The WIC Wire

Utah Department of Health • WIC Program

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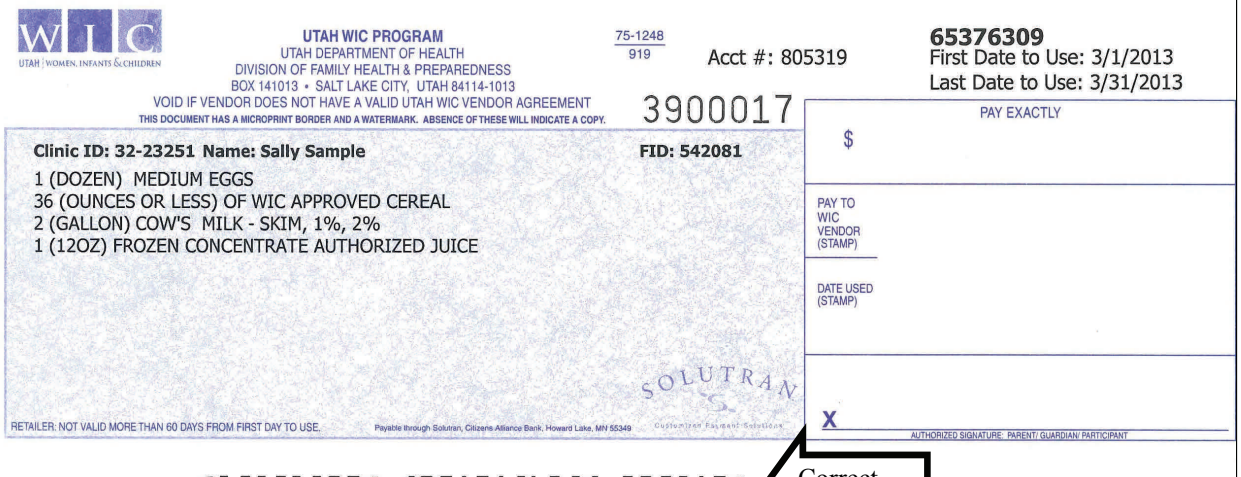
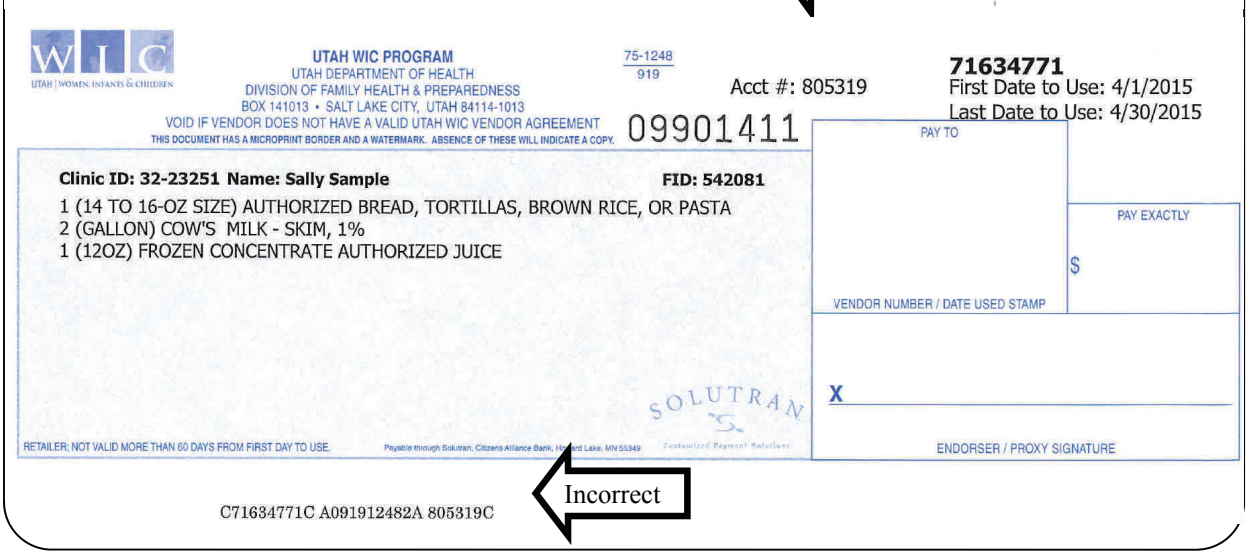
Printing Checks

We have had incidents in several clinics where staff have issued checks with the MICR sequence improperly printed. Often times it takes many days to realize there is a problem until checks start being rejected by the bank. This causes a hardship for clinic staff and participants because each improperly issued check must be recalled from participants and reprinted. This problem also causes excessive bank fees to be charged to the State WIC Office.

The cause of this issue is that the printer was improperly selected from the list of available printers. Each HP/Troy MICR printer in your clinics has two printer names listed in the computer. In most cases the proper printer to select is the printer name that contains "MICR" within the name. If the proper printer name is selected, this enables the printer to use the correct MICR fonts and characters when printing checks. If there is any question about which printer name to select please contact the Help Desk.

While separating and inserting checks into packets, always glance at the checks and ensure the checks printed properly with the correct MICR font.





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U.S. Department of Health & Human Services

FOR IMMEDIATE RELEASE
Wednesday, Feb. 18, 2015

A total of 140,221 people in Utah are signed up for coverage through the Health Insurance Marketplace

On Feb. 15, 2015, the second year of Open Enrollment came to a close with 140,221 Utah consumers selecting a plan or being automatically re-enrolled in quality, affordable coverage through the Health Insurance Marketplace. Nationwide, about 11.4 million Americans selected Marketplace plans or were automatically re-enrolled, including about 8.6 million people in the states that use the HealthCare.gov platform (such as Utah), and about 2.8 million in the State Based Marketplaces based on those states' preliminary data.

"We had a strong open enrollment. About 11.4 million Americans signed up or were automatically re-enrolled in affordable, quality coverage nationwide since November 15," HHS Secretary Sylvia M. Burwell said. "And in the final day, more new consumers signed up for health coverage than on any other day this Open Enrollment or last. In the 37 states using HealthCare.gov, nearly 8 in 10 consumers had the option of getting covered for as little as $100 a month or less with financial assistance that lowered the cost of their monthly premium. The Affordable Care Act is now an important part of the everyday lives of millions of Americans. They finally have the financial and health security that comes with affordable health coverage. They now can fill prescriptions and take their children to the doctor. Some no longer have to choose between paying for health care and paying their utility bill. While we have more work to do, the numbers tell the story, and the story is clear. The Affordable Care Act is working, and families, businesses, and taxpayers are all better off as a result."

Today's Weekly Enrollment Snapshot also includes data for select local areas through Feb.15 -

- 54,207 consumers in the Salt Lake City, UT local area selected or were automatically enrolled in a plan

Officials from HHS are available for print, radio and television interviews to discuss Open Enrollment in your state. Satellite TV interviews are also available.

To request an interview with an official from HHS, email press@cms.hhs.gov.

Fast Facts about Open Enrollment in Utah:

1. At the end of Open Enrollment on Feb. 15, 140,221 Utah consumers had selected a plan or were automatically re-enrolled.
2. **88 percent of Utah consumers who were signed up as of Jan. 30 qualify for an average tax credit of $159 per month through the Marketplace.**
3. Utah consumers could choose from an average of 69 health plans in their county for 2015 coverage – up from 55 in 2014.
4. 82 percent of Utah Marketplace enrollees as of December 2014 could have obtained coverage for $100 or less after any applicable tax credits in 2015.

About the Weekly Enrollment Snapshot:

Open Enrollment for the Health Insurance Marketplaces began on Nov. 15, 2014 and ended on Feb. 15, 2015.

The data reported today are preliminary, point in time figures that could fluctuate based on consumers changing or canceling plans, having a change in status such as new job or marriage, or because of ongoing special enrollment periods. Also included in today's figures are a number of individuals who had 2014 coverage but cannot continue Marketplace coverage in 2015 because they did not provide the necessary documentation of their citizenship or immigration status. They will be removed in future reports after their coverage ends on Feb. 28. To have their coverage effectuated, consumers need to pay their first month's health plan premium (today's report does not include effectuated enrollment).

MSAs are geographic areas designated by the Office of Management and Budget and have populations of at least 50,000. A number of MSAs cross state lines. In the cases where MSAs cross into states using their own enrollment platforms, only data from the portions of a MSA using the HealthCare.gov platform are included.

Potentially Lost Pumps

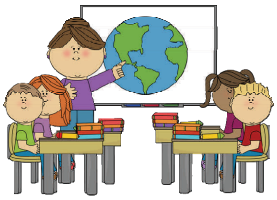
A friendly reminder about how to handle potentially lost pumps.

i. If the participant becomes lost to follow-up, or the pump is suspected lost or stolen, the clinic may take the following actions:

1. Contact any or all parties listed on the pump BF Equipment panel under Contact 1, Contact 2 or Contact 3. Attempts should be made to identify other contact numbers or addresses from these contacts.
2. Mail certified letter to the participant or any of the contacts listed on BF Equipment panel.
3. Do not indicate pump as "lost" in VISION; contact the State WIC Office for assistance.

   a. Provide to the State Breastfeeding Coordinator via email:
      i. participant ID number
      ii. clinic name
      iii. pump type (Symphony or Lactina only)
      iv. location of pump documentation in VISION

4. All relevant information pertaining to the actions taken by the local agency or of the circumstances of the participant should be documented in VISION.
5. Notify the State Breastfeeding Coordinator immediately if the pump is returned to the local agency in order to cancel the investigation by either the State office or by a private investigative service.
6. Communication will be between the State and Local Agencies. A private investigative service, upon working on a case, may contact the Local Agency to confirm a pump has been returned or to arrange a delivery date and time for returning a pump to the clinic.



VISION Report-Class Attendance

Description: For a selected date range this report looks at all nutrition education classes and the total number of participants who attended each class.

Uses: This report shows the total number of participants who attended each nutrition education class within the specified date range. This report will show agency/clinic, class name, # attended, class date, day of class and class start time.

This report can be used to see what classes and time slots are more popular, by how many attended.

Guidance: This report only counts each family once. If an endorser and child are put into the same class they will only be counted once.

To find out show rate you would need to go into the class by using the scheduler. From there you could see how many were scheduled that day and how many attended.

Resources

Head Start programs result in overweight, obese kids achieving healthier weights
Overweight or obese preschoolers who entered Head Start achieved a healthier weight by the time they entered kindergarten than children in a comparison group, according to research from the University of Michigan, reported in Pediatrics. Julie Lumeng, MD, and colleagues analyzed changes in body mass index z scores in a sample of 43,748 children. "The study findings suggest that participating in Head Start may be one effective strategy for obesity prevention and treatment," Lumeng said.

http://pediatrics.aappublications.org/content/early/2015/01/07/peds.2014-1725.abstract

Swapping recess times could be beneficial
Joseph Price at Brigham Young University in Utah and David Just at Cornell University in Ithaca, N.Y., concluded after a study of first- to sixth-grade students that holding recess before lunch rather than after lunch results in increases in fruit and vegetable consumption by 54%. The team studied consumption for 14 days at seven schools in Orem, Utah, in which children were eating school lunches as part of the National School Lunch Program. Three of the schools switched to a before-lunch recess for the study. The two authors recommend all schools make the no-cost schedule change.

http://news.byu.edu/archive15-jan-schoollunch.aspx

Infant and Toddler Food Study, from *Pediatrics*

The journal *Pediatrics* has published a new study evaluating the sodium and sugar content of commercial infant and toddler complementary foods in the United States. The study recommends that pediatricians advise parents to look carefully at labels when selecting commercial toddler foods, and limit salty snacks, sweet desserts, and juice drinks.

http://pediatrics.aappublications.org/content/early/2015/01/28/peds.2014-3251.abstract

Participant services to use for support with Single User Pumps

Medela Customer Service 1-800-435-8316

Ameda (Hollister) Customer Service 1-800-323-4060

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