Communities
- Rural Research Findings
- Policy Updates from a Rural Perspective

To sign up: Email Michelle Daniels at:

mdaniels@hrsa.gov

Announcements from the
Federal Office of Rural Health Policy

Special Edition - April 29, 2016

Historic Change to How Clinicians Are Paid - Comments Requested by June 27

At the heart of [the proposed rule](#) that CMS issued on April 27th is the [Quality Payment Program](#) which, beginning in 2019, would offer new systems for paying doctors and other clinicians who serve Medicare beneficiaries. One, the Merit-Based Incentive Payment System (MIPS), would evaluate the quality of care delivered based on four performance categories: cost, quality, exchange of information (use of electronic health records) and clinical practice improvement. The second system, advanced Alternative Payment Models (APMs), offers higher financial incentive to clinicians who improve quality by coordinating care across providers and settings. Initiatives for coordinated care include CMS's [Accountable Care Organization \(ACO\) Model](#) and [Comprehensive Primary Care](#).

The rule would consolidate three existing payment programs under MIPS: the Physician Quality Reporting System, the Physician Value-based Payment Modifier and the Electronic Health Record Incentive Program. It is the first step toward implementing the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which aims to lower costs while raising quality of health care delivery. It's expected that most Medicare clinicians will initially participate in the MIPS program but over time will move toward the alternative payment model.

What do rural providers need to know? First, that CMS needs your review and feedback to understand the challenges that are unique to rural areas and how these changes would affect your practice. Once the proposed rule is officially published on May 9th, **CMS will accept comments until Monday, June 27th**. Some key issues for your consideration:

- For the first two years of MIPS, Eligible Professionals (EPs) would include physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists. Other professionals may be added in later.
- EPs below the low-volume threshold would be excluded from MIPS. The proposal defines the threshold as having Medicare billing charges less than or equal to \$10,000 and providing care for 100 or fewer Part B-enrolled Medicare beneficiaries.
- The MIPS adjustment would apply to EPs who have assigned their billing rights to a Critical Access Hospital (i.e. Method II CAH billing).
- Currently, Rural Health Clinics and Federally Qualified Health Centers are excluded from reporting to MIPS since they are paid differently under Medicare. CMS is asking for comment on whether these safety net providers should but have the option to voluntarily report on applicable measures and activities with no penalty in order to remain in alignment with broader efforts under Delivery System Reform.

Questions?



Contact Information

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Phone: 301-443-8349

**Federal Office of Rural Health Policy (FORHP)
Health Resources and Services Administration (HRSA)**

Web: hrsa.gov/ruralhealth/

Twitter: twitter.com/HRSAgov

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