

Important Stuff

Deadline for Submitting Fiscal Year End FFS Claims to BFH

This is a REMINDER that for FFY 2015, there is a *firm deadline of July 17, 2015* for submitting fee-for-service, *hawk-i* Outreach, and I-Smile™ claims to the Bureau of Family Health (BFH) for services provided and costs incurred through June 30, 2015 (the end of the state fiscal year). Contracted funds for these programs for October 1, 2014 – June 30, 2015 must be spent by June 30, 2015 or they revert to the Department.

Updated Child Health Services Summary

The Child Health Service<mark>s Summa</mark>ry has been updated to include moer specifics o<mark>n existin</mark>g items, and the following NEW items:

- » A broader array of staff designations has been approved by IME and IDPH for depression screening and domestic violence screening. The service provider designations approved for these two screenings are: 'RN or a person with at least a bachelor's degree in social work, counseling, sociology, psychology, family and community service, health or human development, health education, or individual and family studies.'
- » Child Health agencies may provide alcohol and/or drug screening for caregivers (in addition to adolescents). If you choose to provide this service for caregivers, IME has directed the program to bill 99420 for any caregiver screening for alcohol and/or drug usage where the caregiver is over age 21. This billing would occur under the child's Medicaid number.

The updated summary can be found on the MCH Project Management Tools Website.

FFY 2014 CMS 416 Participation Rates

The CMS 416 Participation Rate data for 2014 has been released by the lowa Medicaid Enterprise. Two data sets are attached here. The first data set displays the percentages by county, and the second shows the county percentages grouped by agency. This data is available on the <u>IDPH EPSDT website (Providers Page)</u>.

Upon reviewing the data, you will likely find notable changes from the previous few years. Iowa's overall state rate is 70%, down 11% from what we have achieved in the years since 2010. The Iowa Medicaid Enterprise (IME) has shared that there are a number factors related to the data that may explain this drop. First, they learned that selected services were included in the count of well child screenings which should not have been. These services have been removed, which would account for some of the reduction. In addition, it is unclear if the well child screenings for 19 and 20 year olds from the Medicaid HMO are included. This would further impact the results. As you know, there is a federal and state expectation that participation rates reach least 80%, and any data elements under the 80% requirement are noted in red.*.

lowa Medicaid continues to examine the quality and reliability of the data set. However, they are not certain as to whether the data will be re-run and re-released. As a result, we decided to go ahead and share this with you at this time. If they release revised CMS 416 data for FFY 2014, we will be sure to share it with you! Thank you for your continued hard work in assuring that children receive their well child screens as they age and grow! It is safe to say that we have more work to do in assuring that Medicaid enrolled children access the well child screenings for which they are eligible!



- * The Centers for Medicare and Medicaid Services (CMS) tracks EPSDT Participation Rates based upon a federal requirement of 80%*. Participation Rates indicate the extent to which the number of Medicaid eligible children (continuously enrolled for a minimum of 90 days) who should be screened (receive a well child exam) during the year received at least one initial or periodic screening (well child exam).
- * The unit of measure is the number of eligibles receiving at least one initial or periodic screening service divided by the unduplicated count of eligibles who should receive at least one initial or periodic screening service in the year. The initial and periodic screening services are based on the periodicity schedule (excluding the 30 month visit) recommended in the AAP Guidelines for Health Supervision and the average period of eligibility in each state.

New Program
offers Support
Services for
Iowa's Children
with Autism
Spectrum
Disorder and
their Families

Please share the following information with the families you work with - particularly those with children on **hawk-i** who may benefit from these services:

The Regional Autism Assistance Program (RAP), administered by Child Health Specialty Clinics, supports Iowa's children, youth and their families with Autism Spectrum Disorders (ASD). RAP teams are committed to ensuring that Iowans ages 0-21 years with ASD have access to care coordination services and family-to-family support in their community. RAP teams are located in 15 Regional Centers across the state and provide services to families in all 99 counties.

RAP team members consist of: Advanced Registered Nurse Practitioners (ARNP), Registered Nurses (RN), and Family Navigators (FNs). The RAP teams use standardized screening tools to identify children at risk for ASD and help to find

diagnostic services. All FNs are family members of a child or youth with special health care needs. There are no fees for RAP care coordination and family-to-family support services.

RAP teams are also available to assist families with applying for the Autism Support Program (ASP). Legislation in 2013 created the statewide ASP to provide Applied Behavior Analysis (ABA) services for some lowa children under 9 years of age with a diagnosis of ASD. Magellan of Iowa is the administrator of the ASP.

Families and service providers interested in finding out more information about RAP are encouraged to email or call at: Iowa-RAP@uiowa.edu or 1-866-219-9119, extension 2.

Additional information on RAP is available online at: http://www.chsciowa.org/regional-autism-assistance-program.asp. General application guidelines for the ASP may also be found online at: http://www.magellanofiowa.com/benefits-and-services-ia/autism-support-program.aspx.

The Telligen Community Initiative 2015 Request for Proposal is now available on the <u>TCl Website</u>. This funding is specifically built around assisting organizations and communities in advancing impactful work in the areas of health access, healthcare workforce development, and health improvement/innovation.

The deadline for Iowa submissions is August 4th, 2015.

Telligen Community Initiative Request for Proposal

New Medicaid Director
Appointed to DHS
Click Here to Read the News Release

MIECHV Update

In collaboration with Early Access within the Department of Education, MIECHV is pleased to announce that the family support network has begun its marketing campaign and has materials available by request by calling the toll free phone number (1-888- IAkids1) or visiting the website www.iowafamilysupportnetwork. org. The family support network has updated its website to include all family support programs serving families with children 0-5 within the state searchable by a statewide map. The statewide system currently has the capability to refer families to local coordinated intake systems or the most appropriate resources serving the unique needs of lowa families with children 0-5.

IDPH Legislative Update

Click <u>here</u> to read the update on the IDPH Legislative Package, bills that are moving through the legislative process, bills that have been signed by the Governor, and bills that have been sent to the Governor. To subscribe to the IDPH Legislative Update, send a blank email to:

join-IDPHLEGUPDATE@lists.ia.gov.

IME Informational Letter 1504

The Iowa Medicaid Enterprise has issued Informational Letter #1504 regarding the ICD-10 classification system – diagnosis codes which will be implemented for services provided October 1, 2015 and after.

Medicaid Modernization Corner

<u>Updated FAQ</u> - new questions are marked with "NEW Question"

Second Amendment



Calendar at a Glance

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

May hawk-i Q&A Call Summary

Question: How do families with private coverage apply for *hawk-i*?

Answer: If they have private coverage they will be put on Dental Only. Families used to be able to indicate they were applying for full coverage and *hawk-i* would send a letter letting them know they need to do cancel their private coverage. They no longer do this, so the family will need to cancel their private coverage on their own and send the notice to *hawk-i*.

Question: What is the turnaround time between a hawk-i application approval and receiving hawk-i cards?

Answer: They should receive a letter with their approval asking them to select a health plan. If they do not select a plan it will be automatically chosen for them, but be sure to let *hawk-i* know if they are not receiving the plan selection letter as there could be a problem. Renewals automatically go to the same plan, but families chan choose to change their plan at renewal time (or any other time, they should just contact *hawk-i*).

Question: What is the best way to check on the status of an application?

Answer: Coordinators can call or email *hawk-i*, but will need a release of information before they can provide the status (pending, approved, etc.).

