Welcome!

RURAL HEALTH WORKSHOP

WELL-AHEAD

LOUISIANA RURAL HEALTH ASSOCIATION
Welcome!

- Melissa Martin, MBA, RDN, LDN
  - Director
  - Well-Ahead Louisiana
New State Rural Health Officer

• Nicole Coarsey, MPA
  • Division Manager, Healthcare Access
  • Well-Ahead Louisiana
Workshop Hosts

• Nicole Coarsey, MPA
  • Division Manager, Healthcare Access, State Office of Rural Health Manager (2022), Well-Ahead Louisiana

• Denaé Hebert, MBA/HCA
  • State Office of Rural Health Manager, Well-Ahead Louisiana
  • Executive Director, LRHA (2022)
Agenda

- Year in Review
- Know Our Numbers
- Be a Leader
  - Daisha Bonhomme, MS, Community Outreach Manager, Well-Ahead Louisiana
Looking Back: Successes

Telemedicine Network Project photos courtesy of Bonadona Marketing
Looking Back: Challenges

- COVID-19 pandemic
- Vaccine rollout
- Hurricane Ida
- Transitions in Well-Ahead Louisiana and Louisiana Rural Health Association (LRHA)
Looking Forward: Opportunities

- A new start!
- Federal funding
- More innovation
Know Our Numbers
Louisiana is ranked 50th in the nation for overall health

Source: America’s Health Rankings composite measure, 2020
Chronic Diseases in Louisiana

Heart Disease and Stroke
- 14,335 deaths/year
- Rank: 41st

Cancer
- 9,485 deaths/year
- Rank: 36th

Diabetes
- 1,458 deaths/year
- Rank: 42nd

Source: America’s Health Rankings composite measure, 2020 and CDC/National Center for Health Statistics, 2020
Health is Multifactoral

- Social Determinants of Health
  - Neighborhood & Environment
  - Social & Community Context
  - Economic Stability
  - Healthcare
  - Education
Health Impact Pyramid

Increasing Population Impact

- Counseling and Education
- Clinical Interventions
- Long-Lasting Protective Interventions
- Changing the Context to Make Individuals’ Default Decision Healthy

Socioeconomic Factors

Increasing Individual Effort Needed
Be a Leader
Health Impact Pyramid

Vaping: The New Youth Epidemic
December 7, 1:30-2:30 p.m.

1. Socioeconomic Factors
2. Changing the Context to Make Individuals’ Default Decision Healthy
3. Long-Lasting Protective Interventions
4. Clinical Interventions
5. Counseling and Education
Health Impact Pyramid

- Fluoride Varnish: A Reimbursable Practice for Medical Providers
  December 7, 3-4 p.m.

- Expanding Care Capacity through ECHO Community of Practice
  December 7, 3-4 p.m.

Ongoing Care: Clinical Interventions

- Long-Lasting Protective Interventions

- Changing the Context to Make Individuals’ Default Decision Healthy

- Socioeconomic Factors
Health Impact Pyramid

1. Socioeconomic Factors
2. Changing the Context to Make Individuals’ Default Decision Healthy
3. Long-Lasting Protective Interventions
4. Clinical Interventions
5. Counseling and Education
Using Community-Based Blood Pressure Monitoring to Address Hypertension

December 8, 9-10 a.m.

Changing the Context to Make Individuals’ Default Decision Healthy

Health Impact Pyramid

Counseling and Education

Clinical Interventions

Long-Lasting Protective Interventions

Socioeconomic Factors

WellSpot Designation
WellSpot Designation

• Benchmarks:
  • Employee-focused
  • Patient-focused

• Why it matters:
  • Healthier employees are happier and are more productive
  • Healthier environments can improve patient outcomes and reduce chronic disease prevalence
  • Patient-centered care empowers patients and improves clinical efficiency and outcomes
  • Making small and smart healthy choices ensures a longer life
WellSpot Designation

• Connect with a Well-Ahead Regional Representative
  • Review the WellSpot benchmarks.
  • Register your organization on the MyWellSpot platform and take the initial online assessment.
  • Complete the action plan and make updates to your assessment.
  • Submit your verification documents for review.
Spotlight: Opelousas General Health System

• Became a Level 2 Hospital WellSpot in 2015

• 16 healthcare facilities within the Opelousas General Health System designated since 2016

• Opelousas General Health System Foundation started the Healthy St. Landry Alliance in April 2018
Health Impact Pyramid

Understanding HPSAs and Healthcare Workforce Development
December 7, 1:30-2:30 p.m.

3RNet Training
December 8
1-4 pm

Counseling and Education

Clinical Interventions

Long-Lasting Protective Interventions

Changing the Context to Make Individuals’ Default Decision Healthy

Socioeconomic Factors

Well-Ahead Communities
Healthy Communities

• Join a Regional Healthy Community Coalition
  • https://healthylouisiana.org/

• Apply for a Healthy Community Mini-Grant
  • https://healthylouisiana.org/grants

• Request Healthy Community Coaching
  • https://wellaheadla.com/well-ahead-communities/
  • Complete the form using the QR code! 
Join the Provider Education Network!

• The Provider Education Network provides tools, training and technical assistance opportunities that help you provide the best possible care to your patients and help make every angle of your facility more effective

• Join today at www.wellaheadla.com/join-provider-education-network
Let’s Get Started!

• Plenary Sessions
• Concurrent Sessions
• Networking
  • Exhibitors
  • Attendees
Federal Updates
Speakers

- Carrie Cochran-McClain, MPA
  - Chief Policy Officer
  - National Rural Health Association
- Sarah Hohman
  - Deputy Director of Government Affairs
  - National Association of Rural Health Clinics
- Craig Caplan, MA
  - Senior Advisor
  - U.S. Health Resources & Services Administration’s Federal Office of Rural Health Policy
NRHA is a national nonprofit membership organization with more than 21,000 members, made up of a diverse collection of individuals and organizations with the common goal of ensuring all rural communities have access to quality, affordable health care.

Our mission is to provide leadership on rural health issues.
Agenda

• Addressing COVID-19 in Rural Areas
• Rural Health Crisis
• Working with the Executive Branch
• Advocating in the Legislative Branch
Addressing COVID-19
Rural COVID-19 Incident Rates

As of November 6, 2021

Source: CDC and selected state departments of health
Rural COVID-19 Death Rate

Weekly Rate of Deaths per 100,000

The rate is derived from a seven-day total of new deaths (Sunday to Saturday) per 100,000 population.

Metro  Nonmetro (Rural)

As of November 4, 2021

Source: CDC and selected state departments of health
Rural COVID-19 Vaccination Rates

As of November 18, 2021
Source: CDC and selected state departments of health
CMS Omnibus COVID-19 Health Care Staff Vaccination IFR

• Facilities are required to complete a process or plan for:
  • Vaccinating all eligible staff
  • Providing medical and religious exemptions and accommodations for those who are exempt
  • Tracking and documenting staff vaccinations

• Requirements apply to facilities regulated under Medicare Conditions of participation
OSHA ETS to minimize COVID-19 transmission in the workplace

• Stand applies to large employers (100 or more employees)
  • Does not apply in settings subject to CMS ETS.
• Deadline to be fully vaccinated is January 4, 2022
  • If employee decides not to be vaccinated, the employee must provide weekly test results at their own expense and will be required to wear a mask at work.
• Employer must supply information about:
  1) vaccine requirements; 2) CDC document "Key Things to Know About COVID-19 Vaccines," 3) protections against retaliation and discrimination; and 4) laws that provide for criminal penalties for knowingly suppling false statements or documentation.
Rural Hospital Staffing Survey
What percentage of your healthcare personnel is fully vaccinated?

When we asked this question in our spring survey, the range with the most respondents was also 50% to 69%. So, while there has been some positive movement, the overall picture hasn’t really changed since earlier this year. This tells us that vaccine hesitancy and resistance remains strong.

*Survey conducted September 21, 2021 - October 15, 2021.
Rural Hospital Staffing Survey

Which roles are you experiencing the greatest difficulty filling?

Nursing was identified by 96.2% of respondents as a role in which they are having difficulty filling. Staffing shortages can directly impact quality of care and access to care for rural communities.

Survey respondents were able to select multiple positions for which they are having difficulty filling. As a result, the percentages do not equal 100. Survey conducted September 21, 2021 - October 15, 2021.
• The application deadline for $25.5 billion in COVID-19 provider relief funds, including the $8.5 billion American Rescue Plan (ARP) Rural fund and $17 billion for Provider Relief Fund (PRF) Phase 4, was October 26.

• The 60-day PRF reporting grace period, in which providers are being given an opportunity to come back into compliance, will close at the end of November.

• HRSA responded to NRHA’s requests for clarification of policies related to capital projects, cost-based reimbursement, and reporting lost revenue.

• A new JAMA study details how more PRF dollars flowed to large academic medical centers and hospitals than rural hospitals, despite the record number of closures in 2020.
COVID-19 Resources from the Administration

- The Rural Health Clinic COVID-19 Vaccine Distribution Program to increase availability of vaccines in rural areas.
- The COVID-19 Coverage Assistance Fund (CAF) addresses an outstanding compensation need for providers vaccinating underinsured patients.
- The COVID-19 Claims Reimbursement pays for claims for professional and facility services associated with testing, treatment, and vaccine administration.
Updates from the Administration
Regulatory Updates

• HHS released an interim final rule with comment period, entitled “Requirements Related to Surprise Billing; Part II." Comments are due December 6.

• HRSA requests public input on their proposed approach for determining Maternity Care Health Professional Target Areas (MCTA) with the greatest shortage. Comments are due November 26.

• NRHA sent a letter to USDA Secretary Tom Vilsack on behalf of the Community Facilities Direct Loan and Grant program.

• NRHA commented on NQF's Measuring Quality in Rural Telehealth request for comments.
NRHA comments on the CY 2022 Hospital Outpatient Prospective Payment System (OPPS) & Ambulatory Surgical Center (ASC) proposed rule

• Approx 68 rural hospitals (or 5%) of rural hospitals are predicted to consider conversation.
  • The hospitals most likely to transition to this designation are in already poor financial standing.

• Continuation of existing CoPs for rural PPS and CAHs as much appropriate.
• Strong reimbursement and financial payments are critical to success.
• Pathway to conversion needs to be seamless through a simplified application process.
• Technical assistance is needed to support robust planning and community engagement.

REHs in Regulation
Innovation Update

- FCHIP Demo extended in Aug 2 Medicare IPPS Rule and CAA
- Rural Community Hospital extended in Aug 2 IPPS Rule and CAA
- Pennsylvania Rural Health Model—Global Budget
- Community Health Access and Rural Transformation (CHART) Model
  - Community Transformation Track (CTT)
  - ACO Transformation Track
- Rural Emergency Hospital (REH) passed in CAA—New Provider Type
- Comments on Congressional Request for Information on a public option were due July 31, 2021.
CHART Model Awards

CMS announced 4 organizations have been selected to participate in the Community Health Access and Rural Transformation (CHART) model Community Transformation track:

- University of Alabama Birmingham
- State of South Dakota Department of Social Services
- Texas Health and Human Services Commission
- Washington State Healthcare Authority

CMS intends to launch an ACO Transformation Track, under which 20 rural-focused ACOs will receive advanced payments. We expect the application date for the ACO Transformation Track in Spring 2022.
Updates from Congress
The Bipartisan Infrastructure Package

- Congress passed the $1.2 trillion bipartisan infrastructure package.
- Key rural provisions:
  - $65 billion for broadband connectivity buildout, with significant mention of rural.
  - $110 billion for roads, bridges, and major transportation projects.
  - $55 billion for clean drinking water investments.
  - $21 billion in environmental remediation for Superfund sites.
  - $7.5 billion to build out a national network of electric vehicle chargers with a focus on rural and hard-to-reach communities.
- Concern: Extends Medicare sequestration for an additional year, until 2031.
The Build Back Better Reconciliation Package

Current House framework BBB includes provisions to:

• Strengthen the Affordable Care Act (ACA) and reduce premiums for more than 9 million Americans through enhanced subsidies in the Marketplace
• Close the Medicaid coverage gap until 2025 for non-expansion states
• Provide for a hearing benefit under the Medicare program
• Create "Pathway to Practice Training Programs" for post-baccalaureate and medical students including those from rural areas
• Supply public health and maternal health programs with supplemental appropriation funding
• Reform how Americans pay for prescription drugs
• Permanently extend the Children's Health Insurance Program.
Build Back Better
Reconciliation Package Requests

- Provide capital funding to improve rural health care infrastructure
- Make substantive changes to rural Medicare GME policies and other rural workforce programs
- Improve rural maternal health and health care access
- Permanently extend CARES Act telehealth flexibilities for rural health clinics and federally qualified health centers and increase their reimbursements for telehealth services
- Establish an Office of Rural Health within the Centers for Disease Control and Prevention
- Modernize and improve the rural health clinic program

Urge Congress to Include Rural Health in the Build Back Better Reconciliation Package
FY 2022 Appropriations: Continuing Resolution

• House Appropriations Committee released their FY 2022 appropriations proposals over the summer.
• Senate Appropriations leadership released numbers in October.
• Four corners negations occurring on a top-line spending agreement.
• The House of Representatives passed a CR to extend government funding at its current level until December 3, 2021.
# FY 2022 Appropriations

<table>
<thead>
<tr>
<th>Program</th>
<th>NRHA Request</th>
<th>Biden Budget Request</th>
<th>HAC</th>
<th>SAC</th>
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<tr>
<td>Rural Hospital Technical Assistance Program</td>
<td>5</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Rural Hospital Flexibility Grants</td>
<td>92.2</td>
<td>57.5</td>
<td>80</td>
<td>57.5</td>
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<td>Telehealth</td>
<td>37.4</td>
<td>36.5</td>
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<td>Rural Maternity &amp; Obstetrics Management Strategies Program</td>
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<tr>
<td>Rural Residency Planning and Development</td>
<td>12.7</td>
<td>12.7</td>
<td>12.7</td>
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<tr>
<td>CDC Office of Rural Health</td>
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</table>
FY 2022 Appropriations Requests

• Expand the USDA Rural Hospital Technical Assistance program
• Establish an Office of Rural Health within the CDC
• Fund the Rural Maternity and Obstetrics Management Strategies program
• Expand the Rural Residency Planning and Development program
• Enhance the HHS Office for the Advancement of Telehealth
• Reauthorize and modernize the Medicare Rural Hospital Flexibility program

Urge Congress to Invest in Rural Health

NRHA FY 2022 appropriations request document
Advocate With Us!
NRHA’s Legislative Tracker

NRHA is tracking rural health legislation in Congress to advance quality of life across rural America.

NRHA’s legislative tracker enables you to view the rural health bills in Congress the association is monitoring, including those we endorse and oppose. Bills are searchable and categorized by topic area. By clicking on a bill, you can find its summary, review cosponsors, and stay up to date on congressional actions.

Through activities such as NRHA’s annual Rural Health Policy Institute and ongoing grassroots campaigns, NRHA members actively participate in advocacy efforts to advance needed rural health legislation.

For further information or to recommend bills for the legislative tracker, contact NRHA’s government affairs team.

Find Legislation

<table>
<thead>
<tr>
<th>Hospitals &amp; Health Systems</th>
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<tbody>
<tr>
<td>H.R. 1639: Rural Hospital Closure Relief Act of 2021</td>
</tr>
<tr>
<td>H.R. 1887: To amend title XVIII of the Social Security Act to rebase the calculation of payments for sole community hospitals and Medicare-dependent hospitals, and for other purposes</td>
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<tr>
<td>H.R. 2454: To amend title XVIII to strengthen ambulance services furnished under part B of the Medicare program</td>
</tr>
<tr>
<td>S. 644: Rural Hospital Closure Relief Act of 2021</td>
</tr>
<tr>
<td>S. 999: Save Rural Hospitals Act of 2021</td>
</tr>
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</table>
NRHA is drafting advocacy campaigns for other advocacy priorities for the future, so be on the lookout!
Help Us Advocate for Rural Health

• Send advocacy alerts in your organization’s newsletter.
• Attend a local town-hall to speak with your Members of Congress.
• Sign up to receive NRHA's Rural Roundup & NRHA Today.
• Engage with NRHA Advocacy online!
  • Social media: Twitter, Facebook, LinkedIn
  • Email: Carrie Cochran-McClain, Josh Jorgensen, Mason Zeagler
COVID-19 Resources

- NRHA COVID-19 Vaccine Resources
- NRHA COVID-19 Rural Health Provision Summary
- NRHA COVID-19 Technical Assistance Center
- NRHA COVID-19 Resources Page
- We Can Do This COVID-19 Public Education Campaign
Register today to join NRHA and hundreds of rural health advocates from across the nation for the largest rural advocacy event in the country.

NRHA's 33rd Annual Rural Health Policy Institute
## Destination NRHA

Plan now to attend these 2022 events.

<table>
<thead>
<tr>
<th>Conference</th>
<th>Date</th>
<th>Location</th>
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<tbody>
<tr>
<td>Policy Institute</td>
<td>Feb. 8-10, 2022</td>
<td>Washington, DC</td>
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<tr>
<td>Annual Conference</td>
<td>May 10-13, 2022</td>
<td>Albuquerque, NM</td>
</tr>
<tr>
<td>Rural Hospital Innovation Summit</td>
<td>May 10-13, 2022</td>
<td>Albuquerque, NM</td>
</tr>
<tr>
<td>Rural Health Clinic Conference</td>
<td>Sept. 20-21, 2022</td>
<td>Kansas City, MO</td>
</tr>
<tr>
<td>Critical Access Hospital Conference</td>
<td>Sept. 21-23, 2022</td>
<td>Kansas City, MO</td>
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</tbody>
</table>

Visit RuralHealthWeb.org for details and discounts.
Washington Update
Washington Update

Sarah Hohman
Deputy Director of Government Affairs
National Association of Rural Health Clinics
Agenda

- RHC Medicare Payment Reform
- Physician Fee Schedule Final Rule
- Telehealth Policy Post PHE
- Federal COVID-19 Funding for RHCs
- Vaccine Mandates
RHC Medicare Payment Reform

• H.R. 133, the Consolidated Appropriations Act of 2021, created the most comprehensive reform of the Medicare RHC payment methodology since the mid-90s.
RHC Medicare Payment Reform

• Phases in increases to the Medicare upper payment limit (the cap) over 8 years.
  • All *new* RHCs are subject to this upper payment limit.
  • Grandfathered / uncapped RHCs will have clinic specific upper limits based on their 2020 reimbursement rates plus medical inflation (MEI).
Increasing the Cap on RHC Reimbursement

• On April 1, 2021 the RHC upper payment limit increased from $87.52 to $100. The cap then increases each year as follows:
  2022 $113.00
  2023 $126.00
  2024 $139.00
  2025 $152.00
  2026 $165.00
  2027 $178.00
  2028 $190.00

• After 2028, the cap will increase according to the Medicare Economic Index (MEI)
Uncapped RHC Impacts

• Why alter payment methodology for RHCs who weren’t struggling with covering their cost per visit?
  • Immense scrutiny of the RHC program as a whole
  • Something was going to change, the RHC community needed to control its own destiny
    • A key tenet of the policy was (and is) that no RHC sees a reduction in reimbursement

• https://www.narhc.org/News/28696/Rural-Health-Clinic-Modernization-Included-in-Final-COVID-Package
Comparison Capped/Grandfathered Payments - New Law

![Graph showing comparison of capped and grandfathered payments over years]

- Capped Payments:
  - 2021: $100.00
  - 2022: $113.00
  - 2023: $126.00
  - 2024: $139.00
  - 2025: $152.00
  - 2026: $165.00
  - 2027: $178.00
  - 2028: $190.00

- Grandfathered Payments:
  - 2021: $236.77
  - 2022: $241.03
  - 2023: $245.36
  - 2024: $249.77
  - 2025: $254.26
  - 2026: $258.86
  - 2027: $263.51
  - 2028: $268.25

RHC Cap NL vs. Uncapped RHC NL

2 E. Main St, Fremont, MI 49412 | 866-306-1961 | NARHC.org
• Mental health services provided via telehealth
  • Allows RHCs to bill and be paid for mental health telehealth services (including audio-only) at their RHC per visit rate (like face-to-face visits)!

• Grandfathered RHC payment methodologies
  • Grandfathered RHC’s upper payment limits will be based on final cost settled rates from 2020 (or 2021 if necessary), not an interim rate.
  • Grandfathered status can be retained through CHOW or change of address, so long as the CCN and location requirements are retained.
  • New RHCs enrolled after January 1, 2021 are permitted to file consolidated cost reports with other new RHCs; however, grandfathered and non-grandfathered RHCs cannot file consolidated cost reports.
2022 Medicare Physician Fee Schedule
Final Rule

• RHC hospice coverage
  • An RHC clinician (physician, NP, PA) can provide hospice related care to a Medicare beneficiary enrolled in hospice and receive the all-inclusive rate payment for attending physician services beginning Jan. 1, 2022.
  • RHCs must report the GV modifier on the claim line for payment (along with the CG modifier) each day they provide a hospice attending physician service.

• Allows for RHCs to concurrently bill for CCM and TCM services provided in the same time-period.
2022 Medicare Physician Fee Schedule Final Rule

• For a full analysis of the rule and how it impacts RHCs, visit https://www.narhc.org/News/29164/MPFS-Final-Rule.
## Telehealth: What Does That Mean?

<table>
<thead>
<tr>
<th>Name of Service</th>
<th>Description</th>
<th>RHC-specific billing code</th>
<th>2021 Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth Visit</td>
<td>Replacement for in-office visits, simply delivered via telecommunications device, CMS lists every code eligible online (entire suite of E/M is included)</td>
<td>G2025</td>
<td>$99.45</td>
</tr>
<tr>
<td>Virtual Care Communications</td>
<td>PFS Codes: 99421, 99422, 99423, G2010, G2012 Online digital evaluation and management services are non-face-to-face, patient-initiated, digital communications using a secure patient portal.</td>
<td>G0071</td>
<td>$23.73</td>
</tr>
<tr>
<td>Care Management</td>
<td>PFS Codes: 99484, 99487, 99490, 99491, G2064, G2065 20 minutes of care management services per month to patients with at least 1 chronic condition.</td>
<td>G0511</td>
<td>$66-$67 (estimated)</td>
</tr>
<tr>
<td>Psychiatric Collaborative Care model</td>
<td>At least 70 minutes in the first calendar month, and at least 60 minutes in subsequent calendar months of psychiatric CoCM services, furnished by an RHC practitioner or Behavioral Health Care Manager under general supervision.</td>
<td>G0512</td>
<td>$141.83 (2020 rate)</td>
</tr>
<tr>
<td>Remote Physiologic Monitoring</td>
<td>PFS Codes: 99453, 99454, 99457, 99458 Remote monitoring of physiologic parameters</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
NARHC Telehealth Goals

• Temporary policy (G 2025) expires at the end of the PHE

• NARHC seeks permanent Medicare policy that allows RHCs to bill for telehealth visits the same as in-person RHC visits
  • **Normal Coding, Normal Reimbursement, Normal Cost Reporting Rules** (like CMS established with mental health services provided via telehealth)!

• Lots of legislation already introduced that achieves our goals, locks us into current system, or creates a new payment mechanism.

• **Explicit parity with in-person reimbursement (we strongly support)**
  • H.R. 2903 CONNECT for Health Act 2021
  • H.R. 4437
  • H.R. 341
Telehealth Policy – Bigger Picture

• Short Term – telehealth policy expires at the end of PHE, what does Congress do?
• Medium Term – what aspects of telehealth policy are made permanent? Do private payers opt to cover telehealth visits fully? How is audio-only handled?
• Long Term – does telehealth fundamentally alter what it means to have “access” to healthcare? Will RHCs be able to compete with offices in cities with sophisticated telehealth equipment and services?
Federal Spending in Response to COVID

- Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (Phase 1) $8.3 billion
- Families First Coronavirus Response Act (Phase 2) $225 billion
- CARES Act (Phase 3) $2.2 trillion
- Paycheck Protection Program and Health Care Enhancement Act (Phase 3.5) $483 billion
- Consolidated Appropriations Act of 2021 (COVID Relief Package) $920 billion stimulus + $1.4 trillion normal funding of government
- American Rescue Plan - $1.9 Trillion in stimulus
- Over $5 trillion total
RHC COVID Response - Funding and Resources

- Vaccine Confidence Funding
- American Rescue Plan Rural Allocation
- Direct Vaccine Distribution
- RHC COVID-19 Testing & Mitigation
- RHC COVID-19 Testing Program
- Provider Relief Fund
- Emergency Rural Development Grants
Tests Supported by RHCCT and RHCCTM Funding

Over 18M COVID-19 Tests Supported

<table>
<thead>
<tr>
<th>Month</th>
<th># Tests</th>
<th># Positive Tests</th>
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<tbody>
<tr>
<td>May 20</td>
<td>445,565</td>
<td>27,146</td>
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<tr>
<td>June 20</td>
<td>668,010</td>
<td>53,592</td>
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<tr>
<td>July 20</td>
<td>991,330</td>
<td>105,324</td>
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<tr>
<td>Aug 20</td>
<td>889,605</td>
<td>84,493</td>
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<tr>
<td>Sept 20</td>
<td>954,526</td>
<td>152,684</td>
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<tr>
<td>Oct 20</td>
<td>1,186,651</td>
<td>292,127</td>
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<tr>
<td>Nov 20</td>
<td>1,528,199</td>
<td>283,780</td>
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<tr>
<td>Dec 20</td>
<td>1,349,438</td>
<td>214,067</td>
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<tr>
<td>Jan 21</td>
<td>893,781</td>
<td>80,782</td>
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<tr>
<td>Feb 21</td>
<td>847,153</td>
<td>56,915</td>
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<td>March 21</td>
<td>820,718</td>
<td>62,653</td>
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<td>April 21</td>
<td>652,536</td>
<td>41,825</td>
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<tr>
<td>May 21</td>
<td>494,797</td>
<td>24,388</td>
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<tr>
<td>June 21</td>
<td>65,931</td>
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<td>July 21</td>
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<tr>
<td>Aug 21</td>
<td>792,757</td>
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</table>
DATA 2000 Waiver Training Program

- $3,000 payments for any provider who received their DATA 2000 Waiver on or after January 1, 2019.
- Scan QR code to see details on applications
- Still $1.5 million left for RHCs…
COVID-19 Vaccine Mandates

President Biden has issued an Executive Order directing various agencies to adopt policies mandating individuals who:

1. Work for the federal government OR who work for a company that is a contractor to the federal government;
2. Employees of companies with more than 100 employees;
3. Work in a healthcare facility that falls under the Medicare Conditions of Participation or Conditions of Certification (i.e. hospitals, nursing homes, home health agencies, Ambulatory Surgical Centers, etc.);
   1. Individuals who are contracted by one of the above to provide services in the facility.
COVID-19 Vaccine Mandates

• The CMS mandate applies to RHCs
• All staff, with some exceptions, must have their first dose by December 4, 2021 and be fully vaccinated by January 4, 2022
• RHCs must update their policies and procedures accordingly, including information on medical and religious exemptions, documentation of vaccinations, and accommodations in place for those not vaccinated.
• Currently an injunction in 10 states, we’re following the legal battle to see how it plays out...
Sarah Hohman
Deputy Director of Government Affairs
National Association of Rural Health Clinics

202-543-0348
Sarah.Hohman@narhc.org
narhc.org
Federal Rural Health Update
The Federal Office of Rural Health Policy

Authority: Section 711 of the Social Security Act

Mission: The Federal Office of Rural Health Policy (FORHP) collaborates with rural communities and partners to support programs and shape policy that will improve health in rural America

Vision: Building Healthy Rural Communities

Quick Background on FORHP’s Dual Role

<table>
<thead>
<tr>
<th>Quick Background on FORHP’s Dual Role</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Across HRSA And HHS</td>
<td>Collaborate with Federal partners</td>
</tr>
<tr>
<td>“Voice for Rural”</td>
<td>Regulation Review and Policy Analysis</td>
</tr>
<tr>
<td>Capacity Building in Rural Communities</td>
<td>HRSA Grant Programs and Technical Assistance</td>
</tr>
</tbody>
</table>
The Federal Office of Rural Health Policy

Key Program Activity Areas

Community-Based Efforts

- Rural Health Outreach Authority:
  - Supports Capacity Building Efforts and Pilots (RMOMs, Healthy Rural Hometowns)
  - Public Health Programs
    - Black Lung, Radiation Screening

Hospital Efforts

- The Rural Hospital Flexibility and Small Hospital Improvement Programs
  - Done in partnership with States
- Targeted Hospital Assistance
  - Delta Systems Initiative
  - Transition to Value
  - Small Vulnerable Rural Hospital Program

Policy & Research Efforts

- Rural Health Research Centers to inform Office’s Policy role
  - Collaboration with AHRQ, CDC/NCHS
  - Administer the Rural Residency Planning Grants
  - Staff the National Advisory Committee on Rural Health and Human Services
  - Rural Health Information Hub

Rural Community Opioids Response

- Targeted community-based grants to target the opioid epidemic in rural areas
  - Rural Opioid Epidemic Centers for Excellence
  - Collaboration with HRSA partners, SAMHSA, CDC, and NIDA
## FORHP FY 2020 – 2022 Budget

<table>
<thead>
<tr>
<th>Rural Health</th>
<th>FY 2020 Enacted</th>
<th>FY 2021 Enacted</th>
<th>FY 2022 (President’s Budget)</th>
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</thead>
<tbody>
<tr>
<td>Policy Development</td>
<td>$10.351M</td>
<td>$11.076M</td>
<td>$11.076M</td>
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<tr>
<td>Outreach Grants</td>
<td>$79.500M</td>
<td>$82.500M</td>
<td>$90.000M</td>
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<tr>
<td>Hospital Flexibility Grants</td>
<td>$53.609M</td>
<td>$55.609M</td>
<td>$57.509M</td>
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<tr>
<td>State Office of Rural Health</td>
<td>$12.500M</td>
<td>$12.500M</td>
<td>$12.500M</td>
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<tr>
<td>Radiation Exposure Screening and Education Program</td>
<td>$1.834M</td>
<td>$1.834M</td>
<td>$2.734M</td>
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<tr>
<td>Black Lung</td>
<td>$11.500M</td>
<td>$11.500M</td>
<td>$12.190M</td>
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<tr>
<td>Telehealth</td>
<td>$29.000M</td>
<td>$34.000M</td>
<td>$36.500M</td>
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<tr>
<td>Rural Communities Opioid Response Program (RCORP)</td>
<td>$110.000M</td>
<td>$110.000M</td>
<td>$165.000M</td>
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<tr>
<td>Rural Residency Planning</td>
<td>$10.000M</td>
<td>$10.500M</td>
<td>$12.700M</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$318.294M</strong></td>
<td><strong>$329.519M</strong></td>
<td><strong>$400.209M</strong></td>
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</tbody>
</table>
FORHP Priorities

COVID-19 Response

Substance Use and Mental Health

Health Equity

Research Agenda
FORHP Priorities: COVID-19 Response

• 2020
  • $180 Million for Rural and Critical Access Hospitals (CAHs) and Tribal Organizations
  • $225 Million for Rural Health Clinics (RHCs)

• 2021
  • $460 Million for Rural Health Clinics
    • Approximately 4,600 RHCs
  • $398 Million for Rural Hospitals and CAHs
    • Approximately 1,730
  • $98 Million from CDC to RHCs for Vaccine Confidence
  • $1.5 Million from CDC for Vaccine Confidence in Rural Communities (CDC Proposal)

*NEW*
• Rural Public Health Workforce Training Program
  • Coming soon
COVID-19 & Rural Communities: Key Efforts
Support for Vaccine Confidence, COVID-19 Testing and Mitigation

HRSA Invested **NEARLY $1 BILLION** from the American Rescue Plan for Rural COVID-19 Response

- **Rural Health Clinic COVID-19 Testing and Mitigation Program**
  - $460M

- **Small Rural Hospital Improvement Program (SHIP)**
  - $398M

- **Rural Health Clinic Vaccine Confidence Program**
  - $98M
Workforce Funding from the American Rescue Plan
Focusing Solely on Rural Communities

• Four Tracks:
  - Community Health
  - Community Paramedicine
  - Health Information Technology, Telehealth Technical Support
  - Respiratory Therapy and Case and Management and Coordination

“HHS will make $52 million from the American Rescue Plan available to train a range of health care workers to fill in-demand professions affected by the pandemic. Specifically, HHS is creating rural health networks by pairing together minority-serving institutions, community colleges, technical colleges, rural hospitals, Rural Health Clinics, community health centers, nursing homes and substance abuse providers.”

The Rural Dimensions of the Opioid Epidemic

- Rural overdose deaths track the rise in urban deaths
- Pandemic has driven increases
- Rural areas have limited infrastructure to offer treatment
- Rural areas are also dealing with substance use issues beyond opioids

Rural Community Opioid Response Program (RCORP)

- RCORP – Planning
- RCORP – Implementation
- RCORP – MAT Expansion
- RCORP – Neonatal Abstinence Syndrome
- RCROP – Psychostimulant Support
- **NEW** RCORP – Mental and Behavioral Support
The Rural Health Research Center (RHRC) Program funds eight core research centers to conduct policy-oriented health services research.

**Goals:**
- Examining trends in rural hospital closures and the financial viability of rural hospitals.
- Impact of dual disparities, i.e. disparities of rural residence & race/ethnicity.
- Maternal health outcomes in rural vs. urban communities and access to care issues related to obstetric services.
- Workforce shortage and distribution challenges in rural communities.

FORHP Priorities: Research Agenda

https://www.ruralhealthresearch.org/
Rural Hospitals Closure and Financial Risk
Continuing Concerns on Implications for Access

- Closure rate has been relatively steady
- Some closures give way to different models of care; others result in access gaps
• Percentage of deaths that were potentially excess* among persons aged <80 years from the five leading causes of death by urban-rural county classification by the National Vital Statistics System, United States, 2017

* Potentially excess deaths are defined as deaths among persons < 80 years in excess of the number that would be expected if the death rates for each cause in all states were equivalent to those in the benchmark states (i.e., the three states with the lowest rates).
Testing New Models of Maternity & Obstetrics Care

Rural Maternity and Obstetrics Management Strategies (RMOMS) Program

Now Accepting Applications
Visit our webinar for applicants on April 21, 2021, at 2pm ET.
Call-in Number: 1-833-506-8554
Participant Code: 91092458
We will post the webinar recording here for those who cannot attend.

The statistics on rural maternal health are eye-opening:
- More than half of all rural U.S. counties lack hospital obstetric services.
- Closures are more common in small hospitals and communities with a limited obstetric workforce.
- Maternal mortality and morbidity are rising.
- Large racial and ethnic disparities in pregnancy-related mortality persist. They are two to three times higher for African American and American Indian/Alaskan Native women than white women.

To address these problems, HRSA created the RMOMS program.

What does the RMOMS program do?
RMOMS improves maternal care in rural communities by:
- Collecting data on rural hospital obstetric services.
- Building networks to coordinate continuum of care.
- Leveraging telehealth and specialty care; and
- Improving financial sustainability.

RMOMS aligns with important government-wide initiatives, including the HRSA Rural Action Plan (PDF - 615 KB).

This program will allow awardees to test models in order to address unmet needs for their target population. This includes populations who may have suffered from poorer health outcomes, health disparities and other needs.

Severe Maternal Morbidity and Hospital Transfer Among Rural Residents

Rural-Urban Differences In Severe Maternal Morbidity And Mortality In The US, 2007–15
Kathy Backes Koehler, Julia D. Interrante, Carrie Henning-Smith, and Lindsay K. Admon

Support for this study was provided to the Federal Office of Rural Health Policy, Health Resources and Services Administration. The views expressed are those of the authors and do not necessarily reflect those of the Federal Office of Rural Health Policy, nor is it endorsed or should be inferred.
46 award recipients spanning across 26 states and 4 medicine disciplines

Advancing rural residency training and serve as innovative models for rural residency development

Between FY19 and FY20 Cohorts, over half achieved ACGME accreditation and 12 RRPD programs plan to onboard over 60 residents for FY21
Key rural policy updates:

- Wage index (and other IPPS policies)
- Rural Health Clinic payment adjustments from the Consolidated Appropriations Act (PFS)
- Physician assistant payment
- Telehealth changes for behavioral health, including RHCs/FQHCs
- GME and Rural Emergency Hospital policies coming

Assessing Rural Implications of HHS Rulemaking
Implications for Rural Hospitals and Providers

Fiscal Year (FY) 2021 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long Term Acute Care Hospital (LTCH) Final Rule (CMS-1735-F)

On September 2, 2020, the Centers for Medicare & Medicaid Services (CMS) issued a final rule for acute care and long term care hospitals that ensures access to potentially life-saving diagnostics and therapies by unleashing innovation in medical technology and removing barriers to competition. The final rule will update Medicare payment policies for hospitals under the Inpatient Prospective Payment System (IPPS) and the Long Term Care Hospital (LTCH) Prospective Payment System (PPS) for fiscal year 2021.

The finalized policies in the IPPS and LTCH PPS final rule support the agency’s key priorities, which include Strengthening Medicare and Fostering Innovation. The finalized policies also help ensure that Americans continue to have access to a world-class healthcare system with access to potentially life-saving diagnostics and therapies by unleashing innovation in medical technology and removing barriers to competition.
FORHP Health Equity Work Group

- This group was created in summer 2020 to build knowledge and capacity among grantees and staff to help achieve health equity and reduce health disparities
- Research and Analysis
  - Rural Research Recaps
  - New Studies in 2022
  - Data by race and ethnicity
- Building a voice for rural health equity in the larger national discussion
- Refining attention to health equity within our grant programs

FORHP Priorities: Health Equity

COVID-19 Response
Substance Use and Mental Health
Health Equity
Research Agenda
FY 2020 Rural Health Programs in Louisiana

<table>
<thead>
<tr>
<th>FY 2020 Funding</th>
<th>Unique Awards</th>
<th>Total Awards</th>
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</thead>
<tbody>
<tr>
<td>$9,755,752</td>
<td>9</td>
<td>12</td>
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</table>

Highlighted Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 2020 Funding</th>
<th>Unique Awardees</th>
<th>Total Awards</th>
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<tbody>
<tr>
<td>Rural Hospitals</td>
<td>$912,077</td>
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<td>2</td>
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<tr>
<td>Community Programs</td>
<td>$8,613,675</td>
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<tr>
<td>Research</td>
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</tr>
<tr>
<td>Telehealth</td>
<td>$0</td>
<td>0</td>
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<tr>
<td>Total</td>
<td>$9,525,752</td>
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<td>12</td>
</tr>
<tr>
<td>Grant Program</td>
<td>Background</td>
<td>Target for Public Availability</td>
<td>Anticipated Application Due Date</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td><strong>Rural Communities Opioid Response Program</strong></td>
<td>$50 M in funding ($1 million each) to support prevention, treatment, and recovery service delivery in rural communities.</td>
<td>Posted 10/15/2021</td>
<td>1/13/2022</td>
</tr>
<tr>
<td><strong>Rural Health Network Development Planning</strong></td>
<td>$1.1 Min funding (15 $100K awards) for planning and strategic efforts.</td>
<td>Posted 10/29/2021</td>
<td>1/28/2022</td>
</tr>
<tr>
<td><strong>Delta Region Rural Health Workforce Training Program</strong></td>
<td>Educate and train future+current professionals in rural counties and parishes of Mississippi Delta Region and Alabama Black Belt</td>
<td>Posted 10/20/2021</td>
<td>1/25/2022</td>
</tr>
<tr>
<td><strong>Rural Communities Opioid Response Program – Mental and Behavioral Health</strong></td>
<td>Expected $13 M in funding (26 awards $500K each) to address the mental and behavioral health needs of those affected by SUD/OUD.</td>
<td>Winter 2021</td>
<td>3/18/2022</td>
</tr>
</tbody>
</table>
### FORHP Funding: Timeline, continued

<table>
<thead>
<tr>
<th>Grant Program</th>
<th>Background</th>
<th>Target for Public Availability</th>
<th>Anticipated Application Due Date</th>
<th>Potential Project Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Small Health Care Provider Quality Improvement Program</strong></td>
<td>$8 M in funding ($200K each for 40 awards for three years) to focus on QI efforts.</td>
<td>Winter 2021</td>
<td>3/21/2022</td>
<td>8/1/2022</td>
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<tr>
<td><strong>Rural Residency Planning and Development Program</strong></td>
<td>$11 M in funding (10-12 awards at $750K each)</td>
<td>Posted 10/20/2021</td>
<td>12/20/2022</td>
<td>8/1/2022</td>
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<tr>
<td><strong>Rural Public Health Workforce Training Network Program</strong></td>
<td>$47 million in funding; up to 31 awards</td>
<td>Winter 2021</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Rural Maternal Obstetrics Management Strategies Program</strong></td>
<td>Proposed Funding of Approximately $10 M *</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

* Funding included in both House and Senate FY 22 Proposals
Expansion of Telehealth

Expanding HRSA’s Focus

• Pandemic-driven acceleration aided by reduction or regulatory barriers
• New resources on licensure burden
• Elevation of the Office for the Advancement of Telehealth within HRSA
• Challenges and opportunities with broadband
FORHP Weekly Announcements

• 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
Contact Information

Craig Caplan
ccaplan@HRSA.gov
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www.HRSA.gov

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