

Billing & Coding Education



The Critical Access Hospital Billing & Coding Bootcamp is an interactive workshop that will equip participants with essential documentation, coding, and billing skills—while reinforcing how these practices support compliance, reporting, and facility-wide revenue goals. Ideal for coders, billers, quality staff, and financial leaders in CAHs.

Details:

Dates: August 7-8, 2025

Times:

Day 1: 8:30 AM – 4:00 PM
 Day 2: 8:30 AM – 12:00 PM
 Location: Soaring Eagle Casino &

Resort, Mt. Pleasant, MI

Fee: \$50 Includes lunch on Day 1 CEUs: 11 CEUs approved by ArchProCoding & AAPC

Optional Certification: CAH-CBS

Credential Exam

The Healthcare Provider Billing and Coding Workshop is a hands-on, 3-hour in-person workshop designed to strengthen clinical documentation, billing compliance, and coding skills. Ideal for MDs, DOs, NPs, PAs, and RNs, this training will explore Medicare, Medicaid, and commercial payer strategies to help maximize reimbursement and support facility-wide goals.

Details:

Date: August 8, 2025 | Time: 1:00-

4:00 PM

Location: Soaring Eagle Casino &

Resort, Mt. Pleasant, MI

Fee: \$25 | CEUs: 3 CME credits

available

Register



Registration Deadline: July 31, 2025

Questions? Contact Jeff Nagy at Jeff.Nagy@affiliate.msu.edu.

Additional Information

Another Successful Year of OsteoCHAMPS!



MCRH is proud to be a longstanding supporter of Michigan State University's OsteoCHAMPS Summer Program, which helps young aspiring healthcare professionals take their first steps toward a future in medicine. Participants gain hands-on experience, build confidence, and receive invaluable mentorship, all in an environment designed to inspire and empower. In supporting wonderful programs like this one, we hope to create and foster robust healthcare career pipelines in rural Michigan.





Strength of Rural Spotlight Series

Grow Benzie



Community-Led Solutions in Rural Northern Michigan

July Edition

Do you have a story to share? Know a rural organization or individual making a difference? Email Laura Stoddard, Social Drivers of Health Manager, at laura.mispelon@affiliate.msu.edu, and let us share your story!

This month, we're spotlighting **Grow Benzie**, a rural hub in Benzie County that's redefining what community support looks like. What began as an abandoned plant nursery has evolved into a *Rural Prosperity Incubator*, providing fiscal sponsorship, grant writing, shared space, and backbone services that support local leaders and nonprofits in their growth and success.

One powerful example is *Stories That Heal*, a youth-and-senior-led project breaking mental health stigma through storytelling. With Grow Benzie's support, this grassroots idea connected with schools and local partners, reaching a broader audience and gaining vital resources.

Grow Benzie shows that supporting rural health and wellbeing goes beyond clinical care. It includes strengthening food access, housing, education, and the connections that bring communities together.

Applications Now Open for Fall 2025 Cohort of the Rural Hospital Stabilization Program (RHSP)



The Rural Hospital Stabilization Program (RHSP) is an initiative of the Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy and is now accepting applications for its Fall 2025 cohort. This nationally supported program helps rural hospitals improve financial stability, expand essential services, and ensure care remains close to home through comprehensive assessments, planning, and customized support. The RHSP project is fully funded by the Health Resources and Services Administration (HRSA).

Who is Eligible?

- Critical Access Hospitals (CAHs)
- Prospective Payment System (PPS) Hospitals
- Rural Emergency Hospitals (REHs)
- Indian Health Service Hospitals

RHSP supports participating hospitals by:

- Conducting in-depth financial and operational assessments
- Guiding strategic service line expansion (e.g., behavioral health, pulmonary rehab)
- Offering one-on-one coaching and peer learning
- Enhancing data-driven decision-making and improving cash flow

Key Dates:

- Application Deadline: August 20, 2025
- Informational Webinar: August 5 at 2:00 p.m. CT
 - Register by: July 31, 2025 Meeting Registration Zoom
 - Space is limited. The session will be recorded.

Learn More:

- Eligibility and Application Process | National Rural Health Resource Center
- Participation Expectations | National Rural Health Resource Center
- Application Analysis and Selection Process | National Rural Health Resource Center

More Information

SDOH Hub Region 6: New Digital Hub Connects Thumb Residents to Vital Resources



The Region 6 Social Determinants of Health (SDOH) Hub, in partnership with the Thumb Community Health Partnership, is making it easier for residents to access the help they need through the launch of **ThumbCares.org**, a new online resource directory.

Developed with local partners and 211, ThumbCares.org is a user-friendly platform that connects individuals and families to services like food assistance, housing support, behavioral health care, transportation, and more. The site also features local events and updates, helping residents stay informed and engaged in their communities.

As cross-sector work continues to grow in areas like Community Health Workers and Health in All Policies, ThumbCares.org stands out as a powerful tool for navigating local resources and strengthening connections across the Thumb.

To learn more about the SDOH Hubs, visit the MDHHS website: SDOH Hubs

Learn More About the Platform

The Joint Commission new hospital accreditation program, announced



On June 30th, the Joint Commission announced a new program called Accreditation 360: The New Standard, which seeks to streamline its hospital accreditation process by removing 714 requirements from its hospital accreditation program. This includes an updated manual that identifies CMS Conditions of Participation (CoP) and a streamlined patient safety requirement called National Performance Goals. Specifically, the goals of the program are divided into four sections:

- Simplified Accreditation Process
- 2. Streamlined Patient Safety Practices
- 3. Certifications Focused on Outcome Measures
- 4. Broadened Resources

For more information please find the Joint Commission's guide here.

More Information

Funding Opportunity: Delta Dental Foundation Mini-Grants Now Open



The Delta Dental Foundation is now accepting applications for its 2025 Mini-Grant Program, offering up to \$10,000 in funding to support programs that promote oral health in Michigan, Ohio, and Indiana.

Nonprofit organizations, including healthcare providers and community-based programs, are encouraged to apply for initiatives that align with the Foundation's strategic priorities: Access to Care, Advocacy, Education, Emerging Initiatives, and Workforce Development. Special consideration will be given to projects advancing oral health equity for people with disabilities.

Applications are due July 31, 2025, with recipients announced in August.

More Information

Free LGBTQIA+ Training for Healthcare Providers



Molina Healthcare, in partnership with Corktown Health, is offering a free online training to help providers deliver culturally competent care for LGBTQIA+ patients. This four-module training helps build trust, improve patient outcomes, and expand provider expertise in inclusive care.

Participants who complete the full training and pass with a score of 75% or higher will earn 5.0 CME credits.

Training Modules Include:

- Foundations of LGBTQ+ affirming care
- · Collecting and using SOGI data to support health equity
- Increasing PrEP access in primary care
- Addressing the unique needs of LGBTQ+ older adults

How to Enroll:

Access the training at *corktownhealth.myabsorb.com* Use access key: Molina2024

This is a great opportunity to strengthen inclusive practices and better serve LGBTQIA+ patients in your community.

More Information

WEBINAR: Community Water Fluoridation: What the Evidence Shows



Join this important webinar, promoted by the American Academy of Pediatrics, to explore the science, history, and current challenges surrounding community water fluoridation. Presented by Dr. Bill Maas, DDS, MPH, this session will highlight the proven benefits and safety of fluoridation and examine the growing impact of misinformation on families and communities.

Health professionals, including pediatric and family physicians, are invited to attend and explore how medical-dental partnerships can enhance preventive care.

Monday, July 21, 2025 | 1:30 - 3:30 PM CT

More Information

Educational Opportunity: Obstetric Readiness for EMS and EDs in Rural Communities



To support rural providers in preparing for the CMS changes, the Federal Office of Rural Health Policy (FORHP) is launching a five-part Learning Series on Obstetric Readiness which began June 25th and will end August 13th. This free Zoom-based series is specifically geared toward emergency medical services (EMS) and emergency department (ED) teams in rural and under-resourced communities.

Hosted by the Alliance for Innovation on Maternal Health (AIM) and funded by the Health Resources and Services Administration (HRSA)'s Maternal and Child Health Bureau, the series highlights opportunities for collaboration between EMS, hospitals, and community partners. Topics include the use of telehealth, mobile care units, and community resource networks to improve care for pregnant and postpartum patients.

Each session is 75 minutes long, with the first focusing on rural obstetric care challenges and community-based solutions. This learning opportunity builds on previous AIM work, including the AIM Obstetric Emergency Readiness Resource Kit.

More Information

Low-Cost Visual Aids Support Medication Management in Primary Care

Having access to quick resources that are easily available and well-designed are useful in busy primary care clinics, especially those that may have limited resources. Through the Quality Improvement (QI) Program at Western Michigan University Homer Stryker MD School of Medicine, visual aids were created to do just that.

Based on the Allergy and Immunology inhaler poster, the team created and distributed medication posters that treat diabetes, heart failure, and weight management. These posters were easy to design and are low-cost to distribute and display. Overall, the posters were well-received and continue to be utilized years after the QI project was conducted.

Learn More About the Project

New Research: The Impact of High Hospital Fixed-Cost Ratios on Rural Populations



This brief focuses on rural hospitals with high fixed-to-total-cost ratios and

describes characteristics of those hospitals and the communities they serve. The brief extends a recent RUPRI Center analysis of whether hospitals in rural areas have higher fixed-to-total-cost ratios, a characteristic that has implications for financial stability under different payment models. Key findings include: 1.) Fixed-to-total-cost ratios vary along the rural continuum; recent RUPRI research found that hospitals in noncore counties without towns of at least 2,500 people have the highest ratios, with a median estimate of 0.933 (where 1 means 100 percent of costs are fixed).

Moreover, groups of distinct fixed-to-total-cost profiles emerged based on Urban Influence Codes (UICs). 2.) As UIC groups become more rural, hospitals' estimated fixed-to-total-cost ratios increase; populations in those UIC groups tend to be older, more likely to be on Medicare or Medicaid, less likely to have a college education, and less likely to have employer-sponsored insurance. 3.) Because the level of rurality itself matters, policymakers could identify ways that this insight could be used to refine payment policies to better support all Americans' access to hospital services

Read the Full Brief

NRHA Resources related to Rural Hospital Transformation Program



Last week, Congress passed the *One Big Beautiful Bill Act*, which included the new Rural Health Transformation Program (RHTP). The Program includes \$50 billion over 5 years for states to carry out certain activities to improve rural health care access and delivery.

While questions still remain regarding applications for the program and implementation, NRHA created a comprehensive summary of the RHTP provisions included in the bill.

More Information

Medicare Advantage Beneficiaries Have Longer Hospital Stays Than Those with

Traditional Medicare

A June 2025 NORC study found that Medicare Advantage (MA) beneficiaries had significantly longer hospital stays before being discharged to post-acute care settings compared to traditional Medicare beneficiaries. From 2018 to 2022, MA discharges to post-acute care rose by 5.6%, while traditional Medicare discharges declined slightly, with MA patients consistently experiencing longer stays across all care types, most 22 days versus 13 days in long-term acute care.

Although the analysis was age-adjusted, it did not control for clinical or demographic factors, prompting calls for further research to better understand the coverage-related drivers behind these differences.

Read the the Full Analysis

NARHC Research and Education Foundation Launches Fall Scholarships



If your RHCs are hosting Nurse Practitioner or Physician Assistant/Associate students this fall, please encourage them to apply!

Quest for Rural Experience Scholarships are \$3,000 awards provided directly to students to assist in covering various expenses they may incur during their rotations, including housing, transportation, and other educational expenses. NARHC REF aims to award four scholarships this fall.

More Information

Deadly Opioid Carfentanil Reemerges in Michigan

11 Associated Deaths recorded Since January - *MDHHS urges actions to prevent fatal overdoses.*

The Michigan Department of Health and Human Services (MDHHS) is warning Michigan residents about carfentanil, a potent fentanyl alteration that is

reemerging in the unregulated drug supply and contributing to overdose deaths.

Carfentanil is a synthetic opioid. It is approximately 10,000 times more potent than morphine and 100 times more potent than fentanyl. Carfentanil was developed for veterinary use with large animals and is not approved for use in humans.

"Carfentanil is an extremely potent and deadly drug," said Dr. Natasha Bagdasarian, chief medical executive. "We're urging people who use unregulated drugs – and their loved ones – to carry naloxone, an easy to administer nasal spray that can reverse opioid overdoses and save lives. Awareness and quick action can help save lives."

Between January and June 2025, 11 deaths involving carfentanil were identified. The deaths occurred in Ingham, Livingston, Eaton, Genesee, Oakland and Wayne counties. None of the deaths were positive for carfentanil alone; 10 individuals also tested positive for cocaine and fentanyl was found in eight cases.

Carfentanil was previously seen in Michigan in 2016 and 2017, contributing to 107 deaths in 2016 and 111 in 2017. Carfentanil-related deaths dropped to counts less than five in 2018, 2019, 2020, then zero in 2021 and 2022. Finalized data identified 14 deaths in late 2023 as involving carfentanil.

Analysis of recent provisional data from MDHHS indicates a 34% reduction in overdose deaths from 2,931 deaths in 2023 to a projected 1,927 in 2024. Carfentanil reemerging in the unregulated drug supply could impact future improvements and is concerning for these reasons:

- Its higher strength could lead to more overdoses and overdose-related deaths, even for people with a high tolerance for opioids.
- It quickly causes central nervous system depression, which can lead to rapid death.
- Its higher strength could require multiple doses of naloxone to be administered to reverse an overdose.
- It is increasingly found among overdose deaths that also include cocaine, methamphetamine and other stimulants. People may use these drugs and not be aware they could contain carfentanil.

MDHHS is urging the following actions:

- Carry naloxone.
- Residents and organizations can request free naloxone through the MDHHS naloxone request form or through a pharmacy; no prescription required.
- Contact a harm reduction agency for naloxone.
- Use harm reduction strategies to lessen the risk of overdose.
- This includes using less and taking it more slowly, carrying naloxone, not using yourself and monitoring breathing.

- Follow the overdose response guideline if you suspect someone is experiencing an opioid overdose:
- Evaluate for signs of opioid overdose.
- Person is unconscious or unable to be awakened.
- Slow or shallow breathing difficulty such as choking sounds or a gurgling noise from a person who cannot be awakened.
- Fingernails or lips turning blue/purple/grey.
- Call 911 for help.
- Administer naloxone.
- If possible, support the person's breathing through rescue breathing.
- Get the person on their back, tip their head back to straighten the airway, pinch their nose, put your mouth over theirs and form a seal. Give one breath every five seconds. If you do not feel comfortable with this step, it is still important to call 911 and administer naloxone.
- Monitor the person's response.

MDHHS will continue monitoring for carfentanil among overdose deaths and will share additional information as it becomes available. Agencies aware of any carfentanil-involved overdoses or exposures since January 2025, should share this information at MDHHS-MODASurveillance@Michigan.gov.

For more information on Michigan harm reduction agencies, the life-saving services they provide and what strategies individuals can use to reduce the harms of drug use, visit Harm Reduction and Syringe Service Programs.

MBQIP Upcoming Deadlines, Reporting Reminders, and Resources



MBQIP Data Submission Deadlines

MCRH continues to provide monthly Medicare Beneficiary Quality Improvement Project (MBQIP) updates that will help improve the quality of care provided in Critical Access Hospitals (CAHs).

MBQIP 2025 Assistance

Not sure where to start with reporting the New MBQIP 2025 core measures?

The Data Submission Guides are a great place to start! These guides are designed to meet hospitals where they are at in their reporting journey, such as:

- Rural relevancy and buy-in
- Measure specifications
- Data collection and hospital implementation
- Data submission
- Understanding outcomes and quality improvement MBQIP

July 2025 Upcoming MBQIP Deadlines

July 31, 2025

• Emergency Department Transfer Communication (EDTC) Q2 2025 encounters (4/1/25-6/31/25) is due **July 31**, **2025**. Connect with Crystal Barter @ barthcry@msu.edu for submission process details.

August 1, 2025

Reporting Median time from ED arrival to ED departure (OP-18) Q1 2025 encounters (1/1/2025-3/31/2025) is due August 1, 2025. Submission is through the HQR Secure Portal-Outpatient. Previous CART users may enter abstractions into the HQR abstraction tool. Outpatient Quality Reporting Specifications version 18.0a

Resource Updates

CAH eCQM Resource List

This document outlines the inpatient eCQM reporting requirements and the alignment between two Centers for Medicare & Medicaid Services (CMS) programs: the Promoting Interoperability (PI) Program and the Hospital Inpatient Quality Reporting Program: CAH eCQM Resource List

Monthly MBQIP Data Submission Deadline Document

Be sure to review the Monthly MBQIP Data Submission Deadline document for July! This resource contains a chart showing the upcoming MBQIP Core Measure data submission deadlines and is updated monthly: Data Submission Guidelines

NEW RESOURCE - MBQIP Navigator

The MBQIP Navigator is a powerful guide designed to streamline the MBQIP reporting process for hospitals.

Key Features and Benefits:

- Comprehensive guidance for all MBQIP core measure reporting
- Seamless navigation across all four reporting mechanisms
- Step-by-step setup and submission instructions
- Reporting worksheet for Flex programs and hospitals
- Central hub linking to essential MBQIP resources and tools

Whether you're new to MBQIP reporting or a seasoned professional, the

MBQIP Navigator provides the support you need to ensure accurate and timely measure reporting.

MBQIP Navigator

Upcoming Educational Events

Tuesday, July 29, 2025, 12-1pm

Enhancing Rural Care: Bridging Gaps in Quality Through Proactive Physical

Therapy and Fall Prevention.

Speakers: Sara Arena, PT, MS, DScPT and Chris Wilson, PT DPT, DScPT,

Oakland University PT Program.

Register Here

MBQIP Education

In May MCRH Hosted a MBQIP Hospital Wide All Cause Readmission Webinar. For a link to the video, please reach out to Amanda St. Martin @ amanda.saintmartin@affiliate.msu.edu

Upcoming MCRH Educational Events

Grand Rounds:

July 30, 2025, 12-1 pm EST

Implicit Bias Grand Round: The Genderbread Person: LGBTQIA+ Care

Speaker: Justin Hooks, MSN, FNP-BC, AAHIVS, HIV PCP

Register Here

CME Provided for CHW, Social Workers, Nutritionists, Physicians, Dieticians, Nurses

July 31, 2025, 12-1 pm EST

Psychiatry Grand Round: Trauma Informed & Ethically Driven Behavioral Healthcare for

Children and Adolescents

Speaker: Jeanette Scheid, MD, PhD

Register Here

CME Provided Advanced Practice Providers, Physicians, Social Workers, Registered

Nurses

August 13, 2025, 12-1 pm EST

Dietetics Grand Round: Bias & Obesity

Speaker: Joe Nadglowski

Register Here

CME Provided for Dieticians, Physicians, Registered Nurses, Nutritionists, Social

Workers, Nurses

ADDITIONAL NEWS & RESOURCES:

RURAL EMERGENCY HOSPITALS:

Thinking of Converting to REH? Key Observations from Financial Modeling

<u>Updated Guidance for Rural Emergency Hospitals (REHs)</u>

PALLIATIVE CARE:

Access to Outpatient Palliative Care: Insights from Michigan

TELEHEALTH:

Expanding Dental Care to Children Through Telehealth

Building Michigan's State Broadband Plan

VIDEO: How Broadband Access Positively Impacts the Growing American Workforce

HOSPITAL PROGRAMS:

Michigan Value Collaboration Rural Health Workgroup July Meeting

<u>The Centers for Medicare & Medicaid Services (CMS) Rural Emergency Hospital Specifications Manual version 3.0</u>

PRIMARY CARE:

CMS Enhancing Coverage of Preventive Services Under the Affordable Care Act

CMS Finalizes New Model to Improve Access to Kidney Transplants

<u>Patient-Centered Outcomes Research Institute (PCORI) Funding: Improving Mental and Behavioral Health – Letters of Intent January 14</u>

CMS Announces New Lower Drug Prices for 2026 / Negotiated Pricing Fact Sheet

CMS Innovation in Behavioral Health Model

New Changes to Behavioral Health Intensive Outpatient Program Coverage in Medicare

Medicare Advantage Plan Growth in Rural America: Availability of Supplemental Benefits

SOCIAL DRIVERS OF HEALTH:

Updated Michigan Overdose Data to Action Dashboard

HHS Launches New "Food as Medicine" Resources

The U.S. Playbook to Address Social Determinants of Health

MiTracking Program: Michigan-specific environmental, health & population data

Geographic and Demographic Correlates of Living in Manufactured Homes: Implications for Health

SUBSTANCE USE DISORDER:

<u>Take 10! Transforming Care for Women with Substance Use Disorders (SUDs) and Their Families Webinar Series</u>

Opioid Settlement Resource Center - The Michigan Association of Counties (micounties.org)

Opioid Settlement Overview Table

Recovery-Ready Workplace Toolkit for Businesses

Rural Communities Opioid Response Program – Pathways

WORKFORCE:

Behavioral Health Workforce Education and Training Program for Paraprofessionals

Statewide Investment Helps Youth Explore Future Careers In Michigan

Mental Health in the Rural Workplace

Navigating Workplace Violence: Safety Strategies for Managing Agitation and Aggression

VETERANS:

VA Makes it Easier for Veterans to Use Community Care

Sign up for Veterans Health Updates

Sign up for the VA Office of Rural Health (ORH) quarterly newsletter

Questions about VA healthcare? Attend the Veterans Healthcare Workgroup Monthly Meeting on the Second Monday of Every Month at 1 PM EST (Zoom Link)

ADDITIONAL RESOURCES:

National Poison Prevention Week | Poison Help

Michigan Pediatric Readiness Conference

Obstetric Care Access at Rural Hospitals in the United States

Local Data for Equitable Communities Grant Program

Rural Residency Planning and Development (RRPD) program

New Map Shows Rural Emergency Hospitals

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