

# Important Stuff

### Deadline for Submitting Fiscal Year End FFS Claims to BFH

Title V Maternal and Child Health Executive Directors, Project Directors, MH Coordinators, CH Coordinators, EPSDT Coordinators, and Fiscal Staff:

In coming days you will be receiving an amendment to your FFY 2014 MCH Contract. This amendment establishes a *firm deadline* for submitting **fee-for-service** claims to the Bureau of Family Health (BFH) for all such claims **through**JUNE 30, 2014. This applies to claims for maternal health presumptive eligibility (PE) and care coordination services and child health presumptive eligibility, informing/re-informing, and care coordination services.

#### For fee-for-service billings to BFH through June 30, 2014 (end of State Fiscal Year):

- Services will be pulled from CAReS on **July 7, 2014**. Assure that ALL maternal health and child health documentation for the above services provided through June 30, 2014 is documented in CAReS and WHIS by this date.
- A clean claim must be submitted to BFH no later than July 18, 2014.
- Any fee-for-service claims submitted to BFH after this date WILL NOT be paid to your agency.

Monthly claims for services provided through June 30, 2014 must be finalized and submitted to the Department via a SharePoint workflow by no later than July 18, 2014. Claims submitted after this date will not be paid.

We understand that this may create a tight timeline in preparing your fee-for-service claims at state fiscal year end. We want to provide sufficient notice to assure that documentation of these services is completed in CAReS and WHIS by July 7, 2014. Thank you for your cooperation and understanding regarding the above! Be looking for the contract amendment!

#### New Primary Payment Source in CAReS - IHAWP

## To Executive Directors, Project Directors, Child Health Coordinators, EPSDT Coordinators, and I-Smile Coordinators:

Recently, we have had many questions from agencies as to how to document 'Primary Payer Source' in CAReS for clients on the Iowa Health and Wellness Plan (IHAWP). On your Informing List and Care Coordination Lists you will find a number of designations possible for these 19 and 20 year old clients. These include:

- **IHAWP fee-for-service:** 19 & 20 year olds who are new eligibles for the Iowa Wellness Plan. They are listed as fee-for-service prior to being assigned to either the HMO or a PCP (primary care provider). These clients have not yet -- but will eventually be assigned.
- IHAWP HMO: 19 & 20 year olds on the lowa Wellness Plan assigned to the Medicaid HMO (Meridian)
- **IHAWP PCP:** 19 & 20 year olds on the Iowa Wellness Plan assigned to a PCP (primary care provider). This primary care provider functions much like a MediPASS provider.
- **IHAWP lock-in status:** This status is assigned to clients who have misused the health care system. It may apply to misuse of physicians, hospitals, emergency rooms, or pharmacies.
- **IHAWP state plan benefits:** 19 & 20 year olds who have been determined to need the traditional Medicaid program (under the medically exempt process)
- IHAWP QHP Coventry: The 19 & 20 year olds on the Coventry Marketplace Choice Plan
- IHAWP QHP Cooportunity: The 19 & 20 year olds on the CoOportunity Marketplace Choice Plan



As a resolution, we have added a new 'Primary Payment Source' in CAReS that is listed as 'IHAWP'. You may mark any services provided for this population under this single category (whether they are IHAWP FFS, HMO, PCP, Coventry or CoOportunity Health). This will allow us to track the number of services provided for these 19 and 20 year olds.

Thank you for sharing this information with all staff who do CAReS entries so that we can eventually obtain consistent and accurate data!

# Updates & Announcements

- » Click **here** for the IDPH Legislative Update!
- » The IDPH Family Health Bureau Chief position is now open! Click **here** and then click "Search openings" for details. It is job #13703BR.
- » The most recent issue of <u>The Check-Up</u> is now available!

  The Check-Up provides updates on issues and ideas related to health reform in lowa

#### Oral Health

How many Medicaid-enrolled children received dental care last year? New county-level reports are available on the IDPH website that shows the number of Medicaid-enrolled children who received important dental services in FFY2013.

The I-Smile ™ initiative's focus on prevention continues to show an impact—over 28,000 more Medicaid-enrolled children (ages 1–20) received a preventive dental service than in 2012! However, there were fewer children overall who received care, which may reflect fewer dental providers accepting Medicaid patients into their practices. There are six different reports for FFY2013. Click here to see them. For more information, contact the Oral Health Center at 1-866-528-4020.

#### Iowa Health and Wellness Plan

The spring 2014 Medical Assistance Advisory Council meeting (May 21st at 1:00pm)will include a public comment period on the Iowa Health and Wellness Plan.

Dental Wellness Plan members will be receiving mailings about the program, and former lowaCare members who were automatically transferred to the lowa Health and Wellness Plan will be receiving information about the renewal

process to continue their Medicaid coverage. Click <u>here</u> for the more information and updated information about the lowa Health and Wellness Plan.

### Resources

# Two Videos Added to the Child Welfare Evaluation Virtual Summit Series

#### Measurement Matters: How Should My Program Measure Changes in Child Well-Being?

Child welfare leaders nationwide have invested significant resources in improving well-being outcomes for children and families, and stakeholders want to know whether these efforts are having an impact. National expert Dr. Heather Ringeisen presents guidance about issues to consider when attempting to measure changes in well-being outcomes over time.

## The National Survey of Child and Adolescent Well-Being (NSCAW): Implications for Child Welfare Evaluations

The National Survey of Child and Adolescent Well-Being (NSCAW) provides nationally representative, longitudinal data on children and families that have been involved with the child welfare system. This resource can be a valuable asset to child welfare leaders and evaluators interested in studying well-being outcomes at the State and local levels. Dr. Heather Ringeisen illustrates ways that the NSCAW can provide a meaningful comparison group for those interested in assessing child and adolescent well-being outcomes in their jurisdictions.

The videos and guide are available on the Children's Bureau website.

# Calendar at a Glance

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	Sunday	Monday	Tuesday	Wednesday	/ Thursday	Friday	Saturday
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	4	5	6	7	8	9	10
May	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26 Memorial Day		28 egiver Depression reening Webinar	29	30	31
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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June	1	2	10	11	5 12	6	7
June	8	9	3 10 Trauma	4 11 Informed Care Co	5 12 onference	13	7

## Have you heard about Text4baby?

#### This is a fantastic resource for pregnant women and moms with children under age one!

Moms sign up by texting BABY to 511411

The service is also available in Spanish – text BEBE to 511411 for Spanish.

Text4baby is the largest mobile health initiative in the nation and is designed to promote maternal and child health. The service provides pregnant women and moms of babies under one with three free text messages per week containing expert health tips and safety information timed to their due date or baby's birth date. Text4baby sends over 250 messages on a variety of topics vital to maternal and child health, including developmental milestones, immunization, nutrition, mental health, safety, and more. Text4baby messages also connect women to resources

and national hotlines, provide critical message alerts, appointment reminders, and interactive modules on keys issues of concern. Dozens of federal agencies, national, state, and local organizations provided input into the content development including the American Academy of Pediatrics (AAP), Centers for Disease Control & Prevention (CDC), and American College of Obstetricians & Gynecologists (ACOG).