



National Organization of  
**State Offices of Rural Health**

# State Office of Rural Health Manual for New Employees

October 2017

A large decorative graphic at the bottom of the page features overlapping, curved shapes in shades of green and blue. In the center of these shapes is a white silhouette of two human figures with their arms raised, mirroring the figures in the NOSORH logo.

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## Acronyms

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## INTRODUCTION

Welcome! Congratulations on your position with the State Office of Rural Health (SORH). We are pleased you are now a member of the rural health family! The National Organization of State Offices of Rural Health (NOSORH) is the membership organization for all fifty State Offices of Rural Health. NOSORH is here to help you in your role to increase the capacity of State Offices to improve health care in rural America through leadership development, advocacy, education, & partnerships.

NOSORH works with SORHs and other rural health stakeholders to develop programs and support activities that strengthen each state's ability to:

- Improve access to quality health care;
- Expand the rural health workforce;
- Reduce health disparities;
- Strengthen rural hospitals and clinics;
- Broaden the reach of health information technology and telehealth services; and
- Enhance rural emergency services.

NOSORH strives to:

- Cultivate the next generation of SORH and community leaders;
- Strengthen the technical assistance capacity of SORHs;
- Facilitate partnerships that spur the development of rural health-related activities;
- Foster the exchange of rural health-related information and best practices; and
- Provide a collective voice on rural health issues.

We want to share a few resources from NOSORH with you.

### NOSORH Website

NOSORH's web address is [www.nosorh.org](http://www.nosorh.org). Some areas are for NOSORH Members only. Your access code for these materials is:

Username: pinetree

Password: 50sorh

You can find all past meeting materials on the website along with all recorded webinars.

### NOSORH Educational Exchange Program

Any NOSORH member may request travel scholarships to meet with another SORH to learn about a topic of importance to that member's SORH. Scholarships support travel which enable a NOSORH member to link with a mentor or peer at another SORH who will help that member develop or enhance his or her expertise and leadership skills; adopt a promising practice; and/or improve their program management or strategic planning/implementation effectiveness.

Visit the NOSORH website for additional details: <https://nosorh.org/educational-resources/travel-scholarships/>

### NOSORH Regional Representatives

Each Region is assigned 2 NOSORH representatives on the Board of Directors. Reach out to your Regional Representative to discuss what committees to become involved with based on your areas of interest. Regional Reps act as a NOSORH ambassador to link NOSORH with SORH staff and partners. Let us know if you plan to attend any national meetings so we can introduce you in person. Regional Reps are resources to support you along with the current NOSORH Board of Directors, listed below.

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## National Rural Health Day



NOSORH sets aside the third Thursday of every November to celebrate National Rural Health Day. National Rural Health Day is an opportunity to:

- “Celebrate the Power of Rural” by honoring the selfless, community-minded spirit that prevails in rural America,
- Bring to light the unique healthcare challenges that rural citizens face; and
- Showcase the efforts of rural healthcare providers.

This year, National Rural Health Day (NRHD) is on November 16, 2017. In past years the day's efforts have received attention from the President of the United States, from media outlets and nearly two-thirds of governors have declared National Rural Health Day in their states. Please utilize the key messages about the power of rural to bring attention to the good work being done on behalf of rural communities across the nation.

- **Rural communities are wonderful places to live and work. Great things are happening there.**
- **Rural America's health professionals, hospitals, and clinics are dedicated to delivering high-quality and innovative care to underserved Americans.**
- **Collaboration is crucial to address the barriers that remain.**

NOSORH has many resources available to help you with your National Rural Health Day efforts. Please contact [Ashley Muninger](#) if you have any questions. In addition, more information on National Rural Health Day can be found at <https://nosorh.org/calendar-events/nrhd/>

### TruServe

In conjunction with the University of North Dakota, NOSORH offers a web-based performance measures tool called TruServe. TruServe is a web-based tracking system that allows organizations to conveniently monitor and report progress. Each state enrolled in TruServe has a customized web page used for tracking performance measures and other activities. TruServe allows you to capture the activities of staff; information later used to provide detailed and accurate reports for staff, the organization, funders, decision makers, legislators and others. Information within TruServe is available at all times and provides the ability to generate reports, maps, charts, and more with a few clicks. For more information on TruServe please contact [Matt Strycker](#) and visit [www.truserve.org](http://www.truserve.org).

### NOSORH Newsletters

NOSORH produces 2 newsletters to inform SORHs. The Branch is sent the first week of the month and offers news on NOSORH and partners' activities, promising practices and resources. The second newsletter, Roots, is sent in the middle of the month and provides news on the people from NOSORH and SORH. NOSORH strives to feature the work and leadership of each SORH throughout the year. We look forward to you sharing your work with your SORH colleagues. Please let [Beth Kolf](#), NOSORH's Project Coordinator, know if you do not receive these newsletters.

## Committees

NOSORH convenes committees to provide learning opportunities, plan programs and services and to advise the organization on how best to meet SORH needs. Committee activities are planned by State Offices of Rural Health for State Offices of Rural Health. They are a great place to learn more about policy, get involved with the organization on a national level and to link with other State Offices of Rural Health throughout the year. We encourage you to join a committee. More information on each committee can be found here: <https://nosorh.org/nosorh-members/nosorh-committees/>.

## NOSORH Committees

- The **Awards Committee** shall be responsible for developing Awards criteria and presenting them to the board for approval, prior to implementation. The Committee shall also evaluate and select the awardees and make arrangements for securing appropriate recognition symbols.
- The **Communications Committee** oversees development of all printed NOSORH materials (brochures, etc.) and ensures that those materials are updated on an as-needed basis.
- The NOSORH **Development Committee** cultivates relationships; identifies and obtains resources; and develops and implements programs and activities that strengthen NOSORH's organizational capacity and position the organization as the national leader in providing technical assistance to State Offices of Rural Health.
- The **Educational Exchange Committee** supports and enhances the leadership of state offices of rural health through education and training assistance.
- The **Finance Committee** reviews NOSORH budget at least annually to help develop appropriate procedures for budget preparations and to check consistency between the budget and NOSORH strategic plan.
- The **Flex Committee** provides the State Office of Rural Health perspective on policy issues and serve as a link between State Offices of Rural Health and others implementing the Rural Hospital Flexibility Program including the Federal Office of Rural Health Policy and the Technical Assistance and Services Center.
- The **Policy Committee** shall be responsible for tracking Policy issues of interest to NOSORH and coordinating Policy communication and educational activities for the organization.
- The **Joint Committee on Rural Emergency Care (JCREC)** is a group of organizations working together to improve the quality of care in rural and frontier communities.
- The **Rural Health Clinic Committee (RHC)** provides technical assistance and education to State Offices of Rural Health that are interested in providing technical assistance to RHCs and safety net providers, like Free and Charitable Clinics.
- The **Policy Program Monitoring Team (PPMT) Committee** ensures proactive scanning and assessment of policy and program changes to ensure positioning of SORH leadership to improve rural health.

### Upcoming Events

Throughout the year NOSORH offers deep dive educational programs or “Institutes” on topics such as grant writing or working with rural health clinics. Webinars are typically offered monthly on topics identified by our SORH led Educational Exchange Committee. Each year NOSORH holds a meeting in every region of the country and an annual meeting. You can find out about upcoming events on our website at <https://nosorh.org/calendar-events/>.

### Staff

If you have questions regarding NOSORH, please [contact](#) any of us; we would be pleased to spend time with you! We look forward to working with you!

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## What is rural health?

According to the Federal Office of Rural Health Policy website, up to 20 percent of U.S. residents reside in rural areas. Compared with urban populations, rural residents generally have higher poverty rates, have a larger elderly population, tend to be in poorer health, and have higher uninsured rates than urban areas. Correspondingly, rural areas often have fewer physician practices, hospitals, and other health delivery resources. These socioeconomic and health care challenges place some rural populations at a disadvantage for receiving safe, timely, effective, equitable, and patient-centered care. Rural healthcare consists of Critical Access Hospitals (CAHs), Certified Rural Health Clinics (RHCs), Federally-Qualified Health Clinics (FQHCs), EMS organizations and other providers dedicated to communities they serve.

**Defining the Rural Population.** There are two major definitions of “rural” that the Federal government uses, along with many variants that are also available.

U. S. Census Bureau definition identifies [two types of urban areas](#):

- Urbanized Areas (UAs) of 50,000 or more people;
- Urban Clusters (UCs) of at least 2,500 and less than 50,000 people.

The Census does not actually define “rural.” “Rural” encompasses all population, housing, and territory not included within an urban area. Whatever is not urban is considered rural.

The White House Office of Management and Budget (OMB) designates counties as Metropolitan, Micropolitan, or Neither. A Metro area contains a core urban area of 50,000 or more population, and a Micro area contains an urban core of at least 10,000 (but less than 50,000) population. All counties that are not part of a Metropolitan Statistical Area (MSA) are considered rural.

The Federal Office of Rural Health Policy (FORHP) accepts all non-metro counties as rural and uses an additional method of determining rurality called the Rural-Urban Commuting Area (RUCA) codes. Like the MSAs, these are based on Census data, which is used to assign a code to each Census Tract. Tracts inside Metropolitan counties with the codes 4-10 are considered rural. More information on RUCA codes can be found on the [FORHP website](#).

Some states also have a state definition of rural.

**Collaboration is needed to address the barriers that remain.** State Offices of Rural Health, rural healthcare providers and other rural health stakeholders continue to foster partnerships that improve the health status of the communities they serve. Critical Access Hospitals make up 30% of acute care hospitals but receive less than 5% of total Medicare payments to hospitals. More than 60% of CAH revenue comes from government payers. All payment reductions to Medicare or Medicaid have an immense impact on CAHs’ ability to provide access in rural communities. Emergency medical services are mostly volunteer dependent but are vital in rural America where 20 percent of the nation’s population lives and nearly 60 percent of all trauma deaths occur. Rural workforce education and training programs are needed to help recruit, retain and increase the number of well-qualified medical providers for rural veterans. Federally Qualified Health Centers, CAH’s and other health providers in rural areas are working with their local communities to design health delivery systems designed specifically for the population they are serving. In many cases they may be the only source of primary care in a community.

## What is a SORH?

State Offices of Rural Health (SORHs) have a rich history of creating partnerships, developing programs and providing resources and technical assistance that help each state address the healthcare needs of its rural citizens. All 50 states maintain a State Office of Rural Health. In 1987, the United States Congress identified a significant health care trend affecting many rural communities. Many rural hospitals were closing due to financial constraints. In response to this increasing compromised access for rural residents, the Congress created the Federal Office of Rural Health Policy in 1987 and the State Offices of Rural Health (SORH) grant program in 1991. Administered by the Federal Office of Rural Health Policy, this program enables rural America's communities to sustain and strengthen their health care systems through creation of collaborative partnerships that support rural health development.

### State Offices of Rural Health by Organizational Type

The State Offices of Rural Health differ substantially according to the unique nature of each State. The program grants are flexible and allow each State to determine the most appropriate location for its office with adequate consideration of their state-specific needs and preferences. Currently, there are 37 offices located in a State Agency, 10 offices within a University system and 3 offices operating as not-for-profit entities. 36 offices are co-located with the State Primary Care Offices (PCOs).

Although each one varies in terms of size, scope and organization, they all share one common purpose: to help rural communities within their state build effective healthcare delivery systems. SORHs accomplish this by:

- Collecting and disseminating health-related information;
- Coordinating state rural health resources and activities;
- Providing technical assistance;
- Encouraging the recruitment and retention of health professionals; and
- Strengthening state, local, and federal partnerships.

## SORH Grant

Authorizing legislation provides that each SORH must conduct the following activities:

- (1) Establish and maintain within the state a clearinghouse for collecting and disseminating information on:
  - (A) rural health care issues;
  - (B) research findings relating to rural health care; and
  - (C) innovative approaches to the delivery of health care in rural areas;
- (2) Coordinate the activities carried out in the state that relate to rural health care, including providing coordination for the purpose of avoiding redundancy in such activities; and
- (3) Identify federal and state programs regarding rural health, and provide technical assistance to public and nonprofit private entities regarding participation in such programs.

The legislation also allows that each SORH may:

- Conduct activities pertaining to the recruitment and retention of health care professionals to serve in the rural areas of their states; and
- Provide sub-awards and contracts to public and non-profit organizations to carry out SORH activities.

## Program Objectives

### 1. Collect and disseminate information.

SORHs are the focal point and clearinghouse for rural health within their state. They collect and receive information about rural health issues, research findings and innovative approaches for the delivery of health care in rural areas from a wide variety of sources and disseminate that information through a variety of means to rural partners and stakeholders that can benefit from or utilize the information.

SORHs must list and discuss the various activities that will accomplish this objective. Examples include utilization of website (hits, requests etc.), list serves, print or electronic newsletters and updates, webinars, promotion of Rural Health Information Hub (RHlhub) and Gateway websites and any other methods used to collect and disseminate information.

### 2. Coordinate rural health care activities in the state in order to avoid redundancy.

SORHs are the state rural health focal point and are to be aware of rural health activities occurring within state and coordinates such activities in order to avoid duplication of effort and inefficient utilization of limited resources. SORHs engage in state level activities and are a voice for the rural perspective. The SORH also strengthens partnerships and fosters communication and collaboration among rural health partners and stakeholders at the local, state, federal and national level.

SORHs must list and discuss the various activities such as participation or attendance at various rural health partner and stakeholder groups, boards, conferences, meetings and any other methods used to coordinate rural health activities. SORHs are required to annually attend three partnership meetings: 1) FORHP Regional, 2) National Rural Health Association, and 3) the National Organization of State Offices of Rural Health.

Activities pertaining to recruitment and retention of the rural health workforce must be included this section.

#### Examples of Rural Health Partners / Stakeholders

HRSA: Federal Office Rural Health Policy (FORHP), National Health Service Corps (NHSC), Bureau of Primary Health Care (BPHC), Bureau of Health Workforce (BHW) & Office of Regional Operations (ORO).

Federal Offices: Center for Medicare and Medicaid Services (CMS), Veterans Administration (VA) Office of Rural Health, U.S. Department of Agriculture (USDA), Centers for Disease Control (CDC) and Health Information Technology (HIT) exchanges.

State: Public Health Departments, Primary Care Associations, Medicaid Offices, Hospital Associations, Emergency Medical Services, Rural Health Associations, Quality Improvement Networks, Hospital Engagement Networks, Primary Care Offices and Regional Extension Centers and State Health Information Exchanges National Associations: Rural Recruitment and Retention Network (3RNet), National Organization of State Offices of Rural Health (NOSORH), National Rural Health Association (NRHA), American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of Rural Health Clinics (NARHC), American Hospital Association (AHA), and National Association of Community Health Centers (NACHC).

### 3. Provide technical assistance (TA) to public and non-profit private entities.

As a result of knowledge gained from the collection and dissemination of rural health information and coordination of rural health activities among partners and stakeholders, the SORH identifies federal, state and non-governmental (i.e. coalitions, networks, trusts, foundations) rural health opportunities (i.e. grants, programs, proposals, loans, training) and provides TA to public and non-profit entities regarding how to participate in or apply for such opportunities. Informational or educational TA on rural health related regulations, policies, and best practices may also be provided. The volume, intensity and diversity of TA provided vary among SORHs, correlating primarily with the degree of state rural need and the capacity of SORH to provide specialized TA. TA may be provided by third-party (i.e. contractor) or non-SORH staff as long as SORH will be directly involved in funding, planning, or coordinating the TA.

SORHs must discuss the various types of direct TA activities they provide as well as the types of clients to whom they provide TA.

## FEDERAL, NATIONAL, STATE AND LOCAL PARTNERS

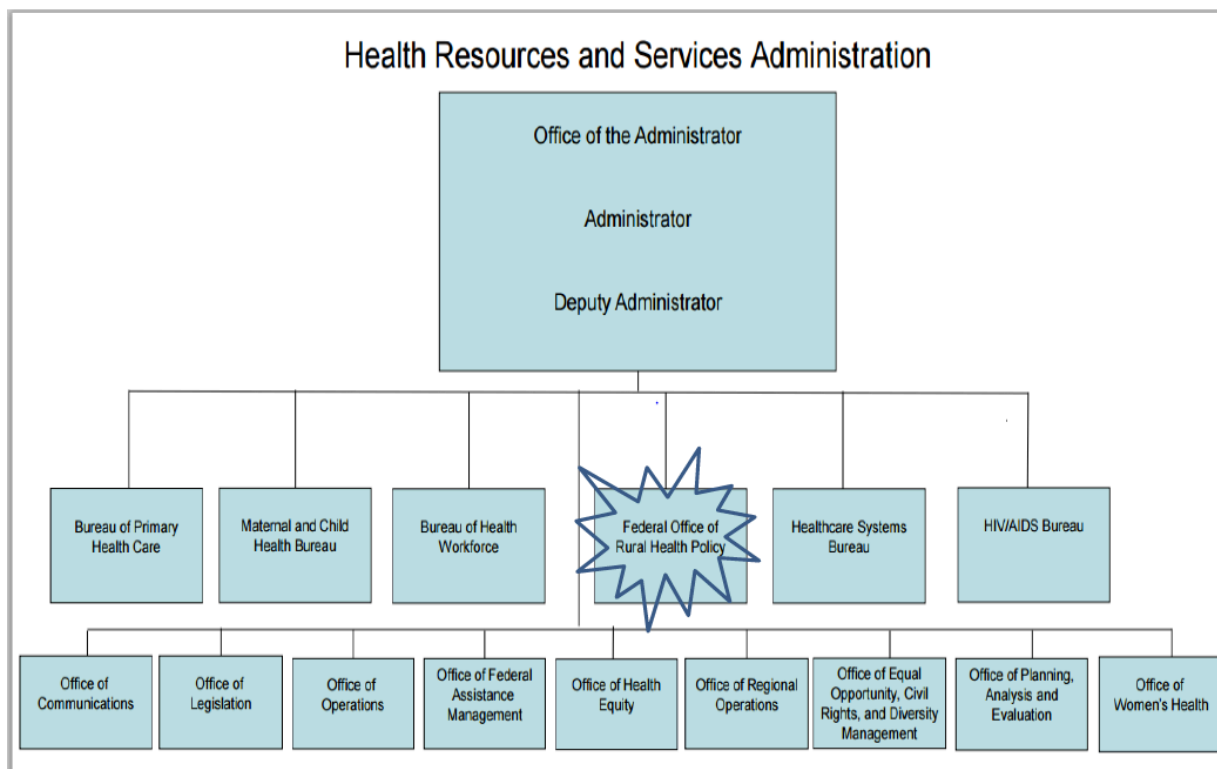
State Offices of Rural Health achieve success, with limited resources, by collaborating with others to address rural health goals.

### FEDERAL PARTNERS

#### Federal Office of Rural Health Policy

The [Federal Office of Rural Health Policy \(FORHP\)](#) coordinates activities related to rural health care within the U.S. Department of Health and Human Services. Part of the Health Resources and Services Administration (HRSA), FORHP has department-wide responsibility for analyzing the possible effects of policy on residents of rural communities. Created by Section 711 of the Social Security Act, FORHP advises the Secretary on health issues within these communities, including the effects of Medicare and Medicaid on rural citizens' access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

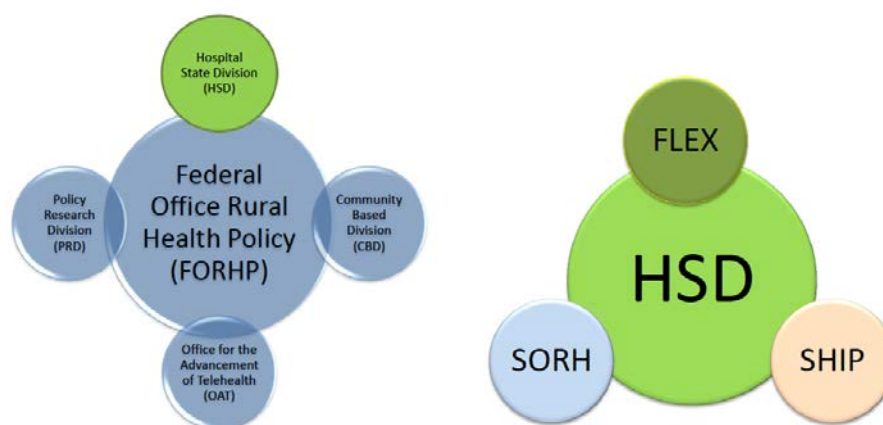
FORHP administers grant programs designed to build health care capacity at both the local and State levels. These grants provide funds to 50 State Offices of Rural Health (SORH) to support on-going improvements in care, and to rural hospitals through the Medicare Rural Hospital Flexibility Grant (Flex). Through its community-based programs, FORHP encourages network development among rural health care providers; upgrades in emergency medical services; and places and trains people in the use of automatic external defibrillators. FORHP also oversees the Black Lung Clinics grant program and the Radiation Exposure Screening and Education grant program. While these efforts are not solely focused on rural health issues, many of the populations affected reside in rural areas.



## FORHP Structure

FORHP programs are organized in four divisions:

- The [Community-Based Division \(CBD\)](#) grant programs provide funding to increase access to care in rural communities and to address their unique health care challenges. Most of CBD's programs require community organizations to share resources and expertise using [evidence-based models of care](#) in networks of two or more health care services providers.
- The [Hospital-State Division](#) supports grants and activities for State Offices of Rural Health and support and technical assistance to small rural hospitals, including CAHs.
- The [Policy-Research Team](#) coordinates policy work impacting rural providers and beneficiaries, as well as fund research and analysis of key policy issues facing rural areas.
- The [Office for the Advancement of Telehealth](#) promotes the use of telehealth technologies for health care delivery, education, and health information services, and provides funding for telehealth grants and resource centers.



## FORHP Program Coordinators

Program coordinators provide leadership and perform administrative and oversight activities that contribute towards the overall success of the grant program. They are responsible for preparation of grant guidance and coordination of the grant application, review and funding processes. Any questions related to the processing of the application, should be directed to the Program Coordinator.

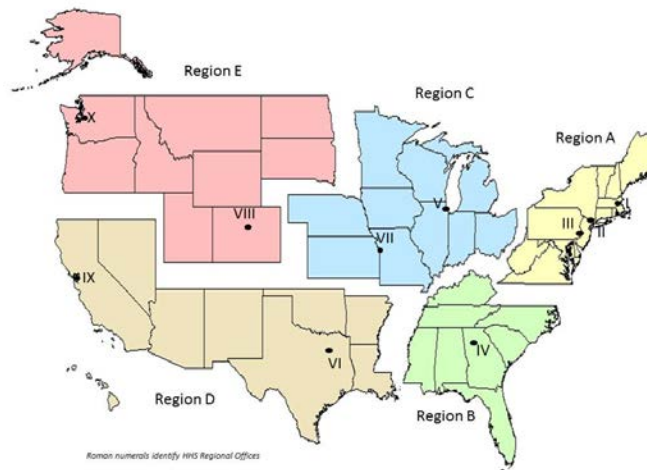
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Rural Quality Improvement Technical Assistance (RQITA)	Yvonne Chow <a href="mailto:ychow@hrsa.gov">ychow@hrsa.gov</a>

## FORHP Project Officers

Project Officers carry out the day-to-day work on the three Hospital State Division grant programs and are the main point of contact for SORH, SHIP and Flex questions from grantees. Building a collegial relationship with Project Officers is an important activity for SORH leaders. Project Officers can be a wealth of information and support to SORH in addition to the role they have for oversight and award of funds. If grantees have questions about the review of their application, how the grant funds can be used, potential changes to their program, or changes in staffing, they should contact their Project Officer. Project Officers provide technical assistance to the states by providing FORHP and other updates, organize regular regional conference calls and facilitate with the planning of regional meetings.

## Federal Office of Rural Health Policy Hospital State Division

Kristi Martinsen, Director, 301-594-4438, [kmartinsen@hrsa.gov](mailto:kmartinsen@hrsa.gov)  
Mike McNeely, Deputy Director, 301-443-5812, [mmcneely@hrsa.gov](mailto:mmcneely@hrsa.gov)



## SORH Project Officers

<b>Region A (13 States)</b>	<b>Suzanne Stack</b>	<b>(301) 443-4043</b>	<a href="mailto:sstack@hrsa.gov">sstack@hrsa.gov</a>
	Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia		
<b>Region B (8 States)</b>	<b>Suzanne Stack</b>	<b>(301) 443-4043</b>	<a href="mailto:sstack@hrsa.gov">sstack@hrsa.gov</a>
	Florida, Georgia, North Carolina, South Carolina		
	<b>Rachel Moscato</b>	<b>(301) 443-2724</b>	<a href="mailto:rmoscato@hrsa.gov">rmoscato@hrsa.gov</a>
	Alabama, Mississippi, Kentucky, Tennessee		
<b>Region C (10 States)</b>	<b>Victoria Leach</b>	<b>(301) 945-3988</b>	<a href="mailto: vleach@hrsa.gov">vleach@hrsa.gov</a>
	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin		
<b>Region D (9 States)</b>	<b>Rachel Moscato</b>	<b>(301) 443-2724</b>	<a href="mailto:rmoscato@hrsa.gov">rmoscato@hrsa.gov</a>
	Louisiana, Oklahoma		
	<b>Victoria Leach</b>	<b>(301) 945-3988</b>	<a href="mailto: vleach@hrsa.gov">vleach@hrsa.gov</a>
	Arizona, California, Hawaii, Nevada, New Mexico, Texas, Arkansas		
<b>Region E (10 States)</b>	<b>Rachel Moscato</b>	<b>(301) 443-2724</b>	<a href="mailto:rmoscato@hrsa.gov">rmoscato@hrsa.gov</a>
	Alaska; Colorado, Idaho, Montana, North Dakota, Oregon; South Dakota; Utah, Washington, Wyoming		

## HRSA Office of Regional Operations

The goal for rural health for the Health Resources and Services Administration (HRSA) Office of Regional Operations (ORO) is to improve the access to quality health care services in rural areas, enhance information exchange, and support rural HRSA grantees and stakeholders.

Common service offerings include:

- ORO will establish, renew and strengthen strategic partnerships with HRSA's Office of Rural Health Policy, Federal partners and rural health organizations to identify and optimize opportunities for rural engagement.
- ORO will engage rural health organizations in each region to assess needs, share resources, and provide technical assistance to address disparities, access to care, and improve their ability to successfully apply for HRSA funding.
- ORO will identify and report critical ground level communications and information learned through rural activities to inform agency operations, decision-making, and allocation of resources.



### **Region 1 (CT, ME, MA, NH, RI, VT)**

Jeff Beard (Acting), Regional Administrator

(617) 565-1460

### **Region 2 (NJ, NY, PR, VI)**

Ronald Moss, Regional Administrator

(212) 264-4498

### **Region 3 (DE, DC, MD, PA, VA, WV)**

Pamela Kania, Regional Administrator

(215) 861-4628

### **Region 4 (AL, FL, GA, KY, MI, NC, SC, TN)**

Lisa Mariani, Regional Administrator

(404) 562-4140

### **Region 5 (IL, IN, MI, MN, OH, WI)**

Rick Wilk, Regional Administrator

(312) 353-6835

### **Region 6 (AR, LA, NM, OK, TX)**

Princess Jackson, Regional Administrator

(214) 767-3721

### **Region 7 (IA, KS, MO, NE)**

Lisa Goschen, Regional Administrator

(816) 426-5203

### **Region 8 (CO, MT, ND, SD, UT, WY)**

Nick Zucconi, Regional Administrator

(303) 844-7890

### **Region 9 (AZ, CA, HI, NV, AS, CNMI, FSM, Guam, Marshall Island, Republic of Palau)**

CAPT John Moroney, Regional Administrator

(415) 437-8090

### **Region 10 (AK, ID, OR, WA)**

Sharon Turner, Regional Administrator

(206) 615-2059



## CMS – Rural Health

The **Centers for Medicare & Medicaid Services (CMS)** is a federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities through its survey and certification process, and clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments. The Centers for Medicare & Medicaid Services (CMS) have ten Regional Offices (ROs) reorganized in a Consortia structure based on the Agency's key lines of business: Medicare Health Plans Operations, Financial Management and Fee For Service Operations, Medicaid and Children's Health Operations, and Quality Improvement and Survey & Certification Operations. Each regional office has a rural health consultant, listed below.

<b>Region 1 (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)</b>	
Rick Hoover	<a href="mailto:rick.hoover@cms.hhs.gov">rick.hoover@cms.hhs.gov</a> (617) 565-1258
<b>Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands)</b>	
Paul Velez	<a href="mailto:paul.velez@cms.hhs.gov">paul.velez@cms.hhs.gov</a> (212) 616-2533
<b>Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, WV)</b>	
Patrick Hamilton	<a href="mailto:patrick.hamilton@cms.hhs.gov">patrick.hamilton@cms.hhs.gov</a> (215) 861-4097
<b>Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, N. Carolina, S. Carolina, TN)</b>	
Lana Dennis	<a href="mailto:lane.dennis@cms.hhs.gov">lane.dennis@cms.hhs.gov</a> (404) 562-7379
<b>Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)</b>	
Dexter Glasgow	<a href="mailto:dexter.glasgow@cms.hhs.gov">dexter.glasgow@cms.hhs.gov</a> (312) 353-1587
<b>Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)</b>	
Carmen Irwin	<a href="mailto:carmen.irwin@cms.hhs.gov">carmen.irwin@cms.hhs.gov</a> (214) 767-3532
<b>Region 7 (Iowa, Kansas, Missouri, Nebraska)</b>	
Ruth Parker	<a href="mailto:ruth.parker@cms.hhs.gov">ruth.parker@cms.hhs.gov</a> (816) 426 6459
<b>Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)</b>	
Lucretia Knight	<a href="mailto:lucretia.knight@cms.hhs.gov">lucretia.knight@cms.hhs.gov</a> (303) 844-7037
<b>Region 9 (AZ, CA, HI, NV, AS, CNMI, FSM, Guam, Marshall Island, Republic of Palau)</b>	
Neal Logue	<a href="mailto:neal.logue@cms.hhs.gov">neal.logue@cms.hhs.gov</a> (415) 744-3551
<b>Region 10 (Alaska, Idaho, Oregon, Washington)</b>	
Theresa Cumpton	<a href="mailto:Teresa.Cumpton@cms.hhs.gov">Teresa.Cumpton@cms.hhs.gov</a> (206) 615-2387

Many SORH maintain regular contact with their CMS office to stay informed about emerging issues, regulatory changes or other information, which may impact rural providers. CMS also holds regular conferences calls called "[Open Door Forums](#)" on issues of interest to SORHs.

The list includes:

- Special Open Door Forums
- Ambulance Open Door Forum
- Disability Open Door Forum
- End-Stage Renal Disease and Clinical Laboratories Open Door Forum
- Home Health, Hospice & Durable Medical Equipment Open Door Forum
- Hospitals Open Door Forum
- Low-Income Health Access Open Door Forum
- Medicare Beneficiary Ombudsman Open Door Forum
- Pharmaceutical, Pharmacy, and Device Manufacturers Open Door Forums
- Physicians, Nurses and Allied Health Professionals Open Door Forum
- Rural Health Open Door Forum
- Skilled Nursing Facilities/Long-Term Care Open Door Forum

Visit the CMS website to be notified when the next open door forums are scheduled - <http://www.cms.gov/OpenDoorForums/>.

## NATIONAL PARTNERS

### Rural Health Information Hub

The [Rural Health Information Hub](#), formerly called the Rural Assistance Center (RAC), is a product of the U.S. Department of Health and Human Services' Rural Initiative and was established in December 2002 as a rural health "information portal." RHIhub helps rural communities and other rural stakeholders access the full range of available toolkits, programs, funding, and research that can enable them to provide quality healthcare to rural residents.

SORH often utilize or encourage constituents in their states to utilize the trained resource specialists available through RHIhub. RHIhub specialists staff a toll free phone line, ready to answer questions and be a resource to your technical assistance work and support for your state partners. These specialists can be reached by dialing 1-800-270-1898. RHIhub resources are featured in NOSORH's monthly newsletters. Find out more at <https://www.ruralhealthinfo.org/>.

### National Rural Health Association

The National Rural Health Association (NRHA) is a national nonprofit membership organization with more than 20,000 members. The association's mission is to provide leadership on rural health issues. NRHA membership consists of a diverse collection of individuals and organizations, all of whom share the common bond of an interest in rural health. SORH benefit from attending their annual meetings and receiving policy information. More information can be found online at <http://www.ruralhealthweb.org/>.

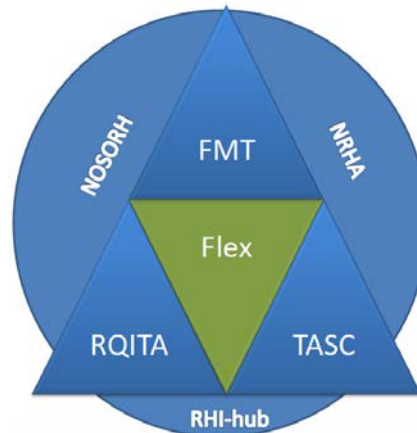
### Rural Health Research Centers and Analysis Initiatives

The [Federal Office of Rural Health Policy](#) (FORHP) currently funds seven rural health research centers and three rural health policy analysis initiatives. In previous funding cycles, FORHP has also funded [individual researchers](#) and [other research centers](#). The [Research Gateway](#) provides easy and timely access to research and findings of the FORHP-funded Rural Health Research Centers, 1997-present. The goal of the Research Gateway is to help move new research findings of the Rural Health Research Centers to end users as quickly and efficiently as possible. SORH use the Research Gateway to orient themselves to specific rural health facts and findings.

#### Current Research Centers & Areas of Expertise

- [Maine Rural Health Research Center](#)  
Health Insurance and the Uninsured, Long Term Services and Supports, Rural Health Clinics (RHCs), Mental Health, Substance Abuse
- [North Carolina Rural Health Research and Policy Analysis Center](#)  
Medicare, Medicaid and S-CHIP, Health Care Financing, Health Policy
- [North Dakota and NORC Rural Health Reform Policy Research Center](#)  
Health Policy, Health Services, Frontier health, Workforce
- [RUPRI Center for Rural Health Policy Analysis](#)  
Health Policy, Medicare, Medicare Advantage (MA), Health Insurance and the Uninsured, Health Services
- [Rural and Underserved Health Research Center](#)  
Substance Use Treatment, Primary Care, Emergency Department Access
- [Rural Telehealth Research Center](#)  
Telehealth, Health Information Technology, Technology
- [South Carolina Rural Health Research Center](#)  
Health Disparities, Minority Health, Health Services

- [Southwest Rural Health Research Center](#)  
Health Insurance, Maternal and Child Health, Aging, Diabetes, Substance Abuse
- [University of Minnesota Rural Health Research Center](#)  
Quality, Health Information Technology, Health Services
- [WWAMI Rural Health Research Center](#)  
Workforce, Health Services



## Flex Monitoring Team

The [Flex Monitoring Team](#) is a performance monitoring resource for state Flex programs, Critical Access Hospitals, States, and Communities. The Rural Health Research Centers at the Universities of Minnesota, North Carolina-Chapel Hill, and Southern Maine (the Flex Monitoring Team), are the recipients of a 5-year cooperative agreement award from the Federal Office of Rural Health Policy to continue to monitor and evaluate the Medicare Rural Hospital Flexibility Grant Program (Flex Program). The monitoring project is assessing the impact of the Flex Program on Critical Access Hospitals and their communities and the role of states in achieving overall program objectives. SORH tap into the FLEX Monitoring team for reports on hospital financial and quality performance and to identify emerging issues impacting CAH. Additional resources include CAHMPAS and Population Health Evaluation. CAHMPAS (Critical Access Hospital Measurement & Performance Assessment System) provides graphs and data, which allow you to compare CAH performance for various measures across user defined groups: by location, net patient revenue, or other factors. More information can be found at [www.flexmonitoring.org](http://www.flexmonitoring.org).

## Technical Assistance and Services Center

[Technical Assistance and Services Center](#) (TASC) has provided information, tools and education to critical access hospitals (CAHs) and to 45 state Flex Programs to improve quality, finances, operations, health system development and community engagement. TASC is a key partner of all forty-five FLEX programs and has a rich cadre of resources to support SORH. Examples of resources include Flex Core Competencies, TASC 90 Calls, State Flex Profiles, Population Health Portal, and Enhanced Site Visits. More information can be found at [www.ruralcenter.org/tasc](http://www.ruralcenter.org/tasc).

## **Rural Quality Improvement Technical Assistance**

Rural Quality Improvement Technical Assistance (RQITA) is a cooperative agreement with the Federal Office of Rural Health Policy (FORHP) implemented by Stratis Health. The purpose of RQITA is to improve quality and health outcomes in rural communities through technical assistance to beneficiaries of FORHP quality initiatives such as Flex programs, Small Health Care Provider Quality Improvement grantees, critical access hospitals (CAHs), and other rural providers. Through RQITA, technical assistance is provided in the following areas: data collection and analysis, understanding measure specifications, benchmarking and target setting, developing and implementing efficient and effective improvement strategies, and tracking the outcomes of quality improvement efforts. Examples of resources include: Direct or Enhanced Technical Assistance, Rural Quality Advisory Council, Data Analysis of MBQIP, and Virtual Knowledge Groups. More information can be found at <https://www.ruralcenter.org/tasc/mbqip>.

## **Consortium of Telehealth Resource Centers**

Telehealth Resource Centers (TRCs) have been established to provide assistance, education and information to organizations and individuals who are actively providing or interested in providing medical care at a distance. Their charter from the Office for Advancement of Telehealth is to assist in expanding of the availability of health care to underserved populations. More information can be found at <http://www.telehealthresourcecenter.org/>.

## STATE PARTNERS

### Area Health Education Centers (AHEC)

Area Health Education Centers enhance access to quality health care, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals through community/academic educational partnerships. SORHs often partner with AHEC to achieve rural health workforce development goals.

National AHEC Organization – [www.nationalahec.org](http://www.nationalahec.org)

Search the RHHub website (<https://www.ruralhealthinfo.org/>) for success stories, publications, and links to AHEC organizations.

### State Primary Care Associations (PCAs) and State Primary Care Offices (PCOs)

State Primary Care Associations (PCAs) and State Primary Care Offices (PCOs) are some of the SORHs most important partners. Operating through grant funds authorized by Section 330 of the Public Health Services Act, PCAs and PCOs are administered by the Bureau of Health Workforce in the Health Resources and Services Administration (HRSA). PCAs and PCOs are charged with the responsibility of building appropriate relationships and collaborating in support of primary health care delivery to underserved populations.

Other responsibilities of PCAs and PCOs are to gather data and document the effects of such programs as CHIP and welfare reform on underserved populations, locate communities and specific populations that do not have access to primary and preventive care, and identify populations with significant health disparities. This information assists in the development of programs that will enhance preventive and primary care to all populations.

#### Primary Care Associations (PCAs)

PCAs are private, non-profit membership associations that support and assist Bureau of Health Workforce programs and other providers of preventive and primary care to underserved groups. On behalf of Health Centers, PCAs bring together organizations and individuals to build coalitions and support the strengthening and improvement of primary care.

#### Primary Care Offices (PCOs)

PCOs are located within state health agencies or other sectors of state government that have primary responsibility for supporting and expanding access to health care. Unlike PCAs, PCOs work exclusively toward the enhancement of primary health care within the state. PCOs operate under cooperative agreements with the Office of State and External Affairs in BPHC. BPHC's goals are the expansion of primary care access and the elimination of health disparities guide PCOs' activities. The state cooperative agreements behind the management of PCOs are particularly helpful in promoting collaboration between the private, local, State and Federal levels. PCOs' primary responsibilities are tailored according to state-specific needs and available resources. PCOs conduct research in an effort to understand state and community needs and problems. Studies and other information enable PCOs to improve their methods and strategies for supporting underserved communities, addressing access barriers, and improving poor health outcomes and disparities across population and areas.

## LOCAL PARTNERS

### Critical Access Hospitals

A Critical Access Hospital (CAH) is a hospital certified under a set of Medicare Conditions of Participation (CoP), which are structured differently than the acute care hospital CoP. Some of the requirements for CAH certification include:

- Having no more than 25 inpatient beds;
- Maintaining an annual average length of stay of no more than 96 hours for acute inpatient care;
- Offering 24-hour, 7-day-a-week emergency care;
- And being located in a rural area, at least 35 miles drive away from any other hospital or CAH (fewer in some circumstances).

The limited size and short stay length allowed to CAHs encourage a focus on providing care for common conditions and outpatient care, while referring other conditions to larger hospitals. Certification allows CAHs to receive cost-based reimbursement from Medicare, instead of standard fixed reimbursement rates. This reimbursement has been shown to enhance the financial performance of small rural hospitals that were losing money prior to CAH conversion and thus reduce hospital closures. CAH status is not ideal for every hospital and each hospital should review its own financial situation, the population it serves, and the care it provides to determine if certification would be advantageous.

The Medicare Rural Hospital Flexibility Program (Flex Program) was created by the Balanced Budget Act of 1997 and is intended to strengthen rural health care by encouraging states to take a holistic approach. The purpose of the Flex Program is to provide support for CAHs for quality improvement, quality reporting, performance improvements, and benchmarking; designating facilities as critical access hospitals; and the provision of rural emergency medical services. Through these activities the Flex Program ensure residents in rural communities have access to high quality health care services. State Flex funding for this three-year project period will act as a resource and focal point for strategic planning in the following program areas with an emphasis and priority on quality and financial and operational improvement:

1. Quality Improvement (required)
2. Financial and Operational Improvement (required)
3. Population Health Management and Emergency Medical Services Integration (optional)
4. Designation of CAHs in the State (required if requested) 5. Integration of Innovative Health Care Models (optional)

For support on the Flex Program, contact The Rural Health Resource Center Technical Assistance Service Center - <http://www.ruralcenter.org/tasc>

## Community Health Clinics (aka Federally Qualified Health Centers - FQHCs)

Federally qualified health centers (FQHCs) include all organizations receiving grants under section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must:

- Serve an underserved area or population
- Offer a sliding fee scale
- Provide comprehensive services
- Have an ongoing quality assurance program
- Have a governing board of directors

There are many benefits of being an FQHC. For FQHCs that are PHS 330 grant recipients, the biggest benefit is the grant funding. For new starts, funding up to \$650,000 can be requested. Other benefits include:

- Enhanced Medicare and Medicaid reimbursement
- Medical malpractice coverage through the Federal Tort Claims Act
- Eligibility to purchase prescription and non-prescription medications for outpatients at reduced cost through the 340B Drug Pricing Program
- Access to National Health Service Corps
- Access to the Vaccine for Children Program
- Eligibility for various other federal grants and programs

CMS Federally Qualified Health Centers Center - <https://www.cms.gov/center/fqhc.asp>

Overview of the FQHC Program - <https://www.ruralhealthinfo.org/topics/federally-qualified-health-centers>

Fact Sheet - <https://www.cms.gov/MLNProducts/downloads/fqhcfactsheet.pdf>

HRSA "The Health Center Program" <http://bphc.hrsa.gov/>

FQHC Member Association – National Association of Community Health Centers (NACHC) - <http://www.nachc.com/>

## Rural Health Clinics

A Rural Health Clinic is a federally qualified health clinic certified to receive special Medicare and Medicaid reimbursement. CMS provides advantageous reimbursement as a strategy to increase rural Medicare and Medicaid patients' access to primary care services.

The National Association of Rural Health Clinics (NARHC) is the only national organization dedicated exclusively to improving the delivery of quality, cost-effective health care in rural under served areas through the Rural Health Clinics (RHC) Program. More information can be found at [www.narhc.org](http://www.narhc.org).

CMS Rural Health Clinics webpage - <https://www.cms.gov/center/rural.asp>

RHC Resources for SORH - <https://nosorh.org/member-resources/toolkits/>

## RESOURCES BY TOPIC

### Community Health Workers

Community Health Workers (CHWs) are frontline public health workers who have a close understanding of the community they serve. RHIhub has designed a toolkit to help you evaluate opportunities for developing a CHW program and provide resources and best practices developed by successful CHW programs. The toolkit is made up of several modules. Each concentrates on different aspects of CHW programs. Modules also include resources for you to use in developing a program for your area.

- [Module 1: Introduction to Community Health Workers](#)  
An overview of community health workers and their roles.
- [Module 2: Program Models](#)  
Elements of differing models for CHW programs.
- [Module 3: Training Approaches](#)  
Available training materials and procedures for CHWs.
- [Module 4: Program Implementation](#)  
Building a program from the bottom up.
- [Module 5: Planning for Sustainability](#)  
How to ensure your CHW program functions properly.
- [Module 6: Measuring Program Impacts](#)  
Methods that allow you to measure the effectiveness of your program.
- [Module 7: Disseminating Best Practices](#)  
Letting other people know what you have done with your program.
- [Module 8: Program Clearinghouse](#)  
Examples of and contacts for successful CHW programs

At a 2015 NOSORH Regional meeting, information on community health workers was shared in the Montana Frontier Community Health Care Coordination Demonstration Grant. The presentation can be found here: <https://nosorh.org/wp-content/uploads/2015/01/FCHIP-Care-Coordination-Community-Health-Worker-Program-Heidi-Blossom.pdf>

### Community Paramedicine

**Community paramedicine** (CP) is an emerging healthcare profession. It allows **paramedics** and emergency medical technicians (EMTs) to operate in expanded roles to provide healthcare services to underserved populations.

RHIhub has prepared a topic guide that can be found here: <https://www.ruralhealthinfo.org/topics/community-paramedicine>

The National Association of Emergency Medical Technicians (NAEMT) has a great webpage with links to resources (on the left column), including a toolkit that is a collection of useful documents from various sources and the “knowledge center” link that has a lot of material as well. <http://www.naemt.org/MIH-CP.aspx>

Other resources can be found in the EMS section below.

### Working with Vulnerable Hospitals

States across the nation are experiencing an increase in hospital closure. The North Carolina Rural Health Research Program (NCRHRP) reports that more than 82 rural hospitals have closed their doors to patients in need of inpatient services from January 2010 through the present. The National Rural Health Association reports that 673 additional hospitals are vulnerable and could close. Of these, approximately 200 are at high risk for closure. In cooperation with FORHP, NOSORH has prepared the [State Office of Rural Health Roadmap for](#)



[Working with Vulnerable Hospitals](https://nosorh.org/working-with-vulnerable-hospitals-and-communities/). This document is filled with resources to assist SORH in identifying vulnerable hospitals to provide technical assistance. More information can be found on the NOSORH website at <https://nosorh.org/working-with-vulnerable-hospitals-and-communities/>

## Leading Change

Leading Change: Best Practices in Technical Assistance for Rural and Frontier Health-Care Organizations in a Time of Transformation is a toolkit designed to meet the specific needs of rural and frontier health service organizations and the capacity building organizations that offer technical assistance to facilitate change.

The toolkit was developed by the National Network for Rural and Frontier Capacity, consisting of the National Center for Frontier Communities, the University of New Mexico Office of Community Health, the National Organization of State Offices of Rural Health, and the State Offices of Rural Health in Hawaii, South Carolina, Pennsylvania, Ohio, and Montana.

The entire toolkit can be found at <http://frontierus.org/wp-content/uploads/2015/10/Leading-Change-Toolkit.pdf>

## Rural Health Clinics

The NOSORH Rural Health Clinic (RHC) Committee began in 2009 as a task force to assess what types of support SORHs were providing for RHCs. The task force evolved into the RHC Committee in 2013 to focus on providing education for SORHs that are interested in providing technical assistance to RHCs and safety net providers. The committee began by surveying SORHs to understand the amount and type of technical assistance that was provided to RHCs. Since then, the Committee has used this information to help produce four modules:

[Module 1: An Introduction to the Rural Health Clinic Program](#)

[Module 2: Learning About Certified Rural Health Clinics](#)

[Module 3: Helping SORHs Make Decisions About Providing Technical Assistance and Support to Rural Health Clinics](#)

[Module 4: Helping Rural Health Clinics Work Effectively with Other Key Rural Health Providers](#)

[Module 5: Rural Health Clinic Performance Measurement and Quality Improvement](#)

[Module 6: Incorporating Behavioral Health Services in the Rural Health Clinic](#)

## Veterans

NOSORH created an informative tool and “How-To” manual to support SORHs in addressing the health care needs of rural veterans. The guide includes:

- Information about rural health initiatives of the Veterans Health Administration (VHA)
- Key Questions to identify state-specific challenges for rural veterans on health issues
- Statistical data/facts about the health care needs of rural veterans
- Recent published literature related to the health care needs of rural veterans
- Information about the work of individual SORH related to addressing the health care needs of rural veterans
- Information on organizations engaging in veterans' health issues and their roles
- Potential solutions and best practices for addressing health care needs of rural veterans
- List of suggested activities SORHs may engage in to address the health care needs of rural veterans

You can find this toolkit and others on the NOSORH website at <https://nosorh.org/member-resources/toolkits/>.

## Acronyms

3R Net	National Rural Recruitment and Retention Network
ACF	Administration for Children and Families
ADAP	AIDS Drug Assistance Program
AHA	American Hospital Administration
AHRQ	Agency for Healthcare Research and Quality
AMA	American Medical Association
APA	American Psychological Association
ARC	Appalachian Regional Commission
ASPE	Assistant Secretary for Planning and Evaluation
ATF	Bureau of Alcohol, Tobacco, and Firearms
ATSDR	Agency for Toxic Substances and Disease Registry
BBA	Balanced Budget Act of 1997
BBRA	Balance Budget Refinement Act
BCRS	Bureau of Clinician Recruitment and Services
BHPr	Bureau of Health Professions
BIA	Bureau of Indian Affairs
BIPA	Benefits, Improvement, & Protection Act of 2000
BLCP	Black Lung Clinics Program
BPHC	Bureau of Primary Health Care
CAH	Critical Access Hospital
CAP	Community Access Program
CARE	Comprehensive AIDS Resources Emergency
CBO	Congressional Budget Office
CDC	Centers for Disease Control and Prevention
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CHC	Community Health Center

CHGME	Children's Hospitals Graduate Medical Education
CIO	Chief Information Officer
CISS	Community Integrated Service Systems
CMS	Centers for Medicare and Medicaid Services
CQ	Center for Quality (HRSA)
CSG	Council for State Governments
CSHCN	Children with Special Health Care Needs
DASH	Deputy Assistant Secretary for Health
Delta	Delta State Rural Development Network Grant Program
Denali	Denali Commission
DHHS	Department of Health and Human Services
DIR	Division of Independent Review
DOC	Department of Commerce
DOE	Department of Energy
DoED	Department of Education
DOI	Department of Interior
DOJ	Department of Justice
DOL	Department of Labor
DOT	Department of Transportation
DOT	Directly Observed Therapy
DRA	Delta Regional Authority
DSH	Medicare Disproportionate Share Hospital
EEOC	Equal Employment and Opportunity Commission
EIS	Early Intervention Services
EMA	Eligible Metropolitan Areas
EMSC	Emergency Medical Services for Children
EPA	Environmental Protection Agency
FAA	Federal Aviation Administration
FCC	Federal Communications Commission

FDA	Food and Drug Administration
FDIC	Federal Deposit Insurance Corporation
FEC	Federal Exchange Commission
FEMA	Federal Emergency Management Agency
FESC	Frontier Extended Stay Clinics
FHWA	Federal Highway Administration
FI	Fiscal Intermediary
FIMR	Federal and Infant Mortality Review
FLEX	Medicare Rural Hospital Flexibility Grant Program
FMFIA	Federal Managers Financial Integrity Act
FOH	Federal Occupational Health
FORHP	Federal Office of Rural Health Policy
FQHC	Federally Qualified Health Center
FTC	Federal Trade Commission
FTE	Full-Time Equivalency
FY	Fiscal Year
GAO	Government Accounting Office
GHPC	Georgia Health Policy Center
GLMA	Gay and Lesbian Medical Association
GME	Graduate Medical Education
GMS	Grants Management Specialist
GPO	Government Printing Office
GPRA	Government Performance and Results Act
HAB	HIV AIDS Bureau
HEAL	Health Education Assistance Loans
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIPDB	Healthcare Integrity and Protection Data Bank
HMO	Healthcare Management Organization

HOPWA	Housing Opportunities for Persons with AIDS
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
HSB	Health Systems Bureau
HUD	Department of Housing and Urban Development
IGA	Intergovernmental Affairs
IHS	Indian Health Services
IME	Indirect Medical Education
INS	Immigration and Naturalization Services
IOM	Institute of Medicine
IRS	Internal Revenue Services
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LBGT	Lesbian, Gay, Bi-Sexual, and Transgender Populations
LEAP	Lower Extremity Amputation Prevention Project
LTHC	Long Term Care Hospital
MACRA	Medicare Access and CHIP Reauthorization Act of 2015
MA	Medicare Advantage (aka Medicare Part C)
MA-PD	Medicare Advantage Prescription Drug
MBQIP	Medicare Beneficiary Quality Improvement Project
MCTAC	Managed Care Technical Assistance Center
MDH	Medicare Dependent Hospital
MedPAC	Medicare Payment Advisory Commission
MMA	Medicare Modernization Act
MUA	Medically Underserved Area
MIPS	Merit-Based Incentive Payment System
PPACA	Patient Protection and Affordable Care Act
NAC	Rural Health and Human Services National Advisory Committee
NACHC	National Association of Community Health Centers
NACRHHS	National Advisory Committee for Rural Health and Human Services

NADO	National Association of Development Organizations
NCCC	National Center for Cultural Competence
NCHS	National Center for Health Statistics
NEA	National Endowment for the Arts
Network Planning	Network Development Planning Grant Program
Network	Network Development Grant Program
NGA	National Governor's Association
NHSC	National Health Service Corps
NHTA	National Highway Traffic Safety Administration
NID	National Institute of Dental Care and Craniofacial Research (NIH)
NMDP	National Marrow Donor Program
NOSORH	National Organization of the State Offices of Rural Health
NPI	National Provider Identifier
NPRM	Notice of Proposed Rural Making
NRDP	National Rural Development Partnership
OA	Office of the Administrator
OAT	Office for the Advancement of Telehealth
OCR	Office of Civil Rights
OFAM	Office of Federal Assistance Management
OFFP	Office of Family Planning
OGM	Office of Grant Management
OIG	Office of the Inspector General
OIT	Office of Information Technology
OL	Office of Legislation
OMB	Office of Management and Budget
OMH	Office of Mental Health
OMPS	Office of Management and Program Support
OPA	Office of Population Affairs
OPDIV	Operating Division

OPE	Office of Planning and Evaluation
OPM	Office of Personnel Management
OPR	Office of Performance Review
ORHP	Office of Rural Health Policy (updated to FORHP)
OSHA	Occupational Safety and Health Administration
Outreach	Rural Health Care Services Outreach Grant Program
OWH	Office of Women's Health
PART	Performance Assessment Reviewing Tool Prospective Payment System
PCA	Primary Care Association
PCC	Poison Control Centers
PCO	Primary Care Organization
PFC	Partnership for Children
PFFS	Private Fee-for-Service
PHP	Public Health Preparedness
PHS	Public Health Service
PPO	Preferred Provider
PPS	Perspective Payment System
PQRI	Physician Quality Reporting Initiative
PSC	Program Support Center
QIO	Quality Improvement Organization
QuIC	Quality Interagency Coordination
RAC	Rural Assistance Center
RAED	Rural Automatic External Defibrillator
RESEP	Radiation Exposure Screening and Education Program
RHC	Rural Health Clinic
RHN	Rural Health Network
RHRC	Rural Health Research Center
RHWKS	National Center for Rural Health Works
RRC	Rural Referral Center

RUCA	Rural Urban and Commuting Areas
RUPRI	Rural Policy Research Institute
RWCA	Ryan White Care Act
SAMHSA	Substance Abuse and Mental Health Services Administration
SBA	Small Business Administration
SCH	Sole Community Hospital
SCHIP	State Children's Health Insurance Program
SCHPQI	Small Health Care Provider Improvement Grant Program
SEARCH	Student/Resident Experiences and Rotations in Community Health
SEC	Security Exchange Commission
SMRF	State Medicaid Research Files
SNF	Skilled Nursing Facility
SORH	State Offices of Rural Health
SPRANS	Special Projects of Regional and National Significance
SRDC	State Rural Development Councils
SSA	Social Security Administration
Treasury	Department of Treasury
TRHCA	Tax Relief and Health Care Act of 2006
USDA	United States Department of Agriculture
USMBHC	US.-Mexico Border Health Commission
VA	Department of Veteran's Affairs
VBP	Value Based Purchasing
VICP	Vaccine Injury Compensation Program
WIC	Women, Infants, and Children
WWAMI	Washington, Wyoming, Alaska, Montana, Idaho Research Center