



Announcements from the Federal Office of Rural Health Policy

January 9, 2020

What's New

[The Rural Opportunity Map](#). A unique collection of data and tools, the Rural Opportunity Map uses data sets on broadband infrastructure, education attainment, young companies, and other local assets. A map section for local leaders is designed to help them discover and learn from peer communities. Developing sections help decode the many definitions of rural across federal entities, help investors find options in rural Opportunity Zones, and track trends in rural health care.

[Year of the Nurse and the Midwife](#). The World Health Organization announced 2020 as the start of a major global effort to highlight the shortage of these health workers and celebrate their work.

[January is Cervical Health Awareness Month](#). According to the Centers for Disease Control and Prevention (CDC), cervical cancer occurs most often in women over the age of 30, and approximately 12,000 women in the U.S. get cervical cancer each year. [More African American and Hispanic/Latina women get cervical cancer](#) than women of other races or ethnicities due to their decreased access to Pap testing or follow-up treatment, and [rates of new cases are higher in rural areas](#). **See the events section below for an upcoming webinar on rural cancer control.**

Funding and Opportunities

[AHRQ Research for Improving OUD in Older Adults](#) – February 20. The Agency for Healthcare Research and Quality (AHRQ) seeks applications for the development of strategies to improve the management of opioid use and opioid use disorder (OUD) in older adults in primary care settings, especially in settings with large segments of socially at-risk older adults. Applicants must propose a comprehensive plan that uses evidence-based interventions and quality improvement strategies designed to improve the management of pain, opioid use, and opioid use disorder for older adults in primary care. **A letter of intent to apply is due on January 21.**

[HRSA Scholarships for Disadvantaged Students](#) – March 3. The Health Resources and Services Administration (HRSA) will make approximately 79 awards from a total investment of \$48.2 million. The program funds eligible academic institutions that train health profession students. The institutions then make scholarships available to students from disadvantaged backgrounds who have financial need. Eligible applicants are accredited schools of allopathic and osteopathic medicine, dentistry, nursing, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, and allied health; schools offering a graduate program in behavioral and mental health practice; and programs for physician assistant training. Students should contact their financial aid office to find out if their school participates.

[HRSA Capacity Development for Ryan White/HIV AIDS Program](#) – March 26. The Health Resources and Services Administration (HRSA) will make approximately 60 awards from a total investment of \$8 million to increase access to high quality HIV primary health care services for low income, uninsured, and underserved people with HIV. Eligible applicants are private entities, faith-based and community-based organizations, Tribes and tribal organizations.

Rural Health Research

Research in this section is provided by the HRSA/FORHP-supported Rural Health Research Gateway. [Sign up for alerts](#) when new publications become available.

[Two New Briefs on Access to Care for Medicare Beneficiaries in Rural Areas](#). On December 30, the Rural Health Research Gateway released two policy briefs from the University of Minnesota Rural Health Research Center. The first presents findings from an online survey of Rural Health Clinics describing clinic data and characteristics related to healthcare access. A second brief examines access issues for rural Medicare beneficiaries seeking care from specialty providers.

[Impact of the Medicare Disproportionate Share Hospital Payment Cap on Rural and Urban Hospitals](#). The Medicare Disproportionate Share Hospital (DSH) payment adjustment is intended to compensate those hospitals serving a disproportionate number of low-income patients. Begun in 1986, the program was amended by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to impose a 12% cap on the payment, with exception for large hospitals and Rural Referral Centers. This policy brief from the RUPRI Center for Rural Health Policy Analysis describes the number and location of urban and rural hospitals affected by that cap.

Policy Updates

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

[Request for Information: National Institute of Mental Health Strategic Plan for Research – EXTENDED to January 15](#). The National Institute of Mental Health (NIMH) seeks feedback from the public about the [draft 2020 NIMH Strategic Plan for Research](#). The plan will guide the Institute's research efforts and priorities over the next five years. Strategy 4.3.A specifies testing innovative approaches for rural areas.

[Feedback on Medicare Scope of Practice Regulations —January 17](#). Per Executive Order (EO) #13890 on Protecting and Improving Medicare for Our Nation's Seniors, CMS seeks input and recommendations regarding elimination of specific Medicare regulations that require more stringent supervision than existing state scope of practice laws, or that limit health professionals, including Physician Assistants (PAs) and Advanced Practice Registered Nurses (APRNs), from practicing at the top of their license. [Nurse Practitioners \(NPs\) and PAs are an important part of the rural workforce](#) as they are more likely than physicians to work in rural areas. Send recommendations to PatientsOverPaperwork@cms.hhs.gov with the phrase "Scope of Practice" in the subject line.

[Comments Requested: Proposed Rule for Transparency in Coverage – EXTENDED to January 29](#). CMS has [extended the due date for comments](#) regarding the proposed requirements for group health plans and health insurance issuers in the individual and group markets to disclose cost-sharing information upon request, to a participant, beneficiary, or enrollee (or his or her authorized representative), including an estimate of such individual's cost-sharing liability for covered items or services furnished by a particular provider. About [6 in 10 rural residents have private health insurance coverage](#) provided through an employer, purchased directly, or TRICARE.

[Comments Requested: Proposed Rule for Medicaid Fiscal Accountability – EXTENDED to February 1](#). CMS has extended the due date for comments regarding proposed changes to state Medicaid reporting and clarifications of key definitions in order to improve payment transparency and program integrity. Proposals in this rule focus on: fee-for-service (FFS) supplemental provider payments;

disproportionate share hospital (DSH) payments; financing for the non-Federal share of payments; and health care-related taxes and provider-related donations. CMS seeks comment on all elements of this proposal, including whether supplemental provider payments should be capped, if there should be a separate cap for rural areas and/or HRSA-designated geographic health professional shortage areas, and whether there should be other special considerations for providers in underserved areas.

[Accepting Nominations: CMS Technical Expert Panels on Quality Measure Development](#) – Due dates vary by panel, January 9-31. CMS is currently accepting nominations for six technical expert panels that are developing quality measures for monitoring care received by beneficiaries receiving total hip and knee arthroplasty (THA/TKA), home and community based services (HCBS), chronic kidney disease treatment, and home health care. CMS seeks involvement from a wide range of stakeholders from rural and urban areas, including clinicians, providers, researchers, consumers, and caregivers.

[Comments Requested: Medicare Advantage Advance Notice for 2021 Plan Year Risk Adjustment](#) – March 6. CMS seeks comment on proposed updates to the hierarchical condition categories (HCC) model and the use of encounter data for risk adjusting MA plan payments in the 2021 plan year. The proposed changes to the risk adjustment methodology are intended to better predict the cost to care for Medicare Advantage enrollees based on their health status and other factors [Research has found that HCC risk scores vary between rural and urban providers](#). Other proposed payment methodology changes for the 2021 plan year will be released at a later date in Part II of the Advance Notice.

[Nominations for Federal Advisory Commission on HIV, Viral Hepatitis, and Sexually Transmitted Diseases](#) – Ongoing. The Health Resources and Services Administration (HRSA) is accepting nominations for this group that advises HRSA, the U.S. Department of Health and Human Services, and the Centers for Disease Control and Prevention on objectives, strategies, policies, and priorities. The announcement is for continuous recruitment and applications will be accepted at any time; however, interested candidates are encouraged to submit their nomination packages as soon as possible for consideration in the next round of nominations.

[New Guidance on Providing Opioid Treatment Services to Dually-Eligible Enrollees](#). Beginning January 1, 2020, Medicare will pay opioid treatment programs (OTPs) a bundled payment for providing treatment to Medicare beneficiaries and beneficiaries who are dually eligible for Medicare and Medicaid. This Guidance to State Medicaid Agencies clarifies that OTPs must enroll with Medicare in order for Medicare to become the primary payer for services provided to dually-eligible beneficiaries and offers interim reimbursement solutions while providers go through the Medicare enrollment process. [There are few OTPs in rural areas](#), yet rural health providers are hopeful that increased access to medication assisted therapy, such as that provided in OTPs, can have a positive impact on [rural opioid use](#).

Learning Events and Technical Assistance

[AgriSafe: Noise Hazards for Agricultural Producers](#) – Thursday, January 9 at 3:00 pm ET. During this one-hour webinar, attendees will learn about the risk of hearing loss for farm workers and resources for prevention.

[AgriSafe: Prevention of Zoonotic Disease](#) – Tuesday, January 14 at 4:00 pm ET. The AgriSafe Network will explain risk, modes of transmission, and warning signs and symptoms of diseases spread between animals and people. [The Centers for Disease Control and Prevention tracks zoonotic diseases](#) and estimates that 3 out of every 4 new or emerging infectious diseases in people are spread from animals.

[Federal Advisory Committee: National Emergency Medical Services](#) – January 14-16. The National Highway Traffic Safety Administration will hold a meeting, open to the public and viewable online, of the

National Emergency Medical Services Advisory Council (NEMSAC) in Washington, DC. NEMSAC advises the U.S. Department of Transportation. Topics on the agenda include the [CMS Emergency Triage, Treat, and Transport Model](#) and the [NFPA 451 Guide for Community Health Programs](#). Members of the [public may submit comments before the meeting](#).

[Rural Hospital Revenue Cycle Guide](#) – Wednesday, January 15 at 1:00 pm ET. Produced by the HRSA/FORHP-supported National Rural Health Resource Center, the guide provides rural hospital executive and management teams with industry-leading practice concepts covering front to back end revenue cycle topics. This webinar will offer leading practices and metrics along with practical suggestions to improve the hospital's overall performance.

[AgriSafe: Personal Protective Equipment for Ag Workers](#) – Wednesday, January 15 at 4:00 pm ET. During this one-hour webinar, the AgriSafe Network will present an overview of common exposures in farming and ranching and identify appropriate personal protective equipment.

[Examining Rural Cancer Prevention and Control Efforts](#) – Tuesday, January 21 at 3:00 pm ET. Various factors contribute to lower rates of cancer in rural areas, but higher rates of mortality among rural regions for certain preventable cancers – specifically, lung, laryngeal, colorectal, and cervical cancer. National experts will present information on innovative and sustainable solutions to close the rural-urban mortality gap and reduce the disease burden nationally.
