



IARHC Members,

Below is our Winter 2017 Newsletter. Portions of this newsletter will also be available online on our website at: [www.iarhc.org](http://www.iarhc.org)

Also, thank you for your membership in 2017 and also for all you do for rural Iowa patients and providers. Your feedback and ideas have been invaluable to the board and our work as an association, we encourage you to continue sharing that information with IARHC.

Please see the attached flyer for more information on what IARHC offered members last year. As seems to be typical with the healthcare industry, this year is shaping up to be full of changes for rural health clinics again.

This year the IARHC Annual Conference will be at a new location and on a new date: May 8-9 at the Holiday Inn at the Des Moines Airport. Again, IARHC members will receive a reduced rate for anyone attending from their organization. This year's conference plans include a track for billing and a track for management/leadership and clinic development.

Please visit: <https://iarhc.org/join-us/membership-benefits>. IARHC is pleased to offer all of these services again at a yearly membership fee of \$250 per clinic or organization. Two payment options are available, both online and via mail.

If you have any questions, please do not hesitate to reach out to [eshannon@iowapca.org](mailto:eshannon@iowapca.org)

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## New PPS Rates

DHS Informational Letter 1863-FFS-D can be found at [https://dhs.iowa.gov/sites/default/files/1863-MC-FFS-D\\_FQHC\\_RHCRateFloorUpdate.pdf](https://dhs.iowa.gov/sites/default/files/1863-MC-FFS-D_FQHC_RHCRateFloorUpdate.pdf)

Information is included in this letter. Amerigroup will plan to have rates loaded by January 1, 2018 for billing and United Healthcare will have rates loaded no later than March 1, 2018. Please contact [dfravel@iowapca.org](mailto:dfravel@iowapca.org) if you have questions.

## Managed Care Organization Changes

As you have seen from IARHC updates and in the news, several changes have taken place over the last two months in Medicaid Managed Care:

- AmeriHealth is no longer in Managed Care in Iowa as of December 1
- Amerigroup is temporarily not accepting new Medicaid members
- Amerigroup still does not have a contract with Unity Point
- United Health Care is discontinuing the Chronic Care Health Home Program on January 1 and drastically changing the Integrated Health Home Program on February 1

Below is a Power Point (Winter 2017 Managed Care Update) with further FAQs and information for your use. Please do not hesitate to reach out if you have questions.

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## Save The Date – IARHC Annual Conference – May 8-9, 2018

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## Emergency Preparedness Webinar

The following link will take you to the “day of” recording of the Webinar.

<https://hrsa.connectsolutions.com/p3f05vrs7hu/>

If you missed an earlier webinar or would like to view the full listing of previous RHC TA webinars, you can go to: <https://www.hrsa.gov/ruralhealth/resources/conferencecall/index.html> and view previous recordings. The Federal Office of Rural Health Policy is in the process of moving the RHC TA webinar archive to a new website. That new location should be announced soon after the new year.

## RHC Best Practices Webinar Recording and Slides

On Wednesday (12/13), NARHC had a great RHC Technical Assistance webinar on "RHC Best Practices", with presenters Teresa Treiber, John Gill and Peggy Gautreau!

Many of RHCs have contacted asking about a recording of the webinar as you were unable to listen live for one reason or another. Here is a link <https://hrsaseminar.adobeconnect.com/ph1bqj8efnmv/> to the Best Practices webinar. A transcript of the webinar will be made available at a later date. The slides and other material referenced during the webinar are available on the NARHC website - <https://narhc.org/resources/links/>

## Provider Burnout and Professional Resiliency Conference

IMS, in collaboration with the Iowa Association of Rural Health Clinics, the Iowa Primary Care Association and other healthcare partners, will be hosting a ***Provider Burnout and Professional Resiliency Conference*** on **Thursday, February 8, 2018**, at the Marriott West Des Moines. **Registration is now open.**

Successfully combating burnout requires buy-in from every member of the care team and providers have different needs depending on the stage of their career. With this in mind, the ***Provider Burnout and Professional Resiliency Conference*** will offer an opportunity for **all members of the healthcare team** to come together on this important topic. This multidisciplinary, day-long conference will offer general and breakout sessions covering topics such as recognition and prevention of burnout, communication amongst teams, burnout in trauma settings, professional resiliency, and more.

Erica Shannon and Aaron Todd from the Iowa PCA were part of the planning team and are pleased to note a session on rural health provider burnout is being planned.

Registration is now open and is **FREE** to all attendees who wish to learn more on this important topic. To register: [www.iowamedical.org](http://www.iowamedical.org)

## Reduced Cost Billing and Coding Specialist Program

The National Organization of State Offices of Rural Health has negotiated with the Association for Rural Health Professions to offer a \$200 discount for NOSORH members and the rural communities you serve on a **NEW Online Self Study Course to attain certification as a Rural Coding & Billing Specialist**. More information at: <https://ARHPC.bsorbTraining.com>

This is a great opportunity for anyone working in healthcare in rural communities including providers! Anyone with the coupon code

**200offNOSORH** will receive this member benefit. State Offices of Rural Health and other organizations are able to register multiple people for this opportunity.

## IDPH Requested Survey Participation

IDPH has requested input through a short survey around training interests and needs of health care professional in Iowa on a variety of topics related to domestic and sexual violence and has asked the PCA to send out to our health centers to distribute to all providers (medical, dental, behavioral health and substance use) as well as clinical staff (RN, LPN, MA, health educators, etc.). The survey should take approximately 5 minutes to complete and is simply for information gathering purposes. IDPH is looking for a broad range of input so please forward on to providers, staff, etc. to complete.

Please contact Tiffany Conroy, Violence Prevention Coordinator, at the Iowa Department of Public Health, at 515-242-6514 or [tiffany.conroy@idph.iowa.gov](mailto:tiffany.conroy@idph.iowa.gov) with any questions or to provide any additional information about your current training needs! Additionally, please contact Tiffany or myself if you're in need of any resources related to a public health/health care response to domestic/sexual violence. The PCA has human trafficking patient education materials in several languages available as well as provider cards on warning signs and questions to ask patients.

You can find the survey at: **Link:** <https://www.surveymonkey.com/r/healthcaredvsa>  
This is voluntary and not endorsed by IARHC.

## Total immersion: Rethinking the future of rural health and well-being

NRHA shares the following for consideration on rural health improvement:

Rural communities vary a great deal in terms of population, infrastructure, remoteness and culture.

Outside the federal government, many funders of rural health improvement have shifted from implementing programs developed in urban environments to convening and empowering local groups of rural residents to identify and address health challenges on their own.

<https://www.ruralhealthweb.org/blogs/ruralhealthvoices/december-2017/total-immersion-rethinking-the-future-of-rural-he>

## Radon Education Resources for Rural Providers

The Bureau of Chronic Disease and Prevention and Management is working with the Bureau of Radiological Health at the Iowa Department of Public Health (IDPH), to help promote radon education resources with Iowa's health care providers.

# Educate Your Patients about Radon

As a health care provider, you always ask your patients if they smoke, but do you ask them if they test their homes for radon? The Centers for Disease Control and Prevention, American Medical Association, American Lung Association, and the Surgeon General all recognize radon as the second-leading cause of lung cancer. The Environmental Protection Agency (EPA) estimates that 21,000 lung cancer deaths each year in the United States are attributed to radon exposure (EPA, 2017).

Iowa has the highest percentage of homes with radon levels higher than the indoor radon action level of **4 pCi/L** set by the Environmental Protection Agency, with **five** out of **seven** homes having elevated

radon levels. An estimated 400 Iowans die each year from radon-induced lung cancer - more than the number of Iowans that die each year in traffic accidents (American Lung Association, n.d.).

The good news is radon-induced lung cancer is preventable. In addition, as a health care provider, you have a special role in preventing radon-induced lung cancer. A brief discussion with your patients about radon could save their lives.

To learn more about radon in Iowa and its negative impacts on health, access these radon information resources provided by the **American Lung Association** (click [here](#)) and the **Iowa Department of Public Health** (click [here](#)).

Encourage your patients to call the Iowa Radon Hotline at **1-800-383-5992** to learn more about radon, home radon testing and mitigation, as well as to order a radon-testing home kit. Testing kits may also be ordered online by visiting this [link](#). A question about radon testing could be incorporated into your clinic's electronic medical records system or intake form.

References:

American Lung Association (n.d.). Iowa Specific Radon Information: Radon in Iowa. Retrieved October 11, from <http://www.lung.org/our-initiatives/healthy-air/indoor/indoor-air-pollutants/radon.html??referrer=https://www.google.com/>

Environmental Protection Agency, (2017). Health Risk of Radon. Retrieved October 11, from <https://www.epa.gov/radon/health-risk-radon>

If you have any questions, please do not hesitate to contact [denise.attard-sacco@idph.iowa.gov](mailto:denise.attard-sacco@idph.iowa.gov) or 515-281-0917.

## Telehealth and Rural America

Noting that HRSA recently invested \$203 million in health centers and rural communities to help fight the opioid epidemic, Dr. Sigounas said: "While the purpose of National Rural Health Day is to celebrate the efforts and contributions of rural America, it is difficult to think about rural health and not acknowledge the opioid crisis."

One response to the crisis, conferees said, is Project ECHO -- a new emphasis on telehealth as a means to deliver clinician training, patient consultation and case management to geographically isolated communities where hands-on care is scarce.

Read more about telehealth and rural America.

[https://www.hrsa.gov/enews/past-issues/2017/december-7/telehealth-and-rural-america.html?utm\\_campaign=enews12072017&utm\\_medium=email&utm\\_source=govdelivery](https://www.hrsa.gov/enews/past-issues/2017/december-7/telehealth-and-rural-america.html?utm_campaign=enews12072017&utm_medium=email&utm_source=govdelivery)

## Understanding Vaccination Coverage in Rural Areas

**February 13.** The Centers for Disease Control and Prevention seeks to get a better understanding of the factors that contribute to disparities in vaccination rates between rural and urban adolescents and make an effort to improve vaccination coverage in rural areas. State, local and tribal governments, public and private colleges and universities and non-profit organizations are among those eligible to apply for funding of up to \$350,000 per year for a three-year project with a special emphasis on the human papilloma virus (HPV) vaccine.

## NARHC's Certified RHC Professional (CRHCP)

### ON-LINE TRAINING

This broad-spectrum, 6-8 week course will prepare Clinic Administrators, Directors, and other RHC Professionals how to run a successful RHC! You may take it at your convenience (nights, weekends, etc.) as long as you complete the coursework by March 15. Those with no experience may need 8 weeks. The course is broken into 4 modules with optional videos and short pretest questions at the end of each module. An in-person Exam will be held in San Antonio the day before the 2018 NARHC Spring Institute (Sun., Mar. 18, 2-4 p.m.). Attendance & separate conference registration is a requirement of the course. We're accepting the first 50 paid learners. Read testimonials below!

Module 1: Administration & Finance

Module 2: Billing & Coding

Module 3: Human Resources

Module 4: Regulatory Compliance & Quality

Click link for full information or to register: <https://narhc.org/resources/online-training/>

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## NARHC News

### PQRS Questions & Answers

#### RHC SERVICES VS NON-RHC SERVICES

**QUESTION:** I received a letter recently from CMS that states we did not perform the PQRS and will now be receiving a 2% reduction for all future Medicare Part B payments. I understood I didn't have to participate, and was somewhat shocked to receive that letter.

We are an independent RHC & only perform as a Rural Health Clinic. I was sure that for the past couple of years we were told that as a RHC we did not need to participate in this program. I was informed that there was no exception for RHC and that we would be receiving the reduction. My consultant believes that, while we are not exempt from the penalty, the work/expense in keeping up with PQRS was worse than the 2% cut.

**ANSWER:** RHC claims (those submitted on the UB-04 claim form) are NOT subject to PQRS adjustments. This program applies to claims submitted using a 1500 claim form.

### What's New in CPT® for 2018?

#### CARE MANAGEMENT CODES: 2 NEW ONES JUST FOR US!

Woo-hoo! Of the approximately 200 new 2018 CPT/HCPCS® codes, two of them were created just for RHCs and FQHCs. How about that? These two new care management codes G0511 and G0512 will be used to report Chronic Care Management (CCM), Behavioral Health Integration (BHI) and Psychiatric Collaborative Care Model (CoCM). Updated information on these services and use of the new codes can be found in CMS MM 10175. Deductibles and coinsurance amounts are applied to the care management services.

**Chronic Care Management:** Beginning January 1, 2018, CCM will be reported using HCPCS® Code G0511. This code will reimburse at a higher rate than CPT® 99490 giving us the average of the two CCM codes and the one general BHI code or \$62.28 per month. 99490 will NOT be billable by a RHC for services after January 1st. The same requirements exist for reporting CCM services under G0511 as were in place for reporting code 99490.

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## Rural Contraceptive Access Survey

Tara Shochet with Gynuity Health Projects has been awarded a grant for a rural health research project on contraceptive access. Shochet is looking for RHCs to participate. If interested, see the attached flyer. A patient incentive is involved.

This is voluntary and not endorsed by IARHC.

Hello! I am conducting a survey in Iowa of low-income rural women, to assess their interest in- and attitudes about- the possibility of over-the-counter oral contraceptives (OC). Since women who live in rural areas may need to travel a good ways to access family planning services, over-the-counter OCs might improve access to contraception. However, women may not be interested in such a product, and/or might prefer traveling to a health clinic depending on the cost of over-the-counter OCs. This survey will ask about the ease/difficulty with which women currently obtain family planning services as well as the level of interest in an over-the-counter switch for OCs. The survey has 20 multiple choice questions and takes around 10 minutes to complete. Women of reproductive age who receive state-based health insurance will qualify to participate. Women who take the survey will be given a \$10 gift card.

I am hoping to distribute the survey at several IARHC clinics. I have set it up to make survey distribution very simple for staff! Please let me know if you are interested in having the survey in your clinic and I can provide more details!

Thank you!

Tara Shochet, PhD MPH  
Program Associate  
Gynuity Health Projects  
Phone: 319-400-8866  
Email: [tshochet@gynuity.org](mailto:tshochet@gynuity.org)

# Iowa PCA Managed Care Update

December 12, 2017



## Key Contacts

Have an issue or question related to Medicaid managed care? Let us know.

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**Dawn Fravel**

Network Revenue Cycle Manager

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# UHC to Discontinue CCHH on January 1

- UHC has shared they will discontinue the Chronic Condition Health Home program on January 1, 2018 and make major changes to the IHH program. UHC notes this is being done to eliminate duplication in Medicaid Managed Care.
- Chronic Condition Health Home discontinuation includes:
  - Non-enrollment of any prior AmeriHealth members
  - Non-enrollment of any new UHC members (new to Medicaid or switching from another MCO)
  - Disenrollment of all current UHC CCHH members
  - All former CCHH program members will be managed by an ACO
- IHH Changes
  - Low Intensity UHC members in IHH will be disenrolled and served by an ACO PCP program
  - IHHs will only be serving UHC members on the CMH Waiver and Habilitation
  - UHC will not be paying for IHHs to transfer AmeriHealth members after December 1



# AmeriHealth Withdraw



INFORMATIONAL LETTER NO. 1685-MC-PFS-D

DATE: November 14, 2017

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

APPLIES TO: Managed Care

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Provider Enrollment with Managed Care Organizations (MCOs)

EFFECTIVE: Immediately

Effective December 1, 2017, AmeriHealth Caritas Iowa, Inc. will no longer participate in the IA Health Link managed care program. All Medicaid members that are currently enrolled with AmeriHealth Caritas Iowa, Inc. have been notified that they will be tentatively assigned to UnitedHealthcare Plan of the River Valley, Inc. effective December 1, 2017, unless the member chooses to change enrollment to Amnigroup Iowa, Inc. If the member wishes to change enrollment to Amnigroup Iowa, Inc., then the member's choice must be received by the IME no later than November 16, 2017, for December 1, 2017, effective date. Those members may change their MCO for any reason until March 1, 2018.

Providers may contract with both of the remaining MCOs; however, to maintain continuity of care of members, all providers wishing to participate with an MCO must first be enrolled with the IME using the Iowa Medicaid Universal Provider Enrollment Application (E030224).

During this transition from AmeriHealth Caritas Iowa, Inc., providers currently enrolled with the IME will be considered to have "deemed enrollment" with both UnitedHealthcare Plan of the River Valley, Inc. and Amnigroup Iowa, Inc. for the month of December 2017. "Deemed enrollment" means that Medicaid-enrolled providers are provisionally considered credentialed with each MCO to allow for continued access to care.

To remain credentialed and participating as a provider with either MCO beginning January 1, 2018, providers will need to complete said MCO's contracting and credentialing process by January 1, 2018. Providers are encouraged to contact the MCOs quickly to begin the contracting and credentialing process. The MCOs have been provided with the existing IME provider master file and have agreed to accept this information for deemed enrollment during the network transition period.

- Beginning December 1<sup>st</sup> AmeriHealth will withdraw as an Iowa MCO
- **Staff will stay in Iowa to complete claims and appeals and regional provider representatives will remain until October 30, 2018**
- Will pay all claims for services which take place through November 30
- **Deemed Provider Enrollment through Dec. 31 and 100% floor coverage for all former AmeriHealth providers**
- **New Enrollment and Credentialing Must be Completed Beginning Jan 1**



## AmeriHealth Withdraw Issue Tracking

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- **NEW FFS billing and UHC Billing reminders: [IL 1864-MC-FFS](#)**
  - FFS – Bill Directly to IME
  - Electronic Billing Link in IL
  - IME Fax (1-800-574-2515) or Email ([paservices@dhs.state.ia.us](mailto:paservices@dhs.state.ia.us)) Prior Authorization
    - Note – IME Email is WRONG in IL
- **Prior Authorizations will transfer for 30 days**
  - Long-term conditions – on a case-by-case decision by UHC
  - Only for duration of prescription
- Continue scheduling NEMT into December
  - FFS under IME – schedule through Access2Care
    - 888-572-7662
    - [www.access2care.net](http://www.access2care.net)
- PCP assignment will move to UHC



## AmeriHealth Withdraw Issue Tracking

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- Do we have an estimated date when Amerigroup will have capacity and switching will be allowed? No, Amerigroup is not giving an estimate – too many variables.
- What if our area has no UHC specialists? If legitimately the network is not there, they should be able to be allowed to go to a Amerigroup provider through UHC and UHC should have to pay that provider at the floor rate.
- If a provider does not take UHC, can the person still switch to Amerigroup for good cause? No



## Amerigroup Update

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### Amerigroup Limited Patient Members and New IME FFS

- Amerigroup does not have capacity to take new patients
  - AmeriHealth patients who elected Amerigroup before November 16 will be managed under FFS through IME until Amerigroup can take the new members
  - Approximately 10,200 members (skews heavily toward LTSS)
- New Medicaid members will be assigned to UHC
- Former Amerigroup members who become Medicaid eligible again will be assigned to Amerigroup
- **CMS approval? – Official messaging from Trump administration approval NOT needed**
- “Temporary” limitation of MCO choice



## Where to Find Information

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- <http://dhs.iowa.gov/ime/about/IMENewsletters>
- [http://dhs.iowa.gov/news-releases/story\\_4](http://dhs.iowa.gov/news-releases/story_4)
- <http://dhs.iowa.gov/node/741/>
  
- Reminder:
  - Sign up for Informational Letters [HERE](#)
  - Sign up for IME Medicaid Updates [HERE](#)

