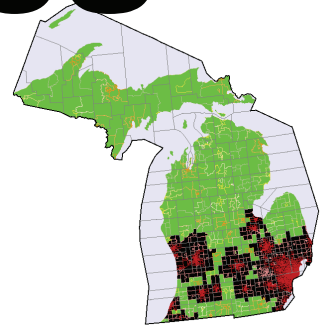


Michigan Rural Health Clinic Survey 2008



MICHIGAN CENTER FOR RURAL HEALTH

The Michigan Center for Rural Health (MCRH) is a non-profit organization formed in 1991 as part of a nation-wide, federal and state initiative to recognize the importance of rural health care and create a mechanism for resources to flow to rural areas. The MCRH was granted 501(c)(3), not-for-profit status, by the Internal Revenue Service in 1994. The MCRH is located on the campus of Michigan State University in the College of Osteopathic Medicine.

The MCRH is organized on a directorship basis. The organization is governed by a Board of Directors consisting of representatives from each of the following organizations: Michigan Osteopathic Association, Michigan State Medical Society, Michigan Nurses Association, Michigan Health & Hospital Association, Michigan Primary Care Association, Michigan Association for Local Public Health, Office of the Governor, Michigan Department of Community Health – Health Policy, Michigan Department of Community Health – Emergency Medical Services, Michigan State Senate, Michigan State House of Representatives, and the Michigan State University College of Osteopathic Medicine.

Our Vision: “The Michigan Center for Rural Health will be universally recognized as the center for expertise for rural health in Michigan through creative and visionary education, service, and research.”

Our Mission: “To coordinate, plan, and advocate for improved health for Michigan’s rural residents and communities.”

The MCRH plays a key role in rural health care by assisting in the creation and implementation of partnerships among non-profit groups, health departments, hospitals, private industry, government and academia to create new opportunities in the areas of network development, quality of care, emergency medical services, continuing education, recruitment of health care providers, and sustainable economic development.

ACKNOWLEDGEMENTS

The Michigan Center for Rural Health thanks all of the certified rural health clinics that participated in the study. Thank you to everyone that took the time to collect the data, complete the survey and submit it to us. In addition, we would like to thank the MCRH staff for assisting in data collection, data entry, analysis and editing. And a special thank you to Ron Nelson and Travis Fojtasek for content and analysis.

Table of Contents

| | |
|--|----|
| RURAL ENVIRONMENT | 3 |
| BACKGROUND | 3 |
| RHC QUALIFICATION CRITERIA | 3 |
| DEFINITIONS TO KNOW | 4 |
| WHAT IS A CERTIFIED RURAL HEALTH CLINIC?..... | 5 |
| WHO IS ELIGIBLE TO BE AN RHC? | 5 |
| MEDICALLY UNDERSERVED AREA AND MEDICALLY UNDERSERVED POPULATION MAP | 6 |
| PRIMARY MEDICAL CARE HEALTH PROFESSIONAL SHORTAGE AREA MAP | 7 |
| SCOPE OF THE STUDY | 8 |
| METHODOLOGY | 8 |
| Part 1: Administrative/Physical Plant Information | 9 |
| Part 2: Billing, Fee, and Provider Information | 12 |
| Part 3: Technological Information | 16 |
| Part 4: Check List of Services Offered | 19 |
| Part 5: FTE Employees By Service Category | 21 |
| Appendix A: Survey Instrument..... | 22 |
| Appendix B: Correspondence | 29 |
| Appendix C: Supplemental Tables..... | 33 |
| Table C.1, Question 10, Page 11 | 34 |
| Table C.2, Question 11, Page 11 | 34 |
| Table C.3, Question 12, Page 12 | 36 |
| Table C.4, Question 2a, Page 12 | 37 |
| Table C.5, Question 3, Page 12 | 38 |
| Table C.6, Question 5, Page 13 | 39 |
| Table C.7, Question 7, Page 13 | 40 |
| Table C.8, Question 4, Page 17 | 40 |
| Table C.9, Question 8, Page 18 | 41 |
| Table C.10, Question 10, Page 18 | 41 |

RURAL ENVIRONMENT

The fragile health care infrastructure in rural areas faces many challenges. The population in rural areas is spread over large areas making local access to needed services difficult to provide. Michigan winter weather can contribute to geographic isolation by causing roadways to be dangerous or impassable. Rural areas traditionally show higher rates of unemployment, lower median household incomes, and lower percentage of high school and college graduates. The population is typically older than the population of the state overall. The changing reimbursement environment has had an impact on rural health care providers.

Fifty-seven out of 83 Michigan counties have been designated as non-metropolitan statistical areas and are considered rural, based on U.S. Department of Management and Budget criteria. As such, none of these 57 counties contain an area that includes a central city urbanized area with a population of 50,000 or more, or a total area population of 100,000 or more. Slightly more than 18% of the state's population (1,881,240 of the state's 10,120,860 population as estimated in 2005) resides in rural counties.

BACKGROUND

To make quality health care available to millions of children and adults living in medically underserved rural areas the federal government created the rural health clinics program in 1977. This program, authorized by Public Law 95-210, the Rural Health Clinic Services Act, assures Medicare and Medicaid reimbursement to certified clinics staffed by physician assistants and nurse practitioners working with physician supervision. The purpose of the rural health clinic program is to increase primary care medical services in rural, physician shortage areas by utilizing physician assistants and nurse practitioners and to provide reasonable cost-based compensation for the care of Medicare and Medicaid patients.

The concept of reimbursing clinics for services provided by physician assistants and nurse practitioners to poor and elderly rural Americans had widespread support. The program, however, failed to thrive until, more than a decade later, Congress made a series of changes that reduced burdensome paperwork, increased payment levels, and enhanced technical assistance and awareness. Modifications to state physician assistant laws, such as relaxation of on-site supervision requirements and the delegation of prescriptive authority, have also contributed to the program's success.

RHC QUALIFICATION CRITERIA

The RHC program is a certification process that allows rural health care providers to apply for if they meet certain criteria. A clinic must be predominately primary care practice (family practice, general internal medicine, pediatrics, obstetrics and gynecology) and meet the criteria listed below to be eligible for certification. For more details please review "Starting a Rural Health Clinic – A How-to-Manual." This manual can be found on the Michigan Center for Rural Health website

(www.mcrh.msu.edu). To start the application process a clinic can contact the Michigan Center for Rural Health to verify that the RHC qualifications are met. For survey and certification questions a clinic must contact the Michigan Department of Community Health Survey & Certification Division.

Criteria for certification:

- The clinic must be located in an area defined by the US Census Bureau as NOT an urbanized area.
- The clinic must be located in an area that is federally-defined as either a health professional shortage area (HPSA) or a medically underserved area (MUA); or in an area designated by the State's Governor as underserved.
- The clinic must employ a nurse practitioner, physician assistant, or certified nurse midwife at least 50% of the time the clinic is open.
- The clinic must have physician oversight from a physician who is on site, at a minimum, once every two weeks and available to see patients, consult with the provider(s) and review medical practices when necessary.
- The clinic must offer these six laboratory tests on site: pregnancy test, examination of stool occult, glucose, primary culturing for transmittal, hemoglobin or hematocrit, and urine.
- Shortage designation must have been updated within the last three years.

DEFINITIONS TO KNOW

Independent RHC: a free-standing clinic owned and operated by a physician, physician assistant, or nurse practitioner. Independent RHCs and provider-based RHCs owned by hospitals with over 50 beds are reimbursed at an "all-inclusive" rate. This rate is based on the RHCs allowable costs for core services under the Medicare RHC program divided by the number of patient encounters for a fiscal year.

Provider-based RHC: a provider-based RHC must be affiliated with a hospital, skilled nursing facility, or a home health agency and must operate under common licensure governance. Provider-based RHCs owned by hospitals with under 50 beds are reimbursed at 100% of allowable cost for Medicare and Medicaid patients.

Cost-based reimbursement: A payment system that reimburses a clinic for its actual cost to provide the service.

Allowable cost: Covered Medicare Services such as Physician Services, Physician Assistant, Nurse practitioner, Nurse Mid-wife, Clinical Psychologist, Clinical Social Worker, Services and Supplies Incident to the above, Provider Services, and Visiting Nurse Services.

Encounter: A face-to-face visit between an RHC patient and an RHC provider where a medical decision is made.

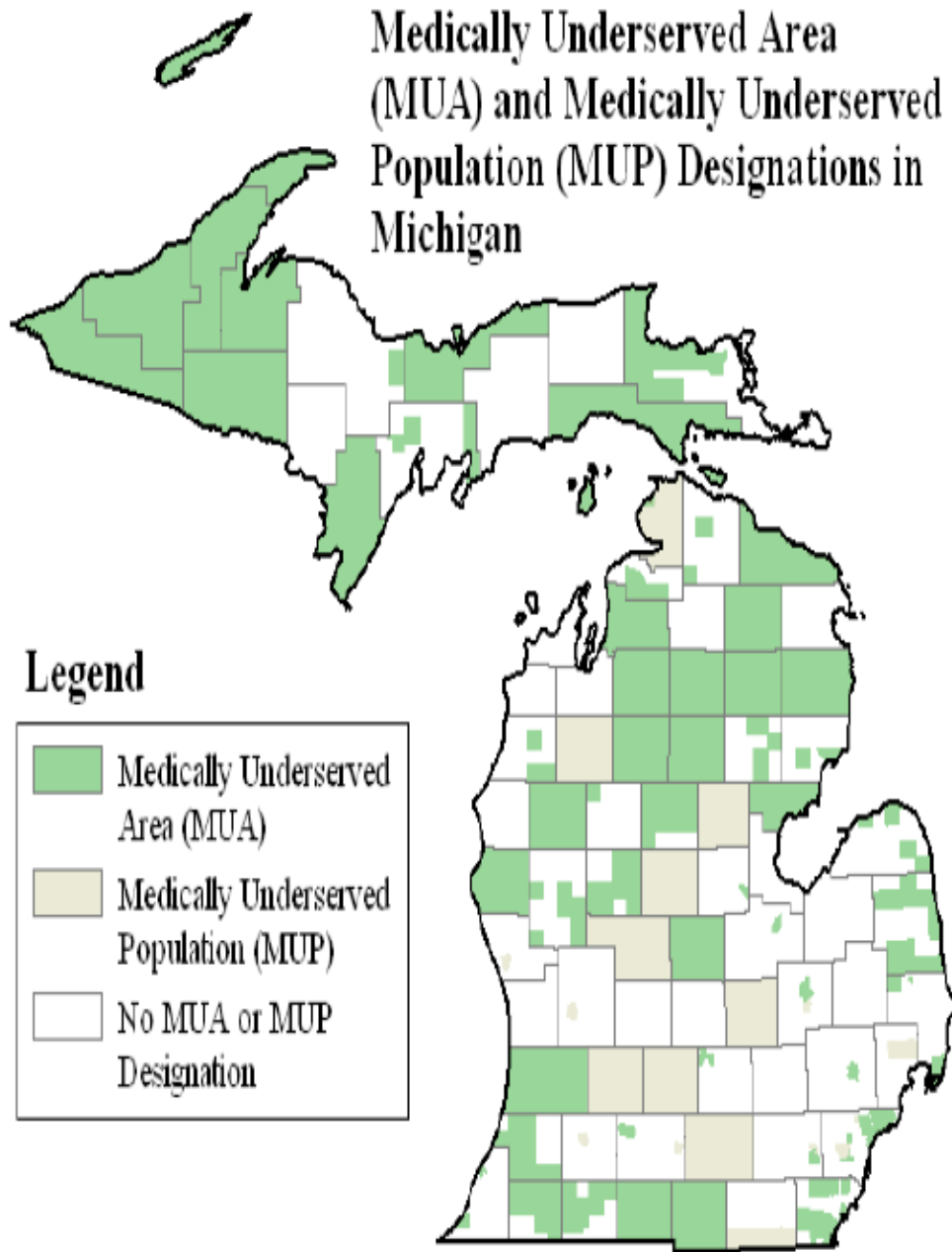
WHAT IS A CERTIFIED RURAL HEALTH CLINIC?

A certified RHC is a rural clinic meeting the qualification criteria earlier stated. In addition, the distinguishing factor from other primary care practices is the manner by which the clinic is reimbursed for Medicare and Medicaid patients. Certified rural health clinics receive cost-based reimbursement for Medicare and Medicaid patients. Certified rural health clinics can be either independent or provider-based and that determines which cost-based reimbursement method is applied.

WHO IS ELIGIBLE TO BE AN RHC?

The maps on the following pages show areas that have HPSAs or MUAs. Detailed information on designations is available on the Health Resource and Service Area (HRSA) website at bhpr.hrsa.gov/shortage. This site also provides the designation date for all HPSAs and MUAs. This information is important because a shortage designation must have been updated within the past three years to make it eligible for RHC status. For in-state information on HPSA designation and whether your location is an area defined by the US Census Bureau as NOT an urbanized area, contact Ian Horste, Michigan Department of Community Health (517) 241-9947 or Steve Shotwell, Michigan Center for Rural Health (517) 355-7758.

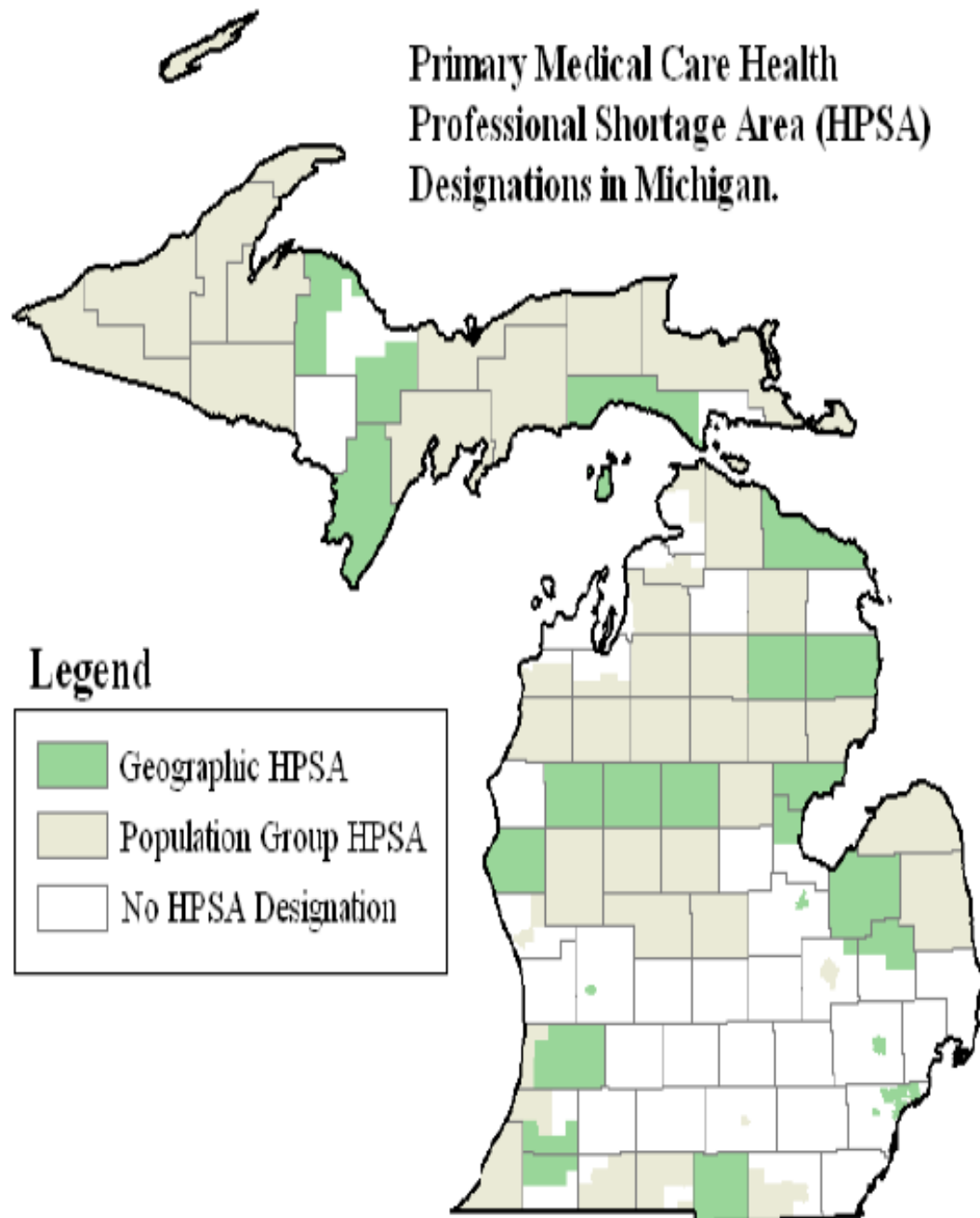
**MEDICALLY UNDERSERVED AREA AND MEDICALLY UNDERSERVED
POPULATION MAP**



Designation Data Source: Health Resources and Services Administration
<http://muafind.hrsa.gov/>

Update Date: 12/18/2007

PRIMARY MEDICAL CARE HEALTH PROFESSIONAL SHORTAGE AREA MAP



Designation Data Source: Health Resources and Services Administration
<http://hpsafind.hrsa.gov/>

Update Date: 12/18/2007

SCOPE OF THE STUDY

The purpose of the 2008 Michigan Rural Health Clinic survey was to collect data on specific information regarding 1) "Administrative/Physical Plant;" 2) "Billing, Fee and Provider;" and, 3) "Technology" among the 133 certified rural health clinics in Michigan. Additionally, data were collected on services offered and the RHC workforce. The data are presented in a format that can be useful to Michigan's residents, health care providers, and policy makers.

METHODOLOGY

It has been ten years since a statewide survey of Michigan's certified rural health clinics was completed. In April 2008, the Michigan Center for Rural Health, in collaboration with the Michigan Rural Health Clinic Organization, funded by a grant from the Michigan Rural Health Association through the National Rural Health Association, began development of a survey instrument designed to capture the status of certified rural health clinics in Michigan.

A comprehensive five-page survey was developed during the 2008 winter/spring. The RHC survey was announced and promoted at the Annual Rural Health Conference in April 2008. A pre-Survey announcement letter was mailed May 21, 2008.

A survey cover letter and questionnaire were sent to all 133 Michigan rural health clinics on May 28, 2008. A follow up cover letter and another survey instrument were sent to all non-responders on June 18, 2008. A third and final cover letter and survey form was mailed July 9, 2008 to all non-responders.

Altogether, 71 completed surveys were returned giving a response rate of 53%. The data were entered into an SPSS database and analyses of the data began in the fall of 2008. The findings from these data are presented in the following sections of this report.

Part 1: Administrative/Physical Plant Information

The first section of the survey instrument utilized in this study was developed to help provide a general overview of current administrative and physical plant status.

These questions gathered administrative and physical plant information in the following key areas:

- Ownership of the Clinic
- Certification
- Infrastructure
- Quality Assurance Programs
- Policies and Procedures
- Marketing
- Hours of Operation

Responses to Question 1

Question 1 was close-ended and the respondent was asked to answer the following question regarding the whether or not the clinic is provider-based or independent.

1. Are you a provider-based RHC or an independent RHC?

The most frequently given answer (42 of 70 responses, or 60%) was that the clinic was independent. Twenty-eight respondents (40%) replied that the clinic was provider-based. One respondent did not answer.

Responses to Question 2

Question two was open-ended and asked the respondent to name the ownership of the practice. For purposes of confidentiality the responses were coded as either physician-owned or hospital/healthcare system-owned.

2. Who owns the practice?

The most frequent response (50 of 69 responses, or 73%) was that the practice was hospital/healthcare system-owned. Nineteen respondents (28%) answered that the practice was physician-owned. Two cases were missing.

Responses to Question 3

Question three was closed-ended and asked the how long the RHC had been certified.

3. How many years has your RHC been certified?

Sixty-seven respondents answered this question. The range was from 0 to 22 years. The mean was 11 years; the median was 11 years; and, the mode was 10 years. Four respondents did not answer.

Responses to Question 4

Question 4 was developed to determine when the responding RHC was last re-certified.

4. What year was your last re-certification?

The range was from 1995 to 2007. The most frequent year cited was 2005 (17 of 51 responses, or 33%). The second most frequently cited year was 2004 (6 of 51 responses, or 12%). And, 2003 was third with 5 responses, or 10%. There were 20 respondents who did not answer this question.

Responses to Questions 5, 7, 8, 9, 9a

Questions 5, 7, 8, 9, and 9a were a series of “Yes” or “No” responses. The responses are tabulated below in Table 1.1. Percentages reflect valid responses. Four respondents did not answer question 9, and 11 respondents did not answer question 9a.

Table 1.1

| Question Number, Section 1 | Yes | % | No | % |
|--|------------|----------|-----------|----------|
| 5. Has your clinic changed ownership in last 5 years? | 19 | 27 | 52 | 73 |
| 7. Do you own your building? | 33 | 46 | 38 | 54 |
| 8. Are you planning any physical plant improvements? | 15 | 21 | 56 | 79 |
| 9. Do you have a Quality Assurance Performance Plan (QAPI) in place? | 58 | 87 | 9 | 13 |
| 9a. If “Yes,” are you conducting any QAPI activities? | 55 | 92 | 5 | 8 |

As illustrated in Table 1.1 above, 54% of respondents do not own their building. A large majority of the practices (79%) are not planning any physical plant improvements. Of the 67 respondents who answered question 9, a large majority (87%) has a QAPI in place. Lastly, of the 60 respondents who answered question 9a, a significant majority (92%) were conducting QAPI activities.

Responses to Question 6

Question 6 was developed to determine the age of the building in which the RHC was practicing.

6. How old is your building?

The range for the age of these buildings for the 64 cases that responded was from 1 year to 100 years. The average age was 24 years; the median was 20 years; and, the mode was 30 years. Two respondents did not know the age of their building and 5 respondents did not answer.

Responses to Question 10

10. When did you last update your Policy and Procedure Manual?

Of the 71 respondents, there were 64 valid responses to this question. Five responses were not valid and two respondents did not answer. Responses are grouped into the three categories shown below.

| | |
|----------------------------|----|
| Within the last 12 months: | 56 |
| 13 to 24 months ago: | 3 |
| Over 24 months ago: | 5 |

As seen above, a large majority of the respondents (88%) had updated their Policy and Procedure Manual within the last year, whereas 5% had done so in the last 13 to 24 months, and 8% last updated their manual over two years ago. See Table C.1 in Appendix C for a complete list of responses.

Responses to Question 11

11. How do you market clinic services to the community?

Most respondents listed more than one method that they used to market their services. The most frequently mentioned means were: billboards, brochures, chamber of commerce, community events, newspaper, phone book, radio, and websites. These marketing methods are on the following page in descending order of the frequency of mentions.

Table 1.2

| Marketing Method | Frequency of Mention | % of Respondents Utilizing this Method |
|-------------------------|-----------------------------|---|
| Newspaper | 45 | 73 |
| Phone book | 21 | 34 |
| Community Events | 18 | 29 |
| Billboards | 14 | 23 |
| Radio | 11 | 18 |
| Website | 9 | 15 |
| Brochures | 4 | 7 |
| Chamber of Commerce | 4 | 7 |

As shown above in Table 1.2, newspaper was the most frequently utilized method for marketing the RHC clinical services with 73% of the respondents reporting this method. Newspaper was followed by phone book and community events at 34 and 29% respectively. There were 62 valid responses to this question. Nine respondents did not answer. For a complete list of all methods mentioned, please refer to Table C.2 in Appendix C.

Responses to Question 12

12. What are your standard hours of operation?

The most frequently mentioned hours were M – F from about 8:00 a.m. to 5:00 p.m. with 47 respondents listing these hours of operation. Further analysis of the data revealed that 18 of the responding clinics, or 29%, offered weekend hours of operation on Saturday and/or Sunday, while 24 (39%) offered evening hours after 5:30 p.m.

There were 71 valid responses to this question with 42 variations on the standard hours of operation. For a complete list of the standard hours of operation cited by these 71 clinics, please refer to Table C.3 in Appendix C.

Part 2: Billing, Fee, and Provider Information

The second section of the survey instrument utilized in this study was developed to help provide a general overview of billing fees, operational costs, patient and payer mix, and continuing education for providers.

These questions gathered information in the following key areas:

- Discount Schedule
- Uninsured Patients
- Medicare Patients
- Payer Rates
- Billing Procedures
- Operating Expense
- Continuing Education

Responses to Question 2a

Question 2a was developed to determine the number of uninsured encounters experienced by those clinics that serve uninsured patients.

2a. If yes, how many uninsured ENCOUNTERS last year?

The range of uninsured encounters for the 48 responding clinics was from 6 to 2,900. The average number of uninsured encounters was 434 with the median being 261 and the mode 120. There were 48 valid responses to this question. Twenty-three (23) respondents did not answer this question. For a complete list of the responses, please refer to Table C.4 in Appendix C.

3. What is the annual RHC operating expense?

The range of the annual RHC operating expense for the valid responses was \$38,500 to \$8,032,443. The average operating expense was \$1,117,424. Nine (9) of the respondents had an annual operating budget of less than \$250,000. The most frequently cited operating budget was from \$250,000 to \$500,000 with 15 responses in this category. This was followed by eleven (11) respondents with operating budgets \$500,001 to \$1,000,000. Seven (7) responding clinics had budgets from \$1,000,001 to \$2,000,000, five (5) had budgets from \$2,000,001 to \$3,000,000, and four (4) had budgets greater than \$3,000,000.

There were 51 valid responses to this question. Twenty (20) of the responding clinics did not answer this question. For a complete list of the responses, please refer to Table C.5 in Appendix C.

4. Are you currently accepting new Medicaid patients?

Sixty-seven (67), or 96%, responded “Yes.” Three respondents (4%) replied, “No.” There were 70 valid responses to this question. One (1) respondent did not answer.

4a. Are you currently accepting new Medicare patients?

There were 71 valid responses to this question and 100% replied that they were accepting new Medicare patients.

5. What is your current all-inclusive rate for Medicaid?

The all-inclusive rate for Medicaid ranged from \$29.53 to \$136.40. The average was \$80.41; the median was \$73.43, and the mode was \$74.29.

There were 53 valid responses to this question. Eighteen (18) respondents did not answer this question. For a complete list of the all-inclusive rates for Medicaid, please refer to Table C.6, Appendix C.

6. Is your cost per visit currently above the rate cap?

Forty-four (44) of the respondents, or 71%, responded “Yes,” while 18 (29%) responded “No.” There were 62 valid responses to this question. Nine (9) respondents did not answer this question.

7. Please indicate your current payer mix:

Question 7 was a multiple part question, requesting the respondent to indicate percent of payer mix by “Medicare,” “Medicaid,” “Private,” “Medicare Advantage PFFS,” “MA PPO,” “Medicaid HMO,” and “Other.”

Medicare: There were 64 valid responses. Seven (7) respondents did not answer. The range was from 4% to 65%. The mean was 27%; the median was 26% and the mode was 30%.

Medicaid: There were 57 valid responses. Fourteen (14) respondents did not answer. The range was from 1% to 35%. The mean was 10%; the median was 8% and the mode was 10%.

Private: There were 61 valid responses. Ten (10) respondents did not answer. The range was from 4% to 65%. The mean was 25%; the median was 24%; and the mode was 7%.

Medicare Advantage PFFS: There were 41 valid responses. Thirty (30) respondents did not answer. The range was from 1% to 30%. The mean was 4%; the median was 3%; and the mode was 3%.

MA PPO: There were 10 valid responses. Sixty-one (61) respondents did not answer. The range was from 3% to 23%. The mean was 9%; the median was 7%; and the mode was 5%.

Medicaid HMO: There were 50 valid responses. Twenty-one (21) respondents did not answer. The range was from 2% to 70%. The mean was 20%; the median was 16%; and the mode was 15%.

Other: There were 50 valid responses. Twenty-one (21) respondents did not answer. The range was from 0% to 65%. The mean was 23% the median was 15%; and the mode was 4%. Respondents who answered “Other” to Question 7 were asked to specify the payer mix. There were 40 responses. Nine respondents, or 23%, stated that other payers included BCBS. Eight (20%) specified “commercial” payers, and four (10%) named “self pay.” For a complete list of responses, please refer to Table C.7, Appendix C.

8. Do you bill all the services you provide?

Sixty-eight (68), or 96% of the respondents answered “Yes.” Three (3) respondents answered “No.” There were 71 valid answers to this question.

9. Do you provide medical education for physicians?

Fifty-five (55), or 78% of the respondents answered “Yes.” Sixteen (16), or 22% of the respondents answered “No.” There were 71 valid answers to this question.

9a. Do you provide medical education for physician assistants?

Forty-eight (48), or 75%, of the respondents answered “Yes.” Sixteen (16), or 25%, of the respondents answered “No.” There were 64 valid answers to this question. Seven (7) respondents did not answer.

9b. Do you provide medical education for nurse practitioners?

Fifty (50), or 76%, of the respondents answered “Yes.” Sixteen (16), or 24%, of the respondents answered “No.” There were 66 valid answers to this question. Five (5) respondents did not answer.

10. Do you have an active provider retention plan?

Thirty-nine (39), or 59%, of the respondents answered “Yes.” Twenty-seven (27), or 41%, of the respondents answered “No.” There were 66 valid answers to this question. Five (5) respondents did not answer.

10a. If not, are you planning to develop one?

There appears to have been some confusion on the part of the respondents on the second part (10a) of Question 10. While 27 respondents replied that they did not have a retention plan, 30 answered Question 10a. Of the 30 who answered, 10 respondents, or 33%, replied “Yes,” and 20, or 67%, answered “No.”

For a summary of responses to Questions 1, 2, 4, 4a, 6, 8, 9, 9a, 9b, 10, 10a, please refer to Table 2.1. Percentages reflect valid responses.

Table 2.1

| Question Number, Section 2 | Yes | % | No | % |
|---|-----|-----|----|----|
| 1, Do you offer a formal/published schedule of discounts? | 47 | 68 | 22 | 32 |
| 2. Do you serve uninsured patients? | 70 | 99 | 1 | 1 |
| 4. Are you currently accepting new Medicaid patients? | 67 | 96 | 3 | 4 |
| 4a. New Medicare patients? | 71 | 100 | 0 | 0 |
| 6. Is your cost per visit currently above the rate cap? | 44 | 71 | 18 | 29 |
| 8. Do you bill all of the services you provide? | 68 | 96 | 3 | 4 |
| 9. Do you provide medical education for physicians? | 55 | 78 | 16 | 22 |
| 9a. For physician assistants? | 48 | 75 | 16 | 25 |
| 9b. For nurse practitioners? | 50 | 76 | 16 | 24 |
| 10. Do you have an active provider retention plan? | 39 | 59 | 27 | 41 |
| 10a. If not, are you planning to develop one? | 10 | 33 | 20 | 67 |

As illustrated in Table 2.1 above, 68% of the clinics offer a formal/published schedule of discounts. All but one of the 71 clinics, which participated in this survey, accepts uninsured patients. Sixty-seven clinics (96%) are accepting new Medicaid patients, while 100% of them are accepting new Medicare patients. Forty-four clinics (71%) responded that their cost per visit is above the rate cap. Sixty-eight, or 96% of the clinics participating in this survey stated that they bill for all the services provided. Fifty-five (78%) provide medical education for physicians, while 75% provide medical education for physician assistants and 76% provide medical education for nurse practitioners. A slight majority (59%) of those answering Question 10 stated that they have a physician retention plan, while 67% of those without a retention plan do not plan to implement one.

Part 3: Technological Information

The third section of the survey instrument utilized in this study was developed to help provide a general overview of current administrative and physical plant status.

These questions gathered administrative and physical plant information in the following key areas:

- Internet Access
- Connectivity
- Equipment
- Systems Information
- Medical Records

1. Do you have access to the Internet?

Sixty-eight (68), or 96%, of the respondents answered “Yes,” while 3, or 4% answered “No.” There were 71 valid responses to this question.

1a. If “Yes,” what type of connection?

The most frequently mentioned connection was T-1 with 27 responses, or 41%. The second most frequently mentioned was DSL with 16 responses, or 24%, and the third was Cable with 14 mentions, or 21%. The other responses, in descending order, were 5 Other (8%), 3 Fiber Optic (5%), and 1 Dial-up 1%). There were 66 valid responses to this question. Five (5) respondents did not answer.

2. Are there other types of connections available in your community?

Fifty-two (52), or 85%, responded, “Yes,” while nine (15%) answered “No.” There were 61 valid responses to this question. Ten (10) respondents did not answer.

2a. If “Yes,” what type(s)?

Many respondents listed more than one other type of available connection. These marketing methods are listed below in descending order of the frequency of mentions. The types of available connections are listed below in descending order of the frequency of mentions. There were 56 valid responses to this question. Fifteen (15) respondents did not answer.

Table 3.1

| Type of Connection | Frequency of Mention | % of Respondents Mentioning this Method |
|--------------------|----------------------|---|
| Dial-up | 41 | 73 |
| Cable | 36 | 64 |
| DSL | 31 | 55 |
| T-1 | 8 | 14 |
| Don't Know | 6 | 11 |
| Fiber Optic | 3 | 5 |
| Other | 2 | 4 |

3. Would you consider another type of connection?

Twenty-five (25), or 40%, responded, "Yes," while 38, or 60%, replied, "No." There were 63 valid responses to this question. Eight (8) respondents did not answer.

3a. If not, why not?

Among the 33 respondents who answered this question, there were 27 different responses, which fell broadly into two categories: 1) Connection is a hospital or corporate decision, and 2) Current connection is satisfactory.

Twelve (12) respondents, or 36%, indicated that their Internet connection was a hospital or corporate decision. Twenty-one (21), or 64%, indicated that they were satisfied with their current connection.

4. If you have an Internet connection, what do you use the connection for?

This question allowed the respondent to give multiple responses regarding their use of the Internet. These responses are listed in Table 3.2 below in descending order of the frequency of response.

Table 3.2

| Internet Connection Use | "Yes" | % | Total |
|--------------------------------------|-------|----|-------|
| E-Mail, General | 62 | 87 | 71 |
| Research | 55 | 78 | 71 |
| Electronic Billing | 53 | 75 | 71 |
| RHC List Serve | 22 | 31 | 71 |
| E-Mail Patient Protected Information | 5 | 7 | 71 |
| Other* | 11 | - | 71 |

* See Table C.8 in Appendix C for list of "Other" uses

5. How many computers does your office currently use?

There were 68 valid responses to this question. Three (3) respondents did not answer. The range was from zero to 148. The mean was 16; the median was 7 and the mode was 4.

6. How old are the computers?

The average age of the computers ranged from six months to 10 years. The mean was 3 years; the median was 3 years and the mode was one year. There were 67 valid responses to this question. Four (4) cases were missing.

7. Do you have a practice management system?

Sixty-three (63) of the respondents, or 89%, replied “Yes,” while eight (11%) answered “No.” There were 71 valid responses to this question.

8. Name of practice management system.

The most frequently mentioned practice management system was MISYS with 27, or 44%, of the respondents identifying this system. The second most frequently named was Ntierprise with 7 (11%), and the third was LSS with 5 mentions, or 8%. There were 62 valid responses to this question. Nine (9) cases did not respond. For a list of other systems name, please refer to Table C.9, Appendix C.

9. Does it perform billing and accounting functions?

There were 68 valid responses to this question. Three (3) cases were missing. Sixty-two (62), or 91%, of the respondents replied, “Yes,” while 6 (9%) answered “No.”

10. If you use an electronic medical record, what product do you use?

There were 26 valid responses to this question. Forty-five (45) cases did not respond. The most frequently named electronic medical record product was Ntierprise with 7 responses, or 27%. This was followed by NEXTGEN with 4 (15%) of the respondents identifying this product. Other products named were two or less. Please refer to Table C.10, Appendix C, for a complete list of responses.

11. If you do not use an electronic medical record, do you have any clinical function using electronic technology?

Thirty-three (33) respondents, or 61%, replied, “Yes,” while 21 (39%) said “No.” There were 54 valid responses to this question. Seventeen (17) cases were missing.

12. Are you registered with the Michigan Health Information Network?

Thirty-three respondents, or 52%, answered, “Yes,” and 31, or 48%, replied “No.” There were 64 valid responses to this question. Seven (7) cases were missing.

Part 4: Check List of Services Offered

Respondents were asked to provide a list of services offered and either provided by the RHC and or contracted or some combination of both. These services are compiled in Table 4.1 below.

Table 4.1 Services Provided by RHC, Contracted, or Both (Continued on Following Page)

| Medical Services | Provided by | Contracted | Both | Did Not |
|--|-------------|------------|------|---------|
| General Primary Care (other than below) | 67 | - | - | 4 |
| Diagnostic Laboratory (technical component) | 33 | 10 | 3 | 25 |
| Diagnostic X-ray Procedures (technical component) | 16 | 12 | 1 | 42 |
| Diagnostic Tests/Screenings (professional component) | 33 | 9 | 1 | 28 |
| Emergency Medical Services | 22 | 10 | 1 | 38 |
| Urgent Medical care | 41 | 4 | - | 26 |
| Medical Services | Provided by | Contracted | Both | Did Not |
| 24-hour Coverage | 41 | 2 | - | 28 |
| Family Planning | 52 | 1 | - | 18 |
| HIV Testing | 35 | 11 | - | 25 |
| Immunizations | 66 | 1 | - | 4 |
| Following Hospitalized Patients | 50 | 4 | - | 17 |
| Obstetrical and Gynecological Care | | | | |
| Gynecological Care | 48 | 6 | - | 17 |
| Prenatal Care/Maternity Case Management | 13 | 8 | 2 | 48 |
| Antepartum Fetal Assessment | 13 | 9 | 1 | 48 |
| Ultrasound | 8 | 12 | 1 | 50 |
| Genetic Counseling and Testing | 13 | - | - | 58 |
| Amniocentesis | 2 | 14 | - | 55 |
| Labor and Delivery Professional Care | 11 | 11 | - | 49 |
| Postpartum Care | 13 | 9 | - | 49 |
| Specialty Medical Care | | | | |
| Directly Observed TB Therapy | 4 | 9 | - | 58 |
| Other Specialty Care | 1 | 10 | - | 60 |
| Mental Health/Substance Abuse Services | | | | |
| Mental Health Treatment/Counseling | 10 | 4 | - | 57 |
| Developmental Screening | 9 | 10 | 1 | 51 |
| 24-hour Crisis Intervention/Counseling | 1 | 10 | 1 | 59 |
| Substance Abuse Services | 8 | 9 | - | 54 |
| Other Mental Health Services | 11 | 9 | - | 51 |
| Other Professional Services | | | | |
| Dental Care | 3 | 9 | 1 | 58 |
| Hearing Screening | 21 | 9 | - | 41 |
| Nutrition Services other than WIC | 6 | 12 | - | 53 |

Table 4.1 Services Provided by RHC, Contracted, or Both (Continued from Previous Page)

| | | | | |
|--|----|----|---|----|
| Occupational or Vocational Therapy | 2 | 12 | - | 57 |
| Physical Therapy | 2 | 13 | - | 56 |
| Pharmacy | 2 | 12 | - | 57 |
| Vision Screening | 23 | 8 | 1 | 39 |
| WIC Services | - | 11 | - | 60 |
| Other Services | | | | |
| Case Management | 7 | 9 | - | 55 |
| Child Care | 12 | 8 | - | 51 |
| Eligibility Assistance | 10 | 6 | 2 | 53 |
| Employment Physicals | 50 | 1 | 1 | 19 |
| Sports Physicals | 62 | 2 | - | 7 |
| Environmental Health Risk Reduction | 4 | 8 | - | 59 |
| via Detection/Alleviation | 3 | 6 | - | 62 |
| Food Bank/Delivered Meals | 1 | 10 | 1 | 59 |
| Health Education | 27 | 3 | - | 41 |
| Housing Assistance | 1 | 10 | - | 60 |
| Interpretation/Translation Services | 10 | 8 | 1 | 52 |
| Nursing Home & Assisted Living Placement | 15 | 8 | - | 48 |
| Hospice | 7 | 12 | - | 52 |
| Outreach | 2 | 11 | - | 58 |
| Transportation | - | 11 | - | 60 |
| Home Visiting | 25 | 5 | 1 | 40 |
| Parenting Education | 12 | 6 | 1 | 52 |
| Podiatry | - | 13 | - | 58 |
| Chiropractic | 4 | 12 | - | 55 |
| Massage | - | 13 | - | 58 |
| Other (specify) | 6 | - | - | 65 |

Part 5: FTE Employees By Service Category

Respondents were asked to identify the number of FTE employees in various service categories. The results of this question are compiled in Table 5.1 below.

Table 5.1. Number of FTE1 Employees by Service Category

| MAJOR SERVICE CATEGORIES | N ² | Did Not Respond | FTE Mean | FTE Median | FTE Mode |
|--|----------------|-----------------|----------|------------|----------|
| Medical Services | | | | | |
| Physician Services | 60 | 11 | 2.27 | 1.0 | 1.0 |
| Physician Assistants | 42 | 29 | 1.54 | 1.0 | 1.0 |
| Nurse Practitioners | 37 | 34 | 0.97 | 1.0 | 1.0 |
| Certified Nurse Midwives | 2 | 69 | 1.05 | 1.05 | 0.5 |
| Registered Nurses | 17 | 54 | 2.99 | 1.0 | 1.0 |
| LPNs | 33 | 38 | 2.99 | 1.0 | 1.0 |
| CRNAs | 9 | 62 | 1.77 | 0.85 | 0.9 |
| Other Medical Support Personnel | 40 | 31 | 4.25 | 2.53 | 1.0 |
| Ancillary Services | | | | | |
| Laboratory Services Personnel | 40 | 31 | 1.43 | 1.5 | 1.5 |
| X-ray Services Personnel | 8 | 63 | 1.43 | 1.0 | 1.0 |
| Pharmacy Personnel | 2 | 69 | 1.3 | 1.3 | 1.0 |
| Other Ancillary Services | 2 | 69 | 1.5 | 1.5 | 1.0 |
| Dental Services | | | | | |
| Dentists | 0 | 71 | - | - | - |
| Dental Hygienists | 0 | 71 | - | - | - |
| Dental Assistants, Aides, Technicians, and Support | 0 | 71 | - | - | - |
| Mental Health & Substance Abuse Services | | | | | |
| Mental Health & Substance Abuse Specialists | 2 | 69 | 1.0 | 1.0 | 1.0 |
| Mental Health & Substance Abuse Support Personnel | 0 | 71 | - | - | - |
| Other MH & SA Services | 2 | 69 | 0.35 | 0.35 | 0.2 |
| Other Professional and Other Services | | | | | |
| Other Professionals (Therapists, Podiatrists, & Other) | 2 | 69 | 1.0 | 1.0 | 1.0 |
| Case Managers & Educational Specialists | 0 | 71 | - | - | - |
| Table 5.1. Number of FTE¹ Employees by Service Category (Continued from Previous Page) | | | | | |
| Outreach Workers, Transportation Staff and Other Service | 0 | 71 | - | - | - |
| Other Professional and Other Service Support Personnel | 0 | 71 | - | - | - |
| Administrative and Clinic Support Personnel | | | | | |
| Clinic Administrator | 52 | 19 | 0.73 | 1.0 | 1.0 |
| Reception | 51 | 20 | 2.22 | 1.45 | 1.0 |
| Patient Registration | 28 | 43 | 2.91 | 1.0 | 1.0 |
| Patient Records/Filing | 34 | 37 | 1.87 | 1.0 | 1.0 |
| Liaison with Board (minutes, fiscal reports, board packet) | 6 | 65 | 4.25 | 0.75 | 0.5 |
| Billing Services | 44 | 27 | 1.70 | 1.0 | 1.0 |
| Bookkeeping Services | 7 | 64 | 0.53 | 0.008 | 0.0 |
| Other financial Work | 7 | 64 | 0.44 | 0.50 | 0.50 |
| Other Administrative Work | 19 | 52 | 0.65 | 0.40 | 0.40 |

¹FTE = Full Time Equivalent Employee (1.0 FTE = 40 Hours Per Week)

²N = Number of Respondents

Appendix A: Survey Instrument

Billing, Fee and Provider Information

- 1. Do you offer a formal/published schedule of discounts? Yes No
- 2. Do you serve uninsured patients? Yes No
 - 2a. If yes, how many uninsured ENCOUNTERS last ear? _____
- 3. What is the annual RHC operating expense? _____
- 4. Are you currently accepting new Medicaid patients? Yes No
 - 4a. New Medicare patients? Yes No
- 5. What is your current all-inclusive rate for Medicaid? _____
- 6. Is your cost per visit currently above the rate cap? Yes No
- 7. Please indicate your current payer mix: Medicare Advantage PFFS, MA PPO, and Medicaid HMO
 - Medicare: _____ %
 - Medicaid/OHP: _____ %
 - Private: _____ %
 - Medicare Advantage PFFS: _____ %
 - MA PPO: _____ %
 - Medicaid HMO: _____ %
 - Other: _____ % Specify: _____
- 8. Do you bill all of the services you provide? Yes No
 - Example: Do you bill for immunizations? Yes No
- 9. Do you provide medical education for physicians? Yes No
 - 9a. For physician assistants? Yes No
 - 9b. For nurse practitioners? Yes No
- 10. Do you have an active provider retention plan? Yes No
 - 10a. If no, are you planning to develop one? Yes No

Technology Questions

1. Do you have access to the Internet? Yes No
- 1a. If yes, what type of connection:
 DSL Dial-up T-1 Fiber optic Cable Other
2. Are there other types of connections available in your community? Yes No
- 2a. If yes, what type (s):
 DSL Dial-up T-1 Fiber optic Cable Other Don't Know
3. Would you consider another type of connection? Yes No
- 3a. If no, why not?

4. If you have an Internet connection what do you use the connection for?
- Electronic Billing
 - Research
 - RHC list serve
 - E-mail, general
 - E-mail, with patients' protected health information
 - Other: _____
5. How many computers does your office currently use? _____
6. How old are the computers? _____
7. Do you have a practice management system? Yes No
- Name: _____

9. Does it perform billing and accounting functions? Yes No
10. If you use an electronic medical record, what product do you use?
 Name: _____
11. If you do not use an electronic medical record, do you have any clinical function using
 electronic technology? Yes No
12. Are you registered with the Michigan Health Information Network?
 Yes No

Check List of Services Offered

####

| Medical Services | PROVIDED AT RHC BY RHC | CONTRACTED SERVICES |
|--|------------------------|---------------------|
| General Primary Care (other than below) | | |
| Diagnostic Laboratory (technical component) | | |
| Diagnostic X-ray Procedures (technical component) | | |
| Diagnostic Tests/Screenings (professional component) | | |
| Emergency Medical Services | | |
| Urgent Medical care | | |
| 24-hour Coverage | | |
| Family Planning | | |
| HIV Testing | | |
| Immunizations | | |
| Following Hospitalized Patients | | |
| Obstetrical and Gynecological Care | | |
| Gynecological Care | | |
| Prenatal Care/Maternity Case Management | | |
| Antepartum Fetal Assessment | | |
| Ultrasound | | |
| Genetic Counseling and Testing | | |
| Amniocentesis | | |
| Labor and Delivery Professional Care | | |
| Postpartum Care | | |
| Specialty Medical Care | | |
| Directly Observed TB Therapy | | |
| Other Specialty Care | | |
| Mental Health/Substance Abuse Services | | |
| Mental Health Treatment/Counseling | | |
| Developmental Screening | | |
| 24-hour Crisis Intervention/Counseling | | |
| Substance Abuse Services | | |
| Other Mental Health Services | | |
| Other Professional Services | | |
| Dental Care | | |
| Hearing Screening | | |
| Nutrition Services other than WIC | | |
| Occupational or Vocational Therapy | | |
| Physical Therapy | | |
| Pharmacy | | |
| Vision Screening | | |
| WIC Services | | |
| Other Services | | |
| Case Management | | |
| Child Care | | |
| Eligibility Assistance | | |
| Employment Physicals | | |
| Sports Physicals | | |
| Environmental Health Risk Reduction | | |
| (via Detection/Alleviation) | | |
| Food Bank/Delivered Meals | | |
| Health Education | | |
| Housing Assistance | | |
| Interpretation/Translation Services | | |
| Nursing Home & Assisted Living Placement | | |
| Hospice | | |
| Outreach | | |
| Transportation | | |
| Home Visiting | | |
| Parenting Education | | |

| | | |
|-------------------------------------|--|--|
| Continued from previous page | | |
| Podiatry | | |
| Chiropractic | | |
| Massage | | |
| Other (specify) | | |

Employee Numbers and Hours

####

| PERSONNEL BY MAJOR SERVICE CATEGORIES | FTE (1.0 FTE=40 hrs) |
|--|----------------------|
| Medical Services | |
| Physician Services | |
| Physician Assistants | |
| Nurse Practitioners | |
| Certified Nurse Midwives | |
| Registered Nurses | |
| LPNs | |
| CRNAs | |
| Other Medical Support Personnel | |
| Ancillary Services | |
| Laboratory Services Personnel | |
| X-ray Services Personnel | |
| Pharmacy Personnel | |
| Other Ancillary Services | |
| Dental Services | |
| Dentists | |
| Dental Hygienists | |
| Dental Assistants, Aides, Technicians, and Support | |
| Mental Health & Substance Abuse Services | |
| Mental Health & Substance Abuse Specialists | |
| Mental Health & Substance Abuse Support Personnel | |
| Other MH & SA Services | |
| Other Professional and Other Services | |
| Other Professionals (Therapists, Podiatrists, & Other) | |
| Case Managers & Educational Specialists | |
| Outreach Workers, Transportation Staff and Other Service | |
| Other Professional and Other Service Support Personnel | |
| Administrative and Clinic Support Personnel | |
| Clinic Administrator | |
| Reception | |
| Patient Registration | |
| Patient Records/Filing | |
| Liaison with Board (minutes, fiscal reports, board packet) | |
| Billing Services | |
| Bookkeeping Services | |
| Other financial Work | |
| Other Administrative Work | |

Please complete this survey and mail or fax it to:

Steve Shotwell
Michigan Center for Rural Health
B-218 West Fee Hall
Michigan State University
East Lansing, MI 48824
Or Fax To: (517) 432-0007

If you would like a copy of the survey results, please provide your e-mail address:

Appendix B: Correspondence

Cover Letter 1

May 28, 2008

«First_Name» «Last_Name»
«Title»
«Organization_Name»
«Address_1»
«City», MI «ZIP»

Your clinic is among the 156 certified Rural Health Clinics (RHCs) in Michigan being asked to complete a statewide survey. In order that the results will truly represent the status of all Michigan RHCs it is important that your data be included.

You can be assured of complete confidentiality. The questionnaire has an identification number on it for mailing purposes only; this is so we can check your name off the mailing list when your questionnaire is returned. Your name will never be placed on the questionnaire. All data will be published in the aggregate. No individual data will be available.

The results of this research will be made available to all interested parties. When completed you may receive a summary of results by going to our website (www.mcrh.msu.edu) or by e-mailing our office to request a copy.

Please contact Steve Shotwell with your questions steve.shotwell@hc.msu.edu or 517-355-7758.

Sincerely,



John Barnas
Executive Director
Michigan Center for Rural Health



Ron Nelson
President
Michigan Rural Health Clinic Organization

Cover Letter 2

June 9, 2008

«First_Name» «Last_Name»
«Title»
«Organization_Name»
«Address_1»
«City», MI «ZIP»

Three weeks ago you were mailed a survey. Your clinic is among the 156 certified Rural Health Clinics (RHCs) in Michigan being asked to complete a statewide survey.

At this time we have not received your completed survey. If you have sent it thank you, if you have not been able to find the time to complete it, please do so at your earliest convenience. In order that the results will truly represent the status of all Michigan RHCs it is important that your data be included.

You can be assured of complete confidentiality. The questionnaire has an identification number on it for mailing purposes only; this is so we can check your name off the mailing list when your questionnaire is returned. Your name will never be placed on the questionnaire. All data will be published in the aggregate. No individual data will be available.

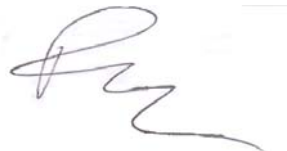
The results of this research will be made available to all interested parties. When completed you may receive a summary of results by going to our website (www.mcrh.msu.edu) or by e-mailing our office to request a copy.

Please contact Steve Shotwell with your questions steve.shotwell@hc.msu.edu or 517-355-7758.

Sincerely,



John Barnas
Executive Director
Michigan Center for Rural Health



Ron Nelson
President
Michigan Rural Health Clinic Organization

Cover Letter 3

July 16, 2008

«First_Name» «Last_Name»
«Title»
«Organization_Name»
«Address_1»
«City», MI «ZIP»

Your clinic is among the 156 certified Rural Health Clinics (RHCs) in Michigan being asked to complete a statewide survey.

At this time we have not received your completed survey. If you have sent it, thank you; if you have not been able to find the time to complete it, please do so at your earliest convenience. If you need another copy of the survey please contact us and we will forward one to you.

In order that the results will truly represent the status of all Michigan RHCs it is important that your data be included. Thank you so much for your time

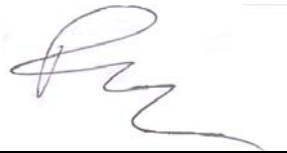
The results of this research will be made available to all interested parties. When completed you may receive a summary of results by going to our website (www.mcrh.msu.edu) or by e-mailing our office to request a copy.

Please contact Steve Shotwell with your questions steve.shotwell@hc.msu.edu or 517-355-7758.

Sincerely,



John Barnas
Executive Director
Michigan Center for Rural Health



Ron Nelson
President
Michigan Rural Health Clinic Organization

Appendix C: Supplemental Tables

Table C.1, Question 10, Page 11

| When did you last update your Policy and Procedure Manual? | Number of Responses |
|---|----------------------------|
| annually | 1 |
| current | 4 |
| Currently updating | 1 |
| Every January | 1 |
| Every May | 1 |
| In progress | 2 |
| many months | 1 |
| ongoing | 1 |
| revisions 2/07, review 4/08 | 1 |
| 1 month | 3 |
| Currently - done less than 1 year ago | 1 |
| 2 months | 1 |
| 2 months, manual update monthly | 1 |
| 2 years | 1 |
| 3 months | 11 |
| 4 months | 11 |
| 6 months | 7 |
| 6 years | 1 |
| 10 months | 1 |
| 10 months, usually annually | 1 |
| 11 months | 1 |
| 12 months | 10 |
| 14 months | 1 |
| 24 months | 2 |
| 42 months | 1 |
| updated 2003, reviewed 3 months ago | 2 |
| Total Responses | 69 |

Table C.2, Question 11, Page 11 (Continued on Following Page)

| How do you market clinic services to the community? | Number of Responses |
|--|----------------------------|
| ads, newspaper, phone book, support groups | 1 |
| advertising, flyers | 1 |
| billboards, yellow pages, newspaper | 1 |
| brochures, newspaper, radio ads | 1 |
| Chamber of Commerce, School ads, radio ads, Apple Festival booths, Relay for life booths | 1 |
| communication and outreach department, newspaper, radio, community events | 1 |
| community events, billboards, print | 1 |
| community events, print | 3 |
| community events, print, billboards | 1 |
| Hometown Gazette, Radio of Borgess Family Practice | 1 |
| local newspaper | 1 |
| local newspaper, local radio interviews, public service announcements | 1 |

Table C.2 (Continued from Previous Page)

| How do you market clinic services to the community? | Number of Responses |
|--|----------------------------|
| Local newspaper, phone book and marketing of all medical services available in the area by local CAH | 1 |
| local paper, website | 2 |
| monthly newspaper, calendar ad, phone directory | 1 |
| newspaper ads | 1 |
| newspaper ads, sponsor educational column with individual physicians, radio programs during flu season, sponsor TV program | 1 |
| newspaper ads, sponsor educational column, radio programs during flu season, sponsor TV program | 1 |
| newspaper advertisement, community function involvement | 1 |
| Newspaper, billboard, direct mailings | 1 |
| newspaper, billboards, community, service projects | 1 |
| newspaper, brochures | 1 |
| newspaper, bulletins around town | 1 |
| Newspaper, Chamber of Commerce, Community events, other publications | 1 |
| newspaper, community newsletter, hospital community sites | 1 |
| newspaper, fliers, local business and yellow pages, primary care network, insurance companies | 1 |
| newspaper, fliers, yellow pages, primary care network | 1 |
| newspaper, Health Fairs, Community Education Programs, Borgess Medical Center Marketing authorities | 1 |
| newspaper, phone books, billboards | 3 |
| newspaper, phonebook | 1 |
| newspaper, radio, community activities | 1 |
| newspaper, radio, community events | 1 |
| newspaper, signs, events | 2 |
| Newspapers, phone books, billboards | 1 |
| none | 1 |
| open access to medicare and medicaid including: priority health, comm choice, molina and health plan of MI | 1 |
| phone book, hospital website | 1 |
| phone book, newspaper, billboards | 1 |
| Phone book, word of mouth | 1 |
| phonebook, newspaper, billboards | 2 |
| phonebooks, newspaper, billboards | 1 |
| posters, radio, newspaper, hospital newsletter, hospital website | 1 |
| radio, newspaper, bulletins | 1 |
| radio, yellow pages, brochure | 1 |
| regular ads in local papers and magazines | 1 |
| small ad in local newspaper in physician directory section | 1 |
| through hospital marketing department, community events | 1 |
| website, newspaper, radio, community functions, Chamber of Commerce | 1 |
| website, newspaper, radio, community involvement, Chamber of Commerce | 1 |
| website, newspaper, sign at roadside, annual scholarship to high school senior | 1 |
| word of mouth, referral | 2 |
| yellow pages, billboards, hotel flyers, restaurant, placements | 1 |
| yellow pages, website, brochures | 1 |
| yellow pages, website, signs, radio, local paper | 1 |
| Total Responses | 62 |

Table C.3, Question 12, Page 12

| What are your standard hours of operation? | Number of Responses |
|---|----------------------------|
| 8:30-5 | 1 |
| M-5 8-5:30 | 1 |
| M-F 5pm-9pm and Sat/Sun 10am-9pm | 1 |
| M-F 7:30-5 | 1 |
| M-F 7:30-5 and 6:30-9:30; Saturday 10-2 | 1 |
| M-F 7:45-6:30 | 1 |
| M-F 8-5 | 10 |
| M-F 8-5 and Sat 8-12 | 1 |
| M-F 8-5 appointments, M-F 8-7 and Sat 9-3 Urgent Care | 1 |
| M-F 8-5, After hours care 5-8 and Sat 9-noon | 1 |
| M-F 8-5; Sat 10-noon | 1 |
| M-F 8-6 | 3 |
| M-F 8-6 and Sat 9-noon | 1 |
| M-F 8-6 and two evenings per week until 8 | 1 |
| M-F 8-8, Sat 8-2 | 1 |
| M-F 8-8, Sat 9-5, Sun 9-2 | 1 |
| M-F 8-8; Sat 9-noon | 2 |
| M-F 8:30-4 and walk ins 9-6 | 1 |
| M-F 8:30-5 | 6 |
| M-F 8:30-6 | 1 |
| M-F 9-5 | 11 |
| M-Th 8-5 | 1 |
| M-Th 8-6:30 and F 8-5 | 1 |
| M-Th 8-7; F 8-5; Sat 8-noon | 1 |
| M-Th 8-8, F 8-5 | 1 |
| M-Th 8-noon and 1-5; F 8-noon | 2 |
| M-W 8-5, Th 10-7, F 8-noon | 1 |
| M-W 9-5; Th 9-noon, F 9-4 | 1 |
| M 6pm-9pm; T 9am-noon; Th 9am-4pm and 6pm-8pm | 1 |
| M 8-5, T-Th 8-6, F 8-5 | 1 |
| M 8-5, T-Th 8-7, F 8-3, S 8-12 | 1 |
| M 8-8, TW 8-7:30,Th 8-7, F 8-5 | 1 |
| M 9-12 and 2-4, TuF 9-12 and 1-5, Wed 9-12 | 1 |
| MF 8-5; T-Th 8-8, Sat 9-noon | 1 |
| MTWF 8-5, Th 8-7 | 1 |
| MTWF 9-5 | 1 |
| MWF 9-5; TTh 10-5 | 2 |
| MWT 9-3 | 1 |
| MWTh8-5:30, T 10-7:30 | 1 |
| MWThF 8-5; T 8-7 | 1 |
| noon-2:30 | 1 |
| Varies by day of the week- posted | 1 |
| Total Responses | 71 |

Table C.4, Question 2a, Page 12

| If yes, how many uninsured ENCOUNTERS last year? | Number of Responses |
|--|---------------------|
| "lots" | 1 |
| ? | 1 |
| 1,994 | 1 |
| 10 | 1 |
| 100 | 1 |
| 104 | 1 |
| 110 | 1 |
| 120 | 2 |
| 122 | 1 |
| 132 | 1 |
| 140 | 1 |
| 15 | 1 |
| 150 | 1 |
| 1500 | 1 |
| 155 | 1 |
| 172 | 2 |
| 176 | 1 |
| 19 | 1 |
| 200 | 1 |
| 216 | 1 |
| 25 | 1 |
| 250 | 2 |
| 271 | 1 |
| 274 | 1 |
| 275 | 1 |
| 280 | 1 |
| 283 | 1 |
| 2900 | 1 |
| 300-400 | 1 |
| 335 | 1 |
| 405 | 1 |
| 5-7% of patients | 1 |
| 504 | 1 |
| 51 | 1 |
| 515 | 1 |
| 535 | 2 |
| 540 | 1 |
| 577 | 1 |
| 6 | 1 |
| 603 | 1 |
| 700 | 1 |
| 750 | 1 |
| 829 | 1 |
| 88 | 1 |
| 881 | 1 |
| 895 | 1 |
| about 1200 | 1 |
| Total Responses | 52 |

Table C.5, Question 3, Page 12

| What is the annual RHC operating expense? | Number of Responses |
|--|----------------------------|
| \$38,500 | 1 |
| \$59,000 | 1 |
| \$92,609 | 1 |
| \$128,844 | 1 |
| \$165,582 | 1 |
| \$200,000 | 1 |
| \$234,221 | 1 |
| \$236,000 | 1 |
| \$243,435 | 1 |
| \$250,000 | 1 |
| \$319,429 | 1 |
| \$343,376 | 1 |
| \$353,100 | 1 |
| \$391,687 | 1 |
| \$406,000 | 1 |
| \$417,000 | 1 |
| \$421,000 | 1 |
| \$421,091 | 1 |
| \$450,000 | 1 |
| \$452,000 | 1 |
| \$453,503 | 1 |
| \$491,031 | 1 |
| \$492,780 | 1 |
| \$500,000 | 1 |
| \$508,614 | 1 |
| \$596,545 | 1 |
| \$653,269 | 1 |
| \$672,000 | 1 |
| \$680,935 | 1 |
| \$681,390 | 1 |
| \$716,429 | 1 |
| \$759,957 | 1 |
| \$771,984 | 1 |
| \$830,000 | 1 |
| \$962,074 | 1 |
| \$1,004,366 | 1 |
| \$1,400,000 | 1 |
| \$1,437,500 | 1 |
| \$1,554,400 | 1 |
| \$1,700,000 | 1 |
| \$1,931,601 | 1 |
| \$2,000,000 | 1 |
| \$2,096,174 | 1 |
| \$2,162,315 | 1 |
| \$2,200,000 | 1 |
| \$2,897,811 | 1 |
| \$3,000,000 | 1 |
| \$3,178,614 | 1 |
| \$3,300,000 | 1 |
| \$3,700,000 | 1 |
| \$8,032,443 | 1 |
| Total Responses | 52 |

Table C.6, Question 5, Page 13

| What is your current all-inclusive rate for Medicaid? | Number of Responses |
|---|---------------------|
| 29.53 | 1 |
| 67.19 | 1 |
| 68.00 | 1 |
| 68.05 | 1 |
| 68.17 | 1 |
| 69.10 | 1 |
| 69.54 | 1 |
| 69.71 | 1 |
| 69.80 | 1 |
| 70.43 | 2 |
| 70.45 | 1 |
| 70.51 | 1 |
| 70.98 | 2 |
| 71.37 | 1 |
| 71.89 | 1 |
| 71.92 | 1 |
| 72.00 | 1 |
| 72.30 | 1 |
| 72.39 | 1 |
| 72.49 | 1 |
| 72.78 | 1 |
| 73.00 | 2 |
| 73.43 | 2 |
| 73.47 | 1 |
| 73.52 | 1 |
| 73.91 | 2 |
| 74.29 | 7 |
| 75.01 | 1 |
| 75.63 | 1 |
| 78.00 | 1 |
| 98.00 | 1 |
| 102.00 | 2 |
| 104.48 | 4 |
| 111.00 | 1 |
| 120.67 | 1 |
| 125.42 | 1 |
| 132.22 | 1 |
| 136.40 | 1 |
| Total Responses | 53 |

Table C.7, Question 7, Page 13

| Other Payer(s) | Number of Responses |
|---|----------------------------|
| Aetna, BCW, BCBS, Commercial, Healthflow, PFP, PPOM | 1 |
| BC, CM, Mgd Care, WI MD | 1 |
| BC, Managed Care, Commercial, WI Medicaid | 1 |
| BCBS- commercial, and 43% medicaid | 1 |
| BCBS, Cofinity, Worker's Comp | 1 |
| BCBS, etc | 1 |
| BCBS, HMO's, etc. | 1 |
| BCBSM, other Commercial Ins. | 1 |
| Bluecross-15% | 1 |
| commercial | 1 |
| Commercial | 1 |
| commercial (12), BC(40), PPOM(5.3) | 1 |
| Commercial/Blue Cross | 1 |
| Commercials | 2 |
| Community insurance/pre-pay | 1 |
| Self pay | 4 |
| Self Pay | 3 |
| Self Pay, Governmental Workers Comp | 1 |
| Self Pay, No insurance | 1 |
| Straight MI Medicaid, WI Medicaid | 1 |
| uninsured | 5 |
| Uninsured | 3 |
| unknown | 3 |
| various | 1 |
| various commercial | 1 |
| Various commercial | 1 |
| Total Responses | 40 |

Table C.8, Question 4, Page 17

| "Other" Use of Internet | Number of Responses |
|---|----------------------------|
| Access to medical records for patients seen at local CAH and nearest full access hospital | 1 |
| Banking, A/P | 1 |
| EMR- Test result | 1 |
| EMR | 1 |
| hospital reports, labs, test results through Solcom | 1 |
| Insurance verification | 1 |
| No | 2 |
| Order entry for lab x-ray treatments | 1 |
| Practice Management | 1 |
| Prescriptions | 1 |
| Scheduling, labs, EMR, etc. | 1 |
| State of MI- MCIR, MHIN | 1 |
| Total Responses | 13 |

Table C.9, Question 8, Page 18

| Practice Management System | Number of Responses |
|-----------------------------------|----------------------------|
| A4 | 2 |
| A4, Ntierprise | 1 |
| Advantx | 1 |
| Allscrips-Ntierprise | 2 |
| Center, MediPac | 1 |
| CPSI- shared with hospital | 1 |
| Dairyland Health Systems | 1 |
| Danyland | 1 |
| eClinical works | 1 |
| I Medica | 1 |
| LSS | 5 |
| MedAxxis | 1 |
| MicroMD | 1 |
| MISYS | 26 |
| MISYS Vision | 1 |
| NEXTGEN | 4 |
| NO | 1 |
| Ntierprise | 2 |
| Office Medicine | 1 |
| OSF St. Francis, Inc | 2 |
| Ridgemark from Vantagemed | 1 |
| through Berner Medical System | 1 |
| through billing service | 1 |
| VersaForm | 1 |
| Visions | 1 |
| War Memorial Hospital Billing | 1 |
| Total Responses | 62 |

Table C.10, Question 10, Page 18

| Electronic Medical Records System | Number of Responses |
|--|----------------------------|
| A4 | 1 |
| Allscrips | 2 |
| Allscrips(Nterprise/healthmatics) | 1 |
| Charts are scanned to McKesson | 1 |
| DO | 1 |
| eClinical Works | 1 |
| EncounterPro | 1 |
| EPIC in 1-2 years | 2 |
| Healthmatics | 1 |
| I Medica | 1 |
| implementing NEXTGEN | 2 |
| looking into Allscrips within a year | 1 |
| MARS | 1 |
| Midtech EDM | 1 |
| MISYS | 1 |
| MISYS EMR | 1 |
| NEXTGEN | 2 |
| plan to incorporate within a year | 1 |
| Power Chart Office | 1 |
| Praxis | 1 |
| SRS EHR, not EMR | 2 |
| Total Responses | 26 |