

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

August 21, 2006

**BOARD MEMBERS:**

Susan Salter, Chair  
Julie McMahan (for Mary Mincer Hansen)  
Judy Jeffrey (absent)  
Angela Burke Boston (for Susan Voss)  
Jim Yeast  
John Baker  
Angelita Ramirez (absent)

**LEGISLATIVE BOARD MEMBERS:**

Senator Amanda Ragan (absent)  
Senator James Seymour (absent)  
Representative Polly Granzow  
Representative Mary Mascher (absent)

**DEPARTMENT OF HUMAN SERVICES:**

Anita Smith  
Anna Ruggle

Shellie Goldman

**GUESTS:**

Diane Schroeder  
Barbara Fox-Goldizen  
Bill Vandervennet  
Ira Rothman  
Phyllis Easton  
Kerri Johannsen  
Nancy Lind  
Lynn Tague  
Dee Bradley  
Erin Paugh  
Diane Morrill  
Carolyn Bauer  
Barb Nebel  
Jenny Untiedt  
Diane Ellis  
Beth Jones

**AFFILIATION:**

Delta Dental  
MAXIMUS  
MAXIMUS  
MAXIMUS  
MAXIMUS  
Legislative Service Agency  
AmeriChoice  
Wellmark Blue Cross Blue Shield of Iowa  
Empowerment – Jefferson – Keokuk Counties  
Visiting Nurse Services – HCKC  
Iowa Foundation for Medical Care (IFMC)  
Department of Human Services  
Iowa Speech Language Hearing Association  
Iowa Dept. of Public Health  
Covering Kids & Families-Community Health Services  
Iowa Dept. of Public Health – Covering Kids

**MEETING CALLED TO ORDER AND ROLL CALL:**

The Healthy and Well Kids in Iowa (*hawk-i*) Board met on Monday, August 21, 2006, in the Levitt Room, Des Moines Botanical Center, 909 E. River Drive, Des Moines, Iowa.

Susan Salter, Chair, called the meeting to order at 12:45 p.m. A quorum was not present.

Ms. Salter announced a small change in the order of the agenda. "Future Health Plan Expansion" will be moved to precede the discussion of contract amendments.

### **WELCOME, INTRODUCTIONS:**

Ms. Salter asked the audience members to introduce themselves. Ms. Salter informed the guests that there would be an opportunity for public comment later in the agenda.

### **CORRESPONDENCE, REPORTS & OTHER STATE NEWS:**

Anita Smith discussed SCHIP news from other states:

Arizona - Both the Arizona senate and house appropriations committees recommended that the KidCare Parents program be discontinued effective July 1<sup>st</sup>. However, the legislature continued funding for the program but nearly doubled the premiums. The increase was based on the rationale that the average state employee earns \$35,000 a year and has to pay \$125 per month for health insurance.

California - The governor of California is proposing to put medical clinics in up to 500 elementary schools, in part, to enroll more children in the state's SCHIP program. The formal proposal will most likely not be made until next year, if he is re-elected.

Illinois - On July 1<sup>st</sup>, Illinois launched a new All Kids program that is expected to enroll 50,000 children in the first year. The program is being funded by shifting the 1.6 million people currently enrolled in Medicaid, KidCare and FamilyCare to managed care for an estimated savings of \$56 million. However, the growing dissatisfaction of providers due to late Medicaid payments may discourage physicians from taking on new patients under All Kids.

Physicians are also concerned about the addition of new patients under All Kids at the same time Illinois is mandating a new disease management program for Medicaid enrollees and a primary care case management program. Some question if the program will run smoothly enough to allow access. The sense in the provider community is that the state is doing the best they can but they are not ready to implement.

Maryland - A Maryland gubernatorial candidate is proposing to make health insurance more accessible to low-income children by improving existing enrollment efforts within the state. He made these statements after release of the Robert Wood Johnson report showing that Maryland was ranked 17<sup>th</sup> from the bottom in the number of uninsured children. He was especially concerned that Maryland is "even behind Alabama" in the number of uninsured children.

Missouri - Beginning July 1<sup>st</sup>, Missouri expanded health care coverage to children from 225% of FPL to up to 300% of FPL. Last year, families earning more than 150% of FPL

began paying premiums and certifying that they couldn't find "affordable" health insurance. "Affordable" is defined as insurance costing less than or is equal to what it costs a state employee for health insurance – about \$375 per month.

Premiums were also dropped for existing enrollees: Families with income between 150% - 185% of FPL would have to pay more than \$209 per month. Families with income between 186% - 225% would have to pay \$255 per month.

New Mexico - In New Mexico, the governor has formed a 21-member task force to study a law and draft legislation for the 2008 legislative session that would require all residents of the state to purchase health insurance coverage – similar to the law in Massachusetts. Under his proposal:

- Medicaid would be expanded to cover childless adults
- Require that anyone that does business with the state offer health insurance to their employees
- Provide more affordable insurance to small business by expanding the State Coverage Insurance program; and
- Identify state employees who opt out of health insurance

Pennsylvania - In Pennsylvania, all four legislative caucuses have agreed to pass a bill by October that will cover all children under 18, regardless of income. This will make Pennsylvania one of only three states to provide health coverage to all children. Premiums are charged on a sliding fee scale with higher income families paying the full premium. A family of four making \$70,000 would pay \$20 - \$35 per month. Families making more would pay the state's negotiated rate of about \$145 per month.

Tennessee - Tennessee plans to implement a new CoverKids program on January 1<sup>st</sup> to expand their existing SCHIP program. Families will pay co-payments but there will be no premiums or deductibles. Families above 250% of FPL can buy-in to the program.

West Virginia - The Governor of West Virginia was apparently not aware of the potential SCHIP budget shortfall when he signed a bill that provides coverage for low-income adults and expands coverage for children from 200% - 300% of FPL. The governor is now asking that the expansion be delayed until SCHIP is reauthorized. Without federal funding, the state will have between an \$11 - \$19 million shortfall. Legal staff is being consulted to see if the bill can legally be delayed.

#### Other News:

A report by the Robert Wood Johnson Foundation credits the SCHIP program with reducing the number of uninsured children in the U.S. by nearly 20% since the program started, even though the number of people without employer health insurance is increasing. The report found that there are still nearly 8 million uninsured children and estimates that about 70% would be eligible.

The Senate Finance Health Subcommittee recently held a hearing to discuss SCHIP reauthorization. There were discussions regarding financing, funding, distributions, and how states can use their allotments. Additionally there was testimony from witnesses

who talked about the success of the program in reducing the number of uninsured and that states are significantly at risk of being able to maintain the gains they made. Senator Ted Kennedy stated that due to rising health care costs the program would need an additional \$12 billion between 2008 and 2012 to break even. Currently 40 states are spending more than their allotment.

A "Kaiser Commission" report shows that health and outcome measures for children are not improving as much as they did in the 1990's. The report says that states in the northeast and upper Midwest receive the best overall scores with New Hampshire, Vermont, Connecticut, Minnesota, and Iowa topping the list.

## **ADMINISTRATOR'S REPORT:**

### ***Enrollment and Statistics:***

Ms. Smith reported that total SCHIP enrollment for July 2006 was 36,065. There were 20,453 enrolled in ***hawk-i*** and 15,612 enrolled in expanded Medicaid. SFY 06 ended with SCHIP enrollment of 36,678; 20,607 of these were enrolled in ***hawk-i***.

Original projections for SFY 06 were for 23,300 ***hawk-i*** enrollees. However, enrollment in Medicaid expansion was exceeded and Medicaid enrollment leveled off from previous years. ***hawk-i*** increased by .3% after a 14.6% increase last year. Medicaid expansion increased by .8%, compared to 4.8% last year. Traditional Medicaid is still growing. Ms. Smith said she didn't know if this was an anomaly for this year, or if poorer kids are coming into the program and falling into the lower brackets for Medicaid. Since implementation of Iowa's SCHIP program in 1999, 108,683 more children are covered under public programs than in 1999.

### ***SFY '06 Budget Update***

Ms. Smith reported that final budget numbers are not available yet, but as of the end of June the ***hawk-i*** budget continued to be on track with projections. Thus far \$14,980,343 has been spent of the \$17,919,689 projected. Interest earned from the ***hawk-i*** trust fund is \$217,390.

### ***SFY '08 Budget***

The Department is in the process of submitting their budget for SFY '08. Ms. Smith said that preliminary numbers indicate that if full federal funding is available, then the state dollar need is \$24,736,378. This amount would come from a general fund appropriation of \$22.5 million, \$200,000 in tobacco funds, and an estimated \$2 million carryover in the ***hawk-i*** trust fund. State funds of \$24,736,378 would draw down \$66,669,941 in federal funds, for a total program need of \$91.4 million. However, if full federal funding is not received, then total state funding of \$48.2 million would be needed to keep the program intact as it is today. That amount would draw down the anticipated allotment of \$34,538,208 and Title 19 dollars of \$8,582,259, for a total of \$43,120,467.

Part of the discussion at the federal level is that although enough dollars have been made available for the program, some states have too much money to spend while others do not. This year, 22 states are scheduled to run out of money. Iowa is one of those states.

***Julie McMahon arrived at the meeting at this time. A quorum is now present.***

#### **ELECTION OF OFFICERS:**

Julie McMahon reported that she met with other members of the nominating committee (Jim Yeast and John Baker). As a result of that meeting, Ms. McMahon made a motion to elect Susan Salter as Chair and John Baker as Vice-Chair. Jim Yeast seconded the motion.

Unanimous approval was made by Angela Burke Boston, John Baker, Jim Yeast, Julie McMahon, and Susan Salter.

#### **APPROVAL OF MINUTES OF JUNE 19 AND JULY 11, 2006, MEETINGS:**

Angela Burke Boston made a motion to approve the June 19, 2006, minutes as written. Jim Yeast seconded the motion. Unanimous approval was made by, Angela Burke Boston, John Baker, Jim Yeast, Julie McMahon, and Susan Salter.

John Baker made a motion to approve the July 11, 2006, minutes as written. Angela Burke Boston seconded the motion. Unanimous approval was made by Angela Burke Boston, John Baker, Jim Yeast, Julie McMahon, and Susan Salter.

#### **UPDATE ON MAXIMUS IMPLEMENTATION:**

William Vandervennet, Ira Rothman, and Phyllis Easton from MAXIMUS discussed some of the difficulties they have had with implementation of the new computer system.

Mr. Vandervennet told the Board that as part of their contract renewal with the Department they converted from the MAXSTAR computer system to MAXe. This transition was made November 1, 2005. Initially they believed everything had gone according to plan, but soon they began to see problems with their system processing in the areas of applications, communications to the health plans, and reporting. As part of that response and analysis, they committed significant effort to look at what they needed to do to correct the system problems that were the root cause of each of the areas.

Both MAXIMUS and DHS staffs invested a lot of time and effort in analyzing and correcting the problems. In June, the system was fully implemented and operational. Unfortunately, it took from December to June to work through all the issues that were identified. Mr. Vandervennet told the Board that clearly it took way too long to do, but they stuck with it and the problems are corrected. Mr. Vandervennet stated that although they had difficulties during this period, they did focus their efforts on maintaining services to clients. Approximately 7,000 calls came into the call center and

approximately 2,600 applications were processed each month. The majority were processed correctly and done within program parameters. Due to the system problems, the number of appeals and complaints did increase.

MAXIMUS compared statistics as they related to numbers of enrollments, disenrollments, applications, pending applications, referrals to Medicaid, and call volume for the period January, 2005 through July, 2006. This shows fairly consistent activity with the exception of increased call center volume beginning in December, 2005 and peaking in March, 2006. This volume has now leveled off to the previous levels. There was a spike in the number of disenrollments in February, 2006, but that is attributed to those being done all at once from the system conversion.

Ms. Salter stated that the Board was aware of the customer complaints and wanted to know of all of those issues have been resolved. Ms. Smith said that she believes all of those individual issues have been resolved. Ms. Smith thought it might be helpful if the Board heard an explanation of the difference between the old system and the new systems and what caused some of the difficulties transitioning between the two systems and why there may be some discrepancies in the data between the two systems.

Mr. Rothman said the old system, MAXSTAR, was a leading edge system at the time it was developed and served MAXIMUS and their customers well. MAXSTAR took basic computer technology and provided a cost effective approach for programs like *hawk-i* to track who the enrollees are, telephone calls, and various other statistics. The new MAX-e is a system based on Oracle technology, a much more sophisticated technology. It allows more detailed information to be retained, allows better reporting, and allows more detailed data to be kept. The MAX-e system is installed in other states (California, Texas, Kansas).

Mr. Rothman told the board that MAXIMUS experienced rapid growth and sold several contracts simultaneously, which resulted in a shortage of resources. As a result, they weren't able to do the best job as they could have. Mr. Rothman said that he and Mr. Vandervennet were made aware of the problems in Iowa last winter and were dispatched fulltime to solve the problems. They made sure they got additional staff to work on solutions, they put checks and balances in place, and they believe it is now fully operational.

Ms. Smith said that due to the accountable government act the Department is required to have a contract in place that is performance-based and has penalties associated with poor performance. To date, the Department has applied \$92,000 in penalties for the period of time the contract provisions were not being met. Ms. Smith asked the representatives of the health plans if they are comfortable with the way things are going with their file transmissions. Nancy Lind, UnitedHealthcare of the River Valley, said things are going much better. Their members are not calling them as they were. MAXIMUS has worked very well with their staff to respond to problems.

Lynn Tague from Wellmark said she would agree with what Ms. Lind said.

Diane Schroeder from Delta Dental said things are working much better now.

Mr. Rothman indicated they had met with the health plans and they found it quite helpful. They did experience a problem last week with the new health plan rollout and they found the programmer forgot to move something. Mr. Rothman said that it is inevitable with a new system that there will be a few problems, someone forgets to do something in spite of quality control. What they strive to do is have the proper quality control in place to catch it ahead of time, but otherwise once discovered, fixed right away.

Mr. Vandervennet said that the meeting Mr. Rothman mentioned was an example of “lessons learned”. Having more frequent and open communication with the health plans is something that should have been done much sooner and they plan on continuing the communication as they move forward.

Mr. Vandervennet said that another indication that things have gotten better is the number of appeals. From January 2005 the number of appeals each month averaged about 21. That increased in March, 2006 to 36 and 45 in May. Currently the average is again 21.

Ms. Salter asked the outreach workers that were present if they had any comments on how things are going. Diane Ellis said that she believes things have smoothed out. Angie Doyle Scar said that things are okay on the state level.

Mr. Vandervennet told the Board that he appreciated the opportunity to meet with them and expressed his commitment to the program.

Angela Burke Boston asked about the penalties being assessed as recently as July. Mr. Rothman indicated they are still having problems with one of the reports and how it reflects “real-time processing” and are working to fix that problem. Mr. Vandervennet said that they believe they are processing things within the time frame, they are just not reporting it accurately.

***SAS 70 Report:***

Ms. Smith explained that this contract with MAXIMUS includes a provision for an independent system audit to ensure that the system is working correctly. This is referred to as a “state auditing standard”, or “SAS 70” audit. After having gone through this review, the Department has come to the conclusion a “performance audit” would be recommended in the future, rather than a SAS 70 audit.

Mr. Rothman told the Board that SAS 70 is an accounting rule that has been around since the mid 1980’s and was set up to review service center processing. MAXIMUS hired an auditor and defined what controls that auditor would review. The list was standard and listed controls over input, output, and processing. The auditor came in and verified that those controls were place and the report identifies particular steps the auditor followed to verify those controls. For example, are there balancing controls, controls over background checks when hiring new people, access controls, what kind of

testing occurs, disaster recovery, and software development. The report states what controls MAXIMUS said were going to be in place and the auditor found that they were.

Mr. Rothman said that he believes what the state is really interested in is an agreed upon procedural audit. The state defines what controls or processes they would like and works with MAXIMUS and the external auditor to agree that these procedures will be reviewed. The difference is who defines the procedures. Ms. Smith said they would be working on a contract amendment to define a different type of review for this year.

#### **hawk-i BOARD'S 2006 ANNUAL REPORT FORMAT:**

Ms. Goldman said she would like some feedback from the Board about any changes they would like made to the report's format this year.

Mr. Yeast thought that some explanation of what the federal poverty level is and how it relates to the *hawk-i* program would be helpful. Ms. Smith asked if it would be helpful if a chart was included that showed the standard for each family size. The Board also thought it would be helpful if the appendix included a history of the program.

***Representative Polly Granzow joined the meeting at this time.***

#### **DHS ESTIMATES OF UNINSURED CHILDREN IN IOWA:**

Mr. Yeast asked if the Department had received any concerns about the number of estimated uninsured children in Iowa. The monthly reports continue to list a goal and how the enrollment numbers relate to the goal. Ms. Smith said the county-by-county enrollment report was set up that way because that is the way at the request of DHS field staff and outreach workers. They wanted it to assume 100 percent enrollment. The Department itself has never assumed 100% enrollment.

Ms. Goldman stated that estimates of the uninsured population in Iowa varies depending upon the source of the estimate. The Census Bureau, Kaiser Commission, and the Robert Wood Johnson Foundation each has their own way of pulling the information together and they use each other's survey information to come up with projections. Ms. Goldman said the Department's Bureau of Research and Statistics shows 40,000 uninsured children in Iowa that would be eligible for Medicaid, Medicaid expansion, or *hawk-i*. (Medicaid 15,000; Medicaid expansion, 8,000; and *hawk-i* 17,000.)

Ms. Salter asked why some of the news releases say 50,000. Ms. Smith said that some of the reports look at children who are uninsured as of a point in time, and others at any point in the last 12 months, so it varies from report to report. The Covering Kids and Families report went up through the age of 17, everything the Department does is through the age of 18.

Ms. Goldman said the Covering Kids report indicates the total child population 0-17 is 690,572. The State of the Kids Coverage report uses data from the Centers for Disease Control and Prevention's National Center for Health Statistics 2003 national survey.

They also pull information from the U.S. Census Bureau's 1999 through 2005 current population survey. They compared 1998-1999 to 2003-2004; how many children had been added to public coverage and how many were falling away from the private coverage sector. The Robert Wood Johnson report stated the number of children with private coverage is 482,283; 77% of the total child population. Public coverage in 2004 was 147,893; 13.6% of the total population. A note in the report indicates that the survey data is known to undercount the number of people enrolled in public health insurance coverage. Therefore, the estimates of the public health insurance coverage from the current population survey are lower than the enrollment reports from the administrative data for each of the state and the nation as a whole.

Nationally the proportion of children covered by private health insurance has declined 3.5%, for Iowa it has declined 5.9%. Nationally the public coverage among children has increased 6.4% and in Iowa it has increased 7.9%. Nationally the proportion of uninsured children has decreased 2%, and Iowa was similar to that. Non-white children have a higher rate of uninsurance, with Hispanic children having the highest rate at 21%; African-American children are at 13.4%; White 7.5%; and other races about 12.1%.

#### **PUBLIC COMMENT:**

Barb Nebel, a speech and language pathologist, asked to speak to the Board on behalf of the Iowa Speech Language Hearing Association.

Ms. Nebel stated that the Association was involved when the *hawk-i* program was being developed and the benefits were being determined. Ms. Nebel said that since that time there has been a change in the coverage of speech pathology policy for *hawk-i*. That when *hawk-i* was developed coverage was based on the Medicaid policy. Currently Medicaid covers speech, language, and hearing difficulties as long as a speech pathologist licensed in Iowa does testing and determines there is difficulty and that a monthly report shows there has been a change/growth in the child's ability.

Ms. Nebel stated that the *hawk-i* website indicates speech therapy is covered, but the Association has noticed a few changes in the coverage. The first thing was that the policy guidelines changed so that speech, language, and hearing problems were limited to 60 visits per year rather than as long as progress was being documented. That change took place at the end of 2005. Beginning in January, 2006, the policy changed to: "speech therapy is only covered for residual speech impairment resulting from a stroke, accidental injury, or surgery to the head or neck." Ms. Nebel said this is not unusual language for the adult population, but it really limits the number of children that would be able to seek speech therapy. Since January they have received four calls from parents, three of which had worked to get off of Medicaid only to learn that services they were getting through Medicaid were not available through *hawk-i*. The other parent sought *hawk-i* coverage in order to get speech therapy, only to learn they could not.

Ms. Nebel said she spoke to *hawk-i* staff and was told that as long as the health plan includes language for what it will cover then that is how it works. She wanted to let the

Board know there is a real change in what the coverage has been, and as far as their Association feels, the children who are supposed to be covered are no longer being covered.

Ms. Smith said she was curious about the statement that *hawk-i* benefits were based on Medicaid policy because she was involved in the initial design of the *hawk-i* program and none of the benefits under *hawk-i* have ever been patterned after Medicaid. That was one of the concerns that the health plans had about participating with *hawk-i*, was the open-ended Medicaid benefits. The goal was that *hawk-i* look as much like a commercial product as possible, so the health plans could take an “off the shelf” product and tweak it to meet the requirements and apply their standard utilization management techniques to limit visits, require prior authorization, and those types of things.

Ms. Nebel said that she may have not used the right language, but basically the idea that speech and language services are covered as long as it is determined there is a medical need, that the child was not in a normal range, and there is a medical need for the services and the child’s propensity to progress.

Ms. Ruggle stated that the 60 visits was the benefit offered through Iowa Health Solutions and they no longer participate in the *hawk-i* program.

Ms. Smith said that speech therapy is a benefit that the health plans must provide, but to what extent it is provided is up to each individual plan. Some families may believe there has been a change in the benefit because Iowa Health Solutions had a very generous benefit and when they left the program their enrollees were shifted to other plans.

Nancy Lind from John Deere stated that their speech therapy benefit through *hawk-i* is the same as any standard commercial product. Lynn Taugue from Wellmark said she would have to review the benefit package, but the intent of the *hawk-i* package is to make available the same product as those packaged commercially. Their speech therapy benefit is the same for most commercial products.

Ms. Salter stated that the Board certainly understands the concern about the coverage of speech therapy and asked if the Board wants to pursue or whether there is anything the Board can do.

Ms. Smith asked if the Clinical Advisory Committee had ever looked specifically at speech therapy coverage and whether they had any comments. Ms. Ruggle said that she would look into it, but any change in the benefit package would have to be approved by the Legislature.

Ms. Salter asked if staff could bring the language from both Wellmark policies and John Deere as to speech therapy coverage for the Board to review.

### **FUTURE HEALTH PLAN EXPANSION:**

Ms. Ruggle told the Board that both UnitedHealthcare of the River Valley and Wellmark Health Plan of Iowa are working on expanding their networks in different counties, and are doing it rather quickly. The staff would like to know if the Board would allow the Department to review the networks when they want to expand and then go ahead and do the contract amendment without Board approval in order to avoid prolonging their expansion process. Otherwise, there would be a two-month delay until the Board meets in order to receive Board approval.

Ms. Salter clarified that this would be just when the health plan wants to add a county to their coverage area. Ms. Ruggle responded that was correct. Currently there are planned changes to be effective September 1, October 1, and November 1, 2006, and possibly more beyond that.

Ms. Smith said that some time ago the Board adopted a policy that the Department could go ahead and approve contracts under \$15,000 and then report on those at the next Board meeting. There will be money tied to these contract amendments depending upon enrollment, and it could be over \$15,000. The overall budget wouldn't change, but the amount among contracts could change.

Ms. Burke Boston asked if the Department or IFMC is reviewing the provider network. Ms. Ruggle responded that the Department is.

Angela Burke Boston made a motion to give the Department the authority to amend the current health plan contracts to expand managed care into additional counties without Board approval. Jim Yeast seconded the motion. Unanimous approval was made by Angela Burke Boston, John Baker, Jim Yeast, Julie McMahon, and Susan Salter.

Ms. Ruggle discussed the contract amendments being made at this time.

Wellmark's managed care plan (WHPI) will be expanding into Union County on October 1.

UnitedHealthcare's contract is amended to add five additional counties effective November 1, 2006: Carroll, Fayette, Clark, Wayne, and Des Moines.

Delta Dental's contract is amended to add those five counties to their area also.

Wellmark Health Plan of Iowa may expand into three additional counties.

### **hawk-i PROVIDER NETWORK ANALYSIS:**

Diane Morrill, Iowa Foundation for Medical Care, discussed their July 2006 *hawk-i* Provider Network Analysis report with the Board.

IFMC produces a quarterly provider network analysis in which they receive information from MAXIMUS on enrollment and provider networks. They then use GEO network

access that determines where the members live and where the providers are so an analysis can be made to ensure that each member has access to a primary care provider, to a hospital, and to a dental practitioner within 30 miles of their home and to mental health providers within 60 miles of their home. A map is generated and included in the report that shows where the members live and where providers are. The 30-mile and 60-mile access standards are the recognized standard across the nation.

Ms. Morrill told the Board that based on those standards, 95% of all members have access between 30-minutes/30-miles or 60-minute/60-miles. In the *hawk-i* network only a few members do not have 60-mile access to mental health providers and that is because there are no providers in the area (northeast corner of Iowa). The report shows that 99.6% of Wellmark Classic Blue members have access to a mental health provider. Only .4% don't meet the 60-miles access standard and those members are typically only another 5 miles to the radius of the provider.

Ms. Morrill said that the report shows that overall access is great. Not only do members have access to one provider, they have access to a choice of providers. Primary care providers, hospitals, and dentists all within the 30-mile standard. For example, on page 9 of the report John Deere members are an average distance of 1.3 miles for a choice of primary care practitioners. In the more rural counties covered by Wellmark, it was up to 6 miles. So distance does not appear to be an issue.

Ms. McMahon asked about dental access, particularly in southwest Iowa. Ms. Morrill responded that *hawk-i* members have adequate access to dental providers. IFMC did a survey to verify the accessibility of the providers that the plans say that they have. Each quarter they randomly survey about 60 providers. The survey verifies that the providers are taking new patients at the location they are listed at. The survey has a 75% to 80% accuracy rate.

### **OUTREACH UPDATE:**

Angie Doyle Scar, State Outreach Coordinator, spoke to the Board about recent outreach efforts.

Back-to-School: Des Moines was chosen as a target market for the Robert Wood Johnson Foundation's back-to-school campaign. Funding was received and used for a media campaign that utilized radio, television, and newspaper advertising. Mercy Hospital was a tremendous help and coordinated most of the public relations efforts for the campaign.

A health fair targeting the Des Moines' Latino population was held at McKinley Elementary School. School supplies were available for 500 children and they were able to get their school physicals and immunizations.

Outreach staff also attended the Des Moines' Gatchel Church's Shalom Zone back-to-school fair. Over 1,3000 backpacks were handed out to children.

State Fair: The Iowa Department of Public Health allowed outreach and Covering Kids and Families staff to use part of their booth to conduct **hawk-i** outreach activities. The Insurance Division also had brochures available at their booth.

Ms. Doyle Scar stated that MAXIMUS has detected an increase in the volume of calls during this period of increased outreach.

Ms. Smith added that DHS Director Concannon sent a personal letter to each Iowa school administrator asking them to provide a **hawk-i** brochure to each of their students. Close to 500,000 applications were provided to the schools for distribution.

Ms. Smith said she is concerned that the new citizenship verification requirement for Medicaid could have an affect on enrollment efforts. About 40% of **hawk-i** applicants are referred to Medicaid. This translates to about 525 kids that are approved for Medicaid each month due to referrals from **hawk-i**. During the month of July, 94 were approved. So while the new requirements are for Medicaid, they could have an adverse affect on **hawk-i** enrollment.

Representative Granzow asked if the estimated 40,000 uninsured children in Iowa included noncitizens. Ms. Goldman said it most likely does. The survey goes by who lives in the household at the time, they do not ask about citizenship. Ms. Smith said that undocumented residents are usually reluctant to participate in any type of survey so their numbers are probably larger than estimated.

### **NEW BUSINESS:**

There was no new business to present before the Board.

The meeting was adjourned.

The next **hawk-i** Board meeting is scheduled for Monday, October 16, 2006, at 12:30 p.m. at the Des Moines Botanical Center, Levitt Room, 909 Robert D. Ray Drive, Des Moines, Iowa.