



THIS NEWSLETTER IS A PUBLICATION OF THE

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

2008

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### How Many RHCs Belong to a Rural Health Clinic Advocacy Organization?

In the Texas Association of Rural Health Clinics there are 119 members comprised of 61 provider-based clinics, 48 free-standing clinics, and 10 corporate members. There are 326 certified RHCs in Texas.

Out of 3,407 certified RHCs across the country, 575 clinics belong to the National Association of Rural Health Clinics (NARHC). This national organization has the support of 16.8% of the country's rural health clinics behind their advocacy efforts. Among this group there are 43 Texas RHCs who have membership with NARHC.

In the National Rural Health Association (NRHA) 177 members have identified the Rural Health Clinic Constituency Group (CG) as their interest group for representation on the NRHA Rural Health Congress which develops national policy and guidance for NRHA. That is less than 1% of the 18,000 association and affiliated members that inform the United States Senate and House of Representatives on rural health issues. The NRHA Rural Health Congress representation is comprised of constituency groups, healthcare interest groups meeting special NRHA criteria, which entitles them to seats on the NRHA Board of Trustees and as representatives to the NRHA Rural Health Congress. There are constituency groups for Clinical Services, Community Grassroots, Diverse Underserved Populations, Frontier, Hospitals and Community Health Systems, Research and Education, Rural Health Clinics, and Statewide Health Resources. There is also representation for State Rural Health Associations and State Rural Health Offices. The CGs are allowed a chairperson who represents the first hundred (100) CG votes, i.e. CG members; and one elected representative for each 50 votes (members) after the initial 100 votes. Several years ago the RHC CG was large enough to have five representatives serving at one time. Among its history of elected CG representatives there have been four individual Texans who have served on this particular CG. Currently with 177 members the RHC CG is allowed two representatives: the chair and one other representative. They are looking for about 25 new members to join their CG to give them another representative at the table for the next meeting of the NRHA Rural Health Congress in Washington DC on Sunday, January 25, 2009.

Additional new members to any one of these organizations would help in the fight to keep what RHCs we have and campaign for the future of the Rural Health Clinic Program. If you are not a member of the state association and at least one of the national organizations, you are not taking care of business - the business of being an RHC!

### Proposed New RHC Rule - What's Happening?

At the National Rural Health Association's Rural Health Clinic Workshop in Savannah, Georgia, on October 14, 2008, Mark Harstein from CMS said that he could not speculate on when the new RHC Proposed Rule would officially be published. Mr. Harstein is the Deputy Director of the Hospital and Ambulatory Policy Group Center for

(Continued on page 2)

**Proposed New RHC Rule - What's Happening?**

*(Continued from page 1)*

Medicare Management at the Centers for Medicare and Medicaid Services (CMS) in Baltimore, Maryland. The opinion in the audience seemed to be that the new RHC Rules will be out within the first half of next year if there are no significant problems. The CMS speaker was followed by Maggie Elehwany, the NRHA Vice President of Government Affairs and Policy, and Tim Fry, Manager of NRHA's Government Affairs Office, who both went into great detail about NRHA's public comments to the new RHC Proposed Rule and said that all the advocacy groups for RHCs worked with Congress to pass a bill that changed the RHC shortage

designation area time requirement from the CMS criteria of three to four years for shortage area re-designations to be completed. This falls in line with what the Shortage Designation Bureau at Health Resources and Services Administration (HRSA) does for all the other federal agencies' programs. This bill was recently signed by President Bush, making the current designation for a health professional shortage area (HPSA) every four years instead of the three year requirement for the Rural Health Clinic Program. That should help some RHCs stay in business if the New Rules come out soon.

I met with Alan Morgan, Chief Executive Officer of the NRHA, during the conference and he was

excited about the cooperation among a number of national rural health advocacy organizations who have been meeting monthly to share information and combine their efforts on a number of issues. Mr. Morgan said that he was especially happy that he and Bill Finerfrock have agreed to hold their respective Washington D.C. conferences simultaneously this coming January during the week following the presidential inauguration. Although they are still developing their respective conference agendas for Washington DC, the January 2009 conference agendas might be finalized and ready for public dissemination by the end of NARHC's Fall Conference in St. Louis, MO, this November.

**TORCH Takes New RHC Proposal by the Horns**

US Congressional leaders were unsuccessful in persuading CMS to extend the Public Comment period that ended August 26<sup>th</sup> to allow more time to study the impact of the New RHC Proposed Rules. Don McBeath, the Director of Advocacy and Communications for the Texas Organization of Rural & Community Hospitals (TORCH), worked with Texas Congressman Mac Thornberry to take the lead in sending a letter signed by several Representatives to HHS Secretary Mike Leavitt asking him to halt CMS from implementing the new RHC Rules until Congress can take a closer look at them.

Don has asked that all of our RHC members contact their US Representatives and let them know about this letter headed up by Mac Thornberry, encouraging them to sign it for our Texas RHCs.

Another initiative taken by TORCH in September was to press for a new Governor's Underserved Area Designation. TORCH has finalized a draft state-level designation that the Governor's Office could adopt and utilize to protect a number of Rural Health Clinics that might become subject to federal attempts to limit the size of the current program. It would be in the state's interest to not only ensure network adequacy for programs such as Medicaid and CHIP, but also to continue to bring in a significant amount of federal funding that comes in the form of enhanced reimbursement for these federally-designated healthcare facilities. TORCH will be sure to provide to their hospital members and our TARHC members continued updates on the status of the RHC Rules as well as their conversations with the Governor's healthcare policy staff.

**It's Not All Bad News Though - ORCA Gave More Money to the RHC Grant Program**

David Darnell in the Office of Rural Community Affairs (ORCA) has released the names of the clinics who were awarded the Texas RHC Grants that will help them acquire computers or electronic records systems for their clinics. He said they were able to increase the number of grants from five to eight this year. Here are the winners for this year and the amounts they received in their awards:

Fisher County Hospital District in Rotan	\$10,000	Kimble Hospital Clinic in Junction	\$10,000
Hansford County Hospital District, dba Family Medicine Clinic in Spearman	\$10,000	Farwell Medical Clinic in Farwell	\$10,000
Collingsworth General Hospital Clinic in Wellington	\$10,000	Friona Medical Clinic in Friona	\$10,000
		Cogdell Family Clinic in Snyder	\$10,000
		Rolling Plains RHC in Sweetwater	\$ 8,028

## Governor's Office Follow-up to Questions Asked at TARHC August Conference

There were some members in the August Rural Health Education Conference audience who asked Ann-Marie Price from the Governor's Office a couple of questions or voiced their concerns on several issues that she wanted me to publish in our next RHC newsletter. These are the responses she provided:

1. *Do retail clinics that provide health care services need to be physician-owned?* Yes, they do to be in compliance with the Corporate Practice of Medicine Act.
2. *Do health insurance carriers (i.e. health plans) have to report how much they spend on patient care?* Yes, Medicaid benefits ratios must be reported. Additionally, SB 173 (80<sup>th</sup> Legislature, Regular Session, 2007) provided additional consumer protections to ensure consumers can have increased access to this kind of information.
3. *Why aren't dietitians permitted to practice at rural health clinics?* The Health and Human Services Commission, for example, follows Health Resources and Services Administration and the Centers for Medicare and Medicaid Services policy, which stipulates that only the providers listed below are covered providers:

Physician  
Certified Nurse Midwife

Physician Assistant  
Clinical Psychologist

Nurse Practitioner  
Licensed Clinical Social Worker

Visits with other providers (i.e. nurses, medical assistants, etc.) do not qualify as RHC visits and are not permitted to be counted as encounters.

*In the event you need to follow-up with Ann-Marie Price for further explanations to these comments, please contact her at: Office of the Governor, PO Box 12428, Austin, Texas 78711. Telephone 512-463-1778, fax 512-463-1975, or email [ann-marie.price@governor.state.tx.us](mailto:ann-marie.price@governor.state.tx.us).*

### Texas Medicaid Fluoride Varnish Program

The Texas Medicaid program recently implemented a new fluoride varnish program allowing primary care physicians, physician assistants, and advanced practice nurses to provide and be reimbursed for a limited oral health evaluation and application of fluoride varnish for children aged 6 months to 35 months. Participating physicians and providers will provide the new service as part of the Texas Health Steps (THSteps) medical visit and be paid \$34.16 in addition to the THSteps medical checkup payment.

To participate in the program, primary care physicians and midlevel practitioners must be certified by the state by either attending "in-person training" or participating in a live webinar. The Texas Medical Association (TMA), the Texas Pediatric Society (TPS), and the Texas Academy of Family Physicians (TAFP) is hosting free webinars to train and certify any THSteps-participating physician, nurse practitioner, or physician assistant to perform oral evaluation and dental varnish application. The training lasts approximately 90 minutes.

The next Webinars are:                   **Tuesday, November 11, 5:30pm to 7:00pm**  
  **Thursday, November 13, noon to 1:30pm**

To register for the Webinars go to <http://www.dshs.state.tx.us/dental> and click on Oral Evaluation and Fluoride Varnish in the Medical Home. Then click "webinar" where you can register online and take it online.

Large group practices may request in-person training by calling TMA's Stacey Warren at (800) 880-1300, extension 1376, or 512-370-1376.

The Texas Medicaid and Healthcare Partnership (TMHP) staff liaison for RHCs, Lisa Lerma, reminds our association members that there are a couple of categories that ***RHC's should not be billing for under their RHC number, but instead under a practitioner's group/individual number AND THSteps medical and dental fall under that category.*** If the individual providers have their individual Medicaid TPI number and have taken the required training as being certified for this dental service, they can bill for procedure code D0145-Oral Evaluation for a patient under 3 years of age (6 months to 35 months) and counseling with the primary caregiver.

*(Continued on page 4)*

(Continued from page 3)

For questions about the required **Fluoride Varnish training**, you can contact the Department of State Health Services (DSHS) and speak to:

Dr. Linda Altenhoff (512) 458-7111, extension 3001, email [linda.altenhoff@dshs.state.tx.us](mailto:linda.altenhoff@dshs.state.tx.us) or  
Dr. Dianne Forbes at (512) 458-7111 extension 3138, email [dianne.forbes@dshs.state.tx.us](mailto:dianne.forbes@dshs.state.tx.us)

### Use Individual NPI on Prescriptions

If you are including your national provider identifier (NPI) on the prescriptions you write, be sure it is your individual NPI, not your group practice's identifier.

Remember that your individual or Type 1 NPI is not specific to a location or specialty, so regardless of where or what type of service you perform, you will always use your individual NPI when identifying yourself as the prescribing or rendering provider.

While putting your NPI on prescriptions is not required by any law, some payers will not process a Medicare Part D pharmacy claim unless the pharmacy includes the prescribing provider's NPI on the claim. As a result, many pharmacies have adopted a policy of not filing Medicare Part D prescriptions unless the provider's NPI is on the prescription, the pharmacy is able to contact the provider to obtain the NPI, or the NPI in the pharmacy's database. But if you submit the wrong NPI to the pharmacy, the drug store may later have to deal with a denied claim.

### Rural Health Clinic Training Opportunities

**November 7, 2008**

**Healthcare Horizon one-day RHC Workshop**  
**San Antonio, Texas** info at [www.healthcarehorizon.com](http://www.healthcarehorizon.com)

**December 12, 2008**

**Healthcare Horizon one-day RHC Workshop**  
**Dallas, Texas** info at [www.healthcarehorizon.com](http://www.healthcarehorizon.com)

*For additional information feel free to contact*  
*Healthcare Horizon at 800-399-0874 or*  
*e-mail: [hlthcarehorizons@mindspring.com](mailto:hlthcarehorizons@mindspring.com)*

### TrailBlazer Part A RHC Training

**November 3, 2008 – RHC DDE Web-Based Training:** this class will cover claims inquiry, claims entry, claims correction and online reports available in the DDE system. Policy and billing procedures will not be covered. *Information and registration for this November 3<sup>rd</sup> training from 10:00 am to 11:30 am* is available at <http://www.trailblazerhealth.com/calendar/EventRegistration.aspx?id=569&DomainID=1>

**November 14, 2008 – RHC Teleconference:** This teleconference is customized for RHCs and will cover billing instructions and requirements specific to RHC services. Information on the nature, intent and current finding of the CET program will also be included. *Registration for this teleconference is mandatory in order to receive the conference dial-in number and authorization code for this call that will take place on Friday, November 14<sup>th</sup> from 10:00 am to 11:30 am. Registration instructions are available at* <http://www.trailblazerhealth.com/calendar/EventRegistration.aspx?id=536&DomainID=1>.

## ***Veterans Day - November 11, 2008***

*"A Veteran"*

Author Unknown

A veteran – whether active duty, National Guard, Reserve, or retired – is someone who at one point in his or her life, wrote a blank check payable to “The United States of America” for an amount of “up to and including my life.” That is honor and there are too many people in this county who no longer understand it.

### **Last Living Veterans**

#### American Revolution (1775 – 1783)

Daniel F. Bakeman, died 5 April 1869, age 109

#### War of 1812 (1812 – 1815)

Hiram Cronk, died 13 May 1905, age 105

#### Mexican War (1846 – 1848)

Owen Thomas Edgar, died 3 September 1929, age 101

#### Indian Wars (c. 1861 – 1895)

Fredrak Franske, died 18 June 1973, age 101

#### Civil War (1861 – 1865)

Albert Woolson, Union, died 2 August 1956, age 109  
John Salling, Confederate, died 16 March 1958, age 112

#### Spanish-American War (1898)

Nathan E. Cook, died 10 September 1992, age 106

#### World War I (1914 – 1918)

Last Living Veteran, Frank Buckles, born 1901

Active in Civic Clubs and drove until a couple of years ago

Frank Buckles lived through WWI; visited Germany in the 1930s as a civilian; working for a steamship company in Manila, when in January 1942 he was captured by the Japanese, and was a prisoner for 39 months; and was liberated by the 11th Airborne Division. His comment on being the last living Veteran of WWI, “Someone has to do it. It kind of startles you.”

#### World War II (1941 – 1945)

Almost 16.1 million Americans served in WWII. The average enlistment was 33 months; 73% served in combat; and the average individual served 16 months in combat. WWII Veterans are dying at the rate of 1000+ per day.

Korea, Viet Nam, the Cold War, Gulf War I

#### Afghanistan, Iraq, the War on Terror

These veterans are still active and with us each day. Express your appreciation to each of them for their service. Our Texas Military Forces contain individuals who have served in these wars. Take a moment to visit with a veteran and listen to their stories.

***DUTY \* HONOR \* GOD \* COUNTRY***

***Help us to remember in our hearts and prayers today and everyday those Service Men and Women who continue the honored tradition of defending freedom around the world. We ask you to keep them safe from harm, and bring them safely back home to loved ones dear.***

Chaplain (COL) Farrar Bentley, Command Chaplain, Headquarters Texas State Guard, 25 October 2008

RETURN SERVICE REQUESTED



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**OCTOBER 2008**

**In this issue . . .**

How many RHCs belong to a RHC Advocacy Organization?  
Proposed New RHC Rule  
TORCH Takes New RHC Proposal by the Horns  
Governor's Office Answers Questions  
TrailBlazer Part A RHC Training  
Veterans Day - November 11

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[torch@torchnet.org](mailto:torch@torchnet.org).



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