DATE: July 26, 2023

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: REVISED: Interim CMS Rural Health Clinic (RHC) Rural Location Determinations due to Census Bureau (CB) Regulatory Changes

Memo Revision Information:
Revisions to: QSO-23-12-RHC
Original release date: March 31, 2023

Memorandum Summary

• Census Bureau’s (CB’s) March 2022 regulatory changes - CMS is providing an interim process while it considers options to align the Medicare Rural Health Clinic (RHC) Program’s rural location determinations with the CB’s regulatory changes for determining urban areas.

• Interim Process for Rural Location Determination - Until further notice, the Centers for Medicare and Medicaid Services (CMS) will use the 2010 and 2020 Census urban criteria when making rural location determinations. The attached document provides instructions and screenshots to assist with searching for an address on the CB’s TIGERweb Decennial website.

Background:
On March 24, 2022, the Census Bureau (CB) published final regulations establishing its new criteria for defining urban areas based on the results of the 2020 Decennial Census. The final rule modified some and retired other terminology currently used in statute and regulations for CMS’s oversight of the Medicare RHC program. Specifically, the CB is retiring the terms “urbanized” and “urban clusters” and defining urban areas using modified population and geographic definitions. Section 1861(aa)(2) of the Social Security Act (the Act) requires an RHC, among other things, to be located in an area that is not urbanized, as defined by the CB. Currently, CMS approves RHC applicants if their physical address is considered “non-urbanized” or in an “urban cluster.” Given the CB change, CMS policy no longer aligns with the Act.
**Discussion:**
CMS is implementing an interim process for making RHC rural location determinations while considering the most effective options for modifying its processes to align with the CB changes. In the interim, until further notice, CMS will use both the 2010 and 2020 CB data available at TIGERweb Decennial, a publicly available CB web-based system. During this time, an RHC applicant or a relocating RHC would be considered as meeting the rural location requirement at 42 CFR §491.5 if its physical address is identified as either “non-urbanized” or in an “urban cluster” under the 2010 CB data, or if its physical address is not identified as in an urban area under the 2020 CB data. Both the 2010 and the 2020 CB data are currently available at TIGERweb Decennial. See the attached instructions to search for an address to identify urban status.

State agencies (SAs) may use this interim process when conducting their preliminary assessments of an RHC applicant’s location before conducting an onsite survey, but the results of their assessments are not considered determinations by CMS. Accrediting organizations (AOs) with a CMS-approved Medicare RHC accreditation program may also use this interim process when deciding whether to accept an application for RHC accreditation and conduct an accreditation survey. However, SAs and AOs are not authorized to notify the RHC applicant of the results of their preliminary assessments. Further, the fact that the SA, or an AO with a CMS-approved Medicare RHC accreditation program, surveys the RHC applicant does not constitute a determination by CMS that the applicant’s location satisfies the regulatory criteria. Only the CMS locations are authorized to make such a determination and notify the applicant whether or not it has been determined to meet the participation requirements. Potential applicants for RHC approval and current RHCs considering relocation may use this interim process to inform their decisions.

CMS will communicate updates to this policy in the future via an updated QSO memo.

**Contact:**
For questions or concerns relating to this memorandum, please contact QSOG_RHC-FQHC@cms.hhs.gov

For questions relating to using TIGERWeb, please contact geo.tigerweb@census.gov.

**Effective Date:**
Immediately. Please communicate to all appropriate staff within 30 days.

/s/     
Karen L. Tritz  
Director, Survey & Operations Group

David R. Wright  
Director, Quality, Safety & Oversight Group

**Attachment- Instructions for TIGERweb Decennial**

**Resources to Improve Quality of Care:**
Check out CMS’s new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS
survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.

Learn to:

- Understand surveyor evaluation criteria
- Recognize deficiencies
- Incorporate solutions into your facility’s standards of care

See the Quality, Safety, & Education Portal Training Catalog, and select Quality in Focus
Instructions for Searching an Address/Location of Interest to Determine Urban Status


Figure 1. TIGERWeb Decennial landing page.
   b. Under ‘Layers’, click the box next to ‘Urban’.
   c. Enter the address of interest (Street, City, State, Zip Code) in the search bar just right of the center, at the top.
   d. Click search icon and then wait until the software confirms the address.
   e. Select the confirmed address that pops-up (in capitalized letters). (If address is not ‘found’ by the software, retry. Confirm that the address and format are correct.)

Figure 2. Entering options for location of interest.
f. The results will populate the screen and you will see a map with a blue circle showing the address/location of interest; the color behind the circle indicates the type of area (see the legend). Purple background denotes ‘Urban’.

Figure 3: Urban example.
NOTE: The geocoder uses address ranges -- not address points. Zooming in (using two fingers or slider) and locating the structure can help pinpoint its precise spot inside or outside of a boundary. You can also move the map using one finger to position the location of interest as you zoom in or out.