

HEALTHY AND WELL KIDS IN IOWA (*hawk-i*)
BOARD MEETING
MINUTES

April 19, 2004

BOARD MEMBERS:

Eldon Huston, Chair
Susan Voss (for Terri Vaughan)
Charlotte Burt (for Ted Stilwill)
Julie McMahon (for Mary Mincer Hansen)
Susan Salter
Wanda Wyatt-Hardwick
Jim Yeast

LEGISLATIVE BOARD MEMBERS:

Senator Kenneth Veenstra (absent)
Senator Amanda Ragan (absent)
Representative Jane Greimann (absent)
Representative Gerald Jones (absent)

DEPARTMENT OF HUMAN SERVICES:

Anita Smith
Anna Ruggle
Mike Baldwin
Shellie Goldman

ATTORNEY GENERAL'S OFFICE:

Ann Marie Brick

GUESTS:

Barbara Fox-Goldizen
M. Jane Borst
Sonni Vierling
Beth Jones
Ann Campeau
Wendy DeWitt
Bob Wilcox
Karen Brown
Deb Kazmerzak
Sara Schneider
Diane Ellis
Tim Gibson
John Baker
Lisa Huff
Denise Hill
Jim Donoghue
Sandy Smitherman
Ed Schooley
Lynn Tague
Brian Gillette
Erin Paugh

AFFILIATION:

MAXIMUS
Iowa Dept. of Public Health
Visiting Nurse Services
Iowa Dept. of Public Health—Covering Kids & Families
Iowa Health Solutions
Iowa Health Solutions
Iowa Health Solutions
Center for Healthy Communities
Outlooks/Covering Kids Task Force
Iowa Dept. of Human Services
SCRC Covering Kids
John Deere Health
hawk-i Board appointee
Center for Healthy Communities
Iowa Medical Society
Magellan/HCKC
Delta Dental
Delta Dental
Wellmark
Wellmark
Visiting Nurse Services

MEETING CALLED TO ORDER AND ROLL CALL:

The Healthy and Well Kids in Iowa (*hawk-i*) Board met on Monday, April 19, 2004, in the Oak Room, Des Moines Botanical Center, 909 E. River Drive, Des Moines, Iowa. Eldon Huston, Chair, called the meeting to order at 1:30 p.m. A quorum was present.

WELCOME, INTRODUCTIONS:

Mr. Huston asked the audience members to introduce themselves. Mr. Huston informed the guests that there would be an opportunity for public comment later in the agenda. Anyone wishing to address the Board should notify Mr. Huston.

Mr. Huston introduced John Baker who has been appointed by Governor Vilsack to fill Mr. Huston's seat on the Board.

RECOGNITION OF DEPARTING BOARD MEMBERS:

Representative Greimann will not be seeking re-election. Even though Representative Greimann was not in attendance, Ms. Voss, on behalf of the Board, expressed their thanks to Representative Greimann for all of her service.

Ms. Voss presented Eldon Huston with a certificate of appreciation for his service to the children of Iowa. Ms. Voss noted that Mr. Huston has been a member of the Board since its inception. Ms. Voss said that over the years there have been some interesting times and challenges and Mr. Huston always rose to the occasion. He has also been very supportive of the staff and the rest of the Board.

Mr. Huston said it has been a pleasure to serve on the Board. Because of his background in health care and insurance, it was fascinating for him to take this position and to help the *hawk-i* program grow. Mr. Huston said that since becoming Chair, he has relied heavily on staff and wanted to commend them. He believes the Board has accomplished a lot and has more to accomplish. Mr. Huston said he has always been impressed that there has been great support for *hawk-i* from both the Legislative and Executive Branches during both the Branstad and Vilsack Administrations.

APPROVAL OF MINUTES OF FEBRUARY 16, 2004, MEETING:

Susan Salter made a motion to approve the February 16, 2004, meeting minutes as written. Jim Yeast seconded the motion. Unanimous approval was made by Jim Yeast, Charlotte Burt, Julie McMahon, Susan Salter, Susan Voss, and Eldon Huston.

REVIEW OF CORRESPONDENCE, REPORTS, & OTHER STATE NEWS:

Ms. Smith reviewed the correspondence.

A March 25, 2004, letter from Dr. Rhys Jones resigning from the Clinical Advisory Committee. The Executive Director of the Iowa Dental Association, Larry Carl, has been contacted for a recommendation for someone to take Dr. Jones' place on the Board.

An April 5, 2004, letter from Anna Ruggle in response to a letter Board members received from a parent seeking assistance for a child with cerebral palsy.

Wanda Wyatt Hardwick arrived at the meeting at this time.

News from Other States:

Colorado – In November Colorado implemented an enrollment cap of 53,000 for their SCHIP program. Although enrollment has dropped below 51,000, the state is not allowing any new enrollments claiming the program needs to recover from almost exceeding their budget earlier in the year.

Florida – Florida's KidCare program has been capped at 340,000 and 90,000 kids have been on the waiting list. The legislature has authorized one-time funding of \$25.2 million so that those that are eligible can be enrolled. More restrictive guidelines will be passed, effective July 1, and many of these newly enrolled children will be ineligible for the program. One of the restrictions is that any child that has access to health insurance through a parent's employer will not be eligible unless the cost is more than 5% of their income. They also will be dropping children of legal immigrants from the program, they will no longer allow self-declaration of income, and there will only be two open enrollment periods.

Georgia – A study indicates that Wal-Mart employees are more likely to have their children enrolled in SCHIP than any other company. The study states that Wal-Mart's part-time employees must be employed for two years to qualify for coverage. The coverage they qualify for has \$1,000 deductible, no preventive for children, and most employees make \$7 to \$8 per hour.

Idaho – Currently Idaho's SCHIP program is 150% of federal poverty level (FPL) and is expanding to 185% effective July 1. Lawmakers had implemented a cap in the program, but the cap has been removed effective July 1 and they will be offering a scaled back Medicaid program to 185% of FPL. They will allow families to participate at 185% or the option of paying families \$100 per child per month so that they can purchase their own insurance. They believe that if they do outreach for their expanded program, for every child they bring into that program they will bring two children into existing public-funded programs and they are concerned about the budgetary impact.

Iowa – The CBS television affiliate in Des Moines reported that the new census figures show that while Iowa had a slight increase in the overall population between 2000 and July 2003, but the number of Iowans under 18 continues to drop.

Louisiana - Has applied for a HIFA waiver (Health Insurance Flexibility and Accountability) to cover 40,000 parents whose kids are covered by their LaChip Program as well as 10,000 childless adults. Senator Grassley is opposed to those waivers to cover childless adults indicating they are using money that is intended to cover children. Approval of these waivers could impact Iowa because it reduces the amount of redistributed dollars available when the federal allotments are exhausted.

Missouri – Legislators have proposed legislation that will significantly increase cost sharing in SCHIP. They currently cover kids up to 300% of FPL and are proposing a premium ranging from \$59 to \$225 per month plus a \$10 co-payment. The proposal would also require that families earning 185% to 225% pay a premium along with a \$5 co-payment. They are estimating that 20,000 kids will drop off if implemented.

Texas – One of the cuts that Texas made was to start charging premiums to families between 100 and 150% of FPL. So many families have failed to pay the premium they have extended the time period and sent out reminders. To date, no children have been disenrolled and some legislators are upset that the state hasn't actually started cutting. 25,000 more kids could lose coverage in Texas for failure to pay these premiums. 119,000 have already dropped off the rolls.

Washington – Has reached an agreement to charge \$15 per child per month with a \$45 per family cap. In addition, they are eliminating self-declaration of income, implementing 6-month reviews instead of annual reviews, and are estimating the increased "hassle factor" will cause a significant drop in enrollment.

National News:

Almost one-third of farmers in the United States lack health insurance and the most common way that farmers are insuring their families is that the spouse works outside the home.

An article in the April 1, 2004, "Christian Science Monitor" discusses SCHIP cuts nationwide. The article states, "every state has either cut significantly or ended outreach to enroll more eligible children". This is not a true statement; Iowa has not done this.

ADMINISTRATOR'S REPORT:

Budget Update:

To date, 66.4% of the available funding has been spent. The highest percentage comes under *hawk-i* premiums, and 60.1% has been expended in outreach. *hawk-i* is still well within budget and there are no concerns at this time.

Enrollment & Statistics:

A total of 16,292 children were enrolled in **hawk-i** in March and 14,456 were enrolled in Medicaid expansion, for a total SCHIP enrollment of 30,746.

During the first quarter of SFY 04 enrollment exceeded expectations, but during the second quarter it fell below projections. Based upon enrollment and costs, the needs for SFY 05 were reprojected and at this point in time, it appears there will be sufficient funding.

Legislative Update:

At the last Board meeting three proposed bills that could impact **hawk-i** were discussed. There is no change in the status of any of those bills: HF 2142, which would change the definition of “eligible child” so pregnant mothers would be covered; SF 2073 which would require the Department to report to the legislature the employers of all applicants for either Medicaid or **hawk-i**; and SF 2056, which would mandate mental health parity.

Wellmark Foundation Proposal Update:

Ms. Smith said that she has been told informally that the Wellmark Foundation Board is expected to approve the grant for \$100,000 at their April 29th meeting. This grant will fund a study to find out why people who apply for coverage under Medicaid and **hawk-i** don't ultimately become eligible. As soon as the Department receives official notification, the process will begin to contract for the study. Since the study is not being funded with state or federal dollars, a procurement process does not have to be used. Ms. Smith said that it is her recommendation this be done through the University of Iowa's Public Policy Center, who is already conducting several studies for the Department.

Susan Voss made a motion that this study be conducted by the Public Policy Center. Susan Salter seconded the motion. Unanimous approval was made by Jim Yeast, Charlotte Burt, Julie McMahon, Susan Salter, Susan Voss, Wanda Wyatt Hardwick and Eldon Huston.

Medicaid Referral Process Improvement Plan:

Ms. Smith reported that she and Mike Baldwin have completed the statewide training sessions and provided refresher training to income maintenance staff on making referrals to the **hawk-i** program for children who lose eligibility for Medicaid. The system changes are being made and Mr. Baldwin is designing a test plan. The implementation date is June 1. Training to field staff will take place the third week of May.

hawk-i is participating in a collaborative effort and part of that effort is to measure the impact and effectiveness of the field training. The Polk-East office is the pilot office. **hawk-i** referrals prior to the training are being compared to referrals made after the training. There has been a 24% increase thus far and staff believes there will be a larger increase once the automated process is put in place.

SFY '05 BUDGET & HEALTH PLAN CAPITATION RATES:

Ms. Smith said that Wellmark did not ask for a rate increase so that eased budget concerns considerably. A 13% increase has been negotiated with the managed care plans. Ms. Smith said that when the Department learned that Wellmark was not asking for an increase, they informed the Legislature, who in turn reduced the CHIP appropriation by \$500,000.

Ms. Smith said that the budget bill has not yet come up for vote, but as written, the general fund appropriation for SCHIP is \$12,118,275, a trust fund carryover of slightly over \$3 million is projected, and there will be a \$200,000 appropriation from tobacco settlement funds for total funding in the amount of \$15,377,636. When the federal funding is added, the *hawk-i* budget is about \$59 million. It is believed, based on current projections, there is adequate funding for SFY 05.

Ms. Smith questioned how a dental carve out would affect this budget. At this point, projections are for a \$330,000 surplus in the *hawk-i* trust fund at the end of SFY 05. If a dental carve out is approved, the anticipated surplus is \$303,000. The impact on state funds for a dental carve out is \$27,000, but that equates to approximately \$108,000 after the federal matching dollars are included. Ms. Smith said these estimates are based on a July 1, 2004, implementation date. However, it would be difficult to have a July 1, 2004, effective date for a dental carve out because of logistics, and the implementation date would be closer to October 1, 2004, in order to allow time for system changes.

DENTAL CARVE-OUT:

Mr. Huston asked the Board how they wished to proceed, whether they were ready for a vote, or did they wish to hear again from the health plans and Delta Dental? Ms. Smith told the Board that on April 16, 2004, Wellmark also submitted a dental carve out proposal. Ms. Smith said that all of the health plans were invited to make comments today, and it appears that representatives are in attendance.

Dr. Ed Schooley, Delta Dental, spoke to the Board. He said he has tried to be diligent in providing the Board with information over the past two or three months. Dr. Schooley said their original proposal was for consideration of a carve out because the current program is divvied up between three vendors and often times that ends up being a fragmented type of program regarding how claims are administered, how networks are created and credentialed, how procedures are covered in some plans and not in others, and the annual maximums are different. Dr. Schooley said the original proposal was to give the Board some information to consider movement towards a comprehensive, accessible, standardized, and seamless dental carve out. At the last meeting there was some discussion about dental access and whether there was a dental access issue with *hawk-i* so Delta Dental submitted current utilization information and benchmarking data to evaluate. Dr. Schooley said the numbers he provided for children are very conservative; even if a child was eligible for one or two months last year, they were

counted as part of Delta Dental's entire eligibility population to determine the preventive rates.

Dr. Schooley said he encourages the Board to pursue a dental carve out at some point. He has tried to provide enough information to consider Delta Dental in that evaluation. Dental is different than medical. The disease is different because there are only two; tooth disease and gum disease. These diseases are not catastrophic like medical and happen in a very predictive manner. Dr. Schooley encouraged the Board to look at dental coverage differently than medical and knowing where the money is going for **hawk-i's** dental program.

Mr. Huston said he would like to make a comment for some of the newer Board members who were not involved at the inception of the **hawk-i** program. When the **hawk-i** program was enacted, it was the Legislature's intent to have **hawk-i** emulate the private market. The Legislature wanted the Board to get a product off the shelf and use that if possible. This was one of the reasons that the Board went to three different plans and has encouraged other plans to get into the program as well. The Legislature last year adopted an amendment to the **hawk-i** law which permits the Board to look at dental carve out separately. Mr. Huston said he noticed the discussion at the last Board meeting that the point was brought up again that if dental were carved out perhaps others would be carved out. Mr. Huston said he wanted the Board members to keep in mind that at the beginning the Legislature more or less instructed the Board to try to emulate the private market, and that is exactly what the Board did.

Brian Gillette, Wellmark, spoke to the Board. Mr. Gillette said that the per member per month fee in Wellmark's original proposal remains the same at \$16.80. Mr. Gillette said he understands from a budgeting standpoint it is difficult to act on a proposal with a lot of contingencies built in so they are willing to stand at that rate regardless of whether they continue to offer services in the manner they are currently or if they are chosen as an exclusive dental provider in a carve out situation. In either circumstance, \$16.80 would be the rate. Mr. Gillette provided an overview of the benefits provided in Wellmark's plan.

Mr. Gillette told the Board that Wellmark is the largest health insurer in the state and understands the issues related to folks who do not have insurance. Wellmark appreciates the unique roll of the **hawk-i** program and **hawk-i** is truly one of the neatest things going to deal with the uninsured population.

Mr. Gillette spoke about the value Blue Dental offers both to the **hawk-i** members and to the Board. Those specific qualities include offering a high level of service, providing a broad access to providers, comprehensive benefits and affordable rate, and a real commitment to collaboration with the Board. From a service standpoint, Wellmark knows that when people evaluate their insurance they look at two things, was their claim paid accurately and quickly. Secondly, if they have to call customer service will their call be answered a relatively quick manner. Mr. Gillette said that Wellmark's 2003 performance is evidenced in the proposal he gave them. Wellmark delivers outstanding service, the average speed of answer for a call to customer service at the dental unit is

9 seconds. Average claims processing time is less than 4 business days and 95% of all claims are processed within 14 calendar days. Mr. Gillette said that Wellmark does not get service questions from **hawk-i** members and are proud of the service they provide. From an access standpoint, Blue Dental has over 85% of the licensed and participating dentists in the state in their network. They provide excellent access to all of the **hawk-i** members, both in the counties Wellmark currently serves, as well as all other counties.

From a rate standpoint, Wellmark has held the rates on the medical and the dental is a little lower this year, \$16.80. From an ease of administration standpoint, many of these individuals have their medical coverage through Wellmark and there is a real advantage for these members to be able to interface with the same carrier. From an enrollment standpoint all the material from the same carrier is received at the same time and there is a real consistent feel to that. Mr. Gillette said that Wellmark goes above and beyond in terms of trying to make that information accessible to the public. He believes from a membership and systems standpoint Wellmark has many of these interfaces in place today so they are able to accommodate whatever schedule the Board would want to pursue in terms of a carve out. Mr. Gillette said that Wellmark is very proud to have been a part of the program and they hope to continue to be a part of the program from both a medical and dental standpoint. They are more than happy to continue in the manner it is today. From a marketplace standpoint if the Board wants to offer different dental carriers along side each other in any given county they would be happy to compete in that environment. Mr. Gillette said he knows that outreach is very important to the Board and ultimately they would like to see more membership. That's why one of Wellmark's exclusive broker relationships is with one of their longstanding partners, Farm Bureau. Mr. Gillette said he spoke with David Lyons, director of business development for Farm Bureau of the need to educate folks about the **hawk-i** program so they trained all of the Farm Bureau agents, over 400 statewide. These are agents that are an exclusive distributor for Wellmark on the medical side, and are very well versed on Blue Dental.

Ms. Smith asked if Mr. Gillette could clarify what Wellmark is proposing. For example, if the Board decides to do a partial carve out for the state, is Wellmark proposing that in addition to the areas they cover now, they would go into the carve out area and provide dental services to the children who are getting their medical coverage from the managed care plans? Mr. Gillette said yes, if the Board wants to go that direction.

Ms. Salter asked for the percentage of **hawk-i** kids enrolled in the Wellmark plan as opposed to managed care. Ms. Smith responded that enrollment is about 45% Wellmark indemnity and 55% in the two managed care plans.

Ms. McMahon asked for the percent of dentists that participate in Blue Dental. Mr. Gillette responded that there are currently 1,350 dentists in their network and they calculate that to be 85% of the licensed and practicing dentists in the state.

Mr. Huston asked if there are areas of the state their network is not as strong as others. Mr. Gillette said no, for example, Ames is a very tough dental market and is the highest fee city in the state. No carriers have great access in Ames, but Wellmark does have a

few in their network. Wellmark does not heavily recruit orthodontists because they don't have a fee schedule in place, and that is a moot point for *hawk-i* because it is not a covered service.

Tim Gibson from John Deere Health Care spoke to the Board. Mr. Gibson said their position on the dental carve out is they could work with the capitation either way, whether it is included as it is today, or if it is offered separately. Mr. Gibson said he is curious why the Board would want to spend another \$100,000 given the State's budgetary constraints. As far as the overall capitation rate that has been offered, Mr. Gibson believes John Deere probably could have done a little better with a little higher percentage, but thinks they can make it go. Mr. Gibson said it is kind of in that context when the state is squeezing a couple of managed care organizations then wants to turn around and spend more for a service already offered.

Mr. Huston asked if the Board decides to do a carve out, would the same amount being paid toward dental coverage be withdrawn? Ms. Smith responded that in the scenario staff has provided, it does not subtract the same amount, it would subtract \$14.00, which is based on the actuary's estimate of how much of the current health plan goes towards the dental.

Mr. Gibson asked what capitation rate is being proposed for dental carve out. Ms. Smith said that \$17.00 was used in her scenario. The managed care capitation rate would be \$148.30 unless there is a dental carve out, then the medical-only rate would be \$132.17.

Bob Wilcox, Iowa Health Solutions, told the Board he echoes the comments made by Mr. Gibson. Mr. Wilcox said the carve out discussion came up, he believes, because of the question of access, and it is still not clear if there is truly an access issue or not. Iowa Health Solutions provides services in 27 counties, a portion of which are open access, so any dentist is available for those members. In the remaining counties they meet the ratio required of 1,200 members to one dentist. Mr. Wilcox said the question he would pose back is if there really is an access issue and what is known. Mr. Wilcox said that Iowa Health Solutions hears very little about access issues on the dental side. Mr. Wilcox said that as far as the rates, Iowa Health Solutions is getting the same job done for a whole lot less on both fronts, medical and dental. Mr. Wilcox said that he agrees with Mr. Gibson, to spend another \$100,000 with tight budgetary constraints just does not make sense. As far as separation of benefits, if dental is carved out, it will be more confusing for enrollees not understanding with benefit card to use. This will generate more telephone calls and other customer service issues.

Mr. Huston noted that there was a question about access and because of the difference of opinion among the members of the Clinical Advisory Committee, they have contracted with the University of Iowa Public Policy Center to look at access. Mr. Huston asked when those results would be available. Anna Ruggie responded that it would be about a year.

Ms. Smith told the Board that the carve out could not be a sole source contract since there has not been a competitive bidding process. If the Board opts for a dental carve out the enrollees would be given a choice of any contracting dental provider. Ann Marie Brick of the Attorney General's Office told the Board that if for some reason they decide they want one provider for the whole state, then a "Request for Proposal" (RFP) would have to be issued to choose a provider that would best meet the Board's needs.

Ms. Salter said she was uncomfortable going with a decision on a carve out when the Board's own Committee does not have a position and wants further study. Ms. McMahon said from her perspective through local public health providers there is very much an access problem.

Susan Voss moved that the decision on a dental carve out be tabled until the Board receives further information from the Clinical Advisory Committee. Jim Yeast seconded the motion. Unanimous approval was made by Jim Yeast, Charlotte Burt, Julie McMahon, Susan Salter, Susan Voss, Wanda Wyatt Hardwick and Eldon Huston.

Ms. Voss suggested the Board send a letter to Dr. Thomas, Chair of the Clinical Advisory Committee, to see what their timetable is. Ms. Smith noted that since Dr. Jones has resigned, there is currently no dental representative on the Committee.

PROPOSED ADMINISTRATIVE RULE AMENDMENTS:

Mike Baldwin presented administrative rule amendments to be filed under Notice of Intended Action if the Board approves. The proposed amendments clarify current policies and provide a necessary cross-reference, as follows:

- The *hawk-i* eligibility decision is based primarily on information furnished by the family. This language matches Medicaid rules.
- Only the income of parents, spouses, and children who live together is counted.
- A new application form is not required to add an eligible person to an existing *hawk-i* eligible group.
- A child may be reinstated once per enrollment period when the family fails to pay a premium during the month before the month for which the premium is intended. The premium must be paid in full within the month for which it is intended in order for the reinstatement to occur.
- Collection of overpayments is governed by Department policies in 441—Chapter 11.

Susan Voss moved to approve the Notice of Intended Action as written. Julie McMahon seconded the motion. Unanimous approval was made by Jim Yeast, Charlotte Burt, Julie McMahon, Susan Salter, Susan Voss, Wanda Wyatt Hardwick and Eldon Huston.

EXTENSION OF IDPH GRASSROOTS OUTREACH CONTRACT:

Ms. Smith told the Board that the current contract with the Department of Public Health is set to expire June 30, 2004. However, the contract provides for two one-year

extensions so if the Board wants to continue beyond June 30, the Board will need to approve an extension.

Jane Borst and Angie Doyle Scar gave a presentation to the Board reviewing the contract, what they have accomplished thus far, and what they are proposing to do in the upcoming year. The original contract for grassroots outreach commenced in September 2002. The program is administered through 26 community-based child health agencies.

Jim Yeast moved to approve the one-year contract extension for the period July 1, 2004, through June 30, 2005. Susan Salter seconded the motion. Unanimous approval was made by Jim Yeast, Charlotte Burt, Julie McMahon, Susan Salter, Susan Voss, Wanda Wyatt Hardwick and Eldon Huston.

PUBLIC COMMENT:

There were no public comments.

GRASSROOTS OUTREACH UPDATE:

Angie Doyle Scar provided the Board with a yearly summary report of *hawk-i* outreach activities. There have been four areas of focus: Schools; faith-based, medical providers, and underserved populations. The report also includes additional activities that have taken place, initiatives through the Governor and Lt. Governor's Office, and outreach worker training.

In March, *hawk-i* outreach workers were recognized at the Governor's "Above and Beyond" service recognition health care appreciation ceremony. This award honors groups and individuals who have made outstanding contributions to the well being of Iowa children.

Ms. Doyle Scar said that a survey of the outreach coordinators revealed that there appears to be a perception among dentists that *hawk-i* in itself is its own program, they do not realize coverage is through the three health plans. Therefore, she is currently working on the design of an informational poster for distribution to dental offices.

The State Outreach Coordinator and Covering Kids & Families will be working with Early Access to train all of their local coordinators on the *hawk-i* program. Ms. Doyle Scar also made a presentation to Quaker of Friends Church and reports the church is very excited to be engaged in the *hawk-i* program.

COVERING KIDS & FAMILIES UPDATE:

Beth Jones told the Board that last fall Iowa was selected to participate in a national Covering Kids and Families Process improvement collaborative. The collaborative includes representatives from 15 states and CMS who will be focusing on maximizing the efficiency and effectiveness of Medicaid and SCHIP eligibility systems. Iowa's

traveling team is Jane Borst, Public Health; Anita Smith and Lori Lipscomb, DHS; and Lisa Huff, Healthcare Coverage for Kids Coalition Polk County. Nontraveling team members are Sara Schneider, Shellie Goldman, Mike Baldwin, and Angie Doyle Scar. The traveling team attends learning sessions and brings back the information so the entire group can work on their work plan.

Iowa's goals are: By July 1, 2004, 95% of children who lose or who are denied Medicaid eligibility due to excess income are referred to ***hawk-i***.

By July 1, 2004, 95% of children who are not renewed for ***hawk-i*** and eligible for Medicaid are referred to Medicaid. This coordinates with the automated referral training ***hawk-i*** staff has been conducting.

The last learning session is scheduled for November, and the project will be completed early in 2005.

NEW BUSINESS:

Mr. Huston appointed a nominating committee for Board Chair and Vice-chair. The nominating committee is Jim Yeast, Wanda Wyatt-Hardwick, and Julie McMahon, chair.

There was no other new business to present before the Board.

The Board's next meeting is Monday, June 21, 2004, at 1:30 in the Oak Room at the Des Moines Botanical Center.