

LRHA UPDATE

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LRHA MISSION STATEMENT:

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

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2010

LRHA Annual Rural Health Care Conference

October 18-19th

Lafayette Hilton and Towers

More information coming soon!!

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A view from the field...

*Dear Members, Colleagues, and
Healthcare Leaders,*



Where has this year gone? We now find ourselves in September, three months shy of a new year. In the past nine (9) months, we've had debates over health care reform, and proposed changes by Medicare and Medicaid (CMS) services. I would say this alone gives reason as to why the past nine (9) months have flown by. The next final three months of 2010 will continue to be busy as well with many changes coming our way.

The LRHA will continue to keep our members abreast of the status of the Coordinate Care Network implementation and rollout throughout the state. You can find updated information by reading the **Louisiana CCN Program Announcement** that was released on August 31, 2010. Madeline "Maddie" McAndrew, Medicaid Coordinated Care Section Chief, will be on hand at the LRHA 2010 Annual Rural Health Care Conference to provide an overview as well as updates on the CCN rollout.

The **LRHA Annual Rural Health Care Conference** will be held on October 18-19, 2010 at the Lafayette Hilton and Towers. The brochures and registration form will be mailed soon along with an electronic version. The deadline to make your hotel reservations is **September 25th**. Call the hotel today at (800) 445- 8667 to make your reservations. In order to receive the group rate (\$139 double/\$149 king), please provide the hotel representative with the group code: **Louisiana Rural Health Association**.

Be on the lookout for the 2010 LRHA Rural Health Awards Nomination Forms. Rural Louisiana is so blessed to have so many notable individuals, facilities, and programs that deserve recognition for their dedication and commitment to rural health care.

Please do not hesitate to contact me at 985-369-3813 ext 05 or via e-mail at fontenot@lrha.org if I can assist you in any way. We are looking forward to seeing you at the 2010 LRHA Annual Rural Health Care Conference.

Sincerely,

A handwritten signature in black ink that reads "Stacy Fontenot".

Executive Director

NOT A MEMBER?



To join the LRHA, please visit our website and fill out a membership application.

JOIN NOW!

Already a member? Refer a friend to join . Tell them to visit the LRHA website.

New Rural Research from the Rural Health Research & Policy Center and the Health Resources and Services Administration Office of Rural Health Policy.

The Rural Health Research and Policy Analysis Centers conduct federally-funded health services research to help decision-makers better understand the problems that rural communities face in their efforts to access high quality, affordable health care and to live healthier lives. In the discussions leading to the passage of the Patient Protection and Affordable Care Act, the U.S. Department of Health and Human Services' Office of Health Care Reform requested research and policy analysis studies on a variety of key rural health care issues from some of the Rural Health Research and Policy Analysis Centers. This compendium is a collection of those twenty-four research and policy analysis studies.

[Challenges for Improving Health Care Access in Rural America](#)



August marks the start of yet another year for the Growing Up Fit Together program. The program was awarded another three years by HRSA . The coordinators have been busy meeting with their principals and teachers to get the program started.

August is National Immunization Awareness Month

August is National Immunization Awareness Month. This annual health observance is a great opportunity to educate seniors and other people with Medicare about the importance of disease control and prevention through immunization. Vaccine-preventable disease levels are at or near record lows. Yet, many adults remain under-immunized, missing opportunities to protect themselves against diseases such as hepatitis B, seasonal influenza, and pneumococcal disease. The Centers for Medicare & Medicaid Services (CMS) ask all health care providers who provide care to Medicare patients to join us during National Immunization Awareness Month to help protect your Medicare patients from vaccine-preventable diseases by checking to make sure their immunizations are up-to-date and encouraging utilization of Medicare-covered immunizations that are appropriate for them..

Medicare Part B Immunization Benefits

Medicare provides coverage for seasonal influenza, pneumococcal, and hepatitis B vaccines and their administration, under Medicare Part B, for qualified beneficiaries as preventive immunizations. Providers who accept the Medicare-approved payment amount for these services are reimbursed under Medicare Part B.

Seasonal Influenza Immunization

Medicare provides payment for the seasonal influenza vaccine and its administration for all people with Medicare, once per influenza season, in the fall or winter. Medicare may cover additional influenza vaccinations, if medically necessary. (Note: According to the Centers for Disease Control and Prevention, the 2010 – 2011 influenza vaccine will protect against the 2009 H1N1, and two other influenza viruses <http://www.cdc.gov/flu/about/disease/>.)

Pneumococcal Immunization

Medicare provides payment for the pneumococcal vaccine and its administration for all beneficiaries, generally once in a lifetime. Medicare may cover additional vaccinations based on risk.

Hepatitis B Immunization

Medicare provides payment for the hepatitis B vaccine and its administration for beneficiaries at medium to high risk of contracting hepatitis B.


For More Information:

CMS Adult Immunizations Web Page

(Please Note: The “Immunizers’ Question & Answer Guide to Medicare Coverage of Seasonal Influenza and Pneumococcal Vaccinations”, which provides administration and flu vaccine payment rates for use by mass immunizers and physician practices, will be updated and posted to this site sometime in early October, 2010.)

CMS Medicare Learning Network (MLN) Preventive Services Educational Products Web Page – This site provides access to MLN educational resources developed by CMS for fee-for-service providers related to Medicare-covered preventive services, including adult immunizations.

For information about National Immunization Awareness Month, please visit the Centers for Disease Control and Prevention website by clicking here



Louisiana Department of Health and Hospitals’ Medicaid Program Received Legislative Approval

The Louisiana Department of Health and Hospitals’ Medicaid Program received legislative approval during the 2010 session to begin providing reimbursement for Diabetes Self-Management Training (DSMT) services. Projected launch is January 1, 2011. Medicaid representatives report that the criteria is in the early stages of development. Please send any questions or requests for additional information to MedicaidProfessionalServices@LA.GOV. Be sure to type the word “DSMT” in the Subject Line.

Appropriations Update from NRHA

The House Labor-HHS-Education Appropriations Subcommittee marked up its draft bill July 15, providing \$76.7 billion for the Department of Health and Human Services; this is \$3.8 billion more than FY 2010 and \$270 million more than the president requested. The Health Resources and Services Administration, home to the rural health safety net programs, would receive \$7.616 billion under the proposal, which is a \$99 million increase over the previous fiscal year but \$20 million less than the president's request. To see the subcommittee's summary, [click here](#).

Only overall agency numbers are released by the subcommittee. Funding information for individual programs will become available after the entire House Appropriations Committee has considered the bill, which will not happen before September.

The Senate Labor-HHS-Education Appropriations Subcommittee marked up its draft bill on July 27, and the full committee followed suit on July 29. The bill includes \$7.516 billion for HRSA. As expected, most rural health safety net programs are funded at the same level as FY 2010. Notably, the Office for the Advancement of Telehealth received a \$3 million increase, and the Rural Physician Training Grant program, newly created under the Patient Protection and Affordable Care Act, received \$5.1 million. The National Health Service Corps received same amount of appropriated funding as in FY 2010, but will receive an additional \$290 million from the Community Health Center and National Health Service Corps fund created and funded by the PPACA. Rural Health Outreach and Networking Grants also received a small increase. To see the subcommittee's summary, [click here](#).

Because of the current fiscal climate and the upcoming elections, it is unlikely that Labor-HHS-Education appropriations bills will be considered by the full House or Senate in the near future. According to Senate Labor-HHS-Education Appropriations Subcommittee Chairman Tom Harkin (D-IA), "this bill probably won't see the light of day until December, maybe January." This means that funding for the programs and departments included in the bill will most likely be continued at FY 2010 levels by a continuing resolution passed before the end of the fiscal year September 30.

NRHA will continue to advocate for full funding with modest increases for the rural health safety net programs, though we recognize the present budgetary constraints. Support for safety net programs is vital to capacity building in the rural health delivery system, which is even more important as the system prepares for the influx of newly insured. To see the NRHA appropriations chart, [click here](#)

Intensive Treatment of the Tobacco Dependent Patient: A Certification Program for Tobacco Treatment Specialist(CTTS)

October 18-21 2010, Jackson MS

*The ACT Center for Tobacco Treatment, Education & Research
Division of Oral Oncology and Biobehavioral Medicine
Department of Otolaryngology and Communicative Sciences
The University of Mississippi School of Medicine*

Offered since 2000, this workshop was designed to provide an in-depth understanding of tobacco dependence, in conjunction with hands-on experiences and resources necessary to deliver an evidence-based, high-intensity intervention program. The curriculum is designed to meet TTS Core Competency Standards set forth by the Association for the Treatment of Tobacco Use and Dependence (ATTUD: www.attud.org). This program has been designated by the State of Mississippi as required training for all TTS's employed throughout our 27-site, state-wide tobacco treatment network.

This workshop is appropriate for a variety of healthcare professionals who wish to deliver an intensive treatment program, as well as those seeking to attain a specialist level of expertise in this clinical area. Professionals trained include physicians, dentists, psychologists, pharmacists, nurses, social workers, respiratory therapists, OTs, PTs, alcohol / addiction counselors, mental health counselors, asthma / diabetes educators, Quitline counselors, and others.

Features include:

Workshop Experience: Interactive presentations addressing key areas, with extensive practice in delivering treatment session components. Modules include: An Evidenced-based Approach; Biopsychosocial Model; Tobacco Products, Usage, and Impact; Improving Motivation; Assessment I and II; The Intake Session – Overview and Exercise; Cognitive-Behavioral Therapy; Pharmacotherapy I and II; System and Administrative Considerations; Treatment Program Overview; Session Practice (for all treatment and follow-up sessions); Group Therapy; Maintaining Abstinence; Treatment Program Evaluation; Database / Resources / Evaluation.

Resources Provided: TTS Workshop Manual (slides, exercises, bibliography, etc.); Therapist Treatment Guide; Participant Manual; Treatment Session Resource Materials (Tear Sheets).

Other Benefits at no additional charge: Online Certification Examination; CE credit approved for many professions (26.0 hours).

Optional Database: We offer an online (SQL-based), secure Clinical Database for data storage, processing, and standardized reporting. Designed to collect all intake and session information (some of which can be done via direct

patient entry), provide standard clinical outputs (intake reports, progress notes, etc.), administrative reports (counts, demographics, appointment lists, quit rates, etc.) and related functions. If you would like to examine our demonstration module, please go to:

<https://acttreatmentcenter.org/ACTStart.aspx>

- ◆ Select “ACT Center Mississippi” from the dropdown and click “Use” button
- ◆ Select “Demonstration” from Location dropdown, username = demo, password = start
- ◆ Click Sign In, click Patient Menu, then View All Patients
 - ◆ Please contact us if you wish to explore further

Registration fee is \$500 (\$300 for Mississippi residents, \$250 for students). Fee covers all materials, continental breakfast / lunch / snacks each day, continuing education credit and certification costs. Please see our website for training location and accommodations.

By request, this workshop may be conducted at other institutions / locations, permitting greater convenience for trainees, often at a reduced cost. Please call for details.

Visit www.act2quit.org click on “Education”, then “Intensive Treatment.” Application form is near bottom.

For more information, contact Chariece Thomas: (601) 984-2310, ccthomas@umc.edu

Key Points on HIT Meaningful Use

(A message from the National Rural Health Resource Center)

The American Recovery and Reinvestment Act of 2009 (ARRA) authorizes the Centers for Medicare & Medicaid Services (CMS) to provide reimbursement incentives for eligible professionals and hospitals who are successful in becoming "meaningful users" of certified electronic health record (EHR) technology. The Medicare EHR incentive program will provide incentive payments to eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) that are meaningful users of certified EHR technology.

Incentive payments will be made to EPs and hospitals for efforts to adopt, implement, or upgrade certified EHR technology for meaningful use in the first year of their participation in the program and for demonstrating meaningful use during each of five subsequent years. Requirements for meaningful use incentive payments will be implemented over a multi-year period, phasing in additional requirements that will raise the bar for performance on IT and quality objectives in later years. These incentive payments begin in 2011 and gradually decrease. Starting in 2015, providers are expected to have adopted and be actively utilizing a certified EHR in compliance with the "meaningful use" definition or they will be subject to financial penalties under Medicare.

The rule also includes the formula for the calculation of the incentive payment amounts; a schedule for payment adjustments under Medicare for covered professional services and inpatient hospital services provided by EPs, eligible hospitals and CAHs that fail to demonstrate meaningful use of certified EHR technology by 2015; and other program participation requirements. The focus on meaningful use is a recognition that better health care does not come solely from the adoption of technology itself but through the exchange and use of health information to best inform clinical decisions at the point of care.

Below are **key points on how the final rule will impact critical access hospitals (CAHs)**. This criterion applies to Stage 1 of meaningful use. It is anticipated that there will be at least three stages of meaningful use.

There are a reduced number of required meaningful use objectives: The proposed rule for meaningful use had an all or nothing standard with providers needing to meet 23 required hospital objectives and 25 required meaningful use

Three New Fact Sheets on the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs:



- ◆ CMS Finalizes Definition of Meaningful Use of Certified EHR Technology
([Meaningful Use Fact Sheet](#)).
- ◆ CMS Finalizes Requirements for the Medicare EHR incentive Program
([Medicare EHR Fact Sheet](#)).
- ◆ CMS Finalizes Requirements for the Medicaid EHR incentive Program
([Medicaid EHR Fact Sheet](#)).

objectives for eligible professionals (EPs) to attain HIT Medicare and Medicaid incentive payments. The final rule has only 14 required objectives for hospitals and 15 required objects for EPs. An additional five objectives need to be chosen from a set of ten menu requirements. Generally, the most challenging objectives are on the menu list rather than the required list.

While Computerized Physician Order Entry (CPOE) remains a required objective, it has been modified to include pharmacist or RN medication order entry: The proposed rule only counted orders entered directly by ordering physicians toward a required 10% CPOE utilization metric to meet the definition of meaningful use. The final rule has raised the utilization requirement to 30%, but **orders no longer need to be entered directly by the ordering physician.** Any "licensed health care professional" such as pharmacists, registered nurses, nurse practitioners and physician's assistant may enter CPOE orders on behalf of the physicians. This means that these licensed health care professionals (who in most hospitals currently enter handwritten physician orders) can be utilized to meet the CPOE requirement, which postpones CPOE physician adoption challenges into later meaningful use stages.

CAHs are now eligible for the Medicaid incentive: The proposed rule excluded CAHs from participating in the Medicaid program. CAHs that meet the 10% Medicaid utilization threshold are entitled to the full "acute care hospital" amount of the Medicaid formula, just like prospective payment system (PPS) hospitals. CAHs can receive both Medicare and Medicaid incentives but EPs will still need to choose between Medicare and Medicaid incentives.

More information on the incentive program:
[National Rural Health Resource Center's Overview of the CMS EHR Incentive Program](#)
[CMS EHR Incentive Program Fact Sheet](#)

The required quality metrics that have been reduced to 15 are endorsed by the National Quality Forum (NQF) and tested for electronic use. Please note that this is different from the NPRM and that the quality metrics reporting is different than the required meaningful use objectives in the first bullet point.

The CAH eligible expense incentive, while not clearly defined, remains broad: by defining a CAH eligible expense as "depreciable costs **necessary for the administration** of certified EHRs," CMS may have effectively signaled that it intends

to provide incentive funding for a large portion of costs necessary for CAHs to implement comprehensive EHR environments, including network infrastructure, security systems, PACS, and other EHR-related depreciable costs.

States are encouraged to **build a relationship with the local HIT Regional Extension Center** and to **be a voice for rural.** For a list of HIT Regional Extension Centers and contact information, **[visit this web site.](#)**

You can contact the Louisiana REC by visiting the link <http://www.lhcqf.org/>

Additional Resources

- ◆ CMS/ONC fact sheet on the rules,
- ◆ Technical fact sheet on ONC's standards and certification criteria final rule,
- ◆ Meaningful use final rule
- ◆ Standards, implementation specifications, and certification criteria for EHR technology final rule

If you have questions in regards to any of this information, please contact TASC at anytime at tasc@ruralcenter.org or at 218-727-9390

If you have anything you would like to add to the LRHA Update, please send information to **arboneaux@lrha.org**





Date for Diabetes

Pick a lunch date that is suitable for you and your co-workers to discuss:

- diabetes
- the diabetes epidemic
- risk factors
- complications
- preventing complications
- how to help STOP diabetes



Your American Diabetes Association will provide a speaker for your employee group, a healthy snack and door prizes.

Special incentives for those who join the fight to...



To Plan Your "Date for Diabetes"

1. Pick Your Date
2. Call Lori Koonce @ 225-216-3980 x6079
3. Send a "Save the Date" to your employees
4. Advertise with posters provided by ADA



UPCOMING CONFERENCES

September 28-29

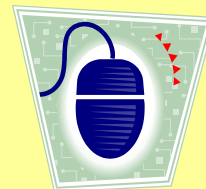
The RHC Conference– will highlight revenue cycle management, social networking, liability insurance for nurse practitioners and coding issues.

September 29-October 1

The CAH Conference- will include expert advice on quality improvement tactics, Accountable Care Organizations, 304B, marketing strategies and employee health plan cost savings.

September 29

Lean Simulation Workshop - Step inside A simulated emergency department for hands on exercises designed to track patient flow and personnel activities to save time and improve care from ER to discharge. **SPACE IS LIMITED.**



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