



Mississippi Rural Health Association,  
Mississippi Office of Rural Health, and  
Mississippi Area Health Education Centers



# Crossroads

VOLUME 5, Issue 3

Summer 2009

## Special points of interest:

RHC Medicaid  
payment rate

Registration for Rural  
Health Clinics  
Workshop

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## From the MRHA president's pen

Miami Beach, Florida was the beautiful backdrop of the 2009 National Rural Health Association's annual conference. Hundreds of professionals dedicated to improving the health of rural citizens met at the Fountainebleau Resort for pre-conference activities and a three-day conference. Joanie Perkins, Mississippi Rural Health Association's president-elect, and I had the opportunity to represent the association and learn from experienced and knowledgeable conference speakers.

The American Recovery and Reinvestment Act of 2009 (ARRA), also known as the stimulus package, was at the heart of discussions at this year's conference. As reported at the conference, ARRA was dollar-for-dollar, the largest investment in rural health in our country's history. Two U.S. Representatives for the rural provisions of ARRA, Max Baucus (Chairman of the Finance committee) and Pete Stark (Chairman of the Ways and Means committee) reported the amount of dollars designated to health improvement activities. They stated that the act includes \$149 billion to health care, \$87 billion to Medicaid, and \$19 billion for Health Information Technology (HIT) over the next five years. Specifically, there are Medicaid and Medicare Incentive Payments to facilities deemed meaningful users of electronic health



Laura Hall Downey, President  
Mississippi Rural Health  
Association 2009

record (EHR) technology. These facilities include critical access hospitals, prospective payment system hospitals, and private physicians' offices such as rural health clinics and federally qualified health centers that meet certain criteria. HIT funds will be administered via grants and loans through the State Governor's office. Additional funds are provided through the U.S. Department of Agriculture (USDA). Joseph Ben-Israel, with the USDA, opened his presentation regarding the stimulus package by saying, "This is not your father's USDA." ARRA has dedicated \$28 billion to the USDA, and specifically \$130 million was dedicated for loans and grants for construction, enlargement, or improvement of "essential community facilities," including health care facilities in rural areas.

Conversations about

President Obama's support for the advancement of rural health continued with a keynote address from former speaker of the U.S. House of Representatives, Newt Gingrich. Mr. Gingrich reported that President Obama is looking to the National Rural Health Association to take on health care reform. He suggested that four steps need to be taken to improve the health of rural citizens. These steps include: 1) changing individuals' attitudes, specifically related to activity levels and nutrition; 2) rethinking our society's approach to health behaviors, (i.e. Mr. Gingrich recommended putting five days a week of physical education in schools from kindergarten through grade 12); 3) restructuring our medical care delivery system by using technology for best practices; and, 4) providing financial incentives for health care institutions that show continuous improvements.

It is impossible to give due attention to the wealth of information provided at the annual conference in the small amount of space allotted in this newsletter. In order to help you better access information about the ARRA, the NRHA has developed a booklet to serve as a guide. If you are interested in more information on allocation of funds in the ARRA as it relates

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## A word from the Central Mississippi AHEC

by Sandra Hays

As the newest addition to the Mississippi Area Health Education Center Network, the Central Mississippi Area Health Education Center (Central MS AHEC) is gathering information to begin implementation of programs designed to address the primary health care provider workforce needs of the state. The mission of the program will be primarily carried out through partnerships/collaborations with community, professional, and health care organizations. The counties served by the Central MS AHEC include Copiah, Hinds, Madison, Rankin, Simpson, Warren and Yazoo.

Central MS AHEC has been diligently working to develop the infrastructure necessary to successfully implement the program's mission and goals. An Advisory Board has been identified and the Board had its first meeting in June 2009. The Advisory Board is composed of representatives from the community, health care organizations, professional organizations, and other entities directly involved in addressing Mississippi's workforce needs.

The Central MS AHEC is currently working to develop a health careers curriculum for seventh and eighth grade students. The curriculum will be structured to introduce these students to careers in health. Instructional kits, including curriculum and resource materials, will be distributed to instructors throughout the Central MS AHEC service area. Professional development workshops will also provide training for instructors using the curriculum. Demographic and other relevant information will be compiled and an evaluation plan will be put in place to determine the success of the curriculum.

To promote community participation in its programmatic activities, the Central MS AHEC will release several requests for proposals in June 2009, designed to:

- 1) identify and implement K-16 pipeline programs; and
- 2) retain and recruit health care professionals to fill gaps in the existing health care workforce

These grants will be awarded to community organizations to collaborate with the Central MS AHEC and assist in the development and implementation of programs designed to attract, retain and



Sandra Hays, MPH  
Director, Central Mississippi AHEC

recruit future and existing health care professionals.



Inherent in the mission of the Central MS AHEC is advocacy surrounding issues related to health care provider workforce needs in the state. This includes disseminating information about the AHEC program, its mission and goals in a variety of forums. Recently, the Central and Northeast MS AHECs met with representatives of Senator Thad Cochran's office and Congressman Travis Childers to discuss the AHEC program. The Northeast MS AHEC discussed the Rural Medical Scholars Program and the Mississippi Center for Health Workforce. The former has been the primary workforce pipeline program for high school students. The latter is the AHEC research arm that collects, analyzes, and publishes information about the state of our health care workforce. The Central MS AHEC discussed its vision for the development of a health workforce pipeline and the unique problems existing in the central part of our state.

The Central MS AHEC welcomes the opportunity to collaborate with traditional and nontraditional partners in the effort to increase access to primary health care in Mississippi. These partnerships are vital in order to make a significant impact on this very important issue. The Central MS AHEC is very interested in receiving information regarding the health care needs in the central counties of the state. If you wish to provide input or for more information about the Central MS AHEC, please contact Sandra Hayes, Director, or Anchanese Levison, Program Administrator at (601) 987-0272.

### Save the Date!

You won't want to miss the  
Mississippi Rural Health Association's  
Annual Conference

**"Rural Health in a Difficult Economic Climate"**

**November 5-6, 2009**

**Sam's Town, Tunica**



For more information,  
visit [www.msrrha.org](http://www.msrrha.org)

## From the State Office of Rural Health director's desk

My director's article for this issue will be used to provide pertinent information regarding three important areas of interest for readers: 1) 2008-2009 Health Professional Shortage Area (HPSA) Designation review/updates; 2) publication of a notice of proposed rulemaking in the Federal Register by the Centers for Medicare and Medicaid Services that will impact Critical Access Hospitals; and, 3) the H1N1 swine influenza.

The Mississippi Office of Rural Health and Primary Care received notice from the federal Health Resources and Services Administration, Bureau of Health Professions, Office of Shortage Designation, that forty (40) primary care Health Professional Shortage Area (HPSA) designations and one (1) mental health designation (mental health catchment area 14) were required to be submitted for review/update by May 1, 2009. There were no review/updates required for any of the current dental HPSAs. The Office of Rural Health and Primary Care completed the survey of primary care, dental, and mental health providers in the state and recently submitted the required HPSA review/update application requests to the federal Office of Shortage Designation.

The federal Office of Shortage Designation will review the HPSA information submitted and will make a final determination regarding the

continuance, revision, or withdrawal of these designations. The state will be notified of the action taken. Based on the criteria and guidelines for designation as a HPSA, all counties and/or areas required to be reviewed/ updated should continue to qualify for designation as a HPSA, and thus, the Office of Rural Health and Primary Care does not anticipate the withdrawal of any of these designations.

On May 22, 2009, the Centers for Medicare and Medicaid Services (CMS) published a notice of proposed rulemaking in the Federal Register for the Hospital Inpatient Prospective Payment System (IPPS) that includes proposals specific to Critical Access Hospitals (CAHs). These changes will impact CAHs related to lab services and those CAHs that elect the optional method of payment for physician services (Option II). Other issues in the proposed rule relate to provider-based designation of lab and ambulance services. I recommend that potentially affected parties read the applicable sections of the Federal Register regarding these changes. Comments on the proposed rule were allowed to be submitted through June 30, 2009.

Novel influenza A (H1N1) is a new flu virus of swine origin that was first detected in April 2009. The Centers for Disease Control and Prevention (CDC) is currently investigating human cases in



Rozelia Harris, MBA  
Director, MORH

many U.S. states. Symptoms of swine flu in humans are similar to those of seasonal flu, causing fever, respiratory symptoms, and body aches. H1N1 swine flu has contributed to a number of deaths nationwide, specifically in persons with pre-existing health conditions. More information regarding H1N1 is available on the Mississippi State Department of Health Web site at [www.msdh.state.ms.us](http://www.msdh.state.ms.us). The Hotline telephone number is **1-877-222-9FLU** (1-877-222-9358). The hotline is available from 8 am - 5 pm, Monday-Friday (except state holidays).

## MSDH Office of Tobacco Control puts forth comprehensive effort by Roy Hart

The Mississippi State Department of Health (MSDH) is taking steps to make tobacco prevention a catalyst for positive social change on both the state and local levels. The MSDH's Office of Tobacco Control (OTC) is a key component of tobacco prevention and control efforts in Mississippi. The OTC works to address tobacco use by collaborating with partners to educate Mississippians on the effects of tobacco use, empower individuals to end their addiction to tobacco products, and evaluate the effectiveness of tobacco prevention and control efforts.

The OTC is committed to promoting and protecting the health of all Mississippians by reducing tobacco-related morbidity and mortality. The OTC

accomplishes this by utilizing a systemic approach to tobacco prevention and control. Program components include: state and community interventions; health communications interventions; tobacco cessation interventions; and surveillance and evaluation. Each program component is developed and



implemented based on evidence-based strategies and the recommendations outlined in the CDC's *Best Practices for Comprehensive Tobacco Control Programs*.

The OTC serves as an educational resource for individuals and organizations throughout the state. From awareness campaigns to grassroots events, we work diligently to educate Mississippians about the latest findings on the effects of tobacco.

The Mississippi Tobacco-Free Coalition (MTFC) program is comprised of community-based coalitions that implement tobacco prevention and control activities to prevent the initiation of tobacco use among youth, reduce

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## Rural Health Clinic Medicaid payment rate

A strategic knowledge of the Mississippi Medicaid reimbursement methodology for rural health clinics (RHCs) is vitally important to the financial success of startup RHCs. Per the Division of Medicaid/State of Mississippi/Provider Policy Manual/Section 44.03, "After the RHC's initial year, a Medicaid cost report must be filed. The final settlement cost report will be desk reviewed and a rate shall be calculated (on a per visit basis) in an amount equal to 100% of the RHC's reasonable costs of providing Medicaid covered services. For each year thereafter, the RHC is entitled to the payment rate (on a per visit basis) to which the RHC was entitled to in the previous year, increased by the percentage increase in the Medicare Economic Index (MEI) for primary care services for that calendar year, and adjusted to take into account any increase or decrease in the scope of services

furnished by the RHC during that calendar year." In summary, the RHC payment rate is cost-based for the first year and PPS-based (prospective payment system) every year afterwards.

Under this reimbursement methodology, it is critical to maximize the initial year's cost-based payment rate. This initial payment rate will establish the basis for all future Medicaid payments for the RHC. Maximizing costs in the first year of operations can be very challenging. Typically, startup clinics face cash flow issues related to low volumes, lag billing, and lack of working capital. Often, the owner may draw limited salary due to lack of available income. In addition, the clinic may hold off on fully staffing and equipping the clinic. While these operational measures may ease cash flow concerns, they can have a detrimental effect on the future financial success of the RHC by

lowering the initial year's cost-based payment rate and negatively affecting all future Medicaid RHC payment rates.

Strategically, a startup RHC needs to complete a financial pro forma prior to operations. The pro forma should be performed or reviewed by an individual with a working knowledge of Medicare and Medicaid reimbursement methodology for RHCs. Please note that engaging reimbursement expertise at the end of the initial year to prepare the RHC Medicare and Medicaid cost reports will most likely be too late to maximize reimbursement. Upon completion of the financial pro forma, it is important to obtain the required working capital to fully fund the first year of operations. As previously stated, lack of proper cash flows to maintain the full cost of operations can have long-term negative impact to the RHC.

## From the MRHA president's pen (continued)

(continued from page 1)  
to rural health, please visit <http://www.ruralhealthweb.org/download.cfm?downloadfile=3B112EBD-3048-651A-FED-C2FAF0BA3E515&typename=dmFile&fieldname=filename>.

No information was provided at the conference on how the ARRA directly

affects Mississippi. The Mississippi Rural Health Association has made this one of the foci of our annual conference. This year's conference, Rural Health in a Difficult Economic Climate, will be held November 5-6, 2009. Federal and state legislators of Mississippi have been invited to share their knowledge of how ARRA

will affect rural communities in our state. Additionally, they have been asked to be prepared to comment on and answer questions from conference attendees.

Please join us at Sam's Town Hotel and Casino in Tunica to hear how ARRA will affect rural communities in Mississippi.

## MSDH Office of Tobacco Control puts forth comprehensive effort (continued)

(continued from page 2)  
exposure to secondhand smoke, promote tobacco cessation services, and eliminate tobacco-related disparities. Each MTFC is comprised of individuals and organizations that are representative of the populations served.

The OTC is currently developing the Mississippi Municipal Smoke-Free Ordinance Program. Following the release of a Request for Proposals, applications will be accepted from any city in the state of Mississippi that does not have a smoke-free ordinance. Contingent upon the receipt of adequate funding, OTC will provide funding for up to twenty communities to assist in the process of passing a smoke-free ordinance.

For more interesting information about the MSDH OTC, log onto [www.msdh.state.ms.us](http://www.msdh.state.ms.us). Additionally, please visit [www.mstobaccodata.org](http://www.mstobaccodata.org) for more

information about the State's tobacco control efforts.



The MRHA's newly-designed Web site can be found at [www.msrrha.org](http://www.msrrha.org)

Job announcement posting is available. The MRHA member rate is \$25 for a three-month posting; the non-member rate is \$50

Contact Cheryl Grubbs for more information. [mississippirural@bellsouth.net](mailto:mississippirural@bellsouth.net) (601) 898-3001

## MRHA presents first RHC workshop in 2009 series

by Tim Thomas

The Mississippi Rural Health Association presented its first workshop in a series of three, titled “Rural Health Clinic Workshops,” April 24, 2009, in Hattiesburg. The workshop was held at the Thad Cochran Center on The University of Southern Mississippi’s campus. Twenty-four participants from 11 different counties in Mississippi attended the workshop. Participants also included three attendees from out-of-state. Topics covered in the workshop included:

- “RHC Billing (Back to Basics);”
- “How to Enhance Your RHC Revenue”
- “The Medicare Secondary Payer Form”
- “RHC Cost Reporting”
- “RHC Billing (Advanced)”

Joanie Perkins and Timothy Thomas, both current MRHA board members, were the presenters for the workshop.

Evaluation forms were made available to participants at the Hattiesburg workshop and will be available at each of the three workshops. Both presenters for the first workshop received a 99% favorable rating for being knowledgeable, informative, and effective. The overall workshop rating was 73% excellent and 27% good. Some participant comments and suggestions included, “Great workshop—I enjoyed it.” and “This was a great presentation. I would like to see more workshops like this.” A few suggested topics for next year’s workshops were enrollment and credentialing.

Please note the following dates and locations for the two remaining workshops in the series: July 9, 2009 at the Mississippi Nurses Foundation, 31 Woodgreen Place, Madison, Mississippi; and November 4, 2009 at Sam’s Town Casino and Hotel, 1477 Casino Strip Resorts Boulevard, Robinsonville, Mississippi.

The Mississippi Rural Health Association is very pleased to provide these workshops to rural health clinics throughout the state. We hope you will take advantage of these educational opportunities and register for one now. A registration form is available on page 7 of this newsletter.

We hope to see you there!



### Coding Tip Corner

#### Billing Preventive Services in the Rural Health Clinic

The professional component for the biennial screening Pap-pelvic exam can be billed as an encounter. Bill the Q0091 (Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory) as a 521 Revenue code (if performed in your RHC). The lab portion of the charge will be billed to either the carrier (for independent RHCs) or the hospital’s FI (for provider-based RHCs). Use ICD-9-CM code V76.2, special screening for malignant neoplasm, cervix, or code V76.49 for a patient who does not have a uterus or cervix.

For more information, contact Joanie Perkins, CPC  
Joanie.perkins@northsunflower.com

## MDH and MDE join forces to fight teenage suicide

by Robert Smith

Suicide is a preventable tragedy that is becoming a silent epidemic in Mississippi. More than 390 individuals took their own life in 2007. As Mississippians, we want what is best for our state. As parents, we want what is best for our children. We all share one common thread – the hope for a better tomorrow and a brighter future. However, we must open our eyes to see the silent epidemic that is affecting our young adults in this state—suicide.

Many teenagers in our state are at risk for suicide. It is vital to learn the signs of suicide which include: withdrawal from friends and family; personality changes and serious mood changes; difficulty concentrating; difficulties in school; change in eating and sleeping habits; loss of interest in pleasurable activities; loss of interest in things one cares about; talking about suicide or a plan; writing about suicide or a plan; making statements about hopelessness, helplessness, or worthlessness; giving verbal hints; becoming suddenly cheerful after a period of depression; and giving away favorite possessions.

Suicide is the third leading cause of death in Mississippi for young people ages 15–24 years. The Mississippi High School Survey of the Youth Risk Behavior Survey (2007) reported that 13.4% of students seriously considered suicide in the past 12 months and 10.6% of students made a plan about how they would commit suicide in the past 12 months.

In 2007, more than 50 young adults in Mississippi intentionally took their own life. There are more suicides than officially

reported. Some suicides may be misclassified as an accident. Certain single car accidents, overdoses, etc. are classified as natural or accidental when suicide would be more accurate. Recent studies have shown that suicides are generally undercounted by about 10%.

If you know someone who is talking, writing or thinking about suicide, it is important that you acknowledge there is a problem, show the individual you care, and tell someone who can provide help. Many people are scared to ask someone if they are having thoughts of suicide because they think that may push the individual to think about or complete suicide. Studies have shown that patients with depression have these ideas, and talking with them does not increase the risk of suicide or “plant the seed.” According to the National Mental Health Association, 4 out of 5 people who attempt suicide give clear warning signs.

Starting in the 2009–2010 school year, suicide prevention training was required for licensed teachers and principals. Suicide prevention training enables teachers and principals to better identify risk factors and warning signs that indicate a student may be considering taking his/her life. The Mississippi Department of Mental Health (DMH) and the Mississippi Department of Education (MDE), Office of Healthy Schools, worked together to ensure both agencies are prepared to support local school districts in this very important endeavor.

The training is a result of Senate Bill

2770, which requires suicide prevention training for all licensed teachers and principals beginning with the 2009-2010 school year. Beginning with the 2010-2011 school year, only new teachers and principals will be required to have this training. The bill also contains language giving DMH the responsibility for determining the content of the training and the amount of training needed. The bill mandates that MDE make suicide prevention training a requirement for local school districts.

“We understand the power of awareness and education for suicide prevention,” said Ed LeGrand, DMH Executive Director. “We must work together to arm our educators with information to help recognize the signs of suicide and know how to intervene and get help for a student. Many times youth confide in their favorite teacher, and we are excited to be able to bring training to our teachers and principals.”

DMH has also developed the youth suicide prevention campaign, “Shatter the Silence, Suicide – The Secret You Shouldn’t Keep.” For more information about the campaign or to receive educational materials, please contact Kris Jones or Wendy Bailey at 601-359-1288.

We must educate children and parents about mental health to help dispel the stigma associated with mental illness, which will increase help-seeking behaviors. We must join together and let these young people know they are not alone, and that they should not be ashamed to seek help.

## TOGETHER Rx ACCESS® may help uninsured save on prescription drugs

Recently, the MRHA facilitated a Web-based seminar for Together Rx Access®. Together Rx Access®, a prescription savings program sponsored by many of the nation’s leading pharmaceutical companies, helps eligible uninsured individuals and families save on the medicines they need to stay healthy and to manage chronic conditions. Cardholders can use the free-to-get and free-to-use Together Rx Access Card to save on hundreds of brand-name prescription medicines, as well as thousands of



generics, right at the pharmacy counter.

With the program’s recently expanded eligibility income levels, nearly 90 percent of uninsured Americans, including those living in rural areas, are

now eligible for the Together Rx Access Card.

To order a supply of enrollment materials for distribution to uninsured individuals and families, visit <http://www.togetherrxaccessonline.com/order/>.

For more information about the program, including eligibility requirements, visit [TogetherRxAccess.com](http://TogetherRxAccess.com) or call 1-800-250-2839.



## Rural Health Clinics: Fundamentals for Success

**Presenters: Joanie Perkins, CPC  
 North Sunflower Medical Center,  
 Tim Thomas, MBA  
 Thomas Rural Health Consulting,  
 and  
 Kimsey Whipps, BS  
 Mississippi Division of Medicaid**

This workshop is designed for clinic administrators, clinic managers, billers, clinic financial personnel, and quality assurance officers. You won't want to miss this opportunity to learn from these pros!

**(Select a location)**

\_\_\_ July 9 - Mississippi Center for Nursing, 31 Woodgreen Place, Madison

\_\_\_ November 4 - Sam's Town Casino and Hotel, Tunica

<b>Agenda:</b>	8:30 am – 9:30 am	Registration
	9:30 am – 9:30 am	Welcome and Introduction to MRHA
	9:30 am – 10:30 am	RHC Billing (Back to Basics) – Joanie Perkins
	10:45 am – 11:45 am	How to Enhance Your RHC Revenue – Tim Thomas
	11:45 am – 12:45 pm	Networking Lunch (provided)
	12:45 pm – 1:45 pm	Medicaid Reimbursement – Kimsey Whipps
	1:45 pm – 2:45 pm	RHC Cost Reporting – Tim Thomas
	3:00 pm – 4:00pm	RHC Billing (Advanced) – Joanie Perkins
	4:00 pm	Adjournment

**Registration is \$75 for non-MRHA members; \$50 for MRHA members and includes a six-hour workshop, a take-home tool kit, and lunch.**

Name	Organization
Title	Address
City/State/Zip Code	Telephone
County	Email

Checks should be made payable to the Mississippi Rural Health Association (MRHA) and mailed with the registration form to 31 Woodgreen Place, Madison, MS 39110. Payment of the registration fee entitles the registrant to a no cost membership in the MRHA for the remainder of 2009.

**MISSISSIPPI RURAL HEALTH ASSOCIATION**

31 Woodgreen Place  
Madison, MS 39110  
Telephone/Fax: (601) 898-3001  
E-mail: mississippirural@bellsouth.net



*A voice for health  
in rural Mississippi*

**We're on the Web!**  
<http://www.msaha.org>



***SAVE THE DATE!***

**The Mississippi Rural Health Association's  
Annual Conference**

**"Rural Health in a Difficult Economic Climate"**

**November 5-6, 2009**

**Sam's Town, Tunica**

**Pre-conference workshops will be held November 4, 2009**

Choose from among:

- Rural Health Clinics: Fundamentals for Success, 8:30 am—4:00 pm
- The Fundamentals of Grant Proposal Development, 9:00 am—12:00 noon
- Treatment of the Tobacco-Dependent Patient, 1:30 pm—4:30 pm

Full-day pre-conference workshop registration is \$50 for MRHA members and \$75 for non-members  
Half-day pre-conference workshop registration is \$50 for MRHA members and \$65 for non-members

**For more details go to [www.msaha.org](http://www.msaha.org)**