

HEALTHY AND WELL KIDS IN IOWA (*hawk-i*)
BOARD MEETING
MINUTES
October 15, 2001

BOARD MEMBERS:

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

LEGISLATIVE BOARD MEMBERS:

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

DEPARTMENT OF HUMAN SERVICES:

Cathy R. Anderson
Anita Smith
Shellie Goldman
Anna Ruggle

ATTORNEY GENERAL'S OFFICE:

Marne Woods

GUESTS:

Lisa Kincaid
Kristine Klauer
Tim Gibson
Susi Lyon
Diane Ellis
Alice Bengé
Sam Leto
Sara Schneider
Megan Daley
Leila Carlson
Diane Schneider
Karen Brown
Heather Olson
Steve Conway
Jim Donoghue
Lisa Huff
Sonni Vierling
Stacey Cyphert
Frann Otte
Denise Hill
Barbara Fox-Goldizen
Mary O'Brien
Nancy Palm
Sara Klute
Vivian D. DeGonzalez

AFFILIATION

John Deere Health
John Deere Health
John Deere Health
Iowa Dept. of Public Health - Covering Kids
Community Health - Covering Kids
Southern Iowa Economic Development Assoc.
Legislative Fiscal Bureau
Department of Human Services
National Association of Social Workers Intern
National Association of Social Workers
Delta Dental Plan of Iowa
Des Moines Public Schools *hawk-i* Outreach
Iowa Hospital Association
Senate Democratic Staff
Broadlawns
hawk-i Outreach
Iowa Dept. of Public Health - Covering Kids
University of Iowa
Wellmark BCBS
Iowa Medical Society
MAXIMUS
Visiting Nurse Services
Healthy Linn Care Network
Boone County Outreach
Dallas County Outreach

MEETING CALLED TO ORDER:

The Healthy and Well Kids in Iowa (*hawk-i*) Board met on Monday, October 15, 2001, in the Oak Room, Des Moines Botanical Center, 909 E. River Drive, Des Moines, Iowa. Eldon Huston, Chair, called the meeting to order at 12:30 p.m.

ROLL CALL:

Anita Smith took the roll call, a quorum was present.

Mr. Huston asked the audience members to introduce themselves. Mr. Huston informed the guests that there would be an opportunity for public comment later in the agenda and if someone would like to address the Board, they should notify him.

APPROVAL OF THE SEPTEMBER 17, 2001, MEETING MINUTES:

Diane Briest made a motion to approve the September 17, 2001, minutes as written. Susie Poulton seconded the motion. Unanimous approval was made by Barry Cleaveland, Diane Briest, Ed Schor, Susie Poulton, and Eldon Huston.

REVIEW OF CORRESPONDENCE, REPORTS, & OTHER STATE NEWS:

Ms. Smith reviewed the correspondence and recently released reports:

- *State Health Watch* article, "New Research Could Help CHIP Reach and Enroll Additional Eligible Families". Although 88% of low-income children have parents who have heard of either the Medicaid or CHIP programs in their state, only 38% of the parents have heard of at least one of the programs and also know that children can participate even if the family is not on welfare. The study also found that 22% of the parents said that insurance wasn't wanted or needed. Another 18% who were uninsured at the time of the survey had been enrolled in Medicaid or CHIP at some point during the previous year, but had not stayed in the program. The article's message is that states need to continue investing in outreach, even during economic downturns, and the states need to do more to educate parents on the value of coverage and getting their kids insured. The study also pointed out that it takes several years for new programs to take root so there shouldn't be concern about the numbers of people that still don't know about the program.

Dr. Schor expressed his concern that people are not signing up because they don't feel they have a need and that families who have been enrolled in *hawk-i* are not renewing. Dr. Schor said that he suspects these are families who have not used their health insurance during the course of the year and decide that they don't need it. Dr. Schor said if this is the case, then to him it indicates that the families are not using preventive health care services and asked if the *hawk-i* health plans inform families that they are eligible and encourage them to use preventive services. Tim Gibson, John Deere Health Plan, stated that as part of NCQA accreditation they must promote preventive services. Frann Otte, Wellmark, responded that they have

a reminder program and send postcards out. No one from Iowa Health Solutions was in the audience, however, Jim Donohue, Broadlawns, mentioned that he recently received Iowa Health Solutions' new provider packet and it contains master letters for the immunization series. Mr. Donohue said he doesn't know their mailing agenda, but it appears that there is a process in place.

- The Census Bureau reported that the number of Americans without health insurance declined last year, for the second year in a row. There was a significant increase in the number of employers providing coverage, however, that trend is unlikely to continue due to the economic downturn and layoffs. The numbers of people in government programs are increasing, and employers are seeing the highest premium increases in over a decade. Iowa was noted as one of the top three states with the lowest uninsurance rates. Rhode Island is number one and Iowa and Minnesota are tied for second.
- *Good Health* published by Des Moines University-Osteopathic Medical Center Clinics. Their Fall 2001 newsletter included an informative article about *hawk-i*. Ms. Smith said she recently made a presentation to the Des Moines University Clinics and met with several of their providers, nurses, office staff, and others from their organization.
- October 2, 2001, letter to Dr. Julianne Thomas from Cathy Anderson. The Department was notified by CMS that Dr. Thomas, a member of the Clinical Advisory Committee and Chair of the Quality Committee, had received the "Reaching Children: Building Systems of Care" award. The letter congratulates Dr. Thomas on receipt of the award and recognizes her involvement and efforts in providing effective outreach to medical providers and communities.
- State of Virginia. Virginia made some administrative changes which resulted in a jump in their CHIP enrollment from 300 to 400 applications per month to 2,000. Ms. Smith said that most of the changes Virginia implemented are things Iowa is already doing. The article demonstrates the impact on enrollment that even minor changes can make.
- Kaiser Report, "CHIP Program Enrollment: December 2000". This reports compares states as of December 2000. Iowa was one of only 13 states that experienced a higher percentage of growth in the last six months of 2000. For Region VII, Iowa was number one in percentage of growth in 2000. Missouri was second at 31%, Kansas 26%, and Nebraska 12%. Nebraska actually experienced an enrollment decline in the second six months. Nebraska is a Medicaid expansion-only state. Ms. Smith said that she doesn't think Nebraska is seeing a huge growth in their program for 2001 either. The Kaiser Report shows a two-year trend, December of 1998 to December of 2000. Iowa is the only state in Region VII to exceed the national average for percentage change in enrollment. Iowa was at 31%, Missouri 17%, Kansas 12%, and Nebraska a negative 1%. The national average was 19%.

The report also compares the combination programs. In the first year period with separate programs only two states had a higher percentage of growth than Iowa, Nebraska and Kentucky. In the six-month period June to December 2000, three states had a higher percent of growth, Texas, Mississippi and Indiana. When reviewing the overall trends, Iowa is doing well compared to the percentage of growth that other states are experiencing.

ADMINISTRATOR'S REPORT:

Budget:

The Governor has ordered a 4.3% across-the-board budget reduction which will affect all programs, including *hawk-i*. The impact of the cut, according to the Department's budget analyst, is \$361,200 in state funds, for a total program impact of almost \$1.4 million. At this point, it is believed the reduction in state dollars can be offset by using available trust fund dollars. Even with the 4.3% reduction, it is believed *hawk-i* can continue covering the kids estimated to be enrolled without compromising the program. Additionally, the federal matching rate (FMAP) has increased slightly. Even though it is a small increase it will have a significant impact on the *hawk-i* budget.

Children Added to Medicaid:

At the last Board meeting staff was asked to gather information regarding the cost, age, and services being provided for the new kids that are being added to the Medicaid rolls. Ms. Smith reported that total new kids added to Medicaid for SFY 2001 was 20,300. About half of those were on regular Medicaid (i.e. funded with Title 19) and half fall into the Medicaid expansion portion (funded by Title 21).

- Almost half of the kids are in ten geographic areas, with Polk County being number one.
- With the exception of the 1-3 year olds, age is fairly evenly distributed across the age groups, with the 17-18 age group being slightly higher.
- The distribution by race seems to follow Iowa's population make-up, so there are no surprises or trends with ethnicity and race.
- The majority of the kids, (87.3%) became new to Medicaid since December of 2000, which is about the same time monthly reporting was eliminated.
- The majority of the new kids have higher income.
- The most expensive kids are the 1-3 year olds, which also happen to be the largest age group being added. The 16-18 year olds are the second most expensive.
- The 1-3 year old population is using the most prescription drugs.

Dr. Schor said he was hoping to get the cost per child per year and how much the state is paying from the data. That information could then be used to review what *hawk-i* is paying the managed care companies. Dr. Schor said that the capitation rate is based on estimates and now that there is claims experience the Board should be able to see how close those estimates were and to use the information when contracting in the future.

Ms. Smith said that the Department has been looking at Medicaid claims data for budgeting purposes and it is over \$200 per month per child.

Dr. Schor said that according to the Agency for Health Care Research Quality, past research has shown that children covered by the Medicaid program are more expensive than caring for privately insured children. However, recent research has found that only the children that are medically needy, blind, or disabled had substantially higher costs than privately insured children. Dr. Schor said when figuring capitation rates, those kids need to be pulled out of the calculation and that will produce roughly what kids in the private sector should cost because kids in Medicaid are sicker than the average kids. Dr. Schor concluded that including the medically needy, blind, and disabled in Medicaid estimates would give an artificially high estimate of what the cost should be for kids under CHIP.

Mr. Huston asked if it was possible to get figures for Medicaid kids who are not in one of those three categories, medically needy, blind, or disabled. Dr. Schor wanted to know what the health plans are paying for reimbursement under CHIP. He knows what Medicaid is paying, but wants to know what the doctors and other providers are being reimbursed.

Update on Waiver Request:

The Secretary of Health and Human Services, Tommy Thompson, sent a letter to Governor Vilsack on July 30, 2001. The letter states that CMS will look at Iowa's waiver request further. They have some concerns about what kind of protections would be afforded to families who would choose a CHIP program over a Medicaid program given its more limited benefit package and higher copays. Ms. Smith told the Board that if these families are below 150% of poverty (which they all would be if they are in the Medicaid income range), there would be no cost sharing. Mr. Thompson's letter indicated he would have Charlene Brown, Deputy Director of Center for State and Medicaid Operations contact Director Rasmussen. This has not happened, so the Department will follow up.

Update on Dental Carve-Out:

On October 2nd Ms. Smith sent letters to the health plans to ascertain their position regarding carving out dental services. Ms. Smith said that to date, only one health plan has responded. Wellmark said they believe they have an adequate dental network and would not support a carve out. Ms. Smith said she received a call from Representative Hansen and he wanted her to share with the Board that he does not support a carve out. Representative Hansen told Ms. Smith that the design of the *hawk-i* program is to encourage competition and that carving out dental so that only one plan would provide all dental coverage would restrict competition. Ms. Smith said that an alternative for consideration might be to do somewhat of a dental carve out and have a dental-only contract for those health plans who either could not or did not want to provide dental coverage through their own network.

Enrollment & Statistics

There were 84 children added in September, bringing total enrollment in CHIP to 21,620 children.

Ms. Smith said that she recently attended the Legislative oversight committee on insurance and they asked about Iowa's CHIP goals: Medicaid 16,500 and **hawk-i** 33,750. Ms. Smith told the committee that after an analysis is made of the new 2000 census data, the Board may want to revise the goals. Ms. Smith said when revising the goals, consideration should be given to the fact that the kids are evenly split between Medicaid and **hawk-i** so it wouldn't be realistic for the goals to continue to show significantly fewer kids going into Medicaid than **hawk-i**.

Mr. Huston wanted to know whether the federal government was going to give the states the numbers as they did before because everything the Board did initially was based on what CMS told the state. Ms. Smith said she had not been given any indication on whether CMS would be readjusting the states numbers based on census data or not.

Ms. Smith told the Board that the September enrollment and statistical reports continue to trend the same. 45% of the kids are enrolled in indemnity and 55% in managed care. Fewer are enrolled in managed care than when **hawk-i** had a third managed care plan.

The majority of the applications continue to come from Polk, Linn, Scott, Black Hawk, Woodbury, Dubuque and Pottawattamie Counties, which follows population trends. However, each county shows differences where the majority of the people are hearing about the program, so there is not a single trend statewide. It does appear that different targeted efforts in different counties are paying off in those areas.

The disenrollment report for September shows that 296 children were disenrolled for failure to pay premiums. Another 226 became Medicaid-eligible. It is not known why premiums weren't paid, it could be that they don't want the program any more, became insured, forgot, or it is, in fact, a financial barrier. Ms. Smith said the combination of children going to Medicaid and failing to pay premiums could be the result of the economic downturn that the United States is experiencing.

Mr. Huston asked if it was known how many may have moved out of state. Ms. Smith said there wasn't any way to track that, however, the national retention and disenrollment study results may reveal something. State-specific data should be available from that survey soon.

Dr. Schor asked if there is a pattern for when people start to fail to pay; for instance, the first six months, the last 6 months. Ms. Smith said that there has not been any analysis on that. Some people don't send in the first payment so they never get enrolled.

Dr. Schor asked if it was possible to do some trend lines, month by month, to see the number of people who have been medically eligible or percentages of them. Ms. Smith said that trend lines could be done fairly easily because copies of these reports are

available back to day one of the program. Any further analysis, for example, tracking length of time, would take a lot more resources and there would be associated costs. There may not be adequate funding to do that type of analysis.

Ms. Poulton asked if there is any way to track usage. Ms. Smith responded that she is waiting for the encounter data to be available. A meeting was just held with the health plans to get the final touches in place so they can start submitting the data. The encounter data will then be sent to Pete Damiano's group for analysis. Ms. Smith told the Board that she knows it has been a long time coming, but assured them that Iowa is a lot farther ahead than most states in this area.

Ms. Smith recognized both Healthy Linn Network and Karen Brown, Des Moines Public Schools. The September "How you Heard of Us" report shows a number of referrals from these two sources.

Interim Insurance Study Committee Meeting:

Ms. Smith said that she was asked to do a presentation on **hawk-i** for the Interim Insurance Study Committee and it was well received. There were a lot of misunderstandings about what the **hawk-i** program is and how it is funded. The committee feels there is a general lack of knowledge about the **hawk-i** program within the insurance industry and suggested that **hawk-i** work more with professional organizations working with the insurance industry. Ms. Anderson added that the committee was also interested in the interface between Medicaid and **hawk-i** outreach and the impact **hawk-i** was having on Medicaid.

Dr. Schor asked about the continuing education classes that were conducted for insurance agents and noted that the "How You Heard of Us" report is showing more and more insurance agents as a referral source. Ms. Smith said that 16 classes were conducted this past summer through St. Ambrose College and one for Drake University this fall. Ms. Smith said that St. Ambrose was interested in doing more this fall, but they, as well as the state, are concerned about having the resources to continue to provide that kind of one-on-one contact.

Outreach Update:

Ms. Smith announced the new multi-language poster is now available. The poster is in five languages: Spanish, Bosnian, Vietnamese, Laotian, and English. A total of 20,000 posters are being mailed. They are being provided to child care centers, pharmacies, pediatricians, family practice offices, hospitals, clinics, and the like, as well as all DHS offices. The newly revised English-only poster will also be included in this mass mailing.

Ms. Smith said that she believes the new Spanish language application will go to print this week. The next project is to get samples of applications from other states so that the **hawk-i** application can be revised based on feedback received from the literacy study.

The outreach worker training was held on September 25th. Turnout was higher than anticipated with 93 attending. Unfortunately, there was not enough time for people to do a lot of networking or share their ideas.

Ms. Smith said that overall the comments received were very good. Some people had heard some of the information many times whereas others had never had any kind of training. Ms. Smith said that in the future they might develop a course for new outreach worker training and a refresher course for others. The Iowa Communications Network (ICN) will be used for this instruction when possible.

Mr. Huston suggested bringing everyone together at the same time, but divide them into the two groups, new workers and veterans. Then for part of the day bring the two groups together and give them the opportunity to discuss ideas and strategies.

Board's Annual Report to the Legislature:

At an earlier meeting Senator Hammond brought up the issue that the Board is required to submit an annual report to the legislature by January 1 of each year. Additionally, the Department is required to submit a report to CMS by January 1 annually. Senator Hammond questioned whether these are duplicative and if one report could meet both requirements. The CMS report must be submitted in a specific template format that is very large. The Board was given samples of each report to review.

Mr. Huston said that he didn't think the Board could frame the federal report in the manner they would like. Mr. Huston said the Board's annual report to the Legislature is very helpful. It contains everything that the Board has considered during the year and the format makes it easy to compare the reports from year-to-year. Mr. Huston said he also felt, particularly this year since the Department did not include the Board's recommendations as part of their budget request, that the annual report is a good tool to get those recommendations before the Legislature. Mr. Huston said that he would prefer two separate reports.

Senator Veenstra said that he thought it was practical to include an executive summary of the CMS document in the annual report, otherwise it becomes laborious to try to sift through something that large. Senator Veenstra also suggested that a copy of the annual report need not go to each individual legislator, but only to those with a particular interest which would include the Human Services Appropriations Subcommittee and the Human Resources Standing Committees.

The Board asked that staff proceed with preparing a draft of the Board's annual report similar to what has been done in the past.

CLINICAL ADVISORY COMMITTEE MEETINGS - POSITION PAPER:

Anna Ruggle reported that the Department was to review all Department-sponsored committee's, the costs, and what can be done to reduce the cost. Therefore, a review of the Clinical Advisory Committee was made.

Currently the Committee is comprised of 19 members from various groups and members attend meetings as their schedules permit. Ms. Ruggle said there are two members who have not attended any meetings since April 1999. Ms. Ruggle told the Board that the Department is recommending reducing the number of members on the Clinical Advisory Committee. If there are disciplines that are not represented on the Committee, then those issues could be brought to the attention of a committee member to address or a representative of the discipline could appear as a guest at a committee meeting.

Ms. Smith said that the *hawk-i* legislation requires that the Department make recommendations to the Board as to the make-up of the Committee. At the time the program began, there were many concerns and the Department wanted to make sure that every discipline was represented.

Mr. Huston asked if this had been discussed with the Clinical Advisory Committee. Ms. Ruggle said that each member was provided with the same memorandum and position paper that the Board had been given and she has not received any comments.

Ms. Smith said Marilyn Peasley had contacted her and said if they needed members to drop off because of budgetary reasons she volunteered to end her membership.

Dr. Schor said he would recommend not making any changes until the Clinical Advisory Committee meets on December 4, 2001, to give them an opportunity to discuss the recommendation.

hawk-i LEGISLATIVE PACKAGE FOR 2002:

Ms. Smith told the Board that the deadline to submit the legislative package was moved up so the Department submitted the *hawk-i* legislative package, subject to Board approval.

Ms. Smith said the package is exactly the same as the technical bills that have been submitted the last two years, except for the recommendation to eliminate the 6-month waiting period. Ms. Smith reminded the Board that this had been discussed at the July Board meeting when they were discussing the final CHIP regulations. CMS said that crowd out is not the concern that it was when the legislation was initially passed. Ms. Smith said that since that time, two studies have been released that address crowd out. The studies included 18 states and all 18 states consistently reported little or no crowd out. In California only 3.7% of the applicants even had coverage in the previous six months. Missouri estimates crowd out to be 1.6 to 3.2%. New Jersey reduced waiting periods from 12 months to 6 months, but they are at 350% of poverty. New Jersey totally eliminated the waiting period for families below 200% of poverty. The studies indicate that most states believe that finding kids and getting them in the program is more critical than worrying about crowd out. CMS still requires states to have crowd out strategies in place, but that strategy can be that they will monitor and make sure that crowd out does not become an issue. There are currently 14 states that are monitoring crowd out. There are 17 states with waiting periods of less than 6 months and 17 states have waiting periods of longer than 6 months. Ms. Smith said the Department's

recommendation is to eliminate the 6-month waiting period. The result would be that if the child is currently uninsured and otherwise qualifies, they would be eligible.

Dr. Schor asked about the fourth bullet, "Directs the committee on children with special health care needs to make recommendations annually by January 1st rather than only one time by January 1, 1999." Dr. Schor said it has been his experience when there is a requirement for a recommendation report every year and those recommendations aren't acted upon, the same report is rewritten and submitted every year. Dr. Schor said he would like to create some other way to take responsibility off the Special Health Care Needs Committee to keep saying the same thing over and over again.

Ms. Smith explained that the original legislation created the Special Health Care Needs Committee for one year and to submit one report. It was the decision of the Board that this should be an ongoing committee. This is why the technical correction to change the language from January 1, 1999, to annually by January 1st has been submitted. Ms. Smith said that this will be the third year an attempt has been made to get the language changed and suggested that rather than say "annually by January 1st", to say "as requested by the Board".

The Board agreed to that suggested language.

Barry Cleaveland made a motion to approve the legislative package as amended with the change to the fourth bullet. Susie Poulton seconded the motion. Unanimous approval was made by Barry Cleaveland, Diane Briest, Ed Schor, Susie Poulton, and Eldon Huston.

PUBLIC COMMENT:

Nancy Palm, Healthy Linn Network, reported to the Board that Lt. Governor Peterson had been in Cedar Rapids earlier in the day to promote *hawk-i*. The press conference was held in the lobby of the Mercy Medical Center and six *hawk-i* families were represented. After the Lt. Governor spoke she invited some of the *hawk-i* mothers to speak about the impact that *hawk-i* has had on their family. One parent said that it had come down to a choice between food and insurance and what a difference it had made in her life. Another woman is a day care provider in her home and her husband just lost his job. Being a small business owner they were going to be paying \$500 a month for their insurance. Ms. Palm said there were some good questions asked about the percent of children still uninsured and about the impact budgetary stresses may have on the program. The Lt. Governor stressed her commitment to *hawk-i*. Ms. Palm said approximately 45 people were in attendance.

COVERING KIDS UPDATE:

Sonni Vierling told the Board that Covering Kids supports the elimination of the 6-month waiting period and believe that it is an important barrier to overcome. The 6-month waiting period is always in the top five list of barriers cited by the Department of Public Health's Title 5 agencies, the maternal and child health agencies. Ms. Vierling also said

that the **hawk-i** nonenrollment reports show that a number of families can't be enrolled in **hawk-i** because of that waiting period.

Ms. Vierling said that Covering Kids is doing everything they can to help cover the loss of the state outreach coordinator position and told the Board about a few of the things they are doing to help fill the gap. Covering Kids has promoted **hawk-i** through a mass mailing to 7,000 licensed and registered child care providers across the state. Information about **hawk-i** has been included in several brochures produced by various Bureaus in the Department of Public Health. These include the infant immunization brochure, the Dental Bureau's Healthy Smiles, Healthy Children brochure, and soon to be released Why Worry About Baby Teeth. In conjunction with the child care resource and referral centers, **hawk-i** ads have been placed in their newsletters. Questions about children's health insurance coverage have been added to the children's health assessment forms that serve as references to all licensed child care providers. They will also be working with the Center for Disease Epidemiology in developing a childhood infectious illness chart and include **hawk-i** information. This publication serves as a guide for schools and day cares on what to do when a particular illness is present in a school or day care.

Ms. Vierling said they will continue contacting various agencies and organizations with requests for time on their agendas to talk about **hawk-i**. It is not the intent for these groups to know the nuts and bolts of **hawk-i**, but making them aware of the people in their community that do and to call MAXIMUS for further information. They also will be contacting organizations with a special emphasis in rural areas to submit articles about **hawk-i** for their newsletters. For school based outreach, Covering Kids has held a school nurse conference for the last two years. This year they are going to focus on coaches. This will build on the base that has been built with the nurses so that when coaches and other key personnel identify a family without health insurance, they can let the school nurse know. A link has also been established with Iowa Community Empowerment and Covering Kids and **hawk-i** will be a featured topic in their newsletters most of the time. The focus will be on what a community empowerment person can do in their community with regards to **hawk-i** outreach.

The Covering Kids Coalition has helped in the development of a business outreach packet. The packet includes a cover letter to the business owner to spark interest, contains a newsletter insert, paycheck stuffers, table tents for lounge and lobby areas, and a poster. Ms. Smith said that she is working with Ms. Vierling to make those outreach materials available from DHS and maintain supplies at Prison Industries.

Ms. Vierling said Covering Kids is working with medical students through the Iowa Medical Society to develop a packet similar to the business packet. The students will distribute the packets to medical offices and include buttons for them and other office staff to wear to promote **hawk-i**.

Ms. Smith told the Board that since the **hawk-i** outreach coordinator position cannot be filled at this point, she is relying on Ms. Vierling more and more to provide assistance. The outreach duties have been split among **hawk-i** staff. However, staff often relies on Ms. Vierling or local outreach workers to assist in various activities. Ms. Smith said that

she agrees with Ms. Vierling that the outreach coordinator position needs to be filled so someone can coordinate all the activities.

Mr. Huston asked Ms. Vierling to express to the Covering Kids Coalition the Board's appreciation for all of her efforts, particularly in light of the fact that *hawk-i* does not have a fulltime outreach person at the state level.

Ms. Smith told the Board that she was contacted by the corporate headquarters of Marshalls and TJ Maxx stores. They are directing the managers of every store to meet with all of their employees to inform them about their state's CHIP program. They will provide the Department with a list of all the stores in Iowa and have asked that information be mailed to each store. Ms. Smith said she asked if Marshalls and TJ Maxx provide health benefits to their employees. They do, but only to their fulltime employees and the majority of the employees are part-time.

NOVEMBER BOARD MEETING:

The Board decided not to meet in November. Mr. Huston requested that the rough draft of the Board's annual report be mailed to Board members for their review prior to their December 17th Board meeting. Also, the October enrollment and statistical reports should be mailed out rather than waiting for the December meeting.

NEW BUSINESS:

Tim Gibson from John Deere Health Plan told the Board that he has had operational responsibility for central Iowa for the last 6 years, and recently both *hawk-i* and Medicaid were added to his responsibilities. Mr. Gibson shared a publication with the Board which contains the results of John Deere's most recent HEDIS review. Mr. Gibson said that Ms. Smith had asked him to report to the Board on John Deere's accreditation status and also some network changes.

Mr. Gibson told the Board that the National Committee on Quality Assurance (NCQA) is an employer-driven organization that set out some years ago to create a standardized set of measurements to measure HMO's against each other. These measurements are audited by a third party, Ernst and Young. NCQA measures five areas: member satisfaction; staying healthy; living with illness; access and service; and qualified providers. Mr. Gibson noted Dr. Schor's request earlier in the meeting and said that measures #2 (staying healthy) and #3 (living with illness) illustrate what HMO's are doing to promote health and helping someone with a chronic disease manage that disease.

Mr. Gibson said that when a health plan is NCQA accredited they are required as a matter of doing business to work in these areas and to prove that they are meeting the measures each and every year. If not, status can be lowered to a lower status, or the health plan can lose accreditation totally. While John Deere compared favorably with national averages in 2000 in most categories reported, their 2001 figures show significant improvement over HEDIS scores in 2000. *hawk-i* members are included in these numbers.

Mr. Gibson said that Ms. Smith had told him that there has been some concern expressed about the availability of physicians and hospitals through John Deere Health in Des Moines and Cedar Rapids. Mr. Gibson said they are hoping by January 1, 2002, to have a significant expansion of provider networks in both of those communities. Currently their panels in those two communities are restricted to Iowa Health System and affiliated physicians. They anticipate expanding to include Mercy Hospital and physicians affiliated with Mercy in Des Moines. This will mean access to another 120 primary care physicians, and approximately another 90 specialists, as well as Mercy Hospital. Mr. Gibson said he was not sure about the number of primary care physicians in Cedar Rapids. Specialists serve both hospitals in Cedar Rapids so there probably will not be a lot of change in numbers of specialists, but a significant increase in the number of primary care physicians available. Mr. Gibson said they still have to wrap up some contracting issues, but feel very confident they will be in place January 1.

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

The Board's next meeting is Monday, December 17, 2001, at 12:30 in the Oak Room at the Des Moines Botanical Center.

The meeting was adjourned at 2:30 p.m.