# It takes a village

## Rural Health Clinic Certification Offers Benefits to Practitioners and Patients

By John McCormack

When asked about delivering care in a rural environment, Lisa Higuera, CMA (AAMA), a medical assistant who works in a town with a population of 846, pointed to access to health care as a modern-day challenge. Nearly a half century ago, former President Jimmy Carter had such limited access in mind when he signed the Rural Health Clinic Services Act of 1977 into place.

"[The American health care system's] uneven distribution leaves millions of our people without access to adequate care. … Two-thirds of the people in areas without adequate health care live in rural America," Carter noted. "One of the most sensible and efficient ways to cope with this problem is to enable physician assistants and nurse practitioners to provide regular and high-quality care in small convenient outpatient clinics. … The legislation … will correct this defect in our public health insurance programs by requiring that the Medicare and Medicaid programs pay for the services of physician assistants and nurse practitioners in clinics and rural areas without adequate care."[1]

Indeed, the regulation addressed two rural health access challenges, suggests Nathan Baugh, BA, director of government affairs for the National Association of Rural Health Clinics in Alexandria, Virginia. "There were all these areas of the country that weren't getting primary care, and simultaneously there were nurse practitioners and physician assistants wanting to bill Medicare without a physician," he says. "So that's been baked into the statute since the 1970s."

With more than 4,500 organizations currently enrolled in the Rural Health Clinic (RHC) program,[2] access has improved. However, many rural patients still find it difficult to get needed services. Unfortunately, while "awareness of the program and its benefits has gotten better, there are still people who are practicing in outpatient offices in rural areas that aren't enrolled," Baugh notes. If leaders familiarize themselves with RHC certification advantages, requirements, and enrollment processes, access to care in rural areas could improve substantially.

### Possible and Profitable

To qualify as an RHC, an organization must meet several requirements[3]:

- Operate in a rural, medically underserved community
- Be staffed at least 50% of the time with a nurse practitioner, physician assistant, or certified nurse midwife
- Provide outpatient primary care and basic laboratory services

Meeting minimum RHC requirements is just step one. Practice managers should also evaluate whether RHC certification makes financial sense. To make that decision, practice managers should work with a consultant who can conduct a thorough financial analysis.

Certified RHCs typically qualify for increased Medicare and Medicaid reimbursement. Medicaid reimbursement varies by state. "The analysis usually starts with a payer mix breakdown," Baugh says. "You look at what your organization is getting reimbursed currently and then what it would get reimbursed if it was certified as an RHC. The very general rule of thumb is if your organization has high Medicare and Medicaid populations, it's worth it."

Practice managers should also weigh the benefits associated with becoming an RHC versus a federally qualified health center

(FQHC), a community-based provider that receives funds from the Human Resources and Services Administration (HRSA) to provide care in underserved areas. In the past, "some organizations opted for the FQHC route because, quite frankly, they got more generous support" from the federal government, notes Baugh.

However, with the FQHC designation, health care professionals "can't own the clinics," explains Baugh. "The clinics need to operate as nonprofit organizations and need to be governed by a board. That's really not attractive to some people who want to open and run their own practice."

After determining that RHC certification makes sense, practices need to complete both the RHC application and the Centers for Medicare & Medicaid Services 855A Provider/Supplier Enrollment application.[4] A surveyor then assesses whether the organization meets requirements. Being surveyed by the state is free, but Baugh points out that it "can sometimes take a while depending on how backed up the state surveyors are." Thus, some clinics opt to pay private companies for the assessments.

## Running an RHC Right

After becoming certified, practice managers can help RHCs succeed by taking certain actions:

**Engaging with a capable auditor.** An RHC is required to file a cost report annually. "Revenue cycle is incredibly important," says Brock Slabach, MPH, chief operations officer of the National Rural Health Association. "So, it's important to work with an auditor who understands RHCs and, more importantly, the cost reporting in RHCs."

**Focusing on mental health.** Frequently, RHCs deal with "behavioral or mental health pathology in patients," says Slabach. To address these concerns, Slabach suggests practices should follow the lead of trailblazing RHCs that have "hired a behavioral health specialist to see every patient … and do an evaluation for any signs or symptoms of a behavioral or mental health [issue] that needs to be addressed."

**Coordinating services.** RHCs should consider team-based care and collaborative care models that make care delivery more patient-centric, according to Slabach. Becoming certified as a patient-centered medical home (PCMH), a model that leverages a team-based approach to coordinate care, is one way to provide this coordination. The PCMH model is associated with effective chronic disease management, increased patient satisfaction, cost savings, and improved quality of care.[5]

**Relying on medical assistants.** "Medical assistants can very much help patients navigate care by making the connections that they need to improve the patient's health," explains Slabach. "Medical assistants are [part of] the glue that … helps keep everything together and helps to improve satisfaction with the care received."

Taking on such responsibilities can, in turn, bring a high level of satisfaction to medical assistants. "I travel 50 minutes to be a part of this rural setting. I couldn't imagine providing care anywhere else, even on my worst days," concludes Higuera, who works at River Valley Community Health in Mossyrock, Washington. "I take pride in knowing we are offering many services for people who haven't been to a physician's office in years, and they leave feeling validated, cared for, and knowing this is a safe place to return to. Days can be long and challenging, but they are always worth it." ✦

### COVID-19 Brings Additional Funding to Rural Health Clinics

"Staffing was a huge challenge before COVID-19 hit, and unfortunately that trend is being exacerbated by COVID-19," says Nathan Baugh, BA. Indeed, rural health clinics (RHCs) not only deal with staffing issues but also an array of mounting challenges such as complicated care management and low levels of health literacy during the pandemic.

Fortunately, the federal government responded to COVID-19 by offering certified RHCs additional assistance. For example, in June 2021, the HRSA provided $424.7 million to about 4,200 RHCs for COVID-19 testing and mitigation.[6] Additionally, the American Rescue Plan Act of 2021 provided $500 million to help broaden access to COVID-19 testing and vaccines in rural areas.[7]

"[Before COVID-19], RHCs didn't have a lot of direct funding appropriations or grants that they were eligible for. But during [the COVID-19 pandemic], it's been beneficial to be an RHC because they've gotten these extra buckets of money," Baugh says. [RHCs] are now getting recognized by the federal government as a facility type that should be supported much more than it was in the past."


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