National Organization of
State Offices of Rural Health

NOSORH

State Office of Rural Health Manual for New Employees

January 2019

NOSORH
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www.nosorh.org

TABLE OF CONTENTS

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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 SORH. NOSORH and is here to help you. Our mission is to increase the capacity of State Offices to improve health care in rural America through leadership development, advocacy, education, and 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. 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 and recorded webinars on the website.

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. Regional Reps act as a NOSORH ambassador to link NOSORH with SORH staff and partners. Reach out to your Regional Representative to discuss what committees to become involved with based on your areas of interest. 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.

NOSORH Regional Representatives	
Region A	
Kirby Lecy Massachusetts Office of Rural Health Phone: (508) 792-7880 x2167 Email: kirby.lecy@state.ma.us	Roslyn Council New Jersey Office of Rural Health Phone: (609) 292-1495 Email: roslyn.council@doh.nj.gov
Region B	
Ernie Scott Kentucky Office of Rural Health Phone: (606) 439-3557 Ext. 83689 Email: ernie.scott@uky.edu	Angie Allen Tennessee Office of Rural Health Phone: (615) 741-5226 Email: Angie.Allen@tn.gov
Region C	
Margaret Brockman Nebraska Office of Rural Health Phone: (402) 471-2337 Email: Margaret.brockman@nebraska.gov	Julie Casper Illinois Center for Rural Health Phone: (217) 782-1624 Email: Julie.casper@illinois.gov
Region D	
John Packham Nevada Office of Rural Health Phone: (775) 784-1235 Email: jpackham@medicine.nevada.edu	Trent Engledow Texas Office of Rural Affairs Phone: (512) 936-6701 Email: trenton.engledow@texasagriculture.gov
Region E	
Kristin Juliar Montana Office of Rural Health Phone: 406-994-6003 Email: kjuliar@montana.edu	Patricia Justis Washington State Office of Rural Health Phone: (360) 236-2805 Email: patricia.justis@doh.wa.gov

NOSORH Executive Committee	
President	**President-Elect**
Corie Kaiser Oklahoma Office of Rural Health Phone: 405-842-3105 Email: Corie.kaiser@okstate.edu	Michelle Mills Colorado Rural Health Center Phone: 303-832-7493 Email: mm@coruralhealth.org
Past President	**Secretary**
Graham Adams South Carolina Office of Rural Health Phone: 803-454-3850 Email: adams@scorh.net	Crystal Barter Michigan Center for Rural Health Phone: 517-432-0006 Email: crystal.barter@hc.msu.edu
Treasurer	**Parliamentarian**
Kylie Nissen North Dakota Center for Rural Health Phone: 701-777-3848 Email: kylie.nissen@med.und.edu	Karen Madden New York Office of Rural Health Phone: 518-402-0102 Email: karen.madden@health.ny.gov

NOSORH Ex-Officio Members	
National Advisory Committee on Rural Health and Human Services	**Educational Exchange**
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National Rural Health Association, State Office Council, Chair	
Lynette Dickson North Dakota Center for Rural Health Phone: (701) 777-6049 Email: lynette.dickson@med.und.edu	

NOSORH Liaisons	
Communications	**Policy Program Monitoring Team**
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Policy	**Flex**
Lisa Davis Pennsylvania Office of Rural Health Phone: (814) 863-8214 Email: lad3@psu.edu	Jody Ward North Dakota Center for Rural Health Phone: (701) 858-6729 Email: jody.ward@med.und.edu
Rural Health Clinic Committee	**State Rural Health Association**
Crystal Barter Michigan Center for Rural Health Phone: (517) 432-006 Email: crystal.barter@hc.msu.edu	Michelle Mills Colorado Office of Rural Health Phone: (303) 832-7493 Email: mm@coruralhealth.org

**Effective January 1 through December 31, 2019

National Rural Health Day

NOSORH sets aside the third Thursday of every November – November 21, 2019 – 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, "can do" spirit that prevails in rural America. But it also gives us a chance to bring to light the unique healthcare challenges that rural citizens face – and showcase the efforts of rural healthcare providers, SORH, and other rural stakeholders to address those challenges.

NOSORH has many resources available to help you with your National Rural Health Day efforts. Please contact Ashley Muninger if you have any questions. More information can be found at www.powerofrural.org

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. 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. Each state enrolled in TruServe has a customized webpage used for tracking performance measures and other activities. Information within TruServe is always available and provides the ability to generate reports, maps, charts, and more. For more information on TruServe, please contact Matt Strycker or visit www.truserve.org.

NOSORH Newsletters

NOSORH produces 2 electronic newsletters to inform SORH of upcoming events, promising practices and other resources. The Branch is sent the first week of the month and offers news on NOSORH and partners' activities and resources. Roots is sent mid-month and provides news on the people of 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 Trevor Brown, NOSORH Program Assistant, 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 SORH for SORH. They are a great place to learn more, get involved with the organization on a national level and to link with other SORH 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/.

- 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 the Power of Rural campaign, development of all communication resources 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 SORH.

- 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 SORH perspective on policy issues and serve as a link between SORH 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)** plans technical assistance and education to State Offices of Rural Health that are interested in supporting RHCs and safety net providers, such as 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 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 the SORH-led Educational Exchange Committee. Annually, NOSORH holds Regional Meetings in all five regions of the country and hosts the NOSORH Annual Meeting for all 50 SORH in the fall. You can find out about upcoming events on our website at https://nosorh.org/calendar-events/.

NOSORH Staff

If you have questions regarding NOSORH, please contact NOSORH staff members listed below:

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Trevor Brown
Program Assistant
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What is rural health?

According to the Federal Office of Rural Health Policy (FORHP) 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 healthcare challenges place some rural populations at a disadvantage for receiving safe, timely, effective, equitable, and patient-centered care. Rural health care 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.

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.

SORH, rural healthcare providers and other rural health stakeholders continue to foster partnerships that improve the health status of the communities they serve. CAHs 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. FQHCs, CAHs and other health providers in rural areas are working with their local communities to design health delivery systems 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 (SORH) 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 SORH. In 1987, the United States Congress identified a significant healthcare 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 FORHP in 1987 and the SORH grant program in 1991. Administered by the FORHP, this program enables rural America's communities to sustain and strengthen their healthcare systems through creation of collaborative partnerships that support rural health development.

State Offices of Rural Health by Organizational Type

SORH 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. Thirty-six 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 (RHIhub) 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) NOSORH.

Activities pertaining to recruitment and retention of the rural health workforce must be included in 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

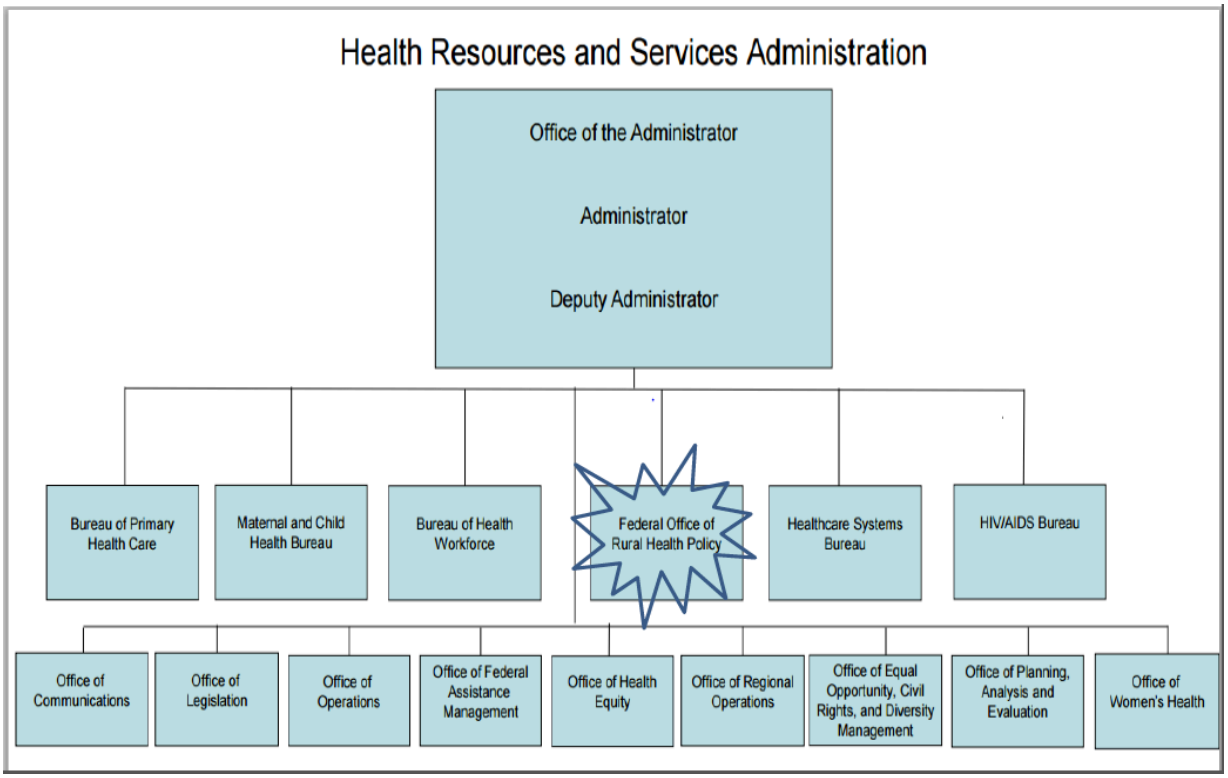
SORH achieve success, with limited resources, by collaborating with others to address rural health goals.

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.

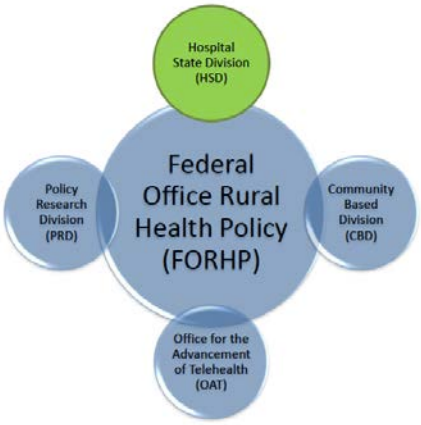
FORHP administers grant programs designed to build healthcare capacity at both the local and State levels. These grants provide funds to 50 SORH to support on-going improvements in care, and to rural hospitals through the Medicare Rural Hospital Flexibility Grant Program (Flex). Through its community-based 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.

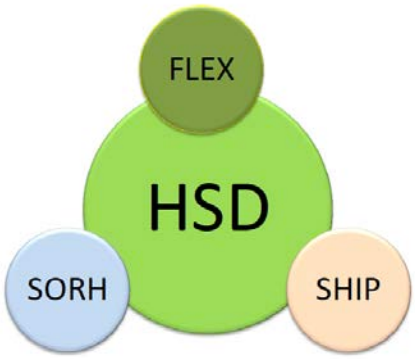


FORHP Structure

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.

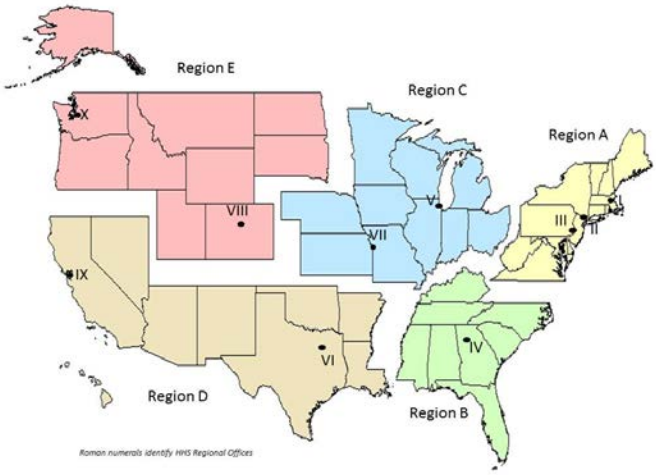
Program	Coordinator
State Offices of Rural Health (SORH) Program	Suzanne Stack sstack@hrsa.gov
NOSORH Cooperative Agreement	Victoria Leach vleach@hrsa.gov
Medicare Rural Hospital Flexibility (Flex) Program	Sarah Young syoung2@hrsa.gov
Small Rural Hospital Improvement Program (SHIP)	Jeneane Meyers jmeyers@hrsa.gov
Flex Monitoring Team (FMT) Program	Owmy Bouloute obouloute@hrsa.gov
Technical Assistance and Services Center (TASC)	Mike McNeely mmcneely@hrsa.gov
Rural Quality Improvement Technical Assistance (RQITA)	Yvonne Chow ychow@hrsa.gov
Vulnerable Rural Hospital Assistance Program	Suzanne Stack sstack@hrsa.gov
Rural Veterans Health Access Program	Owmy Bouloute obouloute@hrsa.gov
Small Rural Hospitals Transitions Program	Jeanene Meyers jmeyers@hrsa.gov
Delta Region Community Health Systems Development	Rachel Moscato rmoscato@hrsa.gov

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
Mike McNeely, Deputy Director, 301-443-5812, mmcneely@hrsa.gov



SORH Project Officers

Region A (13 States)	**Suzanne Stack**	**(301) 443-4043**	sstack@hrsa.gov
	Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia		
Region B (8 States)	**Suzanne Stack**	**(301) 443-4043**	sstack@hrsa.gov
	Florida, Georgia, North Carolina, South Carolina		
	Rachel Moscato	**(301) 443-2724**	rmoscato@hrsa.gov
	Alabama, Mississippi, Kentucky, Tennessee		
Region C (10 States)	**Victoria Leach**	**(301) 945-3988**	vleach@hrsa.gov
	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin		
Region D (9 States)	**Rachel Moscato**	**(301) 443-2724**	rmoscato@hrsa.gov
	Louisiana, Oklahoma		
	Victoria Leach	**(301) 945-3988**	vleach@hrsa.gov
	Arizona, California, Hawaii, Nevada, New Mexico, Texas, Arkansas		
Region E (10 States)	**Rachel Moscato**	**(301) 443-2724**	rmoscato@hrsa.gov
	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 healthcare 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 FORHP, 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.

https://www.hrsa.gov/about/organization/bureaus/oro/index.html

Region 1	**CT, ME, MA, NH, RI, VT**
Region 2	**NJ, NY, PR, VI**
Region 3	**DE, DC, MD, PA, VA, WV**
Region 4	**AL, FL, GA, KY, MI, NC, SC, TN**
Region 5	**IL, IN, MI, MN, OH, WI**
Region 6	**AR, LA, NM, OK, TX**
Region 7	**IA, KS, MO, NE**
Region 8	**CO, MT, ND, SD, UT, WY**
Region 9	**AZ, CA, HI, NV, AS, CNMI, FSM, Guam, Marshall Island, Republic of Palau**
Region 10	**AK, ID, OR, WA**

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.

https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/CMSRuralHealthCoordinators.pdf

Region 1	**CT, ME, MA, NH, RI, VT**
Region 2	**NJ, NY, PR, VI**
Region 3	**DE, DC, MD, PA, VA, WV**
Region 4	**AL, FL, GA, KY, MI, NC, SC, TN**
Region 5	**IL, IN, MI, MN, OH, WI**
Region 6	**AR, LA, NM, OK, TX**
Region 7	**IA, KS, MO, NE**
Region 8	**CO, MT, ND, SD, UT, WY**
Region 9	**AZ, CA, HI, NV, AS, CNMI, FSM, Guam, Marshall Island, Republic of Palau**
Region 10	**AK, ID, OR, WA**

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 (RHIhub), 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 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 health care 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 at http://www.ruralhealthweb.org/.

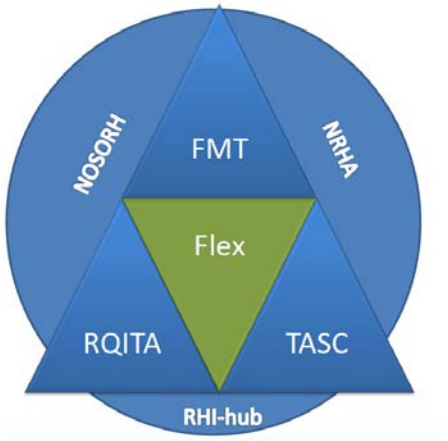
Rural Health Research Centers and Analysis Initiatives

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 Rural Health Research Gateway (Gateway) provides easy and timely access to research and findings of the FORHP-funded Rural Health Research Centers, 1997-present. The goal of the 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 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.

Technical Assistance and Services Center

Technical Assistance and Services Center (TASC) provides information, tools and education to Critical Access Hospitals (CAHs) and state Flex Programs to improve quality, finances, operations, health system development and community engagement. TASC is a key partner of all 45 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.

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, 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/.

Small Rural Hospitals Transition (SRHT)

The SRHT program provides in-depth consultations to small rural hospitals in areas of persistent poverty to drive financial and quality improvements and help them prepare for the transition to value based care. https://www.ruralcenter.org/rhi/srht

Vulnerable Rural Hospitals Assistance Program (VRHAP)

VRHAP provides targeted in-depth assistance to vulnerable rural hospitals struggling to maintain healthcare services with the goal for residents in those rural communities to continue to have access to essential health services. http://optimizingruralhealth.org/index.html

Delta Regional Community Health Systems Development (DRCHSD)

The DRCHSD program enhances healthcare delivery in the Mississippi Delta region through intensive, multi-year technical assistance to healthcare facilities in rural communities, targeted to the needs of each community. https://www.ruralcenter.org/drchsd

Rural Veterans Health Access Program (RVHAP) provides funding to states to work with providers and other partners to improve the access to needed mental health and other healthcare services to improve the coordination of care for veterans living in rural areas.

U.S. Department of Health & Human Services
HRSA
Federal Office of Rural Health Policy

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. SORH often partner with AHEC to achieve rural health workforce development goals.

Search the RHIhub 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 important partners for SORH. 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 HRSA. PCAs and PCOs are charged with the responsibility of building appropriate relationships and collaborating in support of primary healthcare delivery to underserved 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 Bureau of Health Workforce (BHW). BHW'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.

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.

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 Centers (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 (RHC) 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 underserved areas through the RHC Program. More information can be found at 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 that concentrate on different aspects of CHW programs and include resources 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 CHWs 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 that 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 and the “knowledge center” link.
http://www.naemt.org/MIH-CP.aspx

National Association of State EMS Officials (NASEMSO) offers a great compendium on the topic of Community Paramedicine, which can be found here:
https://nasemso.org/?s=community+paramedicine

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 NRHA 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 prepared the *State Office of Rural Health Roadmap for Working with Vulnerable Hospitals*. 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/

The Vulnerable Rural Hospitals Assistance Program (VRHAP)provides targeted in-depth assistance to vulnerable rural hospitals struggling to maintain healthcare services with the goal for residents in those rural communities to continue to have access to essential health services.

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, NOSORH, and the SORH in Hawaii, South Carolina, Pennsylvania, Ohio, and Montana.

Rural Health Clinic Committee

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 forced 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 six 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

The Modules listed above may be access on the NOSORH web site by clicking here and scrolling down to the NOSORH Resources section.

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

List of Common Acronyms

3R Net	National Rural Recruitment and Retention Network
ACF	Administration for Children and Families
ACL	Administration for Community Living
ADAP	AIDS Drug Assistance Program
AHA	American Hospital Association
AHRQ	Agency for Healthcare Research and Quality
ALF	Assisted Living Facility
AMA	American Medical 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
CNO	Chief Nursing Officer
CQ	Center for Quality (HRSA)
CSG	Council for State Governments
CSHCN	Children with Special Health Care Needs
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
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
GHPC	Georgia Health Policy Center
GLMA	Gay and Lesbian Medical Association
GME	Graduate Medical Education
GMS	Grants Management Specialist
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 Medial Education
INS	Immigration and Naturalization Services
IOM	Institute of Medicine
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LTCH	Long Term Care Hospital
MACRA	Medicare Access and CHIP Reauthorization Act of 2015
MA	Medicare Advantage (aka Medicare Part C)
MAC	Medicare Administrative Contractor (Medicare Fiscal Intermediary)
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
MUP	Medically Underserved Population
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
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
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
OFAM	Office of Federal Assistance Management
OGM	Office of Grant Management
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
OPE	Office of Planning and Evaluation
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
PCA	Primary Care Association
PCO	Primary Care Organization
PFFS	Private Fee-for-Service
PHP	Public Health Preparedness
PHS	Public Health Service
PPO	Preferred Provider
PPS	Prospective Payment System
PQRI	Physician Quality Reporting Initiative
QIO	Quality Improvement Organization

RAED	Rural Automatic External Defibrillator
RESEP	Radiation Exposure Screening and Education Program
RHC	Rural Health Clinic
RHN	Rural Health Network
RHIhub	Rural Health Information Hub (formerly Rural Assistance Center – RAC)
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
SNF	Skilled Nursing Facility
SORH	State Offices of Rural Health
SRDC	State Rural Development Councils
SSA	Social Security Administration
SUD	Substance Use Disorder
TRHCA	Tax Relief and Health Care Act of 2006
USDA	United States Department of Agriculture
VA	Department of Veteran's Affairs
VBP	Value Based Purchasing
WIC	Women, Infants, and Children
WWAMI	Washington, Wyoming, Alaska, Montana, Idaho Research Center