

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

August 18, 2003

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

DEPARTMENT OF HUMAN SERVICES:

Anita Smith
Anna Ruggle

ATTORNEY GENERAL'S OFFICE:

Marne Woods

GUESTS:

Todd Meek
Wendy DeWitt
Robert Wilcox
Kirk Huffaker
Sonni Vierling
Janet Beaman
Diane Ellis
Ed Schooley
Sarah Taylor
Sara Schneider
Tim Gibson
Erin Paugh
Deb Kazmerzack
Lisa Huff
Carrie Nording
Rhonda Boltz
Mary O'Brien
Denise Hill
Sandy Smitherman

AFFILIATION:

NevadaCare
Iowa Health Solutions
Iowa Health Solutions
Iowa Health Solutions
Iowa Dept. of Public Health -Covering Kids & Families
Iowa Dept. of Public Health -Bureau of Family Health
Covering Kids SCRC
Delta Dental
Iowa Dept. of Public Health -Covering Kids & Families
DHS - *hawk-i*
John Deere Health
Visiting Nurse Services
Covering Kids Task Force
HCKC
CHC
Lee County Health
Visiting Nurse Services
Iowa Medical Society
Delta Dental

MEETING CALLED TO ORDER:

The Healthy and Well Kids in Iowa (*hawk-i*) Board met on Monday, August 18, 2003, 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, AND ROLL CALL:

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 informed everyone that the agenda was being adjusted to move all the items requiring Board action to the beginning of the agenda. The remainder of the agenda would be modified to keep the Clinical Advisory Committee Report and the presentation by Iowa Health Solutions as scheduled.

ELECTION OF CHAIR/CO-CHAIR:

Mr. Huston indicated that since this was the first Board meeting of the fiscal year, it is time for the election of the Board Chair and Co-chair for state fiscal year 2004. Mr. Huston asked the Board members if they wanted to proceed with nominations, or if they would prefer a nominating committee be appointed.

Charlotte Burt moved that the Board continue with the existing officers, if they are willing. Jim Yeast seconded the motion. Unanimous approval was made by Julie McMahon, Jim Yeast, Susan Voss, Susan Salter, Charlotte Burt, and Eldon Huston.

The officers for SFY 2004 are Eldon Huston, Chair, and Terri Vaughan Co-chair.

APPROVAL OF MINUTES OF JUNE 16, 2003, MEETINGS:

Susan Voss made a motion to approve the June 16, 2003, meeting minutes as written. Susan Salter seconded the motion. Unanimous approval was made by Julie McMahon, Jim Yeast, Susan Voss, Susan Salter, Charlotte Burt, and Eldon Huston.

PROPOSED ADMINISTRATIVE RULES FOR APPROVAL:

Ms. Smith stated that proposed amendments to *hawk-i*'s administrative rules allow for the submission of an electronic application as a valid application for the *hawk-i* program. Even though the application is submitted electronically, the applicant will still be required to mail in an original signature.

Susan Voss made a motion to approve the Notice of Intended Action to amend the administrative rules. Jim Yeast seconded the motion. Unanimous approval was made by Julie McMahon, Jim Yeast, Susan Voss, Susan Salter, Charlotte Burt, and Eldon Huston.

EXTENSION OF THIRD PARTY ADMINISTRATOR CONTRACT:

Ms. Smith reminded the Board that the contract with MAXIMUS to be the *hawk-i* Program's third party administrator was originally due to expire June 30, 2003. The contract was a three-year contract with two one-year extensions. Last year the Board gave their approval for the Department to approve the first one-year extension, which

runs through June 30, 2004. The Department proposes that the contract be approved for the second one-year extension, through June 30, 2005. Ms. Smith said that although it may seem early to do that, if the contract were to be re-bid, the procurement process would need to begin now in order for a new bidder to have sufficient start-up time for a July 1, 2004, implementation.

Susan Salter made a motion to approve the contract extension to the contract with MAXIMUS. Susan Voss seconded the motion. Unanimous approval was made by Julie McMahon, Jim Yeast, Susan Voss, Susan Salter, Charlotte Burt, and Eldon Huston.

REVIEW OF CORRESPONDENCE, REPORTS, & OTHER STATE NEWS:

Ms. Smith reviewed the correspondence.

- July 24, 2003, letter to school principals from Director Concannon. Shipping of the *hawk-i* applications (550,000) was completed on August 15th. These went to both public and private schools. Response from the schools has been positive.
- June 9, 2003, letter from Wellmark responding to the Department's May 28th letter asking if they would consider offering a managed care plan for the *hawk-i* program. At the same time, staff contacted United Health Care inquiring if they would participate in the *hawk-i* program. Both have declined.
- Wellmark's June generic drug report indicates that generic use decreased, but overall denials also decreased. The trend appears stable.

Mr. Huston asked if staff receives many inquiries from people that have to pay for their own prescription drugs because they are not covered. Anna Ruggle responded that sometimes comments are made on the surveys, but staff has not received any direct inquiries.

- July 31, 2003, "Kaiser Health Policy Report indicating that between 1999 and 2002 the number of uninsured children has declined, but at the same time the number of children covered by private health insurance is also going down. The conclusion is that Medicaid and SCHIP are filling in the gaps. The report indicates that outreach has significantly increased the awareness of the programs.
- A "Cover the Uninsured" article reports that studies predict health care premiums will continue to increase by double digits again next year.
- There were several articles discussing various proposals before Congress, specifically the Medicaid Modernization Bill. Ms. Smith said that the proposal is to combine Medicaid and SCHIP funds into a block grant and states could have more flexibility to design programs. However, there would be no flexibility regarding mandatory coverage groups and provision of mandatory services. States would still be obligated to serve those populations and the effect would be a block grant for an entitlement program.

- July 31, 2003, "Urban Institute" report, "Familiarity with Medicaid and SCHIP Programs Grows and Interest in Enrolling Children is High". According to the report: Families have a much better knowledge and understanding of SCHIP; Familiarity with public insurance programs for children has increased markedly in the past three years; and Parents understand that welfare is not a pre-requisite to getting public medical programs.
- Ms. Smith recently attended the SCHIP Director's meeting at the National Academy for State Health Care Policy meeting. Ms. Smith said that reports from other states indicated that some are cutting eligibles, benefits such as dental and mental health, and increasing cost sharing. Some states expressed concern that the positive steps they had taken to enroll children are now being rolled back because of budget shortfalls. Texas and Georgia may be disenrolling children. Ms. Smith noted that Georgia has been one the most progressive states with the electronic application, self-declaration of income, and passive renewal.

CLINICAL ADVISORY COMMITTEE REPORT:

Dr. Julianne Thomas, Chair of the Clinical Advisory Committee, reported that the Committee has been working to increase the quality of care for *hawk-i* enrollees. One of the things they have been working on is evaluating how children with attention deficit hyperactivity disorder (ADHD) are treated within *hawk-i*, who treats them, (primary care provider, family doctor or pediatrician, or mental health provider) and are they providing adequate oversight. The Committee thinks this is important because they recognize that there are mental health access issues for both adults and children in Iowa. Additionally, Dr. Thomas noted that a large number of the prescription drugs paid by *hawk-i* are costly stimulants that treat ADHD. When the report is completed it will be presented to the Board.

Dr. Thomas said that during the discussions about quality, access issues arose. Dr. Thomas shared anecdotal information from her practice regarding their experience, particularly with Iowa Health Solutions, and she felt she should bring this concern to the Committee. Dr. Thomas said she was not at the Board meeting to give an indictment against Iowa Health Solutions because her office has problems with all insurance companies and indicated everyone is trying to cut costs and prevent referrals. Her experience with John Deere is they have a terrible time getting access to pediatrics and specialty care at the University of Iowa because that is very expensive and they want to avoid the cost. Their problems with Iowa Health Solutions are primarily on the business side regarding inaccurate payments for immunizations, and Iowa Health Solutions not being responsive to their calls. She also stated that although Linn County was exempt from having to use Quest Laboratories, patients received letters advising them to talk to their doctor about using Quest Laboratories. Dr. Thomas said they have also had problems with identification of patients. For example, a patient said they were on *hawk-i*, her office called Iowa Health Solutions and it was verified that they were enrolled, but when they billed for that visit the claim was denied because the enrollee had been assigned a different primary care provider.

Dr. Thomas feels that the way people go off of **hawk-i** needs to be streamlined because they have a number of patients who have gotten jobs, have insurance, and that insurance company has asked that **hawk-i** be billed as a secondary insurance. The bill is submitted to the primary insurance company, the primary insurance pays, then it is sent to Iowa Health Solutions. Dr. Thomas said that Iowa Health Solutions would not pay anything because the primary insurance has already paid, but Iowa Health Solutions is receiving a capitated payment from the State of Iowa for care for that patient. Then her office does not get the co-payment that the patients should have paid under their private health insurance because they are using **hawk-i** as a secondary insurance.

Dr. Thomas believes that both enrollee surveys and provider surveys are needed to identify early problems with providers' offices. Dr. Thomas said that the Clinical Advisory Committee is recommending to the Board that a provider survey be conducted so the Board knows what providers think of the **hawk-i** program. Dr. Thomas said that the enrollee survey suggests that there have been issues with dental access and she asked Dr. Rhys Jones to discuss the dental issues with the Board.

Ms. Smith stated there have been several issues with Iowa Health Solutions raised and wanted to outline those for the Board before proceeding.

1. Iowa Health Solutions has applied to expand into twelve additional counties in Northern Iowa. The request has gone to the Iowa Foundation for Medical Care (IFMC) and the Insurance Division. IFMC believes that the accessibility requirements will be met with the provision that Iowa Health Solutions sign a contract with a Physician Hospital Organization (PHO) and recommended expansion in those counties.
2. McFarland Clinic notified the Department in May that they were very unhappy with Iowa Health Solutions and they were considering terminating their contract. At that time Ms. Smith wrote a letter to Iowa Health Solutions inquiring as to the status of their negotiations or discussions. The Department has since been notified that McFarland intends to terminate their contract October 14th. In some areas, this will severely limit access to providers for **hawk-i** enrollees, particularly in Story County.
3. She has also received notification from the Medicaid program that the largest provider group in Mt. Pleasant is also terminating their contract with Iowa Health Solutions.

Ms. Smith said the issues raised by Dr. Thomas and the other providers were shared with Iowa Health Solutions and they have been advised that the **hawk-i** program will not entertain expansion into these counties until some of these issues are resolved.

Dr. Rhys Jones introduced himself as a public health dentist at St. Lukes Hospital in Cedar Rapids and faculty at the University of Iowa and the dental representative on the Clinical Advisory Committee. Dr. Jones said he supports the recent legislation that allows carving out dental benefits because the dental portion of the program could then

be handled by dental insurers who are familiar with dentists and have established provider panels.

Dr Jones said he believes there is a dental access problem for *hawk-i* kids and reviewed some example comments from the most recent enrollee survey. Dr. Jones said that in Linn County there are 99 dentists, 96 general and 3 pediatric. 42 of those dentists now take John Deere but only 6 take Iowa Health Solutions. Of the pediatric dentists, 2 take John Deere children, none take Iowa Health Solutions, and 2 take Medicaid patients. Dr. Jones cited several examples of administrative issues with having medical insurers providing dental coverage and said that the Michigan carve out program is a successful model. He said that 90% of the providers in Michigan provide care to the Michigan SCHIP program because they were already providers of Delta Dental.

Todd Meek, President and CEO of Iowa Health Solutions, Bob Wilcox, Vice-President of Operations for Iowa Health Solutions, and Carol Henry, Director of Operations for the Iowa office addressed the Board. Mr. Meek stated that several years ago Iowa Health Solutions made a major commitment to the Insurance Commissioner to improve quality and access. He feels they have kept those commitments, acknowledged they still have a long way to go, but is excited about what they have done so far. Mr. Meek asked Ms. Henry to address some of the issues raised by Dr. Thomas.

Ms. Henry said that some of the issues raised by Dr. Thomas are not recent issues. Iowa Health Solutions has tried to work with the office for about three years to resolve the issues, with focus on the reimbursement of immunizations. Iowa Health Solutions thought this was resolved well over a year ago and Ms. Henry is working with staff at Dr. Thomas's office to see if they can reach a resolution. Ms. Henry stated that Iowa Health Solutions does maintain telephone logs which indicate they have returned all of the phone calls. They also have e-mails from the past three years concerning these issues. Ms. Henry said that in response to the allegation that claims were not paid timely, she did an analysis of claims. Of approximately 6,000 claims, 98% of those claims were paid in less than 90 days and 80% of those were paid within 30 days. Ms. Henry said she believes claims are being paid timely but acknowledged they have the unresolved issue with the immunizations.

Wanda Wyatt Hardwick arrived at the meeting at this time.

Mr. Wilcox said that it is evident there is a communication issue, particularly with the vaccine program fee schedule rates on certain codes, those that don't have a fee, and what that should fall to as a discount.

Mr. Meek said that Iowa Health Solutions has been in and out of negotiations with McFarland for some time and he believes they are making good progress to resolve their issues.

Mr. Wilcox explained that lab expenses have been steadily climbing. Once Iowa Health Solutions made the change to utilize an individual provider in most markets is when they began receiving letters to terminate provider contracts. Some providers who had their

own lab weren't happy with the decision. Mr. Wilcox said he is trying to reduce costs and streamline and that as soon as he receives a termination letter he contacts the provider to try to reach a resolution.

Mr. Huston asked if all of McFarland's individual offices outside of the clinic in Ames would be affected by a termination. Mr. Wilcox said yes, it is all McFarland offices. Mr. Wilcox said he had spoken to Jeb Lee, Executive Director of Clinical Operations for McFarland Clinic, PC, to clarify exactly what the issue was and Mr. Lee confirmed that Quest Lab was the reason. Mr. Wilcox said that the McFarland Board will vote on approval of Iowa Health Solutions' proposal at their August 28th meeting. Mr. Wilcox said that he knows access is important and Iowa Health Solutions does not want to lose McFarland Clinic. He also indicated that negotiations are continuing with the Mt. Pleasant group.

Mr. Meek told the Board that Iowa Health Solutions is excited about the opportunity to expand and acknowledged that issues do arise and providers concerns and questions have to be addressed. But that doesn't always mean they will come to terms.

Mr. Wilcox added that Iowa Health Solutions had undergone a lot of fundamental changes in the past two years. Contracting will be a focus more than in the past, as well as the additional quality measures. Mr. Wilcox told the Board that he has already met with Dr. Jones about dental access. Mr. Wilcox said that Iowa Health Solutions run dentists through the same credentialing process as they do MD's. Mr. Wilcox said they do that because the dentists are listed in a book just as the physicians are. Other HMO's have no listings of dentists in their books, it is all open access, therefore, they pay reasonable and customary.

Mr. Huston said that he was struck by Dr. Jones' comment that there are dentists that have asked to be part of the program and were not permitted to do so. Mr. Huston asked Iowa Health Solutions if they are aware of any dentists in Linn County that have asked to be part of the program and been turned down.

Mr. Wilcox said he would ask that question of staff. Mr. Wilcox said that when dentists learn of the credentialing process they say no right away. Mr. Wilcox said he even asked their director of quality to see if they could reduce the paperwork and make it easier, and still meet accreditation and the answer was no.

Ms. Smith asked if Iowa Health Solutions has a signed contract with the expansion counties. Mr. Wilcox responded that they do not at this time. Rates are agreed upon, but there is still some language to agree upon. Ms. Smith said that until that is done and they are licensed, the Board cannot amend the contract with Iowa Health Solutions to expand into those additional counties.

PROPOSED CHANGES TO IOWA HEALTH SOLUTIONS PREFERRED DRUG LIST:

Kirk Huffaker is with R/X^x Pharmacy Solutions, Inc. and provides the Iowa Health Solutions pharmacy program for *hawk-i*. Mr. Huffaker discussed their proposed new

preferred drug list and gave a summary of the overall impact of the three classifications of therapeutics they recommend cutting back on.

The proton pump inhibitors did not have a great impact on this segment of population, those are the newer drugs (Nexium). 15 members are affected in some way, with 22 prescriptions. Still available are a generic product, 20mg, and another brand name (Protonix) available in 40mg strength, so the impact is negligible. Another category is the COX-2 inhibitors, which are primarily for anti-inflammatory diseases, specifically arthritis. There are 11 members, 17 prescriptions, which will be affected by these particular medications. These are the Celebrex, Vioxx, and those brand name drugs. Rather than these, a step therapy program will be considered. Mr. Huffaker said several medications are in this category and many are over the counter - Ibuprofen, Motrin, Antiprox or Naproxen, if they fail, then they will look at moving up to this classification. Mr. Huffaker said they have the capability in their electronic data base to monitor to see if one of these products was tried first and then at this point in time they would consider doing an override with a prior authorization. The last category, brand name non-sedating anti-histamines has the biggest impact; Claritin and those types of products. There are 5,879 members with 7,137 prescriptions in this category over a 13-month period. Claritin is now available over-the-counter but there is also generic products. Mr. Huffaker said he checked with several national pharmacy chains, (Walgreens, Kroger) and a generic of Claritin will be available behind the counter. Iowa Health Solutions plans on keeping that on the preferred drug list so there is access even though it is over-the-counter. There were about 500 prescriptions in this group that were more pediatric in nature where an oral tablet would not be feasible to use, therefore, Zyrtec syrup will remain on the preferred drug list in order to handle that need. Mr. Huffaker said that the total number of deletions compared to all of the additions in the form of the multi-special injectable drugs that are now being offered, the non-sedating anti-histamines is the only big impact.

Mr. Huston asked Dr. Thomas as chair of the Clinical Advisory Committee if she had any comments. Dr. Thomas said that she was happy to see that the syrup is still available but is concerned about the proton pump inhibitors because they are being used more and more in pediatrics.

Mr. Huffaker responded that this is a product that has been released over the counter and that there is a grievance procedure for physicians through the staff at R/X^x Pharmacy Solutions, Inc. Mr. Huffaker said that the position they have taken is to work collectively with the medical management staff. If there is medical evidence that a different therapeutic strength or product would be better than what is offered on the PDL, they will look at it on a case-by-case basis and they have the ability to do an immediate prior authorization in the system. This authorization can be in the system in less than a minute, while the member is still at the pharmacy. Mr. Huffaker said the overall impact with regard to denying service or even holding up service should be negligible given that usage was by 15 members over a 13-month period.

Dr. Thomas asked how long the process would be from the physician standpoint. Mr. Huffaker said the process should not take longer than 24 hours.

Mr. Huston summarized by saying it was his understanding that the specific recommendation from the Clinical Advisory Committee is that the Board consider doing a provider survey to find out their reaction to the *hawk-i* program. Many other concerns were expressed and hopefully negotiations will continue between Iowa Health Solutions and Dr. Thomas's office and the Mount Pleasant group. It sounds as if the issue with McFarland Clinics is being resolved. The Board has the new PDL and the request for expansion. The expansion, however, cannot be done until contracts are signed. The Board has also heard from Dr. Jones about dental access and the Board does need to determine what actions, if any, they plan to take with regard to dental access. The Board has just received a letter from Delta Dental Iowa asking the Board to address the issue, however, there was no proposal, just a letter. So the only issue immediately before the Board is the recommendation from the Clinical Advisory Committee to conduct a provider survey. Mr. Huston suggested that the Board ask staff to explore what this entails, (how it would be done, costs, etc). and bring a recommendation back to the Board for their consideration.

ADMINISTRATOR'S REPORT (continued):

Ms. Smith informed the Board that the Financial, Health and Work Supports Division Administrator, Deb Bingaman, has resigned to accept a position in the State of Washington. Ms. Smith introduced Ann Wiebers, who is the acting division administrator.

Budget:

Ms. Smith reported that State fiscal year 2003 would not be completely closed out until the end of August, so a final reconciliation will be available in September. Currently 80% of the projected expenditures have been spent. Interest earned from the *hawk-i* trust fund totals \$153,915. In developing the 2004 budget it was assumed there would be a \$3.2 million carryover from the trust fund from 03.

Staff is currently working on the budget request for 2005. The request will include funding for anticipated growth. Currently enrollment is on track with the enrollment projections, so assuming the trends continue, funding for continued growth is at 1.53% per month; the same as what the Medicaid expansion has been experiencing. Staff does not believe there will be any carryover in the *hawk-i* trust fund from SFY 2004, so the 2005 budget request will be larger. The 2005 budget will also include a request for funding to implement the benefit enhancements recommended by the Clinical Advisory Committee. It will be up to the DHS Council on Human Services to finalize the budget request that is submitted to the Governor.

Update on Federal SCHIP Allotments:

On July 31, the U.S. Senate passed the House bill that would extend the availability of the SCHIP allotments for 2000 and 2001. Iowa has reverted \$8.4 million of FFY 2000 federal funds. This legislation allows retention of 50% of what was reverted for 2000 as well as 50% of unspent FFY 2001 funding. Ms. Smith said estimates were that Iowa would be spending all of their allotment this year with no carryover. Now because of

retaining these FFY 2000 and 2001 funds, there may be a slight carryover next year and 50% of that can be retained. The bill has gone to the President for signature.

Enrollment & Statistics:

Total SCHIP enrollment as of July 31, 2003, was 28,595; 15,315 enrolled in **hawk-i** and 13,280 in Medicaid expansion.

Since implementing the **hawk-i** program, between Medicaid and SCHIP 75,800 children have been added in this state.

The Department of Public Health has updated their projection for the number of uninsured children by county for Medicaid, Medicaid Expansion, and **hawk-i**. This chart was put together based upon the Department of Human Services projections by the Results Based Accountability Division. At the time those estimates were made, it was estimated there were 32,500 children in Iowa who were uninsured and under 200% of poverty. Based on the kids that have been added to Medicaid and **hawk-i**, that number has decreased to 27,101.

National SCHIP Director's Conference Update:

The Board was provided with a National Governor's Association (NGA) list of recommendations regarding proposed policy changes to the SCHIP program. States were asked for comments and those comments were also given to Governor Vilsack. The Department's response supports all of the recommendations. The recommendations include state flexibility and guaranteed funding.

Recommendations include:

1. Providing services to legal immigrant children.
2. Support for choice between Medicaid and SCHIP and allowing families to stay in SCHIP instead of going back and forth to Medicaid when their circumstances change.
3. Providing states with better data on their uninsured child population.
4. Employer-sponsored insurance coverage.

More and more states are looking to partner with employers to get that employer contribution to help offset the cost of providing health insurance coverage to people who would otherwise come into public programs. Ms. Smith said it was her recommendation that the minimum employer contribution provision currently in SCHIP be eliminated. There should be no minimum employer contribution requirements if the state otherwise determines it is cost effective to enroll the children in the health plan in lieu of giving them a SCHIP program. Currently under SCHIP, if the employer does not contribute at least 50% of the cost, states cannot take advantage of that. For Medicaid, there is not such a requirement and Iowa's Health Insurance Purchasing Program (HIPP) can buy into the employers program if it is cost effective. Also, under existing SCHIP legislation if the state were to buy into an employer plan the state would also have to provide a wrap around package of benefits to bring the employer plan up to the SCHIP level.

Some states are doing this with a waiver. Ms. Smith said she also recommended changes in ERISA. These are self-insured plans that employers have that are not regulated by the Insurance Division. It is very difficult to garner cooperation from those plans and the child support laws that have recently been enacted did a good job of getting cooperation from ERISA plans as far as ordering medical support and getting child support enforcement. Ms. Smith said she would like to see those same things happen in Medicaid and SCHIP.

Several comments from Iowa in addition to those being proposed were:

1. Coverage for dependents of state employees who are otherwise eligible.
2. Support for express lane eligibility and deemed eligibility.

No feedback has been received on the comments.

Ms. Smith reported that states were advised at the National SCHIP Director's Conference that there will be increased emphasis on program fiscal integrity. Techniques used to enroll kids, such as self-declaration of income and passive renewal, are being scrutinized by the Office of Inspector General. States may not continue to have as much flexibility as in the past.

Mr. Huston asked if the Board members had reviewed the correspondence from Delta Dental. Mr. Huston asked staff to respond to Delta Dental requesting more detailed information and making a specific proposal. The Board will also need to solicit comments from the current health plan providers, Wellmark, John Deere, and Iowa Health Solutions.

Ms. Smith said that staff would also have to look at procurement issues, whether this is something that would be put out for bid or whether the Department can just contract with a sole source. Dr. Jones spoke about the State of Michigan and their Delta Dental plan. Ms. Smith noted that Michigan's benefits are significantly less than in Iowa. Their maximum annual benefits are \$750 and Iowa's are at least \$1,000. Several other issues would have to be addressed, such as the impact on capitation rates and what benefits would be covered.

Mr. Huston and Ms. McMahon left the meeting at this time

PUBLIC COMMENT:

There were no public comments.

GRASSROOTS OUTREACH UPDATE:

Angie Doyle Scar, *hawk-i* outreach coordinator, updated the Board on recent outreach activities:

Statewide Outreach Activities:

Drake Law School Legal Clinic - The Clinic recently received a \$1 million gift to establish a new program focusing on the rights of children and families. The clinic has agreed to have **hawk-i** information available to clients and potentially have **hawk-i** staff conduct a presentation for law students who work directly with the families.

Iowa Chamber of Commerce Executives - Staff met with Lee Konfirst, Executive Director, and discussed **hawk-i** message development for targeting local chambers. An article about **hawk-i** will appear in their next newsletter.

Proteus - Proteus primarily serves migrant and seasonal farm workers. 95% of families served are uninsured. Follow up discussions for future collaboration are being planned.

School Administrators of Iowa Conference - Collaborated with Covering Kids & Families staff to conduct outreach activities at conference.

Local Outreach Activities: - Staff reviewed the local outreach quarterly reports of activities and progress for April - June 2003. The reports reflect great strides in conducting effective outreach in their local communities.

- Every agency at some level is working with schools to collaborate on the back to school efforts with DHS and Covering Kids and Families.
- Many agencies are expanding their outreach to medical providers to include dentists.
- Agencies are using contact information for local AEAs provided by Covering Kids and Families to conduct outreach.
- Local outreach coordinators are doing a great job in areas of the state where communities are seeing business close downs or layoffs.

Training: - Dave Roederer, Executive Director of the Chamber Alliance, gave a very useful and informative presentation at July's outreach task force. Local coordinators came away from the meeting with great ideas for messages and activities to engage local chambers and businesses.

October 2 and 3 is the Department of Public Health's fall conference in Cedar Rapids. Outreach coordinators are required to attend three **hawk-i** breakout sessions. Those sessions are still being finalized.

Additionally, Public Health Director Mary Mincer Hansen contacted Jane Borst and Ms. Doyle Scar and asked for a brief on **hawk-i** outreach for a meeting she had with the Lt. Governor. The following week the Lt. Governor's office again contacted Ms. Doyle Scar for information on outreach conducted for special populations.

Ms. Smith asked if there was any feedback from outreach activities at the Iowa State Fair. Ms. Doyle Scar responded that the **hawk-i** materials were among the most

popular items at the Department of Public Health's booth. The colorful brochure seemed to catch people's attention. Ms. Voss said that she has not received a formal briefing, but the Insurance Division distributed quite a few applications also. Initial reaction was that there was a lot of information to be filled out.

COVERING KIDS & FAMILIES UPDATE:

Sonni Vierling told the Board that the Issue Brief that they were planning on sharing with the Board is still being finalized, so Deb Kazmerzak will make that presentation at the next Board meeting.

Ms. Vierling showed the Board Covering Kids and Families newest poster promoting *hawk-i*. This poster was developed for display in health care provider offices.

Ms. Vierling reported that her staff is conducting a survey of curriculum directors at all the health care professional schools in the State of Iowa. This includes medical students, nurses, dentists, social workers, physicians assistants, and dental hygienists. The schools are being asked if they have anything in their curriculum to do with insurance. If not, are they interested in receiving more information? Thus far 20 responses have been received from the 50 mailed.

This year the Polk County site partnered with existing groups in Des Moines for a back-to-school event and provided funds for radio advertising of the event. The radio ad included information about *hawk-i* and was based on the national television commercials that ran earlier. A commercial was also run in Scott County, and over a longer period of time, because Scott County has a higher rate of uninsured children than the state average. Ms. Vierling said that an evaluator will be doing a formal analysis and that information will be helpful for legislators or other key decision makers on whether Iowa should embark on another statewide education campaign. At this point the preliminary results are saying it is quite favorable. Families were surveyed at the back to school event and the number of families who heard the *hawk-i* commercial was about 40%. Support staff received 45 additional calls one night during this period from families requesting more information, an increase over the normal rate.

Ms. Vierling reported that staff attended the school administrators conference and learned quite a few things that will help with year two planning for the grant. Staff had hoped to attend the regional meetings to stress that the school nurses and other outreach staff needs the support of the administrator. However, there will no longer be regional meetings. Instead they are going to a theme-based statewide conference. Ms. Vierling asked if anyone had any contacts to help her staff get on the agenda, to let her know.

NEW BUSINESS:

Ms. Smith announced that upon adjournment, she was doing a presentation of the on-line *hawk-i* application currently under development. Anyone interested is welcome to stay and watch the presentation. The application should be ready for testing soon and

she would like outreach workers and potential applicants complete the application. The target date for completion of this phase is October 1.

There was no new business to present before the Board.

The Board's next meeting is Monday, October 20, 2003, at 1:30 in the Oak Room at the Des Moines Botanical Center.