GRANTEE

UPdate

October 12, 2009

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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The Oral Health of Iowa Children: Public Health Implications

An alarming trend is occurring with young children in the U.S., which has substantial public health implications. National data reveals that tooth decay - largely preventable - is on the rise for children younger than age 5[1]. In addition to the high cost of restorative care, dental disease impacts children's speech, nutrition and ability to learn[2]. In order to learn more about the status of Iowa children, the Oral Health Bureau within the Iowa Department of Public Health (IDPH) coordinated two open mouth surveys in the spring of 2009. The target populations were third graders and children enrolled in the Head Start program. Summary reports are available at www.idph.state.ia.us/hpcdp/oral_health_reports.asp.

Head Start surveillance results

- More than one-third (34.9 %) of the children have white spot lesions, signifying weakened tooth enamel that can eventually become decay.
- Just over 14 percent of the children have at least one area of untreated tooth decay, higher than the Healthy Iowans 2010 goal (no more than 2%) for children ages 3-5.
- Nearly 29 percent of all the children have a history of tooth decay, meaning they have untreated decay and/or a tooth that has been restored.
- 88 percent of the children have a dentist of record.
- However, just 38 percent of parents/guardians rate their ability to get dental care for their child as "excellent" and 28 percent rate it as "very good."

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The Oral Health of Iowa Children: Public Health Implications

continued

Third grade surveillance results

- Nearly 22 percent have untreated tooth decay, a large increase from 2006, when 13.2 percent were found with decay.
- 26.6 percent of children from low-income families and 19.2 percent of children from higher income households have untreated decay (up from 18.3% and 10.9% in 2006, respectively).
- An encouraging trend is that just over 49 percent of third graders have at least one protective dental sealant on a permanent molar, up from 45.5 percent in 2006 and coming very close to the Healthy Iowans 2010 goal of 50 percent.
- Fewer families are paying for care out-of-pocket (18.5%, compared to 25% in 2006) and 54.3 percent have private insurance, up from 47.4 percent in 2006.
- Of the children with private insurance, 80.5 percent had seen a dentist within the prior six months, compared to only 58 percent of self-pay children in the same time period.

Discussion

Of outmost concern is the number of Iowa children with untreated decay, especially the distinct increase in disease for third graders. The greater use of sealants on newly erupted permanent molars suggests less dental disease for those teeth, and possibly better access to care for school-age children. If permanent molars are sealed and decay-free, the other teeth most susceptible to decay for a third grader are primary molars. Decay in these teeth may indicate less access to preventive care when a child is younger. This is also reflected by the number of Head Start-enrolled children with signs of demineralized enamel as well as untreated decay.

The I-Smile™ dental home initiative has begun to address access to dental care for low-income children. I-Smile™ coordinators are building strong relationships within their communities in order to help families find payment sources for care, increase the number of children receiving preventive services, and assist dental offices with referrals for restorative care and exams.

The I-Smile™ dental home includes use of dental hygienists and medical practitioners to provide limited preventive care in locations where low-income children are found - such as at well-child physicals, child care centers and Head Start classrooms. In order to avoid future costly restorative care, prevention must be provided as soon as primary teeth erupt - through the use of topical fluoride, fluoridated water, early dental visits and even parent education. Since I-Smile™ began in 2007, the number of Medicaid-enrolled children that receive preventive services from Title V child health center staff has more than doubled; and the number of fluoride varnish applications by medical practitioners for Medicaid-enrolled children younger than age 3 has also increased considerably[3]. The impact on oral health status of these increases in preventive care, however, will not be immediately seen.

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The Oral Health of Iowa Children: Public Health Implications

continued

There has been marginal improvement in the number of services provided by dentists for Medicaid-enrolled children the past two years, primarily due to a shortage of dentists in rural Iowa, low Medicaid reimbursement and limited access to pediatric dentists for children younger than three years of age. The American Dental Association recommends children receive a dental exam by their first birthday[4]. However, in 2008, more than 12 times as many Iowa Medicaid-enrolled children younger than age 1 received a screening from Title V child health staff than received an exam from a dentist[5]. Low-income families, in particular, face barriers to accessing dental care, including inability to take time off work during traditional dental office business hours and not always having reliable transportation to get to appointments.

The rising number of children with untreated decay, regardless of having a way to pay for care, brings into question the accessibility of restorative care for Iowa families. Dental disease is occurring in more children, regardless of family income level. Nationally, alternative work force models are being explored - and used in some states - to provide dental services where gaps exist. The public health system in Iowa may benefit from similar changes. In addition to the focus on preventive services the through I-Smile™ initiative, Iowa's current work force and dental delivery system must be carefully examined to determine in modifications would improve availability of care and enable more families to have treatment needs met at a cost that is not prohibitive.

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[1] [4] Dye BA, et al. "Trends in oral health status: United States, 1988-1994 and 1999-2004." National Center for Health Statistics. Vital Health Stat 11(248), 2007.

[2] US Department of Health and Human Services. Healthy People 2010. Office of Disease Prevention and Health Promotion, 2000.

3 8 Iowa Department of Public Health. Inside I-SmileTM: A look at Iowa's dental home initiative for children. IDPH Oral Health Bureau. December 2008.

4 Baby's First Teeth. Journal of the American Dental Association, Vol 133, pg 255. February 2002.

RWJF Report on Cost Savings and Cost Effectiveness

The Robert Wood Johnson Foundation (RWJF) released a new report on cost savings and cost-effectiveness of clinical preventive services. It provides definitions, explanation of methodology and examples. As CDC health economist Scott Grosse noted, "...this should be required reading for anyone interested in economic evaluation and public health."

Discussions of cost-saving and cost-effective prevention interventions have figured largely in the intense health reform debate. It is important for all of us to have strong evidence-based cost saving and cost-effectiveness data so that we can assist policy-makers, partners and others with an understanding of the range of policy interventions, costs and cost-effectiveness.

While the RWJF synthesis project report covers only clinical preventive services, it is nevertheless instructive and illustrative as we develop, refine and implement community preventive services. The report, and associated slide presentations are available at www.rwjf.org/pr/product.jsp?id=48508.

Injury Causes - Understanding Evidence-Based Public Health Policy

This article (American Journal of Public Health. 2009 Sep; 99(9): 1576-83) describes three key domains of evidence-based policy: process - approaches to enhance the likelihood of policy adoption; content - specific policy elements that are likely to be effective; and outcomes - the potential impact of policy.

Actions to further evidence-based policy include: communicating data more effectively; using existing analytic tools more effectively; conducting policy surveillance; and tracking outcomes with different types of evidence.

The Children's Safety Network will provide copies of the article to state maternal and child health and state public health staff on request at csn@edc.org.

Universal Precautions and Exposure Control Plans Training

The Iowa Departments of Human Services, Public Health and Workforce Development are sponsoring a training event for child care business employers, directors and owners regarding Universal Precautions and Exposure Control Plans (UP/ECP).

The event is **specifically tailored to EMPLOYERS** who are required to meet the federal OSHA regulations. The training will not cover the typical UP/ECP training content. If you have employees **YOU WILL WANT TO ATTEND**.

We have applied for NAC training credits, but have not received notice of approval at this time. If you have specific questions, please send an e-mail to Sally Clausen at sclausen@idph.state.ia.us.

Off to a Good Start

Framing Policy for Early Childhood Health Systems Integration

November 12, 2009
9:00 AM - 4:00 PM

Science Center of Iowa
401 W. Martin Luther King, Jr. Parkway
Des Moines, Iowa

The November 12, 2009 Off to a Good Start early childhood health policy event is now open to accept registration.

A registration form can be downloaded from pages 12-13 of **The Update**.

IME Informational Letter No. 839 - Flu Vaccine Update

The Iowa Medicaid Enterprise (IME) has released Informational Letter No. 839 which provides information regarding Medicaid coverage for flu vaccine. As usual, IME will pay for administration of regular seasonal flu shots for all Medicaid-covered members when the vaccine is provided under the VFC program. Both the vaccine and the administration are covered for all members for whom VFC does not apply. Vaccine and administration billing codes are the same as in prior years.

2009 H1N1 vaccine will be free to all providers. The IME will cover the administration of 2009 H1N1 vaccine given to Iowa Medicaid members. Payment codes for 2009 H1N1 are as follows:

- G9142 for the vaccine at $0.00 charge
- G9141 for the administration (note that the IME will reimburse other appropriate vaccine administration codes if used)

The IME encourages Medicaid members in key targeted populations to obtain the 2009 H1N1 vaccination. The 2009 H1N1 vaccination efforts focus on five key populations. These populations include those who are at higher risk of disease or complications, those who are likely to come in contact with 2009 H1N1 and those who could infect young infants. The CDC is currently recommending that the following populations be vaccinated:

- Pregnant women
- People who live with or care for children younger than 6 months old
- Health care and emergency medical services personnel
- Persons between the ages of 6 months through 24 years of age
- People from ages 25-64 years who are at higher risk for 2009 H1N1 because of chronic health problems or compromised immune systems

Polk County IowaCare residents should contact their provider at Broadlawns to find out how to get a regular flu shot and discuss the need for the 2009 H1N1 flu shot. All other IowaCare members should contact the Nurse Helpline at 1-800-890-5966 for instructions.

Women enrolled in the Iowa Family Planning Network (IFPN) will not be covered by Medicaid for either flu shot, but are still encouraged to discuss these vaccines with their health care provider or the local public health department.

For more information, please see Informational Letter No. 839 on pages 14-15 of **The Update**.

IME Informational Letter No. 838 - New Provider Inquiry Form 470-3744

The Iowa Medicaid Enterprise (IME) has released Informational Letter No. 838 which announces a revised Provider Inquiry Form 470-3744, which will become effective for use November 1, 2009. The purpose of the Provider Inquiry Form is to initiate investigation by IME staff into a specific claim issue. A Transaction Control Number (TCN) and supporting documentation are required. For other issues, comments, and concerns, the Provider Inquiry Form can be used to access information from Iowa Medicaid. This form is available on the IME Web site at www.ime.state.ia.us/Providers/Forms.html. Providers are required to use the revised forms as of November 1, 2009. Old forms received after this date will be returned unprocessed to providers. Please see Informational Letter No. 838 on page 16 of **The Update**.

IME Informational Letter No. 841 - Upcoming Audits by Medicaid Integrity Group

The Iowa Medicaid Enterprise (IME) has released Informational Letter No. 841 which announces upcoming audits by the Medicaid Integrity Group (MIG) of the Centers for Medicare and Medicaid Services (CMS). CMS has recently entered into a contract with Health Integrity, LLC to conduct audits of providers enrolled in the Iowa Medicaid Program.

Beginning in November 2009, Health Integrity, LLC, will be performing audits of provider records of Medicaid paid services. If selected for an audit, providers will be required to submit records in a timely manner, as required in IAC 441-79.3 ‘Maintenance of records by providers’ and 79.4 ‘Reviews and audits’. The record request letters will be issued on the letterhead of the contractor, Health Integrity, LLC. Your full cooperation in responding with the requested documentation will be required, or action will be taken by the IME Surveillance and Utilization Review Services (SURS) until to recoup the claim(s) as an overpayment.

For more information, see Informational Letter No. 841 on page 17 of **The Update**. A documentation entitled ‘Medicaid Integrity Program A to Z’ (on pages 18-26 of **The Update**) explains the audit process and IME’s role.

UI Children's Hospital Part of National Pediatric Brain Injury Initiative

Pediatric brain injury is the leading cause of death and disability in children and young adults in the U.S. Although the consequences of childhood brain injury are lifelong and multi-faceted, access to comprehensive and integrated care is rare.

University of Iowa Children's Hospital has been selected to participate in an initiative that aims to change that. This initiative, known as the National Pediatric Acquired Brain Injury Plan (PABI Plan), aims to develop a seamless, standardized, evidence-based system of care that will be accessible to children and their families regardless of where they live in the country.

UI Children's Hospital will be the State Lead Center of Excellence for Iowa to implement the PABI Plan, which was developed by the National Advisory Board of the Sarah Jane Brain Foundation. The foundation has selected 52 centers across the nation -- one in each state plus the District of Columbia and Puerto Rico -- to establish this system of care.

"Dealing with pediatric brain injury and its long-term consequences can be incredibly hard for kids and their families. Improving coordination of care and getting these children the services they need is really crucial," said Scott Lindgren, Ph.D., UI professor of pediatrics and project director of the UI effort. "This is an exciting opportunity to be part of a national effort to improve services for children who have experienced a brain injury."

The UI's role as Lead Center of Excellence for Iowa will build on the unique strengths of the Center for Disabilities and Development and the Child Health Specialty Clinics in treating and managing pediatric traumatic brain injury and developing statewide partnerships that improve the quality of life and access to care and services for all Iowa youth.

The Sarah Jane Brain Foundation is a non-profit organization whose mission is to assist in the research of new developments for children recovering from pediatric acquired brain injury and the rehabilitation of these children. For more information on the PABI Plan, visit www.thebrainproject.org/default.asp.

Tammy O'Hollearn Receives Outstanding Service Award

Tammy O'Hollearn, Iowa Early Hearing Detection and Intervention (EHDI) Coordinator with the Bureau of Family Health, was recently recognized by the Iowa Speech and Hearing Association (ISHA) for her outstanding service in meeting the needs of Iowa's children who are deaf or hard-of-hearing and their families. Some of the highlights of Tammy's nomination include:

- When Tammy started in her position in February 2006, the universal newborn hearing screening loss to follow-up rate in Iowa approached 60 percent. The EHDI loss to follow-up rate is now approximately 28 percent.
- Tammy spearheaded an effort to obtain a state appropriation to pay for audiological services and hearing aids for children whose family incomes are too high for Medicaid, but for whom the costs of these expensive devices are prohibitive.
- Tammy edits the Iowa EHDI newsletter, a quarterly publication that is disseminated to all Iowa stakeholders and it is of exceptionally high quality. She also coordinated a complete revision of the Iowa EHDI Family Resource Guide and the EHDI Web site.
- In 2007 Tammy drove the creation of the Iowa EHDI best practices guidelines for professionals serving children who are deaf or hard-of-hearing.
- In 2008 Tammy rewrote the EHDI legislative rules to improve the practice of reporting risk factors for children at risk of developing hearing loss after the newborn period.

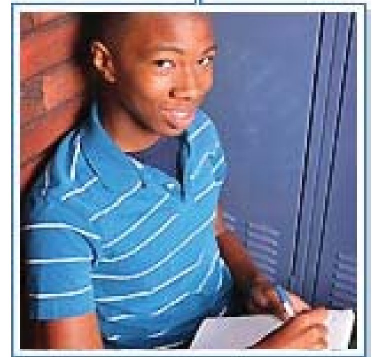
Throughout the state Tammy has established a stellar reputation for being respectful, considerate, and highly goal-oriented and focused. She has an excellent and clear vision of where the EHDI program needs to go and has made astonishing progress in meeting the needs of Iowa's children who are deaf or hard-of-hearing and their families. Congratulations Tammy!

Gloria Witzberger Receives Recognition Award

Gloria Witzberger received a reconition award at the October 5 Grantee Committee meeting for her work as chair of the Bureau of Family Health Grantee Committee during FFY 2009.

Thanks again for going above and beyond in your role as chair!

America's Children: Key National Indicators of Well-Being, 2009



America's Children: Key National Indicators of Well-Being, 2009 was developed by a forum of twenty-two federal agencies as well as partners in private research organizations. The report is a compendium of indicators illustrating both the promises and the difficulties confronting our nation's young people. The report presents 40 key indicators on important aspects of children's lives. These indicators are drawn from our most reliable statistics, easily understood by broad audiences, objectively based on substantial research, balanced so that no single area of children's lives dominates the report, measured regularly so that they can be updated to show trends over time, and representative of large segments of the population rather than one particular group.

This year's report continues to present key indicators grouped by the seven sections identified in the restructured 10th anniversary report (2007): family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health. The report incorporates several modifications that reflect the forum's ongoing efforts to improve its quality and comprehensiveness: updates to data sources and substantive expansions or clarifications have been made for several indicators; a regular indicator on adolescent depression has been added, addressing an ongoing data gap on the mental heath of children; and a special feature, Children with Special Health Care Needs, has been included.

The report can be viewed at www.childstats.gov/americaschildren.

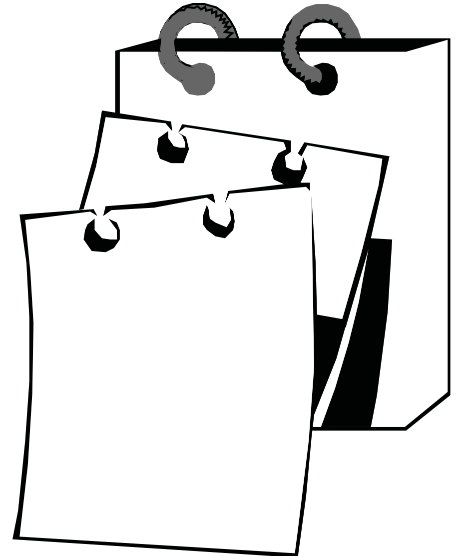
New Research on Spanking

Children who are spanked have lower IQs, new research finds

The results of a research study on the effects of children who are spanked was released on September 24, 2009. The study was supported, in part, by a grant from the National Institute of Mental Health.

To view the report, go to www.eurekalert.org/pub_releases/2009-09/uonh-cwa092209.php.

CALENDAR OF EVENTS



November 12, 2009

Off to a Good Start

8:30 a.m. - 4:30 p.m., Science Center of Des Moines
401 West Martin Luther King Jr. Parkway
Des Moines

*January 21, 2010

Bureau of Family Health Grantee Committee Meeting

9 a.m. - 11:30 a.m., ICN

GRANTEE UPdate

Phone Directory

Bureau of Family Health: 1-800-383-3826
Teen Line: 1-800-443-8336
Healthy Families Line: 1-800-369-2229
FAX: 515-242-6013

NAME	PHONE	E-MAIL
Beaman, Janet	281-3052	jbeaman@idph.state.ia.us
Borst, M. Jane *(Bureau Chief)*	281-4911	jborst@idph.state.ia.us
Brown, Kim	281-3126	kbrown@idph.state.ia.us
Clausen, Sally	281-6071	sclausen@idph.state.ia.us
Connet, Andrew	281-7184	aconnet@idph.state.ia.us
Cox, Jinifer	281-7085	jcox@idph.state.ia.us
Dhooge, Lucia	281-7613	ldhooge@idph.state.ia.us
Ellis, Melissa	242-5980	mellis@idph.state.ia.us
Goebel, Patrick	281-3826	pgoebel@idph.state.ia.us
Hageman, Gretchen	281-7585	ghageman@idph.state.ia.us
Hinton, Carol	281-6924	chinton@idph.state.ia.us
Hobert Hoch, Heather	281-6880	hhobert@idph.state.ia.us
Hodges, Jenny	281-4926	jhodges@idph.state.ia.us
Hoffman, Andrea	281-7044	ahoffman@idph.state.ia.us
Hummel, Brad	281-5401	bhummel@idph.state.ia.us
Johnson, Marcus	242-6284	mjohnson@idph.state.ia.us
Jones, Beth	242-5593	bjones@idph.state.ia.us
McGill, Abby	281-3108	amcgill@idph.state.ia.us
Miller, Lindsay	281-7368	lmiller@idph.state.ia.us
Montgomery, Juli	242-6382	jmontgom@idph.state.ia.us
O'Hollearn, Tammy	242-5639	tohollea@idph.state.ia.us
Pearson, Analisa	281-7519	apearson@idph.state.ia.us
Peterson, Janet	242-6388	jpeterso@idph.state.ia.us
Piper, Kim	281-6466	kpiper@idph.state.ia.us
Schulte, Kelly	281-8284	kschulte@idph.state.ia.us
Trusty, Stephanie	281-4731	strusty@idph.state.ia.us
Wheeler, Denise	281-4907	dwheeler@idph.state.ia.us
Wolfe, Meghan	281-0219	mwolfe@idph.state.ia.us

Area code is 515

Event Co-Sponsors

- Child and Family Policy Center
- Child Health Specialty Clinics
- Delta Dental of Iowa Foundation
- Early Childhood Iowa
- Iowa Department of Public Health
- Iowa/Nebraska Primary Care Association
- Iowa Prevention of Disabilities Policy Council
- Partnership for Better Health
- The University of Iowa College of Public Health Institute for Public Health Practice
- The University of Iowa Hygienic Laboratory

Lodging

The Hotel Fort Des Moines will provide a special rate of $89.00 for a single ($10 for each additional person) or $109.00 for a suite for the evening of Wednesday, November 11, 2009. Please reference the "Des Moines Science Center of Iowa rate." These rates are subject to local tax. To make a reservation, please call the Hotel Fort Des Moines at 1-800-532-1466. There is no cut-off date for this rate.

Parking

A complimentary parking pass for the ramp directly north of the Science Center of Iowa may be requested from staff onsite on the day of the event. Other on-street parking is also available but is not eligible for any validation or compensation.

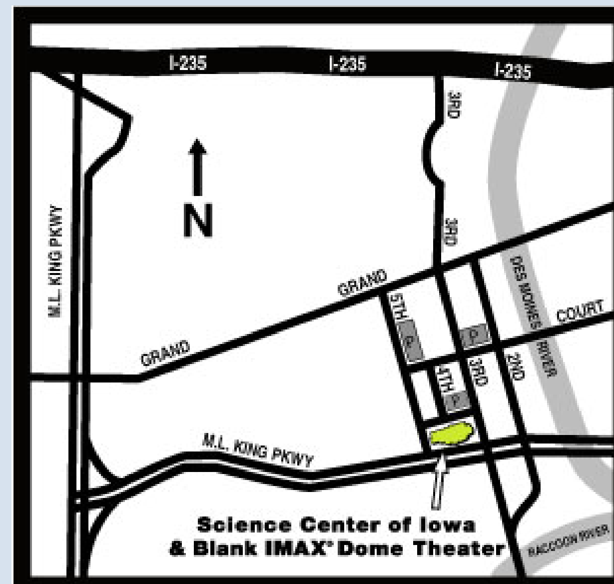
Driving Directions

From the West

- Exit I-235 onto Martin Luther King, Jr. Parkway
- Travel South on Martin Luther King, Jr. Parkway
- Turn East onto West Martin Luther King, Jr. Parkway
- Turn North onto 5th Street
- Turn East onto Market Street to the Science Center of Iowa entrance

From the East

- Exit I-235 onto 3rd Street
- Turn West onto Court Avenue to 4th Street
- Turn South onto 4th Street to the Science Center of Iowa entrance



Off to a Good Start

Framing Policy for Early Childhood Health Systems Integration

November 12, 2009
9:00 AM - 4:00 PM

Science Center of Iowa
401 W. Martin Luther King, Jr. Parkway
Des Moines, Iowa

P l e a s e j o i n u s !

We are pleased to invite you to participate in an important event designed to build upon the work accomplished annually since 2005 to integrate Iowa's health system for early childhood. This policy event in 2009 provides an opportunity to identify and prioritize key policy recommendations and strategies for state and national initiatives. Iowa's **Early Childhood Strategic Plan**, developed by the Early Childhood Iowa Stakeholders over the course of the past seven years, will serve as the framework.

Conference Participants Can Expect To:

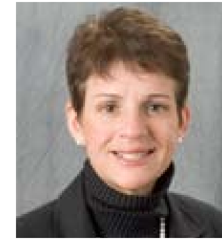
- Explore how a health equity, life course, and social determinants of health approach can strengthen health policy and practice and address disparities in child health.
- Review and revise current policy recommendations in light of state and federal actions and opportunities, with particular attention to addressing disparities by advancing health equity.
- Become familiar with the work of Early Childhood Iowa and its overall emphasis upon the health and success of every child within its framework of the early childhood system development.
- Develop additional recommendations that link health to other aspects of the overall vision that each child, beginning at birth, is healthy and successful.

Outcome

To implement the early childhood health policy agenda during the 2010 Iowa legislative session to ensure the future of our children.

Who Should Attend?

Anyone who is concerned about early childhood health policy in Iowa.



Keynote Speaker

Debra B. Waldron, M.D., M.P.H.
Director and Chief Medical Officer,
Child Health Specialty Clinics;
Medical Director,
Iowa Department of Public Health

Other Speakers Include:

- **Christopher Atchison**
  Associate Dean for Public Health Practice
  University of Iowa, College of Public Health;
  Director, University of Iowa Hygienic Laboratory
- **Charles Bruner**
  Executive Director
  Child and Family Policy Center
- **Carrie Fitzgerald**
  Senior Policy Analyst
  Child and Family Policy Center
- **Gretchen Hageman**
  Community Health Consultant
  Iowa Department of Public Health

Registration Information

Register at www.iowapha.org and click on "Register for IPHA Sponsored Events"
Registration Fee: $50.00
Registration Deadline: November 5, 2009

Refund Policy

Refund requests must be received in writing. Substitutions are allowed at any time provided that they are submitted in writing. All cancellations are subject to a $20.00 cancellation fee. No refunds will be given for any reason after November 5, 2009. Direct all registration questions to Dawn Gentsch at (515)235-4650 or dawn-gentsch@uiowa.edu.

Method of Payment

The registration fee is $50.00. Online credit card payment (preferred method) or check is payable to Iowa Public Health Association (IPHA). Online payment can be made directly on the IPHA event registration Web site when registering. Make checks payable to Iowa Public Health Association (IPHA) and mail to:

Iowa Public Health Association
525 SW 5th Street, Suite A
Des Moines, IA 50309
(Indicate the event name and registrant's name)

Register before November 5, 2009!

STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 839

DATE: October 2, 2009

TO: Iowa Medicaid Hospitals, Physicians, Home Health Agencies, Rural Health Clinics, Family Planning, Clinics, Screening Centers, Maternal Health Centers, Federal Qualified Health Centers and Advanced Registered Nurse Practitioner Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: 2009 Flu Vaccine Update Billing Instructions

Iowa Medicaid is issuing this informational release to update all Iowa Medicaid providers regarding coverage of flu vaccines for 2009. In a separate mailing, the IME will be reminding all Medicaid members to communicate with their primary care providers to determine who should receive the current vaccines.

As always, the IME will pay for administration of the regular flu shots for all covered Medicaid members when the vaccine is covered under the VFC program. The vaccine and administration codes will be the same as in prior years. The vaccine and administration is also covered for all those where the VFC program does not apply. This year all people are encouraged to receive the regular flu vaccine and to receive it early.

H1N1 vaccine will be free to all providers; questions about vaccine distribution and availability should be addressed to the Iowa Department of Public Health. The IME is responsible for the administration charges for vaccines given to Iowa Medicaid members. Payment for the following codes for the H1N1 vaccine and administration will be allowed; the G codes are the same codes used by Medicare.

- G9142 with a $0.00 charge for the vaccine
- G9141 for the administration (or the IME will pay another appropriate vaccine administration code)

The H1N1 vaccination efforts focus on five key populations. Those populations include those who are at higher risk of disease or complications, those who are likely to come in contact with H1N1, and those who could infect young infants. The CDC is currently recommending that the following populations be vaccinated:

- Pregnant women
- People who live with or care for children younger than 6 months old,
- Health care and emergency medical services personnel,
- Persons between the ages of 6 months through 24 years old,
- People from ages 25-64 years who are at higher risk for H1N1 because of chronic health problems or compromised immune systems.

The IME encourages providers to identify Medicaid members who are included in the key populations that should receive the H1N1 immunization and **encourage them to obtain a vaccination.**

IowaCare Polk County residents should contact their provider at Broadlawns to find out how to get a regular flu shot and discuss the need for the H1N1 flu shot. All other IowaCare members should contact the Nurse Helpline at 1-800-890-5966 for instructions.

Women enrolled in the Iowa Family Planning Network (IFPN) will not be covered by Medicaid for either flu shot, but are still encouraged to discuss these vaccines with their health care provider or the local Public Health Department.

Should you have any questions, please contact the IME Provider Services at:

515-725-1004 or 800-338-7909,

or, via email at:

imeproviderservices@dhs.state.ia.us.

STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 838 September 29, 2009

TO: Iowa Medicaid Providers (Excluding Individual CDAC)

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: New Provider Inquiry Form 470-3744

EFFECTIVE: November 1, 2009

All providers enrolled with Iowa Medicaid must use the revised Provider Inquiry form effective November 1, 2009. This form has been streamlined and simplified. The revised Provider Inquiry Form 470-3744 is available at http://www.ime.state.ia.us/Providers/Forms.html for immediate use.

The purpose of the Provider Inquiry Form is so providers can initiate an investigation into a specific claim issue. A valid specific Transaction Control Number (TCN) must be provided for researching and processing of the form. Proper supporting documentation should be attached to facilitate the process. For all other general issues, comments, and concerns the Provider Inquiry Form provides another mode of communication for the provider community to access information from Iowa Medicaid.

For ease of use, the template can be saved to every provider's computer system. The form must be filled out on the PDF template; it must be printed on white paper with black ink and mailed to the IME for processing. Any forms that are not completed correctly will be returned unprocessed to the provider.

Note:
- This is an electronic Portable Document Format Template; no data can be saved on this template.
- All appropriate boxes must be completed correctly to ensure proper processing; factual information must be entered, no use of dummy information is allowed.
- Providers can choose to print a second copy of the form to keep with their service records.
- This form should NOT be used for claim adjustment/credit purposes! Please do not attach the inquiry form to a claim for basic resubmission of claims.

Providers are required to use this revised form effective November 1, 2009. Old forms received after this date will be returned unprocessed to providers.

The mailing address for the Provider Inquiry Form remains the same:
Provider Correspondence
P.O. Box 36450
Des Moines, Iowa 50315

Should you have any questions please contact IME Provider Services at (800) 338-7909 or (515) 725-1004, or via email at imeproviderservices@dhs.state.ia.us

STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 841

DATE: October 2, 2009

TO: Iowa Medicaid Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Audits by Medicaid Integrity Contractors (MICs)

EFFECTIVE: Immediately

The Medicaid Integrity Group (MIG) of the Centers for Medicare and Medicaid Services (CMS) has recently entered into a contract with **Health Integrity, LLC** to conduct audits of providers enrolled in the Iowa Medicaid Program. Attached is information that explains this process for providers and the involvement by the Iowa Medicaid Enterprise ("State").

Beginning in November 2009, CMS' Medicaid Integrity Contractor (MIC), **Health Integrity, LLC**, will be performing audits of provider records according to Generally Accepted Government Auditing Standards (Yellow Book). If selected for an audit, providers will be required to submit records in a timely manner, as required in IAC 441—79.3 ***Maintenance of records by providers*** and 79.4 ***Reviews and audits***. The records request letters will be issued on the letterhead of the contractor, **Health Integrity, LLC**. Your full cooperation in responding with the requested documentation will be required, or action will be taken by the IME Surveillance and Utilization Review (SURS) Unit to recoup the claim(s) as an overpayment.

If you have any questions, please contact the IME Provider Services, 1-800-338-7909, locally 515-725-1004 or by e-mail at imeproviderservices@dhs.state.ia.us.

Medicaid Integrity Program A to Z

Introduction

The Deficit Reduction Act of 2005 created the Medicaid Integrity Program (MIP) in section 1936 of the Social Security Act (the Act), and dramatically increased the Federal government's role and responsibility in combating Medicaid fraud, waste and abuse. Section 1936 of the Act requires the Centers for Medicare & Medicaid Services (CMS) to contract with eligible entities to review and audit Medicaid claims, to identify overpayments, and provide education on program integrity issues. Additionally, the Act requires CMS to provide effective support and assistance to States to combat Medicaid provider fraud and abuse.

The Act also requires CMS to periodically publish its Comprehensive Medicaid Integrity Plan (CMIP). The CMIP is developed in consultation with Medicaid program integrity partners and stakeholders, including but not limited to: the Department of Justice (DOJ), the Federal Bureau of Investigation, the Health & Human Services Office of Inspector General (HHS-OIG) and State Medicaid agencies and State Medicaid Fraud Control Units. The current CMIP can be found at: http://www.cms.hhs.gov/DeficitReductionAct/02_CMIP.asp#TopOfPage. In addition, CMS' Medicaid Integrity Group (MIG), which administers MIP, regularly consults with the Medicaid Fraud & Abuse Technical Advisory Group (TAG) and its MIP advisory committee. Both are comprised of representatives of the partners and stakeholders described above along with other CMS staff involved in program integrity.

What is the Medicaid Integrity Group?

The CMS created the MIG in July 2006 to implement the MIP. The MIG is organized under, and reports directly to, the Director of the Center for Medicaid and State Operations (CMSO). The MIG is led by the Office of the Group Director and its three divisions: the Division of Medicaid Integrity Contracting; the Division of Field Operations; and the Division of Fraud Research and Detection.

Office of the Group Director

The Office of the Group Director serves as the primary point of contact on Medicaid fraud and abuse issues within CMS, and with other partners, including law enforcement and with the States. Specifically, the Office works closely with Senior Leadership throughout CMS to ensure that MIG's efforts remain synchronized with all other Medicaid and Medicare integrity activities. It oversees the preparation of the CMIP, MIP's annual Report to Congress, and various other MIP-related documents, and provides overall support to and direction of the activities of the MIG staff.

Division of Medicaid Integrity Contracting (DMIC)
DMIC is the primary focal point for the procurement, oversight, and evaluation of the contractors that will review provider activities, conduct audits and identify overpayments, and provide education on Medicaid program integrity issues.

Division of Field Operations (DFO)
DFO is the largest of all the MIG divisions with staff working out of CMS regional offices in New York, Atlanta, Dallas, San Francisco and Chicago. DFO works closely with the MIP's provider audit contractors. It also provides oversight, support and assistance to States' program integrity efforts in the form of State program integrity reviews, technical assistance, training, and best practices guidance.

Division of Fraud Research & Detection (DFRD)
DFRD provides research, statistical and data support both to the MIP and the States, identifies current and emerging fraud trends, and conducts special studies as appropriate. DFRD works closely with MIP contractors to identify potential provider billing vulnerabilities and aberrancies.

Medicaid Integrity Contractors

Section 1936 of the Act requires CMS to enter into contracts to perform four key program integrity activities:

1) Review provider actions;
2) Audit claims;
3) Identify overpayments; and
4) Educate providers, managed care entities, beneficiaries and others with respect to payment integrity and quality of care.

CMS has awarded umbrella contracts with several contractors to perform the functions outlined above. These contractors are known as the MICs. There are three types of MICs: Review MICs, Audit MICs, and Education MICs.

Medicaid Integrity Program A to Z

Review MICs
Review MICs analyze Medicaid claims data to identify aberrant claims and potential billing vulnerabilities, and provide leads to Audit MICs of Medicaid providers to be audited. There are five Review MICs:

- AdvanceMed Corporation;
- ACS Healthcare Analytics, Inc.;
- Thomson Reuters;
- Safeguard Services, LLC; and
- IMS Government Solutions.

Audit MICs
Audit MICs conduct post-payment audits of all types of Medicaid providers and, where appropriate, identify overpayments. There are five Audit MICs:

- Booz Allen Hamilton;
- Fox Systems, Inc.;
- IPRO;
- Health Management Systems; and
- Health Integrity, LLC.

Education MICs
Education MICs work with the Review and Audit MICs to educate health care providers, State Medicaid officials and others about a variety of Medicaid program integrity issues. There are two Education MICs:

- Information Experts; and
- Strategic Health Solutions.

MIP Provider Audit Program A to Z

The objectives of the MIP provider audit program are to ensure that claims are paid:

- For services provided and properly documented;
- For services billed using the appropriate procedure codes;
- For covered services; and
- In accordance with Federal and State laws, regulations and policies.

Steps in the MIP provider audit process

<u>Step 1:</u> Identification of potential audits through data analysis.

The MIG and its Review MICs examine all paid Medicaid claims using the Medicaid Statistical Information System. Using advanced data mining techniques, MIG identifies potential areas that are at high risk for overpayments or fraudulent claims that require additional review by the Review MICs. The Review MICs, in turn, identify specific potential provider audits for the Audit MICs on which to focus their efforts. This data-driven approach to identifying potential overpayments helps ensure that efforts are focused on those providers with truly aberrant billing practices.

<u>Step 2:</u> Vetting potential audits with State and law enforcement.

Prior to providing an Audit MIC with an audit assignment, CMS vets the providers identified for audit with partners and stakeholders in the State. This includes State Medicaid agencies, State and Federal law enforcement agencies and Medicare contractors. These entities are provided a list of potential audits generated by the data analysis mentioned above. If any of them is conducting an audit or investigation of the same provider for similar Medicaid issues, CMS may cancel or postpone the Audit MIC audit of the provider. In this way, CMS avoids duplicating the efforts of other Medicaid audits.

<u>Step 3:</u> Audit MIC receives audit assignment.

Upon completion of the vetting process, CMS forwards the audit assignments to the Audit MIC and the Audit MIC immediately begins the audit process. CMS policy is that the audit period, also known as the “lookback” period, generally mirrors that of the State which paid the provider’s claims.

<u>Step 4:</u> Audit MIC contacts provider and schedules entrance conference.

The Audit MIC mails a notification letter to the provider. The notification letter identifies a point of contact within the Audit MIC and gives at least two weeks’ notice before the audit is to begin. Along with the notification letter, a records request is attached outlining the specific records that the Audit MIC will be auditing. The provider is asked to send the records to the Audit MIC for a desk audit. For a field audit, the provider must have the records available in time for the Audit MIC’s arrival at the provider’s office. The Audit MIC will coordinate with

the provider to schedule an entrance conference to communicate all relevant information to the provider, including a description of the audit scope and objectives. The entrance conference may be conducted in person or telephonically.

Step 5: Audit MIC performs audit.

Most of the audits conducted by the Audit MIC are desk audits, where the Audit MIC requests provider documentation and reviews the records at its own office. On some occasions, the Audit MIC conducts field audits, in which the auditors actually conduct the audit at the provider's location. Providers are given specific timelines in which to produce records, however because some audits will be larger in scope than others, requests for extensions are seriously considered and are generally granted in such cases. CMS policy requires that the provider be generally allowed the same amount of time to produce requested records as the State Medicaid agency allows in its own provider audits. All audits are being conducted according to Generally Accepted Government Auditing Standards.

Step 6: Exit conference held and draft audit report is prepared.

At the conclusion of the audit, the Audit MIC will coordinate with the provider to schedule an exit conference. The exit conference may be conducted in person or telephonically. Its purpose is to review a summary of preliminary audit findings and tentative conclusions. At this meeting, the provider has an opportunity to comment on the preliminary audit findings and to provide additional information where appropriate. If the Audit MIC concludes, based on the evidence, that there is a potential overpayment, the Audit MIC prepares a draft report.

Step 7: Review of draft audit report.

The draft audit report is shared with CMS for approval and is provided to the State for review and comments. The report is then given to the provider for review and comment. When appropriate, the draft is revised and then shared again with the State.

Step 8: Draft audit report is finalized.

Upon completion of this review process, the findings may be adjusted, either up or down, as appropriate based on the information provided by the provider and the State. The provider will be given credit for payments it is able to justify. The State's comments and concerns will also be

given full consideration. There may be times that CMS determines the State's interpretation of policy contradicts CMS policy. CMS always strives to reach consensus with the State in such situations. Ultimately, however, CMS has the final responsibility for determining the final overpayment in any audit. At this point, the audit report is finalized.

Step 9: CMS issues final audit report to State – triggering the "60-day" rule.

CMS sends the final audit report to the State. Pursuant to 42 CFR sections 433.316 (a) & (e), this action serves as CMS' official notice to the State of the discovery and identification of an overpayment. Under Federal law, the State must repay the Federal share of the overpayment to CMS within 60 calendar days, whether or not the State recovers, or seeks to recover, the overpayment from the provider.

Step 10: State issues final audit report to provider & begins overpayment recovery process.

The State is responsible for issuing the final audit report to the Provider. Each State must follow its respective administrative process in this endeavor. At this point, the provider may exercise whatever appeal or adjudication rights are available under State law when the State seeks to collect the overpayment amount identified in the final audit report.

State Program Integrity Operations A to Z:

The MIG is also responsible for providing effective support and assistance to States. That support takes several forms, including training, oversight, technical assistance and best practices guidance.

Medicaid Integrity Institute (MII)

The MII is a national Medicaid program integrity training center that provides support and assistance to the States' program integrity operations. The MIG created the MII in September 2006 through an interagency agreement with the United States Department of Justice's (DOJ) Office of Legal Education. The MII is housed at DOJ's National Advocacy Center in Columbia, South Carolina.

The MII offers training at no cost to State Medicaid program integrity staff in various disciplines encompassing all aspects of Medicaid program integrity, including fraud investigation, use of algorithms, state of the art data-mining tools and Certified Professional Coder Training (CPT) medical billing codes.

Since its inception in February 2007, through May 2009, the MII has hosted 18 classes involving 885 State faculty and students. By the end of FFY 2009, the MII will sponsor 7 more classes with a projected attendance in those classes of 260 State students and faculty. In addition to the MII, MIG has sponsored four separate CPT coding classes for State staff around the country. By the end of FFY 2009, MIG expects to have provided training in a wide variety of disciplines to 1,250 State staff.

State Program Integrity Reviews

The purposes of State Program Integrity reviews are to:

1) Determine compliance with Federal program integrity laws and regulations;
2) Identify program vulnerabilities and noteworthy practices;
3) Help the States improve their overall program integrity efforts; and
4) Consider opportunities for future technical assistance.

Through State program integrity reviews, MIG staff are able to identify issues in State operations and in turn, assist States in improving program integrity efforts. Each State receives a comprehensive review every three years. In addition to evaluating State compliance and identifying issues in State operations, MIG staff use these reviews to identify and disseminate best practices.

In each of the State program integrity reviews, State staff answer questions in the review guide and provide supporting documentation in the areas of program integrity, provider enrollment, managed care, and Medicaid Fraud Control Unit. That information is then confirmed through review of documentation and interviews with program integrity, provider enrollment, managed care, and Medicaid Fraud Control Unit staff. These reports can be found at: http://www.cms.hhs.gov/FraudAbuseforProfs/05_StateProgramIntegrityReviews.asp#TopOfPage.

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Technical Assistance & Special Projects

The MIG's staff provides ongoing technical assistance to States on a variety of program integrity-related topics including, but not limited to: provider fraud; billing concerns; provider enrollment and exclusions; MII; PERM; statistical assistance; and program integrity regulations. From October 2007 through May 2009, the Division of Field Operations has handled 350 technical assistance requests.

The State Program Integrity Assessment (SPIA) is MIG's effort to identify a state by state baseline of program integrity demographics. It includes information on a wide variety of program integrity functions, staffing and accomplishments. In FFY 2009, MIG will publish the first-ever compilation of SPIA results when it releases the FFY 2007 results. The SPIA is now an annual process and will help identify strengths and opportunities for improvement in Medicaid's program integrity infrastructure.

Upon request, MIG staff provides resources to support State special projects to target suspect providers in high-fraud areas. Between October 2007 and March 2009, MIG employees took part in four special field projects. Three of these were investigations coordinated by the Florida Agency for Health Care Administration. One was an investigation coordinated by the California Department of Health Services. In each project, State and Federal staff interviewed Medicaid recipients and providers and examined medical records which allegedly supported the services billed. For three of these projects, the State agency reviewed billings for services related to the projects. The State reviewed paid claims for similar time periods before and after the special projects. In each case, there was a significant decrease in paid claims after the project. The savings from these three projects totaled approximately $10.1 million.

Best Practices Guidance

The MIG also provides technical assistance in the form of guidance documents. The MIG has taken the lead in drafting State Medicaid Director Letters on topics such as: enhanced Federal Financial Participation for false claims acts; false claims education requirements; tamper resistant prescription pad requirements; cooperation with the MIG; and provider exclusions. The State Medicaid Director Letters are available on the CMS website at: http://www.cms.hhs.gov/SMDL/SMD/list.asp#TopOfPage.

Medicaid Integrity Program A to Z

In September 2008, the MIG issued *CMS-MIG Performance Standards For Referrals of Suspected Fraud From a Single State Agency to a Medicaid Fraud Control Unit (MFCU)*. At no time previously had program integrity units been given performance standards on the number of referrals to their MFCUs. Along with the Referral Performance Standards, the MIG issued a Best Practices document that elaborated on whether and when cases should be referred to the MFCU, the content of quality referrals, and how to maintain a good relationship between the State program integrity unit and the MFCU. The Referral Performance Standards and Best Practices document are available on the CMS website at: http://www.cms.hhs.gov/FraudAbuseforProfs/02_MedicaidGuidance.asp#TopOfPage.

In May 2009, MIG also issued its first annual summary of program integrity review results. It included information about effective practices, areas of vulnerability, and areas of non-compliance. This report can be found at: http://www.cms.hhs.gov/FraudAbuseforProfs/Downloads/2008pireviewannualsummaryreport.pdf.

Intra-agency Cooperation

Providers and States alike have asked CMS to better coordinate similar activities such as the MIP audits, the Recovery Audit Contractor (RAC) audits and the Payment Error Rate Measurement (PERM) project. The latter two functions are managed by the Provider Compliance Group (PCG). MIG and PCG staffs have had numerous discussions along these lines and expect more developments in the coming months. CMS expects to see more coordination of audits and better information sharing to lessen the burdens these programs place on providers and States. In addition, MIG has worked with HHS-OIG on coordinating data requests to the States. CMS expects that its proposed enhancement of MSIS data will eventually allow HHS-OIG to obtain its Medicaid claims data from MIG without having to request it from individual states.

Conclusion

The Medicaid Integrity Program plays a valuable role in the protection of the integrity of the Medicaid program nationally. As MIP evolves, CMS pledges to continues its collaborations with Medicaid partners and stakeholders to ensure the program is managed in the most effective and efficient manner possible.

For additional information about any aspect of the Medicaid Integrity Program, please visit our website: http://www.cms.hhs.gov/MedicaidIntegrityProgram.