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Committed to Excellence



Our Mission is to Heal
We put patient care first at all times.

Our Purpose
To operate cost effective post-acute facilities with excellent patient care.

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Corporate Newsletter-Fall Edition 2013

Message From The COO

The third quarter proved to be much busier than one would normally project for the end of summer. We had a number of things that occurred that kept us on our toes and kept our focus for the quarter. One of those things was the Final Rule that CMS (Medicare) published, which governs how healthcare entities will be paid by Medicare during the next fiscal year.

Reinstatement of the 25% rule for LTACHs was the most noteworthy of the changes. This rule states that to receive full Medicare payment, an LTACH cannot have admissions from a single hospital in excess of 25% of its total Medicare admissions. This may pose some challenges for us in 2014, and we are now working on plans to assure that our hospitals stay within those limits. There are a number of efforts underway to negate this ruling, but, for now, it is one of the issues we as an industry will need to contend with in 2014.

CMS also adjusted our reimbursement codes. Some went up, some down. In summary, it looks like our reimbursement for 2014 will remain static, which is better than the 2% reduction we took last year.

On a more positive note, we added our 15th hospital, in Tulsa, OK. It is a 28 bed LTACH in St. John's Medical Center. We are very excited to be in Tulsa and inherited a wonderful, professional staff. Stacy Wilde is our new CEO there and Christie Amos is our new CCO. I'm looking forward to working with this leadership team in the further growth and development of the Tulsa market. We've also added new leadership in our Wichita hospital, where Jerry Deller has taken the reins as the new CEO.

Another key accomplishment is the roll-out of our new electronic patient evaluation system that our Clinical Liaisons have started using. We've been working on this for some time and it has finally become reality. This iPad-based system should enable us to respond to our referral sources quicker, shorten the time between referral and commitment, and share information during the admission process with all the decision makers. It will also enable us to standardize our admission processes and provide our physicians with the tools they need for accurate history and physicals.

We're coming down the home stretch now with the start of the 4th quarter. I'm very pleased with the progress all of our hospitals have made in the previous three quarters and am confident that these improvements will bear fruit this quarter and help us to finish the year on a high note. My thanks to all of you for the energies you have put forth in making a difference in the lives of the people we serve.

Gene Smith
Chief Operating Officer
AMG



FROM THE NEWS ROOM OF HEALTH INFORMATION MANAGEMENT & HIPAA

The ICD-10 Transition



On October 1, 2014, the International Classification of Diseases (ICD) 9th Edition (*ICD-9*) is set to be replaced by the *10th Edition, ICD-10*. ICD-9 is well over 30 years old, has become outdated and some of the terminology associated with it has become obsolete. Even though almost every other country in the world has been using ICD-10 for years, the United States has been slow to implement and transition from the previous version. CMS is maintaining its stance that there will not be another delay and ICD-9 codes will not be accepted for services rendered on or after October 1, 2014. Adherence to the official coding guidelines in all healthcare settings is required under the Health Insurance Portability and Accountability Act (HIPAA).

The implementation of ICD-10 is a project unlike any that the health care industry has attempted in the last 20 years. This project impacts virtually every business process and system in healthcare including health plans, provider facilities, clearinghouses, and vendors. The scope and depth of this project means that the risks for everyone in healthcare are colossal.

So, what are the real differences between ICD-9 and ICD-10?

The ICD-10 codes are alphanumeric with multiple letters and multiple numbers where ICD-9 is primarily numbers. The code length in ICD-10 will expand to seven digits instead of the three to four currently in ICD-9. Therefore, it will be very complex to look up and find the right code. The switch last year to the HIPAA 5010 transaction standards for electronic claims paved the way for hospitals and payers to be able to accommodate the extra digits. What really sets ICD-10 apart from ICD-9 is specificity, meaning more codes: approximately 139,000 new diagnosis and procedure codes (55,000 dx and 84,000 procedures). These codes convey much more detail than the old ones to include specificity, flexibility for adding new codes, laterality, descriptions of methodology, and precisely defining procedures with detail including body part, approach, device used, and qualifying information. ICD-9 lacks space for adding new codes, uses outdated technology, as well as lacks the detail as described above. Below is an example of one of our top procedures: (needless to say it will be years before codes are memorized like today)

<u>ICD-9</u>		<u>ICD-10</u>	
Documented Procedure: Excisional Debridement of Sacral Pressure Ulcer – skin and subq		Documented Procedure: Excisional Debridement of Sacral Pressure Ulcer- skin and subq	
Description	Code	Description	Code
Excisional Debridement of wound/infection/burn	86.22	Excision of buttock skin, external approach	0HB8X22

The ICD-10 Transition– Continued

Due to the complexity of detail, this means doctors will have to document to a higher degree of specificity than they do today to support the codes. Keep in mind, we currently struggle to get the documentation we need to code to the highest degree in ICD-9. This will definitely be one of our greatest challenges.

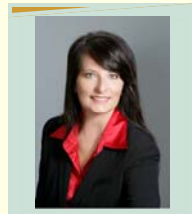
There are three major components to the ICD-10 transition: physicians and their documentation, payers and their claims processing, and the medical coders that bridge the two. While each group faces its own particular challenges, our coders face the daunting task of completely reinventing themselves professionally while simultaneously bearing the burden of keeping AMG's revenue flowing. Our focus will be on determining what documentation elements are relevant to the codes we most frequently use in our LTAC and Rehab Hospitals. The American Health Information Management Association (AHIMA) recommends that inpatient coders receive anywhere between 57 and 62 hours of training to get ready for ICD-10.

Another change with ICD-10 is the requirement for more detailed knowledge of the human body. Approximately 50% of our educational resource allotment will be to have our coders re-learn college-level anatomy and physiology (A&P) and medical terminology. Coders don't really need to know much about A&P right now in ICD-9, and most of the coders haven't had an A&P class since college. Once the foundation of that knowledge is there, it's a matter of practicing through case studies.

It is important to understand that this isn't just a coder, physician, and IT initiative but rather an initiative for everyone in the organization. If we view the transition as a major strategic initiative, and give it the right attention, then we will be better prepared and have fewer negative impacts.

Now is the time to get started as we can no longer ignore the elephant in the room. WE can, and WE will, overcome this challenge. Let the transition begin!

Susan Wallis
Director of Health Information Management-HIPAA
Privacy and Security Officer
AMG



FROM THE NEWS ROOM OF HUMAN RESOURCES



Affordable Care Act (*Healthcare Reform*) And The Marketplace

The Patient Protection and Affordable Care Act (ACA) is a complex document that is thousands of pages long. The common name which ACA has taken on is “Healthcare Reform.” Healthcare Reform is changing the way health insurance works for our country. Hopefully this piece will answer some of your questions with regards to Healthcare Reform.

Everyone is preparing for the impacts of the ACA/healthcare reform and how it relates to the new Healthcare Marketplace (“the exchange”) which opened on October 1, 2013. The marketplace will radically change how individuals will buy health insurance. It is designed to be health-neutral and gender-neutral, and some customers will be eligible to receive a subsidy. The ACA guarantees that all customers will have access to health coverage. This means that insurers must accept all applicants and all individuals must have health coverage, or pay a penalty.

Beginning October 1, 2013, individuals and small businesses (with under 50 employees) may purchase health insurance online (for an effective coverage date of Jan. 1, 2014) on the “exchange.” On the “exchange”/Marketplace, people can shop online for insurance, and compare prices and plans, and apply for subsidies. Every health insurance plan in the new marketplace will offer comprehensive coverage, from doctors to medications to hospital visits. The products in the marketplace will fall under four categories or “metal levels” shown below.

Platinum level -	Gold level -	Silver level -	Bronze level -
Targeted to individuals who use healthcare more often and the premium cost is worth the advantage of low-deductible and first-dollar coverage.	Targeted to individuals willing to pay more for coverage that offers a lower deductible and rich benefits.	Targeted to individuals eligible for cost-sharing reductions and those willing to pay slightly higher premiums to reduce out-of-pocket (OOP) costs.	Targeted to individuals looking for a low-cost product option with high deductibles and coinsurance.

Here are some major changes coming to the healthcare system that you should know about:

In 2014, you must have health insurance coverage or pay a tax penalty.

◇ Starting in 2014, every* American or legal resident will have to get health insurance coverage. If you don't, you will pay a tax penalty at the end of the year. How much? In 2014, you could pay \$95 per uninsured person in your family up to \$285 - \$325 for the family. But by 2016, you might end up paying around \$695 - \$700 per uninsured person. Of course, only the government can fully evaluate what fees and penalties it charges you. It's important to remember that someone who pays the fee won't get any health insurance coverage, and will still be responsible for 100% of the cost of their medical care costs.

* Except for those with religious reasons, exemptions or those who can't find affordable health insurance.

You will be able to get insurance, even if you've been turned down before.

◇ You are guaranteed insurance coverage, even if you have a serious or long-term condition, illness or injury (pre-existing conditions are no longer applicable to plans effective 2014). It doesn't matter if you've applied before or have been turned down for coverage.

You may qualify for a break on your insurance premiums.

◇ Those who make less than four times the Federal Poverty Level may qualify for a break on their insurance premiums. Depending on your income and household size, you could pay as little as \$0 each month.

Affordable Care Act (Healthcare Reform) & the Marketplace -Continued

Many health insurance plans will include broader benefits.

◇ Check-ups, blood tests and many common treatments will be covered by your insurance at \$0 when you go to an in-network provider. In other words, when you go to the doctor, you won't pay for these services out-of-pocket if you go to a doctor in your network.

Exchange or Marketplace policies will go into effect January 1, 2014.

◇ Individuals and small businesses can shop for insurance on the online marketplaces starting October 1, 2013.

You always choose your own doctors, including before and after healthcare reform.

◇ You always choose your own doctors. How much your insurance pays will be determined by whether the doctor you choose is in the provider network used in your insurance plan.

Every health insurance plan in the new marketplace must offer Essential Health Benefits (EHB).

◇ The government is requiring that every health insurance plan in the new marketplace offer complete coverage - from doctors to drugs to hospital visits. The law says that all health insurance companies must offer the same set of basic benefits in all of their plans. These are called essential benefits. Some essential benefits include emergency room services, maternity care, mental health, lab services, and some kinds of pediatric care. If your current health insurance plan does not offer these essential benefits, it will begin to offer them in 2014 to meet the government's new rules of reform law.

If on Medicaid...

◇ If you are on Medicaid, you do not have to buy insurance from the exchange or marketplace.

In 2014, there will be no more annual limits or lifetime limits on essential benefits.

◇ Insurance plans cannot put annual limits or lifetime limits on the amount of claims they pay for essential benefits (EHB).

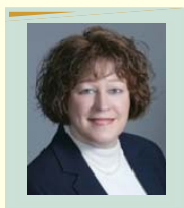
Blue Cross and Blue Shield of Louisiana (BCBSLA) is AMG's company-sponsored health insurance provider. AMG currently pays 75% of employee's individual health insurance premium through the company-sponsored plan, as an employer supported benefit for all full time employees who elect coverage. The AMG company-sponsored health insurance plan will continue, and is in compliance with governmental requirements with regards to healthcare reform/ACA; and our plan(s) will continue to be in compliance with future governmental requirements.

BCBSLA advises if your employer offers health insurance, you probably won't qualify for a tax credit.

BCBSLA has created an easy online tool to estimate what you can pay for health insurance next year if you choose to purchase your healthcare insurance through the "exchange". By going online to www.bcbsla.com/whatyoupay, you can quickly find out if you qualify for a tax credit from the federal government to help pay your premiums. While you're there, check out your options, learn about healthcare reform and start planning today!

You can also find more information to answer your questions and help you make your decision at www.healthcare.gov or <https://www.cuidadodesalud.gov/es/> (Spanish); or you can call (800) 318-2596.

Vonda Broussard
Director of Human Resources
AMG





FROM THE NEWS ROOM OF CLINICAL SERVICES

Why oh why? Why do we have to get a flu shot?

Why do we have to get a flu shot if we are perfectly healthy? The flu shot helps to protect not only us, but it also extends to the prematurely born infant son of the father waiting in line in front of us in the grocery store and the pregnant lady at the gas station. We may not be at any unusual risk from having the flu, but those around us are—our elderly neighbors, our older relatives and the aging community we would be sneezing on while waiting in line at the pharmacy.

Everyone age six months and older should get the seasonal flu vaccine every year. The vaccination is especially important for people who are in close contact with groups at high risk of flu complications, or are at high risk themselves. These groups include: pregnant women; people age 65 and older; people with certain medical conditions including asthma, diabetes, and chronic lung disease; and healthcare workers.

All AMG facilities will be offering their employees the flu vaccine beginning in October. Employees are encouraged to get their vaccine as soon as it is available. Influenza seasons are unpredictable and can begin as early as October. Usually, seasonal flu activity peaks in January or February. It takes about two weeks after the vaccination for antibodies to develop that will provide protection against the flu. In the meantime, you are still at risk for getting the flu. For this reason, it is best to get vaccinated early in the fall, before the flu season really gets under way.

A common misconception with the flu vaccine is that the flu vaccine may actually give you the flu! This is impossible. The viruses in the flu shot are killed, so you cannot get the flu from a flu shot. Minor side effects of the flu shot may occur and may include: soreness, redness or swelling where the shot was given; low-grade fever; and aches. If these problems occur, they begin soon after the shot and usually last one to two days. Isn't this preferable to a week or **more** of misery?

People with flu can spread it to others very easily. Influenza viruses are spread mainly by droplets made when people with the flu cough, sneeze, or talk. These droplets can land in the mouth or noses of people who are up to about 6 feet away or possibly be inhaled into the lungs. Less often, a person might get flu by touching a surface or object that has flu virus on it and then touching their mouth or nose. Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick.

All AMG facilities will be reporting their healthcare provider vaccination percentages to NHSN (an arm of the CDC) beginning in October and ending March 31st. Employees will be required to be vaccinated or sign a declination form. The coverage rate for health care workers nationally was estimated at 72% for the 2012-13 season, an increase from 66.9% in the 2011-12 season and 63.5% in the 2010-11 season. Our goal is to meet or exceed these national statistics.

The role that you and other health care workers play in helping prevent influenza-related illness and death—especially in high-risk patients—is invaluable. You have the opportunity to save even more lives when you spread flu facts instead of the flu itself! AMG ***strongly recommends*** that all employees get the flu vaccine!

Jennifer Wallace
CEO
AMG Specialty Hospital- Greenwood





ATTENTION ALL FULL-TIME EMPLOYEES

Cigna offers some great value added services to all full-time employees who have met eligibility for insurance benefits, as part of the COMPANY PAID Life Insurance benefit through CIGNA. These services are either no cost or available as a discount with different vendors. Below is a very brief summary of the different programs available. Please contact the HR department if you are interested in the actual brochure for additional details.

Life Assistance Program

This program offers assistance in achieving work/life balance. An advocate is ready to help access your needs and develop a solution to help resolve your concerns. They can also direct you to an array of resources. The services available are legal consultation (free 30 minutes consult and 25% discount for further services), guidance for parenting, child care, senior care and pet care assistance. An Advocate is available by phone at no cost to assess your needs. You have up to 3 face to face sessions available after getting your referral.

1.800.538.3543, www.cignabehavioral.com/CGI User Name-rewards, Password-savings

Identity Theft Program

You can obtain access to free credit reports, help with reporting identity theft to reporting agencies, assist with replacement of lost or stolen documents and many other services to assist regarding identity theft. They also have a helpful website and tips to reduce the risk of identity theft.

1.888.226.4567, Grp #57-available 24 hrs/day/365 days-[www.cigna.com/id theft](http://www.cigna.com/id%20theft)

Healthy Rewards

This program offers you a discount on services geared toward health and well being. This includes weight management and nutrition, vision and hearing, tobacco cessation, alternative medicine, mind, body and fitness, vitamins, health and wellness.

1.800.258.3312-www.CIGNA.com/rewards, you would print a card to use to access discounts at any Healthy Rewards provider.

Will Preparation

You can visit the secure website and create your logon to be able to obtain and complete legal documents for will preparation, health and financial power of attorney, living will and medical authorization for children and estate planning. The website also has access to resources you may need for funeral planning process.

Call 800.901.7534 for technical support of the website-www.CIGNAWillCenter.com

Secure Travel

This provides emergency medical evacuation assistance and travel services, as well as pre-trip planning when travelling more than 100 miles from home or work. If in another country travelling and become ill, Cigna can arrange and cover the cost of transportation to get you to a different hospital or facility for treatment comparable to your home country (Cigna does not pay medical expenses). There are many other details Cigna can assist with, please consult the brochure or call Secure Travel. If traveling, especially abroad, this info. would be very handy to have with you in case of an emergency.

888.226.4567 Policyholder-Acadiana Management Group-Policy OK966037-Available 24 hrs/day-365 days/yr

This information was created from multiple Cigna brochures. In case of discrepancies, the Cigna brochure will prevail. All information discussed with Cigna is confidential and pursuant to the Health Insurance Portability and Accountability Act of 1996.

WELCOME ABOARD

In August of this year, AMG purchased a new LTACH in Tulsa, OK. We would like to welcome all the employees of AMG Specialty Hospital-Tulsa to the AMG family. We are happy to have you as part of AMG's team.

We would like to also welcome new employees at our other facilities who started with the company during the 3rd quarter of 2013. Welcome aboard!



AMG Specialty Hospitals

Feliciana

Harry Ackerson
Kimberly Dunn
Stacy Harris
Hattie King
Gabriel Murray
Steven Smith
Tanya Waits
Stefanie Woodruff
Carmen Yenni

Lafayette

Kristy Broussard
Glenda Bruno
Kimberly Campbell
Danielle Comeaux
Sunday Dailey
Shelia Davis
Merrika Harris
Amanda Hernandez
Tiffany Lampkin
Amy McGee
Brian McGrew
Ashley Merrick
Julia Nunez
Charmaine Stone
Brian Theunissen
Kelly Trahan
Deborah Vaughn
Georgiana Williams

Slidell & Bogalusa

Mistie Creel
Marisol Davenport
Jessica Deforrest
Nicole Faoria
Shayna Garcia
Stefon Gibson
Zee-Hahn Hampton
Faith Lagarde
James Neagle
Paulette Nitschke
Shelby Oglesbee
Kevin Pembrook
Melanie Pichon
Steven Reeves
Anthony Reid
Gloria Sanders
Jessica Sisemore
Jennifer Talley
Elizabeth Weisinger
Kaitlyn Wilson

Greenwood

Megan Cunningham
Christee Hemphill
Tiffany Lehman
Amber Maggitt
Takeesha McCaskill

Wichita

Tiffany Arend
Denise Bolden
Mark Drummond
Britany Johnson
Shelia Shugart
Steven Shugart

Muncie

Ashley Beavers
Heather Cain
Caroline Cox
Alice Johnson
Stacey Jones
Richard Kirkman
Bradely Maller
Monica Roberts
Courtney Sheppard
Abby Staugler
Brittany Stewart
Emily Thomas
Sherri Waskom
Larry York
Laura Young

Albuquerque

Andrea Adams
Mary Kathryn Bonner
Mary Brannon
Kendra Camp
Mary Alice Chavez
Suzanne Cunningham
Constance Harrison
Adrian Herrera
Deborah Klem
Alexus Martinez
Ruth Montano
Sharlee Moss
Brandi Saiz
Susan Seymour
Jody Villa

WELCOME ABOARD-CONTINUED



Edmond

Thandi Banks
Rochelle Barringer
Latasha Bell
Chris Ann Brantely
Summer Bratcher
Jennifer Bynum
Desseray Conover
Rebecca Cornelius
Toye Crabtree
Demeshia Dixson
Rachel Erler
Tammy Galvan
Michael Gerten
Tracey Henderson
Tina Hoffman
Tiffanie Jackson
Freddi Johnson
Shelly Kirkpatrick
Tammy Langston
Kristin Lejeune
Taylor Mysinger
Kimberly Payne
Gentry Rogers
Kysha Sampson
Cassandra Sheets
Amanda Strickland
Joquita Thomas
Deshell Tillman
Jeannine Ware
Yvone Wirngo

Houma

Keri Albarado
Lee Bierhorst
Elizabeth Defelice
Magen Dufrene
Karen Guidry
Brett Hebert, Jr.
Angela Lecompte
Deana Leonard
Crystal Lewis
Tamara Marsa-Poche
Clint Rogers
Kacy Smith
Jessica Soudelier
Troy Tabor
Bryce Teale
Sophia Verdin
Bonnie Willett
Barabara Zator

Denham Springs

Gary Ahner
Geraldine Castle
Shaquilla Chaney
Ashley Chavers
Rebecca Hopkins
Michael Hudson
Christopher Johnson
Tammy Kauffman
Glenn Leboeuf
Teresa Maize
Christopher Mayeaux
Dinah Melton
Stephanie Nguyen
Alecia Paternostro
Wanda Ramsey
Tramayne Richardson
Doreal Smith
Blake Tanner

NMC

Marvin Beonel
Oscar Lynette Bell
Shetila Burrell
Karyn Clophus
Marcie Cornejo
Robin Shelia Fountain
Chris Kovalsky
Angela Lee
Sarah Livingston
Lindsey Lobell
Laura Meade
William Mills
Lauren Montalbono
Gloria Monu
Nikki Ourso
Melody Ponge
Ryan Stewart
Judy Travis
Anitra Wilson
Jessica Young

LPRH

Caroll Broussard
Glenda Bruno
Lauren Calvert
Nichole Champagne
Tammy Devillier
Shante' Gould
Sandra Harris
Ammar Jasim
Mohamd Mohamd
Arianne Robichaux
Talbennet Solomon
Sonya Spencer
Mark Thomas
Brittney Trotter
Athena Uggen
David Ugwu
Christina Viator
Genevieve Walsh

CELEBRATE WITH THESE GLOBAL TRADITIONS



Countries all over the world will be celebrating the holidays together in spirit. Though many think of the holiday season as a menagerie of red and green, yuletide caroling and Santa Claus, other parts of the world have their own rich traditions and celebrations. This makes the holiday season a perfect time to introduce your children to the many cultures of the world.

St. Lucia Day in Sweden

St. Lucia Day honors a third-century saint on December 13, when girls dress up as "Lucia brides" and wear long white gowns and red sashes — a tradition that dates back to the 18th century. The attire is accompanied with a wreath of burning candles on their heads. The girls wake up their families by singing songs and offering coffee, and a traditional bun, called St. Lucia's bun and made from saffron, is commonly eaten on this day.

Hanukkah in Israel

Jewish people all over the world observe Hanukkah, but perhaps there is not a more brilliant celebration than in Israel. The eight-day holiday, which lands on different dates in December every year, marks the successful Jewish rebellion over the Greeks. The focal point of celebration is the menorah, a branched candelabrum, and most homes have many. Each night, one candle is lit and gifts are often given to children, games are played and food is enjoyed. Children in Israel even get a week off from school.

New Year's Eve in Ecuador

In this South American country, a family dresses up a straw man representing the old year. Family members make a will for the straw man that lists all of their faults. At midnight, they burn the straw man in hopes their own faults disappear too.

Kwanzaa in the U.S.

Kwanzaa is a weeklong celebration honoring African-American culture. It was first celebrated in 1966 and is one of the fastest growing holidays. A Kwanzaa celebration often includes singing, drumming and a selection of readings such as the African pledge or parts of African history.

Omisoka in Japan

In Japan, Omisoka, or New Year's Eve, is the second most important holiday of the year, following New Year's Day, the start of a new beginning. Japanese families gather for a late dinner around 11 p.m., and at midnight, many make visits to a shrine or temple. In many homes, there is a cast bell that is struck 108 times, symbolizing desires believed to cause human suffering.

Ta Chiu in Hong Kong

Those in Hong Kong pray to the gods and ghosts of their ancestors asking that they will fulfill wishes for the next year. Priests read aloud the names of every person living at the celebration and attach a list of names to a paper horse and set it on fire. The smoke carries the names up to the gods and the living will be remembered.

Christmas in France

In France, Christmas is called Noel. And though there are many similarities to Christmas in the U.S., you'll find a number of key differences. A figure called Pere Noel, father of Christmas, makes home visits with gifts. On Christmas Eve, children leave their shoes by a fireplace that will be filled with the gifts. In the morning, they awake to find fruits, nuts and small toys. Nearly every home has a Nativity Scene, which serves as the focal point of decoration and celebration, just as the Christmas tree does in U.S. homes.

Christmas in Alaska

Christmas traditions in Alaska are similar to the rest of the United States, but there are a few unique differences that make an Alaskan Christmas special. For example, children go caroling with a long pole topped by a colored star. Songs sung in the home often include the Aleut words "Gristuusaaq suu'uq," which means "Christ is born." The closing words, "Mnogaya leta," means, "God grant you many years." Treats may include cookies, doughnuts, and cake, as well as fish pie called piruk and smoked salmon.

St. Stephen's Day in Ireland

Christmas festivities in Ireland tend to be more religious in nature than about simple fun. Christmas celebrations last from Christmas Eve until January 6th (Epiphany). On the 26th, St. Stephen's Day, an Irish tradition that is known as the Wren Boys Procession takes place. Children go from door to door singing, holding a stick that is topped by a holly bush and a wren. They ask for money for the "starving wren," which goes into their pockets. In ancient times, a real wren was killed and fastened to the stick, but today fake wrens are used.

Sviata Vechera in the Ukraine

The Christmas Eve festivities in the Ukraine are known as Sviata Vechera, which means "Holy Supper." The celebration begins when the first evening star is sighted in the night sky. In farming communities, the household head brings in a sheaf of wheat which symbolizes the wheat crops of Ukraine. It is called "didukh," which translates to "grandfather spirit." In homes within the city, a few stalks of wheat may be used to decorate the table.

*Article from www.sheknows.com