

HEALTHY AND WELL KIDS IN IOWA (*hawk-i*)  
BOARD MEETING  
MINUTES  
March 18, 2002

**BOARD MEMBERS:**

Eldon Huston, Chair (via conference call)  
Angela Burke Boston (for Terri Vaughan)  
Charlotte Burt (for Ted Stilwill)  
Stephen Gleason (absent)  
Susie Poulton (absent)  
Diane Briest  
Barry Cleaveland, Acting Chair

**LEGISLATIVE BOARD MEMBERS:**

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

**DEPARTMENT OF HUMAN SERVICES:**

Anita Smith  
Anna Ruggle

**GUESTS:**

Heather Olson  
Sarena Whitmer  
Denise M. Hill  
Sonni Vierling  
Diane Ellis  
Nancy Palm  
Karen Brown  
Lisa Huff  
Barbara Fox-Goldizen  
Delfina Perez  
Sherice McCamey  
Alice Bengé  
Janet Griffin  
Ellen Deidrichson

**AFFILIATION**

Iowa Hospital Association  
John Deere Health  
Iowa Medical Society  
Iowa Department of Public Health - Covering Kids  
Covering Kids - Marion County  
Healthy Linn Care Network  
Healthcare Coverage 4 Kids  
Healthcare Coverage 4 Kids  
MAXIMUS  
OSACS  
OSACS  
Southern Iowa Economic Development  
Wellmark  
Wellmark

**MEETING CALLED TO ORDER:**

The Healthy and Well Kids in Iowa (*hawk-i*) Board met on Monday, March 18, 2002, in the Oak Room, Des Moines Botanical Center, 909 E. River Drive, Des Moines, Iowa. Barry Cleaveland, Acting Chair, called the meeting to order at 12:45 p.m. Eldon Huston participated in the meeting via conference call.

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

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

Mr. Cleaveland 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 JANUARY 28, 2002, and FEBRUARY 18, 2002, MEETING MINUTES:**

Angela Burke Boston made a motion to approve the January 28, 2002, and February 18, 2002 meeting minutes as written. Diane Briest seconded the motion. Unanimous approval was made by Diane Briest, Angela Burke Boston, Charlotte Burt, Eldon Huston, and Barry Cleaveland.

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

Ms. Smith reviewed the correspondence:

- February 18, 2002, letter to Eldon Huston from Dr. Gleason. Dr. Gleason has designated Julie McMahon as his designee to the *hawk-i* Board. Ms. McMahon is the Division Director of the Department of Public Health's Family and Community Health Division.
- Four letters from the Governor's Office to Secretary of the Senate Michael Marshall regarding appointments to the *hawk-i* Board. The Board's public member terms all end April 30<sup>th</sup>. The Governor's Office has submitted the following to the Senate for consideration.
  1. Reappoints Eldon Huston.
  2. Submits Susan Salter from Mt. Vernon, Iowa, and Wanda Wyatt-Hardwick from Clinton, Iowa, as new appointees to the Board.
  3. It is the Department's understanding that Barry Cleaveland, Diane Briest, and Susie Poulton are not being reappointed to the *hawk-i* Board.

Ms. Smith indicated that all the new terms are due to expire at the same time: April 30, 2004. The Department did request language be added to Iowa Code Section 514I to stagger the Board member terms. This language is a part of the Governor's appropriations bill (LSB 5122, section 31, page 46).

- Time Magazine Article, March 4, 2002, "Health Care Has a Relapse". The article states, "Costs are soaring. States are struggling. People are losing their coverage. Has Washington even noticed?" The article discusses problems that various states are having. North Carolina used their CHIP allocation and had 23,000 kids on a waiting list. Mississippi's Medicaid program ran out of money in February. Tennessee's health plan (TennCare) hailed a few years ago as a national model for covering the working poor is falling apart as its cost approaches \$6 billion a year. In 13 states lawmakers are talking about cutting funding, narrowing eligibility, or placing restrictions on CHIP. The article cited a variety of problems from nursing shortages to employers dropping coverage. The article said that insurance premiums increased 11% last year and are predicted to increase 15% this year.

- "This Week in Washington", February 5, 2002, indicates that President Bush is proposing to extend SCHIP funding that would otherwise be reverted so that states can use it until 2006.
- Los Angeles Times article, February 25, 2002, "States Cut Back Coverage for Poor". The article talks about what states are doing to control costs in SCHIP. For many states, the program has become too popular to sustain. The federal government continues to encourage enrollment and expansions, however, millions of federal dollars are not being drawn down because state dollars aren't available to draw down the federal matching funds. States have pared back or frozen enrollment, cut back or eliminated outreach; and have added or increased cost sharing in order to deal with the budget issues
- American Medical Association's "American Medical News", February 25, 2002, included an article that discussed the success of SCHIP. The article references the retention and disenrollment study in which Iowa participated. Ms. Smith said that this is the first article she has seen that is a direct result of the press conference she attended in Washington DC.
- Times Union, Albany, New York, article dated February 25, 2002. The article primarily talks about a pilot program New York Governor Pataki recently announced. New York would use smart cards in the CHIP program. The cards would use bar codes to store medical records to reduce potential errors and fraud. Ms. Smith noted that providers change and the records don't always follow. The smart card could store immunization records and other important medical information for the child.
- The Cedar Rapids Gazette did an article following a presentation Ms. Smith made to the Legislature's Human Services Appropriations Subcommittee. The article discussed the number of Linn and Johnson County children enrolled in *hawk-i* versus the number estimated to be eligible. The article also included data from the Impact on Access and Health Status Second Evaluation Report.

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

#### **Budget:**

Ms. Smith told the Board members that if *hawk-i* enrollment trends the same for the rest of the fiscal year, the program will be able to absorb the most recent 1% program cut. If enrollment would increase over the current year-end projection of 12,731, a waiting list would have to be implemented.

*hawk-i* budget expenditures continue to be well within the budget. Interest earned from the trust fund this fiscal year is at \$101,992.

**Enrollment and Statistics:**

There were 13,068 kids enrolled in ***hawk-i*** for the month of February and 11,618 enrolled in Medicaid expansion. This brings the total CHIP enrollment for February, 2002 to 24,686. This is an increase from January's enrollment of 24,526.

**Legislative Update:**

This year's ***hawk-i*** technical bill did not make it through the funnel process. However, last year's technical bill (House File 382) is still on the Senate calendar as unfinished business from last year as it had passed the House 98-0. HF 382 does not include language for the elimination of the six-month waiting period, which was new this year, but it does contain all the technical clean-up issues that the Board has been attempting to get through for the past two years. Ms. Smith said the Department's legislative liaison is working with legislators to see if the bill can be brought up in the Senate so the technical corrections can be taken care of.

Mr. Huston asked if anyone had discussed this with Senator Veenstra, that perhaps the Senator could move the bill. Ms. Smith said she believed the Department's legislative liaison had, but would check to make sure.

**CMS Final Site Visit Report:**

The Department received CMS's final report, "Iowa CHIP Review", on February 28<sup>th</sup>. The site visit was conducted last April. At the exit conference they were very complimentary to the state, followed up with comments, and then the Department responded to the comments. The final report was combined with the Medicaid site review so there are Medicaid issues addressed in the report as well as CHIP issues. Ms. Smith provided a summary of the findings:

Under "Promising Approaches" they note:

- Iowa's ability to produce data reports via the third-party administrator (MAXIMUS).
- Iowa's participation in the MAXIMUS Center for Health Literacy and Communication Technologies study that focuses on streamlining and simplification of applications and notices and the NASHP study that focuses on retention and renewals of eligible families in SCHIP.
- ***hawk-i***'s media campaign last spring.
- Medicaid outstationed eligibility workers located at MAXIMUS to facilitate efficient and effective program coordination.
- Good quality assurance follow-up and noted that ***hawk-i***'s quality improvement plan was named a National Governor's Association best practice.
- MAXIMUS has successfully increased the percentage of families that renew ***hawk-i*** coverage by sending families a pre-completed computer generated review form 60 days prior to their 12-month eligibility date lapsing.

Under "Next Steps" they:

- Encouraged the Department to ensure that contact is made with families prior to denying benefits to an already eligible child because of failure to return a plan selection form. Ms. Smith noted that the rules have already been changed so children are no longer denied for failure to select a plan.
- Want the Department to continue to consult with federally-recognized Tribes and other Tribes and organizations in the development and implementation of all SCHIP programs. Ms. Smith noted that Shellie Goldman has been working with the Meskwaki Tribe in Tama and had a *hawk-i* booth set up during school conferences. Iowa needs to be more proactive with the Nebraska Tribes that come into Iowa or live in Iowa along the western side of the state.
- Recommend that the Department monitor and assure access to services in the *hawk-i* program by tracking the geographical distribution of providers in comparison to the number of beneficiaries served in a particular coverage area as well as the distance and time to travel to the provider. Ms. Smith said she was surprised at this comment because quarterly reports are prepared and MAXIMUS prepares provider network analysis of *hawk-i* providers on a quarterly basis. In October 2000 the Quality Assessment and Improvement Committee implemented these guidelines:
  - primary care physicians 30 minutes/30 miles;
  - mental health and substance abuse 50 miles to an hour,
  - dental 30 minutes/30 miles.

When preparing the reports these standards are used when plotting member access to provider locations. Ms. Smith said that she will review the last quarterly report with the Board in April after the health plans have had an opportunity to review and comment on it.

### **Outreach:**

The bookmarks that Mrs. Vilsack requested for her reading readiness for kindergartners program have been completed and distributed. A form number was assigned to the bookmarks so that they can be ordered through Prison Industries along with the other *hawk-i* materials. These will be available after July 1<sup>st</sup>. Ms. Smith said that two years ago 540,000 *hawk-i* brochures were sent to all the schools in the state asking them to distribute them. This was expensive because of the shipping and the results were less than expected. Ms. Smith said that perhaps this year the bookmarks could be sent out to the schools. They are not only cheaper, but is something that everyone can use whether they are applying for the program or not.

Mr. Huston suggested contacting the State Librarian, Mary Wagner, to see if the bookmarks can be included in one of the State Library's mailings. Mr. Huston said the State Library does a lot of mailings to libraries across this state and that would save some of the distribution cost.

### **SFY 2003 CAPITATION RATES:**

Ms. Smith told the Board that she received a letter from Peter Roberts of Wellmark dated March 12, 2002, requesting a 25.9% rate increase for 2003. Ms. Smith said she and her staff met with Wellmark representatives to discuss their request, the reasons for the request, and to discuss strategies. Wellmark has been asked to provide additional

information. Wellmark was asked whether they would be willing to accept something less than 25.9% for 2003 pending approval of a different, lower cost benefit package later in the year. There is not enough time to come up with a restructured benefit package before July 1, 2002. Ms. Smith told the Board that a 25.9% rate increase would have a huge impact on the *hawk-i* budget with the most likely scenario being implementing waiting lists.

Mr. Huston asked if either managed care plan has made a rate increase request and whether the Department's actuary has had an opportunity to review Wellmark's request. Ms. Smith said that the information had not been sent to the actuary. However, the actuary had already been asked for recommendations for next fiscal year prior to Wellmark's request. Ms. Ruggle said she has not received any requests from either of the managed care plans.

Mr. Huston said the Board should look at the entire package, managed care and indemnity. Mr. Huston said he was not prepared to respond to Wellmark individually without professional advice from the actuary as to the trends across the country and whether the actuary agrees or disagrees with what Wellmark is suggesting. Ms. Smith said that Wellmark was given a list of questions and their responses were received just before the Board meeting so she had not had a chance to review them.

Janet Griffin, Vice-President for Public Policy and Government Relations at Wellmark and Ellen Deidrichson, also from Wellmark spoke to the Board.

Ms. Griffin told the Board that Wellmark is aware of the fiscal problems the state is having and are also aware of the fact that more services are being sought as more children are enrolled in the program. Health care costs have increased in general, a trend among Wellmark's other customers as well. Ms. Griffin said that Wellmark is committed to try to work with the Board and the Department to come up with some solutions for the *hawk-i* program. Wellmark is willing to be as flexible as they can as far as the benefit design and explore to the fullest extent possible under federal rules what modifications can be made to address some the concerns. Ms. Griffin said that Wellmark is willing to look at each and every element of their administrative costs to make sure that they are not doing anything that is unnecessary for the program. Ms. Griffin said that Wellmark wants to make this program a success and realizes that they are the only provider for families in over 70 counties.

Ellen Deidrichson discussed the packet of information that Wellmark provided to the Department. The data includes claims experience and projected costs for 2003, along with the estimated rate increase of what Wellmark would need to meet the benefit and administrative costs built into the program. Membership in Classic Blue has increased substantially from December 1999 when 1,700 children were enrolled, to almost 6,000 in December 2001. Ms. Deidrichson said the most disturbing thing is the loss ratio, benefits over income. It was very high at the beginning primarily due to the fact that when the block of business is fairly small a large claim can really change the numbers. The experience started to stabilize a little bit, but skyrocketed through the end of 2001. Wellmark prepared a chart comparing 2000 and 2001. At the end of 2001 for "facility inpatient" there were 34 admissions per 1,000 costing about \$12.33 per month. At the

end of 2001 that admission rate went up to 42 cases per thousand, accounting for \$22.45 cost per child. Ms. Deidrichson said that some of the increases are due to the fact that costs are increasing, but the other part is that there is more utilization. Ms. Deidrichson said that the utilization breakdown reveals that utilization factors have increased dramatically across the board. Ms. Deidrichson said normally on the inpatient side they would see a 2% increase in utilization, sometimes no increase at all, but always less than 5%. **hawk-i** had a 23.5% increase. Likewise with emergency room, normally Wellmark would see increases in the 9 to 10% range, **hawk-i** had a 40.1% increase. Ms. Deidrichson acknowledged that **hawk-i** is unique because these are children, so it is a different block of business. Ms. Deidrichson also acknowledged Ms. Smith's point that a lot of the **hawk-i** families do not know how to utilize these services. The families think that going to the emergency room is how they get their care, they do not understand that they can go to almost any physician in the state and get that same treatment. Ms. Deidrichson said in Wellmark's normal block of business they can use cost sharing as an incentive. However, because any cost sharing for **hawk-i** is based on percentage of family income, administratively it would not be feasible to do that. Ms. Deidrichson said half of the requested rate increase is due to increased medical costs and the other half is due to the fact that people are utilizing the services. Ms. Deidrichson said that it is a good thing that the services are being utilized because they realize the children need these services, but it's also unusual compared to their commercial block of business.

Ms. Smith asked if Wellmark had compared kids who have been in the program over a year to those who have been in under a year. December 2000 membership was 3,600 and it is almost double that amount now. Ms. Smith asked how much of the 23% increase in inpatient care could be attributed to the new members that have come in since December 2000 as compared to those that had been on for a longer period of time.

Ms. Deidrichson responded that they have pulled the data and broken it out into new people in 2001 versus previous enrollees. The big issue is the Unity Choice members that came on in 2001 that really aren't new members. They were in the system before, so they need to be considered separately. Ms. Smith said that since Unity Choice enrollees now have open access under the indemnity plan, it would be interesting to do a comparison to see if they have sought more services since they are no longer as limited.

Mr. Huston noted that immunization has increased and the Board should be pleased about that. Ms. Deidrichson agreed.

Ms. Smith said that she spoke with Wellmark about the possibility of restructuring the benefit plan to more of a PPO model as opposed to a straight indemnity, open access model. Wellmark is looking at the possibility and at some point the Board's Clinical Advisory Committee will need to be involved.

Mr. Huston said he would like to review the utilization figures from the two managed care plans and asked if the Department would be receiving similar information from them. Ms. Ruggle said yes, that will be provided. Ms. Smith said that unfortunately

encounter data is still not available so that makes it hard for the actuary to do an independent analysis to compare utilization.

Ms. Deidrichson said Wellmark used the same trend and administrative assumptions that they would use for any block of business; that *hawk-i* is treated like any large group. They look at similar types of products and break expenses down that way. Ms. Deidrichson said that lots of large groups are seeing similar trends and have increases in the 12 to 15% range. Other groups have the flexibility of changing the benefits to alleviate the increases, which is more difficult to do with *hawk-i*.

Mr. Cleaveland requested that staff prepare options and recommendations for the Board for their April 15<sup>th</sup> meeting.

### **PUBLIC COMMENT:**

Karen Brown, Health Care Coverage for Kids Coalition in Polk County spoke to the Board. Ms. Brown told the Board that they have just begun their new initiative, the Walkers and Talkers Program. The program has been in the planning for about a year and is a collaboration between the Annie E. Casey Foundation, OSAC'S Women's Center in Des Moines, and Iowa Health Systems (Iowa Methodist, Lutheran, and Blank Children's Hospitals). Two part-time employees have been hired to go door-to-door in specific neighborhoods as a community grassroots effort. Ms. Brown said that through research they have identified neighborhoods with large family households with low-income levels and high numbers of uninsured kids. The first neighborhood has about 350 households. After a training period they hope to begin "walking and talking" in the next few weeks. The workers will have laptops with portable scanners so that they can scan any verification documents such as pay stubs. The applications will be marked so that enrollments as a result of the effort can be tracked.

Alice Bengé, outreach worker with Southeast Iowa Economic Development, told the Board that she received 6 to 8 inquiries each month from noncustodial fathers who want to enroll their children in *hawk-i*. Ms. Bengé shared a copy of a letter she received from one of these fathers with the Board. The letter explains how much he pays for child support and how much it costs him for health coverage. The letter asks why the noncustodial parent can't be afforded the same benefits as the custodial parent.

Ms. Bengé suggested making the new *hawk-i* bookmarks available to public health offices, hospitals, and at Iowa Workforce Development offices. Ms. Bengé added that she has found it helpful to provide the schools with specific requests or ideas of where *hawk-i* materials should be placed.

### **COVERING KIDS UPDATE:**

Denise Hill reported that the Covering Kids Task Force last met on March 5<sup>th</sup>. This was a special meeting held with various education entities. Representatives were included from the AEA, Iowa Association of School Boards, Iowa Association of School Administrators, the PTA, a *hawk-i* outreach worker for the Des Moines Public Schools, a school nurse, and the Director of the Iowa Department of Education, Ted Stilwill.

A discussion was held about how education and health care coverage for children is a win-win partnership, because statistics show that healthy children have a better capacity for learning and miss less school. They also talked about how education, health, and safety are primary concerns for parents and the schools can provide a unique opportunity for reaching out to families. At the same time the task force came to a new appreciation about some of the shortfalls of the education infrastructure they were not aware of.

Those attending the meeting were provided a snapshot of what is happening around the state.

Sonni Vierling shared some of the activities that Covering Kids has been involved with, such as the school nurse outreach workshops, back-to-school programs at WalMart, working with physical education teachers and coaches. The group also discussed some of the shortcomings of the projects and how they can improve.

A DHS eligibility worker talked about how they have worked to foster relationships with school personnel, including nurses. Schools are one of the top referral sources for **hawk-i**. Outreach representatives have attempted to attend every school registration, but that proved too time intensive and was not effective. Families are in a hurry and usually don't want an audience. Someone from McKinley School in Des Moines spoke about some of the initiatives that have been very successful. A **hawk-i** application day at school was held and children were rewarded when they returned a form. Materials were printed in Spanish, Bosnian and other languages and the importance of non-English speaking parents understanding the insurance process in the United States was discussed.

Board member Susie Poulton represented the AEA and talked about educating families on the necessity of insurance. Ms. Poulton also discussed the potential for some type of finder's fee or incentive for **hawk-i** applications being returned to schools. The finder's fee would go to the school itself, not the person who signed the family up.

An attorney with Legal Services shared his experience with the stigma issue. He said when information is provided through the schools, there seems to be less of a stigma. He also said that the free and reduced lunch program might have some stigma attached. As kids get older you tend to see fewer kids enrolled. He also talked about victims of domestic violence and that they are often afraid to leave their situation because insurance can be a tie to the spouse.

Stacey Cyphert from the University of Iowa Hospitals and Clinics said he had concerns about the accuracy of numbers. He said generally they've had a very good experience enrolling families, but would like to see more localized blitzes to see how they impact certain areas.

Karen Brown from Iowa Health Systems in Polk County talked about their "Walkers and Talkers" program. They have also conducted a survey of 32,000 school children and

had a 48% return. Of the 15,000 returned, approximately 1,900 children were uninsured. Follow-up with this group is currently underway.

The Iowa Association of School Boards have sent information to schools which includes the recommendations that schools include information on *hawk-i* for parents at registration. Ms Hill noted that they did not recommend that the schools collect information on insurance status.

The PTA representative talked about the fact that needier areas need to be targeted. Some schools may have a very small percentage of uninsured while other schools have a greater need. It was suggested that *hawk-i*'s limited resources be targeted in that direction.

A high school principle from Cresco said he had not seen much about the program. Ms. Hill said that since a lot of materials have been sent directly to school principles and superintendents, a review should be made of how these individuals are targeted. One very important aspect came out of the discussion, and that is a "top down" commitment is necessary for success.

The Department of Education said they initially had data confidentiality concerns, but are pleased with what is happening now. At the same time they were mindful of making sure expectations of using the Department of Education for the program are realistic because this is not an official duty of their department.

Nancy Palm, Healthy Linn Network, visited all the schools in Linn County to find out if they ask about insurance status. For those that do, she asked for a copy of the form. Ms. Palm told the task force that there are many hidden uninsured and schools are a logical place to begin. However, schools don't have the staff or energy to commit to data gathering and follow-up so the barriers for data collection within the schools need to be minimized.

Ms. Hill said that everyone agreed that schools could play an important role in identifying uninsured children and that there may be some resistance to provide insurance information through schools. Some parents believe it is not the school's business. There are many children who move around and may get lost in the system because they move from school to school. Less information is known about children under the age of 5. Director Stilwill pointed out that there is an electronic record at birth and then it basically ends. The child gets into the school system, but the immunization record, (which is the only other electronic medical record that is really required) is not necessarily connected to other school information. A lot of times it is a paper system run by the school nurse. Most everyone agreed that asking the question of insurance status is not really a burden, it's ensuring the appropriate follow up is in place to decide what will be done with the information and that it is kept confidential. Getting the buy-in of the school administration is critical. They also suggested that labor unions could be a key source of locating uninsured children from 0 to 5 as well as school age children. It was suggested that messages could be printed with unemployment checks so the Department is going to pursue that with Iowa Workforce Development. It was recommended that posters and materials be sent to factories that are laying off workers.

Ms. Hill said this was a very valuable meeting and the group was asked to continue the discussion.

Ms. Smith said the new multi-language poster was recently mailed to schools. Several people mentioned they might have seen them in their nurse's office. Ms. Smith said these posters were designed for parents and suggested that when outreach workers visit schools they may want to stress the importance of having these materials posted in lobby areas where they can be seen by the public.

Sonni Vierling reported that the Legislature's Human Services subcommittee asked for an overview of Covering Kids. The request was unique in that they wanted someone who was not from a state agency to be a part of the report. The Covering Kids Chairperson from the University of Iowa Child Health Specialty Clinics, Brenda Moore, provided the overview. The committee wanted to be educated of what Covering Kids is and how it interfaces with **hawk-i** and Medicaid. Ms. Vierling said the response was very favorable and she felt there was a lot of support, especially given the budget constraints. The committee was provided with packets of outreach materials and an overview of how Covering Kids links with **hawk-i** and Medicaid. The Covering Kids Task Force Winter report was included in the packet, but there was not enough time to go through the recommendations point by point. Ms. Vierling said the one point they were able to bring up was the importance of having a fulltime **hawk-i** statewide outreach coordinator.

Ms. Vierling also reported that she and Ms. Smith, along with other Covering Kids members, recently went to Phoenix to make a presentation to the grant reviewers for Covering Kids and Robert Wood Johnson. The reviewers were intrigued with a lot of the rural outreach efforts. Ms. Vierling said that overall the process was positive. It will be several months before a decision is made relative to Iowa's grant proposal.

### **DENTAL ACCESS FOR *hawk-i* ENROLLEES:**

Anna Ruggle told the Board that Dr. Rhys Jones was unable to attend today's Board meeting and asked that she share his concerns. Ms. Ruggle said that Dr. Jones had shared his document with the Clinical Advisory Committee, but time ran out and they did not have an opportunity for discussion.

Dr. Jones does not feel there are enough dentists in Linn County to provide services to **hawk-i** members. Dr. Jones indicates that there are only two dental offices that will accept **hawk-i** children and he is concerned about the differences in the health plans. One has a \$1,000 calendar year limit, the other \$1,500. Dr. Jones suggests this is a barrier to treatment because private dentist offices aren't going to figure out all this for **hawk-i**. He lists 5 recommendations for improvement.

1. Require a detailed dental manual such as Medicaid provides. Dr. Jones said he had not received any dental manuals from the health plans. Ms. Ruggle said she would address this issue with the health plans.
2. Eliminate the annual year maximum benefit.

3. Eliminate the prior authorization limit.
4. Contract with dental insurance carriers, such as Delta Dental.
5. If necessary, carve out dental.

Dr. Jones also provided examples of reimbursement variations among the health plans and Medicaid.

Mr. Huston asked how these recommendations relate to the Clinical Advisory Committee's recommendations on new services or expanding services. Ms. Ruggle said that the Clinical Advisory Committee has recommended that everyone have the same yearly dental maximum, \$1,500.

Ms. Smith said that she questions the statement that dentists cannot deal with annual maximums because most commercial plans have annual maximums, Medicaid does not. Ms. Smith said she has not had the actuaries cost out this recommendation, but expected it to add significant cost to the program. Ms. Smith said that the number of dentists accepting *hawk-i* health plans or access to dentists is a global issue and not necessarily isolated to the *hawk-i* program.

Mr. Huston suggested that Dr. Jones' concerns be referred to the Clinical Advisory Committee. Ms. Smith said that Dr. Damiano at the University of Iowa has applied for a grant on dental access in Iowa for both the Medicaid and *hawk-i* programs. This grant will be used to look at access and see if it is an issue for Medicaid and *hawk-i* or overall for children.

The Board asked staff to respond to Dr. Jones acknowledging his concerns and that he should work with the Clinical Advisory Committee to make recommendations to the Board.

### **NEW BUSINESS:**

There was no new business to present before the Board.

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

The meeting was adjourned at 2:40 p.m.