

The Update is a bi-weekly Web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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Get Smart - Know When Antibiotics Work



Antimicrobial resistance among respiratory pathogens has become a common clinical problem, and the association of resistance with the use of antimicrobial drugs has been documented in both inpatient and outpatient settings. The Institute of Medicine has identified antibiotic resistance as one of the key microbial threats to health in the United States and has listed decreasing the inappropriate use of antimicrobials as a primary solution to address this threat. For this reason, antibiotic resistance is among CDC's top concerns.

CDC launched the National Campaign for Appropriate Antibiotic Use in the Community in 1995. In 2003, this program was renamed Get Smart: Know When Antibiotics Work in conjunction with the launch of a national media campaign. This campaign aims to reduce the rate of rise of antibiotic resistance by:

- Promoting adherence to appropriate prescribing guidelines among providers
- Decreasing demand for antibiotics for viral upper respiratory infections among healthy adults and parents of young children
- Increasing adherence to prescribed antibiotics for upper respiratory infections

CDC has produced a series of health education and behavioral change materials for both patients and providers to promote appropriate antibiotic use. These include brochures, posters, question and answer fact sheets for parents on runny nose and otitis media, instructional or detailing sheets for small group physician education modeled after materials used by the pharmaceutical industry, a day care letter, a prescription adherence sheet, and a viral/symptomatic prescription pad.

To learn more, go to www.cdc.gov/getsmart/campaign-materials/about-campaign.html.



Child Health Injury Prevention - Video Links

Crib Safety

With any crib, bassinet or play yard, following a few simple rules will keep babies sleeping safely and will give parents a better night's sleep. Recommendations provided by the U.S. Consumer Product Safety Commission (CPSC) for sleeping infants in bassinets, play yards or on the floor can be found at www.cpsc.gov/info/cribs/cribsqa.html. The target audience for this video are families, not child care providers. Your Child Care Nurse Consultant is equipped to provide resources and recommendations to child care providers with crib concerns.

Prevent a TV Fall in Your House

Between 2000 and 2008, CPSC received reports of nearly 200 deaths to children 8 years old and younger from TVs, furniture and appliances falling on them. More than 16,000 children 5 and younger are treated in emergency rooms each year because of injuries associated with tipover injuries. The CPSC has a video available that addresses the issues of tipover injuries and provides ways to protect children from these types of injuries. The video can be viewed at www.cpsc.gov/info/cribs/cribsqa.html (scroll to bottom).

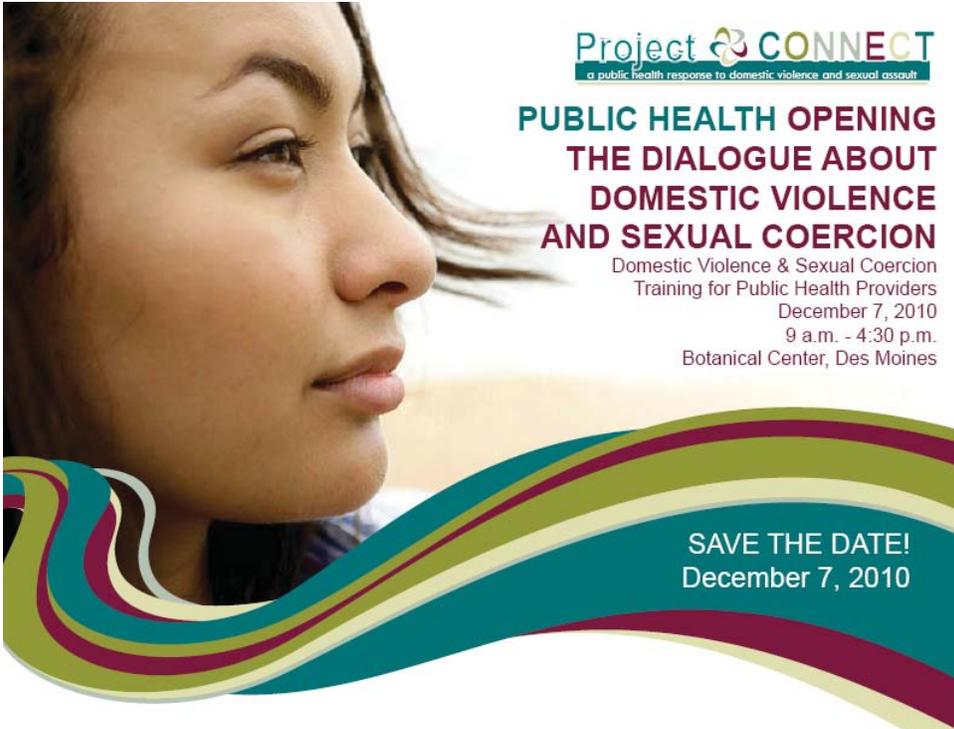
Access to Health Care

CDC Vital Signs offers recent data on the important health topics of key diseases, conditions, or risk factors. Data is gathered from CDC's national monitoring systems to show progress in important areas of public health, and the ways people can increase their health, prevent or control disease.

New 2010 estimates show that the number of Americans without health insurance is growing, affecting middle-income Americans as well as those living in poverty. About 50 million adults 18–64 years old had no health insurance for at least some of the past 12 months. People in all income brackets have been affected, not just adults living in poverty, according to a 2009 survey.

Learn about you can play a part in expanding access to health care by visiting www.cdc.gov/vitalsigns/HealthcareAccess.

Save the Date!



Project CONNECT
a public health response to domestic violence and sexual assault

**PUBLIC HEALTH OPENING
THE DIALOGUE ABOUT
DOMESTIC VIOLENCE
AND SEXUAL COERCION**

Domestic Violence & Sexual Coercion
Training for Public Health Providers
December 7, 2010
9 a.m. - 4:30 p.m.
Botanical Center, Des Moines

SAVE THE DATE!
December 7, 2010

Administration/Program Management

IME Informational Letter #966: Duplicate Claims Submissions

The Iowa Medicaid Enterprise (IME) released Informational Letter #966, which represents information on their efforts to strengthen post-pay review of duplicate services, as a part of the integration of the National Correct Coding Initiative (NCCI) edits. See Informational Letter #966 on page 7 of **The Update** for further detail.

IME reminds providers that submitting duplicate claims for a previously paid claim is inappropriate. A duplicate claim occurs when a second claim is submitted to IME **after a claim for the same provider, beneficiary, procedure and service date has already been paid**. Do not re-submit a claim (in whole or part) until you are sure that the original claim was actually denied.

Some providers routinely re-submit an entire multi-line paid claim when only a single line was denied on an original submission. In these cases, only the unpaid line(s) should be resubmitted for consideration.

If the same service is performed multiple times on the same date, the procedure codes should be billed on multiple lines of the **same** claim. If a provider has already been paid for one unit of service but should have submitted for more, the provider should submit an **adjustment request** so the original paid claim can be changed to reflect an additional line for the subsequent service.

If you have any questions, please contact IME Provider Services at 1-800-338-7909, in Des Moines at (515) 256-4609, or via e-mail at imeproviderservices@dhs.state.ia.us.

IME Newsletter

The Iowa Medicaid Enterprise (IME) has recently released the monthly *Iowa Medicaid Enterprise* newsletter in an effort to strengthen communication among its stakeholders and partners. It features activities within the IME and reinforces joint efforts to improve the health of Iowans. The IME strives to increase transparency, promote understanding, facilitate work toward common goals, and enhance public and private partnerships.

Issues of the newsletter are posted on the IME website at www.ime.state.ia.us. (See the link in the center of this page in bold red font.) The first edition was released on September 30, 2010 and featured the following articles (www.ime.state.ia.us/docs/Newsletter_2010-09.pdf):

- IowaCare Expansion Means Better Access to Health Care
- What is a Medical Home? Patient-Centered Primary Care
- Map of IowaCare Medical Homes and Letter on Emergency Services
- Health Insurance Exchange Planning Grant

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Administration/Program Management

continued

IME Newsletter

- DHS 2012 Budget Offering Now Online
- Who Receives Medicaid?
- Medicaid Projections: FY 10 Surplus and FY 11 Gap
- Program Integrity Spotlight: Transportation Brokerage
- IME and Department on Aging Awarded Funding for 'Money Follows the Person' Project
- Health Information Technology Plan Submitted to CMS
- New Medicaid Management Information System Anticipated

The second edition was released on October 28, 2010 and features the following articles (www.ime.state.ia.us/docs/Newsletter_2010-10.pdf):

- Iowa Awarded \$1 Million for Health Benefit Exchange Planning
- Medicaid Reimburses Pharmacists for Flu Shots
- "Hello, This is Your Health Insurance Calling" – IME Member Services Disease Management and Maternity Management
- What is IMPA? A Tool for Providers
- Electronic Fund Transfers (EFT) for Provider Payments
- "Talent Has No Boundaries"
- MEPD Annual Member Survey Just Released
- Medicaid Enrollment Growth Slows in First Quarter
- Did you know? State Agencies Post Updates on Health Policy Activities
- MAAC Meeting - October 19
- Legislative Health Care Coverage Commission Meeting - November 10
- Le Howland Named Medicaid's HCBS Project Manager
- PASRR Compliance Moving Forward
- Annual Pharmaceutical & Therapeutics Meeting - November 18th

Be sure to check the IME website each month at www.ime.state.ia.us for the Iowa Medicaid Enterprise newsletter!

Calendar

*January 20, 2011

**Bureau of Family Health Grantee Committee Meeting
9-11:30 a.m, ICN**

*April 5-6, 2011

**2011 Iowa Governor's Conference on Public Health
Scheman Conference Center, Ames**

* Required meeting

DECEMBER Contract Required Due Dates

1 - Due: MCH/FP FFY 2010
Fiscal Year End Final GAX &
Year End Expenditure Report

1 - Due: MCH/FP FFY 2010
Year End Progress Report

15 - Due: Electronic
Expenditure Workbooks

29 - Export WHIS Records to
IDPH



THE UPdate



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STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 966

DATE: November 15, 2010

TO: Iowa Medicaid Providers Billing on CMS 1500 Claim Forms

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Duplicate Claim Submissions

EFFECTIVE: Immediately

Recently, the IME has been incorporating a number of adjustments to our claims processing systems as we integrate various National Correct Coding Initiative (NCCI) editing details. In order to implement the editing around multiple units (described in Informational Letter 956), we had to relax some of our pre-pay, duplicate check editing. While we work to re-configure the programming for pre-pay, we are strengthening our post-pay review of duplicate services.

Although we believe that most providers are not deliberately trying to receive overpayment by submitting duplicate claims, the IME reminds providers that submitting duplicate claims (for a previously paid service) is inappropriate.

A duplicate claim occurs when a second claim is submitted to the IME after a claim for the same provider, beneficiary, procedure (or item) and service date has already been paid. Some providers routinely re-submit entire (multi-line) paid claims when only a single line denied on the original submission. In those cases, only the unpaid line(s) should be re-submitted for consideration. Do not re-submit a claim (in whole or part) until you are sure that the original actually denied (via the HIPAA 835 and/or remittance advice explanation).

Also, when the same service is performed multiple times on the same date, the procedure code should be billed on multiple lines of the same claim. It is not appropriate to bill the same CPT/HCPCS code across multiple claims, even if modifiers differ. Similarly, if a provider has already been paid for one unit of service but should have submitted for more, the provider should submit an adjustment request so the original paid claim be changed to reflect an additional line for the subsequent or repeat service.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909 or locally (in Des Moines) at 256-4609, or e-mail at imeproviderservices@dhs.state.ia.us.