

**Submissions in Response to Request for Information (RFI)#  
COMPADM26007  
Regarding Healthy Hometowns Cardiovascular Health Hub and Spoke  
Networks of Care**

To respond to the Iowa Department of Health and Human Services' RFI# COMPADM26007, submit this document as an electronic word document that is compatible with Microsoft Word software. Email this document to the Issuing Officer, Stacey Hewitt, at [stacey.hewitt@hhs.iowa.gov](mailto:stacey.hewitt@hhs.iowa.gov). Respondents are encouraged to confirm receipt of the email submission from the Issuing Officer.

Please make responses specific, concise, and complete enough to explain the point. Respondents may answer any questions they choose; there is no obligation to answer each question.

This document is due by email to the Issuing Officer by 4:30 PM on June 26, 2026. For questions related to the RFI process, please see the RFI posted with these questions

In the space below, please enter the name of a contact person for this response. Include that person's title, company name, mailing address, telephone number(s), and an email address, if available. If other persons contributed to this response, please list them subsequently.

Contact Name:

Title:

Company:

Mailing Address:

Respondent's State of Incorporation, if applicable:

Telephone Number(s):

Email Address:

Questions:

The Agency is seeking a better understanding in the areas listed below. Respondents are requested to submit a response to this RFI by answering the following questions:

1. What should Iowa HHS know about developing and implementing hub and spoke models of care for cardiovascular health to support rural Iowa providers and rural Iowans?
2. What are the current capabilities of providing telehealth in Rural Iowa for cardiovascular health purposes? What opportunities and barriers exist?
3. What are the current capabilities of providing provider-to-provider consultations via telehealth in Rural Iowa for cardiovascular health? What opportunities and barriers exist? What is the current status of billing and reimbursement strategies for this type of consultation?
4. What types of agreements are already in place between rural Iowa healthcare providers related to cardiovascular care delivery? What support is needed to further develop and implement formal partnership agreements?
5. What types of cardiovascular health services, both for therapeutic, diagnostic, and preventive health services, could be increased in rural areas with short term funding and become sustainable within five years without government grant funding support?

Thank you for your response.