



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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Women and the Affordable Care Act www.HealthCare.gov

Women have unique health care needs, and often make health care decisions for their families. The law offers important benefits for women and their families.

The health care law protects women by providing insurance options, covering preventive services, and lowering costs:

Insurance Companies Can't Deny Coverage to Women

Before the Affordable Care Act became law, insurance companies selling individual policies could deny coverage to women due to pre-existing conditions, such as cancer and having been pregnant. Under the law, insurance companies are already banned from denying coverage to children because of a pre-existing condition. In 2014, it will be illegal for insurance companies to discriminate against anyone with a pre-existing condition.

Women Have a Choice of Doctor

Thanks to the Affordable Care Act, all Americans joining new insurance plans have the freedom to choose from any primary care provider, OB-GYN, or pediatrician in their health plan's network, or emergency care outside of the plan's network, without a referral.

Women Can Receive Preventive Care Without Copays

Thanks to the Affordable Care Act, all Americans joining a new health care plan can receive recommended preventive services, like mammograms, new baby care and well-child visits, with no out-of-pocket costs.

Women Pay Lower Health Care Costs

Before the law, women could be charged more for individual insurance policies simply because of their gender. A 22-year-old woman could be charged 150% the premium that a 22-year-old man paid. In 2014, insurers will not be able to charge women higher premiums than they charge men. The law takes strong action to control health care costs, including helping states crack down on excessive premium increases and making sure most of your premium dollars go for your health care.



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Women and the Affordable Care Act

continued

Women often make health care decisions for their families, and the law enhances their ability to make the best choices by:

Delivering New Coverage Options for Americans with Pre-existing Conditions

Health plans that cover children can no longer exclude, limit or deny coverage to your child (under age 19) based on a pre-existing condition. In addition, the law created a new program called the Pre-Existing Condition Insurance Plan (PCIP) to help provide coverage for uninsured people with pre-existing conditions until new insurance market rules that prohibit discriminating against anyone with a pre-existing condition go into effect in 2014.



Providing Consumers with New Rights and Protections: The Patient's Bill of Rights

The Affordable Care Act frees Americans from worrying about losing their insurance, or having it capped unexpectedly if someone is in an accident or becomes sick, giving you greater control over your health insurance and care. It also places tough restrictions on health insurance companies to make them more accountable to you.

Requiring Plans to Cover Preventive Services Without Out-of-Pocket Costs

The law requires new health plans to cover recommended preventive services, including vaccinations, cost-free. Regular well-baby and well-child visits are also covered from birth through age 21. These services do not require a co-pay or co-insurance when offered by providers in your insurer's network. See a list of preventive services for women and children. (Preventive services benefits apply if you're in a new health plan that was created after March 23, 2010.)

Allowing Kids Under 26 to Stay on Their Parents' Plan

If your plan covers children, you can now add or keep your children on your health insurance policy until they turn 26 (except, in some cases, when your child's employer offers health coverage). It doesn't matter whether your child is married, living with you, in school, or financially dependent on you.

Help for Family Members on Medicare

If your parents or other loved ones are on Medicare, it's good to know the Affordable Care Act protects current benefits, strengthens Medicare for the future, and offers new benefits that will help cut costs. The gap in drug coverage known as the "donut hole" is being closed, reducing seniors' out-of-pocket costs. In addition, people on Medicare may receive recommended preventive care like mammograms and colonoscopies for free. Read more in our Medicare & Long-Term Care section, where you can find out about Medicare, long-term care, and other options for seniors.

Learn more about the Affordable Care Act and share brochures and posters (www.healthcare.gov/news/brochures/index.html) with others.

Administration/Program Management

IME Informational Letter #1160 - Electronic Adjustments and Recoupments

The Iowa Medicaid Enterprise released Informational Letter #1160 which addresses electronic adjustments and recoupments (see Informational Letter #1160 on page 7 of **The Update**). **Effective immediately, the IME is able to fully process adjustment and recoupment requests submitted electronically (via HIPAA 837 transactions).**

For Medicaid submissions:

When submitting an *adjustment* (a request for Medicaid to make a change to a previously paid claim), providers must:

- Enter the REF01 value “F8” in the 2300 REF segment with the Payer Claim Internal Control Number, which is the 17-digit Medicaid TCN number of the claim that needs adjusted.
- Enter the frequency code of “7” in the 2300 Loop CLM Segment.
- Include all charges that need to be processed, not just the line that needs to be corrected. If previously paid claims are not submitted on the adjustment request, they will be recouped from the original request but not repaid on the adjustment, likely resulting in an unintentional credit balance.

When submitting a *recoupment* (a request for Medicaid to take back the entire, original payment), providers must:

- Enter the REF01 value “F8” in the 2300 REF segment with the Payer Claim Internal Control Number, which is the 17-digit Medicaid TCN number of the claim that needs to be recouped.
- Enter the frequency code of “7” in the 2300 Loop CLM Segment.

Providers may still continue to use the paper Adjustment and Recoupment Request forms, 470-0040 and 470-4987, found at www.ime.state.ia.us/Providers/Forms.html, if needed.

Denied claims must be resubmitted in the normal claim submission process. Denied claims cannot be adjusted or recouped.

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.

IME Informational Letter #1178 - ICD-10 Provider Readiness Survey

The Iowa Medicaid Enterprise released Informational Letter #1178 which addresses an IME ICD-10 Provider Readiness Survey (see Informational Letter #1178 on pages 8-9 of **The Update**).

On January 16, 2009, the U.S. Department of Health and Human Services released the final rule mandating that everyone covered by the Health Insurance Portability and Accountability Act of 1996, must implement ICD-10 code sets for medical coding on October 1, 2013. On August 24, 2012, the HHS announced that it would delay the ICD-10 compliance date by one year to October 1, 2014.

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Administration/Program Management

IME Informational Letter #1178 - ICD-10 Provider Readiness Survey *continued*

The change in the compliance date for ICD-10 gives providers and other covered entities more time to prepare and fully test their systems to ensure a smooth and coordinated transition to these new code sets.

The IME continues to prepare for the implementation of ICD-10 by reviewing policy and preparing for updates to medical coverage, rules, operational procedures, and technical systems and intends to conduct external end-to-end testing with providers between October 2013 and October 2014. The IME urges providers to continue forward with their ICD-10 projects and to ensure plenty of time for robust testing of ICD-10 claims alongside production of ICD-9 claims beginning in the final quarter of 2013. This will ultimately ensure a smooth transition to ICD-10.

The IME is conducting a ICD-10 Provider Readiness Survey to determine if your organization is impacted by the change to the ICD-10 code sets and to gauge your current readiness for implementation. The information gathered from this survey will be shared within the IME to support a successful implementation of the ICD-10 code sets.

Please complete one survey for each provider agreement (each unique tax ID) that you have with the IME. Given the array of questions in this survey, please ask others within your organization for assistance in completing it as necessary. Your organization may receive future surveys in the continuing effort to assess the impact of the implementation of ICD-10 codes.

Providers interested in offering home health services can visit www.ime.state.ia.us/Providers/healthhome.html. For additional information and follow-up, contact Marni Bussell at 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.

Additional Online Resources on ICD-10:

- Centers for Medicare and Medicaid Services (CMS) - for more information regarding ICD-10 codes and the mandate to change to these new code sets, go to www.cms.gov/icd10.
- American Health Information Management Association (AHIMA) - AHIMA collaborated with the American Medical Association to develop the physician model for implementing ICD-10. For more information, go to <http://library.ahima.org>.

MCH Contractors' Meeting

The next MCH Contractors' Meeting will be held in conjunction with the Fall Seminar on October 16, 2012 from 3-4:30 p.m. A meeting agenda and minutes from the June meeting can be downloaded from page 10-15 of **The UPdate**. This is a mandatory meeting for all Bureau of Family Health contract agencies. If you have questions, please contact Heather Hobert-Hoch at heather.hobert@idph.iowa.gov.

Calendar

October 16-17, 2012

***Bureau of Family Health Fall Seminar**

Gateway Hotel and Conference Center, Ames

* Required meeting

OCTOBER Contract Required Due Dates

- 1 - Start of FFY13 MCH/FP Contracts
- 1 - Due in SharePoint:
 - Agency Contact Information & Program Staffing Form
 - Table of Organization
 - Professional License Table
 - MCH Presumptive Eligibility Informing and Care Coordination Staff Qualifications Table
 - Data and Client Records Personnel Forms
 - Confidentiality and Documentation Policy
 - Subcontracts of \$2000 or greater
 - I-Smile Coordination Form
 - Early ACCESS Service Coordinator Job Description
 - Written Agreement with CCR&R Lead Agency
- 12 - FP Client Visit Records & CUR's to Ahlers
- 15 - Change CARES Password
- 15 - I-Smile Coordinator Meeting
- 15 - Due in SharePoint:
 - MCH/OH Cost Analysis
 - MCH Transportation Plan
 - FP Sliding Fee Schedule/Client Income Schedule/Client Visit Records
 - MCH / FP EEW Work Flow / FFS Expenditures
- 16-17 - Fall Seminar
- 17 - FP Directors' Meeting
- 29 - Export WHIS Records to IDPH (Year end final data transmission)
- 30 - CARES/WHIS Service Note Review
- 30 - 2012 4th Quarter *hawk-i* Outreach Progress Report
- 30 - 2012 Dental Data Report



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.1160

DATE: September 26, 2012

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

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

RE: Electronic Adjustments and Recoupments

EFFECTIVE: Immediately

Effective immediately, the IME is able to fully process Adjustment and Recoupment requests that are submitted electronically (via HIPAA 837 transaction).

For Direct Medicaid Submissions

When submitting an **adjustment** (this is a request for Medicaid to make a change to a previously paid claim), providers must enter the REF01 value "**F8**" in the 2300 REF segment with the Payer Claim Internal Control Number, which is the 17 digit Medicaid TCN number of the claim that needs adjusted. The frequency code of "**7**" must be entered in the 2300 Loop CLM Segment. *It is important to include all charges that need to be processed, not just the line that needs to be corrected; if previously paid lines are **not** submitted on the adjustment request, they will be recouped from the original request but not repaid on the adjustment, likely resulting in an unintentional credit balance.*

When submitting a **recoupment** (this is a request for Medicaid to take back the entire, original claim payment), providers must enter the REF01 value "**F8**" in the 2300 REF segment with the Payer Claim Internal Control Number, which is the 17 digit Medicaid TCN number of the claim that needs to be recouped. The frequency code of "**8**" must be entered in the 2300 Loop CLM Segment.

For Medicare Crossover Claims

When Medicare processes adjustment requests from providers, the **adjustment** from the Coordination of Benefits Contractor (COBC) will *now* be accepted by the IME and processed accordingly just as the *original claim submissions* to Medicare have been forwarded in the past. Providers will no longer need to submit the adjustments on the paper adjustment/recoupment forms if the original claim was received from the COBC and settled by Medicaid and the related adjustment is sent by Medicare through the COBC.

Denied claims must be resubmitted in the normal claim submission process. Denied claims cannot be adjusted or recouped.

Providers may still continue to use the paper Adjustment and Recoupment Request forms, 470-0040 and 470-4987 found at <http://www.ime.state.ia.us/Providers/Forms.html> if needed.

If you have questions, please contact the IME Provider Services Unit at 1-800-338-7909 or 515-256-4609 (local) or email at 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.1178

DATE: September 28, 2012

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

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

RE: Iowa Medicaid Enterprise ICD-10 Provider Readiness Survey

EFFECTIVE: Immediately

On January 16, 2009, the U.S. Department of Health and Human Services (HHS) released the final rule mandating that everyone covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) must implement ICD-10 code sets for medical coding on October 1, 2013. On August 24, 2012, the HHS announced that it would delay the ICD-10 compliance date by one year to October 1, 2014. The change in the compliance date for ICD-10 gives providers and other covered entities more time to prepare and fully test their systems to ensure a smooth and coordinated transition to these new code sets.

The IME continues to prepare for the implementation of ICD-10 by reviewing policy and preparing for updates to medical coverage, rules, operational procedures, and technical systems and intends to conduct external end-to-end testing with providers between October 2013 and October 2014. The IME urges providers to continue forward with their ICD-10 projects and to ensure plenty of time for robust testing of ICD-10 claims alongside production of ICD-9 claims beginning in the final quarter of 2013. This will ultimately ensure a smooth transition to ICD-10.

The IME is conducting this **ICD-10 Provider Readiness Survey** to determine if your organization is impacted by the change to the ICD-10 code sets and to gauge your current readiness for implementation. The information gathered from this survey will be shared within the IME to support a successful implementation of the ICD-10 code sets.

Please complete one survey for each provider agreement (each unique tax ID) that you have with the IME. Given the array of questions in this survey, please ask others within your organization for assistance in completing it as necessary. Your organization may receive future surveys in the continuing effort to assess the impact of the implementation of ICD-10 codes.

This survey will take approximately 10 minutes to complete and **MUST BE COMPLETED BY 12:00 PM (Central Time) on Monday, OCTOBER 22, 2012.**

Please click on the link below to access the survey

[IME ICD-10 Provider Readiness Survey](#)

The IME appreciates your partnership as we work together to serve the needs of Iowa Medicaid members. If you have any questions on ICD-10 please send an email to:

icd-10project@dhs.state.ia.us. For more information, please visit the ICD-10 IME website at <http://www.ime.state.ia.us/Providers/ICD10.html>.

Additional Online Resources on ICD-10:

Centers for Medicare and Medicaid Services (CMS)

For more information regarding ICD-10 codes and the mandate to change to these new code sets, please visit the CMS ICD-10 web site at <http://www.cms.gov/icd10>.

American Health Information Management Association (AHIMA)

AHIMA collaborated with the American Medical Association (AMA) to develop the physician model for implementing ICD-10. Please follow the link at

[AHIMA Physician Model for Implementing ICD-10](#) to access this model.

BFH Contractor Committee Meeting
October 16, 2012
3-4:30 p.m.
Ames

*BFH Required Meeting

Agenda

3:00 p.m.	Call to Order Introductions & Roll Call	<i>Cari Spear</i>
3:05 p.m.	Announcements Introduction of Vice Chair Approval of Minutes Recognition Award MCH Admin Manual – October 2012 Revisions CAREs Updates	<i>Cari Spear</i> <i>Cari Spear</i> <i>Gretchen Hageman</i> <i>Lucia Dhooge</i> <i>Marcus Johnson Miller</i>
3:10 p.m.	MCH Consultation and TA Structure	<i>Gretchen Hageman</i> <i>Michele Ross, Melissa Ellis</i>
3:40 p.m.	Budget/Legislative Update	<i>Julie McMahon</i>
3:50 p.m.	Full Disc Encryption	<i>Don Petsche</i>
4:15 p.m.	EPSDT Periodicity Schedule E-mail Care Coordination	<i>Janet Beaman/Shelley Horak</i>
4:20 p.m.	Oral Health Updates	<i>Tracy Rodgers</i>
4:30 p.m.	Agenda Items for Next Meeting/ Adjourn	<i>Cari Spear</i>

*This is a required meeting for Bureau of Family Health contractors (Maternal Health, Child Health and Family Planning).

MCH Contractors' Meeting

Date: June 21, 2012

Time: 9-11 a.m.

GoToWebinar

Members Present:

Allen Memorial Hospital: Sandy Kahler*

American Home Finding: Tracey Boxx-Vass*

Black Hawk County Child Health Department: Rhonda Bottke*, Marcia Sisk, Kim Howard

Crawford County Home Health Agency: Kim Fineran*, Jennifer Muff

Family Inc.: Kate Gronstal*

Hawkeye Area Community Action Program: Gloria Witzberger*

Hillcrest Family Services: Sherry McGinn*

Johnson County Dept. of Public Health: Chuck Dufano*, Erica Wagner

Lee County Health Dept.: Michele Ross*, Melissa Calvillo

Marion County Public Health: Rachel Cecil*,

MATURA Action Corporation: Mary Groves*

Mid-Iowa Community Action: Kate Pergande*

Mid-Sioux Opportunity, Inc.: Cindy Harpenau*

New Opportunities: Paula Klocke*, Beth Liechti

North Iowa Community Action Org.: Lisa Koppin*, Wendy Hippen

Northeast Iowa Community Action: Bill Iverson*

Scott County Health Dept.: JaNan Less*

Siouxland Community Health Center: Ivy Bremer*, Sheila Martin

Siouxland District Health Department: Mona Scaletta*

Southern Iowa Family Planning: Crystal Fisher*

St. Luke's Family Health Center: Val Campbell*

Taylor County Public Health: Joan Gallagher*

Trinity Muscatine: Mary Odell*

Visiting Nurse Assoc. of Dubuque: Molly Lammers*

Visiting Nurse Services of Iowa: Cari Spear*, Jenny Myers, Annie Wood-Long

Warren County Health Services: Jodene DeVault*

Washington County PHN Service: Edie Nebel*

Webster County Public Health: Kari Prescott*

*Voting Representative

Minutes

Handouts included: Agenda; April 19, 2012 Meeting Minutes, PowerPoint presentation, "How to Build a Health Home for Iowa Medicaid Members," PowerPoint presentation, "Mobility Management in Iowa"

TOPICS	KEY DISCUSSION POINTS/OUTCOMES
Call to Order	<i>Cari Spear</i> <ul style="list-style-type: none">Meeting called to order at 9 a.m. Roll call was done from list of registered webinar attendees.
Approval of Minutes	<ul style="list-style-type: none">The April 19, 2012 Grantee Meeting Minutes were presented for approval. Motion for approval was made by Val Campbell and seconded by Chuck Defano. Motion approved.
Vice Chair Nomination	<ul style="list-style-type: none">This will be Cari's last meeting as chair. Kari Prescott will serve as chair effective October 1, 2012. In August, the Bureau of Family Health will begin the nominations process for a new vice chair. If you would like to nominate a peer, or are interested in serving, please contact Heather Hobert Hoch.

<p><u>Announcements</u> Bureau Updates</p>	<p><i>Gretchen Hageman</i></p> <ul style="list-style-type: none"> • Bureau structural changes: <ul style="list-style-type: none"> ○ Structure document was sent to contract agencies after last meeting. Please contact Gretchen if you have any questions. ○ Janet Peterson is back in the hospital. (Address given to participants.) She has asked that visits be brief. ○ Gretchen and Bob Russell sent an email this week to the contract agencies regarding the federal budget. ○ AMCHP advises the states should expect a 7-8 percent cut for 2013. BFH started to plan for this potential cut last January. ○ Decided to issue the RFA with a 3 percent cut, due not foresee additional cuts. Agencies advised to think of the 3 percent as a “permanent cut.” May have to do a mid-year cut, but unsure at this time. ○ Continue to educate the public/legislature about Title V and why this funding is still needed. • Contracts: <ul style="list-style-type: none"> ○ BFH working on contracts and hope to send them out by July 1. ○ May be some contract conditions – agencies will have 10 days to respond. • Chapter 76 revisions: <ul style="list-style-type: none"> ○ Will be sent to State Board of Health in July and a public hearing will be held on August 14. • TA & Consultation workgroups: <ul style="list-style-type: none"> ○ Workgroup has begun meeting. If you are interested in participating in a workgroups– please contact Melissa Ellis. ○ Hope to implement the new structure in October. •
<p>Budget/Legislative Update</p>	<p><i>Gretchen Hageman</i></p> <ul style="list-style-type: none"> • Discussed the budget for FFY2013. • Wrapped up state session in mid-May. • Cuts to state funding were minimal and included a small across the board cut on supply & travel lines. • Reproductive health was a hot topic over the last two years in the legislature. • We will be looking to engage partners to be proactive for the next legislative session. • Tobacco division moving toward integrated system – did not move forward during the legislation year. Legislators wanted it to be a stand-alone but there is a span of control less than 15 in that segment. • Suicide prevention is under Division of Behavioral Health. • Pull out the June 19 email from Gretchen and Bob Russell for a review of budget details; and feel free to contact them. • Using oral health and tobacco Facebook to get the word out. Will share that information with agencies.
<p>Affordable Care Act: Health Home</p>	<p><i>Dr. Jason Kessler</i></p> <ul style="list-style-type: none"> • Reviewed PowerPoint presentation, “How to Build a Health Home for Iowa Medicaid Members.” The PowerPoint presentation was sent to the contract agencies after the webinar. • Invited the MCH contract agencies to be a part of building better health

care for the Medicaid population

- Offered to help the agencies see the benefits and support the program
- Approved by Center for Medicare and Medicaid Services last week. Health home will be a reality on July 2
- Five percent of Medicaid members currently represent half of medical costs. These members have chronic medical conditions and need specialized care. Health Home will be a way to provide it.
- Section 2703 of the Affordable Care Act provides for this model.
- In first two years the hope to demonstrate better health care and less cost.
- Health home concept is based on patient centered medical home.
- Follows seven principles of patient centered medical home (PCMH).
- Expect initial increases in office visits and then savings in ER & inpatient costs.
- Achievements of health home presented from member and provider perspective.
- Benefits to the state include improved health, net cost savings. Project 7-15M\$ savings over 3 year period.
- Federal government paying 90 percent of the health home cost first two years
- Health home will use population health management and evidenced-based guidelines.
- Currently have five health homes and approximately 50 members are enrolled. Accepting applications from providers.
- Expansion to “specialized” health home model.
- Contact information given for health home coordinator:
 - Medicaid Health Home Program
 - Marni Bussell, Project Manager
 - mbussel@dhs.state.ia.us
 - 515-256-4659
- Willing to make presentation to local providers or groups of providers. Contact Bussell or Kessler to set up a webinar or on site presentation
- **Q:** What about additional state plan amendments? **A:** We are at the first step to get providers going. The plan is to continue. Next phase is for serious emotional disturbances. Additional phases under discussion but no decisions yet.
- **Q:** discussion with IME on who provides the care coordination services under health home? **A:** Yes, IDPH communicated clearly to IME the services being provided by our MCH contract agencies. We are meeting with Marni Bussell and explaining the role of local public health and MCH agencies. Advise agencies to start/continue those conversations with local providers. You need to be part of that conversation as soon as possible. Per member per month fees must include work that our agencies do. We are definitely moving into the planning for the State Plan Amendments (SPA). Marni invited to planning for ACO, early childhood, health home and how Title V is changing their structure too.
- **Q:** Can we see who has applied to be providers health home from our area? **A:** Yes.
- **Q:** How does a child with birth defects qualify?. **A:** Will check with Dr. Kessler.
- **Q:** How do you see Title V agencies interacting in the health home?

	<p>A: As discussed in April meeting, you need to be involved. Set up partnership. May bring in more clients. May also involve some current clients. Kari Prescott has document of info they presented to area providers describing what they could do.</p> <ul style="list-style-type: none"> • Q: How is this different from our care coordination? A: Preplanning with IME. Serving a subset of the population. Definitely an overlap. There is room for changes and amendments in the future and we may need to clarify roles. IME will be open the input on interface. • Q: Children with mental health issues - what would be the 2nd condition. A: SPA #2 will lay out the children’s mental health components. Child health mental health will be outlined more fully.
<p>Computer Encryption</p>	<p><i>Mary Kay Brinkman</i></p> <ul style="list-style-type: none"> • Last few months instances of personal information of clients was stolen • Laptop taken at WIC clinic. • Spreadsheet in car was stolen – contained personal information. • Worked with AAG, IT, Medicaid to make sure everything was done correctly after these instances. • All IDPH contracts require encryption on computers. • Full Disk encryption is the technology that turns info into unreadable code that can’t be easily broken. • Password used to get into encrypted computer so only authorized user can use. • Second password gets onto the network. • Client information should never be stored on hard drive because if the laptop is already up and going and is stolen this information is then accessible. • Make sure all laptops in agency are encrypted – it’s the agency responsibility. • When transporting records they should be locked in the trunk. • Records should not be stored in vehicles over a weekend or even overnight.
<p>WHIS/CAReS Audit Process</p>	<p><i>Juli Montgomery</i></p> <ul style="list-style-type: none"> • Received random samples on May 30 for month of March; due June 30. • Will be sending random samples on June 30 for the month of April. • Should be working on them now. • Have been a few glitches - some locked fields. These will be fixed in the next random sample. • Section K, Row 7: can type comments into. • Let Juli know if there is an issue with compatibility with windows software. • Upload to SharePoint Completed Reports Section. No signature is required. Send an email to Roger Couch when uploaded. • Will be revising the templates based upon your comments. Revisions will be sent out in approximately three months. • May email or phone Juli with questions. • Thanks to everyone who has worked with staff on this. • Q: On direct care why is there an item re: the paper chart. A: Direct care must be documented in another chart besides CAReS/WHIS. For this purpose you only need to click that the chart exists. Everything else is audited in the direct care chart audit. • Q: For presumptive eligibility and care coordination, we do enter the

	<p>provider name but this is not pulled into the audit form. A: Will check with Steph Trusty on this.</p> <ul style="list-style-type: none"> • Q: Should we upload files individually as named? A: Upload them as individual files and name them as instructed. • Comment: The audit process has been simplified. Thank you.
Mobility Management	<p><i>Angie O'Brien</i></p> <ul style="list-style-type: none"> • Reviewed PowerPoint presentation, "Mobility Management in Iowa" • Angie is the statewide mobility manager, contracted with Iowa Department of Transportation and Iowa Association of Regional Councils. • Mobility management defined. • Becoming well known nationally and shared expertise across state. • Trying to get local people on the ground in Iowa to help those needing transportation assistance and assist with barriers. • Additional mobility managers will be hired across the state. Trying to determine how many mobility coordinators are needed for Iowa. • Funding is from federal New Freedom program that tries to fill gaps between human service and transportation. • Competitive applications managed by the Iowa Department of Transportation and also access Reverse Commute money federal money. Goal is to have eight mobility contractors by July 2013. • Shared success stories submitted by mobility coordinators • When available, contact information for the mobility managers across the state will be sent to agencies.
Adjournment <i>Cari Spear</i>	<ul style="list-style-type: none"> • Some questions were delayed in the GoToWebinar system. Questions will be compiled and get answers will be sent out to agencies. • Meeting adjourned at 11:00 a.m. • Next meeting will be held in conjunction with the October 16-17 Fall Seminar. • Motion by Kate Gronstal to adjourn. Motion seconded by Kim Fineran. • No recommended agenda items for next meeting. • Attendees reminded to email future topics to Heather Hobert Hoch.