

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

October 20, 2003

BOARD MEMBERS:

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

LEGISLATIVE BOARD MEMBERS:

Senator Kenneth Veenstra
Senator Amanda Ragan (absent)
Representative Jane Greimann
Representative Gerald Jones

DEPARTMENT OF HUMAN SERVICES:

Anita Smith
Anna Ruggle

GUESTS:

Sonni Vierling
Deb Kazmerzack
Mary O'Brien
Ritaann Carpenter
Ann Campeau
Dee Bradley
Diane Ellis
Kristine Klauer
Lisa Huff
Erin Paugh
Beth Jones
Sara Taylor
Sara Schneider
Barbara Fox-Goldizen
Ed Conlow
Denise Hill
Jennifer Vermeer

AFFILIATION:

Visiting Nurse Services
Covering Kids Task Force
Visiting Nurse Services
Iowa Department of Public Health
Iowa Health Solutions
Jefferson, Keokuk County *hawk-i*
SCRC Covering Kids
John Deere Health
Center for Healthy Communities
Visiting Nurse Services
Iowa Dept. of Public Health -Covering Kids & Families
Iowa Department of Public Health
DHS - *hawk-i*
MAXIMUS
House Democratic Staff
Iowa Medical Society
LSA

MEETING CALLED TO ORDER:

The Healthy and Well Kids in Iowa (*hawk-i*) Board met on Monday, October 20, 2003, in the Oak Room, Des Moines Botanical Center, 909 E. River Drive, Des Moines, Iowa. Eldon Huston, Chair, called the meeting to order at 1:30 p.m. A quorum was present.

Because the Board is now meeting every other month, Mr. Huston asked Board members to be thinking about the kinds of materials they are receiving, how often they want to receive them, and whether there are additional materials that would be beneficial. If Board members have any suggestions regarding the content of the meeting, let him know.

WELCOME, INTRODUCTIONS, AND ROLL CALL:

Mr. Huston welcomed Representative Gerald Jones and asked Representative Jones to introduce himself. Representative Jones is replacing Representative Brad Hansen on the Board. Representative Jones said that prior to joining the Iowa Legislature he served on his County Board of Supervisors for 3 years. Representative Jones said he thinks *hawk-i* is a wonderful program and is disappointed that more lowans are not making use of it. Representative Jones serves on the House Ways and Means Committee, State Government, Local Government, and Human Services Appropriations subcommittees.

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. Anyone wishing to address the Board should notify Mr. Huston.

APPROVAL OF MINUTES OF AUGUST 18, 2003, MEETINGS:

Susan Voss made a motion to approve the August 18, 2003, meeting minutes as written. Susan Salter seconded the motion. Unanimous approval was made by Wanda Wyatt Hardwick, Julie McMahan, Charlotte Burt, Jim Yeast, Susan Voss, Susan Salter, and Eldon Huston.

REVIEW OF CORRESPONDENCE, REPORTS, & OTHER STATE NEWS:

Ms. Smith reviewed the correspondence.

- Wellmark comparison chart for generic drug utilization. This is year two of Wellmark's generic drug plan. During the first year, generic utilization averaged 54% of all prescriptions. That has now increased to an average of 72% and has stabilized. Ms. Smith asked Board members if they wanted to continue to receive this report in their Board packets. It was decided to furnish it on a quarterly basis.
- September 4, 2003, letter from McFarland Clinic. This letter indicates an agreement has been reached and McFarland Clinic has withdrawn their letter of termination and will continue participating with Iowa Health Solutions.
- September 16, 2003, letter from Ms. Smith to Iowa Health Solutions regarding their generic drug program proposal. This letter clarifies the Department's position that although Iowa Health Solutions has the latitude under their contract to modify benefits, the Department still needs to review and approve all benefit modifications.

- August 26, 2003, Kaiser Report. A new study indicates that children living in single-father households are less likely to have health insurance than children in households headed by single mothers. This is a group *hawk-i* has not previously targeted for outreach efforts, but may want to begin identifying ways to do so.
- Several articles and reports about what is happening in the employer-insurance market. This is the fifth consecutive year that employers had double digit increases in health insurance costs. Some employers are forcing spouses with their own employer coverage available to go into that plan rather than a family plan of a spouse even if the benefits are less. Some are charging families with more children higher premiums and passing on more costs in the forms of co-insurance and deductibles. Family coverage costs have increased 50% over the past few years and the result has been a 6% decline in the number of employees signing up for employer health plans.
- A September 30, 2003, "Covering the Uninsured New Digest" article indicates that Senator Grassley is hoping to tackle the uninsured problem with bipartisan legislation this year.
- An August "Quad City Times" article outlines the eight Democratic Presidential candidates' health care proposals. Five proposals would impact SCHIP in some way.
- August 13, 2003, "Boston Globe" article states that the "Journal of American Medical Association" (JAMA) is endorsing a plan that would transfer all coverage into a revamped Medicare program for people of all ages. This plan is gaining support and is currently endorsed by over 8,000 physicians. Essentially private health insurance companies would be eliminated under this plan. While taxes would be increased, advocates argue that premiums and out-of-pocket costs would be eliminated. Mr. Huston noted that JAMA is an independent publication and cautioned that this does not necessarily mean it is endorsed by the American Medical Association.
- September 17, 2003, "Urban Institute" report entitled "Gains in Public Health Insurance Offset Reductions in Employer Coverage Among Adults". The report shows that although there has been significant loss of employer coverage, the total uninsured rate has not increased that much because the public programs are offsetting it.

State news:

California - Even though costs are increasing, right before the recall vote California lawmakers passed legislation that would require all companies with more than 50 employees to provide coverage.

Colorado - To address a 16% uninsured rate, Colorado is developing a "something that is better than nothing" approach by offering what is being

referred to as a “bare bones benefit plan”. Ms. Voss said that some carriers have contacted the Iowa Insurance Division and suggested a pilot project in Iowa with groups that are currently uninsured, indicating the rates would be at least 20% lower. This type of plan would be for either catastrophic coverage or preventive, not both.

Delaware - One of seven states that has had legislation introduced to establish a single payer health care system. An article was provided to the Board that outlines the pros and cons of what the universal plan would cover.

Florida - Their separate SCHIP program has had to implement a waiting list because of budget shortfalls. Currently, there are 18,000 kids on the waiting list. Their experience has been that once a waiting list is implemented, turnover decreases because families want to make sure they retain coverage.

Georgia - Rather than implementing a waiting list, Georgia is decreasing benefits. The income limits have been reduced from 235% to 200% of federal poverty level, and they have proposed eliminating dental, vision, and psychological benefits for children. They have also eliminated programs for pregnant women.

Illinois - Is one of the few states expanding their SCHIP program. They are going from 185% to 200% of federal poverty level. They also received a waiver to cover unborn children under their SCHIP program.

Texas - Has made significant cuts to their SCHIP program and have a 25% uninsurance rate. Once the SCHIP cuts have been implemented it is believed that rate will increase to 27%. These cuts also result in a reversion of over \$100 million to the redistribution pool.

More states are picking up the option to cover unborn children under SCHIP. Primarily these are states that have existing state-funded programs to provide prenatal care to either undocumented pregnant women or pregnant women who are legal, permanent residents but who have not resided here long enough to be eligible for federal means-tested programs. These states are not actually expanding coverage, but this option frees up state-only dollars by bringing in federal dollars to help fund existing programs. Washington, Massachusetts, and Minnesota have all been approved.

Cuts to public programs in at least two states will be challenged in the courts. Advocates in Kentucky have filed suit in federal court to stop Medicaid cuts to the elderly and the U.S. Supreme Court is reviewing the cuts Texas has made to their SCHIP program. In the case of Texas there was a court order in 1996 mandating them to do a better job providing coverage through their Medicaid program and these SCHIP cuts are being viewed as a violation of that court order.

Mr. Huston asked the Board members if they wished to continue receiving the news articles. Board members felt the information is valuable and would like to continue to receive it in some form.

ADMINISTRATOR'S REPORT:

Ms. Smith introduced Mike Baldwin, who has been hired as a policy specialist for the *hawk-i* program. Mr. Baldwin has worked for DHS since 1976. In 1989 he joined the Division of Medical Services in the area of policy development for children, families, and pregnant women. His primary responsibilities will be policy development for *hawk-i* and his background in income maintenance work in Medicaid will be valuable in coordinating the two programs.

Budget:

Ms. Smith reported that state fiscal year (SFY) 2003 expenditures have been finalized and were under budget. Projections were \$12.3 million and actual expenditures were a little over \$10 million. However, during SFY 03, 11 monthly capitation payments were paid, so it appears that \$1.3 million went unspent under the category of *hawk-i* premiums. Ms. Smith said that the premiums to health plans are paid a month ahead of time; what is paid in June is for July coverage, which is in the next fiscal year. Somehow these payments got off track. The June payment will be reflected in the 04 budget and that \$1.3 million had been carried forward for that purpose.

All Executive Branch agencies were asked to submit a status quo budget for SFY 05. *hawk-i* requested the same appropriation as SFY 04, \$11,118,275. Not only does a status quo budget not allow for any growth in the program, it does not allow for increased costs or take into consideration there will be fewer trust fund carryover dollars. Because Medicaid is an entitlement, no cuts can be made under the Medicaid component of the SCHIP program so *hawk-i* would have to take any cuts. Ms. Smith said that one strategy to maintain the program with this funding is to implement a waiting list in January 2004 in order to maintain the enrollment at the projected level of 16,274. On July 1, 2004, an additional 4,106 children would have to be disenrolled in order to maintain enrollment at 12,168 for the entire year. The end result of a status quo budget is that 9,670 children who would otherwise be covered would be uninsured. Ms. Smith said that at this point no steps have been taken to implement a waiting list and that she does not think a waiting list would be implemented until the Legislature gave the Department direction to do so.

Senator Veenstra said that obviously this will create some anxiety as the Legislature works through the budget process. Senator Veenstra said that it is very important that legislators have a firm, accurate, and understandable presentation of the condition of the program so they have a clear view of what has taken place and what is anticipated in the future. Senator Veenstra said that it has not been real clear in the past and there has been some confusion.

Ms. Smith then discussed a spreadsheet prepared by the Department's fiscal staff that shows where enrollments are in relation to the budget. This outlines the current year budget, the enrollment projection the budget was based on, and the current status. Ms. Smith said that she believes part of the confusion in the past is that when the program began it was difficult projecting enrollment. This past year, projections were right on target with enrollments, and thus far in SFY 04 they are on target.

Retention of 2000 SCHIP Allotments:

President Bush signed the bill that restores some of the reverted federal funding to the states. Iowa had already spent the 1998 and 1999 restored funds, so there will be no additional money for those years. Iowa did get \$4.2 million restored for FFY 2000, which is 50% of the \$8.4 million that had been reverted.

2004 SCHIP Allotment:

For the third straight year the federal SCHIP allotment for Iowa is decreasing. The allotment formula is based on the states uninsured rate and the number of children eligible for coverage. Iowa's 2004 allotment is \$19.7 million, 39% less than when the program began in 1998. Only Washington DC, Maryland, New Mexico, Oklahoma, and Texas have had larger decreases than Iowa. In our region, while Iowa has a 39% decrease, Kansas only has 23.2%, Missouri 18.9% and Nebraska 6.7%.

The three-year period in which to spend the 2001 allotment ended on September 30th, so spending is currently from the FFY 02 allotment (\$22.4 million, down from \$32.9 million in FFY 01). At the point all federal funding is exhausted, then Iowa will be eligible to go back to the redistribution pool and get additional funds that other states have not spent. All states allotments are decreasing, so more states will be going back to the redistribution pool at the same time.

High Performance Bonus:

Iowa received a \$6.5 million federal bonus for its successful welfare-to-work program. Additionally, Iowa received a \$600,000 bonus for ranking fifth in improvement of the number of people who lose cash assistance but retain health care coverage either through Medicaid or SCHIP. Although the TANF program gets the funds and not the SCHIP program, it does demonstrate that Iowa is doing a good job with outreach and other activities to provide continuity of medical coverage for those leaving the cash assistance rolls. Kentucky, Mississippi, Montana, New Mexico, New York, and South Carolina also received the bonus.

Enrollment & Statistics:

Ms. Smith asked the Board if they wanted to continue receiving the enrollment and statistical reports in the months that the Board does not meet. They agreed that they would use the *hawk-i* website to view the reports available there and *hawk-i* staff will mail, either electronically or through the U.S. mail, the other reports.

Total SCHIP enrollment as of September 30, 2003, was 29,027; 15,435 enrolled in *hawk-i* and 13,592 in Medicaid expansion. *hawk-i* is still experiencing steady growth. Enrollments have increased about 250 children per month in recent months.

The enrollment by county report indicates marked improvement. In the past, several counties ranked in the 20 to 30% range of meeting their enrollment goal. No counties

are at that level now and only two counties are in the 31-40% range. Johnson County, the lowest in the state (36%), and Davis County (39%). Five counties are over 80% with Montgomery County the highest Iowa at 93%. These target enrollment goals were based on census data and socio-economic indicators in the county could have an impact.

Ms. Smith said she feels the "History of Participation of Children in Medicaid and *hawk-i*" chart is the most telling chart of any. The number of kids in regular Medicaid keeps increasing and the Department attributes that to SCHIP outreach. Approximately 40% of *hawk-i* applicants continue to be Medicaid-eligible. Since the *hawk-i* program began, 62,367 have been added to Medicaid and only 13,500 are from the Medicaid expansion. Total number of kids that have obtained coverage in all programs since *hawk-i* was implemented is 77,792.

The demographic reports are still showing the same trends. 6-12 year olds remain the largest age group, age 13-19 second, age 1-5 third. There continues to be equal numbers of families above and below 150% of federal poverty level.

Delta Dental Proposal:

Delta Dental has approached the Department expressing their interest in providing the dental benefit for *hawk-i*. Mr. Huston responded to them on October 1, 2003, asking them to present a proposal to the Department indicating what type of benefits they would offer under a dental carve out package and what rate they would charge. They have requested a number of data elements, some of which could not be provided due to HIPAA requirements. Ms. Smith said she has asked Delta Dental to submit their proposal no later than December in order to present it to the Board at the December 15th meeting. If the Board approved a dental carve out and there is a fiscal impact, an additional appropriation would have to be approved by the Legislature. Existing contracts with the health plans would have to be amended, so the earliest a carve out could be implemented would be July 1, 2004.

Wellmark Foundation Proposal:

On August 27, 2003, The Wellmark Foundation sent a letter to Governor Vilsack stating that they believe fundamental changes in the *hawk-i* enrollment process needs to occur before headway is made in enrollment. What prompted this letter was a grant request for \$48,000 submitted to them by the Iowa Department of Public Health on behalf of the Iowa Covering Kids and Families State Coalition.

Mr. Huston, also a member of the Foundation, explained that every request that goes to the Wellmark Foundation has an independent review board that reviews the proposal and rates it. In this case, the review board felt that there were barriers to enrollment and kids were not enrolling like they should. Recently the Foundation conducted a successful public/private partnership with the Department of Natural Resources and they believe there is potential to replicate this type of success within the *hawk-i* arena.

Ms. Smith directed the Board's attention to the third paragraph of the letter that states, "The Wellmark Foundation Review Committee (Committee) scored this specific proposal high, but expressed concerns to the Board regarding the structural issues that continue to surround the administration of **hawk-i**". Ms. Smith said that Director Concannon is making contact with members of the Foundation to identify what they see as "structural barriers" in this program. A Committee is being formed to look into these concerns and hopefully will have met before the December 15th **hawk-i** Board meeting.

Medicaid Referral Process Improvement Plan:

Ms. Smith told the Board that the process of enrolling children who have become ineligible for Medicaid into the **hawk-i** program is being improved. Although a process is in place, there have been varying degrees of success. The following improvements are being made:

- A system is being developed so that the income maintenance workers in the field will refer children automatically through the system electronically, rather than having to complete the forms and copy all the paperwork. Referrals to the **hawk-i** program are being added as part of the Medicaid MEQC quality control. These measures will report an error if a referral should have been made, but was not.
- The Medicaid notice of cancellation is being modified so that if a family with children is cancelled from Medicaid due to excess income, the notice will automatically include a statement that the children are being referred to **hawk-i**.
- **hawk-i** will receive a monthly report of all the families that were cancelled from Medicaid due to excess income so that follow-up is made to ensure that those referrals are being made.

Ms. Smith said she believes this will be a huge relief for the workers in the field, making it much simpler for them to make the referrals. It will also be a lot better for the families involved. An implementation date has not been set, however, Director Concannon has given this project a high priority within the Department.

Ms. Smith said that staff will be conducting a test project for **hawk-i** renewals in December and January. A renewal reminder postcard has been developed to send to families advising them that they will be receiving a renewal form in the mail in the near future and they should start gathering their income information. The card asks that if they are not planning on renewing, to call the **hawk-i** 800 number and tell why.

CMS Site Visit:

Ms. Smith announced that the draft report from CMS is very complimentary of the **hawk-i** program. CMS believes the program is being administered in an effective and efficient manner. Praise was received for outreach efforts, development of an electronic application, and the performance measures and quality improvement efforts in place.

OIG Audit Update:

Ms. Smith said the Department has received a preliminary report from the Office of Inspector General auditors regarding their review and the Department is in the process of responding to it. Once they have received the response and considered the comments, they will develop their report to CMS. The auditors' findings primarily have to do with documentation issues. In several cases they have felt there was not adequate documentation. Ms. Smith said once the final report is issued, CMS will ask the state to respond.

PAM Project:

This is a new project sponsored by CMS and stands for "payment accuracy measurement" project. Participation is optional to this year, but mandatory after that. CMS has developed a model to test the accuracy of fee for service claims, managed care claims, capitation payments and recipient eligibility and applies to both Medicaid and SCHIP. The cost this year will be paid for with 100% federal funds. \$150,000 has been budgeted for the SCHIP component, 75% will come out of our SCHIP allotment, then the 25% which otherwise would have been the state's matching share will be paid for from a federal fraud and abuse fund.

Draft Outcomes Report:

Federal regulations require states to identify specific outcome measurements in their state plan. Two elements having to do with outreach and enrollment are predefined, but beyond that the state has the flexibility to identify and define outcome measurements that they want to look at. The Clinical Advisory Committee wanted measurements for HEDIS and one special study report, Attention Deficit Hyperactivity Disorder for Kids in *hawk-i*. The Board was given copies of two draft reports from the University of Iowa Public Policy Center for their review. Dr. Pete Damiano will be at the December Board meeting to present the final report. Ms. Smith told the Board that if they had any comments they would like to share with the Public Policy Center before the reports are finalized, to contact them directly. These reports will also be included in the Department's annual report to CMS to demonstrating that the state plan requirement is being met.

Electronic Application Update:

Demonstrations of the new electronic application have been held for several groups and internal testing has been ongoing. Community Health of Jones County, Community Health Services of Marion County, VNA of Dubuque, and Healthcare Coverage for Kids in Polk County will be doing some independent testing. Ms. Smith said that very little direction has been given to them, because the goal is that any member of the public should be able to go into the website, follow the directions, and submit a completed application with very little help. Ms. Smith said she is hopeful that testing will be completed in the next several weeks with a December 1 implementation.

Annual Report to the Legislature:

Ms. Smith said that staff will be working on *hawk-i*'s annual report to the Legislature. The report will be sent out for review before the December Board meeting so any changes can be incorporated and the report finalized before it must be submitted to the Legislature in January.

PUBLIC COMMENT:

There were no public comments.

ADOPTION OF ADMINISTRATIVE RULES:

The rule amendments change the number of times the Board is required to meet from 10 to 6 times a year, and eliminates the six-month waiting period for children who previously had health insurance. These rules are identical to those filed under Notice of Intended Action, and no public comment was received.

Jim Yeast made a motion to approve the administrative rule amendments for adoption. Wanda Wyatt Hardwick seconded the motion. Unanimous approval was made by Wanda Wyatt Hardwick, Julie McMahon, Charlotte Burt, Jim Yeast, Susan Voss, Susan Salter, and Eldon Huston.

GRASSROOTS OUTREACH UPDATE:

Angie Doyle Scar, *hawk-i* outreach coordinator, updated the Board on recent outreach activities:

Lt. Governor Roundtable Discussions: Lt. Governor Pederson's office contacted Ms. Doyle Scar and asked if she would help coordinate several community roundtable discussions about *hawk-i* outreach strategies. The roundtables were very well attended by a variety of community representatives, including school nurses, medical providers, ministers, Farm Bureau agents, legislators, workforce agencies, childcare organizations, and media representatives.

Statewide Outreach Activities: State staff developed a *hawk-i* "leave behind piece". This one-page fact sheet about *hawk-i* will be used as an information summary to be handed out at outreach activities. The information included is simple enough for families of all reading levels to understand, but also comprehensive enough that professionals such as medical providers may find it useful.

hawk-i staff met with the following groups and representatives:

- Association of Iowa Workforce Partners (AIWP). This association addresses workforce and employment issues. Most members of this association are directors of Iowa's regional workforce offices and have expressed strong support for the *hawk-i* program.

- Minority Health and Immigrant Health. The purpose of this meeting was to solicit suggestions and ideas to reach out to minority populations.
- Division of Latino Affairs & Status of African Americans. Attended a welcome reception for the new directors of these divisions, Kimberly Baxter and Jon-Paul Chaisson-Cardenas.

hawk-i staff conducted outreach activities at:

- Statewide Diversity Conference
- Iowa Association for the Education of Young Children
- “A Celebration of Strong Families and Neighborhoods”
- Collaborated with Covering Kids staff to conduct outreach activities at the national healthcare symposium.

Local Outreach Activities - Agencies submitted the final quarterly reports for the year. The quarterly reports are currently being reviewed and staff will conduct follow-up with agencies that may need additional guidance in their outreach efforts.

During August and September agencies focused on back-to-school events in the communities. Coordinators followed-up with schools after DHS’s initial mailing of ***hawk-i*** brochures. This project has proven to be a great success.

Training - Coordinators attended the Bureau of Family Health and Child Health Specialty Clinics Fall Seminar October 2nd in Cedar Rapids.

- Anita Smith presented the new electronic application.
- Results of the Iowa Child and Family Household Health Survey was presented by Dr. Damiano and Jean Willard, Health Policy Research Program.
- University of Iowa – The relationship between insurance coverage (i.e. private insurance, Medicaid, and uninsured) and access to health care and health status of Iowa’s children were discussed.
- Participants discussed the outcomes of the series of questions posed to the outreach coordinators by the CKF Now task force concerning outreach barriers.

Julie McMahon asked if during the roundtables with the Lt. Governor if any particular barriers were identified or if any particular outreach efforts seemed to be more successful than others. Ms. Doyle Scar responded that this was a great opportunity to show the Lt. Governor all the outreach activities that happen. Ms. Doyle Scar said the Lt. Governor came away extremely pleased with these roundtables because there was so much positive discussion on outreach efforts. The original plan for the roundtables was to discuss outreach efforts with the minority and underserved populations. It was revealed that farm families and children age 1 to 4 were populations that also should be addressed. Access to dental providers was a big issue as well as documented citizens.

Senator Veenstra commented that he recently received a report from a group associated with Spencer Hospital’s occupational health service program in Clay County.

They conducted a survey in nine northwest Iowa counties. The survey related to health insurance in general, but did reveal some statistics about children. Senator Veenstra said he thought their report was very interesting and wondered how it might blend into *hawk-i* coverage as a resource for outreach. The survey found 500 children in the area that were uncovered and 175 of them would be eligible for either *hawk-i* or Medicaid.

Ms. Smith asked Senator Veenstra if he had more information on the survey. Senator Veenstra said it was a collaborative project among several agencies, but the lead agency was from the Spencer Hospital, "Agri-Safe Occupational Health Services". Also Community Health Services of Spencer, Spencer Family Care, Lakes Area Decat, Fisher Family Chiropractic, and others. Senator Veenstra said it this is similar to what some of the county extension offices have done in the past, particularly as it relates to farm safety. They focus on the agricultural community and may have some data that would be helpful.

Ms. Smith said that Director Concannon is interested in working on developing a partnership with the Iowa Hospital Association to try to involve them in outreach efforts with their patients who are self-pay.

Mr. Huston asked how long the current outreach program with the contract with Iowa Department of Public Health has been in effect. Ms. Doyle Scar responded that it began in October, 2002, and she began as outreach coordinator in February, 2003. Mr. Huston requested that Ms. Doyle Scar provide the Board with an annual report in February 2004.

COVERING KIDS & FAMILIES UPDATE:

Beth Jones, Iowa Department of Public Health, reported that Sonni Vierling is no longer with the Department of Public Health, but is now working with Visiting Nurse Services in Des Moines, and is part of the local Covering Kids and Families project. Public Health is the process of recruiting someone to assume the state coordinator duties. In the interim, Ms. Jones and Jane Borst will be handling those duties.

Ms. Jones said that a contracted evaluator is currently working on the evaluation of the Spanish PSA's that aired earlier. Results should be available in mid-November. If the results show these announcements were effective, they will be replicated and distributed.

Ms. Jones reported that their "Helping Families Access Health Insurance" brochure has been translated into Spanish. This is based on a HRSA document they received permission to reproduce and is English on one side and Spanish on the other. Many of the outreach coordinators are using this brochure and anyone wanting copies can order them through Ms. Jones.

Deb Kazmerzak updated the Board on the activities of the Covering Kids Now Task Force. Their most recent Issue Brief on presumptive Medicaid eligibility for children was given to the Board. At the time the data as collected, a year ago, 10 states had presumptive eligibility for children, and another 7 had it in their SCHIP program.

Several weeks ago Ms. Kazmerzak and Ms. Doyle Scar co-facilitated a session with outreach workers in Cedar Rapids. Ms. Kazmerzak listed the priority issues that were mentioned, some of which are already being addressed by the Department.

- Families are shuffled between Medicaid and *hawk-i*. (Being addressed). Some of the outreach workers have already noticed an improvement in that area
- Dental care in both Medicaid and *hawk-i*. There are not enough dental providers.
- The outreach workers support the idea of access to dental coverage only. For example, a family has a health plan that does not include dental, it would be nice if they could just access dental through *hawk-i* to supplement their coverage.
- The workers are very supportive of streamlining eligibility guidelines between both programs to ease confusion.

Ms. Smith told the Board that she and Mr. Baldwin have been visiting Department offices throughout the state conducting training sessions. They discuss the referral process and answer questions. These visits will continue into next year until every area has been visited.

NEW BUSINESS:

There was no new business to present before the Board.

The Board's next meeting is Monday, December 15, 2003, at 1:30 in the Oak Room at the Des Moines Botanical Center.