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April  
2015

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# The Update

## *Agency Highlight - Allen Women's Health*

Allen Women's Health Department (AWH) in Waterloo has been providing services within The Cedar Valley for nearly 50 years. Our Family Planning and Maternal Health center has touched the lives of thousands of women and young families over that span of time. Last year alone we provided services to 2,618 Family Planning customers and 742 sought us out for Enhanced Maternal Health Services. Some of our newest initiatives continue to evolve around child safety and safe sleep education as AWH provides Sleep Sacks and Cribs for Kids to patients who are in need. These initiatives, along with many others over the years have allowed us to provide an incredible package of services to women and young families. Allen Women's Health has had an "epic" change this past month as we transitioned to a different electronic health record, EPIC! This EHR will assist Women's Health in monitoring our "meaningful use" initiatives to improve patient care.

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The Update is a monthly web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted once a 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.

# Important Stuff

## Agency Highlight (continued from Page 1)

AWH also houses Together For Youth, a coalition of agencies, that has developed an array of programs to improve adolescent sexual health outcomes in Black Hawk County. There has been a direct correlation between TFY's increased programming and significant decline of teen births in BHC since mid-1990s. This is the 3rd year in a row that BHC is at an all-time with low teen births. TFY also has a Young Parents Together program that recently received Iowa Family Support Credential through IDPH. This multi-disciplinary program reaches approximately 20 adolescents each week who are pregnant or parenting with vital education and resources. TFY recently received the The Koob Award for Collaboration through the Non Profit Leadership Alliance.

## Updated Meridian Health Plan Maps

Iowa Meridian Service Area and Products

Meridian Health Plan and Meridian Wellness Plan Service Area Map

## IME Informational Letter #1495

The Iowa Medicaid Enterprise has issued Informational Letter #1495 regarding ICD-10 Implementation. This communication lists Centers for Medicare and Medicaid Services (CMS) Edits for ICD-10-CM Diagnosis Codes. These involve reasons for denials of claims based upon inaccurate or incomplete ICD-10-CM codes used. Click [here](#) for details.

## Save the date!

## Listening Visit Training

**WHO** – MH nurses and social workers

**WHAT** – Listening Visit Training for new staff that have not previously been trained

**WHEN** - May 8th 2015; 9:30am - 4:30pm

**WHERE** - HCI-VNS Care Services

Bright Center

401 Railroad Place

West Des Moines, IA ( in the Valley Junction area of West Des Moines)

**HOW** to Register – Email the following information to Di Petsche (diane.petsche@idph.iowa.gov):

- \* staff member's name
- \* email address
- \* cell phone number

## Deadline for submitting state fiscal year end claims

This is a reminder that for FFY 2015, there is a firm deadline of July 17, 2015 for submitting fee-for-service, *hawk-i* Outreach, and I-Smile™ claims to the Bureau of Family Health (BFH) for services provided and costs incurred through June 30, 2015 (the end of the state fiscal year). As a reminder, 75% of the amounts on the face sheet of the contract for these programs must be spent by June 30, 2015 or they revert to the Department.

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. These services will be pulled from CAREs on July 7, 2015. **Assure that ALL maternal health and child health documentation for the above services provided through June 30, 2015 is entered into CAREs and WHIS by July 7, 2015.** Complete and accurate claims for MCH FFS must be uploaded to IowaGrants.gov **no later than July 17, 2015. Any fee-for-service claims submitted to BFH after this date WILL NOT be paid to your agency.**

This procedure is required by the Iowa Department of Human Services (DHS) who provides the funding for the above referenced claims – based upon a state fiscal year. DHS will not make adjustments for any late claims. Therefore, we are required to meet the above timeline to assure that we have funding to pay local agencies for fee-for-service, *hawk-i* Outreach, and I-Smile™ claims.

We understand that this may create a tight timeline for your agency staff. Therefore, we want to provide sufficient notice to all involved. Staff will need to assure that documentation of presumptive eligibility, informing/re-informing, and care coordination services is completed in CAREs and WHIS by July 7, 2015 and that claims are submitted no later than July 17, 2015.

# Resources

**Federal Poverty Level Calculator** - use this tool from the Advocacy and Benefits Counseling for Health, Inc. to determine the percent of FPL based on income and family size

## **State Pediatric Medicaid and CHIP Medical Home Initiatives: At-a-Glance Table**

The National Center for Medical Home Implementation (NCMHI), in partnership with the National Academy for State Health Policy (NASHP) has created a state at-a-glance table which provides an overview of pediatric medical home initiatives occurring through Medicaid and the Child Health Insurance Program (CHIP).

## **MCH Program Extensions to be Signed Into Law**

The U.S. Senate has passed legislation to repeal the sustainable growth rate (SGR) for doctors providing Medicare services. The bill also provides a two-year extension of the Children's Health Insurance Program (CHIP); the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program; the Personal Responsibility Education Program (PREP); Community Health Centers (CHCs); and Family to Family Health Information Centers (F2Fs) – all at current funding levels. The vote was 92-8 and the bill is now headed to President Obama to be signed into law.

## **Navigator Funding Opportunity Announcement**

CMS has announced the availability of funding to support Navigators in Federally-facilitated and State Partnership Marketplaces. Click [here](#) to see the funding opportunity announcement.

## **IDPH Legislative Update:**

**Session Deadlines:** Two procedural deadlines have come and gone since in the last couple of weeks. The second funnel deadline occurred on April 3. Bills that had not passed at least one chamber and two committees (one in each chamber) are no longer considered live bills. The second deadline is a lesser known deadline. After April 10, the House and Senate Chambers only consider bills that have been placed on their respective Unfinished Business Calendars, Ways and Means Bills, Appropriations Bills, Resolutions, and bills that were introduced by leadership. It's important to remember that there is no such thing as a dead bill. Anything could come back via amendments to other bills that are still alive or during the appropriations process. However, it is far greater of an uphill battle to resurrect something that has technically died by not advancing past these deadlines.

### **IDPH Legislative Package: IDPH has three bills for the 2015 session:**

- Omnibus Bill: SF 274 UPDATE: SF 274 passed out of the Senate Chamber on March 17 by a vote of 50-0. It passed the House Chamber on April 8 by a vote of 97-0. It will now be sent to the Governor for his signature.
- Iowa Health Information Network (IHIN) Transition. HF 381 HF 381 passed out of the House Chamber on March 10 by a vote of 98-1. UPDATE: It passed the Senate Chamber on April 7 by a vote of 46-4. It will now be sent to the Governor for his signature.
- Local Public Health Flexibility Bill: SF 275 UPDATE: This bill passed the House Human Resources Committee on March 31 with an attached amendment, H-1175. However, it was not placed on the House Unfinished Business Calendar by April 9th. This means that it is no longer eligible for consideration this session.

**Appropriations:** HF 630 (Formerly HSB 177) Governor's Federal Block Grant Bill. A subcommittee of Representatives Ken Rizer, Walt Rogers, and Kirsten Running-Marquardt met on March 12 and again on March 30. UPDATE: A public hearing is required for the bill and was held on April 6. The bill passed out of the

House Appropriations Committee on April 7. It may now be taken up by the full House Chamber.

**Behavioral Health:** HF 449 (Formerly HF 263) DHS Bed Tracking System. This bill passed out of the House Chamber on March 12 by a vote of 96-0. UPDATE: It passed out of the Senate Chamber on April 8 by a vote of 48-0. It was amended on the floor and will need to be sent back to the House for their concurrence with the Senate's changes.

**Medical Marijuana:** SF 484 (Formerly SSB 1243) Medical Cannabis Act. UPDATE: This bill passed out of the Senate Ways and Means Committee on March 30. It has been placed on the Senate Unfinished Business Calendar. It may now be considered by the full Senate Chamber.

**Professional Licensure:** SF 337/HF 203 (Formerly SSB 1130/HSB 75) Licensure of Polysomnographic Technicians (aka Sleep Techs). SSB 1130 passed the full Senate State Government Committee on February 25 with an amendment. The new bill number is SF 337. UPDATE: HF 203 passed as amended (H-1133) the House Chamber by a vote of 100-0 on March 24. A conforming amendment was been adopted in the Senate (S-3078) as well as one additional amendment. The bill passed the Senate Chamber by a vote of 37-13. It will be sent back to the House for their concurrence with the Senate's additional amendment (S-3081).

**Tobacco:** SSB 1195 Tobacco Retailer Permit Fee Increases and Reporting Requirements. UPDATE: This bill was referred to the Senate Ways and Means Committee which makes it funnel-proof. A subcommittee of Senators Petersen, Behn, and Quirnbach met on February 25 to discuss the legislation. It appeared that more work was needed on the bill but that it was the intent to recommend its passage to the full committee.

To subscribe to the IDPH Legislative Update, please send a blank email to [join-IDPHLEGUPDATE@lists.ia.gov](mailto:join-IDPHLEGUPDATE@lists.ia.gov).

# Calendar at a Glance

April

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Region 6 Meeting	2	3	4
5	6 Region 1 Meeting	7	8	9	10	11
12	13 Prevent Child Abuse Iowa/Family Support Conference	14	15	16	17	18
19	20	21	22 Region 5 Meeting	23	24 Region 4 Meeting Region 2 Meeting	25
26	27	28	29	30 Region 3 Meeting		

May

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8 MCHFP RFA Due	
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

## April hawk-i Q&A Call Summary

**Question:** There have been reported difficulties transitioning from **hawk-i** to Medicaid. Is there a reason for this, and what can **hawk-i** Outreach Coordinators do to assist families who are experiencing a gap in coverage?

**Answer:** when a **hawk-i** renewal is reviewed and determined eligible for Medicaid, the local office must officially approve Medicaid coverage. In theory this should be a quick process, but there may be a delay for some reason. If there is an urgent medical need the DHS Income Maintenance Worker should be contacted; if the family doesn't know who their worker is contact the DHS supervisor from the list provided by Sylvia Petersen, or contact Sylvia directly.

**Question:** If a family's income changes while the children are on **hawk-i** and they would be eligible for Medicaid, what is the best way to ensure a smooth transition between **hawk-i** and Medicaid?

**Answer:** The family should file a full Medicaid application (in case the parents are also eligible for assistance) as soon as possible, rather than waiting for their renewal time. **hawk-i** will continue to cover services until their renewal date (even if income changes), but switching to Medicaid prior to the renewal will help prevent a gap in coverage.