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HPSA 101 for RHCs

Nathan Baugh:

3:00

Hello, doctor Mccutchen?

Dr. Janelle McCutchen:

3:02

Yes? can you hear me and even?

Nathan Baugh:

Yes, I can.

Dr. Janelle McCutchen:

Perfect, I'm so sorry, guys. It kept kicking me out of VPN, so I'm logged on my personal computer.

3:13

I'm hoping that this is working. Yes, this is fine, and you guys can hear me clear. I was able to send myself the PowerPoint.

Nathan Baugh:

3:23

OK, great, all right, well, we are live right now, I had to start the broadcast, so everyone can hear us. So, thank you, that's totally fine. We appreciate you being here and we're gonna, we're gonna just rock with the show must go on.

3:39

So first thing is on screen sharing, I have your PowerPoint, I can share it on my screen if you want, if you want to put it on your screen, so you can control the slides I don't know.

3:54

Thank you presenters or yeah, let me make you presenter and that's what we have to do.

4:02

OK, so should give you the option dish, show screen, yep, we see it. We're good to go?

4:12

Do they flip it? showing you the wrong one?

4:19

See, mmm hmm, mmm hmm.

4:24

That's just with the opening and the closing side.

4:31

Alright, are you guys seeing shortage designation screen? Yes, yes, perfect, OK. We'll just we'll use this, so we're gonna have to do, I have to say some stuff formerly to kick it off. I want to thank everyone for bearing with us. We're gonna get started. We're gonna get right into the content. I'll try to make this brief. My name is Nathan ..., director of Government Affairs for the National Association of Rural Health Clinics. We are doing this webinar series through the Federal Office of Rural Health Policy, which allows us to bring you these calls for free.

5:03

Please let people know that might be able to benefit from this information, that they can sign up for free at ... dot org.

5:11

Right now, there is not an ability to ask questions, but when we get to the Q&A period, we will open up a question box, and you all can ask questions at that time.

5:24

As with all webinars, we're at the Mercy of Good bandwidth, so if you have any connectivity issues, please just close out and Refresh goto Webinar And it's at the end of the day you're really struggling.

5:40

Don't worry, because a recording will be posted on the RHC dot org website with slides and a transcript. So, with that, I want to introduce our topic today, which is, of course, hips 101 for RHCS or Shortage Designations in Rural Health Clinics and our speaker is doctor Janell McCutchen.

6:00

Doctor Gina McCutchen serves as a Chief and the Bureau of Health Workforce and the Health Resources and Services Administration HRSA of the US Department of Health and Human Services.

6:12

In that role, doctor McCutchen oversees the shortage designation branch which assists states and territories and facilitating the co-ordination of activities that assess the need for primary care services, Promote the recruitment and retention of health care providers and strives to reduce shortages of health care conditions in underserved areas prior to joining the Bureau of Health Care Workforce shortage. In our Bureau of Health Workforce, doctor McCutchen was a research analyst on the Pain Research Informatics, multi Morbidities, and Education are Prime Research Team. Committed an advocate for the underserved, doctor McCutchen was a Medication Assistance Program Consultant at one where the Health Clinic in Omaha, Nebraska, where she also served as a medical translator.

7:04

Doctor McCutchen holds a BS in Biology and a Master's in Public Health and Public health education and policy development, and a PHD in public health education.

7:13

So with that, doctor McCutchen, it is all over to you, and I will be quiet until we get to the Q&A.

Dr. Janelle McCutchen:

7:22

Right. Thank you so much Nathan, and thank you everyone for your patience. I apologize for my delaying joining the call today. I will be on extra time. I was founded to three o'clock if anyone has any additional questions that we go over time if you're able to. And at the end of this presentation, my e-mail and our general e-mail box or shortage designation is included. If you have any questions, if you have to run off at two o'clock. Again, I apologize for the delay but let me get right to it. The purpose of this presentation that they've been asked us to present to you on why really short designations are important.

7:56

OK, so one of the first things that we're going to be running through today is pretty much our objectives, and whatever reason I'm not spectrum, it's green.

8:07

Thinking about what it says, our Health Professional Shortage Areas are, then medically underserved areas and population designations, and why they matter to a health clinic, will then get into the nitty gritty into specifics on the criteria, or the difference between criteria to acquire a shortage designation, either ..., com, and refer to the medically underserved populations, or a hipster, the Health professional shortage areas.

8:32

And then the difference between the scoring, then I'll detail the differences between both of those, and then tell you a little bit more about ... W, or a Bureau of Health Workforce specific programs that you can access through

8:44

All right, So, know, if anything else, remember this. Why do why do HRSA's shortage designation matter to rural health clinics? So, of course, there is the Centers for Medicare and Medicaid, or CMS, Medicare RIT certification. That's separate from what we do here at HRSA. These are reviewed by CMS.

9:03

I'm sure you guys are aware of this, but the State Survey Agency in consultation with CMS, um, determine if your facility or site qualifies for RIT certification. And then I've included the specifics on what CMS required for you to first get. That RIT certification has, to be in a non urbanized area for the Census Bureau. You have to be in a space that's been designated by us, HRSA, in one of the last four years.

9:29

That can be either a primary care, geographic HIPAA, a primary care population group hip says, so, those would like those low-income designation, Medicaid specific designation, homeless population designations. Any of those that focused on a specific population, whether you serve that population or not, as long as your facility is located within one of those, you can use that geographic area headset.

9:52

Then we've got the NCUA or NCUA piece.

9:55

one specific thing that we've seen a kind of an uptick in recently is those Governors designated and secretary certified shortage area designations that are you specifically to open up rural health clinics.

10:07

And those come in, are generally when a facility is located in an area, doesn't meet designation criteria on its own, a geographic area doesn't meet that designation criteria on its own, but the Governor of that state has determined that that facility is integral to the care or the provision of primary care services to that community, and wants to designate that specific facility as an RIT clinic for CMS purposes.

10:36

So, again, the first reason why Ipsos matter for RIT or not HUBZone shortage designation matter to RIT is for CMS RHC certification. The second reason, of course, is to access National Health Service Corps resources that include all the programs listed here. That's the our Loan Repayment Program. We now have the two new programs that came about the onset of are focused on the mental health and opioid crisis, which is the substance use disorder, workforce loan repayment, and then the Rural Community Loan Repayment Program, which specifically offered between 75 to \$100,000 to clinicians willing to provide services in rural communities. And then we've got the Student to Service Loan Repayment Program, our Scholars Program.

11:19

And, of course, the State Loan Repayment Program, which are managed individually by the states themselves. And that is designed to fill in that gap that the NHS C per regulation are bound by. So allow State to give states the flexibility to create state specific loan repayment programs with bond matching provided by the state from HRSA. Then, of course, we've got the nurse Corps programs, the Scholarship and Loan Repayment Program, and then the other programs on the onset of that. It's like the Nurse Faculty Loan Repayment Program.

11:51

We've got scholarships for disadvantaged students, faculty loan repayment programs, and, of course, the Native Hawaiian Hope Scholarship Program. All of these are managed at V HW, and they require to access these resources you would have to have, or your facility.

12:07

What has to have its own individual located within an emulate the, or a geographic or population headset again.

12:16

So the next reason why this matters, or shortage designation matters, RIT's is access to a J one Visa Waiver Program.

12:25

So J one, we said visitor program provides opportunities for United States, Citizenship, and Immigration Services to waive the requirement, that non citizen physicians trading in the US, where they have to go back home for those two years. So, they can, as long as the facility is located within a hipster regardless of score, the individual can provide services in this underserved area for two years in exchange for having to return to complete before and home,

visit program, or portion of the J one Visa Waiver program. Now, this program is managed specifically by USC, I asked, and, again, that's the United States Citizen and Immigration Services Offices. They contact us, once the applications are received, to just verify that the facility in with the individuals applying to work at is located within a health professional shortage area or an ...

13:19

So, again, that's just something that your facility can access a different, separate program in order to get clinicians into the areas of need.

13:29

Get into the specifics before I jump into that, Again, I want to re-iterate that the three main reasons why you should care about shortage designation is coming out of HRSA, is, again, to access. NHC, or National Health Service Corps resources. Are all the programs that were listed there on that second slide, to get their CMS certification, or to become certified as a CMS. RIT or Rural Health Clinic.

13:54

And then, lastly, to access clinicians who are in that J one Visa Program.

14:02

From a foreign country, seeking to waive their requirement to return home for two years, report seeking citizenship here, in the US.

14:11

So, now we get into the specifics of what exactly these designations are.

14:16

So, shortage designation is the identification of an area, a population, or a facility, that is experiencing a shortage of health services. And, of course, as I mentioned before, it, there are two categories. We have the Health Professional Shortage Areas, which are referred to as ..., and then you ... or the medically underserved areas, or populations that, can be used again, to get to that certification access to J one Visa clinicians, who are seeking those waivers, or get you approved to get an HSE resource. It.

14:46

These are the two specific types, and I kinda broke this out for you guys to be able to use this as a pullout slide anytime you have any reference question. So, how professional shortage areas, again, are designated by HRSA? But we receive those applications from your State primary care.

15:04

They submit those applications based on needs assessments that they complete within their state. To identify areas that are experiencing shortages, either primary care, mental health or dental health services providers.

15:15

And then, of course, they send in those applications to us, re review them, and if they meet the appropriate qualifications, those spaces or areas get designated.

15:25

Additionally, there are some facility specific designation when you guys may know, these are automatic designations are auto hipsters.

15:34

That includes Indian Tribal Health Services, tribal urban, or tribal centers, and Urban Indian Health Centers.

15:40

And, of course, CMS Certified Rural Health Clinic that meet the National Health Service Corps requirement that can get their own auto hips themselves, so they can get an individual facility headset.

15:51

Regardless of where geographically there center or Rural Health Center is located, Rural Health Clinic, I apologize is located, they can get their own facility. Hips are automatically designated facility hits if they meet those specific requirements and I'll get into that here later on down in the fight.

16:11

Then, of course, we have the ..., Medically Underserved Area or population. That's limited to the primary care discipline only. So, again, ... do not include mental health or dental practitioners. It focuses solely on primary care. It uses a different criteria and scoring rubric in order to get approved for those geographic areas or populations within those geographic areas to get approved at designated And again.

16:47

If using that as the certification criteria, or the approval criteria, that area has, Dude, oh. Did I break out?

16:55

That area has been reviewed or looked at in the last four years.

Nathan Baugh:

17:02

Yeah, doctor Mccutchen, you broke up a little bit there.

17:06

We missed maybe NaN of what you said on that last slide.

17:12

But, I think we got it. We if folks need to ask questions, of course, we have that at the end.

17:18

So I think you're going to keep going.

17:21

Great.

17:25

You are breaking up a bit to me now. Go ahead and say something, sorry.

Dr. Janelle McCutchen:

17:30

All right. Can you still hear me? I am so sorry. I don't know.

Nathan Baugh:

17:33

That is Way better read. Yeah. That's better.

Dr. Janelle McCutchen:

17:39

Right Now sitting next to my modem, hopefully. We make it through. The snow stopped. So, I was hoping that that would no longer be an issue. Again, I apologize, folks. Of course, my name or my e-mail and our general e-mail box is going to be at the end of the slide deck.

17:55

If you guys have any questions that we missed here. But this slide here is just to demonstrate all of the federal programs that use shortage designation for shortage designations.

18:07

All their uses are unique.

18:10

Note that this isn't every single, exclusive program that uses shortage designation for qualification or to distribute their resources, but it is primarily to remind you that shortage designations were created specifically for the National Health Service Corps Program. We recognize that a lot of other programs have hitch their wagon to our horses for lack of a better term. But the guidance that the regulation and the statues that guide the development of hip says and the scoring methodology with the separate from designation criteria are primarily for the National Health Service Corps. So we recognize that sometimes we get a lot of questions on, hey, we want to use this for our program where we want to use your hip says, are you MEP for our programs? Is it possible for you to change this? A little bit more applicable to us and the question that is something that's outside the purview of my division or division at this time because it is a congressional statute. And its mandated that way.

19:09

We are unable to, at this time, change, at least the designation criteria to fit the needs of other specific programs, however, as you can see here, there are a lot of programs that do still use the designations for their criteria.

19:24

Again, just bringing this back around here, HRSA, user designation criteria established in the statute and regulation to determine whether or not your geographic area's population groups within a geographic area or a facility qualify for ahead sir So, again, all of this has managed to mandate it to statute and regulation. We didn't just randomly pick these out.

19:46

And since it is a statutory requirement, as an individual office, we do not have the authority to make any changes to those specific statute. We did not make any changes through our shortage designation modernization project, that that was really to ensure that everyone was using the same standardized data. To get both the criteria. To ensure that they meet the criteria to be designated as a short or having a shortage. And then, to score, across the board, promoting parity in the way our resources.

20:23

Um, This is it looks like we lost connection again. I don't want to keep talking or 13%.

20:31

Yeah.

Nathan Baugh:

20:33

We did lose a little bit there.

20:35

Sometimes I know yours I think you're looking at the the thing in the goto webinar that tells you how don't read too much into that.

20:47

Can really, people come back, and it's just a little blip.

Dr. Janelle McCutchen:

20:53

got it, OK, So, we're now going to get into the specifics on Health Professional Shortage area. So, now that we've covered why shortage designation matter, let's get into specific boat designation types, beginning with hip says.

21:11

So again, a shortage designation. Or, there, there's three specific types of hip says, and they look at the disability, the primary care, mental health, and dental health, to determine if there's a shortage of providers in geographic areas. Again, population groups, within a specific geographic area, and across facilities.

21:34

I'm going to spend a little time here talking about the population group that says, Just because you've got this graphic here, note that it's looking at a population group where we've got the red circle around. The individuals are red. Stick figures here, that is still these population group designations are still linked to a geographic area. So we still have to have a group of census tracts that are together, not forced out or a group of counties better together not burst out in order to designate that population groups. So, we'll need to be looking at everyone within a specific geographic area that meet that Population group designation. Type. All right.

22:16

How are these tips as applicable to? All right. So, I've got these broken out for you, looking at the Geographic and population based first, so, further, pulling out the information from the previous graphic.

22:27

So, again, looking at primary care mental health and dental shortage providers with any geographic area or a population group.

22:35

Then, when we're talking about auto hits or the automatically designated RHC, that meet both the CMS certification and the National Health Service Corps site requirement.

22:47

We're looking at their shortage of mental health, primary care, and dental health providers at that specific facility.

22:55

RCs can qualify for three resources, 3 at 3 different types, or based on the three different types of hits it.

23:03

So, only CMS can certify a rural health clinic. So that would be the first step.

23:08

Once you get CMS certified, we then have you go through the certification process if you want to become an auto HIPAA, through the National Health Service Corps site programs. So that'll be the Division of Regional Operations.

23:22

And once they certify you, your site can get a site specific score.

23:28

You can have your own standalone facility score.

23:33

If you are already in a geographic or population headshots, you can also use that score.

23:40

So, it is possible for, all right see, to have both an auto score and a geographic and population. Hits a score for all three disciplines, if those areas are designated across the board. I'm sure that's going to be a question. I want to make sure we mark that as slide 14.

24:01

If an RIT is seeking a facility specific designation, they will need to meet again, both CMS, alright, the requirements, and then also meet the requirements, the National Health Service Corps site requirement to get that Ottawa hipster score, all right.

24:21

So, the next thing we have here is a criteria for geographic and population ... designation. So, this is the first half or the left side of that chart that I just showed you showed you.

24:31

In order to achieve a geographic or population designation, the ..., or your state primary care offices submit an application that demonstrate that the area is rational for the delivery of services, and what that means is that the census tracts are grouped together, It's a whole Connie designation. Or, the counties are close together or they're demonstrating that at the medical mental, health catchment area that was previously established by the state mental health department.

24:56

Have a certain ratio of population to providers serving the area that has been determined to qualify as a shortage. Again, note, this is specifically speaking about criteria to be designated. We're not in the four piece of this. Yeah. We're just first talking about what it takes for you to become a designation or for geographic area or population headset to be developed.

25:17

Once that's done, you'd also need to demonstrate that the health professional area health professionals in the contiguous areas, either excessively distant already over utilized or inaccessible to the specific population under consideration. So what that means is, and there's a graphics, there's a graphic of this in the appendix for you guys to reference later.

25:38

But what it demonstrates is, if we say, for example, that Montgomery County is the rational service area that we're looking to designate the delivery of services, we're going to look at the ratio of population of the population to the providers within that rational service area, or Montgomery County, to determine that. It does have a shortage of providers to the population, per the numbers indicated in the statute.

26:05

I'm looking specifically at primary care.

26:07

That's 35,000 to one provider, and then we'll look at all the counties surrounding Montgomery County, so Prince Georges, Howard, off the top of my head, and a Rando.

26:18

I can think about any other one. Will look at the counties around Montgomery County to determine if the providers there are excessively distant already over utilized. So they're already overburdened and cannot take on any additional clinic or additional patient or and or inaccessible for whatever reason. There are private facility.

26:40

They're only seeing, or they do not accept Medicaid, which is a big piece of under service care.

26:46

They do not provide a sliding fee scale, so if they don't meet any of those things are as long as they pass those checks, that area then becomes designated. So again, this is specific criteria to get a geographic and population hips, that designation. And that means the area of the entire area where your facility is located, your or your clinic is located is getting the designation. This is not site specific for the entire geographic area, and that can either be the geographic area or the population identified within that geographic area where your clinic is located.

27:20

So now looking specifically at criteria for rural health clinics that want to get an automatic facility hips.

27:27

So this designation is for just a score for just, your facility, doesn't apply to anyone else. That applies to just your rural health clinic.

27:38

You first need to be, as I indicated before, CMS certified.

27:43

That means you go through the CMS certification process individually, but then they let us know, or we look at the quarterly report, that's provided by the state agency, and it indicates that your facility's there, you have a valid CCN number.

27:57

The next step there is then to meet the requirements of Section 334 and a Public Health Service Act, once you meet those, that's it for it. And statute, again, requires that the entity accepts all patients, including those on Medicare, Medicaid, and the state chip program. And it also requires the sites to use a schedule of discounts, and that's that sliding fee scale, depending on a patient's ability to pay long as you meet those requirements.

28:26

Also are CMS certified. Then the next step would be to meet the National Health Service Corps site requirement.

28:33

They are listed here, or there, listed further down on me, get into the specifics on the National Health Service Corps site requirements. I think it's a list of 10 requirement, and you can definitely reach out to our Division of Regional Operations to get specific from them, or begin conversations with them. I've included, when we get to that site, I included a link. that takes you directly to their Listserv, so you can get on the Listserv when they're having the application cycle is open, and begin having conversations with your regional.

29:06

Operate the visit of Regional Operations Officer now. So you can start getting the paperwork in order, in order to access the resources, if you are interested in becoming an automatically designated facility.

29:20

Now, we're getting into the scoring ... scores for geographic population. And most facility designations are based on a variety of factors.

29:28

three factors are the same across all three disciplines, and that's the population you provide a ratio.

29:34

The percent of the population at 100% FTO, then travel time to the nearest source of care.

29:40

For primary care, the nuance criteria is the Infant health index, and it's based specifically on infant mortality and low birth weight. And we give the score for whichever one of those two is higher, or we look at the ratio, whichever ratio is higher, And then you get a score based on that specific criteria. And that will be your out of a total of 25 points.

30:00

For dental, how the nuance criteria is fluoridation, our water fluoridation rate of the population have less than 50% of the population has access. The fluoridated water, and additional point is awarded, which get the score threshold of 2006. And then, for mental health, we have for additional criteria.

30:19

We look at the elderly and youth ratio, then, of course, the alcohol abuse prevalent, and substance misuse prevalence, and award points to an additional point based on each of those. And that brings us to the square breakout of 25 for mental health. Again, reiterating that the designation criteria is separate from scoring criteria. In order to first be designated, you have to meet the criteria set forth in the statute, and then based on, the numbers, are the ratios in which you fall into for the designation criteria or is assigned to you.

30:53

Now, we use these scores.

30:55

Of course, to allocate resources, 25 being being indicative of an area having 25 or 26, I'm sorry, being indicative of an area having higher need. And then going down. And of course, we're not saying that if you are in a space where you have a hip score of 8, 9, 10, 11, 12, you do not have a need. We just, of course, score based on the ratios of the information that we have available. Within the system, using the new standardized data that everyone where everyone is getting score across the board, using the same most update data within our system, and we award down from 25, 26, until of course, we run out of time.

31:37

I've included a slide here that shows the specifics on ... scoring calculation. It details you know what the multipliers are, and what the total total score threshold for each of the specific factors.

31:51

Of course, as you can see, if you go down the side here, on the blue, are looking at the dental health one, the blue, There's nothing in the infant mortality rate, low birth weight for dental health, because that is not existing criteria that's used there. And then, of course, you've got for mental health, it does not have the water fluoridation and low birth weight. Those aren't used in those pieces Are in that specific designation scoring calculation. So, this is here for your reference, Again, I made this is five, so you can pull this out if you ever want to reference, and note that the ratios are different for each of these categories.

32:26

These are listed out in the statute, both for what the scoring criteria requirements are and what the designation criteria require, criteria, requirements are, I apologize for that.

32:38

So now we'll get into the specifics on the medically underserved areas, medically underserved areas, and populations look at individuals or geographic areas that have a limited access to primary care services. We do have, or have seen population specific ... in the past. Generally, though, what, at least since I've been here, what comes across our desk, is medically underserved areas, looking at an entire geographic area.

33:08

Both of these can be used to qualify for the CMS certification piece, and these were originally created to support grant programs for health maintenance organizations and community health centers. These just measure the degree of under service of an area or population, looking specifically at the index for medical underserved.

33:32

So we've got the criteria listed out for you here. This is, again, coming back to the need for it to be irrational service area. This follows the same guidance as the rational service area requirement for HIPAA.

33:45

The different tier is that we calculate the Index of medical under service score, based on, you know, the primary care physicians, per one thousand population, the percent of population, at or below the federal poverty level, percent of the population, aged five, and then the infant mortality rate. In order to qualify for your ..., Or Or your anyway. Anyway, Pete, you have to have a score of less than 62. According to the IMU scale, And I've got that listed here. This is a breakout of the ratios.

34:20

So if you start, if, for whatever reason, let's use the example that the physician for one thousand pop ratio is at zero point fifty one, you get that score or weighted value of zero point five.

34:36

If your population, at the federal poverty level, is at zero point one, you get the weighted value of 24.6.

34:44

And, so on, and so forth. And that will lead you to your total IMU score.

34:47

As long as that total IMU score, again, as below 62, you qualify for that NCUA or NCUA P, and that is immediately awarded to you.

34:59

Again, um, there is a composite of approximately 25 points for each of these individual criteria words here represent completely complete under service. I'm sorry. And 100 represents the least under service, or lack of better term, the best sir.

35:18

This is the governor's exceptional MIT that I spoke about earlier a little bit. Areas with an iron you score of greater than 62 can still qualify as a special type of ... or And this will, again, require the governor to send us send a letter justifying.

35:37

Why are indicating what specific criteria they've created for that state? To give the state or this specific area, the New AP or GOV's exceptional MEP score, established back in 19 86.

35:51

And it's only applicable for certain programs. So you can't use the governance exception IMU AP for everything.

35:58

The special designation is provided at the request of the state governor. There generally unusual, specific to local conditions, and has to indicate in the letter from the governor the barriers to accessing personal health services. When these typically do come up requests for designation, under these exceptional procedures, always include a supporting data. Again, the company with P CO, and they will include a letter from the Governor.

36:26

Indicating why The designation though it meet or this anyway, though, it exceeds 62, still needs to be designated for purposes of health care services in the state.

36:39

All right, to now get into the nitty gritty of accessing National Health Service Corps resources, the National Health Service Corps site application process and RIT designation is necessary in order for RIT to get that auto hits that score.

36:54

So you do first need to be CMS certified, and, as I mentioned before, then meet the National Health Service Corps site criteria in order to get the auto hits a score. This is the website that I mentioned to you guys before.

37:08

It is NHC dot HRSA dot gov slash sites slash I'm sorry, site, S I T S plus tau, dashed, to apply dot HTML that would take you straight to a site, a website that allows you to sign up for the listserv.

37:27

I recommend that all of you, whether you're thinking, applying, you're using national service sites to sign up for that, it keeps you in the loop on when they're doing or if they're doing special programs, that are giving special allowances, to sign up to become an RIT or NHC approved site.

37:44

And it keeps you in the know of when the cycles are opening up.

37:47

It also gives you the ability to become in touch with your Division of Regional Operations, Project Officer Analyst, who can help guide you through preparing documents for when the site application process does open up.

38:01

You already have everything that you need to sign up for the program or to qualify NHS declination, National Health Service Corps connections. I'm sorry, to try not to use as many acronyms, are only allowed to serve at approved National Health Service Corps site.

38:18

Again, to apply to become a site, go to that website Sign up for the listserv. The facility must be an eligible site type and meet applicable requirements.

38:28

Beside application generally opened in the spring or fall. I did not mean to introduce that beautiful curtain into the slide deck, but it wasn't ice. The National Health Service Corps site requirements are required, are listed here. These are specifically managed by the Division of Regional Operations, and, of course, it does really stuff that you accept Medicare beneficiaries. You take chip.

38:50

You post, you have predominantly posted signage that shows your Fighting Fee Scale.

38:55

You agree not to reduce a clinician salary if they do get the National Health Service Corps Loan repayment, You're demonstrating in your books that you have sound fiscal management, and you have a recruitment retention plan, et cetera, et cetera. Again, the division of regional operations analyst or project officer will be able to go over these specific criteria in more detail than I, well as this is not necessarily my bailiwick. But I wanted to make sure that I had these listed out for you.

39:21

In preparation for you to seek out that ...

39:24

site certification if you were interested in accessing the National Health Service Corps resources. This is my last slide, and I know I breezed through that, I did that really quickly. Again, I am beyond the line until 20 30 or 3 o'clock, if you guys need me. Nathan, I am open for all the questions.

Nathan Baugh:

39:46

Alright, thank you very much.

39:49

So, I've opened the question box for attendees to type in their questions, and usually it takes a minute or two, and then the questions are coming in. So go ahead and type your questions in. Usually, we can only get to the first couple of ones, so you want to be early.

40:05

But while we wait for those questions to come in, I did have a question when you, as a rural health clinic.

40:14

Millimeter, How do you go through the process?

40:16

You're already clearly you're already in a hips because you know, you need it to be in a help center, too.

40:24

Establish your rural health clinic, right?

40:26

And then you decide, OK, I want to go to National Health Service Corps, I want to apply. Does that automatically trigger an auto hpsa?

40:39

Process? Or can you, do you not? You can be a National Health Service Corps site without going through the auto ...

40:47

process,

Dr. Janelle McCutchen:

so you can be a National Health Service Corps site without be going through the process, but a couple of things, I want to make sure there's clarity not. So you can get CMS certification for either being an ... or a hit OK?

41:04

Yes, sure, Yeah. That's good. Yeah, so, ...

41:09

don't qualify on their own for National Service Corps resources.

41:14

Or for all, let me not say that for all National Health Service Corps resources, hip says qualify for all National Health Service Corps Resorts, or you can be an RHC clinic If you are just, and let me go back to that slide here.

41:30

Maybe, here we go, if you are in a geographic repopulation himself.

41:35

Hmm, hmm, hmm, hmm, you still have to meet the National Health Service Corps resources to get, are a National Outsource site requirements to get National Service Corps resource.

41:48

You can use that hips for other that geographic repopulation headset for other federal programs that require, you be, in a hipster in general?

41:58

What about the National Service Corps? But if you are interested in using National Health Service Corps resources, you will need to apply to become a National Service Corps site and get approved.

42:09

mm thick, get hit.

Nathan Baugh:

42:11

Yes, I'll follow up on the ..., when you get it.

42:15

Let's say you're either muay, that was good point.

42:19

If you're only rural health clinic, because you're in a medically underserved area, you have to go and get auto ... score in order to be eligible, right?

42:27

But let's just say you do have a hipps geographic ipsa, in general, what, when I get an auto hip's score.

42:39

What what is like the layman's difference between my geographic hits on the ato hips or is it generally worth it to seek ato hips?

42:49

Is it be better?

Dr. Janelle McCutchen:

42:51

There's no way to really make that general, because it's dependent on there's a lot of factors, right. So, it's dependent on a geographic hipster.

43:01

It couldn't be taking up the county, which gives you either an increase population or an increase provider. It can give you an increased population with less.

43:12

Depends on those specific factors where, when you are an auto hipster, you're specifically looking at facilities within your, I find service area, the facilities looking at the population within your attributable service area, which we first do just a regular 30 minute travel polygon or 40 minute travel polygon when we generally get to in the system. But, as an artsy, you have the opportunity to go in and tell us exactly where your patient population is coming from.

43:40

You have an opportunity to go into the system and tell us exactly, what the known income of your patient population is. So, that has an ability to affect your score, so you're not just looking in general at everyone that's within your service area. We're looking specifically at your patient population. So, right.

44:01

Depending on what that data is, it can be one way or the other, is, how does the National Health Service Corps tick the higher of the two?

44:10

So, you can have, like I said before, you can have all know, have boat scores, but the geographic and art or population and auto HIPAA.

44:18

And whichever score is higher is what they're using for your National stereoscope.

Nathan Baugh:

44:23

All right. I apologize if you already said that. All right.

44:26

So, we're getting a lot of questions now, so I will stop asking my questions, start asking the audience questions. But I will just say, just in general, for people who are asking about the slides, the slides are going to be posted in the RHC dot org.

44:42

Uh, it's pretty easy. Once you get to that webpage, you just go to the Resources tab. and then, you will see the webinars.

44:48

The size will be posted there, as well as recording so, that that answers a lot of questions. All right, first question is from Chrissy and Grand, who asks, Will they consider adding the elderly or youth ratio to primary care?

Dr. Janelle McCutchen:

45:05

So thank you for your question. At this time, we are or I hope you guys know that in May of last year, we put out a request for information that closed back in September to look at potentially changing or modifying our scoring methodology. That is definitely something that we heard resoundingly comments that we received from stakeholders. We received about 275 plus comments. We're currently in the process of reviewing and running data machinations, but that is something that we heard. Note that, No. Of course, for an administration change, we do still have sort of getting all of that. But it, and at this time, we don't have a date for when, or if that is going to be a change that gets approved when we submit update to the methodology. But it is something that we've heard from stakeholders, and it is something that we are considering.

Nathan Baugh:

45:57

Perfect. Great. Thank you.

46:02

I see on the R timer here that this might, I'm hoping that it's not going to kick us out in NaN.

46:13

Yeah, so I'm going to see what I can do about it.

46:21

Wow.

46:27

Sorry, problem.

46:32

All right, well, I'm just gonna, it's, it kicks us out in NaN.

46:36

It's because it was set up.

46:40

Be like that. So I apologize, we're coming up to it. I'm just going to stall until we get pass. If not, we really thank you, doctor McKenzie. And if this is OK, I hope it's not. This would be an issue, a problem on our side.

46:55

And we can try to respond to those as we can.

46:59

All right.

46:59

I think we're OK, we just passed it, we're good.

47:03

I was like, it was giving me a countdown on my screen and I was panicking. All right, back to the questions.

47:11

Do MP's NPAs count as primary care physicians to calculate physician to population ratio?

Dr. Janelle McCutchen:

47:18

No, they do not.

47:19

So I think, I got stuck here in the Appendix three.

47:30

These are the populate these populations, these are the providers that count for the population or provider rate patient and scoring purposes, So both the designation criteria and the scoring criteria only looks at this type of provider. The dental auxiliaries, I counted on a ratio basis. So there's very, there's, it's not just one-on-one for dental auxiliary.

47:55

Family practice internal medicine, ..., and pediatrics are counted across the board in the same way.

48:00

And then for mental health, state primary care offices have the opportunity, or the ability to indicate that they want to use psychiatrist only, or psychiatrist and core mental health clinicians.

48:11

And those are listed here, and I can tell you, for a fact, all designations that are currently are all areas that are currently designated within the system, are using only psychiatrist for their FTE pieces are for the provider count for the population provider account.

Nathan Baugh:

48:27

Excellent.

48:29

Thank you.

48:30

Next. Now, that question was from Marco Bus Basket.

48:35

Next question is from Gretchen Hagglund Lively, who has left, but I do think it's a good question.

48:41

So mascot, how about how long does it take for the HRSA website to be updated after the state Office of Rural Health completes their review of the area slash designation?

Dr. Janelle McCutchen:

48:55

Not review any of our shortage designation application that's done by my team. We have 90 days after the application is submitted to us, so I'm gonna go through the entire process here, just to make sure that there's clarity. And this is recorded.

49:11

So, if you're looking at a geographic or a population designation, that one specifically, the application comes to us from the state primary care office. We leave it open for 30 days, as mandated by statute for comment. And then we have an additional 60 days to review.

49:29

My team has been reviewing designations within 60 to 75 days and the minute we approve those designation 24 hours later, max there in the system. But what we've seen so far is it takes about 15 minutes for any geographic repopulation designation to populate in the HRSA Data Warehouse. And that chart, that's data dot HRSA dot gov.

49:50

Now, automatic designation yes. Sorry.

49:53

Per data data dot HRSA dot gov when you want to look up or find a shortage area.

Nathan Baugh:

50:00

Yeah, hopefully that's the site she was talking about.

Dr. Janelle McCutchen:

50:03

Yeah, OK. So, if you are an auto hpsa, Once we do new for, let me, let me say this. Once you become certified by the National Health Service Corps site team, we add you to our import list.

50:22

This time, we're doing quarterly imports of auto of any new auto hip. So, so, that includes all types, include RHCS that have been CMS certified in our NHS the Approved. Our next import is scheduled to occur March 27. And we do want every quarter into calendar quarter year.

50:40

So, we're probably going to, do you want another one in June? We do one in December, and we'll probably do one in September, October timeframe.

50:48

Um, once you get into that, as soon as they import your information, It's usually done on the weekend. They do it on Saturday, it will be available. Sunday night.

Nathan Baugh:

50:59

OK, Perfect. Thank you.

51:01

Um, so next question is, Is similar to the question I was asking.

51:07

It's from Tiffany, who asks, What is the benefit of applying for the automatic CAHPS?

51:13

She has to 2 RHCs that are certified and approved, NHS, see sights. Sounds like I need to apply for the automatic. So, let me see, if I'm capturing away, you're saying, worst-case scenario.

51:26

You go through the Auto hips process, you get an even lower score, and then they still use Geographic Score.

51:32

So, you can, really can't hurt you to go through the process, but it's going to likely use different data that could give you a better score.

Dr. Janelle McCutchen:

51:45

Zach, let me, in layman's terms, I mean, let me say a couple of things. So, our standard data on our system is our standard data. It's used by all ..., but with your designation, you are able to input your site specific or facility specific information, which can change your score.

52:03

And I would recommend, as I've said before, everyone that's on the call, if you qualify for, if you already concrete with the NHSN site, brought that. And want to make sure you get your

automatic ... score to get one. Because we are in this space right now where we're going to do a global pandemic. A lot of different things are coming out of Congress on how to handle this.

52:24

Federally Qualified Health centers, Laos, RHCS, and IT use our cornerstone federal programs that are already supported, and they're generally giving us, We're hoping, giving us additional funds to ensure that our underserved communities are taken care of. And whether it may come down to them, creating a new program tomorrow, where they say, Perhaps a score doesn't matter. As long as you meet these requirements for B HW, you're able to access these funds.

52:51

I would much rather you already have the score and are immediately able to take advantage of those resources. Then you have to wait for us to do a quarterly import to get yourself designated as an auto facility and get access to those.

Nathan Baugh:

53:03

Perfect. Thank you for that extra clarity there.

53:07

Next question is from Timothy Hudson says, one, if a practice has been designated to end is purchased to the new owners have to re-apply for designation and two, how frequent does re designation have to be accomplished?

Dr. Janelle McCutchen:

53:23

So if you are a new site and a new owner, what generally, or what I've seen happen at least over the last three years at RIT is, you go into the quarterly state report as a no longer a site.

53:38

And then the new owners get a new CCN number with the New Name and the new ECN Identification Number.

53:45

And you get a completely new score, or you get a completely new address, or completely new name, and you get processed through.

53:54

That's what I've seen, I have not, I don't know, personally of any case where facility has just bought out. Another facility kept the same name. No information changes if anything changes on the CMS side when it comes to us. Of course, we process it as a new site.

54:08

Now, at this moment we are planning to do our next National Shortage designation update this year. It was scheduled for last year.

54:17

But of course due to the pandemic, we post bond.

54:21

The national authorities designation point in time update to this summer of 2021. We do not have a standard time again, new administration or how often these are going to be conducted. So far, this would be a second one. So, it'd be something that happens every two years.

54:36

But designations are required to be reviewed annually.

54:40

So you would have the opportunity to update your score. Anytime you have new information.

54:45

The auto hit support, or the data access, 24, 7, if you want to do a system data re score seven times in the next 24 hour matlack in the next seven days, you have the ability to do that. It takes a system about 24 hours to process it. But you do have the opportunity to inter supplemental information.

55:03

And, again, the product architect at 90 days to review, but out of HIPAA, specifically, have been getting reviewed within 30 to 45 days. Because we don't have that 30 30 day comment period requirement tied down to it. So as soon as they see them most of my project, after, they've been reviewing those automatically, and you're getting that score, or that new score with based on the updated information that you've provided, within that 24 to 72 hours.

Nathan Baugh:

55:28

But just to be clear, an auto ... score can't transfer from one owner owner to the next.

Dr. Janelle McCutchen:

55:34

Correct, OK.

Nathan Baugh:

So, yeah. So it sounds like if you have an auto hips, you must re-apply.

55:42

If you're in a geographic hips, it's going to be automatically applied applied to you.

55:50

Yeah, OK. Next question is from Eva Lavarre who asks, can you challenge your hips and score?

Dr. Janelle McCutchen:

55:59

You can challenge the Geographic Repopulation, hips, a score, but that's through the State Primary Care Office. Because they're the ones that submit those applications. That, I don't ... scores. You generally cannot challenge, because it's, again, based on the most up to date data in the system, or whatever it is that you put into the system. If you are updating it based on your specific data, It's your data that you provided us. The standardized data and the system, again, is

a standardized data, we're going to be updating that data in March, I believe, March 20th, 2019, Census, ACF, and CDC data, and that the data that's in the system or be used from those three organizations.

Nathan Baugh:

56:37

OK, perfect.

56:39

Next question is from Karen Alderidge, When do you need to update your emulator slash Ps?

56:46

or yeah, if your ... slash populations have not been updated in years, what is your recommendation?

Dr. Janelle McCutchen:

56:56

Your ... have not been updated years American to reach out to your state primary care office.

57:03

They have the ability to update those in the system. Again, it doesn't look generally. Let me not say that It doesn't generally require extensive documentation, is, again, identify the RSA, the system automatically pulls out that data now. They don't have to put anything into the system. And then as long as this course, less than 62, they can push that forward. I would again recommend you reach out to your state PCR State Primary Care Office and let them know that you'd like ... to be updated, and they can go through the process of submitting that application.

Nathan Baugh:

57:37

Perfect, OK, next question is from Patty Harper.

57:40

She's she has some, she's states, some state, P CEOs are really good about applying for hips are updates that we need to repeat that. Can you hear me?

57:52

Yes. Can you hear me?

Dr. Janelle McCutchen:

57:53

Yes, go ahead.

Nathan Baugh:

57:54

And she's at some State P C us are really good about applying for hips updates that we need for our prospective RHCS. Some tells us that we have to wait for national updates. Is this a state by

state decision that the POC can make? This causes access to care issues, an RHC delays sometimes.

Dr. Janelle McCutchen:

58:16

So, yes, that is a state by state issue, based on how the statute is written to make the decision on which applications they want to submit to us.

58:25

When you're having these incidents, says, my recommendation is always to send in a letter boat to pisco the governor, and to us. So, it's documented across the board that you have made a request for an update in order to ensure access to care. I know that might seem a little extreme, but, again, do remember that our co-operative agreement is that the state primary care office, we will not have the opportunity, or the ability to submit an application on their behalf, They need to submit it for whatever specific areas.

58:55

And you can ask them to justify that, but it generally helps if you have, the ability to demonstrate that you have made this request. And it's limiting your ability to provide access to the population.

Nathan Baugh:

59:06

And then, in that case, that that sounds like a geographic kept, sir, what you're talking about here? Right.

Dr. Janelle McCutchen:

59:12

Correct.

59:13

Correct.

59:15

You control you specifically are you control the ... process. You go through the application cycle you wrote you work directly with DRL. And once they lead us in our division of Regional Operations, I'm sorry, once they let us know that you meet the NHSN site requirement process. We get you through for a score and you're in the system individually. As individual facility for your own score.

59:37

It's your own score.

Nathan Baugh:

59:39

Thank you. OK, great. We have a few more questions here. I think we'll actually be able to get through all of them.

59:46

Next question is from Brad did. Yes, does the State have to submit the information required to update a? Hips? I think you just answered that or can a private entity submit the information? Some states are not timely requesting HRSA.

59:59

Updates at the hips, or emulator so I think you sorta just answered this, but he did ask, can a private entity submit information.

Dr. Janelle McCutchen:

1:00:10

Now they can out, these have to come from the state primary care offices. There are the authorized to submit applications perhaps that are, and that's a geographic and the population.

Nathan Baugh:

1:00:19

Got it.

1:00:20

All right, Next question is from Nikki Stevens said, Who asks, is there a fast track process to renew your hips or loan repayment status? Unfortunately, we had turnover and are not currently active, Would love any insight.

Dr. Janelle McCutchen:

1:00:39

So I don't want to speak for the Division of Regional Operations.

1:00:43

What I will say is, on our website, and I think I might be able to pull, that's up.

1:00:51

Or I can actually get this to Nathan, so you can get it out to you guys. We have the Division of Regional Operations Contact information, Or specific sites are state specific analysts, information on our website. And I would reach out to them individually, and let them know what your issues are. What your concerns are. You know that you had turnover, you got a new facility, you did not know that you needed to renew. Is there any possibility for them to do an off site application for you, and just make the case, again, that it's a matter of getting?

1:01:22

Resources are clinicians into an underserved area, and it's really important for you to get it submitted. I have seen them in the path to those off cycle site application. It's just a matter of requesting them, but I'll make sure that Nathan had the website link that sends you directly to the Division of Regional Operations Contacts. You can contact those individual state rep and get that specific question answered.

Nathan Baugh:

1:01:48

OK, perfect, next three questions are from Brian Nystrom, so I'm going to try to put them all together here.

1:02:00

So just bear with me. I'm gonna read them out and then you can respond.

1:02:04

He wants to know, can applying provider choose which hips and score primary care or mental health goes on their application for the S? NHS see loan repayment? Do primary care providers qualify to use the mental health score with their normal panel, having some mental health issues or do they have to be working specifically in mental health services and not primary care? He goes on, yes. When calculating the population to provide a ratio, is the score calculated for the same geographic CAHPS as it is for the auto ...?

1:02:40

And his last question is, When will the application for an HSE Loan repayment open for this year?

1:02:48

So, there's multiple questions there. All right. I just wanted to get them all out, OK?

Dr. Janelle McCutchen:

1:02:55

Let me tackle the NHC: when does the application side open? So, at this time, we don't have a date for when it opens, again, we're going to the changes in the administration, which means we're also changing our administrator. So, once we get a new administrator and we have all those, pockets kind of setup will have the ability to send to the lease out when the sidewalks are opening and closing. Again, the National Health Service Corps also has a listserv that let you know if you go to our general web.

1:03:31

I think it's like, every, two announcements reminding you that the cycle is open, and that's both for, or that is for all of the National Health Service Corps program. So I would definitely recommend that you sign up for that. But at this time, we do not have data on this type of open. Second question, NHS see, Applicant being able to pick between primary care and mental health? I think it's based on their taxonomy type. And I can't speak to the placement of National Health Service Corps clinicians at that. It's again also not my bailiwick.

1:04:05

What I have seen in the past is that if you fall into the family practice, internal medicine pediatrics piece, and it doesn't pay mental health specialty, or Mary and family, Marriage and family services are licensed professional counselor, et cetera. You can't go into mental health. But, again, I cannot speak to the specifics of how that evolved or changed, as I have not participated in the applicant placement process in the last five years, and I'm sure that they're doing things a little bit differently now. So I would definitely recommend that you post that question specifically to the Division of National Health Service Corps, There is a fine line that you can call to ask that question when you go to sign up for the National Service Corps listserv.

1:04:47

And, again, I'll get all these tools over to Nathan, and there's a phone line, and then you can send a direct e-mail asking if it's one or the other. Last question, I miss that.

1:05:02

Aye.

Nathan Baugh:

1:05:04

I think it's due primary care providers qualified to use the mental health score.

Dr. Janelle McCutchen:

1:05:10

I can't speak to that. You'll want to go to the Division of National Service Corps to get clarity on that. I have not seen them allow them to fluctuate, or have the ability to use and Mental Health Service Corps in the past, but again, things may have changed. So I would rather you ask that question directly to them.

1:05:27

There was another question, though.

Nathan Baugh:

1:05:32

When calculating the population to provide a ratio, is calculated the same for geographic area hips, as it is for facility opposite ...?

Dr. Janelle McCutchen:

1:05:42

So, the ratios for qualification are the same.

1:05:49

Just the service area that is used to gather the population to providers are different, and, again, that's just in statute.

1:05:57

We don't change the designation criteria that they are out of, it says that pretty much how that kind of sat. Scoring is done the same way.

Nathan Baugh:

1:06:07

Perfect. OK, I think we have really 1, 1 more question and then two more comments.

1:06:15

We're having an issue where we lost our HRSA designation due to an asset test on our financial assistance policy.

1:06:26

However, Medicare requires an asset test to be able to submit bad debts for reimbursement on our cost report.

1:06:34

Or, I think that either CH, I?

1:06:41

Do you have any insight in this? So, does does that question make sense to you?

Dr. Janelle McCutchen:

1:06:49

Hello. Nathan. I lost you there. You asked me,

Nathan Baugh:

did you hear that question?

Dr. Janelle McCutchen:

1:06:53

I heard the CH IPs OK, up to ask from you?

Nathan Baugh:

1:07:01

OK, so then that was, that was pretty much everything. So do you have any insight on, on how they are supposed to handle that, because they have to have an asset test for it to do bad debt?

1:07:13

But then, because they had that asset test, they lost their HRSA designation, because I guess they're not allowed to have that on the sliding fee scale, or, as he puts it, the financial assistance policy.

Dr. Janelle McCutchen:

1:07:29

I cannot speak to that. That would be something of a division of regional operations. I would recommend reaching out to that state, and analysts, specifically, and asking, if there is a possibility for having, you know, either a temporary score, temporary brief, or like a probationary period, were able to demonstrate that you are actually providing services, and you don't have an immense amount of bad debt, again.

1:07:54

I or our team, does not complete the site review process.

1:07:59

But over the years, I know we've had worked with all the sites, especially concerning the financial piece, in order to ensure that we're able to get clinicians into our underserved communities. So I would definitely recommend reaching out to them. Don't just take the application rejection, or the denial. See if you can get some specific, and they generally do work for you in preparation for the next application cycle, to make sure that you're prepared.

1:08:27

For the next go round.

Nathan Baugh:

1:08:28

That does mean if that is really the the policies are conflicting there.

1:08:35

Then it's something that you have, we literally we can escalate and maybe work on a solution. I'm speaking more for NARHC here, but certainly, that would be unfair if you have conflicting requirements.

1:08:51

Um, yeah.

1:08:53

So, Alex Prado, who, I believe, is 20 year subcontractors from the Idaho PCO puts his contact info there and he says he, anybody from, can reach out, but I'm presuming see, he wants to hear from the folks in Idaho. So, thank you, Alex, for joining us. Next question or the next comment is, From the Texas PCO from Cindy Moelis now is Write that off cycle. And HSC site applications are done on a case by case basis.

1:09:29

Brian Nystrom says, Thank you, very helpful. And then we have actually two more questions that just came in.

1:09:35

Is it possible from And this is from Brad Pitt Is it possible to use the hips up process to get a clinic initially certified for a location where the hips or MMA has not been updated in the previous four years?

Dr. Janelle McCutchen:

1:09:53

It's possible if you already have a CCN number. So, you already need to be a CMS certified site that shows up on that state survey list. Because that's our source record CMS that you are an eligible RHC.

Nathan Baugh:

1:10:08

Yeah, so, but Tim, using the word initially, probably means that he doesn't have that PCC, I can have it, yeah. You know,

Dr. Janelle McCutchen:

then it's not, and that wouldn't work, will need the CCN in order to move forward with the process.

1:10:22

Nathan Baugh:

Yeah.

1:10:24

because that is, there has been an issue, sometimes, where the area is ahimsa, or it is a headset, but it hasn't been not an MLA, but it is a hipster and it has not been updated within the last four years.

1:10:42

It's, you're looking at an area like that.

1:10:46

Is your best chance to get an updated, to, reach out to the pisco?

Dr. Janelle McCutchen:

1:10:54

Yes, mmm hmm.

1:10:56

Definitely, You want to reach out to the PCO, but also? Because you first want to, of course, get bad ... in order to ensure that you then can go into CMS and apply to get recertified to them, to get the CCN to, then go through and get your hips.

Nathan Baugh:

1:11:14

Right, right. But just in situations where you have an area that has an out of date, have said that the place to go is the PCR, right? Correct.

Dr. Janelle McCutchen:

1:11:23

Correct.

Nathan Baugh:

1:11:24

All right.

1:11:26

That, that does it from my question. Cindy gives us two more comments.

1:11:31

She said the question on the assets on the sliding fee scale is addressed in the NHS sea Site Reference Guide and Texas can contact Cindy Ellis. Cindy Alice had, the ... dot texas dot gov. So, with that, we have completed all the questions. Thank you all for staying with us.

1:11:50

I want to thank you all for attending our webinar, and especially our speaker, of course, doctor, to now McCutchen, as well as the Federal Office of Rural Health Policy for sponsoring the IEC Technical Assistance Webinar series.

1:12:06

Again, please encourage others who may be interested to register for our series at ... dot org.

1:12:13

And we welcome you to e-mail me with your thoughts and suggestions for future topics at Nathan Dop at an RHC dot org.

1:12:22

Input, RHC, webinar topic in the e-mail line. We do have a code to give out. Unfortunately, we didn't get the code and the onto the slides, but it's fine. We will make note of it.

1:12:34

The code for our certified rural Health Clinic professionals is U L six, D G, again, that is U L six, D G.

1:12:46

When we scheduled the next webinar, a notice will be sent by e-mail to those who have registered. It, I can't commit fully, but I think we may have something coming on the new E and M codes and the coding there.

1:12:59

So, just beyond alert for that.

1:13:04

Any last things that you want to say? doctor McCutchen as soon as we end It cuts us off, kind of abruptly All right. I just wanted to thank everyone for your patience. I apologize for the constant sound loss and the difficulties in logging on. I really do appreciate the opportunity, Nathan: to speak to you guys, and I hope that the information that you received today was informative and gave you a little bit more clarity on the shortage. Designation: process on the screen, you have my personal e-mail, ..., or J anderson at HRSA dot gov, and the shortage designation Branch, General e-mail box, the FTP at HRSA dot gov that you can send any additional questions to. As I mentioned before, I will be getting to Nathan, both DR, our Division of Regional Operations Contact List, and the National Health Service Corps listserv e-mailed to you guys, you guys can or website, so you guys can sign up for the listserv and be kept in the loop.

1:14:00

For the individual that had a question on the financial assessment, Cindy is correct that the specific on that are included in the site reference guide, but again, I would still recommend that you reach out to your regional operations officer, any of you that are seeking to get the NHS certified site certified. So you can begin the process of gathering the documentation and the information you need, and you're prepared when the application cycle open. Again, thank you so much, Nathan and the National Association of Rural Health Clinics for giving us the opportunity to speaking to you today. I hope this was informative. And would assist you, as you go through the process of continuing to serve our underserved communities. Thank you for everything that you do. And you guys have a great day.

1:14:40
Thank you, everyone.

1:14:42
Have a good one.

1:14:44
Bye.