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LRHA Update

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Volume XIII, Issue IV

April –May 2006

LRHA Mission Statement:

To serve as a unified voice for the promotion of rural health care through advocacy, education, and leadership.

**3rd Annual Southern
Regional Conference**

Southern Rural HealthCare: The Here, The Now, and The Future

June 4–6, 2006 ~ Pearl River Resort, Choctaw, MS

Sponsored by The State Rural Health Associations of Alabama, Louisiana, & Mississippi

With support from:

The Louisiana Department of Health and Hospitals, Bureau of Primary Care & Rural Health, The Mississippi State Department of Health, Office of Rural Health, the National Rural Health Association, and the Federal Office of Rural Health Policy

The Rural Health Associations of Alabama, Louisiana, and Mississippi invite you to the Third Annual Southern Regional Rural Healthcare Conference. Through the collaboration of our three states, an exceptional planning committee, and our sponsors – we are once again able to offer you an excellent agenda packed full of information and ample networking opportunities. We are eager to bring together rural health professionals who want to gain the insights and benefit from the experiences of skilled practitioners and national experts. Please join us as we continue our dialogue and work together to find solutions to the health issues that impact our rural and underserved citizens.

In addition to educational and networking opportunities, the 3rd Annual Southern Regional Golf Scramble will be held at the Dancing Rabbit Golf Course located on the grounds of the Pearl River Resort as well. Agenda & conference forms were mailed to members of the respective Rural Health Associations, and are also available at www.lrha.org. If you need additional information, please call the LRHA office at (985) 369-3813.

Conference Agenda At a Glance

Sunday, June 4

Golf Scramble, sponsored by **McNeary, Inc.**
Dancing Rabbit Golf Course

Monday, June 5

* Federal Office of Rural Health Policy Update
George Brown, ORHP Public Health Analysis

*Rural Values and Advocacy:
Myths, Magic, and the Real McCoy
Hilda Heady, Past President, NRHA

*Strategy Management: More Important and
Easier than you Think
Joe Hammond, Community Health Systems

Medicare Advantage Plans -Identification,
Requirements, Implications, and Options
Speaker: Chris Vidrine, Policy Analysis, LHA

Concurrent Sessions

- Replacement Facility Impact on Rural Hospital Operations and Bottom Line: Findings from the Field
- Operation Against Smoking Second Hand (OASIS)
- Emergency Room / Hospitalist Program
- Hospital Tour
- Mississippi in Motion
- Emergency Preparedness Planning
- Innovative Physician Shortage Solutions
- Metabolic Syndrome Update

Tuesday, June 6

MD Office Quality – Information Technology
Bowden Palmer, Analyst, IQH

Technological Impact on Rural Health
Dennis Burton, MD, Amerirad

Going Filmless – PACS in Rural Hospitals
Chris Williams, Health Care Systems

A View from the Field . .

One of the strategic priorities identified by the Board of Directors at the annual retreat was to create and be responsive to legislation and advocacy issues. In response to the charge, members of the LRHA Policy Committee developed the 2006 Legislative Agenda. With the daily ebb and flow of legislation and advocacy taking place in Baton Rouge, it is extremely difficult to include any written documentation in a monthly newsletter. The Legislative Agenda is available on the LRHA website and is continually updated based upon movement of bills and action at the capitol. If you have any questions or comments about the legislative agenda, please do not hesitate to contact me.



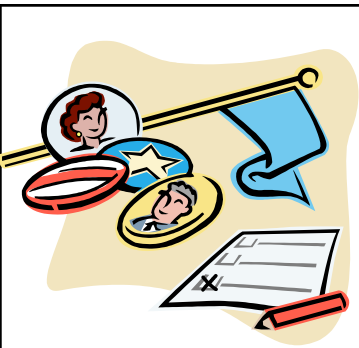
Donna Newchurch
Executive Director

On a completely different note, it is hard to believe that the 3rd annual Southern Regional Rural Health Meeting is just around the corner. Staff and Board Members from the Rural Health Associations of Alabama, Louisiana, and Mississippi have worked diligently to develop an agenda that allows for all facets of rural to interact. If you have not yet registered, I encourage you to do so today. This meeting offers the opportunity to be informed of successful programs around the nation and network with colleagues and rural health leaders.

Finally, I would like to commend you for your continued efforts on behalf of rural health and commitment to local residents,

Donna Newchurch

Executive Director



**The 2006
LRHA
Legislative
Agenda is
available on
the LRHA website
www.lrha.org**



From the Diamond Corner...

Temporary Workers and ERISA

Hospitals across the country are facing a current problem with ERISA and Employee Benefits Plans. ERISA – Employee Retirement Income Security Act of 1974 was enacted by the Federal Government to regulate those responsible for managing employee benefit plans. As with any body of regulation, these statutes have undergone constant evolution since their inception and many federal authorities are involved in its administration. As a result some gray areas exist within the law.

One issue of recent concern has been legal challenges defining what group of “employees” is entitled to benefits under various employee benefit plans. As hospitals consider outsourcing or subcontracting certain job functions, or using temporary employees in an effort to reduce operating and overhead costs, the workers impacted often fall into a gray legal area with respect to employee benefits plans.

For example, assume your hospital hires a group of independent contractors to perform services that were once done by employees of the hospital. Assume these contractors work in the facility and are provided offices, phones and computers. The contractors are given routine assignments by a hospital employee. Depending on the nature of the contractual agreement, it is possible that the law could treat these contractors as employees, and therefore entitle them to employee benefits. Examples of such cases are now being adjudicated by the courts.

In light of recent litigation, it’s important for Hospitals to research and clarify the gray areas. Some helpful hints suggested by the law firm of Kaufman, Borgeest & Ryan may help prevent or at least minimize an unintended employee relationship.

Temporary Workers and ERISA continued on next page

- Have independent contractors execute agreements that indicate an understanding that they are not employees and that they waive the right to any employee benefits.
- Hire temporary staff through third party firms rather than directly.
- Avoid providing excessive instruction to contract workers which could imply control and an employee relationship.
- Avoid providing tools, office space and reimbursing expenses for contract workers.
- Do not hire back former employees on a contract basis as consultants or independent contractors. If you need their continued service it is best to do so as an employee.



Enrollment Period Exceptions Granted



— S-W-L-A-H-E-C —

The Centers for Medicare and Medicaid Services on March 31, 2006, advised that Medicare beneficiaries affected by the recent storms would be granted a special enrollment period in the prescription drug plan. The individuals that will be granted this extension are those who resided in any of the zip codes declared as meeting the level of “individual assistance” as a result of Hurricanes Katrina and Rita at the time those storms hit Louisiana. The special enrollment period means that these designated beneficiaries will be able to join and switch plans at any time through December 31, 2006, and not the original deadline of May 15, 2006.

Designated zip codes are located in the following parishes:

<i>Acadia</i>	<i>Lafayette</i>	<i>St. James</i>
<i>Assumption</i>	<i>Lafourche</i>	<i>St. Martin</i>
<i>Ascension</i>	<i>Livingston</i>	<i>St. Mary</i>
<i>Calcasieu</i>	<i>Orleans</i>	<i>St. Tammany</i>
<i>Cameron</i>	<i>Plaquemines</i>	<i>Tangipahoa</i>
<i>E Baton Rouge</i>	<i>Pointe Coupee</i>	<i>Terrebonne</i>
<i>E Feliciana</i>	<i>St. John the Baptist</i>	<i>Vermilion</i>
<i>Iberia</i>	<i>St. Bernard</i>	<i>Washington</i>
<i>Iberville</i>	<i>St. Charles</i>	<i>W Baton Rouge</i>
<i>Jefferson</i>	<i>St. Helena</i>	<i>W Feliciana</i>
<i>Jeff Davis</i>		

For detailed information regarding exact zip codes that are included in this designation, please contact LRHA at 985-369-

FDA Advances Federal E-Health Effort

On April 19, The U.S. Food and Drug Administration (FDA) advanced the federal effort to create electronic health records for Americans within the next decade by making it easier to share drug information electronically. FDA is moving the effort forward by adopting the Systematized Nomenclature of Medicine (SNOMED) as the standard computerized medical vocabulary system to be used to electronically code important terms in the Highlights section of prescription drug labeling.

Specifically, FDA is adopting the "Problem List" Subset of SNOMED for use in this electronic labeling initiative for prescription drug products. SNOMED (Systematized Nomenclature of Medicine), developed by the College of American Pathologists (CAP), is one of the terminologies chosen by the U. S. Government as part of the health information technology infrastructure for clinical language. The Problem List Subset was created through a health technology partnership between the Department of Veterans Affairs (VA) and Kaiser Permanente. This use of SNOMED for medical product labeling will improve the domestic exchange of product information in FDA-approved package inserts.

The Problem List Subset of SNOMED can electronically code certain terms in the Highlights data elements of the new format for prescription drug information. This format will be required beginning June 30, 2006, for recently approved (within the last 5 years) and newly approved drug products. The SNOMED system has been developed to provide coding for clinical terminology to make it computer readable across systems. For example, what is commonly known as a *heart attack* can also be called a *myocardial infarction*, *infarct*, or an *MI*. SNOMED provides one code for all of these terms for use in product labeling, enabling the electronic exchange of important health information from system to system. The use of SNOMED in the Highlights section of prescription drug labeling will enhance the interoperability of electronic systems exchanging FDA approved labeling information in the care of patients.

The new labeling format will be integrated into FDA's other e-Health efforts through a variety of ongoing initiatives. As prescription information is updated in this new format it will be used to provide medication information for *DailyMed* – an interagency online health information clearinghouse, sponsored by the National Library of Medicine, which is maintaining the most up-to-date medication information free to consumers, healthcare professionals, and healthcare information providers. The *DailyMed* is making up-to-date information about FDA-regulated products widely available on the Internet at no cost. For more information, go to <http://dailymed.nlm.nih.gov>.

LRHA Adopts Legislative Agenda

On May 18, members of the LRHA Policy Committee held their first meeting relative to the 2006 Legislative Session. Committee members reviewed and discussed over sixty bills that were identified from the almost 1500 pre-filed bills. The committee identified 21 bills to support, 5 bills to oppose, and 35 bills to track.

Vernon Stevens, Policy Committee Member, presented the recommendations of the Policy Committee to the full Board of Directors on April 5. The Board adopted and approved the 2006 Legislative Agenda as presented.

The 2006 Legislative Agenda can be found on the LRHA website www.lrha.org.

If you would like to receive a complete copy of any bill on the agenda, please contact LRHA Project Coordinator Michael Calabro at 985-369-2223. Additionally, if there is pending legislation that the Policy Committee did not address that you would like more information on or you would like the association to consider for support contact Michael for that as well.

OASIS Update

As we move forward, support for LRHA's OASIS initiative continues to grow and is currently set to implement smoke free policies in four rural hospitals. Our rigorous visitation schedule seems to be working and as always, if you are interested in being contacted about this endeavor, please do not hesitate to ask.

During this visitation cycle, discussions have been held on various topics with regard to the individual hospital's potential movement toward becoming smoke free. With each facility possessing its own agenda and particular needs, we include in these discussions the OASIS power-point presentation, an overview of three in depth smoke free policies, a quick analysis of the substantive materials to be provided by LRHA and other tobacco free associates, as well as a question and answer session for the potential smoke free participant.

With this on hand interaction - we hope for increased consideration towards smoke free implementation and a deeper understanding into the hazards of smoking and second hand smoke.

Health Access Planning Network (HAPN) Update

The May 15th deadline to enroll into a Medicare Part D Plan without a penalty is approaching, and HAPN is doing what it can to help as many people sign up.

During the month of April, HAPN has continued to take "outreach to the streets" throughout Assumption, Iberia, Iberville and Pointe Coupee Parishes assisting over 150 beneficiaries find a plan/enroll into a plan as well as screening beneficiaries for the low income subsidy.

HAPN held Medicare Part D education/enrollment events at the following locations in April:

- April 6; Pointe Coupee Library
- April 11; Assumption Parish Council on Aging
- April 12; Iberia Comprehensive Community Health Clinic
- April 17; Assumption Council on Aging
- April 26; BACH (Point Coupee Parish)



Pictured at an Outreach Event are HAPN Partners and Staff (left to right) Stacy Fontenot, LRHA; Roderick Campbell, Iberia Comprehensive; Renee LeJeune, SWLAHEC; and Anne Marsh, LRHA

Stacy Fontenot, HAPN Coordinator, would like to thank all partners as well as event host for contributing to another successful month in assisting beneficiaries to understand, decide about, and enroll in a Medicare Part D plan.

HAPN will continue to hold events in the four parish service area. If you are interested in hosting an event at your facility - we'd love to hear from you. Please contact Stacy Fontenot at LRHA, (985) 369-3813 or by email fontenot@lrha.org.



Unisys/Louisiana Medicaid Provider Workshops

The annual Unisys/Louisiana Medicaid Provider Workshops focus on presenting vital policy and billing information and addressing questions relating to recent policy and procedure changes have been scheduled. The training format separates basic information from specific program information.

All **Basic** workshop sessions will be identical in content and will only be presented once in each location **and will not be repeated in specific program workshops**. The **Basic** Medicaid information workshops will cover general Medicaid policy such as standards for participation, recipient eligibility/ID cards, third party liability, how to obtain assistance from Unisys, general Unisys website information, etc. (A separate session will be held to present all web applications.)

NOTE: Providers who have never attended a Basic workshop, and are new to billing Louisiana Medicaid OR those providers who have questions concerning basic Medicaid policy are encourage to attend this workshop.

New this year is the **LA Medicaid Web Applications** workshop. With the exception of e-RA, all LA Medicaid Web Applications will be covered in this separate workshop. DHH and Unisys encourage providers to begin using these available web applications as we move toward providing LA Medicaid data electronically.

CommunityCARE will be covered in separate **CommunityCARE** workshops. These workshops will cover all aspects of the CommunityCARE Program. These workshops are not restricted to Primary Care Providers and all Medicaid Providers are encouraged to attend. **CommunityCARE will not** be discussed in detail in any other workshops.

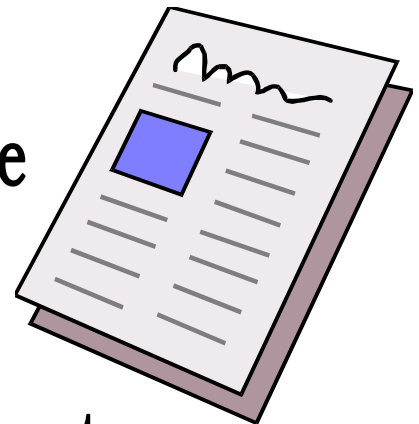
Workshop Registration:

- Due to space limitations in all workshops, please limit attendees to two (2) persons per provider.
- Attendees should arrive 15 - 20 minutes early to register
- Each attendee must register individually supplying their provider name and Medicaid ID number or the provider name and Medicaid ID number of the provider they are representing
- Providers are required to have a valid Medicaid provider ID number for each specific program workshop attended

Please refer to the workshop schedule for dates (Day 1, Day 2, or Day 3) and times for each workshop location. These are available on the LRHA website at www.lrha.org. **Note that there may be more than one session held at the same time. There is no pre-registration required.** Please direct any questions concerning the workshops to Unisys Provider Relations at 800/473-2783 or 225/924-5040. Meeting sites should be contacted for directions or sleeping accommodations ONLY. **DO NOT contact the meeting sites with questions related to the workshops.**

WANTED!!!

**Member input for the
LRHA Update
(985) 369-3813**



**send articles, announcements,
or comments to donna: newchurch@lrha.org**

Mental Health Review Commission Issues Report

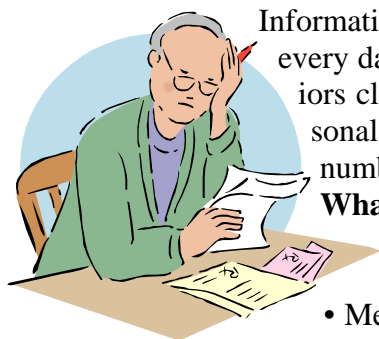
On April 24, a "Report to the Legislature" from the 2006 Louisiana Public Mental Health Review Commission was presented. According to Commission Co-Chairs Sydnie M. Durand, Representative and J. Thomas Schedler, Senator, "the report provides solutions to the underlying causes of a broken behavioral health care system, a system that is fragmented and creates higher cost, less effective private and public health care services. This report has identified four specific problem areas and offers concrete solutions to each."

The Executive Summary details the findings of the commission in succinct detail. "Louisiana's behavioral health care system, like the nation's as a whole, is in serious trouble. The Surgeon General estimates that during any given year, five to seven percent of Americans has a serious mental illness, and according to the Substance Abuse and Mental Health Services Administration (DHHS, 2002), as many as 200,000 of these are Louisianans. There is a clear need for services, and recent scientific research has greatly improved our understanding of behavioral health issues. Yet the state's behavioral health care system has been unable to keep pace with either demand or the scientific advances. The most notable challenge: a large population of patients cycling in and out of the system with no apparent resolution to their conditions or symptoms.

If you would like a complete copy of the Review Commission Report, please contact the LRHA office by calling 985-369-3813.



FTC Consumer Alert—Words to the Wise About Fraud



Information about the Medicare Part D prescription drug plan is in the news just about every day. Scam artists also follow the headlines, and they are reportedly contacting seniors claiming to represent a Medicare Part D provider, when all they really want is personal information, like Social Security numbers or checking or credit card account numbers. They can use this information to commit financial fraud.

What Providers May and May Not Do

To protect consumers, the law is very specific about what Medicare prescription drug plan providers may and may not do. For example:

- Medicare Part D plan representatives may call to tell you about their Medicare drug plans, but they may not call you if you've placed your telephone number on the FTC's Do Not Call Registry. The Registry gives you the opportunity to limit the telemarketing calls you receive. Once you register your phone number at www.donotcall.gov or 1-888-382-1222, telemarketers covered by the Registry have up to 31 days from the date you register to stop calling you.
- If you haven't placed your telephone number on the Do Not Call Registry, Medicare Part D plan representatives may call to tell you about their Medicare drug plans, but they may not call to sign you up. They may enroll you on the phone only if YOU call them. Be on the safe side: before you return a call to any provider, call Medicare first (toll-free at 1-800-633-4227 – 1-800-MEDICARE) to verify their legitimacy. TTY users should call 1-877-486-2048. The Medicare phone line is open 24 hours a day. Remember that Medicare doesn't recommend any particular prescription drug plan; it simply verifies that a provider is legitimate.

To learn how to protect your personal information, visit ftc.gov/idtheft or call 1-877-ID-THEFT (1-877-438-4338). The FTC works for the consumer to prevent fraudulent, deceptive and unfair business practices in the marketplace and to provide information to help consumers spot, stop and avoid them.

Louisiana Holds Pandemic Influenza Summit

On April 25, the Louisiana Department of Health and Hospitals, in coordination with Governor Kathleen Babineaux Blanco, held the Louisiana Pandemic Influenza Summit. Addressing attendees were Fred Cerise, MD, Secretary, Louisiana Department of Health and Hospitals, Governor Kathleen Blanco; Mike Leavitt, Secretary, U.S. Department of Health and Human Services, J. Bennet Waters, MD, U.S. Department of Homeland



Security; and Jimmy Guidry, MD, State Health Officer, Louisiana. Invited attendees received a planning checklist specific to Pandemic Influenza as well as a family readiness guide.

Addressing Pandemic Influenza Summit Attendees were (left to right): Jimmy Guidry, MD; J. Bennet Waters, MD; Fred Cerise, MD; and Mike Leavitt, Secretary U.S. Dept. of Health and Human Services

The HHS Pandemic Influenza Plan distributed is a blueprint for pandemic influenza preparation and response. In particular, the HHS Plan provides guidance to national, state, and local policy makers and health departments. The goal is for all involved to achieve a state of readiness and quick response.

The HHS Plan is based on the knowledge that once a pandemic is triggered by the emergence of a novel influenza A virus subtype, it is a global event and all countries are at risk. The U.S. will work in concert with the World Health Organization and other international partners on containment and response activities abroad that also will assist the planning and monitoring for disease outbreaks in the U.S.

The *HHS Plan* includes an overview of the threat of pandemic influenza, a description of the relationship of this document to other Federal plans and an outline of key roles and responsibilities during a pandemic. In addition, the *HHS Plan* specifies needs and opportunities to build robust preparedness for and response to pandemic influenza. The preparations made for a pandemic today will have lasting benefits for the future.

If you would like to receive a copy of the HHS Planning Guide, please contact the LRHA office by calling 985-369-3813.



On April 25, U.S. Department of Health and Human Services Secretary Mike Leavitt and Governor Kathleen Babineaux Blanco signed the Pandemic Influenza Planning Agreement

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*Sponsored by the Alabama, Louisiana, and Mississippi
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June 4, 2006

RURAL HEALTH GOLF SCRAMBLE

Sponsored by: McNeary, Inc.

Dancing Rabbit Golf Course Pearl River Resort

June 5-6, 2006

RURAL HEALTH CONFERENCE

Pearl River Resort, Silver Star Hotel

FOR AN AGENDA AND REGISTRATION INFORMATION, go to:
<http://www.lrha.org>

FOR EXHIBITOR INFORMATION, go to:
<http://www.lrha.org/2006%20Exhibitor%20Brochure.pdf>

FOR RESORT INFORMATION go to:
www.pearlriverresort.com or call 1-866-447-3275

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