



RHC Newsletter



Issue 20

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Preparing for the Flu Season

The Advisory Committee on Immunization Practices recommends immunizing those:

- \geq 50 yrs.
- females who will be pregnant during the flu season
- at increased risk for complication to flu
- **health care personnel**
- care givers and household members of those at high risk



Posters, stickers, flyers, video downloads:

<http://www.cdc.gov/flu/professionals/flugallery>

There are some great posters, flyers, and stickers for your office. For example: Spread Holiday Cheer not the Flu! Materials also in Spanish. Stickers will print out on address labels. Some promotional materials can be ordered from CDC if you do not have a color printer. Also there are free downloads to play in the waiting room DVD and video players. 800-CDC-INFO or email CDCinfor@cdc.gov

Billing for flu immunizations:

10.2.2.2 - Special Instructions for Independent and Provider-Based Rural Health Clinics/Federally Qualified Health Center (RHCs/FQHCs) (Rev. 1586, Issued: 09-05-08, Effective: 10-06-08, Implementation: 10-06-08) Independent and provider-based RHCs/FQHCs do not include charges for influenza *virus* and *pneumococcal vaccines* on Form CMS-1450. Administration of these vaccines does not count as a visit when the only service involved is the administration of influenza *virus* and/or *pneumococcal* vaccine(s). If there was another reason for the visit, the RHC/FQHC should bill for the visit without adding the cost of the influenza *virus* and *pneumococcal vaccines* to the charge for the visit on the bill. *FIs/AB MACs* pay at the time of cost settlement and adjust interim rates to account for this additional cost if they determine that the payment is more than a negligible amount.

Immunizations for Medicare patients are kept on a roster for the cost report; however, Medicare Advantage patients are not treated the same as Medicare patients.

If a free flu clinic is offered, the RHC may not file for the Medicare patients. However, if the RHC does not charge patients who are unable to pay or reduce their charges for patients of limited means, yet expect to be paid if the patient has health insurance coverage for the services provided, they may bill Medicare and expect payment.

For Medicare Advantage patients you will need to contact each Medicare Advantage Plan to see how they want you to file the claim. Some will ask for them to be filed at the time of service. Some Medicare Advantage plans, such as Humana, will want a roster for their patients to be submitted along with the most current FI letter.

During our Constituency call this week we learned from a clinic that they were more successful in capturing the RHC rate from MA by filing their claims by paper on a UB04.

Flu clinics are good opportunities to exercise a mass prophylaxis clinic with the local health department. Consider calling your local health department.

Celebration in order: CMS Proposed Rule Update

H.R. 1343 was passed via unanimous consent in both the House and the Senate to fix the inconsistency between the RHC certification requirement for shortage area designations. There was not a recorded vote as both houses were in agreement to move the bill. Every Senator and every Representative said they supported this legislation.

Previously the RHC statute required states to update the HPSA designations every 3 years, while the HRSA policy was to update shortage areas every 4 years. If left unfixed, virtually every RHC would at some point find themselves in an outdated shortage area and therefore subject to decertification.

We are still waiting to learn about any further decisions concerning the other proposed changes: new payment provisions that could reduce reimbursement rates, requirement for a quality assessment and performance improvement program, and new requirements for documentation of entries made on patient records.

To all who wrote to your legislators or submitted comments to CMS, we thank you for speaking out in behalf of the RHC program.

We are also thankful to Senator Lugar for his support of H.R. 1343 as indicated in his letter of responses sent to all who either called, emailed or wrote to him.

National Rural Health Association Workshop

Final reminder of the NARHC workshop in St. Louis November 18-20.

NARHC will introduce the Public Health Television project. The goal is to provide both health education and wellness for the RHC patients and caregivers, as well as a communications platform for continuing medical education and staff training. The Public Health Television initiative intends to connect 3,000 RHCs in the first three years and a total of 5,700 unique locations by year five with programming reaching more than 100 million patient and caregiver viewers annually.

Presentations during the St. Louis meeting:

- National policy update: anticipate to hear more about decisions made on the proposed rule.
- Survey & certification : Missouri version
- Physicians recruitment / retention
- EHR Implementation : Doing it Right on a Budget
- Round tables for independent and PB clinics
- Breakouts for advanced billing: Independent & PB
- Breakout: Adv. Cost Reporting & Quality Assessment and Performance Improvement QAPI
- Non physician reimbursement policy issues
- Ask the expert
- Importance of Influencing policy makers
- Taking control of your accounts receivables

Exhibitors: RHC consultants, four Medicare Advantage Plan Representatives (Humana, Sterling, Pyramid/Today's Option, & Secure Horizons), and more.

Registration forms and information can be found: <http://events.narhc.org/events/?event=112>

Brochure: http://www.narhc.org/uploads/pdf/08_fall_institute_brochure_.pdf

Do not delay in reserving a hotel room for a special rate of \$119 by Oct. 27.

Save on travel: Dana is renting a car and will take anyone who would like to ride. 812-342-6482

Two Conference Call Series Provide Valuable Training for RHCs

1. The **IRHA** offers a monthly RHC Constituency Call, usually the 4th Wednesday of the month. The call lasts 45—60 minutes during the lunch hour.



This year topics included:

- Front Office Management
- Mid-levels' role in the RHC
- Delegation of Authority for Underinsured Children,
- Sliding Fee Scale
- Offering Mental Health in the RHC
- Regulations regarding RHC organizational changes
- Cultural Competency
- Seasonal Flu Immunizations
- RHC Policy Manual.

If you would like a copy of the power point or minutes for any of the programs you missed, request them from Dana. RHC Policy Manual will be held Nov. 12.

2. The **Federal Office of Rural Health Policy (ORHP)** in cooperation with the **NARHC** provides a series of conference calls designed to provide Rural Health Clinic staff with valuable technical assistance and RHC specific information. Presentations include RHC billing, quality improvement, best practices, and more.

Each call is one hour in length which includes a 45 minute speaker presentation with 15 minutes for Q & A. Participants will be able to ask questions during this 15 minute "open line" or questions can be submitted prior to the call by emailing them to info@narhc.org - please put "Teleconference Question" in the email subject line. All questions and answers will be posted at the ORHP Conference Call Series web site and the NARHC web site, www.narhc.org.

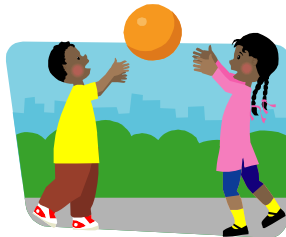
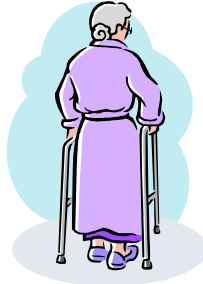
Notification of this series comes to Indiana's RHCs through IRHA's RHC coordinator and/or by joining the NARHC listserve at www.narhc.org. If the day was too busy to view the program live, archived programs can be found on the HRSA website, specifically at: <http://ruralhealth.hrsa.gov/RHC/index.htm>

Special Populations

Who are our special needs or at risk populations? During the last two months, the CDC's Public Health Training Network broadcasted webcasts on Mass Antibiotic Dispensing: At Risk Population and Special Needs Populations in Disaster Response.

Some groups cited were:

- Disabled—blind, deaf, etc.
- Elderly—compromised physical or mental abilities, multi system disorders, fear, confusion
- Physical disabilities
- Children—challenges if family unit not together during an evacuation
- Isolated—by choice, due to location or mental ability
- Cultural barriers: limited language proficiency to understand the message
- Immigrant: newly arrived, unregistered children, fear of deportation, unfamiliar with rules
- Transients, tourists, visitors — know where to go or understand warnings
- Single parents—need more support
- Behavioral health patients—altered mental state, medications may limit their ability to stand in long lines, increased stress, etc.
- Medically dependent: on life support



During a mass prophylaxis whether for a disease outbreak, terrorism (e.g. anthrax), or a public health risk (e.g. Hepatitis A exposure) health professionals must communicate the need for people to come for medications to the points of dispensing (PODs). Many people will get the message from radio or TV; however, many of the risk populations will be missed. Communication must come from people they recognize as trusted leaders.

To assist our risk populations we must:

IDENTIFY: define who we need to reach by use of
Census data
Collaborating with service organizations that already serve some of these groups

LOCATE

Grocery store
Soup kitchens
Community Centers
Utility companies
University GIS

REACH: develop a relationship with them by seeking agencies or authority that people trust, e.g. faith based.

Messages need to be simple, clear, and consistent. Selected images or pict-a-grams should be critiqued by focus groups representing the risk populations. For example, Rx is quickly recognized by many for medication; however, in other cultures Rx means poison.

Some states have created a voluntary registry accessed through a website and marketed to agencies working with special populations, e.g. children and home health patients.

Recommendations:

- In planning, separate preparedness from disasters
- Identify trusted organizations
- Reach out to the leadership of organizations
- Include individuals with special needs in planning
- Think through the processes, outline them
- Get on the agendas of the organizations rather than expect them to come to your meetings.

Rural health clinics are trusted organizations, ideal for reaching out to special populations to relay a critical a message. RHCs are also a good resource for identifying special populations because they see many of these special people in their offices for treatment, or the clinician is making visits to their home to provide care. If the need arises for community wide communication for health alerts, prophylaxis, or treatment, rural health clinics are a valuable partner.

Joseph Contigulia, MD and clinical professor for Tulane University in New Orleans, said that all disasters are local, respect the people we serve, and consider them part of the team. Communities must work together because it will not come together if not planned.

He closed by quoting the late President Eisenhower: "Plans are nothing, planning is everything."

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Upcoming Events

Oct. 28, Tuesday 1-2pm ET

Seasonal Influenza Update
CDC conference call
CEUs for MD, nursing
1-800-369-1790
Passcode: 6158387

Oct. 29-30 HIT Conference

Springfield IL
www.indianaruralhealth.org

November 12

RHC Constituency Call: RHC
Policy Manual

November 18-20

National Association of Rural Health Clinics Workshop

St. Louis, MO

Dana is renting a car and hoping for riders. Save the cost of a flight!

November 16-December 31

Online course
Pediatrics: Disaster Preparedness
CME credit, \$10-12
<http://www.pedialink.org/cmefinder/search-detail.cfm/key/b35f1f64-025c-41bb-b7ff-40f85e131956/type/course/grp/2/task/details>

Spit Tobacco

Some facts:

- Higher rates in small towns, rural areas. (CDC)
- More prevalent use in young men. 18-25 yr.
- 30,000 new cases of oral and pharyngeal cancer diagnosed each year.
- 8,000 deaths / year
- 5 year survival rate is 50%

Warning signs:

- Lump or thickening of soft oral tissue
- Soreness or "lump" in throat
- Difficulty chewing or swallowing
- Ear pain
- Difficulty moving jaw or tongue
- Hoarseness
- Numbness of tongue or mouth
- Swelling of jaw

The 5 A's

Health care providers play a pivotal role in helping tobacco users stop using tobacco.

Ask - about tobacco use Every visit

Advise - patients to quit

Assess - willingness to make a quit attempt

Assist - in quit attempt

Arrange - follow up contact

INDIANA TOBACCO QUITLINE

1-800-QUIT-NOW

WE'LL SHOW YOU HOW

T R U STORIES

