

MICHIGAN RURAL HEALTH CLINIC MONTHLY BULLETIN

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A few words from Jill:

Happy February,

Thank you to everyone who was able to join us for the RHC Quality Network Quarterly Meeting on February 5. If you haven't already, please take a moment to complete the [meeting evaluation](#).

During the meeting, we shared several important updates for the Michigan Rural Health Clinic Quality Network, including the launch of our new strategy groups: **IT, Quality Excellence, and Benchmarking & Operations**. This work marks an important next step in strengthening peer connection and shared learning across the network.



We also announced the launch of the MI RHC QN Collective, a new hub designed to support connection, learning, and collaboration among Rural Health Clinic professionals across Michigan. Moving forward, the Collective will house meeting recordings, presentations, and opportunities to engage in strategy group work.

To get started, we encourage you to sign up for the [MI RHC QN Collective](#). This space is exclusively for staff from Michigan-certified Rural Health Clinics, including clinical, administrative, billing, quality, leadership, and IT staff. A [short informational video](#) is also available to help you learn more about the Collective. If you were unable to attend the quarterly meeting, meeting presentations are available for review, along with a recorded MC3 presentation highlighting free pediatric psychiatry support available to clinics. Clinics interested in participating in the Benchmarking & Operations Strategy Group should also complete the [MI RHC Benchmarking Survey](#).

Our next quarterly meeting will take place on Wednesday, April 22. The afternoon before the 29th Annual Michigan Rural Health Conference, at Soaring Eagle Casino & Conference Center in Mt. Pleasant. Please note that this meeting will be **in-person only**, as we will be engaging in interactive, strategy-focused activities.

Registration is now open for the [April in-person MI RHC Quality Network Meeting](#), as well as the [29th Annual Michigan Rural Health Conference](#).

Keep reading for more timely updates and resources for Michigan's Rural Health Clinics.

Thanks,

Jill

March is Kidney Month!



March is Kidney Month, a time to raise awareness about kidney health and prevention. One upcoming opportunity is [Kidney Action Week 2026 \(March 2–5\)](#), a free, virtual conference that brings together members of the kidney community to learn from experts and hear directly from people living with kidney disease.

Beginning March 1, Rural Health Clinics can also visit the [National Kidney Foundation of Michigan](#) and [Michigan Department of Health and Human Services](#) websites for updated kidney health messaging and resources. Additional support is available through MCRH's [Chronic Kidney Disease Toolkit](#), which offers practical resources to help rural providers screen, manage, and improve care for patients with CKD.

[Download NKFM's Kidney Month Toolkit](#)

The MSLRP is Now Open - Register for Our Webinar Today!



The 2026 [Michigan State Loan Repayment Program \(MSLRP\)](#) application cycle is now open through March 31st. The MSLRP helps employers recruit and retain primary medical, dental, and mental healthcare providers by providing loan

repayment to those entering into MSLRP service obligations. MSLRP service obligations require participants to provide full-time primary healthcare services in Health Professional Shortage Areas ([HPSAs](#)) at not-for-profit health clinics for two years. MSLRP will assist those selected by providing up to \$300,000 in tax-free funds to repay their educational debt over a period of up to ten years.

On March 5th from 12:00 - 1:00, the Michigan Center for Rural Health will be hosting a Lunch & Learn webinar in partnership with MDHHS. There will be a program and application overview with an opportunity to ask questions at the end.

Please reach out to our Workforce Initiative Manager, [Kyra](#), with any questions or additional application support.

Register Today

CMS Updates for Rural Health Clinics



CMS has released several **revised updates** impacting Rural Health Clinics, including changes to behavioral health integration, payment policies, telehealth, and preventive services. Highlights include new optional HCPCS add-on codes for behavioral health integration and Psychiatric Collaborative Care, updated payment rates and telehealth policies for CY 2026, and revisions to select Medicare preventive services effective January 1, 2026.

- [Behavioral Health Integration Services](#) — New optional add-on HCPCS codes for behavioral health integration and Psychiatric CoCM when providing advanced primary care management services.
- [Information for Rural Health Clinics](#) — Updates to direct supervision definitions, CY 2026 payment rates, telehealth policies, discontinued HCPCS codes, and continued use of G2025 through December 31, 2026.
- [Medicare Preventive Services](#) — Revisions to annual wellness visits, the Medicare Diabetes Prevention Program, and new billing guidance for home or residence E/M visits.

These updates may affect billing, service delivery, and care coordination for RHCs moving into 2026.

Key Medicare Billing Updates for RHCs

Medicare has extended telehealth billing for RHCs using **G2025** through **December 31, 2026**.

Effective **January 1, 2026**, CMS discontinued **G0071** and now allows **98016**, **G2010**, and **G2250** for virtual communication services.

CMS also updated **Psychiatric CoCM billing**, discontinuing **G0512** and allowing **G0568**, **G0569**, and **G0570** for CY 2026.

[Telehealth FAQ](#)

Rural Health Clinic Updates to Medicare Claims Processing Manual

The Centers for Medicare & Medicaid Services has updated the [Medicare Claims Processing Manual \(Chapters 9, 13, and 18\)](#). These revisions include clarification on reimbursement after cost reporting and updated guidance related to Rural Health Clinic preventive vaccines in claims processing and Medicare benefit policy.

Laboratories: Paper Fee Coupons & CLIA Certificates Ending March 1

CMS is changing the [Clinical Laboratory Improvement Amendments \(CLIA\)](#) program by switching to electronic fee coupons and CLIA certificates. After March 1, 2026, paper fee coupons and CLIA certificates will no longer be available; we'll stop mailing paper versions after this date. In addition, you must pay your CLIA certification and survey fees online; checks will no longer be accepted.

This is the last chance for eligible laboratories and providers that perform laboratory testing to sign up for CMS email notifications to receive electronic CLIA fee coupons and certificates. Failure to switch may result in billing and certification issues.

You can switch to electronic notifications from CMS or update your email address by:

- Emailing your [state agency \(PDF\)](#).
- Contacting your Accreditation Organization if you're an accredited laboratory

Note: This doesn't apply to CLIA-exempt states.

**No-cost Psychiatry Consultation & Support
from MC3**



MC3 is hosting an in-person conference in Gaylord, MI on May 15 for pediatric primary care providers in Northern Michigan and the UP -

It's Rarely "Just Anxiety": Managing the Complexities and Comorbidities of Anxiety Disorders Among Children and Adolescents in Primary Care Settings.

[Learn More & Register](#)

[Sign up for MC3](#) to access free psychiatry consultation, education, and resources to support the behavioral and mental health needs of your child, adolescent, pregnant and postpartum patients.

Pediatric Care Support for Rural Health Clinics



The National Rural Health Association is hosting a **free technical assistance webinar on March 12 at 1:00 pm ET** featuring Alana J. Arnold, a board-certified pediatric emergency medicine physician.

This session will share practical strategies to help rural outpatient leaders keep more children safely in-community, reduce unnecessary transfers, and strengthen pediatric care within existing clinic capacity. Time for Q&A will be included. Advanced Registration is required.

[Register Now](#)

Glossary of Value-Based Care Terms



As value-based care continues to influence rural healthcare, a shared understanding of key terms is increasingly important. The **Glossary of Value-Based Care Terms** provides clear definitions related to healthcare value, payment and incentive structures, care delivery, and data and technology. Developed by Rural Health Value, this January 2026 resource is a helpful reference for Rural Health Clinics navigating value-based care and payment discussions.

[Download the Glossary](#)

Funding Opportunity| Healthcare Connect Fund - Rural Health Care Program

Michigan Rural Health Clinics may be eligible for broadband funding support through the Healthcare Connect Fund. This federal program provides a **65% discount** on eligible broadband connectivity expenses, helping clinics strengthen telehealth capacity, care coordination, and digital infrastructure. RHCs can apply individually or as part of a consortium.

Application Deadline: April 1, 2026

Coverage: Nationwide

Administered by: Federal Communications Commission (FCC) and Universal Service Administrative Company (USAC)

Check out [more funding opportunities](#) for Michigan Rural Health Clinics in the [links](#) section at the end of the newsletter!

[Learn More & Apply](#)

NARHC Update: Medicare Telehealth Policy Extension and What It Means for RHCs



Earlier this month, Congress extended Medicare's telehealth "special payment rule" (G2025) for Rural Health Clinics through December 31, 2027. While the extension maintains RHCs' ability to provide telehealth as distant site providers, NARHC has shared concerns that the policy continues to underpay RHCs compared to other Medicare providers and may limit the sustainability of telehealth services in rural communities.

The legislation also waives the occasional in-person visit requirement for Medicare mental health telehealth services through January 1, 2028. NARHC continues to track federal telehealth policy developments and outlines next steps, data needs, and engagement opportunities for RHCs in its full update.

[Read the Full Telehealth Policy Update](#)

Supporting Rural Primary Care Practices in Delivering Care for Chronic Pain



Recovery Center of Excellence

From the University of Rochester Medicine Recovery Center of Excellence, guidance on chronic pain care in rural primary care practices. The document outlines best practices for delivering high-quality care in rural areas, including discussion of substance use disorder treatment and prevention, barriers to care delivery in rural practices, and related considerations.

[Learn More](#)

Access to Health Care by Rurality and Disability Status



From the University of Minnesota Rural Health Research Center a policy brief focuses on Access to Health Care by Rurality and Disability Status.

People with disabilities face challenges with finding accessible transportation, barriers in access to quality care, as well as increased financial burdens. Although access to care is a population health concern, there is less research on how access varies at the intersection of rurality and disability status. This policy brief examines various financial and non-financial barriers to health care access among rural and urban individuals by disability status.

Key Findings:

- Compared to adults without disabilities, adults with disabilities were more likely to report barriers to accessing health care, among nine of 11 barriers examined, regardless of location.
- Some access barriers were more likely to be reported by urban residents compared to rural residents. Compared to rural residents without disabilities, urban residents without disabilities were more likely to report five out of the 11 barriers, and urban residents with disabilities were more likely to report two of the 11 barriers compared to rural residents with disabilities.
- Among non-financial barriers, over 11% of rural people with disabilities and over 15% of urban people with disabilities delayed care due to appointment availability, and almost 16% of rural people with disabilities and 14% of urban people with disabilities delayed care due to lack of transportation.
- Among financial barriers, over 12% of both rural and urban people with disabilities delayed care due to cost and reported not being able to afford needed prescription medication.
- Approximately 18% of rural and urban people without disabilities and over 26% of rural and urban people with disabilities delayed dental care due to cost.

[Read More](#)

Room-by-Room Home Safety: Practical Tips to Age in Place



Wednesday, March 4, 2026 1-2 PM EST

From the American Society on Aging | Our homes should be a place of comfort and security, especially as we age. Yet, many common household features can become safety hazards over time. In this interactive webinar, we'll take a virtual walk through the home, room by room, identifying risks and offering practical modifications that enhance safety, independence and peace of mind.

From preventing falls in the bathroom to improving lighting in hallways and organizing kitchens for easier access, this session is packed with actionable tips

you can implement immediately. Whether you're an older adult, a caregiver, or a professional supporting someone who wants to age in place, this webinar will equip you with knowledge to create a safer living environment.

[Register](#)

Cybersecurity for Rural Healthcare Facilities



The Rural Health Information Hub updated their topic guide, outlining cybersecurity risks and sharing tools to strengthen resilience against cyberattacks. This resource includes case study examples and funding opportunities to support cybersecurity efforts.

[Learn More](#)

Cybersecurity Challenges & Opportunities for Rural Healthcare



Rural healthcare organizations continue to face growing cybersecurity threats. On **Wednesday, March 18 (2:00–3:00 pm EST)**, this webinar will feature rural health leaders and cybersecurity experts discussing how they are planning for and strengthening cybersecurity and resiliency efforts in rural healthcare settings.

Hosted by National Rural Health Association, the session will highlight practical strategies for addressing risks, integrating cybersecurity into organizational planning, and building a proactive culture of security.

[Register Today](#)

Connected Care for Older Adults



With support from the National Institutes of Health, researchers conducted a pilot study in rural Oregon that embedded community health workers into rural primary care teams to support age-friendly care. The project focused on implementing the 4Ms of the Age-Friendly Health System—What Matters, Mentation, Medication, and Mobility. This study highlights how team-based approaches can help rural practices better meet the needs of older adults.

[Read More](#)

Chronic Care Management Implementation in Rural Practices

A recent study examined factors influencing how rural primary care practices participate in Medicare's Chronic Care Management (CCM) program. Using interview data from healthcare professionals across six Wyoming practices, the research compared sites with high and low levels of CCM implementation. Findings highlight the role of healthcare team communication, leadership, and evaluation processes in supporting successful adoption of CCM in rural primary care settings

[Read More](#)

Health Care Access from the Rural Perspective

A recent narrative review explores rural healthcare access across multiple dimensions, including geographic, temporal, financial, cultural, and virtual access. Published in the *Journal of Rural Health*, the article highlights key differences between rural and urban settings and examines persistent access challenges related to transportation and distance, broadband availability and digital literacy, workforce shortages, and the broader social determinants of health.

[Learn More](#)

MDHHS Expands Child Welfare Stipend Program



MDHHS has expanded its [Title IV-E Child Welfare Stipend Program](#) to include three additional universities — bringing the total to eight participating schools statewide. The federally funded program provides stipends to social work students who commit to working in Michigan's child welfare system after graduation, including in under-resourced communities.

Michigan continues to face child welfare workforce shortages, and funding for the program has increased to support recruitment and retention efforts.

[Learn More](#)



Share the RHC Newsletter

This newsletter is designed for Rural Health Clinics in mind, but we know the value doesn't stop at your inbox.

If you find these updates helpful, consider forwarding the newsletter to others on your team or in your network who work in or support Rural Health Clinics. Whether it's a provider in your primary care clinic, a biller or coder managing RHC claims, or a colleague interested in rural health - sharing is a simple way to strengthen connections and keep everyone informed.

Know someone who should be added to the list? They can [subscribe here](#) or reach out to us directly.

Additional Resources

Here are some topics impacting the RHC Community in Michigan this month.

Education & Resources

- [Rural Agricultural Health and Safety](#) that includes details on chronic and acute health risks and information on agricultural injuries involving children.
- [Management of Cardiovascular Disease Risk Factors by Rural and Urban Primary Care Practices](#)
- [Updated: ASPR Rural Disaster Health Topic Collection](#)
- [Rural-Serving Primary Care Practitioners' and Cardiologists' Care Adaptations for Cardiovascular Services: A Qualitative Analysis](#)
- [Living with Diabetes and Blindness Webinar - Welcome to Accessible Pharmacy Services.](#) Wednesday, March 4 at 12:00PM ET.

Funding Opportunities

- [National Center for Farmworker Health Bobbi Ryder Ag Worker Health Champion Award](#)
- [AARP Community Challenge](#)
- [Patient-Centered Mental Health in Pediatric Primary Care \(PPP\) Program Course and Scholarships](#)
- [AmeriCorps State and National Grants](#)
- [SBA Certified Development Company \(504\) Loan Program: Rural Initiative Pilot Program](#)

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

Learn More



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