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The Update

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IDPH Program Highlight *Promoting the Most Effective Contraceptive Methods in Iowa*

The Reproductive Health Team has been busy with a number of projects related to family planning, particularly promoting effective contraception. These projects include piloting contraceptive performance measures for the Office of Population Affairs (OPA) and the Centers for Disease Control (CDC), evaluating post-partum visits and insertion of immediate post-partum long-acting reversible contraceptive (LARCs), and promoting most and moderately effective forms of contraception. All of these projects put Iowa at the forefront of family planning in the United States. **Continued on Page 2...**

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.

Promoting the Most Effective Contraceptive Methods in Iowa

Continued from Page 1: Thanks to a private donor, Iowa had the opportunity to participate in the Iowa Initiative to Reduce Unintended Pregnancies. The initiative was a five-year, demonstration project from 2007 to 2012 that aimed to increase the number of uninsured and underinsured Iowans who have access to family planning services, to increase the use of long-acting reversible contraceptives and to increase public support for family planning. Iowa Initiative grants allowed clinics to expand hours and locations, to train clinical nurse practitioners and physicians on the benefits of LARCs and how to use them and to purchase LARCs so clinics could offer them at low cost or no cost to their patients. LARCs are expensive and prior to the Iowa Initiative it was difficult for clinics to afford to offer LARCs to their patients. The Iowa Initiative increased LARC use from 0.5% in 2005 to 19.3% in 2013 among Title X recipients and decreased unintended pregnancies from 39.3% in 2005 to 37.1% in 2009. Colorado also received funding from the same private donor to participate in a similar initiative coined the Colorado Initiative to Reduce Unintended Pregnancy. These initiatives have positioned Iowa and Colorado to be leaders in LARCs.

Iowa, as well as Colorado, is currently participating in a multi-state LARC Learning Community designed to assist states in the implementation of LARC initiatives focusing on immediate post-partum insertion. Immediate post-partum insertion of LARCs allows women to prevent unintended pregnancies and effectively space pregnancies, decreasing risk of poor health outcomes for mothers and babies. One of the barriers to immediate post-partum LARC insertion has been global billing for prenatal and delivery services. Global billing prevented providers from getting

reimbursed for the LARC device and insertion. In February 2014 Iowa Medicaid Enterprise (IME) released an informational letter no. 1349 unbundling LARCs from the global payment for the inpatient admission associated with the delivery. This was a significant step in promoting immediate post-partum LARC insertion. We were fortunate to have the opportunity to work with two Harvard students early this year in January 2015 to create an evaluation plan of our immediate post-partum LARC insertion initiative. We will use the plan to evaluate the effectiveness of the LARC unbundling, as well as a proposed outreach and training program to educate providers, billing staff, and Medicaid recipients around insertion and billing of LARCs in the immediate post-partum period.

There are also a number of women that will choose to receive a LARC at their six week post-partum visit. However, it is not clear how many women actually receive a post-partum visit because it is included in the global billing bundle. To determine the proportion of women who actually receive a post-partum visit, Iowa is participating in The Centers for Medicaid and CHIP Services' (CMCS) Improving Postpartum Care Action Learning Series. Eleven states are participating in the Action Learning Series using quality improvement (QI) strategies to identify areas in need of change and to test the changes in a Plan, Do, Study, Act cycle. We are currently reviewing charts at three different practices in Iowa to assess the quantity and quality of post-partum visits occurring in Iowa, including how many women have a form of contraception at six weeks post-partum if they would like one.

Links:

[Iowa Initiative to Reduce Unintended Pregnancies](#)

[LARC Learning Community](#)

[IME Informational Letter 1349](#)

[Improving Postpartum Care Action Learning Series](#)

[Performance Measures for Contraceptive Services](#)

[MMWR Vital Signs Report](#)

[Innovation Network to Reduce Infant Mortality \(IM CoIIN\)](#)



Important Stuff



Medicaid Modernization Update

DHS has released a list of the MCO Applications, which can be found [here](#).

For more information on the Medicaid Modernization Initiative, please visit the [dedicated webpage](#). There is a [Frequently Asked Questions Document](#), [Fact Sheet](#), and [Overview Presentation](#) available on the website, in addition to other resources as they become available. For questions relating to Medicaid Modernization, please use the dedicated Medicaid Modernization email: MedicaidModernization@dhs.state.ia.us.

MIECHV Update

IDPH is partnering with Quality Assist to make a web-based parenting platform to be available for a pilot to Iowa families this fall. Parentivity is a web-based community that provides “just right” information when parents need it most. Understanding there are no one-size-fits-all solutions to parenting, Parentivity will offer personalized content proven to reduce family risks and optimize parenting resourcefulness, family resilience, child growth, and school readiness.

REMINDER: 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). Contracted funds for these programs for October 1, 2014 – June 30, 2015 must be spent by June 30, 2015 or they revert to the Department.

Resources and Links

- » [Three Ways Health Care Can Transform the Food System](#)
- » [Two Iowa hospitals are mentioned in this article about improvements to hospital food choices!](#)
- » [The 2014 Iowa Youth Survey State and County Reports are now available!](#)
- » [Blog](#) about the I-Smile/Medicaid partnership
- » [Issue Brief on Health Insurance Literacy from Enroll America](#)

Fun Watch: “The Wrinkler”

This parody of an infomercial extols tobacco’s amazing ability to make you look older than you are!

Fun Read

Four out of five teenagers turn to the Internet for health information, but they don’t always put much stock in what they find, according to a national survey released in the beginning of June.



Calendar at a Glance

June

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June hawk-i Q&A Call Summary

Question: If a couple has a common child and live together but file taxes separately, are they all counted in the same household?

Answer: Yes - while the tax household is generally used to determine eligibility, other factors are taken into account such as common children and if they live together.

Question: If a mother is the primary person on a PE application but has a language barrier, can the father communicate with DHS regarding the application, or does he need to be listed as an authorized representative?

Answer: If they share a common child and live in the same household he can talk to DHS about the application.

Question: For families in which the father is court ordered to provide medical coverage, is it possible for the child to get on *hawk-i*?

Answer: If there is no other coverage, they can get *hawk-i*. If he does provide coverage the mother will need to let *hawk-i* know so they can cancel it, otherwise they might ask the family to repay their costs for covering the child if they do get private coverage while on *hawk-i*.

