



THIS NEWSLETTER IS A PUBLICATION OF THE

Texas Association of Rural Health Clinics Quality Health Care for Rural Texas

2008

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o Clinic Connection, www.tarhc.org, is published by the TEXAS ASSOCIATION OF RURAL HEALTH CLINICS located at 505 E. Huntland Drive, Suite 150, Austin, Texas 78752; telephone 512/873-0045; fax 512/873-0046. Articles are prepared by and comments should be sent to Ramsey Longbotham, Executive Director, ramsey@tarhc.org.

DESIGNATION OF UNDERSERVED POPULATIONS AND SHORTAGE AREAS - COMMENT SUBMISSION PERIOD EXTENDED TO JUNE 30, 2008

The Office of Shortage Designation released a proposed rule that recommends sweeping changes in the way shortage areas are designated (both Medically Underserved Areas and Health Professional Shortage Areas). Every rural health clinic (RHC) must be in a Medically Underserved Area (MUA), or a Health Professional Shortage Area (HPSA), or a Governor designated shortage area. Changing the formulas could result in the loss of some current shortage area designations, thus jeopardizing the RHC status for any clinics located in those shortage areas.

The proposed rule was published in the February 29, 2008 edition of the Federal Register, Volume 73, Number 41, Department of Health and Human Services (HHS), 42 CFR, Part 5 and 51c. The link to the proposed rule is <http://bhpr.hrsa.gov/shortage/hpsafrn022908.pdf>.

On April 21, 2008, HHS published a 30-day extension to the public comment period and provided clarification on the notice of proposed rulemaking,

“Designation of Medically Underserved Populations and Health Professional Shortage Areas” (73 FR 21300). HHS and the Health Resources and Services Administration have received requests for a further extension to the comment period. In consideration of these requests, HHS has extended the comment period an additional 30 days, with a new closing date of June 30, 2008. *Please mail your written comments (one original and two copies) to arrive on or before June 30, 2008 to:*

Health Resources and Service Administration
Department of Health and Human Services
Attention: Ms. Andy Jordan
8C-26 Parklawn Building, 5600 Fishers Lane
Rockville, MD 20857

Still thinking of what to say in your comment letter to HRSA? Why not ask them to exclude the primary care providers (physicians, physicians assistant, nurse practitioners, and certified midwives) in certified Rural Health Clinics in the federal RHC program. In their new rule proposal HRSA excludes clinicians in other federal programs such as: the National Health Services Corps (NHSC) affiliated clinicians; clinicians obli-

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TARHC CONFERENCE AUGUST 6 - 8 IN AUSTIN

Registration Brochures were mailed to all RHCs recently for this conference. You will want to attend this year's RHC conference because the next education conference in Texas will be a year from now when we hold our 2009 conference. The National Association of RHCs will move their Spring conference to Washington, DC, in order

to meet the new President's administration. NARHC will conduct their San Antonio RHC conference in November or December of 2009.

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TARHC EDUCATION CONFERENCE . . .

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This year's program is as follows:

Wednesday, August 6, 2008 - program starts at 1:15 pm

- ▶ Governor's Office Report on Texas Health Care
- ▶ Healthcare Shortage Area Designations Update
- ▶ Where is the Money? "The Devil is in the Details"
- ▶ RHC Medicare Cost Reports
- ▶ Conference Social Mixer

Thursday, August 7, 2008 - Program starts at 8:00 am

- ▶ Optimal Coder Program for E&M Coding Guidelines
- ▶ Conference Lunch with Special Guest Speaker
- ▶ TrailBlazer Medicare RHC Billing Presentation
- ▶ Texas Medicaid Program Presentations and Guest Panel Session
- ▶ TARHC Annual Business Meeting and Board Member Elections

Friday, August 8, 2008 - Program starts at 8:30 am

- ▶ State and Federal Legislative Update
- ▶ Legal Issues for RHCs
- ▶ Centers for Medicare and Medicaid Services Update
- ▶ Conference Closing

Make your hotel reservations at the Austin Omni Hotel Downtown before July 22nd by calling the hotel directly at 512-476-3700; the special conference rate is \$127.00.

There is another rural health conference being held on August 5-7 in Austin. The Rural Health Trifecta is a collaboration between the Texas Rural Health Association (TRHA), the Texas Hospital Association (THA) and its Rural Hospital Constituency Section, and the Texas Office of Rural Community Affairs' (ORCA) Critical Access Hospitals. They will be holding their conference at the Hyatt Regency Austin Hotel. We have arranged a mutual exchange cooperative agreement that their members, upon presenting their Rural Health Trifecta Conference ID badge for identification can attend our RHC conference programs, excluding our RHC Program Luncheon on August 7th. Our RHC conference attendees can attend their programs, excluding their luncheon, by checking in at their registration desk to verify your name on the list of TARHC Conference attendees. This means that you will have to pre-register for our annual RHC conference to be on the TARHC participation verification list we will send to TRHA before their conference starts on Tuesday, August 5th.

REGISTRATION FORM

TARHC August 2008 Annual Education Conference

(please type or print clearly; use copies of this form for multiple registrants)

Vendors may only participate as a sponsor/exhibitor.

First/Last Name: _____

Clinic/Hospital/Company: _____

Address: _____

City/State/Zip: _____

Phone No.: _____ Fax No.: _____

TARHC Member: \$250.00 per person Non Member: \$350.00 per person

Total Registration Fee (per person) enclosed: \$ _____

MAKE CHECKS PAYABLE TO TARHC

MAIL REGISTRATION FORM AND CHECK TO: TARHC, P. O. BOX 14547, AUSTIN, TX 78761

DESIGNATION OF UNDERSERVED . . .

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gated under the State Loan Repayment Program (SLRP); physicians with J-1 visa return-home waivers; clinicians providing services in community health centers funded under Section 330.

RHC caregivers are a “safety net” which provides access for

federal health care program beneficiaries and they too need this consideration for exclusions in the methodology to determine area health-care shortage designations.

The Office of Shortage Designations is a branch of the Health Resources and Services Administration

(HRSA) at the U.S. Department of Health and Human Services. HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. For more information about HRSA and its programs, visit www.hrsa.gov.

RHC caregivers are a “safety net” which provides access for federal health care program beneficiaries . . .

FORMER TEXAS RURAL HEALTH LEADER APPOINTED TO THE MEDPAC

George N. Miller, Jr. has been appointed as a member of the Medicare Payment Advisory Commission (MedPAC) and will serve a three-year term of office. Mr. Miller was a rural hospital administrator in Ft. Stockton and in Jasper before relocating to Illinois to be closer to his aging parents about six years ago. While in Texas he was very active with the state hospital associations, the Texas Rural Health Association, and with the Texas Association of RHCs. Actually as a TARHC member, he would pay individual membership dues for each RHC that his hospital owned, knowing full well that he was investing in the future development of a rural provider professional association that eventually has

become one of the leading state RHC associations in the country. Just as he was leaving the state, the Governor appointed him to the newly created board of directors for the then emerging agency known as the Texas Office of Rural Community Affairs (ORCA), but he had to decline the appointment due to his move out of state. After leaving Texas he served a term of office on the board of directors for the American Hospital Association, and last year served as the President of the National Rural Health Association. Since 2006, Miller has been president and CEO of Community Mercy Health Partners and senior vice president of Catholic Health Partners, a hospital

chain in the Springfield, Ohio area. *Congratulations George! We are proud of you and happy that you still wear those “tall” Texas cowboy boots and have remained an avid Dallas Cowboys fan all these years.*

MedPAC is an independent federal body established in 1997 to analyze access to care, cost and quality of care, and other key issues affecting Medicare. MedPAC advises Congress on payments to health plans participating in the Medicare Advantage program and providers in Medicare’s traditional fee-for-service programs. The Comptroller General of the U.S. Government Accountability Office (GAO) is responsible for naming new commission members.

MEDICARE ADVANTAGE PLAN TRENDS FOR 2008

Nearly half (46%) of beneficiaries living in urban areas have at least six HMOs or local PPO options available to them.

Medicare Advantage (MA) plans enrolled a record 9.8 million beneficiaries, more than one in five of the nation’s 44 million people on Medicare as of April 2008. That represents an increase of more than 800,000 beneficiaries in just four months, continuing a period of unprecedented growth for private plans in Medicare since 2003.

Medicare HMOs account for the largest share of Medicare Advantage enrollment (65%), but private fee-for-service plans are driving the increase in marketing penetration, accounting

for 20 percent of total Medicare Advantage enrollment as of December 2007, up from three percent in 2005. Most Medicare beneficiaries can choose among at least three types of Medicare Advantage plans: private fee-for-service, medical savings accounts, and regional preferred provider organizations. These plans are more likely to serve rural areas than Medicare HMOs or local PPOs.

Nearly half (46%) of beneficiaries living in urban areas have at least six HMOs or local PPO options available to them. Al-

though rural beneficiaries have substantially fewer of these plans available to them, more than half of them have at least one HMO or local PPO option this year, up from just 18 percent in 2005. More than one in five (22%) beneficiaries living in urban areas is enrolled in a Medicare Advantage plan – more than double the enrollment rate among beneficiaries living in rural areas (10%). Rural areas are experiencing the most rapid growth in Medicare Advantage penetration, driven largely by the expansion of private fee-for-service plans.

HEALTHFIND 2008 PLANNING IS WELL UNDERWAY

The Texas Organization of Rural & Community Hospitals (TORCH) is playing a new role in **HealthFind** this year. The Office of Rural Community Affairs (ORCA) has partnered with TORCH to coordinate the event this year. The theme is **“Where City Meets Country”** and they hope to put a little country flair back into **HealthFind** and get maximum participation by all the family practice and internal residency programs in the State of Texas as well as those physicians who are actively searching for practice opportunities in rural Texas. This is also a great time for PAs and NPs, new or experienced mid-level providers, to visit with rural communities which have a need to fill mid-level positions in their RHCs. **Mark your calendars for August 22 -23 at the Hotel Inter-Continental Dallas to participate in this event to recruit providers to your community. Look for more information to come out soon.**

VOLUNTEER NEEDED FOR TRAILBLAZER’S IAC TO FILL THE TEXAS RHC ALTERNATE’S SLOT

We are fortunate to have two slots on the TrailBlazer Intermediary Advisory Committee (IAC) that reviews Trailblazer’s Local Coverage Determination (LCD) policies. The policy draft is based on current published scientific literature and the local standard of medical practice. The policy draft is reviewed by physicians, as well as IAC representatives for the services the policy affects.

The IAC committee serves in an advisory capacity for local medical review policy. All comments are considered, however, the final policy decision rests with the intermediary and carrier medical doctors.

The responsibility of an IAC committee member is to receive drafts for local medical review policies and distribute them to colleagues who will review and comment on

them. Texas has two volunteer slots allocated to Rural Health Clinics. The Executive Director of the Texas Association of RHCs fills one slot, and at the current time the alternate slot is vacant. We are soliciting from our membership for a current member to fill that alternate position. *If you are interested, contact Ramsey Longbotham at (361) 576-294 or email him at ramsey@tarhc.org.*

TARHC BOARD OF DIRECTOR ELECTIONS IN AUGUST

Nominations and voting during our August 7, 2008, TARHC Annual Membership Meeting will be for three seats on the board of directors. The positions available for elections are: one freestanding RHC representative; one provider-based RHC representative; and the sole representative-at-large slot. The board members’ terms of office are for two years beginning January 1, 2009, and ending December 31, 2010. Nomination instructions will be sent to active TARHC member clinics for solicitation of nominees to these board positions.

ACTIVE HURRICANE SEASON POSSIBLE

The 2008 Atlantic hurricane season officially started June 1 and may peak between late August and mid-October. According to specialists at the National Oceanic and Atmospheric Administration, it will be an active period with 12 to 16 named storms of which 6 to 9 are expected to become actual hurricanes. The nation’s premier climate agency also predicts that 2 to 5 hurricanes will be major ones of Category 3 or higher with winds above 110 miles per hour.

The Emergency Management and Response – Information Sharing and Analysis Center (EMR-ISAC) recognizes that the United States made it through largely unscathed during the last two years despite predictions for active seasons. However, the EMR-ISAC remembers that 2004 and 2005 hurricanes seriously degraded the capabilities of several emergency departments and

agencies in affected areas of the Gulf Coast. The country needs to prepare now and not at the time of a disaster to get ready to assist.

- ▶ Are you ready?
- ▶ Is your clinic ready for any weather-related disasters or man-made emergencies this summer and early Fall?
- ▶ Have you made plans of what to do in the event you must either ride out or evacuate your area due to severe weather conditions?
- ▶ Are you along the coast that might be hit by a hurricane?
- ▶ Are you in an area that is subject to tornadoes?
- ▶ Are you in a county that is drought stricken and has to be ever watchful of grass fires?

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ACTIVE HURRICANE SEASON POSSIBLE . . .

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► Does your staff know what to do if the clinic is called upon to render assistance to your community during an emergency? There is several disaster planning guides that RHCs can review to prepare themselves for the future if they have not done so already. Here are two recommended guide sources:

- 1) The Texas A&M School of Rural Public Health created a guidance document in 2005 for RHCs, FQHCs, and EMS services to use in the development of regional emergency response plans for rural healthcare systems. *This document is on the school's web site and can be downloaded for clinics to adapt for their own use.* www.srph.tamhsc.edu/centers/osp/USACenter/index.htm .
- 2) For Pandemic Flu planning, the U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed a checklist to help medical offices and ambulatory clinics assess and improve their preparedness for responding to pandemic influenza. *The checklist* www.pandemicflu.gov/plan/medicla.html and further pandemic flu information can be found at www.pandemicflu.gov .

LOOKING FOR MORE EXCITEMENT AND ADVENTURE? HELP DURING A DISASTER!

Have you ever thought about joining the **Texas Rangers**? The **Texas Medical Rangers** that is: volunteers from all walks of life in Texas willing to serve the healthcare needs of disaster victims.

These volunteers of the Texas Medical Brigade, also called the **Texas Medical Rangers**, are an elite team of unique individuals that provide medical support services to the Texas Military Forces and communities across the state. **Rangers** have served such

noble causes as Operation Lone Star (OLS) in the Lower Rio Grande Valley and Laredo regions of Texas, providing medical, dental, and pharmaceutical services, to many individuals who could not otherwise afford healthcare. Additionally, **Medical Brigade soldiers** rallied to the call for help, establishing military model special needs clinics in evacuation shelters to care for those individuals displaced by hurricanes Katrina and Rita. And during last year's hurricane Dean, the

medical ranger force was mobilized and standing by to assist victims in the anticipated South Texas weather disaster, which luckily for everyone in the state the hurricane turned away from Texas at the last minute.

No matter what the need, the all-volunteer-force of **Texas Medical Rangers** is ready to answer the call, coming to the assistance of communities across this great state.

Come ride with the Rangers! For more info visit <http://www.texasmedicalrangers.com> .

VA NAMES 13 TO RURAL HEALTH ADVISORY COMMITTEE

On June 5, 2008, the Secretary of Veterans Affairs, Dr. James B. Peake, appointed 13 people to a new Veterans Rural Health Advisory Committee, which will advise him on health care issues affecting veterans in rural areas.

The 13-member group will examine ways to enhance Department of Veterans Affairs (VA) health care services for veterans in rural areas by evaluating current programs and identifying barriers to health care. The committee, chaired by James F. Ahrens, former head of the Montana Hospital Association, includes affected veterans, rural health experts in academia, state and federal professionals who focus on rural health, state-level Veterans Affairs officials, and leaders of veterans service organizations.

Among this group of distinguished experts is a Texan who is familiar with rural provider organizations, Rachel Gonzales-Hanson. She is a member of the National Association of Community Health Centers and is the Chief Operating Officer of Community Health Development, Inc., a Federally Qualified Health Center (FQHC) in Uvalde. **If you have info about veterans having health problems due to being unable to access Veterans Health Services or if you are a VA contracted community-based organization providing health services to veterans and have been having difficulty in receiving payments or any other issues in trying to take care of veterans, please call Rachel Gonzales-Hanson at (830) 278-5604.**

RETURN SERVICE REQUESTED



Texas Association of Rural Health Clinics
P.O. Box 14547
Austin, TX 78761

JUNE 2008

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Quality Health Care for Rural Texas

If your administrator/
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please let us know by
emailing us at
torch@torchnet.org.

Plan to Attend

**Texas Association of Rural Health Clinics
Education Conference**

August 6-8
OMNI Downtown Hotel
700 San Jacinto
Austin, Texas

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newsletter with your
colleagues.