

MCRH MONTHLY NEWSLETTER

March 2026
Volume 8, Issue 3

OUR MISSION

To coordinate, plan, and advocate for improved health for Michigan's rural residents and communities



Don't Miss Out - Join Us at the 2026 Michigan Rural Health Conference!

April 23–24, 2026

Soaring Eagle Casino & Resort | Mt. Pleasant, Michigan

Registration is underway for the 2026 Michigan Rural Health Conference, and we hope you'll join us! This annual event brings together rural healthcare professionals and community partners from across the state to connect, collaborate, and learn.

This year's conference will feature timely, actionable education, opportunities to share best practices, and meaningful networking with partners working to strengthen rural health across Michigan.

Designed for those working across rural health, including clinical providers, hospital and Rural Health Clinic teams, public health professionals, social workers, Community Health Workers, and local leaders, this conference offers something for everyone committed to advancing rural health.

Plan ahead: A discounted room block is available for **\$125/night + \$24.99 resort fee**. Room block closes on **March 31, 2026**, using group code **MCRH042126**.

Spots are filling fast. Make sure to register today to secure your place!

[Draft Agenda](#)

[Conference Information](#)

2026 Billing & Coding Bootcamp

June 9 – 10, 2026



MICHIGAN CENTER
for
RURAL HEALTH

One of the very popular offerings from Michigan Center for Rural Health is back on tap for 2026! If your organization has not sent staff to an MCRH/NMORC “Billing and Coding Bootcamp” you are likely missing out (on revenue!)

To strengthen revenue cycle operations, the Michigan Center for Rural Health, with support from the Northern Michigan Opioid Response Consortium, will host the “2026 Documenting, Billing and Coding Bootcamp” at Soaring Eagle Resort in Mt. Pleasant on June 9 and 10, 2026.

Accurate documentation, billing, and coding are critical to the financial stability of Michigan’s Rural Health Clinics, Federally Qualified Health Clinics (FQHC), local public health agencies and Critical Access Hospitals (CAHs). This class is specifically designed for coders, billers, EHR professionals, clinical personnel (MD, DO, NP, PA, RN), facility and financial managers.

What’s Covered:

- Clinical documentation and coding best practices
- Billing compliance and maximizing reimbursement
- Medicare, Medicaid, and commercial payer strategies
- Hands-on practice with essential coding resources

Who Should Attend?

- Coding, billing and revenue cycle staff
- Facility and financial managers
- Quality reporting professionals
- Clinical providers (MD, DO, NP, PA, RN)

The 2025 Bootcamp received great reviews. Participants praised the balance of practical instruction and broad perspective. ***“I loved that it was billing and coding so that each department could see what the other must do. Certainly, it helps bridge some gaps in communication,”*** one attendee noted. Another reflected on the value of peer learning: ***“Networking with other billers working at other facilities is very helpful. Knowing others may struggle with the same complications and denials helps me understand it’s not just our system.”***

Providers also attended the 2025 Bootcamp and found it eye-opening. One shared, ***“This has been amazing and opened my eyes to how my work impacts others down the line. I wish more of this would be taught in the early education and internship phases of my career.”*** Their presence underscored the importance of connecting documentation at the point of care with the downstream processes of coding and billing.

This intensive training will focus on clinical documentation, coding, and billing to ensure compliance, optimize reimbursement, and prepare participants for optional

certification.

Registration Fee: \$70 (valued at \$499) CEUs: 11 CEUs approved by ArchProCoding & AAPC

Program Schedule:

June 9 | Day 1: 12:00 pm - 4:00 pm

June 10 | Day 2: 9:00 am - 4:00 pm

Location: Soaring Eagle Casino & Resort, Mount Pleasant, MI 6800 Soaring Eagle Blvd, Mt Pleasant, MI 48858

[Register](#)

[Learn More](#)

Munson Healthcare - Charlevoix Featured in National Rural Maternity Care Report



A Michigan Critical Access Hospital is being recognized in a new national report highlighting innovative approaches to delivering maternity care in rural communities.

The report, *Delivering Quality: Maternity Care Innovation in Critical Access Hospitals*, features six hospitals across the country demonstrating a strong commitment to maternal health through quality improvement efforts, staff training, and collaboration with perinatal quality initiatives.

Among those highlighted is **Munson Healthcare - Charlevoix located in Charlevoix, Michigan**, a 25-bed Critical Access Hospital that delivered more than 200 babies in 2024 and continues to play a vital role in providing local maternity care for families in northern Michigan.

The hospital participates in the **Michigan Alliance for Innovation on Maternal Health (MI AIM)** Perinatal Quality Improvement Collaborative, where teams work together to implement evidence-based practices that improve maternal and infant outcomes. Through this work, Charlevoix has implemented patient safety bundles addressing maternal hypertension, hemorrhage, sepsis, and pain management, and has conducted regular training and emergency drills to maintain obstetric readiness.

The report also highlights the strength of personalized, community-centered care often found in rural hospitals, where providers develop strong relationships with

patients and families across generations.

Charlevoix Area Hospital's inclusion in this national report reflects the important role rural hospitals play in advancing high-quality maternity care and ensuring families can access care close to home.

Read the Full Article



I-REACH
Improving Veterans Access
to Healthcare



Strength of Rural Spotlight Series Veterans Coordinator Program

March 2026 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!

Michigan's Veteran Coordinator Program is helping bridge the gap between Veterans and the benefits and services they've earned, right within their local healthcare settings.

As part of the Michigan Center for Rural Health's ongoing work to support rural communities, this initiative helps rural hospitals identify Veteran patients and connect them to resources, care coordination, and earned benefits. Early results are already showing strong impact, with one pilot site expanding from an estimated 60 Veterans served to more than 870.

As the program continues to expand across Michigan, it highlights the important role community providers play in supporting Veterans, especially in rural areas.

Let us help you better serve those who have served us. Contact Jim Yates, I*REACH Project Manager at yatesja1@msu.edu for more information.

Read the Full Story

Turning Quality into Community Impact in Northwest Lower Michigan: A Rural Health Clinic Success Story



[Kalkaska Medical Associates](#), a service of Kalkaska Memorial Health Center, operates two Certified Rural Health Clinics serving Kalkaska and Antrim Counties. Through their work with the Michigan Center for Rural Health and the [National Kidney Foundation of Michigan](#) in the Chronic Kidney Disease (CKD) Learning Collaborative, Kalkaska Medical Associates implemented an Electronic Medical Record (EMR) workflow change that expands urine albumin-to-creatinine ratio (UACR) screening following a hypertension diagnosis—an update now reaching patients across Munson Healthcare’s network!

Over the past four months, these clinics have participated in the CKD Learning Collaborative. As part of the Diabetes HIPE (Healing Inequities. Through Partner Excellence) grant, funded by the Centers for Disease Control and Prevention (CDC), the Michigan Center for Rural Health and the National Kidney Foundation of Michigan lead this collaborative by providing technical assistance, peer learning opportunities, and quality improvement support to help rural health clinics strengthen CKD screening, management, and patient education for priority populations. Through monthly learning sessions, peer sharing, and tailored technical assistance, participating clinics build practical skills and confidence to improve early detection, care delivery, and long-term outcomes for patients at risk for CKD. Through this work, Kalkaska Medical Associates identified an opportunity to expand UACR screening following a hypertension diagnosis and developed an EMR workflow update to support earlier detection of chronic kidney disease.

This new EMR workflow change supports earlier identification of CKD in patients who might otherwise go undiagnosed until later stages of disease and aligns with existing professional guidelines to test people with diabetes and/or hypertension –

the two leading causes of kidney disease.^{1,2} The addition of a screening prompt for persons with hypertension is critical because a recent study found that the prevalence of CKD has decreased in US adults with diabetes from 1999-2018 but has not declined among persons with hypertension despite the fact that the prevalence of diabetes and hypertension has increased over the time period.³ Following a February 2 meeting of the Cerner Ambulatory Workflow Committee, the updated workflow was approved. Kalkaska Medical Associates operates under Kalkaska Memorial Health Center (KMHC), an independent Critical Access Hospital in Kalkaska County with close ties to Munson Healthcare, including shared use of Munson's Cerner EMR system. As a result, this workflow update extends beyond Kalkaska Medical Associates, impacting primary care screening workflows across Munson Healthcare's network and **reaching more than 500,000 residents across 30 counties.**

MCRH is proud to partner with rural clinics like Kalkaska Medical Associates to support quality improvement efforts that strengthen care for rural patients across Michigan. We thank Jeremy Cannon VP, Chief Nursing Officer, Dr. Doug Gentry, Katie Daman, and the entire Kalkaska Medical Associates team for their hard work. This project would not be possible without the National Kidney Foundation of Michigan and their expert team.

If you are interested in quality improvement projects for your rural health clinic, please reach out to [Jill Oesterle, Director of Provider Solutions](#).

Sharable Link and References

The New EMS Drug Rules: What EMS Agencies Must Know About the 2026 DEA Regulations



PWW|AG invites you to access their on-demand webinar, **The New EMS Drug Rules: What EMS Agencies Must Know About the 2026 DEA Regulations**, which examines the recently enacted DEA regulations that establish, for the first time, a dedicated DEA registration category specifically for EMS agencies under the Controlled Substances Act.

These long-awaited regulations implement the Protecting Patient Access to Emergency Medications Act (PPAEMA) and introduce new federal standards governing:

- Delivery, storage, and recordkeeping for controlled substances
- Standing orders for medication administration
- Hospital restocking of EMS medications
- Decentralized drug delivery to substations and EMS locations

These are major regulatory changes that directly impact your EMS operations, legal compliance, and agency risk exposure. Your agency cannot afford to be unprepared.

To access the recording, you will need to [register for an account or log in](#) to the PWW|AG website.

New PFAS Resources Available for Michigan Healthcare Providers



The Michigan Department of Health and Human Services (MDHHS) is leading statewide efforts to support healthcare providers responding to patient questions about **per- and polyfluoroalkyl substances (PFAS)**. As communities across Michigan continue to address PFAS contamination concerns, clinicians play an important role in helping patients understand potential health risks and ways to reduce exposure.

PFAS are a group of synthetic chemicals widely used in industrial processes and consumer products. Exposure most commonly occurs through contaminated drinking water or food sources. Research has linked PFAS exposure to several potential health outcomes, including increased cholesterol, reduced immune response to some vaccines, small decreases in birth weight, and certain cancers.

MDHHS encourages providers to share practical steps patients can take to reduce exposure, including learning whether local drinking water is impacted by PFAS, considering certified water filters, following fish and wildlife consumption advisories, and avoiding products that may contain PFAS.

PFAS Resources for Healthcare Providers

Clinical Guidance

- [ATSDR PFAS Information for Clinicians \(Overview\)](#) ([ATSDR's PFAS Information for Clinicians Overview](#).)
- [ATSDR PFAS Information for Clinicians – Full Guidance](#) ([ATSDR's PFAS Information for Clinicians - Full Document](#).)

Patient Education Materials

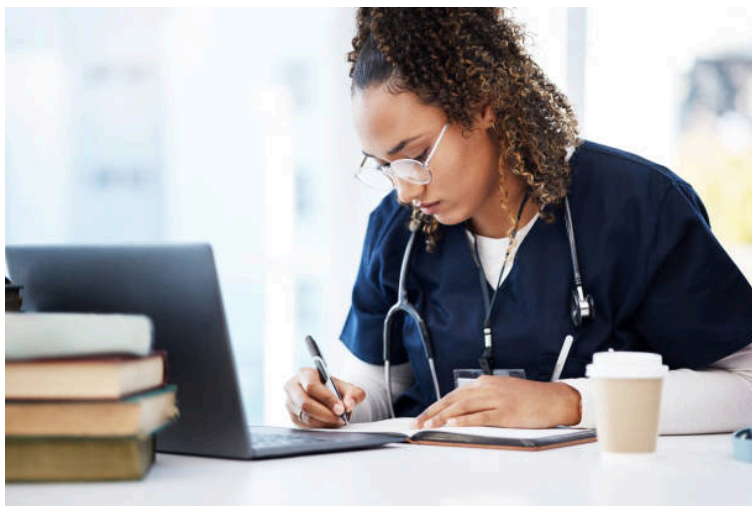
- [PFAS Exposure and Your Health](#).
- [An Introduction to PFAS](#).
- [PFAS Sources and Tips to Reduce Exposure fact sheet](#).
- [How PFAS Enters Your Body fact sheet](#).

Provider Support

For questions about PFAS and health, contact the MDHHS Environmental Health Hotline at 800-648-6942 or visit the MDHHS Website ([Per- and Polyfluoroalkyl](#)

Substances (PFAS)) to learn more. You may also contact the Health Care Provider Engagement Program at MDHHS-PHDetailing@Michigan.gov for more information.

Rural Healthcare Student Success Stories



Our rural communities in Michigan depend on dedicated and competent providers to deliver quality and consistent access to healthcare. The future of our healthcare system is bright with young people who are deeply passionate about ensure we have healthy and flourishing rural communities in Michigan. Take some time to read about our next generation of rural healthcare heroes!

UM Health-Sparrow Lansing Hosts Students Interested in Healthcare

This week, the University of Michigan Health-Sparrow Lansing welcomed more than 100 high school students from across Mid-Michigan.

Students received an immersive, behind-the-scenes look at the hospital as part of the newly launched UM Health-Sparrow Health Sciences Partnership Program. The initiative is designed to create a direct pipeline from local career and technical education programs to careers at UM Health-Sparrow.

On Wednesday and Thursday, students from Clinton RESA, Eaton RESA, Ingham ISD and the Lansing School District toured the facility, stepping beyond the patient room to see the complex workings of a major hospital.

The Health Sciences Partnership Program aims to bridge education with career pathways through future mentorships and internships, giving students a competitive advantage as they enter the workforce and giving UM Health-Sparrow an early look at the next generation of caregivers.

[Read the Full Press Release and Learn More](#)

McKenzie Health System Hosts Healthcare Career Exploration Tours for Local Students

McKenzie Health System recently welcomed ninth and tenth grade students from all seven Sanilac County school districts for an immersive hospital tour as part of the Thumb Community Health Partnership's High School Pipeline Program.

The eight-week program provides hands-on exploration of health and human service careers across the Thumb region. During their visit to McKenzie, students gained a behind-the-scenes look at how a rural hospital operates and the many career paths available within healthcare.

Hillsdale Hospital Awards Up to \$50,000 in Educational Support to High School Seniors Pursuing Nursing Careers

Hillsdale Hospital's Doris Whorley Nursing Scholarship allows eligible high school seniors to apply for tuition assistance of up to \$10,000 per year for up to five years for an associate degree in nursing (ADN) or a bachelor of science in nursing (BSN).

Program application announcements can be found on Hillsdale Hospital's [website](#).

[Learn More about Rural Pipeline Initiatives](#)

Interest in learning more about how you can foster youth engagement in rural healthcare? Reach out to [Kyra](#), Workforce Initiative Manager, for more information!

CMS Strengthens Hospital Price Transparency Requirements for 2026



CMS is taking another step forward on hospital price transparency in 2026, and this one is more than just a routine update. The expectation is shifting from posting estimated pricing to reporting real, data-driven payment information.

Beginning January 1, 2026 (with enforcement starting April 1), hospitals will need to update their machine-readable files (MRFs) to include additional data elements based on actual allowed amounts. This includes the median, 10th percentile, and 90th percentile, along with the number of data points used to calculate those figures. CMS is also requiring hospitals to include their organizational NPI and, notably, an attestation from a senior official confirming the data is accurate and complete.

That last piece is important. This moves price transparency beyond just a technical or IT responsibility and puts it squarely at the leadership level.

The core structure of the rule remains the same. Hospitals are still required to post a comprehensive machine-readable file with all standard charges and maintain a consumer-friendly display (or estimator tool) for at least 300 shoppable services. What's changing is CMS's expectation around the quality and usefulness of the data. The goal is no longer to simply have something posted, but to have information that reflects what hospitals are actually paid and can be compared across organizations.

With enforcement ramping up, CMS has been clear that noncompliance may result in warning notices, corrective action plans, and civil monetary penalties that could be made public. In other words, this is moving from "encouraged" to "expected."

For Critical Access Hospitals and rural providers, this will likely require some coordination. Pulling historical claims data, calculating the required metrics, and ensuring files are formatted correctly may not be straightforward. At the same time, this is a good opportunity to take a closer look at internal data processes and ownership. In many cases, this work sits somewhere between finance, IT, and compliance, and now is a good time to make sure everyone is aligned.

At a high level, CMS is making it clear: estimated pricing is no longer enough. Hospitals are expected to report data that reflects real-world payments. Taking the time now to review your current file, understand the new requirements, and identify who owns each piece of the process will go a long way in avoiding issues once enforcement begins.

Please reach out to [Jeff Nagy](#), Quality Improvement Advisor, for more information.

[More Information](#)

MDHHS Offices to Provide Free Naloxone Kits

The Michigan Department of Health and Human Services (MDHHS) announced earlier this month that [local offices around the state](#) will provide free naloxone, the medication that reverses opioid overdoses.

"Naloxone has already saved thousands of lives in Michigan, and we want to get this life-saving medication into as many hands as possible to help prevent overdose deaths," said Dr. Natasha Bagdasarian, chief medical executive. "Naloxone played a critical role in the state's decline in overdose deaths, including a 35% decrease

since 2023. That's not just a statistic, it's our neighbors, family members and friends whose lives have been saved."

Joyce Fetrow, Director of [Northern Michigan Opioid Response Consortium](#) (NMORC) a grant funded program under the Michigan Center for Rural Health, applauds the effort, "NMORC works with our partners to increase access to Naloxone by supplying schools, libraries and other public buildings with Naloxone Safety Kits (NSKs) that are easily accessible for quick response. We advocate for these wall-mounted boxes to be placed near other emergency response equipment such as AED's and fire extinguishers."

Fetrow added, "NMORC has presenting to Senior Centers and other senior congregate areas to help them realize how susceptible they are to overdose. Our team has analyzed data in the 25-counties in northern Lower Michigan we cover; it reveals in nearly all that the highest incidence of EMS overdose reversal happens in the 55-year and older sector. Once we share that data, our supplies of Naloxone are quickly snapped up by the attendees."

Michigan residents can visit their [local MDHHS office](#) during business hours to request free naloxone kits while supplies last. Naloxone is a stable medication, proven to withstand a variety of storage conditions. It is [easy to use](#), allowing anyone to respond to an overdose situation. Michigan's [Good Samaritan Law](#) protects anyone who administers naloxone.

Also important in this conversation is safe disposal of unused medications. Online options can help mitigate that problem: [Drug Disposal Map and Resources](#) through Michigan Opioid Prescribing Engagement Network (OPEN) and [Drug Take Back Map](#) through Michigan Department of Environment, Great Lakes, and Energy (EGLE)

Free naloxone kits can also be obtained at:

- [Harm reduction agencies](#)
- [Vending machines](#)
- [Local pharmacies](#)
- Via [mail order](#)

[More Information](#)

Why Disaggregated Data Matters for Rural Health Clinics

Rural populations are often treated as a single analytic group in public health datasets and reports. However, this broad classification can mask important differences within rural communities. Disaggregating rural data helps uncover subgroup-specific patterns in disease burden, health behaviors, social determinants of health, and access to care—insights that are essential for designing effective public health programs, allocating resources efficiently, and tracking progress over time.

Rural communities across the United States are diverse and multidimensional. When rural populations are treated as a homogeneous group, important differences

in health outcomes, risk factors, and access to care may be overlooked.

Disaggregated data can help:

- Reveal disparities by race/ethnicity, age, geography, income, sex, and other factors.
- Support results-driven public health efforts prioritized by the CDC's Office of Rural Health.
- Improve targeting of interventions for underserved or higher-risk populations.
- Guide resource allocation so support reaches the communities that need it most.

Keep Reading

2026 EMS LEADERSHIP ACADEMY



June 15th - 19th, 2026

The EMS Leadership Academy is a 40-hour, in-person program designed to support and strengthen rural EMS leaders at all stages of their careers—whether newly promoted or seasoned in leadership roles. EMS leadership often means being promoted from within, and the transition from road crew to leader can be challenging. This academy is intentionally designed to help participants make that shift by focusing on leadership mindset, healthy organizational culture, and practical application rather than administrative management.

This is not a traditional, lecture-heavy program. The EMS Leadership Academy delivers engaging, interactive content through discussion, breakout groups, real-world scenarios, and facilitated peer learning. Participants will explore what makes EMS organizations thrive, what today's workforce expects from leadership, and how to recruit, retain, and motivate high-performing teams. Emphasis is placed on ethical leadership, effective communication, leading through change, and influencing across all levels of an organization.

The final portion of the academy functions as a facilitated leadership retreat, allowing participants to bring forward their own challenges and topics for collaborative problem-solving. Attendees leave with practical tools they can immediately apply, a clearer understanding of their leadership role, and a strong network of fellow EMS leaders.

MCRH is proud to support this opportunity by covering tuition (a \$1,800 value) and providing meals throughout the week. An application process will be used, with

priority given to rural EMS agency leaders. Accepted participants may reserve lodging at Soaring Eagle Casino and Resort at a discounted rate.

[Register](#)

[Learn More](#)

New Resource: Rural Health State & Congressional District Profiles Dashboard

Understanding the healthcare landscape at both the state and congressional district levels is essential for advancing rural health priorities. A newly updated State & Congressional District Profiles Dashboard, developed by Stroudwater Associates in partnership with National Organization of State Offices of Rural Health, offers a powerful tool to support this work.

This interactive dashboard provides data-driven insights on healthcare infrastructure, workforce distribution, patient outcomes, prevention efforts, and social drivers of health across states and districts.

The dashboard can support:

- Strategic planning and program development
- Workforce recruitment and retention efforts
- Data-informed advocacy and policy conversations
- Grant writing and funding alignment

Whether you are building partnerships, identifying gaps, or strengthening rural health initiatives, this resource offers a valuable snapshot of the communities you serve.

[Learn More](#)

Catalog of Value-Based Initiatives for Rural Providers

Navigating value-based care opportunities can be challenging for rural providers. The Catalog of Value-Based Initiatives for Rural Providers from Rural Health Value offers a helpful overview of rural-relevant value-based programs currently or recently implemented by the U.S. Department of Health and Human Services, including the Centers for Medicare & Medicaid Services and the Center for Medicare and Medicaid Innovation.

Released in February 2026, the catalog summarizes each initiative and provides direct links to agency resources, making it easier for rural healthcare leaders to explore programs that may be a good fit for their organization. This resource can

help clinics better understand federal value-based opportunities and determine where rural participation may be possible.

[View the Catalog](#)

MI BEAD Breakdown: Understanding Broadband Expansion in Michigan



Access to reliable, high-speed internet is essential for health, education, and economic opportunity. In rural communities especially, broadband supports telehealth, access to services, and connection to care.

To help communities stay informed, the Michigan High-Speed Internet Office has launched the **MI BEAD Breakdown** web series. This series offers clear, easy-to-understand updates on the Broadband Equity, Access, and Deployment program and what it means for communities across Michigan.

Through conversations with program leaders and partners, the series breaks down how broadband investments are being implemented and answers key questions many communities are asking, including “Where’s my internet?”

Explore the MI BEAD Breakdown web series to [learn more](#) and follow along as new episodes are released.

Upcoming Workforce Webinar



Workforce as Strategy: A Practical Guide to Attract and Retain Key Personnel

Join this webinar to explore practical financial strategies designed specifically for rural providers, including deferred compensation, self-funded health plans, and housing finance models. Learn how to strengthen recruitment and retention, structure long-term incentive packages, and align workforce initiatives with sustainable staffing and long-term financial stability.

April 13, 2026

2:00 PM – 3:00 PM ET

[Register Today](#)

Partners in Pediatric Care 2026 Conference



For all who are involved in the health care of kids and teens, join University of Michigan School of Medicine for Partners in Pediatric Care 2026 Conference.

Partners in Pediatric Care Conference (PIPC) 2026

Friday, May 8, 2026

7:30 am - 4:15 pm

The University of Michigan Medical School designates this live activity for a maximum of **6.50 AMA PRA Category 1 Credit(s)**.

[Learn More and Register](#)

Bridging Aging and Disability: Strategies for Aging Well



Wednesday, April 8, 2026 1:00 PM

This engaging session explores how adults with intellectual-developmental disabilities (IDD), and physical disabilities (PD) can age well. We'll examine age-related health needs, social and environmental factors, and practical strategies to support this population. Learn how to reduce health disparities, promote wellness, and implement effective services and interventions. Discover innovative policies and practices that connect the fields of aging and disability—creating a stronger framework for healthy aging.

[Learn More and Register](#)

Support Tobacco Cessation in Individuals with Disabilities



Michigan Developmental Disabilities Institute

The State of Michigan and the Michigan Developmental Disabilities Institute (MI-DDI) are looking for adults with disabilities to take a short online survey about tobacco use and experiences with tobacco support programs.

People with disabilities can face barriers when trying to find or use health programs, including programs that help people quit smoking. This survey asks whether people know about these programs, how easy they are to access, and whether they are meeting people's needs.

Individuals can take the survey whether they use tobacco or not, and whether or not they want to quit.

Eligible participants must:

- Be 18 or older
- Be a Michigan resident
- Have a disability

Share this opportunity with rural community members. Responses will help the state understand how well these programs are reaching people with disabilities and how they can be improved.

All participants can enter a gift card drawing at the end of the survey.

Printable Flyer

MBQIP Upcoming Deadlines, Reporting Reminders, and Resources



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).

Resource Updates for Critical Access Hospitals that reflect the new MBQIP Core Measure Set

[MBQIP Navigator](#)

[MBQIP Information Guide](#)

[Monthly MBQIP Data Submission Deadlines](#)

Data Submission Guides

These guides provide detailed instructions for submitting MBQIP measure data. They include measure details, linked trainings and step-by-step data submission instructions for the measure:

- [Hybrid-Hospital Wide Readmissions Data Submission Guide](#)
- [Safe Use of Opioids-Concurrent Prescribing Data Submission Guide](#)
- [CAH Quality Infrastructure Submission Guide](#)

- [MBQIP Navigator](#)

UPCOMING DEADLINES:

April 8, 2026

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Q4 2025 encounters (10/1/25-12/31/25) is due April 8, 2026. Submission is through the HQR Secure Portal-Vendor. [Quality Assurance Guidelines V.19.0](#)

April 30, 2026

Emergency Department Transfer Communication (EDTC) Q1 2026 encounters (1/1/26-3/31/26) is due April 30, 2026. Connect with Crystal Barter @ barthcry@msu.edu for submission process details.

May 15, 2026

Patient Left Without Being Seen (OP-22) CY 2025 data is due May 15, 2026. Submission is through the HQR via HARP log in.

May 15, 2026

Influenza Vaccination coverage among health care professionals (HCP/IMM-3) Q4 2025 -Q1 2026 is due May 15, 2026. Submission is through NHSN.

Upcoming MCRH Educational Events

Grand Rounds:

Behavioral Health Grand Round: Treatment Planning Assessments in Addiction Treatment

Speaker: Genevieve Groover, MSW

April 7 2026, 12-1 p.m. EST

CE available for Social Workers and Addiction Professionals, & Nurses. Physicians and other professionals may use the certificate to self-claim hours.

[More Information](#)

[Register](#)

Oral Health Grand Round:

Speaker: Genevieve Groover, MSW

April 10 2026, 1-2 p.m. EST

CE available for Dentists, Dental Assistants, Dental Therapists, Dental Hygienists, Social Workers & Nurses. Physicians and other professionals may use the certificate to self-claim hours.

[Register](#)

Project ECHO:

Infectious Disease ECHO: Part 1 – The ABCs of Hepatitis

April 15, 2026, 12-1 pm EST

Speaker: Dr. Peter Gulick, DO

CME available for medical professionals: Physicians, Physician Assistants, APP, DNP, Registered Nurses

[Register](#)

Diabetes ECHO:

April 28, 2026, 12-1 pm EST

Speaker: Dr. Kim Pfothenauer, DO

CME available for medical professionals: Physicians, Physician Assistants, APP, DNP, Registered Nurses

[PDF Flyer](#)

ADDITIONAL NEWS & RESOURCES:

RURAL EMERGENCY HOSPITALS:

[Thinking of Converting to REH? Key Observations from Financial Modeling](#)

[Updated Guidance for Rural Emergency Hospitals \(REHs\)](#)

PALLIATIVE CARE:

[Glossary of Value-Based Care Terms](#)

[A Rural Wisconsin Community Charts a Path for Intergenerational Care](#)

TELEHEALTH:

[Building Michigan's State Broadband Plan](#)

[New Resource – Fact Sheet from Center for Connected Health Policy on telehealth related changes under the Proposed 2026 Physician Fee Schedule \(PFS\).](#)

HOSPITAL PROGRAMS:

[The Centers for Medicare & Medicaid Services \(CMS\) Rural Emergency Hospital Specifications Manual version 3.0](#)

PRIMARY CARE:

[CMS Enhancing Coverage of Preventive Services Under the Affordable Care Act](#)

[CMS Finalizes New Model to Improve Access to Kidney Transplants](#)

[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](#)

SOCIAL DRIVERS OF HEALTH:

[Updated Michigan Overdose Data to Action Dashboard](#)

[MiTracking Program: Michigan-specific environmental, health & population data](#)

SUBSTANCE USE DISORDER:

[Opioid Settlement Resource Center - The Michigan Association of Counties \(micounties.org\)](#)

[Opioid Settlement Overview Table](#)

[Pine Rest opens new children's mental health hospital amid growing pediatric behavioral health crisis](#)

[Rural Communities Opioid Response Program – Pathways](#)

WORKFORCE:

[Statewide Investment Helps Youth Explore Future Careers In Michigan](#)

VETERANS:

[Early Alert is a free wellness service offering connection and resources for anyone who as ever served in the military!](#)

[Sign up for Veterans Health Updates](#)

[Sign up for the VA Office of Rural Health \(ORH\) quarterly newsletter](#)

[50 second overview video for Veterans](#)

[80 second overview video for Providers](#)

[Veterans and their Advocates & Services Survey](#)

[Veteran Suicide Prevention: The Power of Connection](#)

ADDITIONAL RESOURCES:

[Obstetric Care Access at Rural Hospitals in the United States](#)

[Local Data for Equitable Communities Grant Program](#)

[Rural Residency Planning and Development \(RRPD\) program](#)

[2026 Autism Spectrum Disorder \(ASD\) Training Series](#)

Stay updated by visiting the Michigan Center for Rural Health's website and following us on social media.

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