With more than six weeks left before the official end of the U.S. hurricane season, 2005 is already one of the deadliest years in history. Since January, there have been several natural disasters culminating in Hurricane Katrina that devastated parts of Louisiana and Mississippi, and severely impacted Alabama in August. Florida was also impacted by Hurricane Katrina but to a much lesser extent. While much of Texas and Louisiana dodged the worst of Hurricane Rita in September, the damage to some small, rural towns was virtually complete and the storm was being blamed for new deaths long after it moved away.

Here is an update of impacted hospitals within these states, a look at hospital hurricane preparedness in Palm Beach, Florida, and an analysis of the long-term impact on the physician community in Louisiana and Mississippi.

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**2005 Major Disaster Declarations**

- 9/24/05 – Louisiana, Texas
- Hurricane Rita
- 8/29/05 – Alabama, Mississippi, Louisiana, Florida
- Hurricane Katrina
- 8/23/05 – Louisiana
- Tropical Storm Cindy
- 8/23/05 – Kansas
- Severe Storms and Flooding
- 8/22/05 – Wyoming
- Tornado
- 8/1/05 – Utah
- Flood and Landslide
- 7/22/05 – North Dakota
- Severe Storms, Flooding, and Ground Saturation
- 7/22/05 – South Dakota
- Severe Storm
- 7/10/05 – Florida, Mississippi, Alabama
- Hurricane Dennis
- 7/6/05 – Idaho
- Heavy Rains and Flooding
- 6/29/05 – Maine
- Severe Storms, Flooding, Snow Melts, and Ice Jams
- 6/23/05 – Nebraska
- Severe Storms and Flooding Flows, and Mudslides

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Continued on page 2...
The Aftermath of Hurricanes Katrina and Rita  Continued from page 1...

**Hospital Updates**

**Alabama**  
Alabama hospitals received minor damage, primarily due to wind and rain. Many patients from Mississippi and Louisiana have been transferred to these hospitals.  
**Hygeia Alabama Hospitals**  
Number of hospitals: 78  
Status: All facilities are open  

**Louisiana**  
As Hurricane Katrina approached, Louisiana hospitals in the storm’s likely path were evacuated. As of October 10, 2005, the two largest hospital groups, Tenet Healthcare and HCA Healthcare report that four facilities each in New Orleans suffered serious damages. The two facilities operated by Universal Health Services hospital group and Louisiana State University’s hospitals also remain closed. Very little additional damage was reported to any of the state’s hospitals as a result of Hurricane Rita.  
For the latest update on closed facilities, please visit the Louisiana Hospital Association website at www.lhaonline.org. The Hospital Status report is located on the home page.  
**Hygeia Louisiana Hospitals**  
Number of hospitals: 104  
Status: 12 facilities closed (as of 10/10/05)  

**Mississippi**  
Tenet Healthcare’s Gulf Cost Medical Center in Biloxi experienced serious damage during Hurricane Katrina. However, the ER is open, and radiology, lab services and limited cardiac diagnostic services are available. The facility is working with the State Health Department on a few minor clean-up issues, and anticipates opening twenty-five beds following clearance from the state.  
For the latest update on this facility, please visit http://www.gulfcoastmedicalcenter.com.  
**Hygeia Mississippi Hospitals**  
Total Number: 43  
Status: 42 facilities are open, 1 facility closed (as of 10/10/05)  

**Texas**  
While many hospitals along the Texas Gulf Coast are returning to normal operations following Hurricane Rita, some facilities in Southeast Texas face a long, slow recovery. In Beaumont, Port Arthur, Orange, Jasper, Woodville and surrounding communities, hospitals are being hampered by the lack of electrical power, fuel and other basic services. In addition, many suffered damage to their physical plants.  
For the latest update on affected hospitals, please visit the Texas Hospital Association at www.thaonline.com  
**Hygeia Texas Hospitals**  
Number of Hospitals: 295  
Status: 16 partially or fully evacuated hospitals (as of 10/10/05)  

**Florida**  
Florida hospitals were largely impacted by power outages during Hurricane Katrina. All facilities are fully operational.  
**Hygeia Florida Hospitals**  
Total Number: 206  
Status: All facilities are open  

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2005 Natural Disaster Declarations  Continued from page 1...  
4/19/05 – New York, New Jersey, Pennsylvania  
Severe Storms and Flooding  
4/14/05 – Arizona  
Severe Storms and Flooding  
4/14/05 – California  
Severe Storms, Flooding, Landslides, and Mud and Debris Flows  
3/14/05 – Alaska  
Severe Winter Storm  
3/7/05 – Nevada  
Heavy Rains and Flooding  
2/18/05 – American Samoa  
Tropical Cyclone Olaf, including High Winds, High Surf, and Heavy Rainfall  
2/17/05 – Arizona  
Severe Storms and Flooding  
2/15/05 – Ohio  
Severe Winter Storms, Flooding and Mudslides  
2/8/05 – Kansas  
Severe Winter Storms, Heavy Rains, and Flooding  
2/8/05 – Kentucky  
Severe Winter Storm and Record Snow  
2/4/05 – California  
Severe Storms, Flooding, Debris Flows, and Mudslides  
2/1/05 – Utah  
Severe Storms and Flooding  
2/1/05 – Hawaii  
Severe Storms and Flash Flooding  
2/1/05 – West Virginia  
Severe Storms, Flooding, and Landslides

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Hospital Disaster Preparedness: A look at Palm Beach County and the Treasure Coast in Florida  
Palm Beach County and Treasure Coast hospitals are prepared for a catastrophic hurricane and would be in better position to help patients than the New Orleans hospitals when they were pounded by Hurricane Katrina, according to local emergency management and hospital officials.  

Continued on page 3...
Three Palm Beach County hospitals – Good Samaritan, Palm Beach Gardens and Jupiter medical centers – are actually in hurricane evacuation areas, though the hospitals determine whether to remain open during a storm.

By state law, all Florida hospitals are required to have a disaster plan that is reviewed by county officials. Hospitals also meet regularly with one another and local emergency officials to review the plans that cover hurricanes and other emergencies.

While area hospitals work closely with county emergency officials, hospital administrators make the call on whether to close ahead of an approaching storm. Local hospitals have agreements with other hospitals to transfer patients if a hurricane forces them to evacuate.

Once the National Weather Service issues a hurricane watch, indicating a hurricane is likely within the next 36 hours, area hospitals typically stop elective procedures and try to discharge as many hospital patients as they safely can. That’s because the hospitals would likely be operating on generator power following a storm and some patients may be better off at home or outside the area affected by the storm, hospital officials say.

All of the Palm Beach County hospitals communicate with one another and with county officials on the same radio frequency, which should alleviate any communication problems during a natural disaster. Also, Palm Beach hospitals would likely fare better than counterparts New Orleans because no hospitals are below sea level.

Source: Palm Beach Post

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**20,000 doctors affected by Katrina, possible up to 6,000 displaced**

Hurricane Katrina and the city-swamping floods that drowned New Orleans and surrounding areas appear to have displaced up to 5,944 active, patient-care physicians. A new University of North Carolina at Chapel Hill study reports that is the largest single displacement of doctors in U.S. history, and Hurricane Rita may have boosted the total by an unknown degree.

Nearly 6,000 is the approximate number of physicians doing primarily patient care in the 10 counties and parishes in Louisiana and Mississippi that have been directly affected by Katrina flooding,” said Dr. Thomas C. Ricketts, deputy director for policy analysis at UNC’s Cecil G. Sheps Center for Health Services Research, and professor of health policy administration at the School of Public Health. "Over two-thirds – 4,486 – of those were in the three central New Orleans parishes that were evacuated.”

The number displaced was also more than one-quarter of the total number of new physicians who start practice in the United States each year, according to Rickets.

Of the physicians in the Katrina flood-affected areas, which included six Louisiana and four Mississippi counties or parishes, the majority, 2,952, were specialists with 1,292 in primary care and 272 in obstetrics and gynecology, the researcher found.

Another 2,052 physicians were in 16 Louisiana parishes that FEMA identified as being severely affected (Level 1 Disaster Declaration). That included 144 residents in training as well as 1,032 specialists, 724 primary care physicians and 140 obstetrician-gynecologists. Doctors involved primarily in administration, research or education were excluded from the total.

Ricketts said that not only did many practicing physicians lose their practices and income, but practically all of the health records in the community health centers within the poorer neighborhoods of New Orleans were destroyed.

“One possibly positive result of the disasters could be greater support for electronic medical records, explained Ricketts. “Also, some health-care officials may see the opportunity to reorganize and restructure their efforts, although some physicians may decide to retire instead of re-opening their practices.”

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**Hygeians Raise Funds for Hurricane Victims**

The American Red Cross estimates that more than $2 billion will be required to meet its cost for the emergency needs of Hurricane Katrina and Rita survivors. This is a sum 20 times greater than the relief provided by the Red Cross for all hurricanes in 2004. This assessment is based on the nearly one million people who require meals, shelter, financial assistance and other essential services over various periods of time.

As a part of our ongoing philanthropy program, Hygeians in both the Miami Lakes, Florida and Toronto, Canada offices donated personal funds to hurricane victims through the Red Cross organization. The corporation matched all funds at 100%. As the recovery and relocation efforts continue, we invite you to make a donation to the Red Cross in one of three ways - at the organization’s link at www.hygeia.net, at www.redcross.org, or by mail to the American Red Cross, P. O. Box 37243, Washington, DC 20013.
ING Employee Benefits Selects Hygeia as A Preferred Vendor

Hygeia Corporation is proud to announce that ING Employee Benefits has selected the Hygeia Claim Arbitration Service as a preferred out-of-network claim negotiator.

“We made the decision to work with Hygeia due to their strong savings results on arbitrations, and the fact that the discounts are obtained in a managed care compliant manner, and are therefore secured from reversal,” said Linda Beckman RN, CCM, CLNC, Excess Risk Medical Care Manager, ING Employee Benefits.

For 80 years, ING Employee Benefits has provided traditional group insurance benefits, voluntary insurance products and retirement planning services. ING Employee Benefits is a wholly owned subsidiary of ING Groep N.V., one of the world’s largest financial services companies, offering banking, insurance and asset management in over 50 countries.

Hygeia Introduces Upgraded Claim Processing Statements

As a health service intermediary, Hygeia works to facilitate smooth and efficient transactions between both client segments - healthcare payers and healthcare providers. We continuously seek feedback from our clients. This guides our improvements in the way we deliver information in order to enhance efficiencies in our clients’ business processes.

“The new statements include more detailed information about each claim and the required provider reimbursements,” explains Pina De Santis, Director of Client Services. “The improved information will help both our Payer and Provider clients prevent errors in their internal claim administration and payment reconciliation processes.

The upgraded statements include a Hygeia Statement (for PPO Network, Arbitration Services, and Non-Network bills), an Explanation of Reimbursement and a Hygeia invoice. The new statements will be introduced next month.
## Universal Health System - Florida

With the winter travel season approaching, many domestic and international travelers will likely make South and Central Florida their destinations of choice. Hygeia Preferred Provider, Universal Health Services, Inc., operates three top hospitals in these areas: Lakewood Ranch Medical Center, Manatee Memorial Hospital, and Wellington Regional Medical Center, which offer Hygeia payers grade “A” savings (30% or greater.)

These facilities have also gained industry recognition for their quality of care. Manatee Memorial Hospital was recently awarded the American Stroke Association’s Get With The Guidelines – Stroke (GWTG-Stroke) Initial Performance Achievement Award. This award recognizes the hospital’s commitment and success in implementing a higher standard of stroke care by ensuring that stroke patients receive treatment according to nationally accepted standards and recommendations. In 2003, Wellington Regional Medical Center was selected as one of the nation’s 100 Top Hospitals by Solucient, a leading source of healthcare business information.

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<tr>
<th>Facility</th>
<th>Address and Phone</th>
<th>Highlighted Services</th>
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<tr>
<td><strong>Lakewood Ranch Medical Center</strong></td>
<td>8330 Lakewood Ranch Blvd.</td>
<td>• Electroencephalography</td>
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<td></td>
<td>Bradenton, FL 34202</td>
<td>• Emergency Services</td>
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<tr>
<td></td>
<td>941.782.2100</td>
<td>• Non-invasive Cardiology</td>
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<tr>
<td></td>
<td><a href="http://www.lakewoodranchmedicalcenter.com">www.lakewoodranchmedicalcenter.com</a></td>
<td>• Pulmonary Function Lab</td>
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<td>• Respiratory Care Services</td>
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<td>• The Surgery Center</td>
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<td></td>
<td></td>
<td>• The Women’s Center</td>
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<tr>
<td><strong>Manatee Memorial Hospital</strong></td>
<td>206 Second Street East</td>
<td>• Breast Care Center</td>
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<td></td>
<td>Bradenton, FL 34208</td>
<td>• Cancer/Oncology</td>
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<td></td>
<td>941.746.5111</td>
<td>• Cardiology/Manatee Heart Center</td>
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<td><a href="http://www.manateememorial.com">www.manateememorial.com</a></td>
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<td>• Women’s Center</td>
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<tr>
<td><strong>Wellington Regional Medical Center</strong></td>
<td>10101 Forest Hill Blvd.</td>
<td>• Cancer/Radiation Therapy</td>
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<td></td>
<td>Wellington, FL 33414</td>
<td>• Cardiology Services</td>
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<tr>
<td></td>
<td>(561) 798-8500</td>
<td>• Center for Wound Care &amp; Hyperbaric Medicine</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.wellingtonregional.com">www.wellingtonregional.com</a></td>
<td>• Laboratory Services</td>
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Push for Electronic Medical Records

Hurricane Katrina destroyed or stranded the medical records of untold numbers of people, bringing new attention to the need for electronic medical data. Lost medical records expose patients to considerable risk of medical mistakes as physicians are handicapped in diagnosing symptoms, understanding the possible effects of drugs, and assessing the benefits and risks of surgery. According to John Hutchins, founder of PinnacleCare and a healthcare advocate, "It's like a baseball player coming to bat without needed contact lenses or a tennis player using a bare hand instead of a racquet. You just don't have the tools to do the job and would rely on a lot of guessing. The problem is, this isn't a game, it's your health and your life."

Advocates say that electronic medical records could improve patient care and possibly save billions of dollars. Yet many doctors aren’t investing in the technology because they may not reap the savings, but insurers and the government will, some researchers report. Less than 25 percent of U.S. hospitals and 20 percent of physician offices have adopted electronic medical records, according to the RAND Corporation. Usually, they’re hospital- or doctor-specific and easily transferred and read by other health care providers. The ultimate goal of electronic medical records is a nationwide network, allowing quick access to a patient’s history regardless of their location.

To help establish standards for implementing electronic records, U.S. Health and Human Services Secretary Mike Leavitt has named a 16-member commission of representatives from hospital, doctor, insurance, government and patient-advocacy groups. “There may not have been an experience that demonstrates, for me or the country, more powerfully the need for electronic health records ... than Katrina,” said Leavitt. The federal government’s goal is to give most Americans computerized medical records within 10 years.

Source: www.cnn.com and www.hhs.gov

U.S. Department of Homeland Security Decisions Allow for Ease of International Travel

Travel industry insiders are breathing a sigh of relief with the U.S. Department of Homeland Security (DHS)'s two recent decisions to allow for continued ease of international travel to and from the United States. The decisions delay proposed DHS requirements for stricter passport guidelines for individuals traveling to and from many countries, which the travel industry has expressed concern would have an adverse effect on world travel.

The DHS plan, unveiled in April, originally named December 31, 2005, as the deadline for the first phase of the Western Hemisphere Travel Initiative (WHTI). This initiative would require travelers to and from the Caribbean, Bermuda, Central and South America to present passports or other accepted secure documents at U.S. ports of entry. Currently, travelers need only a birth certificate and/or valid driver’s license to travel between the U.S. and these locations. Under the revised requirements, passports will be required to and from all U.S. air, sea and land borders by December 31, 2007.

In June 2005, DHS announced that it would extend the deadline for a requirement that countries participating in Visa Waiver Program (VWP) must include biometric data when issuing passports. The revised deadlines include:

- As of October 26, 2005, all countries must issue passports with digital photos or the required chip (e-passport) containing biometric information about the individual.
- Anyone issued a passport prior to October 26, 2005, will be “grandfathered in” and allowed to visit the U.S. until the passport expires.
- All VWP countries must issue the required biometric chip (e-passport) by October 26, 2006.

Nearly 14 million visitors from 27 countries entered the U.S. from a Visa Waiver Program country in 2004. For a list of VWP countries, visit http://www.travel.state.gov/visa/temp/without/without_1990.html#2

Source: www.TIA.org
Staff Recommendations

CONFERENCES

International Healthcare Conference
November 6-8, 2005
Westin Alfonso XIII, Sevilla, Spain
The conference agenda will address the most topical issues relevant to all sectors of the international healthcare industry today. Suggested attendees include international healthcare insurers and reinsurers, hospitals and clinics, assistance companies, claims handlers, pharmaceutical companies, medical equipment suppliers, companies purchasing healthcare plans, government health departments, air & ground ambulance operators, healthcare legal specialists, telemedicine and IT providers, and funeral directors.
Visit www.voyageur.co.uk/itic for more information.
Hygeians Attending: Philip Brun and Virgil Bretz

International Travel Insurance Conference
November 8-11, 2005
Westin Alfonso XIII, Sevilla, Spain
ITIC’s 2005 conference will tackle the most topical issues challenging the travel, health and insurance industries, including forecasting for catastrophes, medical screening, and writing travel policies. Attendees of the conference include insurers and underwriters of travel insurance and international private health plans, insurance brokers and intermediaries, medical audit, billing and administration company executives, legal assistance providers and attorneys to the travel and tourism industry.
Visit www.voyageur.co.uk/itic for more information.
Hygeians Attending: Virgil Bretz, Joe Radigan, David Angelone, Reid Cawston, Philip Brun, Jacques Le Tual, Victor Mehr

PUBLICATIONS

Bag the Elephant: How to Win and Keep Big Customers, by Stephen Kaplan, Bard Press
Stephen Kaplan effectively and succinctly describes his concept of bagging an “elephant” or large client, through proven guidelines, tools, and techniques. Throughout the book you’ll find stories, derived from the author’s real-world experience, that show you how to put the strategy to work.

Healthcare Technology: Enabling Collaboration Between Payers and Providers, by Monterey Research and CapGeminimi
This book is a series of articles by healthcare and technology experts on the issues of connectivity between healthcare payers and providers due to new technological developments and the ever increasing imperative to lower costs. Examines how these seemingly antagonistic structures can united to provider better quality, privacy, safety and cost.

WEBSITES

www.accuweather.com – Find up to the minute details on worldwide weather, including travel advisories, forecasts, air quality, and historic averages.

For a free copy of the recommended publications, please contact our Communications Department at m.andwele@hygeia.net.

INTERNATIONAL FOUNDATION OF EDUCATION, BENEFITS AND COMPENSATION U.S. EMPLOYEE BENEFITS CONFERENCE
November 13-16, 2005
Hawaii Convention Center, Honolulu, Hawaii
The 51st Annual Employee Benefits Conference will focus on serious financial problems facing health care and pension plans. There will be more than 150 sessions covering issues including fiduciary responsibility, health and welfare, pension, investments, communication, administration, and technology. Keynote speaker Naomi Judd will launch the event.
Visit www.ifebp.org/education/USAannual/default.asp for more information.
Hygeians Attending: Larry Taylor and Scott McCall
Frequently Asked Questions

Healthcare Terminology
A Three-Part Series: Part II

About U.S. Government Healthcare Agencies

Agency for Health Care Policy and Research (AHCPR)
Part of the U.S. Department of Health and Human Services, the AHCPR is the lead agency charged with supporting research designed to improve the quality of health care, reduce its cost, and broaden access to essential services.

Centers for Disease Control and Prevention (CDC)
Working with states and other partners, CDC provides a system of health surveillance to monitor and prevent disease outbreaks (including bioterrorism), implement disease prevention strategies, and maintain national health statistics. The CDC provides for immunization services, workplace safety, and environmental disease prevention. CDC also guards against international disease transmission, with personnel stationed in more than 25 foreign countries.

Centers for Medicare and Medicaid Services (CMS)
CMS administers the Medicare and Medicaid programs, which provide health care to about one in every four Americans. Medicare provides health insurance for more than 42.1 million elderly and disabled Americans. Medicaid, a joint federal-state program, provides health coverage for some 44.7 million low-income persons, including 21.9 million children, and nursing home coverage for low-income elderly. CMS also administers the State Children’s Health Insurance Program that covers more than 4.2 million children. The agency was originally established as the Health Care Financing Administration in 1977.

Department of Health and Human Services (DHHS)
The DHHS is the United States government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. The Department includes more than 300 programs, and its FY 2005 budget is $581 billion. DHHS funds the Medicare and Medicaid programs.

Food and Drug Administration (FDA)
The FDA assures the safety of foods and cosmetics, and the safety and efficacy of pharmaceuticals, biological products, and medical devices – products that represent almost 25 cents out of every dollar in U.S. consumer spending.

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