

RURAL HEALTH CLINIC TECHNICAL ASSISTANCE EDUCATIONAL SERIES

MODULE 2

Learning about Certified Rural Health Clinics

National Organization of State Offices of Rural Health

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Learning about Certified Rural Health Clinics

Target Audience and Objectives: This module is primarily designed for State Office of Rural Health (SORH) staff who are new to the Office, new to working with Rural Health Clinics, are not working actively with RHCs, or simply want to learn more about RHCs. Objectives for this module are:

1. To review basics of the RHC program.
2. To outline information on where the RHCs are located by state.
3. To examine technical assistance (TA) needs of RHCs and what resources for TA are currently available.
4. To provide information, ideas and suggestions to assist SORH become comfortable with reaching out to and establishing relationships with RHC providers and organizations working with RHCs.

Module #2: Learning about Certified Rural Health Clinics

Content	Resources
Where are the RHCs in the state? What technical assistance is needed? What technical assistance is currently available? What support could a SORH provide with existing staff and resources? What organizations provide RHCs with assistance?	CMS list of certified RHCs by state Results of NOSORH survey of RHC TA needs

Suggested Resource Materials and Background Reading:

[Introduction to the Rural Health Clinic Program \(Rural Health Clinic TA Project Educational Module 1\), NOSORH, 2010](#)

[Starting a Rural Health Clinic: A How-to Manual \(Chapters 4 & 5\), 2004](#)

[CMS list of RHC, by region, state and facility](#)

Am I Rural? Rural Assistance Center (<http://www.raconline.org/>)

National Association of Rural Health Clinics (<http://www.narhc.org>)

[State Survey Agency Directory, U.S. Department of Health and Human Services, June 8, 2010](#)

CMS Regional Rural Health Coordinators List (<http://www.cms.gov/center/rural.asp>)

[A Quick Guide for Rural Health Clinics Applying for NHSC Site Approval, Health Resources and Services Administration, May 2010](#)

[NHSC and HPSA Designation \(PowerPoint Presentation\), A. Jordan, May 11, 2010](#)

[RHC Survey Summary, NOSORH, May 2010](#)

Where Are the RHCs?

RHCs are located in nearly every state in the nation. A few highly urbanized states, however, do not have locations which fit the geographic (location) requirement. For example, neither New Jersey nor Delaware have RHCs.

A list of certified RHCs by state is available and updated quarterly in the **Contacts** section of the [CMS website](#). It includes the name of the clinic, address, telephone number and the county or parish where the clinic is located. SORHs could use the CMS list to develop a RHC mailing or contact list. A link to the most current list is provided in the resource section.

State maps with RHC locations have been developed for each state by the NARHC and the Rural Policy Research Institute (RUPRI). State maps are located in the Resource Section (note the date on the map). Keep in mind that RHCs can be certified at any time; therefore, maps and lists are only current as of the date specified on that map or list.

Establishing Rapport with State and Federal Agencies

State Certification Agency: Most state licensure and certification agencies also maintain a list of certified RHCs. A list of State Survey and Certification Contacts is included in the Resource Section. To determine staff responsible for RHC surveys, call the State Survey and Certification agency and ask to speak with the person in charge of RHC certifications.

An introductory visit with your State's Certification Agency personnel involved with RHC surveys is recommended. Staff responsible for RHC surveys in your state will change from time to time. SORH are encouraged to make contact and work to establish rapport with the RHC State Survey staff.

The agenda for the first visit with RHC survey staff could include SORH staff describing the major work of the office, outlining rural health issues, explaining the SORH's interest in promoting and supporting primary care and RHCs and asking the survey staff to discuss their work with RHC certification, as well as any other introductory work they might want to share. An agenda or topic list for future meetings can

be jointly developed. SORHs working directly with RHCs have found it essential to have a working rapport with the state survey personnel. Reviewing Chapters 4 and 5 of the *Starting a Rural Health Clinic: A How-To Manual* could be useful preparation for the visit with the State Survey staff.

CMS Regional Rural Health Coordinators: Introducing yourself to the CMS Regional Rural Health Coordinator is also a step to consider. Some states have a working relationship with their CMS Regional Rural Health Coordinator; some, for example, invite the CMS Regional Rural Coordinator to participate in their state rural health conferences. CMS Regional Rural Health Coordinators also participate in some SORH regional meetings, national rural health meetings and meet with the National Rural Health Association's Policy Institute generally held in January of each year. The CMS Regional Rural Health Coordinators have resources to share and are engaged with problem-solving at the regional and national level. They also usually participate in CMS sponsored sessions, i.e. the *Rural Health Open Door Forum*.

A list of the Regional Rural Health Coordinators is included in the Resource Section.

Technical Assistance Currently Available to all RHCs

The amount and types of technical assistance available to RHCs varies. There are many private resources available to provide assistance, such as consulting groups, certified public accountants, industry trade associations and various state and national associations. There are also resources available to RHCs without charge. This section outlines resources available free to all RHCs.

Federal Office of Rural Health Policy: The Office of Rural Health Policy (ORHP) in the U.S. Health Resources and Services Administration (HRSA) supports efforts to assist RHCs. In particular, ORHP provides support that enables the Rural Assistance Center and the National Association of Rural Health Clinics to provide assistance as described below.

Rural Assistance Center: Most RHCs can benefit from assistance and information offered by the Rural Assistance Center (RAC). RAC provides a list of frequently asked questions for RHCs and links to various websites and documents useful to existing RHCs, practices considering becoming an RHC or SORH staff interested in learning more about the RHC program. SORH staff should become familiar with the types and scope of information available at the RAC website.

National Association of Rural Health Clinics: ORHP also supports technical assistance calls and a listserve maintained by the National Association of Rural Health Clinics (NARHC). All RHCs and SORH staff can sign up for the NARHC listserv by going to the NARHC home page, scrolling down to the invitation to sign up and following the prompts. This listserve is an important conduit of information for RHCs, as well as for practices considering becoming an RHC.

NARHC also hosts quarterly Web calls of interest to RHCs and others. A description of an ORHP-sponsored conference call description follows.

“ORHP RHC Conference Call Series: The Federal Office of Rural Health Policy (ORHP) and the National Association of Rural Health Clinics are pleased to announce a new conference call series designed to provide Rural Health Clinic staff with valuable technical assistance and RHC specific information. The national teleconference calls are free of charge and will be held on the topics of RHC billing, quality improvement, best practices, and more. Presentation materials and call information will be sent via email.”¹

A form to sign up for the listserv follows this information. This is a useful resource, and SORHs can assist RHCs in their state by advising them of the availability of the NARHC listserv and the technical assistance calls. SORHs can also participate in the calls.

NARHC also maintains a **Resources** section on their website; click on the **Resources** link at the top of the home page and then explore the available *Links* or *Rules and Guidelines*.

National Health Service Corps: RHCs can also be eligible for recruitment and retention assistance from the National Health Service Corps (NHSC). State Primary Care Office (PCO) should be able to provide information about how RHCs can be eligible for assistance through the NHSC.

Many SORHs also serve as their respective states’ PCOs. If that is not the case, then SORHs should contact PCO staff to ask how the PCO assists RHCs. An agenda for the first meeting could be similar to the agenda recommended for meeting with the State Survey staff. Information on how the NHSC can assist RHCs is located on the NHSC web site at <http://www.nhsc.hrsa.gov/communities/>.

NHSC assistance is a major benefit available to some RHCs. SORHs should ask for more information, orientation and practical help on linking RHCs with the PCO and NHSC from NOSORH. The May 2010 NARHC conference call featured information about how RHCs could become an NHSC-approved site; the fact sheet and PowerPoint presentation used during the May 2010 call are located in the NARHC website Resources section.

Centers for Medicare and Medicaid Services: The Centers for Medicare and Medicaid Services (CMS) maintain an online Rural Health Clinic Center (<http://www.cms.gov/center/rural.asp>). This page links users to a plethora of RHC-related regulations, the RHC legislation itself, information about billing, enrollment, CMS manuals, payment manuals and many other resources and topics. As SORHs become more familiar with RHCs and want specific technical information, this site will become more useful and important. SORHs should know the CMS site exists and what information is available there.

State Association of Rural Health Clinics: If your state has a Rural Health Clinic Association, it is a positive strategy to develop a working relationship with the Association staff and members. A strong rapport and joint work would benefit both the SORH and the Association in your efforts to provide supportive, helpful assistance to RHCs.

Types of Technical Assistance Needed by RHCs

RHCs have a plethora of technical assistance needs. To understand better what RHCs need, NOSORH developed a needs assessment survey. All RHCs listed on the NARHC listserv were surveyed in April and May 2010. A few SORHs serving on the Advisory Team for this module also sent the survey directly to the state's electronic list of RHCs.

Essentially, the purpose was to query operating RHCs about the type of assistance RHCs need, as well as to ask about resources they find helpful. The survey collected demographic information, as well as information about TA or consultation needed. The opening survey paragraph stated results would be shared with participants at the NARHC annual meeting in October 2010 and clarified that NARHC and NOSORH would use results for planning technical assistance and other RHC support.

RHCs in 38 states responded to the survey. Survey information was received from 445 RHCs (approximately 25% of all RHCs), of which 59.2% self identified their clinic as provider-based and 40.8% identified their clinic as independent or free-standing. The average period of time respondents operated as an RHC is 11.4 years. Survey summary results are located in the Resources section as well as on the NOSORH website; the Resources section also includes a list of the number of RHCs responding to the survey by state.

SORHs are encouraged to consider the survey results a needs assessment of help needed by RHCs providing primary care services to Medicaid and Medicare beneficiaries in rural communities in 38 states. SORHs could study the RHC survey results, discuss the results with other SORH and/or share the results with state partners as a step in planning how to extend assistance to RHCs.

SORHs should consider how work currently underway might be extended to RHCs. For example, most SORHs provide training (or make expert consultation available) to Critical Access Hospitals, EMS providers or other safety net, rural providers. Some of the workshops or services might be appropriate for RHCs. SORHs also have relationships with other state agencies or associations that provide training that could benefit RHCs, including with the state's Quality Improvement Organization. A straightforward, simple step to assist RHCs would be for SORHs to review the RHC survey responses; when there is a good match between identified and appropriate technical assistance needs and relevant training or assistance known to the SORHs, RHCs could be invited. The RHC list (discussed above) could be provided to other agencies or associations or the SORH could invite RHCs to relevant training sessions.

Some organizations the SORHs might share the RHC survey results with include AHECs, PCOs, family practice residency programs, state rural health associations, state RHC associations, the Family Practice, PA and Nursing associations, Primary Care Association or others who provide relevant, appropriate training.

Some needs identified by RHCs might be immediately adaptable to workshops or consultations planned or being developed by SORHs. For example, response 11 provided information about administrative assistance that RHCs might need now or within the coming 12-24 months. Selected services are highlighted below. Some of these topics might be covered in training or technical assistance that SORHs or partners currently provide or are planning. Of course, SORHs should be sure RHCs are the right audience for the training; but, when there is a good fit; RHCs could be invited to participate.

Topics and the percent of respondents who say they need a lot or some assistance is noted in the table below.

Table 1, Question/Response 11	We do need SOME assistance	We do need a LOT of assistance.	Total of some & a lot	Response Count
Management/leadership skills	46.1%	10.2%	56.3%	382
Strategic planning	47.2%	12.1%	59.3%	379
Marketing/outreach	41.6%	14.9%	56.5%	377
Staff training	50.7%	11.6%	62.3%	379

Other topic areas queried include financial systems assistance (Question 10), clinical assistance (Question 12) and information systems assistance (Question 13).

The RHC Survey results include questions and responses for RHCs which have been operational less than two years. The results from this section are especially relevant to SORHs considering offering introductory or basic technical assistance or support to developing RHCs or practices considering conversion. Twenty-five RHCs responded to the questions about help needed while developing the RHC.

Go to the full RHC Summary and review the responses to Question 16, page 10; in particular, review the columns and percentages of the respondents who indicated they needed some assistance and a lot of assistance with activities. Some of these services fit well with the work SORHs are currently doing. Extending services to primary care providers considering RHC development might not require significant additional resources but could be very helpful to the practice or organization.

Table 2, Question/Response 16	We <u>did</u> need SOME assistance	We <u>did</u> need a LOT of assistance.	Total of some & a lot	Response Count
Data analysis for eligibility	52.6%	32%	84%	25
Understanding designation issues	58.3%	25%	83.3%	24
Working with state survey agency	41.7%	12.5%	54.2%	24
Facilitation with state agencies	52%	12%	64%	25
Introduction to federal regulations	72%	24%	96%	25

The RHC survey asked what consultation or assistance RHCs paid for in the past year. The major service RHCs paid for was assistance with their cost report; this is not surprising, considering the RHC cost report is the key to the amount RHCs are paid for care provided to Medicaid and Medicare beneficiaries.

RHCs were asked if in the past year they paid for consultation; 142 of 384 responding RHCs (37%) said yes, while 242 (63%) responded “no” This result could be interpreted several ways; but, taken with the other survey responses, this suggests RHCs have needs for technical assistance but most did not pay for consultation/technical assistance in the last year. When asked what services RHCs did pay for the top responses are shown below. RHCs could list up to five services. Responses follow.

Table 3, Q. 20 – For what services?	Count	Percent of Total
Cost Report	44	21.0%
Billing	16	7.6%
Provider Coding	12	5.7%
Coding	8	3.8%
Policies and Procedures	6	2.9%
Other (count 1 to 4)	124	59.0%
Total Responses	210	

In question 21, RHCs were asked which organizations, associations or consultants are useful to them; 201 RHCs provided 450 responses (RHCs could list up to five organizations.). The responses below reinforce the need to refer RHCs to NARHC. Various SORHs also were identified as being useful resources, as was the National Rural Health Association and various state rural health associations. A list of the organizations named in the “Other” category is available.

Table 4, Q. 21 – List of Useful Organizations, Associations and Consultants	Count	Percent of Total
NARHC or Bill Finerfrock	72	16%
Various SORHs	43	9.6%
Medical Group Management Association (MGMA)	22	4.9%
National or State Rural Health Associations	18	4%
Other (count 1 or more)	295	65.6
Total Responses	450	

Conclusion

SORH staff are encouraged to review the RHC survey results and determine where their Office could directly assist RHCs; where opportunities exist to directly develop assistance; where services might be

developed through contractual relationships; or, where the SORH could make referrals to other agencies or associations to assist RHCs.

The RHC survey results provide a rich assessment of technical assistance, consultation and training needs of these safety-net, rural primary care providers. Hopefully, the results will spark interest and innovative thinking about how all SORHs can assist RHC providers. SORHs are asked to review the range of needed services and think creatively about the possibilities of providing more services to RHCs.

Reviewing the assistance offered to all RHCs, becoming familiar with those offerings and reaching out to State Survey staff are recommended steps in developing familiarity with and expertise in RHC issues.

For more information or assistance with next steps, contact the NOSORH.

Appendix A

Instructions for using the CMS list of certified rural health clinics to get a list of your state's rural health clinics.

Please note, the link may change upon the update of the list. Click on the link to download the PDF. See Appendix A for instructions on how to download and print your state report.

To download your state's list, please use the following instructions:

- 1) After the document has uploaded on your internet browser, right click on the document, then click save as.
- 2) Save it to your designated area, and click save.
- 3) Reopen the document from your saved area in Adobe Reader.
- 4) On the Adobe Tool Bar, look for the box that says "Find"
- 5) Type in your state, click Find until state's main page is found
- 6) Look at the document in the upper right hand corner to determine how many pages your state is. Note the Adobe page numbers of your state report.
- 7) Click on File in the top tool bar, then click Print
- 8) In the Print box under Printer Name: use the drop down menu to select Adobe PDF
- 9) Under Print Range, click on Pages, type in the Adobe page numbers from step 6 (example: For Michigan Adobe pages 52-56)
- 10) Click Okay
- 11) At the bottom of your screen a new box will open
- 12) Designate where you want to save your state profile, click Save

¹ National Association of Rural Health Clinics, <http://www.narhc.org>; accessed June 2010.

June 8, 2010 - State Survey Agency Directory

State	Last Name	First Name	Address	Work Number	Fax Number	E-Mail Address
Alabama	Harris	Rick	Director, Bureau of Health Providers Standards Alabama Department of Public Health P. O. Box 303017, Suite 600 Montgomery, AL 36130-3017	334-206-5366	334-206-5303	rick.harris@adph.state.al.us
Alabama	Wallace	Harrison	Deputy Director, Bureau of Health Provider Standards (Same as above)	334-206-5898	334-206-5303	harrison.wallace@adph.state.al.us
Alabama	Ivie	Patricia	Office of General Counsel Alabama Department of Public Health P. O. Box 303017, Suite 1540 Montgomery, AL 36130-3017	334-206-5209	334-206-5874	pat.ivie@adph.state.al.us
Alabama	Sadler	Mia	State Program Director Division of Health Care Facilities (Same as above) Suite 600	334-206-5216	334-206-5303	mia.sadler@adph.state.al.us
Alabama	Pezent	Lisa	Long Term Care Director Division of Health Care Facilities (Same as above) Suite 600	334-206-5123	334-206-5158	lisa.pezent@adph.state.al.us
Alabama	Geary	W.T.	Medical Director Bureau of Health Provider Standards 201 Monroe Street, Suite 600 Montgomery, AL 36130	334-206-5366	334-206-5303	wt.geary@adph.state.al.us
Alaska	Murtiashaw	Kathy	Manager Health Facilities Licensing and Certification Division of Health Care Services Alaska Dept. of Health & Social Services 619 E. Ship Creek Ave., Suite 232 Anchorage, AK 99501	907-334-2483	907-334-2682	kathy.murtiashaw@alaska.gov
Alaska	Urbanovsky	Jane	Dept. of Health & Social Services Division of Public Health Certification & Licensing Children's and Adult Residential Facilities & Background Check Program 619 E. Ship Creek Ave., Suite 232 Anchorage, AK 99501	907-269-4526	888-364-3488	jane.urbanovsky@alaska.gov
Alaska	Jilly	Bernard	Laboratory Director State Public Health Laboratories Division of Public Health 4500 Boniface Parkway Anchorage, AK 99507-2107	907-334-2109	907-334-2161	bernard.jilly@alaska.gov
Alaska	Thompson	Doris	CLIA Program State of Alaska Public Health Laboratory 5455 Dr. Martin Luther King Jr. Ave. Anchorage, AK 99507	907-334-2583	907-334-2161	doris.thompson@alaska.gov
Arizona	Wiley	Mary	Division of Licensing Services Arizona Dept. of Health Services	602-364-3064	602-364-4808	wileym@azdhs.gov

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			150 N.18th Avenue, Suite 510 Phoenix, AZ 85007			
Arizona	Oppenheim	Alan	(Same as above)	602-364-3064	602-364-4808	oppenha@azdhs.gov
Arizona	McCanna	Kathy	Acting Long Term Care Program Medical (non-LTC), #450 (same as above)	602-364-2841	602-364-4764	mccannk@azdhs.gov
Arkansas	Melton	Connie	Health Facility Services Arkansas Dept. of Health 5800 West 10 th Street, Suite 400 Little Rock, AR 72204-1704	501-661-2201	501-661-2165	connie.melton@arkansas.gov
Arkansas	Shockley	Carol	Director Office of Long Term Care Division of Medical Services Dept. of Human Services P.O. Box 8059, Mail Slot S409 Little Rock, AR 72203	501-682-8485	501-682-1197	Carol.Shockley@arkansas.gov
California	Billingsley	Kathleen	Center for Health Care Quality Licensing & Certification Program California Department of Public Health 1615 Capitol Avenue, MS 0512 P.O. Box 997377 Sacramento, CA 95899-7377	916-324-6630	916-324-4820	kathleen.billingsley@cdph.ca.gov
California	Dickfoss	Pamela	Center for Health Care Quality Licensing & Certification Program California Department of Public Health 1615 Capitol Avenue, MS 0512 P.O. Box 997377 Sacramento, CA 95899-7377	916-324-6630	916-324-4820	pam.dickfoss@cdph.ca.gov
California	Vivona	Scott	Licensing & Certification Program California Department of Public Health 1615 Capitol Avenue, MS 3001 P.O. Box 997377 Sacramento, CA 95899-7377	916-440-7377	916-552-8988	scott.vivona@cdph.ca.gov
California	Ramirez	Anna	Licensing & Certification Program California Department of Public Health 1615 Capitol Avenue, MS 3001 P.O. Box 997377 Sacramento, CA 95899-7377	916-440-7363	916-552-8988	anna.ramirez@cdph.ca.gov
California	Wegner	Carol	Licensing & Certification Program California Department of Public Health 1615 Capitol Avenue, MS 3001 P.O. Box 997377 Sacramento, CA 95899-7377	916-324-1261	916-552-8988	carol.wegner@cdph.ca.gov
California	Yamashiro	Virginia	Licensing & Certification Program California Department of Public Health 1615 Capitol Avenue, MS 3001 P.O. Box 997377 Sacramento, CA 95899-7377	916-324-1266	916-552-8988	virginia.yamashiro@cdph.ca.gov

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California	Arquisola	Ley	Licensing & Certification Program California Department of Public Health 1615 Capitol Avenue, MS 3001 P.O. Box 997377 Sacramento, CA 95899-7377	916-445-0755	916-552-8988	ley.arquisola@cdph.ca.gov
California	Evans	Sherry	Licensing & Certification Program California Department of Public Health 1615 Capitol Avenue, MS 3001 P.O. Box 997377 Sacramento, CA 95899-7377	916-552-8753	916-552-8988	sherry.evans@cdph.ca.gov
California	Munir	Cheryl	Policy and Enforcement Branch Licensing and Certification Program California Department of Public Health 1615 Capitol Avenue, MS 3201 P. O. Box 997377 Sacramento, CA 95899-7377	916-552-8734	916-552-8988	cheryl.munir@cdph.ca.gov
Colorado	Roitman	Howard	Director Health Facilities and Emergency Medical Services Division Colorado Dept. Public Health and Environment HFEMS-A2 4300 Cherry Creek Drive South Denver, CO 80246-1530	303-692-2613	303-753-6214	Howard.roitman@state.co.us
Colorado	Schlue	John	Deputy Director Same as above)	303-692-2817	303-753-6214	John.Schlue@state.co.us
Connecticut	Cass	Barbara	Section Chief CT Dept. of Public Health Facilities Licensing & Investigations Section 410 Capitol Ave. MS #12 HSR P.O. Box 340308 Hartford CT 06134-0308	860-509-7407	860-509-7539	barbara.cass@ct.gov
Connecticut	Williams	Janet	Public Health Services Manager CT Dept of Public Health (Same as above)	860-509-7407	860-509-7539	janet.williams@ct.gov
Connecticut	Moy	Irving	Public Health Services Manager (same as above)	860-509-7407	860-509-7539	irving.moy@ct.gov
Connecticut	Montemerlo	Ann Marie	Supervising Nurse Consultant (same as above)	860-509-7407	860-509-7539	Annmarie.montemerlo@ct.gov
Delaware	Smith	Robert	Division of Long Term Care Residents Protection, 3 Mill Road, Suite 308 Wilmington, DE 19806	302-577-6661	302-577-6672	Robert.smith@state.de.us
Delaware	Del Pesco	Susan	(Same as above)	302-577-6661	302-577-6672	Susan.DelPesco@state.de.us
Delaware	Peterson	Mary	Office of Health Facilities Licensing & Certification, (Non LTC) 2055 Limestone Road, Suite 200 Wilmington, DE 19808	302-995-8521	302-995-8529	Mary.peterson@state.de.us
District of Columbia (DC)	Lewis	Sharon	Health Regulation & Licensing Administration Department of Health 717 14 th Street, NW, 6 th Floor	202-442-4737	202-442-9431	Sharon.lewis@dc.gov

State	Last Name	First Name	Address	Work Number	Fax Number	E-Mail Address
			Washington, DC 20005			
District of Columbia (DC)	Mebane	Sharon	Health Regulation & Licensing Administration Department of Health 825 North Capitol Street, NE, 8 th Floor Washington, DC 20002	202-442-4751	202-442-9430	Sharon.mebane@dc.gov
District of Columbia (DC)	Woldu	Feseha	Health Regulation & Licensing Administration Department of Health 717 14 th Street, NW, 10 th Floor Washington, DC 20005	202-724-8927	202-724-8677	feseha.woldu@dc.gov
Florida	Dudek	Elizabeth	Deputy Secretary Agency for Health Care Administration Division of Health Quality Assurance 2727 Mahan Drive, Mail Stop 9 Tallahassee, FL 32308	850-412-4400	850-487-6240	Elizabeth.Dudek@ahca.myflorida.com
Florida	Weaver	Polly	Chief, Bureau of Field Operations Agency for Health Care Administration Division of Health Quality Assurance 2727 Mahan Drive, Mail Stop 59 Tallahassee, FL 32308	850-412-4301	850-921-2423	Polly.Weaver@ahca.myflorida.com
Georgia	Colburn	Doug	Division Chief Healthcare Facility Regulation Division Georgia Department of Community Health 2 Peachtree St., NW, Suite 32-414 Atlanta, GA 30303	404-657-5701		dcolburn@dch.ga.gov
Georgia	Pool	Leslee	Deputy Chief for Complaints and Investigations Healthcare Facility Regulation Division Georgia Department of Community Health 2 Peachtree St., NW, Suite 32-410 Atlanta, GA 30303	404-657-5704	404-657-5708	lgpool@dhr.state.ga.us
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Hawaii	Ridley	Keith	Chief Office of Health Care Assurance Hawaii State Dept. of Health 1250 Punchbowl Street, Room 340 Honolulu, HI 96813	808-586-4080	808-586-4090	Keith.Ridley@doh.hawaii.gov
Hawaii	Chung	Gerald	Office of Health Care Assurance, Medicare Section Hawaii State Dept. of Health 601 Kamolila Blvd, Room 395 Kapolei, HI 96707	808-692-7420	808-692-7447	Gerald.Chung@doh.hawaii.gov

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Idaho	Ransom	Debby	Bureau of Facility Standards P.O. Box 83720 Boise, ID 83720-0036	208-334-6626	202-364-1888	ransomd@dhw.idaho.gov
Idaho	Eisentrager	David	Laboratory Improvement & X-ray Cert. Sec Idaho Bureau of Labs 2220 Old Penitentiary Road Boise, ID 83712	208-334-2235 Ext: 245	208-334-4067	eisentra@dhw.idaho.gov
Illinois	Dees	Richard	Bureau Chief Bureau of Long Term Care 525 West Jefferson St., 5 th Floor Springfield, Il 62761	217-782-2913	217-524-6292	rick.dees@illinois.gov
Illinois	Bell	William	Acting Deputy Director Office of Health Care Regulation Illinois Dept. of Public health 525 West Jefferson St., 5 th Floor Springfield, IL 62761	217-782-0345	217-524-0382	bill.bell@illinois.gov
Indiana	Whitson	Terry	Health Care Quality and Regulatory Services Commission Indiana State Dept. of Health 2 North Meridian Street, Section 5A Indianapolis, IN 46204	317-233-7022	317-233-7053	twhitson@isdh.in.gov
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Virginia	Thomas	Susanne	Training Manager Virginia Dept. of Health Perimeter Center 9960 Maryland Drive, Suite 401 Richmond, VA 23233	804-367-2162	804-527-4502	Susanne.Thomas@vdh.virginia.gov
Virginia	Stolcis	Greg	Director Acute Care Division Virginia Dept. of Health Perimeter Center 9960 Maryland Drive, Suite 401 Richmond, VA 23233	804-367-2112	804-527-4500	Greg.Stolcis@vdh.virginia.gov
Virginia	King	Norman	Business Manager Virginia Dept. of Health	804-367-2111	804-527-4502	Norman.King@vdh.virginia.gov

State	Last Name	First Name	Address	Work Number	Fax Number	E-Mail Address
			Perimeter Center 9960 Maryland Drive, Suite 401 Richmond, VA 23233			
Washington	Stockwell	Joyce	Residential Care Services WA Dept. of Social & Health Services P.O. Box 45600 Olympia, Washington 98504-5600	360-725-2401	360-438-7903	stockjp@dshs.wa.gov
Washington	Plan	Byron	Investigations and Inspections WA Dept. of Health P.O. Box 47874 Olympia, WA 95804-7874	360-586-0123	360-236-2901	Byron.plan@doh.wa.gov
West Virginia	Vacant		Office of Health Facility Licensure & Certification, WV Dept. of Health & Human Resources 1 Davis Square, Suite 101 Charleston, WV 25301-1799	304-558-0050	304-558-5607	
West Virginia	Barnhouse	Anita	Medicare/Hospital Program (Same as above)	304-558-0050	304-558-2515	Anita.L.Barnhouse@wv.gov
West Virginia	Warner Shumlas	Alice	Attorney (Same as above)	304-558-0050	304-558-5607	Alice.W.Shumlas@wv.gov
West Virginia	Kramer	Deanna	Nursing Home Program (Same as above)	304-558-0050	304-558-2515	Deanna.L.Kramer@wv.gov
West Virginia	Lowther Berman	Rose	ICF/MR's Behavioral Health (Same as above)	304-558-0050	304-558-2515	Rose.R.Lowther-Berman@wv.gov
Wisconsin	Woods	Otis	Administrator, Division of Quality Assurance Wisconsin Dept of Health Services Box 2969 Madison, WI 53701-2969	608-267-7185	608-267-0352	Otis.woods@dhs.wisconsin.gov
Wisconsin	Walters	Jane	Deputy Administrator Division of Quality Assurance Madison (Same as above)	608-266-7952	608-267-0352	jane.walters@dhs.wisconsin.gov
Wisconsin	Johnson	Alfred	Director Bureau of Technology, Licensing and Education Licensing and Education Division of Quality Assurance Madison (Same as above)	608-266-2055	608-267-7119	Alfred.johnson@dhs.wisconsin.gov
Wisconsin	Mims	Crempaar	Director Bureau of Health Services Division of Quality Assurance 819 N. 6 th Street, Room 609B Milwaukee, WI 53203	414-227-4556	414-227-4139	Crempaar.mims@dhs.wisconsin.gov
			Director Bureau of Health Services 1 West Wilson St., Room 1150 Madison, WI 53703	608-264-9887	608-267-0352	
Wisconsin	Peshek	Paul	Director Bureau of Nursing Home Resident Care Division of Quality Assurance	608-267-0351	608-267-0352	Paul.peshek@dhs.wisconsin.gov

State	Last Name	First Name	Address	Work Number	Fax Number	E-Mail Address
			Madison (Same as above)			
Wisconsin	Coughlin	Kevin	Director Bureau of Assisted Living Division of Quality Assurance PO Box 2969, Madison, WI 53701-2969	608-266-8598	608-266-8975	Kevin.coughlin@dhs.wisconsin.gov
Wisconsin	Busse	Shari	Director, Office of Caregiver Quality Division of Quality Assurance (Same as above)	608-264-9876	608-264-6340	shari.busse@dhs.wisconsin.gov
Wyoming	McLean	Jean	Office of Healthcare Licensing and Surveys 400 Qwest Bldg., 6101 Yellowstone Rd Cheyenne, WY 82002	307-777-7123	307-777-7127	jean.mclean@health.wyo.gov



NHSC AND HPSA DESIGNATION

NATIONAL ASSOCIATION OF RURAL HEALTH CLINICS TECHNICAL ASSISTANCE CALL

Andy Jordan
U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Professions

May 11, 2010



TYPES OF SHORTAGE DESIGNATIONS

- HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA) AND POPULATIONS
- MEDICALLY UNDERSERVED AREAS (MUA)
- GOVERNOR'S CERTIFIED SHORTAGE AREAS
- AUTOMATIC FACILITY HPSAS



HOW ARE THEY USED?

Shortage Designation Option	National Health Service Corps	Federally Qualified Health Ctr Program	CMS Medicare Incentive Payment	CMS Rural Health Clinic Program	J-1 Visa Waiver
Primary Care HPSA	X		X	X	X
Dental Care HPSA	X				
Mental Health HPSA	X				X
Geographic HPSA	X		X	X	X
Population HPSA	X			X	X
Facility HPSA	X				X
Automatic Facility HPSA	X				X
Exceptional MUP		X			X
Medically Underserved Area		X		X	X
Medically Underserved Population		X			X
State Governor's Certified Shortage Area				X	



IMPORTANT REMINDER!!!

- New CMS regulations require that the shortages areas used for RHC eligibility must be **“UPDATED WITHIN THE CURRENT YEAR OR THE PREVIOUS 3 YEARS”**.
- Sites need to be aware of the most recent date of their designation; this can be found on our web site www.bhpr.hrsa.gov/shortage
- Office of Rural Health Policy is supporting assistance for designations through NARHC
- Assistance can also be obtained from the Primary Care Offices in each state; check www.bphc.hrsa.gov/osnp/PCODirectory.htm



AUTOMATIC FACILITY HPSAS

- **Health Care Safety Amendments of 2002 allow for the automatic designation as HPSAs of Rural Health Clinics which met certain requirements. Key elements include:**
 - **Services cannot be denied to individuals unable to pay for services or those covered by Medicaid, Medicare, or the State Children's Health Insurance Program (SCHIP)**
 - **Site must have a schedule of fees and corresponding discounts adjusting for ability to pay**
 - **Sites must accept Medicare assignment and assure coverage for Medicaid and SCHIP beneficiaries**



HOW DO YOU GET AUTOMATIC HPSA STATUS?

- Initial letter and Certification form mailed to RHCs in August 2003; individual requests since then
- As of 4/20/10, 800 sites have returned the forms and been designated as Automatic HPSAs
- Automatic HPSAs are entered into the data base and appear on the SDB Web Site
- For a copy of the certification form, contact Tracey Martin at tmartin@hrsa.gov.



HOW DO YOU GET AUTOMATIC HPSA STATUS? (cont.)

- RHC Certification must be confirmed before auto HPSA status is granted. New sites that apply will be checked against CMS lists to confirm RHC status; if they are not on the latest list we have, other documentation of certification will be required
- HRSA is working with CMS to discuss how to incorporate these requirements into the periodic site reviews conducted by the Survey and Certification staff



WHY WOULD YOU WANT AUTOMATIC HPSA STATUS?

- You might become eligible for for NHSC or State Loan Repayment recruitment assistance if you are not currently in a regular HPSA
- It **CANNOT** be used for initial or continued eligibility for RHC status



How Can I find Out Where HPSAS Are??

- FIND HPSA BY STATE AND COUNTY: <http://hpsafind.hrsa.gov/>
- FIND SHORTAGE AREA BY ADDRESS:
<http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>
- HRSA GEOSPATIAL WAREHOUSE
 - <http://datawarehouse.hrsa.gov/>
 - Quick Access Reports
 - Find Shortage Areas
 - HPSAs by State and County

Note: Advanced selection will give dates of designations too

THESE DATA ARE UPDATED DAILY, SO THEY REFLECT DESIGNATIONS AS THEY ARE COMPLETED. THIS IS THE BEST WAY TO CHECK ON THE STATUS OF A HPSA



HPSAFIND

Find Shortage Areas: HPSA by State & County - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://hpsafind.hrsa.gov/>

Viewpoint Web Search Amazon Search Results Bookmarks

HRSA U.S. Department of Health and Human Services Health Resources and Services Administration

Home Questions? Order Publications

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Find Shortage Areas: HPSA by State & County

Shortage Designation Home

Find Shortage Areas

HPSA & MUA/P by Address

HPSA Eligible for the Medicare Physician Bonus Payment

MUA/P by State & County

Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. [More about shortage areas](#)

Updated 2/11/2009

[Advanced search by HPSA Type, Score, Metro, and Status](#)

Find a Designated HPSA: Choose a State, County & Discipline

State	Select a State	First, choose a State.
County		Now, choose All Counties, one county or each of the counties you wish to search. To select more than one County, hold down the Ctrl key while making your selection
Discipline	Primary Medical Care Dental Mental Health	Finally, choose a discipline. To select more than one discipline, hold down the Ctrl key.

Done Local intranet

start AIM AIM Inbox - Micro... QW53270 PL... 2 Microsoft ... 2 Internet E... 8:44 AM



HPSAFIND REPORT

HPSA - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Favorites Refresh Print

Address <http://hpsafind.hrsa.gov/HPSASearch.aspx>

Designated	Population Group						
031 - COVINGTON COUNTY							
COVINGTON	128031	Designated	Single County	5.7	0.7	7	06/29/2004
033 - DESOTO COUNTY							
DE SOTO	128033	Proposed Withdrawal	Single County	42.8	0		12/19/2005
HERNANDO	1289992835	Withdrawn	Geographic Area	2.0	0		05/30/1997
C.T. 0709.00		Withdrawn	Census Tract				
C.T. 0710.00		Withdrawn	Census Tract				
C.T. 0711.00		Withdrawn	Census Tract				
C.T. 0712.00		Withdrawn	Census Tract				
035 - FORREST COUNTY							
FORREST	128035	Undetermined	Single County	66.0	0		06/02/1988
EAST LEAF RIVER	1289992837	No New Data	Geographic Area	3.0	2.0	12	06/27/2003
C.T. 0001.00		No New Data	Census Tract				
C.T. 0004.00		No New Data	Census Tract				
C.T. 0005.00		No New Data	Census Tract				
C.T. 0006.00		No New Data	Census Tract				
C.T. 0105.00		No New Data	Census Tract				
SOUTHEAST MS RURAL HLTH INITIATIVE	1289992847	Designated	Community Health Center			10	07/15/2003
037 - FRANKLIN COUNTY							
FRANKLIN	128037	Designated	Single County	2.4	0.4	7	08/14/2003
039 - GEORGE COUNTY							
GEORGE	128039	Proposed Withdrawal	Single County	6.0	0		02/17/2005
041 - GREENE COUNTY							
GREENE	128041	Designated	Single County	1.8	1.4	14	06/22/2004
GREENE AREA MEDICAL EXTENDERS, INC.	1289992854	Designated	Community Health Center	1.0	3.0	13	10/26/2002
043 - GRENADA COUNTY							
GRENADA/YALOBUSHA	1289992821	Withdrawn	Geographic Area	11.6			05/07/1987
GRENADA		Withdrawn	Single County				
045 - HANCOCK COUNTY							
LOW INC - HANCOCK	1289992850	Designated	Population Group	3.8	1.2	6	06/14/2004
HANCOCK		Designated	Population Group				
047 - HARRISON COUNTY							
LOW INC - HARRISON	1289992802	Designated	Population Group	15.5	6.3	6	02/02/2005
HARRISON		Designated	Population Group				

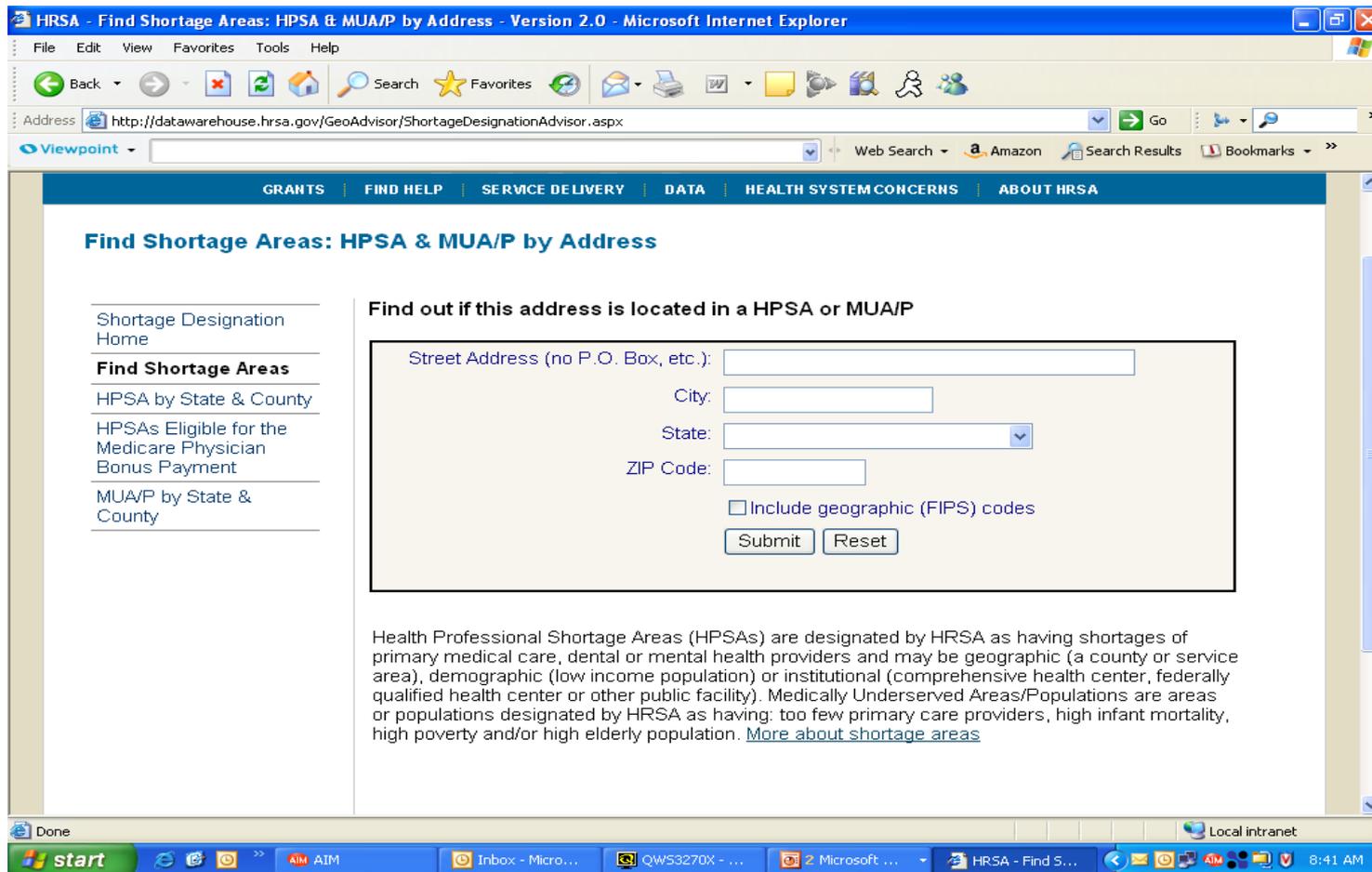
Done Internet



How Do I Find Out If a Site is in a HPSA ?

- FIND SHORTAGE AREA BY ADDRESS:
- <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>
- STATUS MUST BE “DESIGNATED”

HPSA FIND BY ADDRESS



The screenshot shows a Microsoft Internet Explorer browser window displaying the HRSA website. The browser's address bar shows the URL: `http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx`. The website's navigation menu includes: GRANTS | FIND HELP | SERVICE DELIVERY | DATA | HEALTH SYSTEM CONCERNS | ABOUT HRSA.

Find Shortage Areas: HPSA & MUA/P by Address

Shortage Designation Home

Find Shortage Areas

- HPSAs by State & County
- HPSAs Eligible for the Medicare Physician Bonus Payment
- MUA/P by State & County

Find out if this address is located in a HPSA or MUA/P

Street Address (no P.O. Box, etc.):

City:

State:

ZIP Code:

Include geographic (FIPS) codes

Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. [More about shortage areas](#)

The Windows taskbar at the bottom shows the Start button, system tray icons, and the time 8:41 AM.



HPSA FIND BY ADDRESS REPORT

HRSA - Find Shortage Areas: HPSA & MUA/P by Address - Version 2.0 - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>

Viewpoint Web Search Amazon Search Results Bookmarks

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Find Shortage Areas: HPSA & MUA/P by Address

Shortage Designation Home

Find Shortage Areas

HPSA by State & County

HPSAs Eligible for the Medicare Physician Bonus Payment

MUA/P by State & County

Reported location: 1334 N Lansing Ave, Tulsa, OK 74106
(---- Input location: 1334 N. Lansing, Tulsa, Oregon 74106)

[Start over with a new query by address](#) **Print**

In a Primary Care Health Professional Shortage Area: Yes	
Primary Care HPSA Name:	North Tulsa
Primary Care HPSA ID:	1409994007
Primary Care HPSA Status:	Designated
Primary Care HPSA Score:	17
Primary Care HPSA Designation Last Update Date:	09/22/2003
In a Mental Health Professional Shortage Area: No	
In a Dental Care Health Professional Shortage Area: Yes	
Dental Health HPSA Name:	North Tulsa

Done Local intranet

start AIM AIM Inbox - Micro... QWS3270 PL... 2 Microsoft ... HRSA - Find S... 8:42 AM



Contacts

Andy Jordan

Director, Office of Shortage Designation

Bureau of Health Professions

HRSA

301-594-0197

ajordan@hrsa.gov