

How Does the Definition of “Rural” Impact Research?

November 15, 2023

- ✓ All attendees are muted
- ✓ Today's session will be recorded
- ✓ Submit questions using the Q&A function
- ✓ Q&A will follow the presentation



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Provide access to publications and projects funded through the Federal Office of Rural Health Policy, Health Resources and Services Administration.

Gateway is a resource for:

- Policy makers
- Students
- Rural health researchers
- Health care providers
- Rural health organizations, professionals, associations, and more

ruralhealthresearch.org



Presenters



George H. Pink, PhD

Dr. Pink is a Research Professor in the Department of Health Policy and Management at the Gillings School of Global Public Health, Deputy Director of the North Carolina Rural Health Research Program, and Senior Research Fellow at the Cecil G. Sheps Center for Health Services Research, all at the University of North Carolina at Chapel Hill.



Janice (Jan) Probst, MS, PhD

Dr. Probst is a former Director of the Rural & Minority Health Research Center (RMHRC) at the University of South Carolina. Across nearly 20 years of leading the RMHRC, Dr. Probst designed and collaborated in research projects using a variety of metrics for identifying rural persons and places.

Dr. Probst completed her undergraduate education at Duke University and her graduate training at Purdue University (MS) and the University of South Carolina (PhD). Recognition for her rural health work includes the "outstanding researcher" (2008) and "volunteer of the year" (2016) awards from the National Rural Health Association, and the Martin Luther King Jr. Social Justice Award (faculty) from the University of South Carolina (2013).



Defining rural and advancing rural research

Jan Probst, PhD
Distinguished Professor Emerita
University of South Carolina

November 15, 2023

Lots of potential data sources!



The screenshot shows the RHIhub website interface. At the top left is the RHIhub logo with the text "Rural Health Information Hub". To the right are links for "Updates & Alerts", "About RHIhub", and "Contact", along with social media icons for Facebook, LinkedIn, and Twitter. Below these is a search bar. A navigation bar contains links for "Online Library", "Topics & States", "Rural Data Visualizations", "Case Studies & Conversations", and "Tools for Success". The main content area is titled "Data Sources & Tools Relevant to Rural Health" and contains a table with five columns: "Source/Tool", "Topics", "Ease of Use", "Geographic Level of Data", and "Frequency Updated".

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Rural Health Information Hub

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[Topics](#) > [Finding Statistics and Data Related to Rural Health](#)

Data Sources & Tools Relevant to Rural Health

Source/Tool	Topics	Ease of Use	Geographic Level of Data	Frequency Updated
2014 Update of the Rural-Urban Chartbook Rural Health Reform Policy Research Center	<i>Data from many federal sources on the following topics:</i> Demographics Health behaviors and risk factors Mortality rates Healthcare access and use Other health measures	Printed report Excel spreadsheet	National Regional 5 levels of urbanization / rurality	Infrequent. The 2014 edition updates a 2001 report from the CDC.
Individual data tables (Excel)				
American Community Survey (ACS) U.S. Census Bureau	Demographic Age and sex Ancestry	A variety of tools are available, for varying levels of expertise and	National State County	Data estimates are released every year

But....

- Lack of uniformity when studying “rural” hinders analysis and interpretation
- “We know it when we see it” isn’t good enough

Not rural: New York County, NY

Manhattan:



Rural: Loving County, TX

Loving County: 0.1 person per square mile



Also rural: Hamilton County, NY



What we want to avoid....

- Multiple definitions of rural
- Sometimes in the same report:
 - Metro-nonmetro at the county level
 - Core-based statistical areas (empty = rural county)
 - Index of relative rurality (county level, in quintiles)
 - Rural Urban Commuting Areas (ZIP Code) 1-3 = urban, 7-10 = “rural” *(4-6, micropolitan rural, not included)*

Caveat: Legislative vs research definitions

- Single state analyses directed at evaluating policy may need to adopt idiosyncratic definitions

- But:

The screenshot shows the website of the Center for Rural Pennsylvania, a legislative agency of the Pennsylvania General Assembly. The navigation bar includes links for Home, About The Center, Data, Research Grants, Publications, and Screens. The main content area is divided into two columns by a dark green vertical bar. The left column is titled 'County or school district definition' and contains the text: 'A county or school district is rural when the number of people per square mile within the county or school district is fewer than 291. Counties and school districts that have 291 people or more per square mile are considered urban.' The right column is titled 'Municipal definition' and contains the text: 'A municipality is rural when the number of people per square mile in the municipality is fewer than 291 or the municipality is in a rural county and has fewer than 2,500 residents. All other municipalities are considered urban.'

Center for
RURAL
Pennsylvania
A LEGISLATIVE AGENCY OF THE PENNSYLVANIA GENERAL ASSEMBLY

Home About The Center Data Research Grants Publications Screens

search here

County or school district definition

A county or school district is rural when the number of people per square mile within the county or school district is fewer than 291. Counties and school districts that have 291 people or more per square mile are considered urban.

Municipal definition

A municipality is rural when the number of people per square mile in the municipality is fewer than 291 or the municipality is in a rural county and has fewer than 2,500 residents. All other municipalities are considered urban.

The question: how do you study rural America?

- Levels of measurement
- Cut points for “rural”
 - Pre-loaded into Federal data sets
 - Created by the investigators
- Cut points when studying special populations

Levels of measurement

- PUMA (not going to discuss)
- County
- ZCTA/Census Tract

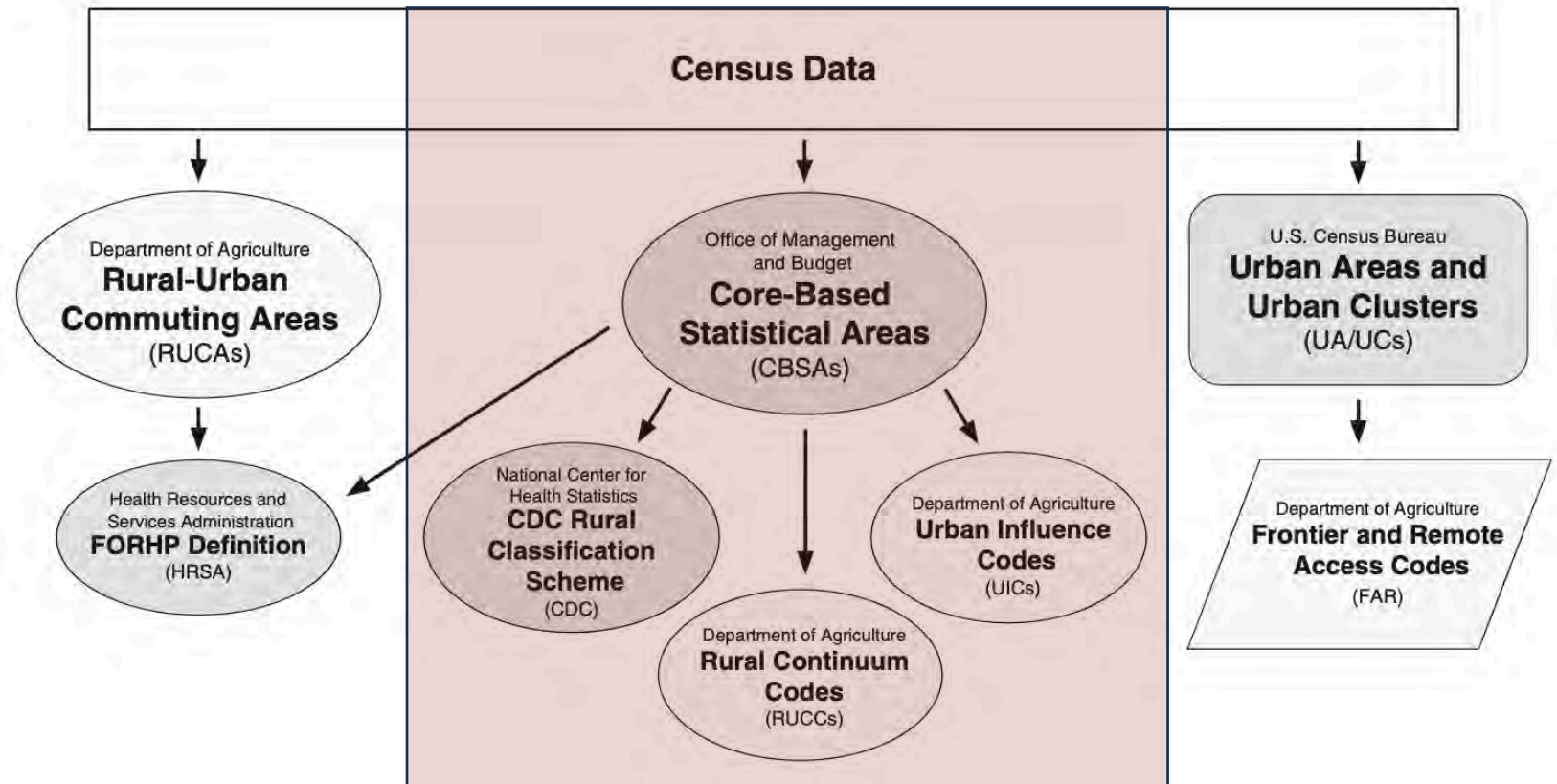
- Excluded: Dartmouth Atlas Projects
 - Hospital Referral Regions
 - Hospital Service Areas

Counties

- Advantages
 - Relatively stable over time
 - Someone is in charge
 - Multiple data sets available
 - **Multiple well established rural definitions**
- Disadvantages
 - Misses rural populations in large counties that include a densely populated place

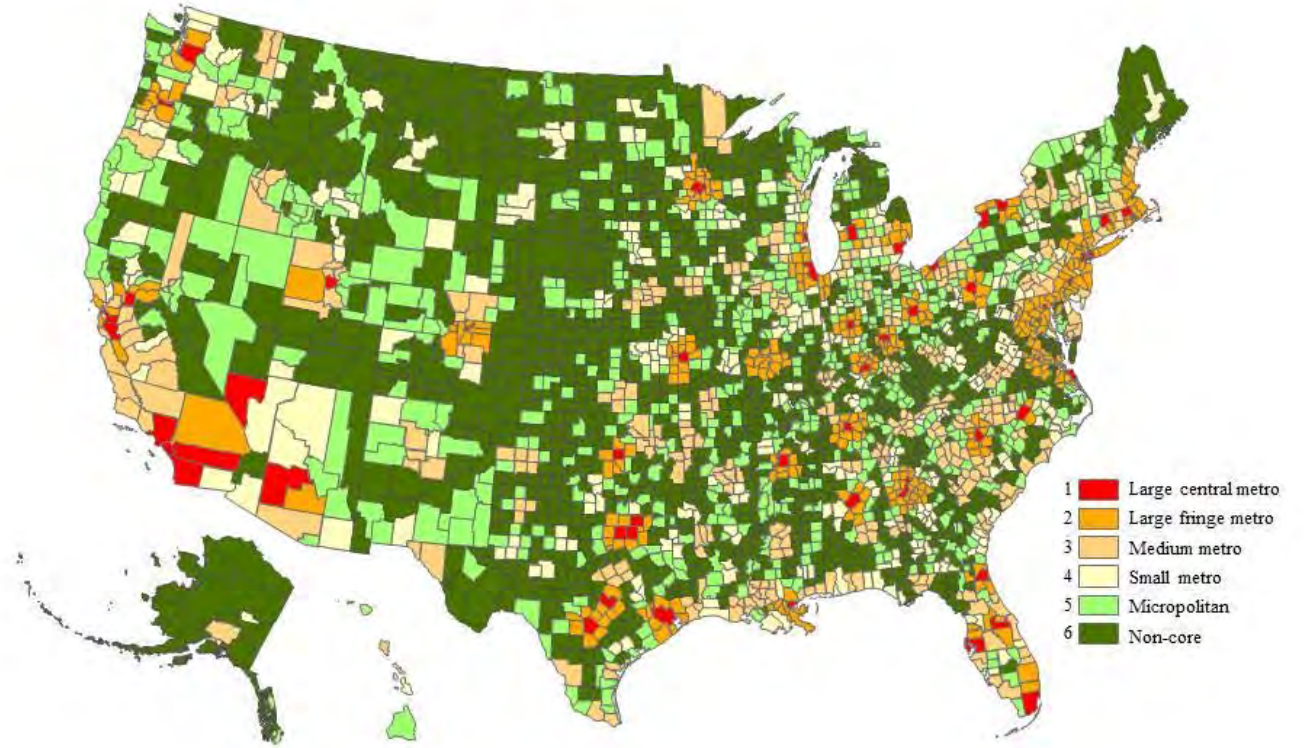
County typologies

- Metropolitan – nonmetropolitan
- Urban Influence Codes
- Rural Urban Continuum Codes
- NCHS Codes



NCHS Codes

- Large central metro
- Large fringe metro
- Medium metro
- Small metro
- Nonmetro **micropolitan**
- Nonmetro non-core



“Micropolitan” confuses many

Micropolitan versus Urban



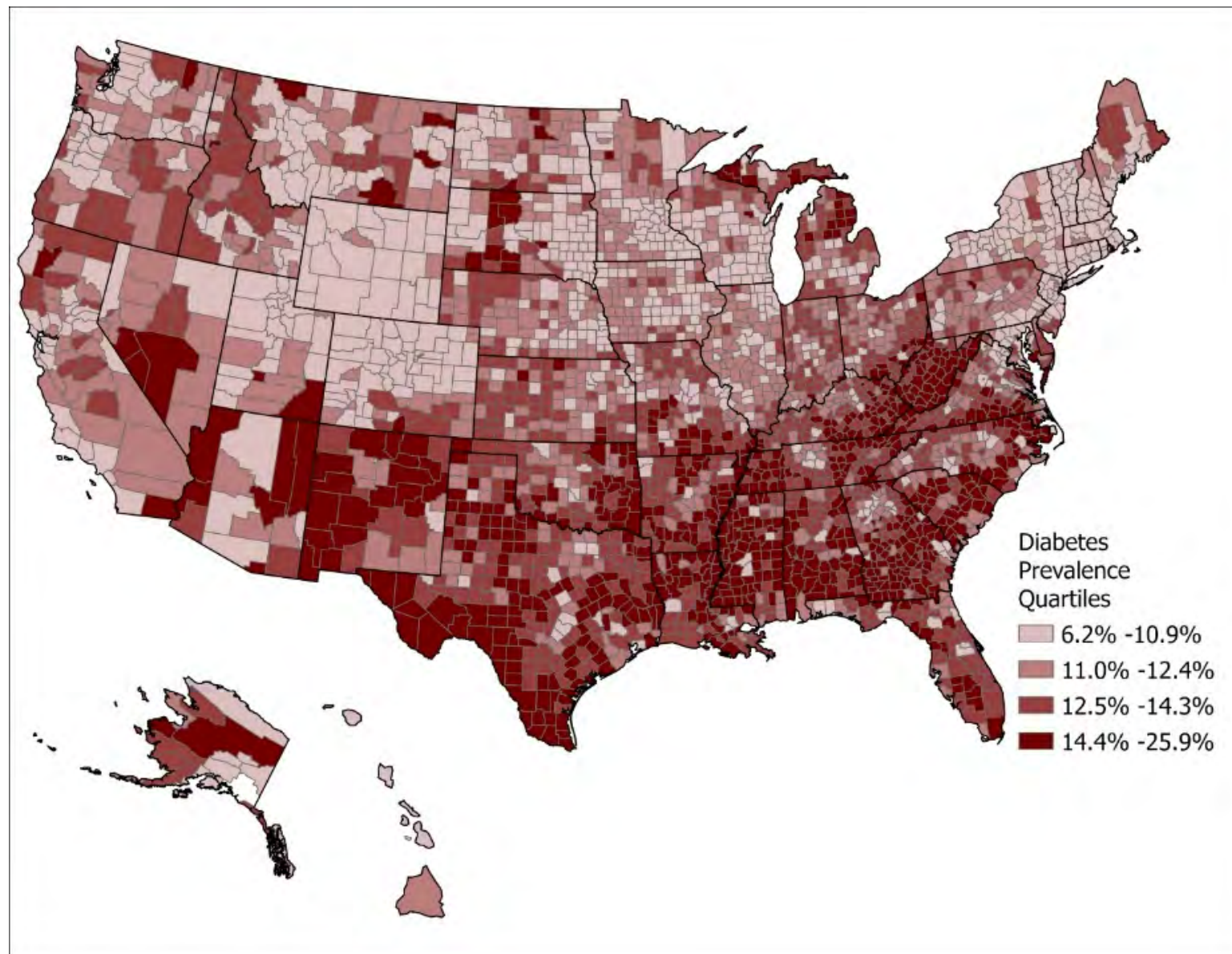
Federal PUFs using NCHS codes

- Metro/nonmetro only:
 - Medicare Current Beneficiary Survey
- NCHS codes:
 - NHIS (3 urban, 1 all nonmetro)
 - CDC WONDER Mortality data
 - National Survey of Children's Health (not all states)
 - BRFSS
 - Rurality available 2018 forward
 - 2 variables, _METSTAT & URBSTAT, can be linked to create 3 levels, urban/micropolitan/noncore
 - Don't use MSCODE!

With the exception of CDC Wonder, these sources suppress individual county ID, but allow examination of national/regional trends

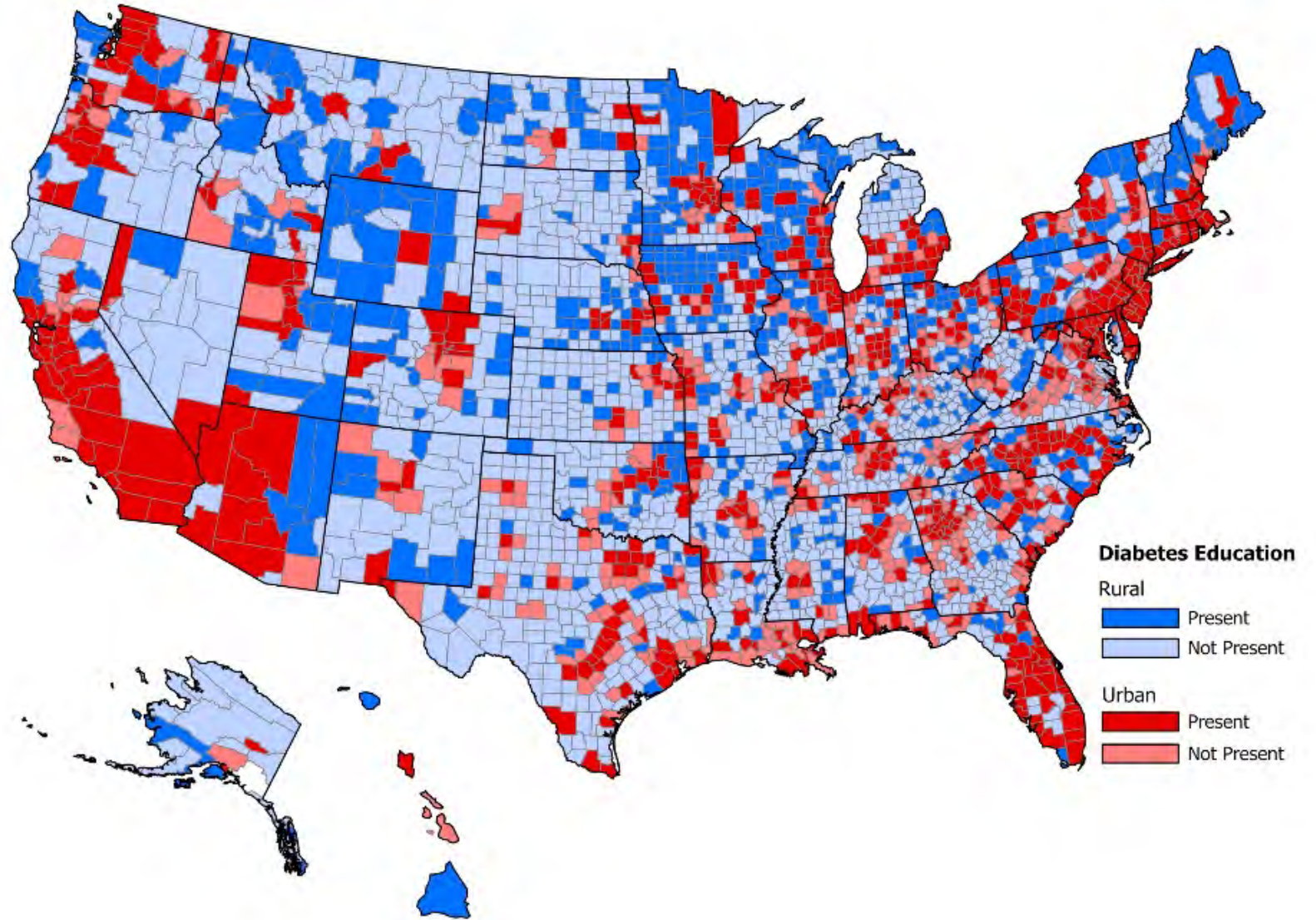
County example: Diabetes prevalence in adults

Data are drawn
from the CDC
Places data set
and grouped in
quartiles



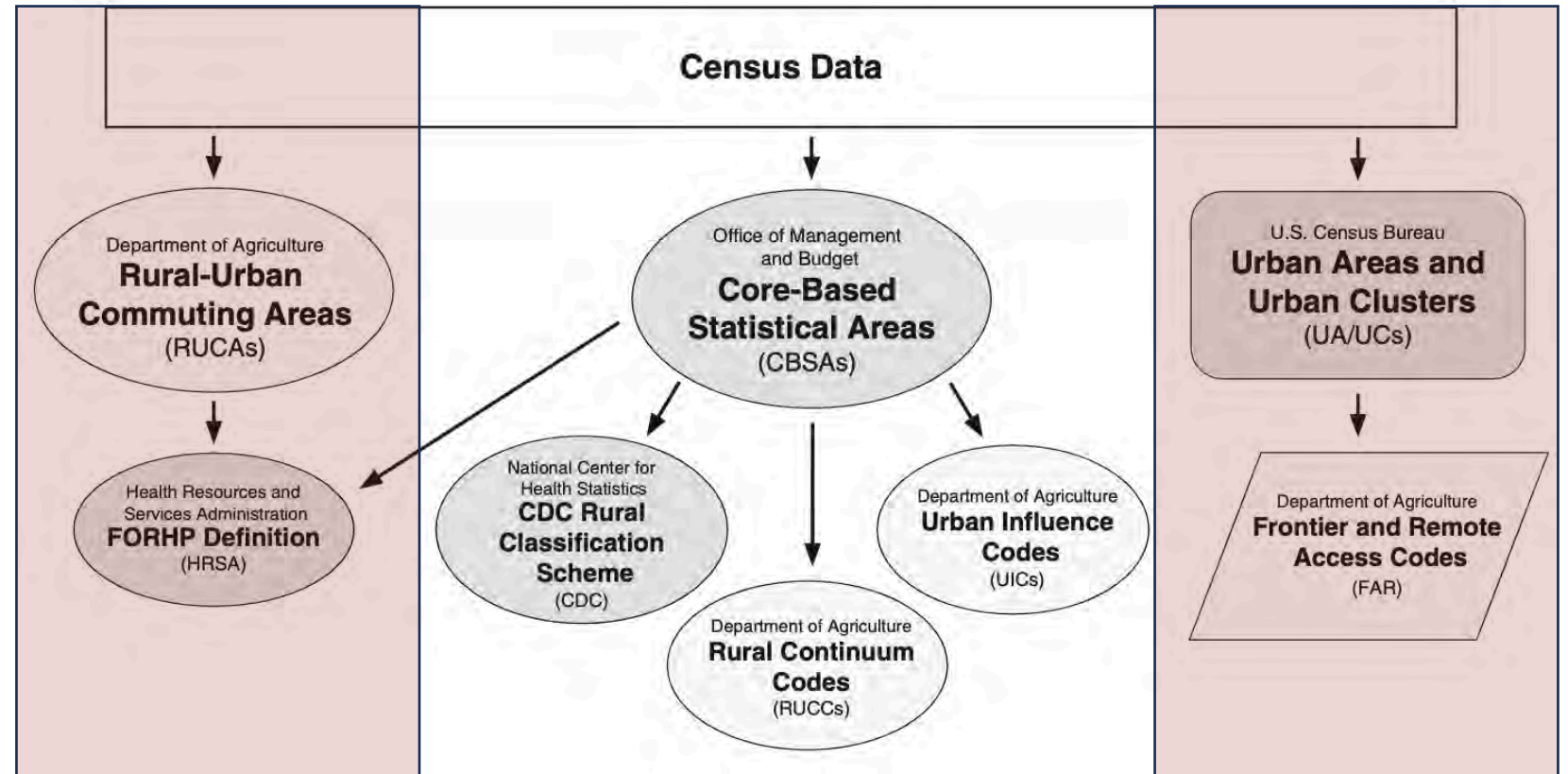
County example: Diabetes Education sites

- Uses the Metropolitan – nonmetropolitan distinction to define rural



ZCTAs ... subcounty measures

- Rural Urban Commuting Areas (10 levels)
- Frontier & Remote Access Codes (4 levels, kinda)



ZIP Code Tabulation Areas (ZCTAs)

- What they are:
 - ZIP Codes® are routes, not places
 - ZCTAs create a place by grouping Census tracts served by a route
- Advantages:
 - Local; pinpoint areas that might be problematic
 - People understand the concept
 - Helpful for distance approximations

ZCTAs, continued

- Disadvantages:
 - No one is in charge
 - Change over time.
 - **ZIP Codes® must be matched to ZCTAs -- it's not a one-to-one correspondence**

Two principal ZCTAs categorizations

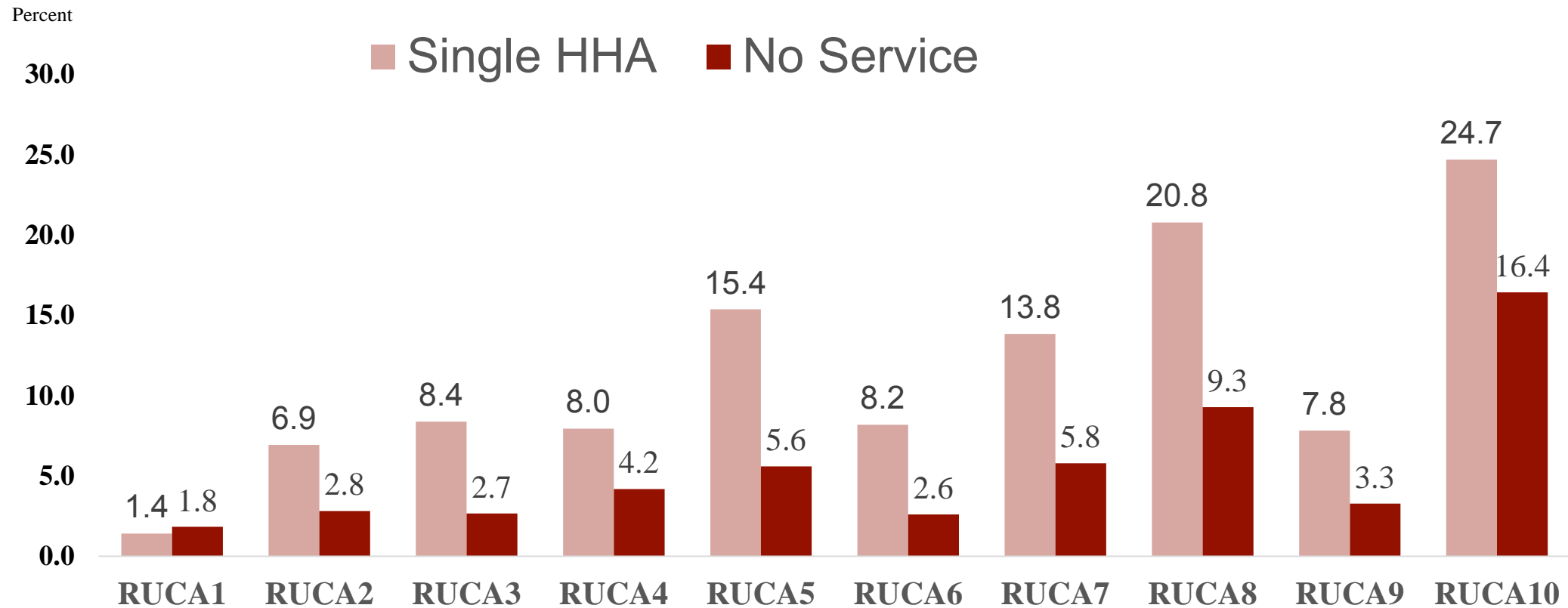
Rural-Urban Commuting Areas (RUCAs)

- Overall:
 - 1 - 3 = Metropolitan
 - 4 - 6 = Micropolitan rural
 - 7 - 10 = Noncore rural
- Subdivided based on commuting patterns

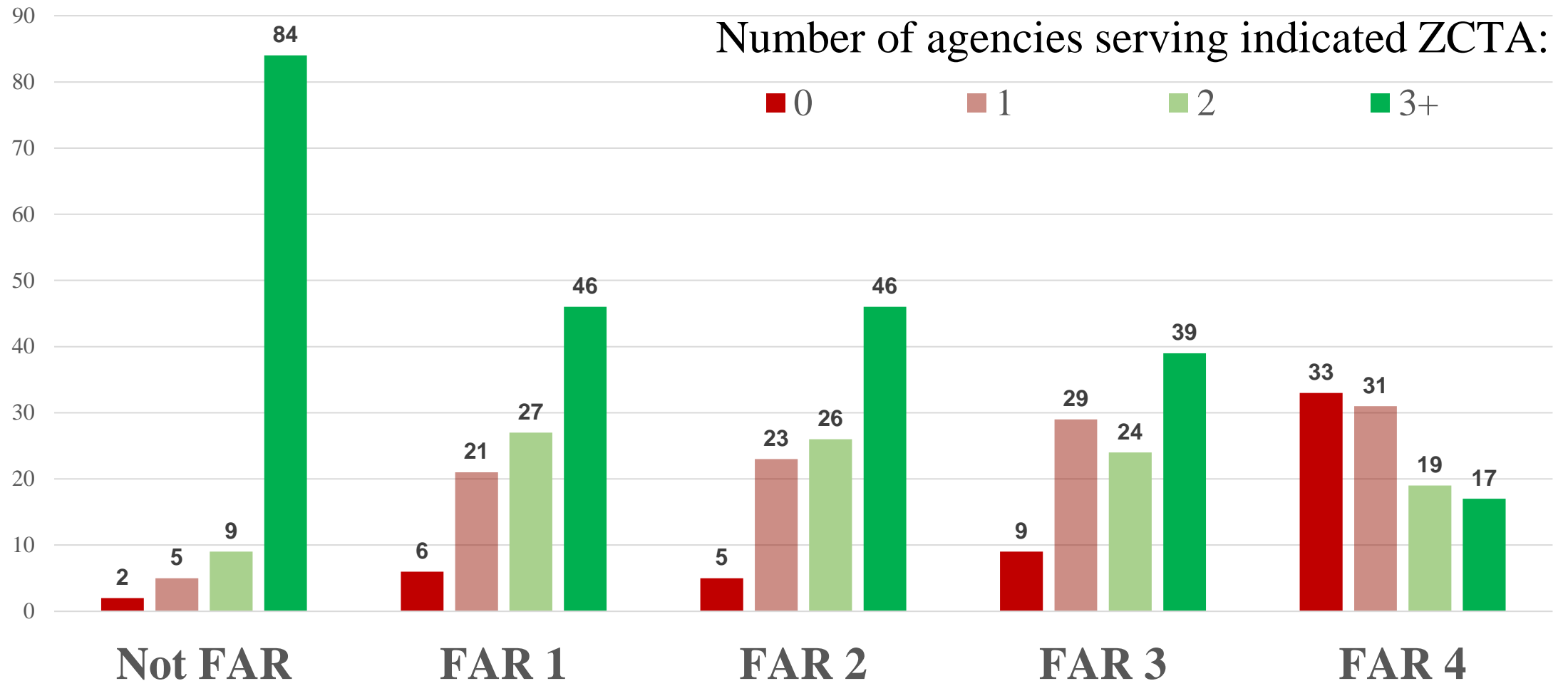
Frontier & Remote (FARs)

- Overall:
 - 4 levels, based on combinations of population and distance to the nearest urban area

RUCA example: Home health Service Availability, October 2020



FAR example: Home health agency service



When no easy categories exist...

- Examining access to care for minoritized populations at the geographic rather than the personal level
- Are geographic “high minority” places disadvantaged?
- What is “high,” anyway?

Example: studying access to care for minoritized populations in rural

- Measure distance: \rightarrow ZCTA $>$ county
 - Centroid of ZCTA to nearest care source
- Measure rural: RUCAs
- Identifying an area as having “*a high proportion*” of residents who identify as members of a minoritized population (MRG)
 - *Developed rural-specific metric*

Rural versus urban demography

Because rural MRGs are geographically concentrated, they account for small percentages in the national picture

Percent of ZCTA residents who identify as:	Urban ZCTAs	Rural ZCTAs
Non-Hispanic Black	10.0	5.0
Non-Hispanic American Indian/Alaska Native	0.8	3.1
Hispanic	8.7	5.1
Non-Hispanic Asian Pacific Islander	3.5	0.7
Non-Hispanic White	80.0	87.6

R&MHRC choice: Top 95% = “top”

One criterion -- 95% percentile

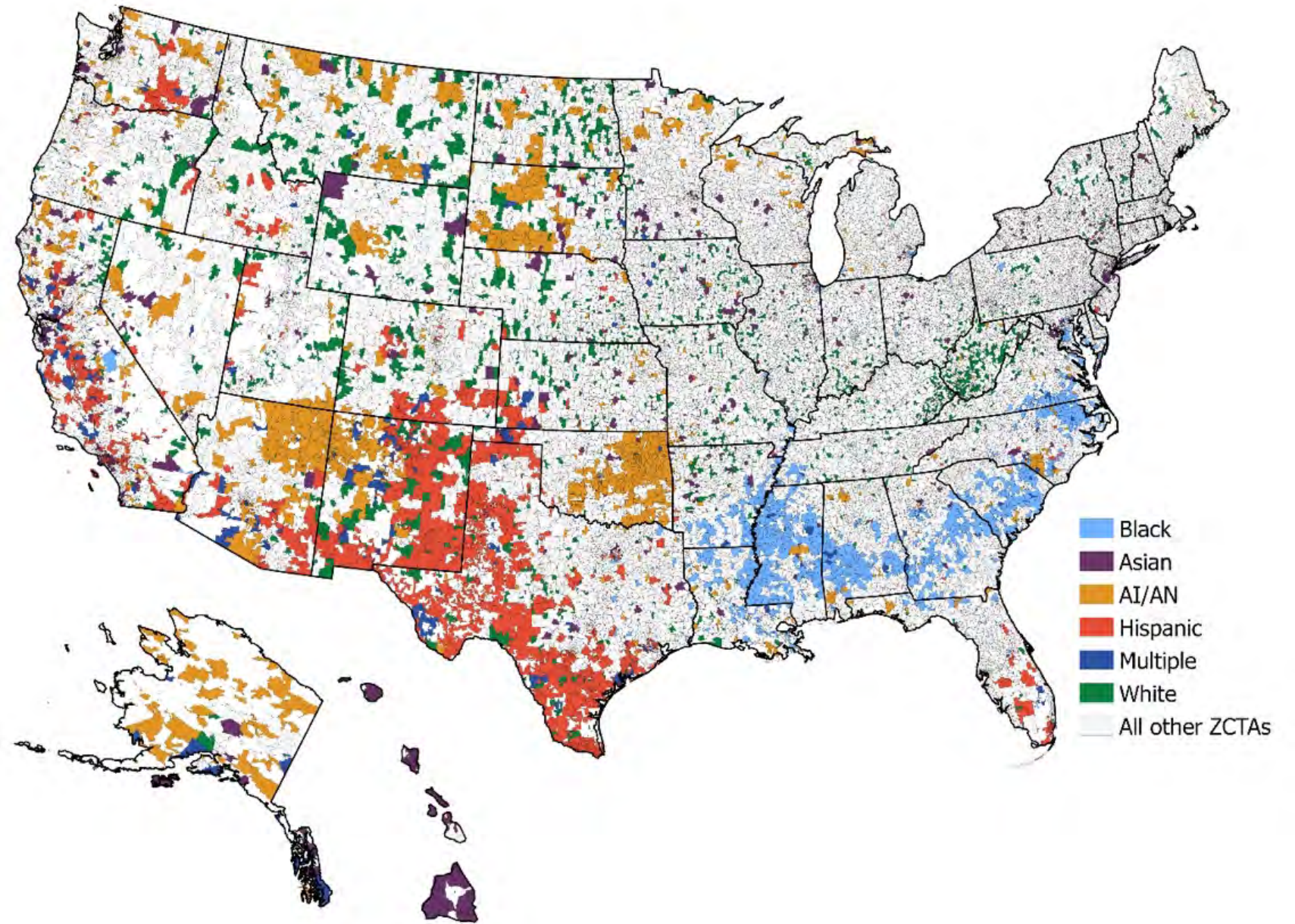
Two distributions → separate criteria for rural and urban places

Proportion of residents ≥ 95 percentile,^a by race/ethnicity and rurality

	Rural	Urban
Non-Hispanic Black	34.4%	49.3%
Hispanic	23.8%	34.1%
Non-Hispanic American Indian/Alaska Native	11.8%	2.2%
Non-Hispanic Asian	2.5%	15.3%
Non-Hispanic White	100.0%	100.0%

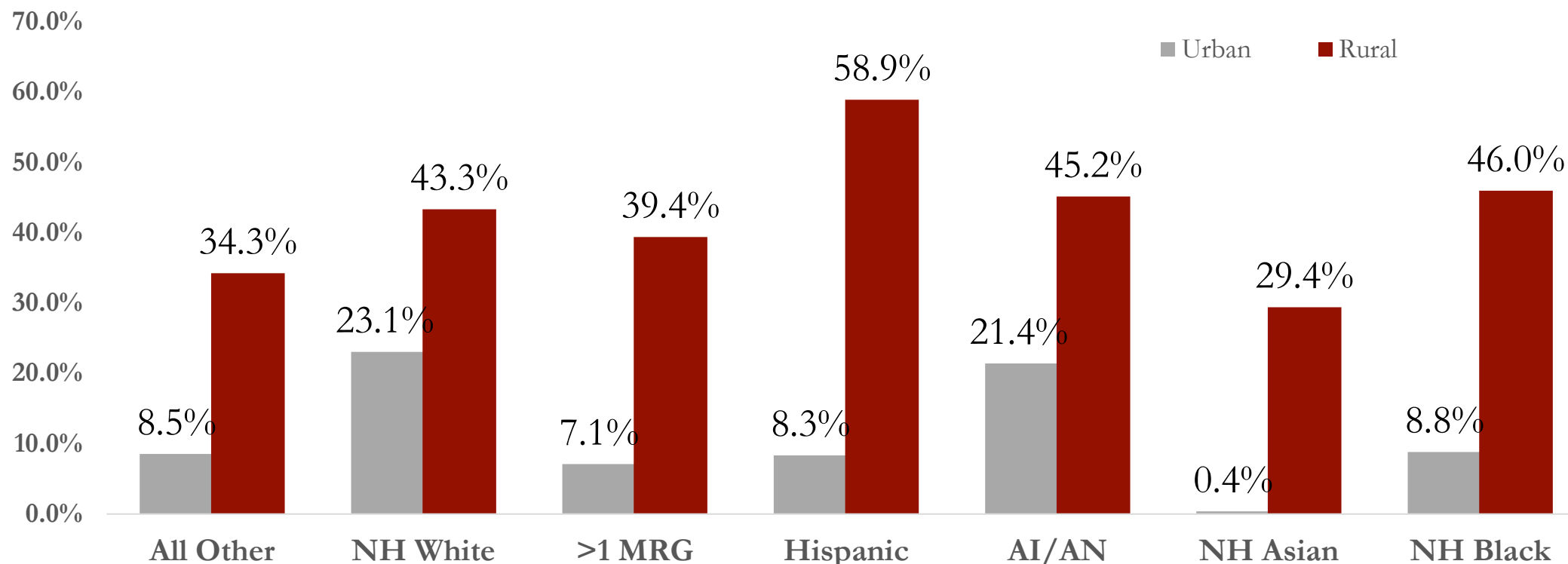
^a Percentiles derived from population data obtained from the American Community Survey.

Distribution of concentrated racial groups



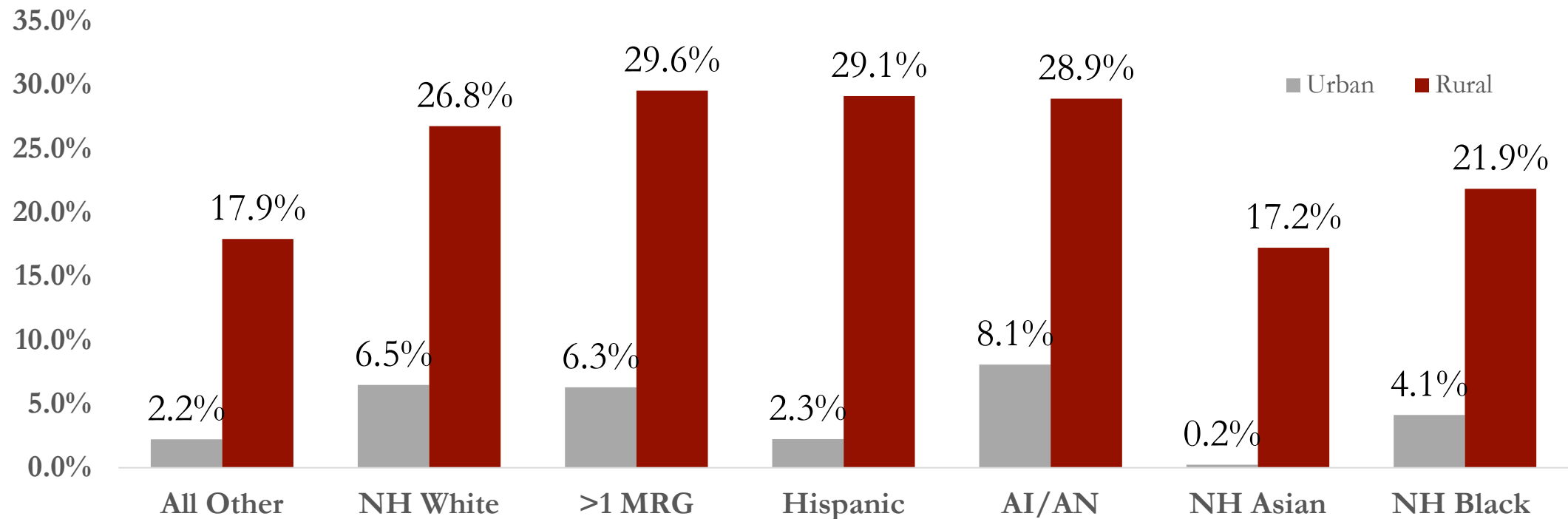
Distance to nearest SUD treatment

Figure 3. Percent of ZCTAs 15 miles or more from the nearest SUD provider, by top racial ethnic group status and rurality, 2019



Distance to the nearest OB Unit

Figure 8. Percent of ZCTAs 30 miles or more from the nearest obstetric care unit, by top racial/ethnic group and rurality, 2019



Wrapping up....

- Defining rural is complex
- But considerable work has already been done to develop consistent definitions
- Working with established metrics allows studies to build upon past work.

This presentation has been approved by Sam the rural health
advoCATE.



Contact information:
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Appendices

- Credits
- Resources

Rural and Minority Health Research Center

- Core funding from the competitive research program of the Federal Office of Rural Health Policy, HRSA
- Focus on rural vulnerable populations
- https://sc.edu/study/colleges_schools/public_health/research/research_centers/sc_rural_health_research_center/



Resources: references

- Hart LG, Larson EH, Lishner DM. Rural definitions for health policy and research. *Am J Public Health*. 2005 Jul;95(7):1149-55.
- Bennett KJ, Borders TF, Holmes GM, Kozhimannil KB, Ziller E. What Is Rural? Challenges And Implications Of Definitions That Inadequately Encompass Rural People And Places. *Health Aff (Millwood)*. 2019 Dec;38(12):1985-1992.
- Long JC, Delamater PL, Holmes GM. Which Definition of Rurality Should I Use?: The Relative Performance of 8 Federal Rural Definitions in Identifying Rural-Urban Disparities. *Med Care*. 2021 Oct 1;59(Suppl 5):S413-S419. **Online supplement has great information.**

Resources: data links

- Rural definitions webinar: <https://www.ruralhealthinfo.org/webinars/rural-definitions>
- CDC Places: <https://www.cdc.gov/places/index.html>
- AHRQ SDOH: <https://www.ahrq.gov/sdoh/data-analytics/sdoh-data.html>
- Census ZCTAs: <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/zctas.html>



How Does the Definition of “Rural” Impact Research?

George H Pink, PhD

Gateway Webinar

November 15, 2023

This presentation uses work funded by Federal Office of Rural Health Policy, Award #U1GRH03714

North Carolina Rural Health Research Program

- Much of our research focuses on:
 - Rural / urban hospital comparisons
 - Medicare special payment designations – CAH, MDH, RRC, SCH
- Rural definitions we use most frequently:
 - FORHP definition – our funder and primary user of our research
 - OMB / CMS definition – because they reimburse hospitals

FORHP versus OMB/CMS rural definitions

Org	Rural Measure	Rural pop*
FORHP	<ul style="list-style-type: none"> • Nonmetropolitan counties (OMB-defined). • Census tracts with RUCA codes 4-10 inside metropolitan counties. • Large census tracts (at least 400 square miles) with low population density (35 or fewer people per square mile), RUCA codes 2-3 inside metropolitan counties. • All outlying metro counties without an urbanized area 	57.0 million (18.0% of total pop)
OMB / CMS	<p>Nonmetropolitan counties:</p> <ul style="list-style-type: none"> • Micropolitan: counties with at least one urban cluster (population 10,000-49,999) and adjacent, economically integrated counties. • Rural: counties with no urbanized area or cluster and not adjacent to metropolitan or micropolitan county. 	46.3 million (15.0% of total pop)

***<https://rupri.public-health.uiowa.edu/publications/policypapers/Considerations%20For%20Defining%20Rural%20Places.pdf>**

Difference between FORHP and OMB/CMS

Org	Rural Measure	Rural pop*
FORHP	<ul style="list-style-type: none"> Nonmetropolitan counties (OMB-defined). Census tracts with RUCA codes 4-10 inside metropolitan counties. Large census tracts (at least 400 square miles) with low population density (35 or fewer people per square mile), RUCA codes 2-3 inside metropolitan counties. All outlying metro counties without an urbanized area 	57.0 million (18.0% of total pop)
OMB / CMS	<p>Nonmetropolitan counties:</p> <ul style="list-style-type: none"> Micropolitan: counties with at least one urban cluster (population 10,000-49,999) and adjacent, economically integrated counties. Rural: counties with no urbanized area or cluster and not adjacent to metropolitan or micropolitan county. 	46.3 million (15.0% of total pop)
	Difference	10.7 million (3.0%)

Why are there differences between FORHP and OMB/CMS definitions?

- Federal agencies create and use definitions to facilitate their own programs because no single definition clearly divides rural and urban entities.
- Over time, many definitions have been developed by different agencies for various purposes using different classifications.
- Each definition has strengths and weaknesses - federal agencies choose the definition that best fits their programmatic goals.

<https://www.ruralhealthinfo.org/topics/what-is-rural#major-definitions>

How the definition of rural can impact research: two examples

Example 1



Findings Brief
NC Rural Health Research Program

July 2022

Types of Rural and Urban Hospitals and Counties Where They Are Located

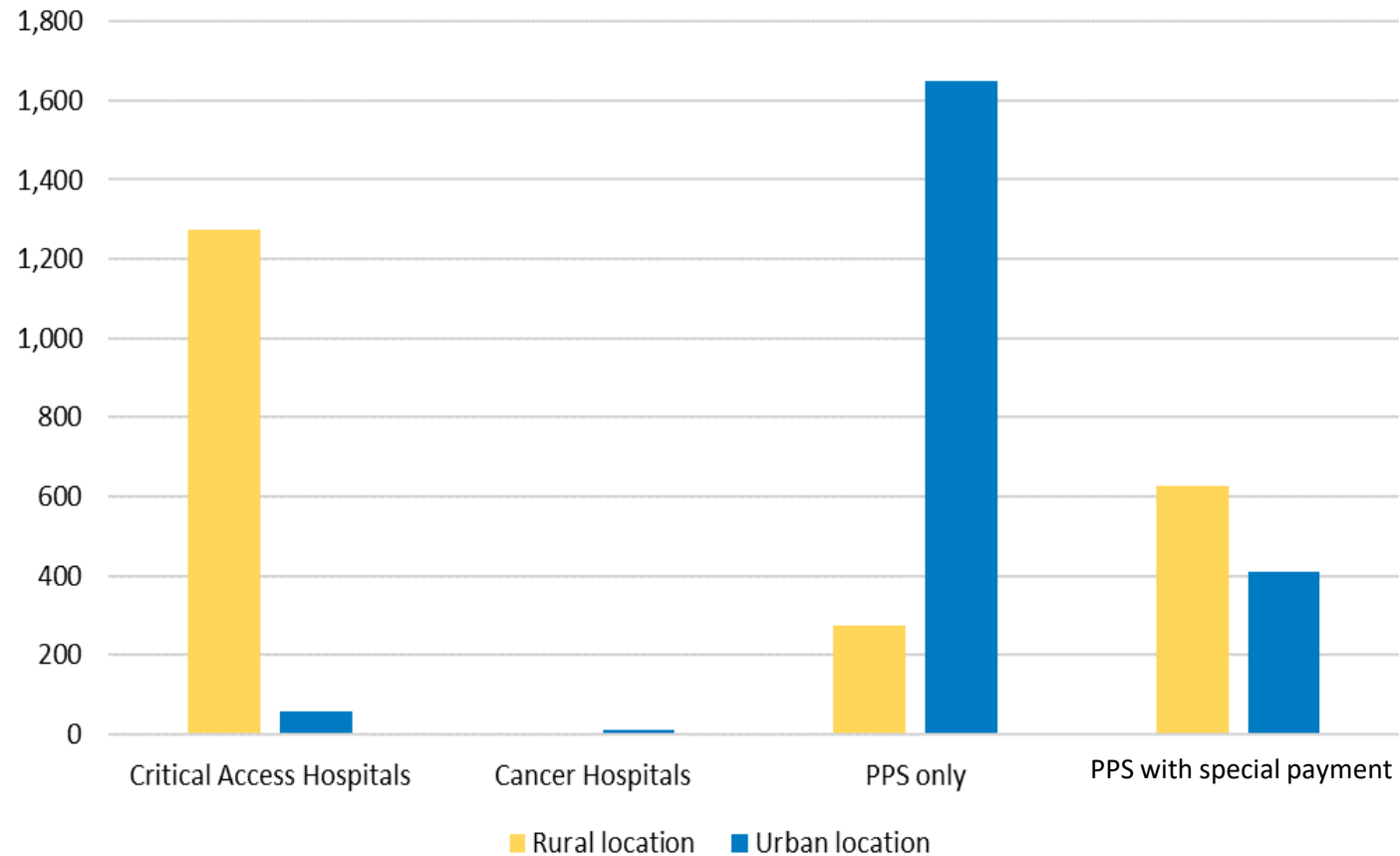
George Pink, PhD; H. Ann Howard, BS

<https://www.shepscenter.unc.edu/download/24953/>

Definition of rural used in the study

“We defined hospitals as rural using the Federal Office of Rural Health Policy definition effective on October 1, 2021. FORHP defines a rural area as: “All non-metro counties; all metro census tracts with RUCA codes 4-10; large area Metro census tracts of at least 400 sq. miles in area with population density of 35 or less per sq. mile with RUCA codes 2-3,” and; all outlying metro counties without an urbanized area.”

Number of CAHs, Cancer Hospitals, PPS-only Hospitals, and PPS Hospitals with Special Payment Designations by Location Using FORHP Definition



Hospitals in rural locations are primarily CAHs and hospitals in urban locations are primarily PPS-only hospitals.

Number of rural and urban hospitals using FORHP definition (12-31-2021)

There are CAHs, PPS-only hospitals, and PPS hospitals with special payment designations in both urban and rural locations.

Type	Payment	Rural	Urban
CAH		1275	59
PPS	PPS only	275	1649
	EACH	1	0
	EACH / RRC	2	0
	MDH	129	10
	MDH / RRC	18	5
	RRC	86	337
	SCH	274	27
	SCH / RRC	116	32
	Total	2176	2119

Number of rural and urban hospitals using FORHP definition

59 CAHs in urban locations

337 RRCs and 74 other hospitals with special payment designations in urban locations

Are RRCs rural hospitals? 80% are in urban locations

Type	Payment	Rural	Urban
CAH		1275	59
PPS	PPS only	275	1649
	EACH	1	0
	EACH / RRC	2	0
	MDH	129	10
	MDH / RRC	18	5
	RRC	86	337
	SCH	274	27
	SCH / RRC	116	32
	Total	2176	2119

What happens if we use OMB/CMS definition instead of FORHP definition?

- All hospitals located in:
 - Census tracts with RUCA codes 4-10 inside metropolitan counties.
 - Large census tracts (at least 400 square miles) with low population density (35 or fewer people per square mile), RUCA codes 2-3 inside metropolitan counties.
 - All outlying metro counties without an urbanized area
- Would change from rural to urban
- How do we calculate the number that would change?

List of hospitals in the U.S. has rural status by FORHP and OMB def'ns for all hospitals in one spreadsheet



The screenshot shows the website of the UNC Sheps Center for Health Services Research. The header includes the UNC logo and the center's name. Navigation links include Home, About Us, Programs, Researchers, Data, Publications, and Fellowships. A search bar is located in the top right. The main content area is titled 'List of Hospitals in the U.S.' and features a large heading 'Download our list of hospitals by year'. Below this, a paragraph explains that the center compiles a list of operating U.S. hospitals as a downloadable resource, including details like addresses, bed counts, and rural/urban definitions. A link for 'U.S. Hospital List (2022)' is provided. A sidebar on the left lists various programs and projects, including 'Rural Emergency Hospitals', 'Rural Hospital Closures', and 'List of Hospitals in the U.S.'.

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NC Rural Health Research Program

About us

Rural Emergency Hospitals

Rural Hospital Closures

List of Hospitals in the U.S.

Projects

Rural Delta Region Map Tool

Sheps Center > Programs > NC Rural Health Research Program > List of Hospitals in the U.S.

List of Hospitals in the U.S.

Download our list of hospitals by year

Each year, we compile a list of operating U.S. Hospitals as a downloadable resource to the public. The spreadsheet includes acute care hospitals (Critical Access, Cancer, Indian Health Service, Medicare-Dependent, Rural Referral Center, Sole Community, and Prospective Payment System Hospitals), and specialty hospitals (long-term acute care, children's rehabilitation, psychiatric, and religious hospitals), their addresses, bed counts, rural/urban definitions, CMS rural payment designations, and more.

Information is current as of January 1, for each file year. For example, the U.S. Hospital List (2022) includes hospitals that were open as of January 1, 2022.

○ U.S. Hospital List (2022)

<https://www.shepscenter.unc.edu/programs-projects/rural-health/list-of-hospitals-in-the-u-s/>

What happens if we use OMB/CMS definition instead of FORHP definition?

397 hospitals
move from
rural to urban

Type	Payment	Rural	Urban
CAH		1275	59
PPS	PPS only	275	1649
	EACH	1	0
	EACH / RRC		0
	MDH		10
	MDH / RRC		5
	RRC		337
	SCH	27	27
	SCH / RRC	115	32
	Total	2176	2119

Example 2: Rural Emergency Hospitals

**17 Hospitals Have Converted to
Rural Emergency Hospitals since January 2023**



REH Location Eligibility

- A facility is eligible to convert to an REH if it was a Critical Access Hospital (CAH) or rural hospital with not more than 50 beds as of December 27, 2020 (including a hospital that closed after December 27, 2020).

<https://www.cms.gov/files/document/reh-medicare-provider-instructions.pdf>

2023 REH conversions

Hospital	City	State	OMB / CMS	FORHP	Previous Medicare Payment	REH Participation Date
Harper County Community Hospital	BUFFALO	OK	Neither	Rural	CAH	10/1/2023
South Central Kansas Medical Center	ARKANSAS CITY	KS	Micro	Rural	SCH	9/28/2023
Guadalupe County Hospital	SANTA ROSA	NM	Neither	Rural	SCH	9/1/2023
St. Bernards Five Rivers Medical Center	POCAHONTAS	AR	Neither	Rural	SCH	9/1/2023
Assumption Community Hospital	NAPOLEONVILLE	LA	Metro	Urban	CAH	8/3/2023
Sturgis Hospital	STURGIS	MI	Micro	Rural	PPS	7/6/2023
Blue Ridge Medical Center	BLUE RIDGE	GA	Neither	Rural	MDH	7/1/2023
Stillwater Medical-Blackwell	BLACKWELL	OK	Micro	Rural	SCH	7/1/2023
Tristar Ashland City Medical Center	ASHLAND CITY	TN	Metro	Rural	CAH	7/1/2023
St. Luke's Health - Memorial Hospital	SAN AUGUSTINE	TX	Neither	Rural	CAH	6/20/2023
Jefferson County Hospital	FAYETTE	MS	Neither	Rural	PPS	6/1/2023
Stillwater Medical - Perry	PERRY	OK	Neither	Rural	SCH	4/1/2023
Anson General Hospital	ANSON	TX	Metro	Rural	MDH	3/27/2023
Alliance Healthcare System	HOLLY SPRINGS	MS	Metro	Rural	SCH	3/16/2023
Falls Community Hospital and Clinic	MARLIN	TX	Metro	Rural	SCH	2/8/2023
Irwin County Hospital	OCILLA	GA	Neither	Rural	PPS	2/1/2023
Crosbyton Clinic Hospital	CROSBYTON	TX	Metro	Rural	CAH	1/30/2023

https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-emergency-hospitals/#citem_fe3f-61e3

2023 REH conversions – what do we notice?

Hospital	City	State	OMB / CMS	FORHP	Previous Medicare Payment	REH Participation Date
Harper County Community Hospital	BUFFALO	OK	Neither	Rural	CAH	10/1/2023
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Jefferson County Hospital	FAYETTE	MS	Neither	Rural	PPS	6/1/2023
Stillwater Medical - Perry	PERRY	OK	Neither	Rural	SCH	4/1/2023
Anson General Hospital	ANSON	TX	Metro	Rural	MDH	3/27/2023
Alliance Healthcare System	HOLLY SPRINGS	MS	Metro	Rural	SCH	3/16/2023
Falls Community Hospital and Clinic	MARLIN	TX	Metro	Rural	SCH	2/8/2023
Irwin County Hospital	OCILLA	GA	Neither	Rural	PPS	2/1/2023
Crosbyton Clinic Hospital	CROSBYTON	TX	Metro	Rural	CAH	1/30/2023

#1 Five REHs where the OMB/CMS and FORHP rural definitions differ

2023 REH conversions – what do we notice?

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Crosbyton Clinic Hospital	CROSBYTON	TX	Metro	Rural	CAH	1/30/2023

#2 Six REHs are in Metro areas, as defined by OMB/CMS. How are they eligible for REH?

2023 REH conversions – what do we notice?

Hospital	City	State	OMB / CMS	FORHP	Previous Medicare Payment	REH Participation Date
Harper County Community Hospital	BUFFALO	OK	Neither	Rural	CAH	10/1/2023
South Central Kansas Medical Center	ARKANSAS CITY	KS	Micro	Rural	SCH	9/28/2023
Guadalupe County Hospital	SANTA ROSA	NM	Neither	Rural	SCH	9/1/2023
St. Bernards Five Rivers Medical Center	POCAHONTAS	AR	Neither	Rural	SCH	9/1/2023
Assumption Community Hospital	NAPOLEONVILLE	LA	Metro	Urban	CAH	8/3/2023
Sturgis Hospital	STURGIS	MI	Micro	Rural	PPS	7/6/2023
Blue Ridge Medical Center	BLUE RIDGE	GA	Neither	Rural	MDH	7/1/2023
Stillwater Medical-Blackwell	BLACKWELL	OK	Micro	Rural	SCH	7/1/2023
Tristar Ashland City Medical Center	ASHLAND CITY	TN	Metro	Rural	CAH	7/1/2023
St. Luke's Health - Memorial Hospital	SAN AUGUSTINE	TX	Neither	Rural	CAH	6/20/2023
Jefferson County Hospital	FAYETTE	MS	Neither	Rural	PPS	6/1/2023
Stillwater Medical - Perry	PERRY	OK	Neither	Rural	SCH	4/1/2023
Anson General Hospital	ANSON	TX	Metro	Rural	MDH	3/27/2023
Alliance Healthcare System	HOLLY SPRINGS	MS	Metro	Rural	SCH	3/16/2023
Falls Community Hospital and Clinic	MARLIN	TX	Metro	Rural	SCH	2/8/2023
Irwin County Hospital	OCILLA	GA	Neither	Rural	PPS	2/1/2023
Crosbyton Clinic Hospital	CROSBYTON	TX	Metro	Rural	CAH	1/30/2023

Three are CAHs

2023 REH conversions – what do we notice?

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Three are in Metro areas but not CAHs.
How are they eligible for REH?

Urban to Rural Reclassification

Title 42 / Chapter IV / Subchapter B / Part 412 / Subpart G / § 412.103

[Previous](#) / [Next](#) / [Top](#)

▶▶ ECFR CONTENT



⦿ § 412.103 Special treatment: Hospitals located in urban areas and that apply for reclassification as rural.



- (a) *General criteria.* A prospective payment hospital that is located in an urban area (as defined in [subpart D of this part](#)) may be reclassified as a rural hospital if it submits an application in accordance with [paragraph \(b\)](#) of this section and meets any of the following conditions:



<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-412/subpart-G/section-412.103>

Urban to Rural Reclassification

Any Inpatient Prospective Payment System (IPPS) hospital located in an urban area may be reclassified as rural by meeting one of the following criteria:

- It is located in a rural census tract of a Metropolitan Statistical Area (MSA) in the most recent version of the Goldsmith Modification, Rural-Urban Commuting Area (RUCA) codes;
- Any State law or regulation deems it to be a rural hospital or located in a rural area; or
- It would meet all requirements of a RRC or a SCH if it was located in a rural area.
- Five other criteria

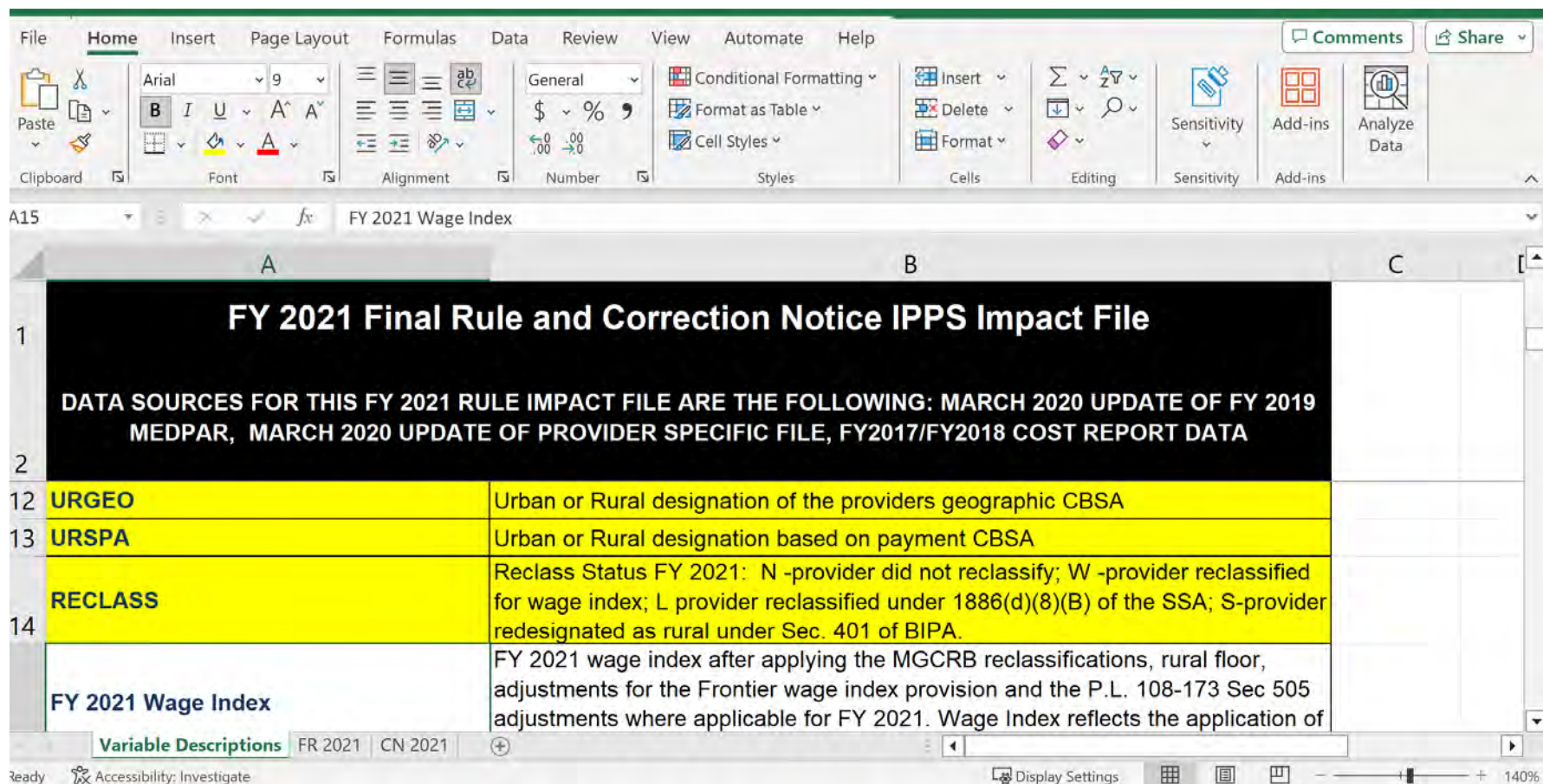
<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-412/subpart-G/section-412.103>

Where do you go to determine whether a PPS hospital has been reclassified as rural?

- RHI Hub – Am I rural tool? can be used to determine whether a location is currently rural according to FORHP, CBSA and other definitions
<https://www.ruralhealthinfo.org/am-i-rural>
- CMS Impact file – can be used to determine whether a hospital has reclassified as rural
- Suppose I suspect that a 412.103 reclassification had to be active on 12/27/2020, so we will start with 2021 Impact file (issued in Nov 2020)

<https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2021-ipps-final-rule-home-page>

FY 2021 Final Rule and Correction Notice IPPS Impact File



The screenshot shows an Excel spreadsheet with the following content:

	A	B	C
1	FY 2021 Final Rule and Correction Notice IPPS Impact File		
2	DATA SOURCES FOR THIS FY 2021 RULE IMPACT FILE ARE THE FOLLOWING: MARCH 2020 UPDATE OF FY 2019 MEDPAR, MARCH 2020 UPDATE OF PROVIDER SPECIFIC FILE, FY2017/FY2018 COST REPORT DATA		
12	URGEO	Urban or Rural designation of the providers geographic CBSA	
13	URSPA	Urban or Rural designation based on payment CBSA	
14	RECLASS	Reclass Status FY 2021: N -provider did not reclassify; W -provider reclassified for wage index; L provider reclassified under 1886(d)(8)(B) of the SSA; S-provider redesignated as rural under Sec. 401 of BIPA.	
	FY 2021 Wage Index	FY 2021 wage index after applying the MGCRB reclassifications, rural floor, adjustments for the Frontier wage index provision and the P.L. 108-173 Sec 505 adjustments where applicable for FY 2021. Wage Index reflects the application of	

At the bottom of the spreadsheet, there is a tab labeled 'Variable Descriptions' and a status bar showing 'Ready' and 'Accessibility: Investigate'.

Anson General Hospital, Anson TX

AutoSave Off FY 2021 FR and CN Impact File - Read-Only No Label Pink, George H PG

File Home Insert Page Layout Formulas Data Review View Automate Help

Clipboard Font Alignment Number Styles Cells Editing Sensitivity Add-ins Analyze Data

B2750 Anson General Hospital

	A	B	I	J	K
1	FY 2021 IPPS Impact File - Correction Notice (November 2020)				
2	Provider Number	Name	URGEO	URSPA	RECLASS
					FY Wag
2748	450068	Memorial Hermann Texas Medical Center	URBAN	URBAN	N
2749	450072	Brazosport Regional Health System	URBAN	URBAN	N
2750	450078	Anson General Hospital	URBAN	RURAL	S
2751	450079	Baylor Medical Center At Irving	URBAN	URBAN	N
2752	450080	Titus Regional Medical Center	RURAL	RURAL	W

Variable Descriptions FR 2021 CN 2021

Reclassification confirmed

Falls Community Hospital, Marlin TX

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B2816 Falls Community Hospital And Clinic

	A	B	I	J	K	
1	FY 2021 IPPS Impact File - Correction Notice (November 2020)					
2	Provider Number	Name	URGEO	URSPA	RECLASS	FY Wag
2814	450346	Baptist Beaumont Hospital	URBAN	RURAL	S	
2815	450347	Huntsville Memorial Hospital	RURAL	RURAL	W	
2816	450348	Falls Community Hospital And Clinic	URBAN	RURAL	S	
2817	450351	Texas Health Harris Methodist Hospital Stephenvill	RURAL	RURAL	W	
2818	450352	Hunt Regional Medical Center	URBAN	URBAN	N	

Variable Descriptions FR 2021 CN 2021

Ready Accessibility: Investigate Display Settings 150%

Reclassification confirmed

Alliance Healthcare System, Holly Springs MS

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A1590 250012

	A	B	I	J	K	
1	FY 2021 IPPS Impact File - Correction Notice (November 2020)					
2	Provider Number	Name	URGEO	URSPA	RECLASS	FY Wag
1588	250007	Merit Health Biloxi	URBAN	URBAN	N	
1589	250009	Magnolia Regional Health Center	RURAL	RURAL	W	
1590	250012	Alliance Healthcare System	URBAN	URBAN	N	
1591	250017	Trace Regional Hosp And Swing Bed	RURAL	RURAL	N	
1592	250018	Jasper General Hospital	RURAL	RURAL	N	

Variable Descriptions FR 2021 CN 2021

No reclassification found

Now what?

- Perhaps my suspicion that a 412.103 reclassification had to be active on 12/27/2020 is incorrect.
- Move on to 2024 Impact file (issued in August 2023)

<https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2024-pps-final-rule-home-page>

Alliance Healthcare System, Holly Springs MS

AutoSave Off FY 2024 IPPS Final Rule Impact File - Read-Only No Label Pink, George H PG

File Home Insert Page Layout Formulas Data Review View Automate Help

Clipboard Font Alignment Number Styles Cells Editing Sensitivity Add-ins Analyze Data

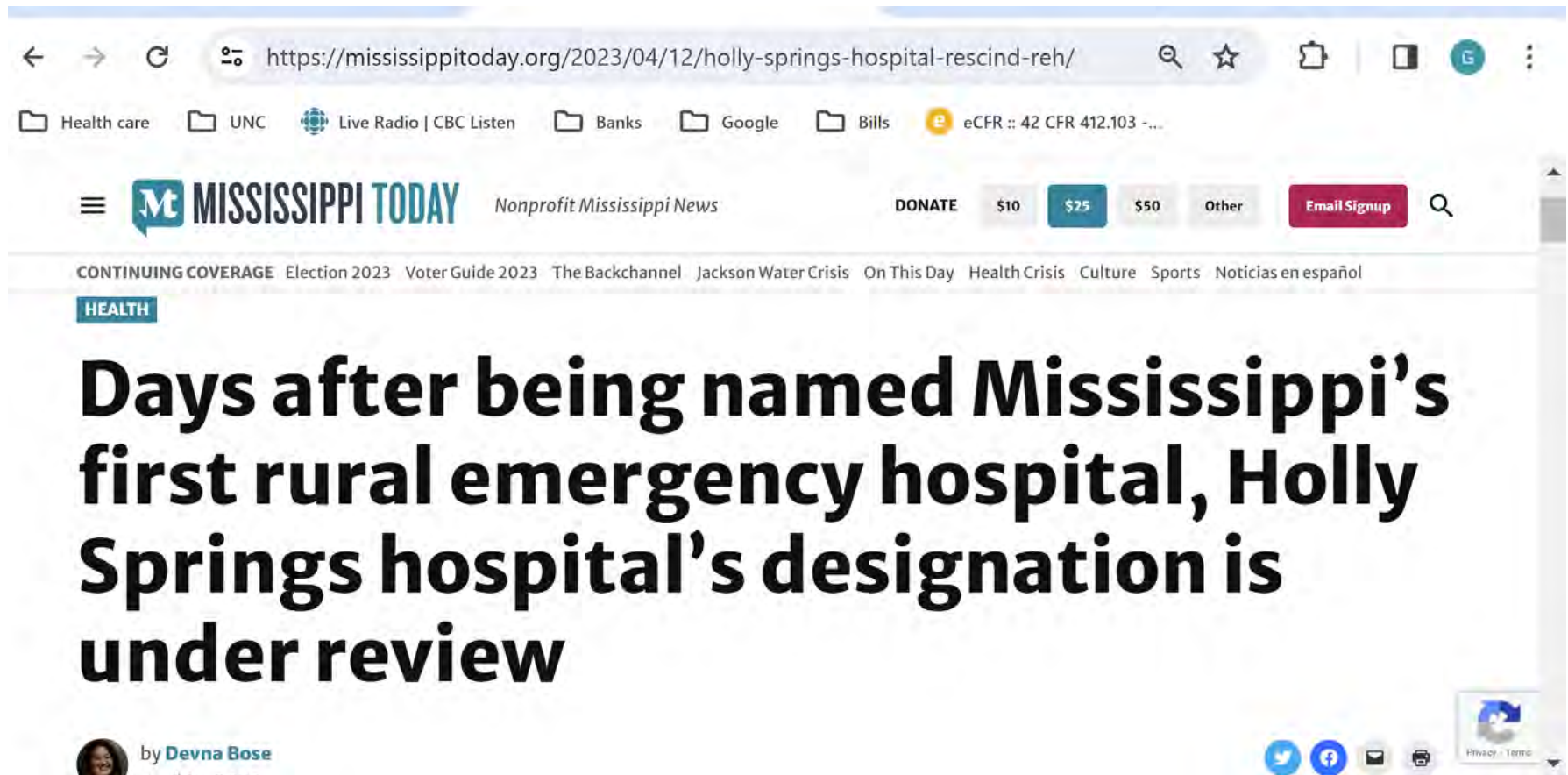
B1560 Alliance Healthcare System

	A	B	I	J	K	L
1	FY 2024 IPPS Impact File - Final Rule (August 2023)					
2	Provider Number	Name	URGEO	URSPA	RECLASS	FY 2024 Wage Index
1557	250006	Baptist Memorial Hospital Union County	RURAL	RURAL	N	0.7850
1558	250007	Merit Health Biloxi	OURBAN	OURBAN	N	0.7850
1559	250009	Magnolia Regional Health Center	RURAL	RURAL	W	0.7931
1560	250012	Alliance Healthcare System	LURBAN	LURBAN	N	0.8352
1561	250017	Trace Regional Hospital And Swing Bed	RURAL	RURAL	N	0.7850

Variable Descriptions FY 2024 Final

No reclassification found

Next go to the media: April 23, 2023



Holly Springs is listed as a REH in QCOR

- Perhaps reclassification is in progress
- Perhaps REH designation was an error

Summary

- Rural definition for hospital policy analysis (FORHP) differs from rural definition for hospital payment analysis (OMB/CMS)
- # of rural hospitals using FORHP definition >> # of rural hospitals using OMB/CMS definition
- Urban to rural reclassification changes CMS payment and research data
- Sometimes detective work is required to find out what is going on with a particular hospital

North Carolina Rural Health Research Program

Location:

Cecil G. Sheps Center for Health Services Research
University of North Carolina at Chapel Hill

Website: <http://www.shepscenter.unc.edu/programs-projects/rural-health/>

Email: ncrural@unc.edu

Colleagues:

Mark Holmes, PhD

Ann Howard

George Pink, PhD

Kristie Thompson, MA

Kristin Reiter, PhD

Julie Perry

Susie Gurzenda, MPH

Tyler Malone, PhD

Resources

North Carolina Rural Health Research Program

<http://www.shepscenter.unc.edu/programs-projects/rural-health/>

Rural Health Research Gateway

www.ruralhealthresearch.org

Rural Health Information Hub (RHIhub)

<https://www.ruralhealthinfo.org/>

National Rural Health Association

www.ruralhealthweb.org

National Organization of State Offices of Rural Health

www.nosorh.org

For more than 30 years, the Rural Health Research Centers have been conducting research on healthcare in rural areas.



The Rural Health Research Gateway ensures this research lands in the hands of our rural leaders.

ruralhealthresearch.org