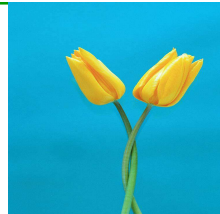




RHC Newsletter



Issue 38

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2010

NHSC: Loan Repayment - Scholarships Expanded

Exciting news for RHCs!

The HRSA - NARHC Technical Assistance Call delivered good news, RHC incentives for recruiting providers as well as retaining the good ones through loan repayment!

The session focused on the scholarship and loan repayment for providers in medically underserved areas. RHCs must be designated HPSA. If the RHC's designation is due to MUA classification rather than HPSA, the clinic may apply for an automatic HPSA status for the purpose of applying for this NHSC program. The automatic HPSA cannot be used for initial or continued eligibility for RHC status. Act quickly, the NHSC deadline for loan repayment program is **July 29th**. <http://nhsc.hrsa.gov/loanrepayment/>

Prior to filing the application, review the NHSC scholarships requirements of eligibility which include a sliding fee scale. Eligibility reference states that:

- RHC is located in a HPSA.
- Provides services on a discount service fee.
- Accepts patients covered by Medicare, Medicaid, and the Children's Health Insurance Program (According to the Q & A session on the TA call, practices whose scope of practice does not include Medicare patients, i.e. pediatrics, will still need to file for a Medicare number to meet this requirement even though the RHC would never file Medicare. It simply indicates willingness.)
- Can document sound fiscal management: <http://nhsc.hrsa.gov/communities/default.htm>
- Has capacity to maintain a competitive salary, benefits, and malpractice coverage package for clinicians.

If you agree to the above criteria, you may apply for an automatic HPSA Status.

1. Check the CMS website to see if your clinic is listed as a RHC. <http://www.cms.gov/MLNProducts/downloads/rhclistbyprovidername.pdf> Understand that the RHC list on the CMS website is not 100% accurate.
2. If the RHC is not on the CMS website, check this website to determine whether the RHC address is a MUA or HPSA shortage designation. <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>
3. If you find that you are designated as a MUA and the clinic is not found on CMS website as a RHC listing as described above, include a copy of your RHC certification letter and your automatic HPSA application.

Automatic Facility HPSA Scoring

<http://bhpr.hrsa.gov/shortage/autoscore.htm>

One of the presenters commented that due to the increased funding of the NHSC program, that the HPSA score is not critical this year. The NHSC expects to fund 1100 more awards this year!

Resources for sliding fee schedule can be found on the RHC page at www.indianaruralhealth.org

RHC Teleconference June 10th Special Populations

Rural health clinics are a valuable assets in the healthcare system and to their community. Consequently, it is important for the clinics to be familiar and even participate in the emergency preparedness plans developed for family and neighbors with special needs.

On June 10th, 10-11 am (ET), IRHA is hosting a teleconference call with Janet Archer, Indiana Department of Health Chief Nurse Consultant for Emergency Preparedness presenting on the State's Plan to address the needs of at-risk residents within their communities.

The Health and Human Services defines at-risk individuals as those who may have additional needs before, during, and after an incident in one or more of the following functional areas:

- Communication: non-English speaking; not able to hear, see, or speak; intellectual limitations.
- Medical care: not self-sufficient, has a terminal or contagious condition, dependent on life supporting equipment, etc.
- Independence: requires daily support, needs consumable medical supplies...
- Supervision: loss of caregivers, Alzheimer or psychiatric conditions, young children separated from family, etc.
- Transportation: can not drive, no vehicle, need special transportation needs.

Please join us for this important information.

Call in: 1-800-791-2345

Code 77869#

Family Preparedness: Is Your Flashlight in Working Order?

April showers bring May flowers as well as tornadoes, high winds, and floods. Power outages are familiar to Hoosiers, so it is important to know where your flashlight is and that it has fresh batteries. I speak from experience. It is recommended to check the batteries in your flashlights and smoke alarms each time you reset your clocks for daylight savings time.

Every family needs some basic plans and each member of the family needs to know the plan:

- Predetermine locations to meet if you have to evacuate your home.
- Identify a family member or friend to call if your family is separated during an emergency. To avoid difficulty with overwhelmed phone services, choose an out of town person.
- Build a basic first aid kit. A backpack is ready to go for a quick emergency exit as well as a family outing.

Build a first aid grab and go kit for most any type of emergency. Ready.gov provides a comprehensive list of items to consider for your kit. <http://www.ready.gov/america/getakit/index.html>

STATE HEALTH OFFICIALS: PREVENT MOSQUITO BORNE ILLNESSES

INDIANAPOLIS - State health officials are urging Hoosiers again this year to take steps to protect themselves from mosquito-borne diseases, including St. Louis encephalitis and West Nile Virus. In 2009, there were three human cases of mosquito-borne disease in the state.

Jennifer House, DVM, veterinary epidemiologist at the ISDH, says that mosquitoes lay eggs in still water, which hatch in 7 to 10 days. Eliminating standing water, at least once a week, will prevent many mosquitoes from reproducing.

Many persons infected with **St. Louis encephalitis** virus have no apparent illness. A mild illness may cause a headache and fever. More severe infection is marked by headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, occasional convulsions (especially in infants) and spastic (but rarely flaccid) paralysis.

The **West Nile Virus** usually causes West Nile fever, a milder form of the illness, which can include fever, headache, body aches, swollen lymph glands, or a rash. A small number of individuals can develop a more severe form of the disease with encephalitis or meningitis and other neurological syndromes, including flaccid muscle paralysis. Health officials report individuals age 50 and over are at greatest risk for serious illness and even death from West Nile virus. However, people of all ages can be and have been infected with the virus.

Dr. House says throughout the summer people should:

- Dispose of old tires, tin cans, plastic and ceramic pots, or other containers that can hold water;
- Repair failed septic systems;
- Drill holes in the bottom of recycling containers left outdoors;
- Keep grass cut short and shrubbery trimmed;
- Routinely clean and replace water in pet bowls;
- Clean clogged roof gutters, particularly if leaves tend to plug up the drains
- Keep unused swimming pools free of standing water or have them treated;
- Routinely clean and empty plastic wading pools;
- Aerate ornamental pools, or stock them with predatory fish.

Dr. House says that the best thing people can do to prevent getting infected is to take some simple steps to protect themselves from getting bitten by a mosquito. If possible, avoid being outdoors during prime mosquito biting times, dusk to dawn. When outdoors:

- Apply insect repellent containing DEET, Picardin, or oil of lemon eucalyptus to clothes and exposed skin
- Wear long-sleeved shirts and pants.

www.statehealth.in.gov

HRSA Establishing New Methodology for Determining Designation of Medically Underserved Populations and Health Professions Shortage Areas

As required by Section 5602 of Public Law 111-148, the Patient Protection and Affordable Care Act of 2010, HRSA plans to establish a comprehensive methodology and criteria for Designation of Medically Underserved Populations (MUPs) and Primary Care Health Professions Shortage Areas (HPSAs) under sections 330(b)(3) and 332 of the Public Health Service (PHS) Act, respectively], using a Negotiated Rulemaking process. To do this, HRSA intends to establish a Negotiated Rulemaking Committee under the Federal Advisory Committee Act (FACA).

Many public comments were received and concerns expressed which resulted in a HRSA decision to reconsider and develop a new proposal to be published at a later date; no final revised rule has yet been adopted. It is hoped that use of the NR process will yield a consensus among technical experts and stakeholders on a new rule, which will then be published as an Interim Final Rule in accordance with Section 5602.

HRSA plans that the NR Committee on designations will include technical experts on indicators of underservice/shortage, data analysis, and on methodologies for combining multiple indicators, representing the public's interest in assuring that the areas, populations and entities to be designated under these rules, which become eligible for various Federal programs/resources, are truly underserved and/or have workforce shortages and representatives of programs and other stakeholders that are involved in the designation process and/or likely to be significantly affected by the designation rules; and a HRSA representative. The Committee will also be assisted by a neutral facilitator.

Topics on which Public Comments are solicited are:

(1) Whether HRSA has properly identified the key issues in this designation rulemaking effort.

(2) Whether HRSA has adequately identified key sources of subject matter technical expertise relevant to defining underservice and shortage and designating underserved areas and populations.

(3) Whether we have identified appropriate representatives of the various stakeholders/interests that will be affected by

the final designation rules.

You may submit your perspective by:

- Applying to participate on the committee.
- Submit comments.

Requests to participate on the committee and submission of comments must be received no later than 5 p.m. June 10, 2010. The preferred means to submit comments is electronically to <http://www.regulations.gov>.

Need a policy for sliding fee schedule

A collection of policies from the NARHC list serve have been placed on the IRHA website. A sliding fee scale is required for clinics with providers benefiting from the NHSC scholarship.

Visit the RHC Program on IRHA's web page.
www.indianaruralhealth.org

Rural Health Clinics Educational Materials and Resources

RHCs with Cahaba MAC:

https://www.cahabagba.com/part_a/education_and_outreach/educational_materials/rhc.htm

Medicare Learning Network:

http://www.cms.gov/MLNGenInfo/01_overview.asp

Understanding the Remittance Advice - A Guide for Medicare Providers, Physicians, Suppliers, and Billers:

http://www.cms.hhs.gov/MLNProducts/downloads/RA_Guide_Full_03-22-06.pdf

RHC Program and Preparedness at

<http://www.indianaruralhealth.org>

National Association of Rural Health Association

<http://www.narhc.org>

What Is Sheltering In Place

Shelter-in-Place means to take immediate shelter where you are—at home, work, school or in between—usually for just a few hours. Local authorities may instruct you to "shelter-in-place" if chemical or radiological contaminants are released into the environment as a precautionary measure to keep you safe while remaining indoors.

Chemical, biological, or radiological contaminants may be released accidentally or intentionally into the environment. Should this occur, information will be provided by local authorities on television and radio stations on how to protect you and your family.

Understanding and preparing for the possibility will relieve some of the stress and confusion caused by unexpected emergencies and protect your health and well being.

At Home:

- Close and lock all windows and exterior doors.
- If you are told there is danger of explosion, close the window shades, blinds, or curtains.
- Turn off all fans, heating and air conditioning systems.
- Close the fireplace damper.

- Get your family disaster supply kit and radio.
- Go to an interior room with no or few windows that's above ground level. In the case of a chemical threat, an above-ground location is preferable because some chemicals are heavier than air, and may seep into basements even if the windows are closed. For a radiological accident, select the lowest level, preferably a basement.
- Bring your pets with you, and be sure to bring additional food and water supplies for them.
- It is ideal to have a corded telephone in the room you select. Call your emergency contact and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door and any vents into the room. Place duct tape over electrical outlets not in use.
- Keep listening to your radio or television until you are told all is safe or you are told to evacuate. Local officials may call for evacuation in spe-

cific areas at greatest risk in your community. They may direct you to open up the house after the danger has passed.

At Work.

- Make a Plan - preselect a room and store some water, possible snacks, plastic, duct tape, scissors, radio, flash light, and some source of entertainment, e.g. deck of cards and coloring books.
- Close and lock the door. Place a sign to indicate that you are sheltering in place. Leave appropriate phone message.
- Ask any visitors in your office to join you. Do not send them away.
- Follow the same procedure for selecting and sealing an appropriate room.
- Turn fans, heat, or air conditioning off.
- Ensure a means of communicating with the outside.
- Account for everyone.
- Listen for further instructions.

www.bt.cdc.gov
www.redcross.org

Saying Goodbye to a Friend of IRHA and a Leader among Rural Health Clinics

New Castle Pediatrics' Charlet Bennett Retiring May 28, 2010

Charlet Bennett is the Office Manager at New Castle Pediatrics. She has worked at the medical facility since 1974, and she feels fortunate to see thousands of children turn into adults. Charlet is married to Wayne; and they have two grown daughters, Kim and Shelly. Best of all, they have five beautiful grandchildren, all living in Henry County. She enjoys flower gardening and design, reading and, of course, spending time with her grandchildren. According to her co-workers, Charlet is a staple around the medical clinic and they are going to miss her terribly. She just jumps in and accomplishes all tasks with efficiency and energy. The staff will carry on due to Charlet's great leadership. She is planning on spending a lot of time with her grandchildren, traveling, and working in her garden. Congratulations to Charlet on her retirement.



Indiana Rural Health Association

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Upcoming Events

13th Annual Indiana Rural Health Conference

June 15 and 16, 2010
Indianapolis Marriott East

RHC Billing 101 Billing Seminar

Hilton Head, South Carolina
July 16th, 2010.
Holiday Inn - Oceanfront
Mark Lynn RHC Consultant
Telephone: (423) 899-0945
Fax: (800) 268-5055
Email: la_vita_nouva@hotmail.com
www.ruralhealthclinic.com

National Rural Health Association Rural Health Clinic Conference

September 28 - 29
Kansas City, MO

<http://www.ruralhealthweb.org/>

National Association of RHC Fall Institute

October 20-22
Atlantis Casino, Resort & Spa in
Reno, Nevada.

[http://www.narhc.org/events/
events.php](http://www.narhc.org/events/events.php)

It's Time for IRHA's Annual Rural Health Conference "Connecting the Dots"

The Annual Conference is designed to provide health care leaders in rural, small communities of Indiana with networking and educational opportunities, as well as renewed motivation to tackle their challenging jobs. Last year, more than 420 health care providers, government representatives, rural community leaders, educators, and students attended the Conference.

Don't miss great keynote speakers:

M. Tray Dunaway, MD, FACS, CSP, practiced surgery for sixteen years as a small-town everyother-night-on-call general surgeon in Camden, South Carolina. Frustrated by the "business of medicine," he developed a physician documentation system that has made millions of dollars for client hospitals and physicians through improved and streamlined physician documentation for DRG and E&M coding.

He now is a fulltime "business of medicine dotsultant," has become an award-winning national, and, on occasion, international keynote speaker; AND he no longer has to get out of bed in the middle of the night to visit the ER.

When Dunaway shares insights and strategies with associations and corporate audiences, he employs humor, honesty, and a unique perspective on physician sales, marketing, business development, communication, patient, staff, and physician satisfaction and retention with skills development presentations, training, and facilitation programs, as well as employee recognition programs to honor the contribution of health care workers to patient care.

Ron Galloway, filmmaker/columnist, is the director of the 2006 documentary film *Why Wal-Mart Works & Why That Makes Some People Crazy*, an "Ayn Randian" look at Wal-Mart which premiered inside the US Capitol Building in Washington, DC and received global attention. Galloway also writes his own Wal-Mart blog, where he discusses why Wal-Mart works and why it doesn't.

Galloway is the lone conservative columnist on *The Huffington Post* and is currently at work on his new book, *Social Money*. A frequent public speaker, his presentations include a variety of business topics, notably regarding Wal-Mart and innovations in business technology.

To reserve a room call 800-228-9290 or 317-352-1231. Request Indiana Rural Health Association's Conference discounted room rate of \$94.00 per night plus 17% room tax.

Discount code for online reservations: **RHARHAA**

Hotel website: www.marriott.com/inddt