



The Update is a bi-weekly web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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## Screening Can Save Lives of Newborns

Newborn screening program featured in the Des Moines Register



The following article was featured in the July 24, 2012 edition of The Des Moines Register.

Laboratory supervisor, Michael Ramirez points to a display filled with faces of children who have benefitted from the Iowa Neonatal Metabolic Screening Program. They are survivors of congenital disorders detected by screening performed when the children were just a few days old.

The photos serve as a real-life connection to work the lab technicians do every day as they analyze hundreds of dried blood spots taken from newborns across the state.

In Iowa, newborn screening is mandatory unless parents opt out by signing a waiver. Out of 37,700 samples collected last year from heel pricks, about one percent were abnormal. Of those, 337 tested as presumptive positives. Further testing confirmed the findings in about 50 babies, said Ramirez, lab supervisor for Iowa's screening program.

"Without screening, some of those babies may have died or been institutionalized," he said.

The screening is the focus of Putting Babies First, an awareness effort begun earlier this year by the State Hygienic Laboratory at the University of Iowa, where the samples were analyzed. The lab, based in Ankeny, received a challenge award from the Genetic Alliance to produce educational videos that are part of kits to be distributed to hospitals across the country, said Pat Blake, the lab's strategic communications director.

Putting Babies First has also launched a social media presence to provide information and share the stories of children who have benefitted from screening.

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# Screening Can Save Lives of Newborns

Newborn screening program featured in the Des Moines Register

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Kimberly Piper, executive officer for the Center for Congenital and Inherited Disorders and state genetics coordinator at the Iowa Department of Public Health, said the screening is extremely important.

“Most of these babies, when they’re born, they look perfectly healthy. There’s really no way a physical exam even from the best physician can determine if they have any of these inherited conditions,” she said. “The sooner you can do the screening, get the results back, act on the results and get those kids into the appropriate treatment and therapies, the better life they’re going to have.”

Iowa has performed newborn screening for nearly 50 years. The state lab also has contracts to screen samples from North Dakota and South Dakota. In all, the lab analyzes about 60,000 samples yearly. Assisting those states helps pay for Iowa’s program as well.

Hospital staff collect blood samples on filter paper from newborns at least 24 hours after birth. The samples are then delivered to the hygienic lab to be analyzed for more than 50 congenital disorders that can cause several development problems if left untreated.

Testing begins by punching holes about an eighth of an inch in diameter in the dried blood spots. Tiny trays with samples from 60 babies then incubate overnight. Within two days, abnormal findings are reported to endocrine, metabolic and hematology consultants, who contact the children’s physicians for more definitive testing.

Among the conditions screened are sickle cell anemia, cystic fibrosis, congenital hypothyroidism and phenylketonuria or PKU, an amino acid disorder. Screening will soon be added for critical congenital heart disease and severe combined immunodeficiency, known as boy in the bubble disease.

Some can cause severe dehydration and require immediate interventions in the first week of life. For others, treatment may be as simple as providing a vitamin supplement. None of the diseases are curable because they are inherited, Ramirez added

“The people afflicted can live a lot longer with a better quality of life now if we start intervening early,” he said.

The disorders are all very rare, but nearly one in 1,000 Iowa kids are affected. Testing will save 40 to 50 children annually, Ramirez said. The lab charges hospitals \$112 for the screening, which is typically included in the childbirth costs.

“Think of the health care costs that are associated because of a child who’s institutionalized. It pays for itself,” he said.

**For more information on newborn screening, visit [Putting Babies First on Facebook](#) or go to [www.babysfirsttest.org](http://www.babysfirsttest.org).**

# 2010 Iowa Child and Family Household Health Survey - Early Childhood Report

Join us for a Webinar on August 7

“Overall young children in Iowa were reported to be in good health, with over 93 percent of children reported to be in excellent or very good health. The exception was for lower income children, of whom only three-quarters were reported to be healthy.” Learn more about this disparity documented in the Early Childhood Report of the 2010 Iowa Child and Family Household Health Survey.

Title: **2010 Iowa Child and Family Household Health Survey - Early Childhood Report**

Date: **Tuesday, August 7, 2012**

Time: **1:00 PM - 2:00 PM CDT**

Space is limited. Reserve your Webinar seat now at [www1.gotomeeting.com/register/790107648](http://www1.gotomeeting.com/register/790107648).

After registering you will receive a confirmation email containing information about joining the Webinar.

## Keeping Kids Safe

**11th Annual Iowa Child and Youth Injury Prevention Conference**

**Tuesday, September 11, 2012**

Blank Children's Hospital  
Dr. Virginia Thompson Auditorium  
Des Moines, Iowa  
8 a.m. to 4 p.m.

Sponsored by  
EMC Insurance Companies

### NEW THIS YEAR:

An opportunity to share a successful injury prevention program you are implementing locally, statewide or regionally. For more information and to submit a brief abstract (500 words) visit [www.blankchildrens.org/tpc](http://www.blankchildrens.org/tpc).

## Mark Your Calendar!

Share this with your colleagues!



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# Administration/Program Management

## **IME Informational Letter #1152: Provider Payment Suspensions**

The Iowa Medicaid Enterprise has released Informational Letter #1152, explaining Medicaid provider payment suspensions upon allegation of fraud. In 2011, as required by the Patient Protection and Affordable Care Act, the federal government requires each state Medicaid agency to suspend all Medicaid payments to a provider after the agency determines there is credible allegation of Medicaid fraud for which an investigation is pending against an individual or entity (unless the agency has good cause to not suspend payments or to suspend payment only in part).

In Informational Letter #1152, IME provides six exceptions outlined in the law for which there could be good cause *not* to suspend payments and five exceptions for which payments could be suspended *in part*. See Informational Letter #1152 on pages 8-9 of **The UPDATE** for this detail.

The Iowa Department of Human Services, Iowa Medicaid Enterprise, is complying with this federal law. Payment suspensions of providers for which there is a pending criminal investigation by the Medicaid Fraud Control Unit are ongoing.

If you have questions, please contact the IME Provider Services Unit at 1-800-338-7909 Option 5 (or 515-256-4609 in the Des Moines area) or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

## **IME Informational Letter #1159: New Program - Health Home for Members with Chronic Conditions**

The Iowa Medicaid Enterprise has released Informational Letter #1159, announcing a new program: **Health Home for Members with Chronic Conditions**. See pages 10-11 of **The UPDATE**. On June 8, 2012, the Centers for Medicare and Medicaid Services approved Iowa's State Plan Amendment to implement health home services to members with chronic conditions. Effective July 1, 2012 qualified providers will begin to offer advanced services to members with chronic conditions in an effort to better integrate and better coordinate care across the spectrum of service providers and care needs.

Any full benefit Medicaid member, adult or child with at least two chronic conditions from the list of categories below, or having one chronic condition and is at risk for developing a second, is eligible for health home services. Health home chronic conditions that all providers should be familiar with are:

- Hypertension
- Overweight (adults with a BMI of 25 or greater / children in the 85 percentile)
- Heart disease
- Diabetes

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# Administration/Program Management

## **IME Informational Letter #1159: New Program - Health Home for Members with Chronic Conditions** *continued*

- Asthma
- Substance abuse
- Mental health

Health home providers will assist members with chronic conditions in coordinating care across all delivery systems and stages of life (acute, chronic, preventive and end-of-life). Health Home providers will perform the following services:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support services
- Referral to community and social support services

The Eligibility Verification System and the Iowa Medicaid Portal Access system will identify members enrolled in a health home. A member can seek care with any Medicaid provider. A referral from the health home is not required; however, the IME requests that all services provided to members to be communicated back to the designated health home provider. Health home care coordinators will assist hospital discharge planners in identifying community resources that best meet the needs of the patient.

Providers interested in offering home health services can visit [www.ime.state.ia.us/Providers/healthhome.html](http://www.ime.state.ia.us/Providers/healthhome.html). For additional information and follow-up, contact Marni Bussell at [mbussel@dhs.state.ia.us](mailto:mbussel@dhs.state.ia.us).

If you have questions, contact the IME Provider Services Unit at 1-800-338-7909 (or 515-256-4609 in the Des Moines area) or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

# Calendar

August 21, 2012  
**WIC Contractor's Meeting**

August 29-30  
**Infant and Child Nutrition Core Workshops**

October 16-17, 2012  
**\*Bureau of Family Health Fall Seminar**  
Gateway Hotel and Conference Center, Ames

\* Required meeting

## AUGUST Contract Required Due Dates

1- MH & CH Presumptive Eligibility / Informing Care Coordination Claims for services through 06/30/12

1- Electronic Expenditure Workbooks (expenditures through 06/30/12)

12 - FP Client Visit Records

30 - 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**

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Area code is 515



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1152

**DATE:** July 19, 2012

**TO:** All Iowa Medicaid Providers

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** Patient Protection and Affordable Care Act (PPACA) Requirement:  
Provider Payment Suspensions

**EFFECTIVE:** Immediately

In 2011, as required by the Patient Protection and Affordable Care Act (PPACA), the federal government promulgated an administrative regulation that requires each state Medicaid agency to suspend all Medicaid payments to a provider after the agency determines there is a credible allegation of fraud for which an investigation is pending under the Medicaid program against an individual or entity, unless the agency has good cause to not suspend payments or to suspend payment only in part. The good cause exceptions provided for in the law are:

- (1) Law enforcement officials have specifically requested that a payment suspension not be imposed because such a payment suspension may compromise or jeopardize an investigation.
- (2) Other available remedies implemented by the state more effectively or quickly protect Medicaid funds.
- (3) The state determines based upon the submission of written evidence by the individual or entity that is the subject of the payment suspension, that the suspension should be removed.
- (4) Recipient access to items or services would be jeopardized by a payment suspension because of either of the following:
  - (i) An individual or entity is the sole community physician or the sole source of essential specialized services in a community.
  - (ii) The individual or entity serves a large number of recipients within a Health Resources and Services Administration (HRSA)-designated medically underserved area.
- (5) Law enforcement declines to certify that a matter continues to be under investigation.
- (6) The state determines that a payment suspension is not in the best interest of the Medicaid program.

Additionally, a state may find that good cause exists to suspend payments in part, or to convert a payment suspension previously imposed in whole into one imposed only in part, to an individual or entity against which there is an

investigation of a credible allegation of fraud if any of the following are applicable:

- (1) Recipient access to items or services would be jeopardized by a payment suspension in whole or part because of either of the following:
  - (i) An individual or entity is the sole community physician or the sole source of essential specialized services in a community.
  - (ii) The individual or entity serves a large number of recipients within a HRSA-designated medically underserved area.
- (2) The state determines, based upon the submission of written evidence by the individual or entity that is the subject of a whole payment suspension, that such suspension should be imposed only in part.
- (3)(i) The credible allegation focuses solely and definitively on only a specific type of claim or arises from only a specific business unit of a provider; and
  - (ii) The state determines and documents in writing that a payment suspension in part would effectively ensure that potentially fraudulent claims were not continuing to be paid.
- (4) Law enforcement declines to certify that a matter continues to be under investigation.
- (5) The state determines that payment suspension only in part is in the best interests of the Medicaid program.

The Iowa Department of Human Services, Iowa Medicaid Enterprise (IME), is complying with this federal law. Payment suspensions of providers for which there is a pending criminal investigation by the Medicaid Fraud Control Unit (MFCU) are ongoing.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1159

**DATE:** July 25, 2012

**TO:** All Iowa Medicaid Providers (Excluding Individual Consumer Directed Attendant Care)

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**SUBJECT:** Announcement of a new Program: Health Home for Members with Chronic Conditions

**EFFECTIVE:** July 1, 2012

Iowa Medicaid is pleased to announce that on June 8, 2012, the Centers for Medicare and Medicaid Services (CMS) approved Iowa's State Plan Amendment (SPA) to implement Health Home services for members with chronic conditions. Effective July 1, 2012, qualified providers will begin to offer advanced services to members with chronic conditions in an effort to better integrate and better coordinate care across the spectrum of service providers and care needs.

Health Home chronic conditions that all providers should be familiar with are listed below:

- Any full benefit Medicaid member, adult or child with at least two chronic conditions from the list of categories below, or having one chronic condition and is at risk for developing a second is eligible for Health Home services:
  - Hypertension
  - Overweight (Adults with a BMI of 25 or greater /children in the 85 percentile)
  - Heart Disease
  - Diabetes
  - Asthma
  - Substance Abuse
  - Mental Health

Health Home concepts that all providers should be familiar are listed below:

- Health Home providers will assist members with chronic conditions in coordinating care across all delivery systems and stages of life (acute, chronic, preventive and end-of-life). Specifically Health Home providers will perform the following services:
  - Comprehensive Care Management
  - Care Coordination
  - Health Promotion
  - Comprehensive Transitional Care
  - Individual and Family Support Services
  - Referral to Community and Social Support Services

- The Eligibility Verification System (ELVS) and the Iowa Medicaid Portal Access (IMPA) system will identify members enrolled in a health home.
- A member can seek care with any Medicaid provider.
- A referral from the Health Home is not required; however, the IME requests that all services provided to members be communicated back to the designated Health Home provider.
- Health Home care coordinators will assist hospital discharge planners in identifying community resources that best meet the needs of the patient.

Providers interested in offering Health Home services can visit <http://www.ime.state.ia.us/Providers/healthhome.html> or for additional information and follow-up may contact Marni Bussell at [mbussel@dhs.state.ia.us](mailto:mbussel@dhs.state.ia.us).

If you have questions, please contact the IME Provider Services Unit at 1-800-338-7909, or locally at 515-256-4609 or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).