



NATIONAL ASSOCIATION OF
Community Health Centers®

RURAL AMERICA: POLICY & PROGRAM UPDATES FOR HEALTH CENTERS SERVING RURAL COMMUNITIES – NTTAP FEATURED

March 10, 2023



NACHC's STRATEGIC PILLARS

1



Equity and Social Justice

Center everything we do in a renewed commitment to equity and social justice

2



Empowered Infrastructure

Strengthen and reinforce the infrastructure for leading and coordinating the Community Health Center movement, notably consumer boards and NACHC itself

3



Skilled and Mission-driven Workforce

Develop a highly skilled, adaptive, and mission-driven workforce reflecting the communities served

4



Reliable and Sustainable Funding

Secure reliable and sustainable funding to meet increasing demands for Community Health Center services

5



Improved Care Models

Update and improve care models to meet the evolving needs of the communities served

6



Supportive Partnerships

Cultivate new and strengthen existing mutually beneficial partnerships to advance the shared mission of improving community health

To learn more about NACHC's Strategic Pillars visit <https://www.nachc.org/about/about-nachc/>

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



AGENDA

- 1** ▶ Introduction & Context Setting
- 2** ▶ National Rural Health Landscape
- 3** ▶ HRSA's Federal Office of Rural Health Policy:
Policy Impacts on Community Health

- 4** ▶ HRSA's Office for the Advancement of
Telehealth Updates
- 5** ▶ Upcoming Events at NACHC
- 6** ▶ Q&A

MEET THE SPEAKERS



Alan Morgan, MPA
CEO
National Rural Health Association



Sarah Heppner, MS
Associate Director
Federal Office of Rural Health Policy
HRSA



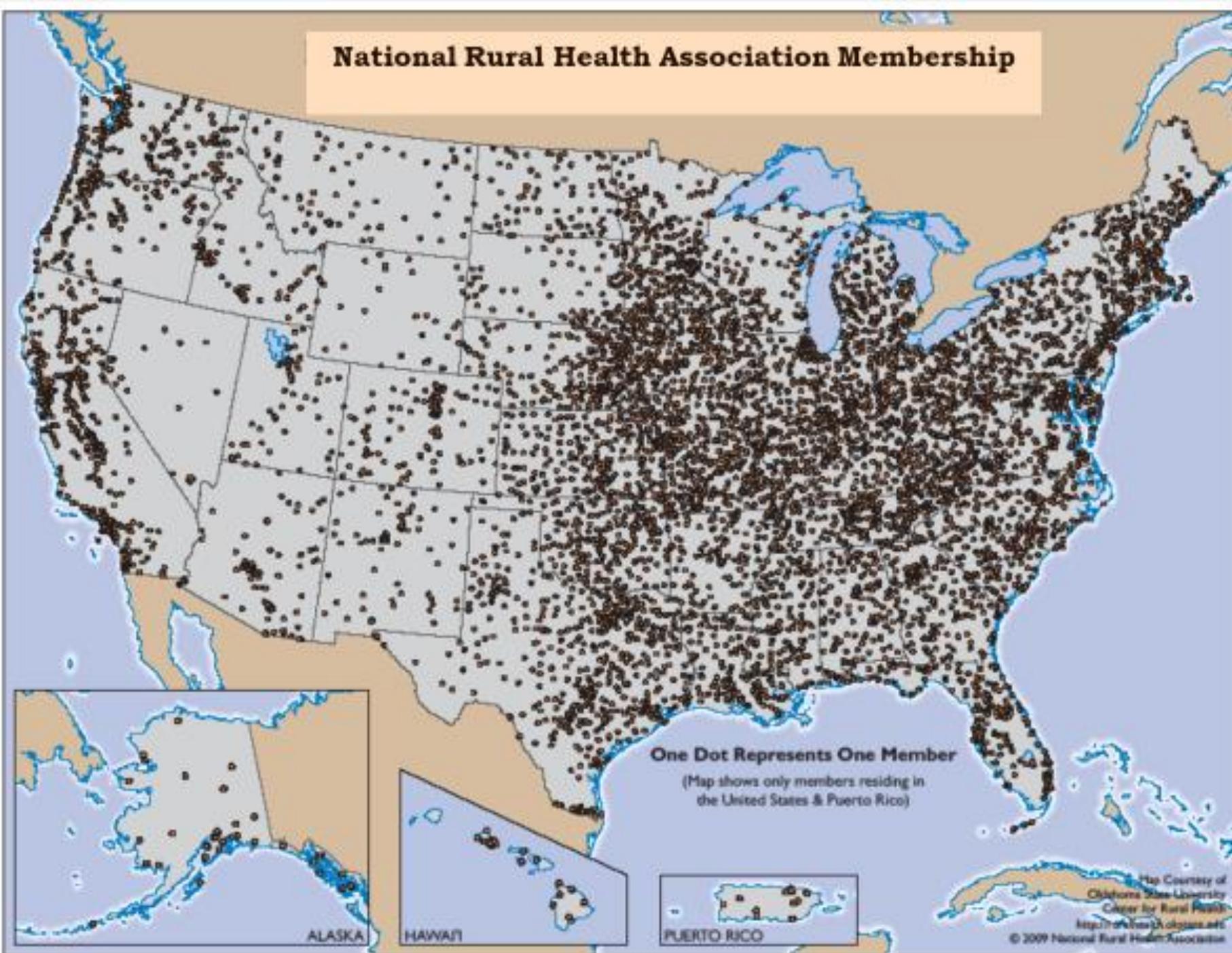
William England, PhD, JD
Sr. Advisor
Office for the Advancement of
Telehealth (OAT)
HRSA

The Rural Health Landscape

Alan Morgan
CEO

March 2023

National Rural Health Association Membership



The State of Rural America

- **Workforce Shortages**
- **Vulnerable Populations**
- **Chronic Poverty**



Rural Population since 2015

- U.S. Census shows that population in nonmetropolitan counties remained stable from 2014 to 2022 at about 46 million.
- (2014-2018 rural adjacent to urban saw growth.)

Am I rural?



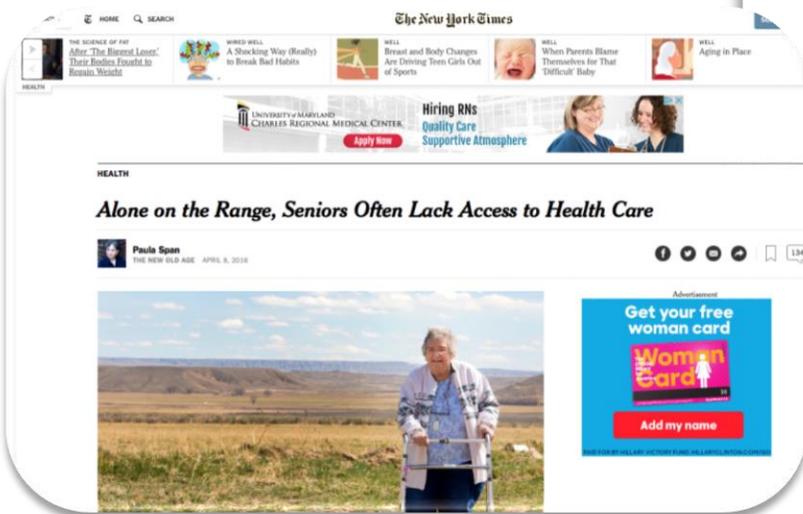
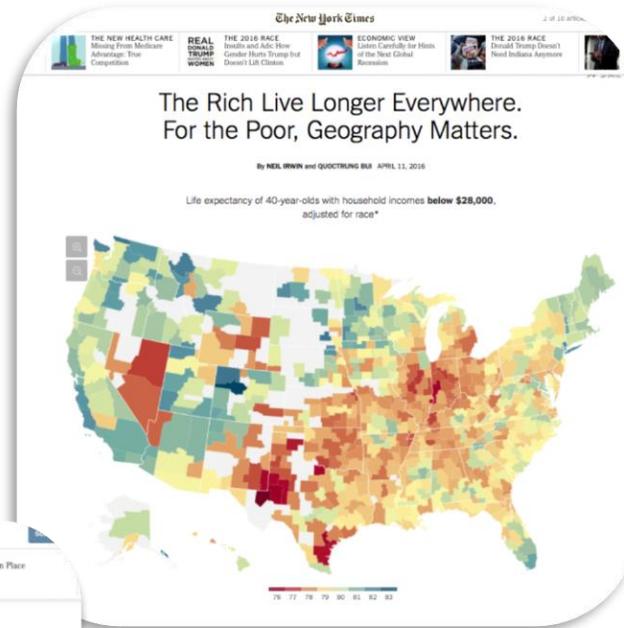
Rural Quality

- Strong sense of community responsibility, propensity toward collaboration (unique ways to develop and provide services needed.)
- Ability to create regional networks to provide greater access to state-of-the-art health care.
 - Institute Of Medicine “Quality through Collaboration”

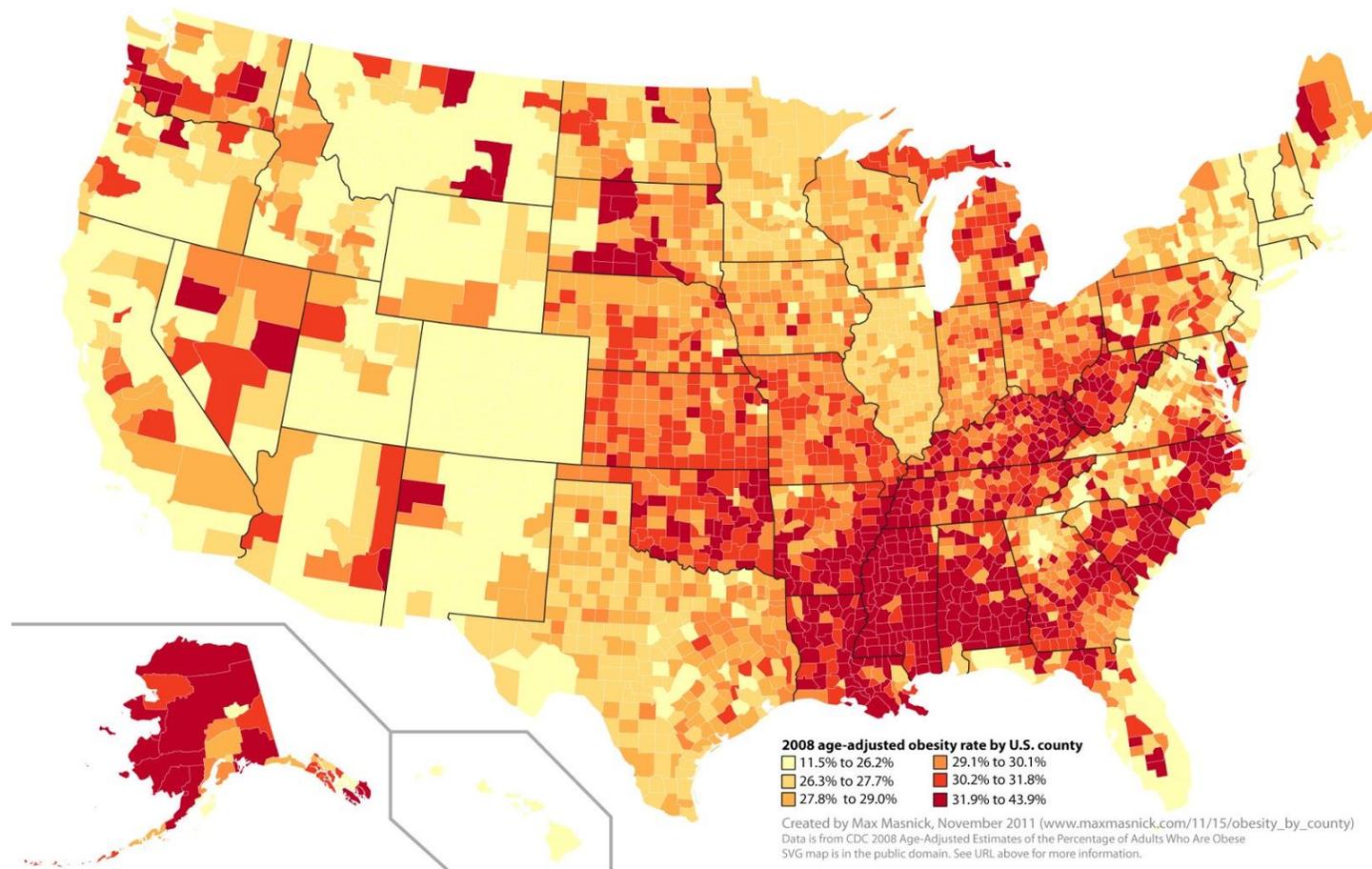
Rural has an Older, Sicker and Poorer Population

- The median age of adults living in rural areas is greater than those living in urban:
 - Rural: 51 years
 - Urban: 45 Years
- 18.4% of rural residents are age 65+, whereas its 14.5% in urban
- **Rural areas have higher rates of several health risk factors/conditions:**
 - **Obesity**
 - **Diabetes**
 - **Smoking**

Declining Life Expectancy



Obesity rates in rural America



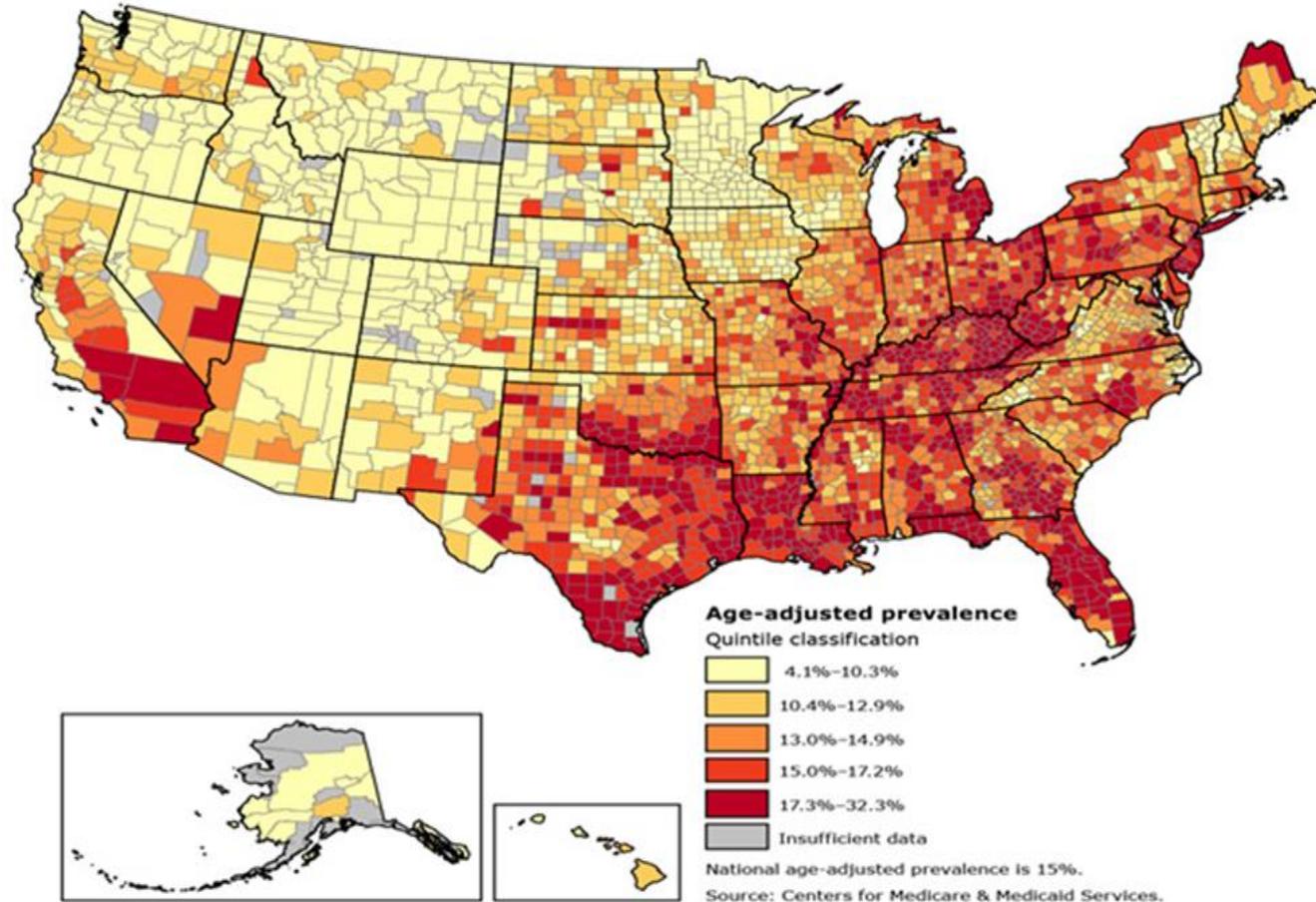
Rural Cancer Rates

(Source: Centers for Disease Control and Prevention, MMWR Series July 2017)

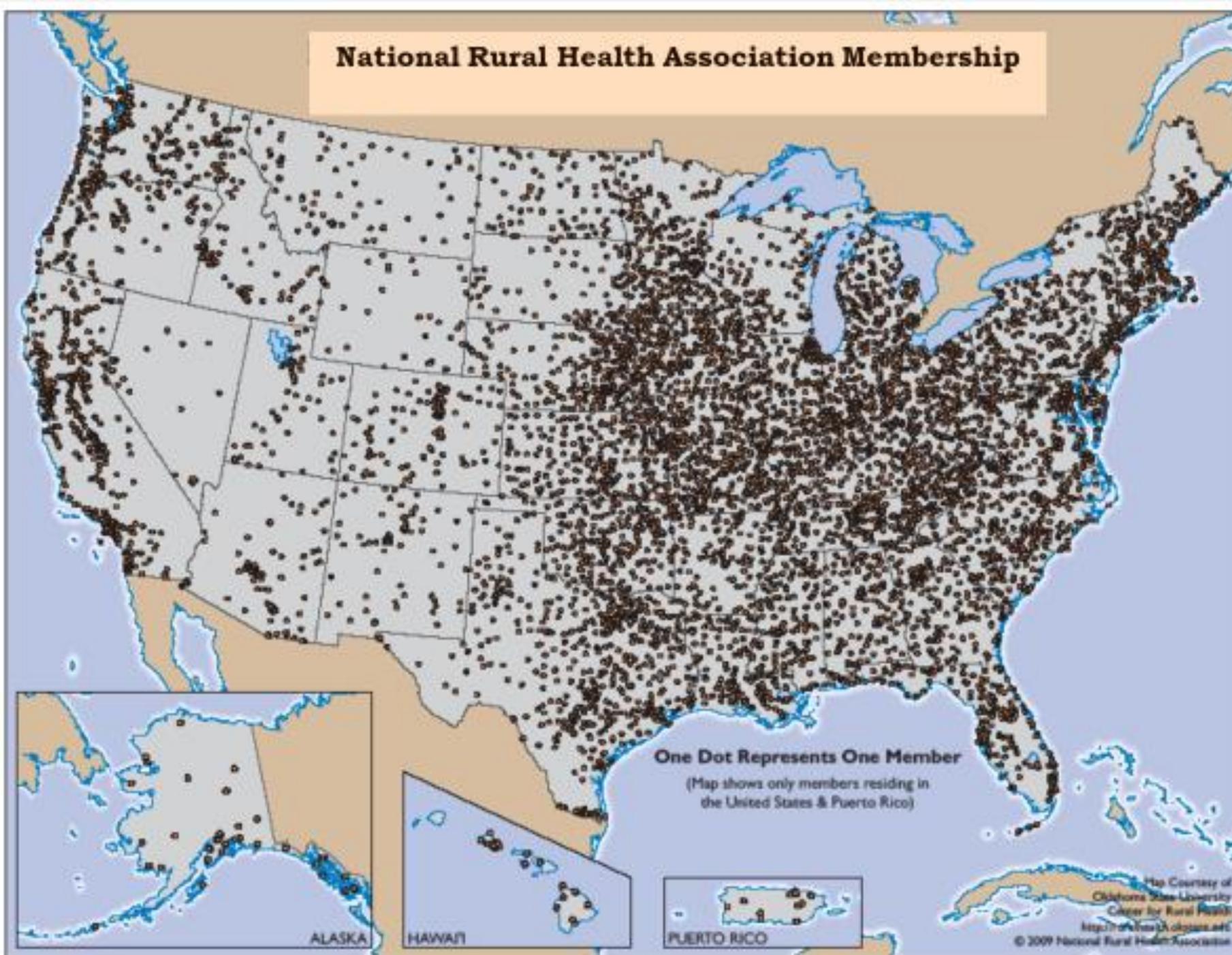
- Reported death rates were higher in rural areas (180 deaths per 100,000 persons) compared with urban areas (158 deaths per 100,000 persons).
- Analysis indicated that while overall cancer incidence rates were somewhat lower in rural areas than in urban areas, incidence rates were higher in rural areas for several cancers: those related to tobacco use such as lung cancer and those that can be prevented by cancer screening such as colorectal and cervical cancers.
- ***While rural areas have lower incidence of cancer than urban areas, they have higher cancer death rates. The differences in death rates between rural and urban areas are increasing over time.***

Prevalence of Medicare Patients with 6 or more Chronic Conditions

The Prevalence of Medicare Fee-for-Service Beneficiaries 65 Years or Older With 6 or More Chronic Conditions, by County, 2012

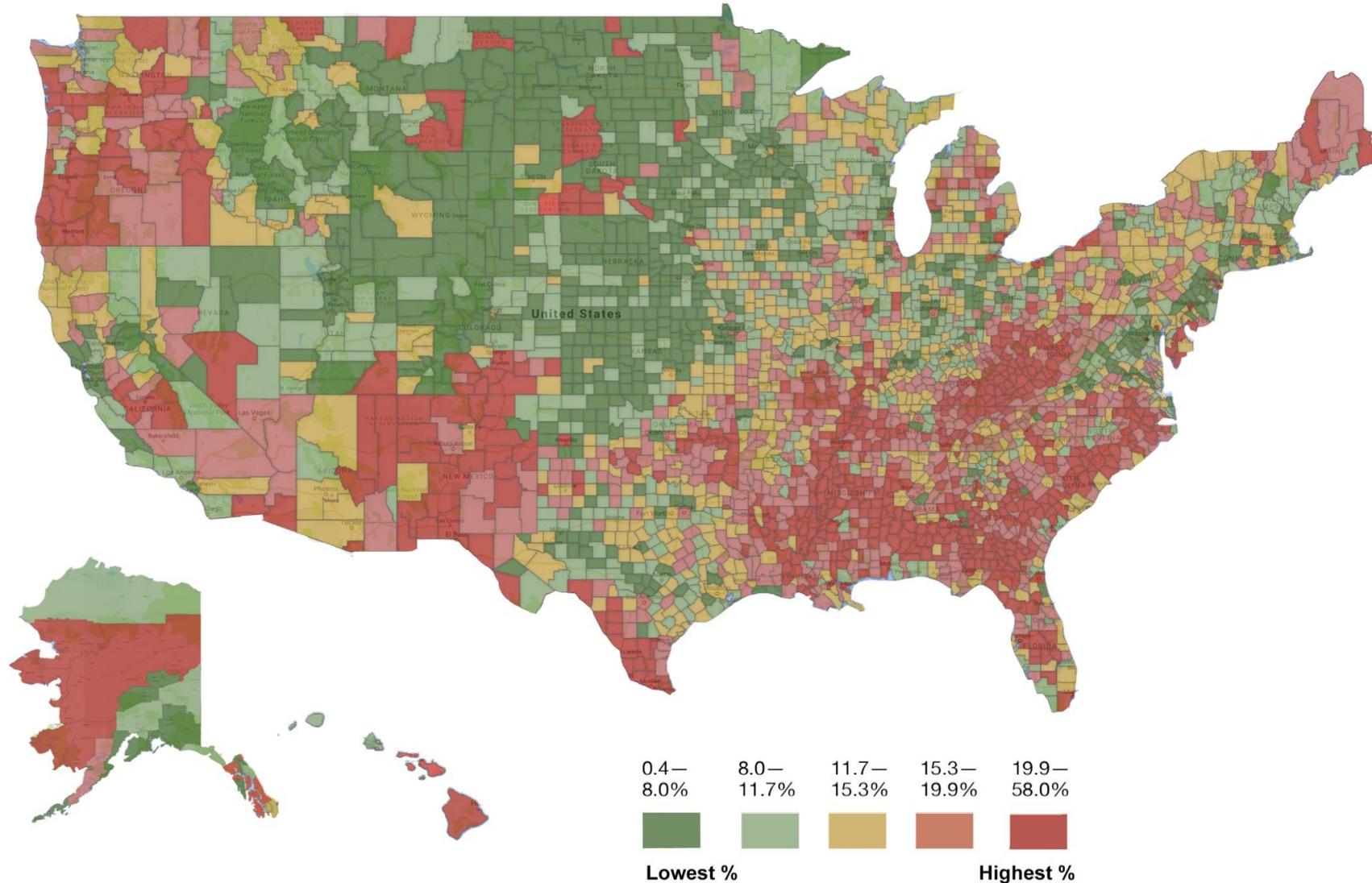


National Rural Health Association Membership



The Geography of Food Stamps

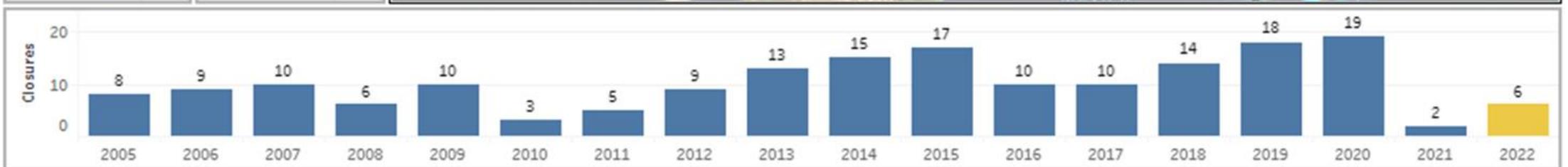
SNAP Enrollment as Percent of County Population



Rural Hospital Closures

Closure Year
2005 2022

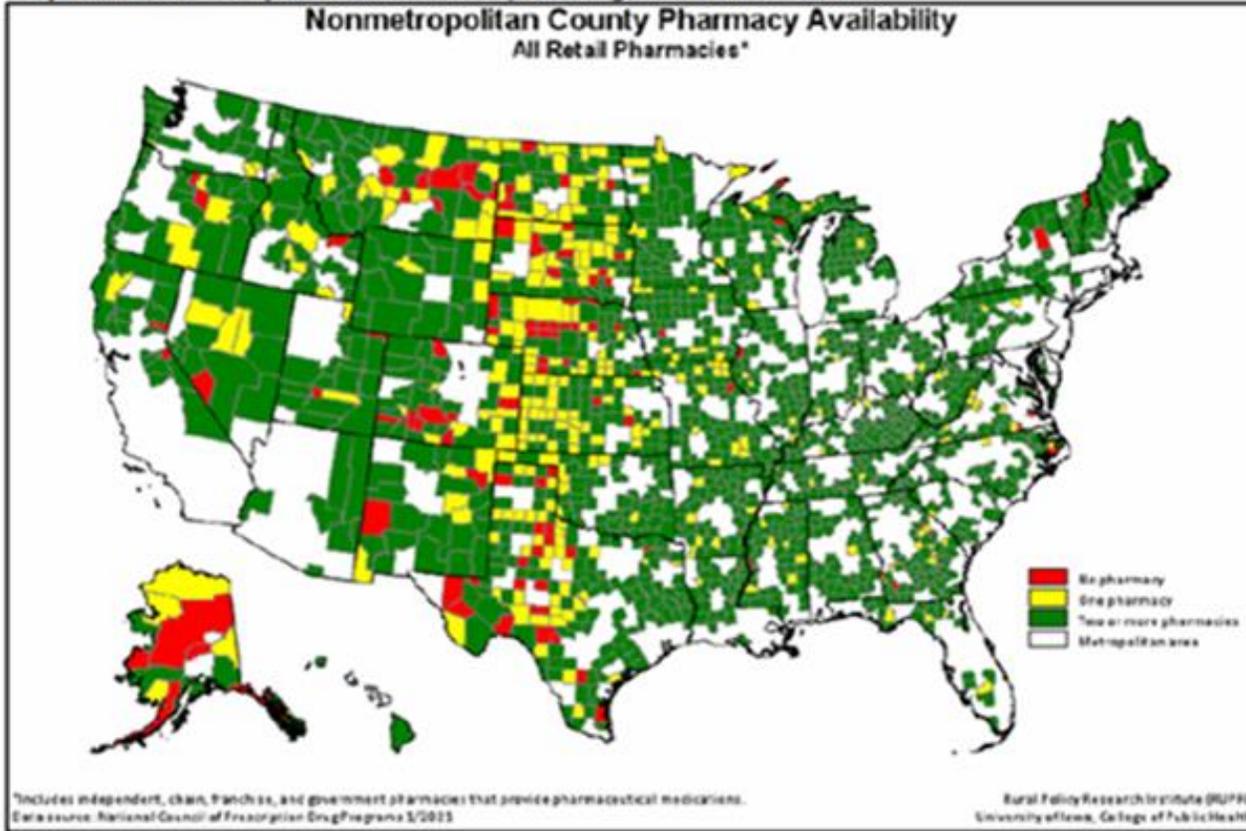
2022 closures are displayed in **yellow**, closures prior to 2022 are in **blue**.



Rural Pharmacy Closures

Map 1. Nonmetropolitan Counties, all Eligible Pharmacies

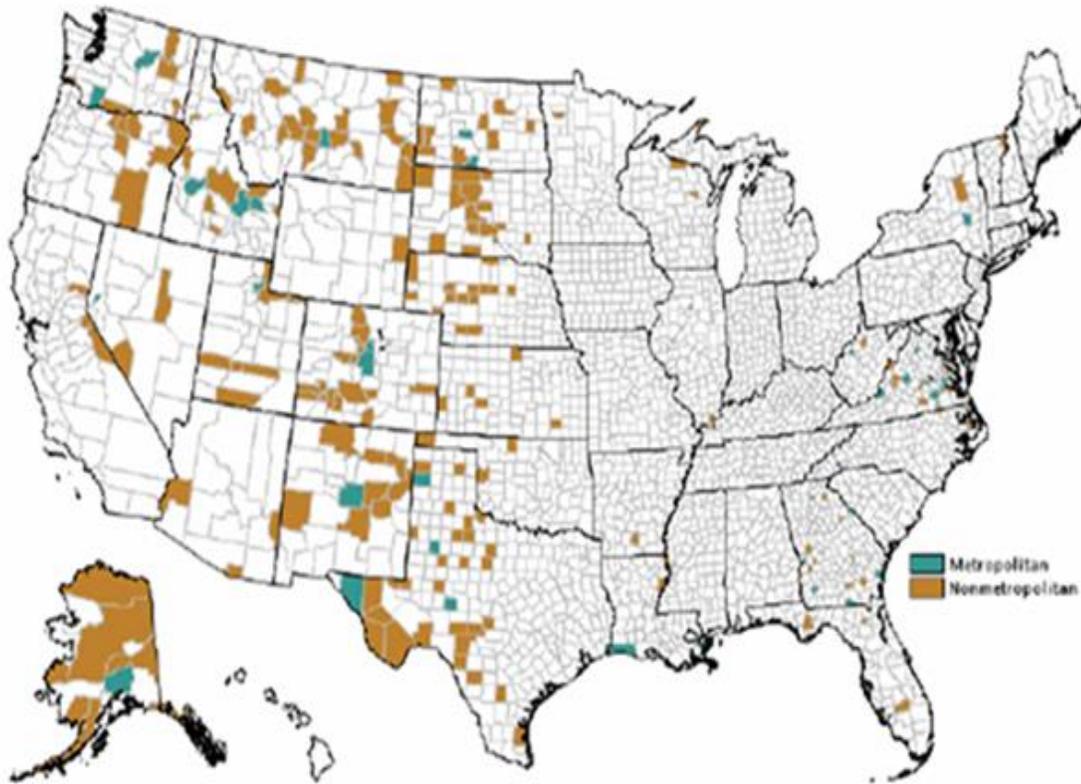
Nonmetropolitan County Pharmacy Availability
All Retail Pharmacies*



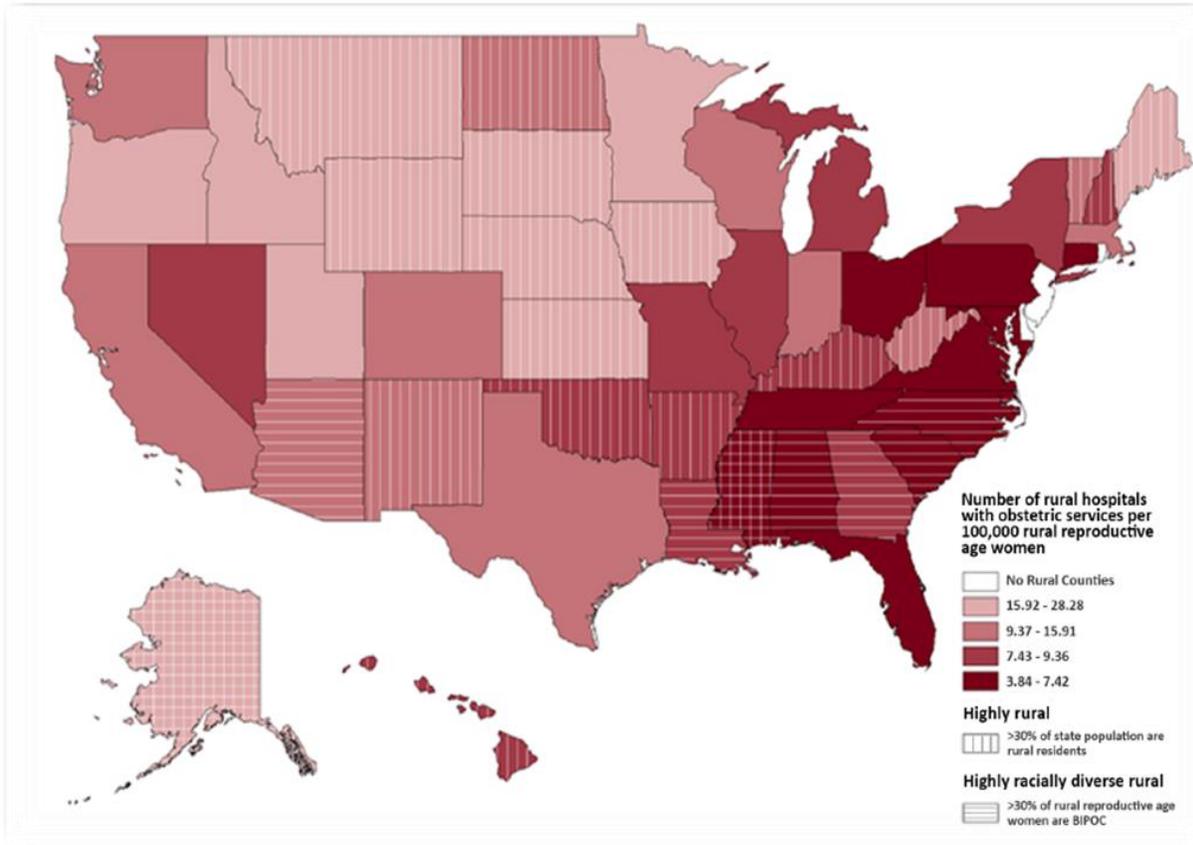
- From 2003 – 2018, 1,231 independently owned rural pharmacies (16.1%) closed
- 630 rural communities with at least 1 retail pharmacy in 2003 had 0 in 2018

Rural Nursing Home Closures

- 10% of rural counties are nursing home deserts
- From 2008-2018, 400 rural counties experienced at least 1 nursing home closure



Maternity Deserts Nationwide



- 56% of rural counties lack hospital-based OB services
- Substantial state and regional variability
- Loss of hospital-based OB services is most prominent in rural communities:
 - With a high proportion of Black residents
 - Where a majority of residents are Black or Indigenous have elevated rates of premature death

Population Health Disparity

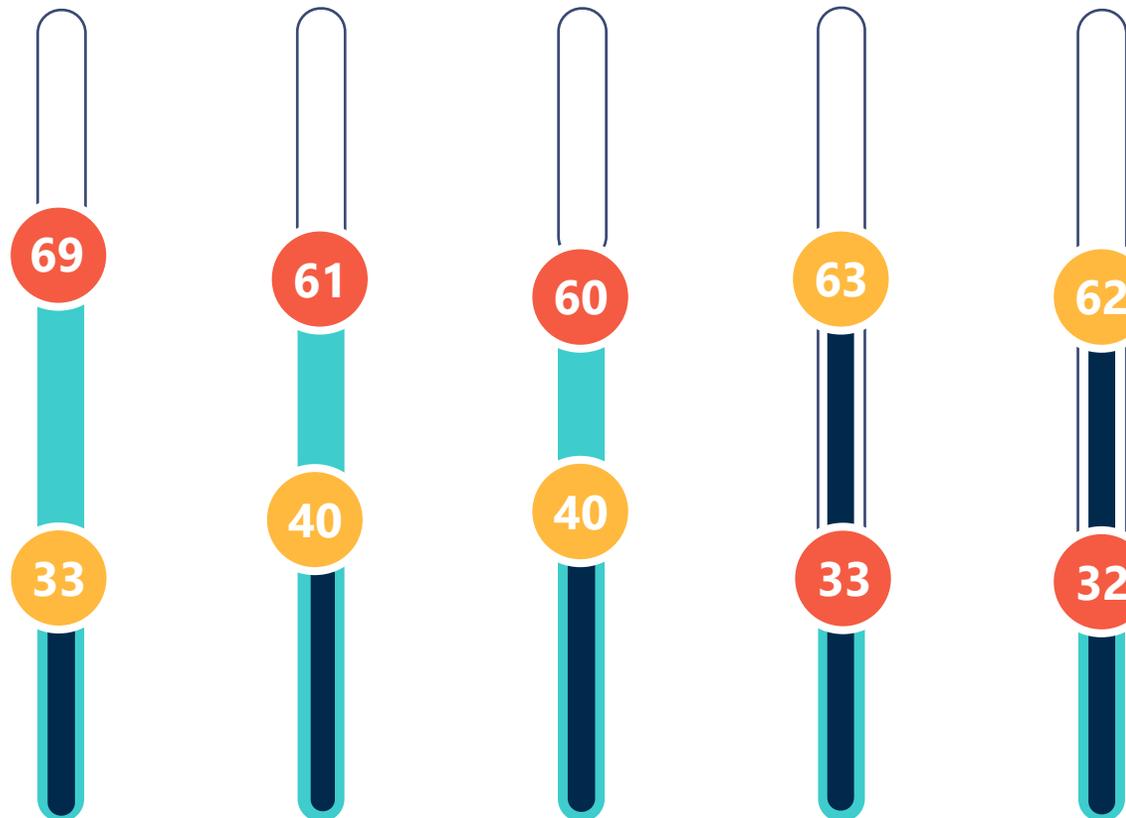
Percentile Ranking



Rural



Urban



Source: The Chartis Center for Rural Health, 2021.

Over 65

Premature
Death

Uninsured
Children

Access to
Primary Care

Access to
Mental Health

The Rural Provider Environment

- 1400 total Federally Qualified Community Health Centers
(600 rural, serve 1 in 5 rural residents)
- 5000 Rural Health Clinics
- 1300 Critical Access Hospitals
- 500 Rural Prospective Payment Hospitals

Addressing COVID-19

COVID-19 – A Rural Story

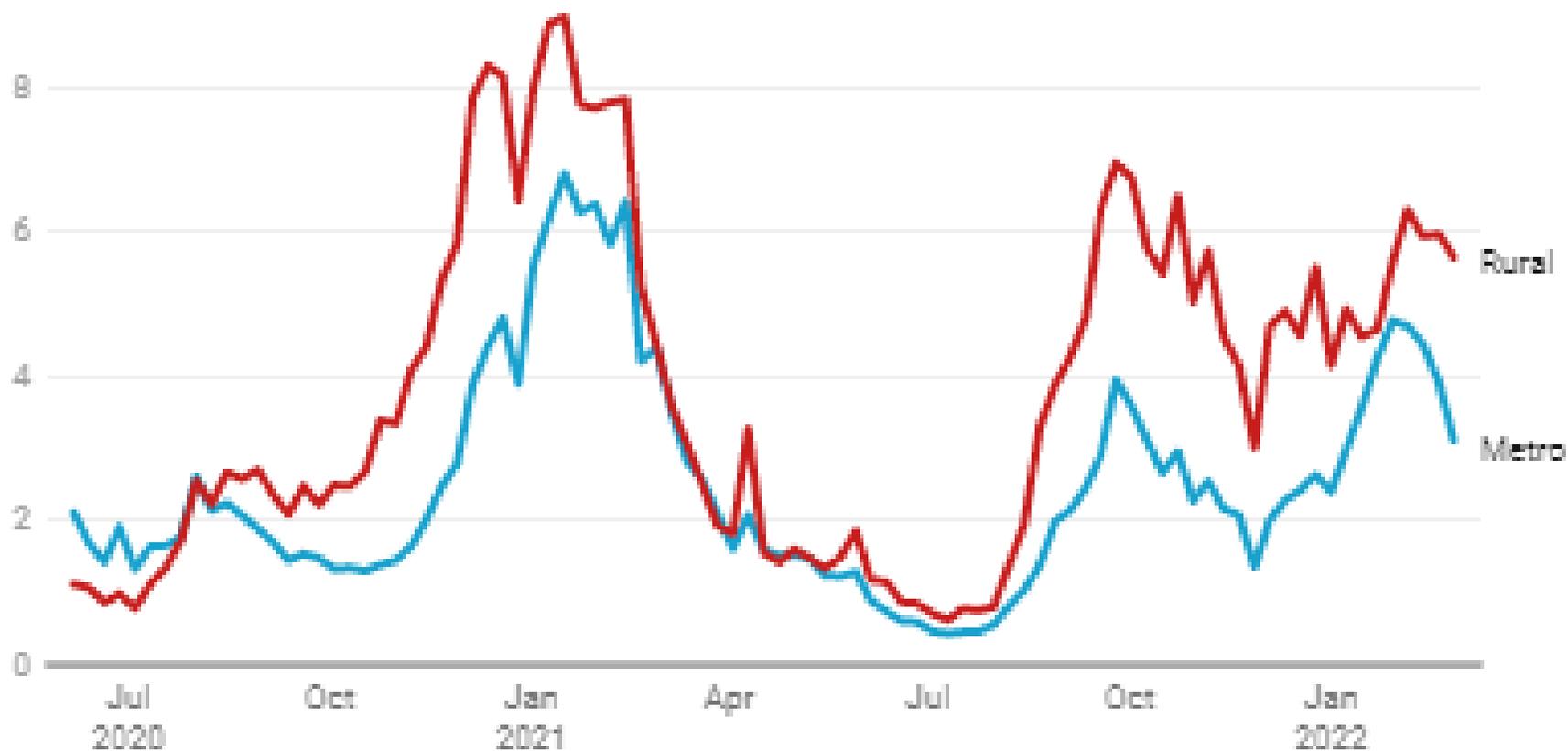


CORONAVIRUS

Covid is killing rural Americans at twice the rate of people in urban areas

The pandemic is devastating rural America, where lower vaccination rates are compounding the already limited medical care.

Rural COVID-19 Mortality Rate



As of March, 2022

Source: CDC and selected state departments of health
<https://dailyonder.com/covid-19-dashboard-for-rural-america/>

Rural Hospital Staffing Survey

Which roles are you experiencing the greatest difficulty filling?



Nursing 96.2%

Ancillary Services 66.2%

Facilities

Physicians

Other

Admin

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.***

Rural Hospital Staffing Survey

How would you rank the following reasons for nurse staff departures in 2021?

48%



1

More financially lucrative opportunities at staffing agency

More financially lucrative opportunities at another hospital

3

Pandemic Burn Out

Retirement

5

Unwillingness to comply with vaccine mandate

Other

Among survey respondents, **48%** ranked more financially lucrative opportunities at staffing agencies as the #1 reason for nurse staff departure this year.

Drivers behind rural workforce shortage

- COVID-19 burnout/exhaustion
- Baby Boomers are retiring
- Desire for flexible work schedules
- New options like remote work/digital opportunities
- Salary and benefit limitations
- Education opportunities limited
- Rural patients need more services
- Rural practice characteristics
- Rural communities lack spouse opportunities

The 2022 Budget and 2023 Budget: Workforce

Addressing rural workforce needs by tapping into other HRSA programs



National Health Service Corps and Nurse Corps

support primary care and mental health providers

> 6,000 serve in rural communities



Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene

improves oral health care for those with complex conditions and special health care needs



Public Health Scholarships

\$39 Million available now with applications due June 1, 2022

Community Health Worker Training

\$226 million available now with applications due June 14th, 2022



Nurse Education, Practice, Quality and Retention; Advanced Nursing Education Workforce Program; Nurse Education, Practice, Quality and Retention and Nurse Practitioner Residencies:

A range of programs to support the training of nurses and broader nurse education needs.



Area Health Education Centers Program

builds a pipeline of trainees with experience in rural and underserved areas



Behavioral Health Workforce Development Programs

enhance training for professionals and paraprofessionals



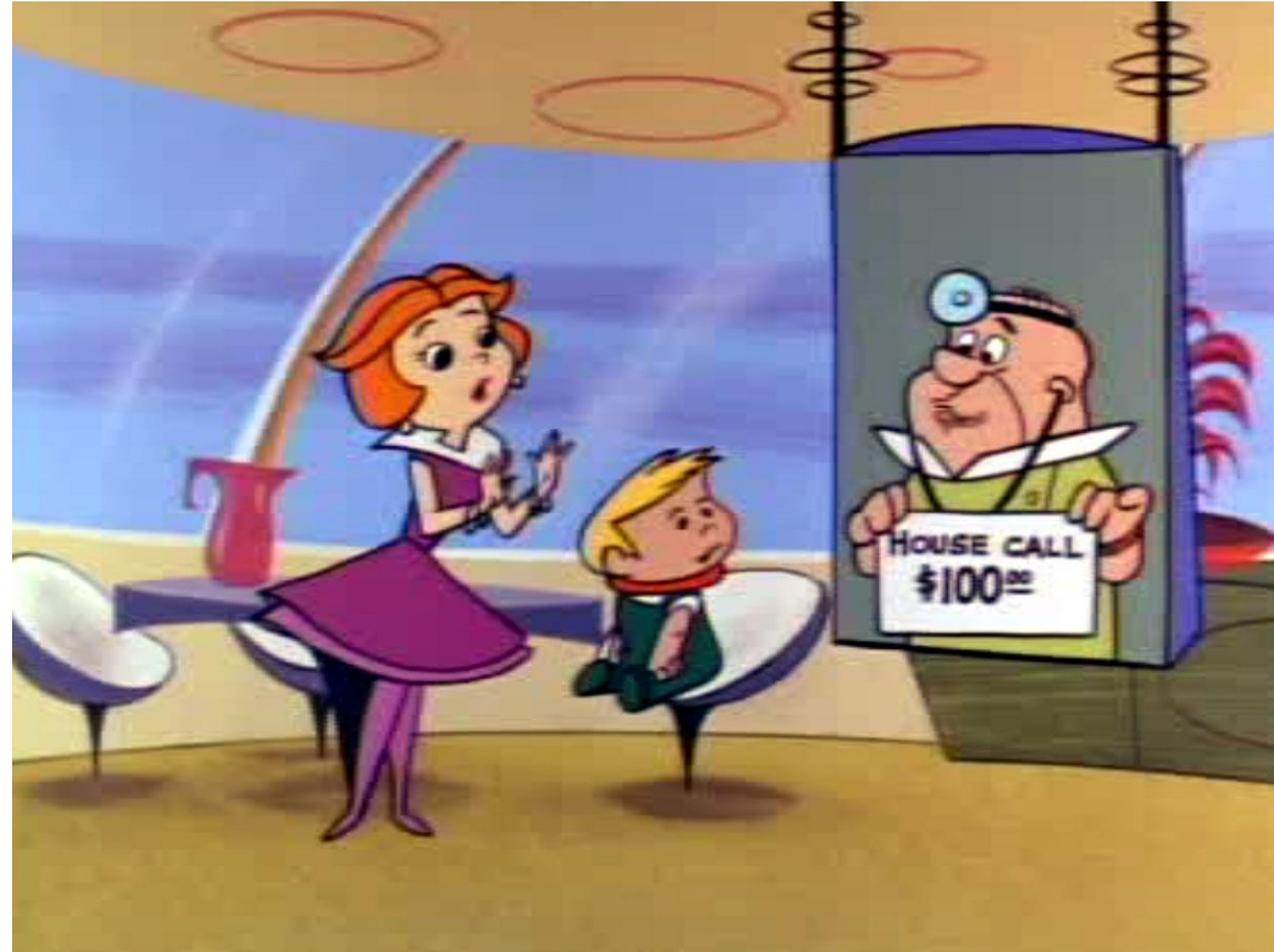
Teaching Health Center Graduate Medical Education Program

trains in community-based outpatient settings

> 93% train in medically underserved or rural communities

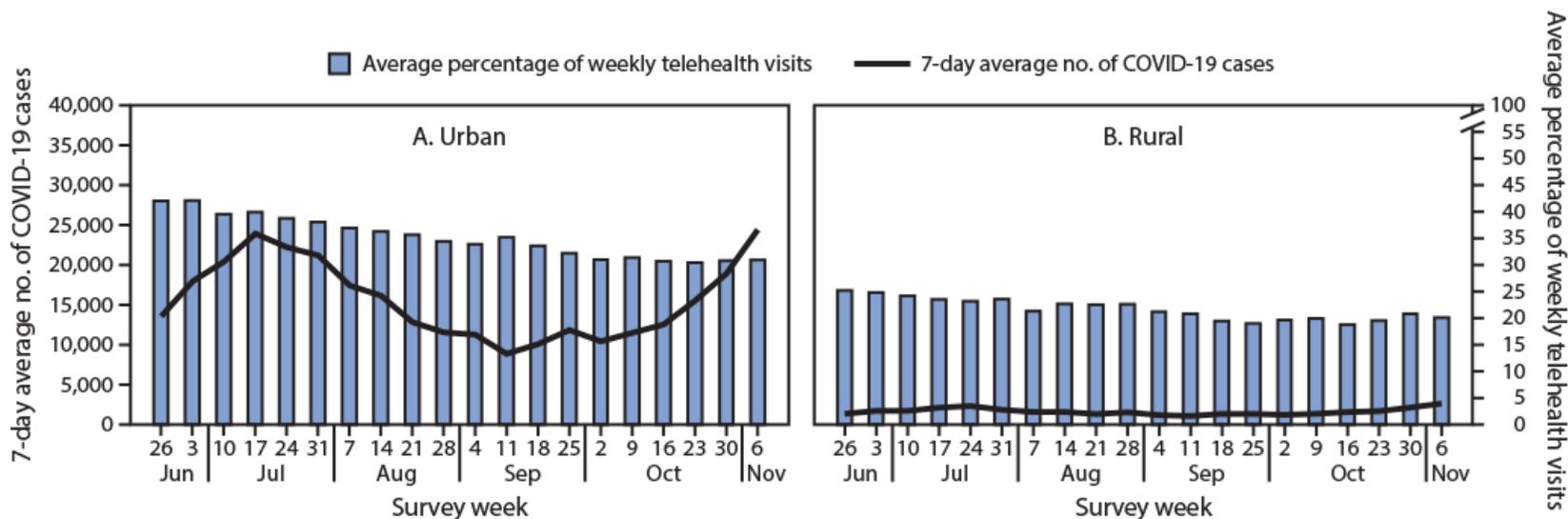
52% gain experience in treating substance use disorders

1962 - 2021



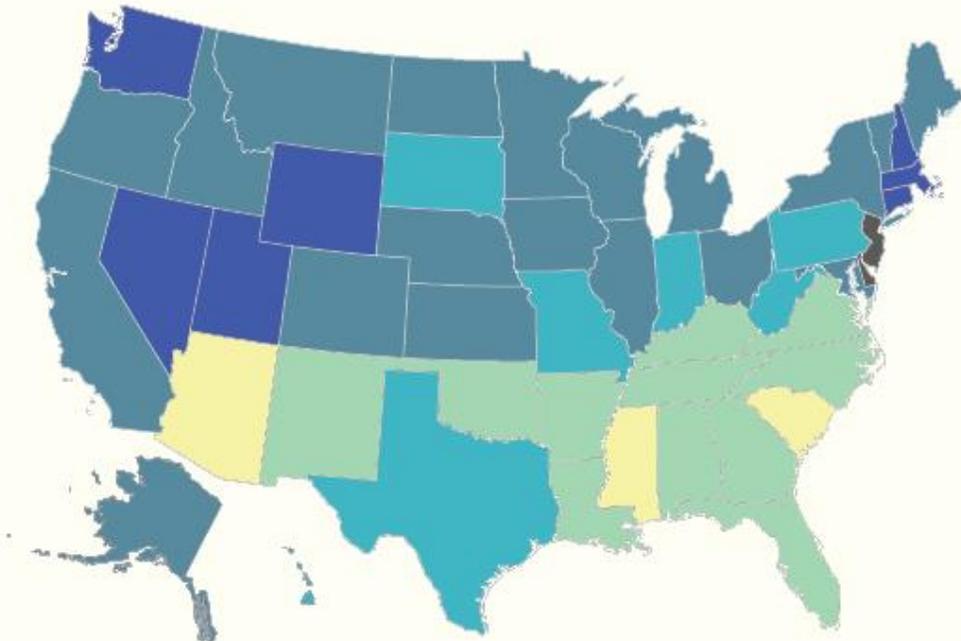
2021 Rural vs. Urban

- Cohort study of 36 million Americans with private insurance
- 0.3% of contacts in 2019 to 23.6% of all contacts in 2020 (March-June)
- This represents a 79x increase
- Rural-urban disparity

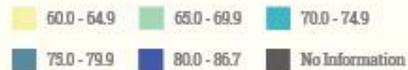


The Digital Divide in Rural America

RURAL HOUSEHOLDS WITH BROADBAND SUBSCRIPTIONS



% Rural Households with Broadband Subscriptions



Source: Housing Assistance Council tabulations of American Community Survey 2010-1 year variable B28002. Rural refers to outside OMB-designated metropolitan area.

HOUSEHOLDS WITH BROADBAND SUBSCRIPTIONS

Source: Housing Assistance Council tabulations of American Community Survey 2010-1 year.

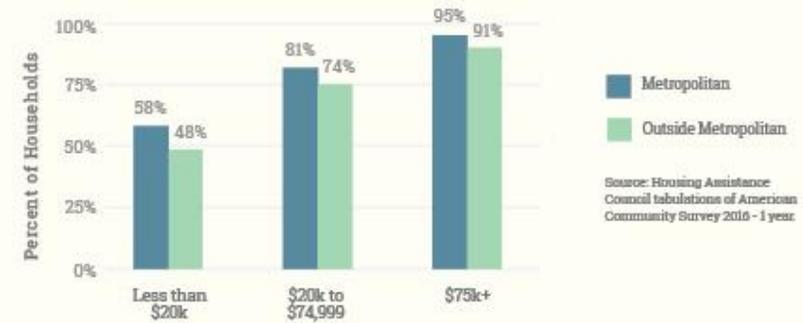
83%
METROPOLITAN

vs

73%
OUTSIDE METROPOLITAN

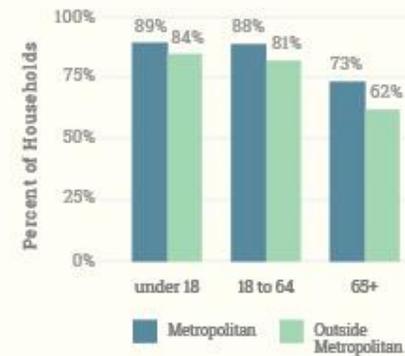
BROADBAND SUBSCRIPTIONS

BY INCOME



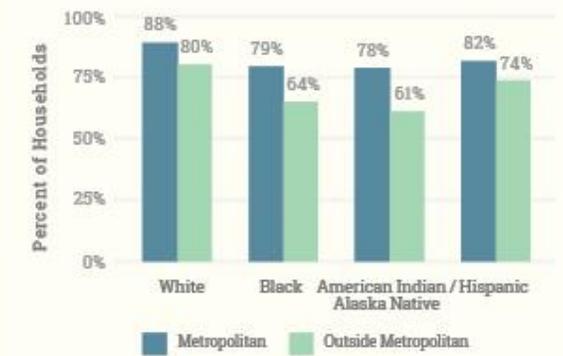
Source: Housing Assistance Council tabulations of American Community Survey 2010-1 year.

BY AGE



Source: Housing Assistance Council tabulations of American Community Survey 2010-1 year.

BY RACE / ETHNICITY



Source: Housing Assistance Council tabulations of American Community Survey 2010-1 year.



NRHA

Your voice. Louder.

amorgan@nrharural.org

@amorganrural (TWITTER)



National Association of Community Health Centers Policy and Issues Forum Rural Health Issues March 10th, 2023

Sarah Heppner
Associate Director
Federal Office of Rural Health Policy

Vision: Healthy Communities, Healthy People



The Federal Office of Rural Health Policy

Established in Section 711 of the Social Security Act

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

Cross Agency Collaboration

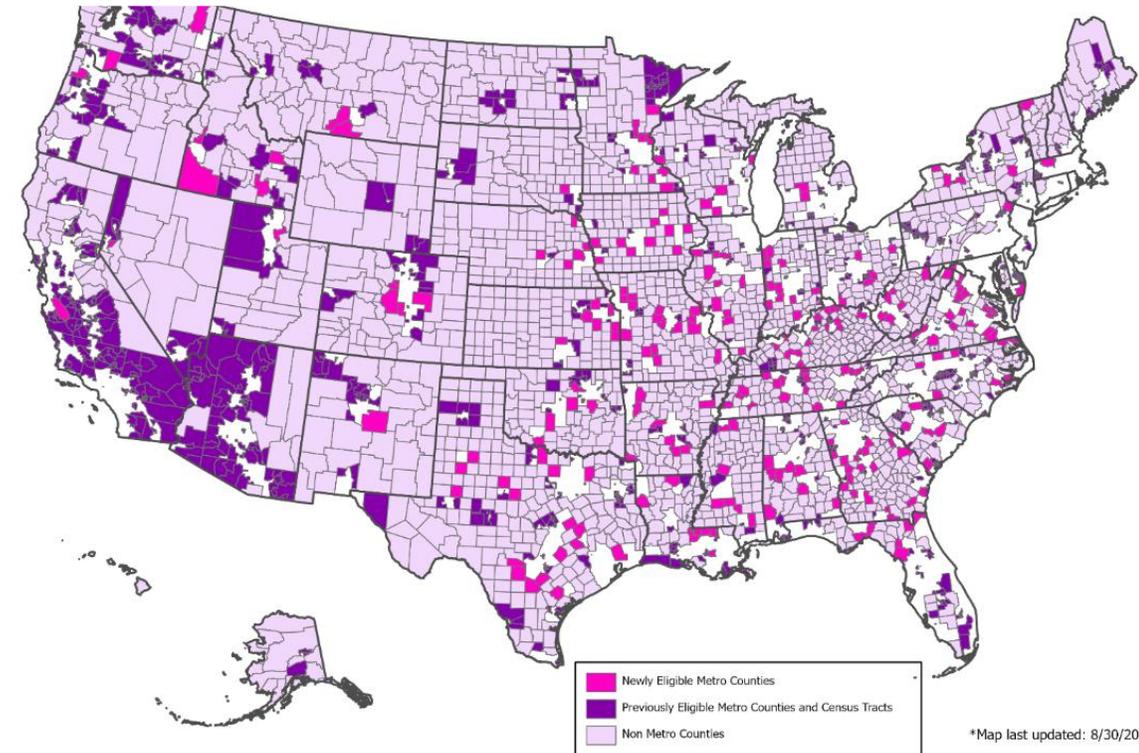
Works across HRSA, HHS, and several other federal partners to accomplish its goals

Capacity Building

Increases access to health care for people in rural communities through grant programs and public partnerships

Voice for Rural

Advises the HHS Secretary on policy and regulation that affect rural areas



Rural Health Policy Issues

Accessible and Through a Rural Lens

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Get reimbursed for COVID-19 testing and treatment of uninsured individuals. [Learn more »](#)

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Health Resources & Services Administration

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Home > Federal Office of Rural Health Policy > Rural Health Policy

Rural Health Policy

Regulatory Review

The Federal Office of Rural Health Policy is charged in [Section 1102\(p\) of the Social Security Act](#) with advising the Secretary of the U.S. Department of Health and Human Services on the effect that federal health care policies and regulations may have on rural communities. Monitoring current and proposed changes, including programs established under titles XVIII and XIX (Medicare and Medicaid), FORHP analyzes their impact on the financial viability of small rural hospitals and clinics, on the ability of rural areas to attract health professionals, and on rural areas' access to high quality care.

Data collection and analysis is essential to understanding the challenges in rural communities, how those communities are impacted by policy, and setting policy for the future. For this reason, the work of the [Rural Health Research Centers](#) informs that of FORHP's policy team and vice versa.

Policy Updates

April 1
[CMS Guidance to Resume Hospital Survey Activities](#) (PDF - 265 KB). As of March 23, 2021, the Centers for Medicare & Medicaid Services (CMS) is lifting the suspension on hospital survey activities, which was put in place due to the public health emergency. Non-immediate jeopardy

Reports

[Guide for Rural Health Care Collaboration and Coordination](#) (2019) (PDF - 2 MB) This Guide describes how rural hospitals, community health centers, local public health departments, and other rural stakeholders can work together to assess and address their rural communities' health needs.

[Interim Report to Congress on Frontier Health Demonstration Project](#) (2018) (PDF - 565 KB)

[Final Report to Congress on Frontier Health Demonstration Project](#) (2020) (PDF - 345 KB) This final Report to Congress expands on the interim report, with findings from the duration of the 3-year model and recommendations for legislative and administrative action.

Questions about Policy Updates?

Write to ruralpolicy@hrsa.gov

National Advisory Committee on Rural Health & Human Services

- Home
- About
- Committee Activities
- Publications
- Reports and Recommendations
- Letters

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

Monday April 11 - Wednesday April 13, 2022

Register now @
[Agenda](#) (PDF - 122 KB)

The National Advisory Committee on Rural Health and Human Services (NACRHHS or the Committee) advises the Secretary of Health and Human Services on health care challenges in rural America.

The Committee is an independent advisory group representing a public-private partnership focused on the provision of health care in rural areas.

Charter

Read the NACRHHS Charter (PDF - 273 KB)

Vision, Mission, and Values

Read the Vision, Mission, and Values of the National Advisory Committee on Rural Health and Human Services (PDF - 132 KB)

Members

The Committee's 21 members serve overlapping four-year terms and have expertise in a wide range of rural health and human services issues.

<https://www.hrsa.gov/advisory-committees/rural-health/index.html>

Rural Health Research Gateway

ruralhealthresearch.org

The Rural Health Research Gateway is an online library of research and expertise. The website is free to use, searchable, and provides access to the work of the Rural Health Research Centers and Analysis Initiatives funded by the Federal Office of Rural Health Policy.

The Rural Health Research Center program is the only federal program that is dedicated entirely to producing policy-relevant research on healthcare in rural areas. The centers study critical issues facing rural communities in a quest to secure adequate, affordable, high-quality health services for rural residents.

This online resource of research connects you to:

- Research and policy centers
- Products and journal publications
- Fact sheets
- Policy briefs
- Research projects
- Email alerts
- Experts
- Dissemination toolkit

Connect with us

- info@ruralhealthresearch.org
- facebook.com/RHRGateway
- twitter.com/thegateway

This project was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS).

www.ruralhealthresearch.org



Rural Health Landscape

The Often Cited Rural Health Concerns ...

People in rural areas **live 3 fewer years** than people in urban areas, with **rural areas having higher death rates for heart disease and stroke.**



Rural women face **higher maternal mortality rates**

Rural residents face **higher rates of tobacco use, physical inactivity, obesity, diabetes and high blood pressure**

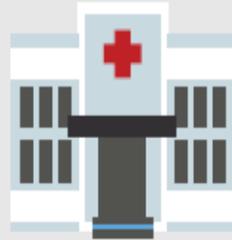


Rural populations face greater challenges with **mental and behavioral health** and have **limited access to mental health care.**

Rural hospitals are closing or facing the possibility of closing

+

Increasing shortages of clinicians



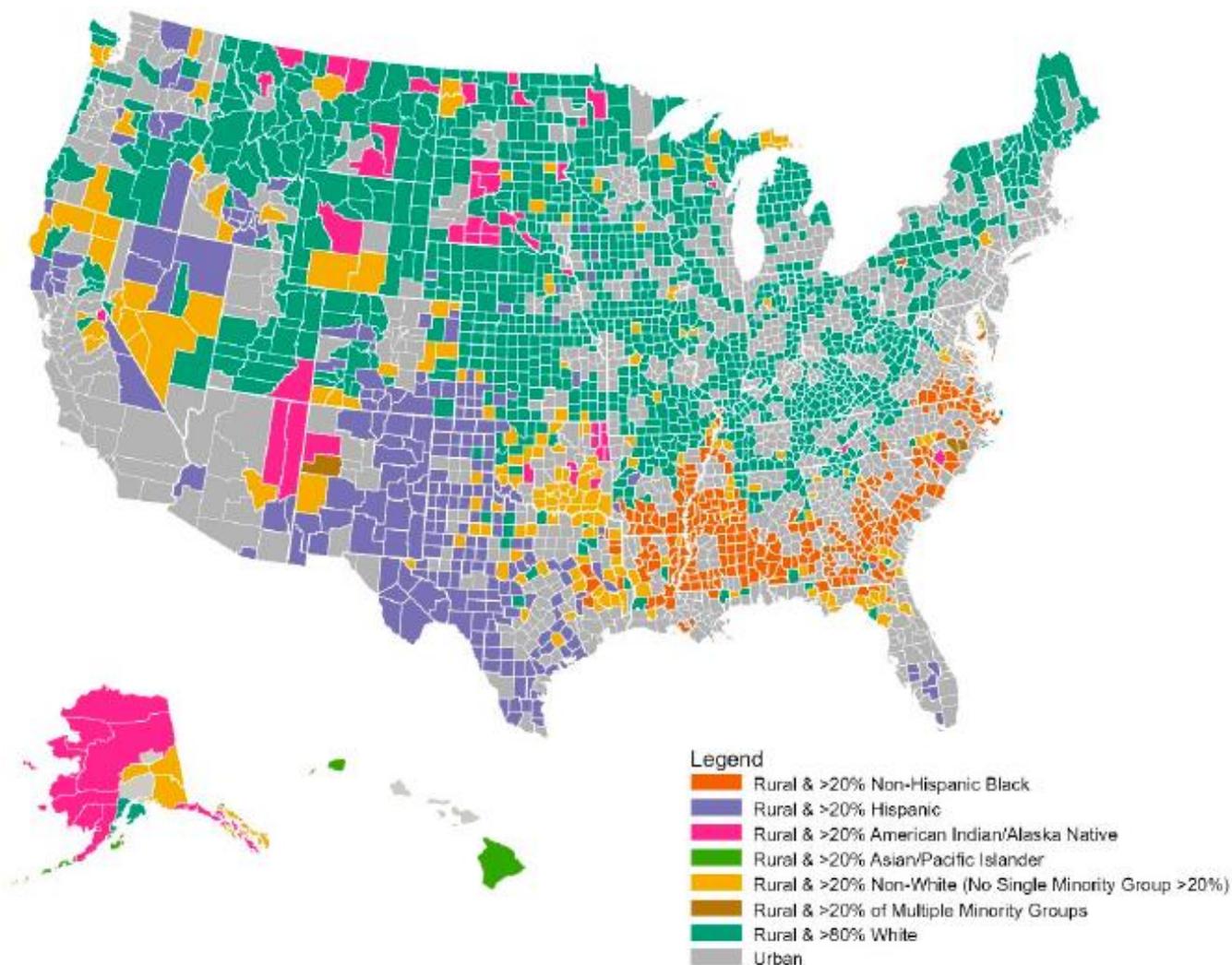
Long distances and **lack of transportation** make it difficult to access emergency, specialty and preventive care.



Rural populations are more likely to be **uninsured and have fewer affordable health insurance options** than in suburban and urban areas.

Rural Diversity

Racial/ethnic composition across rural counties

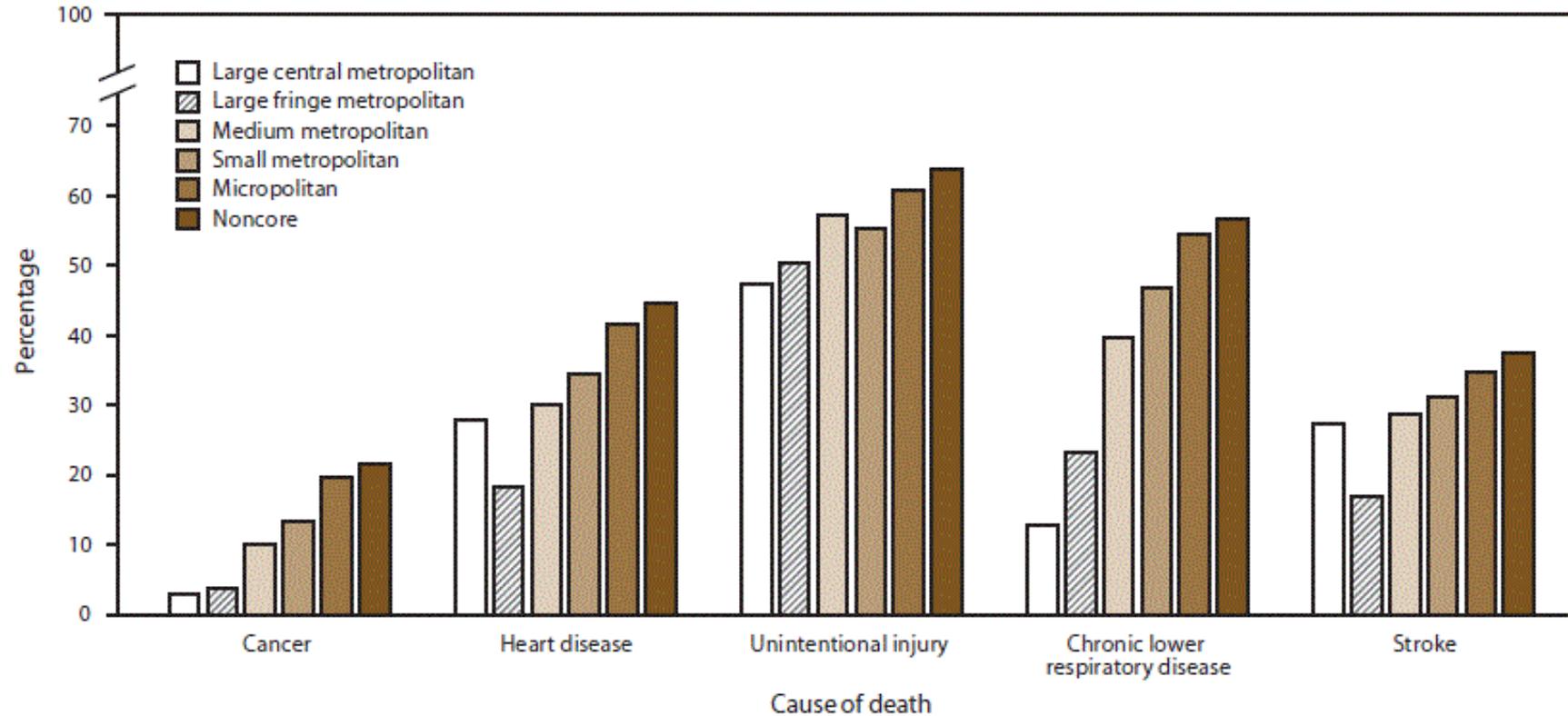


- Racial and ethnic diversity is increasing in rural America
- In 2017, there were 10 million rural residents who identified as Black, Hispanic, American Indian/Alaska Native (AI/AN), Asian American/Pacific Islander (AA/PI), or mixed race
- 1 in 5 rural residents belongs to one or more of these groups
- 40% of AI/AN live in non-metro areas

Figure: Zahnd WE, et. al. The Intersection of Rural Residence and Minority Race/Ethnicity in Cancer Disparities in the U.S.

Rural Disparities in the Five Leading Causes of Death

Avoidable or Excess Death



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).



Rural Policy Issues

Health Care Workforce

Staff Shortages Choking U.S. Health Care System

A growing shortage of health care workers is being called the nation's top patient safety concern.

By [Steven Ross Johnson](#) | July 28, 2022, at 4:45 p.m.

2022 HEALTHIEST COMMUNITIES USNews

Q: What's the quickest way to meet global climate goals?
A: Natural gas partnered with renewables!

Natural gas is accelerating our clean energy future.

LEARN MORE

NATURAL ALLIES FOR A CLEAN ENERGY FUTURE

Primary Care

MD, DO
All Primary
Care (MD,
DO, NP, PA)

- Rural = 52.0/100,000 People
- Urban = 80.5/100,000 People
- Rural = 153.3/100,000 People
- Urban = 213.9/100,000 People

Behavioral Health

Note: Rural and urban defined as nonmetropolitan and metropolitan, respectively
Source: HRSA Area Health Resource File, 2020-2021 (2019 data)

U.S. Counties without Behavioral Health Providers by Urban Influence Category

	Counties without a Psychiatrist (Percent)	Counties without a Psychologist (Percent)	Counties without a Psychiatric Nurse Practitioner (Percent)	Counties without a Social Worker (Percent)	Counties without a Counselor (Percent)	Counties without any Behavioral Health Provider (Percent)
U.S. (3135 counties)	1699 (54.2)	1076 (34.3)	1711 (54.6)	487 (15.5)	404 (12.9)	241 (7.7)
Metropolitan (1164 counties)	316 (27.1)	183 (15.7)	360 (30.9)	62 (5.3)	50 (4.3)	25 (2.1)
Non-Metro (1971 counties)	1383 (70.2)	893 (45.3)	1351 (68.5)	425 (21.6)	354 (18.0)	216 (11.0)
Adjacent to metro (1023 counties)	653 (63.8)	377 (36.9)	651 (63.6)	145 (14.2)	112 (10.9)	60 (5.9)
Micro nonadjacent to metro (269 counties)	137 (50.9)	74 (27.5)	123 (45.7)	38 (14.1)	30 (11.2)	21 (7.8)
Noncore adjacent to metro (373 counties)	337 (90.3)	254 (68.1)	319 (85.5)	135 (36.2)	114 (30.6)	70 (18.8)
Noncore nonadjacent to metro or micro (306 counties)	256 (83.7)	188 (61.4)	258 (84.3)	107 (35.0)	98 (32.0)	65 (21.2)

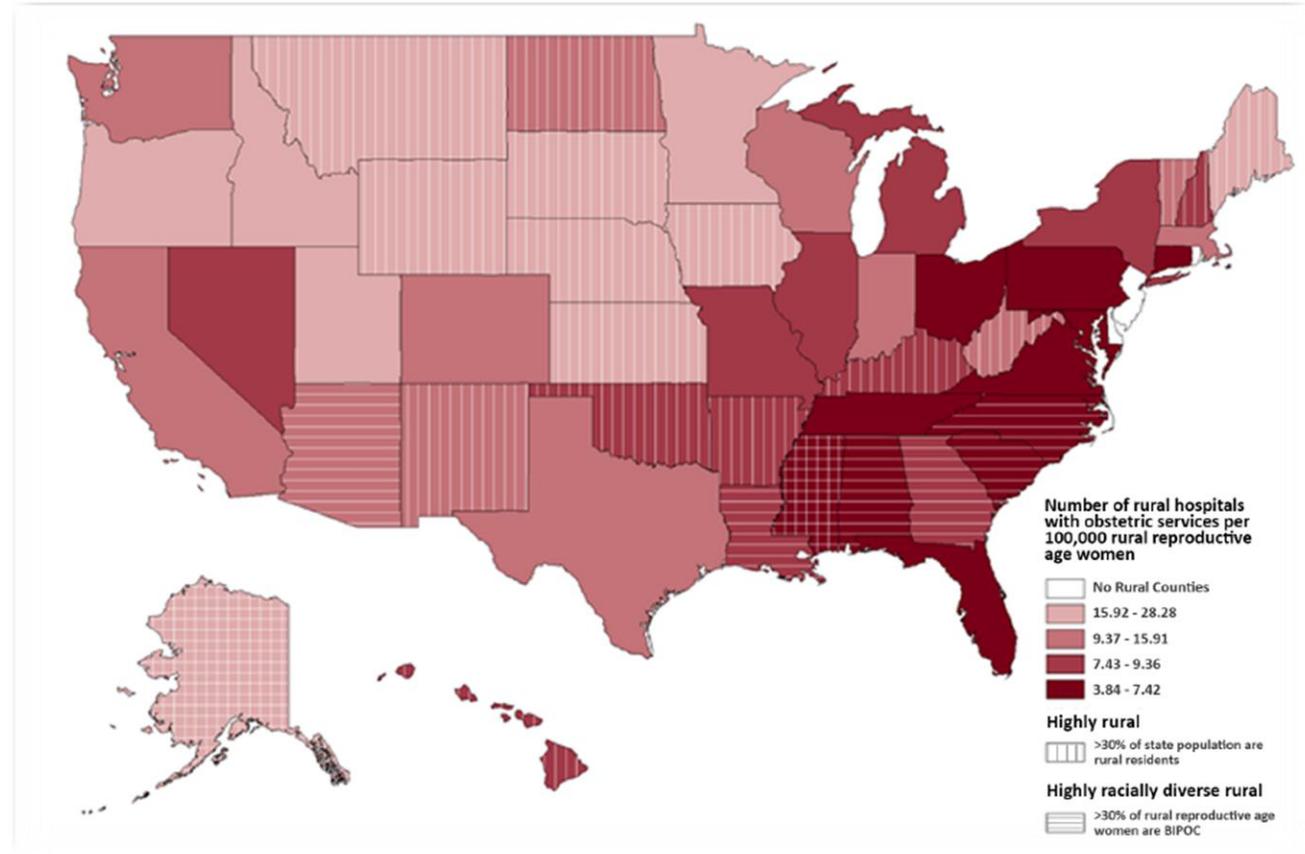
Data Sources: Psychiatrists (2019) - Area Health Resource File (AHRF), 2020-2021, Psychologists and psychiatric nurse practitioners (July 2021), social workers, and counselors (January 2022) - National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) data, and the U.S. Department of Agriculture Economic Research Service (ERS) Urban Influence Codes, 2013.



Assessing the Current Landscape

State and Regional Differences in Access to Hospital Based Obstetric Services for Rural Residents, 2018

- 56% of rural counties lack hospital-based OB services
- Substantial state and regional variability
- Loss of hospital-based OB services is most prominent in rural communities:
 - With a high proportion of Black residents
 - Where a majority of residents are Black or Indigenous have elevated rates of premature death



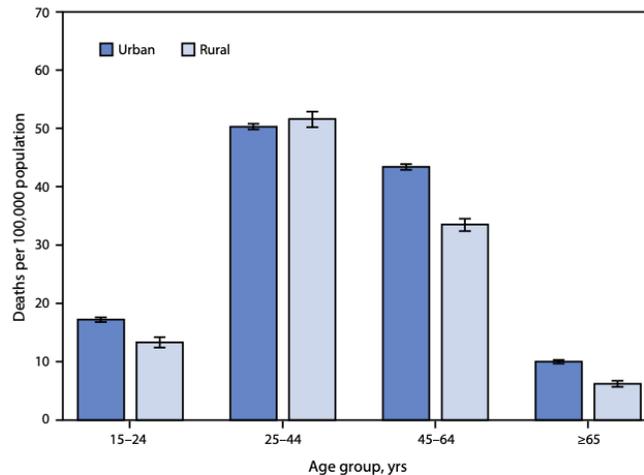
The Opioid and Substance Use Epidemic ...

Rural Community Opioids Response Program Continues

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Drug Overdose Death Rates* Among Persons Aged ≥15 Years, by Age Group and Urban-Rural Status† — National Vital Statistics System, United States, 2020



* Deaths per 100,000 population; 95% CIs indicated by error bars. Drug overdose deaths were identified using the *International Classification of Diseases, Tenth Revision* underlying cause-of-death codes X40–X44 (unintentional), X60–X64 (suicide), X85 (homicide), or Y10–Y14 (undetermined intent).

† Urban-rural status is based on county of residence using the National Center for Health Statistics Urban-Rural Classification Scheme for Counties. https://www.cdc.gov/nchs/data/series/sr_02/sr02_166.pdf

Advancing Behavioral Health Equity in Rural Communities

The **Rural Communities Opioid Response Program (RCORP)** provides direct funding and technical assistance to rural communities.

We have invested over **\$500 million** since 2018. This funding addresses behavioral health needs, substance use disorder, and opioid use disorder.



Assessing the Current Landscape

Distribution of Safety-Net Providers in Rural Counties

Figure 1. Distribution of Core Safety Net Providers in Rural Counties, 2017

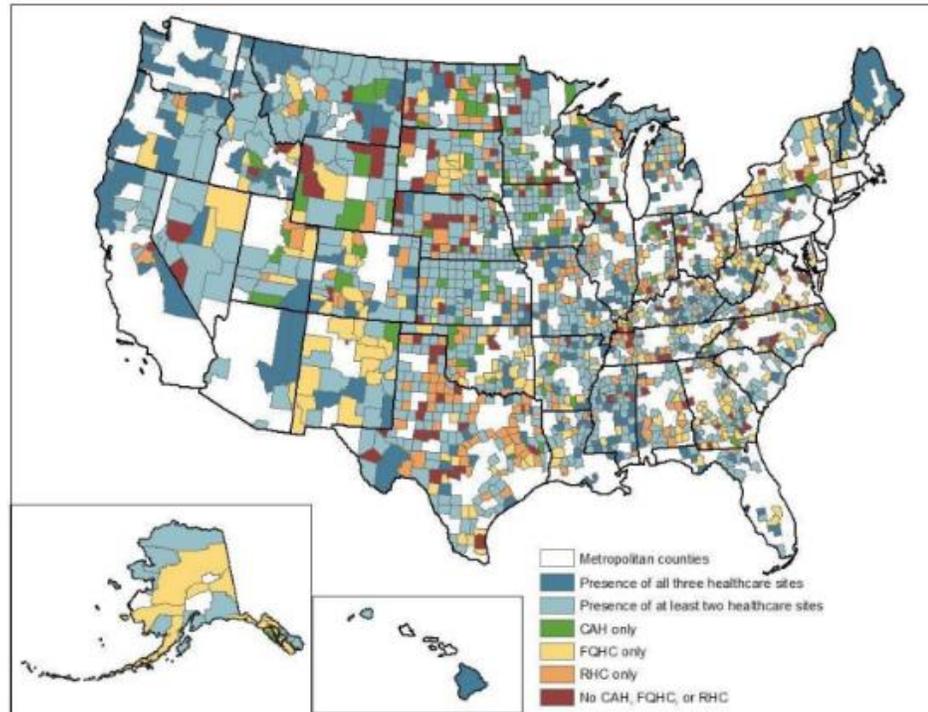
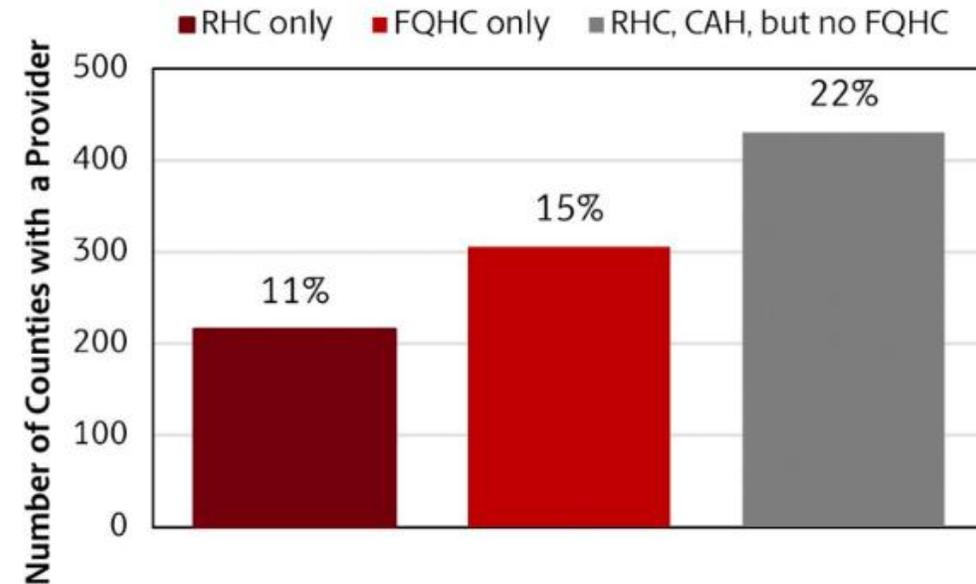


Figure 2. Identification of High-Need Rural Counties Lacking a Core Rural Safety Net Provider, 2017



Assessing Rural Implications of HHS Rulemaking

Implications for Rural Hospitals and Providers

- Key rural policy updates effective in 2023:
 - Rural Emergency Hospitals
 - CAH Mileage Updates
 - Medicare Shared Savings Program
 - Behavioral Health Workforce
 - Telehealth Policies
 - Birthing-Friendly Hospital Designation
 - Health Equity-focused Measures in the Inpatient Quality Reporting Program
 - Graduate Medical Education Policies
 - Wage Index Policy Updates
 - CHART Model

Centers for Medicare & Medicaid Services

Newsroom Press Kit Data Contact Blog Podcast Search

Fact sheet

CY 2023 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule (CMS 1772-FC) Rural Emergency Hospitals – New Medicare Provider Type

Nov 01, 2022 | Rural health, Hospitals

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Rural Emergency Hospitals (REHs) are a new provider type established by the Consolidated Appropriations Act, 2021 to address the growing concern over closures of rural hospitals. The REH designation provides an opportunity for Critical Access Hospitals (CAHs) and certain rural hospitals to avert potential closure and continue to provide essential services for the communities they serve. Conversion to an REH allows the facility to continue providing emergency services, observation care, and, if elected by the REH, additional medical and health outpatient services, that do not exceed an annual per patient average of 24 hours. The implementation of this new provider type, effective January 1, 2023, will promote equity in health care for those living in rural communities by facilitating access to needed services.

[Rural Emergency Hospitals: Payment Policies](#)

REHs are facilities that convert from either a critical access hospital (CAH) or a rural hospital (or one treated as such under section 1886(d)(1)(B)(F) of the Social Security

Related Releases

- HHS Continues Biden-Harris Administration Progress in Promoting Health Equity in Rural Care Access Through Outpatient Hospital and Surgical Center Payment System Final Rule
Nov 01, 2022
- CMS Announces Resources and Flexibilities to Assist with the Public Health Emergency in the Commonwealth of Kentucky Due to Recent Storms
Aug 05, 2022
- Rural Emergency Hospitals Proposed Rulemaking
Jul 15, 2022
- Biden-Harris Administration Takes Action to Expand Access to Emergency Care Services in Rural Communities
Jun 30, 2022
- Conditions of Participation for



Lifting Up Rural Community Health

Community-based programs helps test new ideas

The Federal Office of Rural Health Policy (FORHP) has supported:



The goal of rural community programs is to improve health service delivery by strengthening health networks and encourage collaboration among rural health care providers.

health care providers:
networks and encourage collaboration among rural
health service delivery by strengthening health
The goal of rural community programs is to improve



Direct Services

- Rural Health Care Services Outreach
- Small Health Care Provider Quality Improvement
- Delta States Network Program
- Pilot Programs
 - Care Coordination



Capacity-Building

- Rural Health Network Development
- Rural Health Network Development Planning
- Pilot Programs
- Rural Maternal Obstetrics Management Strategies Program

Watch Video Profiles of Innovative FORHP Grantees:

<https://www.ruralhealthinfo.org/project-examples>



Leveraging the Appropriate Programs

FORHP Grants Target Specific Areas of Concern



Building Capacity

These programs focus on developing a collaborative plan to address community need by bringing together partners and/or engaging in community planning.

- Rural Health Network Development Planning Program
- Rural Public Health Workforce Training Network Program
- Rural Northern Border Region Planning Program
- Rural Community Opioids Response Program



Expanding Services

These programs expand access to and improve the quality of health care in rural communities.

- Rural Health Outreach Services Program
- Rural Communities Opioid Response Program – Medication Assisted Treatment Expansion
- Rural Communities Opioid Response Program Implementation



Supporting Hospitals

These programs provide technical assistance and/or support to rural hospitals.

- Rural Healthcare Provider Transition Project
- Small Rural Hospital improvement Program
- Medicare Rural Hospital Flexibility (Flex) Program
- Rural Health Outreach Services and Network Development
- Rural Network Planning



Providing Direct Services

These programs focus on improving the delivery of health care services and enhancing population health.

- Rural Health Care Services Outreach
- Small Health Care Provider Quality Improvement
- Delta States Rural Development Network
- Rural Maternity and Obstetrics Management Strategies Program
- Rural Care Coordination
- Rural Community Opioids Response Programs

Opportunities for Rural Communities

Rural Maternity and Obstetrics Management Strategies Program

2019 Cohort (blue)

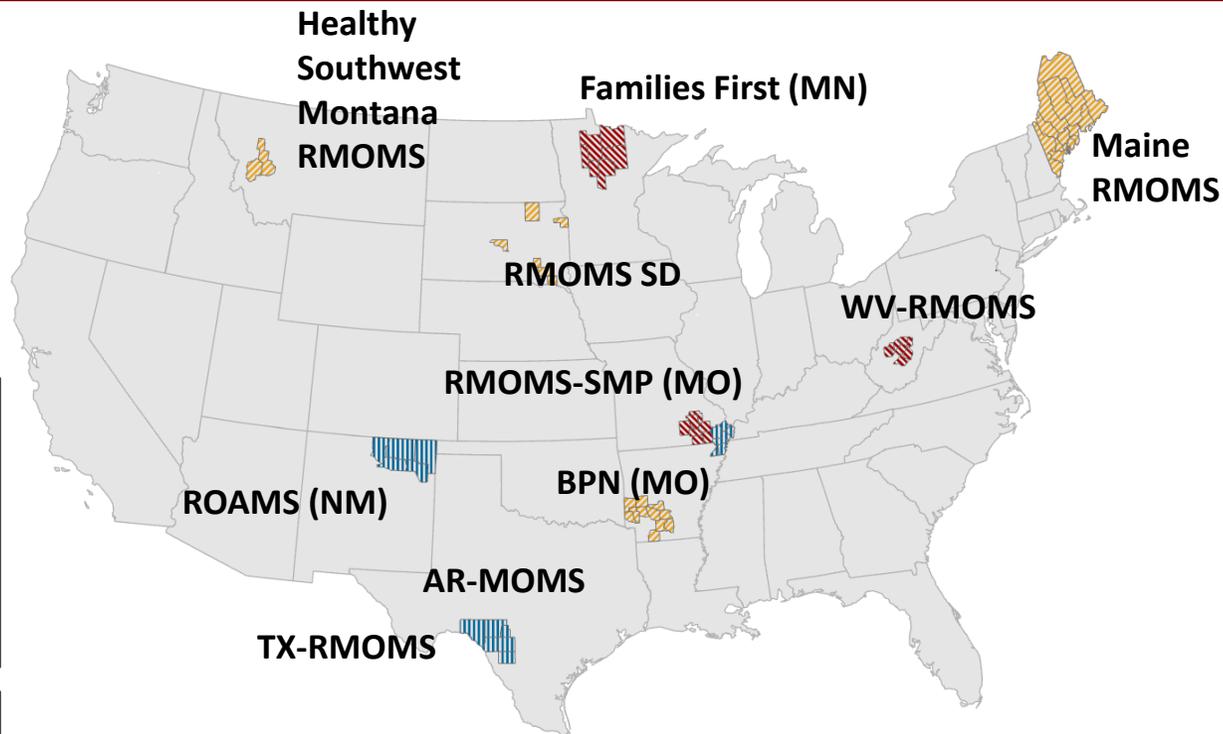
- Bootheel Perinatal Network (BPN) in Missouri
- New Mexico Rural Obstetrics Access and Maternal Services (ROAMS)
- Texas-RMOMS Comprehensive Maternal Care Network

2021 Cohort (red)

- Families First: Rural Maternity Health Collaborative in Minnesota
- RMOMS-Southeast Missouri Partnership (SMP)
- West Virginia RMOMS

2022 Cohort (gold)

- RMOMS South Dakota (RMOMS SD)
- Healthy Southwest Montana RMOMS
- Maine RMOMS
- Arkansas RMOMS (AR-MOMS)



“The ROAMS program is an incredible grant that allows us to provide both telehealth medicine and rural outreach medicine to the obstetrical patients in our area.”

- ROAMS Clinician

<https://roamsnm.org/>

Highlights from the 2019 Cohort Implementation Years 1 & 2

(September 1, 2020 to August 31, 2022)

- Provided prenatal, labor and delivery, or postpartum care to approximately 7,000 rural RMOMS participants
- Implemented telehealth, patient navigation, and direct service expansion initiatives to improve access to maternity care and support services
- <https://www.hrsa.gov/rural-health/grants/rural-community/rmoms>

2019 Cohort Evaluation Findings

- [First Evaluation Report](#) (published April 2021)
- [Second Evaluation Report](#) (published May 2022)

Assessing the Current Landscape

Rural Participation in Value-Based Care

- Rural Participation in VBC
 - Participation in VBC has been growing in rural areas
 - ✓ 430 CAHs and 1,643 RHCs participating in MSSP as of 1/2022
 - ✓ 467 CAHs and 2,240 RHCs participating in MSSP as of 1/2023
 - Rural challenges:
 - ✓ Assuming financial risk
 - ✓ Limited capital for upfront investment
 - ✓ Unique reimbursement systems for many rural providers
 - ✓ Rural infrastructure challenges
 - Older, sicker, poorer, smaller populations
 - Limited broadband/IT systems
 - Unique social determinants of health (e.g., transportation issues)

- Rural VBC Models
 - ACO Investment Model (AIM)
 - Pennsylvania Rural Health Model (PARHM)
 - Community Health Access and Rural Transformation Track (CHART) Model



Medicare Hospital Policy in 2023

Rural Emergency Hospital Resources

REH Technical Assistance Center



RHRC
RURAL HEALTH REDESIGN CENTER

Home Who We Are Current Initiatives Events Join Our Team Donate Contact

[Explore the Rural Emergency Hospital Designation](#)

Rural Emergency Hospital Technical Assistance Center

Providing assistance to rural hospitals exploring the Rural Emergency Hospital designation

As of September 2022, the RHRCO has been working in cooperation with the Health Resources and Services Administration (HRSA) and the Centers for Medicare and Medicaid Services (CMS) to provide technical assistance to rural hospitals across the nation interested in assessing the feasibility of the new Rural Emergency Hospital provider designation.

Interested in Receiving Support from the REH-TAC?

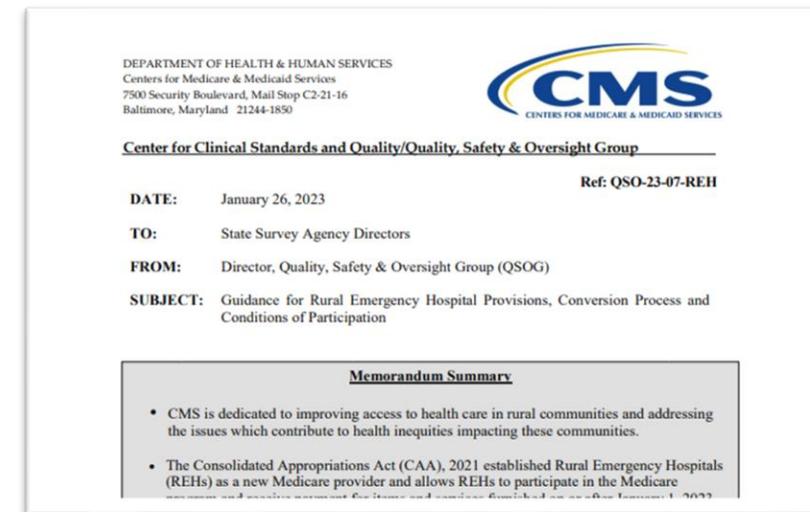
Let us know by completing our brief intake form, telling us a bit about your organization and the types of support you are looking for.

[COMPLETE THE FORM](#)

[REH RESOURCES & EDUCATION](#)

Visit <https://www.rhrco.org/reh-tac> for more information

New CMS Guidance



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-23-07-REH

DATE: January 26, 2023

TO: State Survey Agency Directors

FROM: Director, Quality, Safety & Oversight Group (QSOG)

SUBJECT: Guidance for Rural Emergency Hospital Provisions, Conversion Process and Conditions of Participation

Memorandum Summary

- CMS is dedicated to improving access to health care in rural communities and addressing the issues which contribute to health inequities impacting these communities.
- The Consolidated Appropriations Act (CAA), 2021 established Rural Emergency Hospitals (REHs) as a new Medicare provider and allows REHs to participate in the Medicare program and receive payment for items and services furnished on or after January 1, 2023.

- Frequently Asked Questions
- Appendix O – Survey Protocol, Regulations and Interpretive Guidelines
- Attestation and Action Plan Templates

Opportunities for Rural Residency Training

Building New Rural Residency Slots in Rural Hospitals and Clinics

Moving the Training Into the Community Setting



Allocation of New Medicare Graduate Medical Education Slots

HRSA Grants for Residency Planning and Development and for Teaching Health Centers

Medicare Changes Supporting Rural Residency Training

Consolidated Appropriations Act, 2021 (H.R.133)

<https://www.congress.gov/116/bills/hr133/BILLS-116hr133enr.pdf>



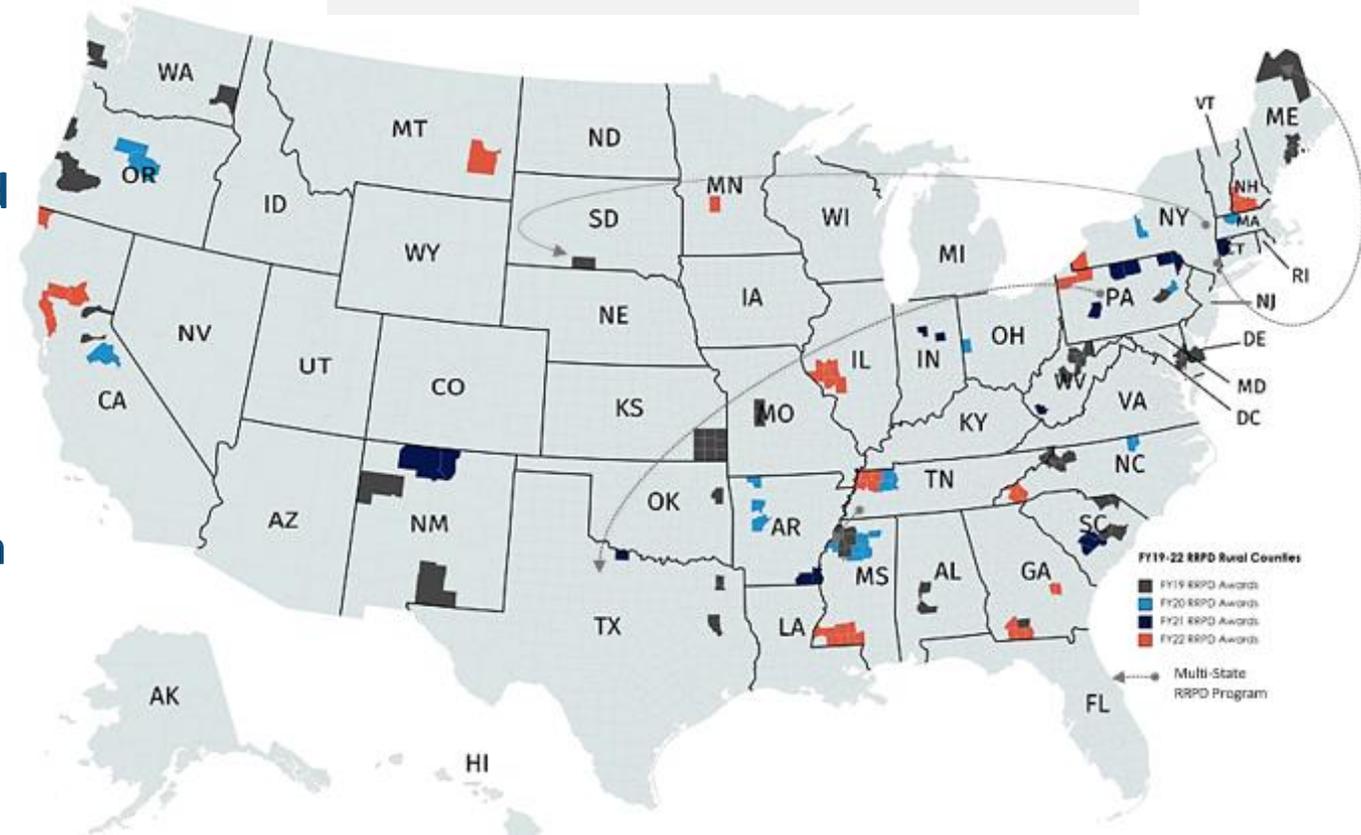
RRPD Program

Creating Sustainable Rural Residencies

FY19-FY22 RRPD Grant Program

- HRSA awarded **\$43.4M** to 58 award recipients spanning across 32 states and 5 medicine disciplines.
- Support the development of **new, accredited and sustainable rural residency programs** in family medicine, internal medicine, psychiatry, general surgery, preventive medicine, and obstetrics and gynecology.
- Created **32 new accredited rural residency programs for 415 new resident positions*** in family medicine, psychiatry, internal medicine and general surgery.
- 22 Programs enrolled nearly **190 resident physicians** training in rural clinical settings

FY19-22 RRPD Rural Counties

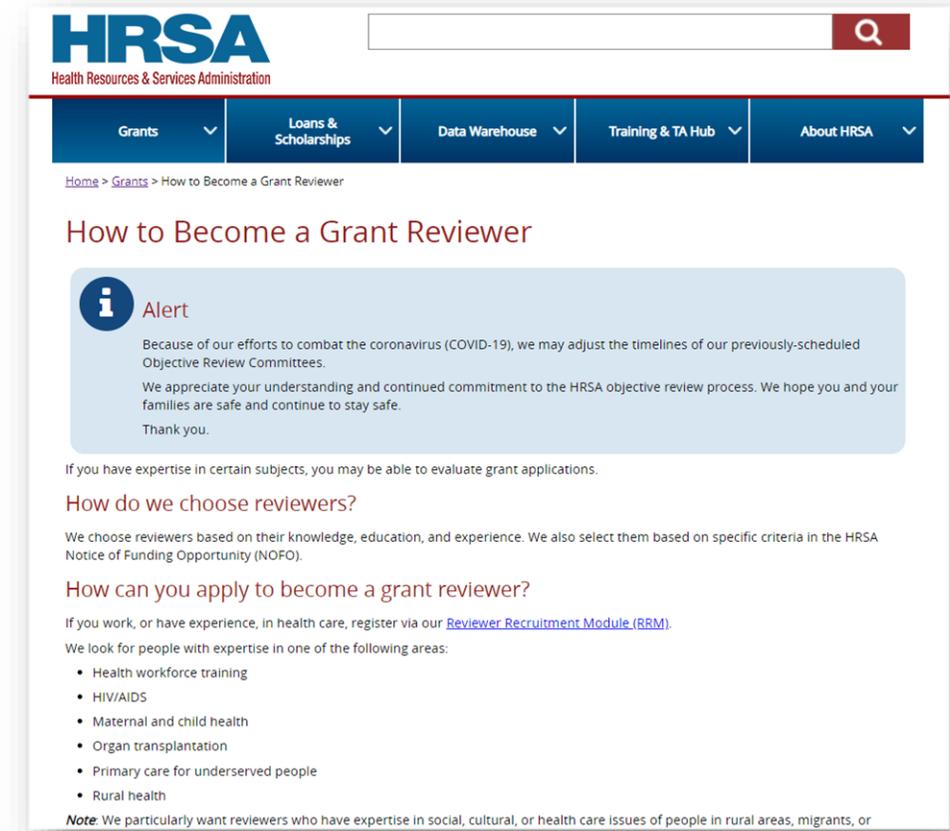


* As of November 2022



HRSA Needs Your Help!

- Consider Being a Grant Reviewer
- Ensures We Get the Rural Perspective
- Provides a good insight into the grants process
- Key Steps:
 - Once registered not rural as your area of expertise
 - Let us know when you are in the database (so we can select you)
 - ✓ Email Lisa Chechile at lchechile@hrsa.gov



The screenshot shows the HRSA website with a navigation menu including 'Grants', 'Loans & Scholarships', 'Data Warehouse', 'Training & TA Hub', and 'About HRSA'. The main content area is titled 'How to Become a Grant Reviewer' and features an 'Alert' box with information about COVID-19 adjustments to review timelines. Below the alert, there are sections for 'How do we choose reviewers?' and 'How can you apply to become a grant reviewer?' with a list of expertise areas.

HRSA
Health Resources & Services Administration

Grants | Loans & Scholarships | Data Warehouse | Training & TA Hub | About HRSA

Home > Grants > How to Become a Grant Reviewer

How to Become a Grant Reviewer

i Alert

Because of our efforts to combat the coronavirus (COVID-19), we may adjust the timelines of our previously-scheduled Objective Review Committees. We appreciate your understanding and continued commitment to the HRSA objective review process. We hope you and your families are safe and continue to stay safe. Thank you.

If you have expertise in certain subjects, you may be able to evaluate grant applications.

How do we choose reviewers?

We choose reviewers based on their knowledge, education, and experience. We also select them based on specific criteria in the HRSA Notice of Funding Opportunity (NOFO).

How can you apply to become a grant reviewer?

If you work, or have experience, in health care, register via our [Reviewer Recruitment Module \(RBM\)](#). We look for people with expertise in one of the following areas:

- Health workforce training
- HIV/AIDS
- Maternal and child health
- Organ transplantation
- Primary care for underserved people
- Rural health

Note: We particularly want reviewers who have expertise in social, cultural, or health care issues of people in rural areas, migrants, or

<https://www.hrsa.gov/grants/reviewers>



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:

<https://public.govdelivery.com/accounts/USHHS/HRSA/subscriber/new?qsp=HRSA-subscribe>



Announcements from the Federal Office of Rural Health Policy

January 12, 2022

What's New

Ending Sunday: Open Enrollment for Health Insurance. The Centers for Medicare & Medicaid Services has a collection of tools for helping individuals and families get health insurance during the Marketplace Open Enrollment period, **November 1, 2022 through January 15, 2023**. Graphics, social media messages, and customizable posters and fact sheets, are available in English, Spanish, Chinese, Korean, and Vietnamese. Marketplace plans are an important source of coverage for people in rural areas, who represent [approximately 15 percent of Marketplace enrollees in states using HealthCare.gov](#).

New Awards to Train Doctors in Underserved Areas. The Centers for Medicare & Medicaid Services (CMS) awarded the first round of Medicare-funded residency slots to 100 teaching hospitals across 30 states, the District of Columbia, and Puerto Rico, effective July 1, 2023. The graduate medical education slots prioritize hospitals located in [Health Professional Shortage Areas](#), and the majority are allocated for primary care – including obstetrics/gynecology – and mental health specialties. CMS is set to create 200 new positions every year over the next five years. The application period for the second round of 200 residency slots will open in January 2023 and close on March 31, 2023.

Finding Doctors Offering Medicare-Paid Telehealth. The Centers for Medicare & Medicaid Services (CMS) added a telehealth indicator on [Medicare Care Compare](#), the site that allows consumers to search for doctors, clinicians, groups, and facilities accepting Medicare beneficiaries. Last year, CMS reported [a 30-fold increase in telehealth services](#). The new indicator helps beneficiaries and caregivers more easily find clinicians who provide telehealth services.

Extended: HHS Seeks Feedback on Tribal Consultation Policy – New Deadline, January 27. HHS extended the deadline for submitting comments on the updated draft HHS Tribal Consultation Policy to January 27, 2023. The updated draft addresses comments and



Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

Rural Health Questions? Email RuralPolicy@HRSA.gov

[Sign up for the HRSA eNews](#)



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Office for the Advancement of Telehealth Update

NACHC Policy & Issues Forum

March 10, 2023

William England, PhD, JD

Senior Advisor

Office for the Advancement of Telehealth

Vision: Healthy Communities, Healthy People

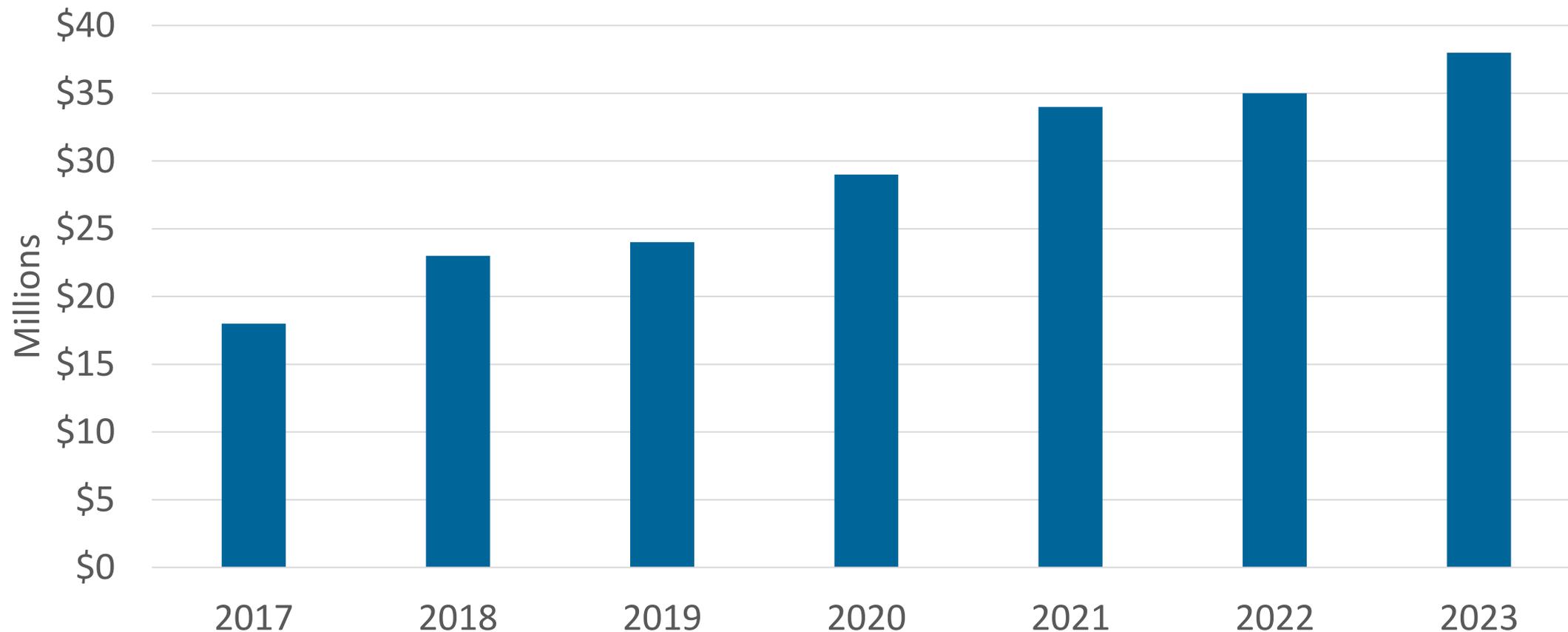


Office for the Advancement of Telehealth

- Serves across HHS and coordinates with key federal partners to leverage telehealth to improve access, enhance outcomes, and support clinicians and patients
- Promotes use of telehealth technologies for health care delivery, education, and health information services
- Provides telehealth funding for direct services, research, and technical assistance
- Promote HRSA's Telehealth Strategic Plan focus on:
 - ✓ Clinical telehealth services
 - ✓ Telementoring and distance learning
 - ✓ Research and evaluation
 - ✓ Telehealth business strategy
 - ✓ Broadband resources



Office for the Advancement of Telehealth Annual Budget



2020-21 \$24.5M CARES Act supplements, not shown.



OAT Budget

Fiscal Years 2021 - 2023

Telehealth	FY 2021 \$34M	FY 2022 \$35M	FY 2023 \$38M
Telehealth Network Grant Program	\$8.9M	\$8.9M	\$8.9M
Evidence-Based Telehealth Network Program	\$3.8M	\$3.8M	\$3.8M
Telehealth Resource Center Program	\$4.6M	\$4.6M	\$4.6M
Licensure Portability Grant Program	\$0.3M	\$0.3M	\$1.5M
Telehealth Research Center Program	\$2.0M	\$2.0M	\$2.0M
Telehealth Centers of Excellence Program	\$6.5M	\$7.5M	\$8.5M
Telehealth Technology Enabled Learning Program	\$4.2M	\$4.2M	\$4.2M

\$38 million



7 programs



70 awardees



Grant Funding Opportunities

- Licensure Portability Grant Program
- Telehealth Network Grant Program

FY 2024



- Telehealth Resource Centers
- Telehealth Research Centers

FY 2025



- Evidence Based Telehealth Network Program
- Telehealth Centers of excellence
- Telehealth Technology Enabled Learning Program

FY 2026



Telehealth Resource Center Program

The Telehealth Resource Center Program (TRC) supports the delivery of telehealth technical assistance.

- National Policy Telehealth Resource Center
- National Technology Telehealth Resource Center
- 12 Regional Telehealth Resource Centers

In 2022, TRCs had over **6,000 technical assistance** inquiries and over 60,000 webinar attendees.



TelehealthResourceCenters.org



RESOURCES COLLECTIONS NEWS EVENTS WEBINAR SERIES SUCCESS STORIES CENTERS ABOUT US

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Telehealth Resources



FEATURED POST

NCTRC YouTube Channel

BY NCTRC STAFF • NOVEMBER 16, 2021

All of the past/archived NCTRC webinars and videos are available on the NCTRC YouTube Channel. Visit youtube channel...

READ MORE

Collections

Not sure where to start? Try exploring one of our collections. Each hand-curated group contains content focused on a central theme aimed at helping you create and maintain a successful program.

Telehealth Basics

Using telehealth as a service can be overwhelming without the right resources. Our Telehealth Resource Centers have gathered resources on how to get started, what best practices you should follow, what's required from a technology standpoint, as well as operating procedures and financial planning.

[Explore collection →](#)

COVID-19 & Pandemics

Telehealth can help address COVID-19 as well as other pandemic situations by limiting exposure to infection for vulnerable populations and healthcare workers. It can also expand the reach of resources to communities that have limited access to services.

[Explore collection →](#)



Center for Connected Health Policy (CCHP)



Judge gavel and stethoscope , close-up view

CCHP is a program under the Public Health Institute and is dedicated to integrating telehealth virtual technologies into the health care system through advancing sound policy based on objective research and informed practices. CCHP's mission is to advance state and national telehealth policies that promote better systems of care, improved health outcomes, and provide greater health equity of access to quality, affordable care and services.

CCHP actively researches and analyzes important telehealth policy issues, engages influential public and private sectors through analyses and reports, and provides key telehealth policy resources nationwide. CCHP acts as a catalyst for change by providing non-partisan, unbiased, research-based policy analyses and bringing policy makers together with the private health care sector, health plans, academic researchers, and consumer health advocates to create successful models of connected care, that lead to more transparent systems of communication between providers and patients which can lead to better health outcomes and greater efficiencies in the delivery system.

We've transitioned our twice-yearly *State Telehealth Laws and Reimbursement Policies* report into The Policy Finder, a consistently updated digital database of all 50 states and the District of Columbia. Don't worry, you can still view our findings through our [executive summary](#), [infographic](#), and [state summary chart](#).

[TAKE ME TO THE POLICY FINDER](#)



Telehealth Technology Toolkits

Toolkits are a critical part of the work that the Telehealth Technology Assessment Center does. These interactive elements allow users to learn the fundamentals of how various technologies work, as well as how to assess them for use in telehealth programs.

We will be releasing new toolkits or assessments in our new [Innovation Watch](#) section of our website every few months, as well as working to keep existing content relevant and accurate. Some toolkits will guide users through performing their own assessments. Other toolkits will help users identify their needs, bringing technology into alignment with clinical requirements.



[Clinician's Guide to Video Platforms](#)



[Digital Cameras – DSLR](#)



[Digital Cameras – Point and Shoot](#)



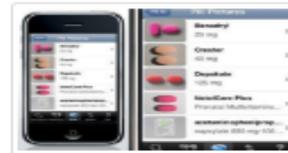
[Electronic Stethoscopes](#)



[Home Telehealth](#)



[mHealth](#)



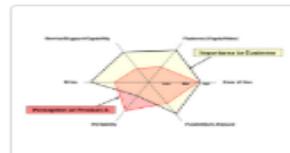
[mHealth App Selection](#)



[Mobile Blood Pressure](#)



[Patient Exam Cameras](#)



[Technology Assessment 101](#)



[Tympanometers](#)



[Video Otoscopes](#)



Telehealth Activities Across HRSA



- In FY 2021, approximately **5,825 awards** included a telehealth component

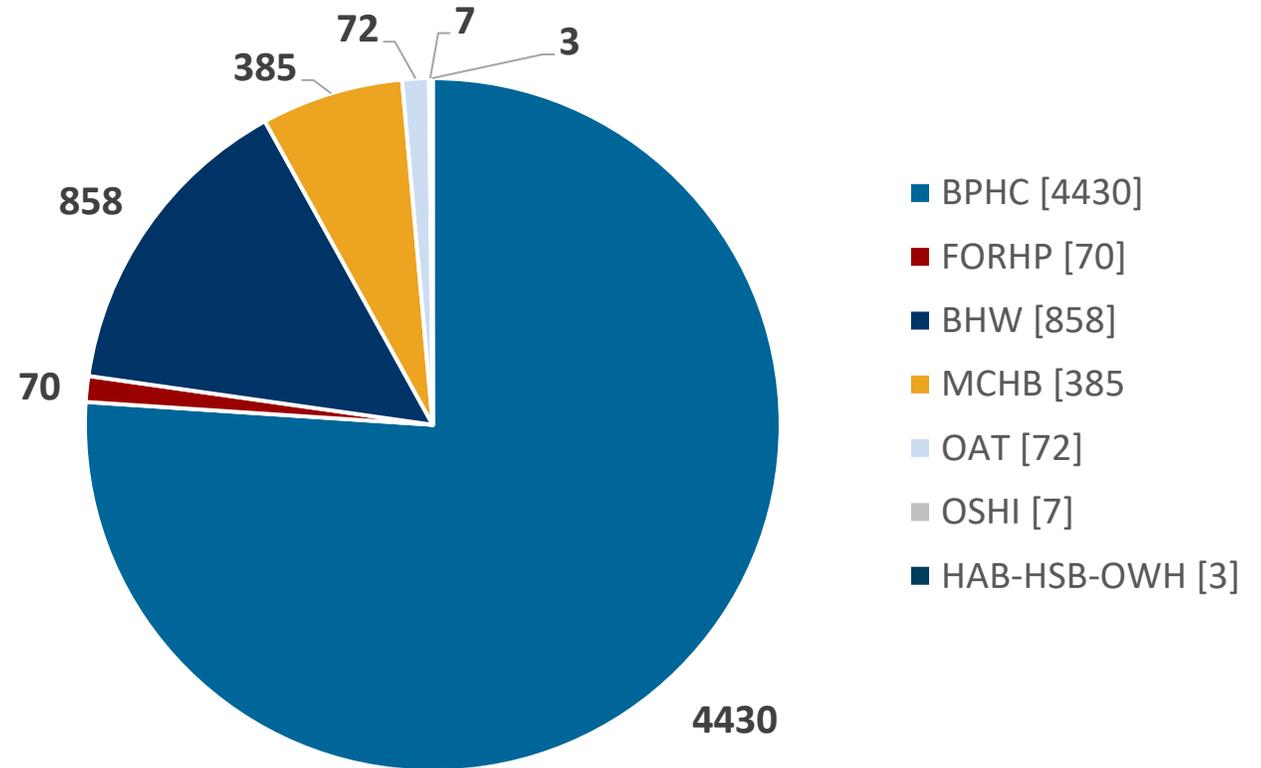


- **50 states and 9 federal districts/territories** received awards



- **Target populations** included rural, tribal and underserved communities, low-income populations, and health care providers

FY 2021 Awards with a Telehealth Component

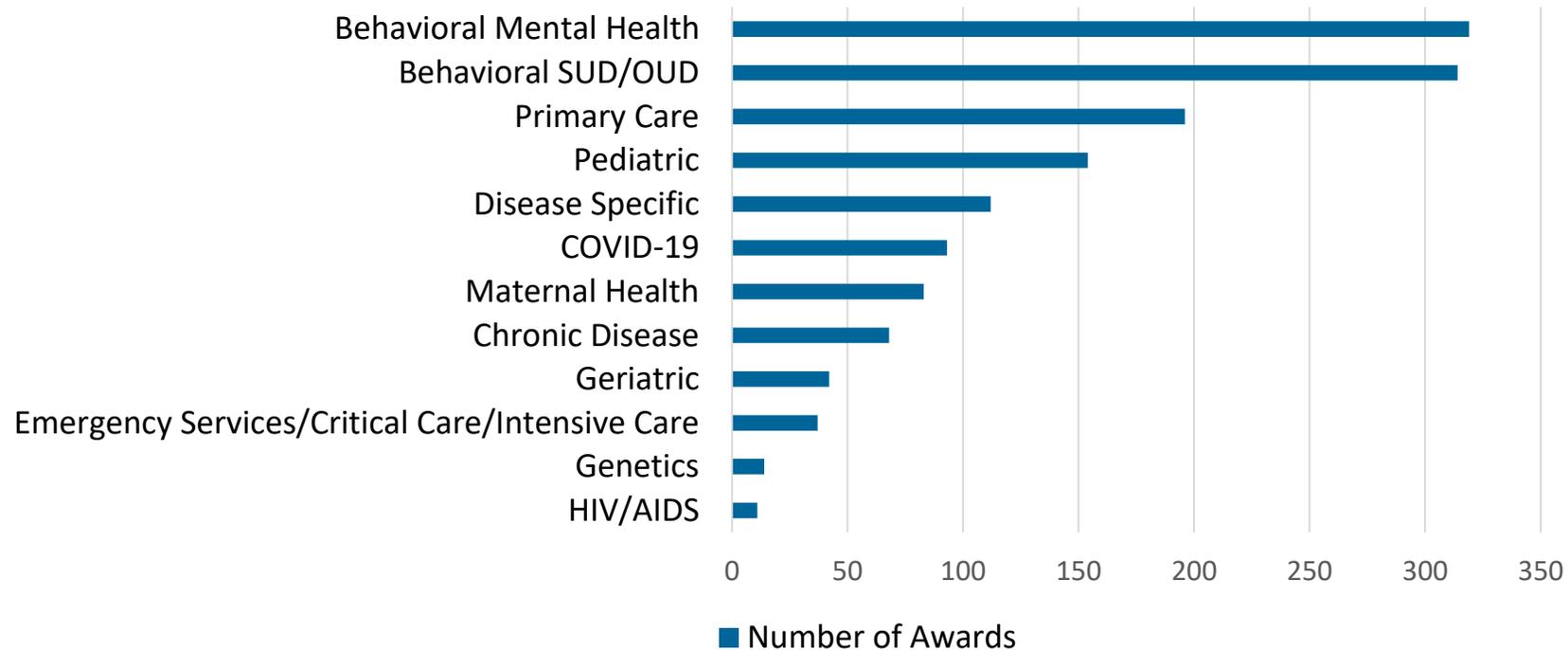


Telehealth Activities Across HRSA



Telehealth focus areas include primary care, behavioral/mental health, and behavioral substance use disorders/opioid use disorders, pediatric care

HRSA FY21 Awards with Telehealth by Clinical Focus*



*75% of awards were broad or did not list a specific clinical focus



Telehealth.HHS.gov

Telehealth.HHS.gov is a one-stop resource for patients, providers, and researchers for everything they need to know about telehealth including:

- Best practice guides
- Funding opportunities
- Events
- Tip sheets
- Videos

The screenshot shows the homepage of Telehealth.HHS.gov. At the top, there is a navigation bar with the text "An official website of the United States government" and a link "Here's how you know". To the right is a language selector for "Español". Below this is a light blue banner with an information icon and the text: "If you're having a **medical emergency**, call 911. If you aren't sure, [read when to seek emergency care](#)." The main header area includes the site name "TELEHEALTH.HHS.GOV", a search bar, and a navigation menu with links for "For patients", "For providers", "For researchers", "Funding opportunities", "Events", and "About". The main content area features a large blue graphic with the headline "Telehealth: Health care from the safety of our homes." Below the headline, it says: "Whether you're a patient looking for medical care, or a doctor who provides it, telehealth keeps us connected." and "Explore telehealth resources and tips for providers and patients." The graphic also includes icons for a heart rate monitor, test tubes, a brain, a pill, a plus sign, and a hand holding a smartphone displaying a doctor's video call.

Learn more about telehealth

For patients



Find out what telehealth is and what to expect from a virtual doctor's visit. You can also check out our tips on finding telehealth care.

For providers



Learn best practices for providing care through telehealth and stay up to date on recent billing and policy changes.

Telehealth.HHS.gov - Events & Funding Opportunities

Past telehealth events

Previous webinars and events highlighting telehealth programs, best practices and resources.

[View all past webinars >](#)



Upcoming Events

Upcoming webinars, conferences, and other events around telehealth. All times are listed in Eastern Standard Time (EST)

JAN 27
2023

Telehealth 101, 2:00 - 3:00 PM [📄](#)

New to telehealth and telemedicine? Or, interested in an overview of digital health in general? This regularly occurring webinar series features experienced telehealth professionals discussing high priority topics. Learn basic definitions, applications, and technology when it comes to telehealth.

Hosted by South Central Resource Center

WEBINAR

FEB 09
2023

Remote Patient Monitoring Event: Learn, Engage, Advance, 3:00 PM - 7:00 PM [📄](#)

This webinar will provide education on real-world Remote Patient Monitoring (RPM) practice and foster a network of peers for shared learning. Join the diverse group of speakers to learn about RPM Policy and Reimbursement, RPM clinical program highlights, and participate in break-out rooms and group discussions.

Hosted by California Telehealth Resource Center

Funding opportunities

Funding opportunities for telehealth and broadband related programs.

On this page:

- [Expiring in 1 month](#)
- [Expiring in 3 months](#)
- [Expiring in 6 months or more](#)
- [Important information](#)



Expiring in 1 month

Title	Eligibility	Deadline	Learn More
Patient Safety Learning Laboratories: Advancing Patient Safety through Design, Systems Engineering, and Health Services Research (R18 Clinical Trial Optional) - Funding will support the creation of learning laboratories and research teams focused on innovative solutions to patient safety problems associated with diagnosis and/or treatment, including issues related to inequities in care.	Public or private nonprofits, including tribal, faith-based, and community-based organizations	01/27/2023	AHRQ
Pilot Practice-based Research for Primary Care Suicide Prevention (R34 Clinical Trial Optional) - This funding opportunity announcement encourages primary care practice-based research focused on rigorous evaluations of factors that impact or account for the effectiveness of existing suicide prevention practices. Prevention approaches that incorporate the use of mHealth are encouraged.	U.S. organizations, both public and private	02/22/2023	NIMHD



Find Funding Opportunities at Grants.gov

GRANTS.GOV™
FIND. APPLY. SUCCEED.™

SEARCH: Grant Opportunities ▾ Enter Keyword... **GO**

HOME | LEARN GRANTS ▾ | **SEARCH GRANTS** | APPLICANTS ▾ | GRANTORS ▾ | SYSTEM-TO-SYSTEM ▾ | FORMS ▾ | CONNECT ▾ | SUPPORT ▾

GRANTS.GOV > Search Grants

SEARCH GRANTS

BASIC SEARCH CRITERIA:
 Keyword(s):
 Opportunity Number:
 CFDA:

OPPORTUNITY STATUS:
 Forecasted (6)
 Posted (17)
 Closed (81)
 Archived (325)

FUNDING INSTRUMENT TYPE:
 All Funding Instruments
 Cooperative Agreement (12)
 Grant (13)
 Procurement Contract (1)

ELIGIBILITY:
 All Eligibilities
 City or township governments (7)
 County governments (7)
 For profit organizations other than small businesses (3)

CATEGORY:
 All Categories
 Agriculture (1)
 Health (17)
 Income Security and Social Services (3)
 Opportunity Zone Benefits (1)

AGENCY:
 All Agencies
 All Agency for International Development [USAID] (2)
 All Department of Agriculture [USDA] (1)

SEARCH TIPS | Export Detailed Data | Save Search >

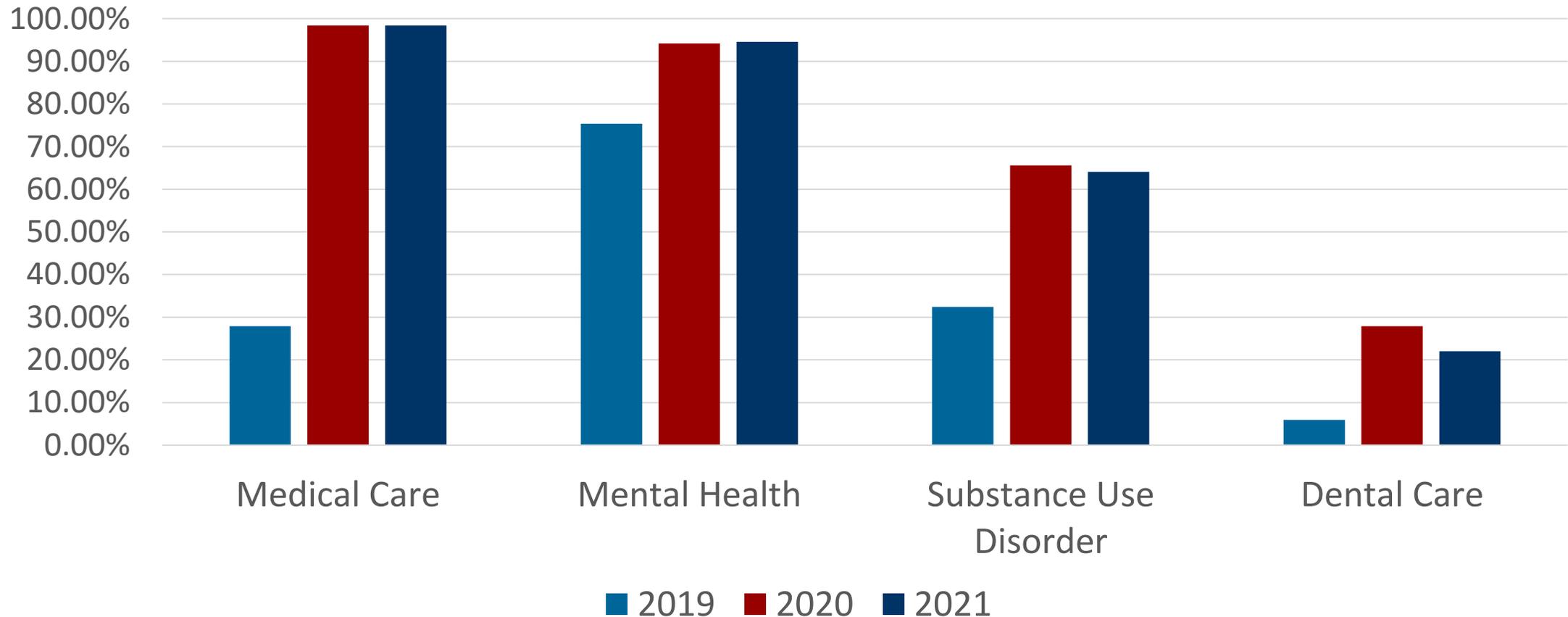
SORT BY: Relevance (Descending) ▾ **Update Sort** **DATE RANGE:** All Available ▾ **Update Date Range**

1 - 23 OF 23 MATCHING RESULTS:

Opportunity Number	Opportunity Title	Agency	Opportunity Status	Posted Date	Close Date
RFA-PS-23-002	Enhancing Telehealth Strategies to Support Retention and Adherence to Antiretroviral Therapy (ART)	HHS-CDC-HHSCDCERA	Posted	01/10/2023	03/17/2023
RFA-HS-23-028	Telehealth Centers of Excellence (P50)	HHS-AHRQ	Forecasted	08/02/2022	
CDC-RFA-DP-23-0021	A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes—Subject Matter Expertise, Training, and Technical Assistance	HHS-CDC-NCCDPHP	Posted	01/13/2023	03/14/2023
HHS-2023-IHS-ALZ-0001	Addressing Dementia in Indian Country: Models of Care	HHS-IHS	Forecasted	11/10/2022	
HRSA-23-128	Delta Health Systems Implementation Program	HHS-HRSA	Forecasted	02/17/2023	
HHS-2023-ACF-ORR-ZQ-0062	Support for Trauma-Affected Refugees (STAR)	HHS-ACF-ORR	Forecasted	02/17/2023	
HRSA-23-081	Pediatric Mental Health Care Access (PMHCA)	HHS-HRSA	Forecasted	05/16/2022	
HRSA-23-090	Integrated Substance Use Disorder Training Program (ISTP)	HHS-HRSA	Posted	01/20/2023	03/21/2023
USDA-NIFA-RHSE-009768	Rural Health and Safety Education Competitive Grants Program	USDA-NIFA	Posted	03/02/2023	04/28/2023
HRSA-23-097	Health Center Program School-Based Service Expansion	HHS-HRSA	Posted	03/01/2023	03/31/2023
HRSA-23-028	Fiscal Year 2023 Early Childhood Development	HHS-HRSA	Posted	02/10/2023	03/17/2023
O-OVC-2023-171629	OVC FY 2023 Expanding Access to Sexual Assault Forensic Examinations	USDJOJ-OJP-OVC	Posted	02/27/2023	04/20/2023
HRSA-23-119	Ryan White HIV/AIDS Program Part C Early Intervention Services Program: New Geographic Service Areas	HHS-HRSA	Posted	02/01/2023	04/03/2023
24-DHA-MHSR	Military Health System Research (MHSR)	DOD-DHA	Posted	02/11/2023	09/30/2023
RFA-PS-23-005	Expanding Rapid Initiation of Antiretroviral Therapy in Non-traditional Settings: Emergency Department	HHS-CDC-HHSCDCERA	Posted	01/12/2023	03/22/2023
HRSA-23-009	Advanced Nursing Education Nurse Practitioner Residency and Fellowship (ANE-NPRF) Program	HHS-HRSA	Posted	02/10/2023	04/11/2023
HRSA-23-094	Rural Communities Opioid Response Program-Neonatal Abstinence Syndrome	HHS-HRSA	Posted	12/07/2022	03/08/2023
O-OVC-2023-171626	OVC FY 2023 National Mass Violence Victimization Resource Center	USDJOJ-OJP-OVC	Posted	02/23/2023	04/18/2023
HRSA-23-083	Life Course Translational Research Network (LCT-RN)	HHS-HRSA	Posted	01/09/2023	04/10/2023
72061323RFA00003	Preventing HIV for Sustained Epidemic Control (PREVENT) Activity.	USAID-ZIM	Posted	02/13/2023	03/22/2023

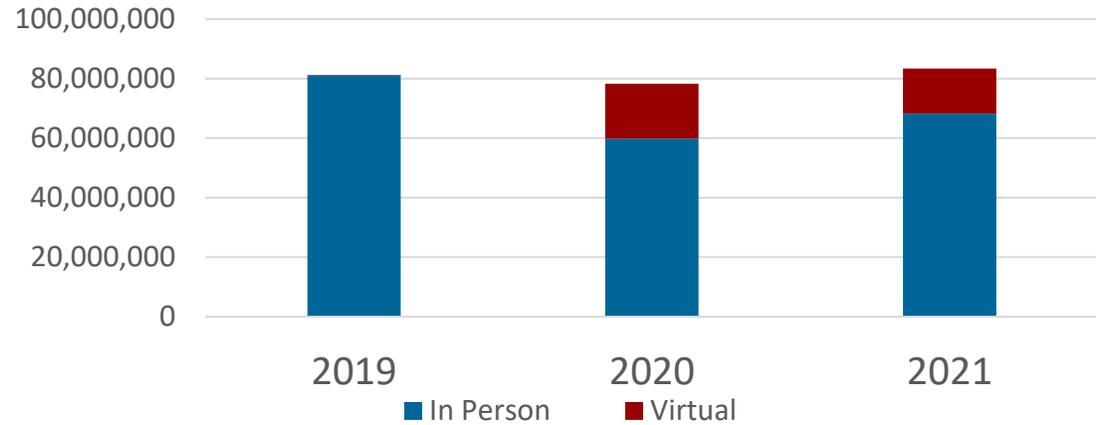


UDS Snapshot of Health Center Virtual Health

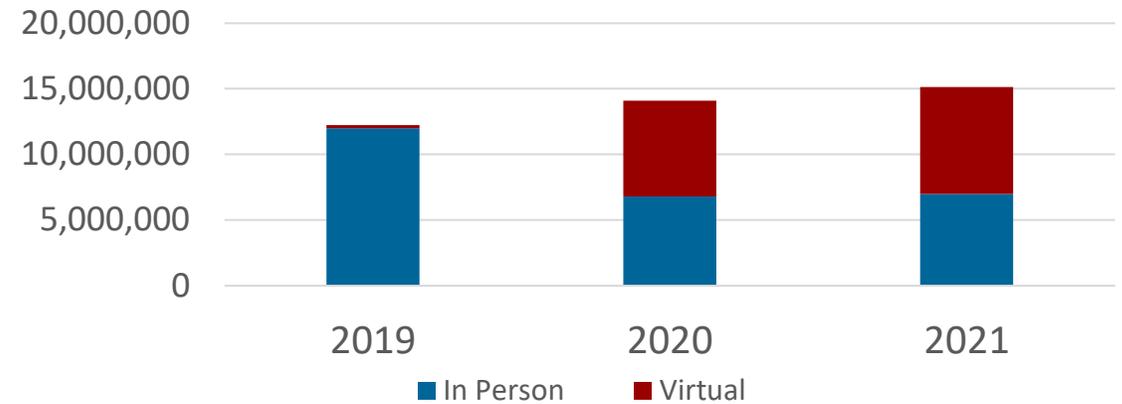


Virtual Care by Visit Type in Health Centers

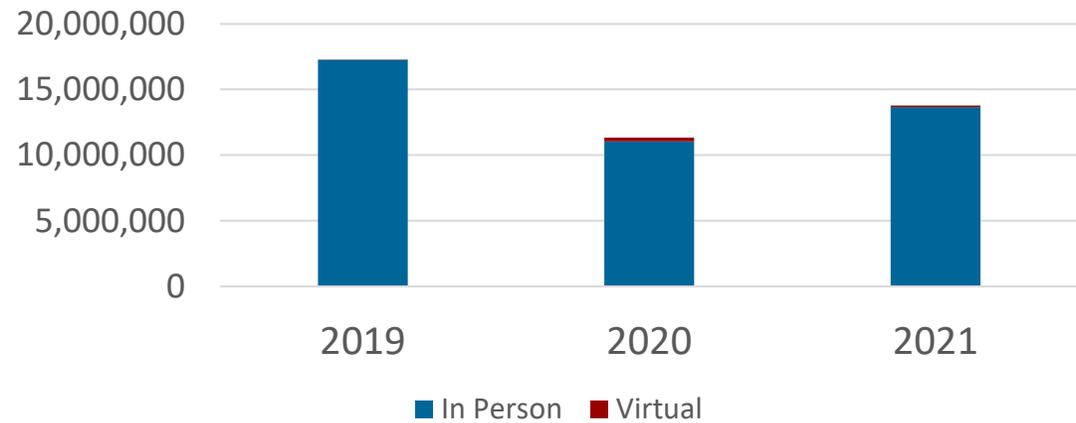
Medical Care Visits



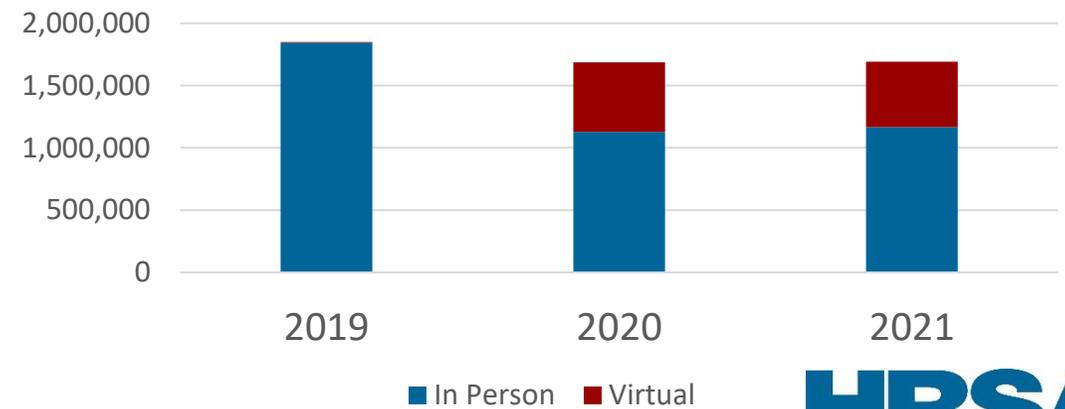
Mental Health Care Visits



Oral Health Visits



Substance Use Disorder



USF & ACP – Broadband Funding For Health Centers and Patients



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Upcoming Dates

03/08 2023 [HCF Office Hours Webinar](#)

03/22 2023 [Telecom Office Hours Webinar](#)

[See full calendar](#)

How It Works

The Rural Health Care program funds two types of services:

Voice and Data

If you need voice and other telecommunication services, you may be eligible for funding through the Telecommunications

Broadband

If you need broadband services, network equipment, etc., you may be eligible for funding through the Healthcare Connect Fund (HCF)



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Stay Connected

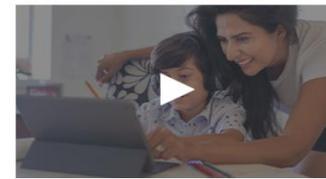
The Affordable Connectivity Program (ACP) is a U.S. government program that helps many low income households pay for broadband service and internet connected devices.

[Apply Now](#)

[Recertify](#)



The Affordable Connectivity Program is administered by USAC with oversight from the Federal Communications Commission (FCC).



What is the Affordable Connectivity Program?

The Affordable Connectivity Program (ACP) is a U.S. government program run by the [Federal Communications Commission \(FCC\)](#) to help low-income households pay for internet service and connected devices like a laptop or tablet.

You are likely eligible if your household's income is below 200% of the Federal Poverty Line, or if you or someone you live with currently receives a government benefit like SNAP, Medicaid, SSI, WIC, Pell Grant, or Free and Reduced-Price Lunch.



NTIA BEAD Funding Allocation Depends on FCC Maps

ALLOCATION FORMULA | METHODOLOGY SET BY FORMULA IN THE ACT & DETERMINED AFTER DATA MAPS RELEASED



Funds appropriate for the BEAD program are allocated through three buckets AFTER the broadband DATA maps are released.

1 **High-cost areas:** 10% of the total amount appropriated, allocated to eligible entities based on their share of unserved locations in high-cost areas in the U.S.

2 **Minimum initial allocations**

- \$100M is allocated to each State, District the of Columbia and Puerto Rico
- \$100M allocated to, and divided equally among, the United States Virgin Islands, Guam, American Samoa, & the Commonwealth of the Northern Mariana Islands

3 **Allocation of remaining funds:** after allocating funds in 1 and 2, the amount remaining shall be allocated across eligible entities based on their share of unserved locations in the U.S.

Note: availability of funds conditional upon approved applications (i.e., LOI, initial proposal, and/or final proposal). Contingency procedures are also set in the Act.

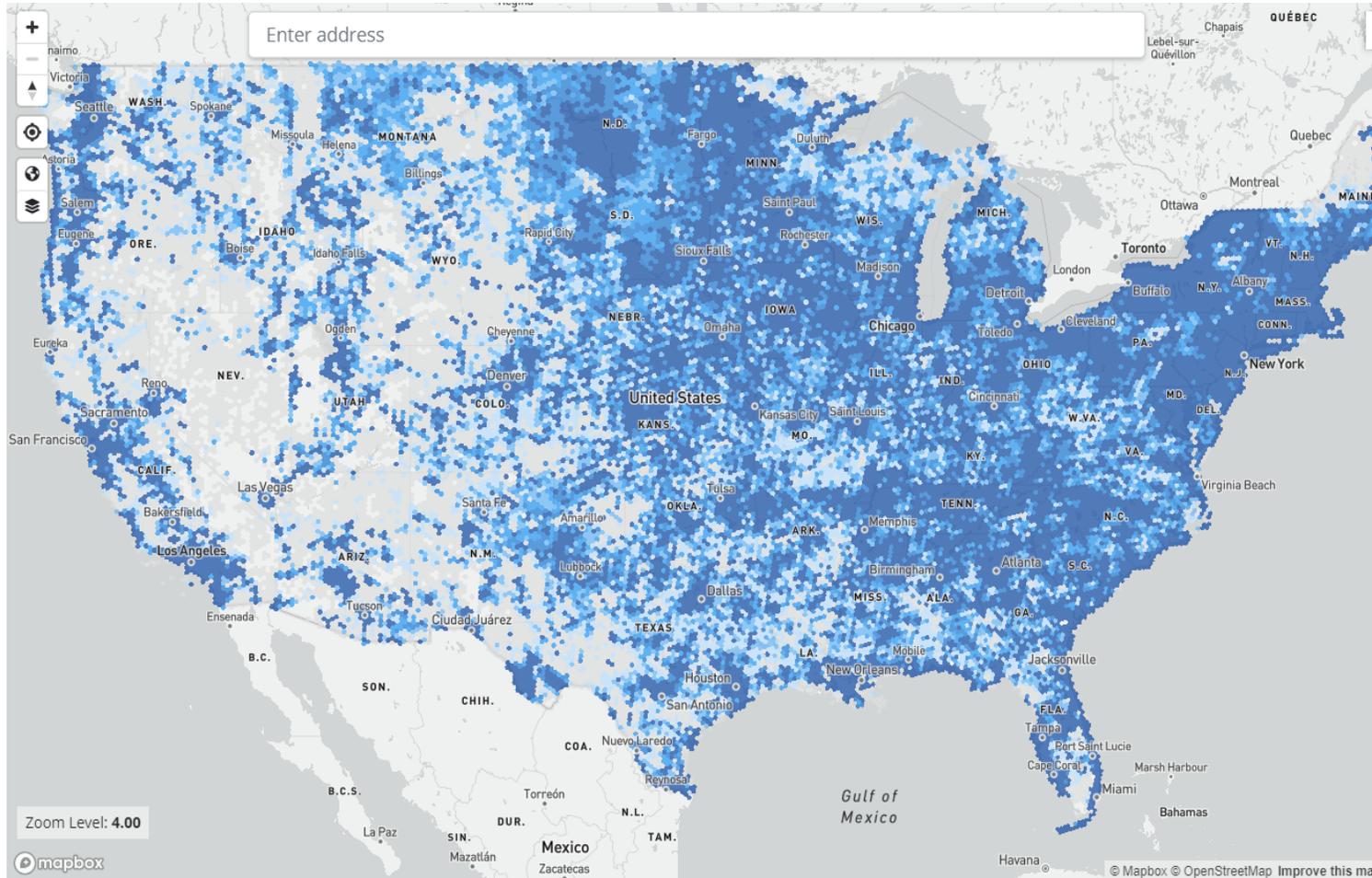


Note: Funding amounts inclusive of all administrative set-asides.



FCC National Broadband Map

Wired Service > 25/3 Mbps



Fixed Broadband Mobile Broadband

Nationwide

Broadband

Type Residential
Technology All Wired
Speed 25/3 Mbps or greater
Data As Of Jun 30, 2022 (Last Updated: 11/17/22)

Map Legend

Served Units Percentage

- 0%
- 0 - 20%
- 20 - 40%
- 40 - 60%
- 60 - 80%
- 80 - 100%



FCC National Broadband Map Crownpoint, NM Satellite View

FCC National Broadband Map

Home Location Summary Provider Detail Area Summary Data Download About

Search: Crownpoint, New Mexico, United States

Fixed Broadband Mobile Broadband

Selected Location
Crownpoint, New Mexico, United States
No location data.

Broadband
Type: Residential
Technology: All Terrestrial
Speed: 25/3 Mbps or greater
Data As Of: Jun 30, 2022 (Last Updated: 11/17/22)

Click a location on the map to view broadband coverage information.

Map Legend
● Coverage available
● Coverage not available
○ Not a mass market location

Zoom Level: 15.00

© Mapbox © OpenStreetMap Improve this map © Maxar



Telehealth's Future

Extension of many telehealth flexibilities through December 31, 2024:

- FQHC/RHC distant site provider
- Patient location
- Telehealth services
- Audio-only
- Eligible providers

HHS monitoring **telehealth's impact** on:

- Health equity
- Health outcomes
- Return on investment
- Fraud, waste, and abuse



OAT Announcements

Telehealth-Focused

- ✓ Updates
- ✓ Funding opportunities
- ✓ Research findings
- ✓ Events and more

Office for the Advancement of Telehealth  **HRSA**
Health Resources & Services Administration

Announcements

July 20, 2022 *Having trouble viewing this email? [View it as a Web page.](#)*

Affordable Connectivity Program

10 WAYS TO SPREAD THE WORD

- 01 Help Your Community Enroll 
- 02 Spread the Word 
- 03 Request Printed Materials 
- 04 Connect with Local Institutions 
- 05 Involve Your Local Government 
- 06 Share ACP Info on Your Websites and Social Media 
- 07 Request a Speaker for an Event 
- 08 Help Connect the Unconnected 
- 09 Find Local Providers 
- 10 Let Everyone Know 

Sign up at: https://public.govdelivery.com/accounts/USHSHRSA/subscriber/new?topic_id=USHSHRSA_1601



Contact Information

William L England, PhD, JD

Senior Advisor

Office for the Advancement of Telehealth

wengland@hrsa.gov



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National Health Center Telehealth Resource Center (TRC): A NACHC-TRC Joint Project for FQHCs Telehealth Operations

The image displays two screenshots of the CCHP (Center for Connected Health Policy) website. The top screenshot shows the 'Policy Finder' interface with filters for 'Topic' (Professional Requirements, Federally Qualified Health Center (FQHC)), 'Federal', and 'State'. A search bar and a 'my state' map are also visible. The bottom screenshot shows a detailed page for 'Federally Qualified Health Center (FQHC)' telehealth policies. The page includes a 'DEFINITION OF VISIT' section, a 'MODALITIES ALLOWED' section, and a 'Definition of Visit' section. The 'Definition of Visit' section states: 'No explicit definition. The FQHC will receive a separate encounter rate for each type of FQHC service offered: primary care, behavioral health, preventive/diagnostic dental and comprehensive dental. The FQHC will be able to bill for same day encounters and be paid one encounter per day. SOURCE: FQHC Billing Manual, DC Medicaid 161, P. 61 (Aug. 24, 2022), (Accessed Sept. 2022).'

- FQHC fee-for-service Medicaid telehealth policy section on [CCHP's Policy Finder](#).
- FQHCs are encouraged to reach out to their TRC for their telehealth questions. Check [NCTRC website](#) to find your TRC.
- FQHC telehealth billing questions email box: FQHCquestions@cchpca.org
- Environmental scan of telehealth training & technical assistance (TTA) resources <https://www.healthcenterinfo.org/details/?id=4123>

QUESTIONS?



THANK
YOU!



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[YouTube.com/user/nachcmedia](https://youtube.com/user/nachcmedia)



UPCOMING EVENTS – GET REGISTERED!

NACHC’s Pharmacy Operations Office Hours

Pharmacy Operations Office Hours are opportunities to learn and ask questions about operational issues related to pharmacy services in health centers. Offices Hours are supported under the BPHC Cooperative Agreement and are free.

Next Session: Developing a Pharmacy Residency Program

Thursday, March 16, 2023 | 2:00 pm – 3:00 pm ET

[REGISTER HERE.](#)



Pharmacy Office Hours



Cultivating Health Center Operations

A promotional banner for the 2023 Cultivating Health Center Operations (CHCO) event. It features a person in a suit holding a tablet, surrounded by various icons representing health, technology, and operations. The text reads: "2023 Cultivating Health Center Operations (CHCO) April 11-12 | All-Virtual" and includes a "REGISTER NOW" button. The NACHC logo is in the top left corner.

NATIONAL ASSOCIATION OF
Community Health Centers®

2023 Cultivating Health Center Operations (CHCO)
April 11-12 | All-Virtual

REGISTER NOW

2023 Cultivating Health Center Operations (CHCO)
April 11-12 | All-Virtual

Early bird registration ends March 28!