



# Crossroads

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LEGISLATORS OF THE YEAR**

**MISSISSIPPI DIVISION OF MEDICAID  
RECEIVES "ONE RURAL" AWARD**

**ZACH ALLEN RECOGNIZED WITH MRHA  
DISTINGUISHED LEADERSHIP AWARD**

**EIGHT MISSISSIPPI RURAL HOSPITALS  
RECOGNIZED FOR QUALITY AWARDS**

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BEHAVIORAL HEALTH AND ALCOHOL  
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**NEW MEDICARE CARD PROGRESS UPDATES**

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# Crossroads Magazine



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*Crossroads* is published quarterly by the Mississippi Rural Health Association

## 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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MRHA state affiliate of NRHA and NARHC  
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.

# MEDHOST

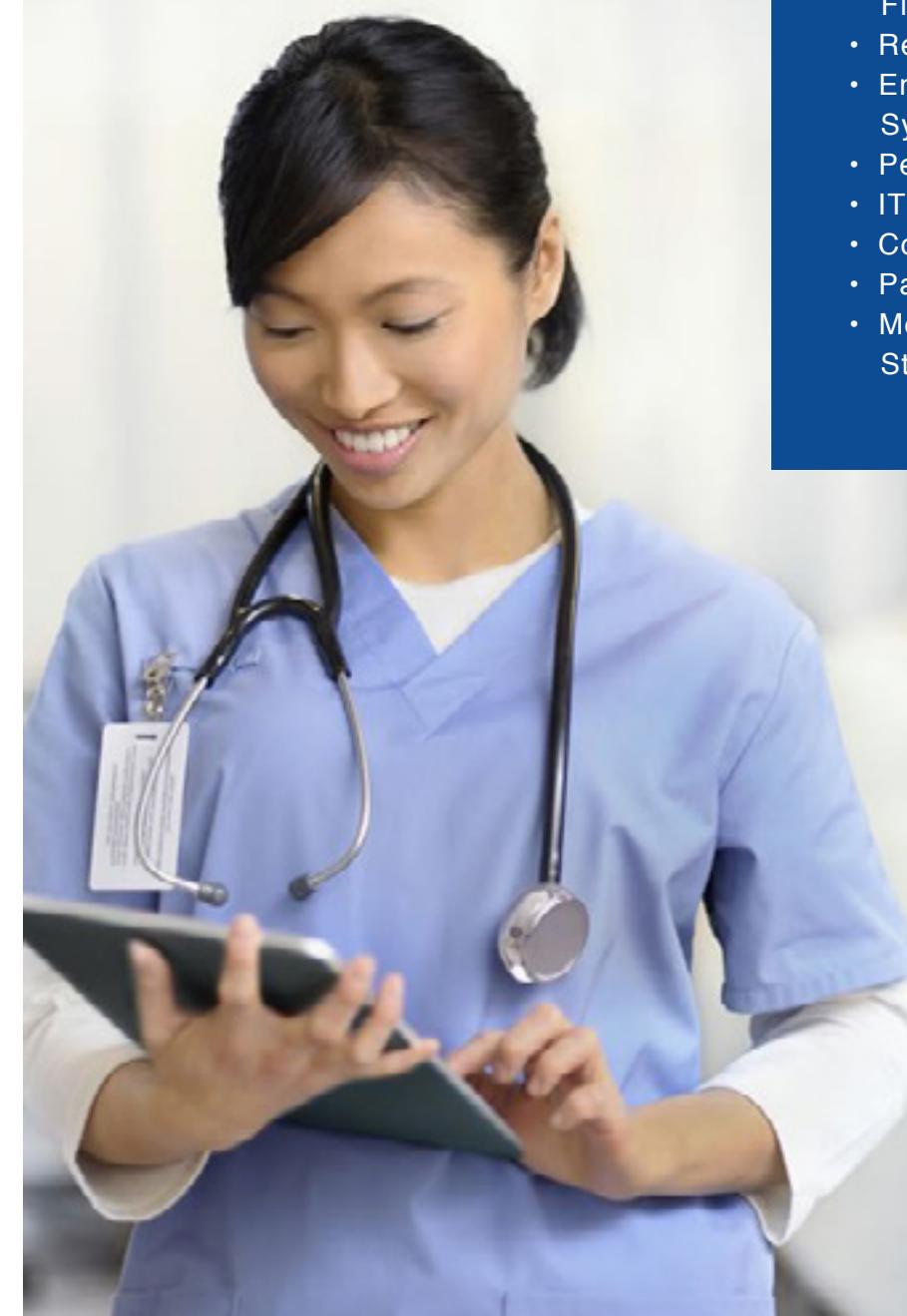
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## RURAL HEALTH LISTSERV

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.

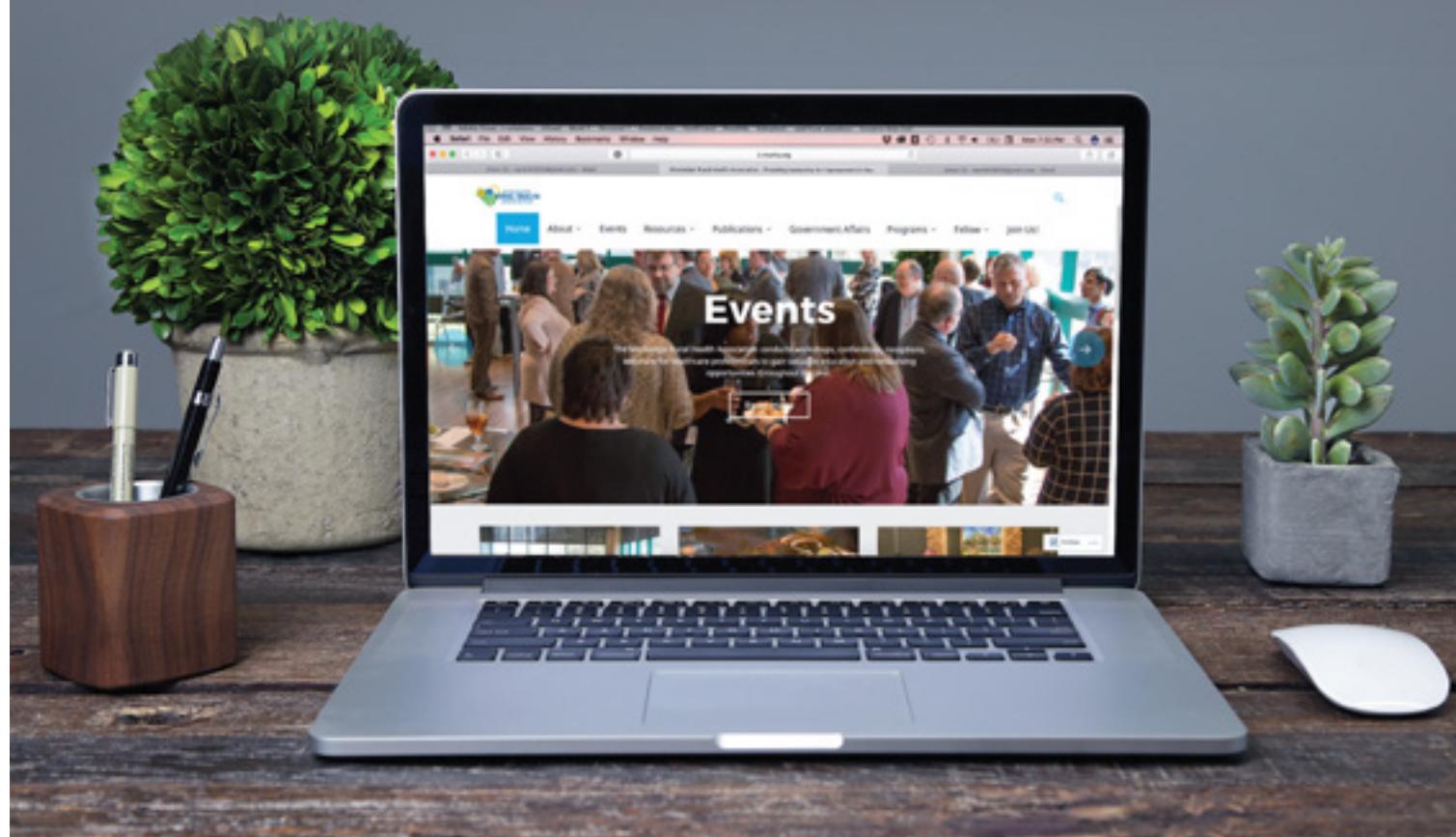
## BRYANT, HARPER RECOGNIZED AS LEGISLATORS OF THE YEAR

Governor Phil Bryant and Congressman Gregg Harper were recently recognized by the Mississippi Rural Health Association as its State and National Legislators of the Year, respectively, before an audience of more than 185 healthcare professionals at its 23rd Annual Conference in Jackson.

Phil Bryant has been a support of healthcare since the first day of his administration as Mississippi's 64th Governor. Focusing on telehealth and the concept of healthcare as an economic driver for rural communities, Bryant has worked tirelessly to ensure that providers and communities see the value of healthcare for their viability and success. Both he and his staff have worked with multiple state organizations, including the MRHA, to ensure that rural health is both protected and expanded to be more successful at providing quality healthcare to patients. In addition, Bryant demonstrated his support for rural health by signing a proclamation in 2015 to declare November 20th of each year to be Mississippi Rural Health Day.

Gregg Harper, US Representative of the 3rd Congressional District, has supported and co-sponsored multiple pieces of healthcare legislation over the past several years that has been directly or indirectly beneficial to rural health in Mississippi. A past recipient of this award, Harper and his talented staff in Washington D.C. are focused on what is best for Mississippi and what is best for the country, and their pragmatic, common sense solutions and caring attitude have made a tremendous difference in our state.

Bryant and Harper received their respective awards and made remarks to the audience as to their support of healthcare and health-related infrastructure.





## MISSISSIPPI DIVISION OF MEDICAID RECEIVES “ONE RURAL” AWARD

The Association presented the Mississippi Division of Medicaid with its annual One Rural Award, which acknowledges and recognizes an individual or entity with their effort to unite different parties for the benefit of rural health in Mississippi.

This MS Division of Medicaid, under new executive director Drew Snyder, has worked to defend existing policies in Mississippi that have benefited rural hospitals and rural health clinics, in addition to expanding opportunities for new sources of revenue for providers and better quality outcomes for patients. Examples include the nation-leading policies for telehealth expansion, efforts to consolidate Medicaid credentialing to a “single source” rather than multiple different applications, and the creation of a new “Innovation Initiatives” office led by Dr. Dorothy Young.

Ryan Kelly, executive director of the Mississippi Rural Health Association states, “It is such a

pleasure to tell colleagues in all parts of our county how strong our Division of Medicaid is in Mississippi. Most states have issues with Medicaid, but Mississippi can stand confident that the talented staff in our Division are working hard to deliver the highest quality healthcare with the most beneficial policies for healthcare professionals, patients, and the taxpayer.”

The award was presented in conjunction with other top awards as the Association’s 23rd Annual Conference in Jackson recently.

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## ZACH ALLEN RECOGNIZED WITH MRHA DISTINGUISHED LEADERSHIP AWARD

Zach Allen, senior vice president for the rural health division of Children’s International Medical Group, was recently awarded the Mississippi Rural Health Association’s Mary Anne Sones Distinguished Leadership Award.

The Mary Anne Sones Distinguished Leadership Award is presented to one individual each year who has not only achieved significant professional accomplishments, but has demonstrated consistent leadership and dedication to the Mississippi Rural Health Association.

Ryan Kelly, executive director of the Mississippi Rural Health Association states, “Zach is an outstanding leader for our Association and has contributed in a multitude of ways. He is a huge support of rural health both in Mississippi and surrounding states, and has gone above and beyond personally and professionally to ensure that rural hospitals and rural health clinics operate under the policies needed to be successful. He is a true leader in our field.”

Zach Allen has been an active member of the Association since 2010, serves as the immediate past president of the Association, was among the first to hold its prestigious Fellow designation, and has led and participated in multiple committees and conferences, including as chair of the Association’s legislative committee. He resides in Picayune, MS.



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# EIGHT MISSISSIPPI RURAL HOSPITALS RECOGNIZED FOR QUALITY AWARDS

In partnership with the Mississippi State Department of Health, Office of Rural Health and Primary Care, the Association presented eight hospital quality awards at our recent conference:

**Critical Access Hospital Strength Index Quality Award**  
Baptist Medical Center - Attala  
North Mississippi Medical Center - Pontotoc  
Laird Hospital Inc.

**Overall Critical Access Hospital Strength Index Award**  
Baptist Medical Center - Attala

**Overall PPS Hospital Strength Index Award**  
Beacham Memorial Hospital  
George Regional Health System  
Winston Medical Center

**PPS Hospital Strength Index Quality Award**  
North Mississippi Medical Center - Iuka  
North Mississippi Medical Center - Eupora

These awards are based off of data from the Hospital Strength Index Pillar Composite Report, which is the industry standard for assessing and benchmarking rural and Critical Access Hospital performance.

Ryan Kelly, executive director of the Mississippi Rural Health Association states, “Quality healthcare is of high importance of all Mississippians, and these rural hospitals have demonstrated excellence in the respective categories. We are proud of the work that these healthcare professionals are performing on a daily basis for the state’s rural patients and the attention to quality that they maintain.”

The State Office of Rural Health and Primary Care began distributing hospital quality awards in 2016 as a result of a recent proclamation that Governor Phil Bryant signed declaring November 20 of each year to be Mississippi Rural Health Day.





## NARHC PITCHES RHC MODERNIZATION LEGISLATION ON CAPITOL HILL

On September 20th, a small contingent of individuals from across the Rural Health Clinic (RHC) community and country came to Washington D.C. for a series of meetings with Congress on modernizing the RHC statute. This “fly-in” was organized and coordinated by the National Association of Rural Health Clinics (NARHC) as part of an effort to build support for legislation that it hopes to have pass in 2019.

Jeff Harper from the RHC consulting firm inQuiseek, states “We were encouraged by the welcome we received from each legislative office. The Hill expressed a real interest in knowing more about RHCs and how they can assist us in providing healthcare to the rural communities we serve and they represent.”

The rural health clinic statute is in dire need of modernization. The practice of healthcare has evolved since 1977, but RHC laws have not. A tentatively titled “RHC Modernization Act of 2018” is currently circulating around the Hill in

draft form and it addresses many of the outdated aspects of the RHC statute.

While healthcare issues are often very controversial, NARHC has heard that modernizing the RHC program is by-and-large a popular and bipartisan issue.

The draft bill includes vital updates to the RHC statute such as raising the cap on RHC reimbursement and allowing RHCs to bill as distant site providers under the Medicare telehealth benefit. The legislation also fixes outdated provisions such as the RHC lab requirements and certain physician supervision rules in PA-led or NP-led clinics.

More updates will be released as they are made available, and the Mississippi Rural Health Association will partner with NARHC in 2019 to ensure a win-win outcome for both provider-based and independent rural health clinics.

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the FirstChoice difference today.*

## MISSISSIPPI TOP IN NATION SCORES FOR BEHAVIORAL HEALTH AND ALCOHOL SCREENING

Recently, the Quality Innovation Network's National Coordinating Center released the 2017 behavioral health screening rates, and Mississippi has the highest screening rate for depression in the Nation with 40% of Medicare beneficiaries screened. Mississippi also has the highest screening rate for alcohol misuse with 22%.

Information and Quality Healthcare has been leading the charge in Mississippi to increase screening rates among providers. The workflows and implemented screening processes have helped to serve Medicare beneficiaries with prevention and treatment. Congratulations to everyone on a very successful outcome!



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## MEDICAID RELEASES UPDATED GUIDELINES ON NPS ORDERING DME

The Mississippi Division of Medicaid recently updated their guidelines after a series of conversations and internal discussions for Nurse Practitioners ordering Durable Medical Equipment (DME). This guideline change is in response to recent CMS reviews of Mississippi's policies, which now prevent NPs from ordering DME without physician approval.

To view Medicaid's updated guidelines, complete with scenarios to better understand how to comply, visit our rural health blog at [www.msrha.org/blog](http://www.msrha.org/blog)

## MISSISSIPPI MEDICAID CHANGES 340B BILLING POLICY

Effective Nov. 1, 2018, the Mississippi Division of Medicaid (DOM) is implementing a mandatory billing policy whereby providers must identify 340B purchased drugs on claims. This billing policy is in response to the Centers for Medicare and Medicaid Services (CMS) requirement that DOM define its policies and oversight activities related to 340B purchased drugs as outlined in CMS State Release No. 161, dated Oct. 26, 2012.

This represents a mandatory change to DOM billing policy only and will not impact 340B reimbursement. To learn more about this change, please read the attached news notice and share it in your publications.

## Rural healthcare facilities are facing **INDUSTRY CHALLENGES in *unprecedented* NUMBERS**



**80 RURAL HOSPITALS CLOSED**  
FROM JANUARY 2010 TO NOVEMBER 2016



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PRACTICING IN RURAL AREAS



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## SOUTHWEST MISSISSIPPI REGIONAL MEDICAL CENTER RECEIVES FUNDING FOR RENOVATIONS

Southwest Mississippi Regional Medical Center (the Hospital) is a community acute care hospital located in McComb, MS which is both a Persistent Poverty and Strike Force area.

The Hospital was established in 1969 and serves a seven-county area of Mississippi. In addition to serving seven counties in Mississippi, the Hospital also draws from two parishes in neighboring eastern Louisiana. The Hospital includes the Cardiovascular Institute of Mississippi, the Mississippi Cancer Institute, and a home health service serving 17 counties. The Hospital owns and operates 11 clinics, including rural health clinics, and an outpatient rehabilitation center.

The proposed project consists of three components:

- Electronic Health Records Upgrade- The project will upgrade the Hospital's electronic

health record system, which will significantly reduce the capital spend associated with the required hard-ware and infrastructure components into a more predictable operational expense year after year.

- HVAC System Upgrades- The project will address HVAC inefficiencies throughout the main hospital building. The project primarily includes the replacement of 26 air handler units and service and controls for the remaining 10 units.
- Refinance- The project includes the refinance of their outstanding tax-exempt 2003 bond issue. The refinance is estimated to generate approximately \$1.7 million of gross savings.

The more than \$23 million project is funded through the United States Department of Agriculture (USDA).



## RURAL HEALTH BLOG

Check out our recent post regarding the Mississippi Board of Medical Licensure's prescribing regulations and its impact on providers in Mississippi. The latest post includes a summary of the regulations, updates recently voted on by the board, and a white paper discussing the impact.

Visit the blog at  
[www.msrha.org/blog](http://www.msrha.org/blog)

# AUDIT-READINESS

## WHAT YOU NEED TO KNOW

Under the Merit-based Incentive Payment System (MIPS), the Centers for Medicare & Medicaid Services (CMS) will conduct an annual data validation process. Clinicians will be randomly selected for the audit. While it is unknown how many clinicians will receive a request, historical programs audited approximately one in 10 clinicians.

CMS makes available the criteria used to audit and validate measures and activities for the Quality, Promoting Interoperability and Improvement Activities categories of MIPS. This article will guide you through what information you should retain to be prepared in case of an audit.

### What does data validation mean?

Data validation is the process of ensuring that a program operates on accurate and useful data. MIPS requires that you use all-payer data for all data submission mechanisms, with the exception of claims and the CMS Web Interface. The process through which CMS validates your data is commonly referred to as an audit. Data from payers other than Medicare will be used for informational purposes to improve future validation efforts and will not be the only source of data used to make final determinations on whether you pass or fail an audit.

### What type of data is considered accurate and useful?

You need to retain accurate and useful data in case of an audit. Below are items that should be saved.

### Eligibility

For MIPS eligibility, it is recommended to retain the following:

1. Screenshot from CMS' QPP Participation Status Tool at <https://qpp.cms.gov/participation-lookup> for each eligible clinician.
2. Screenshot showing your Alternative Payment Model (APM) participation status, if applicable.
3. Quality

### For the Quality category, you should retain the following:

1. Claims or medical record documentation for each measure you submitted for the appropriate reporting period.
2. Evidence to support certified electronic health record technology (CEHRT) submission, if bonus was claimed.
3. Documentation to support why fewer than

six measures, or no priority or outcome measure, was submitted, if applicable.

### 4. Improvement Activities

#### For the Improvement Activities category, it is recommended to retain the following:

1. Any and all documentation to support completion or participation in an activity during the attested time period (typically 90 days), such as meeting minutes, policies and procedures, medical records or screenshots from your electronic health record or other internal system.
2. Evidence to support CEHRT submission, if bonus was claimed.
3. Any specific documentation for the activity you attested to based on CMS' Data Validation Criteria. This criteria document can be found on the CMS QPP resource page and is specific to each performance year.
4. Promoting Interoperability

#### For the Promoting Interoperability category, you should retain the following:

1. Documentation or reports from your CEHRT that show measure requirements were met.
2. A copy of your Security Risk Analysis, either performed or reviewed during the calendar year of the performance period.
3. Documentation or reports from your CEHRT verifying the submitted performance numbers were accurate.
4. Documentation, including internal policies and procedures, verifying compliance with CMS attestation statements.
5. Evidence to support reweighting due to special status or hardship, if applicable. This may include correspondence from CMS accepting the clinician's application for exception, if applicable.

### Cost

Since clinicians do not submit data for the Cost category, you do not need to retain any documentation for this category.

### How long do I need to retain my documentation?

In accordance with the False Claims Act, you are encouraged to keep documentation for up to 10 years and, as stated in the final rule, CMS may request any records or data retained for the purposes of MIPS for up to six years.

### What are my first steps if I receive an audit request?

If you receive an audit request from CMS, your initial response is required within 10 business days to acknowledge the request. After your initial response, you should begin to collect all saved documentation that verifies the MIPS data you submitted. From the date of the initial request, you will have 45 calendar days to complete data sharing as requested, or an alternative timeframe that is agreed upon by CMS and the MIPS-eligible clinician or group.

### What are some helpful hints for audit readiness?

1. Maintain readiness by performing a mock audit.
2. As you prepare for MIPS submission, prepare for an audit as well by keeping all required documentation in a secure location.
3. When saving documentation, it is recommended to save in at least two different formats (e.g., paper format in a binder, electronically saved to a local desktop computer or server, a flash drive or the TMF MIPS Toolbox).
4. Be sure to organize documents by program year and by group or individual clinician, based on reporting method.

### Free Support for MIPS

TMF quality improvement consultants are available to assist you at no cost in reviewing your reports and planning for MIPS. Contact a TMF consultant for any audit or other MIPS-related questions:

- Call 1-844-317-7609.
- Email [QPP-SURS@tmf.org](mailto:QPP-SURS@tmf.org).
- Complete a Request for Support form.
- Consider diverting and divesting certain outpatient services.



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## MEDICARE HEALTH INSURANCE



## NEW MEDICARE CARD PROGRESS UPDATES

CMS continues to successfully mail newly-designed Medicare cards with the new Medicare number.

CMS has started mailing new cards to people with Medicare who live in Wave 6 states this week and finished mailing cards to people who live in Waves 1, 2, 3 and 4 states. Because card mailing is progressing so well, they are on track to finish mailing new cards to all people with Medicare before April 2019.

With our ongoing focus on fraud and protecting the identities of people with Medicare, CMS is continuously adjusting and improving its mailing strategy to make sure they are mailing new cards to accurate addresses and using the highest levels of fraud protection throughout

the mailing. To do this, they are:

- Using trusted industry tools and standards to verify addresses
- Comparing each address against multiple information sources to ensure they are mailing to the right person and the right address
- Mailing cards to people with Medicare when they have high confidence in their identity and address
- If your Medicare patients say they did not get a card after their mailing wave ends, ask them to:
- Call 1-800-MEDICARE (1-800-633-4227)
- Continue to use their current card to get health care services until they get their new card

# MISSISSIPPI RURAL HEALTH FELLOW



## Mississippi Rural Health Fellow 2019 Cohort Now Accepting Applications

Are you looking to advance your career as a rural health professional? This is your opportunity!

In order to foster a greater understanding of rural-specific policies, regulations, and needs in the field of healthcare, a new credential has been established with the Mississippi Rural Health Association to empower and educate members. These credentials, the Mississippi Rural Health Fellow (MRHF) and the Mississippi Rural Health Student Fellow (MRHSF), are established to reward healthcare professionals in their efforts to become experts in rural health matters.

The Fellow is evolving into an annual cohort, with positions opening beginning January, 2019. This cohort will have the opportunity to learn from one another and participate in either a community-based improvement activity or a policy research project.

Join the exceptional group of professionals already carrying the Mississippi Rural Health Fellow credential! Visit [www.msrha.org/fellow](http://www.msrha.org/fellow) to learn more!