

Announcements from the Federal Office of Rural Health Policy

September 26, 2019

What's New

[Quality Improvement Mentors for Critical Access Hospitals Announced](#). Last week, eight Critical Access Hospital (CAH) staff were announced to serve as national Virtual Quality Improvement Mentors for other CAHs across the country. The mentors were selected from a pool of candidates nominated for their success in the Medicare Beneficiary Quality Improvement Program (MBQIP), a project that invites CAHs to [voluntarily report their data on quality measures](#) and look for ways to improve patient outcomes.

Funding Opportunities

[Small Rural Hospital Transition Project – October 16](#). In response to the increasing number of rural hospital closures, the Federal Office of Rural Health Policy administers the Small Rural Hospital Transition Project (SHRT). The program provides technical assistance through onsite consultations to [eligible hospitals](#) that have 49 beds or less and are located in a [federally-designated persistent poverty county](#). Core areas of technical assistance include: 1) financial operational assessment (FOA) and 2) quality improvement (QI) projects. A total of nine hospitals will be selected based on a competitive process. A minimum of three FOA projects and three QI projects will be selected in each core area. Interested applicants that meet SRHT [readiness requirements and project expectations](#) are encouraged to apply.

[Community Food Projects Technical Assistance – Ongoing](#). Any organization seeking or receiving funding from the U.S. Department of Agriculture's (USDA) Community Food Projects grant program is eligible to apply for one-on-one technical assistance, educational resources, and professional development opportunities from the New Entry Sustainable Farming Project. The USDA program promotes self-reliance in low-income communities by improving access to locally-grown foods.

Policy Updates

Visit the [FORHP Policy page](#) to see all recent updates and send questions to ruralpolicy@hrsa.gov.

[More Medicare Advantage and Prescription Drug Plans Expected in 2020](#). CMS released this week [detailed files to explore the 2020 Medicare Advantage and Prescription Drug plan offerings](#) as well as [state-level Fact Sheets](#) detailing premiums and plan offerings for the coming year. It is estimated that there will be about 1,200 more Medicare Advantage plans operating in 2020 than in 2018 and a 14 percent decrease in the average monthly Medicare Advantage premium compared

to 2019. About [one-quarter of rural Medicare beneficiaries were enrolled in Medicare Advantage](#) in 2018.

[Final Rule on Medicaid Disproportionate Share Hospital Allotment Reductions](#). Per the Patient Protection and Affordable Care Act, CMS has issued the final rule detailing the methodology that will be used to reduce the allotments of federal funding for state Medicaid disproportionate share hospital (DSH) programs, which are intended to support hospitals serving low-income patients and incurring high uncompensated care costs. According to the Medicaid and CHIP Payment and Access Commission (MACPAC), [about 1,100 rural hospitals received Medicaid DSH funds in 2018](#). The reductions are scheduled to take place October 1, but Congress is considering delaying the change.

Learning Events and Technical Assistance

[3RNet Recruiting for Retention Academy](#) – October 8 through December 17. The National Rural Recruitment & Retention Network (3RNet) will hold a series of webinars on best practices for recruiting a sustainable health workforce. The series will feature national experts on rural/underserved recruiting and retention, provide opportunity to ask questions, and give access to resources. **The deadline to register is October 7.**

[Public Health and Transportation Webinar Series: Part One](#) – Thursday, October 10 at 2:00 pm ET. Part one of this series from the National Center for Mobility Management will focus on potential areas for collaboration between the two sectors, and discuss ideas for developing, implementing, and evaluating initiatives to improve community health. Visit the Rural Health Information Hub for [promising models and resources for implementing transportation programs](#).

Resource of the Week

[A Look at the Pennsylvania Rural Health Model](#). In partnership with the CMS Innovation Center, Pennsylvania's Department of Health developed [the Pennsylvania Rural Health Model](#) to test whether care delivery transformation and hospital global budgets can increase access to high-quality care, improve health, reduce the growth of hospital expenditures across payers, and improve the financial viability of rural Pennsylvania hospitals. Under this model, CMS and other participating payers pay rural hospitals on a global budget—a fixed amount of revenue, set in advance, to cover all inpatient and hospital-based outpatient services. In the brief, the Rural Health Value team explains their process for working one-on-one with rural hospitals to prepare a Transformation Plan (TP) with measurable goals for addressing potentially avoidable utilization, operational efficiency, and unmet community needs. This brief is intended for those exploring or considering global budget or other transformation models for rural hospitals (e.g., state governments considering global budgeting models, hospital associations, rural hospital administrators, federal policymakers, etc.). [Rural Health Value](#) was created in a cooperative agreement with the Federal Office of Rural Health Policy to provide rural-centric expertise and assistance to support high performance rural health systems.
