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# LRHA Update

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Volume XII, Issue VII

July 2005

**LRHA Mission Statement:**

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

## Southern Rural Health The Good, The Bad, and The Ugly August 18 and 19 Gulfport, MS



- Education
- Networking
- Opportunities

The 2<sup>nd</sup> Annual Southern Regional Rural Health Conference will be held August 18-19, 2005 at the Grand Casino Conference Center in Gulfport, MS. On behalf of the Rural Health Associations of Louisiana, Alabama and Mississippi, you are invited to participate in this magnificent networking and educational opportunity.

This year's conference, Southern Rural Healthcare: The Good, The Bad & The Future includes introduction to performance improvement tools and resources, increase participant's understanding of quality & performance improvement, demonstration models and sharing of best practices specific to rural health. LRHA, MSHA, and ARHA are pleased to offer this excellent educational event to the rural health professionals and leaders of the South.

In conjunction with the conference, there will be a golf scramble at the President Broadwater Golf Club on August 19<sup>th</sup> at 12:30 p.m. Please note that conference registration is not required to participate in the scramble.

If you are in need of a registration form, or any additional information regarding the conference, please call Erin Watson at (985) 369-3813, or email lrhamembership@bellsouth.net. For member's convenience, the agenda and registration forms are available on the LRHA website, [www.lrha.org](http://www.lrha.org).

Plan to join your colleagues to hear dynamic speakers, network, and visit with vendors who offer technologies and services from which your organization can benefit.

## A View from the Field . . .

Planning, planning, planning — after much research and —well, planning—by LRHA staff, the rural training curriculum education opportunities are up and running. These events were designed in response to member requests for more detailed training for mid level and support staff personnel at member facilities on a regional level. Most of the requests for trainings have been specific to maximizing reimbursement and staff training. Over the last six months, LRHA has sponsored over seven of these educational events; evaluations of the programs have been overwhelming positive.



Donna Newchurch  
Executive Director

The Board has determined that regional educational events should be continued and the staff and I look forward to carrying out that component of the mission.

In addition to the planning being conducted for the regional educational opportunities, I would like to encourage you to participate in the Rural Quality Advisory Council initiative LRHA is working to create in conjunction with the Louisiana HealthCare Review and the Bureau of Primary Care and Rural Health. Details on the initiative can be found on page four of this publication.

One more opportunity I would encourage you to participate in is the Southern Regional Conference to be held next month in Mississippi. This event is an excellent opportunity to network with and learn from rural health providers from other states.

So, plan, plan, plan to attend LRHA activities that interest you — and if you have an idea or comment on current programming, please contact me; your input is valuable to the organization.

Donna Newchurch  
Executive Director



Health care providers are required by law to apply for a National Provider Identifier (NPI). To apply online, visit: <https://nppes.coms.hhs.gov> or call 1-800-465-3203 to request a paper application.

Visit <http://www.cms.hhs.gov/hipaa/hipaa2> for the latest information regarding the NPI, including a transcript from CMS' recent National Provider Identifier Roundtable conference call.

## First-of-its-Kind Study by Access to Benefits Coalition Spotlights Best Ways to Reach Seven Million New Beneficiaries

The Access to Benefits Coalition (ABC) has identified a number of ways that public and private sector organizations can help find and enroll 7.2 million Medicare beneficiaries with limited incomes and resources in the extra help that will be available through Medicare's Prescription Drug Coverage in January 2006. The recommendations are part of a national study released today at a briefing in Washington, D.C.

The ABC study, *Pathways to Success: Meeting the Challenge of Enrolling Medicare Beneficiaries with Limited Incomes*, resulted in a number of key findings including important insights into best practices for outreach and enrollment of people with Medicare who have limited incomes. The study, conducted by the Bridgespan Group, examined the costs, successes and challenges of local and national outreach and enrollment efforts to find and enroll beneficiaries with limited incomes in prescription savings programs over the past year.

One significant finding was that the costs of enrolling those with limited incomes in a prescription savings program vary greatly based on the strategies or tactics used locally. Examples of effective strategies to maximize enrollment include using trusted intermediaries to provide person-centered one-on-one assistance, pre-qualified leads (meaning the use of lists of other benefit program enrollees to identify who is likely to be eligible), and technology such as online eligibility tools and wireless Internet access.

"This is the single, greatest opportunity to help seniors and persons with disabilities who have limited incomes that has come along in the past 30 years," said ABC Chair James Firman. "Government, national and community organizations all have an important responsibility to help inform and enroll those who need the most help. It's going to be difficult to find and enroll 7 million people and it won't happen overnight, but it can be done."

"For many people with limited incomes and chronic illnesses, the extra help from Medicare is a valuable new benefit, but it's going to take an unprecedented level of collaboration, coordination and commitment to ensure that everyone enrolls," added Steve McConnell, senior vice president of policy and advocacy for the Alzheimer's Association and a member of the ABC Steering Committee.

Letters and applications are in the mail from the Social Security Administration to many who may qualify for the extra help. The coalition urges people to apply. Those who qualify for extra help could save 85% to 100% of the cost of prescription drugs — on average more than \$2,100 in annual savings.

## A Good READ... Management Mistakes in Healthcare: Identification, Correction, and Prevention

By Richard J. Davidson (Foreword), Paul B. Hofmann (Editor), Frankie Perry (Editor)

While increasing attention has been directed recently toward recognizing and reducing medical errors, healthcare organizations have yet to benefit from a similar scrutiny of management mistakes. Serving as a call to action for health care managers throughout the world, this book addresses the information gap on this critical issue.



This book contains a set of six case studies of mistakes, such as bad merger, problematic information technology purchases, inept strategic planning and just plain bad management. These real-world examples (under fictitious names) offer plenty of detail and guidance on how to avoid such mistakes.

This book is a must-read for all healthcare professionals who struggle with these issues.

### ***Member Input Wanted and 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](mailto:lrhaoffice@bellsouth.net)

## Nominations Sought for Robert Wood Johnson Community Health Leadership Award

The Robert Wood Johnson Community Health Leadership Program (CHLP) honors ten outstanding individuals each year for their work in creating or enhancing healthcare programs serving communities whose needs have been ignored and unmet. Each leader receives \$120,000 to be used for personal and program enhancement over a period of up to three years.

CHLP seeks out individuals who have the leadership skills to overcome complex obstacles and find creative ways to bring healthcare services to their communities. Candidates should be working at the grassroots level, have received no significant national recognition and be in "mid-career," with no less than five and no more than fifteen years of community health experience.

The nomination process is open and nominations can be made by consumers, community leaders, health professionals and government officials who have been personally inspired by the nominee. Interested nominators need to complete our Letter of Intent (LOI) form. The LOI is quick to fill out and is due back to the program office no later than September 22, 2005. Nominators of selected candidates will receive full nomination packages. Completed nominations will be due in November. The program information and LOI are available online at [www.communityhealthleaders.org](http://www.communityhealthleaders.org). If you are unable to access the online Letter of Intent form, please call 617-426-9772.

#### Mailing Address:

- Robert Wood Johnson Community Health Leadership Program
- Lincoln Plaza
- 89 South Street, Suite 405
- Boston, MA 02111

### ***Southern Regional Rural Health Conference***

*The Alabama, Louisiana, & Mississippi  
State Rural Health Associations requests that you:*



## LRHA, LHCR, and BPCRH Partner to Offer Quality Improvement Conference

The Louisiana Rural Health Association (LRHA) has been awarded grant funds by the National Rural Health Association and the Department of Health and Human Services, Office of Rural Health Policy. These funds have been awarded to establish a stronger quality improvement support structure in Louisiana, which will assist rural health systems and professionals as they enhance human resource capacity in rural communities as described in the 2005 Institute of Medicine Report *Quality Through Collaboration: The Future of Rural Health*. In collaboration with Louisiana Health Care Review and the Louisiana Department of Health and Hospitals Bureau of Primary Care and Rural Health, LRHA will host a one day conference "Quality Improvement: Applications with Positive Outcomes."

The conference will be held on **Thursday, September 1, 2005, at the Paragon Casino & Resort located in Marksville, LA.** Information specific to team management, performance measures, applying evidence based practices, and leadership & systems improvement will be provided at this one-day conference. Additionally, strategies will be presented, and an intervention toolkit will be distributed to all participants.

If you have any questions, or need additional information regarding the Quality Improvement: Applications with Positive Outcomes conference, please contact Stacy Fontenot at the LRHA office by calling (985) 369-3813 or by email, lrhahapn@bellsouth.net.

### *Transcript Available from the National Teleconference on the RHC Annual Review*

The transcript for the June 8th teleconference presentation on the RHC annual review is now available. If you go to the ORHP website below, you can click on the link to both the transcript as well as the powerpoint presentation used for this teleconference.

The RHC Technical Assistance conference call series is a joint effort of the Federal Office of Rural Health Policy and the National Association of Rural Health Clinics.

<http://ruralhealth.hrsa.gov/rhc/>

## Rural Health Clinics TA Conference Call Series

The Federal Office of Rural Health Policy (ORHP) is pleased to announce a new conference call series designed to provide Rural Health Clinic staff with valuable technical assistance and RHC specific information. Over the next year, ORHP, with the assistance of the National Association of Rural Health Clinics (NARHC), will conduct four to six national teleconference calls. Presentations will include RHC billing, quality improvement, best practices, and more.



There is no charge to participate in the Rural Health Clinics Technical Assistance Conference Call Series. To sign up to receive announcements regarding call dates, topics, and speaker's presentations, [www.harhc.org/members/members\\_listserve.php](http://www.harhc.org/members/members_listserve.php). Be sure to include your email address so we can notify you by email of the upcoming calls.

Each call will be one hour in length and will include a 45 minute speaker presentation with 15 minutes for a question and answer session. 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](mailto: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](http://www.narhc.org). If you have any questions regarding this initiative, please contact the Project Director, Bill Finerfrock at (202) 543-0348 or by email at [info@narhc.org](mailto:info@narhc.org).

### **- Sign Up for the NARHC Listserve -**

The Office of Rural Health Policy and the National Association of Rural Health Clinics have organized email lists, called Listserves, to improve communication between rural health clinics and the rural health community. Individuals who participate in the listserve can ask questions, post comments and provide feedback. To sign up for the listserve, go to [www.harhc.org/members/members\\_listserve.php](http://www.harhc.org/members/members_listserve.php).

Transcripts and other materials from earlier calls are compiled below. For additional information about the status of the RHC quality requirement consult the Centers for Medicare and Medicaid Services (CMS) or the National Association of Rural Health Clinics.

## **HHS SECRETARY NAMES MEDICAID ADVISORY COMMISSION MEMBERS**

Health and Human Services Secretary Mike Leavitt announced 13 voting members and 15 non-voting members of an advisory commission charged with identifying reforms necessary to stabilize and strengthen Medicaid.

Consisting of health policy leaders from both sides of the aisle, state health department officials, public policy organizations, individuals with disabilities and others with special expertise, the commission will submit its first report to Secretary Leavitt by Sept. 1. Through the FY 2006 budget agreement, the Department of Health and Human Services agreed to create this commission to develop proposals on the future of the Medicaid program.

"In Washington and state capitols across America, there is consensus that now is the time to reform and modernize Medicaid," Secretary Leavitt said. "I look forward to having a robust conversation in an open and bipartisan manner with the commission members. Together with Congress and the states, we will create a plan that will better help Medicaid fulfill its commitment to quality care in a way that is financially sustainable."

In addition, the Secretary is holding open two vacancies on the commission for current governors so that they may join after Sept. 1, 2005 when the commission focuses on the longer-term methods of modernizing the Medicaid program. The National Governors Association Center for Best Practices will serve as a working group tasked with informing the commission on the range of issues that will be considered.

Former Tennessee Governor Don Sundquist will chair the commission and former Maine Governor Angus King will serve as vice-chair.

The Medicaid commission must submit two reports to Secretary Leavitt. By Sept. 1, the commission will outline recommendations for Medicaid to achieve \$10 billion in reductions in spending growth during the next five years as well as ways to begin meaningful long-term enhancements that can better serve beneficiaries. The commission, for its first report, also will consider potential performance goals for Medicaid as a basis of longer-term recommendations.

*Continued on next column*

## **LRHA Approved and Offering American College of Healthcare Executive (ACHE) Credits**

LRHA is proud to announce that the American College of Healthcare Executives approved their application for pre-approval of Category II continuing education credit. The college has approved our application for pre-approval for three years, through June 13, 2008. ACHE Category II can be offered for each contact hour of educational programming.

According to the American College of Healthcare Executives, Category II programming is defined as any face-to-face continuing education programs conducted or sponsored by any organization qualified to provide educational programming in management. Therefore, anyone participating at an educational program sponsored by LRHA should indicate their attendance when submitting an application to the American College of Healthcare Executives for advancement or recertification.

Should you have any questions regarding Category II (Non-ACHE) Continuing Education Credits, please call the LRHA Office at (985) 369-3813 or visit [www.ache.org](http://www.ache.org) for more information.

## **HHS SECRETARY NAMES MEDICAID ADVISORY COMMISSION MEMBERS (*continued*)**

The second report, due Dec. 31, 2006, will provide recommendations to help ensure the long-term sustainability of Medicaid. The proposals will address key issues such as:

- \*How to expand coverage to more Americans while still being fiscally responsible;
- \*Ways to provide long-term care to those who need it;
- \*A review of eligibility, benefits design, and delivery; and
- \*Improved quality of care, choice and beneficiary satisfaction.

A full copy of the commission's charter is available at <http://www.cms.hhs.gov/faca/mc/default.asp>.

## OASIS—Operation Against Smoking Inhaling Second Hand

In Louisiana 75% of the people do not smoke – until the other 25% light-up. This is known as secondhand smoke and it can be as poisonous as smoking. So much so, that the Americans with Disabilities Act, which requires that disabled persons have access to public places and workplaces, deems impaired respiratory function to be a disability.

To eliminate this public health danger, LRHA has created OASIS, Operation Against Smoking/Inhaling Secondhand Smoke (*details in May 2005 issue of LRHA Update*), with a partnership grant from the Louisiana Campaign for Tobacco Free-Living. The overall objective of OASIS is to decrease the effects of secondhand smoke by encouraging rural hospitals, rural health clinics, and federally qualified health centers to establish smoke-free campuses. By successfully meeting the objectives of OASIS, participants can, according to the Centers for Disease Control and Prevention, expect lower worker absenteeism due to respiratory disease, higher productivity, decreased cleaning and maintenance costs, lower health insurance rates, and decreased liability claims for diseases related to exposure to secondhand smoke.

LRHA has assembled a policy statement for a smoke-

free workplace and will be glad to distribute copies of it upon request. However, in the meantime some of the highlights of the policy are as follows:

- Smoking will not be permitted in any enclosed facility; including, but not limited to employee lounges, restrooms, vehicles, and cafeterias.
- Smoking will be permitted only at a reasonable distance from the facility – 25 feet or more.
- No smoking signs shall be posted at entrances to all company facilities.

A smoke-free policy applies to all that visit the facility including patients, visitors, contractors, staff, and vendors.

LRHA has begun the OASIS kickoff and encourages you to become a member and adopt a smoke-free campus. We can help you by providing the tools needed to be successful.

To become a pilot member of OASIS, please contact Donna Newchurch by calling the LRHA Office at 985-369-3813 or e-mail [laruralhealth@bellsouth.net](mailto:laruralhealth@bellsouth.net).



## Health Access Planning Network (HAPN) Update

On June 28, 2005 Stacy Fontenot, HAPN Coordinator, and Doug Wilkinson, consultant to LRHA, made a presentation at the Council on Aging (COA) Directors meeting that was held at the Capital Area Agency on Aging. Fontenot informed the COA Directors of the goals of the project - to coordinate, categorize and support patient assistance prescription programs (PAPs) in Assumption, Iberia, and Iberville and Pointe Coupee parishes. Wilkinson provided the COA Directors with information pertaining to Medicare Prescription Drug Plans.

Part of the planning process includes meeting with representatives from PAPs currently operating in the four parish area. Therefore, Fontenot and Wilkinson recently had the opportunity to meet with Mona Mabile, Senior Coordinator for Capital Area Agency on Aging. Mabile shared valuable information regarding the logistics of how Senior Rx provided resources to help senior citizens access and apply for manufacturer's discount cards and pharmaceutical assistance programs. According to Mabile, HAPN can support Senior RX by assisting their program with a volunteer recruitment / PR campaign, as well as, establishing application sites throughout the four parish cluster area.

On July 12, 2005, HAPN partners held their monthly meeting via conference call. The following topics were included on the agenda: developing the coalition- governance structure, community planning, and future activities. In regards to developing the coalition the partners agreed upon establishing a steering committee to be the decision making body with LRHA being the chair of the committee. The partners also decided to provide outreach, education, and assistance to Medicare beneficiaries regarding the Medicare Part D Card in all four parishes. The Medicare Part D outreach efforts will take place during National Health Center Week which will be celebrated August 7<sup>th</sup> – 13<sup>th</sup>. Other activities discussed included assisting Louisiana Senior RX with a PR campaign, as well as, a volunteer recruitment campaign.

If you would like detailed information regarding the Medicare Part D Drug Card workshops for beneficiaries or if you are interested in joining HAPN, please contact Stacy Fontenot at (985) 369-3813 or by emailing her at [lrhahapn@bellsouth.net](mailto:lrhahapn@bellsouth.net).

## Key Funding for Rural Programs Restored by Senate Committee



On July 13, LRHA received notification from the Office of Senator Mary Landrieu that the Senate Appropriations Subcommittee on Labor, Health and Human Services (HHS), Education and related agencies restored funding to several key rural programs

### Senate Appropriations Subcommittee on Labor, HHS, Education, and related agencies Mark-Up Summary 7/11/05:

**Title VII & VIII Health Professions Training:** \$454,000,000 (.9% increase from FY05)

**National Health Service Corps:** \$126,796,000 (3.5% decrease from FY05)

**Outreach Grants:** \$39,278,000 (same as FY05)

**Rural Hospital Flex Grant:** \$64,180,000 (63.8% increase from FY05)

**Rural Policy/Research:** \$8,825,000 (same as FY05)

**Rural and Community Access to Emergency Devices:** \$8,927,000 (same as FY05)

**State Offices of Rural Health:** \$8,321,000 (same as FY05)

**Rural Telehealth:** \$3,888,000 (.7% decrease from FY05)

The full Senate Appropriations Committee is expected to take up the Labor, HHS, Education, and related agencies spending bill tomorrow. Thanks to a monumental effort by LRHA members and rural supporters – from phone calls, e-mails, and even face to face meetings with Senators and their staff – there is every reason to believe that the Senate will continue to support these vital rural programs. Please remember to send thanks to those in the Senate with whom you spoke or met.

### Stay tuned, however...

After the Senate passes their version of the Labor, HHS, and Education Appropriations bill, they will have to reconcile their version of the bill with the version already passed by the House of Representatives. As you know, the House voted to drastically cut funding to rural programs. Your help in the coming weeks can ensure that the final appropriations bill that is passed by both the House and the Senate will support the programs on which rural Americans depend. An alert will be sent to you with specific information for the next effort as soon it becomes available.

## The ERISA question

*Submitted by Paul Waguespack, VP, McNeary, Inc.*

A question often asked is, "Is our employee benefit plan governed by ERISA?" Is there a reason anyone cares?

Most employers' group life and disability plans are covered by the Employee Retirement Income Security Act (ERISA). Among other things, ERISA provides protections for the participants and beneficiaries in the benefits plans, including providing access to plan information. Also, those individuals who manage plans and other fiduciaries must meet certain standards of conduct under the fiduciaries responsibilities specified in the law.

Several factors are relevant to a determination of whether ERISA applies. In general, ERISA does not cover group insurance plans established or maintained by governmental entities, including Service District Hospitals, churches for their employees, or plans which are maintained solely to comply with applicable workers compensation, unemployment or disability laws.

Employers often think the question is resolved by identifying who paid the premium for the insurance coverage offered to employees. While this is indeed an important factor, the Dept. of Labor has issued regulations creating "safe harbor" from ERISA's coverage. Under the Dept. of Labor's regulation found at 29 C.F.R. sect. 2510.3-1, ERISA will not cover a group insurance program offered by an insurer to employees in the following situation:

- If no contributions are made by an employer
- If participation in the program is completely voluntary for employees
- If the sole function of the employer (without endorsing the program) is permit the insurer to publicize the program to employees, to collect premiums through payroll deductions and remit them to the insurer
- If the employer receives no consideration in connection with the program

The employer's activities in establishing and offering the insurance coverage are important factors. The determination as to whether the group policy is governed by ERISA may not be readily apparent in all employee benefit plans; however, it is obviously relevant and important in our industry to determine if enrollment, administration, and claims processes are governed by the state or federal law.

**QUALITY IMPROVEMENT:  
APPLICATIONS WITH POSITIVE OUTCOMES**

**Letters of Invitation on the Way**

**SEPTEMBER 1, 2005  
PARAGON CASINO AND RESORT  
MARKSVILLE, LA**

For more information, contact the LRHA office  
at (985) 369-3813.

# LRHA BOARD NOMINATIONS SOUGHT

NOMINATIONS TO THE  
LRHA BOARD OF DIRECTORS  
ARE CURRENTLY BEING SOUGHT BY  
MEMBERS OF THE ASSOCIATION.  
RODERICK CAMPBELL, NOMINATIONS CHAIR,  
IS CURRENTLY ACCEPTING NOMINATIONS  
NOT ONLY FROM THE NOMINATING COMMITTEE,  
BUT FROM THE GENERAL MEMBERSHIP AS WELL.

To nominate a member of the  
association to the Board, please  
mail a letter of nomination,  
including a short biography to:

Roderick Campbell  
Nominations Chair,  
P.O. Box 387  
Napoleonville, LA 70390

*Nominations must be postmarked by September 15, 2005.*

## Louisiana Rural Health Associa- tion

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