Maternal Health Program

Serving Iowa’s Women and Infants to Improve Birth Outcomes

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Iowa Department of Public Health
Bureau of Family Health

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Brief Introduction
Title V of the Social Security Act

- Social Security Act passed in 1935
- Federal Government pledged its support of State efforts to extend health and welfare service for mothers and children.
- Goal the continued improvement in the health, safety, and well-being of mothers and children

Public health services and systems

- Public health services and systems are activities that support the development and maintenance of comprehensive health service systems. These activities include but are not limited to needs assessment, data collection and analysis, strategic planning, work with community partners, development of protocols, quality assurance, and training. An important focus within MCH programs is working with private practitioners to educate them about MCAH services and develop effective referral systems.
- Public health services and systems also include population-based services. Population-based services include preventive personal health services for groups of individuals (rather than one-on-one). Payer status of the individuals is not assessed, and services are not billed. Population-based services may be provided to an entire community, county, or region. Examples include but are not limited to mass immunizations, breastfeeding class, and the use of media for health promotion and education.
Enabling services

- Enabling services are non-clinical services (i.e., not included as direct or public health services) that enable individuals to access health care and improve health outcomes. These services include but are not limited to outreach, informing, and care coordination services to link women, children, and families to needed health services. Enabling services includes assisting families with obtaining insurance coverage and understanding their coverage and how to use it. Assisting clients with transportation and interpreter services also facilitates access to care. Enabling services also include environmental health risk reduction, health literacy, and outreach.

Direct services

- Direct health care services include gap filling routine ambulatory preventive medical and oral health care. For the purposes of the MCAH program, direct health care services include any billable service to the Iowa Medicaid Enterprise (IME) and Medicaid Managed Care Organizations (MCOs) under the Maternal Health Center provider status, with the exception of transportation and interpreter services (which would be considered “enabling services”).

- Ideally, MH direct health care services for pregnant women, accessed through private medical and dental providers within local communities. However, preventive direct health care services may be supported by MCAH program funds in areas where gaps in service provision are clearly identified.

Performance Measures

<table>
<thead>
<tr>
<th>NPM</th>
<th>National Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Percent of women with a past year preventative visit</td>
</tr>
<tr>
<td>2</td>
<td>Percent of infants ever breastfed</td>
</tr>
<tr>
<td>3</td>
<td>Percent of infants breastfed exclusively through 6 months</td>
</tr>
<tr>
<td>4</td>
<td>Percent of children, ages 9-71 months, receiving a developmental screening using a parent-completed screening tool</td>
</tr>
<tr>
<td>9</td>
<td>Percent of adolescents, ages 12-17 years, who are bullied</td>
</tr>
<tr>
<td>10</td>
<td>Percent of children with and without special health care needs having a medical home</td>
</tr>
<tr>
<td>11</td>
<td>Percent of children with and without special health care needs having a dental home</td>
</tr>
<tr>
<td>12</td>
<td>Percent of children with and without special health care needs who received services necessary to make transitions to adult health care</td>
</tr>
<tr>
<td>13</td>
<td>Percent of women who had a dental visit during pregnancy</td>
</tr>
<tr>
<td>14</td>
<td>Percent of infants and children, ages 1-17 years, who had a preventive dental visit in the last year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPM</th>
<th>State Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To be determined for children with special health care needs</td>
</tr>
<tr>
<td>2</td>
<td>Percent of clients served by Title V whose report a medical home</td>
</tr>
<tr>
<td>3</td>
<td>Percent of children with a payment source for dental care</td>
</tr>
<tr>
<td>4</td>
<td>Percent of early care and education programs that receive Child Care Nurse Consultant services</td>
</tr>
<tr>
<td>5</td>
<td>Rate of physical activity among adults aged 18-64</td>
</tr>
</tbody>
</table>
Iowa’s Maternal Health Program

- Promotes
  - Preventive health care through medical and dental homes.
  - Encourages continuity of care
  - Decreases fragmentation and duplication of care
- Families as independent health consumers.
  - Fosters healthy beliefs, attitudes, and behaviors
  - Promotes family-centered decision-making in making informed health care choices for pregnant and postpartum women and infants.

FFY 2017 Title V Maternal Health Service Areas

Primary Funding

Federal Department of Health and Human Services

- Title XIX
- Title V

Iowa Dept. of Human Services

- Interagency Agreements
- Contract

Iowa Dept. of Public Health

Title V Maternal Health Agencies

Other Local Providers
Maternal Health Centers

- Iowa Department of Human Services Medicaid Program
- Funded includes Medicaid and Title V Block Grant
- IDPH coordinates program with approved Medicaid Maternal Health Care Providers – Title V grantees
- Preventive Health Services for Pregnant Women provided in all 99 counties

Eligibility

- Any pregnant women (Iowa residents) who requests services.
- Title V provides financial assistance for these service to women/children who qualify based on family income
- Below poverty level est. by Title XXI no fee
- At or above 375 percent of the poverty level established by Title XXI full fee.

Member’s Medicaid Status

- Fee-for-service
  - Any practitioner approved by Medicaid may provide health care services.
  - All Medicaid dental services are fee-for-service.
- Medicaid Managed Care Clients access providers enrolled in the MCO:
  - Amerigroup Iowa Inc.
  - AmeriHealth Caritas Iowa Inc.
  - United Healthcare Plan of the River Valley, Inc.
TAVHealth

- TAVHealth is the required database for Maternal Health services.
  - ALL Maternal Health services must be entered into TAV Health starting June 1, 2017
  - Direct care services are documented in a paper chart or an electronic medical record system.

Core Maternal Health Services

- Presumptive Medicaid eligibility
- Care coordination
  - by RN, SW, dental hygienist, LPN, paraprofessional
- Medicaid Prenatal Risk Assessment (DHS form # 470-2043)
- Health education by RN
- Transportation services
- Interpretation services
- Home Visit by RN- antepartum or postpartum (if client refuses follow up by phone or clinic visit)

Maternal Health Enhanced Services

- Nutrition counseling by licensed dietitian
- Psychosocial services by Bachelor’s in Social work or related field.
- Home visit by social worker
- Oral health services
  - Dental Screening, dental treatment through referral, and OH education, Dental hygienist, RN trained by I-Smile coordinator can provide screening, fluoride and oral health education.
Presumptive Eligibility (PE)

- Service for all women without health care coverage (resident of Iowa)
- Done by approved Maternal Health Centers and local DHS offices must complete online training
- Citizenship is not an eligibility factor for presumptive eligibility for pregnant women just pregnancy and self deceleration of income and family size.
- Complete the Health Services Application (HSA)
- MPEP system used for completing the application on-line.

Presumptive Eligibility (PE), cont.

- To add staff contact IME provider enrollment at 1.800.338.7909 (option 2)
- Recommend making prenatal care appointments prior to approving PE, so that as many services can be received as possible before PE runs out.
- Counsel client about the ambulatory services that she would be eligible for provide care coordination the same day.
Presumptive Eligibility (cont.)

- If no Medicaid application, PE coverage lasts until last day of month following the month PE approved. So provide this service at or on the first of the month when possible.
- PE stops when determination of eligibility is made by DHS if Medicaid application submitted.
- Clients can choose if they want to apply for full Medicaid as part of PE application – educate them about the best choice for them.

Presumptive Eligibility (cont)

- Document this service completely in TAV Health
- Submit bill to IDPH (Medicaid and not Medicaid eligible)
- Put copy of the Health Services Application (HSA) in the clients clinical record.
- Provide a copy of the Notice of Decision to the client and instruct her to provide this as proof of eligibility to providers.

Care Coordination
What is Care Coordination?

Maternal Health Care Coordination is the process of linking pregnant and post partum women or their infants to the health care system and monitoring their health status to assure that needed services are received.

Care Coordination

- The care coordinator talks to the woman to determine what assistance is needed
  - Referring to a mental health provider;
  - Referring to a substance abuse provider;
  - Referring to Women, Infants, and Children (WIC);
  - Assisting with transportation to receive medical, mental health, oral health services;
  - Referral for management, physician consults for treatment of a chronic health condition
  - Follow up when the patient is non-compliant with care
  - Assisting with nutritional counseling
  - Arranging interpreter services

Role of the Care Coordinator

- Educates pregnant and post partum women on the importance of preventive health care
  - Assesses the health needs
  - Provides information about available health & support services
- Assists families in locating obstetrical, medical and dental homes, mental health other service providers
- Advocates for the woman and her infant family
Role of the Care Coordinator

• Coordinates prenatal care, mental health treatment, and dental care
  ▫ Reminds families the importance of prenatal appointments and when dental exams are due. Include well child exam for newborn and postpartum appointment for birth control.
  ▫ Schedules appointments (outside of agency)
  ▫ Follows-up to assure clients received scheduled services
  ▫ Assists with missed appointments
  ▫ Assists families when referral for further care is needed
• Arranges support services such as transportation to Medicaid providers or medical interpretation services

Skills of the Care Coordinator

• Understands the Maternal Health program
• Possesses communication skills (verbal & written) that help to develop relationships with clients
  ▫ Assessment skills
  ▫ Cultural sensitivity
• Has knowledge of community resources
  ▫ Establish and maintain linkages with local providers
  ▫ Assesses family needs, refers to appropriate providers, and involves family in the process

Care Coordination for Transportation

• Links families with transportation resources for visits to Medicaid health providers (medical, dental, mental health)
• May assist with arranging in town or out-of-town transportation
• There is direct payment for local (in town) transportation services under EPSDT.
• Transportation Management Services (TMS): Medicaid transportation broker (866-572-7662)
Documenting Care Coordination

- All documentation for care coordination services is entered in TAVHealth.
- Also enter time in and time out.

Billing for Care Coordination

- Dental Care Coordination can be provided and billed for all Medicaid enrolled clients
- Care Coordination during the PE period both Medical and Dental Care coordination.
- Medical care coordination can be provided and billed to IDPH for Medicaid enrolled clients who will not be assigned to a MCO
  - PACE program, American Indians/Alaskan Natives, HIPP, Medically Needy

Billing Care Coordination to IDPH

- Claim includes time spent on the care coordination service for each client.
- Include any care coordination service regardless of length.
- The billing is based upon a 15 minute unit. Total minutes are tallied and divided by 15.
- Payer source may be Title XIX (for Medicaid clients) or Title V (for uninsured or under-insured).
- Care coordination for home visit has a higher max rate.
- Claims are included in the IDPH fee-for-service EEW submitted within 45 days of the end of the month of the service.
Maternal Health Direct Care Services

Billing Direct Care to IME
• All claims for the following direct care services are submitted to the Iowa Medicaid Enterprise.
• Guidance is found in Medicaid's Maternal Health Services Provider Manual.

Antepartum and Post Partum Medical Care
• Provided by contractor based on need of service area
• Provision of medical prenatal and postpartum care by physician, certified nurse midwife or advanced registered nurse practitioner
• Includes lab work, ultrasounds, physical exams, fetal evaluation and other risk assessments and treatments
• Currently no providers have this as part of their work plan for FFY17
Medicaid Prenatal Risk Assessment

- Completed at first visit determines level of services client may receive.
- Complete both columns
- Fill out completely
- Total the score if 10 or greater client is considered high risk. If less than 10 re-screen around 28 weeks
- Make sure you evaluate items on the back of the form, if you client has any of these they are high risk
- Sign and date the form

Health Education

Principals of Adult learning

- As people grow older, learning becomes more affected by individual learning strategies and leaning styles
- Adult learner like to be included in the process of selecting education topics
- Usually want to know why they need to learn something
- Approach learning as a problem solving activity more than subject driven activity.
Learning Strategies

- Learning Strategies are methods by which people organize their learning – how we obtain and process information
  - Navigating – chart course and follow it. These learners want education to be structured and well organized
  - Problem solving – like active participation and story telling
  - Engaging – are passionate learners. The need to first see the value in the information before they engage in the learning process.


Learning Styles

- Print oriented – take notes, remember quickly and easily what was read. Learn better after seeing or writing something. Understand important concepts on first reading
- Auditory – remember and repeat what is verbally presented. Excellent listener
- Visual – learn by seeing or watching demonstration. Likes visual stimulation - pictures, slides, graphs
- Tactile – involves sense of touch in learning
- Interactive – learns best through talking about things. Likes small group discussion
- Kinesthetic – learns by doing direct involvement. Likes to move during learning.
- Olfactory learner – learns best through the sense of smell and taste. Smells add to learning

Cherry, 1997; http://www.learningstyles.org
Key points for helping adults learn

• Include the father/partner/family member when possible
• Link families with resources – care coordination
• Cultural implications
  ▫ Cultural and ethnic background
  ▫ Fluency in reading and understanding English
  ▫ Health literacy
    ▪ http://www.idph.state.ia.us/PlainAndSimple/
  ▫ Attitudes about health and medical community/your agency

Will I be effective?
90/20/8 rule

• 90 minutes
  ▪ Theory: Average length of time an adult can listen with understanding
• 20 minutes
  ▪ Average length of time an adult can listen with retention
• 8 minutes
  ▪ Learners will remember more information if interactive techniques are used.

Acknowledge that change takes time

• Behavior change takes time.
• Clients may need time to digest what they have learned before they put it into practice.
Health Education

• Importance of prenatal care.
• Normal changes of pregnancy:
  ▫ Maternal changes
  ▫ Fetal changes
• Self-care during pregnancy.
• Comfort measures during pregnancy.
• Danger signs of pregnancy.
• Labor and delivery:
  ▫ Normal process of labor, signs of labor, coping skills, danger signs, management of normal labor

Health Education Cont.

• Preparation for baby:
  ▫ Feeding
  ▫ Equipment
  ▫ Clothing
• Education on the use of over-the-counter drugs.
• Education about HIV prevention.
• Healthy lifestyle choices

Warning signs of Pregnancy Complications

• Count the kicks – less than 10 fetal movement in 2 hours
• Contractions 4 or more in an hour
• Bright red vaginal bleeding
• Change in vaginal discharge with color or odor
• Water breaks or leaks
• Temp of 100.4 F by mouth
• Severe abdominal pain or cramping
• Increased swelling of face or hands
• Blurred vision, seeing spots, floaters
• Unrelieved headache
• Unrelieved indigestion, nausea, or vomiting
• Mental confusion or seizure
• Shortness of breath or difficult breathing.
Maternal Oral Health

- Responsible for building oral health infrastructure, referring MH clients for dental care, providing dental care coordination, providing oral health education, and providing gap-filling direct dental services when appropriate.

Oral Health Direct Care Services

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0190 w/cc modifier</td>
<td>Initial oral screen (by non dentist)</td>
</tr>
<tr>
<td>D0190 (no modifier)</td>
<td>Periodic oral screen by (non dentist)</td>
</tr>
<tr>
<td>D0150</td>
<td>Initial oral screen by dentist</td>
</tr>
<tr>
<td>D0120</td>
<td>Periodic oral exam by dentist</td>
</tr>
<tr>
<td>D1120</td>
<td>Child prophylaxis (age 1 to 13)</td>
</tr>
<tr>
<td>D1110</td>
<td>Adult prophylaxis (age 13 to 21)</td>
</tr>
<tr>
<td>D1351</td>
<td>Sealant per tooth (posterior teeth up to age 18)</td>
</tr>
<tr>
<td>D0270</td>
<td>Bitewing x-ray, single film</td>
</tr>
<tr>
<td>D0272</td>
<td>Bitewing x-ray, two films</td>
</tr>
<tr>
<td>D0274</td>
<td>Bitewing x-ray, four films</td>
</tr>
</tbody>
</table>

Oral Health Direct Care Services

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0145 w/ DA modifier</td>
<td>Oral evaluation AND counseling with primary caregiver – for patient under 3 years of age</td>
</tr>
<tr>
<td>D1206</td>
<td>Topical fluoride varnish – therapeutic application for moderate to high caries risk patients</td>
</tr>
<tr>
<td>D1310</td>
<td>Nutritional counseling for the control and prevention of oral disease (15 minute unit)</td>
</tr>
<tr>
<td>D1330</td>
<td>Oral hygiene instruction (15 minute unit)</td>
</tr>
</tbody>
</table>
Transportation Service

- There are provisions for direct payment for cost of LOCAL (in-town) transportation to Maternal Health services to Medicaid eligible providers for FFS Medicaid.
  - Out-of-town transportation is handled by TMS, the Medicaid broker for transportation services. (Phone: 866-572-7662)
  - A Transportation Plan (in-town) is developed and revised annually based upon your agency’s transportation protocol.
    - Includes modes of transportation
    - Includes cost of transportation options

MCO Assigned Transportation

- Amerigroup
  - Call LogistiCare at 1-844-544-1389 to make a reservation.
  - 7:30 a.m. to 6:00 p.m. CST, Mon.- Fri.
- AmeriHealth Caritas
  - Call A2C at 1-855-346-9760 to make a reservation; 1-855-212-2213 for ride assistance.
  - 7:30 a.m. to 6:00 p.m. CST Mon.- Fri.
- United Health
  - Call United Healthcare Member Services to make a reservation; 1-800-464-9484, 7:30 a.m. to 6:00 p.m. CST Monday through Friday

Local (In-town) Transportation

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0110</td>
<td>Non-emergency bus</td>
</tr>
<tr>
<td>A0100</td>
<td>Non-emergency taxi</td>
</tr>
<tr>
<td>A0130</td>
<td>Non-emergency wheel chair van</td>
</tr>
<tr>
<td>A0090</td>
<td>Non-emergency volunteer</td>
</tr>
<tr>
<td>A0120</td>
<td>Non-emergency mini-bus or non-profit</td>
</tr>
<tr>
<td></td>
<td>transportation system</td>
</tr>
<tr>
<td>A0170</td>
<td>Parking fees, tolls</td>
</tr>
</tbody>
</table>

- Bill actual cost of transportation to IME for the date transportation was provided to the appointment.
**Interpretation Services**

- Interpretation services include:
  - Code T1013: Sign language or oral interpretive services (15 minute unit)
  - Code T1013 with UC modifier: Telephonic oral interpretive services (per minute)
- Does not include written translation of printed documents.

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**Billable Interpretation Services**

- Interpreters are employed or contracted by the Child Health agency for the sole purpose of providing interpretation services.
- Services are provided by interpreters that provide only interpretive services.
  - Cannot bill interpretation services when provided by a bilingual service provider within the agency.
- Interpretation services must be provided in conjunction with another Medicaid covered service.

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**Interpretation Services**

- Sign language, oral interpretive services, and telephone oral interpretive services are available for payment under the Maternal Health Program.
- Sign language interpreters must be licensed pursuant to Iowa Administrative Code (IAC 645 Chapter 361).
- Oral interpreters should be guided by standards developed by the National Council on Interpreting in Health Care at [www.ncihc.org](http://www.ncihc.org).
MCO assigned Interpretation

- Amerihealth Caristas 844-411-0579
- Amerigroup 800-454-3730
- United Health Care 888-650-3462
- When calling the MCO’s always have your TaxID and NPI number. If you are calling for a member have their ID number and DOB.

Other Direct Care Services

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81002</td>
<td>Urinalysis (UA)</td>
</tr>
<tr>
<td>H0046</td>
<td>Psychosocial Services</td>
</tr>
<tr>
<td>H1003</td>
<td>Prenatal Care at risk education per encounter</td>
</tr>
<tr>
<td>S9123</td>
<td>Nursing Care in the home (RN per hour)</td>
</tr>
<tr>
<td>S9127</td>
<td>Social worker in home (per encounter)</td>
</tr>
<tr>
<td>S9465</td>
<td>Nutrition Counseling: Initial therapeutic nutrition counseling (beyond WIC) (15 minute unit)</td>
</tr>
<tr>
<td>H1000</td>
<td>Prenatal Care at risk assessment</td>
</tr>
<tr>
<td>T1013</td>
<td>Nursing Assessment per encounter</td>
</tr>
</tbody>
</table>

Direct Care Home Visits

- Home visit for nursing services
  - Provided by RN
  - Medical history
  - Nursing assessment
  - Evaluation
  - Nursing services
  - Plan of care
  - Medicaid Code: S9123
  - Unit of service: Per hour

- Home visit for social worker services
  - Provided by BSW or licensed social worker
  - Social history
  - Psychosocial assessment
  - Counseling services
  - Plan of care
  - Medicaid Code: S9127
  - Encounter service
Home Visit by a Nurse

- Must be provided by RN if post partum visit it should be within two week of infants discharge from the hospital
- **Assessment of mother’s health**
  - Physical and emotional changes postpartum including relationships, sexual changes, additional stress, nutritional needs, physical activity, grief support for unhealthy outcome, family planning, parenting skills
- **Assessment of infant’s health**
  - Review of infant care, feeding and nutritional needs, breastfeeding support, recognition of illness, accident prevention, immunizations and well child care.

Home Visit by a nurse

- Amerihealth Caristas – first 6 home visits no prior auth.
- Amerigroup – Prior Auth required before all home visits
- United Health Care – No Prior auth required

Psychosocial Services

- Service for High risk women
- Psychosocial needs assessment
- Profile of family composition, patterns of function, and support systems
- Assessment base plan of care
- Risk tracking
- Counseling
- Follow up
Psychosocial service

- Patients who have had previous involvement with Children’s Protective Services
- Patients with current evidence or history of drug or alcohol abuse
- Patients who have been victims of abuse
- Families of infants with birth defects which may necessitate multiple referrals to outside resources
- Patients with emotional instability – anxiety, depression, difficulty coping
- Patients with inadequate resources – unemployment, housing, utilities, income, family neighborhood violence, food, clothing, car seat, crib, diapers.
- Patients who need assistance with a planned adoption
- Adolescents

Nutrition Service

- Provided by a licensed dietitian
  - Initial assessment of nutrition risk
  - Encourage breastfeeding
  - Develop nutritional care plan
  - Refer to WIC
  - Nutritional interventions based on need
  - Note – If already in WIC program must document needed service above and beyond what the WIC program provides.

Depression Screening

- Most common complication of pregnancy
- Negatively impacts both the pregnant women and her family
- Develop Agency protocol to address depression
  - Screen and refer
  - Staff development
    - www.step-pnd.com
    - www.beyondtheblues.info
Tobacco Cessation

- Ask – every client about tobacco use
- Advise – them that the best thing they can do for their health and the health of their baby is to quit smoking
- Refer to cessation resources
  - www.askadviserefer.org
- Document referral and follow up.
  - 1-866-822-6879, www.quitlineiowa.org
  - “web coach” interactive online program

Nursing Assessment

- Code T1001; 15 minute unit
- Purpose: Assessment and evaluation of complaint or problem such as
  - Missed period
  - Nausea vomiting (flu or pre-eclampsia)
  - Post partum assessment of mother and baby if she refuses a home visit
- Provided by RN (not in a home setting)
- Includes
  - Medical history including chief complaint
  - Nursing assessment
  - Evaluation
  - Plan of care

Evaluation and Management

- Code 99211
- A clinical encounter service
- In the client medical record include the following:
  - History (including chief complaint)
  - Exam
  - Nursing diagnosis
  - Plan of care
  - Describe the scope of the service and include referral or follow up needed.
Immunizations

• Schedule for vaccines follows CDC’s Advisory Committee on Immunization Practices (ACIP).
  • https://www.cdc.gov/vaccines
  • Vaccine for Children (VFC) vaccine is provided at no charge to the client (through age 18).

Immunizations

• Medicaid can be billed for vaccine administration for Medicaid enrolled children.
  ◦ Code 90471: Initial administration of vaccine
  ◦ Code 90472: Subsequent administrations of vaccine same day
  ◦ Code 90473: Initial administration of intranasal or oral vaccine
  ◦ Code 90474: Subsequent administration of intranasal or oral vaccine same day

Documentation of Direct Care Services

• Record direct care clinical service in TAVHealth.
• Reference client chart for complete documentation of direct service follow guidelines in IAC 441-79.3(2)
• Maintain signature log.
**Key Resources**

- Maternal Health Services Summary
  - [http://idph.iowa.gov/family-health/mchportal](http://idph.iowa.gov/family-health/mchportal)
- TAVHealth – Go to tavconnect.com
- Medicaid Maternal Health Services Manual
  - [http://dhs.iowa.gov/sites/default/files/Maternhc.pdf](http://dhs.iowa.gov/sites/default/files/Maternhc.pdf)
- MCAH Project Management Portal
  - [http://idph.iowa.gov/family-health/mchportal](http://idph.iowa.gov/family-health/mchportal)

- DHS Website: [www.dhs.state.ia.us](http://www.dhs.state.ia.us)
- IME Website: [www.ime.state.ia.us](http://www.ime.state.ia.us)

**Related Programs**

**Emergency Medicaid**

- Emergency Medicaid is per emergency condition – for undocumented clients
- 3 day stay for delivery
- Emergency Medicaid pays for delivery only will not pay for antepartum care, lab work diagnostic testing done as outpatient.
Questions

- Contact your agency’s Lead Consultant:
  - Region 1 - Jean Johnson (515)725-2644
  - Region 2 Janet Beaman (515)745-2728
  - Region 3 Steph Trusty (515)418-7604
  - Region 4 Analisa Pearson (515)418-8122
  - Region 5 Kelly Haase (515)418-7505
  - Region 6 Lance Roorda (515)725-2919