



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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## Mammotives

### Access to Mammography Screening in Iowa

The American Cancer Society recommends that women age 40 and older get yearly mammograms. This October and November, join other Iowa women as we talk about why a woman decides whether or not to get screened for breast cancer. What are YOUR mammotives?

Researchers at the University of Missouri recently found that rural women are more likely to be diagnosed with late-stage breast cancer than women living in urban areas. This could mean that rural women face delays in accessing breast cancer screening and treatment.

As an Iowa woman, how far do you have to travel to get to a health care facility? Does distance play a role in your decision to get a mammogram?

You can visit the American Cancer Society Breast Cancer Resources page at <http://mammotives.wordpress.com/state-and-national-breast-cancer-resources>, if you have questions about where to get screened for breast cancer in Iowa. Breast cancer sources include:

- American Cancer Society
- Iowa Cancer Consortium
- Iowa Department of Public Health
- National Cancer Institute
- Centers for Disease Control and Prevention (CDC)

**Still have question about breast cancer? Call the American Cancer Society's toll-free hotline at 1-800-227-2345, or chat directly with an American Cancer Society representative.**

## Free Online Course - CEUs and CHES credits available

Unified Health Communication (UHC): Addressing Health Literacy, Cultural Competency, and Limited English Proficiency is free, on-line, go-at-your-own-pace training that has helped more than 4,000 health care professionals and students improve patient-provider communication.

Take the course any time, night or day, to improve your ability to communicate with patients and overcome barriers that can keep patients from taking their medications according to your instructions, going to the emergency room when they would be better served in primary care or otherwise preventing them from getting the full benefit of the quality care you provide.

Medically underserved patients may have particular difficulty communicating with their health care providers. If you treat patients who are low income, uninsured, and/or whose English proficiency is low, this course will help you meet your clients needs.

For registration information, go to [www.hrsa.gov/publichealth/healthliteracy/index.html](http://www.hrsa.gov/publichealth/healthliteracy/index.html).

## Iowa Joins National Rural Health Day Recognition

Celebration focuses on the power of rural

Governor Branstad will sign a proclamation November 17, 2011, designating that day as Rural Health Day, in conjunction with the national observance. National Rural Health Day is an opportunity to honor small towns, farming communities and rural areas, and also to highlight the unique healthcare challenges the individuals who live in these areas face. In Iowa, 90 percent of the land mass is considered rural, and half of Iowans live in an area that is considered rural.

“Iowa’s rural communities are wonderful places to live and work – they are places where people know each other, listen to and respect each other, and work together to benefit the community,” said IDPH Director, Dr. Mariannette Miller-Meeks. “However, rural communities face a lack of healthcare providers, an aging population with a greater number of chronic conditions, and larger percentages of uninsured or underinsured residents. It’s important that private and public partnerships continue to tackle these issues while meeting the unique needs of these areas.”

About 20 percent of Americans live in rural areas, but only about nine percent of all physicians and 12 percent of all pharmacists practice in rural areas. The Iowa rural health workforce reflects the national trend; however, the state ranks lower for mental and behavioral health care access than 46 other states.

IDPH recognizes that rural healthcare needs can’t be addressed through a “one size fits all” approach. Because each community is different, programs and policies must be flexible enough to enable rural communities to identify and address the unique needs of their residents.

**For more information on National Rural Health Day, visit <http://celebratepowerofrural.org>.**

# Administration/Program Management

## Iowa's Participation in the Federal Fiscal Year 2011 PERM Program – Measurement of Improper Payments in Medicaid and the Children's Health Insurance Program (CHIP)

The PERM Medical Review Contractor, A Plus Solutions, has begun to contact Iowa Medicaid providers, requesting records for this audit. PERM is the Payment Error Rate Measurement program developed by the Centers for Medicare and Medicaid Services (CMS). See attached IME Informational Letter #1015 explaining PERM (sent in June 2011).

If your agency receives notice of a PERM review of Maternal Health, Child Health, or Family Planning records, please notify any of the following staff within the Bureau of Family Health:

- Janet Beaman at [janet.beaman@idph.iowa.gov](mailto:janet.beaman@idph.iowa.gov) or 515-281-3052
- Carol Hinton at [carol.hinton@idph.iowa.gov](mailto:carol.hinton@idph.iowa.gov) or 515-281-6924
- Stephanie Trusty at [stephanie.trusty@idph.iowa.gov](mailto:stephanie.trusty@idph.iowa.gov) or 515-281-4731
- Denise Wheeler at [densie.wheeler@idph.iowa.gov](mailto:densie.wheeler@idph.iowa.gov) or 515-281-4907

Your **timely** response to any request made by A Plus Solutions is extremely important. If you have questions regarding any communication sent to you pertaining to PERM, please contact Bryan Dempsey in the IME Provider Services Unit at 515-974-3156.

For additional information, read IME Informational Letter #1015 on pages 6-7 of **The Update**.

## Bureau of Family Health Grantee Committee Meeting

Minutes from the October 6, 2011 Bureau of Family Health Grantee Committee meeting are available on pages 8-10 of **The Update**. Please review the minutes and send edits to Heather Hobert-Hoch at [heather.hobert@idph.iowa.gov](mailto:heather.hobert@idph.iowa.gov). The next meeting will be held via the ICN on January 19, 2012. A listing of ICN sites will be posted in the November 21 edition of **The Update**. *This is a required meeting for Bureau of Family Health - MCH/FP contract agencies.*

# Calendar

**November 15-16**

**Domestic Violence & Reproductive Coercion for  
Home Visitation Programs Training**

Polk County River Place Conference Center  
Room 1-1A

**\*January 19, 2012**

**Bureau of Family Health Grantee Committee Meeting  
ICN**

\* Required meeting

## **NOVEMBER Contract Required Due Dates**

14 - FP Client Visit Records

15 - Electronic Expenditure  
Workbooks

15 MCH FP Summary of  
Insurance Verification

15 MCH/FP Year-End Report  
(including MCH/FP Client  
Satisfaction Survey & FP  
Outreach Report)

28 Export WHIS Records to  
IDPH

30 2011 Semi-Annual  
CAREs/WHIS Review  
Summaries



# 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**

<b>NAME</b>	<b>PHONE</b>	<b>E-MAIL</b>
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Area code is 515



# STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
CHARLES M. PALMER, DIRECTOR

## INFORMATIONAL LETTER NO. 1015

**DATE:** June 1, 2011

**TO:** All Iowa Medicaid Providers

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

**RE:** Iowa's Participation in the Federal Fiscal Year 2011 PERM Program – Measurement of Improper Payments in Medicaid and the Children's Health Insurance Program (CHIP)

The Improper Payments Information Act (IPIA) of 2002 (amended in 2010 by the Improper Payments Elimination and Recovery Act or IPERA) directs federal agencies to annually review programs they administer and identify those that may be susceptible to significant improper payments, to estimate the amount of improper payments, to submit those estimates to Congress and to submit a report on actions the agency is taking to reduce the improper payments. The Office of Management and Budget (OMB) has identified Medicaid and CHIP as programs at risk for significant improper payments. As a result, the Centers for Medicare and Medicaid Services (CMS) developed the Payment Error Rate Measurement (PERM) program to comply with the IPIA and related guidance issued by OMB.

The PERM program measures improper payments in Medicaid and CHIP and produces error rates for each program. The error rates are based on reviews of the fee-for-service (FFS), managed care, and eligibility components of Medicaid and CHIP in the fiscal year (FY) under review. It is important to note the error rate is not a "fraud rate" but simply a measurement of payments made that did not meet statutory, regulatory or administrative requirements.

Iowa is participating in the federal fiscal year 2011 PERM program. This means that you may be contacted by the CMS national contractor, A+ Government Solutions, Inc., who will collect medical records from you either in hardcopy or electronic format. The medical records request letters will be sent to Iowa Medicaid enrolled providers from September 2011 through May 2012.

Medical records are needed to support fee-for-service Medicaid and CHIP claims to determine if the claims were correctly paid. If a claim, in which your National Provider Number (NPI) was identified on the claim to receive reimbursement, is selected, A+ Government Solutions, Inc. will contact you for a copy of the required medical records to support the medical review of the claim. A+ Government Solutions, Inc. will verify your correct name and address and will determine how you want to receive the request (i.e., facsimile or U.S. mail) for medical records. Once you receive the request for medical records, you must submit the information electronically or in hard copy within 75 days. Please note that it will be the responsibility of the provider who is identified on the claim to receive payment, to ensure that any and all

supporting medical records, from any and all providers who rendered a service for which the claim payment under review was requested, is submitted in a timely manner. During this 75 day timeframe, A+ Government Solutions, Inc. will follow up to ensure that you submit the documentation before the timeframe has expired, and the IME may contact you to assist in identifying the required documentation for submission. For reviews that require extra information, A+ Government Solutions, Inc. may contact you for additional documentation. You will then have 15 days to respond to the request.

It is important that you cooperate with submitting all requested documentations in a timely manner because no response or insufficient documentation will count against the state as an error. Past studies have shown that the largest cause of error in medical reviews is no documentation or insufficient documentation. As such, it is important that information be sent in a timely and complete manner.

Understandably, you may be concerned with maintaining the privacy of patient information. However, you are required by Section 1902(a)(27) of the Social Security Act to retain records necessary to disclose the extent of services provided to individuals receiving assistance and furnish CMS, or its contractors, with information regarding any payments claimed by the provider for rendering services. The furnishing of information includes medical records. As for CHIP, section 2107(b)(1) of the Act requires a CHIP state plan to provide assurances to the Secretary of Health and Human Services (Secretary) that the state will collect and provide to the Secretary any information required to enable the Secretary to monitor program administration and compliance and to evaluate and compare the effectiveness of states' CHIP plans. In addition, the collection and review of protected health information contained in individual-level medical records for payment review purposes is permissible by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and implementing regulations at 45 Code of Federal Regulations, parts 160 and 164.

For more information on the PERM program, please go to:  
[https://www.cms.gov/PERM/06\\_Cycle\\_3.asp#TopOfPage](https://www.cms.gov/PERM/06_Cycle_3.asp#TopOfPage)

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

**BFH GRANTEE COMMITTEE MEETING**

**Date: October 6, 2011**

**Time: 1-3 p.m.**

**Gateway Conference Center, Ames**

**Members Present:**

- |   |   |
|---|---|
| Allen Memorial Hospital: Sandy Kahler*                                | North Iowa Community Action Org.: Lisa Koppin*                              |
| American Home Finding: Tracey Boxx-Vass *, Tom Lazio                  | Northeast Iowa Community Action: Lori Egan*                                 |
| Black Hawk County Child Health Department: Rhonda Bottke*, Kim Howard | Scott County Health Dept.: JaNan Less*, Tiffany Tjepkes, Briana Boswell,    |
| Crawford County Home Health Agency: Kim Fineran*, Jenn Muff           | Siouxland Community Health Center: Kate Donovan*                            |
| Family Inc.: Sarah Zach*  | Siouxland District Health Department: Mona Scaletta*                        |
| Hawkeye Area Community Action Program: Gloria Witzberger*             | Southern Iowa Family Planning: absent                                       |
| Hillcrest Family Services: Sherry McGinn*                             | St. Luke’s Family Health Center: Val Campbell*                              |
| Johnson County Dept. of Public Health: Chuck Dufano*, Erica Wagner    | Taylor County Public Health: Joan Gallagher*                                |
| Lee County Health Dept.: Michele Ross*, Melissa Dalvillis             | Trinity Muscatine: Emily Henderson- Shupy*                                  |
| Marion County Public Health: Kim Dorn*, Diane Ellis, Rachel Cecil     | Visiting Nurse Assoc. of Dubuque: Nan Colin*, Molly Lammers                 |
| MATURA Action Corporation: Mary Groves*                               | Visiting Nurse Services: Cari Spear*, Zoe Prevet                            |
| Mid-Iowa Community Action: Kate Pergande*, Mary Greene, Lean Fonca    | Warren County Health Services: Jodene DeVault*, Stacey McClain, Laci Brewer |
| Mid-Sioux Opportunity, Inc.: Cindy Harpenau*                          | Washington County PHN Service: Edie Nebel*, Chrystal Woller, Jen Weidman    |
| New Opportunities: Paula Klocke*, Rebecca Fox                         | Webster County Public Health: Kari Prescott*                                |

\*Voting Representative

**Minutes**

Handouts included: Agenda; June 16, 2011 Meeting Minutes; Maternal Health, Child Health and Family Planning FFY2011 Year End Report Instructions; Instructions for Compressing and Un-compressing File(s) or Folder(s); Updates from the Bureau of Oral and Health Delivery Systems; OH Consultant Assignments for MCH Contractors; Title V Listening Post Abstract; Accountable Government Act Powerpoint

<b>TOPICS</b>	<b>KEY DISCUSSION POINTS/OUTCOMES</b>
<b>Call to Order</b> <i>Cari Spear</i>	<ul style="list-style-type: none"> <li>Meeting called to order at 12:58 p.m.</li> </ul>
<b>Introduction of Vice Chair</b>	<ul style="list-style-type: none"> <li>Cari Spear introduced Kari Prescott as the Vice Chair with a short bio.</li> </ul>



<b>Approval of Minutes</b>	<ul style="list-style-type: none"> <li>The June 16, 2011 Grantee Meeting Minutes were presented for approval. Motion for approval was made by Michelle Ross and seconded by Chuck Dufano. Motion approved.</li> </ul>
<b>Recognition Award</b> <i>Gretchen Hageman and Heather Hobert Hoch</i>	<ul style="list-style-type: none"> <li>A Recognition Award was presented to Michele Ross for her work as chair of the Bureau of Family Health Grantee Committee.</li> </ul>
<b><u>Bureau of Family Health Updates</u></b> <b>Race to the Top</b> <i>Analisa Pearson</i>  <b>Contract Updates</b> <i>Andrea Kappelman &amp; Andrew Connet</i>  <b>CARes Technology Upgrade</b> <i>Erin Parker</i>	<ul style="list-style-type: none"> <li>Pearson discussed the proposed ‘Race to the Top’ collaborative grant with the Department of Education and its potential impact upon programming. The BFH is proposing state level infrastructure building to support local CCNCs. A part of the proposal includes the integration of existing databases (WHIS, CAReS, IRIS, etc.). Grantees were asked to consider providing letters of support for the proposal. A vote was called with unanimous approval.</li> <li>Kappelman reminded the grantees that if changes in key personnel occur the agency is contractually obligated to report them to the BFH. She indicated that the agency should notify the lead consultant. Sharepoint will then be updated and the MOU will be revised.</li> <li>Kappelman requested that agencies review the Activity Worksheets located on Sharepoint to confirm that the final/current worksheet is uploaded.</li> <li>Kappelman reported that 6 template forms have been uploaded into Sharepoint. Deadline for completion of the required forms was extended until October 14. Additionally, agencies were reminded to review the report section of the contract to check for other requirements and special conditions requirements.</li> <li>Pearson announced the CCR&amp;R MOU deadline has been extended to November 15</li> <li>Connet instructed agencies to send an email notice to him when a workflow is begun so he can follow-up in a timely manner. He also discussed the movement of FY11 Closeout files and their relocation to Inactive Sharepoint folder</li> <li>An upgrade is in the pilot stage and scheduled for probably rollout in January 2012. This is merely a technology upgrade for CAReS with no enhancements.</li> <li>Parker also informed the group of the new contract for tokens agreed upon. She plans to send full details by electronic mail.</li> </ul>
<b>I-Smile</b> <i>Tracy Rodgers</i>	<ul style="list-style-type: none"> <li>Rodgers asked the group to take note of the I-Smile™ packet inserts.</li> <li>She announced the creation of the new Bureau of Oral and Health Delivery Systems (OHDS) with a new phone number. Other changes within the bureau include the reassignment of duties and Sara Schlievert’s new responsibilities with Primecare.</li> <li>Concerns for community water fluoridation were highlighted. Agencies are asked to advocate for continued fluoridation of drinking water.</li> <li>Other announcements highlighted included <ul style="list-style-type: none"> <li>Inability to use Title V dollars for FQHC dental clinics</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Oral Health Needs Assessment</li> <li>○ Work with DMU for trainings</li> <li>○ Delta Dental Data Report form due January.</li> <li>○ Copy of I-Smile™ EEW</li> </ul>
<b>Messages from Julie McMahon</b> <i>Cari Spear</i> <i>Kari Prescott</i>	<p>Spear read a letter from McMahon which included</p> <ul style="list-style-type: none"> <li>● PSE 3- BFH Bureau Chief selection process and progress</li> <li>● Encouragement for agencies to participate in CHNA HIP and the new Community Transformation Grant</li> </ul> <p>Prescott updated the group with information from McMahon regarding</p> <ul style="list-style-type: none"> <li>● The Listening Post – an abstract was provided in the meeting packets</li> <li>● The need for MCH Advocacy to distinguish Title V from other programs and nonduplication of services. Suggestions include providing numbers of population impacted, etc.</li> <li>● Local Board of Health linkages</li> </ul>
<b>Additional Resources</b> <i>Stephanie Trusty</i> <i>Heather Hobert-Hoch</i>	<ul style="list-style-type: none"> <li>● Trusty highlighted the resources available for agencies for the Period of Purple Crying/shaken baby prevention as well as, trainings available for family planning and maternal health staff.</li> <li>● Hobert-Hoch reminded agencies to pick up BFH calendars and a Life Course game set.</li> </ul>
<b>CHNA HIP</b> <i>Meghan O'Brien</i>	<ul style="list-style-type: none"> <li>● O'Brien provided an overview of the 99 county analysis completed using CHNA HIP data and the maternal and child health significance.</li> <li>● The full report will be distributed via email to all grantees.</li> </ul>
<b>Adjournment</b> <i>Cari Spear</i>	<ul style="list-style-type: none"> <li>● Meeting adjourned at 2:30 p.m.</li> </ul>