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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.

Dear Friends and Colleagues,

LRHA has heard from many members and friends who are marshalling their considerable resources to aid our residents in need and from those who are willing and able to give of their time, talent, and resources as well. Our thoughts and prayers continue to be for the safety and well being of our residents and their families who are coping with the aftermath of this tragedy and with those who are working to provide relief.

As efforts continue, we are working with our partners to maintain as much efficiency and effectiveness as possible; we want to avoid any duplication of efforts and create economies of scale that will result in the most assistance, the fastest assistance, the appropriate assistance, and the best assistance for Katrina victims.

I am receiving a lot of information (as I am sure you are) and trying to be judicious relative to what I send to you, our members. If you have a question about a certain program or need information on a specific issue, please contact me via e-mail at laruralhealth@bellsouth.net, and I will try to assist you and / or direct you to the appropriate agency / professional.

Over the last three weeks, I have witnessed tremendous contributions of time and talent and know that these will allow us to rebuild our communities. Thank you for all you have done and please continue to pray for our citizens, families, and friends.

Donna Newchurch



The following links have been placed on the LRHA website and provide information specific to issues of access and reimbursement that have been addressed in the wake of Katrina's aftermath.

- Waiver Under Section 1135 of the Social Security Act
- New Codes to Address Katrina Charges
- Healthcare Professionals – A Call for Volunteers
- Housing for Healthcare Workers
- Medicaid Questions
- Medicare FAQ

go to: www.lrha.org

All Children 18 and Under Displaced by Hurricane Katrina Will Receive Free Vaccinations

-Sep 19, 2005

HHS Secretary Mike Leavitt announced today that all children from birth to 18 years old displaced by Hurricane Katrina are eligible to receive free vaccines through the federally-run Vaccines for Children program (VFC), regardless of whether they are staying at shelters, hotels, or with family and friends and regardless of previous health insurance coverage status. Managed by HHS' Centers for Disease Control and Prevention (CDC), the VFC helps families of children who may not otherwise have access to vaccines by providing free vaccines to doctors who serve them.

"Children displaced by Hurricane Katrina have been through so much," Secretary Leavitt said. "But with each passing day there is hope for a brighter future for them, and we plan on doing everything possible to make sure their future is healthy. That's why we are taking this step today to make sure children have access to immunizations through the Vaccines for Children Program."

CDC's immunization recommendations for children displaced by Hurricane Katrina are aimed at keeping them up-to-date on routine vaccinations and protecting them from disease outbreaks in large, crowded group settings. The nation's childhood immunization coverage rates continue at record high levels, so there is no immediate threat of vaccine-preventable disease outbreaks among these children.

HHS considers all children from birth to 18 years old who have been displaced by the effects of Hurricane Katrina to effectively be uninsured, because they are not expected to have access to medical records or proof of insurance. Taking this action allows doctors, clinics, and health departments who provide childhood vaccinations to immunize these children using VFC vaccine.

The Vaccines for Children program is an entitlement program (a right granted by law) for eligible children, age 18 and below, known as section 1928 of the Social Security Act. VFC became operational Oct. 1, 1994. Through the VFC program, public purchased vaccine is available at no charge to enrolled public and private health care providers for eligible children. More information about the VFC program can be obtained at <http://www.cdc.gov/nip/vfc/>.

CDC's Interim Immunization Recommendations for Individuals Displaced by Hurricane Katrina can be accessed at <http://www.bt.cdc.gov/disasters/hurricanes/katrina/vaccrecdisplaced.asp>. Complete information on the full range of accelerated benefits available from HHS for hurricane victims is available at <http://www.hhs.gov/katrina>.

Source: HHS Press Release

2005 Annual Rural Health Conference Reaction, Response & Resolve: Rural Health in Louisiana December 12-13, 2005—Lafayette Hilton

The conference, originally scheduled for October 9-11, 2005 has been rescheduled for December 12-13, 2005. A revised agenda is being developed to reflect the most current challenges and issues facing rural health providers in Louisiana. Agendas & registration forms will be mailed to all LRHA

members and conference information is available @

www.lrha.org



Medicare Part D Approaches & LRHA's Grassroots Efforts Continue...

As the new year and the implementation of Medicare's Prescription drug plan swiftly approaches LRHA continues their efforts to educate Medicare beneficiaries about the plan and the "extra help" that



will be available to those with limited income and resources. The application process for "extra help" began on July 15, 2005 and will continue until May 15, 2006. Two individual counseling sessions were held in community pharmacies in Assumption parish. Individuals were able to sit down with LRHA staff and present their unique situation and receive information specific to their needs based upon their personal circumstances. Assistance in the application process was also provided during these sessions. These events will continue to be scheduled throughout rural Louisiana. If you are interested in a visit to your community, please contact Erin Watson at (985) 369-3813 or lrhamembership@bellsouth.net.



Medicare Part D **Are you still "in the dark"?**

To schedule a Medicare Part D workshop at your facility, please contact Erin Watson @ 985-369-3813 or lrhamembership@bellsouth.net.

Med Job Louisiana Recruiting Services Expanded

Med Job Louisiana is a partnership between the Louisiana Department of Health and Hospitals, the Louisiana Area Health Education Centers and the Louisiana Rural Health Access Program. Funding for the program is provided by the Louisiana Department of Health and Hospitals and the Robert Wood Johnson Foundation.



Med Job Louisiana, the state's free physician recruitment program, has expanded services to act as the primary source for health care providers affected by Hurricane Katrina. The program

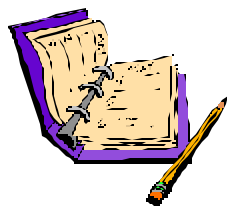
prepared to provide professional recruitment services to physicians, nurses, psychiatrists, dentists, nurse practitioners and physician assistants displaced by hurricane evacuations. Using *Practice Sights* software, recruiters can match practitioners to short-term and long-term practice opportunities.

In an effort to direct healthcare professionals to the program website, www.medjoblouisiana.com, Med Job LA has set up a toll free #, 866-273-4999 where they can complete an interview online for a specific discipline. Upon receiving that information, Med Job Recruiters will contact the medical or nursing candidates to facilitate the placement process. For more information, please contact recruiters: Lee Ann Albert (225) 933-8746, albert@nlahec.org; or Gretchen Daly (337) 989-0001, recruiter@swlahec.com.

Magnet Mail = Results

In an effort to communicate to the LRHA membership in an effective manner, we began using the Magnet Mail network to send "mass mailings" to all members. If you are unable to open these messages, it could mean that we're not formatting it correctly for your computer to recognize it. If you haven't received a message, it is probably because your contact information needs to be updated. If you have experienced either of these, please call Jeanne Gauthreaux at 985-369-3813 as soon as possible.

This source of communication has proved to be very effective and we certainly want every member to obtain the benefits this system provides.



Quality Improvement Conference **Rescheduled** for November 8, 2005

Due to the catastrophic events resulting from Hurricane Katrina, the Quality Improvement Conference that was scheduled for September 1st has been **rescheduled** to take place on **November 7, 2005 at the Paragon Casino and Resort in Marksville, Louisiana**. All previously registered participants will receive a letter via mail with specific information detailing reservation procedures. If you have not yet registered and are interested in doing so, please visit our web site at www.lrha.org to print a registration form. The registration form is located under the "conference and events" section of the web page. Registrations may be faxed directly to the Louisiana Rural Health Association at (985) 369-3630.

In this challenging time post-Hurricane Katrina, staff from the Louisiana Health Care Review, Inc. (LHCR), the Medicare Quality Improvement Organization, will include updates from CMS to keep you abreast of the most current information available pertaining to any changes in QI as a result of this catastrophic event.

LRHA is authorized to award 4 hours of pre-approved Category II (non-ACHE) continuing education credits for this program towards advancement, or recertification in the American College of Healthcare Executives.

On November 8, following the LRHA QI Conference, DHH Bureau of Primary Care and Rural Health will hold the CAH QI conference originally scheduled for September 31. For information regarding the DHH QI event, contact Dorie Tschudy at 225-342-1581 or e-mail at dtschudy@dhh.la.gov.

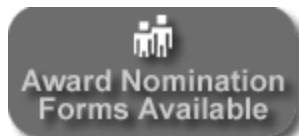
For the conference agenda, or more information regarding the Quality Improvement: Applications with Positive Outcomes Conference visit www.lrha.org or call Stacy Fontenot at (985) 369-3813 or email Stacy@lrhahapn@bellsouth.net.

Louisiana Rural Health Association 2005 Awards Program

Call for Nominations



for Nomination Forms, go to:
www.lrha.org & click



Grassley-Baucus Emergency H

On September 15, the Senate Finance Committee introduced a Katrina Relief Bill. The following is a summary, provided by the National Rural Health Association, of the proposed legislation.

Emergency Assistance to Disaster States

- Louisiana, Mississippi and counties under disaster declaration in Alabama will receive 100% Federal Medical Assistance Percentage (FMAP) from August 28, 2005 through December 31, 2006.

Disaster Relief Medicaid (DRM)

- Coverage for residents and evacuees of counties and parishes under FEMA declaration of hardest hit areas (individual and public assistance disaster declaration).
- Provides Katrina survivors with streamlined access to TEMPORARY Medicaid benefits in either the disaster-affected states or a host state.
- Provides 100% FMAP for benefits provided through DRM to the state hosting the evacuee for benefits provided that evacuee.
- Covers all populations regardless of categorical, resource, or residence eligibility requirements up to 100% of the Federal Poverty Limit (FPL).
- Covers pregnant woman and children regardless of categorical, resource, or residence eligibility requirements up to 200% FPL.
- Streamlined eligibility and enrollment procedures would apply, including common one-page national application form promulgated by the Secretary, no requirement of documentation, issuance of a temporary eligibility card, presumptive eligibility, and off-site enrollment.
- Individuals can self-attest to eligibility for DRM, but states are obligated to make a good faith effort to determine eligibility and individuals are liable for full costs of care if they falsely attest.
- Covers workers who live outside the geographic area but lost employment from a business located inside the geographic area as a result of Hurricane Katrina.

- Allows states to provided extended mental health benefits under DRM up to 100% FPL.
- Ensures that Home and Community Based Services (HCBS) populations in DRM do not count against host state Medicaid limits or caps.

Duration of DRM

- DRM would be a TEMPORARY Medicaid benefit eligibility that would last for an initial 5 eligibility period, with a possible extension of an additional 5 months by the President/Secretary. Any determination of an extension of DRM eligibility by the President/Secretary will apply to DRM benefits nationally.
- The 5 month clock for benefits would begin on the date of enactment, with retroactive coverage of claims incurred by DRM-eligible individuals from August 28, 2005.
- DRM applicants would have to provide state Medicaid programs with their expected address for the duration of DRM when they apply, and would be obligated to keep their address information current with the state.
- Individuals receiving DRM would receive a temporary DRM eligibility card that is date-stamped with the end date for the program. Such eligibility will be extended if the President/Secretary determines it is needed.
- At the end of the 3rd month of the eligibility, the state will be required to provide notice to individuals of the date their benefits will end under DRM and how to apply for Medicaid under current state eligibility rules. States would also have to provide individuals with an application and information on where to find state-funded assistance with their application.
- States would have to provide assistance to DRM enrollees with their applications in accessible locations, including but not limited to state Medicaid offices. Such assistance would be funded at 100% FMAP.
- CMS would be required to ensure that the state is complying with the notice requirements for DRM beneficiaries and that new applications for state Medicaid are being processed in a timely and appropriate manner by the states.

Care Relief Package Summary

- No coverage under DRM would continue as of the end of the DRM eligibility period. If an individual's application is pending at the end of that period, the individual will be deemed presumptively eligible for the state Medicaid program until a determination has been made.
- Pregnant women enrolled in DRM at the end of the eligibility period would continue DRM eligibility at 100% FMAP for the state until 60 days post-partum.
- Requires Secretary of HHS to submit to Congress by October 7 a written plan on how CMS will transition into Medicare Part D the dual-eligibles who are evacuees or residents of hardest hit counties and parishes.

Emergency Assistance for Private Coverage

- Disaster Relief Funds may also be used to provide employee or employee and employer share of private insurance coverage for pre-existing coverage.

Amendment to Existing 1135 Waiver

Authority

Amends 1135 waiver authority to allow the Secretary to extend benefits under existing authority to individuals displaced due to a disaster. Current authority only allows the Secretary to waive requirements for a specific geographic location.

- Program administered through state insurance commissioner.

- Technical changes will also be made to ensure that individuals who would have otherwise been eligible for continuation coverage under COBRA or portable coverage under HIPAA have those protections despite this emergency.

Emergency Assistance for State FMAPs

Ensures no state will see a decrease in 2006.

Grassley-Baucus Emergency Welfare Relief Package Summary

Emergency Assistance to Providers

- Creates a Disaster Relief Fund to offset increased Medicaid or uncompensated care costs arising for Medicaid providers (hospitals, skilled nursing facilities, federally qualified health centers, rural health care clinics) as a result of Hurricane Katrina.

Additional Funding for States:

Contingency Fund

- Provides for a mechanism to increase the amount available to the contingency fund during the duration of the disaster period;
- Extends the contingency fund to directly affected states (Louisiana, Mississippi and Alabama);
- Increases the amount available to host states (Example: Texas, Florida and Utah).

- Providers qualify based on a significant increase in their percentage of Medicaid covered lives or their percentage of uncompensated care.

Loan Fund

- Increases the amount available to directly affected states (Louisiana, Mississippi and Alabama) under the loan fund;
- Clarifies that no state will be penalized for failure to reimburse the federal government for loan made under this provision.

- Paid directly through the federal government—not distributed through states via DSH.

- Fully reimburses hospitals in disaster areas and for evacuees originating in disaster areas for Medicare bad debt (unpaid Medicare beneficiary co-payments and deductibles).

- Ensures hospitals in disaster areas are not penalized for any failure to submit quality data.

Emergency Assistance to Medicare Beneficiaries

- Waives the Part B late enrollment penalty for Medicare eligible beneficiaries who are unable to submit applications during the initial enrollment period.

Additional Flexibility for Families

Hurricane Katrina Emergency Benefits

Establishes that from August 29, 2005 until September 30, 2006 residents and evacuees from Alabama, Mississippi and Louisiana are eligible for *Hurricane Katrina Emergency Benefits* which are not considered to be assistance under the Personal Responsibility and Work Opportunity Reconciliation Act.

AHIP Launches National Call Center For Victims of Hurricane Katrina

(Washington, DC) – Victims of Hurricane Katrina who have questions about their health insurance or do not know how to contact their health insurance plans should call toll-free 1-800-644-1818 for assistance.

America's Health Insurance Plans (AHIP) and its member companies have established the national toll-free number to help victims of Hurricane Katrina get reconnected with their health insurance plans, regardless of their health insurance carrier or their location.

"Your health insurance should be the last thing you need to worry about after a natural disaster," said Karen Ignagni, President & CEO of AHIP. "If Hurricane Katrina victims have questions about their health insurance, they should call 1-800-644-1818 for help."

The call center is being established because thousands of evacuees may have questions about their health insurance or may not know how to contact their insurers. Many may have lost their insurance cards. Others in the Gulf Coast region may have questions because the provider facilities to which they usually go for care are no longer operable.

Staffed by live operators, the toll-free call center connects those who have been disrupted by Katrina to their health insurance plans, regardless of the carrier.

Callers will talk with live call center professionals who will help locate a caller's insurer and will stay on the line until a customer service specialist at the caller's health insurance plan is reached. Callers who may be uncertain about the names of their health insurance plans will talk with specialists who will try to help callers determine the identity of their plans.

To make Katrina victims aware of the help that is available through a single toll-free call, AHIP is launching a media outreach effort that includes full-page ads in national and regional newspapers.

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In the aftermath of Hurricane Katrina, the community of health insurance plans has worked behind the scenes to assist in the relief effort. Health insurance plans and their employees have made substantial financial donations to charities, deployed medical personnel to the region and continue to work with public health and regulatory agencies to facilitate the health care needs of displaced individuals.

AHIP and its member companies also created a Web site, www.ahip.org/HurricaneResponse, which details a listing of news updates and services being provided by AHIP member plans for their customers. **Link to ad:** <http://www.ahip.org/redirect/katrinadpdf.pdf>

USAC Applauds Unprecedented FCC Action to Aid Flood-Ravaged Gulf Coast

On September 15, FCC Chairman Kevin J. Martin announced unprecedented steps to provide immediate relief to consumers and businesses harmed by Hurricane Katrina including a package of proposals to use available funds from the Federal Universal Fund (USF) as part of the larger federal government disaster relief efforts. The USF is administered by the Universal Service Administrative Company and consists of four programs—Low Income, High Cost, Rural Health Care, and Schools and Libraries.

Chairman Martin's proposals include \$28 million in assistance for Rural Health Care program to public and non-profit health care providers and shelters in the affected areas. For more information, go to www.universalservice.org.



Input Wanted & Welcome!
Contributions to the *LRHA Update* by members are encouraged and welcome. If you would like to submit an article for inclusion in the *Update*, simply forward your article or comments to Jeanne at the LRHA Office lrhaoffice@bellsouth.net

**All 2005 issues
of the LRHA Update
are available at:**



http://www.lrha.org/LRHA_publications.htm

LRHA Encourages Members to Participate in CMS Open Door Forums

When the Health Care Financing Administration (HCFA) became the Centers for Medicare & Medicaid Services (CMS) in 2001, the agency committed a high priority to communication and responsiveness on behalf of both beneficiaries and providers. Under the current leadership of CMS Administrator Dr. Mark McClellan, the agency continues to reinforce this priority and the Open Door Initiative remains embedded as a key element in the overall outreach strategy.

The "Open Door Forums" provide an opportunity for live dialogue between CMS and the provider community at large, in order to understand and then help find solutions to contemporary program issues. Such issues may already exist or may be just developing within the various patient care settings impacted by agency regulations. Provider forum participants learn from each other's discussions, uncover useful clarifications regarding the different rules and instructions associated with coverage, coding, and payment, and generally become more of an asset to their office or facility's well being. The forums also proactively engage beneficiary advocates - in discussions of the opportunities and challenges associated with supporting access, improving medical outcomes, lowering costs, and improving quality within our programs. LRHA encourages its members to participate in those forums that are of interest and germane to facilities. For more information on the forums, go to the CMS website, www.cms.hhs.gov/opendoor/



Due to the communication issues caused by Hurricane Katrina, we are still unable to access our voice mail. If a message was left and a return call not received, it is likely that the message was not received. We're sure that many of you are experiencing these same problems. If you are having trouble reaching LRHA by phone, please email us, as it has been the most reliable source of communication, since the storm.

Stacy Fontenot: lrhahapn@bellsouth.net

Jeanne Gauthreaux: lrhaoffice@bellsouth.net

Adrienne Naquin: lrhaeducation@bellsouth.net

Donna Newchurch: laruralhealth@bellsouth.net

Erin Watson: lrhamembership@bellsouth.net

Thank You!

Secretary Leavitt Announces Streamlined Access to Benefits for Hurricane Katrina Victims

Sep 12, 2005-HHS Secretary Mike Leavitt today began a two-day visit with evacuees in shelters in Georgia, Arkansas, Texas and Tennessee to explain the wide array of benefits that are being made easily available to those who have been displaced in the aftermath of Hurricane Katrina.

Many victims of the hurricane no longer have the records or legal documents to help prove their eligibility for benefits from various government programs. The President has granted special "evacuee" status to individuals affected by Katrina, which will simplify the enrollment process for people who need the services of programs like Medicaid, Temporary Assistance for Needy Families and Head Start.

"For those persons with evacuee status, we are stripping away many of the eligibility and enrollment requirements normally needed to apply for federal benefits," Secretary Leavitt said. "No one who has been a victim of this disaster should be prevented from getting benefits they need because of government red tape."

As part of this streamlining process, states will be given the flexibility to enroll evacuees without requiring documents such as tax returns or proof of residency. Evacuees who have lost all identification and records should be able to give their address or other simple form of attestation to be eligible.

The special evacuee status will apply to the full range of federal benefits administered by the states, including HHS programs that provide services through Medicaid, family assistance through Temporary Assistance to Needy Families (TANF), child care support, foster care assistance, mental health services and substance abuse treatment services.

State enrollment teams are already set up in many shelters, and many have 1-800 numbers people can call. Any evacuee can go to the nearest state or local benefits offices to get information and get enrolled. Evacuees staying in a home or church that has access to the Internet, or who can visit a nearby public library with Internet access, can also enroll by going to www.govbenefits.gov.

Source: HHS Press Release



2006 EDUCATIOAL CONFERENCE CALENDAR



January

25-26; Rural Health Clinic Education Event
Paragon Casino & Resort, Marksville, LA

April

Spring Conference—Date & Location TBA

June

4—6; Southern Regional Rural Health Conference
Pearl River Resort, Choctaw, MS

October

15—17; Annual Fall Conference
L'Auberge du Lac Hotel & Casino, Lake Charles, LA

Save the Dates!

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