

Strengthening Rural Hospital Revenue Integrity Through Billing & Coding Education



Accurate documentation, billing, and coding are critical to the financial stability of Michigan's Critical Access Hospitals (CAHs) and rural providers. Errors in these processes not only jeopardize compliance but also directly affect reimbursement dollars that are vital to sustaining local care. To strengthen revenue cycle operations, the Michigan Center for Rural Health (MCRH), with support from the Northern Michigan Opioid Response Consortium (NMORC), hosted two educational programs in 2025: the CAH Billing & Coding Bootcamp and the Provider Billing & Coding Workshop.

Together, these programs brought billers, coders, and providers into the same conversation, helping to bridge gaps, building skills, and reinforcing a culture of revenue integrity across Michigan's CAHs and other providers.

The CAH Billing & Coding Bootcamp

In August 2025, 47 participants gathered in Mount Pleasant for a 1.5-day hands-on Bootcamp focused on documentation best practices, CPT/HCPCS-II/ICD-10-CM coding, payer strategies, and billing compliance. The program offered 11 CEUs approved by ArchProCoding and AAPC, along with preparation for the CAH Coding & Billing Specialist (CAH-CBS) certification exam.

Survey results reflected the strong value participants gained:

- 100% rated the training *Excellent* or *Good*.
- 88% said the information was *Extremely* or *Very relevant* to their work.
- 76% reported moderate to significant improvement in knowledge.
- 94% said they would *definitely recommend* the Bootcamp to peers.

Participants praised the balance of practical instruction and broad perspective. One attendee noted, "I loved that it was billing and coding so that each department could see what the other has to do. Certainly, helps bridge some gaps in communication."

Another reflected on the value of peer learning: "Networking with other billers 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."

Another participant 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."

The Provider Billing & Coding Workshop

After the morning session ended the workshop, MCRH brought together 25 providers, including physicians, nurse practitioners, physician assistants, and registered nurses: along with 15 additional participants such as social workers, clinic managers, and healthcare staff for the Provider Billing & Coding Workshop. The program was approved for 3 CME credits (MD, DO, NP, PA, RN), underscoring its value as a continuing education opportunity for clinical teams.

This interactive session focused on strengthening provider documentation, understanding payer compliance, and aligning provider notes with billing and coding requirements. The program also fostered closer collaboration between providers and coding staff, addressing one of the revenue cycle's most persistent challenges.

Building a Culture of Revenue Integrity

By investing in both technical staff and clinical providers, MCRH and NMORC have laid the groundwork for a stronger revenue cycle in Michigan's rural hospitals. Participants walked away not only with enhanced knowledge but also with renewed confidence and connections to peers facing similar challenges.

These programs will help to:

- Reduce claim denials and billing errors.
- Strengthen communication between providers, coders, and billers.
- Inspire career growth and certification among rural staff.
- Reinforce the financial health of CAHs, enabling reinvestment in patient care.

The CAH Billing & Coding Bootcamp and the Provider Workshop demonstrate the power of education to transform practice, improve collaboration, and ultimately sustain rural health services. As one participant put it simply: "All the content was relevant to my job."

For MCRH, these stories reflect more than successful events, they illustrate how strategic training, and partnership can help rural hospitals thrive, ensuring high-quality care

remains close to home for Michigan communities.

Connect with Jeff Nagy, Quality Improvement Advisor, at Jeff.Nagy@affiliate.msu.edu to explore quality and financial performance initiatives that strengthen rural health care in Michigan.

NMORC Quarterly Meeting Success!



Northern Michigan Response Consortium, a Health Resources and Services Administration (HRSA) grant funded program under MCRH, held their September Quarterly Meeting on Friday, September 12. The hybrid format brought together partners and advocates from across the 25-county NMORC footprint.

If you would like to receive information on NMORC events and upcoming meetings, be sure to sign up for monthly newsletters and newsflash announcements!

Read the Full Article

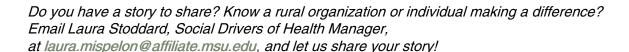
Meeting Minutes



Strength of Rural Spotlight Series Thumb Community Health Partnership:



September Edition



This month's Rural Spotlight highlights the **Thumb Community Health Partnership** (TCHP), a collaborative effort improving health by tackling both medical needs and the root causes of disparities, housing, food, transportation, education, and economic opportunity, across Huron, Lapeer, Sanilac, and Tuscola counties.

TCHP in action:

- Care Connect Task Force: A community problem-solving hub where partners codesign projects and share data.
- ThumbCares.org: A one-stop resource hub that streamlines referrals and supports a "No Wrong Door" approach.
- Man Therapy: An evidence-based men's mental health campaign reducing stigma and connecting residents to local supports.
- Community Health Workers: Training and embedding CHWs in clinics, hospitals, schools, and community agencies to address chronic conditions and social needs.
- UM-FERN Rural Nursing Pathways: Building the local nursing workforce through targeted preparation and rural clinical experiences.

What makes TCHP stand out is its commitment to grassroots leadership and cross-sector partnerships, which bring together residents, providers, and public agencies to design solutions with the community, not just for it.

Read the Full Story

Partner with the Critical Access Hospitals!



"Vision to Action: The Power of Partnership" - that is the theme for the 2025 Critical Access Hospital Conference taking place in Traverse City, Michigan this November. This annual event brings together officers from our state's 35 rural health Critical Access Hospitals to discuss strategy, to better understand federal and state health changes (and challenges) and plan for the future of rural health in Michigan.

Innovation and collaboration are going to be key to navigating the future of rural health. The event itself is invitation only, these top-level executives, leaders who are looking for visionary solutions to expand coverage on depleted budgets, solutions that offer farreaching care as well cost-effective.

This is a great opportunity to highlight services and solutions that meet those above criteria. Opportunities to connect with these rural health professions are rare and this is a genuine way to show support for these rural health heroes. If an organization is looking to connect with Michigan's Critical Access Hospitals – this conference is where that can happen.

November 6-7, 2025 Park Place Hotel, Traverse City, MI

This is a great opportunity to:

- Highlight your services and solutions
- Connect with rural health professionals and advocates
- Show your support

Prospectus & Additional Information

Celebrating Excellence in Nurse Communication



CMS recently released the latest Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) star ratings on August 6, highlighting hospitals across the nation that excel in patient experience. Among the 10 key HCAHPS measures, *nurse communication* stands out as one of the most important indicators of patient-centered care.

The nurse communication measure is based on survey questions that reflect how well patients feel their nurses explained things clearly, listened carefully, and treated them with courtesy and respect. The data reflects patient experiences from October 2023 through September 2024.

We are proud to share that several of Michigan's Critical Access Hospitals and Rural PPS Hospitals earned the highest possible 5-star rating in this category. A remarkable achievement that reflects their commitment to compassionate, high-quality care.

Critical Access Hospitals

- Bronson Lakeview Hospital
- Munson Charlevoix Area Hospital
- Corewell Health Gerber Hospital
- Hills & Dales General Hospital
- Mercy Health Lakeshore Campus
- OSF St. Francis Hospital and Medical Group
- University of Michigan Health Sparrow Clinton Hospital
- University of Michigan Health Sparrow Ionia Hospital
- University of Michigan Health Sparrow Eaton Hospital

Rural PPS Hospitals

- UP Health System Portage
- MyMichigan Medical Center Alpena
- MyMichigan Medical Center Clare
- MyMichigan Medical Center Gladwin
- MyMichigan Medical Center Midland
- University of Michigan Health Sparrow Carson Hospital

This recognition is a testament to the dedication of nurses who build trust, provide clarity, and ensure every patient feels heard and respected. Their work not only enhances the care experience but also strengthens the foundation of rural healthcare in Michigan.

Michigan Food as Medicine Summit: October 7–8, 2025



Hosted by the Food Bank Council of Michigan, the first annual Michigan Food as Medicine Summit will bring together healthcare, food system, policy, and community leaders to advance a shared vision for integrating food into health.

Over two days in Lansing, participants will:

- Build Michigan-based networks to strengthen Food as Medicine efforts
- Learn from experts and explore groundbreaking programs and policies
- Shape the state's first unified Food as Medicine advocacy agenda

This is a unique opportunity to collaborate on real solutions that improve health through food access and nutrition, making sure rural voices are at the table to shape strategies that work for all communities.

October 7–8, 2025 Kellogg Hotel & Conference Center, Lansing, MI Registration closes October 1, 2025

Learn More & Register





The Michigan Department of Health and Human Services (MDHHS), in partnership with

Michigan State University Extension, invites you to the 2025 Fall Immunization Conference. This annual event provides healthcare professionals with timely updates on immunization practices, real-world tools, and insights from keynote speakers to support vaccine confidence across all ages.

The conference is appropriate for physicians, nurses, nurse practitioners, medical assistants, public health staff, pharmacists, physician assistants, medical and nursing students, and others interested in immunization practices in Michigan. Continuing Education for physicians, nurses, pharmacists, and medical assistants has been applied for. A Certificate of Attendance will also be available for all other health care professionals.

Registration closes at 5:00 p.m. one week prior to each conference or when capacity is reached, whichever comes first.

For additional details, visit the MDHHS Fall Immunization Conferences webpage or contact checcimms@michigan.gov

Marquette Conference

Date: October 20, 2025
Location: Northern Center
Registration Fee: \$50 (1-day event)

Novi Conference

- Dates: October 28–29, 2025Location: Suburban Collection
- Showplace Event Center
- Registration Fee: \$75 (2-day event)

Register

Agenda

Register

Agenda

Palliative Care vs. Hospice: Knowing the Difference Matters



When someone in our community is living with a serious illness, the type of care they receive can make all the difference for their comfort, dignity, and quality of life. Two important options are **palliative care** and **hospice care**. While these terms are often used interchangeably, they are quite different. Understanding the differences helps families make informed choices at the right time.

Feature	Palliative Care	Hospice Care
When It Begins	Any stage of a serious illness even at diagnosis	Final months of life (typically 6 months or less)
Treatment Approach	Can be given alongside treatments aimed at curing or slowing the illness	Focus shifts fully to comfort and quality of life, not cure
Main Goal	Manage symptoms, reduce stress, improve quality of life	Provide comfort, dignity, and emotional/spiritual support
Who Benefits	Patients with serious illness and their families	Patients nearing the end of life and their families
Where It's Provided	Hospitals, clinics, nursing homes, or at home	At home, hospitals, nursing homes, or hospice centers

The Key Difference

- Palliative care: Can start at any time during a serious illness, even while curative treatment continues.
- Hospice care: Begins when curative treatment has stopped, and life expectancy is generally six months or less.

Palliative care and hospice both play vital roles in supporting individuals and families facing serious illness just at different points in time. By understanding these differences, families can make choices that honor comfort, dignity, and quality of life.



Upcoming Veteran Events in the UP!



I-REACH Rural Veterans, the U.P. Together With Veterans and the Chippewa County Veterans Service Office are coordinating an outreach event for Friday, September 26, 2025, beginning at 3:30, in conjunction with the Brimley VFW Fish Fry from 4 – 7pm. Veterans will receive a Free all you can eat fish fry platter.

I-REACH Rural Veterans, the U.P. Together With Veterans, the Drummond Island Lions Club and the Chippewa County Veterans Service Office are coordinating an outreach event for **Thursday**, **Oct 9**, **2025**, **from 12 – 2pm**, at the Drummond Island Township Hall.

A free lunch will be served from 12 – 1pm for Veterans and seniors, and their spouse and/or caregiver.

Events are open to the public, and geared towards anyone who has ever served, anywhere, at any time, their families, and anyone providing care for a Veteran.

More Information on Events

Accessia Health Oral Health Assistance Program



Accessia Health is offering an **Oral Health Financial Assistance Program** for oncology patients in **Indiana**, **Ohio**, **and Michigan**. The program provides up to \$3,500 annually for dental and oral healthcare needs, including \$300 for travel-related expenses.

Cancer treatments like chemotherapy and radiation can cause serious oral complications, and many of these dental services are not fully covered by insurance. This program helps fill that gap, ensuring patients get the care they need without added financial strain.

Patients must reside in the tri-state region, have a confirmed cancer diagnosis, and meet eligibility criteria. Providers and community partners are encouraged to help connect patients to this valuable resource.

Learn More & Apply

Advancing Population-Based Behavioral Health Inside and Outside the Hospital Walls I AHA Affinity Forum



The American Hospital Association, in collaboration with CredibleMind, is hosting a free three-part virtual panel series on advancing behavioral health through community-based strategies. National health care leaders will share how hospitals are leveraging digital innovation, cross-sector partnerships, and population health approaches to improve behavioral health outcomes and strengthen community well-being.

These sessions provide valuable insights into scalable tools and collaborative models that can help extend behavioral health services beyond hospital walls and into the community.

Upcoming Sessions

- Sept. 16: Community Health Strategies to Advance Behavioral Health
- Oct. 14: Leveraging Digital Health for Scalable Mental Health Solutions
- Nov. 6: Measuring Success and Scaling Impact

Learn More

MI ACE Data Dashboard Updates: New 2024 MiPHY & Kids Count Data



The MI Adverse Child Experiences (ACE) Data Dashboard has been updated with 2024 Michigan Profile for Healthy Youth (MiPHY) data for 60 counties. The MiPHY survey, reported by Michigan high school students, highlights factors shaping child well-being, home and family, school, access to care, neighborhood and community, system and policy influences, chronic disease, mental health, and risk factors such as abuse and neglect.

In addition, the Dashboard now includes new insights from the **Kids Count Data Center** on childhood poverty, cost of living, and access to mental health care. Each dataset is paired with easy-to-read graphs, maps, and companion summaries to help communities quickly understand the implications. For rural communities, this data offers an important tool to guide local action/ Leaders, schools, and health providers can use the Dashboard to better understand youth experiences, support prevention, and build protective factors to reduce adverse childhood experiences.

Learn More

Access the Dashboard

New Brief: State Flex Program Efforts to Support CAH-Based Rural Health Clinics



The Flex Monitoring Team (FMT) has released a new brief, Evaluation of State Flex Program Efforts to Support Critical Access Hospital-Based Rural Health Clinics. Nearly 5,600 RHCs serve as primary care providers for rural residents across 44 states, including those affiliated with Critical Access Hospitals.

The Federal Office of Rural Health Policy allows State Flex Programs (SFPs), like the Michigan Center for Rural Health to undertake projects that support CAH-based RHCs. For the 2023–2024 funding year, the FMT reviewed SFP grant applications and identified 16 initiatives for assessment, along with interviews from seven participating states - including Michigan!

This report highlights strategies to strengthen CAH-based RHCs in delivering primary care, care management, wellness, behavioral health, and other essential services. View the brief below and see what Michigan and other states are working on.

View the Brief

Registration for the 2025 3RNET Academy is Now Open!



The Michigan Center for Rural Health is excited to announce state-wide sponsorship for this year's academy, allowing all of our rural partners to attend this academy at no cost to you. The 2025 Academy will focus on the recruiting process-the foundation for the 3RNET Recruiting for Retention Hierarchy. 3RNET will cover effective recruitment plans, practical tools, and best practices to help streamline HR processes.

Learn More & Register for Free!

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.

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

September 2025 Upcoming MBQIP Deadlines

October 1, 2025

• Hybrid Hospital-Wide Readmission (Hybrid HWR) Q3 2024 - Q2 2025 encounters (7/1/2024-6/30/2025) is due October 1, 2025. Submission is through the HQR Secure Portal-Hybrid Measures. Note: The measure is not currently being submitted for MBQIP but is available for reporting to CMS. Learn more here.

October 8, 2025

• Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Q2 2025 encounters (4/1/25-6/30/25) is due October 8, 2025. Submission is through the HQR Secure Portal-Vendor. Learn more here.

October 31, 2025

• Emergency Department Transfer Communication (EDTC) Q3 2025 encounters (7/1/25-9/30/25) is due October 31, 2025. Connect with Crystal Barter @ barthcry@msu.edu for submission process details.

Coming Soon

CAH Quality Inventory and Assessment – The Assessment will go live on Monday, September 15, 2025 and will be open through Friday, November 21, 2025. Please watch your email for this year's link to the Assessment.

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.

HCAHPS Toolkit for CAH

The Flex Monitoring Team (FMT) has released a new resource, the HCAHPS Toolkit for Critical Access Hospitals. This toolkit was developed to assist Critical Access Hospitals (CAHs) in reporting and utilizing HCAHPS data, which CAHs are expected to report as a core measure of the Medicare Beneficiary Quality Improvement Project (MBQIP).

The HCAHPS Toolkit is intended for all CAHs reporting HCAHPS but specifically focuses on resources and potential strategies to address the challenges faced by CAHs with low response rates and/or low patient volume.

Information in this toolkit includes:

- A detailed description of HCAHPS as an MBQIP core measure
- Strategies for improving HCAHPS survey response rates
- Answers to common HCAHPS questions
- Recommendations for utilizing HCAHPS data reports from vendors and the FMT
- Recommendations for improving HCAHPS scores

The toolkit is available on the FMT website and will be updated routinely to align with any changes to HCAHPS.

Upcoming MCRH Educational Events

Grand Rounds:

October 22nd, 2025, 12-1 pm EST

Psychiatry Grand Rounds: Rural and Urban Differences in Suicide

Speaker: Qian Huang, PhD, MA, MPA

Register Here

CME Provided for Physicians, Nurses, Social Workers, Community Health Workers

October 30th, 2025, 12-1 pm EST

Dietetics Grand Round: The Transformative Power of Teaching Kitchens to Address

Nutrition Security and Population Health

Speaker: Kelly Wilson, RDN, DipACLM & Paula Martin, MS RDN, LDN

Register Here

CME Provided for Dietitians, Nutritionists, Physicians, Nurses, Social Workers,

Community Health Workers

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:

Access to Outpatient Palliative Care: Insights from Michigan

TELEHEALTH:

Expanding Dental Care to Children Through 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)

Reminder – Telehealth Resources (telehealth basics, telehealth coverage, payment parity, state specific resources) from the Upper Midwest Telehealth Resource Center

HOSPITAL PROGRAMS:

Michigan Value Collaboration Rural Health Workgroup July Meeting

Michigan Statewide Pediatric Readiness Website

How to Build a QAPI Program That Works: Avoid a Top Cited Deficiency in Rural Hospitals

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

<u>Rural Communities Opioid Response Program – Pathways</u>

September is Recovery Month

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:

Sign up for Veterans Health Updates

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

Federal EHR helps catch lung cancer earlier for Veterans - VA News

How to get reimbursed for your VA-related travel - VA News

<u>Survey Report: findings from a statewide survey conducted as part of the I-REACH Rural Veterans program</u>

My Community Dental Centers is offering free dental care for veterans

VA offers yearlong community care authorizations for 30 services - VA News

VA Research Wrap Up: New findings on tinnitus, blood pressure and Parkinson's disease - VA News

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

New Map Shows Rural Emergency Hospitals

<u>Utilization of Community Health Workers for Emergency Preparedness and Response (On Demand-No CE)</u>

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