



RHC Newsletter



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Spikes in US indicators point to intensifying pandemic

Center for Infectious Disease Research & Policy

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Oct 23, 2009 (CIDRAP News) – Pandemic flu activity is now widespread in 46 states, five more than the previous week, causing an increasing number of school closures and starting to hit the young adult age-group harder, the US Centers for Disease Control and Prevention (CDC) said today.

At a press briefing today, Tom Frieden, MD, director of the CDC, said, "We have had up until now many millions of cases of pandemic influenza in the U.S. And the numbers continue to increase."

Visits to doctors for flu-like illnesses, a general barometer of flu activity, were steeply higher for the week ending Oct 17, which the CDC said in an update today is higher than they see during the peak of many regular flu seasons.

Hospitalization rates for lab-confirmed flu cases are also higher than expected for this time of year, the CDC said. For the second week in a row, deaths from flu and pneumonia increased.

Eleven more flu-related pediatric deaths were reported to the CDC over the past week, nine of them confirmed as being caused by the pandemic H1N1 virus. The other two involved influenza A viruses that weren't subtyped. The new reports raise the number of pediatric deaths from the pandemic H1N1 virus since April to 95, plus seven that were not subtyped.

Though the CDC shares the public's frustration about shortages of the pandemic H1N1 vaccine, it is also receiving reports of shortages of the seasonal flu vaccine. Frieden said so far 85 million of the season's expected 116 million doses have been distributed, which unlike the pandemic vaccine go to providers through private channels.

The CDC has just received new data about uptake of the seasonal flu vaccine, which suggests 60 million people have been immunized, according to Frieden. "That is way more, way sooner than in any prior year. That's strong uptake and we hope that trend continues," he added. Earlier this fall, public health officials urged Americans to receive the seasonal flu vaccine early to make way for providers to distribute the pandemic vaccine in October. (permission to reprint CIDRAP)

Indiana Rural Health Association Has Moved

Indiana Rural Health Association
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Taking Care of a Sick Person in Your Home

CDC Interim Guidance for
2009 H1N1 Flu (Swine Flu)
[http://www.cdc.gov/h1n1flu/
guidance_homecare.htm](http://www.cdc.gov/h1n1flu/guidance_homecare.htm)

This site describes:

- Steps to lessen the spread of flu
- Laundry, waste disposal
- Placement of sick person, protection of others in the house
- Recommendations for face masks
- Medications to lessen symptoms of flu
- When to seek emergency medical care, etc.

Teach all family members to cough or sneeze into their sleeve (not hand) or a tissue and then throw it away immediately.

Since germs are spread through touch, sneezes, and coughs, let's skip the hugs, kisses, and handshakes. During the flu season, greet friends, family, and associates with kind words and a smile.

Wash hands or use gel sanitizer after touching door knobs, light switches, phones, dishes, etc. The physical rubbing of the hands together is important too. Aim for 20 seconds.

Wash dishes in the dishwasher or use disposable ones.

Take care not to carry bed clothes close to chest or face, and dry washed bed clothes on high heat.

Get both the H1N1 and seasonal flu shots. Avoid the possibility of two rounds of the flu this year!

H1N1 Updates

Priority Groups

The Advisory Committee on Immunization Practices priority groups continue to be:

- Pregnant women
- Household and caregiver contacts of children younger than 6 months of age
- Health-care and emergency medical services personnel with direct patient contact
- Children and young adults aged 6 months–24 years
- Persons aged 25–64 years who have medical conditions that put them at higher risk for influenza-related complications

Once demand is met for the 5 initial target groups, then all other persons ages 25 through 64 years will receive vaccinations, followed by all persons 65 years and older.

Consult local health departments for questions about persons outside the recommendations. If you are faced with a demanding patient, avoid confrontation and give the vaccine in behalf of personnel safety.

RHC Billing for H1N1

While some of us were in training during the RHC Workshop last week, the Technical Assistance Call hosted by the NARHC featured *Financing and Billing for 2009 H1N1 and Vaccine Implementation Overview*. These slides were sent to each RHC and are also available on the IRHA website by pulling down the RHC Program (from Programs) and selecting Emergency Preparedness tab on the RHC webpage.
www.indianarha.org

Medicare Billing

The presentation on H1N1 was from a public health billing perspective rather than RHC. While there is very good and useful information on these slides, they don't outline Medicare A billing. Chris Christoffersen, RHC billing expert from Health Services Associates, listened into the teleconference and shared with me that there was someone from the software department of CMS who spoke during the call. He indicated that there was a software update in the making. He recommended that RHCs keep a log with four columns: H1N1 vaccine, seasonal flu vaccine, H1N1 plus seasonal flu vaccine, and pneumonia vaccine. To watch for a transcript the website is: <http://ruralhealth.hrsa.gov/RHC/>

Insurance: You may bill your administrative cost, no more than \$19.59.

Private paying patients / uninsured/underinsured. If you have signed the agreement with the local health departments, it states that you will not charge them. If you find that you have several self paying patients, you may request the local health department to consider allocating some of the PHER funds given to them by the Federal government for H1N1 vaccination campaign.

Medicaid Banner Excerpt: Coverage for Influenza A (H1N1) Vaccine Administration

The IHCP covers Influenza A (H1N1) vaccine administration. Providers should use the following HCPCS code when billing for the administration:

G9141 – *Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)*

The administration of the Influenza A (H1N1) vaccine is reimbursed at the lower of the usual and customary charge or the IHCP established **max fee rate, \$12.94**. Because the Influenza A (H1N1) vaccine is provided at no cost to providers, the IHCP will not reimburse G9142 – *Influenza A (H1N1) vaccine, any route of administration*. Providers who bill G9142 will receive error code 4209 – *No Pricing Segment for procedure/modifier combination*.

Providers are reminded that if an evaluation and management (E/M) code is billed with the same date of service as an office-administered immunization, the vaccine administration should not be billed separately. Reimbursement for the vaccine administration is included in the E/M code allowed amount. This remains true for the administration of the Influenza A (H1N1) vaccine. Separate reimbursement is allowed when the administration of the vaccine is the only service provided and billed by the practitioner. In addition, if more than one immunization is provided on the same date of service, and no E/M code is billed, separate administration fees for each immunization may be separately billed.

Indiana Rural Health Association Has Moved (continued from pg. 1)

We have outgrown our offices, and we moved the office October 29-30. Terre Haute phones were out part of those two days. Since all our email goes through a virtual private network, none of us had access to email most of these two days. While there may have been some unavailability for these two days, there will be no changes in email addresses or phone numbers.

Dana will continue to work from her Columbus office except when she reports to Terre Haute about three times a month, represents IRHA at other meetings and visits rural health clinics.

Who Needs to Wear an N-95 Mask?

Current infection control policies for the H1N1 recommend wearing an N-95 mask during procedures that would generate aerosols.



Influenza is classified as a droplet for standard precautions. When someone sneezes the droplets are heavy enough that they will drop to the floor or nearby surfaces within three feet. However, during some procedures, these body fluids could become an aerosol and in those situations, OSHA and CDC still recommends the airborne precautions, i.e. N-95 masks.

Due to limited studies on mask types and the H1N1, the CDC recommends that health care workers "caring" for persons with known, probable or suspected 2009 H1N1 or influenza-like illness" to wear a respirator mask. Caring refers to close proximity to the patient whether patient or support care.

CDC recommends that health care workers at increased risk of severe illness from influenza wear a respirator or consider a temporary reassignment. The following are some of the examples listed as at risk: pregnant women; those who have pulmonary, including asthma, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders, such as diabetes; those who have immunosuppression or take immunosuppression medications.

Additionally, the recommended distance to keep between you and ill patients has been extended from 3 feet to 6 feet since the H1N1 has proved to be more highly infectious than most flu strains. Office staff should make every effort to keep a 6 foot distance to avoid long term use of a mask. Front office staff should keep their window barrier between them and the patient closed when possible, and roll their chair back when someone stands closely or pokes their head into the front window. Be sure to offer any patient a procedural or surgical mask. Visitors to the clinic that are not sick appreciate a mask for protection.

For more details about N-95 use, and a more comprehensive list of risk patients, reference the following website:

<http://www.cdc.gov/h1n1flu/masks.htm>

More PPE for Rural Health Clinics

Through the Emergency Preparedness Grant allocation from the Indiana State Department of Health, more N-95 masks and gowns have been purchased for the rural health clinics. These will be distributed in the next few weeks.

Gowns and gloves should be worn during procedures that could cause bodily fluid contamination and when health care workers need to hold a patient or a sick child closely during a visit.

Gowns should completely cover the exposed area and be discarded like gloves, after use with each patient.

Fit test kits for N-95 fitting have also been purchased for the new rural health clinics. Fit test kits were distributed in 2003. If you do not have one, contact Dana.

OSHA recommends a sick leave policy that does not penalize sick employees, thereby encouraging employees with influenza-related symptoms (e.g., fever, headache, cough, sore throat, runny or stuffy nose, muscle aches, or upset stomach) to stay home so that they do not infect others; and to recognize that employees with ill family members may need to stay home to care for them.

OSHA also calls for a comprehensive respiratory protection program, OSHA standard 29 CFR 1910.134, www.osha.gov/SLTC/respiratoryprotection/index.html

IRHA assisted many rural health clinics with the fit testing. Some clinics were tested with the saccharin (sweet taste) and some with the Bitrex (bitter taste) fit test kits. NIOSH approved 3M 1870 one size fits all, 3M 1860 small clam shaped and 3M 1870 large disposable N-95 respirator masks were fitted and distributed. Directions that are OSHA compliant are included in the kit. If you need help consider calling on your local hospital infection control department, the local public health nurse, or Dana at IRHA.

A portion of the Strategic National Stockpile was released to the local health departments. If you are having trouble purchasing supplies, request help from your local health department. The SNS has various styles of masks which might require some staff to be refitted to ensure a tight fit.



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2009 Tri-State Health Information Technology Conference November 4-5, 2009

Plainfield, Indiana

<http://www.indianaruralhealth.org>

Practical Pediatrics CME Course - AAP Date: November 06 - 08, 2009

Location: St Petersburg, FL (live event)

Designed for **pediatricians, family physicians, pediatric nurse practitioners**, and other allied health professionals caring for children, Practical Pediatrics CME Courses feature nationally prominent faculty presenting topics that highlight current issues in pediatrics. Each course combines lectures, interactive seminars, and question-and-answer sessions to allow you the opportunity to interact directly with faculty in solving the problems you encounter every day in practice.

<http://www.pedialink.org/cmefinder/brochures/2009PPCStPeteBrochure.pdf>

Practice Enhancement Forum - AAFP Date: November 13 - 14, 2009

American Academy of Family Physicians (AAFP) presents a Practice Enhancement Forum offering CMEs (20.00 Prescribed credits). Upon completion of the Practice Enhancement Forum, participants will be able to assess their performance and determine where to direct improvement efforts, begin to implement the Chronic Care Model into their practice, motivate their staff to deliver optimal patient care, and understand how to implement and sustain improvement.

<http://www.aafp.org/online/en/home/practicemgt/quality/cme/pef.html>

NARHC communicates with CAHABA

RHC's and Provider Enrollment Chain and Ownership System (PECOS)

The Centers for Medicare and Medicaid Services (CMS) has determined that although PECOS is now available across the country, RHC's will not be able to use the system for the filing of CMS-855 initial applications, changes of ownership, or changes of information. Only paper forms will be accepted for these transactions. MLN Matter, MM6207 above contains this information.

Electronic Data Interchange (EDI) - Audit Trail and 997 Reports

To ensure claims accuracy, the J10 MAC, Cahaba GBA edits the inbound claim file and produces audit trail reports and 997 reports for retrieval from our Secure FTP Server. Please begin familiarizing yourself with the audit trail reports by visiting our website at http://www.cahabagba.com/part_a/edi/erf.htm The audit trails provide valuable information on claims that were accepted and rejected during our front-end edit process. Please download and review your audit trail reports from the Secure FTP Server after each transmission. Rejected claims should be corrected and resubmitted.

Communicating with Cahaba:

Cahaba GBA follows the triage process outlined in CR 3376 which can be found on CMS' website at <http://www.cms.hhs.gov/manuals/downloads/com109c06.pdf> section 30.1. Provider inquiries both telephone and written, require different degrees of expertise to answer. Contact with Cahaba begins using our Integrated Voice Response System (IVR). The Provider Call Center (PCC) is staffed by Level I and Level II Customer Service Representatives (CSRs). The Level I CSRs answer questions that cannot be answered by the IVR, do not require substantial research, and can be answered during the initial call. Level II CSRs answer more complex questions; those which may require a higher level of research. Level III of the triage process is the contractor Provider Relations Research Specialist (PRRS). The PRRS answers complex inquiries that cannot be handled by the Level I or Level II staff. Email notification is the primary method of disseminating information to our providers. It is very important that you enroll with our listserv so that you can stay abreast of the ever changing Medicare rules and regulations. You can subscribe at www.cahabagba.com/forms/subscribeForm.htm We recommend that you print the instructions which are found on our Part A Resource Page at http://www.cahabagba.com/part_a/listserv_signup.htm and then enroll. Be sure to click on "Sign Up for News" and reply to your confirmation email.

The top Five Reasons for Claim Denials: http://www.cahabagba.com/j10/07_correspondence/TNA072409TopFiveEDIRejects0609.pdf

PCACE PRO 32 Users: Information for downloading the PC-ACE Pro 32 software can be found at: http://www.cahabagba.com/j10/07_correspondence/TNA071409PCACEPro32.pdf Hint: When asked for a password enter BCBSAL1 and follow the prompts.

Additional EDI information can be found at: http://www.cahabagba.com/j10/07_correspondence/TNA072809Partners.pdf

Cahaba updates the NARHC. To be a member of the National Association of RHCs go to: www.narhc.org