

42nd Annual Oregon Rural Health Conference





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October 1-3, 2025

Uncharted Waters: Surviving Unprecedented Change

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The passing of H.R. 1 (OBBBA) puts rural hospitals and clinics at risk with an increase in uninsured populations and decreases in reimbursement. Oregon, like other states, could be negatively affected.

What can we do to navigate the changes?

How can we change course?

Who will have a life preserver? Who will pilot the ship?

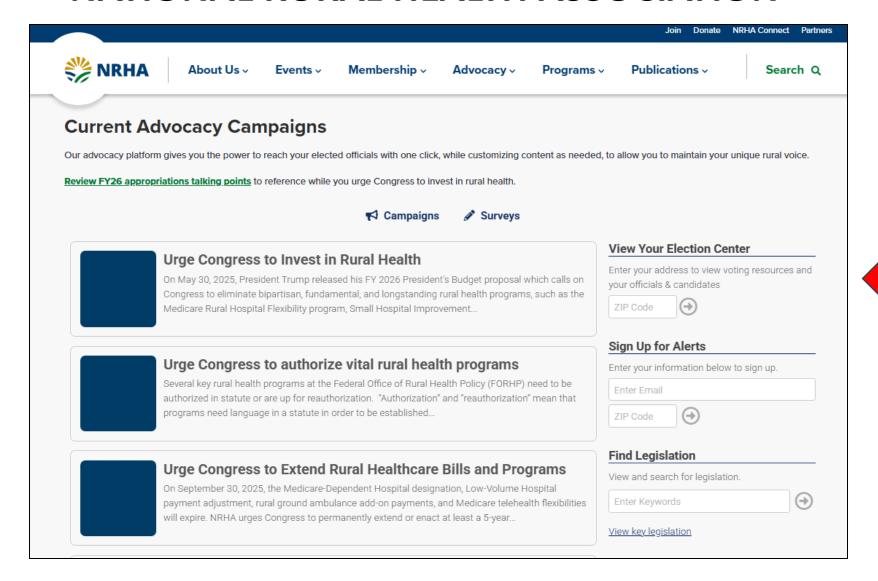
Where is the destination?





Advocacy: Let Your Voice Be Heard

NATIONAL RURAL HEALTH ASSOCIATION



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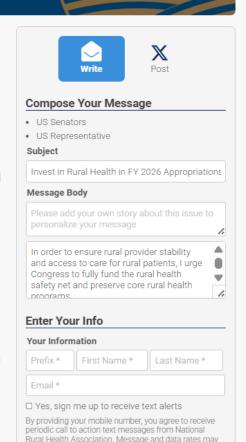
Urge Congress to Invest in Rural Health

On May 30, 2025, President Trump released his FY 2026 President's Budget proposal which calls on Congress to eliminate bipartisan, fundamental, and longstanding rural health programs, such as the Medicare Rural Hospital Flexibility program, Small Hospital Improvement Program (SHIP), and State Offices of Rural Health.

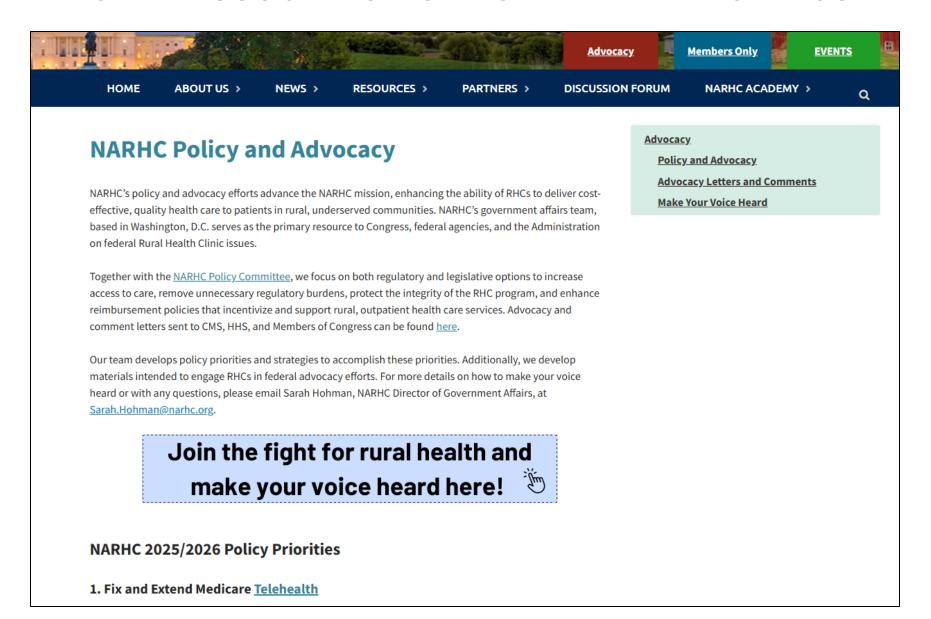
On July 31, the Senate Appropriations Committee marked up its Labor, Health and Human Services (LHHS) FY 26 appropriations bill. NRHA supports the Senate's bill and is pleased to see all core rural health programs funded at the same level as FY 2025 or higher. NRHA urges Congress to pass this legislation to support the health of rural communities nationwide.

The Senate Appropriations Committee's FY26 LHHS bill includes the following:

- \$66.27 million for the Medicare Rural Hospital Flexibility Grant Program (Flex) (FY 25: \$64.277 million)
- \$13.5 million for the State Offices of Rural Health (FY 25: \$12.5 million)
- Funding the Rural Residency Planning and Development Program at \$14 million (FY 25: \$12.7 million)
- Funding the Rural Communities Opioid Response Program (RCORP) at \$145 million (FY 25: \$145 million)
- \$6 million for the Rural Hospital Stabilization Pilot Program (FY 25: \$4 million)



NATIONAL ASSOCIATION OF RURAL HEALTH CLINICS



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About ORH

Rural Health Clinic Programs



ORH provides guidance on becoming a certified Rural Health Clinic (RHC), assistance on compliance and operations and Practice Assessments that include: market share, supply & demand, productivity, coding, staffing levels, staff satisfaction, and clinic benchmarks. ORH also supports RHCs by providing regular updates on the changing regulations at the federal and state levels. ORH offers the bi-monthly RHC newsletter, which provides clinics with the latest information on topics from Medicare and Medicaid, billing and coding to education opportunities. Register for the newsletter Description.

JUST TELL YOUR STORIES!

- About your clinic
- About you
- About your patients
- About your communities
- Daily Struggles
- Your fears
- Your successes

This is not your grandfather's RHC!

Change will require more change!

- We will not be able to do business the same way and expect to meet the challenges of restructured government programs.
- We will need to be forward-thinking.
- We will need to do things differently to survive
- We will need to think differently to thrive.
- There are internal organizational changes that only we can make.
- The transformation will need to start from within.

Paradigm Shift

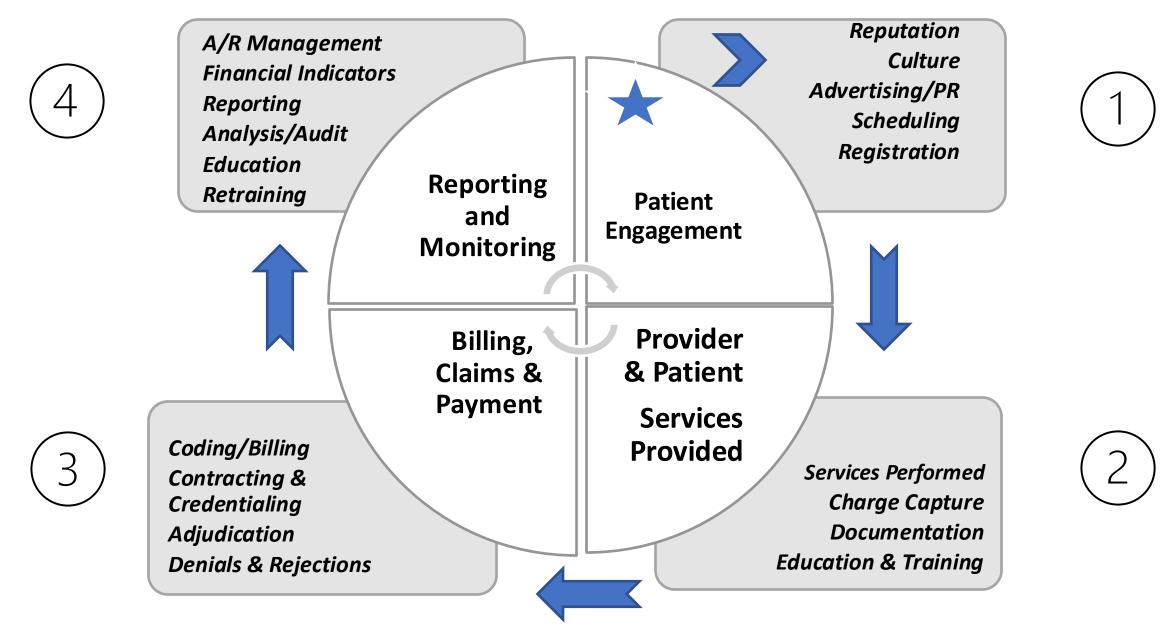
A paradigm shift is a fundamental change in the basic concepts and experimental practices of a scientific discipline. It is a concept in the philosophy of science that was introduced and brought into the common lexicon by the American physicist and philosopher Thomas Kuhn. Even though Kuhn restricted the use of the term to the natural sciences, the concept of a paradigm shift has also been used in numerous non-scientific contexts to describe a profound change in a fundamental model or perception of events.

Look at clinic differently

Questions to Ask

- What is our "special sauce"?
- Are we more patient-centered or provider-centered?
- Are we convenient?
- Have we gotten into a rut?
- Do we respect our patients? Our staff?
- Would I want to come here as a patient?
- What can we do to be more efficient?
- What can we do to retain our panels and even grow?
- Do I need an outside set of eyes on this?

Re-evaluate Your Revenue Cycle Processes



Patient Engagement

REPUTATION, PR, ADVERTISING, CULTURE ENGAGEMENT SCHEDULING REGISTRATION BACK TO SCHOOL EVENTS COMMUNITY EVENTS BE VISIBLE





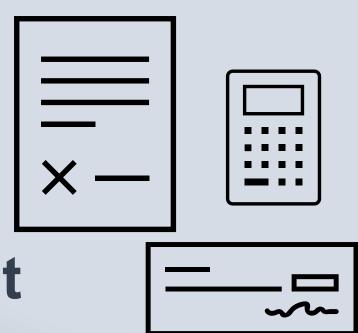
Patient Care Models

CLINICAL WORKFLOW
TEAM BASED CARE
ELIMINATE SILOS
PERFORMING SERVICES-GAIN EFFICIENCIES
CAPTURING CHARGES
DOCUMENTATION
EDUCATION



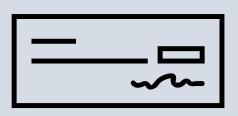
Billing, Claims Submission & Payment

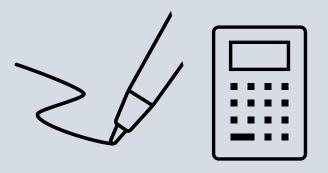
WORKING WITH RCM PARTNERS
INVEST IN TRAINING AND EDUCATION NOW
CONTRACTING AND CREDENTIALING
EDI AND CLEARINGHOUSE ISSUES
PAYMENT ERROR & POSTING ERRORS



Reporting & Monitoring

WHAT PAID?
DID IT PAY CORRECTLY?
DO WE HAVE A PAYER PROBLEM?
DO I EVEN KNOW WHAT I AM GETTING PAID?
ANALYSIS—KEY PERFORMANCE INDICATORS
EDUCATION AND TRAINING





Look at your numbers Look at your data

Know where you stand NOW

- Get reports!
- Look at the reports!
- Know your benchmark KPIs
- Know your payer mix
- Know your strengths
- Know your weaknesses
- Set goals
- Monitor performance—financial and culturally

Make Your Next Program Evaluation Count!



- Use your program evaluation strategically
- Look at Census data
- Look at Community Partners
- What can we add
- What can we take away
- How can we meet the needs
- How can we fortify the "ship"
- Being proactive is better than being reactive when the cuts start coming.
- Get help before it is too late

Keep the main thing, the main thing

It is true that there is no mission where there is no margin.

However, it is even more true that mission will drive margins when organization can pivot while keeping their focus on patient care.

Remember why you have a rural health clinic.

Remind your staff how important they are.

Respect your patient

