

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

December 15, 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 (absent)

LEGISLATIVE BOARD MEMBERS:

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

DEPARTMENT OF HUMAN SERVICES:

Anita Smith
Anna Ruggle
Shellie Goldman

ATTORNEY GENERAL'S OFFICE:

Marne Woods

GUESTS:

Dr. Ed Schooley
Mickey McDaniel
Barbara Fox-Goldizen
Ann Campeau
Beth Jones
Sara Schneider
Tim Gibson
Sandy Smitherman
Denise Hill
Lisa Huff
Karen Brown
Sholeh Varzegar

AFFILIATION:

Delta Dental Plan of Iowa
Delta Dental Plan of Iowa
MAXIMUS
Iowa Health Solutions
Iowa Dept. Public Health - Covering Kids & Families
DHS
John Deere Health
Delta Dental
Iowa Medical Society
Healthcare Coverage 4 Kids Coalition
Healthcare Coverage 4 Kids Coalition
Iowa Dept. of Public Health

MEETING CALLED TO ORDER AND ROLL CALL:

The Healthy and Well Kids in Iowa (*hawk-i*) Board met on Monday, December 15, 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 1:35 p.m. A quorum was present.

REVIEW OF REPORTS:

Impact on Access and Health Status Report:

Dr. Pete Damiano, University of Iowa Public Policy Center, discussed the report with the Board.

This is the Fourth Evaluation Report. Dr. Damiano said that this report differs slightly from the three previous reports in that they were able to look at different outcome measurements based on administrative data (claims and encounter data, and basic services) using HEDIS-type outcomes. This data consists of well child visits, dental visits, immunizations, and behavioral and emotional health visits.

This report compares enrollee health status surveys when beginning health care coverage through the ***hawk-i*** Program and again after being enrolled for one year. The data for this report covers children enrolled during the period July 1, 2001, through June 30, 2002, and the data collection period was through June 30, 2003.

Dr. Damiano said that they have found results “amazingly consistent” from year-to-year, but were surprised to find how consistent findings were for this report. They found consistently similar need for all service areas at baseline and follow-up. The only area they found different in perceived need this year was pharmacy, but they found significant improvements in unmet need. The data reveals that unmet need decreased from 17% to 4% and delays in receiving care were reduced from 23% to 7%.

Ms. Smith asked for clarification about the respondents’ indication of an “unmet need”. Does this include only services covered by ***hawk-i*** that families say there is an unmet need, or does this include benefits not covered by the ***hawk-i*** Program, such as orthodontia? Dr. Damiano said the survey is general enough that it is hard to know the answer. Only on the follow-up survey does it ask about services they wanted through ***hawk-i*** and were not able to receive. It is not broken out entirely, but can be found on page 35, question 62.

- Specialty care - perceived need 36% at baseline and 38% at follow-up, unmet need went from 18% to 10% and delays from 27% to 13%.
- Dental care - unmet need went from 22% to 8% and delays from 23% to 9%.
- Vision care - 32% indicated a need for service and unmet need was reduced to 9%.
- Behavioral and emotional care - the percentage looks large, but relatively few children (13%) had been perceived as needing behavioral and emotional services, of those, almost 40% had an unmet need prior and that went to 16% after.
- Prescription drugs - did increase from 70% to 75%, but unmet need went from 15% to 10%.

Ms. Smith asked for clarification on “unmet need” as it relates to prescription drugs. She asked Dr. Damiano if he believes some of the unmet need is perceived because of generic drug plans where there may be an over-the-counter alternative or the health

plan only pays for a generic as opposed to a name brand, so the family believes their needs are not being met? Dr. Damiano responded that might be the case. The survey does not indicate appropriate use of care, it is just the parents' perceptions.

Dr. Damiano indicated several concerns. Although they found these last year, they were stronger this year.

- 1 in 5 children had to get a new doctor or nurse when they joined **hawk-i** (30% covered by John Deere)
- More than 1 in 4 had a problem finding a doctor or nurse they were pleased with (37% covered by John Deere)
- 40% of the parents did not know there is a health plan "help line".

Ms. Smith asked if this was due to John Deere's expansion into Johnson County. Dr. Damiano said he did not know. Mr. Huston asked if it would be possible to isolate it by area of the state.

Ms. Smith said this is the fourth year the study has been done, and there has been very little change over the past two years. Ms. Smith questioned whether there is value in continuing to conduct this survey each year if there is not any change in data. Ms. Smith suggested the possibility of focusing resources on other efforts as opposed to continuing with this particular survey.

Outcomes of Care for Children in hawk-i:

Dr. Elizabeth Momany, Assistant Research Scientist with the Public Policy Center, discussed the findings.

Dr. Momany said that the Clinical Advisory Committee identified four services areas that were of greatest interest: preventive care medical, preventive care dental, childhood immunization, and behavioral and emotional health utilization. HEDIS measures were adopted to fit the available **hawk-i** data. Claims and eligibility data from **hawk-i** were used for the year ending June 30, 2001, and show comparison rates for all three health plans. The **hawk-i** data is compared with the American Public Human Services Administration (APHSA) rates.

Preventive care – medical:

The percent with a preventive visit is divided into two age categories, ages 3 - 6, and 12 -19.

The rate of well child visits for ages 3-6 were: Iowa Health Solutions 35%, John Deere 43%, and Wellmark 33%. The APHSA rates were 51% for 1999 and 56% for 2001. The report also breaks the rates out by year. In general, children seem to receive the most preventive care visits at ages 4 and 5. Preventive care visits are recommended each year for ages 12-19. This age group requires a lot of anticipatory guidance and care. For children in the 12-19 age group enrolled in **hawk-i** for at least 11 months visits are somewhat low, 19% Iowa Health solutions, 30% John Deere, 19% Wellmark. Nationally the APHSA rates were 29% in 1999 and 31% in 2001.

Preventive care – dental:

Guidelines are that children beginning at age 1 should have a visit every 6 months. The age groups breakdowns are ages 2-6; 7-11; 12-15; and 16-18. Dr. Momany said an area of concern is the differentials in all four age groups for Iowa Health Solutions. Dr. Momany indicated most dental care children are receiving is preventive and not treatment oriented.

Childhood immunization status – MMR:

Because children under 1 year of age are covered through Medicaid, when determining which vaccinations to study for these outcome measures any vaccination series that required administration prior to the first birthday had to be eliminated. The chicken pox vaccine was eliminated because it was not mandatory in Iowa until this year. Therefore, MMR was the only vaccination appropriate for outcome analysis.

Dr. Momany said that it was impossible to capture all of these immunizations because children are vaccinated at public health clinics and other places, so encounter data would not be available. To be in this measure a child had to be enrolled between their 1st and 2nd birthday for at least 11 months so that they had an opportunity at 15 months to have an MMR and had a window around that time period in which the immunization could occur. This time period was broken out into number of months available: 1-4, 5-7, 8-10, 11 or more. The number of children enrolled in each health plan was listed in each of these groups. Enrollment totals were 277 in Iowa Health Solutions; 143 John Deere, and 575 Wellmark. The number of immunizations received for these groups were 20 (7.2%) Iowa Health Solutions; 20 (14.0%) John Deere, and 65 (11.3%) Wellmark.

Behavioral and emotional health utilization:

The number and percent of children with outpatient behavioral or emotional health visits were looked at and broken out by age and gender. Boys of all ages with a mental health diagnoses are most likely to have been diagnosed with attention deficit-hyperactivity disorder (ADHD). The next most prevalent diagnoses were adjustment disorder and affective psychoses. Girls from birth to 12 years of age were most likely to be diagnosed with ADHD. The second most prevalent diagnosis was adjustment reaction.

Attention Deficit Hyperactivity Disorder and Children in hawk-i:

The Clinical Advisory Committee wanted to look at the prevalence of ADHD in the **hawk-i** population, find out what kinds of kids were being diagnosed, look at the utilization, and compare information from the encounter data to the survey.

Dr. Momany said the results indicate the children with behavioral and emotional problems tend to be longer enrollees. Either they are being diagnosed later in the enrollment period, or once diagnosed they are more likely to stay enrolled. The report shows that the percent of children with “attention problems” indicated on the survey is higher than the percent with ADHD in the claims data for all age groups.

Dr. Momany said the health services utilization rates are phenomenal. This is the percent of children in this age group with an ADHD diagnosis who saw or was seen in a psychiatric office who had a CPT code as having had some kind of psychiatric therapy or evaluation. Dr. Momany said the number is very high, and not what they expected because Iowa has very few psychiatric providers.

Mr. Huston asked if the Clinical Advisory Committee had received copies of these reports. Dr. Momany said they had, and have requested that she run the behavioral emotional health data by plan. The Committee wanted to isolate whether one of the plans is where all the care was taken place.

Ms. Smith said that the report indicates ADHD in the *hawk-i* population at 12 and 13 year old level it is about 13%. Ms. Smith said it is her understanding that it can be as high as 18% in the general population. This would indicate that these *hawk-i* enrollees are not high utilization kids. Dr. Momany agreed indicating that the numbers of office visits are not high and hospitalizations are minimal. Dr. Momany said it is somewhat of a testament to the *hawk-i* program that these children have been able to get care.

The Clinical Advisory Committee meets in January. Mr. Huston would like a representative to attend the February 16th *hawk-i* Board meeting to provide input.

Health Insurance Coverage for Children in Iowa:

The Public Policy Center has been working with the Iowa Department of Public Health on a statewide study looking at the health of children and families in Iowa. While the number of uninsured has been rising nationally, the number of uninsured children has stayed about the same. Dr. Damiano said he believes the reason is because the expansion of Medicaid eligibility and the SCHIP program. The Public Policy Center has just completed a report on health among minority children in Iowa, a study of children with special health care needs, and the overall health insurance coverage. Data from these reports have shown that 83% of the children were privately insured, about 615,000 children. Most of those are through employer-based insurance. About 10% of the children are enrolled in Medicaid. It was concluded from this data that about 6% of the children in Iowa are uninsured, approximately 46,000 children.

Of those who were insured, about 6% had been uninsured at some point in the past year. About 75% of the uninsured children had uninsured parents. The parents of 30% of the children on Medicaid were uninsured. The parents of only 3% of the privately insured children were uninsured. About 80% of the uninsured children would be eligible for either Medicaid or *hawk-i*.

Ms. Smith asked if the income question was for gross income. If so, fewer would appear to be eligible because *hawk-i* does allow certain deductions. Dr. Damiano responded that theirs was a conservative estimate.

Overall 6% were uninsured at the time of the study and 80% of those were eligible for either Medicaid or *hawk-i*. Latinos were more likely to be uninsured than Caucasians. The uninsured tended to be younger than the privately insured. Uninsured children

were more likely to have their health rated as excellent than either those privately insured or covered by Medicaid. The children who were uninsured at some point during the year but now insured tended to be sicker than those that remained uninsured and were more likely to have a special health care need.

Mr. Huston asked Dr. Damiano how the information would be released. The Department will work with the Public Policy Center to release the reports as they have been done in the past.

WELCOME, INTRODUCTIONS:

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

APPROVAL OF MINUTES OF OCTOBER 20, 2003, MEETINGS:

Susan Voss made a motion to approve the October 20, 2003, meeting minutes as written. Susan Salter seconded the motion. Unanimous approval was made by Wanda Wyatt Hardwick, Julie McMahon, Charlotte Burt, Susan Voss, Susan Salter, and Eldon Huston.

APPROVAL OF ADMINISTRATIVE RULES:

The administrative rule amendments establish the procedure for the electronic *hawk-i* application and clarify that only the income of family members living together is considered in determining *hawk-i* eligibility. The rules remove reference to legal custody because only physical custody of the child is considered in determining whether the parent and child are living together for the purpose of qualifying for *hawk-i* coverage. These rules are identical to those filed as Notice of Intended Action.

Susan Salter made a motion to approve the administrative rules. Wanda Wyatt Hardwick seconded the motion. Unanimous approval was made by Wanda Wyatt Hardwick, Julie McMahon, Charlotte Burt, Susan Voss, Susan Salter, and Eldon Huston.

APPROVAL OF MAXIMUS CONTRACT AMENDMENT:

This is the Fourth Amendment to the Contract for Administrative Services for the *hawk-i* Program. This amendment extends the contract with MAXIMUS to include the period July 1, 2004, through June 30, 2005. The amendment also provides for a 2% increase for that period, which is the same as they received for this year.

Mr. Huston asked when this contract comes up for bid again. Ms. Smith responded that the Request for Proposal (RFP) process would begin this summer so that it can be awarded by January, 2005. The new contract would take effect July 1, 2005.

Susan Voss made a motion to approve the contract amendment. Susan Salter seconded the motion. Unanimous approval was made by Wanda Wyatt Hardwick, Julie McMahon, Charlotte Burt, Susan Voss, Susan Salter, and Eldon Huston.

REVIEW OF CORRESPONDENCE, REPORTS, & OTHER STATE NEWS:

Ms. Smith reviewed the correspondence.

October 28, 2003, letter from Lt. Governor Pederson to participants of her roundtable discussions on *hawk-i*. A total of 8 roundtables were held throughout the state and the Lt. Governor was pleased with the results.

Capital One Credit Card Company printed information about SCHIP on their monthly credit card bills. The information encouraged families in Iowa earning up to \$36,800 who didn't have health care coverage for their children to call the 1-877-KIDS-NOW hotline for more information.

November 7, 2003, "Cedar Rapids Gazette" article. Representative Rob Hogg expressed concern about the status quo budget request and the impact on the *hawk-i* program. The article included Representative Dave Heaton's response that *hawk-i* will have adequate funding because "this program is too important to us to have a waiting list..."

Urban Institute Reports:

- "Gains in Public Health Insurance Offset Reductions in Employer Coverage Among Adults". This is the same article that Dr. Damiano referenced during his report.
- "Expanding Public Health Insurance to Parents". This article suggests that by expanding coverage to parents, states can also increase participation in Medicaid for children by 20%.

"Covering the Uninsured" article "Number of Uninsured may be Understated". Families USA claims that the U. S. Census Bureau's figure of 43.6 million uninsured Americans is understated because it only counts those who are uninsured at the time the count is taken.

"CNN", October 20, 2003, "Public Concern Fuels Support for Health Care Changes". A poll suggests that the current health care system has built support for a new approach that would mean care for all Americans and changes in laws governing prescription drugs. 70% said it should be legal for Americans to buy prescription drugs outside the United States; 54% are dissatisfied with overall quality of health care in the U.S.

"Stateline.org", October 20, 2003, "Experts Debate Merits of Bush's Block Grant Plan. The Bush Administration is still considering block granting 6 federal programs which include Medicaid and SCHIP. There is concern that states will take the money and not add any value to the funds. The National Conference of State Legislatures is

concerned because the federal block grants rarely include safeguards against changing economic conditions.

“Covering the Uninsured” article, “Many Employees of Large Companies Lack Health Insurance” A recent study showed that about one in four people who lack health insurance work part-time or full-time at large companies (500 or more employees). In the past it was assumed that large company employees had coverage and it was more likely employees of small companies who lacked health insurance.

“Children’s Defense Fund”, October 24, 2003. The Children’s Defense fund released a report based on 2000 Census Data on the numbers of uninsured. In more than half the states, at least 10% of children have no health insurance, the percentage without coverage ranged from more than 20% in Texas to less than 5% in Vermont, Rhode Island, and Wisconsin. Nationally the economy has caused both children and adults to lose employer-based coverage, however, the loss of coverage was offset through increased coverage through public programs. Unfortunately due to revenue shortfalls, many states are cutting back their programs. Iowa ranked 6th in this report, tied with Massachusetts at 6.2%. Vermont has the lowest rate for children at 4.5%, Rhode Island at 4.5%, Wisconsin at 4.9%, Minnesota at 5.7%, and Missouri at 6.0%. Missouri does go up to 300% of FPL in their SCHIP program. New Hampshire follows Iowa at 6.5%.

“Children’s Defense Fund” study dated November 13, 2003, entitled “Percentage of Immigrant Children Without Health Insurance is on the Rise” The number of uninsured immigrant children has increased from 39.2% in 2000 to 42.1% in 2002. The Senate has passed the “Immigrant Children’s Health Improvement Act” as part of the Medicare prescription drug bill, but there is speculation that many of the uninsured children count includes a high number of immigrant children.

“Stateline.org”, November 4, 2003. Five states are freezing their CHIP enrollment: Alabama, Colorado, Florida, Montana, and Utah. South Carolina has had a freeze for at least 2 years.

“Covering the Uninsured” article, “Increasingly, Uninsured Are from Middle Class”. Paying for health insurance is becoming more of a middle-class problem.

“Kaiser Health Policy Report”, November 20, 2003. The Kaiser Foundation and other health groups, along with “Univision” the nation’s leading Spanish-speaking media, have embarked on a five-year campaign to educate Hispanics about preventing health issues. Celebrities and health experts will appear in public service announcements, news and health programs on the Univision Network, which is available to 97% of Hispanics living in the U.S. Approximately one-third of the Hispanic population in the U.S. lacks health care coverage.

State News:

Colorado – “Denver Post”, October 14, 2003. Colorado’s SCHIP program implemented a waiting list due to a shortage of state matching dollars.

Idaho – “The Idaho Statesman”, October 24, 2003. “CHIP Budget Request Surprises Leaders”. When expanding the SCHIP program, lawmakers did not realize there was going to be any associated costs and now the Department is asking for additional funds to support the expansion.

Illinois – Illinois has been relaxing their rules for their “KidCare” program to make more kids eligible. They are now requesting only one pay stub to verify income and considering presumptive eligibility.

Montana – “Billings Gazette” October 22, 2003. Initially Montana thought they would have to cancel coverage for 1,400 kids, but a math error was found, so it is 700. They currently have 1,200 on the waiting list.

Vermont – “The Rutland Herald”, October 14, 2003. On November 28, 2003, Vermont is changing from a co-payment cost sharing system to a premium system for Medicaid, which includes their SCHIP program. There has been no outreach or educational efforts regarding this change, so many families are not aware of the change. Estimates are that close to 14,000 will fail to make the new premium payment.

Washington: The State of Washington has begun charging a \$15 to \$20 per month premium for families on Medicaid with incomes over poverty. They anticipate as many as 24,000 kids could lose coverage.

Texas – The implementation of stricter eligibility guidelines has resulted in an 11% decrease in enrollment since June 1 (54,000 kids). It is projected to be 30% less in SFY 05.

Senator Veenstra told the Board that he recently attended the National Committee of State Legislators’ (NCSL) health chairs fall forum. Senator Veenstra said he was very impressed with the way Iowa is viewed by not only neighboring states, but by his colleagues all across the nation. Senator Veenstra said he wanted to recognize Ms. Smith and her staff for their outstanding efforts, and making Iowa “look so good”. The Legislature’s leadership teams are currently setting their agenda for the upcoming Session. The three priority items at this point are: Economic growth, education, and health care.

ADMINISTRATOR'S REPORT:

Budget and Enrollment:

The SFY 04 budget is based on enrollment projections ranging from 25,419 in July 2003, to 30,117 in June, 2004. The total state revenues budgeted is \$15.7 million. Currently, enrollments are running slightly ahead of projections and is at 29,531 as of November 30, 2003.

Electronic Application Update:

Staff is currently working on implementation of the electronic *hawk-i* application. Mike Baldwin will be conducting a training session for income maintenance staff. Implementation date is January 1, 2004.

Medicaid Referral Process Improvement Plan:

Work continues in this area and implementation is on target for March 2004. *hawk-i* staff is currently meeting with DHS systems staff to define how the system will work. This new process has created quite a bit of excitement among the income maintenance staff because it should relieve their workloads tremendously. It should also eliminate a lot of data entry errors. The Department of Public Health and DHS were jointly participating in a Covering Kids collaborative effort and this is the project that is being showcased as part of that effort.

Renewal Reminder Postcard:

A postcard has been developed to send to families prior to their renewal date. The postcard reminds them that their *hawk-i* renewal date is approaching and they should be watching their mail in the upcoming weeks for the renewal forms. The postcard suggests that they begin gathering their pay stubs or other proof of income. If families are not planning on renewing, they are asked to call the 800 number at MAXIMUS and let them know why. The retention and renewal study conducted by the National Academy for State Health Policy showed that many families were not renewing for good reasons, such as having other insurance. This process will capture some of this information too.

This is a two-month pilot project to see if it impacts the numbers of families that return renewal forms.

Food Assistance Mailing:

In March 2003, a printout was generated of all families receiving food assistance that had children under the age of 19 that were not on Medicaid. Information was mailed to them about the *hawk-i* and Medicaid programs hoping it would spur them to apply for coverage for their children. The initial mailing was to 1,800. The November report contains 1,100 names. At this point it is not clear whether the first mailing had an impact in the reduction of 700 families.

Mr. Huston asked if the number of people receiving food assistance is the same or has it changed. Ms. Smith said she would find out and report back.

Wellmark Foundation Proposal Update:

Julie McMahon reported that as discussed at the last Board meeting, Director Concannon did contact a number of Wellmark Foundation members and others regarding their comments that the *hawk-i* Program had "structural issues". After

discussions it was determined it isn't anything specific, but there are a lot of feelings or perceptions, even some confusion, as to what is Medicaid and what is *hawk-i*. A committee consisting of representatives from Public Health, DHS, MAXIMUS, Wellmark Foundation, and local providers, met on December 5th. Ms. McMahon said this was a great example of taking a problem or issue and having collaboration among the public and private sector. The result was that the group believed any funds made available by the Wellmark Foundation should be used for a study of applicants as to what barriers they perceive or have experienced in applying for *hawk-i* or Medicaid.

Ms. Smith said the take away message was that the Department wants to make data driven decisions, not decisions based on anecdotal or perception-type information. For instance, the Department knows that some people who apply do not get coverage because they failed to provide information. What isn't known, is why they did not provide the information. Didn't they understand what was being requested, was it too much information, or they just didn't get around to it. By gleaning the root causes, it will provide focus to target true problems.

Annual Report to the Legislature:

A draft of the 2003 Annual Report had been provided to the Board members earlier. Shellie Goldman said this report follows the format of the report that the Board used in 2002. Mr. Huston suggested some changes to the executive summary and the other Board members concurred.

Julie McMahon made a motion to approve the 2003 Annual Report pursuant to the changes discussed being made. Susan Voss seconded the motion. Unanimous approval was made by Wanda Wyatt Hardwick, Julie McMahon, Charlotte Burt, Susan Voss, Susan Salter, and Eldon Huston.

PUBLIC COMMENT:

There were no public comments.

DELTA DENTAL PROPOSAL:

Dr. Ed Schooley from Delta Dental thanked the Board for the opportunity to discuss their proposal dated December 10, 2003. Dr. Schooley said he believes there is merit and value in terms of the Board contemplating a dental carve out with Delta Dental. Dr. Schooley said the current program structure is a fragmented, patchwork of plans that work in nonstandardized and very different ways. Dr. Schooley referenced the second paragraph of his December 10 letter which shows examples such as different benefit coverages, administrative differences among the plans, as well as predetermination of some of the benefits. From a reimbursement prospective, dentists are paid in different manners too. Some are paid at full charge and others to a maximum allowable fee schedule. Dr. Schooley said that Dr. Rhys Jones contacted him with some of his concerns about the different policies such as one plan calling a space maintainer, a frequently performed procedure on kids, as a form of orthodontia and, therefore, not

covered under the plan. Dr. Schooley said this means *hawk-i* enrollees have different benefits although covered under the same program.

Dr. Schooley told the Board there is value working with Delta Dental as they are the largest dental carrier in the state with 94% of the dentists in the state currently participating. They have a long history of working with dentists and members. They continue to have very high satisfaction scores; over 82% of surveyed plan members rate their satisfaction as very satisfied or satisfied. On the dentist side it is 88%.

Dr. Schooley said that as a plan they are committed to providing accurate, timely data and feedback to the stakeholders regarding the accuracy and comprehensiveness of information. A sample management report was given to the Board.

Dr. Schooley said that based on the information they were able to gather regarding utilization and costs, Delta Dental is providing a fully insured rate of \$16.80 per month per enrollee for the contract year. This rate does assume it is offered in all 99 counties. The rate is guaranteed for one year, July 1, 2004, through June 30, 2005. Dr. Schooley said they would be happy to reassess this if there is subsequent data.

Their proposal includes an annual maximum of \$1,000, orthodontia is not covered. Everything is covered at 100% and includes cast restorations and prosthetics, which would not normally be covered in a population like this. There are some indications where these services would be provided in children up to age 19 to it didn't affect the rate that much.

Delta Dental has been in Iowa for 37 years and currently covers over 650,000 members processing over 1 million claims per year. All network dentists are credentialed to criteria governing their licensure, verification of malpractice insurance, they review state board actions, if any, infection control requirements, and any malpractice or litigation history. Delta Dental providers are in every county in the state. There are a total of 1,462 practicing dentists in Iowa, 1,367 of those participate in Delta Dental.

Currently, 99% of their claims are paid in 15 days or less, with an accuracy of 99%. Member inquiries are resolved 98% of the time at the first point. Average claim turn around time is 3.73 days. Written inquiries are resolved within 10 days 99% of the time.

Dr. Schooley concluded that they feel they are the best value and the best choice and the reason why 97% of their customers renew their contracts each year.

Ms. Smith asked if Delta Dental would consider establishing rates for something less than statewide coverage. Currently the Department does not believe they have the authority do a single source contract. Although legislation allows a carve out, the Legislature was very clear that they want competition in the program from any willing insurer who is willing to provide the services. If the Department would move toward a single source statewide coverage, they would have to go through procurement process. Is Delta Dental interested in doing something less than statewide, and if so, how would that impact the rate?

Dr. Schooley said they would be open to looking at that, but they would have to reassess by county the number of eligibles and the fees for that area.

Ms. Smith said the Department is having their actuarial firm provide data on dental experience in the program and they will be giving Delta Dental's proposal to them to review. There are also financial issues that will need to be reviewed as far as how it would impact existing plans providing dental, because part of their capitation rate is built for dental coverage.

Ms. Smith said that a problem with dental access for **hawk-i** is that patients will call a dentist and ask if they accept **hawk-i** coverage and they say yes, not realizing that there are different plans. Ms. Smith asked what Delta Dental would do as far as outreach and advertising to the dentists that **hawk-i** itself is not a health plan.

Dr. Schooley responded that they would do some type of launch program. They also have periodic communications such as a newsletter, information on the website, updates to the Delta Dental provider manual. In addition, Delta Dental has a full time staff person who is in the field calling on individual offices.

Mr. Huston said the proposal would be referred to the Board's Clinical Advisory Committee for review and recommendation.

GRASSROOTS OUTREACH UPDATE:

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

Statewide Outreach Activities:

Kids Directory (a directory of products and services for infants, children, and parents in Central Iowa). A representative from the directory has agreed to keep a **hawk-i** ad on file to be used at no charge when they have available space in their publication. These directories can be found in supermarkets and doctors offices throughout Central Iowa.

State **hawk-i** staff met with the following groups and representatives:

- Institute for Social and Economic Development – **hawk-i** material and outreach staff will be available at their Earned Income Tax Credit sites. Income guidelines for the tax credit and **hawk-i** are similar.
- Every Child Matters Education Fund. Is an initiative committed to improving conditions for children and families. They are currently working in Iowa and New Hampshire to promote the issues of children in the presidential election.
- Farm Bureau. **hawk-i** information will be available to all of their local agents. **hawk-i** outreach staff attended the annual Farm Bureau conference making **hawk-i** information available to attending farmers and agents.
- Iowa Respite and Crisis Care Coalition – attended their statewide conference. An article about **hawk-i** was included in their monthly newsletter

Ms. Doyle Scar attended the Covering Kids and Families “Communication Boot Camp” in Washington DC to receive tips for effective public communication.

Local Outreach Activities:

Outreach coordinators are focusing on outreach to minority populations through ethnic health fairs, cable shows, churches, clinics, and at many other community opportunities.

Several coordinators have had local hospitals and/or clinics agree to send **hawk-i** information to their self-pay clients.

Many coordinators have had success expanding their outreach efforts to local business such as Pamida, WalMart, and Dollar Stores.

Coordinators are effectively working with the local AEAs, Child Care Resource and Referrals, and Headstart to reach families.

Outreach coordinators will be asked to include as part of their quarterly reports any barriers they come across for families trying to obtain **hawk-i**.

Mr. Huston asked if there has been any increased enrollment that can be credited to the outreach efforts.

Ms. Smith responded that there has been through the schools, particularly since this fall after the Department’s individual mailing to schools. Ms. Smith said that during the time that outreach efforts were not taking place the enrollment numbers were very flat. Once the outreach efforts resumed, the numbers increased and are more consistent.

Ms. Smith said they can prepare a summary of the “How you Heard about **hawk-i**” reports and report back to the Board in February.

Ms. Wyatt Hardwick indicated that in Clinton, Iowa Workforce Development has added the local outreach coordinator to their rapid reflex team that responds to business closings.

COVERING KIDS & FAMILIES UPDATE:

Beth Jones told the Board that the message on the Capital One statements referenced earlier in the meeting is a result of a partnership between the Covering Kids national program office and Capital One and it went out on over 23 million bills nationwide.

Julie McMahon announced that Beth Jones has accepted the position of IDPH’s Covering Kids program coordinator.

Ms. Jones introduced Sholeh Varzegar. As part of her internship with IDPH, Ms. Varzegar evaluated the Covering Kids and Families back-to-school campaign. This was done by assessing and measuring whether or not there was a change in the number of

applications received, and enrollments of *hawk-i* eligible population in Polk County through outreach by radio advertising.

Unfortunately, 62% of those surveyed responded that they did not hear the radio advertisement. A breakdown of financial status of enrollees demonstrated the majority of enrollees, 22%, were in the 141-150% of FPL followed by 18% for 134-140% of FPL. Enrollee demographics for the period revealed 50% white; 4% African-American, and 6% Hispanic. The remaining 39% were from other ethnic categories or did not respond.

Ms. Varzegar recommends repeating the evaluation in 3 to 6 months when December data is available because sometimes it takes 3 months to review the application. In considering the time of the broadcasts, mid-August, the completion of the application and the processing could take until December. Ms. Varzegar drew her data for this analysis from August and September enrollment reports.

Mr. Huston asked if the Robert Wood Johnson Foundation had done similar studies elsewhere in the nation. Ms. Varzegar said no, she searched and nothing was available.

Ms. Smith noted that it had been California's experience not to expect early results from media. They had done a television commercial for their SCHIP program and specially marked all their applications distributed at that time. They were getting the applications in as late as 10 months later.

NEW BUSINESS:

There was no new business to present before the Board.

The Board's next meeting is Monday, February 16, 2004, at 1:30 in the Oak Room at the Des Moines Botanical Center.