

HEALTHY AND WELL KIDS IN IOWA (*hawk-i*)
BOARD MEETING
MINUTES
September 17, 2001

BOARD MEMBERS:

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

LEGISLATIVE BOARD MEMBERS:

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

DEPARTMENT OF HUMAN SERVICES:

Cathy R. Anderson
Anita Smith
Shellie Goldman
Anna Ruggle

ATTORNEY GENERAL'S OFFICE:

Marne Woods

GUESTS:

Wendy DeWitt
Leila Carlson
Susi Hartman
Sonni Vierling
Megan Daley
Diane Ellis
Sara Schneider
Lisa Kincaid
Lisa Huff
Karen Brown
Barbara Fox-Goldizen
Jim Donoghue
Alice Bengé
Steve Conway
Nancy Palm
Ed Conlow
Magi York

AFFILIATION

Iowa Health Solutions
National Association of Social Workers
Iowa Dept. of Public Health - Covering Kids
Iowa Dept. of Public Health - Covering Kids
National Association of Social Workers
Covering Kids
DHS
John Deere Health
Polk County *hawk-i* Outreach
Polk County *hawk-i* Outreach
MAXIMUS
Broadlawns
SIEDA - *hawk-i* Outreach
Senate Democratic Staff
Healthy Linn Care Network
House Democratic Staff
Mid-Iowa Community Action

MEETING CALLED TO ORDER:

The Healthy and Well Kids in Iowa (*hawk-i*) Board met on Monday, September 17, 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 12:40 p.m. A quorum was not present.

The Board observed a minute of silence in memory of the victims of the September 11, 2001, terrorist attacks.

Anita Smith introduced Cathy Anderson, Chief Deputy Director of the Iowa Department of Human Services. Ms. Anderson is also the Acting Administrator of the Division of Medical Services.

Ms. Anderson told the Board that recruitment to fill the vacant Division Administrator position will begin in two or three weeks. A national recruiting effort will take place, and the Department will work with various organizations such as the Medicaid Directors Association to reach people who have the knowledge and ability to fill this position. Ms. Anderson said that three or four other states are also seeking Medicaid Directors, so the Department will quickly learn how difficult or easily the position will be to fill. Ms. Anderson will remain as Acting Administrator until the position is filled, so if the Board has any questions or concerns they should be directed to her.

REVIEW OF CORRESPONDENCE, REPORTS, & OTHER STATE NEWS:

Ms. Smith reviewed the correspondence:

- The ***hawk-i*** Unit was nominated for the "Governor's Golden Dome Award" for Team of the Year recognition for 2001. A total of 73 teams were nominated, and the ***hawk-i*** team was one of seven teams selected for the award.
- An August 8, 2001, letter from Iowa Health Solutions. This letter responds to the Iowa Dental Association's concerns about Iowa Health Solutions' policy on dental pre-treatment estimates for ***hawk-i*** enrollees. Iowa Health Solutions' response indicated that faxing or sending a pre-treatment request will no longer be necessary and that the dental request for authorizations will be handled by telephone.
- July 31, 2001, letter from CMS to Talbert Davenport, Chairman of the Sac and Fox Tribe of the Mississippi in Iowa. The Tribal Government was requesting that Health and Human Services consider allowing the Tribe to create their own Medicaid and CHIP programs. The response from CMS is that, at this time, there is no federal legislative authority to allow Tribes to direct their own programs. However, CMS is directing states to include the Tribes in the development of any waivers and state plan amendments.

Susie Poulton arrived at the meeting at this time. A quorum was now present.

- An Associated Press article from the August 21, 2001, Omaha World Herald regarding unused federal funding. Ms. Smith said that this article was the result of the Board's discussion at the August meeting. Ms. Smith said that unfortunately the AP reporter in the audience chose to continue along the theme that states are not doing a good job and that is why money is going back unspent. Ms. Smith said that the article did contain an inaccuracy. The article said the ***hawk-i*** program covers children and families who are employed but either don't have health insurance for their kids or pay more than 5% of their income for that coverage. This same

statement ran in the Cedar Rapids Gazette and resulted in several phone calls from people who were denied because their children were insured, but they were paying more than 5% of their income for the insurance and did not want to drop the coverage. The AP article was also picked up by Kaiser Network, who further misrepresented the information. The AP article did correctly state that Iowa has kids covered under Medicaid and *hawk-i*. The Kaiser article indicated Iowa only has kids covered under *hawk-i*, totalling 10,270. Kaiser did not mention the CHIP funds used for Medicaid expansion. Ms. Smith said that as a result of that article she was received an inquiry from Senator Grassley's office.

- August 31, 2001, Des Moines Register article stating the success of *hawk-i* outreach is breaking the Medicaid budget. Ms. Smith said that this has to do with the fact that *hawk-i* is identifying so many children that are falling into the Medicaid roles it is affecting the part of the Medicaid budget that is not funded with CHIP dollars.

Dr. Schor asked if the Department has any evidence to show that Medicaid enrollment has gone up because of *hawk-i* activities. Ms. Smith said that 50% of *hawk-i* applications are being referred to Medicaid, but there is not a mechanism in place to track if Medicaid enrollments came in through *hawk-i* or whether they came in some other way. Ms. Anderson said that the increased number of eligibles for Medicaid are the elderly, children, and people with disabilities. Ms. Anderson said that the Department knows that about 50% of the children who applied for *hawk-i* were actually eligible for Medicaid and that has contributed to some extent to the increased eligibility. However, this cannot be attributed entirely to the recruitment efforts because those individuals met the requirements and they may have applied eventually anyway.

Dr. Schor said that it is his understanding that other states are also seeing an increase in applications in their income-based programs, presumably due to more economic stress among families. Dr. Schor said that he suspects a large portion comes in through *hawk-i* because the program is visible and it is a way to fill out a form. Ms. Anderson noted that about 45 other states are also seeing their number of eligibles increase.

- September 2001 NEA Today. This is a publication that is received by every teacher in the state. This issue contained a very good article about the CHIP program, what it is, and why it is important for schools to help promote it. Former Board member Nancy Mounts forwarded the article to the Board's attention.
- A Los Angeles Times editorial that was reprinted in the Des Moines Register on September 4, 2001, "Insurance shoved to the back burner". The editorial suggests that there will not be enough money to fund S 1244, the recently introduced Family Care Act. The proposed legislation would have required Medicaid to have the same application as CHIP, and a variety of enhancements to the program.

- An article that appeared in several newspapers in Northwest Iowa was sent in by outreach worker Connie Hopper. The article discusses the *hawk-i* program and features a family with three children who now have coverage.
- September 2, 2001, Des Moines Register editorial discussing the numbers of uninsured Iowans. The article focuses on the fact that health insurance premiums are expected to increase 13% or more this next year and because of that, employers most likely will pass the cost on to their employees. This will make many plans unaffordable for employees resulting in more demand for both Medicaid and *hawk-i*.
- September 6, 2001, Denver Post article. One of Colorado's largest HMO's incurred a \$7 million accounting error, which has made them "at risk". This HMO provides health care coverage to Colorado's CHIP and Medicaid members.

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 AUGUST 20, 2001, MEETING MINUTES:

Ed Schor made a motion to approve the August 20, 2001, minutes as written. Diane Briest seconded the motion. Unanimous approval was made by Ed Schor, Diane Briest, Terri Vaughan, Susie Poulton, and Eldon Huston.

DISCUSSION AND ADOPTION OF BOARD BYLAWS:

Board members indicated they all had an opportunity to review the draft of the *hawk-i* Board's bylaws. There were no changes. Terri Vaughan made a motion to approve the bylaws as drafted. Diane Briest seconded the motion. Unanimous approval was made by Ed Schor, Diane Briest, Terri Vaughan, Susie Poulton, and Eldon Huston.

ADMINISTRATOR'S REPORT:

Budget:

The Final SFY 2001 CHIP Budget shows that \$1.1 million was reverted to the General Fund. Without the interest earned from the *hawk-i* trust fund, the balance reverted would have been \$812,000. The primary reason for the reversion is that the Medicaid expansion children were not as expensive as originally projected. Ms. Smith said that there had been a 29% increase in expenditures the previous year so that is what was budgeted for FY 01. Ms. Smith noted that \$1.3 million had previously been deappropriated for FY 01 earlier in the fiscal year.

Ms. Anderson reported that the Council on Human Services recently met to consider the Department's SFY 03 budget request, which included the *hawk-i* Board's budget recommendations. The FY 01 budget year ended with a \$17 million shortfall in the Medicaid budget and the Department entered FY 02 with 16,800 additional eligibles for Medicaid. Ms. Anderson said there has been a higher utilization in inpatient and outpatient services and a potential shortfall of \$20 to \$25 million beyond what was budgeted for this year. Due to the current revenue projections, only three programs were allowed to have an increase: Civil Commitment Unit for Sexual Offenders, Medicaid, and *hawk-i*. Ms. Anderson said the only other program area where there was an increase is in the child welfare program.

Ms. Anderson said that a total of 19 budget decision packages were presented to the Council. Packages 10 through 18 were the *hawk-i* Board's recommendations, and package 19 was non-implementation of the *hawk-i* Board's recommendations. Unfortunately, the Council voted for package 19, non-implementation. Ms. Anderson said the Council voted on the budget decisions with a heavy heart, but they had to be fiscally responsible recognizing the economic condition of the state and what resources were available. Package number 9 was approved and it provides the state matching funds to increase the *hawk-i* plan from FY 02 year-end eligible count of 16,039 to FY 03 projected monthly average of 19,431.

Ms. Smith said she believes that this budget will allow *hawk-i* to continue to grow as far as adding eligibles to the program, but will not provide funding for additional staff, the development of an electronic application, or the Clinical Advisory Committees recommendations to increase benefits.

Mr. Huston wanted to know what percentage of the Medicaid over-run is attributed to children's services and what is attributed to adult services. Ms. Anderson said she did not have that information with her at the time, but could provide it. Ms. Anderson said the first two items are long term care, (the elderly and disabled), and prescription drugs, and the issues around the inpatient and outpatient utilization of services. Ms. Anderson said the Department has started an analysis of the new children in the Medicaid program and are looking at what kinds of service they are accessing and what age category.

Ms. Anderson told the Board that the Governor has asked the leadership of the Legislature to join with him in an analysis of Medicaid costs and how the costs will be addressed. This meeting will include not only the Executive Branch and Legislative leadership, but also resources from the National Council of State Legislatures, National Governors Association, and the Medicaid Directors Association. This meeting is scheduled to take place in October.

Senator Veenstra indicated that he has been asked to serve on that panel.

Ms. Smith then discussed Iowa's SCHIP allotments and their timetable with the Board. Currently Iowa has approximately \$64.6 million in federal funding available after the reversion of FY 99 funding. On October 1st an additional allotment of \$32.9 million will be available (FFY 02 funding). Ms. Smith provided a timetable of the allotments,

anticipated expenditures, and reversion dates to the Board to assist them in answering any inquiries about federal funding.

Ms. Smith shared a report from the Urban Institute that analyzed CHIP expenditures and the relationship to the allotments for the 50 states. The majority of the states, (39) have spent less than 30% of their FY 99 allotment. Iowa has spent 27%. Other states in region 7: Nebraska 21%; Kansas 24%; and Missouri (at 300% of poverty) 38%. The authors of the report stated, " The SCHIP program should not be judged by how closely states' spending patterns track the federal SCHIP allotments given the unusual funding pattern for SCHIP, the authors conclude." Ms. Smith noted that Iowa is above the average in spending for both FY 98 and FY 99.

The Board was also provided with a U.S. General Accounting Office report that discusses whether or not there will be adequate funding to cover children if states expand to adults. Many of the states that are covering adults are relying on the reversion of SCHIP dollars from other states to help fund their expansion, so there is concern about the long term funding of the program and whether the states that are covering adults will be taking away from states that have not yet covered all their children.

Ms. Smith then updated the Board on several pieces of old business.

The Board had asked for the distribution of the children previously enrolled in Unity Choice. John Deere received about 48% of the enrollments, Wellmark indemnity 33%, and Iowa Health Solutions 18%.

At a previous Board meeting Senator Hammond asked about the annual report to the Legislature and the annual report to CMS and asked if those could be combined into one report that would satisfy the requirements for each. Shellie Goldman prepared an analysis of what is included in both reports. The Board was asked to review for discussion at the October meeting on how they would like staff to proceed.

Ms. Smith said that at the August Board meeting she mentioned that in September the Legislative Oversight Committee was going to be discussing *hawk-i*. At this point, the subject has not officially been set on the agenda. Ms. Smith will let the Board know when it is scheduled.

Enrollment & Statistics

There was a slight increase in enrollments during August after slight decreases the previous two months. Current enrollment for *hawk-i* and Medicaid expansion is 21,466, (*hawk-i* had an increase of 275 children). With all the back to school activities applications have started to increase again, so the upward trend is expected to continue.

Ms. Smith reviewed several statistical reports and stated there has not been any change in trends.

Ms. Poulton asked if any of the kids dropping out of the program were due to Unity Choice leaving the program. Ms. Smith said that no one should have dropped out because families with Unity Choice were automatically enrolled into another plan. However, they may have subsequently dropped because they did not want to change physicians.

Senator Veenstra inquired about the re-enrollment process and whether once a child is enrolled if that is continuous until they fail to pay the premium or fail to meet some other requirement. Ms. Smith explained that a child is enrolled for 12 months at a time. During the 10th month of the 12-month enrollment period a pre-printed application form is sent to the family. The form is already filled in with the information except for current income. The family is asked to make sure all the information is correct, complete the income information, sign the form, and return it. After the renewal is sent, the family gets two reminders and reminder phone calls. Ten days before they are due to be cancelled a cancellation notice is sent. There are a total of five attempted contacts with a family before they are actually cancelled.

Ms. Smith said the federal government requires, at minimum, an annual renewal. Some states have gone to passive renewal which means a form is sent to the family informing them that unless they inform the state that there is a change, the state assumes that things are still the same and will continue the enrollment. One of the problems with passive renewal is that children have actually left the state and because the state was not informed of that fact they were still paying the capitated payments to the health plan.

Wellmark Update:

Ms. Smith said that she had previously reported to the Board that Wellmark indicated they might consider coming back into the *hawk-i* program with one of their other managed care products. Peter Roberts, of Wellmark, told Ms. Smith that there is no interest on the part of their provider partners to come back into the program. The provider partners felt that there was adequate coverage with the existing health plans. The one exception was Covenant and they indicated they were going to contact one of the health plans already participating to see if they could get them to expand into Black Hawk County.

Dr. Schor and Mr. Huston both expressed their disappointment in the health plans commitment to assuring that children in the state have access to health care.

Outreach Worker Training Update:

The training will be held on September 25, 2001, in the Oak Room at the Des Moines Botanical Center. At this time, there are about 70 people registered to attend, with several more days until the registration deadline.

Mr. Huston indicated he intends to be present for part of the day.

ADMINISTRATIVE RULES FOR ADOPTION:

These rules are identical to those approved by the Board and filed as Notice of Intended Action with one exception. At the request of the Legislative Rules Review Committee, the word "transitional" in the second sentence of the preamble for Chapter 86 will not be struck. Ms. Smith said as part of comments received through the Executive Order #8 process, one commenter commented that the word "transitional" in the preamble inferred that *hawk-i* benefits are time limited, such as transitional Medicaid where coverage is limited to 12 months. The Department agreed and took the word out. However, the Legislative Rules Review Committee felt that striking the word would change the intent of the legislation because Iowa Code Section 514I states the program is to help people transition between periods of insurance and uninsurance.

Ms. Smith said the committee also had a long discussion of why *hawk-i* was automatically assigning health plans; some legislators felt it was simply to increase enrollment. Ms. Smith said she explained to the committee that auto-enrollment was for families that had already applied, who were determined eligible, and had not selected a health plan for their child.

Terri Vaughan made a motion to approve the rules for adoption. Susie Poulton seconded the motion. Unanimous approval was made by Ed Schor, Diane Briest, Terri Vaughan, Susie Poulton, and Eldon Huston.

PUBLIC COMMENT:

There were no public comments.

OUTREACH WITHIN COMMUNITY ORGANIZATIONS:

Magi York, Executive Director, Mid-Iowa Community Action in Marshalltown, Iowa, spoke to the Board. Ms. York said Mid-Iowa is a nonprofit organization and their charge is to meet the needs of low-income families. Mid-Iowa Community serves Tama, Marshall, Hardin, Poweshiek, and Story Counties, and serves about 23,000 families per year. Ms. York said they are best known for their involvement with the Head Start Program. They are also involved with the Women's, Infants and Children program, and Maternal Child Health programs. Ms. York said that Mid-Iowa Community Action has a lot of access to low-income families, who would meet the eligibility criteria for *hawk-i*.

Ms. York said she had asked for time on the agenda in order to express her concern about the loss of outreach dollars from the *hawk-i* program. Ms. York said that she feels that face-to-face contact is one way to ensure that families receive services. With the reduction of the \$100,000 appropriation that had been allocated to the Department of Human Rights for their pilot projects, Ms. York said they are having less contact with families. Ms. York said the pilot project showed that direct contact with families and personally assisting families through the process is essential to getting children enrolled in *hawk-i*. Ms. York stated that the Department of Human Services has made an admirable attempt to do that, but the Department is underfunded. Even though the application process has been simplified, families fear the application and often times will

start the process, only to let the process end because they don't know how to take the next step. Ms. York said her other concern is that the outreach workers do not have access to enrollment information so when it is time for a family to renew, outreach workers are not able to contact the family and help them through the process. Ms. York said it seems to her that when enrollment is increased by adding new enrollees, other enrollees are dropping off for not renewing, so they are not seeing an increased use of *hawk-i* by children in the state.

Ms. York asked the Board to look at how the dollars are spent within the program and whether advertising on radio and television is the only way to access families, or could there be renewed interest in the daily face-to-face contact. Ms. York said it is alarming to her that the state is not able to draw down the full federal share of funds when the statistics indicate there are 30,000 children eligible for the program.

Mr. Huston assured Ms. York that the Board has evaluated funding for grassroots efforts and media campaigns several times and will continue to evaluate funding for these efforts. Mr. Huston told Ms. York that the Department continues to provide money to local areas for grassroots outreach efforts, and in the same amount as the previous two years.

Dr. Schor said he is troubled by the number of families that don't re-enroll and wonders why they would not continue to take advantage of the program. Dr. Schor said that perhaps these families are not using health care so they don't see a benefit because they haven't experienced using private insurance and accessing health care for preventive services. Dr. Schor said he thought the question could be answered by looking at the encounter data for the kids who are not re-enrolled to determine if they did or did not access health care during the course of the year. Dr. Schor said if families are not re-enrolling because they haven't accessed health care, then there needs to be an active program that helps families use health care and understand preventive health care services, such as what is done in the Medicaid program with care coordination. Dr. Schor said that there may be an underlying problem in terms of access and health care that is influencing the re-enrollment process.

Ms. Smith reminded the Board that Iowa is one of the states participating in a national study on retention and re-enrollment and the results of that survey should be available soon. The study included surveys of families and one of the questions they are asking is if the families used their health insurance.

COVERING KIDS UPDATE:

Denise Hill, representing the Covering Kids Task Force, told the Board that the task force last met on August 22nd. One of the issues discussed at that meeting was the amount of money taken out of the *hawk-i* trust fund in the past year, leaving the fund without a "safety cushion". The task force is concerned that the money will not be replaced given other budget issues. The task force is also concerned that there is not funding for the outreach coordinator or other positions. Ms. Hill said that the task force realizes that it is hard to make the argument when state government is having layoffs, but at the same time there is so much money being invested in the *hawk-i* program

there are concerns on why, for example, the outreach coordinator's position is not filled. The number of applicants went up dramatically during the statewide media blitz, and there is the need for coordination of these efforts.

Ms. Hill said the task force also discussed the *hawk-i* information that went out through the free and reduced lunch program. The task force suggests adding a line in Spanish to the letter and application with the 800 number for parents who are Spanish-speaking to call. The task force also recognizes there are other languages, but adding the line in Spanish would be a starting point to get this program off the ground. Ms. Hill told the Board that if there are ways the task force can help the *hawk-i* Board or staff to help schools participate in the program to let her know.

The task force also had Dennis Janssen from the Department of Human Services attend their meeting to discuss Medicaid managed care. Ms. Hill said that even though the *hawk-i* Board doesn't oversee the Medicaid program, there is so much overflow between the two programs she wanted to share some of the feedback. It was also suggested that Medicaid materials include a line in Spanish referencing an 800 number for Spanish-speaking assistance. There were also reminders about the level of literacy and the large amount of material mailed. If all the information is necessary, and it is believed that it is, then there is a need for outreach workers or other people to walk people through the process. It was questioned why paternity of a child applying is required on the application and it was also suggested that it be clearly designated that the choice of provider needs to be returned. This may have ramifications for *hawk-i* as well. Pete Damiano from the Public Policy Center presented the *hawk-i* survey results to the task force and Anne Kinzel from the Department of Public Health shared her presentation on the uninsured in the State of Iowa.

Ms. Hill said the task force appeals to the public policy decision makers to understand the value of an ongoing media campaign and that marketing strategies need to be changed to focus on group enrollments instead of individuals, which is how typical insurance is sold. The task force believes that incentives could be built into that system. For example, schools could be rewarded with computers or other incentives for identifying children in their community and getting them enrolled. The task force will be meeting at the end of October and will continue their discussion of stigma barriers and will be reviewing public policy priorities for the upcoming year. Ms. Hill reminded the Board that the task force is available to them to have in-depth discussion on areas of concern.

Mr. Huston asked if the Covering Kids Task Force would be able to support the Board's budget recommendations for expanded coverage and for additional staff and help get that message before the Legislature. Ms. Hill said that because they are funded by a Robert Wood Johnson grant there is a restriction on lobbying, however, task force members could have certain input and make recommendations.

Ms. Poulton asked for more details about incentives for enrollment. Ms. Hill said there had been discussion in the past about "finders fees" and looking how that has worked in other states. There have been some positives but also a lot of concerns.

Ms. Poulton asked if there were any regulations that would prevent such incentives. Ms. Smith responded that what the task force had discussed was instead of giving an organization funds to go out and find these kids, *hawk-i* may be better served by telling schools, "if you increase your enrollment or meet a target goal that your kids are either insured, on Medicaid, or on *hawk-i*", and give them an incentive such as computers. Ms. Smith said she thinks outreach dollars could be spent for those types of incentives because everybody in the school is being rewarded as opposed to just one person. Ms. Smith cautioned that there is a downside. For example, when California first started their program they were not paying incentives and they had many volunteers doing outreach. California now pays a \$50 finder's fee for a successful application. Now no one will help fill out an application unless they are being paid for it so they lost all of the volunteers. The first year California went \$10 million over their budget, so they've had to add additional dollars in their budget to accommodate these fees.

THE *hawk-i* APPLICATION - ARE WE REACHING EVERYONE?:

Mardi Barnes told the Board that she is a graduate student with the MSW Program, University of Iowa satellite campus in Des Moines. In addition, she is the administrator of a family-centered service agency in central Iowa. Ms. Barnes said that she worked for the Division of Latino Affairs this past summer and her task was to research the *hawk-i* application.

Ms. Barnes said she researched the CHIP program and how the money flows through CMS. She spoke to representatives from other states and reviewed their applications. Ms. Barnes said she had three different individuals translate the Spanish application and then compared that application with the English application. Ms. Barnes told the Board that, based on her research, she is making the following recommendations:

- The Spanish application be rewritten.
- The application needs to be translated appropriately parallel to the English application.
- The language be reduced to a fourth grade level.
- Reword questions that would reflect a more culturally sensitive perspective.
- Ensure information in regard to INS is very clear on both applications.
- Remove requests for social security numbers.
- Create a two-part application eliminating repetitive questions: the first part to be filled out for *hawk-i* services and if it is deemed they fall below the income requirements, then the second part is filled out for Medicaid, which then could require information such as the social security number.
- Remove Section 3 that requests information from "others in the home" given they are not computed into financial eligibility.
- Reword the title bar in Section 2 of the Spanish application to create a section for the applicant.
- Utilize a phone translator in Spanish, Asian, Bosnian & Sudanese for individuals who have limited reading skills (especially useful in outlying communities with minorities who do not have access to translator or limited access).
- Measure outcomes.

Mr. Huston told Ms. Barnes that the Board has attempted to be very sensitive to this issue and that the Spanish application and brochure have been translated several times by different Latino groups. The groups that have done the translations don't always agree on the translation and the Department is currently in the process of revising it again. In addition, the application was just reviewed by a national organization that, among other things, looked at the reading level and made recommendations. Mr. Huston told Ms. Barnes that her presentation will be good information as this process continues and asked Ms. Smith to provide additional background on the process.

Ms. Smith explained that the Division of Latino Affairs translated the current Spanish application and the Department is now having it re-translated. The translation is being done by an ESL coordinator in Sioux City, who complained about many of the same things Ms. Barnes mentioned. Ms. Smith clarified that the statement Ms. Barnes made regarding Section 3 of the application is not quite accurate. It is necessary to have information about other people in the household for whom they are not applying. Using the example of a household of mom, dad, and four children, and two of those children have insurance. The Department still needs to know about those kids even though an application is not being made for them because they are considered in household size. Also, the new CHIP regulations do allow states to require a social security number. Ms. Smith said that the Department has been working very long and hard to get the Spanish brochure retranslated and that process is now in the final stages. Once that process is completed, the next goal is to completely review the application in its entirety and have it retranslated again to address some of the other issues that have come up, such as those from the literacy study. Ms. Smith told Ms. Barnes that the Department is aware of many of the issues Ms. Barnes has presented and is working to change them.

Dr. Schor asked if MAXIMUS has identified any fields on the Spanish application that appear to be problematic. Ms. Smith said yes, for example, families are not listing both the first and last names of the children in Section 2, so that is being clarified. Ms. Smith said that the new CHIP regulations will require asking additional questions in regard to Medicaid screening. Since the application is legislatively mandated to two pages, it will be challenging. More of the instructions will have to be incorporated into the brochure and the application just listing the question without the full explanation.

Representative Greimann asked about the statement that the application is not shared with Immigration and Nationalization Services and was that statement left off the Spanish application. Ms. Smith said it is back on the Spanish application. The English application was sent to the translator so the Spanish application will match the English application.

"CARVING OUT" DENTAL SERVICES:

At a previous meeting the Board asked Ms. Smith to look into the possibility of carving out dental instead of having the health plans cover it. Marne Woods, Attorney General's Office, said that she did not see anything in Iowa Code Section 514I that would prohibit carving out dental services from the health plans. Ms. Smith said she contacted other states to see how dental coverage is provided.

Ms. Smith said that Florida's program is very complicated. They have kids in fee-for-service and in some cases the health plans are providing dental and in other cases it is carved out. Mississippi is all fee-for-service, not carved out, but Mississippi has an entirely fee-for-service plan. In Virginia the health plans provide dental except in rural areas and then it is fee-for-service. Michigan has four separate dental carve out contracts. Ms. Smith said there does not appear to be any reason that the dental could not be carved out and it would not require legislation, although she noted that at a previous Board meeting Senator Hammond mentioned that she thought legislators would want input.

Mr. Huston noted that whatever avenue the Board decided to pursue, they need to be sensitive to the three health plans now participating in *hawk-i* and what they want or do not want. Mr. Huston suggesting exploring the issue with the health plans to find out if they have strong feelings one way or another. Ms. Woods stated that nothing would prohibit asking that question. However, if the Board wishes to pursue carving out the dental, the Department would have to put out a "Request for Proposal" (RFP).

Senator Veenstra said he was curious as to why the Board is discussing carving out the dental portion and asked if there are efficiencies to be gained by doing so. Dr. Schor said he suggested having the discussion because from the very beginning of the program there have been more complaints about the lack of dental coverage than any other single medical coverage. The benefits are there, but dentists aren't participating.

Ms. Smith said that part of the issue is that some of the participating health plans have not traditionally provided dental services so this has been an additional area they have had to take on and it has been a learning process. Ms. Smith said that she has heard that dentists would be more willing to participate with a plan whose expertise is in the delivery of dental services as opposed to a health plan who has never done it before.

It was decided that Ms. Smith and Mr. Huston will make some inquiries to gauge the amount of interest and will report back to the Board.

REQUIRING SOCIAL SECURITY NUMBERS FOR *hawk-i*:

Ms. Smith said that up until the present time states could not ask for a CHIP applicant's social security number. The final CHIP regulations now will allow states the option to require a social security number. It is a requirement for Medicaid.

Ms. Smith said that over half of the *hawk-i* applicants are referred to Medicaid so administratively it is easier to ask for the number up front. Particularly as the Department tries to move toward one application for both programs. Another issue is with encounter data and the ability to track people without unique identifiers. When a social security number is not provided for *hawk-i*, a number is assigned when that data is transmitted to the health plans. When the health plans provide encounter data, sometimes the information does not match. For example, maybe Thomas Smith is enrolled in *hawk-i*, but his doctor's office turns in claim information for "Tommy".

On the other hand, requesting a social security number is one more piece of information that has to be requested from the applicant and there are issues with undocumented parents who have citizen children. A social security number would just be required for the child who is applying, not the parents or others in the household.

Ms. Vaughn said she concerned about the fraudulent use of social security numbers. Ms. Vaughn said that she recently testified before Congress on the use of social security numbers in insurance and was asking Congress for permission to use the numbers in a multi-state database for insurance agents. Ms. Vaughan said that she was told that social security numbers were for social security and that there has been an expansion in use beyond what was ever intended and Congress intends to stop it. Ms. Vaughan said that the Insurance Division is eliminating the use of social security numbers to track insurance agents and is considering eliminating them from health insurance identification cards. Ms. Vaughan said in light of these facts, the Board should be thinking of a different, long-term solution.

Dr. Schor said that the Department of Public Health is developing an integrated computerized database that will link Iowa birth records with immunization records. Dr. Schor said that this system must have some identifier other than a social security number and suggested speaking to someone in Vital Records to find out what kind of identifier they plan on using.

Ms. Woods added that the Attorney General's Office recently did an expose encouraging people not to give out those numbers because of identity fraud.

Ms. Smith said that she was surprised that the new CHIP regulations allow states to request social security numbers for the reasons Ms. Vaughan discussed. The Health Insurance Portability & Accountability Act (HIPAA) is not going to allow health plans to continue to use social security numbers for identifiers, nor will the Department of Transportation be allowed to continue to use them on drivers licenses. However, none of these examples change the rule that the numbers are necessary for Medicaid. Ms. Smith said that staff can continue with current practice, if the number is not provided on the *hawk-i* application and the application is referred to Medicaid, the number can be requested at that time.

The Board decided not to require social security numbers on *hawk-i* applications and to continue current practice.

NEW BUSINESS:

Dr. Schor requested a future agenda item. Dr. Schor asked that the Board consider carving out children's mental health services. Dr. Schor said that access to children's mental health services is as big a problem as is access for dental services. Dr. Schor said that the Medicaid program has carved out mental health services and if that is working, then the Board should be thinking about carving out the mental health services under *hawk-i* in the same fashion.

Ms. Smith asked the Board members to consider whether they want to meet in November. The regularly scheduled meeting would be Monday, November 19th, the week of Thanksgiving.

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

The Board's next meeting is Monday, October 15, 2001, at 12:30 in the Oak Room at the Des Moines Botanical Center.

The meeting was adjourned at 3:25 p.m.