

HEALTHY AND WELL KIDS IN IOWA (*hawk-i*)  
BOARD MEETING  
MINUTES  
June 17, 2002

**BOARD MEMBERS:**

Eldon Huston, Chair  
Susan Voss (for Terri Vaughan)  
Charlotte Burt (for Ted Stilwill)  
Julie McMahon (for Stephen Gleason)  
Susan Salter  
Wanda Wyatt-Hardwick  
Jim Yeast

**LEGISLATIVE BOARD MEMBERS:**

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

**DEPARTMENT OF HUMAN SERVICES:**

Anita Smith  
Anna Ruggle  
Shellie Goldman

**ATTORNEY GENERAL'S OFFICE:**

Marne Woods

**GUESTS:**

Barbara Fox-Goldizen  
Lisa Kincaid  
Steve Larson  
Chris McCarthy  
Karen Brown  
Wendy DeWitt  
Sam Leto  
Jim Donaghue  
Bob Harpster  
Heather Olson  
Diane Ellis  
Dee Bradley  
Rhonda Boltz  
Alice Bengé  
Beth Jones  
Sonni Vierling  
Nancy Palm  
Sheri McCarney  
Jen Davis

**AFFILIATION**

MAXIMUS  
John Deere Health  
Wellmark  
Iowa Health Systems  
Healthcare Coverage 4 Kids  
Iowa Health Solutions  
Legislative Fiscal Bureau  
Broadlawns  
Iowa Dental Association  
Iowa Hospital Association  
Community Health - Covering Kids  
Jefferson County Public Health  
Lee County Health Department  
SIEDA Outreach Coordinator  
Iowa Department of Public Health  
Iowa Department of Public Health - Covering Kids  
Healthy Linn Care Network  
*hawk-i* Walkers & Talkers - Polk County  
Iowa Medical Society

**MEETING CALLED TO ORDER:**

The Healthy and Well Kids in Iowa (*hawk-i*) Board met on Monday, June 17, 2002, in the Willow 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.

### **WELCOME, INTRODUCTIONS, AND ROLL CALL:**

Ms. Smith took the roll call, a quorum was present. Audience members introduced themselves.

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

Mr. Huston welcomed the newest Board member, Jim Yeast. Mr. Yeast is the Executive Director, Catholic Charities of the Archdiocese of Dubuque, and has been with the Archdiocese for 15 years. Mr. Yeast indicated he is a social worker by training at the University of Iowa. Prior to working with the Catholic outreach social service programs he worked in a mental health center and for an agency doing intensive in-home counseling.

Ms. Smith also informed the Board that she had been notified by the Senate Democratic caucus staff that Senator Amanda Ragan from Mason City would be replacing Senator Johnie Hammond.

### **APPROVAL OF THE MAY 20, 2002, MEETING MINUTES:**

There were no changes to the May 20, 2002, meeting minutes. The Board approved the minutes as written.

### **UPDATE ON WELLMARK'S PRESCRIPTION DRUG PLAN:**

Dr. Lee Ding, Wellmark's Pharmacy Director, updated the Board on the progress of implementing the new "Therapeutic and Generic Interchange" program. Dr. Ding told the Board that in order for the program to be successful there needs to be therapeutic interchange. The goal is to have 90% all-generic utilization and to decrease utilization of "redundant" prescriptions. Dr. Ding gave the example of antibiotics and said that there is documented proof that antibiotics are over-prescribed.

Wellmark's clinical ad hoc committee was formed and has met. The proposed formulary/drug list is being finalized and the committee is currently developing medical exception criteria. Certain drugs will be grandfathered and certain classes of drugs will not be mandated for generic use. Those are drugs that have very narrow safety windows such as anti-seizure drugs or certain heart medications. One exception already decided by the committee is for kids taking attention deficit disorder medication such as Ritalin. Existing enrollees (approximately 200) will be grandfathered into the system but any new enrollees will have to have a generic prescription. Dr. Ding told the Board there is an 85% success rate with these generic drugs, a very good rate of success.

Steve Larson of Wellmark discussed Wellmark's communication plan for introducing the new prescription drug plan to *hawk-i* members and providers. Some correspondence has already been mailed, and the remainder is staged to be mailed in the next several weeks, before July 1<sup>st</sup>.

Correspondence will include:

- Letters to physicians who have prescribed a chronic medication to a **hawk-i** member in the last six months. The letter included an explanation of changes to the program, explained the appeal/exception process, provided the preferred drug list, therapeutic classes, and a list of **hawk-i** patients seen in the last six months. This same information will be provided to all physicians later in the month through Wellmark's "Blue Ink" publication and an Iowa Medical Society publication.
- A letter to **hawk-i** program members who have used a branded drug within the last six months and who will need to change medications. The letter included details of the changes, specified the prescribed drug that affects them, directed them to their physician to change the medication, and explained why the program is changing.
- Members who have used a branded drug within the last six months who will not have to change. These letters describe the program changes, but communicate that the prescribed medication will not have to change.
- Information to pharmacists and emergency room directors describing the program and explaining the changes. Weblinks will be provided that will explain the appeal/exception procedures, provide them with the preferred drug list, and anticipated questions and answers.
- New identification cards. Included with the identification cards will be details of the changes, why the program is changing, what the members need to do, new "Blue RX:" certificates, and the preferred drug list.
- Materials have been developed to assist MAXIMUS and Wellmark customer service staffs with questions they will be receiving. Mr. Larson indicated that Wellmark's customer service staff received the information several weeks ago and has completed thorough training, including some test questions and answers.

Samples of these communications were provided to the Board.

Additionally MAXIMUS will mail a letter to all **hawk-i** members enrolled with Wellmark notifying them of the change to the program. These letters will be mailed before Wellmark mails the new identification cards.

Senator Veenstra wanted to know to what extent generic drugs were being used prior to implementation of this program effective July 1<sup>st</sup>. Dr. Ding said Wellmark's data for 2001 indicated 49% generic drug use. Senator Veenstra also asked if the fiscal impact would be to Wellmark, MAXIMUS, or **hawk-i** appropriations, or any combination. Ms. Smith responded that this plan was approved because Wellmark had requested a much larger premium increase than was provided for in the **hawk-i** budget for FY 03. The generic program will allow the rate increase for Wellmark to stay within the amount budgeted.

Dr. Ding said that Wellmark will also be tracking other utilizations, such as emergency room visits and other hospitalization data. This will be done on a quarterly basis and he will provide the Board with an update in November or December. Mr. Huston indicated the Board would like a report in July or August on how the implementation is going.

***Julie McMahon arrived at the meeting at this time.***

### **CORRESPONDENCE & REPORTS:**

Ms. Smith reviewed the correspondence:

- Iowa Health Solutions letter dated May 13, 2002, requesting expansion of their ***hawk-i*** service area to include four additional counties: Dallas, Cedar, Madison, and Wayne. Three of the counties (Dallas, Cedar, and Madison) currently have John Deere coverage so if Iowa Health Solutions expands into those counties enrollees will have a choice of plans. Ms. Smith said Iowa Health Solutions' request is currently awaiting Insurance Division approval. Iowa Foundation for Medical Care is reviewing the provider networks for adequate access criteria.
- Kaiser Report dated June 7, 2002, indicating the Connecticut Legislature has approved a generic drug plan for state-funded health programs. Ms. Smith said that since ***hawk-i*** began discussions of an all-generic drug plan she has been following trends in other states. More and more states are going to generic drugs as a way to control and contain costs and still provide quality care. In addition to Connecticut, West Virginia and North Carolina are also going to generic plans. West Virginia currently charges a \$10 to \$15 co-payment for every prescription filled under their CHIP program. They will not mandate generics, but if the prescription is filled with a generic drug, there will be no co-payment, an incentive for families to use generic drugs.
- Kaiser Report dated June 6, 2002, indicating Missouri's Governor has signed a bill extending their CHIP program for five years. Ms. Smith said that due to budget shortfalls, some states are containing CHIP costs by reducing or freezing provider reimbursement rates, limiting or stopping outreach, and eliminating optional benefits. States generally have not reduced eligibility in CHIP programs.
- Kaiser Commission report dated May 2002. This report discusses why health insurance matters to children. The key findings are that uninsured children have worse health care outcomes, are six times more likely not to have a regular place to receive medical care, and even if they do have a regular place, they are four times as likely not to go because they cannot pay. The report says that although children are generally healthy, over 20% of uninsured children have an unmet health care need, are more than 3 times as likely not to get a needed prescription drug to treat an illness, and 70% more likely not to get treatment for common childhood illness such as asthma, colds, and ear infections. Injured children are 30% less likely to get care for treatment of injuries if they are uninsured.

## **ADMINISTRATOR'S REPORT:**

### **Budget:**

Ms. Smith reported that as of May 31<sup>st</sup>, actual expenditures were still on target with projections for SFY 02 with the exception of the Medicaid expansion expenditures where approximately \$2 million remains unspent.

Ms. Smith reported that the budget is still being closely monitored to determine how much will be carried over into the *hawk-i* trust fund for SFY 03. Projections were that \$1.2 million would be carried over, which would mean a waiting list would have to be implemented. However, if there is a larger carryover due to the decreased Medicaid expansion costs, then a waiting list would not have to be implemented immediately in SFY 03.

Ms. Smith reviewed a chart reflecting the history of participation in Medicaid and *hawk-i* since SFY 99 (July 1, 1998, through June 30, 1999). Since inception of the SCHIP program, 48,111 Iowa children have been added to Medicaid and 13,630 to *hawk-i*, for a total of 61,741 newly covered children. 36,299 of the kids new to the Medicaid program would have been eligible for Medicaid had they just come forward and applied prior to the implementation of SCHIP. 11,812 are eligible under the expansion and 13,630 are currently in *hawk-i*. It is still believed there are a lot of uninsured kids in Iowa that can take advantage of the programs and staff is working on new projections based on the 2000 census.

Ms. Smith said another factor that may have contributed to the higher enrollment in Medicaid is that prior to expanding Medicaid, there was a "stair-step" eligibility. Some kids in the household were eligible and some were not. Until the income level was leveled, some families did not apply because not all the kids could be covered.

### **Legislative Update:**

Ms. Smith reported that a bill was passed in the Second Special Session that included reinstatement of monthly reporting for Medicaid, however, that provision was vetoed by the Governor. Ms. Smith said that one of the issues with that provision was that it was not a matter of simply reinstating monthly reporting for those who had it before, it would have mandated monthly reporting for everyone on Medicaid.

### **Enrollment & Statistics:**

Ms. Smith provided the Board with a current list of all the monthly reports produced by MAXIMUS. These reports are all available on-line. Ms. Smith said that recently the Board reduced the number of reports they wanted to review on a monthly basis, and selected some to be reviewed on a quarterly basis. If the current Board would like to modify the list of reports they receive they should let staff know.

As of May 31, 2002, there were 13,630 enrolled in *hawk-i* and 11,812 in Medicaid expansion, for a total CHIP enrollment of 25,442.

The demographic report for May indicates that the age 6 - 12 group is the largest with 43% of enrollees falling into that age category, age 1 - 5, 27%, age 13 -19, 29%. Half of the families participating have incomes below 150% of poverty, which means they are not paying premiums. The other half fall between 150 and 200% and as the income scale increases, there are fewer enrollees.

### **CONTRACTS FOR BOARD CONSIDERATION:**

#### ***University of Iowa:***

Anna Ruggle told the Board that after they approved the contract with the University of Iowa at their May 20<sup>th</sup> meeting, some issues arose in section 8.0, Intellectual Property Rights, and with the confidentiality portion of the contract.

Marne Woods said that the contract the Board approved provided that the Department would be the exclusive owner of the work product produced under the contract, i.e., the report produced from the functional health assessment surveys. The University of Iowa was not happy with the contract language and requested changes to this section. Ms. Woods said that she reviewed what had been done in previous years. In some contracts the Department was the owner and in others the University was the owner. The University's position is that they are a research facility and when they are finished with contracts such as this they like to use the report for other purposes in their research. If they had no rights to the information, then there would be very little incentive to enter into these contracts. Ms. Woods said that after discussions with the University and the Department it was decided to have the University of Iowa own the work product at the end of the contract, however, they have granted the Department and the U.S. Government a non-exclusive royalty-free and irrevocable license to use the product in any manner for any purpose. Ms. Woods said that as a result of that change, the University of Iowa didn't feel they were adequately protected in the confidentiality section of the contract. As a result, the confidentiality section has been clarified.

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

#### ***John Deere:***

Ms. Ruggle said that the John Deere contract is being amended to provide for the new capitation rate increase effective July 1, 2002, to add a section about downloading enrollment files on a daily basis, and to make other changes to the contract as a result of federal regulations. These changes include HIPPA language and updating the references to HCFA to read Centers for Medicare and Medicaid Services (CMS).

Susan Voss made a motion to approve these changes to the contract. Wanda Wyatt-Hardwick seconded the motion. Unanimous approval was made by Wanda Wyatt-

Hardwick, Susan Voss, Julie McMahon, Charlotte Burt, Jim Yeast, Susan Salter, and Eldon Huston.

***Wellmark:***

Ms. Ruggle told the Board that the contract with Wellmark is a new contract rather than an amendment. The major changes from the previous contract again are due to federal regulations. The only difference in the changes to this contract and the amendments to the John Deere contract is that since Wellmark is an indemnity plan, it is not necessary to have the access language in the contract because there is no network like with a managed care plan.

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

***Extension of MAXIMUS Contract:***

Ms. Smith reported that the current contract with MAXIMUS expires June 30, 2003. The contract contains two one-year extension provisions. If the Department were not to extend the contract, they would need to begin developing a "Request for Proposal" (RFP) to put the contract out for bid. This process would have to begin immediately to award the contract in January 2003 to allow the successful bidder implementation time in order to begin July 1, 2003. Ms. Smith said the Department's recommendation is that the contract with MAXIMUS be extended for an additional year. The Department has had good experience with MAXIMUS and everything seems to be running smoothly. Ms. Smith said that given the state's current budget situation, the cost for reprocurement and the resources to develop a new RFP should be a consideration.

Susan Voss made a motion to approve the one-year extension to the MAXIMUS contract. Jim Yeast seconded the motion. Unanimous approval was made by Wanda Wyatt-Hardwick, Susan Voss, Julie McMahon, Charlotte Burt, Jim Yeast, Susan Salter, and Eldon Huston.

**PUBLIC COMMENT:**

Nancy Palm, Healthy Linn Network in Cedar Rapids, told the Board that she wanted to share a success story in how outreach dollars have paid off. Several weeks ago Ms. Palm received a call from a family physician that said that he wanted to write a letter to his colleagues encouraging them to do free school physicals for uninsured children in Linn County. The physician asked Ms. Palm if she would organize this for him. Ms. Palm told the Board that it was *hawk-i* outreach that created physician awareness to think of these issues and the desire to volunteer physician time. To date, 20 physicians are going to volunteer and they are anticipating about 500 children. Additionally, medical assistance educators and students from Kirkwood Community College are calling and asking what they can do to help.

## **COVERING KIDS OVERVIEW & FUTURE DIRECTION:**

Sonni Vierling with the Iowa Department of Health's Covering Kids program provided the Board with an overview of Iowa's Covering Kids grant, and their future direction. Covering Kids is a national initiative and is funded through the Robert Wood Johnson Foundation. The initial grant was for three years, and Iowa is currently in their third year. The main goal is to increase access to health insurance for low-income children. Covering Kids works closely with Medicaid and **hawk-i** staffs and has been working since 1999 to identify eligible uninsured families. Their continuation grant, which unofficially has been approved, is set to begin July 1, 2002, so there will not be a break in program activity.

Ms. Vierling said that the Covering Kids project would continue based on lessons learned over the last 3 years with the initial grant. Despite all the outreach efforts there are still a lot of barriers that remain in order to enroll and retain eligible children. The current grant has two pilot sites -- Linn and Marion counties. The continuation grant will continue the mix of urban and rural outreach initiatives with two local coalitions. The south central regional coalition, the rural component, includes Marion County and six surrounding counties. The Healthcare Coverage 4 Kids Coalition is based in Polk County and is the urban component. There are also the Covering Kids Now Task Force and the Covering Kids Outreach Task Force. Iowa Covering Kids State Coalition is the grant holder and the Iowa Department of Public Health is the administrative agent for the Coalition.

The focus of Covering Kids is: (1) outreach, (2) simplification, (3) coordination.

Outreach: Design and conduct outreach programs piloted in select areas, as well as statewide outreach, to identify those families and increase awareness of **hawk-i** and Medicaid. Outreach for the next grant will focus on schools, healthcare professionals, and childcare organizations.

Simplification: Barriers have been identified by the Covering Kids Now Task Force. The new facilitator for the task force will be Outlooks, Inc. Over the last 8 years Outlooks, Inc. has been involved in a number of issues and with organizations that relate to children's health issues. In 1997 they facilitated a process to get input from citizens and stakeholders in order to produce a report to the Governor regarding a new children's health insurance program for uninsured children in Iowa (**hawk-i**). They also assisted in facilitating the state planning grant to expand health insurance and are very aware of all of the access issues not only for children, but for families. The new task force facilitator is Deb Kazmerzak. Ms. Kazmerzak is Vice-President of the State Public Policy Group and also Treasurer and Secretary for Outlooks, Inc.

Coordination: Assure the statewide and local coordination through a variety of mediums, one of which is with Healthcare Coverage 4 Kids in Polk County. This coalition will now be facilitating an outreach task force across the state to coordinate outreach efforts and will also work on strengthening the state coalition.

Ms. Vierling said that some of the topics the coalition has brought to the Board in the past will be revisited and will be brought to the Board in the future.

Ms. Vierling reported that the Healthcare Coverage 4 Kids Coalition in Polk County will be building on existing grassroots initiatives and working with families. They will be using volunteer networks, targeting school districts, developing user-friendly insurance educational information for families to help families understand the concept and value of insurance. They will be collaborating with major hospitals, health care agencies, and local businesses. The rural site, the south central regional coalition, will be targeting farm families, self-employed, and small business. They will also be using a care coordination model that works on how to follow up with *hawk-i*. Ms. Vierling explained that this is not "care coordination" in the medical sense, but the coordination of *hawk-i* outreach and enrollment. They will be conducting focus groups to identify rural family's resistance to public health insurance, communication barriers, and develop linkages between public and private health insurance programs.

Ms. Vierling said there would be a national "back-to-school" effort again this year and parents will be asked to add health insurance for their children to their back-to-school checklist. A campaign will be conducted in Polk County in conjunction with Iowa's "sales tax free" holiday on August 3<sup>rd</sup>. Ms. Vierling showed a video from Covering Kids providing some of the back-to-school promotional information.

### **OUTREACH UPDATE:**

#### ***CBS Effort:***

Ms. Smith reminded the Board that in May she shared information that CBS is partnering with the Kaiser Foundation for a national yearlong effort to inform the public about eligibility for CHIP and Medicaid programs. Recently a representative from the Kaiser Foundation appeared on the "Early Show" on CBS and provided information about the new advertising campaign. Ms. Smith showed a tape of this interview as well as the various commercials that have been generated to be aired on CBS during the year.

The ads provide the Insure Kids Now toll-free number (1-877-KIDS-NOW). This number refers callers to their state's CHIP program. Ms. Smith said that after the "Early Show" segment aired, MAXIMUS began receiving calls.

#### ***State Fair:***

Ms. Smith said that at the last Board meeting she indicated *hawk-i* would have a booth in the Varied Industries Building. However, the Department does not have sufficient resources to staff the booth. In lieu of a separate booth, *hawk-i* brochures, applications, and bookmarks will be available at both the Insurance Division's booth and the Iowa Department of Public Health's booth.

***Walkers & Talkers:***

Karen Brown from Healthcare Coverage 4 Kids in Polk County provided an overview of their new Walkers and Talkers program. The program is sponsored by the Annie E. Casey Foundation and is modeled after an existing Walkers and Talkers program in New Orleans. The program goes door-to-door in select neighborhoods to find out if there are children in the household who need health insurance coverage. If the children do not have coverage they find out why, what the barriers are, and ask if they have heard of ***hawk-i*** and Medicaid. If eligible, applications are completed on the spot. Ms. Brown said that this program has been a collaboration between several agencies and hospitals in the Des Moines area along with Covering Kids and OSAC Women's Center. Currently they have two staff members working part-time, about 20 hours a week.

Several weeks ago the two "Walkers and Talkers" staff members were interviewed on TV 8. Ms. Brown showed a tape of the interview to the Board.

Ms. Voss asked if the Walkers and Talkers were visiting households only, or if they would be contacting businesses in the neighborhoods. Ms. Brown responded that schools, businesses, and other organizations within these neighborhoods would be contacted. Ms. Brown said that they are also aware that many of the people they contact will be undocumented and will not qualify for Medicaid or ***hawk-i***, so they are trying to find alternatives they can offer these families.

Ms. Brown said the Walkers and Talkers have gone out about nine times and have contacted 150 homes. Of those, information was left at 95 of them, they have had conversations with 50, and identified 8 uninsured families. Of those 8 families, 5 wanted information left that they could follow up on and 3 completed applications on the spot.

***Grassroots Outreach Structure Proposal:***

At the last Board meeting the Department proposed postponing any new grassroots outreach contracts for FY 03 until FY 02 was closed out. At that time it can be determined exactly how much funding the program will have for FY 03. It was also recommended that the outreach structure currently in place for issuing contracts for local communities be revisited.

Ms. Smith reported that on May 21, 2002, a memorandum was sent to all current outreach contractors, outreach workers, and the Department's service area managers advising them that the contracting process was being postponed and why.

Ms. Smith described how the current grassroots process was arrived at and reviewed the Department's organizational structure that was in place at that time. When the structure was set up, the Department had 5 regions and DHS Director Jessie Rasmussen directed the regional administrators to insure that outreach activities were occurring in their areas. This responsibility was delegated to the Human Service Area Administrators who oversaw clusters of counties. There were 38 clusters. Additionally, there was a statewide outreach coordinator who oversaw all the contracts and

coordinated efforts. With the Department's reorganization, this structure is no longer in place. There is no longer a statewide outreach coordinator or human service area administrators. Ms. Smith said that the Department does not have the resources to administer the contracts effectively. Ms. Smith said that the Department has approached the Department of Public Health and is proposing entering into a 28E Agreement for oversight of grassroots outreach activities. The Departments are in preliminary discussions and DHS has asked the Department of Public Health to make a proposal of how they would administer grassroots outreach and how it would be coordinated with Covering Kids and other efforts currently in place.

Julie McMahon said that this is an opportunity to demonstrate how the Departments can collaborate and integrate programs at state and local levels. This effort would include working in partnership with local public health providers, local providers, and the private sector. Ms. McMahon said that DPH's Division of Community Health administers Title 5 programming through family health services. This program engages many local providers in working with families, many of whom fall within the **hawk-i** target population. Since DPH is already engaged with those families in trying to assist them in getting a medical home, **hawk-i** outreach fits with that. The local board of health, local public health providers, and private sector providers must work together from both the local and state levels to figure out how to maximize the resources. Ms. McMahon told the Board that the discussions are very preliminary but the goal is how to take existing programs and work together, pulling on all the strengths in **hawk-i** outreach and building and enhancing those strengths.

Mr. Huston wanted to know what kind of relationship DPH has with schools. Ms. McMahon responded that in many areas of the state some school nurses are public health nurses and contractual arrangements are already in place. There are a variety of relationships with schools in all 99 counties.

Ms. Smith said that before further discussions take place between the two agencies she wanted feedback from the Board as to whether they approve of this approach or if the Board has other suggestions. Ms. Smith said she and Ms. Vierling have discussed this approach because many of the existing goals and ongoing efforts are in the same vein.

Ms. Voss asked about the financial structure. Ms. Smith said that currently when an outreach contract is issued, it is with 100% state funds and the federal matching funds are drawn down when monthly expenditure reports are filed. Receiving monthly reports from the contractors has been difficult in a lot of cases. By transferring the funds to DPH, DHS will be able to draw down the federal dollars up front.

Mr. Huston noted that the statute states **hawk-i** must do outreach, but it does not say how the outreach must be accomplished. Therefore, Mr. Huston encouraged the two Departments to continue their conversations and come back with a more specific proposal for the Board.

Ms. Burt encouraged staff to look into special health needs, child health specialty clinics, other components and working with the Medicaid program. Ms. Smith stated that an interagency agreement would be developed which will outline very specific

criteria for outreach. The same rules and principles that have been used in the current outreach structure would still apply (to be inclusive, including faith-based organizations, businesses, schools, and the medical community).

### **PROVIDER NETWORK ANALYSIS REPORT:**

Shellie Goldman presented the "March 2002 *hawk-i* Providers Network Analysis" report. MAXIMUS prepares this report on a quarterly basis, pursuant to the quality plan that was presented to the Board over one year ago.

Chapter 1 covers the geographic information system software that is used to produce the report. MAXIMUS receives provider files from all the health plans. Based on this electronic file, the software does a distribution of primary care, dental, and mental health practice sites for each of the health plans. John Deere does not have a map for dental services because their dental plan is open access. The analysis identifies patterns and trends of provider access by identifying counties where *hawk-i* beneficiaries have, and do not have, sufficient access to health care providers. Adequate access standards have been established by the Quality Committee using Iowa Foundation for Medical Care guidelines, which are based on the industry standards. Primary care physicians - 30 miles; dental providers - 30 miles; and mental health and other specialty areas - 60 miles. In addition to the mapping, each month MAXIMUS randomly selects from each plan's provider files eight primary care physicians and two dentists. They place calls to those providers to see if they have an open practice. Reports are then given to the health plans. For example, if a primary care physician says they don't know about the *hawk-i* program, then that health plan is responsible to follow up with that provider to make sure they understand their contractual agreements.

Chapter 2 contains the thematic maps. These maps show statewide distribution of each health plan's network by county and by services rendered. The report indicates that the health plans also have providers outside of Iowa's borders. However, a thematic map is not done of these.

Chapter 3 covers compliance of access standards. MAXIMUS has a file of all members enrolled in the *hawk-i* program and plots maps of the beneficiaries in each county. These are unduplicated counts, so if there are two or more children in the family, only one small diamond will appear for that family. The crosses indicate the location of the provider, and the diamonds indicate the beneficiary has adequate access to the provider. If black dots appear within a county, that means the beneficiary does not have adequate access to the provider.

The report also includes a listing of the number of health care practice sites by county for each health plan.

Mr. Huston asked Ms. Goldman what conclusions she drew from this report. Ms. Goldman responded that there is adequate access for *hawk-i* children.

Mr. Yeast said he was concerned because it appears that access for mental health is extremely limited. Ms. Goldman responded that based on the industry standard of 60

miles, *hawk-i* enrollees do have adequate access to mental health providers. Whether or not there are enough mental health providers for the child population in Iowa may be a more global issue.

### **BOARD LIAISONS:**

Mr. Huston said that when the *hawk-i* Board began, each Board member was assigned a certain area to be involved in. For instance, one member would work on insurance matters, another educational issues. Ms. Smith explained that oftentimes when information is presented at the Board meetings that is the first time the Board members have heard it and may not have a lot of background. With Board member involvement it not only provides the Board with more education, but also provides the opportunity for Board input throughout the process, rather than simply providing reports of the end product to them at Board meetings. Ms. Smith said she wanted to revisit having "Board liaisons" and if this is something the current Board wants to consider.

Mr. Huston suggested that Ms. Smith visit with each Board member individually to find out where their interests might lie and then the issue can be revisited at a future meeting.

### **NEW BUSINESS:**

There was no new business to present before the Board.

The Board's next meeting is Monday, July 15, 2002, at 12:30 in the Oak Room at the Des Moines Botanical Center.

The meeting was adjourned at 3:30 p.m.