

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

December 17, 2007

**BOARD MEMBERS:**

Susan Salter, Chair  
John Baker, Vice Chair  
Dr. Bob Russell (for Thomas Newton)  
Angela Burke Boston (for Susan Voss)  
Steve Crew (for Judy Jeffrey)  
Dr. Selden Spencer

**LEGISLATIVE BOARD MEMBERS:**

Senator Amanda Ragan (absent)  
Senator Dave Mulder (absent)  
Representative Polly Granzow (absent)  
Representative Mary Mascher (absent)

**DEPARTMENT OF HUMAN SERVICES:**

Anita Smith  
Shellie Goldman  
Anna Ruggle

**ATTORNEY GENERAL'S OFFICE:**

Diane Stahle

**GUESTS:**

Lynn Tague  
Jenny Hodges  
Lindsay Miller  
Ira Rothman  
Tracy Smith  
Jess Benson  
Diane Ellis  
Kristin Senty  
Diane Schroeder  
Gina Livingston  
Nancy Lind  
Erin Drake  
Carri Fitzgerald

**AFFILIATION:**

Wellmark Blue Cross Blue Shield of Iowa  
Iowa Department of Public Health  
Iowa Department of Public Health  
MAXIMUS  
ZLR Ignition  
Legislative Services Agency  
Covering Kids and Families  
Child & Family Policy Center  
Delta Dental of Iowa  
Americhoice  
Americhoice  
I.C.O.S.  
Child and Family Health Center

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

The Healthy and Well Kids in Iowa (*hawk-i*) Board met on Monday, December 17, 2007, in the Levitt Room, Des Moines Botanical Center, 909 E. River Drive, Des Moines, Iowa. Susan Salter, Chair, called the meeting to order at 12:35 p.m. A quorum was present.

**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.

**APPROVAL OF OCTOBER 22, 2007, MINUTES:**

Angela Burke Boston noted a typo in the second paragraph on page 7 of the October 22, 2007, minutes. John Baker made a motion to approve the October 22, 2007, minutes with that correction. Angela Burke Boston seconded the motion. Unanimous approval was made by Bob Russell, Steve Crew, Angela Burke Boston, John Baker, and Susan Salter.

**ADMINISTRATOR'S REPORT:*****Enrollment and Statistics:***

November SCHIP enrollment was 37,652; 21,435 of those were enrolled in *hawk-i* and 16,217 were enrolled in Medicaid expansion.

Ms. Smith told the Board that enrollment remains flat, averaging 38,000 over the past several months.

***SFY '08 Budget Update:***

Thus far in SFY 08, about 30 percent of the year's projected budget expenditures has been spent. Medicaid expansion 26.6 percent; *hawk-i* premiums 35.09 percent; outreach less than 1 percent; and administration 20 percent. Interest earned on the *hawk-i* trust fund totals \$118,377.

***Selden Spencer arrived at the meeting at this time.***

Ms. Smith told the Board that projected expenditures for this point of the fiscal year were \$1.8 million. Actual expenditures are \$1.4 million. Title 21 enrollment was projected to be 35,796, actual enrollment is 33,934. Ms. Smith said this enrollment figure should not be confused with the total SCHIP enrollment because some of those kids are funded with Title 19 dollars.

**FEDERAL SCHIP REAUTHORIZATION:**

Ms. Smith shared a report issued by the National Academy for State Health Policy on December 11, 2007, that discusses potential impacts of delaying SCHIP legislation. The report talks about states having to reduce enrollment, outreach initiatives are threatened, and it suggests Iowa will have a shortfall of \$35.8 million in March, 2008. The report discusses how hard it is to reverse program changes. States that have made program changes and then try to revert to previous policy makes it harder because confidence in the program is eroded and programs can never regain what was lost. The report also discusses the August 17, 2007, guidance letter from CMS. The State of Georgia is looking at disenrolling children and are trying to identify the sickest children so that they can remain in the program and just disenroll children with less need.

The original SCHIP legislation expired on September 30, 2007. President Bush vetoed a reauthorization bill (HR 976) on October 2. Congress passed a short-term continuing resolution that authorized the program for six weeks, through November 16. A second continuing resolution was passed authorizing the program through December 14. The President vetoed a second SCHIP reauthorization bill (HR 3963) on December 12. The reason cited for the veto of the second bill was that Congressional leadership has refused to meet with representatives of the administration and the bill is essentially the same as what was vetoed in October. A third continuing resolution was passed for 1 week, expiring December 21. During the continuing resolutions CMS has been releasing only enough funding for the states running out of money to keep them going. Thus far, Iowa has received enough to meet our needs.

Ms. Smith said that there was an attempt last week to get a SCHIP bill with a five-year authorization and it has been pronounced "dead in the water". There is a presumption that the next version will be a temporary extension through September 30, 2008, and that it will include \$800 million in new funding so that no state will have a shortfall through the federal fiscal year. The Senate majority leader did tell reporters that he is working on scaled back SCHIP legislation and House members have been told to expect a vote tonight. Ms. Smith said that if there is a vote on a long-term temporary extension there is speculation that there could still be program changes including setting aside the August 17 CMS guidance letter, language on citizenship documentation, adult coverage, and other issues that were included in the original SCHIP legislation. While a longer-term extension is more likely, there is still a chance that Congress could opt for a shorter two-month extension with no additional money.

**RFP STATUS REPORT:**

Diane Stahle from the Attorney General's Office provided an update to the Board on the status of the third party administrator Request for Proposal (RFP) that they approved at their October meeting.

The Board voted to award the contract to MAXIMUS. Pursuant to the terms of the RFP, parties have a right to appeal that decision to the Director of the Department of Human Services. Health Management Systems did submit a letter to Director Concannon

appealing the decision of the award to MAXIMUS. They raised two general issues in their appeal letter. One concerns a math error and they identified that there was a formula set out in the RFP as to how points were to be awarded for the cost proposal and the way it is averaged. Health Management Systems allege there was a math error in the way that formula was applied. The alleged second error was that the RFP required all bidders to submit an implementation plan. Health Management Systems had access to MAXIMUS' bid proposals and claimed there was no implementation plan, only some implementation costs that were identified as part of the bid proposal. Health Management Systems feels that MAXIMUS was awarded points as if they had complied and submitted an implementation plan.

The Director considered the letter as well as all of the documentation surrounding the appeal. The Director determined that he would exercise his authority under the terms of the RFP to cancel the RFP and reissue it. That was based in large part because there was a math error in the calculation and that calculation came to the Board to consider. Because of the significance of the appeal, the Director felt it was better to start over. As a result, the RFP has been cancelled and a new one will be released soon. In the meantime, an agreement has been reached with MAXIMUS to extend the terms of their contract an additional six months to allow sufficient time to go through the procurement process again.

Ms. Smith said the Department has been working with the Attorney General's office to tighten up the issues around the scoring of the RFP so that it will be clearer this time.

Dr. Spencer asked if any of the evaluation committee were aware of the math problem during the scoring and was the information in the RFP wrong? Ms. Stahle said the formula was fine; it was a math error when the numbers were added up and divided.

#### **MAXIMUS CONTRACT AMENDMENT:**

Anna Ruggle explained to the Board that the amendment to the MAXIMUS contract extends the contract from June 30, 2008, to December 31, 2008. This extension allows the Department time to go through the new RFP process, award the contract, and give the winning contractor time to get up and running. There will be an increase in cost from the current contract. The contract amendment provides that the price per month for the additional six-month period will be \$160,400, currently it is approximately \$90,000 per month.

John Baker made a motion to approve the fourth amendment to the contract with MAXIMUS. Angela Burke Boston seconded the motion. Unanimous approval was made by Bob Russell, Steve Crew, Angela Burke Boston, John Baker, Selden Spencer, and Susan Salter.

#### **hawk-i BOARD'S 2007 ANNUAL REPORT:**

Ms. Goldman asked the Board if they had any comments or suggestions to the draft of their 2007 annual report.

Susan Salter said she felt that the executive summary was too long and provided too much detail. Other Board members agreed.

John Baker made a motion to approve the Board's 2007 annual report subject to the changes suggested for the executive summary. Selden Spencer seconded the motion. Unanimous approval was made by Bob Russell, Steve Crew, Angela Burke Boston, John Baker, Selden Spencer, and Susan Salter.

### **PUBLIC COMMENT:**

Carrie Fitzgerald from the Child and Family Health Center asked to speak to the Board. Ms. Fitzgerald introduced Kristin Senty. Ms. Senty will be doing communications work for the Packard Foundation grant received by the Child and Family Health Center. Ms. Senty will be collecting stories from families who are on SCHIP, Medicaid, or are uninsured, working to publicize those stories across the state.

Erin Drake, representing "Iowa Children of Separation" (I.C.O.S.), also asked to speak to the Board.

Ms. Drake said that ICOS is a newly formed organization to help children of divorce and separation with various issues. ICOS assists families in decision-making and responsibilities during divorce or separation and does not discriminate against custodial or non-custodial parents, although they do have more participation from non-custodial parents. Ms. Drake said this includes the inability to participate in or enroll their children in social or public assistance programs and educating needy families. Ms. Drake said this is a huge problem for Iowa children. ICOS has developed what they refer to as "**hawk-i** Kids Enrollment Eligibility Enhancement Program".

Ms. Drake said that the University of Iowa's Iowa Health Survey concluded that approximately 46,000 children in Iowa are uninsured. The survey concluded that 80 percent of those children should have qualified for either Medicaid or **hawk-i** and 93 percent of those children were from families of parents who were either unmarried, divorced, separated, or widowed. The survey did not make any conclusions as to why such a high percentage of children remain uninsured even though their family should have qualified financially, except to say that many of the families interviewed were unaware of the **hawk-i** program.

Ms. Drake said that ICOS believes there are two major reasons these children are uninsured: lack of education about available programs and the exclusion of the parents ability to enroll their children in an affordable insurance program when they do not share 50 percent custody or visitation of their child. Oftentimes custodial parents fail to enroll the child because of the presence of court orders instructing the other parent to apply for medical insurance. Even though these custodial parents can technically enroll their child, many choose not to. Ms. Drake said that **hawk-i** does not allow a parent with less than 50 percent visitation to enroll their child in the program, yet the majority of the parents who are court-ordered to supply medical insurance for their children are noncustodial parents with less than 50 percent visitation. Ms. Drake asked the Board why these parents are being excluded from enrolling their children in the program when

it meets the needs of their family, especially since many of these parents are needy, low-income families whose jobs do not offer insurance coverage. ICOS feels that only the child is punished by this rule, not the parents. ICOS believes the only concern affecting the enrollment of a child in the program should be that the child of low-income parents who is in need of medical insurance through the program and visitation time should have no bearing on that. Because this program does not include adults, there is no advantage or disadvantage to the parent or *hawk-i* program to allow noncustodial parents with less than 50 percent of visitation to participate in enrolling their child. Ms. Drake said that even though it is the responsibility of the parents to provide insurance, it should also be the responsibility of such programs to offer enrollment to both parents equally without regard to visitation or custody percentages.

Ms. Drake said that ICOS would like to warn the members of the Board about the danger of requiring parents to obtain permissions or proofs of custody from each other to participate in the program. Currently many programs require one or both parents to provide such proofs or permission slips to participate in a program. As a result, in many instances one parent will intentionally block the others ability to provide such proof or information by refusing to sign such a waiver. The only one hurt in this equation is the child.

Ms. Drake concluded that parents ought to be able to enroll their children as long as they financially qualify for the program and provided the Board members with a handout ICOS has prepared with their recommended changes for the *hawk-i* program.

Ms. Smith explained that SCHIP eligibility is determined based on the household in which the child lives. Therefore, it is the custodial parent that has to apply for the child because they are the one that can attest to those circumstances and income. An absent parent cannot provide proof of the custodial parent's income or provide documentation of those circumstances. In cases where there is joint custody, 50/50, eligibility is based on the household of whichever parent applies. For families where a premium payment is due, oftentimes the absent parent pays the premium, even though the custodial parent applied. Federal law requires states to screen all applications for Medicaid eligibility. If the child is eligible for Medicaid, they must go to Medicaid. If they wind up covered by Medicaid, then the child support enforcement rules apply and they are going to go after that absent parent for medical and child support.

#### **UNITED HEALTHCARE CUSTOMER SERVICE:**

Ms. Salter asked that this item be placed on the agenda because Board members received correspondence from a mother about some difficulties she had experienced with UnitedHealthcare's customer service. Shortly thereafter, an article appeared in the "Cedar Rapids Gazette" citing some customer service issues.

Nancy Lind, UnitedHealthcare, stated that the article was referencing the commercial side of UnitedHealthcare's customer service. This article was a result of an investors meeting in New York where their CEO spoke about some of the issues UnitedHealthcare had experienced on the commercial side. One of the issues was that

their customer service area had some miss-steps and they were putting new processes in place to ensure problems were being corrected.

Ms. Lind assured the Board that UnitedHealthcare also has a call center that is dedicated to Medicaid and SCHIP programs. That call center has not experienced that type of issue, although they have their own miss-steps at times. UnitedHealthcare has maintained the same call center as when they were under John Deere Health, has the same management, and many of the same customer service representatives. They have maintained a very good response rate; a 15-second response rate is the standard. They track all dissatisfied calls. The customer service representative is trained that if anyone states dissatisfaction with UnitedHealthcare or with a provider, the call gets logged as dissatisfied and they have maintained their rate of less than 1%. Over 15,000 calls are received by their call center each month, about 600 of those are **hawk-i** calls.

In response to the correspondence the Board members received, Ms. Lind acknowledged there was an individual who received poor customer service and UnitedHealthcare has put a corrective action plan in place to address all the concerns expressed. The issue for the member has been resolved and the action plan is still being worked on internally to ensure that everything in their claims and call area have been corrected.

### **OUTREACH – FOCUS GROUP RESULTS:**

Ms. Smith told the Board that even though the outreach campaign for Medicaid and SCHIP was delayed due to the uncertainty around SCHIP reauthorization, Governor Culver and the Department have decided to move forward. The kick-off is scheduled for January and will include television and radio commercials, newspaper ads, gas pump toppers, billboards, and bus signs. Ms. Smith introduced Tracy Smith of ZLR Ignition.

Tracy Smith said that last fall they conducted focus groups made up of people who would meet the guidelines for **hawk-i** eligibility. Some members of the focus group were covered by **hawk-i**, but most were not. They were aware of **hawk-i**, but thought they made too much to qualify because they don't consider themselves low-income and they don't consider themselves to be in need of government assistance. They were quite surprised that they could make as much as they did and qualify.

The campaign will show hard-working parents and their kids with the message that “we know you are hard workers, but your job or circumstances do not allow you to provide health insurance for your kids”.

Tracy said there are three goals they want to impact with the outreach efforts.

1. Increase calls to the **hawk-i** call center asking for more information.
2. Increase applications.
3. Increase awareness that this program is available.

ZLR conducted a baseline study to understand if lowans are aware of **hawk-i**. Another measure will be taken after the campaign to see if it made an impact or not. They

completed 414 interviews and made sure they had a minimum of 100 interviews from each quadrant of the state.

The majority of the respondents were between the ages of 35 and 64. The majority were female, had two people in the household, and 31 percent said they had 3 or 4 people in the household. The majority of the households did not have children, but 27 percent did have one or two children. Thirty-four percent had household income over \$60,000 and the next group was at \$40,000 - \$49,000.

Respondents were asked if they had heard about the program called *hawk-i* and 34 percent said they had. The people who had heard of the program were asked how familiar they were with the program and 66 percent said they were very or somewhat familiar with *hawk-i*. They were then asked to describe what *hawk-i* is and 80 percent of the respondents understood that it provides health care coverage to children.

They were then asked whether they had heard or seen advertising messages or other information about the *hawk-i* program. Twenty-three percent responded yes. They were then asked where they saw or heard the information. Thirty-one percent said information was sent home from school and 27 percent said television.

The surveyors then described the *hawk-i* program saying it is a government-sponsored health care insurance program for children in Iowa and asked responders in general if they approve or disapprove of a program like this. Seventy-eight percent said they strongly or mostly approve of a program like *hawk-i*. In general, Iowans under age 55 are more likely to be aware of *hawk-i* and to have seen advertising or other information. Iowans under age 35 are more likely to strongly approve of such a program and Iowans over the age 65 are more likely to strongly disapprove.

Tracy said that there were no significant differences in results among the different quadrants of the state and there were no differences in responses when news media covered SCHIP renewal stories.

Anita Smith told the Board that ZLR will be producing commercials, but in the interim they have received permission to use the Robert Wood Johnson "Hard Choices" commercial and will be inserting the *hawk-i* logo and toll free phone number into it.

Because of the delay in launching the outreach campaign, Anita Smith said they are considering extending the contract three months beyond the current ending date of the contract (June 20, 2008). The three-month extension will coincide with ongoing outreach at the Iowa State Fair and the back-to-school events.

Tracy Smith showed the Board the new *hawk-i* logo that has been developed.

#### **CLINICAL ADVISORY COMMITTEE:**

Ms. Salter stated that she asked for this subject to be placed on the agenda because the current Board members were not on the Board when the *hawk-i* program was implemented. She thought it would be helpful to have a better understanding of why the

Clinical Advisory Committee was formed, and the role of the Committee. Dr. Julianne Thomas, Chair of the Clinical Advisory Committee, was asked to speak to the Board on the Committee's purpose.

Dr. Thomas said that during the initial process to implement *hawk-i* there was considerable discussion of who would comprise the Board. At that time it was felt that no providers should be on the Board, although this is not addressed in the Iowa Code. However, it was felt that there was the need to assess the program's effectiveness and acceptance by providers, as well as the need for advice. That is how the Clinical Advisory Committee was formed. Members of the Committee have included physicians, psychologists, dentists, a dietician, chiropractor, pharmacist, and substance abuse specialist. There was also a Children with Special Health Care Needs Committee which made some recommendations, but that committee is no longer active.

Dr. Thomas told the Board that over time *hawk-i* has been so successful both for patients and providers, there has been little problem. The surveys have been conducted, and *hawk-i* is an extremely well accepted program. Families found it decreased their stress levels and there have been no problems with special health care needs not being met.

Dr. Thomas said she was aware that the Board was concerned with the report last year the Committee asked the Iowa Foundation for Medical Care (IFMC) to conduct on immunizations. Dr. Thomas explained that the purpose of this survey was to establish a baseline of immunization rates for the meningococcal vaccine and the number of children who received a Tdap rather than the Td vaccine. (The Tdap is a tetanus, diphtheria, and pertussis booster and the Td is a tetanus and diphtheria booster.) Both the meningococcal and Tdap vaccines were added to the recommended immunization schedule beginning in 2006.

Dr. Thomas said that the reason the study showed such a low immunization rate for these is because the two immunizations being tested were so new. The Committee chose them because they wanted a baseline and they want to see how the new recommendations are incorporated into practice. Dr. Thomas told the Board that it was not a surprise to her that only about eight children had the vaccine and hopefully the next time the study is conducted there will be a higher percentage. Dr. Thomas said that in the past all the reports have gone to the Committee before going to the Board and it was unfortunate that the Committee had not seen the report prior to it being released to the Board. Had that been the case, then a representative of the Clinical Advisory Committee could have been present at the Board meeting to explain this at the time.

Dr. Thomas did say that the response rate on the immunizations is a concern to her and reflects a need for an immunization registry for the State of Iowa, something that has been controversial. Physicians spend a lot of time calling the health department and previous physicians to find out if a child has been immunized so that immunizations are not duplicated.

Ms. Salter said the Board has two questions. One is the relationship the Board has with the Clinical Advisory Committee and could a representative meet with them on a regular basis, or have a joint meeting. Ms. Salter said she also would like to know more about the Children with Special Health Care Needs Committee and whether it is a requirement to have that committee.

Ms. Ruggle responded that legislation says that the Board is to establish an advisory committee to make recommendations to the Board regarding special health care needs. The legislation does not say there has to be a separate entity. Ms. Ruggle said that when the program began, there was a Children with Special Health Care Needs Committee that met regularly and they did make recommendations to the General Assembly. However, at that time, there was no money in the state budget for any of the recommended enhancements.

Dr. Thomas added that the Clinical Advisory Committee does deal with issues around special health care needs children and if they had someone on the committee with special health care needs interest, that would be more than adequate. The kids who truly have a disability are on Medicaid. The special health care needs of children on *hawk-i* are mainly identified as having asthma or diabetes. Dr. Thomas said when they survey families about children with special health care needs they have not found any deficiencies and families have been able to get into the specialists and doctors at appropriate times.

Ms. Smith said that when the program was first started, there was a lot of concern that *hawk-i* kids were not going to be able to get the services they needed through a commercial model of health care. Thus, the Clinical Advisory Committee was created to look at the services that were being provided and whether the children's needs were being met. The Children with Special Health Care Needs Committee was formed to conduct a review and produce a report once to the Board, and that it was not an ongoing type of committee. The Board decided after the first report that they wanted the Committee to continue, but that was not the initial legislative intent.

Ms. Burke Boston said that when various issues are brought to the Board, such as recently PKU, it would be very helpful to be able to refer those issues to the Clinical Advisory Committee for discussion and comment back to the Board.

The Board would like to see more interaction between them and the Committee and asked Dr. Thomas for her recommendation on the make-up of the Committee. Dr. Thomas suggested someone involved with school health, substance abuse, a dietician, psychiatrist, physical therapist, family practice physician, and a dentist or hygienist. Ms. Ruggle added that at the beginning the Committee was very active, but it was also quite large and it is difficult to schedule meetings with so many members.

It was suggested that current Committee members be contacted to see if they are interested in continuing to serve on the Committee or not. If not, they will be asked to resign and a new member appointed. Ms. Ruggle will draft a letter to the Committee members from the Board and this will be added as an agenda item to the April Board meeting.

**NEW BUSINESS:**

Ms. Salter reported that she recently contacted the Governor's Office and they have not appointed a new Board member to replace Angelita Ramirez.

There was no other new business.

The next regular *hawk-i* Board meeting is scheduled for Monday, February 18, 2008, at 12:30 p.m. at the Des Moines Botanical Center, Levitt Room, 909 Robert D. Ray Drive, Des Moines, Iowa.