<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda:</th>
<th>Action Items(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00-1:15 pm</td>
<td><strong>MI RHC Network Operational Items</strong>&lt;br&gt;• MCRH Updates&lt;br&gt;• 2023 Meeting Outlook&lt;br&gt;• PM Workshop&lt;br&gt;• Billing and Coding&lt;br&gt;• Board Openings</td>
<td>Jill Oesterle, MCRH</td>
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<tr>
<td>2:15 – 2:45 pm</td>
<td><strong>National RHC Updates</strong>&lt;br&gt;• Rural Health Clinic Burden Reduction Act&lt;br&gt;• CMS Interim Policy – RHC Rurality&lt;br&gt;• End of the COVID-19 Public Health Emergency&lt;br&gt;• Other Reminders</td>
<td>Sarah Hohman, National Association of Rural Health Clinics</td>
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<td>2:30 – 3:30 pm</td>
<td><strong>Enrollment and Reportable Changes</strong>&lt;br&gt;<strong>Description:</strong> RHC enrollment can feel daunting and overwhelming. This session will dive into the steps a clinic must take to enroll in the RHC program and the changes that need to be reported after certification.&lt;br&gt;&lt;br&gt;<strong>Participants will:</strong>&lt;br&gt;Learn the steps for RHC enrollment&lt;br&gt;Understand the steps the clinic will take following survey to finalize certification as an RHC&lt;br&gt;Discuss reportable changes for the RHC</td>
<td>Michelle Renee (Kruzel), Heath Services Associates</td>
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<td>3:30 – 3:45 pm</td>
<td><strong>Quality Improvement Planning</strong></td>
<td>Jill Oesterle</td>
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<tr>
<td>3:45 – 4:00 pm</td>
<td><strong>Round Robin / Open Forum</strong></td>
<td>All</td>
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</table>
RHC Quarterly Meetings

- April 26th, 2023 – 1p - 4p (In person)
- August 9th, 2023 – 9 am – 12 pm (In person)
- November 15th, 2023 – 1p – 4p (Virtual)
RHC Practice Management Workshops
August 8th, 2023

HSA is a practice management consulting firm that promotes access to health care across the country. Since 1980, our professional consultant team has specialized in helping rural health clinics operate at optimum efficiency while maximizing revenue.

Save the Date

Potential Topics Include

• Manager Survival Skills
• RHC Basic Compliance
• Documentation and Reporting Requirements
• RHC Cost Reporting
• Program Evaluation Requirements
RHC Network Board Openings

President: Keisha Sexton, CMM, Practice Manager, Northern Pines Health Center

Vice-President:

Secretary:

Treasurer:

Member Representatives (up to five additional elected by the network membership)

- Kimberly Shiner, Executive Director of Clinic Services, Schoolcraft Memorial Hospital
- Ruanne Vander Veen, Quality Assurance and Improvement Coordinator, Sheridan Community Hospital
- Tami Wahl, BBA, Manager of Physician Practices & Occupational Health, Hills & Dales General Hospital
National Association of Rural Health Clinics - Washington Update

Sarah Hohman
Director of Government Affairs
RHC Quality Improvement Background

RHCs are not exempt from the impact of national efforts to create a high-value health care system, despite no implicit program requirement from the Centers for Medicare and Medicaid Services (CMS) in the Conditions of Participation for RHCs.

Beginning in April 2021, encounter-based payments for new provider-based Rural Health Clinics was capped. This contrasts with the previous cost-based reimbursement. Many experts agree that quality metrics will eventually be introduced for Rural Health Clinics and payment structure could be tied to these metrics. While the timeframe for these potential changes is unknown, CMS has already started to move away from paying for quantity and moved towards paying for quality care.
MCRH Quality Improvement Programming

**RHC Flex** - MCRH implemented a formal quality improvement project for provider-based Rural Health Clinics (PB-RHC) that are owned and operated by Critical Access Hospitals (CAH). As announced by the Federal Office of Rural Health Policy (FORHP) in March 2021, one of the new requirements for Flex grantees is active support for a multi-hospital quality improvement project that is rural relevant, focused on a CAH quality improvement priority area and that quantifies demonstrable results.

**Healthy Hearts for Michigan (HH4M)** offers rural primary care practices a dedicated Practice Advisor who, through in-person and remote interactions, can help providers optimize current workflows, implement new best practices, establish screening and treatment protocols, and collect quarterly data.
Rural Relevant Metrics

These metrics have been recognized by the Flex Monitoring Team as the most rural relevant quality improvement metrics for rural health clinics.

- Controlling Blood Pressure
- Childhood Immunization
- Diabetes: Hemoglobin A1c
- Current Medications
- Preventive Care: Tobacco
What does Quality Improvement Programming Deliver?

The Rural Health Clinic Quality (RHC) Improvement projects help to improve patient care in rural communities, advance the quality measurement agenda and provides training for RHC staff to learn and implement a practice improvement model.

These project support RHCs efforts to improve the quality of care for their patients, simplify and streamline transitions of care between primary care and inpatient services, and strengthen chronic disease management processes.
Rural Relevant Metrics

What metrics are you tracking?
What programs are you engaged in?
What barriers do you have?