



The Ohio State Office of Rural Health (SORH) is co-located with the Primary Care Office within the Ohio Department of Health (ODH). The goal of the Ohio SORH is to help rural communities build strong healthcare networks by providing information and technical assistance, by helping to build state and local partnerships, and by encouraging recruitment and retention of providers in rural areas. The Ohio Black Lung Clinics Program, Rural Hospital Flexibility Program (Flex), and Small Rural Hospital Improvement Program (SHIP) are administered through the Ohio SORH.

## From the Ohio SORH:

### [Series of Free RHC Webinars Offered](#)

The Ohio State Office of Rural Health (SORH) is pleased to partner with [Health Services Associates](#) to offer a series of free webinars focusing on topics of interest to Rural Health Clinics (RHCs) this spring. The first webinar in the series covered RHC regulations and compliance on April 16 and the second provided an introduction to RHC billing on May 7. Additional webinars in the series are being held at the dates and times listed below; click on the webinar links below to register.

- [RHC Policies and Procedures](#): Tuesday, May 28 at 1 p.m.
- [RHC Cost Reporting](#): Tuesday, June 11 at 1 p.m.

This free webinar series is open to Ohio's certified RHCs and to clinics or organizations with interest in the development of either independent or provider-based RHCs in Ohio. Webinars in the series are planned to last between an hour and an hour and a half. For more information on these webinars, please visit [www.odh.ohio.gov/SORH](http://www.odh.ohio.gov/SORH) or contact Jennifer Jones at 614-466-5333 or [jennifer.jones@odh.ohio.gov](mailto:jennifer.jones@odh.ohio.gov).

### [Ohio Flex Program Offers ICD-10 Trainings to CAHs and RHCs](#)

The ODH Flex Program has contracted with Arnett Foster Toothman, PLLC to offer a series of free ICD-10 trainings to Ohio's CAHs and RHCs this spring. A series of three free full-day sessions are being offered, with sessions completed during March and April and a third to be held in May, to coincide with the CAH QI Network meeting on May 17. Each session is focusing on the transition of knowledge as well as lessons learned from work completed at other facilities. Tools and other resources to assist with ICD-10 implementation are also being provided.

### [Three Ohio CAHs Named to iVantage Health Analytics' 2013 Top 100 CAHs List](#)

Congratulations to the three Ohio hospitals named to iVantage Health Analytics' 2013 list of top 100 performing CAHs, which is based on the iVantage Hospital Strength Index and was issued in March. The three Ohio CAHs named to the 2013 list are: Wyandot Memorial Hospital in Upper Sandusky, Mercy Willard Hospital, and Barnesville Hospital. The Hospital Strength Index uses a balanced scorecard approach covering market strength and population growth, value-based purchasing and qualitative factors, and financial measures most predictive of sustainability.

### [Governor's Certified Shortage Areas for RHC Purposes List Updated](#)

The list of Ohio's Governor's Certified Shortage Areas for RHC purposes has been updated to reflect recent approval by the Health Resources and Services Administration of several newly designated areas and re-designation of many areas first designated in 2009. Governor's Certified Shortage Area designations are authorized under federal RHC legislation and establish areas as underserved for RHC certification purposes. These designations are also known as Governor-designated and Secretary-certified shortage areas.

To meet the location requirements for new RHC certification, eligible clinics must be located within both a rural and currently underserved area. A current governor's designation for RHC purposes is one option to meet the underserved location requirement for new RHC certification. To see the updated list, please follow the link above. For more information on the rural and underserved location requirements for RHCs, please contact Jennifer Jones at 614-466-5333 or [jennifer.jones@odh.ohio.gov](mailto:jennifer.jones@odh.ohio.gov).

## Across Ohio:

### [HealthPath Foundation of Ohio Requesting Concept Papers for the Primary Care Workforce Pipeline & Community-Based Training Programs Funding Opportunity](#)

April 19, 2013 - The HealthPath Foundation of Ohio (HFPO) is requesting concept papers for the Primary Care Workforce Pipeline & Community-Based Training Programs funding opportunity, which targets rural underserved counties and traditionally underrepresented health professions students. In 2011, HFPO announced the development of a new strategic initiative, Strengthening Ohio's Safety Net (SOSNet), focused on expanding, strengthening and building the capacity of the health care safety net. This funding opportunity focuses on one of two goals of the Strengthening Ohio's Safety Net (SOSNet) Initiative: to increase the number, distribution and diversity of the primary health care and dental workforce within HPFO's 36 county service area.

Concept papers should address one of the following focus areas: 1) Development and implementation of community-based training experiences in primary care settings to increase the number of primary care and dental students, residents, physicians, dentists and advanced nurse practitioners that serve Medicaid and uninsured patients in rural underserved counties within HPFO's 36 county service area, or 2) Increase diversity in the workforce by supporting health professions pipeline programs that target traditionally underrepresented students (non-traditional, minority, rural, Appalachian, low-income).

The deadline for receipt of concept papers is no later than 5 p.m. on Friday, June 21, 2013. The [Request for Concept Papers](#) that includes additional details and the [Grant Application Form](#) are both available on the HFPO website. If you are interested in being added to the HPFO contact list to receive information on future opportunities, please contact Tara Behanan, Administrative Coordinator, at [Behanant@gcfdn.org](mailto:Behanant@gcfdn.org).

### [Join the HealthPath Foundation of Ohio's Contact List](#)

The HealthPath Foundation of Ohio welcomes rural organizations within their 36 county [service area](#) to join their contact list and receive future information on opportunities. To be added to the list, please send your contact information to Tara Behanan at [Behanant@gcfdn.org](mailto:Behanant@gcfdn.org).

### [Ohio Receives Federal Grant to Advance Health Care Payment Innovation](#)

The Centers for Medicare and Medicaid Innovation (CMMI) announced on Feb. 21, 2013 that Ohio is one of only 16 states that will receive Model Design funding for the [State Innovation Models \(SIM\)](#) initiative. Over the next few months, the State of Ohio will receive up to \$3,000,000 to develop a State Health Care Innovation Plan. Ohio was one of only two states to receive the maximum award amount.

Ohio will use the SIM grant to develop a comprehensive plan to expand the use of patient-centered medical homes and episode-based payments for acute medical events to most Ohioans who receive coverage under Medicaid, Medicare and commercial health plans. The Governor's Office of Health Transformation is leading the design team in partnership with the Governor's Advisory Council on Payment Innovation, which includes representatives from prominent Ohio employers, health plans, health systems and consumer advocates. McKinsey and Co., Inc. was selected as the SIM

design and testing vendor. More information on the project is available on the [Office of Health Transformation website](#).

#### [Upper Midwest Telehealth Resource Center provides services to rural providers in Ohio, other states](#)

The UMTRC is a consortium of active telehealth organizations, headed by the Indiana Rural Health Association, that provides a comprehensive set of telehealth clinical and technical assistance services leveraged into products of lasting value to rural providers with a focus on Indiana, Illinois, Michigan, and Ohio.

In partnership with other Telehealth Resource Centers (TRCs) around the U.S., the UMTRC provides a single point of contact for telehealth resources across Indiana and the Upper Midwest region through a series of educational and outreach presentations, individualized technical assistance, and archived [resources](#) in a highly visible and accessible [website](#) and telehealth service registry.

IRHA's grant partners include Community Health Network, Union Hospital's Richard G. Lugar Center for Rural Health, Indiana Hospital Association, Indiana University Health, St. Vincent Health, Indiana Health Information Technology, Inc., Affiliated Service Providers of Indiana, Inc., and the Indiana State Office of Rural Health. This collaboration creates a diverse knowledge base from which to draw information to assist the rural UMTRC service area in establishing and/or improving telehealth capabilities. The UMTRC has also developed and maintains partnerships in the neighboring states of Illinois, Ohio, and Michigan, which are all states that the UMTRC grant covers.

Currently, the IRHA has a successful telemental health network and a successful partnership with Indiana University Health to create the first-of-its-kind telestroke network, serving seven of Indiana's Critical Access Hospitals. The Indiana Rural Health Association is a 501(c) 3 not-for-profit corporation, located in Linton, Indiana, developed for the purpose of improving the health of all Indiana citizens in rural settings. The Indiana Rural Health Association is a member-driven organization composed of a diverse membership. For more information on the UMTRC, contact Becky Sanders, Project Director for the UMTRC, at [bsanders@indianrha.org](mailto:bsanders@indianrha.org).

#### [Fact Sheet: The impact of not expanding Medicaid in Ohio](#)

April 2013 - The Ohio Medicaid Expansion Study, a partnership that includes the Health Policy Institute of Ohio, the Ohio State University, Regional Economic Models, Inc., and the Urban Institute released , has released a two-page fact sheet on the impact of not expanding Medicaid.

#### [HPIO Releases Ohio Medicaid Basics 2013](#)

March 2013 – The Health Policy Institute of Ohio (HPIO) has released its Ohio Medicaid Basics 2013. Ohio Medicaid Basics provides an overview of the Medicaid program in Ohio, covering topics including the financing of Medicaid, eligibility, benefit groups, and administration. In addition to the [full report](#) (20 pages), a [two-page executive summary](#) is also available.

#### [Expanding Medicaid in Ohio: Analysis of likely effects](#)

March 2013 - The Ohio Medicaid Expansion Study released a 24-page document analyzing the likely effects of expanding Medicaid in Ohio. The report provides state policy makers with an analysis of the impact of a potential Medicaid expansion on the state budget, Ohio jobs and earnings, the number of uninsured in Ohio, and health care costs for Ohio's employers and consumers. The research is funded by the Health Foundation of Greater Cincinnati, the Mount Sinai Health Care Foundation and the George Gund Foundation.

#### [County-Level Analyses Released on Expanding Medicaid in Ohio](#)

April and March 2013 - The Ohio Medicaid Expansion Study has released two policy briefs describing the county-level impact of potentially expanding eligibility for Medicaid in Ohio. [Part 1](#), released in March, provides projections of coverage and fiscal effects of a potential Medicaid expansion for all 88 counties in Ohio. [Part 2](#), released in April, provides projections for general sales tax revenues and the local employment. These publications are part of a series of releases from the Ohio Medicaid Expansion Study. All of the materials can be viewed [here](#).

### [HPIO Releases Brief on Policy Considerations for Medicaid Expansion in Ohio](#)

March 2013 - This 12-page policy brief released by HPIO in January and updated during March provides background on the issue of Medicaid expansion, outlines policy considerations, and provides a summary analysis of the costs and benefits of a Medicaid expansion. An abbreviated [eight-page primer](#) is also available.

### [Rural Health Care White Paper Series on Collaboration amongst Midwest CAHs](#)

January 2013 – This white paper from Northern Illinois University Center for Governmental Studies and the Illinois CAH Network describes how collaborative health care models are becoming commonplace in today’s health care vocabulary, and how several Midwest CAHs in six states are participating in these types of models, including five CAHs in Ohio. The paper describes the experiences of these CAHs through survey findings and highlights effective approaches taken to achieve successful rural collaboration.

## National News:

### [NARHC Announces New RHC Benchmarking Service that is Free for Members](#)

The [National Association of Rural Health Clinics \(NARHC\)](#) has announced the development of a new RHC Benchmarking service that is free for all NARHC members. The *RHC Benchmark Report* will provide members access to comparative financial data obtained from the Medicare cost report filings of certified RHCs across the United States. NARHC members will be able to compare the facility and personnel costs, visits, staffing, and other key performance metrics with their peers to identify performance gaps in an effort to improve operating efficiencies and the cost of providing RHC services. To learn more about the service, click [here](#).

### [CMS Releases Proposed Rules to Reduce Regulatory Burden for Rural Providers such as RHCs, CAHs and FQHCs](#)

Feb. 7, 2013 – A recent [Notice of Proposed Rulemaking \(NPRM\)](#) published in the Federal Register included proposed changes to regulatory requirements that will impact RHCs, CAHs and FQHCs. Proposed changes in the NPRM include relaxing the physician on-site availability requirement for RHCs and changing the RHC regulations so the non-physician provider on-site requirement in the regulations is consistent with the non-physician provider on-site requirement in the law.

### [CMS Releases Revised RHC/FQHC Policy Manual](#)

Feb. 1, 2013 – CMS has issued a revised Chapter 13 Medicare Benefit Policy Manual for RHCs and FQHCs. The updated manual is available on the CMS website by clicking [here](#). The purpose of these revisions is to clarify existing CMS policy. A technical assistance call was held February 20 by NARHC and ORHP on the updated manual, and both an audio and transcript of that call are available on the HRSA website by clicking [here](#).

### [CMS Releases Updated Medicare Billing Information for Rural Providers and Suppliers Booklet](#)

February 2013 - This booklet is designed to provide education on Medicare rural billing and includes specific information for Critical Access Hospitals, Rural Health Clinics, Federally Qualified Health Centers, Home Health Agencies, Skilled Nursing Facilities, and Swing Beds.

### [Federal Poverty Guidelines Released for 2013](#)

Jan. 24, 2013 - The U.S. Department of Health and Human Services released its 2013 federal poverty guidelines, which will be used to determine subsidies for health insurance purchased by those with low to moderate incomes through the health insurance exchanges beginning on Oct. 1, 2013. Federal poverty guidelines are used for NHSC site [discounted/sliding fee schedules](#). Details about the guidelines are available in the Jan. 24, 2013 Federal Register.

### [Rural Roads: Black lung is back](#)

The winter edition of the National Rural Health Association's publication *Rural Roads* includes a cover story on black lung disease, which impacts individuals exposed to coal dust through employment in the coal mining industry. A recent study by the Centers for Disease Control and Prevention (CDC), through chest X-rays and breathing tests from more than 2,000 coal miners from Utah to Pennsylvania, showed five times as many miners have black lung disease than ten years ago.

### [Rural Roads: National Health Service Corps aids rural recruitment for 40 years](#)

The winter edition of the National Rural Health Association's publication *Rural Roads* includes a feature story on how the **National Health Service Corps (NHSC)** has aided rural recruitment for 40 years by offering scholarship and loan repayment programs for physicians and other health care professionals committing to practice within underserved areas nationwide.

### [CAH Method II Physicians Now Eligible for the Medicare EHR Incentive Program – Fact Sheet](#)

January 2013 – This CMS Fact Sheet describes how physicians who assign their reimbursement and billing to a Critical Access Hospital under Method II are now eligible to participate in the Medicare Electronic Health Record (EHR) Incentive Program as eligible professionals (EPs).

### [Announcement of Medicare RHC and FQHC Payment Rate Increases](#)

Jan. 1, 2013 – This CMS article informs Medicare contractors about the calendar year (CY) 2013 Payment Rate Increases for RHCs and Federally Qualified Health Center services. See the Background and Additional Information Sections for further details regarding these changes.

### [Rural/Exurban Incomes in 2011](#)

Jan. 22, 2013 - This article from the *Daily Yonder* analyzes median family incomes in rural and exurban counties, based on data from the U.S. Census for 2011. According to the article, only 15 percent of rural and exurban counties have median household incomes above the national median income of \$50,502 in 2011.

## **Resources:**

### [Primary Care and Public Health: Exploring Integration to Improve Population Health](#)

March 28, 2013 – This report from the Institute of Medicine explores integration of primary care and public health. Both primary care and public health have critical roles in providing for the health and well-being of communities across the nation. Although they each share a common goal, historically they have largely operated independently of each other. However, new opportunities are emerging that could bring the two sectors together in ways that will yield substantial and lasting improvements in the health of individuals, communities, and populations. Because of this potential, the Centers for Disease Control and Prevention and HRSA asked the IOM to examine the integration of primary care and public health.

### [Webpages launched to meet the health IT needs of CAHs and small, rural hospitals](#)

The Office of the National Coordinator for Health Information Technology has launched the first in a series of Web pages tailored to meet the health IT needs of Critical Access Hospitals (CAH) and small, rural hospitals. This effort is in support of their goal to see 1,000 CAHs and small, rural hospitals obtain Meaningful Use by the end of 2014. The pages are packed with resources, lessons from the field, health IT implementation support tools and more. You can also find federal funding opportunities for health IT infrastructure (e.g., hardware, software, broadband).

### [National Health Service Corps Fact Sheet for Dental Students, Dentists & Dental Hygienists](#)

This resource from the National Network for Oral Health Access outlines the NHSC Loan Repayment and Scholarship Programs and addresses the most frequently asked questions from dental students, dentists and dental hygienists.

### [Updated CMS Rural Health Clinic Fact Sheet Released](#)

January 2012 – CMS has released an updated version of the RHC Fact Sheet, which provides an overview on requirements for certification, RHC visits, cost reports, and available resources and websites.

### [Rural America At A Glance, 2012 Edition](#)

December 2012 – This annual publication from the United States Department of Agriculture (USDA) Economic Research Service highlights the most recent indicators of social and economic conditions in rural areas for use in developing policies and programs. The 2012 edition focuses on the U.S. rural economy, including employment trends, poverty and population trends.

### [The Concentration of Poverty is a Growing Rural Problem](#)

The December edition of *Amber Waves* from the Economic Research Service includes a feature article on the topic of rural poverty in the U.S. According to the article, concentrated poverty increased over the last decade, particularly within nonmetropolitan areas and areas with distinct racial/ethnic minority populations.

### [Critical Access Hospital Finance 101 Manual](#)

The Technical Assistance and Services Center (TASC), a program of the National Rural Health Resource Center, released a manual on CAH finances. Included is information on Medicare, Medicaid, cost-based reimbursement, Optional Method II billing, and provider-based RHCs.

## **National Policy and Research in Brief:**

### [University of Minnesota Rural Health Research Center/Flex Monitoring Team Response to “Mortality Rates for Medicare Beneficiaries Admitted to Critical Access and Non-Critical Access Hospitals, 2002-2010,” published in JAMA, April 3, 2013](#)

*(Please note the Flex Monitoring Team website is down for maintenance and is expected to be back in operation May 17.)* April 2013 - This Flex Monitoring Team presents concerns regarding the data and methods used for the recent article published in *The Journal of the American Medical Association (JAMA)* “Mortality Rates for Medicare Beneficiaries Admitted to Critical Access and Non-Critical Access Hospitals, 2002-2010,” as well as the interpretation of results. The *JAMA* article concluded that the nation's CAHs have higher mortality rates on several key measures than do urban and rural hospitals without the designation.

### [Dental Sealant Utilization among Rural and Urban Children](#)

March 2013 – The South Carolina Rural Health Research Center has released a report examining dental sealant use among rural and urban children. Researchers used data from the Census Bureau’s Survey of Income and Program, which asked parents about children’s teeth, and dental results from the Participation and the National Health and Nutrition Examination Survey (NHANES), which are based on professional examination of children’s teeth. Among key findings are that similar proportions of rural and urban children had sealants. Children at greatest risk of subsequent decay due to lack of dental sealants include minority children, children without insurance or receiving public assistance, and children from low-income households. In addition to the [full report](#) (14 pages), a [one-page summary document](#) is also available.

### [Profile of Rural Health Clinics: Clinic & Medicare Patient Characteristics: Review of 2009 Medicare Outpatient Claims Data](#)

March 2013 - This findings brief (four pages) from the North Carolina Rural Health Research and Policy Analysis Center presents a summary of the distribution and characteristics of RHCs, as well as an overview of the Medicare beneficiaries

they serve, using data from the 2009 Medicare outpatient provider claims.

#### [Rural Medicare Advantage Enrollment and Premium Update](#)

February 2013 - The RUPRI Center for Rural Health Policy Analysis has released a new rural policy brief on rural Medicare Advance (MA) enrollment. Enrollment continued to grow and premiums continued to decline in 2012, despite reductions in payment. Rural MA enrollees face higher premiums than their urban counterparts, and the average premium for rural MA beneficiaries fell to \$48 per month in 2012 as compared to \$52 per month in 2011. This results, in part, from less availability of zero premium MA plans in rural areas and a lower percentage of beneficiary take-up of the zero premium plans when available.

#### [Dialysis Availability in Rural America](#)

January 2013 – This report from the South Carolina Rural Health Research Center explores the availability of dialysis services in rural America, including the distribution of facilities and performance measures between rural and urban counties. Among key findings were that the prevalence of dialysis use did not differ between urban and rural counties, though rural residents travel further for dialysis services. In addition, the characteristics of rural and urban dialysis facilities differ, with for-profit facilities more common in urban counties and rural dialysis facilities being smaller and reporting fewer stations. Despite differences, quality outcomes were found to be similar across rural and urban facilities. In addition to the [full report](#) (30 pages), a one-page [key facts](#) summary document is also available.

#### [Flex Monitoring Team releases findings on Emergency Transfers of the Elderly to CAHs](#)

*(Please note the [Flex Monitoring Team website](#) is down for maintenance and is expected to be back in operation May 17.)* January 2013 - The Flex Monitoring Team has released a new [Policy Brief](#) with findings from their study assessing the evidence-based and best practices for improving the emergency transfer of nursing facility residents to the emergency department. Among the key findings are that transfers to the hospital's emergency department (ED) are common for many nursing facility residents, with more than 25 percent experiencing at least one ED visit annually. In addition, several studies strongly recommend the use of standardized transfer forms as a way of improving communication, which can ultimately improve patient safety and quality of care. However, merely using standardized transfer forms is not sufficient to solve communication issues between the sites of care, such as nursing facilities, EMS and ED.

#### [HIV/AIDS in Rural America \(Key Facts in Rural Health\)](#)

Jan. 1, 2013 – This key facts summary document from the South Carolina Rural Health Research Center describes the proportion of the population in rural America affected by HIV/AIDS.

#### [Mental Health and Mental Health Care in Rural America: The Hope of Redesigned Primary Care](#)

January 2013 – This one-page fact sheet from the Virginia Office of Rural Health summarizes a literature review published in the November edition of *Disease-a-Month* on studies about mental health care disparities between rural and non-rural residents. According to the literature review, rural populations have a greater burden of untreated mental illness or disorders in comparison to non-rural communities due to problems associated with accessibility, availability and acceptability. Rural children, rural military veterans and older rural adults are particularly at risk of not receiving appropriate mental health treatment. The literature review concludes that rural primary care physicians could be a catalyst for decreasing disparities through integrated care.

#### [Rural Residency Training for Family Medicine Physicians: Graduate Early Career Outcomes, 2008-2012](#)

January 2013 – This policy brief from the WWAMI Rural Health Research Center provides updates to a previous brief to include data for the 2011-2012 academic year on family medicine Rural Training Track (RTT) residency programs. Among key findings are that at least half of RTT graduates are located in rural areas after graduation, representing two to three times the proportion of family medicine resident graduates overall who locate in rural areas.

### [Flex Monitoring Team releases findings on CAH Skilled Nursing Facility Services](#)

(Please note the [Flex Monitoring Team website](#) is down for maintenance and is expected to be back in operation May 17.) December 2012 - The Flex Monitoring Team has released a new [Briefing Paper](#) and three-page [Policy Brief](#) with findings from their study on factors influencing CAH decisions to close or retain their Skilled Nursing Facility (SNF) units. Among key findings are that CAHs with closed SNF units cite a range of financial challenges related to payer mix, operating costs, cost allocation methods and service utilization patterns. The availability of alternative long term care strategies locally, including swing beds, often contributed to decisions to close SNF units. CAHs that continued to operate SNF units were driven primarily by community need, despite the financial disincentives for doing so.

### [Profile of Rural Health Clinics: Medicare Payments & Common Diagnoses](#)

With more than 3,900 certified sites located in the U.S., RHCs are an important component of the rural health care infrastructure. This findings brief from the North Carolina Rural Health Research & Policy Analysis Center presents a summary profile of Medicare billing and reimbursement activity for independent and provider-based RHCs, using data extracted from 2009 Medicare outpatient provider claims. The findings brief is the first in a series on RHCs that will profile the distribution and characteristics of individual clinics as well as the characteristics of Medicare beneficiaries served by RHCs.

### [After-Hours Access to Primary Care Practices Linked with Lower ED Use and Less Unmet Medical Need](#)

December 2012 - This article presents findings from analysis of the 2010 Health Tracking Household Survey. Among those with a usual source of care, more than 40 percent reported that the practice offered extended hours, such as nights or weekends. The analysis also found that one in five individuals who attempted contact after-hours with their primary care provider found it was very or somewhat difficult to reach the clinician. Those who reported less difficulty contacting a provider after hours had significantly fewer emergency department visits in comparison to those who expressed more difficulties. The findings are relevant to the patient-centered medical home model and expansion of advanced primary care services.

## Upcoming Events:

May 14, 2013

### [Genesis Black Lung and Respiratory Clinic - Better Breathers Club](#)

The May meeting of the Better Breathers Club held by the Genesis Black Lung and Respiratory Health Clinic will be from 1:30 to 3 p.m. on Tuesday, May 14, in the Genesis HealthPlex, 2800 Maple Avenue in Zanesville, Conference Rooms A and B. Speaker Patty Boyd from Genesis Credit Union will provide information on protecting yourself from credit fraud. For more information, please contact the clinic at 740-454-4328.

May 17, 2013

### [CAH Quality, Financial and Operational Improvement \(QI\) Network](#)

The next face-to-face meeting of the CAH Quality, Financial and Operational Improvement Network will be on Friday, May 17 at ODH in Columbus. For more information, please contact the Flex Program Coordinator Lucrecia Johnson at 614-728-0519 or [lucrecia.johnson@odh.ohio.gov](mailto:lucrecia.johnson@odh.ohio.gov).

May 28, 2013

[RHC Webinar Series: RHC Policies and Procedures](#)

The Ohio SORH is pleased to partner with Health Services Associates, Inc. to offer a series of free webinars focusing on topics of interest to RHCs. As part of this series, a webinar on RHC Policies and Procedures will be held on Tuesday, May 28 at 1p.m. This free webinar is open to Ohio's certified RHCs and to clinics or organizations with interest in the development of either independent or provider-based RHCs in Ohio. Please visit [www.odh.ohio.gov/SORH](http://www.odh.ohio.gov/SORH) for more information, or visit <http://www.surveymonkey.com/s/RHCPoliciesWebinar> to register by May 24.

June 11, 2013

[RHC Webinar Series: RHC Cost Reporting](#)

As part of the RHC webinar series, a webinar on RHC cost reporting will be held on Tuesday, June 11 at 1p.m. This free webinar is open to Ohio's certified RHCs and to clinics or organizations with interest in the development of either independent or provider-based RHCs in Ohio. Please visit [www.odh.ohio.gov/SORH](http://www.odh.ohio.gov/SORH) for more information, or visit <http://www.surveymonkey.com/s/RHCCostReportingWebinar> to register by June 7.

June 12, 2013

[Ohio Medicaid Offers Billing Training for RHCs and FQHCs, and Trainings for Other Providers](#)

Ohio Medicaid is offering a billing training for all RHCs and FQHCs that have a Medicaid provider number. Attendees will receive information regarding Ohio Medicaid rules and regulations and MITS hands-on billing. The session will start at 9 a.m. and will be held in Columbus. To register, email your provider name, provider number and each attendee's name to:

[Ombudsmen\\_training@medicaid.ohio.gov](mailto:Ombudsmen_training@medicaid.ohio.gov). Additional information on the training and other trainings offered by Ohio Medicaid, including for dental providers, physician providers, and hospital providers, is available by visiting <http://jfs.ohio.gov/mits/MITS-Provider-Training.stm>.

June 14, 2013

[Genesis Black Lung and Respiratory Clinic - Better Breathers Club and Picnic](#)

The May meeting of the Better Breathers Club held by the Genesis Black Lung and Respiratory Health Clinic will be from noon to 2:30 p.m. on Tuesday, June 14, in the Genesis HealthPlex, 2800 Maple Avenue in Zanesville, Conference Rooms A, B and C. The speaker will be Kristi Warner from Northside Oxygen and Medical Equipment. Attendees must RSVP for this meeting by June 7, and may contact the clinic at 740-454-4328 for more information.

June 18, 2013

[Genesis Black Lung and Respiratory Clinic - Coal Miners Health Fair](#)

A Coal Miners Health Fair will be held by Genesis Black Lung and Respiratory Clinic on Tuesday, June 18 at the Coshocton County Senior Center from 9 a.m. to noon. This event is geared toward active or retired coal miners and anyone who has ever been exposed to coal dust through employment but is open to any adult. Free screenings will be available, and a nurse practitioner will be available to review results. The Department of Labor will help fill out applications and answer questions about Black Lung Benefits. Registration is not necessary. For more information, please contact the clinic at 740-454-4328.

July 9, 2013

[CAH Advisory Board Call](#)

The next CAH Advisory Board call will be on Tuesday, July 9. For more information, please contact Flex Program Coordinator Lucrecia Johnson at 614-728-0519 or [lucrecia.johnson@odh.ohio.gov](mailto:lucrecia.johnson@odh.ohio.gov).

Oct. 23-25

[National Association of Rural Health Clinics \(NARHC\) – 2013 Fall Institute for RHCs](#)

The NARHC 2013 Fall Institute will be held at the Crowne Plaza at Historic Union Station in Indianapolis, Indiana. Registration will likely open during early June. For more information, click [here](#).

## Send Us Your Suggestions:

We would love to hear about local events, news and story ideas for the quarterly rural health newsletter. If **you have a suggestion** you would like considered, please send it to [jennifer.jones@odh.ohio.gov](mailto:jennifer.jones@odh.ohio.gov).

---

To subscribe to the Rural Health Listserv or change your subscribed email address, please send your email and contact information to [jennifer.jones@odh.ohio.gov](mailto:jennifer.jones@odh.ohio.gov).

*Ohio Department of Health  
Bureau of Community Health Services &  
Patient-Centered Primary Care  
246 N. High Street  
Columbus, OH 43215  
Phone: 614-995-5556  
Fax: 614-995-4235*

<http://www.odh.ohio.gov/SORH>