Fields of Opportunities

STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

December 31, 2008

Michael Marshall
Secretary of the Senate
State Capitol Building
L O C A L

Mark Brandsgard
Chief Clerk of the House
State Capitol Building
L O C A L

Dear Mr. Marshall and Mr. Brandsgard:

Enclosed please find the Annual Report of the Healthy and Well Kids in Iowa (***hawk-i***) Board.

This report was prepared pursuant to Iowa Code Section 514.I(7)(g) and reflects the activities of the ***hawk-i*** Board for calendar year 2008.

This report is also available on the Department of Human Services website at http://www.dhs.state.ia.us/Partners/Reports/PeriodicReports/HawkI/HawkiAnnual.html.

Sincerely,

Molly Kottmeyer

Molly Kottmeyer
Legislative Liaison

Enclosure

cc: Legislative Services Agency
Governor Culver
Kris Bell, Senate Majority Staff
Peter Mathes, Senate Minority Staff
Zeke Furlong, House Majority Staff
Brad Trow, House Minority Staff

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The Honorable Chester J. Culver
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Dear Governor Culver:

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cc: Michael Marshall, Secretary, Iowa Senate
Mark Brandsgard, Chief Clerk, Iowa House

hawk-i

Healthy and Well Kids in Iowa

Annual Report of the *hawk-i* Board to the Governor, General Assembly, and Council on Human Services Calendar Year 2008

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EXECUTIVE SUMMARY

Annual Report of the *hawk-i* Board to The Governor, General Assembly and Council on Human Services

Calendar Year 2008

Iowa Code Section 514I.5(g) directs the ***hawk-i*** Board to submit an annual report to the Governor, General Assembly, and Council on Human Services concerning the Board's activities, findings, and recommendations. Highlights of the report are listed below:

Reauthorization: Two bills reauthorized the State Children's Health Insurance Program (SCHIP), H.R. 976 and H.R. 3963, were vetoed by President Bush late in 2007. President Bush's decision to veto these bills led Congress to simply extend the existing SCHIP program with additional funding through March 31, 2009. The extension was included in S.2499, the Medicare, Medicaid, and SCHIP extension. The Extension Act was passed by Congress on December 19, 2007, and signed into law by President Bush on December 29, 2007. The Act ensures that all states will have at least the amount of federal SCHIP funding that they projected needing in November 2007 through March 31, 2009.

Although President-elect Obama has indicated his support for providing healthcare coverage to children, matters concerning the economy will be a priority of the new administration and at this point it is unclear how the Obama administration will address reauthorization of the SCHIP program. There is some speculation that SCHIP will be reauthorized quickly after the new administration assumes office, using the previously vetoed Children's Health Insurance Program Reauthorization Act legislation as the model. Others believe that there will be another funding extension and that SCHIP will become part of the larger healthcare reform debate. In either case, Iowa will need additional funding if the program is to continue beyond March 31, 2009.

State Funding: The total appropriation of state funds for State Fiscal Year (SFY) 2008 was $28,944,161, inclusive of $5,857,339 ***hawk-i*** trust fund dollars held in reserve at SFY 2007 year-end and $27,200 in grants. Of this amount, $19,284,602 was expended. Thus, the program ended SFY 2008 with a balance of $9,659,560 in the ***hawk-i*** trust fund that was taken into account in the development of the SFY 2009 budget request.

The total appropriation of state funds for SFY 2009 is $25,673,405 ($13.9 million state appropriation; $9.7 million estimated carry forward in the trust fund; $2 million from the Health Care Reform Bill (House File (HF) 2539); and $144,960 possible outreach and PERM dollars from Medicaid).

Enrollment: Governor Chet Culver has made a commitment to cover 100 percent of the state's eligible children by the end of his term through his Health Opportunities for Every Iowan Initiative.

As of October 31, 2008, a total of 39,809 children were enrolled in both components of Iowa's SCHIP program. Of the total number enrolled, 17,329 children were enrolled in the Medicaid Expansion (MCHIP) program and 22,480 (projected) in the ***hawk-i*** (SCHIP) program.

Enrollment continues to grow. Iowa is projecting that by June 30, 2009, with the continuation of expanded outreach efforts, the total number of children enrolled in the Medicaid Expansion and ***hawk-i*** programs will reach approximately 41,637.

Overall, the ***hawk-i***, Medicaid Expansion, and Medicaid programs experienced significant growth since the publication of the Annual Report in October 2007. In the twelve-month period between October 31, 2007, and October 31, 2008, total growth in the programs equaled 17,260 children, closely reaching the Governor's enrollment goal of 18,750 children by the end of SFY 2009.

Outreach:
HF 909 passed the legislature and signed by the Governor appropriated additional funds for several items related to ***hawk-i*** and Medicaid expansion. It included funds to expand outreach to cover children eligible for, but not enrolled in, the Medicaid and ***hawk-i*** programs.

Identifying uninsured children through community outreach efforts remains a primary focus of the ***hawk-i*** Board. In addition to expanding outreach efforts with ZLR*IGNITION*, the Iowa Department of Public Health continues to provide oversight of a statewide grassroots outreach program. Local child health agencies develop and execute approved outreach plans. Community outreach workers focus on outreach to schools, faith-based communities, health care providers, and underserved populations.

DHS Disaster Response: In June, July, and August 2008 the Department addressed issues resulting from the effects of the tornados and flooding that affected most of the State. The majority of Iowa's counties were declared disaster areas by the State and Federal governments. The Department redeployed staff in unaffected counties to other areas of the state to assist with delivering benefits.

Federal waivers were requested for ***hawk-i*** to delay renewal applications that were due in June, July or August for one year. Additionally, if families failed to pay their premium in June and July no negative action was taken. If families sent their renewal application or premium payment it was accepted.

The total cost of the ***hawk-i*** program's disaster assistance, including waived renewals and premium payments and third party administrator change order to implement system changes, totaled approximately $2,465,659. The state share equaled approximately $648,671 and federal share approximately $1,816,988.

Participating Health and Dental Plans: Three health plans and two dental plans provided benefits to children participating in the ***hawk-i*** program in 2008:

- AmeriChoice from the UnitedHealthcare of the River Valley, Inc. (managed care) and Delta Dental of Iowa is offered in 44 counties.
- Wellmark Classic Blue (Indemnity) and Blue Access Dental are offered in 16 counties.
- Wellmark Health Plan of Iowa (WHPI) (managed care) and Blue Access Dental are offered in 83counties.

Currently, families in 44 counties have a choice between two health and dental plans.

Delta Dental of Iowa requested that ***hawk-i*** families be allowed to choose Delta Dental statewide. Currently, Delta Dental is only offered as the dental benefit in counties with United Health Care Coverage and those counties with Wellmark health plan have Blue Dental. This expansion will require Wellmark to carve out separate premiums for health and dental rather than the current combined health and dental payment. Wellmark was also offered the opportunity to expand and the Department is currently waiting on their proposal. The Department is working with Delta Dental on an implementation plan.

The ***hawk-i*** Board remains very committed to meeting challenges set forth by the Governor and the Iowa General Assembly ensuring that Iowa's children have access to quality health care coverage. The Board has been supported in its work by the Department of Human Services, the Department of Public Health, the Department of Education, the Division of Insurance, advisory committees, health plans, advocacy groups, and providers.

Respectfully submitted,

Susan Salter, Chair
hawk-i Board

ANNUAL REPORT OF THE *hawk-i* BOARD 2008

I. BUDGET:

A. Program Description

Congress established the State Children's Health Insurance Program (SCHIP) with passage of the Balanced Budget Act of 1997, which authorized $40 billion for the SCHIP program through Federal Fiscal Year (FFY) 2007. Under the program, a federal block grant was awarded to states to provide health insurance to children from families with income above Medicaid eligibility levels. From the total annual appropriation, every state was allotted a block of funding for the year (its "original allotment"), based on a statutory formula established in the original legislation. States were given three years to spend each year's original allotment, and at the end of the three-year period, any unused funds are redistributed to states. States receiving redistributed funds have one year to spend them. Unused funds remaining at the end of the year are reverted to the U.S. Treasury.

Title XXI of the Social Security Act enabled states to provide health care coverage to uninsured, targeted low-income children. In Iowa, targeted low-income children are those children covered by Medicaid Expansion (M-CHIP) or a separate program called Healthy and Well Kids in Iowa (***hawk-i***). The Medicaid Expansion component covers children ages 6 to 19 years of age whose countable family income is between 100 and 133 percent of the Federal Poverty Level (FPL) and infants 0 to 1 year of age whose countable family income is between 185 and 200 percent of the FPL. The ***hawk-i*** program (SCHIP) provides health care coverage to children under the age of 19 whose countable family income is between 133 and 200 percent of the FPL who live in families who are not eligible for Medicaid and who are not covered under a group health plan or other health insurance.

B. SCHIP Program Federal Funding History

The SCHIP program is authorized and funded through Title XXI of the Social Security Act. SCHIP is a capped entitlement program with a fixed appropriation for each year established by the legislation authorizing the program. Since its implementation in 1997, SCHIP has provided health care coverage to many uninsured children in all states, but many states, including Iowa, have encountered funding and policy issues limiting the program's potential to serve additional children.

In order to draw down approximately $3.00 in federal funds, Iowa must spend approximately $1.00 in state funds. In the infancy of the program, adequate federal funding was available through the redistribution process addressing potential shortfalls in states that expended their full allotments. This is no longer true. The amount of funds available for redistribution has shrunk considerably in

the past few years while the number of states eligible for these funds has increased, as has the amount needed to meet demand.

Prior to FFY 2005, states were allocated federal funding based on the estimated number of uninsured children in the state who could qualify for the program. In FFY 2006 the allocation formula was based on 50 percent of the number of low-income children for a fiscal year and 50 percent of the number of low-income uninsured children defined in the three most recent current population surveys of the Bureau of Census, with an adjustment for duplication.

The current funding formula does not take into consideration the number of children currently enrolled in the program. Additionally, over the years, the Center for Medicaid and Medicare Services (CMS) has approved state plan amendments that allowed states to expand coverage to populations beyond just children. As a result, because some states expanded their program to cover uninsured children at levels significantly above 200 percent of FPL, childless adults, parents of enrolled children, or pregnant women. The amount of funding that is available to states that remained focused on covering uninsured children has been reduced. It should be noted that the CMS approved state plan amendments allowing some states to expand their SCHIP program to these populations through waivers.

As a result, redistribution dollars shrank in the later years of the 10-year block grant funded SCHIP program. When all redistribution dollars were exhausted, Congress appropriated additional federal funding to shortfall states, including Iowa. To date, Iowa has not had to implement contingency rules due to lack of federal funding.

C. Reauthorization Federal Funding

The most important issue for Iowa, and all states, in 2008, was the federal reauthorization of the SCHIP.

In 2007 H.R. 976, The Children's Health Insurance Program Reauthorization Act of 2007 (CHIPRA) to extend the SCHIP program was passed with bi-partisan support in Congress; however, the House was not able to override President Bush's decision to veto the bill. The House and Senate passed a revised version of CHIPRA (H.R. 3963) that was intended to address key concerns of opponents to H.F. 976. President Bush again vetoed the bill and the House vote did not support an override of the veto.

President Bush's decision to veto these bills led Congress to simply extend the existing SCHIP program with additional funding through March 31, 2009. The extension was included in S. 2499, the Medicare, Medicaid, and SCHIP Extension Act of 2007.

The Extension Act was passed by Congress on December 19, 2007, and signed into law by President Bush on December 29, 2007. The Act ensures that all states will have at least the amount of federal SCHIP funding that they projected needing in November 2007 through March 31, 2009, including initiatives to cover more uninsured children.

Although President-elect Obama has indicated his support for providing healthcare coverage to children, matters concerning the economy will be a priority of the new administration and at this point it is unclear how the Obama administration will address reauthorization of the SCHIP program. There is some speculation that SCHIP will be reauthorized quickly after the new administration assumes office, using the previously vetoed Children's Health Insurance Program Reauthorization Act legislation as the model. Others believe that there will be another funding extension and that SCHIP will become part of the larger healthcare reform debate. In either case, Iowa will need additional funding if the program is to continue beyond March 31, 2009.

D. State Funding:

The total appropriation of state funds for SFY 2008 was $28,944,161, inclusive of $5,857,339 ***hawk-i*** trust fund dollars held in reserve at SFY 2007 year-end and $27,200 in grants. Of this amount, $19,284,602 was expended. Thus, the program ended SFY 2008 with a balance of $9,659,560 in the ***hawk-i*** trust fund that was taken into account in the development of the SFY 2009 budget request.

Available state funding for state fiscal year 2009 totals $25,673,405 ($13.9 million state appropriation; $9.7 million estimated carry forward in the trust fund; $2.0 million from the Health Care Reform Bill (HF 2539); and $144,960 possible outreach and PERM dollars from Medicaid).

A copy of the SFY 2008 final expenditure report and the SFY 2009 budget are attached. These reports reflect state-only dollars.

Attachment 1: Allotment and Expenditure Federal Funding History, SFY 2008 Final Budget Report, and SFY 2009 Budget

II. ENROLLMENT:

Governor Chet Culver has made a commitment to cover 100 percent of the state's children by the end of his term through his Health Opportunities for Every Iowan Initiative.

As of October 31, 2008, a total of 39,809 children were enrolled in both components of Iowa's SCHIP program. Of the total number enrolled, 17,329 children were enrolled in the Medicaid Expansion (M-CHIP) program and 22,480 (projected) in the ***hawk-i*** (SCHIP) program.

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Overall, the ***hawk-i***, Medicaid Expansion, and Medicaid programs experienced significant growth since the publication of the Annual Report in October 2007. In the twelve-month period between October 31, 2007, and October 31, 2008, total growth in the programs equaled 17,260 children, closely reaching the Governor's enrollment goal of 18,750 children by the end of SFY 2009.

Growth in Program's Enrollment

Program	Enrollment as of October 31, 2007	Enrollment as of October 31, 2008	Increase in Enrollment
Medicaid	168,496	183,444	+14,948
Medicaid Expansion	16,107	17,329	+1,222
hawk-i Program	21,390	*22,480	+1,090
Total Enrollment	**205,993**	**223,253**	**+17,260**

**hawk-i* enrollments as of October 31, 2008 include projected number of children that will receive retroactive coverage.

A. Uninsured Children in Iowa

According to Families USA Foundation, in a report published November 2008 titled "Left Behind – America's Uninsured Children", Iowa is second only to Massachusetts in percent of all kids covered by health insurance (94.8 percent of Iowa kids have insurance). The primary reasons for Iowa's success are:

- consistent commitment from government leaders and employers
- consistency in the SCHIP and Medicaid programs (never a waiting list, never a benefit offered and then revoked), and
- successful outreach campaigns reaching families across the state

Approximately 52,800 uninsured children in Iowa do not have health insurance coverage according to the Lewin Group. There are 25,000 uninsured children in Iowa with family income less than 200 percent of the federal poverty level.

B. Number of Applications Received and Referred to Medicaid

From October 31, 2007, through October 31, 2008, the ***hawk-i*** program received 12,525 new ***hawk-i*** applications and 10,529 ***hawk-i*** renewal applications totaling 23,054 applications. Approximately 7,589 (33%) of these applications were referred to Medicaid.

In addition to the 23,054 applications, 6,146 applications were referred from Medicaid to ***hawk-i***. The total number of applications received in the twelve-month period was 29,200.

Continuous enrollment was implemented in the Medicaid program beginning July 1, 2008. Between October 31, 2007, and June 30, 2008, applications referred to ***hawk-i*** from Medicaid averaged 550 applications per month. Referrals from Medicaid declined between July 31, 2008, and October 31, 2008, with an average referral rate of 250 per month slowing the growth in the ***hawk-i*** program. The combination of the disaster relief (extending renewals in Medicaid), and the implementation of continuous eligibility impacted the number of applications referred to ***hawk-i*** from Medicaid.

*Attachment 2: Organization of the **hawk-i** Program Chart,*
*History of Participation of Children in Medicaid and **hawk-i**,*
*Iowa's SCHIP Program Combination Medicaid Expansion and **hawk-i***

C. Unduplicated Number of *hawk-i* Children Ever Enrolled by Federal Fiscal Year

The table below reflects the number of children enrolled (**unduplicated**) in the ***hawk-i*** program at any time during the FFY (October 1, 2007, through September 30, 2008) by FPL level for FFY 2000 through 2008. Each child enrolled in ***hawk-i*** is counted once regardless of the number of times a child was enrolled or re-enrolled in the ***hawk-i*** program during the year. This unduplicated count represents the total children served by the ***hawk-i*** program rather than point-in-time enrollment.

Unduplicated Number of *hawk-i* Children Ever Enrolled by Federal Fiscal Year

	Federal Poverty Level				Total Children Served
	<=100%	>100%<=150%	>150%<=200%	>200%	
Federal Fiscal Year 2000	285	4,840	3,416	158	8,699
Federal Fiscal Year 2001	679	8,760	6,977	256	16,672
Federal Fiscal Year 2002	682	10,415	10,034	3	21,134
Federal Fiscal Year 2003	956	10,617	11,486	0	23,059
Federal Fiscal Year 2004	1,235	11,595	13,810	0	26,640
Federal Fiscal Year 2005	1,236	13,420	15,453	0	30,109
Federal Fiscal Year 2006	1,018	13,072	17,729	0	31,819
Federal Fiscal Year 2007	1,143	14,469	16,700	0	32,312
Federal Fiscal Year 2008	1,468	14,263	16,950	0	32,681

D. Results of *hawk-i* Disenrollment Survey

To better understand why children are disenrolled from the ***hawk-i*** program for not paying a premium payment or not renewing ***hawk-i*** coverage, a disenrollment survey is mailed to parents the month following disenrollment. In SFY 2008 parents responded as follows:

Reasons for Not Sending In Premium Payment:

- 4% responded that it cost too much,
- 4% responded that they no longer want or need their children covered by the program,
- 44% responded that their child now has health insurance, and
- 48% responded that they forgot to send in the payment.

Reasons for Not Renewing *hawk-i* Coverage:

- 1% responded that it cost too much
- 5% responded the form was too hard to fill out
- 7% responded it was too hard to get proof of income
- 17% responded they forgot to return the renewal form
- 20% responded they no longer want or need ***hawk-i*** coverage for their child
- 50% responded the their child now has health insurance

To address the number of families that forget to send in their premium payment or forget to return their renewal form, the Department has recommended the implementation of the following initiatives in SFY 2009:

- Send monthly billing invoices to the families, instead of the 12 monthly coupons they get when the child is first approved.
- Offer automatic banks withdrawal from the families checking or savings account, and
- Implement an automatic dialer system that calls the family and reminds them that their premium payment and renewal form is due.

*Attachment 3: Results of **hawk-i** Disenrollment Survey SFY 2008*

III. HOUSE FILE 2539, HEALTH REFORM BILL

The 2008 Legislative Session focused on health care reform for Iowa. H.F.2539 outlined several provisions that directly impact children's healthcare:

- Expanded coverage under Medicaid to infants up to 300 percent of FPL effective July 1, 2009
- Implemented continuous eligibility to children on Medicaid effective July 1, 2008
- Required the Department of Revenue is required to add a question to the state income tax form about dependent child health insurance coverage
- Expanded ***hawk-i*** to 300 percent of FPL effective July 1, 2009
- Required other state agencies to cooperate with the Department's outreach efforts

- Required the Department to develop options and recommendations to allow children eligible for ***hawk-i*** to participate in employer plans through a premium assistance program. A report is due to the Governor and Legislature by January 1, 2009
- Directed the Department to streamlined enrollment (express lane eligibility); conditional eligibility (presumptive eligibility); expedited renewals; and implementation of the Family Opportunity Act by January 1, 2009 for ***hawk-i*** and Medicaid.

The Department continues to work with advocates, Covering Kids and Families, the ***hawk-i*** Board, and other state agencies researching the provisions as outlined in the Health Reform Bill. Meetings have also been held with other groups for recommendations

Attachment 4: HF 2539 -- Iowa's Health Care Programs for Non-Disabled Children

Health Care Summit – Process for Developing Recommendations:

A SCHIP and Medicaid Summit, "Maximizing Opportunities for Children in Iowa" was held at the Hotel Savery in Des Moines on September 11 – 12, 2008. Billed as a "health care summit", the conference gathered presenters from across the country. Presenters included Donna Cohen Ross from the Center on Budget and Policy Priorities; Cindy Mann, Liz Arjun, and Tricia Brooks from Georgetown Center for Children and Families in Washington D.C.; Charlie Bruner and Carrie Fitzgerald from Iowa Child and Family Policy Center; Ruth Kennedy, Director of Louisiana SCHIP program called LaCHIP; and Anita Smith from DHS. The Heath Care Summit was sponsored by the Child and Family Policy Center with Finish Line Grant funding from David and Lucille Packard Foundation.

A broad scope of people attended the conference including ***hawk-i*** Board members, legislators, representatives from insurance and business industry, health care providers, Governor's office staff, multi-state agency staff, advocates, and national experts.

The first day addressed the importance of aligning health care benefits with private health coverage while remaining affordable to families. In addition, potential changes to cost sharing, co-payments, out-of-pocket expenses, and parental responsibility were discussed as viable options that Iowa could adopt to alleviate some of the costs of the Medicaid and ***hawk-i*** programs.

Day two of the conference addressed strategies to improve Medicaid and ***hawk-i*** retention as well as increased enrollment for children. An overview of the current enrollment process was explained. Simplified enrollment processes were discussed as well as policy changes that might result in more eligible children. Additionally, renewal procedures were examined to understand what works today and where

changes might be needed. Presumptive eligibility for children was discussed. There were three breakout sessions to discuss streamlined enrollment as well as presumptive eligibility for children, expedited renewal, and other options to increase enrollment and retention. Feedback was provided to the group at the end of the day.

Recommendations resulting from the summit are included in the Department's report to the Governor and General Assembly as required by HF 2539.

IV. OUTREACH:

The Balanced Budget Act of 1997 requires states to conduct outreach activities. The Department continues to educate the public about the ***hawk-i*** program through a comprehensive outreach campaign including publications, media campaigns, free-and-reduced lunch mailings, statewide grassroots outreach and by giving presentations to various groups who can assist with enrolling uninsured children in the ***hawk-i*** program.

A. Overview of Outreach Conducted by Iowa Department of Human Services in SFY 2008:

Department of Education's Free and Reduce Meal Program:

DHS continued to work with the Department of Education on the Free and Reduced Meal Program outreach campaign as a result of Iowa Administrative Code, 283A.2. Public schools are required to share household information for the students eligible for free or reduced price meal benefits that have expressed interest in learning about the ***hawk-i*** or Medicaid programs. In addition to public schools, private schools are also encouraged to share this household information. In SFY 08, 29,643 households received a cover letter and ***hawk-i*** application. The ***hawk-i*** application also serves as a Medicaid application for those families whose countable income falls below 133 percent of the federal poverty level.

Outreach to the Taxpayers:

The Department partnered with the Department of Revenue to implement HF 2539, Section 4. The Iowa Department of Revenue (IDR) is required to add a question to the 2008 Iowa income tax form asking if all of the dependant children listed on the form have healthcare coverage. All families who indicate that presence of an uninsured child and whose income is within ***hawk-i*** limits will be sent a letter informing them about the program and a ***hawk-i*** application.

Media Outreach Campaign:

Funding for the expanded outreach campaign was funded in SFY 2007 under HF 909. In January 2008, DHS began an extensive media campaign with ZLR*IGNITION*. The target audience focused on families earning less than $40,000 per year, which is made up primarily by adults ages 18-49. The

campaign skewed slightly towards females and used a variety of stations and materials to cover the racial and ethnic aspects of Iowa's population.

The advertising vehicles included broadcast and cable television, radio, newspapers, gas pump toppers, bus transit, and billboards.

- Broadcast television spots aired for 21 weeks covering all 99 counties.
- Cable television spots aired for 17 week and covered 41 counties.
- Radio spots aired statewide for 24 weeks.
  - Radio extended the message to the hard-to-reach rural areas of the state.
  - Radio advertisements aired on stations targeted to African-American and Hispanic populations.
  - Total traffic sponsorship announcements were aired to supplement the campaign.
- Newspaper advertisements included eight half-page ads, free standing inserts in metro papers and a special section in 83 papers for "Cover the Uninsured Week".
- Gas pump toppers were posted statewide from March to July and then received bonus posting from August to October. Some stations also posted free window clings.
- Transit ads were posted in Sioux City, Dubuque, Cedar Rapids, Waterloo, Clinton, and Des Moines. The Des Moines posting specifically included the Iowa State Fair buses.
- Outdoor billboards were posted between February and April in both metro and rural areas. They were strategically placed in counties where family income is typically below $40,000 per year and in areas to reach a diverse population.
- In addition, the Department received $1,019,400 in added values advertisement through 3,543 broadcast TV public service announcements, 27,262 cable TV public service announcements, 3,067 bonus radio spots, and 2,496 extra posting days on billboards.

ZLR Ignition held kick-off events in Des Moines and Cedar Rapids; promoted "Cover the Uninsured Week"; and began "Cover the Kids Day", where more than 1,000 churches shared information about ***hawk-i*** with their congregations. In addition, they also created the new ***hawk-i*** logo (see report cover), designed new letterhead, and redesigned the brochure cover, bookmark and website.

B. Overview of Grassroots Outreach Conducted by Iowa Department of Public Health in SFY 2008:

On July 11, 2006, the Department contracted with the Iowa Department of Public Health (IDPH) to provide oversight for a statewide ***hawk-i*** grassroots outreach program. The three-year contract is for the period, July 1, 2006, through June 30, 2009, with three one-year extensions. Approval of the extensions is at the discretion of the ***hawk-i*** Board.

DHS continues to provide leadership resulting in an effective collaboration between DHS, IDPH, and the ***hawk-i*** Board. Over the previous year, IDPH and the 23 local Title V local child health agencies built upon the successes from the previous year and made new gains in previously unexplored areas. Outreach coordinators received trainings throughout the year assisting them with their outreach efforts. In addition to individualized training, outreach coordinators participated in two outreach taskforce meetings where best practices are shared and program updates are given.

The Iowa Covering Kids and Families Coalition, supported by DHS and IDPH, continues to identify barriers to enrollment into children's health insurance programs including focusing on retention once a child is enrolled. The Iowa Covering Kids and Families project is a statewide collaborative effort of state and local community-based agencies, child advocacy groups, and professional organizations designed to increase access to health care coverage for all uninsured children in Iowa. This program is made possible by a Robert Wood Johnson Foundation grant.

Below is a summary of outreach strategies implemented at a statewide and local level in SFY 2008.

Outreach to Schools:

Coordinating with schools at both the local and statewide level continues to be a centerpiece for successful ***hawk-i*** outreach efforts. Local coordinators from across the state work with school nurses to ensure informational program material is available at local schools. In addition, brochures and application assistance is available at back-to-school fairs and at kindergarten round ups.

In Mid-Sioux's service area, the local coordinator worked with family and consumer science teachers to have insurance options incorporated as part of their classroom curriculum. Collaboration also took place at a college level so that the children of students attending Iowa State University would know about the ***hawk-i*** program. The coordinator from Iowa Public Television's book club also agreed to give families participating in her program ***hawk-i*** information.

Outreach to the Faith-Based Community:

In the previous year, outreach coordinators continued to make inroads in working with faith-based organizations. Local outreach coordinators continued to work with their local ministerial associations and churches across Iowa to promote the ***hawk-i*** program.

- The local outreach coordinator from Visiting Nurse Association in Dubuque is working with her local Parish Health Board to disseminate information to congregations in her jurisdiction.

- The coordinator from the Siouxland Community Health Center is working with the Catholic Diocese that covers much of Northwest Iowa making information available to congregations in addition to their local private schools.

Outreach to Medical Providers:

Outreach coordinators are continuously developing new ways to work with Iowa's medical and dental providers. An emphasis continues to be placed on engaging hospitals, medical clinics, oral dental offices, and pharmacists across the state and asking these trusted community leaders to talk to families about the ***hawk-i*** program.

- Community Health Centers have always played a large role in ***hawk-i*** outreach, but in the previous year this was taken to a new level in Polk County. Staff from this local agency work several hours a week at a Des Moines Community Health Center offering families application assistance.
- The outreach coordinator in the Ottumwa area created crayons with ***hawk-i*** information on them and distributed them to local doctors to share with their patients.
- The state outreach coordinator from IDPH and the local coordinator from Black Hawk County attended the Iowa's Mission of Mercy clinic and handed out information on the ***hawk-i*** program. The event was held in Waterloo and provided free dental care to approximately 1200 people.

Outreach to Diverse Ethnic Populations:

Reaching out to underserved populations about the ***hawk-i*** program is a top outreach priority in Iowa. Outreach efforts are as diverse as the populations that call Iowa home. Efforts are tailored to the populations that are being targeted. Outreach is offered through potential employers, businesses, churches, medical and dental clinics, and schools. Information is also made available at Iowa Welcome Centers and immigration resource agencies. Additionally, outreach continues to be conducted at local and statewide ethnic health fairs, conferences, festivals, ethnic radio stations, print press, and numerous other events that target ethnic populations. Coordinators are offered culturally competent resources and information throughout the year to help in their local outreach efforts. These resources are usually print/web resources, face–to-face trainings, and webinars.

Additional Outreach Activities:

Every year outreach coordinators go beyond the four focus areas to reach families who may have eligible children. Summer months are always a very busy time of year for coordinators. Many local efforts focus on seasonal programs such as bible schools and parks and recreational programs, Girl Scouts and 4-H Chapters.

- The local coordinator in Taylor County produced baseballs with the ***hawk-i*** logo and disseminated them to the local baseball leagues.
- On a statewide level, outreach staff were present every day to hand out ***hawk-i*** information and answer questions about the program at the Iowa State Fair.

- Material was also available at the three-day Farm Expo in Boone.
- In addition, coordinators from across the state worked with tax preparation sites to target families who qualify for the earned income tax credit.

Attachment 5: How Applicants Heard About ***hawk-i*** in Calendar Year 2008

V. DHS DISASTER RESPONSE:

In June, July, and August 2008 the Department addressed issues resulting from the effects of the tornados and flooding that affected most of the State. The majority of Iowa's counties were declared disaster areas by the State and Federal governments. The Department redeployed staff in unaffected counties to other areas of the state to assist with delivering benefits.

Federal waivers were requested for ***hawk-i*** to delay renewal applications that were due in June, July, or August for one year. Additionally, if families failed to pay their premium in June and July no negative action was taken. If families sent their renewal application or premium payment it was accepted.

The total cost of the ***hawk-i*** program's disaster assistance, including waived renewals and premium payments and third party administrator change order to implement system changes totaled approximately $2,465,659. The state share equaled approximately $648,671 and federal share approximately $1,816,988.

*Attachment 6: Healthy and Well Kids in Iowa (**hawk-i**)Disaster Costs -- State and Federal*

VI. U. S. DEPARTMENT OF HEALTH & HUMAN SERVICES' OFFICE OF INSPECTOR GENERAL (OIG) AUDIT OF IOWA'S SCHIP PROGRAM

On November 19, 2002, the Department was notified by CMS that the Office of the Inspector General (OIG) would conduct a SCHIP audit in Iowa beginning in December 2002. The audit covered the period of July 1, 2000, through June 30, 2002.

The Department received the preliminary audit report from the OIG in September 2003. Two years later, on December 6, 2006, the Department received the OIG draft report of audit findings, the Department responded to the report on February 4, 2006, and the OIG responded to the Department's comments on February 24, 2006. On October 20, 2006, the OIG released the final report to CMS. The Department responded to CMS on December 20, 2006. The Department's response to CMS disputed several of the findings and the methods by which the overpayment was calculated. It will be up to CMS to determine the final amount of funds that have to be paid back, if any.

Six years have passed since the OIG conducted the SCHIP audit in Iowa. As of November 1, 2008, CMS has not made a final decision on the amount of funds that the state will be required to be paid back, if any. State staff are available to meet with CMS and provide additional information if requested.

VII. PAYMENT ERROR RATE MEASUREMENT (PERM) PROJECT

The Improper Payments Act of 2002 (Public Law 107-300) requires the CMS to estimate improper payments (due to overpayments, underpayments, and payments made to ineligible persons) in the Medicaid and SCHIP programs. CMS has contracted with three entities to operate the project and Iowa is mandated to participate in federal fiscal year 2008. Lewin is the statistical contractor and is responsible for fathering documentation and claims data, as well as calculating error rates. Livanta is gathering Medicaid and SCHIP policies and will request the records for the medical reviews. Health Data Insights will perform the data processing and medical review. CMS and the national contractors estimate the amount of improper payments, report these estimates to Congress, and, if necessary, submit a report on actions the state agency is taking to reduce erroneous payments.

The PERM project operates on a federal fiscal year basis (October 1 – September 30). Iowa was selected to participate in FFY 2008 and will be reviewed every three years thereafter. The intended effect of this project is to reduce the rate of improper payments and produce an increase in program savings at both the state and federal levels.

PERM is an unfunded mandate by the federal government estimated to cost the state $2.6 million for the first three-year period. It is a quality initiative where the state has to have an entity outside of the policy development, eligibility, and administrative arm of the agency review both Medicaid and ***hawk-i***. A Request for Proposal (RFP) was issued for competitive bid to oversee the eligibility quality review in SFY 2007. Meyers and Stauffer was awarded the contract. CMS requires that the state develop a sample plan to pull a sample of cases monthly to be reviewed; the sample plan has been approved by CMS.

The Department's Division of Results Based Accountability and Meyers and Stauffer have developed a PERM project plan and have selected sample cases for FFY 2008. Case files are being reviewed to make sure eligibility was determined correctly and if claims were paid appropriately for any service members received.

The Department will have the opportunity to develop a corrective action plan that will be submitted to CMS in the spring of 2009. The results of Iowa's SCHIP and Medicaid eligibility and claim reviews, will be released in a final report in June 2009.

VIII. PARTICIPATING HEALTH AND DENTAL PLANS:

Three health plans and two dental plans provided benefits to children participating in the ***hawk-i*** program in 2008:

- AmeriChoice from the UnitedHealthcare of the River Valley, Inc. (managed care) and Delta Dental of Iowa is offered in 44 counties.
- Wellmark Classic Blue (Indemnity) and Blue Access Dental are offered in 16 counties

- Wellmark Health Plan of Iowa (WHPI-managed care) and Blue Access Dental is offered in 83 counties.

Currently, families in 44 counties have a choice of managed care health plans.

Delta Dental of Iowa requested that ***hawk-i*** families be allowed to choose Delta Dental statewide. Currently, Delta Dental is only offered as the dental benefit in counties with United Health Care Coverage and those counties with Wellmark health plan have Blue Dental. This expansion will require Wellmark to carve out separate premiums for health and dental rather than the current combined health and dental payment. Wellmark was also offered the opportunity to expand and the Department is currently waiting on their proposal. The Department is working with Delta Dental on an implementation plan.

Health and Dental Plans Capitation Rates:

The Board approved a 2 percent capitation rate increase for Wellmark Classic Blue and Blue Access Dental, Wellmark Health Plan of Iowa and Blue Access Dental, a 3.7 percent increase for AmeriChoice Health Plan and an 8 percent increase for Dental Dental of Iowa effective July 1, 2008. Please refer to *Attachment 4*: History of Per Member Per Month Capitation Rate for ***hawk-i*** which outlines the historical and current per member per month (PM/PM) rate by federal and state funding and the annual percentage increase in capitation rates.

Attachment 7: County Health Plan Map,
*History of Per Member Per Month Capitation Rate for **hawk-i***

IX. HAWK-I BOARD MEMBERSHIP:

H.F.49 requires the ***hawk-i*** Board to meet no less than six, and no more than twelve times per calendar year. The Board meets on the third Monday every other month; meeting agenda and minutes are available on the ***hawk-i*** program web site at www.hawk-i.org.

***hawk-i* Board Membership in 2008**

Name	City	Term Ending Date/ Type of Appointment
Susan Salter, Chair	Mount Vernon	April 30, 2009
Selden Spencer, Vice-Chair	Huxley	April 30, 2009
Kim Carson	Des Moines	April 30, 2010
John Ortega	Bettendorf	April 30, 2010
John Baker	Waterloo	April 30, 2008
Judy Jeffrey	Director Iowa Department of Education	Statutory
Jim Donoghue	Designee of Director of Education	
Thomas Newton	Director Iowa Department of Public Health	Statutory

Julie McMahon	Designee of Director of Public Health	
Susan Voss	Commissioner of Insurance Iowa Department of Commerce	Statutory
Angela Burke Boston	Designee of Commissioner of Insurance Division	

Ex officio members from the General Assembly

	Senate	
Amanda Ragan	Mason City	April 30, 2009
Dave Mulder	Sioux Center	January, 2009
	House	
Polly Granzow	Eldora	January 2009
Ako Abdul-Samad	Des Moines	April 30, 2009

*Attachment 8: Healthy and Well Kids in Iowa (**hawk-i**) Board Bylaws*

X. HIGHLIGHTS OF BOARD ACTIVITIES & MILESTONES:

December 2007

- The Attorney General's office provided an update to the Board on the status of the third party administrator Request for Proposal (RFP) that they approved at their October meeting.

  The Board voted to award the contract to MAXIMUS. Pursuant to the terms of the RFP, parties have a right to appeal that decision to the Director of the DHS. Health Management Systems (HMS) submitted a letter to Director Concannon appealing the decision of the award to MAXIMUS. The letter alleged that there was a math error in the way the formula was applied and that the RFP required all bidders to submit an implementation plan. HMS claimed that MAXIMUS did not submit an implementation plan. The Director considered the letter, as well as all the documentation surrounding the appeal. The Director determined that he would exercise his authority under the terms of the RFP to cancel the RFP and reissue it. As a result, the RFP was cancelled and a new one released. In the meantime, an agreement was reached with MAXIMUS to extend the terms of their reprocurement process again.

  The Board unanimously approved a fourth amendment to the MAXIMUS contract to extend the contract from June 30, 2008, to December 31, 2008. The extension allows the Department time to go through the new RFP process, award the contract, and give the winning contractor time to get up and running. The contract amendment provides that the price per month for the additional six-month period will increase from $90,000 to $160,400 per month.

- The Department updated the Board that even though the outreach campaign for Medicaid and SCHIP funded under HF 909 was delayed due to the uncertainty around SCHIP reauthorization, Governor Culver and the Department decided to move forward. The outreach campaign kick-off took place in January 2008 and included television and radio commercials, newspaper ads, gas pump toppers, billboard, and bus signs designed by ZLR Ignition, a contracted marketing group.

Because of the delay in launching the outreach campaign, ZLR's contract was extended an additional three months.

January 2008
No Meeting

February 2008

- The Department informed the Board that Senator Jack Hatch introduced a bill that would require all parents, with the exception of parents of undocumented and ineligible alien children, to have health insurance for their children by 2010. His proposal puts kids into three groups: enrolling children who are currently eligible for ***hawk-i*** and Medicaid in those programs; subsidizing coverage for children of families who make too much to qualify for ***hawk-i*** but are under $62,000 for a family of four; and assisting higher income families in finding affordable health care coverage.
- The Department updated the Board that President Bush asserted that a $5 billion increase in funding for SCHIP was insufficient, he included a $19.7 billion in increased funding for SCHIP in his FFY '09 budget over the next 5 years.

  A continuing resolution was passed by Congress that extends the SCHIP program to March 2009. States have been assured that they will not have shortfalls.

March 2008
No Meeting

April 2008

- The Board recognized outgoing Board member John Baker whose term expired in April 2008. Mr. Baker served as Vice-Chair of the Board.
- The Board unanimously approved a 3.7 percent pm/pm increase in rates for AmeriChoice; 2 percent increase for Wellmark Health Plan of Iowa and Blue Dental, Wellmark Classic Blue and Blue Dental; and an 8% increase in rates for Delta Dental of Iowa.
- The Board unanimously approved a Notice of Intended Action to amend Chapter 86 Healthy and Well Kids in Iowa program administrative rules. The amendments to the rule:
  - exempt federal and state earned income tax credit payments from consideration as income in determining ***hawk-i*** eligibility. This exemption is consistent with Department policy for other assistance programs.
  - exempt earnings from temporary employment with the U.S. Bureau of Census from consideration as income. This policy is authorized and encouraged by CMS.
  - clarify that the effective date of coverage for a child denied Medicaid eligibility is the first day of the month after the month when the Department received the Medicaid application, unless the child has health

insurance on that date. If that is the case, coverage will be effective the first day of the month after the child loses that coverage.
    - define the first day of the ten days allowed for an enrollee to report changes that may affect eligibility as the first working day after the change takes place instead of the date the change occurred.
    - clarify the effective date of a positive or negative change in eligibility or benefits resulting from a change in family circumstances, depending on whether the change is reported timely.
    - make other technical changes to make the rules more precise and easier to understand.
- The Board unanimously approved an amendment to Chapter 86 Healthy and Well Kids in Iowa program administrative rules. The amendment adopts and files as emergency subrule 86.2(2)"b"(44). This rule will become effective April 8, 2008. The subrule exempts both federal and state earned income tax credit payments as income. This rule is adopted and filed emergency because going through the Notice process would delay the effective date of the rule until after the current tax period, which would be contrary to the intent of the amendment.
- The Assistant Attorney General presented to the Board the process used for the issuance of the RFP for the ***hawk-i*** program's Third Party Administrator and presented the RFP Evaluation Committee's recommendation to the Board. The Board unanimously approved to accept the recommendation of the committee and awarded the contract to Policy Studies, Inc.

May 2008
No Meeting

June 2008
- The Department updated the Board that DHS has been impacted by recent flooding in Iowa, in particular the Cedar Rapids area. The Department asked CMS for a statewide waiver so that the local offices will not have to do any eligibility reviews for any program for the next three months; essentially granting continuous eligibility during this period. A waiver would provide "good cause" criteria to waive many administrative requirements for customers who live in disaster-declared counties and have issues about premium payments or reviews.
- The Department updated the Board that since the outreach campaign began in January , ***hawk-i*** enrollment continues to rise. The number of children enrolled in ***hawk-i*** is expected to exceed 22,000 in April when the final numbers come in. There was a significant increase in the number of children enrolled in Medicaid with 5,160 being added since January.
- The Department informed the Board that continuous eligibility will be implemented July 1, 2008, in Medicaid resulting in not as many children being referred to ***hawk-i*** because they will not be losing Medicaid eligibility as often.
- The Department updated the Board on the provisions in HF 2539, Health Care Reform Bill that directly impact the Department.
- The Board unanimously approved the Second Amendment to the contract with the Iowa Foundation for Medical Care (IFMC). IFMC does the analysis of the survey

results, reviews claims data, and does a review of the provider network for each of the plans.

- The Board unanimously approved a new contract with Delta Dental of Iowa. The new contract will be for a three-year period July1 2008, through June 30, 2011. The contract provides for three one-year extensions.
- The Board unanimously approved a Notice of Intended Action to amend Chapter 86 Health and Well Kids in Iowa program administrative rules. The rule is amended to:
  - add new language regarding the recovery of ***hawk-i*** overpayments and deletes two references to overpayments to give the Department a better legal basis for recovery when eligibility was incorrectly provided due to client error.
  - clarify the length of the enrollment period for a child added to a family's existing enrollment period. The child is enrolled for the term of the existing enrollment period.
  - clarify the definitions of "initial premium" and "ongoing premium" reinstatement due to late payment of premium. These amendments will allow more enrollees the possibility of reinstatement after a premium was paid late. Coverage can be reinstated when the first premium of an enrollment period based on a renewal is paid late, but is postmarked on or before the last day of the month for which the premium is intended.
  - add language to allow electronic signatures to be accepted in the future when the Department obtains the necessary technology.

July 2008
No Meeting

August 2008

- The Department updated the Board about disaster recovery. In June and July the Department addressed issues resulting from the effects of the tornados and flooding that affected most of the State. Federal waivers were requested for food assistance, TANF, Medicaid, and SCHIP to delay reviews that were due in June, July, and August for one year. For programs where a premium is due, if families sent in their premium it was accepted. If families failed to pay their premium, no negative action was taken.
- The nominating committee and election officers of the Board recommended Susan Salter serve another year as Chair and Selden Spencer as Vice-Chair of the Board. The Board unanimously approved the motion.
- The Department updated the Board that Delta Dental of Iowa requested that ***hawk-i*** families be allowed to choose Delta Dental as their dental benefit provider effective January 1, 2009, regardless of whom they choose for their health care coverage. Currently, Delta Dental is only offered as the dental benefit in counties with United HealthCare coverage. The implementation date does not provide adequate time to implement an expansion statewide. Wellmark has its own dental subcontract that provides dental benefits to their enrollees. The expansion will require Wellmark to carve out separate

premiums for health care and dental rather than the one payment made currently that includes both. The Board directed the Department to move forward with discussions with Delta Dental to expand their network statewide.

- The Department updated the Board that the new ***hawk-i*** website has been launched. ZLR Ignition updated the website to reflect the "new look" developed for the program. The site can be navigated in several different ways; with menu search options across the top and specific questions to select from across the bottom of the home page.

September 2008
No Meeting

October 2008

- The Department updated the Board on the health care summit held in September. Several national experts attended, including Cindy Mann from Georgetown University, and a wide variety of participants were invited. The first day included a discussion of cost sharing and an overview of Iowa's Health Insurance Premium Payment (HIPP) Program. The second day dealt with the more specific requirements of HF 2539 regarding streamlined eligibility and maximization of enrollment. Breakout sessions were held and the results of those discussions will be incorporated into the report due to the legislature.
- A Delta Dental expansion update was presented to the Board. In August, Delta Dental approached the Board about the possibility of expanding their coverage statewide. The Department contacted Wellmark and requested that they split out the current premium that includes both health and dental coverage into two separate premiums. The Department also informed Wellmark that if they chose to offer their dental product statewide, the Department would consider that as well.
- The Department advised the Board that rule amendments for Notice of Intended Action at the July, 2008 meeting was being amended. No public comments were received as a result of the Notice, however, the Department made four changes to the rule.
    - The proposed amendment to 86.3(4) has been dropped based on a legal opinion that the Department already has the authority to accept electronic signatures through Iowa Code Chapter 554D.
    - The definition of "client error" in 86.19(1) is revised to clarify that the client's action must be intentional or negligent.
    - On the advice of the Department's attorney, the first sentence in 86.19(2) is revised to change the verb from "shall recover" to "may recover".
    - Subrule 86.19(4) is revised to clarify that recovery will be made from the person who completed the application and had responsibility for reporting changes, whether that is the enrollee or the enrollee's parent, guardian, or other responsible person, and that the recovery may be

made out of resources of that person that are not specifically listed in the subrule.

The Board unanimously adopted the administrative rule amendments.

▪ The Department updated the Board that the PSI contract they approved in April was being terminated. Instead the Department entered into a three-year source contract MAXIMUS to continue operating as the Department's third party administrator.

The cost of the new MAXIMUS contract would not exceed the cost of the PSI contract. The PSI contract included $1.4 million for implementation costs, MAXIMUS will not have implementation costs, but they will be incurring the additional costs of new enhancements to the system. The total cost of the MAXIMUS contract does not exceed the cost of the contract with PSI.

Following discussion by the Board and Department, the new three-year contract with MAXIMUS was unanimously approved by the Board.

November 2008
No Meeting

Attachment 1: Allotment and Expenditure Federal Funding History, SFY 2008 Final Budget Report, and SFY 2009 Budget

Allotment and Expenditure Federal Funding History
For Iowa's SCHIP Program
2008

Federal Fiscal Year (FFY)	Allotment	Balance Carryforward (from previous years)	Retained Dollars	Redistributed Dollars	Supplemental Dollars	Total Federal Dollars Available	Total Federal Dollars Spent	Balance Remaining	
1998	$32,460,463	$-	$-	$-	$-	$32,460,463	$276,280	$32,184,183	
1999	$32,307,161	$32,184,183	$-	$-	$-	$64,491,344	$10,562,636	$53,928,708	
2000	$32,382,884	$53,928,708	$-	$-	$-	$86,311,592	$15,493,125	$70,818,467	*1*
2001	$32,940,215	$64,690,045	$3,957,863	$-	$-	$101,588,123	$24,846,556	$76,741,567	*2*
2002	$22,411,236	$65,323,099	$4,787,171	$-	$-	$92,521,506	$28,724,907	$63,796,599	*3*
2003	$21,368,268	$55,351,451	$4,222,574	$-	$-	$80,942,293	$32,885,307	$48,056,986	*4*
2004	$19,703,423	$43,779,504	$2,138,741	$-	$-	$65,621,668	$37,273,256	$28,348,412	*5*
2005	$28,266,206	$28,348,412	$-	$4,379,212	$-	$60,993,830	$40,757,756	$20,236,074	*6*
2006	$26,986,944	$20,236,074	$-	$-	$6,108,982	$53,332,000	$47,861,826	$5,470,174	*7*
2007	$36,229,776	$5,470,174	$-	$-	$14,001,050	$55,701,000	$51,337,743	$4,363,257	*8*
2008	$33,200,000	$-	$-	?	?	$33,200,000		$33,200,000	*9*
2009									

1 $6,128,422 of the FFY98 allotment that remains unspent added to redistribution pool

2 $11,418,468 of the FFY99 allotment that remains unspent added to redistribution pool

3 $8,445,148 of the FFY00 allotment that remains unspent added to redistribution pool

4 $4,277,482 of the FFY01 allotment that remains unspent added to redistribution pool

5 $0 of the FFY02 allotment that remains unspent added to redistribution pool

6 $0 of the FFY03 allotment that remains unspent added to redistribution pool

7 $0 of the FFY04 allotment that remains unspent added to redistribution pool

8 $4,363,257 of the FFY07 supplemental that remains unspent reverts to treasury

9 Iowa has received two Continuing Resolution (CR) federal allotments:

1) Continuing resolution 10-1-2007 to 11-16-07 Iowa received $8,567,133 federal funds, and

2) Continuing resolution 11-17-07 to 12-14-07 Iowa has received $5,707,198.

3) With the two Continuing Resolution's Iowa has received a total of $14,846,331 = 42.99% of its FFY 2008 allotment (at current funding levels/formula) compared to less than 25% of the FFY having expired.

SFY 2008 Final Budget Report

CHIP Budget
SFY 2008
Jun-08
plus 90- FINAL

FY 2008 Appropriation (minus approp transfer)	$	14,430,052	
Amount of hawk-i Trust Fund dollars added to appropriation	$	5,857,339	
Amount funded by Healthy Iowans Trust Fund	$	8,329,570	
Outreach dollars from Medicaid	$	300,000	
Total state appropriation for FY 2008	$	28,916,961	
donations	$	-	
Wellmark Grant dollars earned	$	27,200	($27,200 available)
total	$	28,944,161	

State Dollars

Budget Category	Projected Expenditures	YTD * Expenditures
Medicaid expansion	$7,600,972	$5,846,306
HAWK-I premiums	$14,833,181	$12,622,612
Fiscal agent costs of processing Medicaid claims	$156,735	$0
Outreach	$901,850	$554,944
HAWK-I administration	$753,751	$685,678
Earned interest from HAWK-I fund	$ -	-$424,938
Totals	$ 24,246,489	$ 19,284,602

HAWK-I Trust Fund Balance (In State Dollars)

SFY 2009 Budget

CHIP Budget
SFY 2009
Nov-08

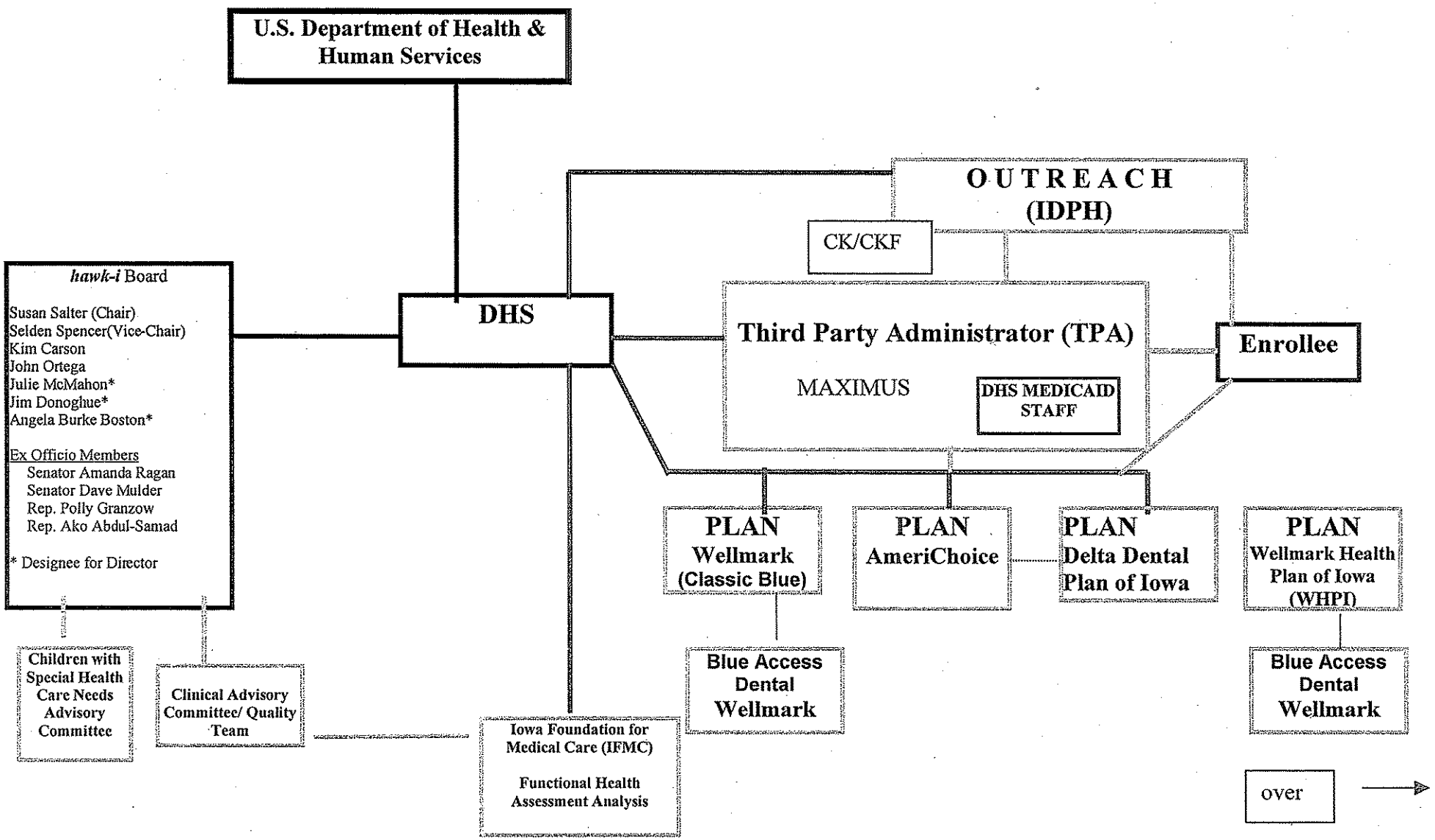
FY 2009 Appropriation	$	13,868,885	
Amount of ***hawk-i*** Trust Fund dollars added to appropriation	$	9,659,560	
Amount funded by HF 2539 - Health Care Reform bill	$	2,000,000	HF 2539
Possible Outreach and Perm dollars from Medicaid	$	144,960	
Total state appropriation for FY 2009	$	25,673,405	
donations	$	-	
Wellmark Grant dollars earned	$	-	
total	$	25,673,405	

	State Dollars	
Budget Category	Projected Expenditures	YTD * Expenditures
Medicaid expansion	$6,669,681	$2,309,573
hawk-i premiums	$13,010,408	$5,428,767
processing Medicaid claims / AG fees	$149,792	$0
Outreach	$324,060	$125,272
hawk-i administration	$1,289,775	$181,089
Earned interest from ***hawk-i*** fund	$ -	-$107,664
Totals	$ 21,443,716	$ 7,937,037

hawk-i Trust Fund Balance (In State Dollars)	
Amount in ***hawk-i*** Trust Fund held in reserve at FY 08 year end	$ 9,659,560

Attachment 2: Organization of *hawk-i* Program Chart,
History of Participation of Children in Medicaid and *hawk-i*,
Iowa's SCHIP Program Combination Medicaid Expansion and *hawk-i*

Organization of the ***hawk-i*** Program



Referral Sources/Outreach Points

Any entity that is accessed by children or their families is potentially an outreach point where applications and information about the program could be available. In addition to local DHS offices, schools, daycare centers, WIC sites, etc., other potential sources through which information could be provided may include organizations that deal with children (Girl Scouts, Boy Scouts, Little League, Big Brothers and Sisters, YMCA, etc.) and places frequented by children and their families (churches, fast food restaurants, roller skating rinks, & toy stores). Applications would be sent to the TPA.

Function of the outreach points:
1. Disseminate information about the program.
2. Assist with the application process if able.

hawk-i Board

The function of the ***hawk-i*** Board includes, but is not limited to:
1. Adopt administrative rules developed by DHS
2. Establish criteria for contracts and approve contracts
3. Approve benefit package
4. Define regions of the state
5. Select a health assessment plan
6. Solicit public input about the ***hawk-i*** program
7. Establish and consult with the clinical advisory committee
8. Establish and consult with the advisory committee on children with special health care needs
9. Make recommendations to the Governor and General Assembly on ways to improve the program

DHS

The function of DHS includes, but is not limited to:
1. Work with the ***hawk-i*** Board to develop policy for the program
2. Oversee administration of the program.
3. Administer the contracts with the TPA, plans, and U of I.
4. Administer the State Plan.
5. Coordinate with the TPA when individuals applying for the ***hawk-i*** program may be Medicaid eligible and when Medicaid eligible recipients lose eligibility.
6. Provide statistical data and reports to CMS.

Third Party Administrator (TPA)

The functions of the TPA include, but may not be limited to:
1. Receive applications and determine eligibility for the program.
2. Staff a 1-800 number to answer questions about the program and assist in the application process.
3. Coordinate with DHS when it appears an applicant may qualify for Medicaid.
4. Determine the amount of family cost sharing.
5. Bill and collect cost sharing.
6. Assist the family in choosing a plan.
7. Notifying the plan of the enrollment.
8. Provide customer service functions to the enrollees.
9. Provide statistical data to DHS.

Plans

The functions of the plan(s) are to:
1. Provide services to the enrollee in accordance with their contract.
2. Issue insurance cards.
3. Process and pay claims.
4. Provide statistical and encounter data to the TPA.

Clinical and Children with Special Health Care Needs Advisory Committees

1. The Clinical Advisory Committee is made up of health care professionals who advise the ***hawk-i*** Board on issues around coverage and benefits.
2. The Children with Special Health Care Needs Advisory Committee is made up of health care professionals, advocates, and parents who provide input to the ***hawk-i*** Board on how to best meet the needs of children with special health care issues.

Medicaid Staff

The function of the Medicaid staff that is co-located at MAXIMUS is to determine Medicaid eligibility when a person who applies for ***hawk-i*** is referred to Medicaid.

History of Participation of Children in Medicaid and *hawk-i*

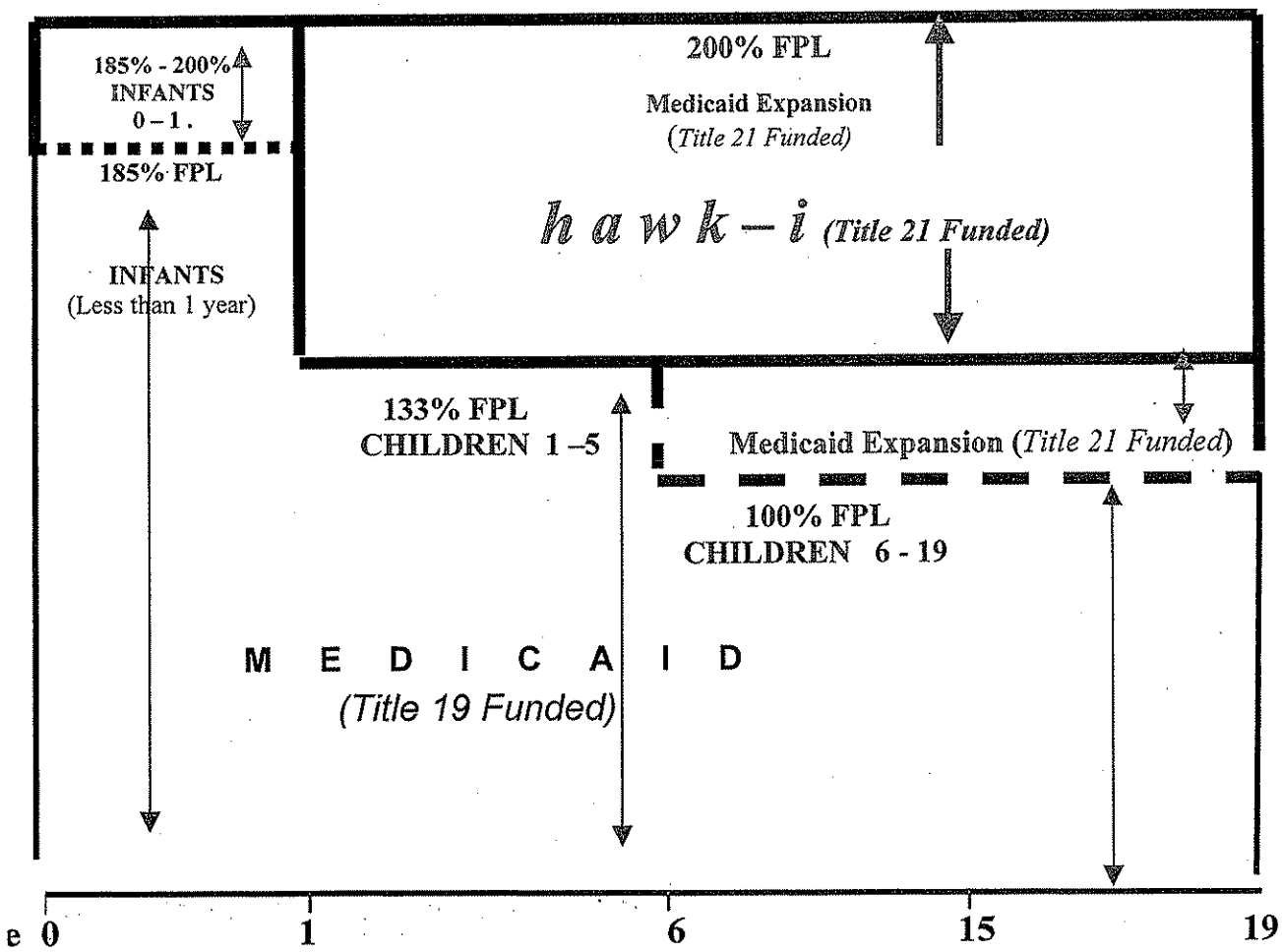
Month	Total Children on Medicaid	SCHIP (Title XXI Program) Expanded Medicaid*	SCHIP (Title XXI Program) *hawk-i* Program (began 1/1/99)
SFY 99	91,737		
SFY 00			
Jul-99	104,156	7,891	2,104
SFY 01			
Jul-00	106,058	8,477	5,911
SFY 02			
Jul-01	126,370	11,316	10,273
SFY 03			
Jul-02	140,599	12,526	13,847
SFY 04			
Jul-03	152,228	13,751	15,644
SFY 05			
Jul-04	164,047	14,764	17,523
SFY 06			
Jul-05	171,727	15,497	20,412
SFY 07			
Jul-06	179,967	16,140	20,775
SFY 08			
Jul-07	181,515	16,071	21,877
SFY 09			
Jul-08	190,054	17,024	22,456
Aug-08	194,860	17,197	22,358
Sep-08	199,238	17,591	22,111
Oct-08	200,773	17,329	**22,480
		Total SCHIP Enrollment	39,809

Total growth in Medicaid enrollment from SFY 99 to present =	109,036
Total growth in ***hawk-i*** enrollment from SFY 99 to present =	**22,480
Total children covered	131,516

*Expanded Medicaid number is included in "Total Children on Medicaid" number

***hawk-i* enrollment as of October 31, 2008 includes projected number of children that will receive retroactive coverage

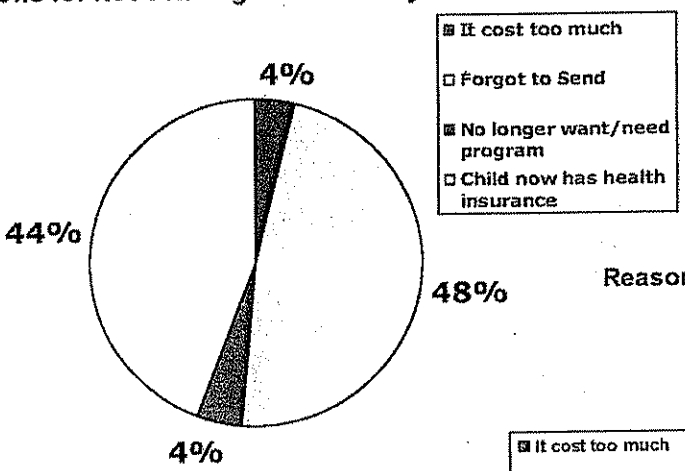
IOWA'S CURRENT SCHIP PROGRAM
COMBINATION MEDICAID EXPANSION AND ***hawk-i***



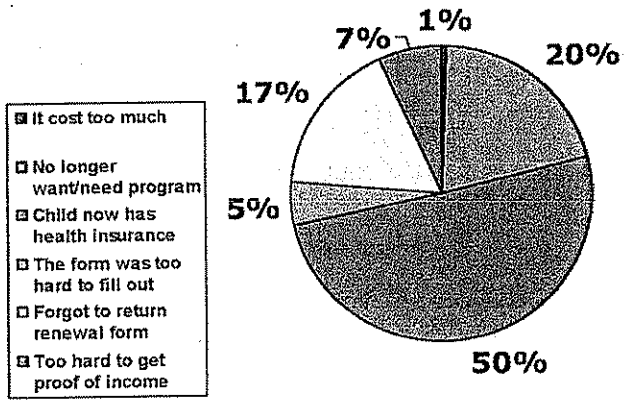
Attachment 3: Results of *hawk-i* Disenrollment Survey SFY 2008

Results of *hawk-i* Disenrollment Survey

Reasons for Not Sending Premium Payment SFY 08

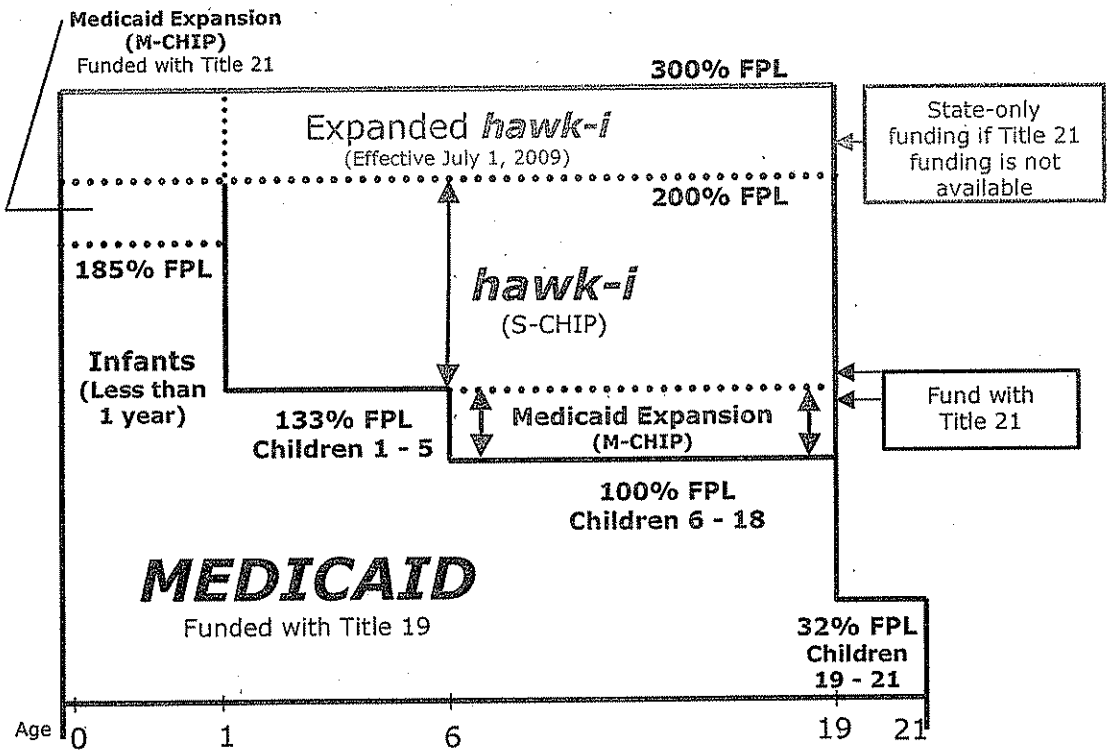


Reasons for Not Renewing hawk-i Coverage SFY 08



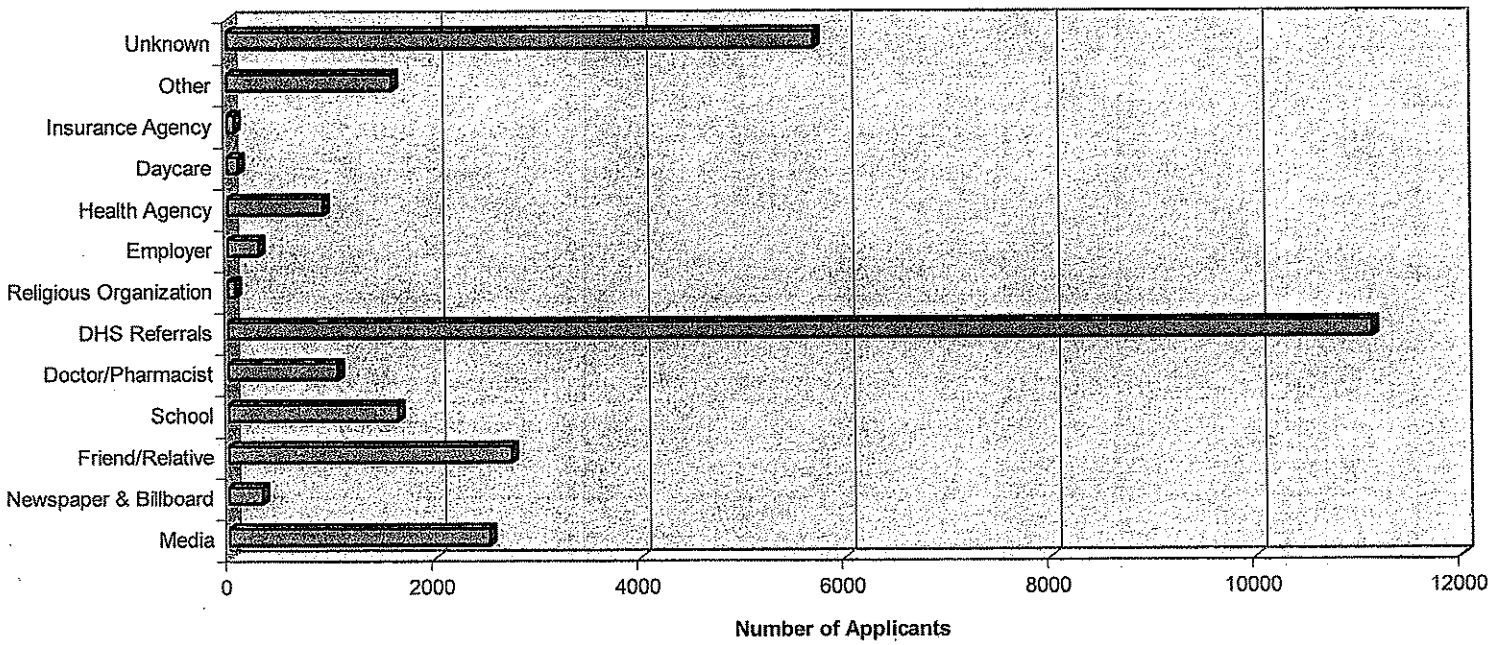
Attachment 4: H.F. 2539 – Iowa's Health Care Programs for Non-Disabled Children

Iowa's Health Care Programs for Non-Disabled Children



Attachment 5: How Applicants Heard About *hawk-i* in Calendar Year 2008

How Applicants Heard About hawk-i in Calendar Year 2008



Attachment 6: Healthy and Well Kids in Iowa (*hawk-i*) Estimated Disaster Costs State and Federal

Healthy and Well Kids in Iowa (*hawk-i*) Disaster Costs State and Federal

Cost *hawk-i* Renewals Waived Due to Disaster			
Month	**Total Cost**	**State Share**	**Federal Share**
June 2008 (25 Cases, 41 Children)	$82,433.55	$21,713.87	$60,719.68
July 2008 (428 Cases, 537 children)	$942,460.75	$247,398.28	$695,062.47
August 2008 (517 Cases, 659 Children)	$1,157,542.71	$303,683.70	$853,859.01
Total	**$2,182,437.01**	**$572,795.85**	**$1,609,641.16**

Note: Children will continue to be eligible for an additional 12 months unless otherwise becoming ineligible during this period; i.e. child ages out, fails to pay premium, child becomes insured.

Cost *hawk-i* Premium Payments Waived Due to Disaster			
Month	**Total Cost**	**State Share**	**Federal Share**
June 2008 (412 Cases, 703 Children)	$88,837.10	$23,799.46	$65,037.65
July 2008 (630 Cases, 1,059 Children)	$133,730.69	$35,826.45	$97,904.24
Total	**$222,567.79**	**$59,625.91**	**$162,941.89**

Note: Children remain eligible for a month; eligibility for August and subsequent months requires premium payment, otherwise they are cancelled. Assumption is that this action only results in one additional month of eligibility and no premium collected; i.e. if the family truly doesn't want their child(ren) to continue coverage they'll simply fail to pay the premium the next month.

Change Order Cost MAXIMUS			
Month	**Total Cost**	**State Share**	**Federal Share**
August-08	$60,654.00	$16,249.21	$44,404.79
Total	**$60,654.00**	**$16,249.21**	**$44,404.79**

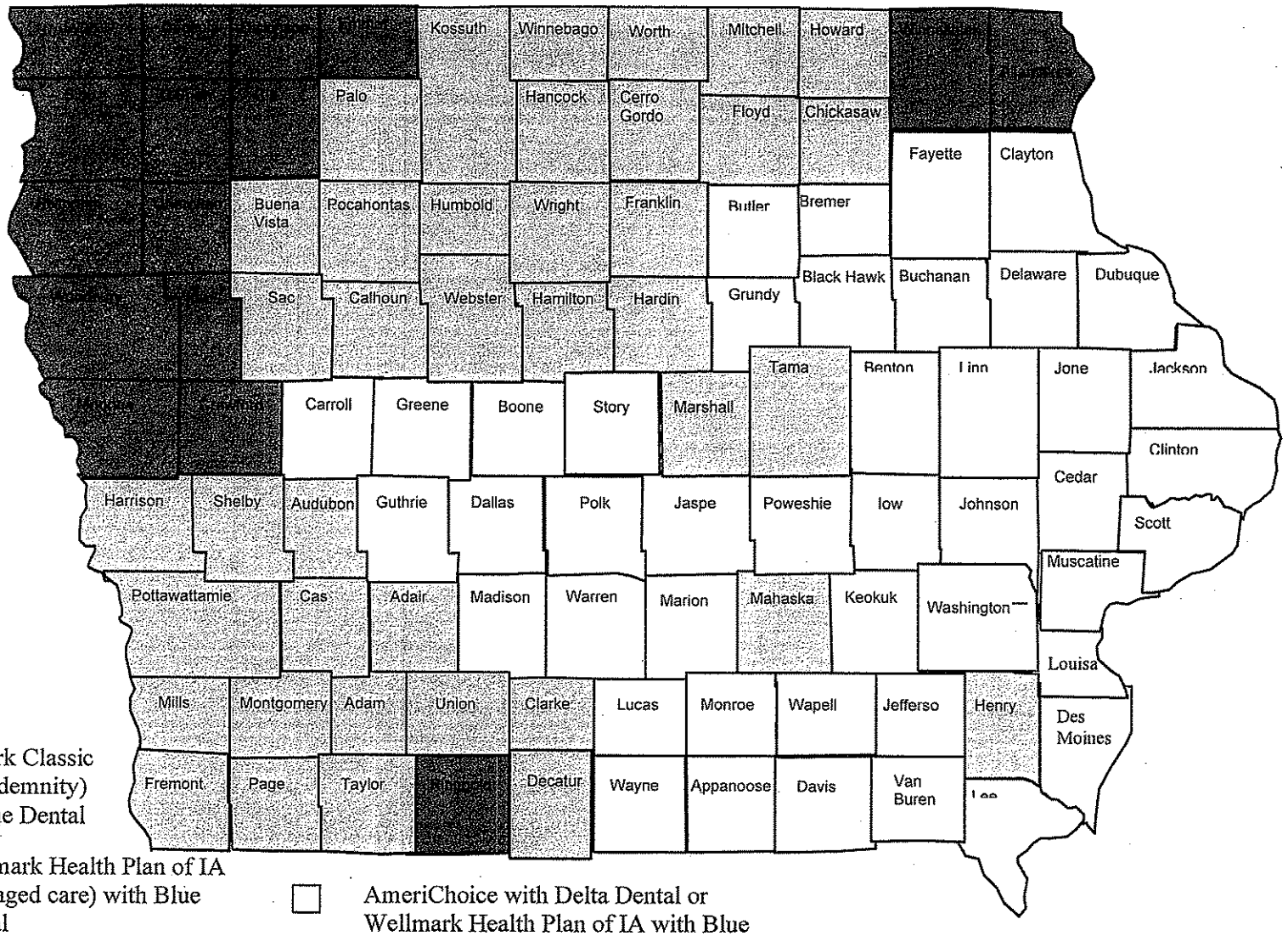
Note: The Department entered into a change order agreement with MAXIMUS, the ***hawk-i*** program's third party administrator, to implement a disaster relief plan to systematically prevent disenrollments for failure to renew coverage in June, July and August 2008 and failure to pay premium payments June and July 2008.

Total Cost Disaster			
	Total Cost	**State Share**	**Federal Share**
Waive *hawk-i* Renewals	$2,182,437.01	$572,795.85	$1,609,641.16
Waive *hawk-i* Premium Payments	$222,567.79	$59,625.91	$162,941.89
MAXIMUS Change Order	$60,654.00	$16,249.21	$44,404.79
Total Cost	**$2,465,658.80**	**$648,670.97**	**$1,816,987.84**

Attachment 7: County Heath Plan Map and History of Per Member Per Month Capitation Rate for *hawk-i*

Health & Dental Plan Coverage Area

Enrollment Effective 03-01-08



Wellmark Classic Blue (indemnity) with Blue Dental

Wellmark Health Plan of IA (managed care) with Blue Dental

AmeriChoice with Delta Dental or Wellmark Health Plan of IA with Blue

History of Per Member Per Month Capitation Rate for *hawk-i*
SFY 2000 to SFY 2009

State Fiscal Year (SFY)	Managed Care Health and Dental Monthly Capitation Rate		Managed Care Health and Dental Capitation Percent Increase (SFY)	Wellmark Classic Blue (Indemnity) & Blue Dental Monthly Capitation Rate		Indemnity Capitation Percent Increase (SFY)
	Federal Share	State Share		Federal Share	State Share	
SFY '00	$84.97			$110.63		
	$63.00 74.14%*	$21.97 25.86%*		$82.02 74.14%*	$28.61 25.86%*	
SFY '01	$90.92		7%	$118.37		7%
	$67.16 73.87%*	$26.76 26.13%*		$87.44 73.87%	$30.93 26.13%	
SFY '02	$106.52			$131.98		
	$78.82 74.00%*	$27.70 26.00%*	17%	$97.67 74.00%*	$34.31 26.00%*	12%
SFY '03	$119.30			$155.87		
	$88.82 74.45%*	$30.48 25.55%*	12%	$116.05 74.45%*	$39.82 25.55%*	18%
SFY '04	$131.23			$169.59		
	$98.09 74.75%*	$33.14 25.25%*	10%	$126.77 74.75%*	$42.82 25.25%*	9%
SFY '05 (7-1-2004)	$148.30			$169.59		
	$110.85 74.75%*	$37.45 25.25%*	13%	$126.77 74.75%	$42..82 25.25%	0%
SFY '05 (1-1-2005)	John Deere			Wellmark Classic Blue and Blue Access Dental		
Health Only	$132.74					
	$98.88 74.49%*	$33.86 25.51%*	N/A			N/A
Health and Dental	$148.30			N/A		
	$110.47 74.49%*	$37.83 25.51%*	N/A			
SFY '05 (1-1-2005)	Delta Dental of Iowa					
	$15.94					
	$11.87 74.49%*	$4.07 25.51%*	N/A	N/A		N/A
SFY '06 (7-1-05)	AmeriChoice (formerly John Deere Health Plan)			Wellmark Classic Blue and Blue Access Dental		
Health Only	$143.36					
	$106.79 74.49%*	$36.57 25.51%*	8%			
Health and Dental	$160.16			$176.13		
	$119.30 74.49%*	$40.86 25.51%*	8%	$131.19 74.49%	$44.94 25.51%	3.9%
	Delta Dental of Iowa					
Dental Only	$15..94		0%			
	$11.87 74.49%	$4.07 25.51%		N/A		N/A
Dental Only (1-1-2006)	Delta Dental of Iowa					
	$16.58					
	$12..35 74.53%	$4.23 25.47%	4%	N/A		N/A

History of Per Member Per Month Capitation Rate for *hawk-i*

State Fiscal Year (SFY)	Managed Care Health and Dental Monthly Capitation Rate		Managed Care Health and Dental Capitation Percent Increase (SFY)	Wellmark Classic Blue (Indemnity) & Blue Dental Monthly Capitation Rate		Indemnity Capitation Percent Increase (SFY)
	Federal Share	State Share		Federal Share	State Share	
SFY '07 (7-1-06)	AmeriChoice			Wellmark Classic Blue and Blue Access Dental		
Health Only	$158.86		10.8%	$183.60		4.2%
	$118.40 74.53%	$40.46 25.47%		$136.84 74.53%	$46.76 25.47%	
Dental Only **(7-1-06)	Dental Dental of Iowa**					
	$17.41					
	$12.98 74.53%	$4.43 25.47%	5%			
Health and Dental (7-24-06)	Wellmark Health Plan of Iowa (WHPI) and Blue Access Dental					
	$177.31		0%			
	$132.15 74.53%	$45.16 25.47%				
SFY '08 (7-1-07)	AmeriChoice			Wellmark Classic Blue and Blue Access Dental		
Health Only	$163.94		3.2%	$189.80		3.4%
	$120.02 73.21%	$43.92 26.79%		$138.95 73.21%	$50.85 26.79%	
Dental Only	Delta Dental of Iowa					
	$18.98		9%			
	$13.90 73.21%	$5.08 26.79%				
Health and Dental	Wellmark Health Plan of Iowa and Blue Access Dental		3.4%			
	$183.29					
	$134.19 73.21%	$49.10 26.79%				
SFY '09 (7-1-08)	AmeriChoice			Wellmark Classic Blue and Blue Access Dental		
Health Only	$170.01		3.7%	$193.56		2%
	$125.52 73.83	$44.49 26.17		$142.91 73.83	$50.65 26.17	
Dental Only	Delta Dental of Iowa					
	$20.50		8%			
	$15.14 73.83	$5.36 26.17				
Health and Dental	Wellmark Health Plan of Iowa and Blue Access Dental					
	$186.95		2%			
	$138.03 73.83	$48.92 26.17				

Attachment 8: Healthy and Well Kids in Iowa (*hawk-i*) Board Bylaws, Healthy and Well Kids in Iowa (*hawk-i*) Board Members

BYLAWS

Healthy and Well Kids in Iowa (*hawk-i*) Board

I. NAME AND PURPOSE

A. The ***hawk-i*** Board, hereafter referred to as the Board, is established and operates in accordance with the Code of Iowa.

B. The Board's specific powers and duties are set forth in Chapter 514I of the Code of Iowa.

II. MEMBERSHIP

The Board consists of eleven (11) members. Four members are appointed by the Governor to two-year terms. Statutory members are the Director of the Department of Education, the Director of the Department of Public Health, and the Commissioner of Insurance, or their designees. Ex officio members from the General Assembly are appointed: two Senate members and two House members.

III. BOARD MEETINGS

A. The Board shall conduct its meetings in accordance with Iowa's Open Meetings Law.

B. The Board shall conduct its meetings according to parliamentary procedures as outlined in Robert's Rules of Order. These rules may be temporarily suspended by the Chairperson with a majority vote of the Board members in attendance.

C. The Board shall meet at least six times a year at a time and place determined by the chairperson.

D. Department of Human Services (DHS) staff will ship the meeting packets (including the agenda) to Board members at least five days prior to Board meetings.

E. Special meetings may be held at any time at the call of the chairperson, the DHS program manager or at the call of any five members of the Board, provided that notice thereof be given to all Board members at least twenty-four hours in advance of the special meeting.

F. A quorum at any meeting shall consist of five or more voting Board members.

G. DHS staff shall be present and participating at each meeting of the Board.

H. The Board shall record its proceedings as minutes and shall maintain those minutes in accordance with the Iowa Open Records Law.

IV. OFFICERS AND COMMITTEES

A. The officers of the Board shall be chairperson and vice-chairperson. DHS staff will serve as Secretary. The chairperson and vice-chairperson shall be elected at the first regular meeting of each fiscal year and shall assume their duties at next meeting or immediately upon the resignation of the current officers.

B. The duties of all officers shall be such as by custom and law and the provisions of the Act as usually devolving upon such officers in accordance with their titles.

C. The chairperson shall appoint committees as are needed and/or recommended unless provided for statutorily.

D. Each committee shall act in an advisory capacity and shall report its recommendations to the full Board.

V. DUTIES AND RESPONSIBILITIES

A. The Board shall have the opportunity to review, comment, and make recommendations to the proposed ***hawk-i*** budget request.

B. The Board shall set policy and adopt rules. The DHS program manager will periodically make policy recommendations to the Board in order to promote efficiency or to bring the program into compliance with state or federal law.

C. DHS staff shall keep the Board informed on budget, program development, and policy needs.

VI. AMENDMENTS

Amendments to these bylaws may be proposed at any regular meeting but become effective only after a favorable vote at a subsequent meeting. Any of the foregoing rules may be temporarily suspended by a unanimous vote of all the members present at any meeting provided they do not conflict with the provisions of the Act.

Healthy and Well Kids in Iowa

Board Members

as of August, 2008

Susan Salter, Chair **Dr. Selden Spencer, Vice Chair**

PUBLIC MEMBERS:

Susan Salter
P. O. Box 128
Mt. Vernon, Iowa 52314
Phone: 319-895-6043
Fax: 319-895-6198
e-mail: susansalter@mac.com

Kim Carson
2816 Woodland Avenue
Des Moines, Iowa 50312
Phone: 515-313-3810
e-mail: hurdlesinc@yahoo.com

John Ortega
2360 West Dale Court
Bettendorf, Iowa 52722
Phone: 563-370-9065
e-mail: johnjortega@msn.com

Dr. Selden Spencer
823 Ashwood
Huxley, Iowa 50124
Phone: 515-231-2745

STATUTORY MEMBERS:

Susan Voss, Commissioner
Insurance Division
Iowa Department of Commerce
330 E Maple Street
Des Moines, Iowa 50319-0065
Phone: 515-281-5523
Fax: 515-281-3059
e-mail: susan.voss@iid.state.ia.us

Commissioner Voss' designee:
Angela Burke Boston
Phone: 515-281-5705
e-mail:
angela.burke.boston@iid.state.ia.us

Judy Jeffrey, Director
Iowa Department of Education
Grimes State Office Bldg., 2nd Floor
400 East 14th Street
Des Moines, Iowa 50319
Phone: 515-281-3436
e-mail: judy.jeffrey@iowa.gov

Director Jeffrey's designee:
Jim Donoghue
Phone: 515-281-8505
e-mail: Jim.Donoghue@iowa.gov

Thomas Newton, Director

Iowa Department of Public Health

Lucas State Office Building
321 E 12th Street
Des Moines, Iowa 50319
Phone: 515-281-7689
e-mail: tnewton@idph.state.ia.us

Director Newton's designee:
Julie McMahon
Phone: 515-281-3104
e-mail: jmcmahon@idph.state.ia.us

LEGISLATIVE MEMBERS – EX OFFICIO:

Senator Dave Mulder
Iowa Senate
State Capitol Building
Des Moines, Iowa 50319
Phone: 515-281-3371
e-mail: dave.mulder@legis.state.ia.us
Home:
1452 Third Ave SE
Sioux Center, Iowa 51250
Phone: 712-722-0601

Representative Polly Granzow
Iowa House of Representatives
State Capitol Building
Des Moines, Iowa 50319
Phone: 515-281-3221
e-mail: Polly.Granzow@legis.state.ia.us
Home:
22978 S-55
Eldora, Iowa 50627
Phone: 641-858-5210

Senator Amanda Ragan
Iowa Senate
State Capitol Building
Des Moines, Iowa 50319
Phone: 515-281-3371
e-mail: amanda.ragan@legis.state.ia.us
Home:
20 Granite Court
Mason City, Iowa 50401
Phone: 641-424-0874

Representative Ako Abdul-Samad
Iowa House of Representatives
State Capitol Building
Des Moines, Iowa 50319
Phone: 515-281-3221
e-mail: ako.abdul-samad@legis.state.ia.us
Home:
1506 18th Street
Des Moines, Iowa 50314
Phone: 515-283-0987

ATTORNEY GENERAL STAFF:

Diane Stahle, Legal Counsel
Attorney General's Office
Hoover State Office Building
1305 E Walnut
Des Moines, Iowa 50319
Phone: 515-281-4670
Fax: 515-281-7219
e-mail: diane.stahle@iowa.gov

DEPARTMENT OF HUMAN SERVICES STAFF:

Anita Smith, Bureau Chief
Bureau of Medical Supports
Financial, Health, & Work Supports
Iowa Department of Human Services
Hoover State Office Building
1305 E Walnut
Des Moines, Iowa 50319
Phone: 515-281-8791
Fax: 515-242-5456
e-mail: asmith@dhs.state.ia.us

Anna Ruggle, Management Analyst
Bureau of Medical Supports
Financial, Health, & Work Supports
Iowa Department of Human Services
Hoover State Office Building
1305 E Walnut
Des Moines, Iowa 50319
Phone: 515-281-5487
Fax: 515-242-5456
e-mail: aruggle@dhs.state.ia.us

Shellie Goldman, Management Analyst
Bureau of Medical Supports
Financial, Health, & Work Supports
Iowa Department of Human Services
Hoover State Office Building
1305 E Walnut
Des Moines, Iowa 50319
Phone: 515-281-7315
Fax: 515-242-5456
e-mail: sgoldma@dhs.state.ia.us

Mike Baldwin, Policy Specialist
Bureau of Medical Supports
Financial, Health, & Work Supports
Iowa Department of Human Services
Hoover State Office Building
1305 E Walnut
Des Moines, Iowa 50319
Phone: 515-281-8785
Fax: 515-242-5456
e-mail: mbaldwi@dhs.state.ia.us

Dee Johnson, Administrative Assistant
Bureau of Medical Support
Financial Health & Work Supports
Iowa Department of Human Services
Hoover State Office Building
Des Moines, Iowa 50319
Phone: 515-281-4174
Fax: 515-242-5456
e-mail: djohnso8@dhs.state.ia.us