



Fall 2018

## IL RURAL HEALTH ASSOCIATION

Illinois Rural Health Association

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Staff@ilruralhealth.org  
www.ilruralhealth.org

## IRHA Annual Conference Draws More than 200 Attendees

Held in Champaign, our 2018 Annual Educational Conference, “Breaking Down Barriers to Success,” was our largest conference so far with more than 200 attendees and 33 exhibitors.

Our keynote speaker was Brock Slabach from the National Rural Health Association who provided a federal policy update and attendees had over 20 workshops to choose from on topics including “Tabletop Emergency Preparedness Exercise”, “Best Practices in Cyber Security”, “Overcoming Recruitment Challenges”, “Using Telehealth to Address the Opioid Crisis”, as well as our Rural Health Clinic Administrative Track.

Guests enjoyed after hours socials at Papa Del’s and the Clark Bar. Based on the attendees evaluations, we will be returning to Champaign’s Hilton Garden Inn again in 2019! Special thanks to all our sponsors and exhibitors who made our Conference possible.



### IRHA Offering Scholarships for Spring Semester ‘19

- Dental
- Dental Hygienist
- Medical Billing/Coding
- HIT/Health Informatics
- Social Work
- Behavioral Health

See page 4 for details.

Save the Date!

IRHA Annual Educational Conference  
August 7-8th, 2019  
Champaign, IL

See page 17 for details.



## IL RURAL HEALTH ASSOCIATION

### IRHA Seeks to Address Workforce Shortage through Rural Health Career Forums

The Illinois Rural Health Association has continued to address the workforce shortage challenges many of our members face by holding Rural Health Career Forums at various universities across the state. This past spring, IRHA hosted Career Forums at both the Southern Illinois University in Carbondale and Illinois State University in Normal.

The purpose of the Forums are to give both college students and high school upper classmen insight to the many careers in the rural health arena, in addition to the traditional MD and RN. The Forums consist of panel discussions made up of health care administrators (RHC, hospital and public health department administrators), clinicians in various areas including APNs, dentists, , lab, lab directors, mental health providers, physicians and residents.

Special thanks to AHEC for their sponsorship of these events in 2018. We are going to be working with Perry Community Hospital to coordinate a Rural Health Career Forum at Illinois Valley Community College in Ogelsby this spring.



**Dr. Sandra Collins and Students at SIU Carbondale March 24th Rural Health Career Forum**



**SIU Carbondale Rural Health Career Forum Panelists : 1<sup>st</sup> row seated: Rural Health Clinic Administrator Jan Farmer, Social Worker Jennifer Hammonds, Psychiatric APN Beth Heane, EMS Coordinator Brad Robinson, Dr. Kathy Swafford**

**2<sup>nd</sup> Row Standing: Medical Student Nathan Devenney and Vermillion County Public Health Dept Administrator Doug Toole**

*IL RURAL HEALTH ASSOCIATION*

**April 7th IL Rural Health Career Forum at ISU-Normal**



**ISU Rural Health Career Forum Panelists – Seated left to right: SIU Rural Health Researcher Whitney Zahrd, Advanced Practice Nurse Sue Gray, Surgical Assistant Stephanie O’Neil, & Behavioral Health Specialist Jessica Smiley. Back row standing: Abraham Lincoln Memorial Hospital (ALMH) Nurse Administrator Roxanne Harling, ALMH Lab Director Lori England, McLean County Health Dept Administrator Camille Rodriguez & Gibson Area Hospital Doctor David Hagan**



**Students attendees enjoyed learning about various jobs in the rural health arena at ISU Rural Health Career Forum.**

## **IRHA Expands 2019 Scholarships to Include Oral Health**

Recognizing the workforce shortage challenges for rural providers, for the past three years IRHA has provided scholarships to students studying HIT-Health Informatics and Medical Billing & Coding, last year we expanded the scholarships to include the field of mental health/social work and this year because of the dire shortage of oral health professionals in rural areas we are also including scholarships for a dentist and dental hygienist.

IRHA is offering three \$1000 scholarships in each of the following disciplines:

- Medical Billing/Coding
- HIT/Health Informatics
- Social Work/Behavioral Health\* (\*Special thanks to Gibson Area Hospital for lending their support to these disciplines)

IRHA is offering one \$2,500 Dental School Scholarship

IRHA is offering one \$1,000 Dental Hygienist Scholarship

Criteria: Students currently enrolled in one of the above mentioned programs, with a strong interest and intent of working in a rural health area who would otherwise NOT have their full tuition reimbursed through an employer Application deadline November 23rd . Recipients will be notified in early December.

Apply online at [www.ilruralhealth.org](http://www.ilruralhealth.org). Contact: [staff@ilruralhealth.org](mailto:staff@ilruralhealth.org) with questions

## **IRHA Past Scholarship Recipients Making a Difference in Rural Health**

Scott Mighell received a Medical Billing & Coding Scholarship from IRHA in 2017. He completed his course of study in May 2017 from Lake Land College in Mattoon and was able to sit for his certifying exam the next month. He has since been hired by McDonough Medical Group in Macomb, where he is employed as a Clinic Coder and is very happy in his new position.

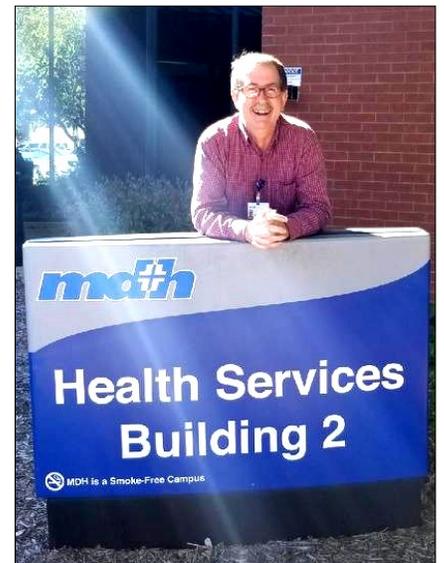
Jennifer Thomason also received a Medical Billing and Coding Scholarship from IRHA in 2017. She graduated from Frontier Community College in Fairfield in May 2017 with an associate degree in health information. She is currently employed at the Wabash General Hospital



**Jennifer Thomason**

Primary Care Chestnut Street office in Mt. Carmel and enjoys her position as the Referral Coordinator for six providers in the office consisting of family practice, pediatrics, and internal medicine. If a patient needs referred to a specialist she researches, prepares, and sends the patient's information to the specialist. She also requests any patient records the providers may want.

Both Scott and Jennifer are very appreciative of the support the IRHA provided them through the scholarships to advance their rural health careers.



**Scott Mighell**

## Horizon Health Named Clinical Site for Anesthesia Block Training

*One of three locations in the US to receive honor*

Horizon Health's unique and extensive experience with peripheral nerve blocks is helping anesthesia providers nationwide learn advanced techniques for managing acute surgical pain.

Horizon Health is one of only three locations in the country to serve as a clinical training site for the Acute Surgical Pain Management Fellowship. This nationally accredited program for experienced Certified Registered Nurse Anesthetists (CRNAs) is available through the American Academy of Nurse Anesthetists (AANA). The other locations are in Idaho and Oklahoma.

"Being selected as one of only a few clinical training sites in the nation is a huge honor, especially for a rural hospital like ours," said Lee Webber, CRNA at Horizon Health.



At Horizon Health, students learn advanced techniques for managing a patient's pain surrounding surgery. These include the use of non-narcotic alternatives, multimodal approaches (utilizing several different medications to block diverse pain pathways), as well as the use of peripheral nerve blocks, which involves injecting a local anesthetic (numbing agent) near a nerve to block pain for a prolonged period of time.

Peripheral nerve blocks include both "single shot" (a single injection of medicine near the nerve, lasting for 18-24 hours) and "continuous catheter" techniques (leaving a small catheter in place near the nerve, secured at the skin, and attached to a reservoir of numbing medicine that will last about three days).

These skills are separate and distinct from providing anesthesia for surgeries. Blocks are most often administered to patients in an outpatient setting as a component of their pain management treatment.

The one-year fellowship program is a partnership between the AANA and Middle Tennessee School of Anesthesia. It is available to licensed CRNAs and consists of an intensive online didactic educational component, as well as hands-on clinical experience at one or more clinical sites, including Horizon Health.

Dr. Bill Johnson, DNAP, CRNA, and director of the Acute Surgical Pain Fellowship at Middle Tennessee School of Anesthesia, states:

"Horizon Health's anesthesia department was chosen for its continued commitment to advancing their regional block skills, reducing opioid consumption in the community, and pursuing knowledge in the use of the multimodal non-opioid pharmacology in the surgical population."

The anesthesia team at Horizon Health utilizes nerve blocks to minimize post-operative pain for as many surgeries as possible. However, applicable nerve blocks are not yet available for some types of procedures. Staying current with new and emerging blocks keeps anesthesia providers at the forefront of their specialty, another reason Horizon Health was chosen as a clinical site for the fellowship.



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Illinois Education Association (IEA)

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**\*Approval pending**

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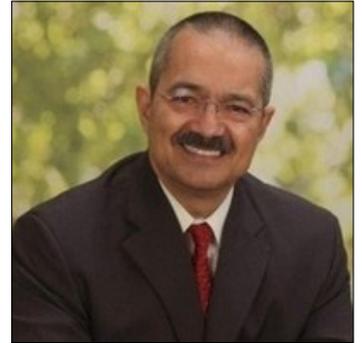


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## **Amendment of Protected Health Information: Know the Process**

We often hear news stories where a patient's privacy was violated because their protected health information (PHI) was breached. However, there are many privacy violations that do not involve breaches of PHI that do not make front page news. For instance, if your clinic fails to properly address a request for amendment of PHI, this would be violating the privacy rule. Countless patients submit complaints to HHS/OCR stating their privacy was violated because their provider did not allow them to amend their PHI. These complaints lead to investigations that expose more issues within organizations. If you do not fully understand the amendment procedures under HIPAA, there are most likely other areas where your clinic is falling short. Let's review this amendment process so that you may understand how to execute it within your clinic.



**Hernan Serrano**  
**Director of Compliance**  
**HIPAAtrek**

One of the basic rights provided by HIPAA is the right to have a clinic amend PHI in a designated record set (medical records) for as long as the PHI is in the medical records. Your clinic must allow the patients to make a written request for this, however, you may refuse to make the changes under these conditions:

- The PHI was not created by your clinic, (unless the patient can prove that the originator of the PHI is no longer available to make the changes).
- The PHI is not part of the medical records
- The PHI would not be available for inspection by the patient under the provisions of §164.524 which reads as follows:
  - ◊ They are psychotherapy notes
  - ◊ The clinic is a correctional institution and obtaining a copy of the records would jeopardize the health, safety, security, custody, or rehabilitation of the individual or other inmates.
  - ◊ The PHI created or obtained by the clinic is part of research and the research is still in progress (access to that specific PHI is suspended during the research period).
  - ◊ The access to the medical records is not allowed under the Privacy Act.
  - ◊ The access to the medical records is denied because the PHI was obtained from someone other than the provider under a promise of confidentiality and providing the access would reveal the source.

If you decide to deny the request to amend, you must provide the patient with a timely, written denial in plain language that includes the following elements:

- The basis for the denial
- The patient's right to submit a written statement disagreeing with the denial and an explanation of how the patient can file the statement.
- A statement to the patient explaining that if they do not submit a statement of disagreement, then they can request the clinic to submit their request for amendment and the denial with any future disclosures related to that specific PHI
- A description how the patient can file a complaint to the clinic or to HHS/OCR.

*(Continued on following page.)*

## Amendment of Protected Health Information: Know the Process *(Cont.)*

The clinic must allow the patient to submit a written statement disagreeing with the denial of all or part of the amendment and the basis for the disagreement. If the patient submits the statement of disagreement, the clinic can prepare a written rebuttal and give a copy to the patient.

The entire amendment process looks like this:

- Patient submits amendment request:
  - ◊ Your clinic accepts the amendment requests and makes the changes in the medical records by identifying the records that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.

OR

- ◊ Your clinic denies the request:
  - ◆ Patient submits a letter of disagreement
  - ◆ Your clinic provides a rebuttal statement
- This entire process is documented and entered into the patients records and linked to the PHI that is the subject of the amendment.

For future disclosures:

- If a statement of disagreement is submitted, the clinic must include the material added, or a summary of the information with any additional disclosure of the PHI that is subject of the amendment.
- If no statement of disagreement is submitted, the clinic must include the request for amendment and its denial, or a summary of the information, only if the patient requests this action.
- When a disclosure is made using a standard transaction under part 162 (code sets) of the privacy rule, and the additional material cannot be included as part of the disclosure, it can be sent to the individual separately.

When your clinic is notified by another clinic of an amendment to the patient's PHI, you must also amend the copy you maintain. If you make amendments to a patient's PHI, you must make a reasonable effort to inform and provide the amendment within a reasonable time to:

1. Anyone the patient identifies as a recipient of the PHI and would need the amendment
2. Anyone, including business associates, who the clinic knows has the PHI and may have relied or could rely on the information to the detriment of the patient.

Your procedures should be clear in your policies so that action is taken timely and correctly. You must act within 60 days after receiving a request for amendment. You are allowed a 30-day extension as long as you provide the patient with a written explanation for the delay and the date you will complete the action on the request. Note that you may only have one extension.

It is important that you have a well-documented process and that your staff understand the requirements thoroughly. Not doing exactly what the rule requires can lead to a patient complaint down the road. Look at your request for amendment procedures and make sure it meets the requirements of 45 CFR §164.526. Hernan Serrano Jr. is the Director of Compliance at [www.HIPAAtrek.com](http://www.HIPAAtrek.com). HIPAAtrek provides a cloud-based compliance management solution to assist practices and small hospitals manage their HIPAA program.



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## **Outsourcing RCM and the Positive Impact on Rural Health Systems**

Since 2010, twenty-six states have reported at least one rural hospital closure, including Illinois. Rural hospitals and clinics are - in reality - businesses, and financial profitability plays the most important role in keeping them open. That is why it is so concerning to see nearly half of all rural hospitals running a negative operating margin. Their closures would cost the community jobs and access to care.

Having worked in rural health revenue cycle management (RCM) for more than fifteen years, I have seen first-hand how pressure points, such as coding offsets and bad debt write-offs, can impact the revenue of a hospital and clinic. Outdated RCM practices, failure to keep up with the constantly changing reimbursement requirements and holding onto “old beliefs” can also lead to decreasing revenue.

For example, many facilities still believe that older patients will not adopt the usage of online payments; however Pew researchers found that seniors are “more digitally connected than ever,” with 59% of adults 65-69 using smartphones.

External experts can provide a fresh look at your RCM workflows and free you of longstanding myths. Outsourcing RCM to billing experts is not a new concept. However, some fear that outsourced billers will not understand the intricacies of a rural facility. When qualifying potential RCM partners, be sure to ask the question “do you understand rural billing?” Push them on specific practices, including RHC certification (and recertification), split billing, RHC specific revenue codes and when to use CG modifiers for Medicare claims. Cite specifics and demand references. If you cover those bases, you will be far more likely to have a positive experience.

### **Making an Impact**

Jefferson Hospital in Louisville, Georgia is a recent example of the impact revenue and financial practices can have on a health system. Earlier in 2018, Jefferson Hospital made the decision to outsource three of their clinics’ RCM services to Azalea Health. After four months, they performed an analysis with positive results:

- Average reimbursement had increased by \$10.31 per visit (11%).
- Total monthly payments were up 6%, despite a 3% drop in average volume.
- Collection activities improved 31%, going from 54 days to 37 days in accounts receivable
- Receivables exceeding 120 days old had dropped from 15% to less than 10% of total AR, exceeding MGMA best practices.

Increasing overall revenue while facing shrinking populations is an accomplishment many in rural healthcare would like to achieve. Additionally, getting paid faster helps combat cash flow challenges.

I always stress the importance of financial tracking using KPIs and ongoing evaluation of RCM practices. Unfortunately, rural health systems can’t afford many bumps in the financial road, so the best approach to financial health is staying ahead of issues and leveraging new strategies to improve collection rates and decrease the time it takes to get paid.



**Douglas Swords**  
Co-founder and VP of RCM  
Azalea Health

## Funding and Technical Assistance from the Third-Party HIV Billing Development Project

Local health departments (LHDs) and community-based organizations (CBOs), including those serving rural areas, are tasked with providing preventive services that help to minimize the spread of infectious diseases such as HIV. Traditionally, LHDs and CBOs have provided these services free of charge or for a nominal fee. Funding for these services has typically been provided by grants from the state and/or federal government. However, recent changes in healthcare policies and cuts in state and federal funding have forced LHDs and CBOs to begin seeking new methods of funding for these services.

With this background in mind, the Illinois Department of Public Health (IDPH) has partnered with the Illinois Public Health Association (IPHA) to facilitate the **Third-Party HIV Billing Development Project**. The goal of this project is to assist LHDs and CBOs with building their capacity to bill third-party payers for routine HIV screening and HIV prevention services. To accomplish this goal, the project will provide training and other resources to LHDs and CBOs to help them successfully bill third-party payers for HIV testing and HIV prevention services.

IPHA is currently seeking LHDs and CBOs that may be interested in participating in this revenue-generating project. Some of the services that IPHA can provide include:

1. Financial assistance with implementation of electronic medical records (EMR) and/or a medical billing program
2. Professional assistance with credentialing and contracting, particularly with Medicaid Managed Care Organizations (MCOs)
3. Detailed information regarding appropriate coding and billing practices for HIV services
4. Networking and professional development opportunities
5. Training resources that support third-party billing

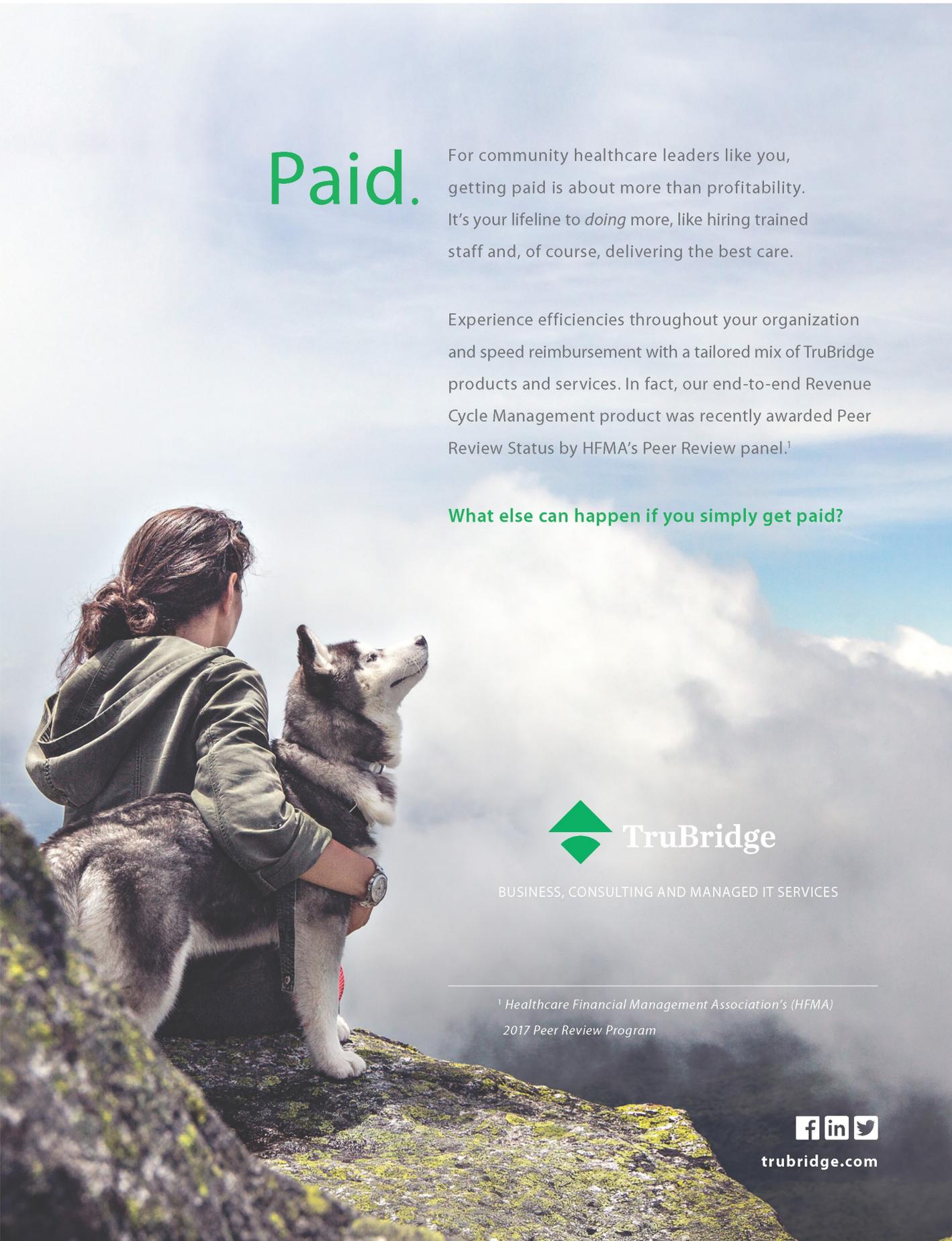
In many cases, LHDs and CBOs provide services that are not covered by grant-funded projects such as Ryan White. By having the ability to bill third-party payers, such as Medicaid and private insurance, LHDs and CBOs can generate new revenue that can be used to sustain these vital services, and may even allow these providers to expand their scope of services.

For further information about the Third-Party HIV Billing Development Project, please contact Phil Talley at [ptalley@ipha.com](mailto:ptalley@ipha.com), or by phone at (217) 522-5687.



**Kevin Atchason, D.O.**  
**Illinois Public Health Association**





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<sup>1</sup> Healthcare Financial Management Association's (HFMA)  
2017 Peer Review Program



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## Large Proportion of Medicaid Enrollees in Southern Illinois

By: Stephen J. Notaro, PhD. Samantha Noehre, Shivani Shah, Gianna Gradowski, and Aidan Berg  
Emerging Health Systems Innovations Research Laboratory, University of Illinois at Urbana-Champaign

As a result of the expansion of the Affordable Care Act, the state of Illinois expanded Medicaid to include low-income populations up to 138% above the poverty line, such as non-elderly and non-disabled adults, as well as adults without dependents.<sup>1,4</sup> In 2017, more than 3.1 million individuals of the 12.8 million people in Illinois are enrolled in Medicaid, nearly 25% of the state's population.<sup>5</sup>

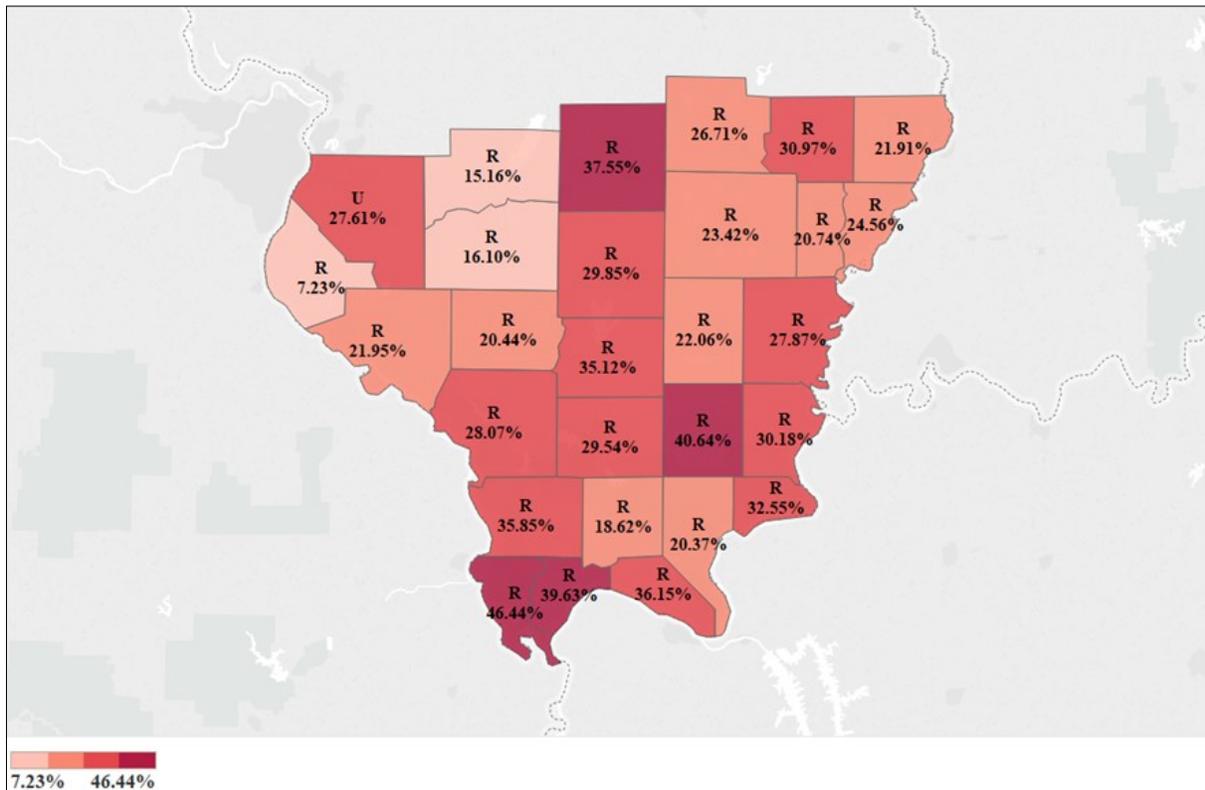
Focusing on the southernmost 28 counties in Illinois, there is a higher proportion of Medicaid enrollees per county than the state average of 23.64%. The further south the counties, the greater the increase in Medicaid enrollment. Figure 1 provides an overview of the proportion of Medicaid enrollees by county in southern Illinois.



Stephen J. Notaro, PhD.

Figure 1

Percentage of Medicaid Enrollees of the County Population in Southern Illinois



Source: Illinois Department of Healthcare and Family Services

U- Urban County

R- Rural County

The seven counties with proportions of Medicaid enrollees exceeding 35% reside in Southern Illinois: Alexander, Marion, Pulaski, Massac, Union, Franklin, and Saline. Of these, Alexander County has the highest proportion of Medicaid enrollees in the state at 46.44%, nearly twice the state average of 23.64%.

(Continued on following page.)

## Large Proportion of Medicaid Enrollees in Southern Illinois (Cont.)

Table 1: Proportion of Medicaid Enrollees in Rural Southern Counties

County	Proportion (%) of Medicaid Enrollees
Alexander	46.44
Saline	40.64
Pulaski	39.63
Marion	37.55
Massac	36.15
Union	35.85
Franklin	35.12

Source: *Illinois Department of Healthcare and Family Service*

Residents in rural areas often utilize healthcare services delivered by critical access hospitals, physicians, and other healthcare organizations in the county.<sup>2</sup> Since rural populations have fewer providers available than in urban areas, it is vital that efforts are taken to ensure that rural health services are administering high-quality patient care.<sup>4</sup> When healthcare systems create strategies and priorities for their populations, they should take into account the high concentration of Medicaid enrollees in rural counties. By considering the medical and social needs of the Medicaid population, physicians and healthcare organizations can be better equipped to improve the health of rural residents.

### References:

- A Review of Medicaid Expansion in Illinois under the Affordable Care Act. 2017. *Civic Federation*.  
Critical Access Hospitals (CAHs). 2018. *RHIhub*.  
Klein, S. 2018. In Focus: Improving the Quality of Rural Health Care Through Collaboration. "Medicaid in Illinois". 2018. *Kaiser Family Foundation*.  
"Statewide Enrollment". 2017. *Department of Healthcare and Family Services*.



**SAVE THE DATE!**

**IRHA 30th Annual Educational Conference  
August 7-8th, 2019  
Champaign, IL**

Call for presenters and conference registration available at  
[www.ilruralhealth.org](http://www.ilruralhealth.org)  
in January.



## **Congratulations SIHF Healthcare & SIU School of Dental Medicine for Center of Excellence Awards**

SIHF Healthcare and SIU School of Medicine were recently selected to receive the Center of Excellence Awards from LIBERTY Dental Plan.

“LIBERTY selects Centers of Excellence through a rigorous evaluation process that includes reviews of office safety and compliance, appropriate delivery of dental services compared to regional utilization patterns, high member satisfaction which leads to loyalty and continuity of care, access and availability of appointments, and low member grievances and complaints,” explained Judy Bowlby, Liberty’s Senior Manager of Government Programs.



Left to Right: Illinois State Representative Jay Hoffman (D-Belleville); Larry McCulley, President and CEO, SIHF Healthcare; Illinois Senate Majority Leader James Clayborne, Jr.(D-East St. Louis); Judy Bowlby, Liberty Senior Manager Government Programs; Kelly Pulliam, Liberty Director Provider Relations; Dr. William Madaio, SIHF Healthcare Dean; Daisy Alvarado, SIHF Healthcare Patient Registration Clerk, Greg Horta, Harmony Community Relations Specialist; Jennifer Grimm, SIHF Healthcare Dental Assistant; Beverly Vokes, SIHF Healthcare Health Center Manager, and Walter Hunter, SIHF Healthcare Board Member



## Congratulations SIHF Healthcare & SIU School of Dental Medicine for Center of Excellence Awards *(Continued)*



SIU School of Dental Medicine, Alton Illinois

Left to right: Dr. Kathy Shafer (Interim Assistant Dean for Clinical Affairs), Mr. Ken Holbert Associate Dean, Executive Director for Administration, Finance and Operations for SIU School of Dental Medicine, and Elizabeth Phelps (Manager of Business Affairs); Illinois Senate Assistant Majority Leader Bill Haine (D-Alton); Dr. Randall Pembroke, Chancellor SIUE; Dr. Bruce Rotter, Dean, Judy Bowlby (LIBERTY Senior Manager Government Programs); Kelly Pulliam, LIBERTY Director Provider Relations; Greg Horta, Harmony Community Relations Specialist

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## Expanding Milk Depot Network in Rural Illinois

The Mothers' Milk Bank of the Western Great Lakes is the only non-profit milk bank that serves Illinois and is registered with the Illinois Attorney General Office. Non-profit milk banks play a critical public health role by providing pasteurized donor human milk to premature babies in the neonatal intensive care unit (NICU), supporting the nutritional needs of babies and chronically ill children at home, and supporting families that choose to donate in honor of their child after loss.

Poppy's Dream Bereavement Program supports families that choose to donate milk in honor of their baby. This is the heart and soul of our milk bank and we are very passionate about working with these families. A beautiful mural in our lobby portrays the night sky over a field of glass poppy flowers. Hand painted stars each carry the name of a baby whose milk was given to nourish others. Families are invited to come to the milk bank and hang their baby's star.

Milk depots are an important part of maintaining the donor milk supply for babies and families in Illinois that need it most. Milk depots are designated milk drop-off sites where approved donors drop off their frozen breast milk. These designated milk drop-off sites make it easier for moms in the community to donate. There are many reasons that moms choose to donate including an oversupply, baby sensitivity, high lipase, or in honor of a child. Depots also promote awareness of the importance of breast milk and the programs offered by the depot facilities, including, WIC clinics and local health departments. Our current milk depots in Illinois are shown in the accompanying photo.



**Nicole Robbins**  
Education & Outreach Specialist  
Mothers' Milk Bank of the  
Western Great Lakes

### **The Mothers' Milk Bank of the Western Great Lakes needs your help!**

We are constantly expanding our milk depot network and would love to work with WIC and public health departments in rural Illinois. If you are interested or would just like some more information, feel free to contact Nicole, our Education & Outreach Specialist. You can reach Nicole by calling 847-262-5134 or emailing [nicole@milkbankwgl.org](mailto:nicole@milkbankwgl.org). We love our milk depots and cherish the relationships we have with every one of them. We would love to add you to our milk bank family!

#### **Nicole Robbins**

Education & Outreach Specialist

Email: [nicole@milkbankwgl.org](mailto:nicole@milkbankwgl.org)

Phone: 847-262-5134

#### **Mothers' Milk Bank of the Western Great Lakes**

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## Powerful Treatment for Rural Hospitals' Operating Expenses

Across America, rural hospitals fulfill a vital role in their communities. Largely serving disadvantaged patient populations, rural hospitals treat many of the country's citizens who are the most in need of care and the least able to afford it. With federal legislation often overlooking the problems of rural hospitals in favor of urban healthcare, the struggles of rural hospitals across the country are becoming sadly evident. **87 rural hospitals have closed** since 2010, and around **one in three are considered "at risk"** with the majority experiencing dwindling financial margins. Given the value these hospitals add to their communities as both providers of care and employment, reducing operational costs is vital to their continued survival.

Today in Illinois, onsite **solar energy** is emerging as a powerful remedy for one of the most expensive line items among hospitals across the state, electricity. Rural hospitals are among those that qualify for Illinois' new solar energy program that provides incentives for companies, organizations, and municipalities to save money on energy bills through going solar. The program is scheduled to open in January of 2019, and hospitals who enter the program first will achieve the greatest savings.

Because the industry-standard method of procuring solar energy requires no investment from the customer, there is no financial barrier for rural hospitals to make the switch. This is made possible through a **Power Purchase Agreement (PPA)**, in which a solar developer finances, constructs, and maintains the system throughout its lifespan. The customer simply purchases the system's energy at an agreed-upon fixed price that is lower than their retail electricity rate.



Based on our average PPA pricing in Illinois, rural hospitals can **save 25-30% on electricity from the first day the system is in operation**. Also, because PPAs are generally 20-year agreements, customers achieve price certainty on the electricity they buy from their solar system. In turn, rural hospitals that go solar can more effectively plan their electricity budgets for decades in advance, at the same time insulating them from unpredictable fluctuations in the retail electricity rate.

Hospitals represent ideal customers for an onsite power generator as they are large electricity consumers that require constant power. Plus, an experienced solar developer can integrate solar at your facility while maintaining operating flexibility. In particular, rural health clinics and critical access hospitals are especially well-suited for solar given their proximity to unused land which allows for a larger system to offset more of the hospital's energy use.

Rural hospitals that are considering going solar, but don't know where to start or just would like more information can start with a brief overview of Illinois [here](#).

You are also welcome to contact the Sol Systems team for additional resources at [Energy@SolSystems.com](mailto:Energy@SolSystems.com).



**Sandhya Mahadevan**  
Project Development  
Associate, Sol Systems

## Important 2018 TeleHealth Legislation Effort for Illinois

SB458 Amendment 1, Comprehensive TeleHealth Reform introduced by Senator Andy Manar, needs your support! SB458 covers both Medicaid reimbursement and private payer reimbursement parity and equality in payment for patients who receive services via TeleHealth.

Currently, Medicaid does not cover services delivered to inpatients, residents of SNFs, schools, and other places where TeleHealth helps to improve access to care and improve quality of life for patients. Medicaid also restricts the type of provider who can see patients. SB458 eliminates the restrictions on originating sites (patient sites) and eligible practitioners.

SB458 also calls for parity in payment and access for patient care funded by private payers for all health plan programs including managed care and commercial plans. More than 15 types of health plans are identified in the bill as being required to pay for services delivered via TeleHealth.

SIU and SIH are collaborating with the legislative sponsors and are currently writing Amendment 2, which will be the final amendment. We are compiling a list of supporters for the bill and would appreciate adding all IRHA organizations to the list of public supporters for our information handout. Please contact Nina Antoniotti, RN, MBA, PhD at 217-545-3830 or [nantoniotti79@siumed.edu](mailto:nantoniotti79@siumed.edu) to get a copy of the legislation and also, to add your organization to the list of public supporters. You will also be contacted when it is time to place a public support online for the legislative effort. Thank you for your help.



Nina M. Antoniotti, RN,  
MBA, PhD  
Executive Director  
TeleHealth and Clinical  
Outreach

## RIMSAP Helps Future Doctors. RIMSAP Helps Rural Communities.

Whether you are a future medical student or a resident of rural Illinois, RIMSAP can help.

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**Applications are due by Nov. 1.**

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Rural Illinois  
Medical Student  
Assistance Program



## **Careers in Public Health Administration in High Demand By Doug Toole, Administrator, Vermillion County Health Dept.**

Local health departments provide an important role in creating a comprehensive system of preventive health and primary care in rural areas in Illinois, and they are looking for some help.

Illinois has about 13 million residents, and about 1.5 million of them live in rural areas.

The rural areas of Illinois – which cover more than half of the state’s 102 counties – are served by 51 hospitals with 25 or fewer beds, according to the Kaiser Family Foundation. These smaller rural facilities are located in less-populated, more-remote areas where -- in most cases -- they are the sole providers of emergency, inpatient and outpatient clinic services.

Health promotion and disease prevention are crucial – especially in rural communities, where residents tend to be older, more likely to be living in poverty, and may not have the financial resources or the ability to quickly get to medical care.

In Illinois, 97 local health departments -- which cover 100 of the state's 102 counties -- develop and administer programs and services which are aimed at maintaining healthy communities. Local health departments also work with other community organizations to assure that needed services and programs are available.

The services and programs available through local health departments can include:

- vision/hearing testing for children;
- well-baby clinics;
- immunizations;
- communicable disease investigations;
- breast cancer awareness;
- AIDS counseling and testing;
- nutrition education and food vouchers;
- dental sealants;
- health screenings (blood pressure, diabetes, cholesterol and other chronic diseases);
- case management;
- restaurant inspections;
- training for food service workers;
- foodborne illness investigations;
- screening/testing of water samples;
- issuing water well permits;
- consulting and issuing permits for private sewage systems;
- investigation of solid waste, insect, rodent and nuisance complaints; and referrals to other agencies



Local health departments are often seeking new hires due to program expansion, and due to employee retirement and turnover. If you or someone you know has a background or education in nursing, finance, nutrition, counselling, environmental science, biology, chemistry, geology, dental care or office management, please consider employment at a local health department. New college graduates can often come in and gain wide-ranging work experiences, lots of interesting stories, and a rewarding sense of accomplishment.

Health departments tend to have smaller staffs, which gives its employees the opportunity to wear many hats and gain many skills. No two work days are ever exactly the same, and seasoned employees’ experience, professional network and creativity are often needed to find the best solutions.

The work done by local health departments can – alongside rural hospitals, clinics, and other service providers -- truly make an impact on a community. And staff members often derive an enormous sense of personal fulfillment from what they do. To learn more, contact your local health department or Illinois Public Health Association Executive Director Tom Hughes at [thughes@ipha.com](mailto:thughes@ipha.com).



# Why a PPA is the Right Option

Solar projects make headlines for the numerous ways they can provide sustainable electricity to customers. Often overlooked in public discourse, however, is the role of a Power Purchase Agreement (“PPA”) in a customer’s ability to go solar without any out-of-pocket investment expense.

## How a PPA Works

A PPA is an agreement where the customer agrees to buy the electricity from a solar energy system that is constructed and owned by the developer. Under a PPA, the developer (Sol Systems) installs, owns, and operates the system and then sells the electricity it produces to the customer at a fixed rate (\$/kWh) over a set period of time.

## A PPA with Sol Systems:

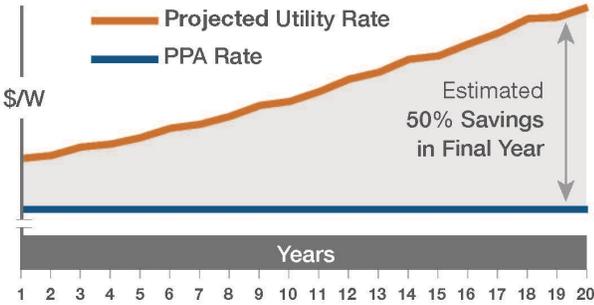
- Requires no capital outlay from the customer
- Provides a fixed rate for energy over 20-25 years
- Offers price certainty against a volatile electricity market
- Includes engineering, design, and construction
- Covers all operation and maintenance

## Why a PPA in Illinois?

Illinois’ recently passed Future Energy Jobs Act (FEJA) incentivizes the procurement of renewable energy, including solar, through renewable energy credit (REC) programs. The receipt of RECs from the state enables Sol Systems to offer an attractive rate to customers, typically providing savings from Day 1 of the contract. The RECs are awarded in blocks, with higher-value RECs being awarded to customers who are first to interconnect their systems. First come, first served. With this new policy, we expect a lot of solar to be added to Illinois in the near term, as we have seen in other states with similar policies.



## How a PPA Rate Saves Money



Sol Systems is an expert in PPAs, having worked on over \$750 million of solar installations involving a PPA structure. If your organization is interested in going solar through a PPA, please contact [Energy@SolSystems.com](mailto:Energy@SolSystems.com).

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**2018 Rural Healthcare Awards  
Presented with IRHA Annual Educational Conference Awards  
Luncheon in Champaign  
Congratulations Randy Dauby, CEO/Administrator  
Pinckneyville Memorial Hospital  
Administrator of the Year**

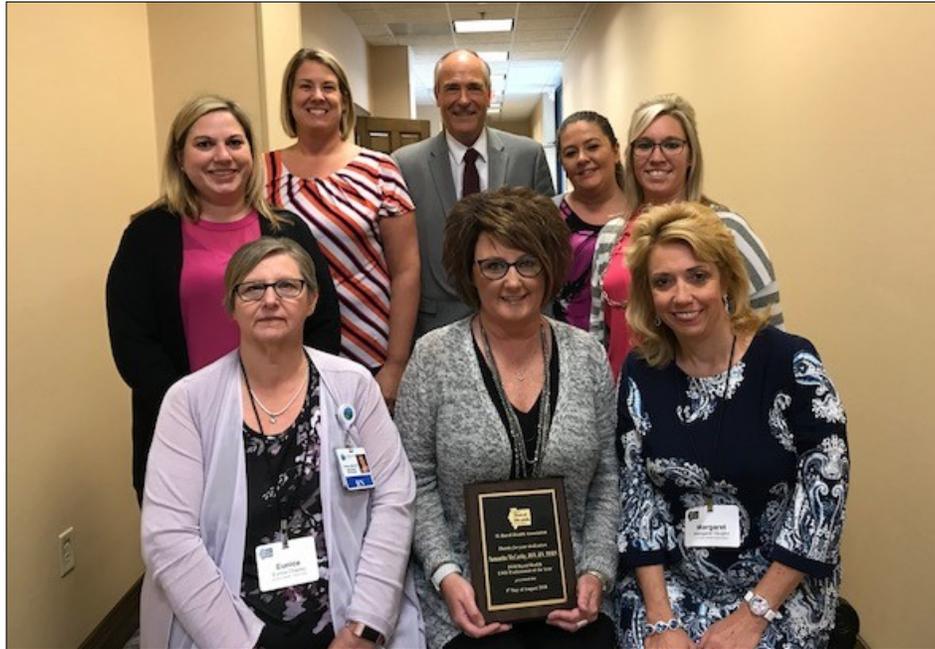


**Congratulations Samantha Noehre  
University of Illinois  
Student Excellence Award**



## **2018 Rural Healthcare Awards**

**Congratulations Samantha McCarty - Horizon Health  
EMS Professional of the Year**



**Congratulations  
SIU School of Medicine Office of Population Science and Policy  
Award of Merit**



## 2018 Rural Healthcare Awards

**Congratulations Tracy Love, Clinical Nurse Leader, FHN Memorial Hospital  
Rural Health Professional of the Year**



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## Interprofessional Preceptorship Program Connects Students with Rural Communities

In July, the students of the Rural Interprofessional Preceptorship Program presented on the impact of the program and their Community Service Learning (CSL) Projects.

The preceptorship program is a full-time, paid, rural immersion experience for health professions students. The program is coordinated by the National Center for Rural Health Professions and is hosted by rural Illinois hospitals across the state. Interprofessional cohorts of 4-6 students are chosen for each site, and students spend the majority of the Preceptorship shadowing a variety of healthcare professionals within the community. Students not only learn directly from the healthcare professionals, they also learn about healthcare careers throughout the hospital system to better understand the full scope of the care that it provides. Students also work together in weekly classroom sessions and for their CSL project, which is the culminating project of the experience.

This year, eight students were chosen for one of two available sites: Gibson City or Centralia, Illinois. Gibson Area Hospital and Health Services and SSM Health St. Mary's Hospital were the sponsoring sites in 2018.

During their time in the rural communities, students reviewed community health assessments, participated in a windshield tour, and collaborated in weekly classroom sessions to choose and implement a CSL project. The CSL projects are community-based and students must demonstrate the need for their chosen project before moving forward with their plans. It is a unique opportunity for students to apply their knowledge of the healthcare field to real-life community health priorities.

The preceptorship students presented the results of their projects to hospital and clinic staff, administration, and community members.

For their CSL project, students in Gibson City provided education on dementia and diabetes at community-wide events. In addition, the students distributed a Community Health Needs Assessment survey, which gathered residents' perspectives on health concerns and priorities in Gibson City. The students organized and analyzed the results to be presented to key stakeholders.

In Centralia, students planned and facilitated educational classroom sessions with youth housed by One Hope United, which serves youth escaping from abuse and neglect. After conducting a needs assessment of the youth, the preceptorship students developed educational sessions that focused on key health topics including stress management and healthy relationships. They met weekly with the youth and served as mentors throughout the process.



**Vicky Rhine**  
Assistant Director  
External and  
Pipeline Projects  
National Center for  
Rural Health  
Professions

This year marked the 11<sup>th</sup> year of hosting students in Centralia and the fourth for Gibson City. Since the program's inception in 2003, the Rural Interprofessional Preceptorship Program has served rural communities by allowing nearly 150 students to complete Community Service Learning projects highlighting community health priorities and needs.



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ACEMAPP Careers (formerly Medical Opportunities) is a nonprofit resource designed to simplify the search process and match your location, schedule and specialty preferences with opportunities. Matching algorithms connect you to employers based on your profile.

## **Where Are The Opportunities Located?**

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