THE UPdate

August 8, 2011

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...

CDC Report Ranks Iowa Above National Average for Nursing Babies

The percentage of Iowa women who choose to breastfeed their baby at birth, and continue exclusively breastfeeding at 3 months of age is above the national average, according to new data from the Centers for Disease Control and Prevention (CDC). Breastfeeding is an important strategy to improve children's health and reduce their risk of obesity, diabetes, infections and sudden infant death syndrome (SIDS).

"In Iowa, most women want to breastfeed, but need support to start and maintain breastfeeding," said Holly Szcodronski, breastfeeding coordinator of the Women Infants and Children (WIC) program at the Iowa Department of Public Health (IDPH). "It is encouraging that 78 percent of Iowa infants are breastfed at birth; however, only 37 percent are exclusively breastfeeding at 3 months of age. While this is above the national average, there is still much room for improvement." Nationally, 75 percent of mothers start breastfeeding, and at 3 months 35 percent are exclusively breastfeeding.

The data find that 6 percent of hospitals in Iowa have a written, model breastfeeding policy; nationally 14 percent of hospitals have comprehensive breastfeeding policies. Also, in Iowa, 13 percent of hospitals refrain from giving healthy, breastfeeding infants formula when it is not medically necessary. The practice of giving healthy, breastfeeding infants formula makes it much harder for mothers and babies to learn how to breastfeed and continue breastfeeding when they go home. Across the country, 22 percent of hospitals refrain from giving formula to breastfeeding infants when it is not medically necessary.

The American Academy of Pediatrics recommends that babies receive only breast milk until about 6 months of age. For more information about breastfeeding and the Iowa Breastfeeding Coalition, visit www.idph.state.ia.us/wic/Breastfeeding.aspx.

Contact Information: Polly Carver-Kimm at (515) 281-6693

Building Relationships with Native American Populations

Native American Cultural Awareness Training will be held in Iowa on the following dates:

August 22-23, 2011
Sioux City Iowa
Four Directions Community Center
613 Water Street

September 19-20, 2011
Des Moines (Johnston)
Camp Dodge
7105 NW 70th Avenue

This training is being sponsored by the Iowa Cancer Consortium and the Iowa Department of Public Health.

Registration information is available at www.CancerIowa.org. For more information, please contact Rachel Schramm at 319-467-4569 or schramm@canceriowa.org.

AMCHP Legislative Alert

AMCHP has been analyzing and sharing the potential impact of the deficit reduction deal on the Title V MCH Block Grant and other vital public health funding.

Now that congress has finished the debate on the debt ceiling it will turn to work on finalizing FY2012 appropriations when they return in September. The month of August therefore presents a unique opportunity to connect with your member of congress while they are back at home. Congress will be on recess until September 5 and many members will return home to their state to speak with constituents, conduct town hall meetings and see how the policies they have put in place are being received.

August is the perfect time to reach out and invite your elected officials to learn more about the Title V Maternal and Child Health Block Grant. Congressional representatives must hear from people back at home about how vital these programs are, and see the women, children and children with special health care needs that are being served by MCH programs. Other programs are making their voices heard and we need to make sure the Title V MCH Block Grant is just as visible.

Please consider taking at least one of the following actions to help teach people more about Title V and its role in keep women and children healthy. This past year we saw what a tremendous difference your advocacy can make - but Congress is currently making important decisions to shape the FY2012 appropriations so we must continue to drumbeat!

1. **Share your opinion**. Submit a letter to the editor of your local newspaper about the importance of maternal and child health funding. Most congressional offices scan their hometown newspapers daily to see what is going on “at home” and who is participating in the public discourse about a variety of issues. For a template letter to the editor and tips for submitting, go to page 8 of **The UPdate**. If your letter is published, please share a copy with AMCHP to the attention of Joshua Brown so AMCHP can track and extend coverage.
2. **Join in a town hall meeting**. By participating in a town hall you may have the opportunity to highlight the value of the Title V MCH Block Grant, education on its importance, explain how it affects your family or the people you help serve, and ask your representative’s position on future funding. The

continued on next page

AMCHP Legislative Alert *continued*

American Public Health Association has a list of scheduled town hall meetings at www.apha.org/advocacy/tips/townhallmeetings.htm.

3. **Check in with your state health agency leadership**. On August 4, the Association of State and Territorial Health Officials sent their members an excellent resource entitled, "At Home Hill Day Toolkit" available at www.astho.org/Display/AssetDisplay.aspx?id=6301. And as always, AMCHP reminds you that any advocacy must be within the guidelines of your state health agency.

For additional information, please see AMCHP's advocacy resource page at www.amchp.org/Advocacy/Training-Resources/Pages/default.aspx.

2011 Iowa Annual Family Planning Conference

September 13-14

Visit www.devsys.org for more information

Oral Health Recent Events

News from the Bureau of Oral and Health Delivery Systems - Oral Health Center

Webinar - Congressional Threats to Medicaid: Implications for Dental Care
To learn more about possible changes to Medicaid, CHIP, and ACA and the implications for health, watch this hour-long webinar which is available on the Children's Dental Health Project website at www.cdhp.org. Liz Arjun of the Georgetown Center for Children and Families, Carrie Fitzgerald of First Focus, and Libby Mullin of Mullin Strategies and the Children's Dental Health Project are presenters. Carrie offers several ideas about how to be an advocate for children's oral health issues.

Oral Health Educational Materials
Educational materials regarding various oral health issues have been developed by the Oral Health Center. Go to pages 9-13 of **The UPdate** to download oral health educational materials.

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

Administration/Program Management

Informational Letter #1036: Transition to 5010 HIPAA Format - Third Notice

Important for all Medicaid Providers Billing Electronically

The Iowa Medicaid Enterprise has issued Informational Letter #1036 reminding Medicaid providers that **on January 1, 2012 all electronic claims submitted to IME must be in the 5010 HIPAA format**. **All covered entities submitting electronic transactions must upgrade to Version 5010**. Version 5010, unlike the current version 4010, is required for the use of the new ICD-10 codes sets.

To ensure that there is no disruption of claim submissions on January 1, 2012, the Iowa Medicaid's Electronic Data Interchange Support Services encourages all providers to enroll in Total OnBoarding (5010 HIPAA format) ***well before*** the January 2012 deadline. If the TOB profile has not been enrolled for Version 5010 by this date, the provider will no longer be able to submit electronic transactions. At that time, the current 4010 format will be deleted from the EDISS system.

How to Transition to the 5010 Format
Guidelines for transition to the 5010 format in the form of a checklist are available on the EDISS website at www.edissweb.com/docs/shared/5010_checklist.pdf. The checklist is organized into 3 sections:

continued on next page

Informational Letter #1036 *continued*

- Direct providers not using PC-ACE Pro32
- Direct providers using PC-ACE Pro32
- Providers sending files through a clearinghouse or billing service

To begin preparation for the transition, follow the section of the guidelines that is applicable to your agency.

EDISS will work closely with providers to ensure that all activities from claim submission to payment occur accurately. Providers are encouraged to enroll in TOB well in advance of the January 1, 2012 date to assure that the process is working smoothly.

See Informational Letter #1036 on pages 14-15 of **The UPdate** for further detail. Information is also available at www.cms.gov/ICD10. If you have questions, please contact IME Provider Services at 1-800-338-7909 (in the Des Moines area at 515-256-4609) or by email at imeproviderservices@dhs.state.ia.us.

Bureau of Family Health Grantee Committee Meeting

The next Bureau of Family Health Grantee Committee meeting will be held on October 6, 2011 from 1-3 p.m. in conjunction with the Fall Seminar. *This is a required meeting for Bureau of Family Health - MCH/FP contract agencies*. If you have any questions, please contact Heather Hobert-Hoch at 515-281-6880.

Calendar

September 8, 2011

MCH Advisory Council Meeting, 1-3 p.m., Iowa Lutheran Hospital, Conference Room 1

*October 5-6, 2011

Fall Seminar

Gateway Hotel and Conference Center, Ames

* Required meeting

AUGUST Contract Required Due Dates

1 - MH presumptive eligibility/informing care coordination claims for services through 06/30/11

1 - Electronic expenditure workbooks

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

Tips on How to Submit a Letter to the Editor:

- A newspaper's letter to the editor guidelines are usually available on their web site or by calling the paper.
- Most newspapers prefer submissions through e-mail, but check to be sure.
- Be concise and clear about the value your community receives from Title V programs.
- Your letter is more likely to be noticed by your elected officials if you mention them by name.
- Be sure to include your contact information.
- If the newspaper rejects the letter to the editor, please send it to another newspaper in the region or state.

AMCHP Template Letter to the Editor

Dear Editor:

Now that Congress has adopted a framework to reduce the federal deficit, it's important they carefully consider the impact of decisions on specific programs in our community and make sure the cuts they make are not penny wise and pound foolish. I specifically urge they preserve the Title V Maternal and Child Health (MCH) Services Block Grant and other critical public health programs that improve the lives of women, children and families here in our state.

Nearly all Americans have been touched by the vital health services that Title V MCH programs provide to our mothers and children in [insert name of your state] and across the country. These are the key programs that prevent prematurity and infant mortality, assure children are screened at birth for genetic conditions and immunized against childhood diseases, help children with special health care needs and developmental delays including autism, provide prenatal care to mothers and much, much more. [Consider adding other specific examples.]

Cutting Title V programs as previously proposed by Congress not only harms the health of mothers and children, but it also threatens to cost us our state more money in the long run—a mistake that we simply can't afford to make. Our leaders in Washington - including Senators x and x and Representative x - are making important decisions about the federal budget. They need to know we care about the health of families and want to see the Title V Maternal and Child Health Services Block Grant adequately funded at $700 million in the 2012 budget.

Sincerely,

[Your name and contact information]

Community Water Fluoridation in Iowa

The Centers for Disease Control & Prevention, the U.S. Surgeon General, and the Iowa Department of Public Health support fluoridation of public water supplies because of its health benefits to the public.

Tooth Decay

Tooth decay affects all age groups. And although it is preventable, it is the most common chronic disease of childhood. Untreated decay can lead to pain, tooth loss, poor nutrition, and difficulty eating, sleeping, and learning. Nearly one-fifth of all health care spending for children is related to dental care.[i]

Benefits of Fluoridation

Fluoride strengthens tooth enamel, making teeth more resistant to decay. When fluoride is found naturally or added to community drinking water at proper concentrations, tooth decay can be prevented. The entire community benefits – all ages and income levels.

Community water fluoridation is one of the top ten public health achievements of the twentieth century due to its impact in reducing the amount of tooth decay experienced by Americans, particularly children. Fluoridation safely and inexpensively has reduced tooth decay up to 40 percent.[ii]

The Task Force on Community Preventive Services – an independent, nonfederal, volunteer group of public health and prevention experts – strongly recommends community water fluoridation. Their systematic review found that stopping fluoridation was associated with an increase in tooth decay.[iii]

Cost and Savings

By preventing tooth decay, water fluoridation saves money, both for families and for the health care system. Depending on the number of residents in a community, every dollar spent on fluoridation can save up to $38 in avoided dental bills. Over a lifetime, the cost of fluoridation can be less than the cost of one dental filling.[iv] Although helpful, fluoride tablets, rinses, and toothpaste are more expensive and less effective than the fluoridation of drinking water.[v]

Addressing Safety Concerns

Fluoride is a naturally occurring element, present in water and food. In fact, in Iowa it is not uncommon to have naturally-occurring fluoride in water from 0.1 to less than 1.0 milligrams per liter. Fluoridation of community drinking water involves adjusting the naturally-occurring concentration of fluoride to a level that is recommended for preventing tooth decay.

The current recommendation for preventing tooth decay is 0.7 milligrams per liter. The recommended level has recently been reduced because Americans have access to more topical fluoride than previously – a "halo" effect. For example, more people use fluoridated toothpaste, over-the-counter rinses, and consume food and drink that has been processed in fluoridated areas. The Iowa Department of Public Health monitors all water systems that add fluoride to assure the concentration is appropriate.

Iowa Department of Public Health - July 2011

[i] US Dept. of Health & Human Services, NIDCR, Oral Health in America: A Report of the Surgeon General. Rockville, MD, 2000.
[ii] Burt BA, Eklund SA. Dentistry, dental practice, and the community. Philadelphia, PA: WB Saunders Company, 1999:204-20.
[iii] Truman BI, Gooch BF, Sulemana I, et al. Task Force on Community Preventive Services. Review of evidence on interventions to reduce dental caries, oral and pharyngeal cancers, and sports-related craniofacial injury. American Journal of Preventive Medicine. 2002. 23(1S) 1-84.
[iv] Griffin SO, Jones K, Tomar SL. An Economic Evaluation of Community Water Fluoridation. Journal of Dental Public Health. 2001:61(2):78-86.
[v] Kumar JV, Moss ME. Fluorides in Dental Public Health Programs. Dent Clin N Am. 2008:52:387-401.

Is Your Drinking Water Missing Something?

Iowa Communities Discontinue or Reduce Water Fluoridation

Despite being named one of the top ten public health achievements in the 20th century, an alarming trend of fluoride elimination from community water systems is occurring across Iowa. Commonly-reported reasons for discontinuation or reduction have included equipment cost, the US Department of Health and Human Services-Centers for Disease Control and Prevention's proposed recommendations, and anti-fluoridation movements. Below are three growing lists of water systems that have discontinued, reduced, or are considering the elimination of fluoride from their community water. These lists are updated as new occurrences are reported to the Iowa Department of Public Health.

No longer provides fluoride	
Water System	**County**
Ashton	Osceola County
Bloomfield	Davis County
Coon Rapids	Carroll County
Elkader	Clayton County
Everly	Clay County
Jefferson	Greene County
Sutherland	O'Brien County
Victor	Iowa County

Considering discontinuation or reduction	
Water System	**County**
Aplington	Butler County
DeSoto	Dallas County
Gilmore City	Humboldt County
Granger	Dallas County
Keokuk	Lee County
Mechanicsville	Cedar County
New Sharon	Mahaska County
Ossian	Winneshiek County
Tama	Tama County
Waterloo	Black Hawk County

Reduced fluoride level to 0.7 PPM or less	
Water System	**County**
Ames	Story County
Boone	Boone County
Burlington	Des Moines County
Cedar Rapids*	Linn County
Chariton	Lucas County
Churdan	Greene County
Clinton - IA American Water	Clinton County
Dallas Center*	Dallas County
Davenport - IA American Water	Scott County
Des Moines Water Works	Polk County
Fort Madison	Lee County
Ida Grove	Ida County
Iowa City	Johnson County
Lamoni	Decatur County
Muscatine	Muscatine County
Newton Water Supply	Jasper County
Osceola	Clarke County
Rathbun Rural Water	Appanoose County
Slater	Story County
University of Iowa	Johnson County
Winterset	Madison County

**Water system is considering discontinuation.*

As reported on 8.2.11

Water Fluoridation

Frequently Asked Questions

The Pew Children's Dental Campaign supports water fluoridation because it's one of the most cost-effective strategies for states and communities to improve the oral health of their residents. Although a number of communities in the U.S. have been fluoridating their public water systems for more than 60 years, this strategy re-entered the spotlight in the wake of recent announcements from federal health officials about fluoride. This FAQ is meant to answer many key questions about the benefits of fluoridation and address the federal announcements.

Q: What is fluoride and how does it benefit dental health?
A: Fluoride is a mineral that exists naturally in nearly all water supplies. Research proves that at a certain level in drinking water, fluoride prevents tooth decay. This optimal level is reached when a public water system adjusts—either increasing or lowering—the level of fluoride.

Q: I recently found the website of a group that opposes fluoridation. This group claims that the connection between fluoridation and cavity prevention isn't solid. Is that true?
A: No, it is not true. There is solid, consistent evidence supporting fluoride's role in cavity prevention. Studies show that fluoridation reduces tooth decay by 18 to 40 percent. Two studies released in 2010 strengthened the already substantial evidence that fluoridated water prevents cavities.

Q: Does fluoride in drinking water protect only the teeth of children or does it benefit everyone?
A: People of all ages benefit from drinking water that is optimally fluoridated. Oral health is important throughout a person's life. In the 1950s, before water fluoridation was common, most people over the age of 65 had lost their teeth. Now, after decades of widespread fluoridation, more seniors are keeping most or all of their teeth. Between 1972 and 2001, the rate of edentulism—losing all of one's teeth—dropped 26 percent among lower-income seniors and fell 70 percent among upper-income seniors.

Q: What do leading medical and health organizations say about drinking water that is optimally fluoridated?
A: The American Academy of Pediatrics, the American Dental Association, the American Medical Association and many other respected medical or health organizations recognize the health benefits of fluoridation. The U.S. Centers for Disease Control and Prevention called water fluoridation "one of 10 great public health achievements of the 20th century."

Q: Federal health officials recently recommended that public water systems reduce the level of fluoride in drinking water. Exactly what was the recommendation and why was this new level set?
A: In January 2011, the U.S. Department of Health and Human Services (HHS) recommended that the optimal level of fluoride in public water systems should be 0.7 milligrams per liter (mg/L) of water. This is a change from the previous recommendation that the optimal level would vary by a region's climate (average temperatures) within the range of 0.7 to 1.2 mg/L. This new recommendation by HHS recognizes these scientific findings: 1) Americans today are getting fluoride from more sources than they were when the original level was set, and 2) the water intake of children does not vary by climate or region. This new fluoride level demonstrates that federal health officials are periodically reviewing research and relying on the best science to update—if and when appropriate—their recommendations on fluoridated water.

Q: Are many communities planning on completely removing fluoride from water because of the recent federal announcement on the fluoride level?
A: Many communities are reviewing their fluoride levels and planning to adjust those levels to meet the new recommendation. There is no sign that many communities either want or plan to remove fluoride entirely. HHS and leading health experts do not support removing fluoride from water to a level below the recommended level because this would deprive people of cavity protection. In fact, the American Dental Association welcomed HHS' new fluoride level and said that water fluoridation remains "one of our most potent weapons in disease prevention."

In Grand Rapids, Michigan—the first U.S. city that optimally fluoridated its water system—the city's daily newspaper wrote an editorial noting that the new HHS recommendation "should not feed the flawed notion . . . that fluoride must be removed entirely from drinking water. "

Q. What impact will the new fluoride level have on Americans who are served by a public water system that's fluoridated?
A: The new optimal fluoride level that federal health officials have recommended will have a positive impact. First, it will continue to protect teeth by helping to reduce tooth decay. Second, the new level will minimize the chances of fluorosis, a condition that typically causes a minor discoloration of teeth that is usually visible only to a dentist. The new HHS recommendation reflects the fact that Americans today receive fluoride from more sources (toothpaste, mouth rinses and other products) than they were getting several decades ago.

Q: How many Americans receive water that is optimally fluoridated?
A: Roughly 72 percent of Americans whose homes are connected to a community water system receive fluoride-adjusted water. Some communities have been doing so for over 60 years.

Q: Water fluoridation helps to prevent tooth decay, but is that really a concern in the U.S. anymore?
A: Yes, it remains a concern. Although dental health has improved for many Americans, tooth decay remains the most common chronic childhood disease—five times more prevalent than asthma. Tooth decay causes problems that often last long into adulthood, affecting kids' schooling and their ability to get jobs as adults.

Q: If I use fluoridated toothpaste, am I getting enough fluoride to protect against decay?
A: No. The benefits from water fluoridation build on those from fluoride in toothpaste. Studies conducted in communities that fluoridated water in the years after fluoride toothpastes were widely used have shown a lower rate of tooth decay than communities without fluoridated water. The author of a 2010 study noted that research has confirmed "the most effective source of fluoride to be water fluoridation."

Water fluoridation provides dental benefits to people of all ages and income groups without requiring them to spend extra money or change their daily routine.

Q: Do any states have laws guaranteeing residents' access to fluoridated water?
A: Twelve states and the District of Columbia have laws designed to ensure access to fluoridated water. Forty-three of the 50 largest cities in the U.S. fluoridate their drinking water. Research shows that every $1 invested in water fluoridation saves $38 in unnecessary dental costs.

For more information on The Pew Children's Dental Campaign, please visit
www.pewcenteronthestates.org/initiatives_detail.aspx?initiativeID=327831

New Research Concludes No Link Between Fluoride and Osteosarcoma

Recently-published research from Harvard University researcher, Chester Douglass, concludes that there is no correlation between fluoride and osteosarcoma, a rare bone cancer. The International and American Associations for Dental Research provided some commonly-asked questions that may be asked about correlations between fluoride and cancer.

Q: Didn't a study published by Dr. Elise Bassin in 2006 find a link between boys who drank fluoridated water and an increased risk of bone cancer?
A: First, Bassin and the other co-authors of that study called it "an exploratory analysis," and they noted, "Further research is required to confirm or refute this observation." Second, the Bassin study was based on data collected retrospectively (after the fact) from patients or family members, meaning the fluoride exposure was estimated by recalling residences where the patient had lived. The fact that fluoride exposures were estimated and not confirmed makes such data somewhat unreliable.

This new study used a much more reliable measure of individual fluoride exposure by measuring it directly in bone, not estimating it by memories of residence history linked to water department records. This new study adds to the weight of evidence of other studies that have not shown an association between fluoride exposure and osteosarcoma and reassures us that fluoride is not a cause of cancer.

Q: Even if fluoride doesn't cause osteosarcoma, couldn't it still be causing other forms of cancer?
A: In its 2006 report, the National Research Council concluded that if there was any type of cancer that fluoride might be linked to, it would likely be osteosarcoma. Considering that this study finds no such link, it gives us confidence that fluoride is unlikely to cause any form of cancer.

Q: The control group in the Harvard study also had tumors. Why was that and have you considered that fluoride exposure caused those tumors?
A: Getting samples of bone from healthy people is difficult and doing so could raise ethical concerns. None of the cancers in the control group of patients has ever been linked in scientific literature to fluoride exposure, so there is no scientific basis for anyone to claim such a connection or to doubt the soundness of this study.

Q: Chester Douglass was one of the co-authors of this study, and we believe he engaged in a cover-up to keep Bassin's findings from the public. So why should we take this new study seriously?
A: The study's design was approved by the National Cancer Institute and was funded by three divisions of the National Institutes of Health. The allegation related to Professor Douglass was thoroughly investigated by Harvard University and was found to have no merit. The sound design of this study and quality of the analysis speaks for themselves.

July 2011

Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO. 1036

DATE: August 12, 2011

TO: All Iowa Medicaid Providers Billing Electronically

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

RE: Third Notice Regarding Transition to 5010 HIPAA Format

EFFECTIVE: January 1, 2012

The Version 5010 transition is less than six months away for all HIPAA covered entities. This means that to submit transactions electronically, all covered entities must upgrade from Version 4010/4010A to Version 5010. Version 5010, unlike version 4010 accommodates the new ICD-10 code sets and is a required preliminary step for the use of the new ICD-10 medical code sets.

To ensure there is no disruption of claim submissions on January 1, 2012, the Iowa Medicaid Electronic Data Interchange Support Services (EDISS) encourages all trading partners to enroll in Total OnBoarding (TOB) well before the January 2012 deadline. If the TOB profile has not been enrolled for 5010 as of this date, the provider will no longer be active for electronic transactions because the current (4010) setup will be deleted from the EDISS system.

A common question EDISS receives is, "What exactly should I be doing for the 5010 transition?" To assist with the 5010 transition, follow the guidelines on the checklist on the EDISS website at http://www.edissweb.com/docs/shared/5010_checklist.pdf. The checklist is separated into three sections: Direct Providers (not using PC-ACE Pro32), Direct Providers (using PC-ACE Pro32), and Providers sending files through a Clearinghouse or Billing Service. Select the most appropriate section and follow the guidelines on the checklist to begin preparing for the transition.

On April 5, 2011, EDISS began selecting a subset of providers that successfully tested the 5010 errata format to move to a production status. During this transition, EDISS has been working closely with trading partners to ensure all activities from claim submission to payment receipt are accurate.

As part of this transition, any additional electronic transactions users access in 4010 (i.e., 835, 270/271, 276/277) will need to be re-registered for the 5010 format through TOB. Re-registering will ensure electronic functionality is not removed at the time of 5010 cut over. Please visit www.cms.gov/ICD10 for the latest news and resources to help you prepare.

If you have any questions, 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.