



MISSISSIPPI
RURAL HEALTH
ASSOCIATION

CROSSROADS

MARCH, 2020 ISSUE

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CROSSROADS MAGAZINE

PRODUCTION TEAM

Production Leader

Ryan Kelly

Communications

Madison Moore

Grace Wilkes

Graphic Designer

Lorie Hanson

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What is **CROSSROADS**?

Crossroads is a publication of the Mississippi Rural Health Association and aims to communicate up-to-date health care news and events through relevant and timely articles.

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ASSOCIATION

LOCAL

NATIONAL



RURAL HEALTH CLINIC CONFERENCE

May 22, 2020
Virtual Conference

The Rural Health Clinic Conference is a special meeting designed specifically for the rural health clinic members of the Mississippi Rural Health Association.

Due to the COVID-19 outbreak, this year's conference will be held online. This new virtual conference style should best allow providers to stay in their offices / homes and safely view content without risk of exposure. The agenda will be a mix of practical discussion regarding COVID-19 as well as other needed topics specifically to support rural health clinics.

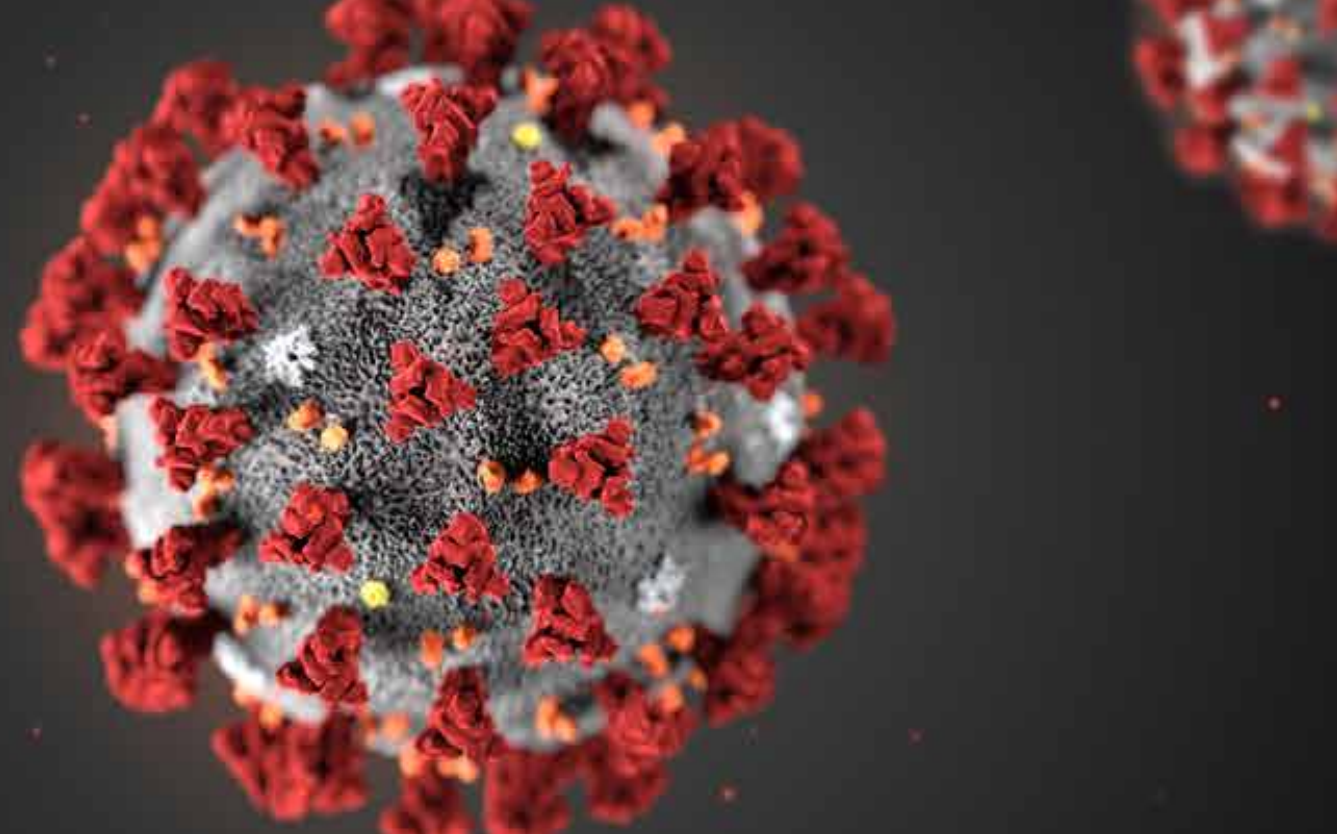
Visit msrha.org/events for more details and registration options.



LEARN MORE ON FACEBOOK

The Mississippi Rural Health Association is proud to be a state affiliate of both the National Rural Health Association and the National Association of Rural Health Clinics.

COVID-19 POLICY CHANGES ON THE STATE / NATIONAL LEVEL



COVID-19 Policy Changes on the State / National Level
The entire world has been shocked by the rise of the COVID-19 (coronavirus) in the last week(s). Many are infected, and several have died as of the writing of this article. The Mississippi Rural Health Association has worked with state and national agencies, along with a host of peer organizations, to develop and understand policy changes related to diagnosing and treating patients in this new time in American healthcare.

As of the time of this writing, the following are all known policy updates for state and national agencies, insurance carriers, and with regard to legislation. Certainly, things are changing quickly and we will respond to members as best as we can.

This should be used as a guide to assist providers with understanding the updates as they have been made. Please check your e-mail for any additional updates as they come out.

Mississippi Division of Medicaid (DOM)

The Mississippi Division of Medicaid has added new procedure codes that can be used by providers and laboratories to bill for certain Coronavirus Disease 2019 (COVID-19) diagnostic to increase the testing and tracking

of new cases.

The Healthcare Common Procedure Coding System (HCPCS) codes U0001 and U0002 were developed by the Centers for Medicare and Medicaid Services (CMS), and DOM is in the process of entering them into its claims processing system. They should be available for billing later this week, and they will apply to dates of service on or after Feb. 4, 2020. Providers will be notified once the codes are available in the system.

The HCPCS code U0001 is specifically used for CDC testing laboratories to test patients for SARS-CoV-2. HCPCS code U0002 allows laboratories to bill for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).

The published fees for the two codes will be:
U0001 = \$32.33
U0002 = \$46.20

These fees do not include cutbacks, assessment fees, etc. Payment is not guaranteed.

For more information on the coverage or the evaluation and testing of COVID-19, find the following resources online:

Medicaid Updated Telehealth Regulations

In response to the coronavirus outbreak, the Mississippi Division of Medicaid (DOM) will expand its coverage of telehealth services throughout the state in alignment with Governor Tate Reeves' recommendations on leveraging telemedicine to care for patients while limiting unnecessary travel, clinic visits and possible exposure.

Effective immediately through April 30, 2020, DOM's Emergency Telehealth Policy will allow additional use of telehealth services to combat the spread of Coronavirus Disease 2019 (COVID-19). Details of enhanced services include the following:

- A beneficiary may access telehealth services from his or her home.
- A beneficiary may use his or her personal cellular device, computer, tablet, or other web camera-enabled device to seek and receive medical care with a qualified distant-site provider.
- The requirement for a telepresenter to be present with the beneficiary is waived when the beneficiary receives telehealth services in the home.
- Any provider that is eligible to bill DOM for services is now allowed to serve as a distant site provider, including Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs).

- Any limitation on the use of audio-only telephonic consultations is waived.

These enhanced telehealth options will be available in fee-for-service Medicaid, Medicaid managed care, and the Children's Health Insurance Program.

The agency also is seeking federal approval for an 1135 Medicaid waiver to give the program a wider range of flexibilities during the emergency. If approved, the 1135 waiver would give DOM the discretion, when necessary and proper, to relax prior authorization requirements, eliminate Preadmission Screening and Annual Resident Review (PASRR) reviews at nursing homes, suspend revalidations for current providers, and expedite new provider enrollment.

Other requested Section 1135 flexibilities include allowing care to be provided in alternative settings, revising rules for critical access hospitals, and relaxing telehealth security requirements so that providers can use readily available platforms like Facetime and Skype to facilitate telehealth visits with patients.

Additional information on policies, coding, and reimbursement related to the COVID-19 outbreak will continue to be added to a resource page on the agency's website. Note: To confirm, this now allows RHCs and FQHCs to be a distance site provider for Medicaid-

reimbursed telehealth in Mississippi.

Blue Cross Blue Shield of Mississippi

In response to the COVID-19 pandemic, Blue Cross & Blue Shield of Mississippi is ensuring expanded access to care, to include enhanced telemedicine coverage. This is important given the nature of the COVID-19 outbreak and the Centers for Disease Control and MS State Department of Health direction to self-isolate, not use the emergency room and call your primary care provider. Effective March 16, 2020, the BCBSMS COVID-19 Pandemic Telemedicine Policy allows Healthcare Providers to provide medically necessary services that can be appropriately delivered via audio and/or visual consultation. The BCBSMS COVID-19 Pandemic policy is effective March 16, 2020 through April 30, 2020, and will be reassessed as needed.

Specific guidelines are noted below:

- Telemedicine, in this Policy, is appropriate for visits for either low complexity, routine or ongoing evaluation and management for established patients, as well as addressing new and established patient needs related to COVID-19 symptoms.
- Member cost-sharing (co-pays, deductibles, etc) and benefit levels will apply according to the Blue Cross and Blue Shield Member's Health and Wellness Benefit Plan. BCBSMS will waive the co-pay for all Network Provider covered telemedicine visits for fully-insured Members.
- For routine evaluation and management of established patients, Healthcare Providers (MDs, DOs and professional Allied Providers, such as Nurse Practitioners) may bill for established patient evaluation and management codes up to a Level 3 (CPT codes 99211, 99212 and 99213) with a place of service 02 (Telehealth), regardless if provided telephonically or using visual equipment. Please note, however, providers should only bill for telephonic visits when the provider speaks directly to the patient. Providers should not bill BBSMS for services when only office staff and/or a nurse speaks with the patient, regardless if a provider was consulted.
- To address new patient needs relative to COVID-19 symptoms, Healthcare Providers (MDs, DOs and professional Allied Providers, such as Nurse Practitioners) may bill for new patient evaluation and management codes up to a Level 2 (CPT codes 99201 and 99202) with a place of service 02 (Telehealth), regardless if provided telephonically or using visual

equipment. Please note, however, providers should only bill for telephonic visits when the provider speaks directly to the patient. Providers should not bill BCBSMS for services when only office staff and/or a nurse speaks with the patient, regardless if a provider was consulted.

- Behavioral Health Providers (Psychiatrists, Psychologists, Licensed Professional Counselors, and Licensed Certified Social Workers) may bill for established patient visits and evaluation and management codes as follows with a place of service 02 (Telehealth): -CPT codes 99211, 99212 and 99213 - CPT code 90832
- All services must be medically necessary and documented as part of the Member's permanent health record, to include the amount of time spent with the patient. Patient must give consent to be treated virtually and/or telephonically and appropriately documented in the medical record prior to initiation of telemedicine.
- This policy only applies to medically necessary visits that are patient-initiated or are replacing a previously scheduled visit.

Mississippi Board of Medical Licensure (MSBML)

The Mississippi Board of Medical Licensure created recent policy changes that are in effect during the Governor's State of Emergency:

1. Providers are highly encouraged to utilize telemedicine whenever possible for treating patients to avoid unnecessary clinic visits and possible exposure
2. The Mississippi Board of Medical Licensure shall allow non-Mississippi licensed physicians to provide telemedicine within Mississippi
3. Urine drug screens are not required for controlled substances, but use of the MPMP is still enforced.

Mississippi Board of Nursing (MSBN)

The Mississippi State Board of Nursing created recent policy changes that are in effect during the Governor's State of Emergency:

1. APRNs are highly encouraged to utilize telemedicine whenever possible for treating patients to avoid unnecessary clinic visits and possible exposure
2. Non-Mississippi licensed APRNs with an unrestricted out of state licensure are allowed to provide

telemedicine within Mississippi

3. Point of service drug testing is not required for controlled substances, but use of the MPMP is still enforced.

Mississippi State Department of Health (MSDH)

Prior approval from MSDH for submission of samples to the Mississippi Public Health Laboratory is no longer required.

Centers for Disease Control and Prevention (CDC)

CDC Infection Control Guidance: This updated guidance from the CDC provides updated PPE recommendations for the care of patients with known or suspected COVID-19.

- Facemasks are an acceptable alternative to N95 respirators when respirators are unavailable in healthcare settings. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols.
- When an adequate supply of respirators is available in a healthcare facility, facilities should return to use of respirators per their respiratory protection program.
- Continue to use eye protection, gown, and gloves.
- If there is a shortage of gowns, they should be prioritized for aerosol-generating procedures, high contact patient care activities, and activities where splashes and sprays may occur.
- Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRs) (See definition of AIIR in appendix) should be reserved for patients undergoing aerosol-generating procedures.

LabCorp

- LabCorp is accepting COVID-19 test orders and samples from physicians and other healthcare providers, clinics, and hospitals anywhere in the U.S. We are processing tests in the order received.
- COVID-19 tests can be ordered directly from LabCorp. We are not aware of any requirements that state or local health authorities must provide approval for LabCorp to perform testing. However, healthcare providers who are evaluating or treating patients under suspicion for COVID-19 may be required to coordinate

with or provide information to their local or state health authorities. As noted above, testing should be conducted on appropriate patients in accordance with the latest clinical guidance from the CDC and other expert organizations. Please check with those authorities for more information.

- LabCorp is reporting COVID-19 test information to public health authorities as may be required, but the ordering provider may also be required to report results and other information as well.
- CMS has established reimbursement in the amount of \$51.31 for COVID-19 testing, and an HCPCS code for billing. LabCorp will use that rate for all customers, payers, and patients.

Centers for Medicare and Medicaid Services (CMS)

Medicare will pay doctors and hospitals for a broad range of telehealth services on a temporary basis, effective March 6. The program will pay for office and hospital telehealth visits and include a wide range of providers including nurse practitioners, clinical psychologists and social workers. Telehealth visits will be reimbursed for the same amount as in-person visits.

New Guidance

CMS issued a Section 1135 waiver to allow CAHs and rural (non-CAH) swing-bed hospitals to move patients from their acute care beds to swing beds for extended care services without a 72-hour prior hospitalization. This clarification will help utilization review processes in rural hospitals to better maximize use of patient care beds.

Note: The expanded waiver does not apply to Rural Health Clinics (RHC) or Federally Qualified Health Centers (FQHC) to bill for Medicare telehealth visits or e-visits. CMS does not have statutory authority to issue a waiver for these purposes. See the Congressional Action section below for more information.

Department of Health and Human Services (HHS)

During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth

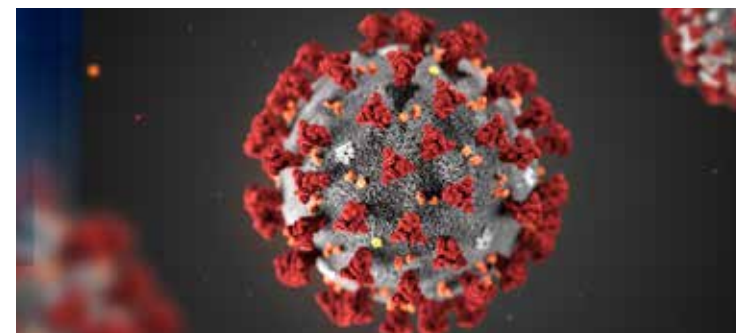
services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.

OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.

A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

Congressional Action

The US Senate released its version of the Phase 3 COVID-19 Stimulus Package, which includes language to make RHCs and FQHCs distance site providers for telehealth. We are working to ensure that all needed language is included. This bill is expected to come up for vote in the coming week. In our last conversation with them, all Mississippi delegates are in favor of including these entities as distance site providers for telehealth.



MRHA PARTNER RELEASES BOOK FOCUSED ON HOSPITAL SURVIVAL

“Rural Hospital Renaissance” Gives Nation’s Struggling Rural Hospitals Pathway to Growth and Revival.” New book and survival assessment tool provide at-risk hospitals with a blueprint for engaging leadership, staff and patients to reverse the epidemic of closures and start growing. A fifth of the nation’s rural hospitals are nearing collapse, according to North Carolina’s Sheps Center for Health Services Research, and 2019 is on pace to record the highest number of closings ever.

With rural hospital closures at a crisis point, finding the pathway back to growth has never been more urgent. “Rural Hospital Renaissance,” the new book by Brian Lee, one of North America’s leading experts in the field of Five Star

patient experience, offers rural hospitals a proven formula for achieving a breakthrough in the patient experience to transform their future prospects from decline and survival to growth and revival. “A cultural renaissance is needed in healthcare today,” says Lee, of the industry’s renewed focus on improving the patient experience. “The magic takes place when leaders truly engage the frontline with a ‘License to Please’ bundle of empowerment skills that transform their task-driven efforts to mindful presence and kindness. This book provides a step-by-step blueprint for transforming hospital culture and engaging caregivers to create a healing experience that patients will enthusiastically recommend.”

2020 FELLOW COHORT

For more information about the fellows, visit msrha.org/fellow



Lonnie Moore

Executive Director and Nurse Practitioner for Delta Medical Foundation Clinic

Lonnie L. Moore is a FNP that serves in the Mississippi Delta as an Executive Director and medical provider for Delta Medical Foundation. As a non-profit 501 (c) company, we are passionate about serving our community; providing accessible evidence based medical care coupled with compassion.



Elois Smith

Community Health Director, Regional II, Mississippi State Department of Health

Elois Smith is the Community Health Director, Region II, for the Mississippi State Department of Health. She has a Master of Public Health from Mississippi University for Women and a Certified Health Education Specialist (CHES). Elois enjoys spending time with her family and reading historical novels.



Kia Jones

Student, Jackson State University

Kia Jones is a Doctor of Public Health Candidate at Jackson State University. In my doctoral program, her concentration is Epidemiology and Biostatistics. She currently works as a Clinical Research Coordinator for the Mississippi Center for Clinical and Translational Research at the University of Mississippi Medical Center.



Brad Shirley, MBA, NRP,

Director of Clinical Operations, Baptist Medical Center

Brad Shirley is the Director of Clinical Operations for Baptist’s four rural health clinics in Leake and Attala counties. With more than 25 years of healthcare experience, Brad has worked as a paramedic, an emergency planner, an educator, and a clinic director. He earned his BS degree in Emergency Medical Services and holds a Masters of Business Administration.

RURAL STUDY BEINGS OUTREACH, COMMUNITY ENGAGEMENT IN NORTH MISSISSIPPI

Researchers from UMMC and partner institutions announced in May 2019 the Risk Underlying Rural Areas Longitudinal Study, or RURAL, which will examine what causes the high burden of heart, lung, blood and sleep, or HBLS, disorders in the Southern Appalachia and Mississippi Delta regions. With funding from the National Heart, Lung, and Blood Institute and led by Boston University, the six-year, \$21.4 million multi-site prospective cohort study plans to recruit 4,000 participants from 10 of the most economically challenged rural counties in those areas.

“We are going to look at a rural population cohort – a cohort that’s never been successfully studied at this scale,” said Dr. Ervin Fox, professor of medicine and principal investigator for the Mississippi sites.

Additional RURAL investigators in Mississippi include Dr. Frances Henderson, consultant; Dr. Felicia Caples, project administrator; Dr. Sonja Fuqua, consultant; and Abril Grant, research specialist. RURAL plans to use a mobile examination unit, wearable activity monitors and smart phones to assess familial, lifestyle, behavior and medical histories. In addition to considering environmental and economic factors, they will also study standard and novel risk factors for HLBS disorders.

RURAL plans to recruit its Mississippi cohort from Oktibbeha and Panola counties. A mobile exam unit will

visit each county and serve as the site where RURAL investigators will conduct the participant exams. “We hope to recruit people from Como, Crenshaw, Courtland, Sardis, Pope, Maben, Sturgis and all throughout Panola and Oktibbeha counties. We want this study to be representative of these communities,” Fox said.

The Mississippi Core Team for RURAL has engaged the community through focus groups, stakeholder meetings and the formation of a community advisory board for each county. The board members will serve as liaisons between the RURAL study and the community.

In addition, the RURAL study and community advisory boards co-hosted Go Red for Women heart health events in Panola and Oktibbeha counties in February, which introduced attendees to RURAL and its goals. The community advisory boards and the Mississippi Core of RURAL will continue participating in health education events, connecting with community partners and businesses, and working with faith-based organizations and health care facilities to promote the study. There will be periodic public announcements regarding RURAL. The study plans to start recruitment and expects the arrival of the mobile exam unit to Oktibbeha and Panola counties in 2021.



MRHA JOB BOARD

[MSRHA.ORG/JOB-BOARD](https://msrha.org/job-board)

The Mississippi Rural Health Association is pleased to host a job board rural health professionals. Any job in rural health is now accepted on the job board.





LACKEY MEMORIAL HOSPITAL'S NEWEST SERVICE LINE ADDRESSES THE OPIOID CRISIS

By: Nicole Kennedy

These days it is tough to turn on the news without being confronted with our country's ongoing struggle with opioid dependency. Sadly, it's an epidemic that many of us have experienced first-hand because it affects our family members, friends, and coworkers. Virtually everyone we interact with in our daily lives could fall victim to the misuse of prescription pain medications. Opioid dependency is not bound by race, gender, or even social stature.

Opioids are often prescribed to treat moderate-to-severe pain following surgery, injury, or chronic health conditions. However, these drugs can also be so potent that many people become dependent before they are even aware of what is happening to them. The epidemic is so widespread that accidental drug overdose is currently the leading cause of death in the United States for those under 50. Lackey Memorial Hospital is taking a stand and addressing the crisis. Their Main Street Medical Clinic of Morton has recently incorporated an Opioid Dependency Treatment Program that offers a comprehensive solution to opioid addiction and abuse. The innovative treatment

plan is physician administered and monitored by Doctor Matthew Bentley. According to Dr. Bentley, "The medication-assisted treatment plan is a safe, effective, and confidential way to beat opioid dependency." He continues, "Our medication program binds to the same receptors in the brain as other opioids, but blunts intoxication and prevents cravings – allowing our patients to transition back from a life of addiction to a life of normalcy and safety." Lackey Memorial Hospital's Opioid Dependency Program is covered by most insurance plans. The referral process is extremely easy. In fact, self-referrals are

accepted and completely confidential. The clinic is located conveniently between Jackson and Meridian. If you or a loved one is struggling with opioid dependency, make the call and get the medical attention necessary to get your life back. You can reach the Opioid Dependency Treatment Program at 601-732-1524. Treatments are scheduled within the Main Street Medical Clinic of Morton at 347 South Fourth Street. To learn more about the program visit lackeymemorialhospital.com

A friendly reminder from:



BE SUN SMART

with your medications

The medications below are known to cause increased sensitivity to the sun. Look over your medications, use sunscreen, and talk to your doctor about any concerns or questions you have!

			RETAIL PRICE	DISCOUNTED PRICE	% OFF
		PHARMACY			
Tetracycline 250mg CAP	30qty	CVS	\$253.97	\$9.12	96%
Doxycycline Hyclate 100mg TAB	30qty	Target	\$95.59	\$75.32	21%
Ibuprofen 800mg TAB	30qty	Rite Aid	\$23.99	\$10.92	54%
Phenytoin 100mg CAP	90qty	Safeway	\$66.99	\$26.57	60%

*Discounted prices were obtained from listed pharmacies in July 2016. Prices vary by pharmacy and region and are subject to change.



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Mississippi Drug Card

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(Example Year 2016; Time 9:14; Enter ID 20160914)

RxGRP: MSRX
RxBIN: 610709

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 MISSISSIPPI RURAL HEALTH ASSOCIATION

This coupon has no expiration date and is reusable on Brand and Generic Rx's. Savings can be as high as 75%.
PATIENT INSTRUCTIONS: This card/coupon is pre-activated and can be used immediately. Present this card/coupon to any participating pharmacy to receive a discount on prescription medications.
PHARMACIST INSTRUCTIONS: Submit as a primary claim (cannot be processed as secondary) using the following pharmacy processing information. For processing questions and comments please call the Pharmacy Helpline below.
Customer Service: 877-321-8755 Pharmacy Helpline: 800-223-2146
This program is not insurance. This is a point-of-sale discount plan.



TMF HEALTH QUALITY INSTITUTE IS MISSISSIPPI'S NEW QIN-QIO CONTRACTOR

TMF Health Quality Institute has secured the five-year Quality Innovation Network-Quality Improvement Organization (QIN-QIO) contract with the Centers for Medicare & Medicaid Services to provide health care quality improvement assistance in Arkansas, Mississippi, Nebraska, Texas, the U.S. territory of Puerto Rico and the U.S. Virgin Islands. TMF has built a strong quality improvement team throughout this region, including subcontracting with longtime quality improvement partner, Arkansas Foundation for Medical Care (AFMC). As part of the TMF QIN-QIO, AFMC is excited to expand health care quality improvement efforts into the state of Mississippi. The TMF QIN-QIO will provide targeted technical assistance and engage health care organizations at no cost to implement lasting quality improvement initiatives by offering one-on-one or group technical assistance, education, tools and resources. The TMF QIN-QIO health care quality consultants

work with health care organizations to implement quality improvement interventions that address key health care topics, including:

- Improve medication safety and decrease opioid misuse
- Improve patient safety
- Improve chronic disease self-management with a focus on cardiovascular health, diabetes and chronic kidney disease
- Improve transitions of care

We invite your organization to join the TMF Health Care Quality Community Coalitions project to receive free, expert assistance to improve the quality of care for your patients. To join, visit tmfnetworks.org and click on the orange Create an Account button. You can also email communityhealth@tmf.org for more information.

MEDICAL PRACTICES:

Act now.

An SRA is a HIPAA requirement. No one is exempt!

AFMC has successfully completed over 1,600 SRAs covering more than 4,000 health care providers in practices just like yours.

Call now to schedule a free consultation. **501-906-7511**
afmc.org/SRA

Congratulations!

2020 Lilypad® Award Winners

FIVE MISSISSIPPI RHCS AWARDED TOP RURAL HEALTH CLINICS BY LILYPAD®

Lilypad®, a leading healthcare analytics firm, recently announced the 2020 Lilypad Awards, the first and only ranking program for our nation's 4,400 rural health clinics. Five rural health clinics in Mississippi were distinguished with this award. These clinics include the Family Medical Group of Meadville, South Central Regional Medical Center Clinic in Laurel, Sunflower Rural Health Clinic in Ruleville, EMS Clinic in Greenwood, and Holmes County Family Medicine Clinic in Lexington. The Lilypad Awards recognize the Rural Health Clinics that outperform their rural primary care practice peers in terms of efficiency and operational excellence. Utilizing data from the Centers for Medicare and Medicaid program to calculate rural-relevant metrics across five domains, the Lilypad Awards provide a comprehensive and objective assessment of rural health clinic performance. The Lilypad Awards and Lilypad's Practice Operations National Database (POND®) programs are used nationally by rural clinics, State Offices of Rural Health, regional healthcare systems and rural hospitals to measure and monitor rural primary care practice performance. They serve as the foundation for several state and national rural primary care performance improvement initiatives. In many cases Rural Health Clinics receive enhanced reimbursement from government payers such as Medicare and Medicaid as a means of sustaining financial solvency. Rural Health Clinics must meet one or more healthcare shortage

designations to be eligible for the program and generally are categorized as either provider-based (hospital-owned) or independent.

The Lilypad Awards evaluate both provider types to produce a comprehensive ranking system for every Rural Health Clinic in the nation. The Top Five organizations in each of five geographic regions have earned the 2020 Lilypad Award Top Clinic recognition. The full list of clinics that have earned 2020 "Lilies" is available at the Lilypad website and are listed in the Addendum to this press release.

"We're proud of the work that NOSORH, the fifty State Offices of Rural Health and our partners are doing to support these crucial and dedicated rural providers. Rural health clinics around the nation are stars of serving underserved communities; and they need all the resources, data and support we can find to continue their efforts to serve small populations in small towns across the country. Congratulations to all Lilypad Award recipients for exemplifying the power of rural," said Teryl Eisinger, Chief Executive Officer of the National Organization of State Offices of Rural Health. Results from the Southeast (Region B) are below:

Congratulations to the five Mississippi clinics to receive the award!

SOUTHEAST (REGION B) Provider-based RHCs Independent RHCs

Clinic	Location
Family Medical Group	Meadville, Mississippi
Hale County Hospital Clinic	Greensboro, Alabama
Healthmark Regional Med Ctr	Defuniak Springs, Florida
South Central Regional Medical Center	Laurel, Mississippi
Sunflower Rural Health Clinic	Ruleville, Mississippi

Clinic	Location
Candler Medical Group - Metter	Metter, Georgia
EMS Clinic	Greenwood, Mississippi
Family Medical Group PA	Lake Placid, Florida
Holmes County Family Medicine Clinic	Lexington, Mississippi
Monticello Medical Associates	Monticello, Kentucky



RHCS TO RECEIVE REIMBURSEMENT INCREASE

The Mississippi Division of Medicaid recently announced that rural health clinics in Mississippi will receive a 1.9% increase in reimbursement for Medicaid encounters.

This rate increase will go into effect beginning January 1, 2020 for all RHCs in the state. This reimbursement was initially passed by Congress and was funneled down through the Mississippi Division of Medicaid accordingly. All clinics should have received a notice from the Division stating the increased rate and their new AIR including the 1.9% increase.

Go to: yallpolitics.com/2019/12/20/medicaid-signs-off-on-federal-reimbursement-for-rural-clinics

For questions, contact Joe Jackson with the Division of Medicaid at 601.359.4040.



Connecting with the Mississippi Rural Health Association on Facebook is a great way to keep in touch with like-minded people! Help support Mississippi's rural health while also staying connected all year round through the latest national and local news in the field of rural health.



Rising High School Seniors, get a jump-start on college and explore a career in health or science!

Rural Medical & Science Scholars

SUMMER 2020
MAY 31-JUNE 26



For 4 weeks this summer, you can—

- shadow physicians, dentists, and other healthcare professionals.
- make new friends with similar interests and goals.
- visit the medical school at University of Mississippi Medical Center to talk with faculty and students.
- take two college-level health science courses (Introduction to Health Professions and Applied Public Health Sciences).
- earn certification as a Junior Master Wellness Volunteer.
- participate in practical learning activities, including Biosecurity in the Age of Avian Influenza, Forensic Entomology, Injury and Illness (I²) Simulation, Functional Foods and Lifestyle Medicine, Scholars in Engineering, and Suturing Techniques and One Health.
- live on campus at Mississippi State University and get a taste of college life.

To qualify, you must—

- be currently completing your junior year in high school.
- have achieved a minimum composite ACT score of 22.
- have high school grades that complement your ACT score.
- want to learn about a career in health or science.
- be a resident of Mississippi.

How much does it cost? \$2,400

- The program fee includes tuition, housing, textbooks, and an application fee.
- Food costs and weekend travel expenses are variable and not included in the program fee.
- Additional cost information is available online at extension.msstate.edu/rms.

An individual's financial situation should not be a deterrent to applying to and successfully completing the program; limited scholarships are available.

Are you ready to apply? Here's how!

- Complete the student portion of the application. Find it at extension.msstate.edu/RMS.
- Ask one of your teachers to write a recommendation letter.
- Ask your teacher to forward the application and recommendation to your guidance counselor.
- Your counselor will need to attach your ACT scores and an official transcript and mail the completed application packet postmarked no later than March 27, 2020.

"Those who can should. RMS showed me that I CAN."

Sonya Shipley, M.D., Family Medicine, RMS Class of 1999



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Extension Service of Mississippi State University, cooperating with U.S. Department of Agriculture. Published in furtherance of Acts of Congress, May 8 and June 30, 1914. GARY B. JACKSON, Director



INTEREST RATE REDUCTION - USDA RD COMMUNITY FACILITIES PROGRAM

Please note that that effective 1 January 2020, USDA Rural Development’s Community Facilities (CF) direct loan interest rate is being reduced to 2.75%, with terms up to 40 years, or the useful life of the project. Eligible applicants are public bodies and non-profits; communities of 20,000 or less in population qualify. Interest fixed/no pre-payment penalty. The CF program can be used to finance any type of “essential community facility” - hospitals, clinics, schools, community centers, fire stations, courthouses, etc., as well as equipment (e.g., vehicles) and infrastructure (e.g., bridges), among other types of projects. recommend.”



HOSPITALS, CLINICS MOST LIKELY TO BE HIT WITH RANSOMWARE ATTACK

The health care sector experienced 172 individual ransomware attacks between 2016 and 2019, affecting 6.6 million patients and costing a total of \$157 million, according to a report from Comparitech. Seventy-four percent of the attacks targeted hospitals or health clinics, with the highest number of attacks occurring in California and Texas.



U.S. DEPARTMENT OF LABOR ANNOUNCES DR. LAURIE TODD-SMITH AS DIRECTOR OF THE WOMEN’S BUREAU

The U.S. Department of Labor announced that Dr. Laurie Todd-Smith is now the Director of the Department’s Women Bureau. “Dr. Laurie Todd-Smith has dedicated her life to delivering crucial workforce education in her community,” said U.S. Labor Secretary Eugene Scalia. “As we approach the 100-year celebration of the Women’s Bureau, Dr. Todd-Smith will play a leading role in shaping our continued efforts to help women enter and succeed in the American workforce.” A former Executive Director of the State Workforce Investment Board and State Early Childhood Advisory Council in Mississippi, Dr. Todd-Smith played a leading role in the creation of the Family-Based Unified and Integrated State Plan. She also served as a Senior Education Policy Advisor to Governor Phil Bryant and was an adjunct faculty member and researcher at Mississippi State University. Dr. Todd-Smith started her career as an elementary school teacher.



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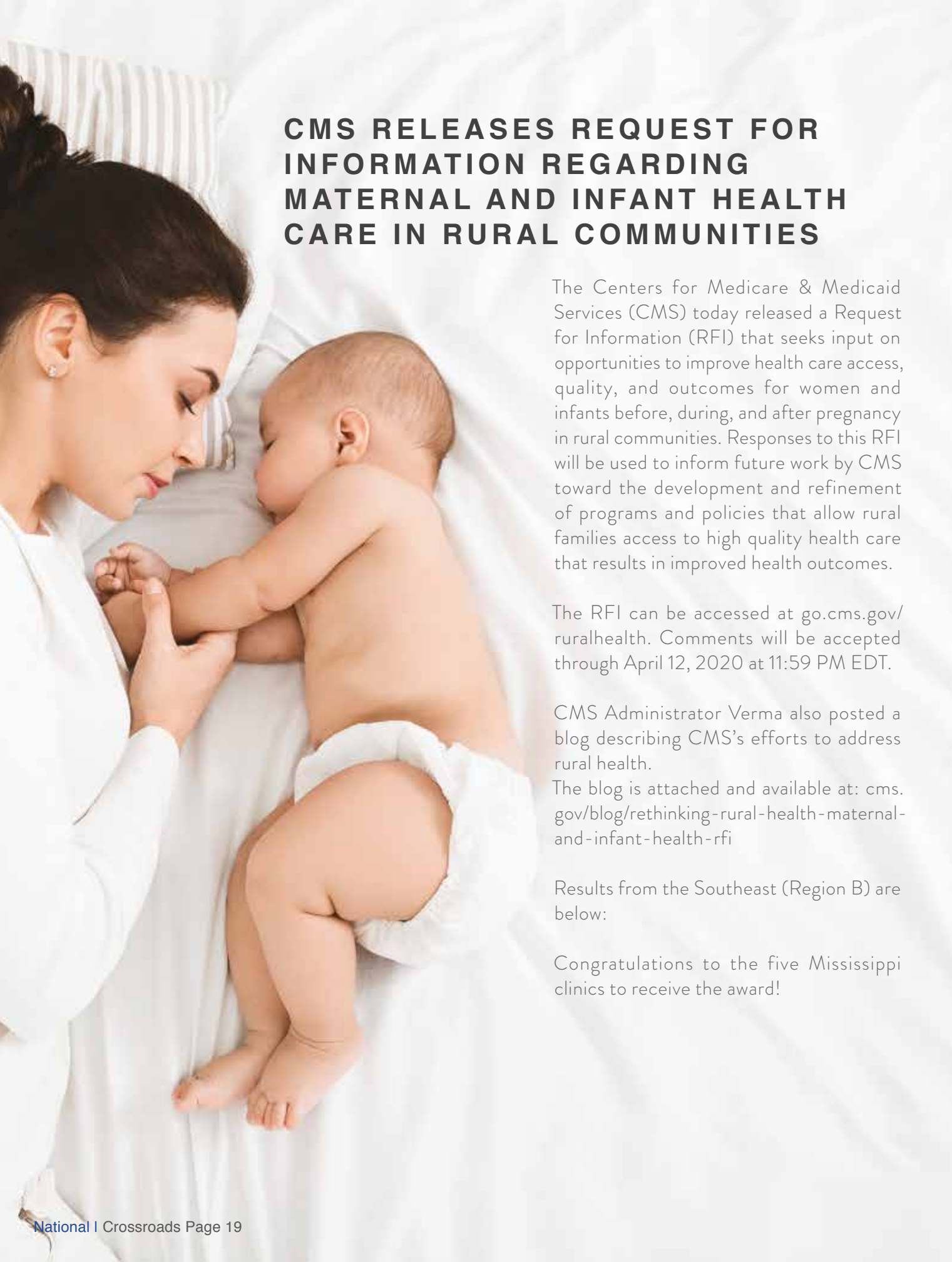
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CMS RELEASES REQUEST FOR INFORMATION REGARDING MATERNAL AND INFANT HEALTH CARE IN RURAL COMMUNITIES

The Centers for Medicare & Medicaid Services (CMS) today released a Request for Information (RFI) that seeks input on opportunities to improve health care access, quality, and outcomes for women and infants before, during, and after pregnancy in rural communities. Responses to this RFI will be used to inform future work by CMS toward the development and refinement of programs and policies that allow rural families access to high quality health care that results in improved health outcomes.

The RFI can be accessed at go.cms.gov/ruralhealth. Comments will be accepted through April 12, 2020 at 11:59 PM EDT.

CMS Administrator Verma also posted a blog describing CMS's efforts to address rural health.

The blog is attached and available at: cms.gov/blog/rethinking-rural-health-maternal-and-infant-health-rfi

Results from the Southeast (Region B) are below:

Congratulations to the five Mississippi clinics to receive the award!



6 Reasons You Should Conduct Regular Security Assessments

The digitization of information in today's healthcare industry has improved services and patient care delivery but unfortunately it has also spawned some serious side effects: cybersecurity attacks and breaches.

Today's IT departments must be vigilant in identifying network vulnerabilities before they are targeted by cyber attackers. Running regular security audits for your organization is a must – here's why.



Identify Critical Weaknesses in Your Cyber Security Protections

The first step in any strategic security plan is to know your risks. Security assessments use a variety of techniques and tests to conduct an in-depth audit of your organization's defense measures against various attack methods used by intruders – internal or external. This could be an attacker targeting your network from the outside, a disgruntled employee seeking revenge, or malware. For example, WannaCry proliferated as a result of unpatched software common in many businesses. An assessment identifies those unpatched systems, enabling your team to update software and reduce risk.

An assessment's goal is to identify hidden vulnerabilities, loopholes, and potential gaps in your security architecture. Results will detail everything from shared and accessible access credentials and software version updates needed, to a detailed review of how sensitive information was accessed by analysts – and a presentation of the specific data found. Identification is only step one, though. Security assessments also provide healthcare organizations with a rating of risk severity for each vulnerability, guidance for remediating each identified vulnerability, and the opportunity to retest to assess your remediation efforts.



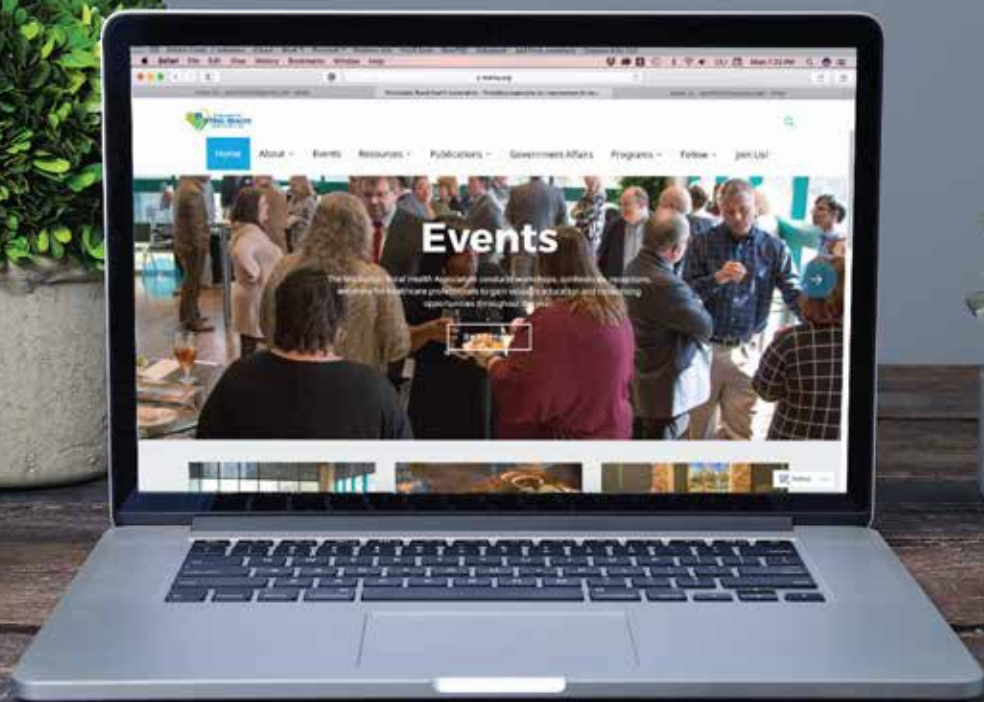
Ensure Sensitive Data is Secured in Your Local Environment

All protected health information (PHI) and electronic PHI (e-PHI) that a healthcare organization creates, receives, maintains, or transmits must be secured and protected. Additionally, all methods of storing and transferring PHI, including databases, servers, connected medical equipment, mobile devices, and cloud storage, need to be regularly evaluated.

Security assessments can routinely test if implemented security measures are properly protecting sensitive and confidential information from all potential points of attack. A range of service options are available, including internal and external penetration testing, database security assessments, and web application testing.

RURAL HEALTH LISTSERV

This Mississippi Rural Health Association offers a rural health listserv available for all clinics to use to gain quick feedback on needed questions. Contact us at 601.898.3001 with your preferred email address, and you will be added to the Listserv.



ASSOCIATION PARTNERS

The Mississippi Rural Health Association is pleased to have these valued partners on-board as a valued asset to our members. We encourage all members to use these vendors as a preferred source for your rural health needs. Learn more about these partners at www.msrrha.org/sponsors

Gold Level



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Silver Level



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St. Dominic Behavioral Health Services
Strategic Advisory Group
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Tri Aim Health
Trilogy Revenue Cycle Solutions
UAMS | South Central Telehealth Resource Center
The University of Mississippi Medical Center
Valley Services



REGISTER FOR ALL EVENTS ONLINE AT [MSRHA.ORG/EVENTS](https://msrha.org/events)

Rural Health Clinic Conference
May 22, 2020 | Virtual Conference

CAH Certification Course
June 24-25, 2020

25th Annual Conference
November 19-20, 2020 | Hilton Jackson

Workshop On Demand Webinars

Webinars feature a variety of educational topics for providers, administrators and staff of rural health clinics and rural hospitals.

*Available at no cost to members.