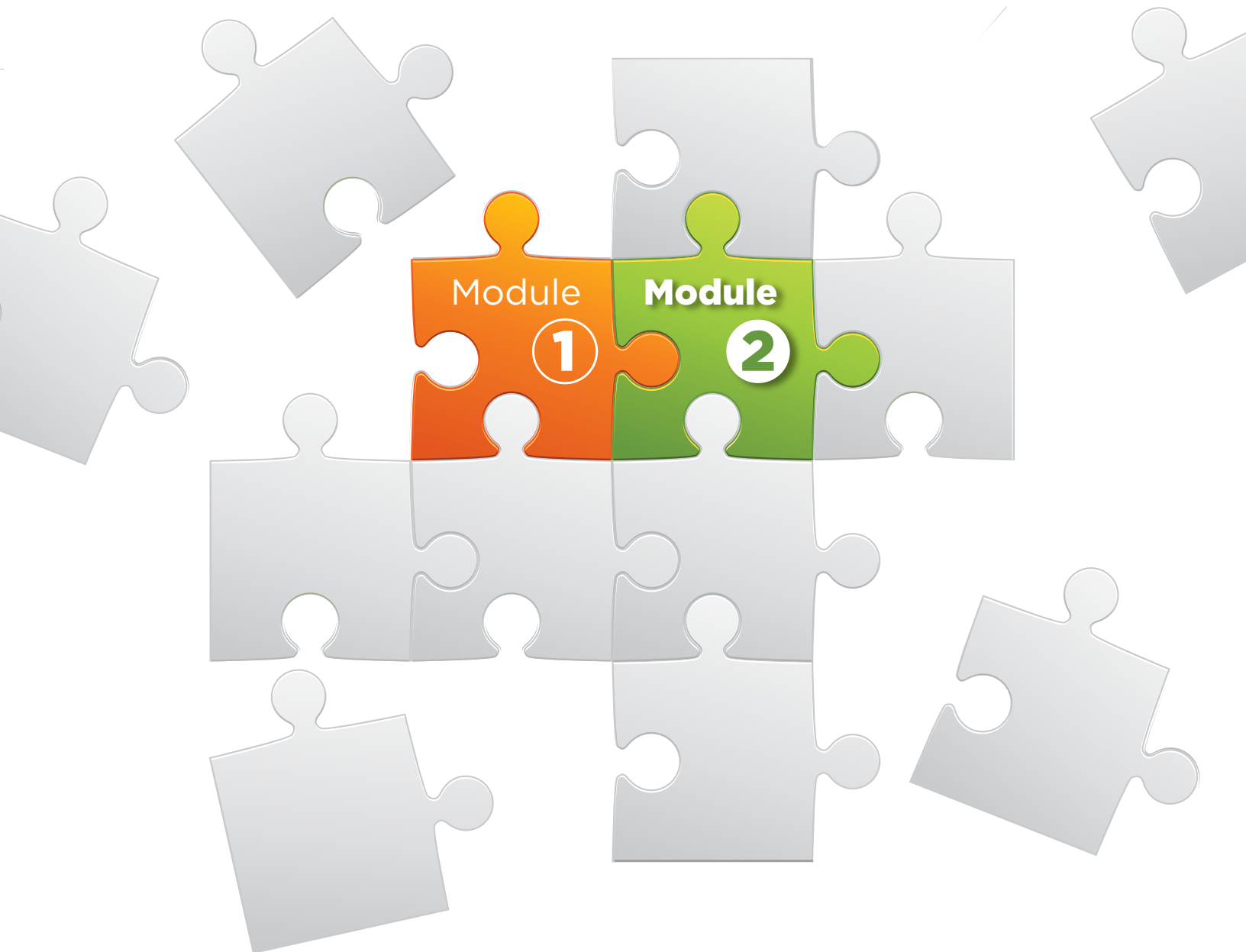




# Module 2

## **Learning about the Technical Assistance Needs of Certified Rural Health Clinics**

Rural Health Clinic Technical Assistance  
Educational Series



**MODULE 2**

**Learning about the Technical Assistance Needs of Certified Rural Health Clinics**



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## MODULE 2



# Learning about the Technical Assistance Needs of 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 (RHCs), 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.

### Suggested Resource Materials and Background Reading:

[\*CMS RHC Fact Sheet\* \(January 2018\)](#)

[\*CMS Rural Open Door Forum\*](#)

[\*Introduction to the Rural Health Clinic Program \(Rural Health Clinic TA Project Educational Module 1\)\*, NOSORH, June 2019](#)

[\*Starting a Rural Health Clinic: A How-to Manual\*](#)  
— This resource is more than a decade old, however, some may find value in the basic program information and guidance.

[\*CMS tool to locate RHCs\*](#)

[\*Am I Rural? Rural Health Information Hub \(RHI Hub\)\*](#)

### Module #2:

### Learning about the Technical Assistance needs of Certified Rural Health Clinics

Content	Resources
Where are the RHCs located? What TA is needed? What TA 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 (2010)

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## More Resources

[National Association of Rural Health Clinics \(NARHC\)](#)

[NARHC Map of RHCs in the US](#)

[State Survey Agency Directory, U.S. Department of Health and Human Services, January 2017](#)

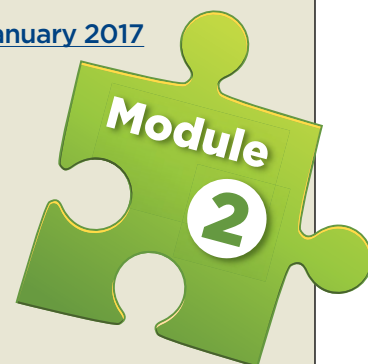
[CMS Regional Rural Health Coordinators List](#)

[Health Resources Services Administration's HPSA Find and MUA Find sites](#)

[Rural Health Information Hub \(RHI - Hub\)](#)

[CMS Rural Health Clinic Center landing page](#)

[NOSORH RHC Resources landing page](#)



## What are RHCs?

Rural Health Clinics are primary care medical practices located within specially designated rural and underserved areas. These clinics are tasked with utilizing Physician Assistants, Nurse Practitioners and Certified Nurse Midwives with physician oversight to provide quality health care services that have special reimbursement for Medicare and Medicaid beneficiaries.

This module takes a closer look at the Technical Assistance needs of a Rural Health Clinic (RHC) that may be met by a State Office of Rural Health (SORH) or its partners. Module #1 provides a general overview of the RHC program and requirements. Each module in this series considers the RHC program and other safety net provider types from different perspectives striving to provide a comprehensive understanding of these vital service providers.

## 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.

RHCs by state is available on the Rural Health Clinics Center page on 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 tool to develop an 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, 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 link to the Regional Rural Health Coordinators is included in the Resource Section.

## **TA Currently Available to all RHCs**

The amount and types of TA 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 that are generally available free of charge to all RHCs. Please reach out to your State Office of Rural Health (SORH) for state-specific information and resources.

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

**State Offices of Rural Health (SORH):** State Offices of Rural Health across the country provide a wide range of technical assistance services to Rural Health Clinics and other safety net providers. These services range from mock-certification surveys to assistance with quality improvement to financial feasibility studies. SORH are uniquely positioned within each state to be natural conveners, information disseminators and facilitators for community development. State Offices

**National Organization of State Offices of Rural Health (NOSORH):** NOSORH provides capacity building and education support and assistance to the 50 State Offices of Rural Health and their stakeholders from the perspective of meeting each organization served where they are. As with SORHs, NOSORH provides customizable assistance within operational and programmatic areas of RHCs and other safety-net providers.



**Rural Health Information Hub (RHI HUB):** Most RHCs can benefit from assistance and information offered by the Rural Health Information Hub (RHI-Hub). RHI-Hub 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 RHI-Hub website.

**National Association of Rural Health Clinics (NARHC):** FORHP also supports TA calls and discussion forums maintained by the National Association of Rural Health Clinics (NARHC). All RHCs and SORH staff can sign up for the NARHC forums after creating a user account. [Click here](#) to create a free user account. Once you have created a user account [click here](#) to subscribe to the Discussion Forums. This important conduit of information is designed for RHCs, as well as for practices considering RHC Program participation.

NARHC also hosts quarterly Web calls of interest to RHCs and others. Topics covered in these webinars have included Opioid Treatment and Rural Health Clinics, CMS Updates for RHCs, Care Management and Communication-Based Technology Services in RHCs, RHC Billing, and RHC Best Practices, among others. Information on upcoming and archived webinars is available at the RHIfhub page, [“Rural Health Clinic Technical Assistance Series.”](#)

This is a useful resource, and SORHs can assist RHCs in their state by advising them of the availability of the NARHC discussion forums and the TA calls. SORHs may 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 may also be eligible for recruitment and retention assistance from the National Health Service Corps (NHSC). Each State Primary Care Office (PCO) should be able to provide information about how RHCs might 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 <https://nhsc.hrsa.gov/>.

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.

**Centers for Medicare & Medicaid Services:** The Centers for Medicare and Medicaid Services (CMS) maintain an online [RHC Center](#). 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 RHCs:** If your state has an RHC 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 TA Needed by RHCs

RHCs have a range of TA needs. To better understand what RHCs need, NOSORH developed a needs assessment survey that was conducted in the Spring of 2010. All RHCs listed on the NARHC listserv (at the time now discussion forums) were surveyed. A few SORHs serving on the Advisory Team for this module also sent the survey directly to their 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 might 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 TA and other RHC support.

Despite the age of the survey, the common thought is the results have not changed much and, in fact, the need for TA has grown due to additional program requirements established by CMS. The NOSORH RHC Committee will re-conduct this survey of RHC TA need during the 2020-2021 fiscal year. This document will be updated upon survey completion.

RHCs in 38 states responded to the 2010 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.

SORHs are encouraged to consider the survey results as opportunity to help meet needs of the 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 first step in development of an RHC technical assistance strategy.

SORHs should consider how work currently underway might be extended to RHCs. For example, most SORHs provide education (or make expert consultation available) to Critical Access Hospitals (CAHs), EMS providers or other safety net, and 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 education that might benefit RHCs, including the state's Quality Improvement Organization (QIO). A straight-forward, simple action that may assist RHCs would be for SORHs to review the RHC survey process and responses; when there is a good match between identified and appropriate TA needs and relevant education or assistance known to the SORHs, RHCs may be invited. The RHC list (discussed above) could be provided to other agencies or associations or the SORH could invite RHCs to relevant education opportunities.

Some organizations the SORHs might share RHC survey results with include but are not limited to Area Health Education Centers (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 and appropriate education and/or services.

Some needs identified by RHCs might be immediately adaptable to workshops or consultations planned or being developed by SORHs. For example, survey 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 TA that SORHs or partners currently provide or are planning. Of course, SORHs should be sure RHCs are the right audience for the education; but, when there is a good fit, RHCs could be invited to participate.

**TABLE 1**

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

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

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 were operational for less than two years. The results from this section are especially relevant to SORHs considering offering introductory or basic TA 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 11	We do need SOME assistance	We do need A LOT of assistance	Total of some & a lot	Response Count
<b>Data analysis for eligibility</b>	52.6%	32%	84%	25
<b>Understanding designation issues</b>	58.3%	25%	83.3%	24
<b>Working with state survey agency</b>	41.7%	12.5%	54.2%	24
<b>Facilitation with state agencies</b>	52%	12%	64%	25
<b>Introduction to federal regulations</b>	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 key to the All-Inclusive-Rate (AIR) RHCs received for services 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 TA, but most did not pay for consultation/TA 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
<b>Cost Report</b>	44	21.0%
<b>Billing</b>	16	7.6%
<b>Provider Coding</b>	12	5.7%
<b>Coding</b>	8	3.8%
<b>Policies and Procedures</b>	6	2.9%
<b>Other (count 1 to 4)</b>	124	59.0%
<b>Total Responses</b>	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, Associa- tions and Consultants	Count	Percent of Total
<b>NARHC or Bill Finerfrock</b>	72	16%
<b>Various SORHs</b>	43	9.6%
<b>Medical Group Manage- ment Association (MGMA)</b>	22	4.9%
<b>National or State Rural Health Associations</b>	18	4%
<b>Policies and Procedures</b>	295	65.6
<b>Other (count 1 to 4)</b>	450	
<b>Total Responses</b>	210	

Since the 2010 survey, several additional areas needing TA have emerged.

1. Emergency Preparedness Rule — Rural Health Clinic / Federally Qualified Health Center Requirements CMS Emergency Preparedness Final Rule Revised March 6, 2019 (ASPR TRACIE) <https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-cms-ep-rule-rhc-fqhc-requirements.pdf>
2. Chronic Care Management and Transitional Care Management Services — [Care Management Services in RHCs and FQHCs FAQ](#)
3. Deeming Entities — [CMS-Approved Accrediting Organizations Contacts for Prospective Clients](#) [State Survey Agency Directors letter dated July 28, 2017](#)

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## Conclusion

SORH staff are encouraged to review this overview of 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 capacity building activities with NOSORH; 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 TA, consultation and education needs of these safety-net, rural primary care providers. Hopefully, the results will spark interest and innovative thinking about how all SORHs might assist RHC providers and expand their own capacity. SORHs are asked to review the range of needed services and think creatively about the possibilities of providing more support services to RHCs.

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

The RHC Committee of NOSORH plans to repeat the RHC survey as part of its work during the 2020 – 2021 fiscal year.

As previously mentioned, NOSORH is uniquely positioned to assist both SORH and RHCs directly in meeting their capacity building and education needs. Please contact Tammy Norville, NOSORH Technical Assistance Director ([tammyn@nosorh.org](mailto:tammyn@nosorh.org)), with questions, for discussion, additional information or for assistance.

## Appendix A — Other Resources

CMS State Survey Agency Director listing by state: ([https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/State\\_Agency\\_Contacts.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/State_Agency_Contacts.pdf))

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