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LRHA Update

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LRHA Mission Statement:

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

LRHA Launches Operation Against Smoking/Inhaling Second-hand Smoke (OASIS) in Rural Communities

Once again funding sources have recognized the need to properly fund rural health initiatives by awarding Louisiana Rural Health Association with a partnership grant from the Louisiana Campaign for Tobacco Free-Living (TFL). As one of only four statewide grantees, Louisiana Rural Health Association

is seeking to decrease the effects of second hand smoke by encouraging rural hospitals, clinics, and federally qualified health centers to establish smoke-free campuses in the 29 parishes known as the "Delta Parishes." The ambitious project is known as OASIS – Operation Against Smoking/Inhaling Second-hand Smoke.



In making the announcement, Dr. Thomas Houston stated, "We are excited about supporting the important work your organization is doing in the State of Louisiana and wish you much success in our efforts working together." Sighting the self-reported information by rural hospital administrators that the vast majority of rural hospitals do not have smoke-free campuses, Tobacco Free-Living is funding a three-year effort to reverse this situation.

Accepting the award on behalf of the Louisiana Rural Health Association, Donna Newchurch, Executive Director stated that the association would work with rural hospitals the first year, rural health clinics and federally qualified health centers in the second year, and identifying smoking cessation programs in the third. "We want to develop and implement smoke-free campuses by working with the administrators to communicate that smoke-free does not mean smoker-free or anti-smoker," she elaborated. Continuing with her comments, Newchurch also stated, "We are going to work with facility staff, administrators, and community leaders in order to increase the probability of success for a smoke-free environment."

In order to ensure community acceptance and program success, OASIS is going to provide the following services: (1) presentations at all LRHA conferences; (2) arrange for ACHE continuing educational units; (3) dedicated space in the Association's newsletter; and (4) appropriate media and press communications. OASIS will address the need to remove smoking from the campuses of the rural hospitals and assist administrators in firmly establishing their facilities as the chief smoke-free advocate in their community.

Any health care facility administrator interested in promoting the elimination of second-hand smoke in the workplace is encouraged to contact LRHA at (985) 369-3813.

A View from the Field . . .

Transformational change, leveraging resources, optimizing partnerships – while these federal buzzwords seem to work well in federal documents and powerpoint presentations, they are not reflective of the speech used in most rural communities. I came to this realization as I was preparing my remarks on the association’s activities related to the HRSA Network Development Grant for attendees of the NRHA conference held earlier this month in New Orleans.



Donna Newchurch
Executive Director

In organizing my presentation, I used a combination of my notes taken at various community meetings throughout the state as well as the application we submitted to HRSA. Reflecting on the activities and the genuine and honest nature of the comments collected at the community meetings served to reinforce my respect for a rural lifestyle and the work you do as rural health professionals.

I encourage you to remain engaged in the process that is rural health; embrace *transformational change, leverage resources*, and *optimize partnerships* with the knowledge that residents of your community may not use the same words our federal partners do, but they are indeed gifted communicators with a vested interest in healthcare.

Donna Newchurch
Executive Director

Unisys Billing Workshops Scheduled

LRHA and Unisys are partnering together to offer Unisys Billing Workshops across the state. This workshop is to refresh providers on current Medicaid policies and procedures and will consist of discussion and provider education of policy and procedures related to billing policies. Also, a “Question and Answer” session will be provided to address issues specific to our member’s unique circumstances. The workshops will not include the 2005 update and does not take the place of the 2005 Fall Training Workshop that Unisys coordinates; 2005 updates are not published until the Fall. **These billing workshops are specifically for the Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC).** The Unisys regulations for hospital billing are different and will not be covered in these particular workshops.



Workshop Dates and Locations

Tuesday, June 28, 2005 10 a.m.—12 p.m. DeQuincy Memorial Hospital DeQuincy, LA	Tuesday, July 26, 2005 10 a.m.—12 p.m. Baton Rouge Area Foundation Baton Rouge, LA
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For more information or to register to attend, contact Paula Schouest at the LRHA office (985) 369-3113.

CMS Comprehensive Error Rate Testing (CERT) Program— The Importance of Complying with Requests for Claim Documentation

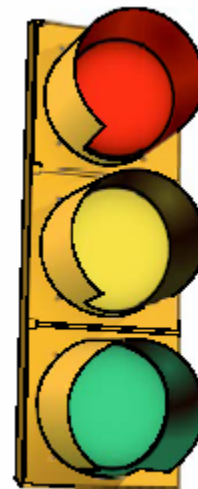
Provider Types Affected

Medicare Fee-for-Service (FFS) physicians, providers, and suppliers

Provider Action Needed

STOP—Impact to You

The 2004 national gross paid claims error rate was 10.1 percent. A portion of this error rate was due to providers not sending requested supporting documentation to the designated CERT contractor. Medicare FFS physicians, providers and suppliers must provide documentation and medical records that support their claims for covered Medicare services to the designated CERT contractor upon request. If you fail to submit documentation, the claim will be considered an error and you will receive a demand letter requesting refund of payment received for the “erroneous” claim.



CAUTION—What You Need to Know

During a CERT review, you may be asked to provide more information related to a claim you submitted, such as medical records or certificates of medical necessity, so that the CERT review contractor (CRC) can verify that billing was proper. Be assured that forwarding specifically requested records to the designated CERT contractor does not violate privacy provisions under the Health Insurance Portability and Accountability (HIPAA) law.

GO—What You Need to Do

If you receive a letter from CMS regarding a CERT request for medical documentation, you should respond promptly by submitting the requested supporting documentation within the time frame outlined in the request. Physicians, providers and suppliers do not need to obtain additional beneficiary authorization to forward medical records to the designated CERT contractor. This special edition article provides an overview of the CERT program and stresses the importance of providing the requested medical documentation for the CERT review.

Your Role Is Critical To Improvement

Our research has shown that providers do not comply with the requests for information because:

- They believe it is a violation of the Health Insurance Portability and Accountability Act (HIPAA) to send patient records to the designated CERT contractor
- They are unaware of the CERT process, and they may not appreciate the importance of cooperating in a timely fashion

See CERT, page 3

CERT (continue from page 2)

Medicare beneficiaries have consented to the release of medical information necessary to process their Medicare claims. **Providers do not need to obtain additional beneficiary authorization to forward medical records to the designated CERT contractor.** Be assured that forwarding specifically requested records to the designated CERT contractor does not violate HIPAA Privacy statutes.

If You Receive a Letter from CMS Regarding a CERT Medical Review...

1. Don't ignore it!! Respond promptly by submitting the requested supporting documentation within the time frame outlined in the request. The letter will provide a clearly defined list of the documentation required and where to submit the information.
2. Include any additional material that you believe supports the service(s) billed to the Medicare program.
3. Make sure your address files and telephone numbers that are on file with your carrier or fiscal intermediary are accurate to ensure that CERT documentation requests are received and allow time for you to respond timely.
4. Remember that physicians, providers and suppliers do not need to obtain additional beneficiary authorization to forward medical records to the designated CERT contractor.

Additional Information

In an effort to assist Medicare physicians, providers, and suppliers with CERT compliance, several resources are available to explain the CERT Process and how responsiveness is in everyone's best interest.

- CERT web page—<http://www.cms.hhs.gov/cert>
- CERT newsletters—<http://www.cms.hhs.gov/cert/letters.asp>
- A designated telephone number for Medicare physicians, providers and suppliers for general information and questions regarding the CERT initiative—(804) 864-9940

Taking Outreach to the Streets

Continuing the initiative to reach as many Medicare beneficiaries as possible regarding the drug discount card and Medicare Part D, LRHA continues to be involved in Terrebonne General Medical Center's Mobile Access Project (MAP). Through the month of June, MAP will focus on: Preventing and Managing Diabetes. These sessions are held at Senior Centers throughout Terrebonne Parish and they are free and open to the public. Those in attendance can take advantage of complimentary cholesterol/glucose screenings, body mass index screening, and blood pressure screenings. At these sessions, LRHA has been able to reach out to and educate Medicare beneficiaries regarding drug discount card enrollment and Part D. Through this outlet, LRHA has been successful in enrolling many beneficiaries into the Medicare-approved drug discount card and referring over 50 people to local Medicaid Offices for enrollment into a Medicare Savings Program. More recently, the focus of the provided education provided has veered to Part D, Medicare's prescription drug plan to be implemented on January 1, 2006. For more information, please contact Erin Watson at (985) 369-3813 or lrh-membership@bellsouth.net

Prescription Assistance Programs to Become More Resourceful Through Health Access Planning Network (HAPN)

The National Evaluation Plan for the Better Health for the Delta- Phase II Program is stressing a more data oriented approach to improving access to health care in rural America. Therefore, Louisiana Rural Health Association has responded by creating Health Access Planning Network (HAPN) for Assumption, Iberia, Iberville, and Pointe Coupee Parishes. Representing their respective parishes, HAPN's current network partners are ACE Incorporated, Assumption Community Hospital, H.O.P.E. Ministry of Pointe Coupee, Iberia Comprehensive Community Health Center (ICCHC), and St. Gabriel (Eastside) Community Health Clinic.

The organizational meeting for HAPN was held on May 9th, 2005 at Assumption Community Hospital in Napoleonville. The purpose of the meeting was to identify a health access focus area, develop a workable strategic plan using a logic model, and to build a shared understanding of the overall goal of the multi-parish network.

The first order of business was to develop a cohesive group that was committed to developing a mutually beneficial health care access focus area. After discussing the pros and cons of tobacco cessation, youth obesity, primary care, behavioral health integration through health education a consensus was reached – coordination, categorizing and support of patient assistance prescription programs in the four parish area.

HAPN is going to achieve this lofty goal by establishing a clearinghouse for prescription assistance programs. The purpose of the clearinghouse will be to assess existing programs, create reporting standards, develop best practice models, and provide a conduit for the free-flow of information. HAPN will also develop tools that will help fill the gaps identified by the parish assessment. Ultimately, the result of this activity will be an increase in the number of people served by prescription assistance programs and better, more productive communication between the programs. Patients will be better served and the prescription assistance programs will be able to do more with less – making them more efficient.

For more information about Health Access Planning Network, or if you are interested in becoming a partner, please contact Stacy Fontenot at (985) 369-3813 or emailing her at lrhahapn@bellsouth.net.



Doug Wilkinson, Project Coordinator for LRHA, Roderick Campbell, Executive Director of ICCHC and Board Member of LRHA, Gail Williams, Administrative Assistant/Notary of The Public of St. Gabriel Health Clinic, and Wayne Arboneaux, LRHA President and CEO of Assumption Community Hospital

Important Dates

June 2005

- June 2 Regional Health Consortium Meeting—Region 8
- June 13 Regional Health Consortium Meeting—Region 3
- June 14 Regional Health Consortium Meeting—Region 4
- June 16 LRHA Board Meeting (Baton Rouge, LA)
- June 28 Unisys Billing Workshop (DeQuincy Memorial, DeQuincy, LA)

July 2005

- July 7 Regional Health Consortium Meeting—Region 8
- July 11 Regional Health Consortium Meeting—Region 3
- July 12 Regional Health Consortium Meeting—Region 4
- July 19-20 NRHA Skill Building Workshop (Nebraska)
- July 26 Unisys Billing Workshop (Baton Rouge, LA)
- July 27-29 Louisiana Hospital Association Conference

August 2005

- August 18-19 Southern Regional Conference (Gulfport, MS)
- August 31 Quality Improvement: Applications with Positive Outcomes (Marksville, LA)

For details on any of the dates, please contact Paula Schouest at the LRHA office at (985) 369-3113.

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