

Tennessee Rural Health Clinic Network Memorandum of Agreement

This Memorandum of Agreement is between the Rural Health Association of Tennessee, Independent and Provider-based Rural Health Clinics, and supporting partners committed to participating in the Tennessee Rural Health Clinic (TN-RHC) Network (“the Network”).

The Purpose of TN-RHC Network is to:

- **Improve Access to Care** by addressing gaps in care and improving the quality of healthcare and referral services.
- **Expand Capacity and Services** through training and technical assistance that develops knowledge, skills, and leadership models.
- **Enhance Patient Outcomes** by creating effective systems through the development of knowledge, skills, structures, and leadership models.
- **Support and Sustain** the rural healthcare system Tennessee through value-based care and population health management.

Activities and Benefits of TN-RHC Network will be guided by the Network Advisory Committee and executed by the Rural Health Association of Tennessee (RHA), including:

- **Benchmarking Data Access** – Full access to data benchmarking tools related to quality.
- **Communications** specific to RHCs including monthly newsletters, lunch and learns, website and resource center maintenance.
- **Quarterly Meetings/Roundtables** – Opportunities to network with peer organizations.
- **Annual Meetings** – A yearly meeting to provide training, Network updates, and vote on Network business (Advisory Committee, governance changes, etc.).
- **Technical Assistance** – Such as mock surveys, policy reviews, referrals to resources.
- **Grant Writing** – RHA will continue to secure resources to support network goals.
- **Liaising with State and Federal Government Officials** – Maintain relationships with Tennessee Department of Health, TennCare, Tennessee Department of Mental Health and Substance Abuse Services, and other entities relevant to the Network.
- **RHA of TN Benefits** – Members of the network are automatically members of RHA and therefore have access to other benefits and services offered by the association.

Responsibilities of Network Members include:

- Maintain Organizational Membership in Rural Health Association of Tennessee (\$175 annually, per CMS Certification Number “CCN”).
- Participation in Network activities such as Quarterly Roundtables and Annual Meetings.
- Elect TN-RHC Network Advisory Committee Members and Officers.
- Provide feedback and information that will support the development of the Network.
- Share data such as number of patients served yearly, patient demographics, services offered, and results of quality improvement interventions, if any. Participation in sub-grants may require a separate MOU of expectations to report clinical quality measures.

Network Membership, Advisory Committee Officers, Terms, and Committees

- Members of the Network have full voting rights in Network governance and RHA.
- Members of the Network may be independent or provider based RHCs.
- Members of the Network elect Advisory Committee Officers and Members-at-Large at the Annual Training and Member Event (Spring).
- The Network Advisory Committee is responsible for providing strategic direction of the Network as funding opportunities evolve.
- The Advisory Committee will consist of 12-15 members.* A minimum of two-thirds (or 66%) of Advisory Committee Members must be employed in a rural community as defined by Health Resources and Services Agency (HRSA).
- The Advisory Committee approves the addition of non-RHC Network Partners to assure alignment with network goals and to maintain a minimum of two-thirds membership representing a rural community as defined by HRSA.
- The Advisory Committee will consist of two Co-Chairs, Treasurer, Secretary, Advocacy Chair, and 7-10 Members-at-Large.*
- Advisory Committee terms will be 3 years in length. Members may run for additional terms after a 1-year pause from service on the committee.*
- Rural Health Association of Tennessee's RHC Network Director serves as an ex-officio member of the Network. The Network Director reports to Rural Health Association of Tennessee's CEO and the Advisory Committee.
- Tennessee Department of Health's Office of Rural Health may serve as an ex-officio member of the Network.
- Members of the Network are eligible to run for the Rural Health Association of Tennessee's Board of Directors (voted on at RHA Annual Meeting in the fall).
- * This governance structure is subject to change based on the feedback of TN-RHC Members. The founding Advisory Committee will work with RHA, and Network Members to develop additional governance and leadership structures as the Network evolves to present to the Network to be voted upon.

MOA Terms and Modifications

This MOA becomes effective January 2023 and is good through June 30, 2027. Partner Organizations may withdraw from the MOA with 30-days written notice.

Sharing of MOA

This MOA will be submitted to Health Resources and Services Agency (HRSA) as part of an application to a HRSA Network Development Grant (HRSA-23-30). The purpose of this program is to strengthen the rural healthcare system by helping integrated healthcare networks achieve efficiencies, improve quality, and associated health outcomes. The activities of the grant will allow RHA to support 1 FTE to carry out activities listed in the "Activities of TN-RHC Network" section of this MOA as well as activities listed in the grant. Network members may submit a request in writing for the grant abstract to RHA of TN's CEO.

[Sign the MOA via our SurveyMonkey Link](#)