

HEALTHY AND WELL KIDS IN IOWA (*hawk-i*)
BOARD MEETING
MINUTES
December 17, 2001

BOARD MEMBERS:

Eldon Huston, Chair
Susan Voss (for Terri Vaughan)
Ted Stilwill (absent)
Edward Schor, MD (for Stephen Gleason)
Susie Poulton
Diane Briest
Barry Cleaveland

LEGISLATIVE BOARD MEMBERS:

Senator Johnie Hammond (absent)
Senator Kenneth Veenstra
Representative Jane Greimann
Representative Brad Hansen (absent)

DEPARTMENT OF HUMAN SERVICES:

Cathy R. Anderson
Anita Smith
Shellie Goldman

ATTORNEY GENERAL'S OFFICE:

Marne Woods

GUESTS:

Barbara Fox-Goldizen
Susi Lyon
Sonni Vierling
Lisa Huff
Karen Brown
Chris McCarthy
Kristine Klauer
Alice Bengé
Leila Carlson
Frann Otte
Sara Schneider
Nancy Palm
Jim Donoghue
Heather Olson
Ed Conlow
Mary O'Brien
Sam Leto
Denise Hill

AFFILIATION

MAXIMUS
Iowa Dept. of Public Health - Covering Kids
Iowa Dept. of Public Health - Covering Kids
hawk-i Outreach, Polk County
hawk-i Outreach, Des Moines Public Schools
Iowa Health System
John Deere Health
Southern Iowa Economic Development Assoc.
National Association of Social Workers
Wellmark
Department of Human Services
Healthy Linn Care Network
Broadlawns
Iowa Hospital Association
House Democratic Caucus Staff
Visiting Nurse Services
Legislative Fiscal Bureau
Iowa Medical Society

MEETING CALLED TO ORDER:

The Healthy and Well Kids in Iowa (*hawk-i*) Board met on Monday, December 17, 2001, in the Oak Room, Des Moines Botanical Center, 909 E. River Drive, Des Moines, Iowa. Eldon Huston, Chair, called the meeting to order at 12:30 p.m.

ROLL CALL:

Anita Smith took the roll call, a quorum was present. No one was present from the Department of Education. Dr. Schor told the Board that Brenda Oas had resigned from her position and was no longer with state government. Ms. Smith said she had not been notified and would follow up with Director Stilwill to see if he would be attending in the future, or if he would be naming a designee.

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 and if someone would like to address the Board, they should notify him.

APPROVAL OF THE OCTOBER 15, 2001, MEETING MINUTES:

Barry Cleaveland made a motion to approve the October 15, 2001, minutes as written. Ed Schor seconded the motion. Unanimous approval was made by Ed Schor, Barry Cleaveland, Diane Briest, Susan Voss, Susie Poulton, and Eldon Huston.

REVIEW OF CORRESPONDENCE, REPORTS, & OTHER STATE NEWS:

Ms. Smith reviewed the correspondence:

- November 8, 2001, letter to Secretary of Health & Human Services Tommy Thompson from DHS Director Rasmussen. This letter is in follow-up to Iowa's request for a Medicaid choice waiver. Secretary Thompson had previously indicated that someone from his office would be in contact to gather additional information about the request. No further action has taken place.
- November 2, 2001, letter to James A. Stewart, CEO and President of Community Health Care, Inc. in Davenport. Mr. Stewart, as well as six other entities in eastern Iowa, sent identical letters requesting additional statistical reports and requesting that families be allowed to choose between *hawk-i* and Medicaid. One report that was requested, an unduplicated count report, is something that is already in progress. Mr. Huston responded to each of the letters and explained that the possibility of a Medicaid choice waiver was being investigated.
- October 31, 2001, letter to Vicki Grant at the National Covering Kids office. This is the letter of support from the Board that Martha Gelhaus from the Department of Public Health requested for the Covering Kids and Families grant.
- Several news articles relating to CHIP and Medicaid.

ADMINISTRATOR'S REPORT:**DHS Reorganization:**

Cathy Anderson shared the new Department of Human Services organization chart that will become effective in January. Ms. Anderson said the need for the Department to

restructure was due to the budget cuts both in July and the recent 4.3% across-the-board cut. Another driving force behind the reorganization was the agreement that state agency's span of control was such that supervisors would supervise, at a minimum, 12 people. In order to accomplish that average, levels had to be increased in Central Office. Central Office will have approximately 25% fewer staff than a year ago. Due to distances and the need for field staff to have closer supervision because of the technical issues that they deal with, those ratios are somewhat lower than 1 to 12.

The Department will now have 2 deputy directors instead of 3. Field Operations have gone from the cluster and regional organization to 8 service areas. Field Operations will continue to include the facilities that DHS operates and the Division of Child Support Recovery, Case Management, and Refugee Services. The other Central Office Divisions are the Division of Fiscal Management, Division of Data Management, and the Division of Results Based Accountability, a new division.

The Policy Office has gone from 5 divisions to 2 divisions, 2 bureaus, and 1 team. The **hawk-i** and HIPP Units will be under the Bureau of Health Insurance and Anita Smith will be the Bureau Chief. The Bureau will be in the Division of Financial, Health, and Work Supports and Deb Bingaman is the Division Administrator. Ms. Bingaman is currently the Administrator for the Economic Assistance Division. The other division in the Policy Office is the Division of Behavioral, Development and Protective Services for Families, Adults and Children. The Central Office changes will be effective mid-January. The changes in the Field will begin in March and be completed by July 1.

Ms. Anderson said that Deb Bingaman will be attending the January Board meeting.

Budget:

Ms. Smith told the Board that some discrepancies were discovered when fiscal staff reviewed FY 01 ledgers so the FY 01 final expenditure report has been revised. The revised report shows additional expenditures of \$160,000. Outreach expenditures were \$110,998, and have been revised to \$191,789, an additional \$80,691. **hawk-i** administration was \$330,156 and has been revised to \$408,679, an additional \$78,500. This was because money for staff salaries and support are transferred from the **hawk-i** budget to the Department's general administration fund and those dollars had not been originally accounted for. It had been projected that **hawk-i** would spend \$8.6 million and \$7.6 million was spent, with an offset of roughly \$365,000 from interest earned from the trust fund.

Ms. Smith said that CMS is currently developing a new reporting structure. When that structure is finalized, the monthly budget reports will show more detail as to how much is being spent on various activities.

Expenditures for the first five months of FY 02 are roughly 25% less than budgeted. This is due to billing cycles and when claims are filed. Ms. Smith said expenditures are currently at \$3.3 million, well within the budget.

2002 SCHIP Allotments:

Issue Brief 01-57 dated November 2, 2001, discusses FY 02 SCHIP allotments. Ms. Smith explained that the initial SCHIP legislation provided for a reduction in states' allotments in the years 2002 through 2004 and has been referred to as the "SCHIP dip". States were anticipating about a 10% reduction in their allotments for these years. Ms. Smith said that this document indicates the allotments have been reduced by approximately 30%, and will be significantly less than expected. Allotments have been reduced by \$1.1 billion and the average reduction is 26.7%. Cuts range from 11.9% for Nevada to 34% for Oklahoma, New Mexico, and Maryland. Iowa's reduction for FFY 02 is 32%; or \$10.5 million. Ms. Smith said that Iowa is currently spending their FFY 00 allotment, however, as time progresses the amounts carried over will lessen and by 2004 Iowa will be spending 100% of the allotment, assuming that state dollars are appropriated to draw down the full allotment. Even states like New York, North Carolina, and Alaska that have spent all of their allotments in the past few years are seeing reductions of over 20% for 2002.

Enrollment & Statistics:

Ms. Smith told the Board members that in October MAXIMUS began implementing a complete redesign of their data processing system. The system will be more automated and will have more edits to reduce error. All of the old ESI data is being removed which continued to cause problems within the system. MAXIMUS is currently testing the new system and validating the data. When completed, the November reports will be available. Ms. Smith said that *hawk-i* enrollment for September, 2001 had been reported as 10,632. However, after the systems modifications were made the enrollment for September was 11,982. Ms. Smith said that staff doesn't believe this was due to a sudden increase in kids, but rather kids haven't been reported because of some of the issues with the system.

Ms. Smith explained that one of the upcoming changes in the reports will be updating the previous month's *hawk-i* enrollment number. The Medicaid numbers have always been updated due to retroactive Medicaid eligibility, but *hawk-i* numbers for the previous month have not. While *hawk-i* enrollment is not retroactive, because of eligibility determination dates, quite a few are added after the reports have been generated. MAXIMUS will now go back one month and update the numbers for *hawk-i*, which will provide a more accurate number of kids enrolled in a certain month.

At the October Board meeting Dr. Schor requested trend charts for enrollment and the various disenrollment reasons. Shellie Goldman prepared trend charts reflecting disenrollments due to Medicaid eligibility, non-renewal, residency, age 19, other insurance, and failure to pay premium. A chart was also completed trending total enrollment and disenrollment figures. This chart shows a few fluctuations, but an overall steady growth rate.

The trend charts revealed:

- Disenrollments due to Medicaid eligibility showed major fluctuations. In March 2001 MAXIMUS implemented a system change to better identify kids that are on Medicaid so there was a sharp spike at that time and shows ups and downs since that time. The last few months show a decline and fall below the trend line.
- The non-renewal trends show a lot of fluctuation from month to month. However, the past four months appear to be declining over previous months.
- Disenrollments due to residency and age 19 are negligible and don't reveal much statistically.
- Disenrollment due to other insurance also shows a lot of fluctuation, but the last three months show they are below the trend line.
- Failure to pay premiums also shows major fluctuations. It should be noted that the reason January 2001 shows no disenrollments for failure to pay the premium is due to a contribution by LaMair, Mulock, Condon to pay for premiums.
- The total disenrollment trend shows up and down activity, but appears to be leveling somewhat. Total disenrollments appear to be increasing, but that would be due to increasing enrollment numbers and not an increase in the percent of kids disenrolling.

Dr. Schor said that he found the charts interesting and that Iowa is disenrolling proportionally fewer than might be expected based on enrollment, however, disenrollments are climbing. The major reasons for disenrolling are due to Medicaid eligibility, nonrenewal, and nonpayment. Dr. Schor said that other state's experience is that a number of families do not re-enroll or make payments because they have not used the services. Dr. Schor said this reflects a lack of understanding of the notion of insurance, as well as a failure by the Board and the insurers of reaching out to these families to get them to use preventive health services. Dr. Schor said that there should not be any child who does not use services during the course of the year and he suspects there are many. Dr. Schor suggested that outreach not be used just to enroll people, but to start doing outreach to encourage people to use the services, particularly the preventive services.

MAXIMUS Contract Amendment:

Ms. Smith told the Board that the contract amendment contains no fiscal impact. The amendment changes the customer service call center hours of operation that were agreed to some time ago, and incorporates the automatic assignment of health plans when the family does not select a health plan.

Draft CMS Site Visit Letter:

Board members were given a copy of the Department's response to the draft site visit report conducted by CMS in April 2001. The report incorporates the findings of the Medicaid site visit that took place in February 2001.

Ms. Smith reported that the majority of the comments had to do with Medicaid, not with *hawk-i*. There were only three comments concerning *hawk-i*.

1. The review team was concerned with the number of applications that were denied because the families failed to select a health plan. This issue was being addressed at the time of the visit and with the recent implementation of the auto assignment process, there should not be any applications denied in the future for failure to select a health plan.
2. There was concern both on the Medicaid side and the *hawk-i* side that Iowa needs to be more pro-active in contacting the federally-recognized Tribes to ensure their input into the program. Ms. Smith reminded the Board that Mark Merrick from the Meskwaki Tribe in Tama had spoken to them this past summer about his concerns. Additionally, Ms. Goldman recently attended a health fair during school conferences at the reservation. Ms. Smith said the one area that needs to be explored is CMS's suggestion that Iowa needs to be more proactive with the Nebraska Tribes that come into Iowa or live in Iowa along the western side of the state.
3. The report indicated the Department was not doing a provider network analysis. Ms. Smith said that she did not know why this was included in the report because the Department is doing the analysis. Copies of the reports had been provided to the review team, so this may be an oversight or a comment for the Medicaid review. Ms. Smith said she believes *hawk-i* is compliant, although some additional analysis of the reports may have to be completed.

Mr. Huston said that he participated in both the initial and departing meetings and the review team was not only very complimentary to the *hawk-i* program, but indicated they were going to take some of what they learned and use in other areas.

Outreach Update:

Free and Reduced Meals Program Update:

Ms. Smith shared correspondence from Winterset Community School District regarding the free and reduced meals programs. The letter suggested asking someone to complete the form if they want information rather than if they do not wish to receive it. The letter said the system used this year made the process more labor intensive for the school. Ms. Smith said that she has referred the letter to the Department of Education because the USDA set up the instructions that were carried out.

Schools were asked to provide lists of interested families by November 30th. There were 6,146 referrals received through this process. Some submissions were received without an electronic copy so MAXIMUS is working with the schools to either get an electronic copy or is manually entering the data. Unfortunately, all the schools use Macintosh computers which are not compatible with our equipment, so next year a different process will have to be used.

Thomas C. Porter Media Post-Buy Analysis:

Ms. Smith said that she had been asked to put together some statistics to show the impact of last Spring's media campaign. The question was whether the increased enrollments were due to the success of the media, or whether it was a seasonal increase. The data shows a dramatic increase during the time of the media activity. There was also another increase in August due to the increased back-to-school activities.

Mr. Huston asked whether or not there would be additional media activity this year and whether or not funds were available. Ms. Smith said that there is nothing budgeted for the current fiscal year, but perhaps some of the unused outreach funds could be redirected. Ms. Smith explains that \$300,000 is budgeted for community outreach projects each fiscal year, but thus far in FY 02, not all counties have applied for those funds.

Mr. Huston asked the other Board members if they were interested in pursuing this avenue.

Senator Veenstra asked how much was spent for the last media effort. Ms. Smith responded that \$100,000 in state funding was used, which equaled \$400,000 of buying power. However, included in that cost was the development of the radio commercial and television time, which is expensive. Radio was equally successful and much more affordable so an effective campaign may be possible with the available funding, which would be considerably less this fiscal year.

Representative Greimann asked about public service announcements and whether those were being pursued. Ms. Smith indicated that public service announcements were used and that those could be pursued now, but they are generally not aired during prime time.

Dr. Schor said that while there was clearly an increase in the number of applications and enrollments, he wondered if these were people who would have enrolled eventually without the media campaign. When reviewing the long-term graphs, there was about the same steepness of increase before the media campaign, then a blip, and then it fell back to the same kind of trend line as previously. More may have enrolled during that period, but they may have been people who would have enrolled later. Dr. Schor stated he did not believe the total number of enrollees was really not influenced by the media campaign.

Ms. Smith responded that without further analysis she couldn't say one way or another. The Medicaid rolls have grown dramatically and if the personal financial status of these individuals had stayed the same they may have stayed in *hawk-i*. The applications that were received as a result of the media campaign were primarily from people unknown to the Department. In other words, they had not sought or received services from DHS previously. Prior to the media campaign a very high percentage of applicants were known to the Department. This made it clear that the media campaign was able to reach a new population who hadn't traditionally sought services. Another side effect of the media campaign was educating the public about the program. Ms. Smith said she

received several phone calls from organizations as a result of the commercials. These organizations indicated they had not previously been aware of the program and called to inquire as to how they could help promote it.

Mr. Huston asked Ms. Smith to prepare a proposal for the Board to consider.

Disenrollment Survey:

Ms. Smith reported that MAXIMUS is considering doing a disenrollment survey for Iowa to follow up on why people are disenrolling from the program. This kind of survey is currently being done in Michigan where MAXIMUS is also the third party administrator. Ms. Smith said this type of survey would help determine why people are leaving the program; i.e. couldn't afford the premium, didn't need it. Ms. Smith said that once the other system changes are implemented this survey could commence.

Spanish Brochure and Application Revision:

The new, and long-anticipated, Spanish brochure is available and has been widely distributed. At this time, no feedback has been received.

Ms. Smith said the next project is to totally revise the *hawk-i* application and brochure. The goal is to incorporate suggestions from the literacy study and to make the application process simpler. There are also some additional questions regarding ethnicity and payments for childcare that need to be added to gather data for CMS. Ms. Smith said she has put together a committee to work on this process and they will meet on January 9th. The target release date for the new application is April 1st to coincide with the poverty level changes that will take affect. Ms. Smith said that if anyone has any concerns with the application to let her know.

IMW Desk Aid:

Ms. Smith shared a copy of the new desk guide for income maintenance workers. This guide was designed to assist the IMW's with the referral process for families that lose Medicaid eligibility when they are referring them to *hawk-i*. Ms. Smith said that there is a high rate of turnover with field staff and a lot of misunderstanding with the process. This guide will address those issues and streamline the process.

TJ Maxx, K-Mart, and SSA Outreach Efforts:

Ms. Smith noted that more private sector entities are getting involved with CHIP outreach. The Marmaxx Group, who owns TJ Maxx and Marshalls stores, contacted all the states to have brochures and posters sent to all their stores. The March of Dimes and K-Mart recently teamed up and did an outreach effort through Insure Kids Now. The Social Security Administration also partnered with Insure Kids Now and is sending information about health insurance for children to 36 million Americans who are going to receive COLA information in their social security checks for the months of December and January. These notices are being targeted to reach grandparents who may have uninsured grandchildren.

DENTAL ISSUES:

Dr. Schor said he requested this agenda item because he has data that suggests that the kids on **hawk-i** were having more difficulty accessing dental care than the general population. The general population has difficulty obtaining dental care because there are very few pediatric dentists. The younger the child, the less inclined a dentist is to see them. Dr. Schor said that it was his hope that **hawk-i** would resemble private dental insurance as well as private medical insurance and that would take care of the dental access problem for this population of kids. Dr. Schor stated that this was probably wishful thinking given the distribution of dentists and their unwillingness to see kids in general. Dr. Schor said that there have been reports of difficulty accessing dental care for **hawk-i** kids and the Board needs to keep this in mind and remind their insurance partners that this is an issue they are expected to pay attention to.

Ms. Smith asked Dr. Schor if she understood his statement correctly that the children on **hawk-i** were actually having more difficulty accessing services than uninsured children in the general population. Dr. Schor said that was correct.

Mr. Huston stated that the health insurance programs report that they do not receive an undue amount of calls with regard to dental care and that they do include all the information about their dental care in the materials that go to **hawk-i** recipients.

Dr. Schor said he has data that indicates a large number of families don't use well child care and significantly greater proportions of families don't use preventive dental care. This is particularly true of immigrant families, many of whom have never seen a dentist. Dr. Schor said that simply having an insurance card doesn't mean the person knows how or is inclined to use the services that are available. Dr. Schor said that one way to address dental access would be to privatize, in a uniform way, dental insurance for all children in the state who are covered by public programs. This would mean a carve out of dental services and contract for a single dental care provider across the state as opposed to having each insurer having their own panel. Dr. Schor said there continues to be significant variations across regions of the state in terms of access and willingness to see some of these children. Health care providers continue to look at **hawk-i** as a Medicaid-like program and they don't want to see Medicaid patients so they don't see **hawk-i** patients. Dr. Schor said that this is particularly true when kids are going back and forth between Medicaid coverage and **hawk-i**. Dr. Schor said that a survey by the Child and Family Policy Center showed that of the hundreds of dentists in Polk County there were only about a half dozen who accept Medicaid. Dr. Schor said he felt if everyone had the same dental program there would be some leveling of appearance and access as well.

Mr. Huston noted that the health plans contracted with **hawk-i** were contacted regarding the question of carving out dental care and they all felt they wanted to keep dental care within their plan.

Ms. Smith stated that it would take legislation in order to do a dental carve out. If approved, then the Department would have to go through a competitive procurement

process to have a single contractor. If Medicaid were included, that would involve a lot more people.

Senator Veenstra stated that he was puzzled by the data that suggests that the uninsured population have a greater percentage of access than the *hawk-i* population and wondered if there is a human element that the Board has overlooked. Senator Veenstra thought perhaps that some parents are reluctant to access preventive dental care because of the perception that presenting their young child to a dentist's office is somewhat traumatic. Dr. Schor agreed and stated that it is a matter of educating not only families, but also dentists. A dentist who is not a pediatric dentist may not know how to handle a child in a way that minimizes their anxiety. There is a combination of factors.

Ms. Smith said she believed part of the issue is there is a shortage of dentists so dentists can pick and choose the populations they want to serve. Dental practices don't have to take lower reimbursement rates under Medicaid and if *hawk-i* is perceived as being in the Medicaid arena, they don't take those patients.

Senator Veenstra told the Board that he had recently met with the Dental Association concerning the Medicaid shortfall and that he was a little surprised that they are not concerned about being cut as an optional service under Medicaid. Senator Veenstra said he asked the Dental Association if that service were removed would they be offended or affected a great deal and they said no. Not that many dentists see Medicaid patients and it is not a population that produces a profit for the profession. Those that do see Medicaid patients are doing it as a public service and to lose it is not a big deal financially to them.

Mr. Huston stated that the Board has discussed these same issues on numerous occasions and doesn't know that the Board has a solution. Mr. Huston said that he is somewhat assured that *hawk-i* kids are getting service about as well as anyone. Again, some dentists say they don't take *hawk-i* patients but they actually do, they just aren't aware that they do because a regular card insurance card is presented.

Dr. Schor said he would like to have the Legislature spend some time looking at children's dental access in the state, not necessarily focusing on *hawk-i*. Dr. Schor asked what kind of quality measurements are in place for *hawk-i* and indicated he would like to see the dental utilization rate by health plan for kids in *hawk-i*. Dr. Schor said that the health plans don't want anyone else to take over dental so he would like to see how they are doing. Ms. Smith indicated that this is part of the data that is still being worked on and the information will be available soon. Ms. Goldman stated that one of the goals for CMS is that HEDIS information will be collected and information gathered for dental visits according to age groups.

PUBLIC COMMENT:

Alice Benge, outreach worker for Southern Iowa Economic Development Association (SEIDA), addressed the Board. Ms. Benge praised the DHS staff in the seven counties in her area and the working relationship that has been developed. Ms. Benge said that

she has been invited to attend meetings and has worked with income maintenance workers in assisting families. Ms. Bengé said this has become a great business partnership and things are finally starting to come together.

Ms. Bengé told the Board that she has been making a lot of presentations to businesses in her area, particularly in Wapello County. Insurance premiums are becoming so expensive that businesses have asked for **hawk-i** presentations. Ms. Bengé was also contacted when a factory was getting ready to close so she could make **hawk-i** applications available to those who were being laid off.

Ms. Bengé said that she just learned that a pediatric dentist in her area is no longer going to be associated with Iowa Health Solutions. Ms. Bengé said this is of great concern to her because that is the only Iowa Health Solutions provider in her area. The dentist indicated that there is too much red tape and paperwork involved with Iowa Health Solutions, but he will continue to be associated with Wellmark.

Jim Donoghue of Broadlawns Hospital announced that the Polk County outreach group had recently changed their name to Health Care Coverage for Kids Coalition. Mr. Donoghue noted that the Board had heard from several groups over the past year about concerns and wanted them to know that they had received a lot of support from the Department, particularly the **hawk-i** staff.

Mr. Donoghue said the Health Care Coverage for Kids Coalition has received a lot of help with their outreach efforts from Central Iowa Health Systems. This help includes office space, computers, telephone, and supervision for the outreach workers. Because of Central Iowa Health Systems' buying power, the Coalition has been able to access billboards in Polk County that probably weren't affordable otherwise. The Coalition has also received a lot of support from Sonni Vierling and the Covering Kids Coalition, and from Ms. O'Brien with Visiting Nurses. Visiting Nurses has taken the lead on a Robert Wood Johnson grant that will help support Polk County's outreach effort by using a style that has been looked at in other parts of the country.

Mr. Donoghue said the Coalition has been working closely with the Latino service providers group and they meet with them once a month. Mr. Donoghue told the Board that Tomi Johnson, who spoke to the Board last summer, has stepped down from the Minority Health Coalition. Polk County's two outreach workers, Lisa Huff and Karen Brown, will be active with the new executive council for the Minority Health Coalition. **hawk-i** is one of this group's initiatives, so things are really starting to happen in Polk County also. Recently over 30,000 surveys were sent to parents in the Des Moines Public School System asking the status of their children's coverage. Thus far, over 13,000 responses have been received. From this survey, outreach workers will know what the uninsured status is by school. Mr. Donoghue stated that this is wonderful information for a focused approach to outreach marketing and he wanted the Board to know about the outstanding job these outreach workers are doing.

Nancy Palm, Healthy Linn Network spoke to the Board. Ms. Palm said that she recently attended the Covering Kids annual meeting Houston, Texas. Ms. Palm said it was interesting to listen to all the pilot sights from the various states discuss the barriers they

were facing and about communication with state Medicaid programs and their state level Covering Kids Coalitions. Ms. Palm said that as these issues were discussed, she noted that Iowa has done that, worked on that issue, solved that problem, and she spoke of Iowa as a best case scenario. Ms. Palm said she would like to celebrate the work that Ms. Smith and staff has done because when compared to the other 49 states, Iowa is clearly one of the leaders.

COVERING KIDS UPDATE:

Denise Hill from the Covering Kids Now Task Force said the task force applauds the ***hawk-i*** Unit for receiving the Governor's Golden Dome award. The task force feels that the award is well deserved and it was nice to know the Unit was recognized.

At their last meeting the task force discussed public policy recommendations for the coming year and the coming legislative session. As part of that discussion the initial ***hawk-i*** enabling legislation (HF 2517) was discussed. Ms. Hill said she thought it was worthy remembering the primary purpose of the legislation was to improve access, which in turn improves overall health. The task force wants to remind everyone that the legislation states that the maximum amount possible should be used for outreach. The task force recommends the following:

Medicaid Cuts. Medicaid cuts must be kept to a minimum because of concerns about access and stigma. There is real concern because there was a 3% provider cut last year and there are currently discussions about significant additional cuts this year. With increased needs due to the economic situation, a cut in state dollars means significant losses in federal matching dollars.

Elimination of the 6-month waiting period. The task force believes this is a significant change and is long over due. The task force also supports the technical amendments and will support the Board at every opportunity particularly with simplification and continuity of care issues. The task force is also anxiously awaiting the Attorney General Opinion being sought by the Insurance Division as to whether ***hawk-i*** status is creditable coverage under HIPAA.

Outreach coordinator. The task force feels there is a very important need for a fulltime outreach coordinator. The task force notes that with the federal match that is not a lot of state salary dollars. Ms. Hill said the need for an outreach coordinator would become more important as local DHS offices are rearranged, hours of operation reduced, or in some cases closed. The task force also noted that several broad based community focus groups have been conducted with members of the public discussing the ***hawk-i*** program and one of the top three issues in every community was the need for one coordinator in the state to oversee the coordination of outreach. Along the same lines is the need for interdepartmental cooperation to promote ***hawk-i***. Ms. Hill said she is calling for different state agencies that may not be seen as traditionally working in the area of ***hawk-i*** to use their expertise and opportunity to promote the program since it is one of the Governor's and Legislature's important projects.

Waiver. The task force continues to reinforce the recommendation of both the Board and the Legislature to allow families to choose between *hawk-i* and Medicaid. The task force believes that schools should be mandated to ask about insurance status. The task force typically does not like mandates or requiring schools to do things, however, schools will not ask questions that they are not required to ask at enrollment or on emergency cards. Ms. Hill said that the two things that come out of asking about insurance status for school age children. It is a great opportunity to identify uninsured children; one of the main problems for the *hawk-i* program. This is a great opportunity for outreach to families. There is no reliable geographic data of the uninsured population in the state so this would help determine where outreach efforts should be concentrated.

Media campaign. The task force feels there is need for an ongoing media campaign. This is a lower priority recognizing the economic condition of the state, however, the federal match is available and there is evidence to show the last media campaign was successful and brought in new families that had never accessed the system in the past.

Other. The task force would also like to see the development of electronic application; a presumptive eligibility pilot project; continuous eligibility, and expansion of families. Again, due to the economic situation, expansion to families is not a top recommendation in the present year.

Dr. Schor suggested that the Covering Kids Coalition might want to take the lead on involving state agencies in an interagency cooperative. Dr. Schor said that initially there was some involvement from other agencies with the *hawk-i* program, the Department of Workforce Development for one. Dr. Schor thought it would be appropriate for the Coalition, as a neutral party, to convene a group and update them.

Dr. Schor said that an emergency card is pretty standard and it might be a good idea to promote mandating schools to have them with requirements of what the card includes. A part of this would ask the name of a primary care provider and a checkbox that asks whether the child is insured or not. Dr. Schor said this information would be very helpful in assuring that kids have access to health care. Dr. Schor said having the schools merely submit the number of kids without insurance would not break any confidentiality provisions.

Ms. Smith said that mandating the schools to get the information is one thing, but getting the schools to share it with the *hawk-i* program is another. Ms. Smith said that collecting the information for their own use is not a problem for the schools, but they often do not have the resources necessary to transmit the information.

Dr. Schor asked about the status of the outreach coordinator position and if any opportunities exist for filling that position.

Ms. Hill said that three things came out of the task force's discussion that may be of interest to the Board. Considering the federal match available, minimal state dollars would be required, perhaps \$20,000. Ms. Hill said when all of the money that the state is investing in *hawk-i* is considered, the program is cut off at the knees without this key

position. Ms. Hill said that with the Department of Human Services having fewer resources for local efforts and the ability to do outreach, a lot more of the responsibility will fall to nonprofit and nontraditional players. As that happens, an outreach coordinator is critical to ensure an accurate and unified message is being delivered.

Dr. Schor suggested that it might be possible for DHS to subcontract with the Department of Public Health to carry out the outreach functions. That way not having an authorized position would not be at issue and the state would still be able to draw down the federal match.

REVIEW OF DRAFT ANNUAL REPORT OF THE *hawk-i* BOARD:

After reviewing the draft of their annual report, the Board had a few minor changes in format to allow better continuity. Other than those changes, the Board approved the report as drafted. The report will be finalized and distributed as required by the Code of Iowa.

Discussion ensued as to how the Board could assure that their recommendations would be considered by the General Assembly. Senator Veenstra said that as Chair of the Senate Appropriations Subcommittee for Human Services, he would make the request through the caucus staff. The Legislative Fiscal Bureau will coordinate the request and see that the Board is placed on the agenda and has an opportunity to appear before the committee and make their recommendations.

HIFA WAIVERS:

Ms. Smith said that there has been a lot of interest recently about the increased flexibility states have to use their unspent CHIP funds for demonstration waivers under the new "Health Insurance Flexibility and Accountability (HIFA)" Initiative. Unfortunately, there has been a lot of misunderstanding as to what HIFA waivers are. Ms. Smith shared an October 4, 2001, CMS document that explains the waivers.

The intent of HIFA waivers is to expand coverage to previously uninsured populations. It will give states increased flexibility to design benefit packages and cost sharing in different ways under Medicaid. States could choose to reduce the number of optional services delivered to optional coverage groups under Medicaid, and then the state could use the savings to expand coverage. For example, a state could choose to eliminate dental service for adults under Medicaid, an optional service. They could use the savings to expand coverage to another group of people who are currently uninsured. Ms. Smith cautioned that if states start obligating their unspent CHIP dollars now for program expansions in the future, with the decreased CHIP allotments, there will likely be some sustainability issues. Arizona was recently awarded the first HIFA waiver.

FINDINGS OF RETENTION & DISENROLLMENT STUDY:

Ms. Smith told the Board that she had hoped to have more information to share with the Board as Iowa was one of the eight states participating in this study. Unfortunately, the Packard Foundation, who funded the study, has embargoed the information until a

press release scheduled for February 8, 2002, in Washington D.C. Ms. Smith does have permission to talk about the Iowa-specific data.

Ms. Smith said that the samples were pulled during the transition from ESI to MAXIMUS and there were fewer children enrolled in the program at that time. Even though the samples were fairly small, they were still able to get good information. Many of the responses validate what the Public Policy Center found with the functional health assessment survey.

Ms. Smith said one of the questions asked why the child was no longer enrolled in the program and whether they chose to leave the program or the program dropped them. 78% of Iowans surveyed said the program dropped them, this was 67% nationally. The kids could have been dropped for a number of reasons, such as failure to pay the premium. When asked to rate their experience with the program, 82% said the program was excellent or very good, 78% nationally. Of those who rated it that way, the number one reason was that it's affordable, cheap, free coverage for children whose parents cannot afford health insurance. When asked for a word to describe how they felt about participating in the program, 86% used the word fortunate, they were thrilled they were able to participate. When asked if they felt guilty or embarrassed about participating in the program the response was overwhelmingly, not at all; so there doesn't appear to be the stigma issues that have been associated with Medicaid. 83% said it made them feel very safe and secure. 60% said they were told about renewals (65% nationally) and 78% thought the renewal was about as easy as it could be. When asked about the ability to pay the premium 80% of the families responded that it was rarely or never a problem to pay the premium, 75% nationally. Ms. Smith noted that other states have different premium structures so responses to this question are hard to compare. One of the questions that was asked was, "Sometimes I feel that paying a premium is a waste of money since my children are healthy and don't need medical attention very often." 82% strongly disagreed, so families do feel it's important to pay the premiums to have coverage, 85% nationally. 95% responded that paying the premium was worth the piece of mind knowing their child had health care coverage. When asked if while enrolled in the *hawk-i* program did they feel like their children were not treated as well as other children in the doctor or dental office 94% said it had never happened, 90% nationally. 95% said the program is run very well or somewhat well. Of those disenrolled 81% thought it was run well.

Once the report is released in February, the Board will receive copies of the entire report.

NEW BUSINESS:

Dr. Schor shared with each Board member an abridged version of "The 2000 Iowa Child and Family Household Health Survey" which was released by the Department of Public Health in October. Dr. Schor said this is the first report in a series, and the first time this kind of data has ever been available for Iowa. One future report will be available by regions of the state, so health status, health utilization, insurance status, and family circumstances can be compared among regions of the state. The study has an oversample of minority children so their health status can be compared with others.

This is also a screener for children who have special health care needs so questions regarding their health insurance, health care access and status can be addressed. Dr. Schor said the survey provides a baseline for a comparison of the children who are on **hawk-i** and children in general. This survey does not address **hawk-i** children specifically, but the survey of **hawk-i** children asks many of these same questions. The series of these reports will be released over the next eight or nine months.

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

The Board's next meeting is Monday, January 28, 2002, at 12:30 in the Oak Room at the Des Moines Botanical Center.

The meeting was adjourned at 3:15 p.m.