



RHC Newsletter



Issue 25

March
2009

What's New?

Indiana Rural Health Association's New Website Went Live

The new website is up and going! There are new Emergency Preparedness and Rural Health Clinic Web Pages.

More will be added in the future, but please take a look and share with me what other resources you would like to see on these pages.

Hopefully the next newsletter will come in the new format. It will take another training session for me to learn the new format..

The new RHC page includes a listing of Indiana RHCs, documents for billing and regulatory issues. The Indiana Operations Manual that is quite helpful for getting ready for the initial CMS survey as well as resurveys. There are links to determine your HPSA status, CMS transmittals, archived technical assistance calls for researching RHC issues, RHC FAQs, etc.

On the preparedness page are links to sites for clinic and individual preparedness resources, posters for infection control, CDC e-cards, and a template for infection control policy for an ambulatory setting. More forthcoming.

Other features: job opportunities, online registration, etc.



Section 1874A of the Social Security Act requires the Secretary to take needed steps by 2011 to implement Medicare Contracting Reform, to replace all current intermediaries and carriers with MACs through full and open competition as regulated under federal contracting statutes. Changes were made with the goal of improving service to providers, physicians and practitioners as well as greater administrative efficiency and effectiveness for fee-for-service Medicare.

National Government Services, Inc (NGS), located in Indianapolis, was awarded the contract for the combined administration of Part A/Part B Medicare claims payment in Jurisdiction 8 comprised of Indiana and Michigan. CMS has been in the process of consolidation for Fiscal Intermediaries of various providers across the country. Independent RHCs being serviced by Riverbend will be the last to transition.

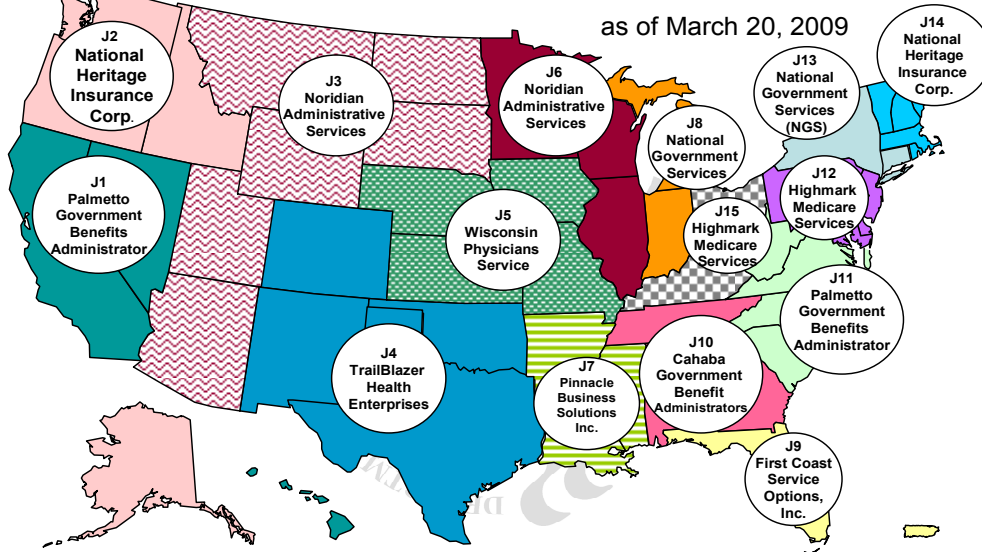
CMS has recently awarded the contract for all independent RHCs currently serviced by Riverbend to Cahaba Government Benefit Administrators. This transition is to be completed on August 3rd, 2009. This information was disseminated in the TA conference call on March 24th, 2009. There was little guidance on precisely how this will work.

According to the TA call, initial enrollments for freestanding RHCs joining the Medicare program for the first time will enroll with the FI or MAC that covers the state where the RHC is located. A provider-based RHC joining the Medicare program for the first time will enroll with the FI or MAC that services the main provider.

RHC consultant, Charles James, explains that the practical aspects of the transition have yet to be determined. At a minimum, this means that, on August 3rd, claims and cost reports will be submitted to Cahaba instead of Riverbend. This will not affect cost reports due on May 31st or June 30th. Learn more about Cahaba www.cahabagba.com/

MAC Award Status

as of March 20, 2009



POD: Point of Distribution

In a public health emergency such as an infectious disease outbreak, a large number of people may need antibiotics or vaccines to prevent them from getting sick. Utilizing a Point of Distribution is an efficient means of delivering medication to everyone quickly. The PODs do not offer routine medical care. Their purpose is to widely and quickly distribute medication in a public health *emergency*.

In what kind of a situation would a POD be set up? If a large number of people needed to receive antibiotics or vaccines rapidly to prevent them from getting sick, e.g. an attack with biological weapons, such as anthrax, smallpox, plague, or tularemia. With the use of PODs, thousands of doses of medication can be provided quickly and efficiently. Additionally, a POD might also be used to distribute food or water and ice quickly as seen in this 2 minute video on YouTube. <http://www.youtube.com/watch?v=cS3AkuFeOZk>

Who will work in the PODs? County Health Department employees and community volunteers will staff the PODs. Health professionals are encouraged to volunteer through the Medical Reserve Corp or their community volunteer program. The local health departments may call upon the health care workforce to help them staff a community POD. Non-medical personnel are also needed.

What to expect at the POD? At the POD residents will be asked to fill out a screening form for themselves and each person in their household. This form asks general medical questions. The form will let POD staff know which kind of medication each member of the family should get. Residents will also be instructed on how to take the medication.

PODs in Indiana. Soon several counties and districts in Indiana will exercise setting up a POD to ensure that they are ready whenever they are called upon.

Consider being a volunteer. Health departments in rural communities will need the clinics to help them. This may require clinics to delay nonessential services for a day or two at which time the POD is no longer needed.

These are important times to prepare. We are more vulnerable during difficult times.

RHC Constituency Call April 25

Christine Davidson

Each region has a CMS coordinator for RHCs.
Christine serves **Region 5 (Chicago)**
christine.davidson@cms.hhs.gov (312) 886-3642

We have asked her to participate in our monthly RHC constituency call for April 22nd. She has asked for us to send her questions in advance. Please send them to me, and I will pass them on to her. This will help her to focus on those particular interests or needs that you have. We will also ask her to talk about the transition from FI Riverbend to the new MAC.

RHC preconference track June 9th

It is not too early to sign for IRHA summer conference. Registration is available at www.indianarha.org

This year we will have a Preconference that will include a RHC track on June 9th at the Marriott East in Indianapolis. Topics will include:

- NP and PA roles in the RHC as described in the federal rules and scope of practice for Indiana practitioners.
- Billing and coding
- RHC Policy Manual (you are welcome to bring yours)
- RHC legislative updates
- The initial survey and resurveys

Call For Awards - Annual Conference:

Categories for:

Leadership
Education
Advocacy
Collaboration
Public Service

Doc Hollywood

Request a form and description from Dana or Tina.

Healthy Indiana Plan – HIP for Indiana

Estimates on the number of uninsured in Indiana vary depending on the study and the year it was taken. Nationwide, approximately 16% or 1 in 6 of the U.S. population is uninsured. Percentage wise, Indiana's share may not be as high, but one thing is certain: the uninsured remains a huge drain on the healthcare system, and, under current economic woes, the situation isn't likely to improve any time soon.

To address this ever-growing problem, two years ago Indiana Governor Mitch Daniels proposed creation of a state-funded health insurance program as part of the sweeping *Indiana Check-Up Plan* legislation. And, in 2007, thanks to widespread public support and bi-partisan action of the Indiana General Assembly, the Healthy Indiana Plan was adopted.

Funded through revenues from a 45-cent increase in the Indiana cigarette tax and shifting of other funding sources, the Healthy Indiana Plan, better known as HIP, was originally planned to meet the healthcare coverage needs of 130,000 Hoosiers through the next five years.

Eligibility for the plan is earmarked for Indiana adult residents between 19-64, who meet specific federal poverty guidelines, are uninsured or do not have access to insurance through their employer, and are not entitled to the Medicare or Medicaid programs.

Unlike traditional government healthcare entitlement programs, like Medicaid, the Healthy Indiana Plan is structured similar to a commercial insurance plan, with members sharing costs through contributions based on certain eligibility requirements. Administered through two managed care plans – Anthem Blue Cross Blue Shield and MDwise – HIP coverage features full major medical and preventive benefits, including hospital, physician, emergency, pharmacy, behavioral health and disease management. Program exclusions include prenatal care, vision, dental and chiropractic services.

A feature of HIP is its "Power Account" which incentivizes members to make good consumer decisions – a common thread in today's consumer-driven healthcare market. Depending on eligibility standards, HIP members may be responsible for annual contributions up to \$1,100, which may be rolled over to the subsequent years if certain preventive care measures are satisfied.

Currently, there are approximately 50,000 Hoosier adults enrolled in HIP – about two-thirds of whom are single adults. In fact, the State of Indiana recently announced in that the ceiling of 34,000 single adult members, allowed through a federal waiver, had been met.

The program has other challenges: growing membership among parents or caretakers of children enrolled in Medicaid or SCHIP, ensuring sufficient provider coverage for both primary and specialty care especially in rural areas, increasing general program awareness and instilling the value of healthcare and personal decision-making among an indigent population.

A number of initiatives are underway to ensure the success of HIP. One is the Indiana Collaborative for Healthier Rural Communities (ICHRC) – funded principally through a grant from the Robert Wood Johnson Foundation and administered by the Indiana Rural Health Association.

ICHRC seeks to increase provider growth and participation and expand parent/caretaker enrollments in HIP in rural parts of the state. Just last month IRHA – through its monthly teleconference with rural health clinics – outlined the various components of HIP, the challenges the program faces, and its public awareness campaigns, and how they fold into the ICHRC initiative.

Over the next several months, ICHRC will bolster its efforts for increased enrollment with physicians, clinics and other rural providers through local advocacy and educational efforts – all designed to reduce the uninsured rolls in Indiana for the well-being and betterment of all.

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The future of HIP remains in jeopardy as a result of action taken by the Indiana House of Representatives in its recent adoption of a one-year budget bill. A key component of House Bill 1001 calls for use of \$73 million from the HIP Trust Fund to fund a \$23 million healthcare savings plan for retired state employees and state legislators with qualifying seniority and replace the \$50 million in diverted federal DSH monies used to help originally fund HIP from its outset.

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Upcoming Events

April 14

**Incident Command System
ICS 100a for health care workforce**
Training 8:30 am-12 pm.
Concludes with lunch at noon. Redi
Care RHC in LaGrange, IN
RSVP to Dana

June 9-11

IRHA Annual Conference RHC
preconference June 9 Marriott
East Indianapolis

October

RHC Workshop

HIP Continued:

If depleted of the \$73 million, the remaining HIP Trust Fund could only provide sufficient funding to meet current the needs of current HIP members and not continue expansion and meet the original HIP enrollment goal of 130,000 uninsured Hoosiers. Reserve funding could be used for another 45,000 uninsured Hoosiers, but the funding would run out in two years, so by 2012, the program would have to cut off HIP to those 45,000 members.

The Senate Appropriations Committee is expected to begin debate on the proposed budget in late March. ICHRC and IRHA will continue to monitor the situation closely.

Indiana Poison Center News Release:

Methodist Hospital Telephone: (317) 962-2335 I-65 at 21st Street Contact: James Mowry Indianapolis, Indiana 46206-1367 - more - For Release: Immediately

New Forms of Smokeless, Spitless Tobacco Put Users and Children at Risk

Tobacco companies are test marketing and debuting new "dissolvable tobacco." These products are being promoted as an answer for smokers who are unable to smoke due to smoking restrictions in the workplace, at home and in social situations. Dissolvable tobacco may also be regarded as a way to smoke around children without lighting up or spitting as with other smokeless tobacco products.

Dissolvable tobacco is made from finely milled tobacco, held together with food grade binders. It is designed to be placed in the mouth, on the tongue or between the cheek and gum where it dissolves to release tobacco. The appeal of dissolvable tobacco is further enhanced by the addition of flavors such as wintergreen, mint and "java".

While these products are sold in child-resistant packaging, their resemblance to candy and breath mint strips and the likelihood that adults will carry the small packages in their pockets or leave them in other unsecured places, means that children may have easy access to them.

Dissolvable tobacco products contain between 60 to 300% of the nicotine found in one cigarette. Smokers who use these products may get a higher dose of nicotine than they are used to, possibly resulting in adverse reactions such as tremors, nausea, vomiting, and agitation. Children who ingest this dose of nicotine typically become pale, shaking, and vomit. Access to pleasant tasting, easy to eat solvable tobacco, however, might encourage children to eat amounts that could and low blood pressure as well as effects on the brain including seizures and coma.

If a child does ingest a dissolvable or smokeless tobacco product, call the Indiana Poison Center *immediately* at **1-800-222-1222**, whether or not they have any symptoms. Have the child with you and, if possible, bring the product and its package to the phone. A poison center expert can help you determine how much the child may have eaten and what type of treatment is necessary. If a teen or adult develops symptoms after ingesting a dissolvable tobacco product such as vomiting or shaking, call the Indiana Poison Center immediately (**1-800-222-1222**). If you discover your teen has been using these products and he or she is not having symptoms, react as you would if you discovered your child had been smoking cigarettes. Remember that nicotine is a highly addictive drug. Early intervention can help in avoiding a habit that will only become more difficult to break over time.

More information about the new products can be found on the following web sites. <http://tobaccoproducts.org/index.php/>

[Camel Sticks, Camel Orbs and Camel Strips](#)

<http://www.dissolvabletobacco.com/main-w.html>

http://www.usatoday.com/news/health/2008-12-23-dissolve_N.htm

<http://www.newsinferno.com/archives/4273>