



RHC Newsletter



Issue 39

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Electronic Health Records Incentives Updates

Purdue University, in conjunction with statewide partners, is using a \$12 million federal grant to establish the Indiana Health Information Technology Extension Center to serve Indiana. The federal funding covers 90% of the cost of the IT Extension Center. The remaining 10% is from other sources, including fees charged to participating providers.

Their mission is to assist private physicians in making the SWITCH to electronic health (medical) records, EHR. Purdue aims to assist 2,200 primary care providers. RHCs qualify for fully funded services.

The Purdue SWITCH brochure outlines the following promises for using an EHR:

- More prosperous and efficient medical practices.
- Accessible patients' comprehensive medicals record anywhere, anytime.
- Reduced medical errors and redundant costs.
- Accelerate the integration of evidence into care practices.
- Improve patient and population health.

Core services provided to help providers switch to an EHR include:

- Staff training and educational opportunities (CME).
- Vendor selection and implementation assistance.
- Comprehensive "meaningful use" action plans.
- Post go-live metric monitoring, gap analysis, and full-plan assistance.

Most RHCs will be eligible based upon their Medicaid patient load. At least 30% of the clinic's patients must be Medicaid patients. If the clinic's load is nearly 30%, now is the time to take steps to increase that percentage.

Reimbursement will be up to 85% of the allowable HER costs not to exceed a cumulative total of \$63,750 per provider over six years. The RHC may start as early as 2011 or as late as 2016 to receive the full Medicaid EHR incentive.

Reimbursement Payment Structure for Medicaid Providers						
	First calendar year the provider receives a reimbursement payment					
Calendar Year	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
2011	\$21,250					
2012	\$8,500	\$21,250				
2013	\$8,500	\$8,500	\$21,250			
2014	\$8,500	\$8,500	\$8,500	\$21,250		
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018			\$8,500	\$8,500	\$8,500	\$8,500
2019				\$8,500	\$8,500	\$8,500
2020					\$8,500	\$8,500
2021						\$8,500
Total	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

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Rural Health Leadership Seminar

featuring Quint Studer

August 13, 2010

Indiana's French Lick Resort

FREE TO ALL IRHA MEMBERS

\$150 per individual for non-IRHA members

- Save money: Join or renew membership before registering. Individual membership is only \$50 and will discount the RHC fall workshop and other programs. Attendance at the 2010 IRHA Annual Conference included a year's complimentary membership.
- Complimentary copy of Quint Studer's book, [Straight A Leadership](#).
- Special room rates are available at the French Lick Resort for Thursday 8/12 and Friday 8/13 at \$139/night.
- For reservations call 888-936-9360 and use code 0810IRH
- Visit www.indianaruralhealth.org for full agenda, to register or join IRHA



Save the Date

IRHA's Annual Fall Workshop for RHCs

October 27, 2010

Bloomington Conference Center
302 S. College Ave., Bloomington, IN

Tentative Agenda:

2010 Legislative Update

RHC Survey: Initial RHC certification & Recertification

How to do Chart Reviews

E/M Coding

Advanced RHC Billing

Electronic Health Records – Incentives

Medicare Account Contractors



Free Child Development Kit from CDC:

Provides Educational Resources for Parents on Developmental Milestones

To educate parents about developmental milestones and warning signs of a development delay, such as autism, and the importance of acting early, the Centers for Disease Control and Prevention (CDC) created the "Learn the Signs. Act Early." campaign.

The campaign offers free materials and resources including fact sheets, milestone checklists, growth charts, and flyers, in English and Spanish. To order or download materials, visit www.cdc.gov/actearly.

Out-of-State Medical Deployment Team

Indiana is currently setting up the Out-of-State Medical Deployment Team for medical professionals. Members of the team will consist of various health professionals including, but not limited to, physicians, nurses, nurse practitioners, respiratory therapists, and pharmacists. Ultimately, there will be regional teams based in the northern, central and southern

These teams will provide much assistance affected by thereby public infra-goal is to members prepared prior quiring out-



parts of the state. These teams will provide needed medical to other states major disasters, supporting their health and medical structure. Our have the team trained and prepared to an event re-

of-state deployment. As a team member, you will receive newsletters and information regarding training opportunities to help prepare you for your deployment assignment. Ideally, volunteers will meet, train, and exercise with their regional team and the teams will deploy as a unit, ensuring that volunteers will be working within a familiar structure and with familiar faces.

These teams will be only one part of Indiana's out-of-state disaster response. Indiana may send law enforcement, fire, emergency medical services, the Indiana National Guard or others in addition to the public health and medical team component. The mission and size of the team deployed will be determined by the scope of the disaster and the assistance and support requested. As a volunteer, you could be asked to help set up a clinic, pharmacy, gather patient histories, etc.

Registered volunteers who do not wish to join a deployment team may still be contacted to participate in an out-of-state deployment according to the volunteer's deployment preferences as recorded in the ESAR-VHP system. The State will call the trained and prepared volunteers first, however. Those preferences may be changed at any time. As always, any volunteer has the option to accept or decline any assignment.

If you are interested in joining the Out-of-State Medical Deployment Team or receiving further information, please contact Penny Torma by e-mail @ (ptorma@isdh.IN.gov) or by phone at 317-409-3249. When you contact Penny, she will send you an orientation packet which will explain the Out-of-State Medical Deployment Team in greater detail and will advise you how you may join the team. Hope to hear from you soon!!!

EHR Continued from page 1

For those offices currently using an EHR or significantly in the progress of implementing a new one, Purdue and HealthLinc, from Bloomington, offers assistance to those practices to ensure the necessary steps can be achieved for "meaningful use." Meetings will be offered to provide more detail. Please make this a priority.

Butler University's Physician Assistant Program

The Rural Health Clinic Services Act of 1977 (Public Law 95-210) was enacted to address an inadequate supply of physicians serving Medicare beneficiaries and Medicaid recipients in rural areas and to increase the utilization of non-physician practitioners such as nurse practitioners (NP) and physician assistants (PA) in rural areas.

There are approximately 3,800 Rural Health Clinics (RHC) nationwide that provide access to primary care services in rural areas.

RHCs must employ a NP or PA and have available a NP, PA, or CNM to furnish services at least 50 percent of the time the RHC operates.

In an effort to promote its Physician Assistant preceptor program, Butler University has developed a web video that highlights the program and features faculty, students and current Butler University PA preceptors.

Please view the video online: <http://www.butler.edu/cophs/pa-preceptor>

More information can be found on the website about the rotations. Students are placed all over Indiana (some nation-wide if the student helps to make arrangements). The rotations are a month long.

HHS Launches Health Insurance Consumer Website

The Department of Health and Human Services yesterday launched a new website, www.HealthCare.gov, to provide the public with information about available private and public health insurance options. The website walks users through a series of questions, including state of residence, age and job status, to generate a list of private and public coverage options. It does not require personal information. The site also contains information about disease prevention and the new health reform law. In addition, it directs users seeking quality of care information to Hospital Compare, a website created by the Hospital Quality Alliance - a public-private partnership of hospitals, government agencies, quality experts, purchasers, consumer groups and other health care organizations - to provide quality of care information to the public in a consistent, unified way. (source AHA News Now, July 1, 2010)

Indiana Rural Health Association

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Upcoming Events

IRHA Rural Health Leadership Seminar

French Lick Resort

August 13

IRHA members Free

www.indianaruralhealth.org

NGS Medicare Conference

August 18, 19, & 20, 2010

Louisville Marriott Downtown

[www.ngsmedicareconvention.com/
louisville.html](http://www.ngsmedicareconvention.com/louisville.html)

National Rural Health Association Rural Health Clinic Conference

September 28 - 29

Kansas City, MO

[http://www.ruralhealthweb.org/](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)

IRHA Rural Health Clinic Workshop

Oct. 29th

IRHA members \$75

www.indianaruralhealth.org

Health Information Technology (HIT) Summit

November 30-Dec. 1

IRHA Advocates for Rural Health Clinics

Our Mission

Enhancing the health and well-being of rural populations in Indiana through leadership, education, advocacy, collaboration, and resource development.

Challenge

Distance, lack of transportation, and cost limit access to medical specialists for many rural residents.

Telehealth is one option that offers technology that provides a face to face visit with a health care professional without traveling to the city. Today there are several areas in medicine that telehealth offers a good fit. It can be cost efficient and effective in several applications.

According to the CMS Telehealth Fact Sheet, "Medicare will pay for a limited number of Part B services that are furnished by a physician or practitioner to an eligible beneficiary via a telecommunications system. For eligible telehealth services, the use of a telecommunications system substitutes for a face-to-face, 'hands on' encounter." On the other hand, Indiana Medicaid does not recognize a telehealth visit as a face to face visit. This difference needs to be addressed.

Current applications for telehealth include chronic disease management for asthma and diabetes, cardiology, dermatology, and mental health.

IRHA is exploring some possibilities from addressing the needs of Indiana's rural health care providers. To assist with this project, we are requesting that you share with us which specialists and services that you find challenging to provide for your patients locally.

Please describe your needs below and fax this page to the IRHA Terre Haute Office at 812-232-8602.

Clinic Name: _____

Your Name: _____

Preferred contact information: _____

_____*Cardiology*

_____*Mental health*

_____*Dermatology*

_____*Medication Management*

_____*Other - Please specify* _____
