



Presentation to Health and Humans Services Appropriations Subcommittee

IOWA COLLABORATIVE SAFETY NET PROVIDER NETWORK
FEBRUARY 3, 2015

Overview of the Presentation

- A nationally unique network of providers and agencies representing safety net patients has been collaborating since 2005 and is still needed (slides 3-5)
- The network recognized the changing landscape (i.e. IHWP) and developed a realignment plan. Planning resulted in prioritizing community care team expansion to support and complement the SIM Strategy and Statewide programming (Free Clinics, IA Prescription Drug Corp, SART) which addresses needs not met by positive changes in the landscape (slides 6-7)
- ROI and cost avoidance data (slides 8 – 10)
- Patient stories make the value of the network real

Safety Net Network Overview

- A diverse set of stakeholders make up the Safety Net Network in Iowa:
 - AARP Iowa, Behavioral Health Providers, Child Health Specialty Clinics, Community Health Centers, consumer representatives, Critical Access Hospitals, Delta Dental of Iowa, Family Planning Agencies, Free Clinics, Iowa Association of Community Providers, Iowa Association of Area Agencies on Aging, Iowa Behavioral Health Association, Iowa Coalition Against Sexual Assault, Iowa Department on Aging, Iowa Department of Human Services, Iowa Hospital Association, Iowa Department of Public Health, Iowa Medicaid Enterprise, Iowa Medical Society, Iowa Pharmacy Association, Iowa Prescription Drug Corporation, Local Boards of Health, Magellan, Maternal/Child Health Centers, Polk County Medical Society, Rural Health Clinics, Susan G. Komen Iowa, Telligen, University of Iowa, United Healthcare, Wellmark, Youth and Shelter Services

Who is Served by the Safety Net Network?

- In between coverage due to transitions
- Eligible but aren't yet enrolled
- Eligible & enrolled but have no available access due to barriers to care
- Eligible & enrolled but coverage is unaffordable or limited
- Indigent and homeless
- Unable to qualify for any coverage options

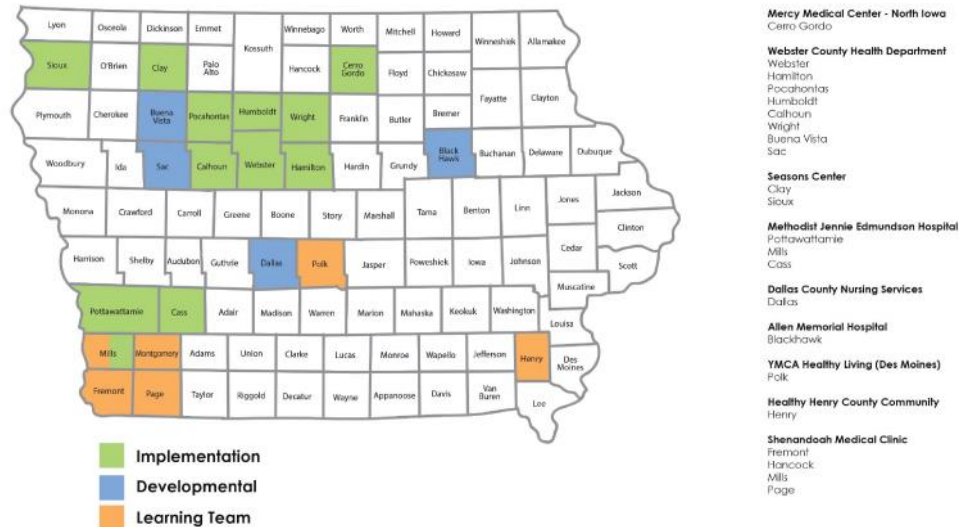
Why the Safety Net is Needed

- Out of pocket costs and medical debts
- CoOpportunity Health liquidation
- Transportation and other barriers to care
- King v. Burwell case
- Navigating the health care system
- Threats to fragile MH/DS and behavioral health delivery system
- Federal funding cliffs for important programs
- Uncertainty about managed care

Realignment Plans

- Proposal to realign funds to support the Network's three goals:
 - ACCESS: Increase the underserved population's access to health services.
 - Status quo request for pharmaceutical, SART, and free clinic funding
 - Status quo request for PCMS (specialty care) in SFY16, proposal to shift funds in SFY17
 - HEALTH SYSTEM INTEGRATION: Increase health system integration, care coordination and collaboration across the continuum of care with a focus on safety net services.
 - Shifts in Rural Health Clinic, MCH, LBH, and FQHC funding to expand Community Care Coordination Team development, promote mental/substance abuse/primary care integration, grow pharmacy programming, and expanded TA and training
 - ENGAGEMENT: Serve as a resource for credible, accurate information on health care related needs and services for vulnerable populations in Iowa.

Community Care Coordination Teams



Return on Investment and Cost Avoidance

- Free Clinics
 - Value of FC Services in 2014 = \$2,210,323
 - State's Investment in FCs = \$348,322
 - $\$2,210,323 - \$348,322 = \$1,862,001 / \$348,322 = 5.35$ or a **535% ROI**
 - Study: average cost of a visit to the ER for over 8,000 patients across the US was \$2,168
 - Last year, Free Clinics of Iowa members provided 13,242 patient visits. If *half* of those patient visits would have taken place in an ER instead, the cost avoidance calculation is over **\$14 Million** ($\$13,242 / 2 \times \$2,168 = \$14,354,328$)

Return on Investment and Cost Avoidance

- Iowa Prescription Drug Corporation
 - Since 2007, the Iowa Prescription Drug Corporation's Drug Donation Repository Program has served over 52,000 Iowans and has provided \$14.6 million in free medication and supplies.
 - Every \$1 used to administer the IPDC's Drug Repository yields over \$5 in donated medications and supplies.
 - IPDC's programs to address high rates of recidivism is currently integrated statewide with the Department of Corrections and is being integrated at the local jail level in Iowa's most populated counties. Free access to critical behavioral health medications and primary care services has proven to be an excellent tool to help support released offenders in the community. The rates of recidivism among participants is compelling – at the Polk County Jail, 7% of participating offenders recidivated compared to 21% of non-participants with behavioral health disorders. The rate of recidivism among participating offenders released from the Dept. of Corrections was 4.2%.

Return on Investment and Cost Avoidance

- Polk County Medical Society's Volunteer Physician Network
 - Value of Donated Services during SFY14 = \$4,780,000
 - State's Investment in the VPN program = \$213,748
 - $\$4,780,000 - \$213,748 = \$4,566,252 / \$213,748 = 21.4$ or a **2,136% ROI**
- Sexual Assault Response Teams and Sexual Assault Nurse Examiners
 - 78 nurses primarily from rural parts of Iowa have been trained since the funding was awarded in SFY12
 - 367 law enforcement academy trainees have been trained
 - 92 other Sexual Assault Response Team members have been trained (county attorneys, etc.)
 - It is critical for someone who has just been sexually assaulted to have a well-trained and responsive team. SANEs and SARTs can make the difference in long-term outcomes for rape survivors, and effective SANEs and SARTs can also improve prosecution rates.

Patient Stories

- Please reference the packet of patient stories submitted by safety net providers from across the state
- Join us to talk with safety net providers about those they are serving on February 11th including the Community Care Coordination Teams, FQHCs, Free Clinics, and many other safety net providers
 - First Floor Rotunda
 - 11:30 a.m. to 1:00 p.m.

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Iowa Collaborative Safety Net Network

Improving Health Care Access for the Underserved





Community Care Coordination

Provider Testimonials

I am writing to express my appreciation for the help that the Community Care Coordination program has provided for some of my patients during the past year. One patient in particular comes to mind, who is a 59 year old man who has struggled with limited hearing, learning disability, and depression. Like many lowans he was "falling through the cracks" in the healthcare system. He had several health problems and he was not able to get the medication and testing he needed. He did not have health insurance, and although he was eligible to get assistance did not know how to navigate the system on his own and did not have anyone to help him. He just stopped his medication. When I learned of the situation I contacted the community care program by e-mail and received a prompt answer from an associate who took the time needed to get to know the patient and his needs. Over a period of time she was able to earn his confidence and get him enrolled in the services he needed. It was most helpful to have someone to contact who was able to go to bat for this patient, and he continues to benefit today from that act of outreach.

I have been involved with the CCT program since the grant was awarded to Webster County Public Health. It is an ambitious program to change health care delivery, minimize health care costs through more efficient utilization, and provide better quality care to a wide range of patients. Often, these services exist within the county but a more advantageous form of communication is needed to fully utilize these benefits. We have seen many successes in providing better care more efficiently since this program began. There has been a learning curve associated with this program and the goals and methods have been reevaluated frequently and modified to fit each community's needs. For example, in Fort Doge, there is an ACO to work with and medical homes in all counties. Learning to meet the requirements of our other programs and yet blend services so patients receive quality care is a challenge that is being met by this program. I am impressed by the dedication of the county health departments, individual physicians, community hospitals and behavioral medicine practices to attempt to coordinate services and utilize benefits available in the communities. It is a work in progress but always moving in the right direction through continual feedback from all the groups participating.

- Kelli P. Wallace, MD



Iowa Prescription Drug Corporation

Safety Net in Action

Sue Matheny, compassionate care coordinator at Iowa Heart, reports that at least 100 patients per year are able to have lifesaving surgery because IPDC provides Lovenox, an injectable drug that is required before and after surgery. A typical Lovenox regimen would cost \$1,200 and many patients simply are not able to afford that expense, and hence the surgery. In the last year, IPDC has provided 510 units of Lovenox valued at \$32,054 to uninsured cardiac patients.

A middle-aged woman in Des Moines lost her job and insurance. She was unable to pay for the six medications she required for a mental health disorder, fibromyalgia, and migraine headaches. Abruptly stopping the drugs led her to consider suicide and a resulting stay in the hospital. Her physician referred her to IPDC. She will be back at work soon and will be receiving insurance at which point she will no longer be in need of support from the Safety Net. With support from IPDC, she has avoided hospitalization and is now ready to once again enter the workforce, where her medication needs will be covered by employer based insurance.

Medicaid Referrals: Three Weeks in December

A 54 year old father of six with severe diabetes, depression and high blood pressure had no insurance. He is unable to work due to his diabetes. His wife also just lost her job along with the insurance that was provided. He applied for Medicaid but was informed that he must wait 30-60 days while his application is processed. A safety net clinic contacted IPDC and all 13 medications were available through the Drug Donation Repository. The medications were shipped to the clinic and the clinic staff drove 40 miles to deliver the medications to his home town in rural Iowa.

A woman called requesting four medications. She had sent her renewal papers for the Health and Wellness plan to DHS the middle of November and her application still was not completed. DHS referred her to the IDPC Drug Donation Repository for assistance. IPDC was able to provide her with some of her medications, the IPDC Discount Card and sent her the paper work to apply for the Patient Assistance Program from the manufacturer of one of her specialty medications.

A woman had just applied for Medicaid and had obtained a prescription for a controlled substance. DHS advised her that there was a significant backlog in processing Medicaid applications and advised her to call IPDC. She was sent the Medication Discount Card since IPDC Drug Donation Repository does not accept or provide controlled substances. The Discount Card will provide her with a 70%-80% savings on generic medications.

A woman on the Iowa Health and Wellness Plan sent her program renewal in mid-November and was notified by DHS that they were behind on processing renewals. In the meantime, she was not covered for her five medications. Fortunately, the Drug Donation Depository had all of the medications. IPDC staff delivered them to a local pharmacy for dispensing to the patient the same day.

A man called who had been waiting for over two months for his Medicaid application to be processed. He had been off his insulin for one month by this time and was told that he would have to wait one more month before his application would be processed. DHS referred him to IPDC for assistance. He was sent the paper work to apply for the Patient Assistance Program from the pharmaceutical company that manufactures insulin.

A hospital referred a patient who has been waiting on his Medicaid application to be processed. He had been off of his antidepressant medication for a few weeks. He was experiencing significant stressors – death of his grandmother,



loss of his job, and a mother with cancer. Over the weekend he experienced a mental health crisis and was admitted to the hospital. Upon release from the hospital, he could not afford the \$100 for his behavioral health medication. The Drug Donation Repository provided him with a prescription for his medication, which may have prevented another health care crisis.

2-1-1 Referrals

An individual injured in the line of duty and suffering from PTSD requires 15 medications. The individual is on Medicare but because she requires so many medications, including medications for a several chronic diseases, anxiety and depression, she cannot afford all the co-pays. On the recommendation of 2-1-1, one of IPDC's partner providers requested medications for this patient. All 15 medications were shipped to the provider for the patient.

A woman on five medications had her Medicaid coverage cancelled. She had been off her medications for three days. 2-1-1 referred her to IPDC. She was provided some of the of the medications as well as a Medication Discount Card and paperwork for the Patient Assistance Program for one of her prescribed specialty medications.

Polk County Medical Society Volunteer Physician Network (VPN)

Patient Testimonial

I'm so thankful for the Volunteer Physician Network because they helped my little son get the treatment he needed when I could least afford it.
-Ashley

Provider Testimonials

Here in Iowa we regularly see working poor and indigent patients that are referred to us by the Volunteer Physician Network. These patients don't have access to surgical care since they are uninsured and have very limited income. The care is coordinated by the excellent and hardworking staff at the Polk County Medical Society's Volunteer Physician Network. This ensures the patient receives the specialty care they need.
-Praveen Prasad, MD

One of the greatest gifts we have as physicians is to give back to the greater community. The Polk County Medical Society Volunteer Physician Network is a program which provides the opportunity to truly make an impact by compassionately serving those less fortunate.
-Corey Mineck, M.D.

It has been my privilege to have the opportunity to be a part of the Volunteer Physician Network. The VPN strikes to the core of why I entered the field of medicine - to care for the patient with integrity and compassion, irrespective of their ability to pay or station in life. The idealism exemplified by the VPN providers has been inspirational. It is very fulfilling to contribute to the health and expert treatment of patients and their families whose economic circumstances limit access to specialty care. The gratitude these patients display is humbling. I will continue serving Iowans in need through the VPN. We encourage all specialists to participate. Your efforts are meaningful and appreciated; your time will be well spent.
- Philip J. Colletier, M.D., PCMS President

Free Clinics of Iowa

Bettendorf

Emily lives alone and works at a local retail store, making an hourly wage. As this job is her sole source of income, Emily tries to work as many hours as she can get. When she began to feel sick with a fever, cough and sore throat, she attempted to schedule a clinic visit, but was told the earliest available appointment time was five days away. Knowing her paycheck was directly linked with her ability to work, she couldn't afford to wait five days. Instead, she visited the free clinic, was seen by a volunteer provider and given necessary medications. Emily was back to work the next day, feeling much better. Emily said she trusted the people at the free clinic and appreciated their kindness and respect.

Sid lost his job and his insurance. Without insurance, he neglected his medical needs in an effort to avoid the expense. Sid began to suffer severe headaches and blurred vision. He knew he needed help and turned to the free clinic. The volunteer providers ordered some basic labs and Sid was quickly diagnosed with high blood pressure and diabetes. At the free clinic, he was provided with the medications and education he needed to monitor and maintain his health. Sid felt like the free clinic provided a life line to better quality of life.

Clarinda

Betty works full-time and is insured. She can afford the premium, but the required \$2,000 deductible has proven unaffordable for her. She has a genetic condition that requires frequent monitoring of medications and labs, but because she can't pay the deductible, she visits the free clinic regularly and has been able to maintain her health status through their support. Left unchecked, Betty's condition could easily turn emergent and/or fatal.

Amy fell, hurt her ankle and came to the free clinic. The free clinic referred her for an x-ray which confirmed a fracture which required a boot. Uninsured and without a primary care provider, Amy could not find a clinic that would give her an appointment. Returning to the free clinic, Amy was provided a boot and further x-rays to monitor healing. Amy was so very appreciative of the time and support the free clinic dedicated toward her care.

Decorah

Bob is in between jobs, as he just moved to Northeast Iowa from the deep South, where he recently had been treated for wounds and chronic complications related to previous violent trauma. Also, he had ran out of the medicine he requires for a seizure disorder. Bob brought along his previous medical records, which helped in our volunteer provider's efforts to evaluate his condition and provide appropriate medication.

Juana has been coming to the free clinic for over three years to assist in the treatment of her chronic diabetic condition. She visits regularly with a volunteer nurse practitioner and a volunteer dietician/diabetes educator, who help Juana manage the condition effectively. Juana occasionally brings an English-speaking family member, but more often utilizes the free clinic's volunteer Spanish interpreter. At the free clinic, the glucometer and strips for testing were provided and with her family's financial assistance, she's able to afford the costs of some lab tests and generic medications.

Des Moines:

(Corinthian FC): *Ted* is a middle-aged man with kids and grandkids. He is a blue collar worker and finds healthcare coverage unaffordable. Ted visited the free clinic, not feeling well at all, and after a visit with a volunteer provider, it was



determined his blood pressure was dangerously high. So high, the volunteers asked him to stay while they administered medication to lower the blood pressure and bring him out of stroke range. Ted now visits the free clinic regularly for blood pressure monitoring and volunteers are talking with Ted about possible eligibility for healthcare coverage that is affordable and accessible over the long term.

Jack is a middle-aged man who recently lost his job and subsequently, his health insurance. Jack also recently suffered the loss of his Father to Alzheimer's Disease and his Mom's health is failing. At the free clinic, he has found a place that attends to both his physical and emotional well-being – he is so grateful for it.

(Grace FC): *Joe and Mary* are married and own their own business. They are insured with an affordable premium but the high deductible of \$6,000 makes the coverage unaffordable and inaccessible. They are so thankful the free clinic is able to provide basic, primary care, as needed.

John and Elsie have come to the US from their native country in Africa. They live with their son and family, who have health insurance through the son's employer. John and Elsie, however, do not qualify for affordable healthcare coverage and do not have the financial resources to pay out-of-pocket for medical visits or medications. Instead, they visit the volunteer providers at the free clinic and are provided necessary medications to maintain their health.

Al, a young man, working as a carpenter, visited the free clinic with complaints of progressive weakness. He indicated he was unable to use his hammer for more than a few minutes without needing to stop and rest. So effected by the condition, he was unable to complete jobs that he had committed to do. He was evaluated at the free clinic by volunteer providers and a clinical diagnosis of Myasthenia Gravis (a chronic neuromuscular disease) was made. The free clinic provided a few basic laboratory tests to confirm the diagnosis and treatment was initiated with significant improvement occurring almost immediately. Subsequently, the free clinic helped connect Al to eligibility, application and enrollment assistance. He was able to get insurance via the exchange and establish care with a neurologist. Al is doing really well and is back to work as an independent carpenter.

Grinnell

Anita is a Hispanic single women who moved to Iowa from Texas to be close to her family here. She is a Diabetic and has other health problems such as hypertension and Hyperlipidemia. She was running out of Insulin and her family was able to buy one bottle for her but she needed prescriptions for other medications as well. The free clinic was able to provide the glucometer and strips for testing so she was aware of her blood sugars. Because of the help she receives at the free clinic, her health is stable and she is compliant with her medications.

Iowa City

Jane has visited the free clinic several times over the past couple of years. Jane's employer does not offer an insurance program and she makes too much to qualify for assistance. She has made efforts to find an affordable plan on the marketplace but it all still seems unaffordable. Jane can't find an option that provides both an affordable premium and affordable out-of-pocket expense. The free clinic has helped connect Jane with assisters that can help her keep trying to find an affordable option. In the meantime, she is thankful the free clinic is there.

Ben has asthma and is uninsured. He woke up in the middle of the night with a terrible asthma attack. A neighbor let him borrow an inhaler to get through

the night. First thing in the morning, Ben called the free clinic and was able to be seen by a volunteer provider who evaluated his condition and provided the necessary medication. Ben is unsure where he fits into healthcare reform programs, so the free clinic connected him with resources to explore eligibility, application and enrollment in programs he may be eligible for.

Mason City

Brad is a 27 year old male, married, father of 3, who lives in Mason City. Brad recently lost his job and subsequently, health insurance as well. His children have health coverage via Medicaid and the family receives food stamps to get by. Brad's wife is supporting the family, working fulltime, earning \$10 per hour. Without insurance, Brad couldn't afford travel or the required out-of-pocket expenses for dental care he started through a UI Dental Program in Iowa City. As Brad's mouth pain increased over time and eating and drinking became difficult, his family contacted the free clinic where a volunteer dentist was able to remove 4 non-restorative teeth and provide restoration services on 9 of Brad's other teeth. He is now healthy, happy and actively looking for work again. Donated services were valued at \$2,000.

Estella is a 71 year old female, mother of 7 (three children by birth, two foster children, and two grandchildren that she adopted) who now, upon the death of her husband in 2009, resides with her daughter, thirty miles from Mason City. Throughout the years, Estella worked many jobs to contribute to her family's financial well-being. Estella currently lives on a fixed income and has Medicare + Medicaid, but no dental insurance. After experiencing tooth pain for several months, Estella visited a FQHC whose dental services confirmed a tooth needed to be extracted, but she could not afford the sliding scale fee. Estella was seen at the free clinic by one of the volunteer dentists who extracted the tooth. The value of the donated dental dollars was \$228, but the smile it brought to Estella and her daughter was priceless. Estella is so appreciative, she specifically instructed that we use her actual name in this testimonial.

Oskaloosa

Jim, a middle-aged man, was feeling so tired that managing his daily tasks and job became very challenging. Jim had no insurance and had put off getting medical attention as long as he could. He visited the free clinic, where volunteers administered a simple blood test. Results indicated him to be hypothyroid, or low on thyroid hormone. The free clinic cost to run the blood test was about \$1 and the required medicine was provided off of a \$4 formulary for a month's supply. Jim is feeling great, functioning well and working regularly. Without medical attention at the free clinic, Jim's condition could have easily become emergent and critical if left unattended to.

Polk City

As the sole owner of a house cleaning business, *Janice* has never been able receive coverage assistance or afford private health insurance. Janice had occasionally utilized the free clinic for primary care, as needed. At her daughter's insistence, Janice enrolled in a Marketplace plan. Dental issues have been a long-standing problem for Janice and something the free clinic couldn't adequately address. Over the years, she has had her front teeth pulled and later got an upper bridge anchored by her eye teeth. Janice paid out-of-pocket for this dental work at great sacrifice to other expenses, including food and basic needs. After becoming insured, Janice discovered her dentist of many years didn't accept her insurance and when she developed an abscess in one of her anchor eye teeth, she also discovered that virtually no dentist in the Greater Des Moines area accepted her insurance. After spending hours on the phone and therefore income lost, Janice found two dentists willing to help her and seriously wonders if she is any better off with insurance than she was without.

Waterloo

(ACE-SAP FC): *Helen*, a 66 year old female with multiple medical conditions has been coming to the free clinic for several months. Helen is enrolled in Medicare but hit the “donut hole” so she can’t afford essential medications, including insulin. Helen is apologetic for having to use the free clinic, but she is extremely grateful for the free clinic’s assistance with her medications.

Marion, a 48 year old female with diabetes visited the free clinic to see if the clinic could assist with her insulin costs. Marion told the volunteer providers that she is enrolled in a Marketplace plan, but the copay for her insulin is \$300 and unaffordable for her. Marion is overjoyed that the free clinic can help.

Tom, a middle-aged, married man had been the sole provider for himself and his wife, *Beth*. Tom takes medication to manage his high cholesterol and high triglyceride levels and Beth takes medication to manage her chronic nerve damage. Tom lost his job and therefore, health insurance and they had ran out of medications. Although they have submitted applications for insurance coverage, they were told it may take 30-45 days before they will hear back. Until then, they are thankful the volunteer providers at the free clinic are available to help manage their conditions and offer medication assistance.

Webster City

Martha, 31 years old, was diagnosed with cancer several years ago. At that time, she had insurance and received treatment. Since then, her husband is only able to work a limited numbers of hours and she has become unable to work at all. Uninsured, Martha’s cancer returned and care options were completely unaffordable. Desperate, Martha and her husband turned to the free clinic, where volunteers were able to facilitate a referral process for treatment. Martha is doing well. She and her husband feel strongly that if the free clinic was not there, they would not have been able to fight the cancer once again.

George lost his job and his insurance. He turned to the free clinic for help with his medication. Because he felt he couldn’t afford to keep up with the medication costs, he had been rationing his diabetic and blood pressure medications. Through the free clinic, George was able to access the appropriate medication at very low cost. The free clinic was also able to provide him with a glucometer. George still isn’t working but he is able to maintain his health, as his blood sugar and blood pressure are back to normal. Feeling better, he is once again, actively seeking employment.

Iowa Coalition Against Sexual Assault

Importance of Funding

I think the money spent to train Sexual Assault Nurse Examiners (SANEs) and members of Sexual Assault Response Teams (SARTs) is some of the most useful money we've ever received. It is critical for someone who has just been sexually assaulted to have a well-trained and responsive team. SANEs and SARTs can make the difference in long-term outcomes for rape survivors, and effective SANEs and SARTs can also improve prosecution rates.

Rural Iowa has been solely lacking in SANEs. We had large areas of Iowa where we had not a single SANE. Since receiving these funds we've been able to train 78 new SANEs, and cover their expenses, as employers usually do not.

Training Recipients

The Catholic Charities Phoenix House Sexual Assault Program has seen significant benefits from the SANE Scholarship Program. Our program serves nine counties in Region 4 and responds to ten hospitals for DV/SART calls. In November the SANE Scholarship Program made it possible for six additional nurses to be SANE trained in our service area. As advocates that respond to hospital calls for sexual assault or domestic violence, we see the difference it makes to have a SANE nurse conduct the exam. The process goes more smoothly and the victim benefits by the exam being done professionally and efficiently. If a sexual assault kit needs to be completed it is essential that a SANE nurse is available. In Pottawattamie County where we serve two hospitals, we now have enough SANE nurses available to respond to all calls. The SANE Scholarship Program will help us to have more nurses SANE trained next year and every year after allowing nurses from all nine counties to participate and will help provide the best services possible to victims of sexual assault and domestic violence.

A thank you to staff member Patrick Schrod:

We would like to thank you for everything you did with the SANE training classes we attended in Council Bluffs. The classes were excellent and we all learned so much.

We are employed at Monroe County Hospital in Albia Iowa. We did not have a SANE trained nurse in our facility for approximately 7 months. Thanks to the scholarships we were able to send 3 nurses to Council Bluffs and now we can provide this very needed service in our area. We learned how important SANE nurses are with evidence collection, documentation and doing our part to help the victims with the care they need.

We have our local SART team that we will be working closely with and continue to learn and provide the best care in these times of crisis.

Thanks for everything,
Heather Leshen
Ruthe Seeley
Teresa Kipfer





Federally Qualified Health Centers

Assisting with Iowa Health and Wellness Plan Enrollees

A Certified Application Counselor (CAC) at Community Health Centers of Southeastern Iowa assisted an uninsured woman, who was recently diagnosed with a brain tumor. She is now covered thanks to the Iowa Health and Wellness Plan.

A CAC at Primary Health Care, Inc. provided assistance to a mother of two young children who just discovered she has breast cancer. The woman started to cry during her enrollment appointment because she was so happy the Iowa Health and Wellness Plan will cover her.

An HIV positive patient with a chronic heart condition was assisted by a CAC at Primary Health Care, Inc. After many phone calls and time spent by the CAC to secure appropriate immigration documentation, the individual was enrolled into the Iowa Health and Wellness Plan to receive medical care that has been long overdue.

A CAC at Community Health Centers of Southern Iowa assisted a young man who has experienced months of unemployment and lack of health care. Not only did the CAC help him secure coverage through the Iowa Health and Wellness plan, but she was also able to sign him up for unemployment benefits. He was so excited to receive the support and assistance, he stated he was finally beginning to feel like a normal person again and maybe things were turning around for him.

A Community Health Centers of Southeastern Iowa CAC successfully enrolled a woman who works two jobs into the Iowa Health and Wellness Plan. Previously, she paid more than \$650 monthly for a private insurance plan.

A CAC at Peoples Community Health Clinic assisted a woman, who works as a babysitter, and her husband, who recently lost his job. The wife was crying through the entire enrollment process, but the tears turned to joy after the application was submitted and they realized they will be covered through the Iowa Health and Wellness Plan.

At Community Health Centers of Southern Iowa, a CAC helped a couple who, until the Iowa Health and Wellness Plan, were ineligible for Medicaid. They were thankful and pleasantly surprised to learn that they, along with their children are eligible for Medicaid coverage.

A CAC assisted two consumers who were ecstatic to find out they may qualify for Medicaid. Their children have been on Medicaid for years, and both parents have not had any insurance for the last few years. It has always been a constant worry that something would happen to them and they would have no way of paying for the hospital bills.