

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

February 18, 2008

**BOARD MEMBERS:**

Susan Salter, Chair  
John Baker, Vice Chair (absent)  
Julie McMahon (for Thomas Newton)  
Angela Burke Boston (for Susan Voss)  
Dann Stevens (for Judy Jeffrey)  
Dr. Selden Spencer

**LEGISLATIVE BOARD MEMBERS:**

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

**DEPARTMENT OF HUMAN SERVICES:**

Anita Smith  
Mike Baldwin

**GUESTS:**

Diane Schroeder  
Sarah Evans  
Dave Weieneth  
Jenny Hodges  
Lindsay Miller  
Marcia Stark  
Carri Fitzgerald  
Mary Larew  
Laura DeBoer

**AFFILIATION:**

Delta Dental of Iowa  
Des Moines University student  
MAXIMUS  
Iowa Department of Public Health  
Iowa Department of Public Health  
Blue Cross/Wellmark  
Child and Family Health Center  
Iowa Medical Home Initiative  
Iowa Department of Public Health – CKF

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

The Healthy and Well Kids in Iowa (*hawk-i*) Board met on Monday, February 18, 2008, in the Levitt Room, Des Moines Botanical Center, 909 E. River Drive, Des Moines, Iowa. Susan Salter, Chair, called the meeting to order at 12:35 p.m. A quorum was present.

**WELCOME, INTRODUCTIONS:**

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

## **APPROVAL OF DECEMBER 17, 2007, MINUTES:**

Selden Spencer made a motion to approve the December 17, 2007, minutes. Angela Burke Boston seconded the motion. Unanimous approval was made by Julie McMahon, Dann Stevens, Angela Burke Boston, Selden Spencer, and Susan Salter.

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

Alabama – Due to federal funding shortfalls, Alabama considered freezing enrollment in their “ALL Kids” program. After receiving assurances from Washington that the funding will be available, they have now decided against freezing enrollment.

Colorado – A Blue Ribbon Commission for Health Care Reform has recommended to the Colorado legislature that all state residents have at least a basic health insurance policy, even if a state subsidy is needed to do so. The Commission proposed 32 reforms that focus on creating greater efficiencies including increasing Medicaid reimbursement rates, requiring insurers to use common forms, and streamlining to cut duplication. The “individual mandate” would not be implemented until the other recommendations are implemented. The Commission does not believe their plan will be successful unless all of their recommendations are accepted.

Delaware – A bill has been introduced to eliminate the \$20 per child per month premium for their CHIP program. Supporters believe the premium is a barrier to enrollment and that its elimination is the single most important thing that can be done to reduce the number of uninsured in the state.

Iowa – The “Des Moines Register” ran an editorial stating that Iowa should look to Illinois’ “All Kids” program. Their program makes comprehensive health care coverage available to all children. Illinois claims to be the first state in the nation to guarantee access to affordable health insurance coverage for all uninsured children, including undocumented and illegal immigrant children who have been in the U.S. for less than five years.

Senator Jack Hatch has introduced a bill that would require all parents, with the exception of parents of undocumented and ineligible alien children, to have health insurance for their children by 2010. This proposal puts kids into three groups: enrolling children who are currently eligible for *hawk-i* and Medicaid in those programs; subsidizing coverage for children of families who make too much to qualify for *hawk-i* but are under \$62,000 for a family of four; and assisting higher income families in finding affordable health care coverage.

Louisiana – Plans to expand coverage up to 250 percent of FPL is awaiting approval by federal officials.

Utah – A bill is being considered by the Utah legislature that would cause children to be moved from CHIP into less comprehensive health care coverage or to lose coverage altogether. The provision would deny CHIP coverage to children whose parents qualify

for Utah's premium partnership for health insurance. This is a program that provides a state subsidy to buy private or employer-sponsored coverage.

Maryland – Officials are working with the state comptroller to identify families through income tax records that would qualify for the state's CHIP program by the end of the fiscal year. So far they have only been able to do a few targeted mailings, but are hoping to develop a statewide process.

Missouri- Since the current Governor took office in 2005, 71,463 fewer children are covered by their "MO HealthNet program. An outreach campaign has been launched and mailers were sent to notify 106,000 families who lost coverage that they might now be eligible. Missouri is also launching a pilot at four pediatric hospitals that will provide children with instant 30-day coverage pending processing of their application. They are hoping to expand statewide in 2009.

Montana- Supporters are beginning to gather signatures to put a measure on the November ballot that would expand coverage to about 30,000 uninsured kids. The measure also proposes subsidized private insurance for kids in families that qualify for government programs. The Governor is concerned that there may not be federal funding available to support the initiatives.

New York – New York Governor Eliot Spitzer intends to include \$37 million in his budget to expand health care coverage from 250 percent of FPL to 400 percent despite the administration's refusal to broaden the program. Under the plan, up to 17,000 additional children will be covered. Governor Spitzer intends that the state will pick up the federal share, which would be \$19 million. The plan would require that families pay premiums for up to three children regardless of the number they enroll and the monthly premiums would be restructured. Currently their premiums range from \$9 - \$15, then jump to \$105. Under the new plan they will be \$15, \$35, \$55, and \$75. The proposal also includes \$7 million for outreach. Opponents believe the \$37 million estimate is too low and are concerned about expansions when the budget is extremely tight. They point to other states that have enacted similar proposals such as Massachusetts and Vermont only to see costs spiral.

West Virginia- A health care advocacy group is asking the State of Virginia to increase the income limits for SCHIP to 250 percent of FPL, expand outreach to identify and enroll approximately 30,000 children, reduce the waiting period that a child must be uninsured from 12 months to 6 months, and add dental coverage to their plan.

Wisconsin – Officials plan to enroll at least 25,000 children in their new BadgerCare Plus program within the next 12-18 months. Families with income up to 300 percent of FPL are eligible to buy basic health insurance coverage on a scale ranging from \$10 to \$92 per month. Families with income greater than 300 percent of FPL will have to contribute the full cost, which will be approximately \$1,090 annually per child. Families with income less than 150 percent of FPL will be enrolled immediately upon filing an application and will have up to two months to provide the required information. Coverage will be provided through a private HMO and there will be some co-payments.

Parents whose employers contribute at least 80 percent of the cost of family coverage and undocumented immigrant children are not eligible.

### Other News:

In an effort to deal with out of control health care costs, some employers are dropping group coverage entirely for their employees and instead are giving them monthly cash payments to help them buy their own coverage in the individual market. Companies utilizing the new method typically contribute \$50 to \$200 to a tax-free account that workers can access to pay their medical costs. If widely adopted, the new model would represent a fundamental shift in health coverage and “would end a long-standing implicit social pact to provide coverage to sick and healthy workers alike”. It could possibly benefit the young and healthy while leaving older and sick workers without coverage. Proponents argue that it helps the young and healthy because they don’t have to subsidize the cost of sick employees and have compared the concept to those who are unable to get insurance to bad drivers who have to pay more for auto insurance. Currently insurance companies cannot reject members of a group plan based on their health, but they can deny coverage to individuals. HIPPA protections that allow people to move among plans in the employer groups would be lost to people who have to go into the individual market and go through under-writing and have pre-existing conditions applied.

Wal-Mart is reporting that changes in their health plan resulted in more than 50 percent of employees signing up for the company’s health insurance. However, 7 percent of the employees say that coverage is worse than nothing at all. Changes include deductibles that range from \$350 to \$2,000, 2,400 generic drugs for \$4 each, and they have eliminated a \$150 per month fee to cover a spouse.

Even though last month President Bush asserted that a \$5 billion increase in funding for SCHIP was sufficient, he has now included \$19.7 billion in increased funding for SCHIP in his FFY ‘09 budget. At the same time he is also proposing substantial cuts in Medicaid and Medicare in a way to create a budget surplus by 2012.

A Kaiser report indicates that a recent period of expansion by states may now be over and compromise efforts to reduce the number of uninsured due to a downturn in the economy, the federal failure to reauthorize SCHIP, and new federal rules impacting Medicaid and SCHIP eligibility. This position is based on a 50-state survey of eligibility and enrollment and interviews with Medicaid directors representing all areas of the country.

New federal directives restricting states from using SCHIP to cover children of families earning more than 250 percent of FPL could affect 23 states, 14 of which have already implemented their plans and another 10 which have authorized plans but have not yet implemented them (one of the 23 states falls into both categories). Three states have already cut back on coverage and states continue to report that the citizenship and identification requirements have had a negative impact on efforts to simplify enrollment and are contributing to delays and denials of coverage. A second report based on interviews with ten state Medicaid directors indicate there is concern about growing

strain on the relationship with states and the federal government over federal rules on health care coverage and services that have been issued in the past year and will restrict Medicaid financing and adversely affect beneficiaries and safety net providers.

Another recent Kaiser report indicates that despite states recent initiatives to advance children's health care coverage, a string of federal developments is dampening the prospects for making real progress. For example, states were counting on strong SCHIP reauthorization, which has not materialized. Two strong bi-partisan bills were passed by Congress that would have enabled states to expand and strengthen their programs and both were vetoed by the administration. During the reauthorization debate, CMS issued the August 17, 2007, guidance letter that restricts the use of SCHIP funds to cover children of families with gross income over 250 percent of FPL. CMS has also issued new regulations curtailing Medicaid funding including one that eliminates administrative funding for outreach and enrollment activities conducted by school personnel. Again, verification of citizenship and identity is listed as a barrier for states advancing coverage for children. The report says that during the past year 32 states took action to increase access to health care coverage for low-income children, parents, and pregnant woman, and that includes 11 states that took action to reduce procedural barriers. Twenty-six states improved access to children's health coverage, 20 expanded eligibility, and of those 20, 12 raised or authorized to raise the income limit to 300 percent of FPL or higher. Twenty-three states will be impacted by the August 17<sup>th</sup> directive over the next year. Fourteen states enacted children's coverage expansions focused on vulnerable populations such as infants or children being discharged from foster care. No state cut back eligibility for children, but 3 did freeze enrollment and 2 imposed or lengthened waiting periods. Nine states took action to simplify enrollment and renewal processes, eliminated the face-to-face interview, disregard assets, and established 12-month enrollment periods. Seven states reduced or eliminated premiums.

### **ADMINISTRATOR'S REPORT:**

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

January SCHIP enrollment was 37,557; 21,216 of those were enrolled in ***hawk-i*** and 16,341 were enrolled in Medicaid expansion.

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

Thus far in SFY 08, about 42.8 percent of the year's projected budget expenditures has been spent. Medicaid expansion 39 percent; ***hawk-i*** premiums 49 percent; outreach less than 3 percent; and administration 33 percent. Interest earned on the ***hawk-i*** trust fund totals \$202,154.

Ms. Smith told the Board not to be concerned about having spent only 3 percent of the outreach budget because it includes only payments that have been made. The Department of Public Health has submitted an invoice, which is currently in the process of being paid.

### **FEDERAL UPDATE:**

As indicated earlier, the President's budget proposal for FFY '09 includes an additional \$19.7 billion in funding over the next 5 years. While this is more than in last year's proposal, many estimates suggest it is still less than what will be needed by states. The budget proposes using gross income to determine eligibility, which would eliminate any disregards for income over 200 percent of FPL. Ms. Smith said that this would impact Iowa because even though Iowa's income limit is 200 percent of FPL, we disregard 20 percent of earnings; so gross income is effectively at 250 percent of FPL for those with earned income.

Ms. Smith reported that a continuing resolution was passed by Congress that extends the SCHIP program to March, 2009. States have been assured that they will not have shortfalls.

### **ADMINISTRATIVE RULE AMENDMENTS:**

At the October Board meeting the Board approved the "Notice of Intended Action" for proposed changes to *hawk-i's* administrative rules. The public comment period has passed, and the rules can now be adopted.

Mike Baldwin told the Board that these rules are identical to those filed under Notice with one exception. In Item 4, the proposed new sentence, "A child for whom the family chooses not to apply will not be counted in the family size," has been removed. This sentence was removed because the *hawk-i* application is being revised to collect information necessary to determine eligibility for all children. In some cases, it may be advantageous to the family to count a child that the family had planned to exclude.

The proposed amendments are being made to clarify language in existing rules and no public comment was received.

Selden Spencer made a motion to adopt the rule amendments. Angela Burke Boston seconded the motion. Unanimous approval was made by Julie McMahon, Dann Stevens, Angela Burke Boston, Selden Spencer, and Susan Salter.

### **MEDIA OUTREACH UPDATE:**

Bill Brewer and Amanda Paulsen from ZLR Ignition explained the scope of the media plan and creative concepts to the Board.

Due to SCHIP reauthorization, the outreach campaign was delayed, so now ZLR is trying to get everything put together within a short time period to create materials for the awareness campaign. Currently, a commercial created and run by the Robert Wood Johnson Foundation is being used. The spot was modified to use the *hawk-i* name and telephone number, rather than the Covering Kids information.

Mr. Brewer said that new television spots were shot the week of February 11<sup>th</sup> and are currently being edited. The overall concept chosen for the campaign focuses on the

fact that parents of children eligible for Medicaid and *hawk-i* are hard-working individuals. They work very hard to support their families and they pour all their earnings and efforts into supporting their family the best way they know how. The campaign will recognize that investment of time, energy, and enthusiasm of the parents with the overall theme of “they’ve earned it”. This is coverage for their kids that they have earned because they have worked so hard to care for their families. The radio spots that have been produced are airing now, and the free-standing newspaper inserts will drive home the fact that these are programs designed to take care of kids of parents who really work hard to make ends meet.

Mr. Brewer said the outreach campaign is being launched with a two-prong approach. The first was a public relations campaign to energize the news media and get the word out that the state is about to launch an awareness campaign to encourage enrollment in *hawk-i* and Medicaid. News conferences were held January 25<sup>th</sup> at Blank Children’s Hospital in Des Moines and at the new YMCA in downtown Cedar Rapids. Governor Culver participated, along with Director Concannon. Mr. Brewer said that they had excellent media turn out at both locations, and outstanding coverage in the Cedar Rapids area. The following day the statewide paid media campaign commenced with radio, newspaper, and outdoor advertising. They will be adding gas pump toppers shortly, and messages on buses in Des Moines, Sioux City, Dubuque, Cedar Rapids, Waterloo, and Clinton.

The overall television campaign between now and the end of September is designed to deliver 1,500 rating points per market. Each rating point equals 1 percent of the audience. These means that 100 percent of the audience will be exposed to this message at least 15 times during the course of the campaign, the targeted audience being adults ages 18 – 49. Mr. Brewer said that they are focusing on a large number of rating points because this is a fluid population, they become eligible or lose eligibility as circumstances change and ZLR wants to make sure that the message is out there throughout the duration of the campaign.

The radio ads were played for the Board. Mr. Brewer said that these spots are currently airing on 34 stations covering the entire state. They have Spanish language spots that are airing on 4 Spanish stations around the state, and have spots that are airing on 3 African-American radio stations in Des Moines, Waterloo, and Council Bluffs.

The Board was shown what the billboard and posters look like as well as the newspaper inserts. There are large billboards along the Interstates and smaller posters within towns. There are 15 bulletin boards posted in metropolitan areas and posters are as follows:

- 10 in Sioux City,
- 12 in Waterloo/Cedar Falls,
- 2 in Council Bluffs,
- 5 in the Quad Cities,
- 9 in Dubuque,
- 4 in Mason City,
- 24 in Cedar Rapids, and
- 13 in Des Moines.

In the rural areas there are an additional 38 posters in 38 different counties.

Ms. Paulsen spoke about the news conferences with Governor Culver and Director Concannon. Media kits were distributed for those present, and followed up with mailings to markets that did not attend the event. The kit included the application, the news release from the Governor's Office, talking points, and a CD of the materials that were shared with the Board. The news conferences created a lot of coverage, particularly in the Cedar Rapids area. Several newspaper and radio interviews also resulted. ZLR showed the board a tape of some of the news coverage that resulted from the press conferences.

Ms. Smith introduced David Weieneth, the new project director at MAXIMUS. Ms. Smith asked Mr. Weieneth if MAXIMUS has noticed a change in volume since the media campaign began. Mr. Weieneth said that they have seen a slight increase in the number of applications, but nothing significant at this point.

Ms. Smith said that in previous media campaigns the on-line application was not available. She said she is anxious to see how this is utilized during the present campaign. Also, last year the Legislature mandated schools send information from the free and reduced meals program. Last year when this was an option for schools, about 6,000 requests resulted. Thus far this year MAXIMUS has 30,000 referrals from schools. They will mail applications out at a rate of approximately 5,000 per week.

### **PUBLIC COMMENT:**

Carrie Fitzgerald from the Child and Family Health Center asked to speak to the Board. Ms. Fitzgerald announced that they have been awarded the David and Lucile Packard Foundation "Finish Line Project" grant. Seven other states received this grant, Arkansas, Colorado, Ohio, Texas, Rhode Island, Washington, and parts of California. This is a 3-year grant and Iowa was awarded this grant because they were able to show in their application that Iowa has the "political will and ability" to cover all kids in the next 3 years. Ms. Fitzgerald said they will be conducting a poll to see what Iowans are supportive of in terms of covering children.

### **OUTREACH UPDATE:**

Angie Doyle Scar, State Outreach Coordinator, updated the Board on recent *hawk-i* outreach activities.

Ms. Doyle Scar introduced Monica Lee Parker from Visiting Nurse Services in Polk County. Ms. Parker was formerly a financial counselor with Primary Health Care. After joining Visiting Nurse Services and working with Medicaid and *hawk-i*, she realized that Primary Health Care was not screening their clients for Medicaid and *hawk-i*. Anyone who was uninsured and needed help received a letter indicating they could apply for a sliding fee scale. Because the vast majority of people that go to Primary Health Care are uninsured, Ms. Doyle Scar met with their executive director and clinical staff and they agreed on a three-prong approach to help screen their clients. Susan Trotter from

the Department of Human Services will conduct a Medicaid training session for Primary Health Care's fiscal staff and Ms. Doyle Scar will train them on **hawk-i**. Visiting Nurse Services has agreed to have a staff person present at Primary Health Care 15 hours per week to help screen their clients.

Ms. Parker said Visiting Nurse Services has had someone on location at the Des Moines south side location of Primary Health Care for several weeks. They have discovered that during the afternoon hours they are very busy and people who were referred to them for Medicaid and **hawk-i** screening had to wait quite some time. Rather than working through the process with each individual family, they are now giving them information and scheduling morning appointments to give them assistance in completing their application. An interpreter is there on sight to assist also. Ms. Parker told the Board that she believes this will be an "extremely effective" collaborative effort. Ms. Doyle Scar said she hopes this effort can be duplicated at Primary Health Care's Marshalltown location and elsewhere across the state.

### **COVERING KIDS & FAMILIES UPDATE:**

Lindsay Miller, Covering Kids & Families Project Coordinator shared their three latest issue briefs with the Board.

Issue Brief #13 is "Medicaid Continuous Eligibility for Children: An Update". Covering Kids had an issue brief on this subject several years ago. This issue brief updates that document. **hawk-i** currently has continuous eligibility, but Medicaid does not. This brief discusses what it would take for Iowa to implement continuous Medicaid eligibility and the benefits of doing so.

Issue Brief #14, "Express Lane' Eligibility in Iowa" discusses the fact that many potentially eligible uninsured children participate in other need-based public programs. The brief looks at ways different program efforts can be combined. Iowa currently doesn't have any policies regarding express lane eligibility.

Issue Brief #15, "Lawfully Residing Immigrant Children and Health Care Coverage" discusses that due to legislation enacted in 1996, these children are barred from receiving services through Medicaid and **hawk-i** for the first five years they live in the U.S. Ms. Miller said there have been some proposals at the federal level (immigrant children's health improvement act) that would restore eligibility benefits for lawfully residing immigrant children and pregnant women. Twenty-one states use state-only funds to cover their immigrant children and pregnant women.

### **NEW BUSINESS:**

Dr. Spencer mentioned that he is involved with the Lt. Governor's wellness initiative. Dr. Spencer said that he is delighted to be a member of the **hawk-i** Board and the efforts the Board is making to insure children. However, if Iowa isn't making an effort to have children be healthy we are falling behind the game. The essence behind his fitness subcommittee is to seek a mandate to encourage every child have 30 minutes of physical activity per day. Dr. Spencer asked the other Board members to put in a good

word for the wellness initiatives because not only would it help, it bears on the mission of the *hawk-i* Board.

Ms. Salter raised a question about the roll of the *hawk-i* Board with the legislature. She asked for this subject to be placed on a future agenda.

Ms. Smith said that the Board does have four ex-officio legislative members. When *hawk-i* was developed, it was the intent of the legislature under Iowa Code Chapter 514I to direct DHS on the administration of the program and the Board was to be made up of public members, department heads, and legislators. Ms. Smith said the department's role has always been to staff the Board, the Department does not even have a voting member on the Board. DHS role is to take direction from the Board. The missing piece appears to be the communication with the legislature, and with the legislative Board members unable to attend very often, this important piece of communication may be missing.

Ms. McMahon said she would like to know if the board members have an advocacy role, or just as a private citizen who happens to be on the Board.

Mr. Stevens requested that the Board receive a breakdown of schools that have sent information to MAXIMUS as a result of the free and reduced meal program.

There was no other new business.

The next regular *hawk-i* Board meeting is scheduled for Monday, April 7, 2008, at 12:30 p.m. at the Des Moines Botanical Center, Levitt Room, 909 Robert D. Ray Drive, Des Moines, Iowa.