

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.

In this issue...

1 The HIV/AIDS Epidemic in the United States is REAL - Get the Facts!

2 Healthy Homes Training

2 NHSA Partners with Text4baby

3 Oral Health Update

3 IME Informational Letter #881

4 IME Informational Letter #877

5 CAREs and Child Health/EPSTD Trainings - Mark Your Calendars!

5 BFH Grantee Meeting

6 Calendar of Events

7 Directory

8-29 Additional Information

The HIV/AIDS Epidemic in the United States is REAL—Get the Facts!

Before we can stop any epidemic, we first have to recognize the magnitude of the disease. HIV is still a threat across the United States. And even though there are treatments to help people with HIV live longer than ever before, AIDS is still a significant health issue. Surprised? Get the facts:

- Every 9½ minutes (on average), someone in the United States is infected with HIV, the virus that causes AIDS.
- In 2006, an estimated 56,300 people became infected with HIV.
- More than 1 million people in the United States are living with HIV. Of those 1 million people living with HIV, 1 out of 5 do not know they are infected. (People who have HIV but don't know it can unknowingly pass the virus to their partners.)
- Despite new therapies, people with HIV still develop AIDS.
- Over 1 million people in the United States have been diagnosed with AIDS.
- More than 14,000 people with AIDS still die each year in the United States.

Although HIV infection is completely preventable, every 9½ minutes, someone in the United States is infected with the virus. That person could be you—or someone you know—your brother, sister, father, mother, friend, co-worker, or neighbor. It is important for everyone to get the facts, talk about HIV/AIDS with partners and loved ones, reduce risk behaviors, and get tested to learn their HIV status.

The Centers for Disease Control and Prevention (CDC) has a new Web site, 9 1/2 Minutes, that provides information on the following:

- The most common ways HIV is transmitted
- Three critical ways of reducing your risk of getting HIV
- Other ways you can protect yourself from getting HIV and other STDs
- Tips for talking about sex and HIV with your partner
- Zip code search to locate an HIV test site near you

For more information, go to www.nineandahalfminutes.org.

Healthy Homes Training

Colleagues: You are invited to participate in the Healthy Homes course.

If you visit homes to provide health or inspection services of any type, you will benefit from the Essentials for Healthy Homes Practitioners Course. The training will help you understand the connection between health and housing and how to take a holistic approach to identify and resolve problems, which threaten the health and wellbeing of residents. Everyone from a public health nurse visiting a client to an environmental health professional doing a rodent inspection will gain insight into how housing and health are related and actions they can take to improve the health of their clients. This two-day course brings together professionals with a variety of perspectives and experiences in a series of exercises — keeping the training lively and engaging.

For more information, go to page 8 of **The UPdate**.

NHSA Partners with Text4baby

The National Healthy Start Association Partners in Unprecedented Public-Private Partnership to Address Rising U.S. Infant Mortality Rate

On February 4, 2010 the National Healthy Start Association (NHSA) announced that it will join other national and local organizations as an outreach partner of text4baby - a new free mobile information service providing timely health information to pregnant women and new moms from pregnancy through a baby's first year.

The infant mortality rate in the United States is one of the highest in the industrialized world, and for the first time since the 1950s, that rate is on the rise. Each year in the United States, more than 500,000 babies are born prematurely and an estimated 28,000 children die before their first birthday—signifying a public health crisis.

Women who sign up for the service by texting BABY to 511411 (or BEBE for Spanish) receive three free SMS text messages each week timed to their due date or baby's date of birth. These messages focus on a variety of topics critical to maternal and child health, including birth defects prevention, immunization, nutrition, seasonal flu, mental health, oral health and safe sleep. Text4baby messages also connect women to prenatal and infant care services and other resources.

For more information about text4baby, go to <http://text4baby.org>.

Text BABY to 511411
Envia BEBE al 511411 para Español
First-Ever Free Mobile Health Service
Text4baby Provides Health Tips to Pregnant Women, New Moms



Oral Health Recent Events



Update

hawk-i Dental

hawk-i dental only will start March 1, 2010. Families will have the choice to apply for the full *hawk-i* program or *hawk-i* Dental. *hawk-i* dental will provide the same dental benefits as those provided to children enrolled in the full *hawk-i* program. Children who are covered by dental insurance will not be required to drop the insurance in order to be eligible for *hawk-i* dental.

The *hawk-i* dental plan covers also covers orthodontia, but it must be deemed medically necessary. There are specific requirements that must be met and pre-approval is required. Dentists and orthodontists can contact Delta Dental of Iowa at 800-544-0718 for more information on the requirements.

Budget Announcement:

Due to budget concerns, the bureau has decided to discontinue the water fluoridation testing program through the University Hygienic Lab. The program allowed Title V child health programs to provide water testing for clients at no cost. The change is effective July 1, 2010. After that date, test kits can be obtained from the lab for \$18.00.

For more information on oral health, contact the Oral Health Bureau at 1-866-528-4020.

Administration/Program Management

IME Informational Letter #881

In 2009, the Iowa Legislature increased reimbursement rates to family planning providers by 5 percent. The increase was to have gone into effect on July 1, 2009. However, before the Iowa Medicaid Enterprise (IME) could implement the rate change, the Governor called for a 5 percent decrease to those rates in effect on June 30, 2009. To view Informational Letter #881, go to page 9 of **The UPDATE**.

The IME appreciates your partnership in serving the needs of Iowa Medicaid members. If you have any questions regarding payment for the services at issue, please contact the IME Provider Services Unit, 1-800-338-7909, locally (515) 256-4609 or by e-mail at imeproviderservices@dhs.state.ia.us.

continued on next page

Administration/Program Management

IME Informational Letter #877: IME Phone Changes and Third Notice - Upcoming Changes to Remittance Advice, Payment and Informational Letters

The Iowa Medicaid Enterprise (IME) has released Informational Letter #877 reminding providers of **exclusively** electronic processes for the transmission of remittance advice statements, provider payments and informational letters. In addition, the IME announces new phone numbers. See Informational Letter #877 and additional attachments on pages 10-15 of **The Update**.

- **New IME Phone Numbers:** Effective January 25, 2010, IME's new local phone number will be (515) 256-4609. The toll-free number remains unchanged at 1-800-338-7909. See the explanatory memo and updated list of phone numbers.

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

- 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 downloadable 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 for the electronic remittance advice even if they do not submit claims electronically. See Informational Letter #877 for details on completing forms necessary to access the 835 remittance advice.
- 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.

- **Provider 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 EFT transactions. 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 shown on the form.
- **Providers who do not currently have a bank account are encouraged to set one up now** and sign up for the EFT payments. Providers who have not requested EFT by the July deadline will receive a debit card to withdraw their Medicaid payment.

- **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 the IME Informational Letters at www.ime.state.ia.us/Providers/Bulletins.html. To sign up for e-mail notification of Informational Letters, send an e-mail to npisupport@dhs.state.ia.us. Enter 'Informational Letter Sign Up' in the subject line and include the NPI number(s) you would like to be associated with an e-mail address. The NPI numbers help to determine the correct Informational Letters that should be sent based upon the Medicaid provider category.

continued

Administration/Program Management

CAReS and Child Health/EPSTD Trainings - Mark Your Calendars!

The Bureau of Family Health has established training dates for CAReS and Child Health/EPSTD during the months of March through September 2010.

The CAReS training will be held from 10 a.m. - 12 p.m. and the *Child Health/EPSTD - Serving Iowa's Children and Families* training will be held from 12:30 - 4 p.m. See the dates and locations below.

- **Wednesday, March 24, 2010** - Lucas State Office Building, Conference Room 526 (Licensure Board Room)
- **Thursday, April 29, 2010** - Lucas State Office Building, Conference Room 523
- **Thursday, May 27, 2010** - Lucas State Office Building, Conference Room 523
- **Wednesday, June 30, 2010** - Lucas State Office Building, Conference Room 526 (Licensure Board Room)
- **Thursday, July 29, 2010** - Lucas State Office Building, Conference Room 517
- **Thursday, August 26, 2010** - Lucas State Office Building, Conference Room 517
- **Thursday, September 30, 2010** - Lucas State Office Building, Conference Room 517

Please e-mail Marcus Johnson or Janet Beaman with the names of staff from your agency that will attend on selected dates. Specify which training each staff member will attend (CAReS or Child Health/EPSTD or both). Also know that our space is limited. If seating capacity fills, we may need to request that future dates be selected. If you have questions, please contact:

- Marcus Johnson: mjohnson@idph.state.ia.us or (515) 242-6284
- Janet Beaman: jbeaman@idph.state.ia.us or (515) 281-3052
- Carol Hinton: chinton@idph.state.ia.us or (515) 281-6924

Bureau of Family Health Grantee Committee Meeting

The Bureau of Family Health Grantee Committee Meeting that was to take place on January 21 has been rescheduled for February 16, 2010, 9-11 a.m. via teleconference. *Participation is optional.* To access the teleconference, you will need to dial 1-866-685-1580 (conference code is 0009990487). Meeting materials can be downloaded from pages 16-29 of **The UPdate**.

Calendar

February 16, 2010

Bureau of Family Health Grantee Committee Meeting

9 - 11 a.m., Teleconference, dial 1-866-685-1580

(conference code is 0009990487)

March 30, 2010

WIC Breastfeeding Workshop

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

Ankeny

April 13-14, 2010

Iowa Governor's Conference on Public Health

Scheman Conference Center, Ames

MARCH Contract Required Due Dates

10 - Due: CCNC Encounter
Data

15 - Due: GAX &
Expenditure Report

28 - Export WHIS Records to
IDPH



THE UPdate



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
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
Thorud, Jennifer	281-0219	jthorud@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



Public Health
Prevent. Promote. Protect.



Essentials for Healthy Home Practitioners Course Registration

Course Date: **Tuesday & Wednesday, April 6 - 7, 2010** Course Time: **8:00AM - 5:00PM**

Course Location: **Jessie Parker Building - Grant Room**
510 East 12th Street, Des Moines, IA 50319

Course Description:

If you visit homes to provide health or inspection services of any type, you will benefit from the Essentials for Healthy Homes Practitioners Course. The training will help you understand the connection between health and housing and how to take a holistic approach to identify and resolve problems, which threaten the health and wellbeing of residents.

Everyone from a public health nurse visiting a client to an environmental health professional doing a rodent inspection will gain insight into how housing and health are related and actions they can take to improve the health of their clients. This two-day course brings together professionals with a variety of perspectives and experiences in a series of exercises — keeping the training lively and engaging.

The training complements hazard-specific training in lead-based paint, radon, mold, pests, and asbestos. It identifies root causes of health problems in a home and links them to seven principles of healthy housing: keep it dry; keep it clean; keep it pest-free; keep it ventilated; keep it safe, avoid contaminants; and maintain the house. Course participants will have a better understanding how to collaborate to make healthy homes a reality in their community.

Cost of this 2 day course is \$75.00 and includes the course manual. The price includes continental breakfast and lunch on both days, and refreshments. For more information on the course, contact: Erica Forrest, CMH Environmental Health Program, 816-983-6806, or email at eforrest@cmh.edu.

This course is presented through a partnership between the National Center for Healthy Housing, the Children's Mercy Hospitals and Clinics, the Kansas City Missouri Health Dept., and the Kansas Dept. of Health and Environment Healthy Home and Lead Poison Prevention Program.

Who Should Attend?

- Environmental Health Professionals
- Housing Inspectors
- Public Health Nurses
- Energy Auditors
- Licensed Home Inspectors
- Lead Risk Assessors
- Health and Housing Advocates
- Property Managers
- Pest Control Operators
- Lead Poisoning Case Managers
- Community-Based Organization Staff
- Weatherization Specialists

Earn NEHA's Newest Credential: Healthy Home Specialist

Exam given at end of course

Exam Fee: \$150 NEHA Members
\$205 for Non-members

Get more information. Apply now.

Visit Credentials on:



<http://www.neha.org> or

Call 303.756.9090 ext. 337 or 339

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Please fill out one registration per student.

Course Registration: \$75.00

Payment Method: Check: ___ Cash: ___

Purchase Order (#): _____

Please send payment with registration and send the registration form right away to reserve your space in the course!

Make checks payable to, "Children's Mercy Hospital"

Please Send Registration and Payment To:

Healthy Home Practitioner Course c/o Erica Forrest
Children's Mercy Hospitals and Clinics, HHC 552
2401 Gillham Road, Kansas City, MO 64108

You may fax your registration to:

Erica Forrest, Environmental Health Program @ 816-346-1301,
or email it to: eforrest@cmh.edu.



National Center for Healthy Housing

Building a healthy home environment for all children

10227 WINCOPIN CIRCLE, SUITE 200, COLUMBIA, MARYLAND 21044
410.992.0712 FAX 410.715.2310
www.centerforhealthyhousing.org



STATE OF IOWA

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

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 881

DATE: February 9, 2010
TO: Iowa Medicaid Family Planning Clinic Providers
ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise
RE: Rate of Reimbursement

The purpose of this letter is to explain the Department of Human Services (DHS) actions related to the rates of reimbursement for Family Planning providers.

Iowa House File 811 increased reimbursement rates to Family Planning providers by 5% above the June 30, 2009 rates, with the increase to have gone into effect on July 1, 2009. However, before the Iowa Medicaid Enterprise (IME) could implement the rate changes, the Governor's Executive Order 19 called for a 5% decrease to those rates in effect on June 30, 2009. Below is an explanation of how DHS, in collaboration with representatives from the Family Planning provider community, has determined how this situation should be handled.

Rather than increasing rates retroactively back to July 1, 2009 and then decreasing those same rates effective December 1, 2009, which would have resulted in a five percent increase in rates for five months and a five percent decrease in rates for seven months, it has been decided that:

- Family Planning providers will not have a rate change effective December 1, 2009 (unlike most other providers).
- The Family Planning rates effective on June 30, 2009 will continue to be paid for dates of service through January 31, 2010. While many other provider types will experience a decrease in rates beginning with services provided as of December 1, 2009, Family Planning providers will not experience that decrease.
- Effective for dates of service beginning February 1, 2010 Family Planning providers will be reimbursed at a rate 5% more than the rates in effect on June 30, 2009. However, effective June 30, 2010, Family Planning providers will be reimbursed at the rates in effect on January 31, 2010.

The IME appreciates your partnership as we work together to serve the needs of Iowa Medicaid members. If you have any questions regarding payment for the services at issue, please contact the IME Provider Services Unit, 1-800-338-7909, locally 515-256-4609 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

Important Information for Iowa Medicaid Members

Iowa Medicaid Enterprise phone numbers are changing. The Iowa Medicaid Member Services unit will have a new phone number beginning January 25, 2010. Our new local phone number will be 515-256-4606, the toll free number, 800-338-8366, will remain the same.

Along with this letter you will find a copy of the Iowa Medicaid Member Services Newsletter. Please feel free to post a copy in your lobby or to make copies to distribute to members. The Newsletter is also available online at: <http://www.ime.state.ia.us/Members/index.html> if you would like to download an electronic copy.

If you have any questions, please feel free to call Iowa Medicaid Member Services at 800-338-8366 or locally in the Des Moines area at 515-725-1003 until January 25, 2010. After that time, to call locally in the Des Moines area, you will need to dial 515-256-4606.

Sincerely,

Iowa Medicaid Member Services

Call or write the **Member Services Call Center** at:
PO Box 36510, Des Moines, Iowa 50315
800-338-8366; 515-256-4606 (local in the Des Moines area)

Please visit our website at: www.ime.state.ia.us
Or e-mail us at: IMEMemberServices@dhs.state.ia.us

**Iowa Medicaid Enterprise
Phone Information
Effective 1/25/2010**

IME Provider Services

imeproviderservices@dhs.state.ia.us

Visit the IME Website to

www.ime.state.ia.us

ELVS

Eligibility Verification System

24 Hours Day/7 Days a Week

800-338-7752

515-323-9639 (Des Moines area)

PHARMACY

Provider Prior Authorization Hotline

8:00AM – 5:00PM (on-call after-hours)

877-776-1567

515-256-4607 (Des Moines area)

Prior Authorization Requests

800-574-2515 (Fax Only)

Pharmacy POS Help Desk

8:00AM – 5:00PM (on-call after-hours)

877-463-7671

515-256-4608 (Des Moines area)

MEDICAL SERVICES

8:00 AM – 4:30 PM

800-383-1173

515-256-4623 (Des Moines area)

515-725-1355 (Fax)

515-725-1349 (Long Term Care Fax)

515-725-0931 (Remedial Authorization Fax)

515-725-0420 (Remedial Progress Notes Fax)

Prior Authorization (PA)

8:00 am – 4:30 PM

888-424-2070

515-256-4624 (Des Moines area)

515-725-1356 (Fax)

515-725-0938 (Dental PA Fax)

MEMBER SERVICES

8:00 AM – 5:00 PM

800-338-8366

515-256-4606 (Des Moines area)

515-725-1351 (Fax)

PROVIDER SERVICES

7:30 AM – 4:30 PM

800-338-7909

515-256-4609 (Des Moines area)

515-725-1155 (Fax)

EDI SUPPORT SERVICES

800-967-7902

PROVIDER AUDITS & RATE SETTING

8:00 AM – 5:00 PM

866-863-8610

515-256-4610 (Des Moines area)

515-725-1353 (Fax)

SURS

8:00 AM – 5:00PM

877-446-3787

515-256-4615 (Des Moines area)

515-725-1354 (Fax)

REVENUE COLLECTION

Estate Recovery

7:30 AM – 5:30 PM

877-463-7887

515-256-4618 (Des Moines area)

Third Party Liability (TPL)

8:30 AM – 5:00 PM

866-810-1206

515-256-4619 (Des Moines area)

515-725-1352 (Fax)

Lien Recovery

8:30 AM – 5:00 PM

888-543-6742

515-256-4620 (Des Moines area)

All Hotlines are listed in Central Time

IOWA MEDICAID ENTERPRISE MEMBER NEWSLETTER

Q1 2010

Important News!

Member Services is getting a **new** local phone number. Beginning January 26, 2010 our new number will be:

515-256-4606

800-338-8366

Please note the 800# will not change. The new number will not appear on your medical card.

Depression after having a baby

Depression after having a baby and is a real illness, just like diabetes or heart disease. The good news is that it can be treated with therapy, support from family and friends, and medication. It affects 10 to 20 percent of women, usually within a few months after having a baby.

Here are some signs and symptoms that you may be suffering from depression after having a baby:

- Feeling sad or down for no reason
- Crying more than normal
- Loss of appetite
- Loss of energy and motivation
- Little interest in yourself or your baby
- Loss of interest or pleasure with life

Call your health care provider if you have any of the symptoms listed above for more than 2 weeks or if your symptoms get worse.

Guess What!

Members on Managed Health Care must choose a primary health care doctor. An enrollment packet is mailed to you. If you did not fill it out and return it, your provider may have changed. Please carefully read any letters you get from Iowa Medicaid to avoid any mix-ups. Call Member Services right away if you have any questions.

UPCOMING EVENTS

January is National Blood Donor Month!

Start the New Year off right! Give blood at your local Red Cross or Blood Bank. It only takes an hour of **your** time but could make a lifetime of difference to someone else!



February 5th is “Give Kids a Smile Day”

The first Friday of every February dentists across the nation provide free oral health care to thousands of low-income children. Call your local dentists to see if they participate.



Diabetes Alert Day March 25th 2010

The American Diabetes Alert Day is one day where the American Diabetes Association “Sounds an Alert” about the dangers of diabetes. Most people that have diabetes don’t even know they are at risk. Take some time and take the free “Diabetes Risk Test” provided by the American Diabetes Association.

<http://www.diabetes.org/diabetes-basics/prevention/diabetes-risk-test/>

“I DON’T HAVE OTHER INSURANCE”

Has your doctor told you that Iowa Medicaid will not cover your bills because of an insurance listed on your file that you no longer have? You could also have an old policy listed that was not reported. If so, please contact Member Services and we can remove it for you at 800-338-8366 or locally in the Des Moines area at 515-725-1003.



Don't Miss

Why You Should Keep Your Appointments...

Here are some good reasons to keep your appointments. When you miss an appointment, the provider has the right to charge you a fee, if that is their office policy. Medicaid does not cover this fee. You may have to pay this. Providers can even refuse to see you if you miss appointments. If that happens, you will need to find a new provider that accepts Medicaid. In some places it may be hard to find a new provider.

Most providers want to know at least 24 hours in advance if patients need to reschedule or cancel. Missed appointments are time they could use to treat other people who are in need of care. Check with your provider to find out what their office policy is for missed appointments, and how much the fee is.

Most importantly, keeping your appointments is the best way to work with your provider to manage and maintain your health.

Stroke is America’s Number 3 Killer!

Warning signs that you may be having a stroke are:

- Sudden weakness or numbness in your body such as your face, arm or leg on one side of your body.
- Sudden loss of vision in one eye.
- Sudden bad headaches for no reason.
- Dizziness or unsteadiness or sudden falls.
- Loss of speech.
- Trouble talking or understanding speech.
- Sudden memory loss.

To learn more about the warning signs and risk factors call the American Stroke Association, toll free at 1-800-4STROKE (1-800-478-7653), or you may ask your doctor.

What is High Blood Pressure (HBP)?

High blood pressure, or hypertension (hi-per-TEN-shun), occurs when the pressure in your arteries is higher than it should be. Blood pressure is the force of blood pushing against the blood vessel walls.

No one knows exactly what causes most cases of high blood pressure. It usually can't be cured, but it can be controlled. High blood pressure usually has no symptoms. It is truly a “Silent Killer.”

About 50 million Americans and 1 in 4 adults have high blood pressure, and many do not even know it. Not treating it is dangerous. High blood pressure increases the risk of heart attack and stroke. You can live a healthier life if you treat and control it!



Who is at higher risk?

- ✓ People with close blood relatives who have HBP
- ✓ African Americans
- ✓ People over age 35
- ✓ Overweight people
- ✓ People who aren't physically active
- ✓ People who use too much salt
- ✓ People who drink too much alcohol
- ✓ People with diabetes, gout & kidney disease
- ✓ Pregnant women
- ✓ Women who take birth control pills who are overweight, had HBP during pregnancy, have a family history of HBP or have mild kidney disease

Need help?

Call Iowa Medicaid Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-725-1003

Or visit our website:
www.ime.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. 877

TO: All Iowa Medicaid Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise

DATE: January 27, 2010

SUBJECT: Third 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.

Important Phone Announcement

The Iowa Medicaid Enterprise phone numbers are changing. Iowa Medicaid Provider Services will have a new phone number beginning January 25, 2010. Our new local phone number will be 515-256-4609; the toll free number will remain 800-338-7909. A list of important IME phone numbers are attached for your convenience.

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 at* <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 (IL)

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>.

Note: Providers can go to their local public library to access Informational Letters and other Iowa Medicaid information via the Internet.

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 Unit at 1-800-338-7909, or locally (in Des Moines) at 515-256-4609, or by e-mail at imeproviderservices@dhs.state.ia.us.

BFH Grantee Committee Meeting
February 16, 2010
9 a.m. – 11:00 a.m.
Teleconference 1-866-685-1580 / Code 0009990487

*BFH Required Meeting

Agenda

9:00 a.m.	Call to Order Introductions & Roll Call Approval of Minutes	<i>Val Campbell</i> <i>Val Campbell</i>
9:15 a.m.	Announcements 2010 Governor's Conference CMS 416 Report	<i>Andrew Connet</i> <i>Janet Beaman</i>
9:20 a.m.	Legislative Update	<i>Carrie Fitzgerald (Child & Family Policy Center)</i>
9:40 a.m.	Questions for State Staff <ul style="list-style-type: none">• Budget - <i>Jane Borst</i><ul style="list-style-type: none">- How will the budget affect MCH programs?- Because of the budget cuts, what is being done to decrease the labor and intensive paperwork for both grantor and grantees?• Early Childhood System- <i>Gretchen Hageman</i><ul style="list-style-type: none">- How will the planning process for the Early Childhood system statewide going to impact the MCH program?- Will state funding for CH be funneled through Empowerment, at the discretion of the State Empowerment Board or the Dept. of Management? Are the changes firm, or dependent upon what happens during this legislative session?- Will the RFP be significantly different due to the multiple changes being suggested with Empowerment and credentialing of home visitor programs?• CCNC Position- <i>Sally Clausen</i><ul style="list-style-type: none">- With the restructuring of the CCR&R offices, what direction does the bureau intend to take with the CCNC position?	
10:20 a.m.	Healthy Child Care Iowa	<i>Sally Clausen</i>
10:35 a.m.	Title V Needs Assessment	<i>Gretchen Hageman/ Lucia Dhooge</i>
10:50 a.m.	WHIS Upgrade	<i>Steph Trusty</i>
11:00 a.m.	Agenda Items for Next Meeting /Adjournment	<i>Val Campbell</i>

*This is a required meeting for Bureau of Family Health contractors (Maternal Health, Child Health, and Family Planning).

BFH GRANTEE COMMITTEE MEETING

Date: October 5, 2009

Time: 12:15 – 1:45

Gateway Hotel & Conference Center, Ames

Members Present:

Allen Memorial Hospital: Sandy Kahler*

American Home Finding: Tom Lazio*, Tracey Boxx-Vass

Black Hawk County Child Health Department: Rhonda Bottke*

Child Health Specialty Clinics: Rae Miller*, Linda Meyers

Community Health Services of Marion County: Kate Roy*, Katie McBurney, Diane Ellis, Kim Dorn

Community Opportunities, Inc. (d/b/a New Opportunities): Paula Klocke*, Rebecca Fox

Crawford County Home Health Agency: Kim Davis*, Jennifer Muff,

Crittenton Center: Stacy Blanche*, Sue Griffith, Laura Robison

Grinnell Regional Medical Center: Vicki Nolton*

Hawkeye Area Community Action Program: Gloria Witzberger*, Kim Ott, Ethel Levi

Hillcrest Family Services: Sherry McGinn*

Johnson County Dept. of Public Health: Erica Wagner*, Eileen Tosh

Lee County Health Dept.: Michele Ross*,

MATURA Action Corporation: Mary Groves*

Mid-Iowa Community Action: Pat Hildebrand*, Janelle Durlin

Mid-Sioux Opportunity, Inc.: Cindy Harpenau*, Kim Schroeder

North Iowa Community Action Org.: Lisa Koppin*, Carla Miller

Northeast Iowa Community Action: Lori Egan*

Scott County Health Dept.: JaNan Less*, Brianna Boswell, Pat Koranda

Siouxland Community Health Center: Sheila Martin*, Emily Garcia

Southern Iowa Family Planning: no representative

St. Luke's Family Health Center: Val Campbell*

Taylor County Public Health: Joan Gallagher*

Unity Health System: Mary Odell*

Upper Des Moines Opportunity, Inc.: Valerie Curry*

Visiting Nurse Assoc. of Dubuque: Elaine Sampson*

Visiting Nurse Services: Cari Spear*, Terri Walker, Missie Larson

Washington County PHN Service: Jen Weidman*, Chrystal Woller

Webster County Public Health: Kari Prescott*, Jen Ellis

*Voting Representative

Minutes

Handouts included: Agenda, June 18, 2009 Meeting Minutes, Survey of Grantees and Work Group Action, MCH Agency Survey (HCCI System Evaluation – 3 handouts),

Val Campbell, Chair Michele Ross, Vice Chair Notes Taken by BFH Staff

TOPICS	KEY DISCUSSION POINTS/OUTCOMES
<p><u>Call to Order</u> Introductions & Roll Call</p>	<p><i>Val Campbell</i></p> <ul style="list-style-type: none"> • Val called the meeting to order at 12:25 p.m. • Roll call to identify voting members from each agency. • Michele Ross, Lee County Health Dept., introduced as Vice Chair.
<p>Approval of Minutes</p>	<p><i>Val Campbell</i></p> <ul style="list-style-type: none"> • Motion made by Michelle Ross to approve the June 18, 2009 meeting minutes. Motion seconded by Tom Lazio. Motion approved.

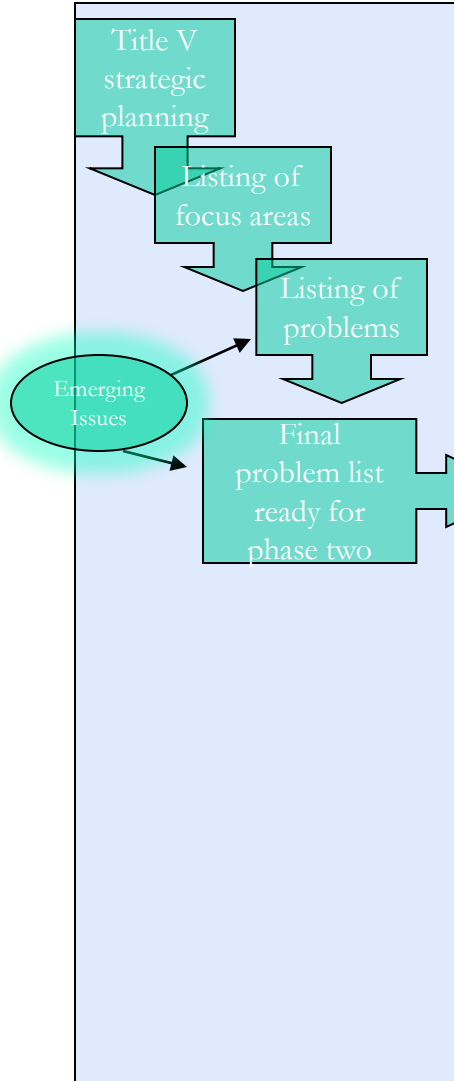
Consultant)	<p>HCCI/CCNC is in process.</p> <ul style="list-style-type: none"> • A private contractor has conducted interviews with key informants from Public Health, DHS, Community Empowerment, IDPH and Child Care Resource and Referral agencies. • A preliminary report of the findings including problem definition and recommendations was shared with MCH contractors via e-mail prior to today's meeting with a summary provided at the meeting. • Each CH agency was given a copy of the preliminary report and a response survey for MCH contractors to complete. The survey was to be completed and submitted prior to the adjournment of day 1 of the Fall Seminar. • There were four problem definitions with recommendations for each MCH contractor to complete. • Discussion about CCNC Staffing Issues: <ul style="list-style-type: none"> – Currently CH agencies are required, by their contract with IDPH, to have a total of 0.5 FTE for the geographic service area covered by the child health agency. Several child health agencies have employed or contracted with more than one person to fulfill the 0.5 FTE requirement. – Pat Hildebrand stated that MICA has had a difficult time meeting the 0.5 FTE requirement due to staff turnover and infrequent training. – Empowerment tends to object to paying for the CCNC to travel to another county. – Problem is related to the DHS emphasis on the CCNC conducting QRS health and safety assessments. – Could the CCNC training be online first and then one-on-one? – Difficult to convince local Empowerment that they should fund a position that is required. • Discussion about funding, recommendation suggests a chart showing how the agencies are funding the CCNC position: <ul style="list-style-type: none"> – The report identifies that some CCNCs are spending much time in administrative tasks. What administrative services are connected with CCNCs? Sally explained that this refers to the necessary nursing documentation which should be considered part of the service. Some of the partners for HCCI see the nursing documentation tasks as separate from the nursing services provided. Some funders do not want to pay for these tasks. • Data collection – no discussion • Interagency Communication (DHS, local public health, Empowerment) – no discussion • Each agency to turn in your response survey today, if at all possible. This evaluation provides agencies input into the final evaluation, which is presently embargoed.
Iowa Medicaid Enterprise and the maternal health	<p><i>Dr. Tom Kline, Medical Director, Iowa Medicaid Enterprise</i></p> <ul style="list-style-type: none"> • See handouts. • Within the medical services department there is a chronic care diseases section. Previous topics undertaken are asthma and heart disease. Most recently the diabetes program has been implemented. • As a result of Debbie Kane's analysis of Medicaid Match looking at births outcomes of Medicaid members, several risk factors were identified. A Maternal Health task force with representatives from IDPH, Oral Health and

	<p>Iowa Medicaid Enterprise staff was formed to look into high risk maternal health outcomes. Some areas of concern include smoking, weight gain, adequate prenatal care, 1st trimester prenatal care, low birth weights and premature births.</p> <ul style="list-style-type: none"> • Medicaid looked at other state Medicaid programs and other insurance programs dealing with high risk pregnancy members. • The Medicaid data and the current chronic disease management programs data was taken to Jennifer Vermeer. Medicaid will pilot a program to provide extra service to high risk pregnant women. • Medicaid will provide an incentive to OB providers that have women willing to enroll in the program after a positive pregnancy test. The program will be a tiered system with the highest risk women receiving the most services. • Intervention: Enroll the member provide care plan and care coordination and screen for depression. Refer to Magellan for behavioral health interventions. Postpartum screening for depression is very important. Postpartum coverage for women beyond the normal 60 days coverage will be explored to cover for treatment of postpartum depression. • Develop an individual care plan for the high risk members. Work with the member and provider to obtain a better outcome. • Pilot project will be for one year in five counties: Black Hawk, Polk, Scott, and Sioux and Johnson. • Evaluation will be done. Goal is to reduce preterm labor and poor outcome births. If the pilot is successful the idea would be to take the program statewide.
<p>Agenda Items for Next Meeting/Adjournment</p>	<p><i>Val Campbell</i></p> <ul style="list-style-type: none"> • The next BFH Grantee Committee Meeting will be held via the ICN on January 21, 2010. • If you have an agenda item for the next meeting, contact Val Campbell at campbev@crstlukes.com or Heather Hobert Hoch at hhobert@idph.state.ia.us. • Gloria Witzberger made a motion to adjourn. Carie Spear seconded motion. Meeting adjourned at 1:35 p.m.

Iowa MCH2015 Needs Assessment Logic Model

Phase One - *Problems*

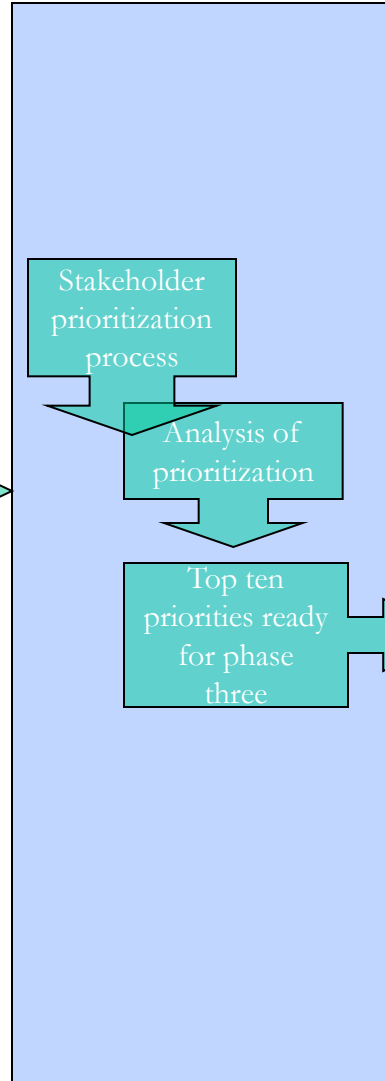
March 2008 – September 2009



environmental scan, data resources, experience from the field

Phase Two - *Priorities*

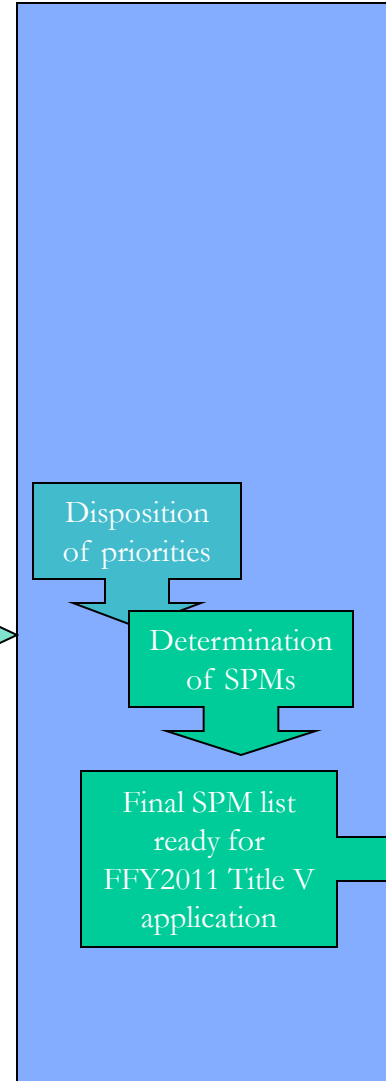
October 2009 – December 2009



stakeholder engagement, allocation of resources, constituency building

Phase Three - *Plans*

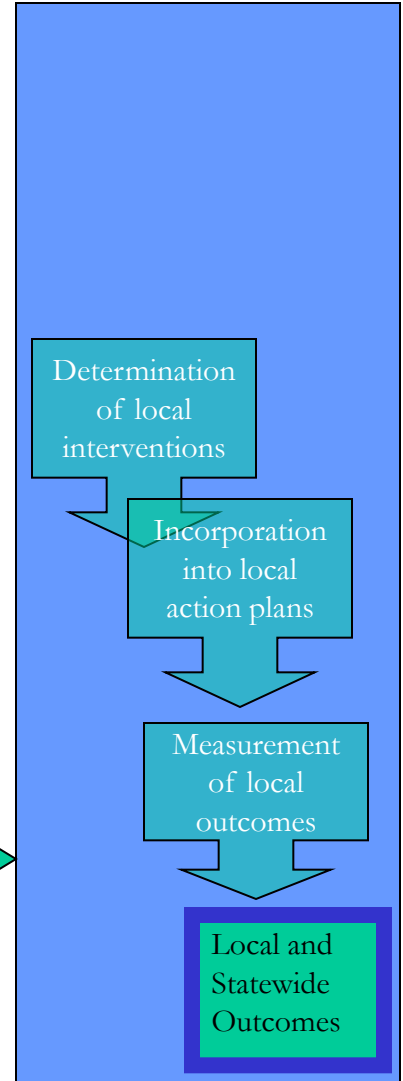
January 2009– October 2010



goals, strategies, performance measures, objectives

Phase Four - *Performance*

October 2010 – September 2015



development of community-based interventions



Iowa MCH2015

Title V 5-Year Needs Assessment

Data Detail Sheets

The data detail sheets were developed using results of the 2005 Iowa Child and Family Household Health Survey, the National Survey of Children's Health, the National Survey of Children with Special Health Care Needs and other related MCH data sources.

Previous needs assessment and evaluation of progress on objective provided context for analysis and review.

Iowa MCH2015 began in March 2008, when a Title V strategic planning process was conducted to determine current and emerging needs of women, infants, children, adolescents and children with special health care needs. The data detail sheets provide insights on the issues that emerged during the strategic planning process.

The data detail sheets provide important information about the identified issues, including:

- ✓ Background
- ✓ Current Status
- ✓ Selected Data
- ✓ Resources
- ✓ Problem Statements and Performance Measures

The data detail sheets provide a framework for the prioritization of problem statements addressed for the Title V project period 2011 to 2015.



For More Iowa Maternal Child Health Title V Information

For additional information email or call Jane Borst at jborst@idph.state.ia.us 1-800-383-3826 at Iowa Department of Public Health or Deb Waldron at debra-waldron@uiowa.edu (319) 356-1117 at Child Health Specialty Clinics





Problem Statements and Performance Measures

Problem Statements

- Lack of adoption of quality improvement methods within maternal and child health practice
- Lack of a statewide coordinated system of care for children and youth with special health care needs
- Lack of health equity in maternal and child health outcomes
- Lack of coordinated systems of care for preconception and interconception care for high-risk and low income women
- Barriers to access to health care including mental health services for low-income pregnant women
- Lack of access to preventive and restorative dental care for low-income pregnant women
- Insufficient early and regular preventive and restorative dental care for children ages 5 and under
- High proportion of children ages 14 and under experiencing unintentional injuries

Proposed Performance Measures

1. The degree to which Iowa's state MCH Title V Program improves the system of care measured through the MCH Title V Index.
2. The degree to which components of a coordinated statewide system of care for CYSHCN are implemented.
3. The degree to which Iowa's state MCH Title V program addresses health equity in MCH programs measured through the MCH Title V index.
4. Percent of women who are counseled about developing a reproductive life plan.
5. The degree to which the health care system implements evidence-based prenatal and perinatal care.
6. Percent of Medicaid enrolled women receiving preventive dental health services during pregnancy.
7. Percent of Medicaid enrolled children 0-5 who receive a dental service.
8. Rate of hospitalizations due to unintentional injuries among children ages 0-14.



For More Iowa Maternal Child Health Title V Information

For additional information email or call Jane Borst at jborst@idph.state.ia.us 1-800-383-3826 at Iowa Department of Public Health or Deb Waldron at debra-waldron@uiowa.edu (319) 356-1117 at Child Health Specialty Clinics





Quality of Care

Background

“The degree to which health care services increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”⁵

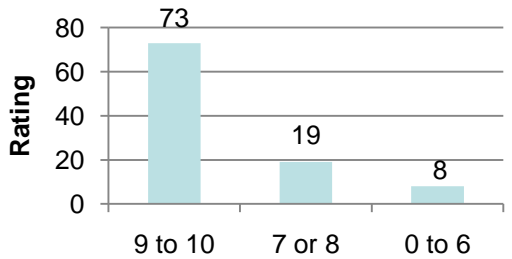
Current Status

The primary purpose of children’s health care is to help children grow and develop. Well-child care encompasses health supervision, developmental surveillance and screening, psychosocial assessment, immunizations and care coordination. However, there is clear evidence that the quality of children’s preventive care is lacking.¹

One-quarter of families felt they were not always treated with respect.¹ Only half (46%) of parents of young children in Iowa reported remembering having received preventive counseling about subjects such as seatbelts and nutrition.²

Only 31% of children ages 0-3 in foster care receive Early ACCESS services.³

Figure 1. Rating of child's personal doctor, 10 is high and 0 is low⁴



Resources

- ¹ Scholle, et al, 2009. Quality of Child Health Care: Expanding the Scope and Flexibility of Measurement Approaches. The Commonwealth Fund Issue Brief. Commonwealth Fund pub. 1276 vol. 54.
- ² The Iowa Child and Family Household Health Survey 2005
http://ppc.uiowa.edu/health/ICHHS/iowac_hild2005/ichhs2005.htm
- ³ Department of Human Services data, 2009
- ⁴ 2007 Survey of Iowa Medicaid Managed Care Enrollees

Iowa’s State Performance Measure Development

Problem statement: Lack of adoption of quality improvement methods within maternal and child health practice

State Performance Measure

1. The degree to which Iowa’s state MCH Title V Program improves the system of care measured through the MCH Title V Index.

Problem Statement: Lack of a statewide coordinated system of care for children and youth with special health care needs (cyshcn)

State Performance Measure

2. The degree to which components of a coordinated statewide system of care for cyshcn are implemented.



For More Iowa Maternal Child Health Title V Information
 For additional information email or call Jane Borst at
 jborst@idph.state.ia.us 1-800-383-3826 at Iowa Department of
 Public Health or Deb Waldron at debra-waldron@uiowa.edu
 (319) 356-1117 at Child Health Specialty Clinics.





Disparities Issues- Racial & Ethnic

Background

Disparity is the condition or fact of being unequal. Health disparities are differences in health care services or outcomes related to race, ethnicity, gender, income, disability and living in rural communities.

Current Status

Disparities related to lack of health care access or prevention services are associated with higher morbidity and mortality rates among racial minorities¹

Addressing health differences involves understanding social and economic circumstances experienced by minority families. Social determinants of health include job and food insecurity, inadequate housing and poor family environments. Barriers to care such as cost, lack of transportation, limited hourly access, lack of information about the system and language difficulties also contribute to disparities.

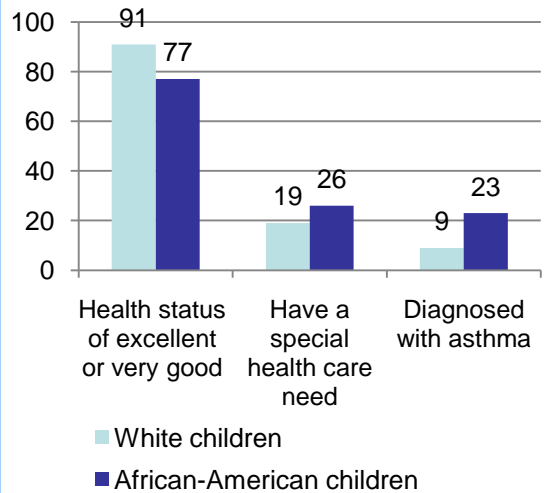
African-American children were most likely to be in a household with high parenting stress and most likely to not weigh the right amount for their height.²

Hispanic children of families taking the survey in Spanish had the lowest overall health and were the least likely to be insured.²

African-Americans have nearly twice the occurrence of low birth weight babies compared to whites.³

36% of African-American women were 10 or more pounds overweight a year after delivery, compared to only 29% of Whites.²

Figure 1. Disparities Among Health Indicators for Children¹



Resources

¹ Smedley et al, 2002. Unequal Treatment. Confronting Racial and Ethnic Disparities in Health Care. The National Academies Press. Washington, DC.

² The Iowa Child and Family Household Health Survey, 2005
<http://ppc.uiowa.edu/health/ICHHS/iowachild2005/ichhs2005.htm>

³ Iowa Vital Statistics, 2007

Iowa's State Performance Measure Development

Problem Statement: Racial disparities in maternal and child health outcomes

State Performance Measure

3. The degree to which Iowa's state MCH Title V program addresses health equity in MCH programs measured through the MCH Title V index.



For More Iowa Maternal Child Health Title V Information

For additional information email or call Jane Borst at jborst@idph.state.ia.us 1-800-383-3826 at Iowa Department of Public Health or Deb Waldron at debra-waldron@uiowa.edu (319) 356-1117 at Child Health Specialty Clinics.





Reproductive Health

Background

Reproductive care addresses a woman's health during preconception (prior to becoming pregnant), interconception (between pregnancies) and the prenatal (during pregnancy) period. Care during these periods improves a woman's chances of having a healthy baby.

Current Status

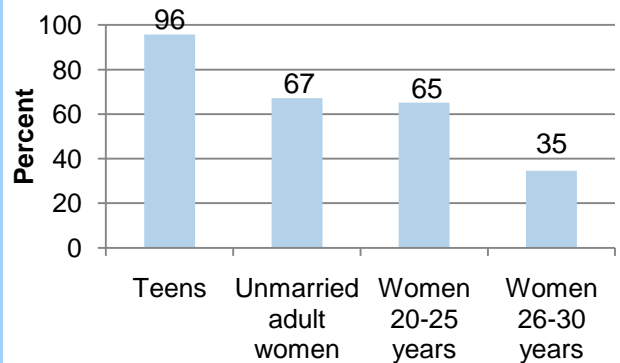
According to the 2000 US Census, Iowa has 353,129 women of childbearing age (15-44 years). Nationally, nearly half of pregnancies are unintended. Further, critical organ development begins just 17 days after conception, often before prenatal care has started. Preconception care encourages mothers to take folic acid daily to prevent spinal cord defects, adopting healthy lifestyle habits like avoidance of alcohol, tobacco cessation, and a nutritious diet and get information about the importance of prenatal care.

Adequate prenatal care was received by 83.1% of pregnant women, including 77.5% on Medicaid.¹

6.7% of babies born are considered low birth weight (<2,500 grams).¹

The birth rate for 15-17 year olds is 15.6 per 1,000.¹

Figure 1. Percent of Iowa Pregnancies that are Unintended²



Resources

¹ Iowa Vital Statistics, 2007

² Iowa Barriers to Prenatal Care Project data, 2007

Iowa's State Performance Measure Development

Problem Statement: Lack of coordinated systems of care for preconception and interconception care for high-risk and low income women

State Performance Measure

4. Percent of women who are counseled about developing a reproductive life plan.

Problem Statement: Barriers to access to health care including mental health services for low-income pregnant women

State Performance Measure

5. The degree to which the health care system implements evidence-based prenatal and perinatal care.



For More Iowa Maternal Child Health Title V Information

For additional information email or call Jane Borst at jborst@idph.state.ia.us 1-800-383-3826 at Iowa Department of Public Health or Deb Waldron at debra-waldron@uiowa.edu (319) 356-1117 at Child Health Specialty Clinics.



Women's Oral Health



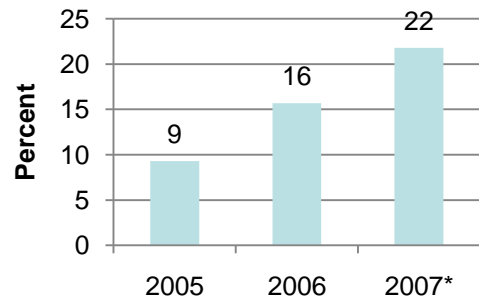
Background

Oral health for pregnant women is addressed through education, assessment, prevention, and care coordination within the Title V health system.

Current Status

- A woman's oral health impacts pregnancy outcomes as well as the oral health of her infant.
- Diet and hormonal changes during pregnancy may increase a woman's risk for developing tooth decay and gum disease. Bacteria associated gum disease can spread to the body, triggering premature labor.
- Women who participate in Medicaid are significantly less likely to visit the dentist before, during and after pregnancy, compared to those with private insurance.¹
- Bacteria that cause cavities can pass from a mother's mouth to her baby's mouth, increasing the risk of cavities for that infant. Children whose mothers have poor oral health are 5 times more likely to have oral health problems than children whose mothers have good oral health.²
- In Iowa, although there have been marginal gains in the past few years, less than one in four Medicaid-enrolled women received important preventive dental care in 2007.³

Figure 1. Iowa Medicaid-enrolled pregnant women receiving preventive dental care³



*Preliminary data

Resources

- D'Angelo et al, 2007. Preconception and interconception health status of women who recently gave birth to a live-born infant—Pregnancy Risk Assessment Monitoring System (PRAMS), United States, 26 Reporting Areas, 2004. *Morbidity and Mortality Weekly Report Surveillance Summaries* 56(SS-10):1-35.
- Clothier et al, 2007. Periodontal disease and pregnancy outcomes: Exposure, risk and intervention. *Best Practice and Clinical Research. Obstetrics and Gynaecology* 21(3):451-466.
- IDPH Medicaid report, 2007.

Iowa's State Performance Measure Development

Problem Statement: Lack of access to preventive and restorative dental care for low-income pregnant women

State Performance Measure

6. Percent of Medicaid enrolled women receiving preventive dental health services during pregnancy.



For More Iowa Maternal Child Health Title V Information

For additional information email or call Jane Borst at jborst@idph.state.ia.us 1-800-383-3826 at Iowa Department of Public Health or Deb Waldron at debra-waldron@uiowa.edu (319) 356-1117 at Child Health Specialty Clinics.





Children's Oral Health

Background

A dental home is a network of individualized care based on risk assessment which includes oral health education, dental screenings, preventive services, diagnostic services, treatment services and emergency services.

Current Status

Children need healthy teeth to eat food to nourish their bodies, speak properly, and build confidence. Cavities can develop as soon as teeth erupt (at around 6 months old) and can limit children's ability to eat and thrive, as well as their ability to concentrate and learn. Cavities can be prevented, but not enough children receive early preventive care. Children's oral health is addressed through the I-Smile™ dental home initiative.

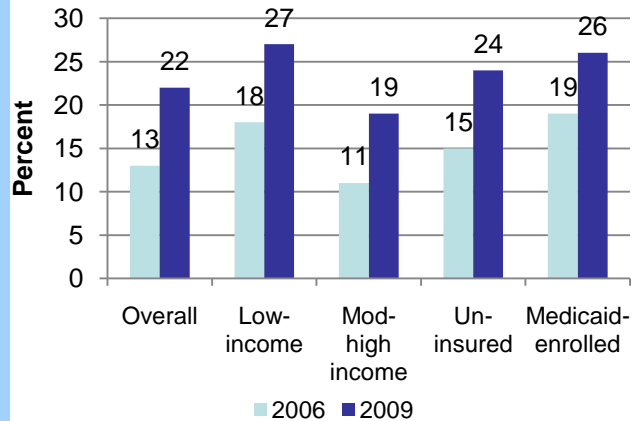
55% of Medicaid-enrolled children ages 1-5 do not receive dental services.¹

In 2008, 99.6% of Medicaid-enrolled children did not receive an exam from a dentist prior to the age of 1. The ADA recommends children have a dental exam by their first birthday.^{2,3}

49% of Iowa's general dentists always refer children younger than 3 to pediatric practices - there are 39 private-practice pediatric dentists in the state.^{4,5}

22% of Iowa third graders have untreated decay, an increase from 13% in 2006.⁶

Figure 1. Increases in untreated tooth decay for 3rd graders⁴



Resources

- ¹ CMS 416 report, 2008
- ² Iowa Medicaid data, 2008
- ³ Journal of the American Dental Association, Vol 133, pg 255. Feb 2002.
- ⁴ McQuistan et al. Pediatric Dentist 2005 Jul-Aug;27(4):277-83
- ⁵ Iowa Dental Board records, 2009
- ⁶ IDPH Oral Health Surveys, 2006 and 2009

Iowa's State Performance Measure Development

Problem Statement: Insufficient early and regular preventive and restorative dental care for children ages 5 and under

State Performance Measure

7. Percent of Medicaid enrolled children 0-5 who receive a dental service.



For More Iowa Maternal Child Health Title V Information

For additional information email or call Jane Borst at jborst@idph.state.ia.us 1-800-383-3826 at Iowa Department of Public Health or Deb Waldron at debra-waldron@uiowa.edu (319) 356-1117 at Child Health Specialty Clinics.





Injury Prevention-Children

Background

Injury is physical damage to the body. Unintentional injuries are sometimes called accidents while homicides are intentional injuries. Prevention is possible and can reduce the number of children who suffer the temporary or long term effects of injuries.

Current Status

Injuries are a major public health concern in Iowa due to the large number of Iowans affected by them. Unintentional injuries are one of the leading causes of death for youth. Injuries can have long-term effects on quality of life due to physical impairment, memory troubles, emotional difficulties or learning disabilities and loss of ability to perform daily activities.

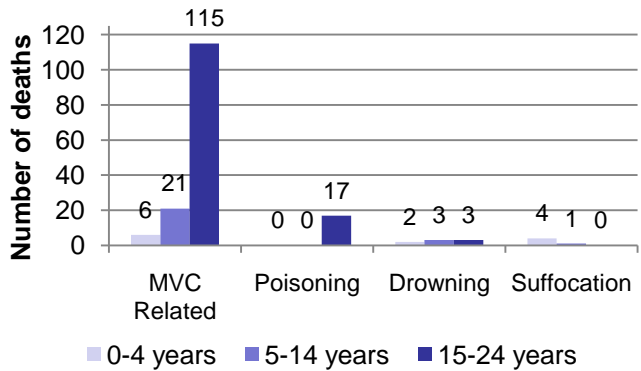
56,715 unintentional injuries occurred in children ages 14 years and under.¹

Motor vehicle crashes accounted for the deaths of 4.6 children per 100,000.²

5% of children ages 0-5 had an injury requiring medical attention within the past year.³

From 1995-2007, 112 Iowa children under age 7 were victims of fatal child abuse with 49% of those dying from being shaken or slammed.⁴

Figure 1. Number of deaths due to unintentional injuries²



Resources

- ¹ IDPH, The Burden of Injury in Iowa data , 2002-06
http://www.idph.state.ia.us/bh/common/pdf/injury_prevention/burden_of_injury_full_report.pdf
- ² Iowa Vital Statistics, 2007
- ³ National Survey of Children's Health 2007
<http://nschdata.org/>
- ⁴ Iowa Department of Public Health Child Death Review Team, 2007

Iowa's State Performance Measure Development

Problem Statement: High proportion of children ages 14 and under experiencing unintentional injuries

State Performance Measure

8. Rate of hospitalizations due to unintentional injuries among children ages 0-14 .



For More Iowa Maternal Child Health Title V Information

For additional information email or call Jane Borst at jborst@idph.state.ia.us 1-800-383-3826 at Iowa Department of Public Health or Deb Waldron at debra-waldron@uiowa.edu (319) 356-1117 at Child Health Specialty Clinics.

