

GRANTEE Update

December 14, 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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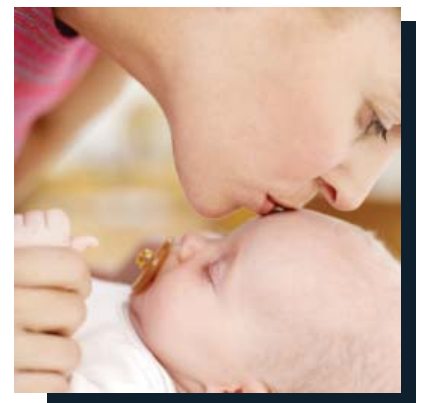
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Iowa Program Targets Shaken Baby Syndrome

The Iowa Department of Public Health (IDPH) today announced a statewide plan to help prevent Shaken Baby Syndrome (SBS), a term used to describe a collection of signs and symptoms resulting from the violent shaking or slamming of an infant or young child. SBS is by far the leading cause of young child homicides.



The acronym PURPLE is used to describe specific characteristics of an infant's crying and let parents and care givers know that what they are experiencing is simply a phase in their child's development that will pass.

P - Peak of crying: Your baby may cry more each week; the most at 2 months, then less at 3 to 5 months.

U - Unexpected: Crying can come and go and you don't know why.

R - Resists soothing: Your baby may not stop crying no matter what you do.

P - Pain-like face: A crying baby may look like they're in pain, even though they're not.

L - Long lasting: Crying can last as much as five hours a day or more.

E - Evening: Your baby may cry more in the late afternoon and evening.

The curriculum is designed to teach parents that crying is normal and provide them with action steps they can follow when their infant cries, including:

- Carry, comfort, walk and talk with your baby.
- If it's too frustrating it is okay to walk away. Put the baby in a safe place and take a few minutes to calm yourself; then go back and check on the baby.
- Never shake or hurt a baby - call for help if you are still frustrated.

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Iowa Program Targets Shaken Baby Syndrome

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As part of the evidence-based PURPLE program, nurses provide education to parents prior to discharge from the hospital. Parents are sent home with a DVD and booklet to help them understand the serious nature of SBS, as well as techniques to prevent it.

Iowa's Prevent Shaken Baby Syndrome Project is being utilized in 12 central Iowa counties: Carroll, Boone, Story, Audubon, Guthrie, Dallas, Polk, Jasper, Adair, Madison, Warren and Marion. Iowa is the fifth state in the nation to use this program as its statewide model.

The pilot project is the result of collaboration between IDPH, the Iowa Department of Management, Blank Children's Hospital and Prevent Child Abuse Iowa.

Contact Information: Polly Carver-Kimm at (515) 281-6693

Important Information for *hawk-i* Families

A new document is being sent to families that have a *hawk-i* renewal deadline approaching. Beginning January 1, 2010 a change in the federal law requires that citizenship and identity must be verified for all U.S. citizen children participating in the *hawk-i* program at their next renewal.

Before coverage can be renewed, families will need to send proof that their children are U.S. citizens, unless:

- They already proved their citizenship if they were previously covered by Medicaid
- If the children are qualified aliens and *hawk-i* or Medicaid already had proof of their status

If questionable or to be safe, please work with families to contact customer support (1-800-257-8563) to find out whether or not verification is needed.

Families may begin gathering and sending the documents now in order to avoid a delay in renewing their children's coverage. For questions about what is an acceptable document to provide as proof of citizenship, please reference page 8 of **The Update**.

And finally, this document also includes important reminders for families about notifying *hawk-i* if they move or have a change in health insurance coverage. Families must notify *hawk-i* immediately if they enroll their children in another health insurance plan. If not, families may be penalized by having to pay *hawk-i* back for premiums paid to the health and dental plans for their children's coverage in the months in which the children were covered by *hawk-i* and the other insurance plan.

Go to pages 8-9 of **The Update** to view the letter being sent to families.



Program Management

Bureau of Family Health Grantee Committee Meeting

The next Bureau of Family Health Grantee Committee Meeting is scheduled for January 21, 2010 from 9-11:30 a.m. via the ICN. If you have an agenda item you would like to have discussed at the Grantee Meeting, please contact Val Campbell at campbeVK@crstlukes.com or Heather Hobert-Hoch at hhobert@idph.state.ia.us. *This is a required meeting for Bureau of Family Health contract agencies.*

IME Informational Letter #860: SECOND NOTICE - Upcoming Changes to Remittance Advice, Payment and Informational Letters

The Iowa Medicaid Enterprise (IME) has released Informational Letter #860 reminding providers of **exclusively** electronic processes for the transmission of remittance advice statements, provider payments and informational letters. See Informational Letter #860 on pages 10-11 of **The Update**.

■ **Remittance Advice:** Currently these claim transaction statements are mailed hardcopy to most provider types. Beginning **March 1, 2010**, the remittance advice will be available **only** through the following two electronic options:

1. Electronic Data Interchange Support Services (EDISS): An 835 electronic remittance advice transaction is available through EDISS. If you do not already have the appropriate software, a free program is available to allow you to view and print the remittance advice. The software is also used for electronic claims submission. Providers can sign up to access the electronic remittance advice even if they do not submit claims electronically. See Informational Letter #860 for the detail on completing forms necessary to access the 835 remittance advice.
2. The IME provider Web portal: Providers may choose to view an electronic image of the paper remittance advice at a secure web portal. To sign up for online access to remittance advice statements, go to www.imeservices.org and click on 'Create Account'. Follow the online instructions.

■ **Payment:** Effective **July 1, 2010**, provider payments will **only** be transmitted via an electronic format. Paper checks will no longer be issued as of this date. Your agency is encouraged to sign up now for Electronic Funds Transfer (EFT) through IME Provider Services if you have not already done so.

- Every **provider with a bank account that still receives a paper check** from the IME should complete an EFT Authorization (Form 470-4202) to set up the EFT transaction. This one-page form is available on the IME Web site at www.ime.state.ia.us/Providers/Forms.html or by calling the phone number below. The completed form may be faxed to 515-725-1155 or mailed to the address on the form.

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Program Management

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IME Informational Letter #860: SECOND NOTICE - Upcoming Changes to Remittance Advice, Payment and Informational Letters *continued*

- **Providers who do not currently have a bank account** are encouraged to set one up now and sign up for EFT payments. Providers who have not requested EFT by the July deadline will participate in a debit card-type process for their Medicaid payments.
- **Informational Letters:** Informational Letters are currently mailed to the provider's address. Effective July 1, 2010, Informational Letters **will only be available** electronically. Providers are able to access IME Informational Letters online at www.ime.state.ia.us/Providers/Bulletins.html. To sign up for e-mail notification of Informational Letters starting July 1, 2010, send an e-mail to npisupport@dhs.state.ia.us. Put 'Informational Letter Sign Up' in the subject line and include the NPI number(s) you would like to associate with an e-mail address. The NPI(s) help to determine that only the correct Informational Letters are sent based upon the Medicaid provider category.

If you have any questions, please contact IME Provider Services at 1-800-338-7909, in Des Moines at (515) 725-1004, or email at imeproviderservices@dhs.state.ia.us.

IME Informational Letter #863 - 5 Percent Rate Reduction

The Iowa Medicaid Enterprise (IME) has released Informational Letter #863 which announces a 5 percent rate reduction for services billed to the IME. The following information applies to Medicaid Maternal Health Centers and Screening Centers.

'On October 8, 2009 Governor Culver issued Executive Order 19 which mandated a 10 percent across-the-board cut in state government spending. As a result, the Department of Human Services enacted rule changes as part of the effort to achieve the savings required in the executive order. Some of those changes affect Medicaid reimbursement.

By rule, payment for covered Medicaid services shall be reduced by 5 percent from the rates in effect November 30, 2009. This reduction applies to services rendered during the period from December 1, 2009 through June 30, 2010.'

An excerpt of the current draft rule pertaining to these services follows at the end of Informational Letter #863 found on pages 12-14 of **The Update**.

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Program Management

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IME Informational Letter #863 - 5 Percent Rate Reduction

The complete rule changes are posted on the IME provider homepage at www.ime.state.ia.us/Providers. Official rules are projected to be published on December 2, 2009 in the Iowa Administrative Bulletin. If you have any questions, please contact IME Provider Services at 1-800-338-7909, locally at 515-725-1004 or by e-mail at imeproviderservices@dhs.state.ia.us.

Note that this rate reduction does not apply to maternal and child health outreach/informing and care coordination services billed to the Iowa Department of Public Health. The rate reduction applies only to those services billed to the IME. As always, continue to bill your cost to IME for services provided. The revised maximum reimbursement rate will be 95 percent of the maximum reimbursement levels reflected on the IME fee schedules. IME is not planning to update current fee schedules at this time. However, the Bureau of Family Health has calculated the revised maximum reimbursements (rounded to the nearest cent). Please see 'Billable Maternal Health Services' on pages 15-17 of **The Update** and 'Billable Child Health Services' on pages 18-22 of **The Update**.

CALENDAR OF EVENTS

*January 21, 2010

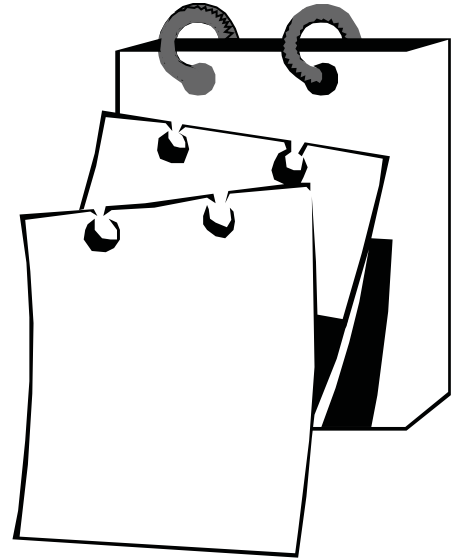
Bureau of Family Health Grantee Committee Meeting

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

March 30, 2010

WIC Breastfeeding Workshop

8:30 a.m. - 4 p.m., DMACC, 2006 S. Ankeny Blvd., Ankeny



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
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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

Important Information for *hawk-i* Families!



Please tell us if you move. It is important to keep our records updated so that premium statements, renewal forms, and other information about your children's *hawk-i* coverage get to you on time.



Please tell us right away if your child gets other health insurance. Federal law only allows uninsured children to participate in the *hawk-i* program. If your children become covered by other insurance and you don't report it within 10 working days, you may have to pay back premiums we paid to the health & dental plan for your child's *hawk-i* coverage for any months in which your child was covered by *hawk-i* and the other insurance.

(Example: Based on their income, the M family pays \$20 per month for *hawk-i* coverage for their two children. The amount paid by the state to the health and dental plan is \$185 per month for each child. Mr. M started a new job and enrolled his children in his employer's health plan beginning December 1st but forgot to tell *hawk-i* until January 15th. Mr. M must repay the premium the state paid the health and dental plans for January.)



New Law Change - Beginning January 1, 2010, a change in the federal law requires that citizenship and identity must be verified for all U.S. citizen children participating in the *hawk-i* program at their next renewal. Before coverage can be renewed, you will need to send proof that your children are U.S. citizens, unless you already gave proof to the Department while your child was on Medicaid, or your children are qualified aliens and we already have proof of their status.

We are telling you about this change now so that you can begin gathering the documents you will need when you renew your child's coverage. You may send the proof in now if you choose. (See other side for information on what documents are acceptable proof.)

Questions?? If you have questions or need to report changes, please call *hawk-i* Customer Service at 1-800-257-8563

Acceptable Documents to Verify Citizenship & Identity of Children

Please provide the highest level of documents you have to verify your child's citizenship. Note that the documents listed in 'Section 1' verify both citizenship and identity. **If you use a document listed in 'Section 2' to verify citizenship, you must also provide a separate document from 'Section 3' to verify identity.**

Section 1 - Primary Documents: The following documents can be used to verify BOTH citizenship and identity.

- U.S. passport
- *Certificate of Naturalization*
- *Certificate of U.S. Citizenship*

Section 2 - Secondary Citizenship Documents: The following documents can be used to verify citizenship only.

- U.S. public birth certificate showing birth in one of the 50 states, the District of Columbia, or a U.S. territory
- Final adoption decree
- *Certification of Report of Birth*
- *Certification of Birth Abroad*
- *U.S. Citizen I.D. Card*
- Official military record of service
- *American Indian Card (I-872)* with "KIC" classification
- Evidence of civil service employment by the U.S. government
- Religious record showing either the date of birth or the person's age when the record was made
- Extract of hospital record on hospital letterhead that shows a U.S. place of birth
- Other documents that show a U.S. place of birth and were created at least 5 years before the *hawk-i* application date
- Medical (clinic, doctor, or hospital) record
- *Consular Report of Birth Abroad of a U.S. Citizen* (Form FS-240)
- Verification of automatic citizenship under sec. 320 of the Immigration and Nationality Act (Child Citizenship Act)
- Life, health, or other insurance record showing a U.S. place of birth
- Early school record showing a U.S. place of birth
- Institutional admission papers
- Affidavit signed under penalty of perjury: *Affidavit Concerning Documentation of Citizenship and Affidavit of Citizenship*

Section 3 - Secondary Identity Documents: The following documents can be used to verify identity only.

- Driver's license issued by a U.S. state or territory
- ID cards issued by a state, federal, or local government, or a school ID with photograph
- Military dependent's identification card
- **For children under age 16:** Clinic, doctor, hospital, or school record
- Certificate of Degree of Indian Blood or other U.S. American Indian/Alaskan Native tribal document
- Cross match with a federal or state governmental, public assistance, law enforcement, or corrections agency's data system; if the agency establishes and certifies the true identity of the individuals
- U.S. passport issued with limitations
- **For children under age 16:** *Affidavit of Identity*
- If **none** of the above evidence of identity is available, three or more corroborating documents may be accepted if the same items were not used to document citizenship.



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 860

TO: All Iowa Medicaid Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise

DATE: November 30, 2009

SUBJECT: Second Notice Regarding Changes to Remittance Advice, Payment and Informational Letters

The Iowa Medicaid Enterprise (IME) will require electronic processes exclusively for the transmission of remittance advice statements, provider payments, and informational letters in the near future. These changes are designed to help make Medicaid as efficient as possible.

Remittance Advice

The Remittance Advice (RA) is the statement from the IME that explains every individual provider claim transaction for each payment cycle (including both paid and denied claims). Currently, these statements are mailed hardcopy to most providers. Beginning **March 1, 2010**, the RA information will only be available through electronic means; there are 2 mechanisms:

- 1. The 835 is an electronic remittance advice transaction** available through IME's Electronic Data Interchange Support Services (EDISS). (<http://www.edissweb.com/med/>). If you do not already have software capable of translating an 835 transaction, EDISS provides a free (downloadable) software program to view and print the remits. This software can also be used to submit electronic claims to IME. Providers can sign up to get an electronic RA even if they do not submit claims electronically.

To begin receiving 835's from EDISS,

- *If you are new to EDI:*
 - *You must complete both the EDISS Enrollment form for Iowa Medicaid and the EDISS Registration form. Both Forms are available at <http://www.edissweb.com/med/forms/enrollment.html>*
 - *Providers may also register online <http://www.edissweb.com/med/forms/onboard.html>*
- *If you are already registered with EDISS for another transaction, you may have an Enrollment form already on file with EDISS.*
- *You have the option to have the 835 remittance advice delivered directly to you, or to a billing service or clearinghouse you designate.*
- *For questions concerning the electronic remittance advice (835) or the paperwork required to get started, please contact EDISS at 1-800-967-7902.*

- 2. Imaged RA's are also available on the IME's web portal.** This is an exact replica of the current paper RA's that are imaged and available on a secure website. To sign up for online access to remittance advice statements, go to www.imeservices.org and click on the Create Account link and follow the online instructions. If you have any questions, call the assistance number at the end of this letter.

Provider Payment

Provider payments will only be transmitted via an electronic format **effective July 1, 2010**. This means paper checks will no longer be issued as of this date. Providers are encouraged to sign up now for Electronic Funds Transfer (EFT) through Provider Services. For providers who cannot establish an EFT account by the July deadline, a debit card-type process for their Medicaid payments will be established.

- **This will not impact CDAC providers who are already dues paying members of AFSCME and receive their payments from BMGI.** Only those CDAC providers who are paid directly by the IME via paper check will need to make a change.
- **Every provider with a bank account that still receives a paper check** from the IME should complete an EFT Authorization (form 470-4202) to set up the EFT transaction. This simple, one-page form is available on our website at: <http://www.ime.state.ia.us/Providers/Forms.html>, or by calling the number below. The form may be faxed to 515-725-1155 or mailed to the address shown on the form.
- **Providers, who do not currently have a bank account, are encouraged to set one up now** and sign up for EFT payments. The IME is in the process of developing an option for those providers who may not have bank accounts by the July deadline to receive a debit card from the IME to withdraw their payment.

Informational Letters

Informational Letters are currently mailed to the provider's listed correspondence address. On and after **July 1, 2010**, these will only be available electronically. Providers can already access Informational Letters from 2005 forward on the Provider Bulletins section of our website:

<http://www.ime.state.ia.us/Providers/Bulletins.html>.

<p>Note: Providers can go to their local public library to access this Informational letters and other Iowa Medicaid information via the Internet.</p>

To sign up for e-mail notification of informational letters after June 30, 2010, just send an e-mail to: npisupport@dhs.state.ia.us. Put "Informational Letter sign up" in the subject line and include any NPI(s) you would like to associate with an e-mail address. The NPI will help determine that only the correct Informational Letters are sent based on provider category. Please be aware that informational letters will not actually start going out through this mechanism until the current paper IL process is finished on July 1, 2010.

Contact us! The IME appreciates your partnership as we work together to serve the needs of Iowa Medicaid members. If you have any questions, please contact the IME Provider Services at 1-800-338-7909, or locally (in Des Moines) at 515-725-1004, or by e-mail 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. 863

DATE: November 16, 2009

TO: Iowa Medicaid providers in the following service categories:

- Ambulance Services
- Ambulatory Surgical Centers
- Advanced Registered Nurse Practitioners, including Certified Nurse-midwives
- Audiologists and Hearing Aid Dealers
- Behavioral Health
- Birth Centers
- Chiropractors
- Clinics
- Home Health Agencies
- Independently Laboratories and X-ray Providers
- Independently Practicing Occupational Therapists, Physical Therapists, and Psychologists
- Lead Inspection Agencies
- Maternal Health Centers
- Non-state owned Psychiatric Medical Institutions for Children (PMIC)
- Optometrists and Opticians
- Orthopedic Shoe and Prosthetic Device Dealers
- Physicians (excluding services billed to the IowaCare program except for preventative examinations)
- Podiatrists
- Rehabilitation Agencies
- Remedial Service Providers
- Screening Centers

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

RE: Medicaid Program Changes 5% Reduction

EFFECTIVE: December 1, 2009

On October 8, 2009 Governor Culver issued Executive Order 19 which mandated a 10 percent across-the-board cut in state government spending. As a result, the Department of Human Services enacted rule changes as part of the effort to achieve the savings required in the executive order. Some of those changes affect Medicaid reimbursement.

By rule, payment for covered Medicaid services shall be reduced by 5 percent from the rates in effect November 30, 2009. This reduction applies to services rendered during the period from December 1, 2009 through June 30, 2010.

An excerpt of the current draft rule changes pertaining to these services follows at the end of this Informational Letter. The complete rule changes are posted on the IME provider homepage (<http://www.ime.state.ia.us/Providers/>). Official rules are projected to be published on December 2, 2009 in the Iowa Administrative Bulletin. It is especially important that providers paid based on a rate determined by financial and statistical data review the rules for complete details.

The IME appreciates your partnership as we work together to serve the needs of Iowa Medicaid members. If you have any questions, please contact IME Provider Services at 1-800-338-7909, locally at 515-725-1004 or by e-mail at: imeproviderservices@dhs.state.ia.us.

“Adopt the following **new rule 441—79.16(249A)**:

441—79.16(249A) Payment reductions pursuant to executive order. The following payment provisions shall apply to services rendered during the period from December 1, 2009, to June 30, 2010, notwithstanding any contrary provision in this chapter.

79.16(1) Notwithstanding any provision of subrule 79.1(2), payment for covered services rendered by the following providers shall be reduced by 5 percent from the rates in effect November 30, 2009:

- a. Ambulance services.
- b. Ambulatory surgical centers.
- c. Advanced registered nurse practitioners, including certified nurse-midwives.
- d. Audiologists and hearing aid dealers.
- e. Behavioral health providers
- f. Birth centers.
- g. Chiropractors.
- h. Clinics.
- i. Durable equipment, medical supply, orthopedic shoe, and prosthetic device dealers.
- j. Family planning clinics.
- k. Hospitals, not to include services rendered by critical access hospitals or services billed under the IowaCare program, but including:
 - (1) Inpatient hospital care, including Medicaid-certified psychiatric and rehabilitation units.
 - (2) Outpatient hospital care.
 - (3) Indirect medical education payments.
 - (4) Direct medical education payments.
 - (5) Disproportionate-share payments (except for payments to the Iowa state-owned teaching hospital).
- l. Independent laboratories and X-ray providers.
- m. Independently practicing occupational therapists, physical therapists, and psychologists.
- n. Lead inspection agencies.
- o. Maternal health centers.
- p. Optometrists and opticians.
- q. Physicians, excluding services billed to the IowaCare program except for preventative examinations.
- r. Podiatrists.
- s. Rehabilitation agencies.
- t. Screening centers.

79.16(2) Notwithstanding any provision of subrule 79.1(2), the basis of reimbursement for skilled nursing, physical therapy, occupational therapy, home health aide, medical social services, and home health care for maternity patients and children provided by home health agencies shall be retrospective cost-related with cost settlement based on the lesser of the following:

- a. The maximum Medicare rate in effect November 30, 2009, less 5 percent,
- b. The maximum Medicaid rate in effect November 30, 2009, less 5 percent, or
- c. 95 percent of the reasonable and allowable Medicaid cost.

79.16(3) Notwithstanding any provision of subrule 79.1(2), the basis of reimbursement for private duty nursing and personal care for persons aged 20 or under provided by home health agencies shall be retrospective cost-related with cost settlement based on the lesser of the following:

- a. The maximum Medicaid rate in effect November 30, 2009 less 5 percent, or
- b. 95 percent of reasonable and allowable Medicaid cost.

79.16(4) Notwithstanding any provision in subrule 79.1(2) or 79.1(23), the basis of reimbursement for remedial services providers shall be consistent with the methodology described in subrule 79.1(23) except that reasonable and proper cost of operation is equal to actual and allowable cost less 5 percent subject to the established rate maximum less 5 percent.

79.16(5) Notwithstanding any provision of subrule 79.1(2) or rule 441—81.6(249A), the patient-day weighted medians used in rate setting for nursing facilities shall be calculated and the rates adjusted to provide a 5 percent decrease in nursing facility rates.

79.16(6) Notwithstanding any provision of subrule 79.1(2) or rule 441-85.25(249A), the basis of reimbursement for non-state owned psychiatric medical institutions for children shall be consistent with the methodology described in 441-subrule 85.25(1) except that the per diem rate shall be based on the facility's cost for the service less 5 percent, not to exceed the upper limit less 5 percent as provided in 441-subrule 79.1(2).

79.16(7) Notwithstanding any provision of subrule 79.1(2), payment for covered services rendered by dentists shall be reduced by 2.5 percent from the rates in effect November 30, 2009.

79.16(8) Notwithstanding any provision of subrule 79.1(2) or 79.1(25), the basis of reimbursement for community mental health centers shall be retrospective and cost-related with cost settlement limited to 97.5 percent of the provider's reasonable and allowable Medicaid cost.

79.16(9) Notwithstanding any provision of subrule 79.1(2), the basis of reimbursement for targeted case management shall be fee for service with cost settlement limited to 97.5 percent of the provider's reasonable and allowable Medicaid cost.

79.16(10) Notwithstanding any provision of subrule 79.1(2), payment for covered services rendered by home- and community-based waiver service providers shall be reduced by 2.5 percent from the rates in effect November 30, 2009.

a. Rates based on a submitted financial and statistical report shall consistent with the methodology described in subparagraph 79.1(15)“d”(1) except that the inflation adjustment applied to actual, historical costs and the prior period base cost shall be reduced by 2.5 percent.

b. The retrospective adjustment of prospective rates shall be made based on revenues exceeding 100 percent of adjusted actual costs. Adjusted actual costs shall not exceed the upper limits as specified in subrule 79.1(2)”

Billable Maternal Health Services – Revised November 2009

Service	Code	Billable to	Maximum Established Reimbursement Rate* (For services provided prior to Dec. 1, 2009)	IME 5% reduction for services provided Dec. 1, 2009 through June 30, 2010 (Applies to services billed to IME)
New Patient - BRIEF	99201	IME	30.71	29.17
New Patient -LIMITED EXAM	99202	IME	48.20	45.79
New Patient - INTERMEDIATE EXAM	99203	IME	67.85	64.46
New Patient COMPREHENSIVE	99204	IME	98.23	93.32
New Patient -COMPLETE	99205	IME	122.47	116.35
Continuing Patient - COMPREHENSIVE	99214	IME	55.70	52.92
Continuing Patient - COMPLETE	99215	IME	83.34	79.17
Completion of Medicaid Prenatal Risk Assessment	99420	IME	8.54	8.11
Fetal Non Stress Test	59025	IME	Depends on factor code	Depends on factor code
Antepartum care only, 4-6 visits	59425	IME	258.47	245.55
Antepartum care only, 7 or more visits	59426	IME	442.65	420.52
Postpartum care only separate procedure	59430	IME	89.39	84.92
Medroxyprgesterone Acetate Injection - Contraception	J1055	IME	51.94	49.34
Rho D Immune Globulin Injection 50 mcg	J2788	IME	37.25	35.39
Rho D Immune Globulin Injection 300 mcg	J2790	IME	107.49	102.12
Urine pregnancy test by visual color inspection	81025	IME	9.32	8.85
Immunization Admin (1 vaccine, sq or im)	90471	IME	5.34	5.07
Immunization Admin (subsequent)	90472	IME	5.34	5.07
Immunization Admin of H1N1 (injection)	G9141 (Vaccine – G9142)	IME	5.30	5.04
Therapeutic Injection of Medication – SubQ	90782	IME	2.89	2.75

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 Final Column – based upon IME 5% Rate Reduction effective for services provided Dec. 1, 2009 through June 30, 2010. (Amounts rounded to the nearest cent.)
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Mental Health Services not otherwise specified	H0046	IME	52.27	49.66
Care coordination (per 15 min) (Title V & Title XIX clients)	Formerly (H1002)	<u>IDPH</u>	8.23	No change – 8.23
Home visit for care coordination (per 15 min)(Title V & Title XIX clients)	-----	<u>IDPH</u>	16.07	No change – 16.07
Prenatal care at risk service Health education (15 min)	H1003	IME	7.07	6.72
Nursing assessment/evaluation (per 15 min)	T1001	IME	22.50	21.38
Nursing Visit (in the home per hour)	S9123	IME	54.44	51.72
Social work visit in the home (encounter code)	S9127	IME	69.65	66.17
Diabetic management program, dietitian visit	S9465	IME	21.59	20.51
Nutrition counseling dietitian visit	S9470	IME	21.79	20.70
Outreach for Presumptive Eligibility	-----	<u>IDPH</u>	8.54	No change – 8.54
Periodic oral evaluation (screening)	D0120	IME	14.14	13.43
Comprehensive oral evaluation	D0150	IME	20.32	19.30
Bitewing- Single Film	D0270	IME	9.35	8.88
Bitewing – Two Films	DO272	IME	16.63	15.80
Bitewing – Four Films	DO274	IME	24.95	23.70
Prophylaxis Adult – (age 13 yrs and over)	D1110	IME	36.38	34.56
Prophylaxis Child- (12 yrs and under)	D1120	IME	24.95	23.70
Topical fluoride varnish – moderate to high risk client	D1206	IME	14.55	13.82
Nutritional counseling for control and prevention of oral disease (15 min unit)	D1310	IME	16.30	15.49
Tobacco counseling prevention of oral disease (15 min. unit)	D1320	IME	16.30	15.49
Oral hygiene instruction (15 min. unit)	D1330	IME	16.30	15.49

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Final Column – based upon IME 5% Rate Reduction effective for services provided Dec. 1, 2009 through June 30, 2010. (Amounts rounded to the nearest cent.)

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Sealant – per tooth (posterior teeth to age 18)	D1351	IME	20.79	19.75
Sign Language or Oral Interpretive Services (per 15 min)	T1013	IME	15.00	14.25
Telephonic Oral Interpretive Services (per min)	T1013 with UC modifier	IME	1.70	1.62
Medical transportation (volunteer -per mile)	A0080	IME	-----	-----
Medical transportation (taxi -round trip)	A0100	IME	-----	-----
Medical transportation (bus -round trip)	A0110	IME	-----	-----
Medical transportation (wheel chair van –round trip)	A0130	IME	-----	-----
Medical transportation (volunteer per mile)	A0090	IME	-----	-----
Medical transportation (per mile- case worker)	A0160	IME	2.40	2.28
Medical transportation (parking tolls, fees)	A0170	IME	6.43	6.11

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Final Column – based upon IME 5% Rate Reduction effective for services provided Dec. 1, 2009 through June 30,
2010. (Amounts rounded to the nearest cent.)
IDPH Bureau of Family Health – November 2009

Billing Child Health Services – Revised November 2009

Service	Code		Billable to	Maximum Established Reimbursement Rate* (For services provided prior to Dec. 1, 2009)		IME 5% reduction for services provided Dec. 1, 2009 through June 30, 2010 (Applies to services billed to IME)	
Informing/re-informing (per family) (includes initial inform/re-inform, inform/re-inform follow-ups, and inform/re-inform completion)	-----		IDPH	\$36.47		No change – \$36.47	
Care coordination (per 15 min) (Title V & Title XIX per client)	-----		IDPH	\$8.23		No change- \$8.23	
Home visit for care coordination (per 15 min) (Title V & Title XIX per client)	-----		IDPH	\$16.07		No change – \$16.07	
Health screening	<u>Initial</u>	<u>Periodic</u>	IME	<u>Initial</u>	<u>Periodic</u>	<u>Initial</u>	<u>Periodic</u>
0-12 mo	99381	99391		\$92.47	\$75.46	\$87.85	\$71.69
1-4 yr	99382	99392		\$99.24	\$83.30	\$94.28	\$79.14
5-11 yr	99383	99393		\$98.57	\$82.97	\$93.64	\$78.82
12-17 yr	99384	99394		\$109.70	\$93.87	\$104.22	\$89.18
18-21 yr	99385	99395		\$106.35	\$91.52	\$101.03	\$86.94
Initial oral screen	D0150		IME	\$20.32		\$19.30	
Periodic oral screen	D0120		IME	\$14.14		\$13.43	

*IME capped reimbursement rates were taken from the Screening Center Fee Schedule 7/9/2009.

Final Column - based upon IME 5% Rate Reduction effective for services provided Dec. 1, 2009 through June 30, 2010.
(Amounts are rounded to the nearest cent.)

IDPH Bureau of Family Health – November 2009

Service	Code	Billable to	Maximum Established Reimbursement Rate* (For services provided prior to Dec. 1, 2009)	IME 5% reduction for services provided Dec. 1, 2009 through June 30, 2010 (Applies to services billed to IME)
Prophylaxis age 12 yr and under	D1120	IME	\$24.95	\$23.70
Prophylaxis age 13 yr and older	D1110	IME	\$36.38	\$34.56
Sealant per tooth	D1351	IME	\$20.79	\$19.75
Single film bitewing	D0270	IME	\$9.35	\$8.88
Two film bitewing	D0272	IME	\$16.63	\$15.80
Four film bitewing	D0274	IME	\$24.95	\$23.70
Oral evaluation and counseling to caregiver (child under age 3)	D0145	IME	\$20.32	\$19.30
Topical fluoride varnish	D1206	IME	\$14.55	\$13.82
Nutritional counseling for control and prevention of oral disease (per 15 min)	D1310	IME	\$16.30	\$15.49
Oral hygiene instruction (per 15 min)	D1330	IME	\$16.30	\$15.49
Immunization administration (initial injection)	90471	IME	\$5.30	\$5.04

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Final Column - based upon IME 5% Rate Reduction effective for services provided Dec. 1, 2009 through June 30, 2010. (Amounts are rounded to the nearest cent.)

IDPH Bureau of Family Health – November 2009

Service	Code	Billable to	Maximum Established Reimbursement Rate* (For services provided prior to Dec. 1, 2009)	IME 5% reduction for services provided Dec. 1, 2009 through June 30, 2010 (Applies to services billed to IME)
Immunization administration (subsequent injection)	90472	IME	\$5.30	\$5.04
Immunization administration of H1N1 (injection)	G9141 (Vaccine – G9142)	IME	\$5.30 (Vaccine at \$0.00)	\$5.04
Immunization administration (intranasal or oral)	90473	IME	\$13.43	\$12.76
Venous blood draw	36415	IME	\$3.32	\$3.15
Capillary blood draw	36416	IME	\$3.30	\$3.14
Handling and conveyance to lab	99000	IME	\$3.32	\$3.15
Blood lead analysis	83655	IME	\$17.92	\$17.02
Urinalysis	81002	IME	\$3.80	\$3.61
Hct	85014	IME	\$3.15	\$2.99
Hgb	85018	IME	\$3.15	\$2.99
TB	86580	IME	\$7.61	\$7.23
Visual acuity	99173	IME	\$2.18	\$2.07
Speech audiometry	92555	IME	\$10.56	\$10.03

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Final Column - based upon IME 5% Rate Reduction effective for services provided Dec. 1, 2009 through June 30, 2010.
(Amounts are rounded to the nearest cent.)

IDPH Bureau of Family Health – November 2009

Service	Code	Billable to	Maximum Established Reimbursement Rate* (For services provided prior to Dec. 1, 2009)	IME 5% reduction for services provided Dec. 1, 2009 through June 30, 2010 (Applies to services billed to IME)
Developmental screen	96110	IME	\$59.49	\$56.12
Nutrition counseling initial assessment (per 15 min)	97802	IME	\$7.95	\$7.55
Nutrition counseling reassessment (per 15 min)	97803	IME	\$15.83	\$15.04
Nursing assessment/evaluation (per 15 min)**	T1001	IME	\$22.50	\$21.38
Home visit for nursing services (per hour)	S9123	IME	\$54.44	\$51.72
Home visit for social work services	S9127	IME	\$69.65	\$66.17
Evaluation and management	99211	IME	\$16.04	\$15.24
Sign Language or Oral Interpretive Services (per 15 min)***	T1013	IME	\$15.00	\$14.25
Telephonic Oral Interpretive Services (per min)***	T1013 with UC modifier	IME	\$1.70	\$1.62
Medical transportation (bus-round trip)	A0110	IME	-----	-----

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Final Column - based upon IME 5% Rate Reduction effective for services provided Dec. 1, 2009 through June 30, 2010. (Amounts are rounded to the nearest cent.)

IDPH Bureau of Family Health – November 2009

Service	Code	Billable to	Maximum Established Reimbursement Rate* (For services provided prior to Dec. 1, 2009)	IME 5% reduction for services provided Dec. 1, 2009 through June 30, 2010 (Applies to services billed to IME)
Medical transportation (taxi-round trip)	A0100	IME	-----	-----
Medical transportation (wheel chair van-round trip)	A0130	IME	-----	-----
Medical transportation (volunteer per mile)	A0090	IME	-----	-----
Medical transportation (mini bus or non-profit system)	A0120	IME	-----	-----
Medical transportation (parking tolls, fees)	A0170	IME	\$6.43	\$6.11

** Effective April 1, 2009

*** Effective July 1, 2009

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Final Column - based upon IME 5% Rate Reduction effective for services provided Dec. 1, 2009 through June 30, 2010. (Amounts are rounded to the nearest cent.)

IDPH Bureau of Family Health – November 2009