



# Monthly Bulletin

Volume 6, Issue 11:  
December 2024



## A Few Words From Jill:

As we enter 2025, Rural Health Clinics (RHCs) nationwide are coming together to address a critical health challenge affecting our communities—diabetes. Acknowledging its significant impact on rural populations, diabetes has been selected as the primary focus for quality improvement (QI) initiatives for the coming year.

Diabetes impacts millions of people and presents significant challenges for both individuals and their healthcare teams. Rural areas encounter unique obstacles, such as limited access to specialized care, a higher prevalence of risk factors, and difficulties in patient education. By prioritizing diabetes management, RHCs aim to make a meaningful difference in patient outcomes, focusing on prevention, effective management, and comprehensive support.

### What to Expect in 2025:

- **Quarterly RHC Meetings:** Each meeting will spotlight best practices, innovative care models, or strategies to improve diabetes-related quality metrics. Topics will include improving A1C control, implementing patient-centered care plans, and utilizing tools for better data collection and reporting.
- **Sharing Success Stories:** Clinics will have the opportunity to showcase their achievements in diabetes care, fostering a sense of collaboration and inspiration.
- **Practical Training:** Sessions will cover key areas such as team-based care, effective use of Chronic Care Management (CCM) services, and engaging patients through self-management education.

By aligning our collective efforts, we can build momentum and ensure every diabetic patient in a rural community receives the care and support they need to thrive.

I encourage all RHCs to participate in these quarterly meetings actively and to share their insights and ideas. Together, we can make 2025 a year of significant progress in diabetes care for rural health clinics. Let's make it happen!

Stay tuned for more details in the upcoming editions of the RHC Monthly Bulletin.

Please email me ([oester35@msu.edu](mailto:oester35@msu.edu)) if you have any questions.

Thanks,  
**Jill**

# Registration Now Open: Revenue Optimization Virtual Conferences



## WINTERGREEN

Wintergreen, in partnership with NOSORH, is hosting the 3rd annual Revenue Optimization Virtual Conferences. These regional, three-hour virtual sessions are tailored specifically for rural hospitals and clinics and offer practical revenue optimization strategies from the perspective of hospital and clinic operators.

### Sessions will highlight:

- Hospital and clinic alignment and designation options
- Implementation of novel benefits and incentive programs
- Rural-specific recruitment and retention strategies
- Using technology to inform decision-making processes

Each FREE session is region-specific.

### Save the date and register now:

- Regions A, B, and C (*Michigan is Region C*): Wednesday, January 22, 2025, at 11:00 am ET

[Click Here to Register](#)

## Announcing the 28th Annual Michigan Rural Health Conference - April 24-25, 2025

**Now Accepting Speaker Proposals Until January 17, 2025**



# CALL FOR PRESENTATIONS

Proposals are due: January 17, 2025

## 28<sup>th</sup> Annual Michigan Rural Health Conference

VISION TO ACTION: RISING TOGETHER.



April 24-25, 2025

Soaring Eagle Resort – Mount Pleasant, MI

Mark your calendars now for the 28th Annual Michigan Rural Health Conference, which will be held April 24-25, 2025, at Soaring Eagle Casino & Resort in Mt. Pleasant, MI. Registration will open soon, so please follow MCRH on social media and stay tuned to our monthly newsletter for details.

### Call For Presentations

MCRH is now accepting proposals for this year's conference. Proposals are welcomed for presentations that are interactive, creative, dynamic, feature best practices in rural health, and will encompass this year's theme: ***Vision Into Action: Rising Together.***

#### **Areas of Focus:**

The Michigan Rural Health Conference typically hosts presentations that are focused on the following areas:

- Health Information Technology
- Public Health Workers
- Health Equity
- EMS
- Workforce
- Finance & Operations
- Quality Improvement

#### **Suggested Topics of Interest to Conference Attendees:**

##### *Workforce:*

- Integrating Telehealth
- Staffing Shortages
- Enhancing Workforce Retention and Well-being

##### *Rural Health Clinic:*

- HEIDIS Measures with RHCs
- RHC Survey Information

- Emergency Preparedness and Response in RHCs
- Maximizing Reimbursement
- Leveraging Technology for Data-Driven Decision-Making

*Social Drivers of Health:*

- Transportation, Food Security, & Other Social Drivers of Health
- Engaging Disproportionately Impacted Populations
- Other Innovative Approaches to Rural Health Care

If you have additional questions regarding a proposal submission, please contact Renee Calkins ([renee.calkins@affiliate.msu.edu](mailto:renee.calkins@affiliate.msu.edu))

[Click Here for the Full Call For Presentations PDF](#)

[Click Here for the Submission Link](#)

## **MDHHS Issues Updated Award Recommendations for Nine Health Plans to Provide New MI Coordinated Health Dual Eligible Benefit Program**



The Michigan Department of Health and Human Services (MDHHS) has updated contract awards for nine health plans, which will provide a new benefit plan, MI Coordinated Health, launching on January 1, 2026. The revised award recommendation includes changes to health plan regional assignments.

MI Coordinated Health will be available to individuals enrolled in Medicare and Medicaid in select counties in 2026 before expanding statewide in 2027. It is the successor to the MI Health Link program, which ends Dec. 31, 2025. Current MI Health Link enrollees can move into MI Coordinated Health with no break in coverage.

MI Coordinated Health results from information gathered from the MI Health Link program combined with a robust stakeholder feedback process going back to 2022, which included surveys and feedback from beneficiaries, advocates, providers, and health plans.

Five project pillars drive the resulting program:

- Fostering integration and continuity.
- Reducing racial disparities.
- Improving care delivery.
- Promoting self-determination.
- Building a culture of quality.

[Click Here for the Full Press Release](#)

# 2025 Michigan State Loan Repayment Program Application Period



The Michigan State Loan Repayment Program (MSLRP) application program opens on Thursday, February 3, 2025, and continues through April 30, 2025, for two-year contracts starting October 1, 2025.

MSLRP assists employers in recruiting and retaining medical, dental, and mental health primary care providers who continue to demonstrate their commitment to building long-term primary care practices in underserved communities designated as Health Professional Shortage Areas (HPSAs).

The MSLRP provides selected individuals up to \$300,000 in tax-free funds to repay educational debt over ten years. Applicants compete for two-year agreements that require them to work at least 40 hours per week for a minimum of 45 weeks per year at eligible nonprofit sites offering primary healthcare.

Time spent "on call" does not count toward the 40-hour requirement. Participants must remain with their sponsoring employers throughout the two-year agreement, and sponsors must retain their employees during this period.

[Click Here for Complete Details](#)

## Focus on Diabetes (FOD): CME Opportunities from the American Diabetes Association That Focus on Diabetes and Eye Health



The American Diabetes Association has shared new CME opportunities for 2025 for providers related to diabetes and eye health.

Focus on Diabetes® (FOD) is a multi-year initiative that brings together the American Diabetes Association® and Visionary Partners from leading organizations in vision care to

increase awareness about diabetes and eye health. These free continuing education courses help eye health and primary care professionals reduce the risk and treat and manage diabetes-related eye diseases.

If providers click the “register” button, they will see that they can log in if they have an account or create a free one. Interested providers do not need to be professional members of the ADA to participate in these CME offerings.

[Click Here for More Details](#)

## HRSA Scholarships for Disadvantaged Students Program



The Health Resources and Services Administration (HRSA) released a new Notice of Funding Opportunity to increase the health workforce.

The Scholarships for Disadvantaged Students (SDS) Program funds schools that train students in health professions in specific disciplines. Schools make scholarships available to students from disadvantaged backgrounds. Review our FAQs for more information.

HRSA will award an estimated \$51.47 million to approximately 85 grantees over five years through this funding opportunity.

Eligible applicants are accredited school programs in these disciplines. Additionally, school programs are eligible if, for the most recent three-year period, at least 20% of the school’s full-time enrolled students and graduates are from disadvantaged backgrounds.

**Applications are due by Wednesday, February 19, 2025 at 11:59 p.m. ET.**

[Click Here to View the Full Funding Opportunity and Eligibility Requirements](#)

## New Finance Guides for Critical Access Hospitals Just Released



Financial wellness is a priority for Critical Access Hospitals (CAHs) and Rural Health Clinics (RHCs). The Technical Assistance and Service Center (TASC), part of the National Rural Health Resource Center, has released two new guides, supported by the Federal Office of Rural Health Policy (FORHP), to help enhance their financial stability.

The first guide, *Critical Access Hospital Financial Sustainability*, offers practical, non-technical strategies and interventions for addressing ongoing financial challenges in rural healthcare. Focusing on long-term economic stability provides valuable insights to help CAHs improve their financial performance and enhance overall sustainability.

The guide *"Strategies for Critical Access Hospitals to Address Outmigration"* assists state Flex Programs and rural hospital leaders in tackling patient outmigration and market share loss. It identifies why patients seek care outside their communities and provides practical strategies for Critical Access Hospitals (CAHs) and Rural Health Clinics (RHCs) to keep local patients.

[Click Here for the Critical Access Hospital Financial Sustainability Guide](#)

[Click Here for Critical Access Hospital Strategies For Addressing Outmigration Guide](#)

## Introducing The Michigan Department of Health and Human Services and Healthy Behavior Optimization for Michigan Tobacco Cessation Box



Healthy Behavior Optimization for Michigan (HBOM), a partnering Collaborative Quality Initiative (CQI), recently announced a new partnership with the Michigan Department of Health and Human Services to provide resources and information to promote tobacco cessation here in the state.

Beginning in 2025, the Michigan Tobacco Quitlink and HBOM will offer tobacco cessation provider resources and referral resources for the Quitlink to health care practices across the State of Michigan.

If you are a health care practice in Michigan interested in ordering materials like the Quit Smoking Resource Guide, the Quit Smoking Medication folding card, Michigan Quitlink palm-sized cards, and clinic posters, please fill out the interest form by clicking the button below.

[Click Here for the MI Quitlink & HBOM Tobacco Cessation Provider Box - Pre-Order Interest Form](#)

## Updates to Allow Category II Codes to be Submitted on Rural Health Clinic Claims Beginning April 2025



**NATIONAL ASSOCIATION OF  
RURAL HEALTH CLINICS**

NARHC has been engaging with CMS over the last year to resolve the CPT Category II code issue for RHCs, including through a [letter to the CMS Administrator](#).

Recently, CMS issued a [CMS Change Request](#) to allow Category II codes to be submitted on RHC claims beginning April 7, 2025. This has historically been a significant barrier to RHC participation in various value-based care models.

The NARHC hopes this change will allow RHCs to easily report through CPT Category II in line with how other providers participate in value-based care models.

If you have any questions, contact Sarah Hohman at NARHC  
[Sarah.Hohman@narhc.org](mailto:Sarah.Hohman@narhc.org)

## Two New Policy Briefs from the National Advisory for Rural Health Policy



The National Advisory Committee on Rural Health and Human Services is a citizens' panel of rural health experts that convenes twice each year to examine pressing issues and make recommendations to the U.S. Department of Health & Human Services.

The most recent reports come from a meeting in Austin, Texas, in April of this year, with



an in-depth look at **How Technology and Innovation Can Help Address Rural Health Care Challenges and Supporting Quality Measurement for Rural Health Clinics**

[Click Here to View How Technology and Innovation Can Help Address Rural Health Care Challenges](#)

[Click Here to View Supporting Quality Measurement for Rural Health Clinics](#)

## Apply Today for the Bill Finerfrock Health Policy Fellowship

The Application Deadline is January 6, 2025



The Bill Finerfrock Health Policy Fellowship Program was created in 2022 to celebrate the remarkable legacy of Mr. Bill Finerfrock. Bill was the co-founder and long-time Executive Director of the National Association of Rural Health Clinics (NARHC) until his retirement in June 2022.

The National Association of Rural Health Clinics (NARHC) offers a four-week fellowship in Alexandria, Virginia, for mid-career professionals to learn leadership skills for becoming grassroots advocates and champions for rural health. Selected fellows will receive lodging, travel expenses, and an \$8,000 stipend.

The application requires two 1-2 page essays on your interest in the fellowship and your experiences in the RHC setting, as well as supporting documents, including a current resume/CV, one professional letter of recommendation, and information for two professional references.

The application for the 2025 Bill Finerfrock Health Policy Fellowship Program, along with all supporting materials, is due by **January 6, 2025**, at 11:59 pm ET. Completed applications should be emailed to [Sarah.Hohman@narhc.org](mailto:Sarah.Hohman@narhc.org). Interviews will be conducted in mid-January, and the selected candidate will be notified by mid-February 2025.

[Click Here for Full Fellowship Details](#)

[Click Here for Application](#)



# Upcoming MCRH Educational Events

## Grand Rounds:

**January 15, 2025, 12-1 PM EST**

Special Populations Grand Rounds: Communicating with Farmers Under Stress

Speaker: Remington Rice, PhD

[Register Here](#)

CE Provided for Social Workers, Nurses, Physicians, and Community Health Workers

**January 17, 2025, 12-1 PM EST**

Oral Health Grand Rounds: Understanding the New AAP Periodontal Classification System

Speaker: Sheree Duff, RDH, BSDH, MSA

[Register Here](#)

CE Provided for Dentists, Dental Hygienists, Dental Therapists, and Dental Assistants

**Project ECHO: 2025 Information Coming Soon!**

**EMS: 2025 Webinar Information Coming Soon!**

## Additional Resources

Here are some topics impacting the RHC Community in Michigan this month.

- [NEW: Calendar Year \(CY\) 2025 Medicare Physician Fee Schedule Final Rule](#)
- [Mpox Clade I DRC Outbreak Updates and Mpox Testing](#)
- [The Michigan Health Council \(MHC\) Offers Five Virtual One-Hour Implicit Bias Training Courses](#)
- [HRSA Payment Program for RHC Buprenorphine-Trained Providers](#)

## COVID-19 Vaccine Updates and Resources

This a reminder that COVID-19 still impacts our rural neighbors and those providing care and solutions. **Please click on the links below for important information regarding the latest on vaccines, boosters, testing, and other recommendations:**

- [MDHHS Reminds Michigan Residents About Available COVID-19 Testing Options](#)
- [RESOURCE: Updates to Coverage for COVID-19 Tests](#)
- [RESOURCE: One Stop Online for COVID Prevention and Treatment in Every County](#)
- [RESOURCE: COVID-19 Impact on Emergency Preparedness for RHCs](#)
- [RESOURCE: The Implications of Long COVID for Rural Communities](#)
- [UPDATE: MDHHS Medicaid Policy Bulletins](#)
- [UPDATE: MDHHS L-Letters Guidance](#)
- [ONGOING: Understanding the Federal COVID-19 Vaccine Mandates: Practical Considerations for Covered Employers](#)

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**Design-Build Construction Services for a Modern Medical Office**

Medical clients appreciate that we work with them to keep their practice open during a remodel and guarantee our delivery date on a new building. Our team works with Doctors to create an efficient and well thought out design for staff and patients. They also provide attention to detail and quality for the best form, function, cleanliness, and value available to save Doctors time and money.

Wolgast's Medical Construction Team includes a retired neurosurgeon and an architect who are well-versed in patient flow, HIPAA regulations and general medical office operation. Additionally, we have skilled tradesmen who have previous experience building medical offices. Our proficiency includes the design and construction of **Patient Centered Medical Homes**, surgery centers, therapy pools, and many private practice offices.

**Ambulatory Care, Procedure Rooms and Certificate of Need**

The more procedures a Doctor or Midlevel Practitioner (NP or PA) can complete in office, the more time and money they can save their patients. This means that Medical Offices could be facing a need for more space to add procedure rooms or ambulatory care. Wolgast is able to assess your needs, assist with land or building search, and design and construct the building using a qualified team of contractors to finish the project on-time while meeting or beating the budget. Additionally, if a **Certificate of Needs (CON)** is necessary, Wolgast can

assist with completing it to make your building a reality.

### Long-Term, Memory Care, Assisted Living Care Facilities

Baby Boomers are increasing the need for Long-Term, Memory, and Assisted Living Care Facilities. These Living Care Centers require a mix of Housing with Medical Care to maintain and operate. It is a hybrid of design and expertise to build a project like this, and Wolgast has significant experience with **Multi-Family Housing**, Medical Office, and Living Care Facilities to help direct business owners in this industry. Whether it is a remodel of an old hospital, or a new facility, Wolgast completes their work in phases, so the earliest units can be ready to be leased to generate income for the owner before the complex is complete.

### Remodeling an Existing Healthcare Practice

It is hard to determine when is a good time to remodel a medical office when anticipating the need to shut down or limit patient appointments. Wolgast is able to work around your schedule and accommodate for infection control, adequate space, and use of equipment so a practice can **stay open** for as long as possible. We will help create a plan, so a Doctor and Practice Manager can feel comfortable staying focused on the practice.

### Affiliations

Wolgast keeps their knowledge of the Healthcare Industry through participation at the Michigan Osteopathic Association's Annual Conference in the fall and through sponsorship of Michigan Center for Rural Health. Additionally, on our staff is Dr. Michael Shepard, former Neurosurgeon. He is available to provide a **complimentary assessment** about your Medical Office and help guide Doctors with the decisions they may need to make.

800-WOLGAST | [www.wolgast.com](http://www.wolgast.com)

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