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

December 19, 2005

BOARD MEMBERS:
Susan Salter, Chair
Julie McMahon, Vice-Chair
Charlotte Burt (for Judy Jeffrey)
Angela Burke Boston (for Susan Voss)
Jim Yeast
John Baker
Wanda Wyatt-Hardwick

LEGISLATIVE BOARD MEMBERS:
Senator Amanda Ragan (absent)
Senator James Seymour
Representative Gerald Jones (absent)
Representative Mary Mascher (absent)

DEPARTMENT OF HUMAN SERVICES:
Anita Smith
Anna Ruggle
Shellie Goldman

GUESTS:	**AFFILIATION:**
Angie Doyle Scar	Dept. of Public Health - ***hawk-i*** Outreach
Barbara Fox-Goldizen	MAXIMUS
Carla Andorf	MICA
Lynn Tague	Wellmark Blue Cross Blue Shield
Nancy Lind	John Deere Health
Diane Ellis	Covering Kids & Families – South Central Coalition
Diane Schroeder	Delta Dental
Beth Jones	Dept. of Public Health – Covering Kids
Diane Morrill	Iowa Foundation for Medical Care
Linda Snow	Iowa Foundation for Medical Care
Sarah Dixon	Outlooks/SPPG
Jenny Untiedt	Dept. of Public Health – Covering Kids
Chris McCarty	Iowa Health Systems
Lindsay Miller	Dept. of Public Health – Covering Kids
Erin Paugh	Visiting Nurse Services – HCKC
Tom Kline	IME Medical Director

MEETING CALLED TO ORDER AND ROLL CALL:

The Healthy and Well Kids in Iowa (***hawk-i***) Board met on Monday, December 19, 2005, in the Oak 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 MINUTES OF AUGUST 15, 2005, MEETING:

John Baker made a motion to approve the August 15, 2005, minutes as written. Wanda Wyatt Hardwick seconded the motion. Unanimous approval was made by Angela Burke Boston, Charlotte Burt, John Baker, Jim Yeast, Wanda Wyatt Hardwick, Julie McMahon, and Susan Salter.

CORRESPONDENCE, REPORTS & OTHER STATE NEWS:

Anita Smith discussed SCHIP news from other states:

Arkansas – Since implementation of Arkansas' SCHIP program, their uninsured child rate has been reduced from 19.4 percent to 10 percent.

California – There is currently a petition for an additional $1.50 per pack tax on cigarettes. If passed, this money will be targeted to expand coverage for children.

Connecticut – Although 335,000 children are enrolled in Connecticut's SCHIP Program, (HUSKY), there are still 71,000 uninsured kids in the state. About half of that number are attributed to illegal immigrants.

As a result of a special legislative session, premium increases for HUSKY-B were repealed. Current premiums range from $0 to $30 per month. If not repealed, the new premiums would have ranged between $30 and $75 depending on family income and size. The repeal of the increase will prevent nearly 1,900 children from losing coverage.

Florida – A new study shows that uninsured Florida children that enter the hospital are twice as likely to die as insured kids. The cause is unknown, but another study will be conducted to specifically look at the mortality rates.

Illinois – Legislation has been enacted that will cover all uninsured children beginning in July 2006. To qualify, the child will have to have been uninsured for one year. There will be a monthly income-based premium that will cost the families less than having private insurance, in most cases.

Iowa – For the fifth straight year Iowa received a high-performance bonus for the TANF program. This year's bonus is $6.3 million. Half of the bonus was awarded because Iowa was second in the country for improving enrollment in the SCHIP. This bonus cannot be used towards the SCHIP program, it goes directly into the TANF program.

The increase in ***hawk-i*** enrollment is attributed to the automated referral process from Medicaid to SCHIP.

Missouri – In September, Missouri implemented premiums in their SCHIP program. So many children lost coverage, the state decided to drop the six-month waiting period for those that were disenrolled for failure to pay.

New Hampshire – Also received a high-performance bonus. They wanted to put that money into their SCHIP program, however, CMS clarified that they could not use the bonus for SCHIP.

Reports:

- "Congressionally Mandated Evaluation of the State Children's Health Insurance Program Final Report to Congress", October 26, 2005. The report focused on ten states: California, Colorado, Florida, Illinois, Louisiana, Missouri, New Jersey, New York, North Carolina, and Texas. These states have a combination of all options available to states for their SCHIP program. Samples came from newly enrolled families, established enrollees, and recent disenrollees. They also looked at families who were eligible, but who had not enrolled. The study looked at program design, including coordination with Medicaid; who enrolled; whether there was substitution for private coverage; any affect on access to care; and each family's enrollment experience.

  The findings were that SCHIP was successful in nearly all areas examined. The program is effective in covering uninsured kids. They found that states developed good outreach plans to attract families. It does serve the intended population and has a positive impact on the families that participated. They also found that most SCHIP-eligible children are school age. All enrollees came from families where at least one parent was working and 90 percent of those had income of less than 200 percent of FPL. (New Jersey's income limit goes up to 350 percent, which affected that percentage.) They found the program does predominately serve children who would have otherwise been uninsured.

  Their conclusions were that the SCHIP program has not lead to widespread substitution of coverage and that the enrollment process is easy. Sixty percent of the children had coverage for at least 12 months and SCHIP plays an important role in insuring low-income children and improving access to care.

- "Medicaid and SCHIP Retention in Challenging Times: Strategies from Managed Care Organizations", dated September 13, 2005, from the Center on Budget and Policy Priorities. For the fourth straight year the number of uninsured has risen nationwide, but Medicaid and SCHIP have partially offset those numbers. This report represents the findings of 50 states on eligibility rules, enrollment, renewal, and cost sharing. It notes that the positive changes are that 12 states have had eligibility expansions, 8 have adopted procedural simplification, 4 have relaxed premium payments or penalties, and 9 have reversed previously adopted restrictions. Several negatives were noted such as 6 states have cut eligibility or

frozen enrollment, states have adopted policies to make enrollment more difficult, 10 states have increased premiums, and 11 have made it more difficult for eligible children to secure coverage. In summary, there are mixed results due to fiscal problems for states and Congress targeting entitlement programs for cuts. There are no guarantees that Medicaid and SCHIP will continue to be available for low-income families at current levels.

- “Kaiser Commission on Medicaid and the Uninsured” report, “What is the Current Population Survey Telling Us About the Number of Uninsured?” This report highlights the problems of using current population survey (CPS) data to try to estimate the numbers of uninsured. The report discusses various issues, such as instability of coverage, but does not provide any real answers. The report attributes about one-third of the uninsured to illegal immigrants.

ADMINISTRATOR’S REPORT:

SFY 05 Budget Final:

Ms. Smith told the Board that expenditures for SFY 05 were $975,000 less than budgeted. The biggest difference was for Medicaid expansion, where expenditures were about $1 million less than projected. ***hawk-i*** premiums were about $263,000 more than anticipated. Expenditures were less than budgeted in the remaining categories: fiscal agent costs for processing Medicaid claims, $50,000; outreach, $2,000; administrative costs, $51,000. The ***hawk-i*** trust fund earned $112,196 in interest and approximately $2 million will be carried over into SFY 06.

Total SCHIP enrollment for the end of SFY 05 was projected to be 30,845. This was exceeded by 330 and the year ended with enrollment of 31,160. Enrollment in the Medicaid expansion was projected to be 11,633, but was down about 560 children, for enrollment of 11,071. ***hawk-i*** enrollment was projected at 19,212 and the fiscal year ended with 20,089 enrolled.

FY 06 Budget Update:

Ms. Smith told the Board that the SFY 06 appropriation is $16,568,275. Added to this amount is the $2,061,232 trust fund carryover, and $200,000 from the Tobacco Trust Fund, for a total budget of $18,829,507.

Expenditures through November total $6,184,046. Interest earned from the ***hawk-i*** trust fund totals $62,525.

Enrollment was projected to be at 32,792. Actual enrollment is 32,513.

Update on MAXIMUS Implementation:

The new contract with MAXIMUS went into effect July 1, 2005. A new computer system was part of the contract and was to be implemented by October 15, 2005. At the beginning of October, MAXIMUS notified the State that they would be willing to accept

the penalty for not implementing on October 15th and would like to delay implementation to November 1, 2005. As a result, 10 percent of their monthly operational costs for November was withheld.

Ms. Smith told the Board that MAXIMUS is still experiencing some system issues and her staff is working with MAXIMUS on resolving those issues. As a result, there are no enrollment reports available. Once the data in the reports can be validated, the reports will be issued.

Federal Funding Availability:

In January, 2005, Iowa learned they would receive $4.5 million in redistributed 2002 unspent SCHIP allotments. In September, states were notified that the amounts were being adjusted. Iowa's allotment was reduced by about $200,000.

Federal Activity:

Over the weekend, Congress was to scheduled to come to an agreement on "The Deficit Reduction Omnibus Budget Reconciliation Act of 2005". The bill includes $283 million in new SCHIP funding for states with federal funding shortfalls in FFY 06. Senate File 1932/HR4241:

- Adds a new optional eligibility group for certain children with disabilities for families up to 300 percent of FPL. Would allow them to qualify for Medicaid rather than be enrolled in SCHIP.

- Changes the rules for redistribution of unspent funds. Under this provision, states would have two years, rather than three, to spend the funding.

- Limits the types of payments that can be matched. This would limit the authority for CMS to approve waivers for states to cover childless adults and prohibit redistributed dollars being spent on those populations.

- Gives states the authority to use up to 10 percent of allotments for outreach. Currently only 10 percent of expenditures can be spent.

- Prohibits covering non-pregnant adults with SCHIP dollars. Allow states to apply federal matching funds towards certain children enrolled in other Medicaid that isn't a SCHIP expansion.

- Allows grants to promote innovative outreach and establish a new $25 million grant program in FFY 07.

REVIEW OF IFMC REPORTS:

Diane Morrill and Linda Snow from Iowa Foundation for Medical Care discussed three ***hawk-i*** reports.

Outcomes of Care for Children in the hawk-i Program FFY 2004:

Ms. Morrill told the Board that this report is based on HEDIS measures. The numerators and denominators reflected in this report were significantly different than previous reports. IFMC cleaned up some data received from MAXIMUS, including matching enrollment and claims by the member ID, the claim's social security number, and by first name, last name, and date of birth. Because of the significant differences in the numbers, these results have not been compared to previous years reports. However, in subsequent reports that IFMC produces, a comparison will be made.

Outcome 1: Use of Appropriate Medications for Children with Asthma. For children 5 to 9 years of age, 91.7% had appropriate medications. For 10 to 17 years of age, 66.7%, and for children age 18, 50%, however, that was only one of two children. Ms. Morrill told the Board they must take into consideration the low number of children in the results.

Outcome 2: Well-Child Visits in the First 15 months of Life. The outcome was 45.2%, the state target rate was 50%.

Outcome 3: Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life. The outcomes in this measure were:

Age 3 – 36.0%
Age 4 – 47.0%
Age 5 – 52.0%
Age 6 – 19.1%

All of these are below the state target rate of 60%.

Ms. Morrill said that when this report was discussed with the Clinical Advisory Committee, Dr. Thomas inquired if there were differences from rural vs. urban settings for the children. IFMC found that the distribution between urban and rural was even so there was no impact on the results.

Outcome 4: Children's Access to Primary Care Providers. The outcome was 80.2%, below the state target of 90%. All of the encounters which met the criteria were included and they did not differentiate between a primary care provider, specialist, or other care providers.

Outcome 5: Annual Dental Visit. The outcome was 55.3%, less than the state target rate of 90%.

Ms. Morrill told the Board that since IFMC has no history with this data they would not want to speculate on whether this was an improvement or decline from previous years.

Ms. Smith asked about the "state target rates" that were used and how the ***hawk-i*** target rate compares to other populations, such as the general population or children on Medicaid. Mr. Morrill said that she didn't know, but could get that information. Ms.

Smith said she would like to know how the ***hawk-i*** kids compare to the general population, as well as Medicaid kids, rather than how they compare to the goal.

Ms. McMahon said she was curious as to whether the general population had been looked at. For example, the fall off at age 6 of the well child visit. The Department of Public Health sees that fall off in all environments. The child is seen for the pre-Kindergarten physicals and then there is a fall off.

Ms. Smith said she was concerned that if someone were to read the report and see that ***hawk-i*** children had an annual visit rate of 55.3%, well short of the target of 90%, they may interpret that as a program failure. However, if the annual visit rate of the general population is 50%, then it would be a better comparison. Ms. Smith said she thinks the report should reflect the target, but not without other comparative data included. Ms. Smith said that the report should also reflect that the target rate was set by the ***hawk-i*** Board's Clinical Advisory Committee, and is not some kind of statewide, or nationwide measurement.

Impact on Access and Health Status in the hawk-i Program:

The report data is from feedback from surveys conducted of ***hawk-i*** families from July, 2004 through August, 2005. The major categories of outcomes from the surveys start on page 6. The information shows that the children enrolled in ***hawk-i*** have health care needs at the same rate as before enrollment, however, they are more likely to get the care now than before. The trend is found in medical care, specialty care, dental care, preventative care, and other care. The report also looks at the impact on family. It seems to lessen the stress and worry families have about paying for health care. Significantly more parents had health insurance after their children were enrolled in ***hawk-i*** than before.

One area of concern was identified on page 11, where it was indicated there was trouble getting an appointment and another where the doctor would not accept ***hawk-i***. Dr. Julianne Thomas , Chair of the Clinical Advisory Committee, told the Board that there was a problem during the evaluation period with Iowa Health Solutions and the Clinical Advisory Committee brought those problems to light. Dr. Thomas said she feels this report reflects that problem with Iowa Health Solutions.

Dr. Thomas said that the Clinical Advisory Committee also discussed the number of emergency room visits. While improved, they feel there needs to be further improvement. The "Follow-up Survey Comments" report was also given to the Board and contains some great testimonies to the program.

Dr. Thomas indicated that if there is any deficiency it is in mental health care. The provider analysis, which has not yet been addressed, shows it is an area of concern, particularly in the more rural areas. Mental health services for children are not widely available and it takes several months to get a child into care.

IFMC CONTRACT AMENDMENT:

Anna Ruggle reminded the Board that in the past the University of Iowa Public Policy Center conducted the survey reports and the Iowa Foundation for Medical Care performed the medical record review. Now, under the new contract with IFMC doing all of the reports, it is redundant to do a medical record review when it is being incorporated into another report (Validation of Encounter Data). Ms. Ruggle has prepared the First Amendment to the Contract for Data Analysis and this amendment removes the requirement for the medical record review.

Ms. Smith said that in the past, the Board gave the Department the discretion to make contract amendments for less than $15,000 but bring them to the Board's attention so they were aware of the amendment. This amendment would fall into that category, but Ms. Smith wanted to check with the Board to see if they wanted to continue past practice. The Board indicated their approval to continue with that policy.

CLINICAL ADVISORY COMMITTEE:

Dr. Thomas indicated that the Clinical Advisory Committee was formed with the inception of ***hawk-i*** and over the years has had a variety of levels of involvement by the members. Initially, the Committee had a lot of input as to what kind of analysis the program needed. Recently, there has been a drop-off in involvement by Committee members and there have been inquiries about appointing new members.

Dr. Thomas reported that the Committee was pleased with the reports by the Iowa Foundation for Medical Care and felt they were more thorough than previous reports. Furthermore, the Committee was pleased that the survey reports did not find any problems with access or in the financial area and that all provider access areas are adequate.

Senator Seymour asked Dr. Thomas if she felt that vision care was adequate throughout the state. Dr. Thomas responded that a few comments were made and her analysis was that there are enough providers. It is a matter that not all vision care providers are involved with ***hawk-i*** so it is more a problem with the choice that is available, not because of lack of a provider.

Ms. Salter asked if there was a mental health provider on the Committee. Ms. Ruggle responded that Dr. Scott Shafer is the mental health representative on the Committee. Kermit Dahlen is the substance abuse representative and he has asked to withdraw from the Committee. Dr. Matt Kubovich, the dental representative, has asked to be replaced. The Iowa Dental Association has recommended that Dr. Rhys Jones, who was previously on the Committee, rejoin the Committee, subject to Board approval.

Ms. Salter asked if the Children with Special Health Care Needs Committee is part of the Clinical Advisory Committee. Ms. Ruggle said no, it is a separate committee. Dr. Thomas said that when ***hawk-i*** started, Special Health Care Needs was almost like a subcommittee of the Clinical Advisory Committee, but then it became a stand-alone committee. Dr. Thomas said it has never been clear to her what the law requires and

who they report to. Ms. Smith responded that the Special Health Care Needs Committee was originally created for one year to have input to the Board relative to the benefit package and whether it met the needs for children with special health care needs. The Board asked to make that a permanent committee. Ms. Ruggle said there is legislation that says the Special Health Care Needs Committee should meet yearly, but they have not met in quite awhile because there is no funding available for what they want to do. Ms. Salter said she felt that there should be a special health needs representative appointed to the Clinical Advisory Committee. ***hawk-i*** staff will clarify what the Iowa Code language is regarding the Clinical Advisory Committee and the Children With Special Health Care Needs Committee.

Jim Yeast made a motion to approve the recommendation of Dr. Rhys Jones for appointment as the dental representative on the Clinical Advisory Committee. Julie McMahon seconded the motion. Unanimous approval was made by Angela Burke Boston, Charlotte Burt, John Baker, Jim Yeast, Wanda Wyatt Hardwick, Julie McMahon, and Susan Salter.

JOHN DEERE EXPANSION:

Ms. Smith told the Board that John Deere approached the Department last July about possibly expanding their provider network. At that time, because of the new contract with MAXIMUS and the implementation of the new computer system, the Department didn't think the timing was good because expansion would have created the need for system changes.

Ms. Ruggle reported that John Deere is proposing to expand into 17 additional counties effective March, 1, 2006. They are still working on provider networks in an additional 9 counties. The 17 counties are: Appanoose, Boone, Buchanan, Clinton, Davis, Greene, Guthrie, Jasper, Jefferson, Keokuk, Lucas, Marion, Monroe, Muscatine, Poweshiek, Story, and Wapello.

Nancy Lind, John Deere Health, told the Board that they have been working on their provider network for the past year in the southeast corner of Iowa.

Ms. Smith explained that if the expansion is approved, all new enrollments would go to the managed care plan. As the Wellmark enrollees come up for renewal, they will be moved into the managed care plan. Ms. Ruggle stated that the second part of John Deere's request is that they no longer provide dental services, that those services be provided through Delta Dental. Based on current enrollment, the fiscal impact would be a $245,000 savings to the State for the last four months of the fiscal year. This estimate is based on the cost of John Deere without dental ($143.36 pm/pm), and the Delta Dental premium ($15.94 pm/pm), versus the Wellmark premium ($176.13 pm/pm).

Ms. Lind said initially they came to the State with proposed expansion into Fayette, Van Buren, Mahaska, Tama and Marshall Counties, but at this point in time John Deere Health does not feel comfortable with the current provider network in those counties.

Ms. Smith told the Board that John Deere's proposal to turn dental coverage over to Delta Dental would make is easier administratively for both the State and John Deere. Additionally, it would streamline the enrollment process. Currently a letter is sent to families telling them they are enrolled in John Deere for health benefits, but they must choose a dental plan, either John Deere or Delta Dental. This delays enrollment.

Ms. Lind informed the Board that on December 6, 2005, John Deere Health was sold to a new parent company. For John Deere employees, they will become UnitedHealthcare employees. However, John Deere Health plan that provides coverage to ***hawk-i*** enrollees will remain the same. Provider networks will remain the same, the benefits remain the same, customer and provider services, all of those activities will remain the same. A letter was sent to the ***hawk-i*** families assuring them that nothing will change for them as a result of this sale.

Ms. Ruggle said that if the Board approves the expansion, ***hawk-i*** staff will review the provider networks to ensure they are adequate. This would be for expansion into the 17 counties described today, and potentially 5 additional counties. At this point, staff needs to know if the Board gives them the authority to pursue the expansion by reviewing the provider networks. If so, contract amendments will be brought to the Board for approval at their February 20, 2006, meeting.

Angela Burke Boston made a motion that the Board grant the Department the authority to pursue John Deere's expansion into additional counties. Charlotte Burt seconded the motion. Unanimous approval was made by Angela Burke Boston, Charlotte Burt, John Baker, Jim Yeast, Wanda Wyatt Hardwick, Julie McMahon, and Susan Salter.

Angela Burke Boston made a motion that the Board grant the Department the authority to pursue a contract amendment with Delta Dental making them the sole provider of dental benefits in the John Deere managed care counties. John Baker seconded the motion. Unanimous approval was made by Angela Burke Boston, Charlotte Burt, John Baker, Jim Yeast, Wanda Wyatt Hardwick, Julie McMahon, and Susan Salter.

COVERAGE OF PHENYLKETONURIA (PKU):

At their August meeting, the Board had a discussion about PKU and the coverage available through ***hawk-i***. Ms. Ruggle told the Board that currently there is just one ***hawk-i*** child with the need for PKU, and that child is covered through John Deere. John Deere has not received any claims or inquiries for PKU formula for this child.

Ms. Salter asked why that would be. Ms. Lind responded that she had no idea, but that John Deere does not cover formulas or supplements for PKU so the claim would be denied. Ms. Salter said that she would like to know what happens when a child insured by John Deere needs the formula.

Ms. Smith said that at the August meeting she had indicated she thought there was discretion for children to change health plans if the health plan did not meet their needs. However, when they reviewed the legislation, it says if a child lives in a county covered by one health plan, but traditionally travel to another county to receive services, then

they can enroll in that county's health plan. Ms. Ruggle expalined that the University of Iowa is in Johnson County, a John Deere County. So if a child is enrolled in John Deere Health plan from their county of residence, there is no other option.

Ms. Salter asked how she could assure that a ***hawk-i*** child with PKU gets coverage so they can get that formula. Ms. Smith said the only alternative would be to request an exception to policy through the health plan. Ms. Salter asked what John Deere's incentive would be to pay for it. Ms. Lind responded that their current policy and procedure would be that it is not a covered benefit and they would quote the coverage policy as uncovered unless the State gave John Deere direction that they need to pay for this.

Ms. McMahon said that if there is a family with a need for PKU there is a genetics program through the University of Iowa. The Department of Public Health has worked hard with the University to make sure these limited funds are available as a payer of last resort. If the family's insurance coverage does not cover PKU formula, and they do not have the resources to pay themselves, they can show the denial of payment from the insurance company and go on a sliding fee scale to receive the formula through the University.

Ms. Burt said it seems that the Board needs to consider whether they want to do an exception to policy for an individual that is not covered to change to another insurance program that does cover it. Ms. Ruggle reminded the Board that any claims like that may be expensive and would increase the per member per month costs. Ms. Salter asked if there were any requirements to assure that coverage is the same for all ***hawk-i*** kids. Ms. Smith responded no, under Medicaid there is a state-wideness requirement; everyone must have the same benefits. Under SCHIP, the legislation specifically stated there is not a state-wideness requirement, the program can offer different benefits for populations based on age or geographic region. Ms. McMahon clarified that under the current system with the various programs and funds in place, no Iowan needing the formula should have to go without it. Ms. Ruggle reminded the Board that a number of commercial funds do not cover PKU formula either.

Senator Seymour asked if the number of Wellmark covered kids receiving coverage for PKU was known. Ms. McMahon said that it would be a small number because statewide, there are around 27 residents of all ages that need the formula. Ms. McMahon said she would talk with the University of Iowa to find out if there is anyone in Iowa that is not getting the formula either because of insurance, financial, or the University's system.

DELTA DENTAL CAPITATION RATE:

Last Spring when the Board set the capitation rates for the health plans to be effective July 1, 2005, consideration of a rate increase for Delta Dental was deferred. Delta Dental started covering ***hawk-i*** kids at the beginning of 2005, and there was not enough claims experience to determine if the capitation rate needed to be adjusted. Delta Dental has reviewed their claims and are asking for a 4 percent increase effective

January 1, 2006. The current rate is $15.94 pm/pm. A 4 percent increase would bring that to $16.58 pm/pm.

Ms. Burt asked how the capitation rate for Delta Dental compares to the rate that is being paid to John Deere for dental coverage. Ms. Ruggle said that if enrollees choose Delta Dental in a John Deere covered county, the capitation payment to John Deere for that child is reduced by $15.94.

Ms. Smith told the Board that when John Deere approached the Department about expanding and proposed giving all of their dental business to Delta Dental, staff met with Delta Dental and asked them if they had all of John Deere's current enrollments, which would double their business, would they reconsider their rate increase request. Delta Dental reviewed that option and still feel that even if they were to get the expanded business they would need a 4 percent increase.

John Baker made a motion to approve the 4 percent capitation rate increase for Delta Dental. Angela Burke Boston seconded the motion. Unanimous approval was made by Angela Burke Boston, Charlotte Burt, John Baker, Jim Yeast, Wanda Wyatt Hardwick, Julie McMahon, and Susan Salter.

ADMINISTRATIVE RULES FOR ADOPTION:

The administrative rule amendments that the Board approved to be filed under Notice of Intended Action in August are ready to be filed as adopted rules. The amendments are being made to reflect changes in technology that have already been implemented, align and clarify ***hawk-i*** rules with corresponding Medicaid rules, and add language to allow the matching of health insurance data with the ***hawk-i*** enrollment file. No public comment was received to the Notice of Intended Action which was published in the September 14, 2005, Iowa Administrative Bulletin as ARC4486B.

John Baker made a motion to approve the administrative rule amendments for adoption. Julie McMahon seconded the motion. Unanimous approval was made by Angela Burke Boston, Charlotte Burt, John Baker, Jim Yeast, Wanda Wyatt Hardwick, Julie McMahon, and Susan Salter.

ANNUAL REPORT TO THE LEGISLATURE:

A draft of the Board's 2005 Annual Report had been provided to the Board for their review in advance of the meeting. The Board asked that wording in the Executive Summary be clarified to reflect the fact that even though federal funds became available to Iowa in FFY 98, enabling legislation needed to be passed by the Iowa Legislature so the program did not start until SFY 2000. That is why the federal funds for FFY 98 and 99 were not spent until later years.

Jim Yeast made a motion to approve the annual report with the suggested changes incorporated. John Baker seconded the motion. Unanimous approval was made by Angela Burke Boston, Charlotte Burt, John Baker, Jim Yeast, Wanda Wyatt Hardwick, Julie McMahon, and Susan Salter.

<u>OUTREACH</u>:

Carla Andorf, outreach coordinator for Mid-Iowa Community Action, Inc. (MICA), Marshalltown, spoke to the Board about recent outreach efforts.

MICA serves six counties: Benton, Boone, Hardin, Marshall, Story, and Tama. In addition to ***hawk-i*** outreach, they also do outreach for the Child Health Program. Ms. Andorf said she wanted to talk about how well those two programs go hand-in-hand. ***hawk-i*** is a vital tool for the child health staff to make sure they are helping children access medical and dental care. MICA performs ***hawk-i*** and child health outreach at the Child Health Clinics (including WIC), School Sealant Program, ABCD Program, and at community meetings.

Other outreach by MICA includes:

Outreach to health care professionals. Several mailings are made each year to doctors, dentists, pharmacies, eye clinics, mental health centers, hospitals, and school nurses. MICA delivers "***hawk-i*** Care Packages" to new practices in the area. Ms. Andorf said that school nurses are a great asset. They often refer kids to MICA so that they can help the family get assistance.

Outreach to businesses. Ms. Andorf said that when local businesses close or have layoffs, MICA delivers ***hawk-i*** information for dissemination to the employees. They also attend hiring fairs with ***hawk-i*** information. Often times new employees do not have insurance coverage for the first six months of employment so ***hawk-i*** can help during that probationary period.

Outreach to faith-based and other special groups. Annual mailings of ***hawk-i*** materials are made to churches, service groups (Rotary and Kiwanis), income tax preparation assistance sites, libraries, and swimming pools. Ms. Andorf said that ***hawk-i*** information is included in many church newsletters and through Vacation Bible schools. Many referrals have been made through staff at Head Start.

Mass media. MICA tries to do a radio spot annually in the Marshalltown area, they have billboards at "back to school" time, and provided 28,000 newspaper "stuffers" to subscribers in Marshall, Story, and Tama Counties. Ms. Andorf said that enrollment increased in those three counties in the months following that project so they plan on doing it again.

Upcoming activities. They have a new oral health grant which will focus on access. Child care training in each county begins in February, health fairs are scheduled in Boone and Marshall Counties in February and March, kindergarten round-up in April, and there will be a media push for Cover the Uninsured Week in April.

Ms. Smith said that when ***hawk-i*** experienced problems with providers not accepting Iowa Health Solutions, Ms. Andorf worked with ***hawk-i*** staff to resolve some issues. Ms. Smith asked if those problems have subsided, or if there are still problems with

families getting in to see providers. Ms. Andorf said she has not received any complaints since the Iowa Health Solutions issue was resolved. MICA surveyed dentists using the ABCD phones through their child health grant. Dentists were asked if they had any concerns with ***hawk-i***, and no issues were expressed through that survey. One pediatric dentist did say he would like to see the annual limit on services raised, but that was the only comment received.

NEW BUSINESS:

The Board expressed their desire to start including as part of their agenda a "***hawk-i*** 101" course that would cover the history of funding for the program, the benefit package, and a refresher of the terms used in the insurance industry. Ms. Salter said she was particularly interested in hearing about the differences in an indemnity plan and a managed care plan and why the Board made the decisions they did on covered services. She also indicated she would like to know what functions are done because the legislations requires it, and what decisions were made by the Board.

Mr. Yeast said he would also like clarification on his role as a Board member. Are Board members allowed to lobby, or are they like state employees and are restricted from that role and can only educate.

Ms. Smith said staff would pull some materials together, including the guiding principles of past Boards.

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

The next regularly scheduled meeting is Monday, February 20, 2006, at 12:30 p.m. in the Levitt Room, Des Moines Botanical Center in Des Moines.