Iowa Medicaid Enterprise Endeavors Update

A Communications Effort to Strengthen Partnerships

Iowa Department of Human Services

Terry E. Branstad, Governor
Kim Reynolds, Lt. Governor

Iowa Department of Human Services
Charles M. Palmer, Director
Jennifer Vermeer, Medicaid Director

Special points of interest:

- MAAC Hosts Webinar
- Hospital Readmissions Data
- HIPAA 5010 Readiness Update
- BIPP Application Submitted
- Annual Provider Trainings 2012
- May is Asthma Awareness Month
- Happy Nurses Week
- PASRR Update

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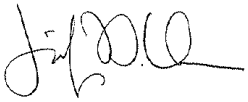
Iowa Medicaid Director's Column

At this time of year we are busy analyzing the implications of the SFY 2013 budget recently passed by the Legislature and preparing to develop the SFY 2014 budget proposal. The SFY 2013 budget appropriates $915 million in state general funds, an increase of $11.5 million in state general funds. We are grateful for this increase, but remain somewhat concerned that this funding level is below the current projected estimates. On a separate note, we recently learned about the passing of 34-year-old Katie Beckett, an Iowan who changed the course of Medicaid for the entire country. Our condolences go to her brave family. We have reprinted a story in this newsletter that we wrote about Katie in December 2010 when we did a series about the HCBS Waivers.



Remembering Katie Beckett (Story Reprinted from Dec 2010)

In the early 1980's an infant in Iowa named Katie Beckett changed the course of Medicaid for the entire country. At the age of 5 months, Katie Beckett contracted viral encephalitis. She spent the next 3 1/2 years in a hospital due to the need to use a ventilator and compressor. Her parent's $1 million health insurance policy ended for Katie, and she was not eligible for Medicaid, at the time, because of her parent's income. Katie's parents appealed to the Iowa Legislature to develop a waiver that would reimburse the cost of providing services for Katie in her own home. The Iowa Legislature responded and in 1984 established the first HCBS waiver, the Ill & Handicapped waiver. President Reagan intervened at the time to push for a change in the federal rules. Katie Beckett is now in her 30's and is an advocate for disabled children.

DHS Director Charles Palmer commented on May 18, 2012: *"Katie and her family provided the impetus for the delivery of a range of home and community based services. These waivers to the traditional Medicaid program have allowed thousands of consumers in Iowa to receive services in places other than institutional settings, thus greatly enhancing the quality of their lives. This is another example of where a committed and determined family can change the system not only for their family but for many other vulnerable people."*

Transition to HIPAA 5010 Final Deadline is July 1

Compliance has increased dramatically since we reported in November 2011 that only 10% of providers had switched.

The electronic transaction formats for health care claims changed on January 1, from HIPAA version 4010 to version 5010. **As of today, only about 7% of claims submitted electronically to Medicaid are not in compliance with the new HIPAA 5010 electronic transaction standard**. Non-compliant providers should work to transition to HIPAA 5010 immediately so claims processing and other transactions (such as eligibility checks) will not be disrupted.

The Centers for Medicare and Medicaid Services (CMS) announced a "non-enforcement" period that now runs through June 30. This means that Medicaid may continue to accept claims in both the old (4010) and new (5010) format, which has allowed some extra time for providers to transition. **The non-enforcement period will end June 30, 2012. After that, Medicaid will only be able to accept transactions in the new 5010 format.**

The IME has gone to extensive effort to educate providers about this change, including outbound calls to providers still submitting claims on the old format. While the non-compliant providers represent less than 10% of total claim volume, some of these providers may be highly dependent on consistent Medicaid claim payment. We are concerned that the message may not always be reaching the appropriate leadership within organizations.

Regarding 5010 generally, the transition for most providers has been smooth, especially for those who tested early and thoroughly with the IME prior to implementation. Electronic data interchange (EDI) call center support staff is readily available to assist with the transition process at 800-967-7902.

For more detailed information, please review a recent Informational Letter (IL):

http://www.ime.state.ia.us/docs/1102_EDISSandthe5010TransitionRecertification.pdf

Save the Date! E-Health Summit August 8-9

Kelly Peiper, Medicaid HIT Provider Incentive Coordinator, invites you to attend the 8th Annual e-Health summit on August 8-9. The summit's purpose is to highlight the clinical value, current status and statewide vision for e-Health initiatives to improve health care for Iowans. It is sponsored jointly by Telligen, the Iowa Department of Public Health and the Iowa Department of Human Services (Iowa Medicaid). Learn more at:

e-Health Summit Brochure

Hospital Readmissions Research: Part 2 of 3 Part Series

In part one of this series, we introduced Iowa's participation in a 16-state study of hospital readmissions conducted by the Medicaid Medical Directors' Learning Network (MMDLN) and Agency for Healthcare Research and Quality (AHRQ) using 2009 data. Iowa's readmission score was the third lowest among the 16 participating states. Below is a break down of some of this data for Iowa.

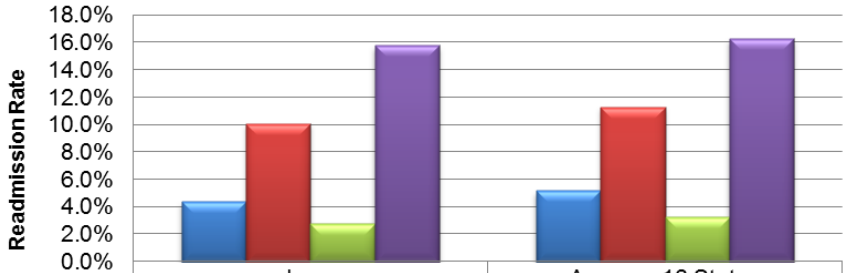
Iowa's readmission score was the third lowest among the 16 participating states.

The study looked at readmissions in pediatric and adult populations and in obstetric and non-obstetric populations. States varied the most in their rates for non-obstetric adult readmissions, ranging from about 7 to 24%. Most states performed similarly for obstetric readmission rates (1-7%).

Within Iowa, the 30-day readmission rate was highest among the 45-64 year-old age group (17.2%), followed by ages 1-12 years (8.5%) and ages 21–44 years (7.1%), as shown in Figure 2. Those dually eligible for both Medicaid and Medicare were not included in the study. Most of the Medicaid population over the age of 64 years is dually eligible. Age breakdown is not available for all states.

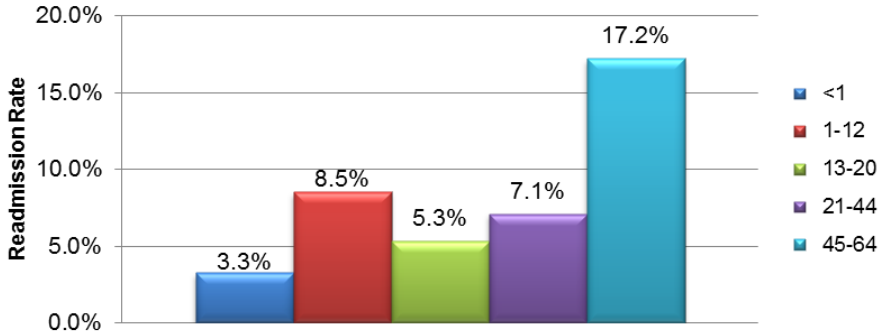
In part 3, we will look at the leading diagnoses for readmissions and future areas to study and improve.

30-day readmission rates by population: Comparison of Iowa to average of 16 States (physical health only)



	Iowa	Average 16 States
Pediatric Total	4.4%	5.2%
Adult Total	10.1%	11.3%
Adult Obstetric	2.8%	3.3%
Adult non-obstetric	15.8%	16.3%

30-day readmission rates by age in years within Iowa (physical health only)



"We have a real opportunity to improve our ability to analyze claims data if we are thoughtful about building requirements for the next MMIS."

Robert Schlueter
Provider Services Unit Manager

High Volume Medicaid Pediatric and Obstetric Study: Care at Birth and Beyond

Iowa is participating in a multi-state study by the Centers for Health Care Strategies (CHCS) of high-volume Medicaid pediatric and obstetric practices. The study will analyze the size of practices for differences in quality of care and disparities in care. The IME worked closely with the Iowa Department of Public Health (IDPH) on the study. "For more than 20 years, the Iowa Departments of Public Health and Human Services have collaborated to link Medicaid paid claims with the Iowa birth certificate," says IDPH and Centers for Disease Control (CDC) epidemiologist Dr. Debbie Kane. "The information provided by this data has been instrumental in supporting policy and program changes to benefit pregnant Medicaid recipients." This pre-existing working relationship helped Iowa to be a leader among states in the study, being the first to submit data.

Limitations in the data currently available from the IME's Medicaid Management Information System (MMIS) system were recognized. Referring to the upcoming rebuild of this crucial, but aging computer system, provider services manager Bob Schlueter stated, "We have a real opportunity to improve our ability to analyze claims data if we are thoughtful about building requirements for the next MMIS." Interpretation of the data is up to CHCS and results are not yet available. At first glance, differences in care by practice size do not appear substantial. It will remain to be seen from the data analysis whether they are statistically significant.

Medical Director's Minute: Smoking Cessation

Dr. Jason Kessler writes a monthly column on topics of interest. May's Medical Minute explains the tools available for providers to utilize to help their patients to quit smoking. Link to the column at:

http://www.ime.state.ia.us/docs/MDM_2012-05.pdf

Medical Assistance Advisory Council (MAAC) Update

The MAAC met on May 16 at the Historical Building in Des Moines and, in an effort to increase accessibility, hosted its first webinar. The MAAC had an ambitious agenda and covered a wide variety of topics including updates on State Plan Amendments, FY 13 budget and post-session legislative comments, mental health redesign, provider screening and enrollment as required by the Affordable Care Act, electronic health records incentives and health homes, among other topics. Laura Malone from the Iowa Hospital Association updated the group on the Partnership for Patients initiative. Iowa is one of only two states that has all of their hospitals participating in the initiative to make health care safer and less costly by reducing preventable injuries and complications. If you participated in the webinar we want to hear from you with comments on what worked and what did not work. You can email Council Administrator, Stephanie Clark, at sclark2@dhs.state.ia.us with your comments and suggestions.

Balancing Incentive Payment (BIP) Project Application Submitted

On April 30, 2012, Iowa submitted an application to the Centers for Medicare and Medicaid Services (CMS) for the Balancing Incentive Payment (BIP) project. The project authorizes increased federal medical assistance percentages (FMAP) to approved states seeking to build infrastructure that will assist in rebalancing community long-term support services (LTSS) with institutional LTSS. Total funding appropriation for this federal initiative spans four years, not to exceed $3 billion.

The development of the application was a collaboration between the Iowa Medicaid Enterprise (IME), Mental Health and Disability Services (MHDS), and the Iowa Department on Aging (IDA). The IME is identified as the Oversight Agency in the application, with MHDS as Operational Agency and IDA as co-operating agency. Collaboration between departments and agencies will continue in infrastructure development and implementation.

If approved, Iowa must use the estimated $61 million to develop infrastructure to support uniform access and a more streamlined process that will match the needs of individuals with the community-based supports needed to remain in the home. Strategies that will be explored to ensure the success of this project include, but are not limited to:

- Incorporation of the No Wrong Door/ Single Entry Point (NWD/SEP) requirement with existing Aging and Disability Resource Centers (ADRC), web-sites, toll-free numbers, and network of access points throughout the state. Consolidation of these efforts will create a network with efficient dissemination of LTSS information and referral so that all Iowans have equal and timely access to sustainable supports.
- Collaboration with the Iowa's Health Homes initiative to foster a continuity of care and sustainable community living.
- Research and implementation of Core Standardized Assessments (CSA) including, but not limited to, the Supports Intensity Scale (SIS) and Level of Care Utilization System (LOCUS).
- Development of standards for conflict-free case management that enhances consumer choice and quality of available services.
- Marketing to a collaboration of stakeholders so that the systemic changes have buy-in to promote community inclusion, quality of supports, measurable outcomes, and decline in unnecessary facility placements.
- Training of all network and state staff administering each level of assessment to ensure that the process maintains a seamless, coordinated, and efficient workflow from the moment a consumer enters the SEP network through the duration of LTSS delivery.

Many stakeholders and partners have assisted in moving this initiative forward in Iowa through investment of knowledge, experience, and valuable time. With the submission of this application, Iowa submitted letters of support from the following: The Arc of Iowa, ASK Resource Center, Center for Disabilities and Development, Disability Rights Iowa, Iowa 211, Iowa Association of Community Providers, Iowa Behavioral Health Association, Iowa Department of Public Health, Iowa Development Disabilities Council, Iowa Finance Authority, Iowa Hospital Association, Iowa Olmstead Consumer Task Force, Iowa Statewide Independent Living Council, Iowa Vocational Rehabilitation Services, Mental Health Planning Council, and the National Alliance of Mental Illness.

If approved, the state must have finalized a work plan submitted by January 1, 2013. The finalized work plan will have detailed descriptions of how the key components – NWD/SEP, CSA, and conflict-free case management – will be operationalized through October 11, 2015. During this time, the state must also demonstrate rebalancing of community LTSS expenditures to equal or exceed the expenditures spent for institutional LTSS.

The BIP Project is a collaborative effort with stakeholder support. Thank you to everyone who assisted.

Charles M. Palmer

DHS Director

Director Palmer: Mental Health Redesign "truly historic"

On May 9, the Iowa Legislature adjourned and Director Palmer issued remarks to DHS staff that reflected his pleasure that the final numbers were closer to the figures recommended by the Governor than were initially proposed by some legislators. According to Palmer, "The bottom line is that the great majority of our functions will continue with few alterations." In addition, Palmer called the mental health redesign legislation "truly historic". He said "our goal is to provide mental health and disability services depending on need rather than where you live." He called the legislation "a momentous step for Iowa".

PMIC Transition Update

Quarterly meetings are held at the Magellan offices and the next meeting is May 31.

During the 2011 Legislative Session, DHS was directed to establish a Psychiatric Medical Institution for Children (PMIC) Services Transition Committee pursuant to Senate File 525, Division III. The Transition Committee met three times between October 4, 2011, and December 7, 2011. The Transition Committee explored the following issues:

- Identifying admission and continued stay criteria for PMIC providers;
- Evaluating changes in licensing standards for PMICs, as necessary; and,
- Evaluating and defining the standards for existing and new PMIC and other treatment levels.

Consistent with the requirements of the statute, the Transition Committee included PMIC providers. The group discussed issues raised in the legislation such as the length of stay, continued stay criteria, and methods to measure progress in these areas.

The final report of the Transition Committee to the Legislature in December 2011, recommended that PMICs be transitioned to the Iowa Plan on July 1, 2012, with no major changes to current administrative requirements or rate methodology for at least the first year. Having stability as the PMICs move into the Iowa Plan is important as the PMICs also face the potential for major changes to their programs based on the system redesign. In addition, the Transition Committee determined that it was difficult to evaluate and define standards for existing and new PMIC levels separate from the efforts of the Children's Mental Health Redesign. The Transition Committee plans to actively participate in this discussion, allowing PMICs to provide more flexible services while retaining their longer term residential capacity for children with high-end mental health needs as well as providing capacity for short-term stays to avoid longer stays or readmissions. The Transition Committee continues to meet regularly and will continue during the transition oversight within the Iowa Plan.

MIG Funded Self-Employment Trainings Launched: Help Us Spread the Word

Self-employment training seminars for people with disabilities were launched in late April. The two-day seminars being held across the state continue through mid-August. Topics include why self-employment makes sense, principles of small business ownership, how to use Social Security work incentives, and how to write a business plan. National experts on self-employment for people with disabilities join Iowa Work Incentives Planning & Assistance (WIPA) experts to provide the information. The seminars are funded through the Medicaid Infrastructure Grant (MIG) to the Iowa Department of Human Services. Please help us spread the word about upcoming training dates!

- May 22-23 in Des Moines
- May 24-25 in Coralville
- June 26-27 in Dubuque
- June 28-29 in Davenport
- July 10-11 in Mason City
- July 12-13 in Ottumwa
- August 14-15 in Waterloo
- August 16-17 in Des Moines

For details go to http://www.iowawipa.org/wipa-trainings.html

Learn More about Medicaid Trusts

Medicaid Trusts, also called Payback Trusts, are trusts that name the Iowa Department of Human Services as a residual beneficiary (the person who receives the assets from a will or trust after all other assets have been given to other persons) and meet requirements established under federal and state law. There are three types of payback trusts: Medical Assistance Special Needs Trusts, Medical Assistance Pooled Trusts and Medical Assistance Income Trusts. Special Needs Trusts or Pooled Trusts can only be set up for people with disabilities. Only disabled persons under 65 years of age may set up a Special Needs Trust. A Pooled Trust can be set up for a person of any age. An Income Trust is available to persons whose income is more than the eligibility guidelines, but is not enough to pay their medical expenses. In most cases, Income Trusts are used when a person enters long-term care. An Income Trust is also known as a Qualified Income Trust, an Income Assignment Trust or a Miller Trust. Trusts are set up to care for the special needs of a beneficiary because of his or her disability. A new brochure (web page) describes examples of when to consider setting up a Medicaid Trust.

For more information, please go to: http://www.iowa-medicaidtrusts.com/

Annual Provider Training 2012

The Iowa Medicaid Enterprise would like to invite all Iowa Medicaid providers to the Annual Provider Training for 2012. Based on the success of last year, and in continuing our goal of reaching out to all providers, the IME is pleased to offer sessions in 15 different communities throughout the state with two new modules that we feel will greatly assist providers in their understanding of the programs. The main topics include general Medicaid policies and procedures, documentation standards, managed care and Home and Community Based Services (waivers and habilitation). The trainings start in early June and go through August 23.

For the full list of dates and locations and to register go to:

http://www.ime.state.ia.us/docs/1126_AnnualProviderTraining2012.pdf

Public Transit Systems Offer Transportation to IowaCare Members

In early May, the Iowa Department of Transportation (DOT) announced that Iowa's public transit agencies are now offering transportation to IowaCare members through a new program called **TransitCares.** The program offers IowaCare members transportation to their medical appointments and pharmacy visits for a one-way fee of $1. (Regular fare will continue to apply to nonmembers.) This project is made possible with State Transit Assistance Special Project Funds through the Iowa DOT's Office of Public Transit.

Scheduling and service availability vary by public transit provider. IowaCare members should contact their local public transit agency for specifics on the TransitCare service availability. For a list of Iowa's public transit agencies and their contact information please visit:

http://www.iowadot.gov/transit/agencies.html

Or call Laurie Carnahan at 515-233-7870

Iowa Medicaid Director Jennifer Vermeer thanked the Iowa DOT for this collaborative effort. Vermeer stated, "Transportation is definitely a hurdle for some of the IowaCare members and this program will be very helpful."

Thank you Iowa DOT for this collaborative effort on behalf of IowaCare members!

May is Asthma Awareness Month

Asthma is one of the most common lifelong chronic diseases that adversely influences children and adults as well as their families. In the United States there are an estimated 25.7 million Americans living with asthma at a cost of $56 Billion according to the U.S. Centers for Disease Control. Asthma is a leading cause of hospital emergency department visits, and school and work absenteeism. Moreover, individuals with asthma are at an increased risk for other chronic medical conditions such as diabetes, sleep disorders and heart disease with further pernicious outcomes on mental health. In the Iowa Medicaid program, the top 5% of the highest cost and highest risk members represent 48% of all acute care costs. Adult asthmatics account for 7.5% and children account for 3.5% of the total costs associated with this top 5%. While there is no cure for Asthma, the disease does not have to be debilitating and many of the costs associated with Asthma can be avoided by education and proper use of medications.

While the number of people with Asthma continues to increase, the greatest increase is seen in children. Since 1980, the Centers for Disease Control and Prevention have found that the prevalence rates among children with Asthma have climbed to historically high levels. Currently, 1 out of every 10 school-aged children now has Asthma according to a report from the Prevention's National Center for Health Statistics. More alarming is that this prevalence rate is increasing in conjunction with the prevalence rates of obesity, diabetes and sleep disorders thus providing evidence for higher levels in co-morbidity of diseases in youth.

In response to these alarming statistics, the Iowa Medicaid Disease Management Program has increased focus on asthmatics through frequent and consistent interactions with each enrolled member in an effort to create an Asthma action plan each member develops with their primary care physician. We have also partnered with the Healthy Iowans Initiative to promote effective planning and strategies to reduce the impact of this chronic disease on the health and daily life of each member. The purpose of this partnership is to focus on improving health outcomes for members with asthma who participate in the Iowa Disease Management Program. Through the collaborations with the Healthy Iowans Initiative, the Iowa Medicaid Disease Management Program's primary goal of improving health outcomes for members can be accomplished through adherence to the current recommended guidelines of using appropriately prescribed controller medications for asthmatics. Members who appear to not be taking their controller medications on a regular basis are identified and information about the many benefits of regular use these medications have on their health and well-being are sent to them. Furthermore, data driven analytical techniques, such as quality metrics are utilized to monitor these outcomes.

If you have questions, or if you would like to refer a member to our Disease Management Program, please contact the IME Member Services Unit at:

- 1-515-256-4606 (in the Des Moines area)
- 1-800-338-8366 (outside of the Des Moines area)
- 1-515-256-4626 (fax)

http://www.cdc.gov/Features/AsthmaAwareness/

"Are you taking your meds?" Asthma Health Tip for Members from Iowa Medicaid

http://www.ime.state.ia.us/docs/Member_HealthTips.pdf

Regular Feature: Informational Letters

The Iowa Medicaid Enterprise publishes provider bulletins, also known as informational letters, to clarify existing policy details or explain new policy. Bulletins are posted on a website. The IME Newsletter will highlight information letters released in the preceding month. Topics of the April 2012 informational letters included:

- Reporting Referral on Emergency Room Visits (IL#1116)
- Hypertonic Saline for Inhalation Therapy (IL#1118)
- Incident Reporting Requirements and Expectations (IL#1119)
- PMIC Maximum Reimbursement Rate and Restoration (IL#1121)
- High Technology Radiology Prior Authorizations (IL#1122)
- Third Party Liability (TPL) and Vision Claims (IL#1123)
- New Document Submission Process for Children's Mental Health Waiver and Habilitation Level of Care Reviews (IL#1124)
- Annual Provider Training 2012 (IL#1126)
- Change of Ownership (IL#1127)
- Enrollment Renewal Launch 2012 (IL#1128)
- Preferred Diabetic Blood Glucose Monitors and Test Strips (IL#1129)
- Exclusion from Participation in Federal Health Care Programs (IL#1130)

View the complete list of informational letters by year at:

http://www.ime.state.ia.us/Providers/Bulletins.html

Updated "Your Guide to Iowa Medicaid" Now Available

Click here for the electronic version:

http://www.ime.state.ia.us/docs/Comm20.pdf

Happy Nurses Week 2012!
Message from Deputy Director Julie Lovelady

National Nurses Week is celebrated annually from May 6, also known as National Nurses Day, through May 12, the birthday of Florence Nightingale. The ANA Nurses Week theme for 2012 is "Nurses: Advocating, Leading, Caring ". Traditionally, National Nurses Week is devoted to highlighting the diverse ways in which registered nurses, who comprise the largest health care profession, are working to improve health care.

The nursing profession is often defined by role functions, which include hands-on practitioner, educator, researcher, leader, manager, and service provider. The nursing profession is one that experiences constant change and must remain responsive to the health care needs of consumers. Nurses today are confronted daily with the changes rapidly occurring in today's health care environment and are poised to impact not only quality client care but also the economic and fiscal consequences of care delivery.

The nurses of the IME have various clinical backgrounds and years of expertise in multiple fields. They assist the department to increase efficiency, quality, and effectiveness of Medicaid healthcare. Iowa's Medicaid Chronic Management Program focuses on members with complex health care needs and/or chronic conditions to provide health coaching and care management. IME nurses promote member self-management skills and provide education on disease processes and healthy lifestyles. They ensure services are affordable and sustainable for the State by providing a variety of services including prior authorization of certain services to ensure the service is medically necessary, ensuring members meet the "level of care" requirements to receive long term care services, disease management programs, and quality assurance and utilization review to ensure the program is cost effective in the services provided. In the ***hawk-i*** program nursing assistance is noted in establishing quality measures and evaluating encounter data from the health plans.

Please join me in thanking all nurses, including those who work in Medical Services, Member Services, Program Integrity, and the ***hawk-i*** program, at the IME. Their ongoing commitment, dedication, expertise, and compassion are greatly appreciated.

Thanks to all PASRR Providers!

Congratulations and thanks to all Pre-Admission Screening and Resident Review (PASRR) providers in Iowa, and Iowa's contractors for PASRR at Ascend Management Innovations. On May 3, 2012, the Centers for Medicare and Medicaid Services (CMS) issued a, "PASRR Letter to States," which reported on a review of all state PASRR processes, based upon PASRR procedures in place during 2009. Back in 2009, Iowa's process, like many other states in the country, was found to be lacking in several areas. However, recently Iowa received a "Revised PASRR Process State Fact Sheet," updated in February 2012, which found that Iowa's PASRR process has changed significantly since 2009. The February 2012 report, which is a product of the national PASRR Technical Assistance Center (PTAC), found Iowa's PASRR process to meet all criteria and to be, " very comprehensive" in all areas relating to the PASRR Level II evaluations. These most recent findings will be incorporated into a revised draft of the national Review of State Policies and Procedures to be circulated by CMS in late 2012.

The goal of the PASRR process is to reduce inappropriate institutionalization for individuals with serious mental illness, intellectual disability and related conditions and improve the quality of life for those individuals who are placed in Medicaid certified facilities.

A PASRR process must do each of the following:

- Identify individuals with mental illness and/or intellectual disability
- Ensure that individuals with mental illness or intellectual disability are served appropriately, whether a specialized program or in a nursing facility; and ensure that individuals receive the services they require for their mental illness or intellectual disability condition wherever they are served.

Don Gookin

Long Term Care

Program Manager

PASRR screening is divided into two parts, Level one (LI) and Level Two (LII):

Level I Preadmission screening is used to decide whether an applicant (or resident of a nursing facility in the case of resident review) is suspected of having any of the conditions that require a Level II (PASRR) evaluation. The PASRR Level II evaluation is designed to ensure that key decisions occur for all individuals applying to or residing in Medicaid certified nursing facilities (NFs) prior to their admission and whenever a significant change in status occurs.

PASRR in Iowa is implemented through a collaborative relationship between the Iowa Medicaid Enterprise (IME) and the DHS Division of Mental Health and Disability Services (MHDS). The IME and MHDS staff wishes to thank all of the hospital and long term care providers, our contractors at Ascend, and many others throughout the state, who have helped Iowa to implement a fully federally compliant Preadmission Screening and Resident Review process.

For more information on PASRR, please contact Don Gookin at dgookin@dhs.state.ia.us, or

Lila Starr in the Division of MHDS, lstarr@dhs.state.ia.us.

Iowa Department of Human Services

Iowa Medicaid programs serve Iowa's most vulnerable population, including children, the disabled and the elderly.

We're on the web!

http://www.ime.state.ia.us/

Comments, Questions or Unsubscribe
Please email:
IMENewsletter@dhs.state.ia.us

The Iowa Medicaid Enterprise (IME) is an endeavor, started in 2005, to unite State staff with "best of breed" contractors into a performance-based model for administration of the Medicaid program.

The Medicaid program is funded by State and Federal governments with a total budget of approximately $4 billion. The $4 billion funds payments for medical claims to over 38,000 health care providers statewide.

Iowa Medicaid is the second largest health care payer in Iowa. The program is expected to serve over 698,000 Iowans, or 23%, of the population in State Fiscal Year 2013.

Iowa Medicaid Upcoming Events:

June 6	Drug Utilization Review http://www.iadur.org/meetings
June 14	Pharmaceutical & Therapeutics http://www.iowamedicaidpdl.com/index.pl/pt_committee_info?noCache=669;1326989867
June 18	***hawk-i*** Board http://hawk-i.org/en_US/board.html
June 4-Aug 23	Annual Provider Trainings (See related article)
August 8-9	e-Health Summit (see related article)