



Hawki Board Materials
Monday, December 14, 2020

1. Agenda of Meeting for December 14, 2020
2. October 19, 2020 Hawki Board Meeting Minutes
3. Hawki Annual Report
4. Hawki Enrollment and Financials
5. Hawki Outreach Update



AGENDA
Hawki Board Meeting

Monday, December 14, 2020

Time: 12:30 – 2:30 p.m.

Virtual Meeting Via Zoom

<https://zoom.us/j/97147345644?pwd=cjBLMEJXdnZ0cS82UklPaWFQT042Zz09>

Meeting ID: 971 4734 5644

Passcode: 539698

- 12:30 p.m. Roll call – **Mary Nelle Trefz**
- 12:35 p.m. Approval of minutes – **Mary Nelle Trefz**
- October 19, 2020 – BOARD ACTION REQUIRED
- 12:45 p.m. Hawki Annual Report – **Anna Ruggle**
- BOARD ACTION REQUIRED
- 1:05 p.m. Director’s Report – **Julie Lovelady**
- Enrollment reports
 - Review and discuss finances
 - Medicaid Update
- 1:25 p.m. Updates from the MCOs – **MCOs**
- Amerigroup Iowa (10 minutes)
 - Iowa Total Care (10 minutes)
 - Delta Dental (10 minutes)
- 1:55 p.m. Communications update – **Kevin Kirkpatrick**
- 2:00 p.m. Outreach update – **Jean Johnson**
- 2:05 p.m. Public Comment – **Mary Nelle Trefz**
- 2:15 p.m. New Business – **Mary Nelle Trefz**
- 2:30 p.m. Adjourn

For more information, contact Michael Kitzman at 515-974-3216 or mkitzma@dhs.state.ia.us.

Note: Times listed on agenda for specific items are approximate and may vary depending on the length of discussion for preceding items. Please plan accordingly.



**Hawki Board Meeting
October 19, 2020**

Hawki Board Members	Department of Human Services
Angela Burke Boston – present	Julie Lovelady, Interim Medicaid Director
Mary Nelle Trefz, Chair – present	Paula Motsinger, IME Policy Bureau Chief
Jim Donoghue – present	Kurt Behrens, IME
Eric Kohlsdorf –	Kevin Kirkpatrick, IME
Dr. Bob Russell – present	Anna Ruggle, IME
Dr. Kaaren Vargas – present	Heather Miller, IME
Shawn Garrington – present	Guests
Senator Nate Boulton –	Gretchen Hageman, DDIA
Senator Dennis Guth –	John Hedgecoth, Amerigroup
Representative John Forbes –	Jean Johnson, IDPH
Representative Shannon Lundgren -	Lindsay Paulson, MAXIMUS
	Joe Estes, MAXIMUS
	Sandra Hurtado-Peters, Iowa Department of Management

Call to Order and Roll Call

Board Chair Mary Nelle Trefz called the meeting to order at 12:30 PM via Zoom. Chair Trefz conducted a roll call, and attendance is as reflected above. Chair Trefz established a quorum.

Approval of the Hawki Board Meeting Minutes

Chair Trefz called for the Board to review the minutes from the August 17, 2020, meeting. Angela Burke Boston announced minor edits. Chair Trefz asked for a motion to approve the minutes with Angela’s corrections, and the motion carried.

Director’s Report

Interim Medicaid Director Julie Lovelady gave updates on the Hawki program and Medicaid overall. Julie reminded the board that the Hawki program and Medicaid have suspended disenrollments during the Coronavirus Public Health Emergency (PHE). Julie noted that any enrollment decreases listed on the Hawki Enrollment and Financials report presented to the Board are due to members transitioning to Medicaid. Either the member’s family became eligible for Medicaid, or the member aged out of the Hawki program, and was enrolled in Medicaid. Turning to financials, Julie noted that the percentage of Hawki funding contributed by the State is increasing year over year due to changes in Federal Medical Assistance Percentages (FMAP). On October 2, 2020, the United States Department of Health and Human Services (HHS) extended the Coronavirus PHE end date to January 20, 2021. All Medicaid waivers and flexibilities currently in place will continue through at least the end of the PHE. Julie stated

that Medicaid staff are beginning to identify the earliest possible end dates for waivers and flexibilities granted during the PHE. On October 5, 2020, a new round of federal funding was opened up to providers who were previously ineligible for funds through the CARES Act. Additionally, the application deadline has been extended for State grant funding provided through the CARES Act for Mental Health (MH), Home- and Community-Based Services (HCBS) and Substance Use Disorder (SUD) providers. Julie is continuing to hold stakeholder calls, these calls will continue through the end of the PHE. At the previous board meeting, questions were raised regarding re-enrollment of members once the PHE ends. Julie stated re-enrollment is a big concern of the Department staff, and that while a final plan is not yet in place, the Department is in process of developing a plan in line with guidance from the Centers for Medicare and Medicaid Services (CMS). Julie hopes to present the Department's plan for re-enrollment of members at the end of the PHE at the next Hawki Board meeting.

Chair Trefz asked how the Board could assist in the Department's task of figuring out how to unwind flexibilities and waivers implemented during the PHE. Julie answered that the Department is looking for input from stakeholders. The Department is seeking to understand how members have been positively impacted by flexibilities and waivers implemented during the PHE. Board members and other stakeholders are encouraged to submit feedback on extending flexibilities and waivers implemented during the Coronavirus PHE to the Department at IMECOVID19@dhs.state.ia.us.

Updates from the MCOs

John Hedgecoth, of Amerigroup Iowa, Inc., presented an update to the Board. John noted that after the Derecho storm in August, Amerigroup has focused on social drivers of health initiatives; to this end, Amerigroup has developed partnerships with community health centers and community action agencies. Amerigroup has created an online tool called the Amerigroup Community Resource, which is a clearinghouse of resources powered by the Anthem organization. Amerigroup is offering trainings on how to use the Amerigroup Community Resource tool this month to community organizations.

John also discussed Amerigroup's partnership with Count the Kicks, a non-profit devoted to maternal and child health. He also noted Amerigroup's partnerships with the Boys and Girls Club across the state of Iowa, and highlighted Amerigroup's work with the Iowa Wild hockey team in Des Moines, sponsoring food boxes for food insecure families.

Kim Flores, of Iowa Total Care (ITC), presented an update. ITC has developed a new texting program to ensure they stay in touch with their members. During this year's open enrollment period, ITC has used this texting program to make sure members have all the relevant information they need to choose their health plan. Kim noted that this texting program has led to higher engagement levels between members and ITC staff. ITC has also used this texting program in an effort to reduce the member visits to emergency services, by making sure members have access to resources and are able to develop a relationship with their primary care providers. Kim stated that for the remainder of 2020 ITC will focus on ensuring their child members receive preventative screening care; ITC is launching phone and mail campaigns to this effect. ITC is engaging in a similar campaign for women's preventative health, promoting breast cancer screenings and cervical cancer screenings among other preventative measures. Kim discussed how ITC is leveraging relationships with Federally Qualified Health Centers (FQHCs) to address housing needs for members. Kim addressed a question asked at the last Hawki Board meeting regarding ITC's clean claims falling below the expected threshold; Kim noted that ITC has exceeded the threshold for the months of August and September. This will raise ITC's averages up to the expected benchmark for clean claims.

Gretchen Hageman, of Delta Dental of Iowa (DDIA), gave a brief update. Gretchen noted an uptick in Hawki members receiving services; July, August and September saw large increases in dental services provided. DDIA is centering outreach efforts on members that did not receive a dental service during the past fiscal year, this group is mostly adolescents aged 14-18. DDIA sent texts, postcards, and made

outbound calls to these members and is tracking what percentage of these members will receive a dental service during this fiscal year. DDIA is still involved in relief efforts surrounding the derecho storm. Gretchen noted that there are still several dental practices in Cedar Rapids without offices. Jim Donoghue asked Gretchen how DDIA has been advising providers regarding coronavirus precautions. Gretchen replied that the Iowa Dental Association (IDA) and the American Dental Association (ADA) have published guidelines on safety precautions, and these standards are updated month to month.

Managed Care Quarterly Report

Kurt Behrens, of the IME, presented the Managed Care Quarterly Report for State Fiscal Year (SFY) 2020 Quarter 4. Kurt began his remarks by noting an increase in membership of 3.84% between SFY20 Q3 and SFY20 Q4. A new section was added to the report to cover Coronavirus related information. Kurt noted that for SFY21 Q1 information on this report will be broken down to show age groups, which will provide more pertinent information to the Hawki Board. Chair Trefz asked if there the Hawki Board could propose metrics or measures to include in the report. Kurt advised Chair Trefz to send metric suggestions to Mary Stewart. Chair Trefz asked about Amerigroup's Medical Loss Ratio (MLR), noting the report is showing their MLR to be at 80% while they are contractually obligated to maintain an 88% MLR. Kurt answered that the 88% MLR is calculated on an annual basis, and that if a Managed Care Organization (MCO) failed to meet the requirement the State's contract would mandate the return of funds to the State. Kurt noted that since the implementation of managed care the state has not yet had to ask for a return of funds due to an MCO failing to meet the annual 88% MLR requirement. Jim asked about the Top 10 Reasons for Grievances, specifically if Amerigroup's second highest reason for grievances "Provider Balance Billed" was high. Kurt responded that this item did not raise any flags for the Managed Care Bureau at IME.

Communications Update

Kevin Kirkpatrick provided an IME Communications update. The Member Open Choice Enrollment Period began on September 1, 2020, and will end on October 30, 2020. The IME did not redistribute members as they did last year to balance membership between the MCOs. The IME is working on developing a communications strategy to address the unwinding of flexibilities and waivers implemented during the Coronavirus PHE.

Outreach

Jean Johnson, of Iowa Department of Public Health (IDPH), gave an update on Hawki outreach. Early on in the pandemic Hawki Outreach staff were continuing to do outreach through any means available to them: telehealth and media platforms. Hawki Outreach staff have been able to get into some school districts, but not others, due to the coronavirus. Hawki Outreach coordinators are continuing to provide outreach materials to medical and dental providers. Chair Trefz praised Jean and the Hawki Outreach workers for the work they have done over the past several months.

Public Comment

Chair Trefz asked Board members to reflect on how the board could further engage with the public.

New Business

Chair Trefz provided an update on the previous meeting's new business, new Board member onboarding materials. Chair Trefz met with Jim and Shawn and discussed what sorts of materials would be useful for new board members in order to orient them to the board. Chair Trefz is working with IME and DHS staff to develop a draft of new board member materials.

Next Meeting

The next meeting will be December 14, 2020.

Meeting adjourned at 1:45 PM.

Submitted by,

Michael Kitzman
Recording Secretary
mk

Needs Quorum Approval



Department of
HUMAN SERVICES

Hawki Board Annual Report

December 2020

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Executive Summary

This report has been developed for the state fiscal year 2020 (SFY20), Annual Report July 1, 2019 to June 30, 2020, for the Healthy and Well Kids in Iowa (Hawki) program. Iowa Code Section 5141.5 (g) directs the Hawki Board to submit an annual report concerning the Board's activities, findings, and recommendations.

On July 1, 2019, a new Managed Care Organization (MCO), Iowa Total Care began providing benefits to Hawki members after UnitedHealth care of the River Valley left the Hawki market on June 30, 2019. This allowed Hawki members to choose between two Managed Care Organizations (MCOs), Amerigroup or Iowa Total Care as their healthcare coverage carrier.

On March 13, 2020, the Federal government issued a Public Health Emergency (PHE) for the coronavirus (COVID-19) disease. This PHE affected the Hawki Program through the rest of SFY20 in determining disenrollment, premium collection, and the type of services provided. Due to the PHE, children were not disenrolled from the program at the time of their renewal, the collection of premiums stopped, and healthcare services were added. Among the services was telehealth that allowed Hawki members to continue to receive needed health services, without the need to go to a provider's office.

Program Description

Title XXI of the Social Security Act enables states to provide health care coverage to uninsured, targeted low-income children. In Iowa, targeted low-income children are those children covered by a Medicaid Expansion, a separate program called Healthy and Well Kids in Iowa (Hawki), and the Hawki Dental-Only Program which was implemented on March 1, 2010.

Effective January 1, 2014, the countable income levels were changed based on the introduction of the Modified Adjustable Gross Income (MAGI) methodology in accordance with the Affordable Care Act. This change aligns financial eligibility rules across all insurance affordability programs; creates a seamless and coordinated system of eligibility and enrollment; and maintains eligibility of low-income populations, especially children.

The Medicaid Expansion component covers children ages 6 to 18 years of age whose countable family income is between 122 and 167 percent of the Federal Poverty Level (FPL) and infants 0 to 1 year of age whose countable family income is between 240 and 375 percent of the FPL. The Hawki program provides healthcare coverage to children under the age of 19 whose countable family income is less than or equal to 302 percent of the FPL, who are not eligible for Medicaid and who are not covered under a group health plan or other health insurance. The Hawki Dental-Only Program covers children who meet the financial requirements of the Hawki program but are not eligible because they have health insurance. The Dental-Only program and the dental coverage with Hawki provide

preventive and restorative dental care services as well as medically-necessary orthodontia. (See Attachment Two: Iowa's Health Care Programs for Non-Disabled Children).

See Attachment One: Organization of the Hawki program.

Federal History

Congress established the Children's Health Insurance Program (CHIP) with passage of the Balanced Budget Act of 1997, which authorized \$40 billion for the program through Federal Fiscal Year (FFY) 2007. Under the program, a federal block grant was awarded to states to provide health care coverage to children of families with income above Medicaid eligibility levels.

On February 4, 2009, President Obama signed the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3, into law. The CHIPRA legislation reauthorized CHIP for four and a half years through FFY 2013 and authorized approximately \$44 billion in new funding for the program.

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010, and continued CHIP programs through September 30, 2019. Federal funding was authorized through September 30, 2017. The ACA has resulted in substantial changes to the program. Noteworthy changes include a single streamlined application as part of the enrollment process and switching to the MAGI methodology to determine family income. ACA also prohibits states from reducing current eligibility standards, referred to as maintenance of effort (MOE), until September 30, 2019.

Reauthorization of CHIP

On January 22, 2018, Congress passed a Continuing Resolution (CR) called the HEALTHY KIDS Act that approved funding for CHIP for six years. Another CR was then passed on February 8, 2018, the ACCESS Act, that approved funding for four more years. CHIP funding is now authorized through Federal Fiscal Year (FFY) 2027 (September 30, 2027). Other CHIP provisions in the HEALTHY KIDS Act and the ACCESS Act included:

- CHIP match rate. The federal match for CHIP (known as e-FMAP or enhanced federal medical assistance percentage), was increased by 23 percentage points by the ACA. This increase is also known as a "bump". The HEALTHY KIDS Act continued this bump through FFY19. The "bump" decreased to 11.5 percentage points in FFY 2020 and then returns to the e-FMAP for future years).
- Maintenance of Effort (MOE). MOE is the provision that states are required to maintain eligibility standards, methodologies and procedures the same. This remains in effect until FFY27. Some states may change their eligibility beginning October 1, 2019, if their eligibility is above 300 percent of the FPL. Iowa is currently at 302 percent, so may have the option of moving to 300 percent FPL.

Iowa's CHIP Program

CHIP is a federal program operated by the state, financed with federal and state funds at a match rate of approximately 89 cents to \$1.00. CHIP was enacted to cover uninsured children whose family income is above the income limits for Medicaid. As noted previously, Iowa's CHIP program has three components:

- **Medicaid Expansion** (Implemented 1998) – Provides health and dental services to infants 0 to 1 year of age and qualified children ages 6 to 19 through the state's Medicaid program at the enhanced federal matching rate. The children covered have income that is higher than regular Medicaid but lower than the income criteria for the Hawki program.
- **Hawki** (Implemented 1999) – Qualified children are covered through contracts with MCOs and a dental plan to deliver a full array of health and dental services. The Hawki program covers preventive care (immunizations), primary care, hospital and emergency care, chiropractic care, vision, skilled nursing care, dental care, medically necessary orthodontia, and behavioral care including substance abuse and mental health treatment. The coverage package is similar to a comprehensive commercial health and dental insurance plan. The children covered are those with family income higher than the Medicaid Expansion program, and below 302 percent of the FPL.
- **Hawki Dental-Only Program** (Implemented 2010) - The Hawki Dental-Only Program provides preventive and restorative dental care services as well as medically necessary orthodontia to children with income under 302 percent of the FPL that do not qualify for healthcare benefits under Hawki because they have health insurance.
- **Managed Care** (Implemented April 2016) – Most Medicaid members, including those enrolled in the Hawki program, were transitioned to a managed care program, and receive health coverage through a MCO.

Key Characteristics of the Hawki Program

The Department pays monthly capitation premiums to MCOs and Hawki program benefits are provided in the same manner as for commercial beneficiaries. The covered services under Hawki are different from regular Medicaid and are approximately equivalent to the benefit package of the state's largest employee plan available at the beginning of the program.

Within the Hawki program (effective January 1, 2014), families with income over 181 percent of the FPL pay a monthly premium of \$10 - \$20 per child with a maximum of \$40 per family based on family income. Premiums have not increased since the program's implementation and Iowa's monthly premium compared to established FPLs are consistently lower than most other states charging a monthly enrollee premium. In June 2020, 65 percent of enrolled Hawki families paid a monthly premium and 35 percent paid no monthly premium amount.

In May 2019, the Department transferred the work of the Hawki third party administrator to the Department to consolidate members transitioning between Hawki and Medicaid and to align systems and services to better serve Hawki members and potential members. The Department now performs all aspects of application processing, eligibility determination, customer service, management of information systems, premium billing and collection, health and dental plan enrollment, policy and program oversight.

Enrollment in Iowa's CHIP program has been instrumental in providing coverage to thousands of uninsured children since 1998 and Iowa has historically been among the top five states with the lowest uninsured rate among children.

See Attachment Three: History of Participation.

Budget

Federal Funding History

The CHIP program is authorized and funded through Title XXI of the Social Security Act. The program is capped with a fixed annual appropriation established by the legislation authorizing the program. Since implementation in 1997, state CHIP programs across the nation have provided healthcare coverage to millions of uninsured children.

From the initial total annual appropriation, every state was provided an allotment for the year based on a statutory formula established in the original legislation. Prior to FFY05, states were allocated federal funding based on the estimated number of uninsured children in the state estimated to be eligible for the program. In FFY06, 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 population surveys of the Bureau of Census, with an adjustment for duplication.

States were allowed three years to spend each year's original allotment. At the end of the three-year period, any unused funds were redistributed to other states. States receiving redistributed funds had one year to spend them. Unused funds remaining at the end of the year were returned to the U.S. Treasury.

With the passage of CHIPRA in 2009, the annual allotment formula was revised to more accurately reflect projected state and program spending. The new allotment formula for each of the 50 states and the District of Columbia was determined as 110 percent of the highest of the following three amounts:

- Total federal payments under Title XXI to the state for FFY08, multiplied by an “allotment increase factor” for FFY09;
- FFY08 CHIP allotment multiplied by the “allotment increase factor” for FFY09; or
- The projected FFY09 payments under Title XXI as determined on the basis of the February 2009 estimates submitted and certified by states no later than March 31, 2009.

CHIPRA allowed states to maintain the three-year availability of funds for FFY98-FFY08 allotments but changed to two-year availability of funds for allotments beginning with FFY09. Additionally, unexpended allotments for FFY07 and subsequent years were redistributed to states that were projected to have funding shortfalls after considering all available allotments and contingency fund payments.

Section 2104(m) (2) (A) (ii) of CHIPRA added a “rebasings” process in determining the FFY11 allotments. This requirement meant that the state payments, rather than their allotments, for FFY10 must be considered in calculating the FFY11 allotments. Specifically, the FFY11 allotments are determined by multiplying the increase factor for FFY11 by the sum of:

- Federal payments made from states available allotments in FFY10;
- Amounts provided as redistributed allotments in FFY10 to the state; and
- Federal payments attributable to any contingency fund payments made to the state for FFY10 determined under Section 2104(n) of the Act.

Rebasing occurred in FFY13 using the allotments and expenditures from FFY12.

State Funding for SFY20:

The total original appropriation of state funds for SFY19 was:	\$19,361,132
Amount of Hawki Trust Fund Dollars added to appropriation:	\$ 1,064,602
Amount of supplemental appropriation for SFY20	\$ 1,737,294
Total State Funding	\$22,163,028

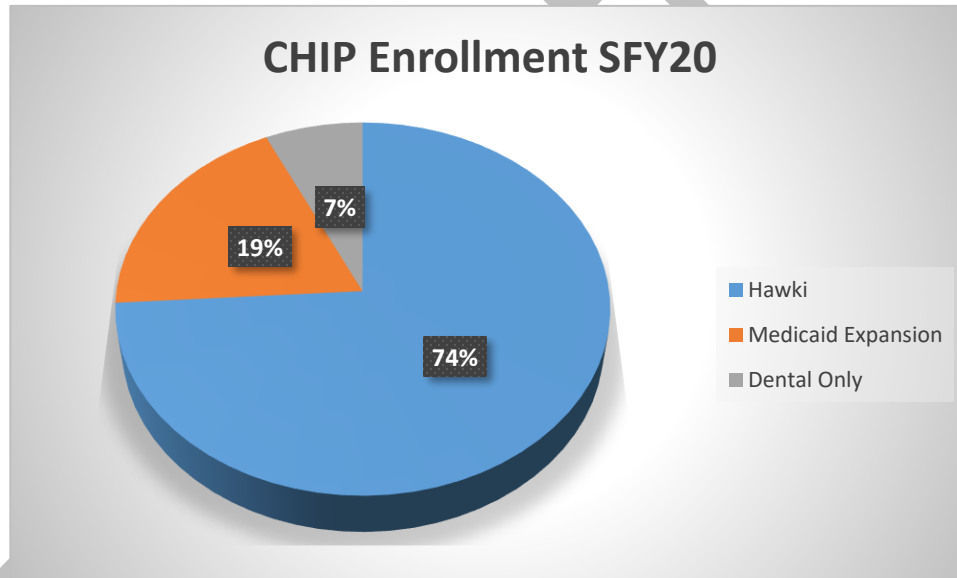
See Attachment Four: Budget Information

Enrollment

As of June 30, 2020, 87,248 children were enrolled in Iowa’s CHIP program. This was an increase of 18 percent from SFY19. Of the total number enrolled in SFY20:

- 16,819 (19 percent) were enrolled in Medicaid Expansion (M-CHIP),
- 64,613 (74 percent) in Hawki, and

- 5,816 (7 percent) in the Hawki Dental-Only program.



It is projected that by June 30, 2021, the total number of children enrolled in CHIP will reach 83,838. This number is lower than the current enrollment due to no disenrollments occurring during the pandemic.

COVID-19

The Department worked quickly when the PHE was issued on March 13, 2020, to ensure Hawki members continued to be enrolled in the program and receive needed health care services. Federal guidance stated that Hawki members who were on the program at the time of the issuance could not be disenrolled from Hawki until the PHE was over. Additionally, Hawki members who had a decrease in family income during the PHE, could still be eligible for Medicaid.

Federal guidance also allowed for the discontinuation of collecting premiums for Hawki families during the PHE. The Department sent letters to the affected families in March 2020, notifying them that during the PHE no Hawki member would be disenrolled from the program for not paying their premium.

Due to the PHE, the Department expanded services to Hawki members to allow telehealth. Hawki members were able to obtain needed health services through a video conference with a provider, or over the phone, instead of seeing the provider in person. Telehealth services include sick visits, well-child visits, physical therapy, behavioral health services and others.

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Quality

The MCOs are responsible for developing a quality management/quality improvement program to improve quality outcomes for Medicaid and Hawki members. The MCOs are also to report on quality measures such as well-child visits, adolescent well-child visits, diabetes management, etc. The Department monitors the quality measures to ensure that children, as well as adults, are receiving needed medical care. These reports can be found on the Department's website: <https://dhs.iowa.gov/ime/about/performance-data>.

Provider Network Access

The Department reviews the provider networks of the MCOs on a monthly basis to ensure that there is adequate access to all Medicaid and CHIP members. Assessment of the provider networks includes reviewing the number of primary care providers, specialists, and hospitals.

Outreach – Four Required Focus Areas

In SFY20, successful collaboration continued between the Department, Iowa Department of Public Health (IDPH) and the Hawki Board. Designated Hawki outreach coordinators were established in each child and adolescent center agencies that are contracted with IDPH. Local agency outreach coordinators provided presumptive eligibility determinations for children and teens, which allowed immediate access to Medicaid covered services until a formal Medicaid eligibility or Hawki eligibility determination was made. Outreach coordinators continue to provide critical outreach to communities in each of four required focus areas:

- **Schools**
- **Faith-based communities**
- **Medical/Dental providers**
- **Diverse ethnic populations**

Outreach to Schools

Providing outreach to schools at both the local and statewide levels continues to be important in reaching uninsured, eligible children. Local coordinators from across the state work directly with school nurses as one method of finding these children. All local coordinators develop significant relationships with school nurses to ensure uninsured children are connected to coverage. Many local coordinators attended kindergarten round-ups and school registrations to talk directly to families about healthcare coverage, and some were able to complete presumptive eligibility determinations on the spot so the children could walk away with coverage. In some communities, coordinators also worked
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with guidance counselors, coaches, or teachers in order to reach uninsured children. The state Hawki outreach coordinator attended the Iowa School Nurse Organization Conference virtually to talk to school nurses about Hawki and provide updated information about the program.

Almost all of the agencies worked directly with their school-based sealant programs to provide Hawki information to children whose parents requested information on the release form. This was and is an effective way to identify uninsured children who may be eligible for Medicaid or Hawki.

Outreach to the Faith-Based Community

Local coordinators establish relationships with faith-based organizations in their service areas to promote the Hawki program. Many local coordinators provide Hawki materials to faith-based organizations through email list-serves and mass mailings. Building relationships with the leadership of faith-based organizations allows the outreach coordinators to provide Hawki materials to members and establishes the coordinators as a resource for families in need.

Outreach to Medical/Dental Providers

Coordinators provide direct outreach to Iowa's medical and dental providers to educate them about the Hawki program. There was continued emphasis on engaging hospitals, medical clinics, dental offices, and pharmacists across the state and having these trusted community leaders to talk to families about the Hawki program. Since January 2014, hospitals and other provider types have the ability to become Qualified Entities (QE) to provide presumptive eligibility for children and other populations. All local coordinators worked with medical providers to encourage them to become QEs or to establish a referral system to ensure uninsured children are able to access healthcare coverage.

Outreach to Diverse Ethnic Populations

Local coordinators continue to partner with and provide outreach to multicultural and diverse populations across Iowa. Outreach continues to be conducted at local and statewide ethnic health fairs, conferences, festivals, ethnic radio stations, and numerous other events that target ethnic populations. Local coordinators were offered culturally competent resources and information throughout the year to help in their local outreach efforts. These resources were typically print resources, face-to-face trainings and webinars.

Additional Outreach Activities

Due to the COVID-19 pandemic, 2020 provided particular challenges to Hawki Outreach. Many outreach plans were either canceled or rescheduled for a later date. The immediate need was getting critical information out to folks about insurance coverage if parents had

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lost jobs or health insurance due to COVID-19. Many coordinators used social media platforms to get Medicaid/Hawki information out to families in their communities. A new method for distributing information occurred in 2020: drive-thru immunizations set-up in the parking lots of public health agencies alongside community vendors.

Below are examples of additional outreach activities:

- Participating on a Rapid Response Team. This is a community partnership of agencies who offer information and resources to workforce and businesses that are experiencing layoffs in their communities. They are able to offer Hawki and presumptive eligibility services as an option.
- Working with insurance agents to identify children who need affordable healthcare coverage. They provide training and updated information and accept referrals from insurance agents.
- Attending health fairs and community events to promote the Hawki program and increase awareness. The Outreach Coordinators continually work on new and innovative ways to bring families to their booths to talk to them about Hawki, such as sharing unique promotional items and providing fun activities for children.
- Working closely with I-Smile™ coordinators to promote the Hawki Dental-Only program. I-Smile™ coordinators frequently work with local dental offices and school to find children who need dental care. They provide Hawki Dental-Only information to families in need of dental coverage who may qualify for Hawki and are able to coordinate their care.
- Utilizing social media to promote the Hawki program. The statewide Hawki outreach coordinator provides social media ideas/content for local outreach coordinators to use.

The statewide Hawki Outreach Coordinator was able to participate in the annual Hawki Virtual Fall Seminar for Hawki Outreach Coordinators on November 18, 2020. No in-person conferences were held in 2020 due to COVID-19.

See Attachment Five: Referral Sources -Outreach Points.

Presumptive Eligibility

Iowa Code 514I.5(e) requires the Department to utilize presumptive eligibility when determining a child's eligibility for the medical assistance program. Effective March 1, 2010, Iowa implemented presumptive Medicaid eligibility for children under age 19.

Within the presumptive eligibility program, only qualified entities can enroll applicants into the program. A qualified entity is defined in 42 CFR 435.1101 and qualified entities must be determined by the Department to be capable of making presumptive eligibility

determinations. Based on other states' experience implementing presumptive eligibility, certification of qualified entities was initially limited to a select number of Hawki outreach coordinators.

To date, Iowa has gradually expanded QEs and continues to add QEs in provider categories including: Head Start programs, Women's and Infant Clinics (WIC) clinics, physicians, rural health clinics, general hospitals, federally qualified health centers (FQHC), local and area education agencies, maternal health centers, and birthing centers. As of June 30, 2020, there were 527 QEs (individuals, hospitals and agencies) that have been authorized to sign up children for the presumptive eligibility program. In SFY20, a monthly average of 460 children were approved for presumptive eligibility.

All presumptive eligibility applications are automatically forwarded from the QE to the Department for a determination of ongoing Medicaid or Hawki coverage.

See Attachment Six: Presumptive eligibility for Medicaid and Hawki program design.

Participating MCOs and Dental Plans

During SFY20, families in all 99 counties had a choice of two MCOs: Amerigroup Iowa Inc. (Amerigroup) and Iowa Total Care (ITC).

There is one dental plan, Delta Dental of Iowa that participated in Hawki in SFY20.

Board of Directors

Membership

The Hawki Board is comprised of four public members, the Directors of Education and Public Health, and the Insurance Commissioner or their respective designees. There are four ex-officio legislative members, two from the House and two from the Senate.

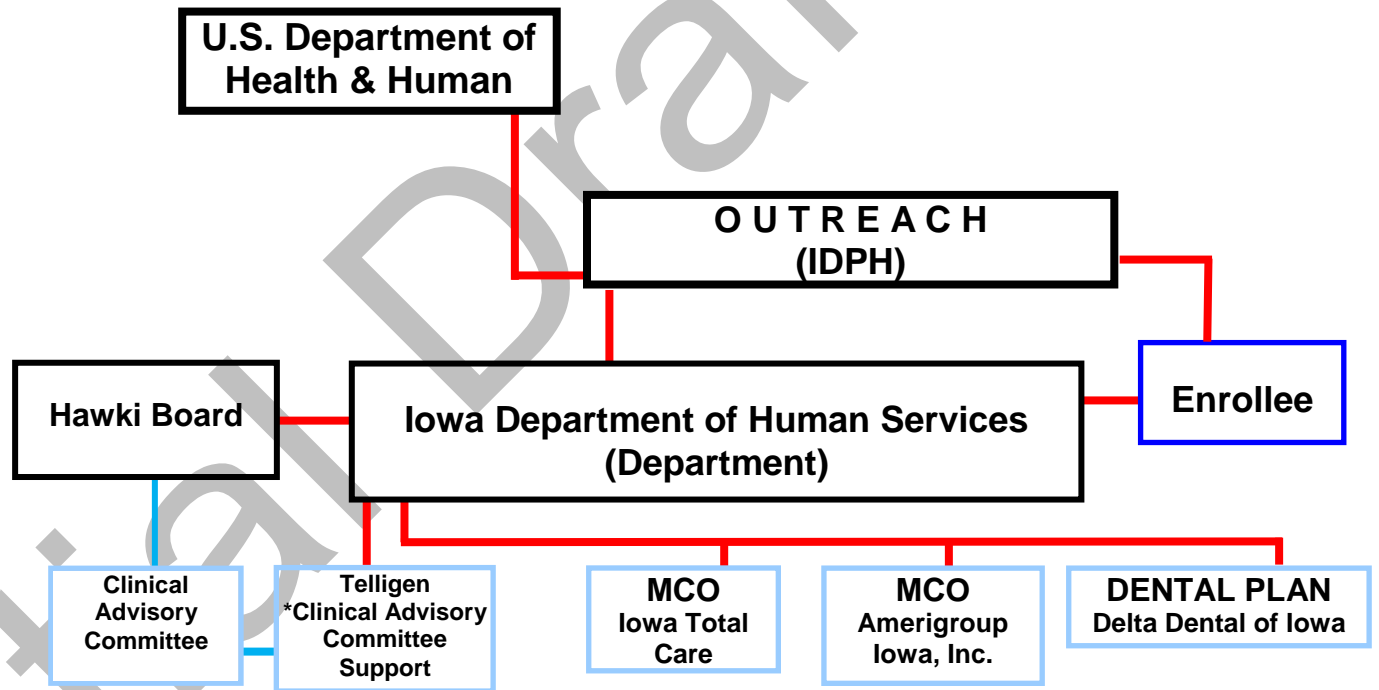
See Attachment Seven: Hawki Board Members

Board Activities and Milestones

Iowa Code Section 514I.5 (1) requires the Hawki Board to meet no less than six and no more than 12 times per calendar year. The Board generally meets the third Monday of every other month; meeting agendas and minutes are available on the Department's website at <https://dhs.iowa.gov/hawki>.

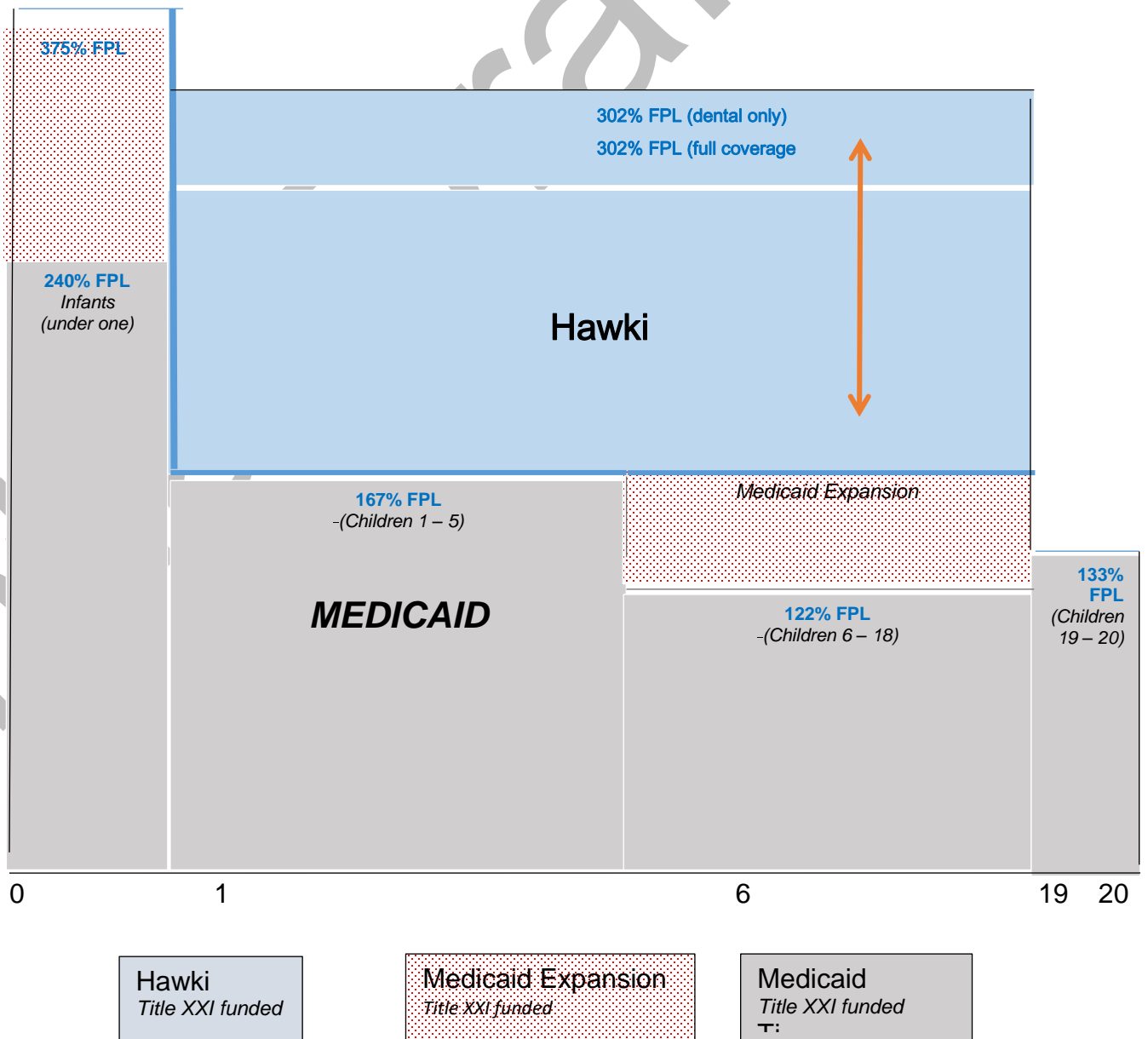
Attachment One – Organization of the Hawki Program

Organization of the Hawki Program as of June 30, 2020



Attachment Two – Iowa’s Health Care Programs for Non-Disabled Children

Iowa’s Health Care Programs for Non-Disabled Children MAGI Income Conversion Adjustment



Attachment Three – History of Participation

History of Participation Enrollment as of June 30 of the Fiscal Year

SFY	Total Children on Medicaid	CHIP (Title XXI Program)		
		Expanded Medicaid*	Hawki (began 1/1/99)	Hawki Dental-Only (began 3/1/10)
SFY99	91,737			
SFY00	104,156	7,891	2,104	
SFY01	106,058	8,477	5,911	
SFY 02	126,370	11,316	10,273	
SFY03	140,599	12,526	13,847	
SFY04	152,228	13,751	15,644	
SFY05	164,047	14,764	17,523	
SFY06	171,727	15,497	20,412	
SFY07	179,967	16,140	20,775	
SFY08	181,515	16,071	21,877	
SFY09	190,054	17,044	22,458	
SFY10	219,476	22,300	22,300	
SFY11	236,864	22,757	28,584	2,172
SFY12	245,924	23,634	33,509	3,369
SFY 13	253,199	24,996	36,255	4,100
SFY 14	256,818	25,444	38,156	4,315
SFY 15	258,628	27,078	38,263	3,127
SFY16	267,780	24,845	37,155	3,342
SFY17	272,535	16,075	42,984	3,361
SFY18	274,699	17,761	51,323	3,816
SFY19	264,506	17,077	53,270	3,450
SFY20**	255,845	16,819	64,613	5,816

Total Medicaid growth from SFY99 to present= 164,108
 Total Hawki enrollment growth from SFY99 to present = 62,509
 Total Hawki Dental-Only growth from SFY10 to present= 3,364
 Total children enrollment growth= 233,625

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

**No children were disenrolled from Medicaid, Hawki or Hawki Dental only beginning 3-1-2020

Attachment Four Budget Information

Federal Funding and Expenditure History

Federal Fiscal Year	Allotment	Balance Carryforward	Retained Dollars	Redistributed Dollars	Supplemental Dollars	Contingency Fund Payments	Total Federal Dollars Available	Total Federal Dollars Spent	Balance Remaining
2017	145,720,122	53,937,216	-	-	-	-	199,657,338	124,852,151	74,805,187
2018	163,436,140	49,870,125	-	-	-	-	213,306,265	123,442,977	89,863,288
2019	130,026,133	89,863,288	-	-	-	-	219,889,421	137,377,388	82,512,033
2020	145,523,677	82,512,033	-	-	-	-	228,035,710	158,053,292	69,982,418

18 - Section 2104(m)(2)(B)(iv) of the Social Security Act reduced by one-third any amounts of unused FY 2017 CHIP allotment that remain available for expenditure by the state in FY 2018. As a result, the \$74,805,187 FY 2017 remaining balance was reduced to \$49,870,125.

**This information reflects the activity that is reported in the CMS 21C report*

**SFY20 Final Budget
CHIP Program Budget – SFY 2020 Final**

CHIP Program Budget -- SFY 2020 Final	
SFY20 Appropriation	\$19,361,132
Amount of Hawki Trust Fund dollars added to appropriation	\$1,064,602
Supplemental Appropriation	\$1,737,294
Total state appropriation for SFY20	\$22,163,028
Federal Revenues Budgeted	\$141,758,607
*Other Revenues Budgeted	\$ 9,938,597
Total	\$173,860,232
State dollars spent Final	\$18,799,320
Federal Revenue earned Final	\$150,579,702
Other revenues Final	\$11,149,993
Total Revenues Final	\$180,529,015
* Other revenues include rebates and recoveries, client premium payments and hawk-i trust fund interest.	

State Dollars		
Budget Category	Projected Expenditures	Final Expenditures
Medicaid Expansion	\$5,429,265	\$4,435,332
Hawki premiums (includes up to 302% FPL group)	\$15,012,949	\$13,884,197
Supplemental Dental	\$157,071	\$160,716
Processing Medicaid claims / AG fees	\$136,657	\$40,242
Outreach	\$65,050	\$69,707
Hawki administration	\$714,204	\$291,768
Earned interest from Hawki fund	\$(200,000)	\$(282,897)
Health Insurer Fee/Withhold	\$355,370	\$200,256
Total	\$21,670,566	\$18,799,320

**SFY21 Budget
CHIP Program Budget – SFY 2021 Preliminary**

CHIP Program Budget -- SFY 2021 Preliminary	
SFY21 Appropriation	\$37,598,984
Amount of Hawki Trust Fund dollars added to appropriation	\$3,363,709
Total state appropriation for SFY21	\$40,962,693
Federal Revenues Budgeted	\$144,618,427
*Other Revenues Budgeted	\$8,211,061
Total	\$193,792,181
State dollars spent Final	-
Federal Revenue earned Final	-
Other revenues Final	-
Total Revenues Final	-
* Other revenues include rebates and recoveries, client premium payments and hawk-i trust fund interest.	

State Dollars		
Budget Category	Projected Expenditures	Final Expenditures
Medicaid Expansion	\$7,994,156	-
Hawki premiums (includes up to 302% FPL group)	\$28,732,753	-
Supplemental Dental	\$465,024	-
Processing Medicaid claims / AG fees	\$96,512	-
Outreach	\$133,429	-
Hawki administration	\$816,883	-
Earned interest from Hawki fund	\$(267,579)	-
Health Insurer Fee/Withhold	\$1,402,521	-
Totals	\$39,373,699	\$0

Attachment Five – 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 Hawki 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 and their families (churches, schools, health fairs, etc.).

Functions of the outreach points:

The function of the outreach points includes, but is not limited to:

1. Disseminating information about the program.
2. Assisting with the application process if able.

Hawki Board

The function of the Hawki Board includes, but is not limited to:

1. Adopt administrative rules developed by DHS.
2. Establish criteria for contracts and approve contracts.
3. Approve enrollee benefit package.
4. Define regions of the state.
5. Select a health assessment plan.
6. Solicit public input about the Hawki program.
7. Establish and consult with the clinical advisory committee/advisory committee on children with special health care needs.
8. Make recommendations to The Governor and General Assembly on ways to improve the program.

Clinical Advisory Committee

The Clinical Advisory Committee is made up of health care professionals who advise the Hawki Board on issues around coverage and benefits.

Department of Human Services (DHS)

The function of DHS includes, but is not limited to:

1. Determine eligibility, premium processing, and enrollment.
2. Work with the Hawki Board to develop policy for the program.
3. Oversee administration of the program.
4. Administer the contracts with the MCOs, Dental Plan, IDPH and Telligen.
5. Administer the State Plan.
6. Provide statistical data and reports to CMS.

MCO and Dental Plans

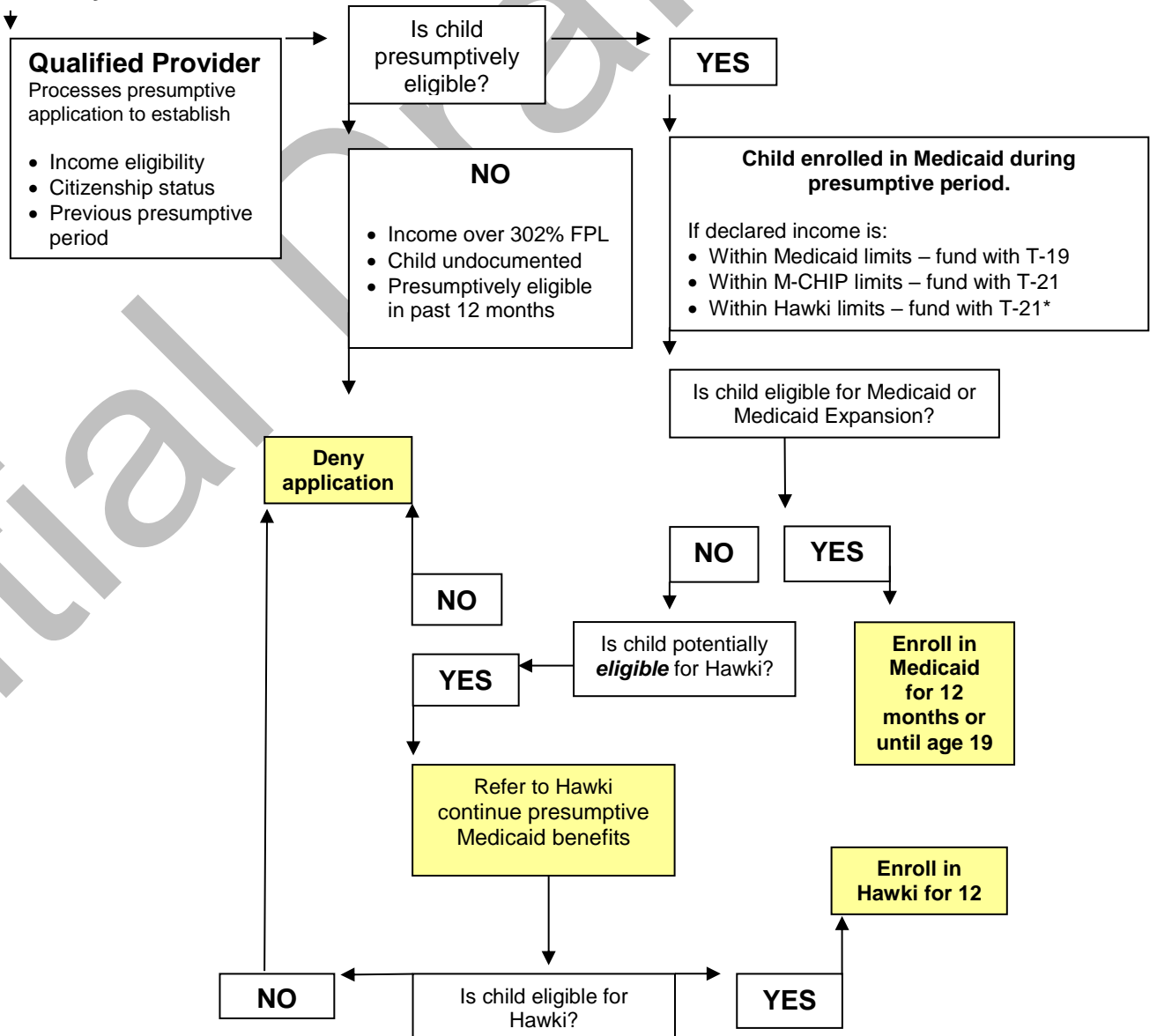
The functions of the MCOs and dental plan are to:

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.

Attachment Six – Presumptive Eligibility for Medicaid and Hawki Program Design

Presumptive Eligibility for Medicaid

Point of Entry



* Medicaid services exceeding Hawki benefits package are paid with CHIP administrative funds

Attachment Seven – Hawki Board Members

Hawki Board Members as of June 30, 2020

Mary Nelle Trefz, Chair

Shawn Garrington, Vice Chair

PUBLIC MEMBERS:

Mary Nelle Trefz

505 5th Ave., Ste. 404
Des Moines, IA 50309
Phone: 319-400-5056
email: mnt@cfpciowa.org

Term ends 4/30/2022

Eric Kohlsdorf

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Cell 515-669-1721
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Term ends 4/30/2021

Dr. Kaaren Vargas

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Coralville, IA 52241
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email: kvargas@corridorkidsdentistry.com

Term ends 4/30/21

Shawn Garrington

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email: shawn@garrington.com

Term ends 4/30/2022

STATUTORY MEMBERS:

Doug Ommen, Commissioner
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Iowa Department of Commerce
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4th Floor
Des Moines, IA 50309-3738
Phone: 515-725-1220
e-mail: doug.ommen@iid.iowa.gov

Commissioner Ommen designee:

Angela Burke Boston
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e-mail:
angela.burke.boston@iid.iowa.gov

Ann Lebo, Director
Iowa Department of Education
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Des Moines, IA 50319
Phone: 515-281-3436
e-mail: ann.lebo@iowa.gov

Director Lebo's designee:

Jim Donoghue
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e-mail: Jim.Donoghue@iowa.gov

Kelly Garcia, Interim Director
Iowa Department of Public Health
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319
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e-mail: kgarcia@dhs.state.ia.us

Director Garcia's designee:

Bob Russell
Phone: 515-281-4916
e-mail: bob.russell@idph.iowa.gov

LEGISLATIVE MEMBERS – EX OFFICIO:

Senator Nate Boulton

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Phone: 515-281-3371
email: nate.boulton@legis.iowa.gov

Senator Dennis Guth

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Representative John Forbes

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Representative Shannon Lundgren

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shannon.lundgren@legis.state.ia.us

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Hawki Dashboard

Updated 12/14/2020

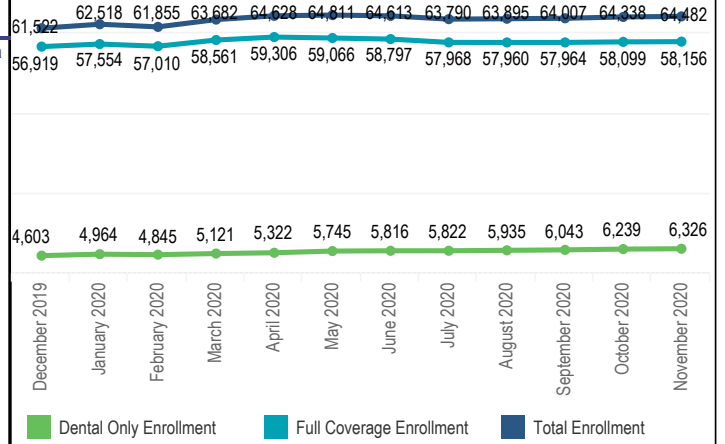


Healthy and Well Kids of Iowa

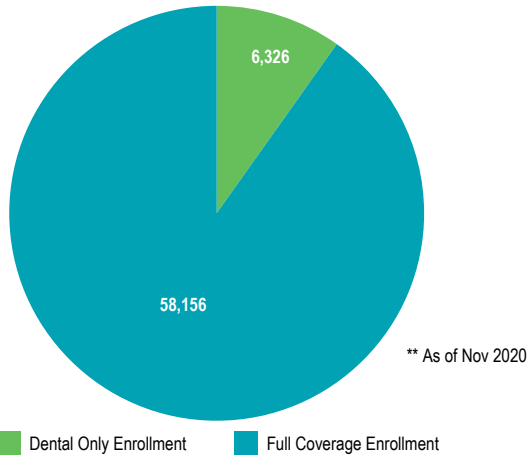
Hawki Enrollment Report

December 14, 2020

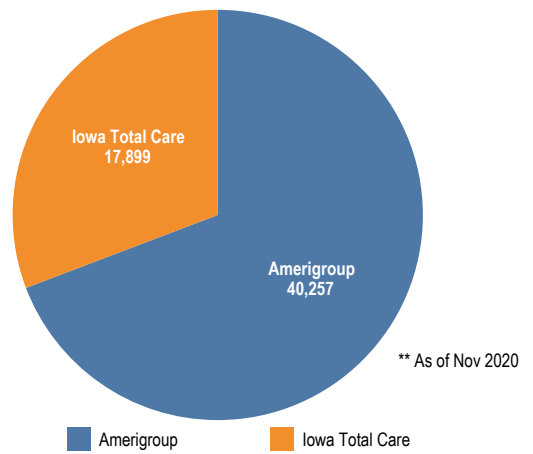
Hawki Enrollment



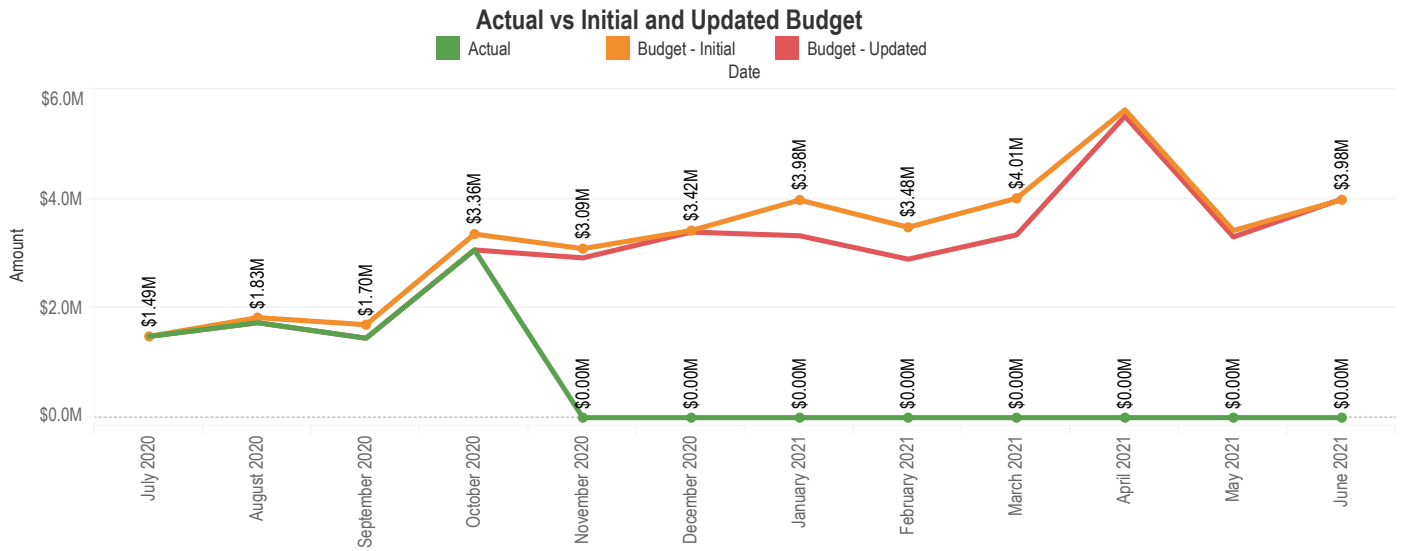
Full Coverage versus Dental Only



Hawki Enrollment By MCO



Hawki Data Budget vs Actual SFY21



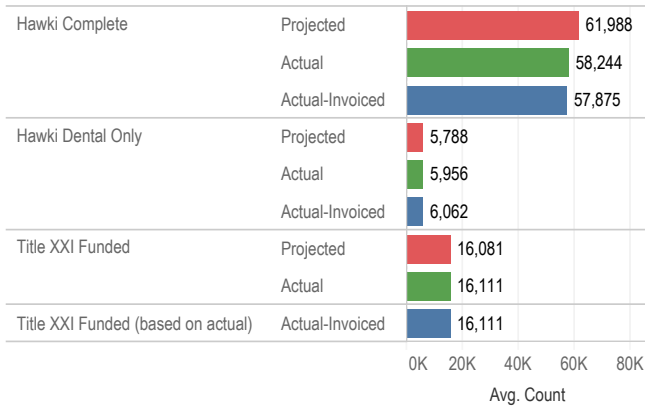
	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	Grand Total	
Admin & Outreach	Administration	\$0	\$1,584	\$10,769	\$17,680	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,033	
	Outreach	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Medicaid Fiscal Agent Processi...	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Earned Interest	\$0	\$0	(\$5,808)	(\$2,820)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$8,629)
	Total	\$0	\$1,584	\$4,961	\$14,859	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,404
Capitation-State%	Hawki	\$1,144,662	\$1,365,541	\$1,061,640	\$2,272,316	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,844,158	
	Medicaid CHIP	\$340,967	\$368,318	\$385,420	\$778,417	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,873,121	
	Total	\$1,485,628	\$1,733,859	\$1,447,060	\$3,050,732	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,717,279	
Total	\$1,485,628	\$1,735,443	\$1,452,021	\$3,065,592	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,738,684	
Budget - Initial	Initial	\$1,485,628	\$1,828,810	\$1,698,734	\$3,355,643	\$3,089,032	\$3,419,961	\$3,977,783	\$3,479,554	\$4,008,951	\$5,626,269	\$3,420,541	\$3,982,793	\$39,373,699
Budget - Updated	Updated	\$1,485,628	\$1,735,442	\$1,452,021	\$3,065,592	\$2,920,073	\$3,391,589	\$3,324,646	\$2,896,479	\$3,339,924	\$5,509,421	\$3,303,692	\$3,994,765	\$36,419,271

In October of 2020 an increase in state expenditures is due to a 11.5% decreased FMAP.

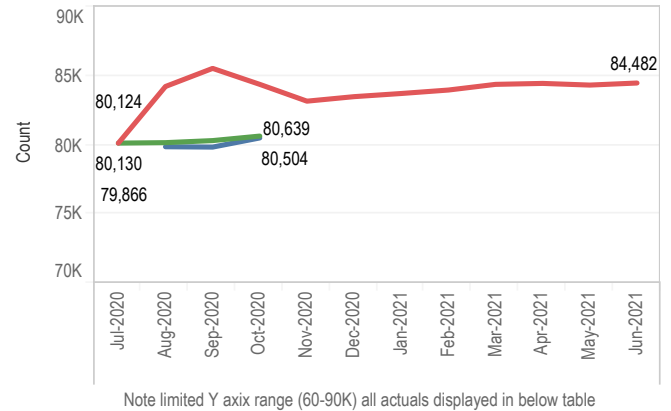
In April of 2021, the release of the SFY2020 2% performance measure withhold payment and CY20 health insurer fee payments represent an increase in expenditures. In addition, the enhanced 6.2% COVID-19 temporary FMAP increase is currently set to expire in April.

Hawki Membership Counts SFY21

Average Monthly Membership



Enrollment Trending



Underlying Detail

	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	Total	
Projected	Hawki Complete	58,244	62,399	63,582	62,344	61,107	61,408	61,709	62,010	62,312	62,613	62,914	63,215	743,857
	Hawki Dental Only	5,777	5,779	5,781	5,783	5,785	5,787	5,789	5,791	5,793	5,795	5,797	5,799	69,456
	Title XXI Funded	16,103	16,052	16,179	16,256	16,275	16,299	16,224	16,172	16,280	16,046	15,622	15,468	192,976
	Total	80,124	84,231	85,541	84,383	83,167	83,494	83,723	83,973	84,384	84,453	84,333	84,482	1,006,289
Actual	Hawki Complete	58,244	58,166	58,245	58,320									232,975
	Hawki Dental Only	5,777	5,883	5,973	6,190									23,823
	Title XXI Funded	16,109	16,114	16,094	16,129									64,446
	Total	80,130	80,163	80,312	80,639									321,244
Actual-Invoiced	Hawki Complete	58,014	57,763	57,715	58,006									231,498
	Hawki Dental Only	5,858	5,989	6,032	6,369									24,248
	Title XXI Funded (ba..	16,109	16,114	16,094	16,129									64,446
	Total	79,981	79,866	79,841	80,504									320,192

Actual: represents membership counts by eligibility date subsequently updated

Actual - Invoiced: represents member counts by invoiced date based on current and prior month invoiced membership



Hawki Board Report – Hawki Grassroots Outreach Report
December 2020

Major activities: Hawki Outreach

- State Hawki Outreach Coordinator continues working with local Hawki Outreach Coordinators to provide them with information in their outreach “tool box” during this COVID-19 pandemic.
- Hawki Outreach Coordinators held *Virtual Fall Conference on November 18 with Hawki Outreach Coordinators*. Guest speakers include MaryNelle Trefz, Common Good Iowa; DHS/IME staff: Anna Ruggle and her staff

Local Outreach Success Stories/Activities:

North Iowa Community Action Organization Mason City, IA

A single mother called the NICAIO office seeking help with obtaining Hawki coverage for her daughter. The mother recently had a new job at a local school and the health coverage offered through her new job was unaffordable. She was so pleased to hear we could help with obtain coverage through MPEP and presumptive quickly, as her daughter had upcoming mental health appointment's she figured she would have to cancel. She states her new job was a much better fit for her health and her daughter, but she almost declined the position due to the health insurance, until her friend told her about Hawki. “The Hawki program changed our whole lives, I’m so thankful.”

Marion County Public Health Knoxville, IA

This year due to the Covid-19 pandemic, some changes had to be made as far as how our agency did programmatic outreach. Normally the success stories are about helping a particular family, but this year I want to highlight the fact that a necessary change seemed to improve an outreach method. Typically, I visit local Chamber of Commerce offices at least once per year in each of my counties and drop off brochures, flyers, and other print materials for Hawki as well as our other MCAH programs. This year due to the pandemic and travel restrictions, I was unable to do these visits in person and instead emailed information to each of the offices. What I discovered was that within days of emailing the information, I had responses from many of the offices saying that they would include the information in their email chains, newsletters, etc. Within a week I had calls and emails from several people who mentioned that they saw the information in an email or newsletter from their local Chamber of Commerce and were interested in learning more about Hawki or other MCAH programs. Once the state returns to normal pre-pandemic conditions I will resume in-person outreach, but I will know to include electronic versions of my information to our Chamber of Commerce offices, as this seems to be much more effective outreach than my previous face-to-face visits.

Lessons from COVID-19:

Spoken by Emily DesPlanque, Marion County Public Health

One of the lessons learned this year during the pandemic is that people who typically do not utilize Title 5 services/DHS services really struggle when they are faced with an unexpected job loss or change of circumstance. It takes a lot of reassurance on the agency or provider's part to assure them that these services are here for a reason and that they are not using the system. Many of the families who reached out for information were very embarrassed and did not want to be using the services. In my opinion, the availability of things like Presumptive Eligibility being done over the phone, and other services being available by phone or zoom was a huge incentive for these families who may not have accessed services if they had to come in to an office and apply in person, they were able to remain a bit more anonymous by doing things over the phone. I hope that the ability to do these services over the phone remains after the

pandemic, as it seems to encourage some folks who would not otherwise access services to do so.

Lessons from COVID-19

Spoken by Erin Krull, Hawkeye Outreach Coordinator from NICA

As my experience through COVID19 and being Hawki Outreach Coordinator, I have learned that people are in a heightened state of anxiety, due to their health, finances, loss of job, insecurity of school and childcare. I have received many phone calls, and can almost hear the 'panic' in their voices, as they are discussing how they are going to pay for their children's medical or dental bills. I feel like as an Hawkeye Outreach Coordinator, I have been able to bring a sense of hope and security to our clients. We are able to take our time, and explain the guidelines and coverage. We are able to apply for presumptive immediately over the phone, so families do not have to wait for a notice of decision. Client are relieved they don't have to make a trip to Mason City to complete the application in person, as they might not have childcare, or are unable to take time off work. The families I have talked to are overwhelmingly grateful, not only for Hawki benefits, but to have an outreach option available to answer questions and I am proud to work for such an amazing program.