Clinic Connection

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Texas Association of Rural Health Clinics

Quality Health Care for Rural Texas

2008 TARHC Board of Directors

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THIN Clearing House Coming to an End with Replacement by Availity

In August 2006, Availity, L.L.C. formed a joint venture with Texas-based THIN to handle electronic healthcare transactions. The company, continuing with the Availity business name, leveraged the strengths of Availity L.L.C. that is jointly owned by Blue Cross and Blue Shield of Florida and Humana, Inc., and The Health Information Network (THIN), a subsidiary of Health Care Service Corporation, which operates the Blue Cross and Blue Shield plans in Illinois, New Mexico, Oklahoma, and Texas. Availity optimizes the flow of information between health care professionals, health plans, and other health care stakeholders through a secure internet-based exchange. The Availity Health Information Network encompasses administrative and clinical services. Supports both real-time and batch transactions via the Web and electronic data interchange (EDI) and is HIPAA complaint.

Effective March 31, 2008, the THIN EDI Helpline will be retired. At that time all customer service inquiries must be directed to an Availity Client Services Representative at 1-800-AVAILITY (282-4548). You may continue to contact EDI support at 877-334-8446 until the end of March.

The rEDI-Link dial-up connection for THIN users will be discontinued. This dial-up connection allows users to create a dialed connection to send and receive health care transactions to the THIN clearing house with supported connections to its two primary dial-up numbers: 972-889-5465 and 312-297-7920. While the telephone 972-889-5456 connection was retired December 31, 2007, the 312-297-7920 connection will also be retired on March 31, 2008.

In the event that you have not completed your migration to Availity by March 31st, there are multiple submission alternatives which allow you to continue submitting your electronic healthcare transactions to the free Availity Health Information Network. Availity encourages users who submit via the rEDI-link system to visit them on the web at www.availity.com to learn about these various submission options. *If you have questions, Availity Client Services Representatives are available Monday through Friday, 8:00am – 7:00pm at 1-800-AVAILITY (282- 4548).*

Availity will be attending the National Association of RHCs Spring Education Institute in San Antonio at the Crowne Plaza Riverwalk Hotel from March 17-19, 2008. If you attend that RHC conference next month, be sure to stop by and visit with the Availity representatives.

The NPI Is Here, Are You Using It? Medicare and Medicaid Deadlines

March 1st is a critical date for claims submitted on electronic 837P submissions and CMS Form 1500 paper claims (Medicare Part "B" physician services). Effective March 1, 2008, Medicare claims must have an NPI (National Provider Identifier) that passed the "Test NPI" or the NPI/ Medicare legacy pair in the required primary provider fields. The claim will be rejected if the pair is not found on the Medicare NPI Crosswalk. Claims without an NPI in the primary provider field (i.e., the billing, pay-to, and rendering fields) will be rejected. Claims with only a Medicare legacy number in the primary provider field will be rejected.

Test "NPI-only" now. If you have been submitting claims with both the NPI and a Medicare legacy number and those claims have been paid, you need to test your ability to get paid using only your NPI (for PART B claims) by submitting one or two claims with just the NPI (i.e., no Medicare legacy number). If the Medicare NPI Crossover cannot match your NPI to your Medicare legacy number, the claim with an NPI-only will reject. If the NPI-only test claims reject, go into your NPPES record and validate that the information you are sending on the claim is the same information in NPPES. If it is different, make the updates in NPPES and resend a small batch of claims 3 to 4 days later. If your claims are still being rejected, you need to call TrailBlazer for advice right away. Have a copy of your NPPES record available.

RHCs submitting 837I and UB-04 claims (Medicare Part "A" RHC provider services) must have an NPI in the primary field until May 23, 2008, at which time an NPI-only is required in all fields.

The Texas Medicaid NPI contingency period has been extended through May 23, 2008. Previously it was supposed to end on February 29, 2008, however the Texas Health and Human Services Commission (HHSC) and the Texas Medicaid & Healthcare Partnership (TMHP) *have extended the Medicaid NPI contingency period through May 23, 2008.* Providers must attest their NPIs and related data to TMHP by May 23, 2008. Related data includes a taxonomy code, a benefit code if applicable, and a physical address with a ZIP Code+4. NPIs can be attested on the TMHP website. Any clinics dealing with the Medicaid HMOs should attest their NPIs (all NPI numbers for all providers) sooner because the HMOs must verify to HHSC that their contracted participating network providers have completed the Texas Medicaid attestation requirement. If the HMOs cannot do so, they will terminate participation for those providers who have failed to comply with the attestation process. One HMO has asked that network providers meet this requirement by the end of April so that they, the HMO, can conduct their final verification steps to be in compliance with Medicaid by the May 23rd deadline.

Effective May 24, 2008, full Medicaid NPI compliance will be implemented, and the contingency period will end. Providers that have not attested their NPIs and related data or that do not use their attested NPI and related data will experience rejection or denial of paper and electronic claims, forms, and other transactions. Also, primary care provider panel reports will be closed for noncompliant providers beginning April 1, 2008.

eDispense Vaccine Manager Ever Heard of It?

Have you had any experience with the Medicare Part D injections since the beginning of the year where you can bill the patient for the vaccine and/or injection? Had any problems? Perhaps looking at the eDispense program offered by Dispensing Solutions, Inc. that is headquartered in Santa Ana, California, can meet your needs.

Dispensing Solutions Inc. through its POC Management Group Physician Network offers eDispense Vaccine Manager, a web-based solution for the submission and adjudication of claims for physician administered vaccines now covered only by Medicare Part D. Remember, these Part D services are not RHC services or Part B services. You have to charge the patient

in order to collect for your Part D services… what is that about? Please refer to the Clinic Connection article on page 3 titled "Immunizations, What's Up with That?" in the December 2007 issue of the association's newsletter. If you don't have a copy available you can go to http://www.tarhc.org and look in its newsletter section for this particular edition.

eDispense is certainly worth checking if it makes the Part D vaccine program flow easier in your clinic, and helps get you paid. Check at http://www.dispensingsolutionsinc.com for info. To enroll go to https://enroll.edispense.com or call 866-522-EDVM (3386).

We'd like to hear from clinics that use the eDispense system in their RHC as to how easy or difficult this program is.

ICM – What is That?

ICM is a Texas Medicaid Managed Care program run by the Texas Health and Human Services Commission which selected Evercare of Texas as the health plan to administer the program. The start-up date for this new program was February 1, 2008.

The Integrated Care Management Program (ICM) is for Medicaid members residing in the Ft. Worth and Dallas area counties of: (Dallas Service Delivery Area) Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwell; and (Tarrant Service Delivery Area) Denton, Hood, Johnson, Parker, Tarrant, and Wise.

The Medicaid members who are eligible for this program are:

- Supplemental Social Security Income (SSI) age 21 and older is mandatory, under age 21 is voluntary. SSI adults over the age of 21 will be enrolled in ICM on March 1, 2008.
- Special needs individuals with a chronic/complex condition or disability requiring ongoing therapeutic intervention from appropriately trained professionals.
- Dual eligible patients having Medicare as their primary insurer and Medicaid as their secondary insurer. For reimbursement to the providers with dual eligible patients, Medicare pays first and then the crossover action sends the bill to TMHP for the Medicaid payment. The HMO does not pay in the dual eligible client situation for acute care services.

Medicaid clients excluded from the ICM program are foster care children and institutionalized patients (nursing home). Remember, April 1, 2008 is the start date for the new statewide foster care Medicaid program called "STAR Health" that will be administered by Superior Health Net.

There are three RHCs in the counties named above who should already be contracted to be network providers for the ICM program. For any RHCs in surrounding counties who might see these ICM patients, you probably have already been approached by someone from Evercare in regards to treating ICM clients. *If you have network participation or contract questions, contact Amanda Parsons at (972) 866-1696 or* amanda_parsons@uhc.com.

Is your Doctor, PA or NP going to the NARHC/TARHC Spring Institute?

The National Association of Rural Health Clinics is pleased to announce that the following organizations have given Continuing Medical Education approval of 17 credit/contact hours for the RHC Spring Institute that will be conducted in San Antonio from March 17 to March 19, 2008. These hours include the Pre-conference sessions on Monday, March 17th. Certificates of Completion will be available on the last day of the conference.

American Academy of Family Physicians
American Academy of Nurse Practitioners
American Academy of Physician Assistants

Visit www.narhc.org for program information about this conference on their events web page. Texas RHCs are very fortunate that this conference has been held in our state for a number of

years where all Texas RHCs can participate at a national level event, in addition to being given the opportunity of attending our TARHC conference at the OMNI Downtown Hotel in Austin, which will be from August 6th to the 8th of this year.

Rural Health Clinic Technical Assistance (RHC-TA) National Teleconference Series

NARHC has operated the RHC–TA teleconference series through continued web support and financial grants from the federal Office of Rural Health Policy for a couple of years now. As this program has evolved the executive director of NARHC has appointed a Steering Committee that meets telephonically to develop topics for RHC conference participants for the ongoing success with these teleconference calls. The steering committee will be getting together on April 22nd to discuss potential topics and speakers for future RHC –TA calls. I need your input as to what you would like to have as a future topic, and if you have a speaker in mind we would certainly like to talk to that person who could contribute to the RHC education effort.

Here are the members of the RHC-TA Steering Committee:

Bill Finerfrock, Executive Director, *National Association of RHCs,* Washington DC
Graham L. Adams, PhD, Executive Director, *South Carolina Office of Rural Health*
Susan Carrico, Provider Education, *Riverbend Government Benefits Administrator*, Tennessee
Kerry Casperson, Administrator, *Blackfoot Medical Center,* Blackfoot, Idaho
Serge Dihoff, Coordinator, *North Carolina Office of Rural Health and Community Care*
John A. Gale, Research Analyst, *Edmund S. Muskie School of Public Service,* U of Southern Maine
Ramsey Longbotham, Executive Director, *Texas Association of Rural Health Clinics*
Marsha G. Marze, RHC Coordinator, *South Carolina Office of Rural Health*
Wayne Myers MD, *Myers Consulting*, Waldroboro, Maine
Ron Nelson, P.A., President, *Health Services Associates,* Fremont, Michigan
Kristine Sande, Project Coordinator, *Rural Assistance Center*, North Dakota
Barbara Schlimmer, Office Manager, *Odessa Rural Health Clinic*, Odessa, Washington.
Bruce Carlson MD, Medical Director, *Hermiston Rural Health Clinic,* Umatilla, Oregon.

Shingles Sends Nearly 1 Million Americans to the Doctor

An article in the February 2008 issue (No. 330) of *Research Activities* published by the US Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ) says that one million Americans receive medical care for shingles or its complications. Shingles are caused by an infection with varicella-zoster virus, the same virus that causes chicken pox, and can result in burning or shooting pain, tingling, or itching. However, unlike chicken-pox shingles is not contagious. AHRQ's Medical Expenditure Panel Survey (MEPS) data indicate that:

- Americans make 2.1 million doctor visits a year because of shingles or its complications.
- The average cost of treating shingles is $525 per person or $566 million each year (in 2005 dollars), including prescription medicines.
- People age 65 and older are seven times more likely to get shingles that the non-elderly are (1.5 percent compared with 0.2 percent, respectively).

Zostavax is a preventative vaccine for shingles that Part D now covers for the Medicare beneficiaries and you need to get paid for that. Can eDispense be used for your Medicare Part D vaccines in order to get reimbursed?

Texas Legislature for 2009 – Do We Need to Get Ready?

The Interim Senate and House Committees were given their charges last November to look at items of interest by both House and Senate leaders. Aren't there some RHC issues you have that we need to start addressing with our Texas Representatives and Senators that will make RHC

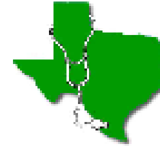
operations more effective or equitable-- for improved access for patients or reimbursement?

How about working that bill again to have RHC providers, i.e., PAs and NPs, certify TXDOT Disability Parking Permit applicants as disabled in regards to the criteria for a parking permit? Currently the law reads that only state licensed physicians or Veterans Administration healthcare providers can certify someone as being medially disabled and eligible for a TXDOT handicapped parking permit. It will take a new law being passed by the upcoming Legislature and signed into law by the Governor to allow RHC non-physician practitioners (PA or NP) the authorization to certify someone as medically handicapped in order to apply for a state disabled parking permit.

What about getting paid for your Medicaid Women's Health Program as an RHC encounter and not as fee-for-service? Are there advantages to that? Let us know! The FQHCs in Texas thought so last year and got the legislature to pass a bill that gave them their Medicaid encounter rate and not the fee-for-service on the Women's Health Program, but then they get paid more than RHCs do for their FQHC encounters. So, are there disadvantages to being paid as a RHC for these services?

Got any other ideas of what RHCs need to look at and try to get changed if need be?

Rural Health Care Conferences Across the Country



Here are upcoming education events this year that rural healthcare providers may be interested in:

National Association of RHCs (NARHC) and
Texas Association of RHCs (TARHC) Spring Conference
Crowne Plaza Riverwalk Hotel San Antonio, Texas March 17-19, 2008

Texas Organization of Rural & Community Hospitals (TORCH) Annual Conference and Trade Show
Hotel Inter-Continental Dallas, Texas March 18-20, 2008

National Rural Health Association's (NRHA) Annual Conference in New Orleans
May 7-10, 2008

National Association of RHCs Summer Institute in Sacramento, California
June 11-13, 2008

Rural Health TRIFECTA [Texas Rural Health Association (TRHA),
Texas Hospital Association (THA), and
Office of Rural Community Affairs (ORCA)]
Hyatt Regency Austin Hotel Austin, Texas August 5-7, 2008

Texas Association of Rural Health Clinics' (TARHC) Educational Conference and Annual Membership Meeting
OMNI Downtown Hotel Austin, Texas August 6-8, 2008

National Rural Health Association's Rural Health Clinic and
Critical Access Hospital Conferences
Savannah, Georgia October 13-17, 2008

National Association of RHCs Fall Conference
St. Louis, Missouri November 18-20, 2008

RETURN SERVICE REQUESTED

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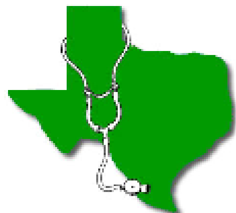

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Is Your Community Becoming a Ghost Town?

The US population rose to 303 million last year, but not every part of the county is growing according to USA Today as reported in the January 18, 2008, Volume 8, Issue 344, of *The Week* magazine. Almost a third of the U.S. counties are experiencing more deaths than births. Nearly all of the shrinking counties are in rural areas, mostly in the Great Plains and Texas.

If your administrator/director, address, email, phone or fax number has changed, please let us know by emailing us at torch@torchnet.org.

Remember to share this newsletter with your colleagues.