



Hawki Board Materials

Monday, February 15, 2021

1. Agenda of Meeting for February 15, 2021
2. December 14, 2020 Hawki Board Meeting Minutes
3. Hawki Program 101 Presentation
4. Comparison of Medicaid Basic Benefits Based on Eligibility Determination
(Comm 519)
5. Hawki Enrollment and Financials
6. Hawki Outreach Update



AGENDA
Hawki Board Meeting

Monday, February 15, 2021

Time: 12:30 – 2:30 p.m.

Virtual Meeting Via Zoom

<https://www.zoomgov.com/j/1600836654?pwd=aDJVaWZydFJocFUvWWhqR21yeEFFdz09>

Meeting ID: 160 083 6654

Passcode: 077569

- 12:30 p.m. Roll call – **Mary Nelle Trefz**
- 12:35 p.m. Approval of minutes – **Mary Nelle Trefz**
- December 14, 2020 – BOARD ACTION REQUIRED
- 12:40 p.m. New Business
- 12:50 p.m. Public Comments
- 1:00 p.m. Hawki 101 – **Anna Ruggle**
- 1:20 p.m. Hawki and the National Landscape – **Mary Nelle Trefz**
- 1:45 p.m. Behavioral Health Benefits Available to Hawki Members- **Anna Ruggle**
- 2:00 p.m. Updates – **Various Presenters**
- Director's Update-
 - MCO Updates
 - Outreach Update
 - Communications Update
- 2:30 p.m. Adjourn

For more information, contact Michael Kitzman at 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
December 14, 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 – present	Kevin Kirkpatrick, IME
Dr. Bob Russell – present	Anna Ruggle, IME
Dr. Kaaren Vargas –	Heather Miller, IME
Shawn Garrington –	Guests
Senator Nate Boulton – present	Gretchen Hageman, DDIA
Senator Dennis Guth – present	John Hedgecoth, Amerigroup
Representative John Forbes – present	Jean Johnson, IDPH
Representative Shannon Lundgren –	Kim Flores, Iowa Total Care
	Lindsay Paulson, MAXIMUS

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 October 19, 2020, meeting. Chair Trefz asked for a motion to approve the minutes and the motion carried.

Hawki Board Annual Report Discussion and Approval

Anna Ruggle, IME, noted that the annual report, which is given to the governor and the legislature, focused largely on the COVID-19 Public Health Emergency (PHE). As of March 18, 2020, Hawki waived premiums and stopped disenrollments. Anna also highlighted a \$400,000 budget increase and that there has been an increase in enrollment. Throughout the PHE, Hawki has utilized a robust telehealth program to ensure patients can still communicate with their providers. Jim Donoghue commented that presumptive eligibility of 470 kids per month is a positive aspect of the program. Angela Burke Boston pointed out a couple of formatting issues with the report, namely that there is an error in the table of contents and that Attachment Two, which is listed in the table of contents, isn't found in the text of the report.

Chair Trefz asked what the Board's role is in continuing/discontinuing (or otherwise facilitating) telehealth services as we move forward with the PHE. Jim asked if telephonic provider visits would continue. Julie

Lovelady, Interim Medicaid Director stated that the Iowa Medicaid Enterprise (IME) is open to input and will consider pros/cons of the telehealth service to determine courses of action moving forward.

Chair Trefz raised the subject of the Board's function of making recommendations to the governor and the legislature – namely if the Board should set aside time during meetings to discuss this function and if the Board is successfully fulfilling this role. Anna suggested that these recommendations be included in the written report. Eric Kohlsdorf asked how the recommendations should be communicated to the governor and the legislature, along with any accompanying budget analyses. Julie proposed that the Board take their concerns to the IME legislative liaison.

Chair Trefz concluded the annual report discussion by urging the Board to focus on the eight Board functions listed as part of Attachment Five. Chair Trefz asked for a motion to approve the annual report and the motion carried.

Director's Report

Julie gave an update on enrollment and finances of the program. She stated that there are currently no disenrollments because of the PHE and that any decrease in enrollment since March 2020 is most likely a result of members transitioning to full Medicaid benefits. She also commented that the increase in Hawki program funding is due to a change to the Federal Medical Assistance Percentage (FMAP). When the FMAP for COVID-19 expires in April 2021, state funding will increase.

Julie also provided general Medicaid updates. She stated that the IME is working with the MCOs on how to address the surge in COVID-19 hospitalizations.

She also briefly touched on grants for Community-Based Intermediate Care Facilities for the Intellectually Disabled (ICF/ID), Psychiatric Mental Institutions for Children (PMICs), and nursing facilities including Nursing Facilities for the Mentally Ill (NF-MI) to help offset impacts of the PHE (see Informational Letter 2194-MC-FFS-CVD).

Chair Trefz inquired about the search for a permanent Medicaid Director. Julie stated that the application window has passed and that the next step is to conduct interviews.

Chair Trefz noted that there were fewer kids enrolled in the program in Fiscal Year 2020 (FY20) compared to FY19 and inquired as to a reason. Julie stated that she would take this concern back with her.

Updates from the MCOs

John Hedgecoth, of Amerigroup Iowa Inc. (Amerigroup), presented an update. He reported an increase in enrollment of approximately 8,000, from September 2020 to December 2020, with an increase of about 1,000 for Hawki over the same period. He mentioned the ongoing effort to supply their providers and their organizations with Personal Protective Equipment (PPE). He also touched on Amerigroup's role in the COVID-19 vaccine distribution process and information-sharing with the IME to facilitate this distribution. John further stated that Amerigroup continues their community outreach, partly facilitated by their community resource link and community outreach team. John added that Amerigroup participated in the provider training in November, and praised the Zoom format as efficient. He also stated that Amerigroup is implementing an action plan to improve their national call center operations; and launching partnerships with community action agencies and Federally Qualified Health Centers (FQHC) in their network, that will focus on food, housing, and employment. John concluded by saying he looks forward to working with the Board in 2021.

Kim Flores from Iowa Total Care (ITC) provided an update to the Board. Kim stated that ITC staff is still working from home, and they will continue to monitor COVID-19 and the PHE. She spoke of the

outreach programs ITC was able to implement in 2020 despite the PHE. ITC established a vendor relationship with Babylon, which offers telehealth services. ITC completed approximately 3,000 telehealth visits from July 2020 to November 2020. Around 31% of these were diversions from emergency room visits, and 30% were behavioral health-related. Kim also spoke about a new program for diabetics that offers at-home testing, and the expansion of their health incentive program. She concluded by briefly touching on ITC's efforts to distribute the HPV vaccine and their program to combat homelessness.

Gretchen Hagman with Delta Dental of Iowa (DDIA) provided an update. She stated that there has been a slight decrease in incoming claims. This past summer, DDIA focused on bringing adolescents in for dental visits. DDIA is currently reaching out to these members to try and schedule follow-up visits. They have also recently focused on bringing Hawki members in who have not seen a dentist in the last two years by doing outreach via text messages, calls, and postcards. They have also sent oral health kits to these members and encouraged them to come in for prevention visits.

Communications Update

Kevin Kirkpatrick provided an IME Communications update. The Member Open Choice Enrollment Period ended on October 30, 2020. Premiums continue to be waived and notifications that are regularly sent to members are on hold. Chair Trefz asked about an issue with premiums on auto pay still coming in. Kevin confirmed that affected members have had those premiums refunded.

Outreach

Jean Johnson, with the Iowa Department of Public Health (IDPH), presented an update to the Board. She stated that IDPH continues to conduct outreach via telehealth and social media. She reported a successful November conference held over Zoom that facilitated productive discussion. Jean established a Google group that she said has been an effective way of allowing Hawki outreach coordinators to communicate. She mentioned that there was a discussion at the November meeting regarding local outreach success stories and lessons learned, specifically the availability and effectiveness of telehealth through the PHE.

Jim highlighted the success of outreach coordinators distributing materials directly to healthcare facilities in lieu of distribution through chambers of commerce (some chambers of commerce have been closed through the PHE). Jean added that, in this regard, outreach coordinators essentially act as ambassadors for the program.

Public Comment

Chair Trefz urged Board members to engage in a more robust public comment discussion moving into the new year.

New Business

Chair Trefz expressed her gratitude for the IME and their help with conducting pediatric-specific data pulls that will help the Board and its mission. She stated that she is meeting with Board members one-on-one and urged them to provide suggestions on Board meeting content and structure moving forward. She also said that she would send out a survey as a way to collect any suggestions.

Next Meeting

The next meeting will be Monday, February 15, 2021.

Meeting adjourned at 1:45 PM.

Submitted by,

John Riemenschneider
Recording Secretary
jr

Needs Quorum Approval

Iowa Healthy and Well Kids in Iowa (Hawki) Program

101

February 2020

History

In 1998, Congress passed legislation that authorized Title XXI of the Social Security Act. This created the Children's Health Insurance Program.

- States could choose to have a Medicaid Expansion Program, a separate CHIP, or a combination of the two.
- Iowa choose the combination program.

Medicaid Expansion

- July 1, 1999, Iowa extended Medicaid to include children ages 6 to 18 years of age.
 - These children have all the Medicaid benefits.
 - At the start of Medicaid Expansion, these children were covered if the family income was 100 percent of the Federal Poverty Level (FPL).

Medicaid Expansion Continued

With the passage of the Affordable Care Act (ACA)

- FPL was increased for Medicaid Expansion children to 167 percent because of the introduction of the modified gross income (MAGI) methodology.
- Benefits remained the Medicaid benefits

Hawki

- January 1, 2000, the Hawki program was implemented.
 - Coverage was for children ages 0 through age 18.
 - Children whose family income was between 134% to 180% of the FPL were eligible.
 - Later the FPL increased to 200% and on July 1, 2009, the FPL was raised to 300%.

Hawki FPL

The passage of the ACA and the MAGI methodology, the FPL limits for the Hawki program changed to be between 168% and 302%.

Hawki Eligibility Requirements

- A resident of the state of Iowa
- Under 19 years of age
- Have no other health insurance
- A citizen of the United States or a qualified alien
- Be in a family that meets the Hawki income limits
- Not a dependent of a State of Iowa employee
- Not currently covered under the Medicaid program

Hawki Premiums

- No premium for an American Indian or Alaska Native child
- Income less than 181% FPL = no premium
- Income between 181% to 242% FPL = \$10 per child, \$20 per family
- Income between 243% to 302% FPL = \$20 per child, \$40 per family
- There is a \$40 monthly maximum per family

Hawki State Plan

With the passage of the CHIP legislation, states had four options for choosing benefits for Separate CHIP.

- (1) Benchmark coverage in accordance with §457.420.
- (2) Benchmark-equivalent coverage in accordance with §457.430.

Hawki State Plan

- (3) Existing comprehensive State-based coverage in accordance with §457.440.
- (4) Secretary-approved coverage in accordance with §457.450.

Iowa chose the benchmark-equivalent option using the state's employee plan as the benchmark.

Hawki Medical Administrators

Two Managed Care Organizations (MCOs) administer the medical portion of the Hawki program

- Amerigroup Iowa, Inc.
- Iowa Total Care

Hawki Benefits

Hawki covers the following:

- Well-child and well-adolescent visits
- Vaccinations
- Inpatient hospital services including medical, surgical, intensive care unit, mental health, and substance abuse services.
- Outpatient hospital services including emergency room surgery, lab and x-ray and other services.

Hawki Benefits Continued

- Nursing care services including skilled nursing facility services.
- Physician services, including surgical and medical, and including office visits, newborn care, well-baby and well-child care, immunizations, urgent care, specialist care, allergy testing and treatment, mental health visits, and substance abuse visits.
- Ambulance services.
- Physical therapy.
- Speech therapy.

Hawki Benefits Continued

- Durable medical equipment.
- Home health care.
- Hospice services.
- Prescription drugs.
- Dental services including preventive services.
- Medically necessary hearing services.
- Vision services including corrective lenses.
- Translation and interpreter services.
- Chiropractic services.
- Occupational therapy

Hawki Non-Covered Benefits

- Non-Medical Transportation
- Psychiatric Mental Institutes for Children (PMIC)
- Residential Treatment

Dental Premiums

Monthly Dental premiums:

- 168% FPL to 202% FPL = \$5 per child, \$10 per family
- 203% FPL to 253% FPL = \$10 per child, \$15 per family
- 254% FPL to 302% FPL = \$15 per child, \$20 per family
- No premium for American Indian or Alaska Native children

Combination Family Premiums

- If the family has one child eligible for both medical and dental coverage and one child eligible for dental coverage only, the premium shall be the total of the health and dental premium for one child and the dental premium for one child.
- If the family has two or more children eligible for both medical and dental coverage, no additional premium shall be assessed for dental-only coverage for the children who do not qualify for medical coverage under Hawki because they are covered by health insurance.

Dental Benefits

Administered by Delta Dental of Iowa

- Diagnostic and preventive services.
- Routine and restorative services.
- Endodontic services.
- Periodontal services.
- Cast restorations.
- Prosthetics.
- Orthodontia

Hawki Dental Only

The Hawki Dental Only program was implemented on March 1, 2010.

- Available to children who have health insurance. Can have other dental coverage.
- Eligibility for the Hawki program must be met.
- Same premiums apply as listed above

Comparison of Medicaid Basic Benefits Based on Eligibility Determination

	Medicaid	Iowa Health and Wellness Plan (IHAWP)	Hawki
General Plan Provisions			
Benefits Available from Out-of-Network Providers	Please contact Member Services to determine the requirements for using an out-of-network provider.	Please contact Member Services to determine the requirements for using an out-of-network provider.	Please contact Member Services to determine the requirements for using an out-of-network provider.
Cost Sharing: A variety of methods are used to share expenses between the state and a member. These methods include monthly cost shares, copays, and premiums.	Variable copayments based on eligibility are not listed. Please contact Member Services for further details.	Variable copayments based on eligibility are not listed. Please contact Member Services for further details.	Variable copayments based on eligibility are not listed. Please contact Member Services for further details.
Copayments			
Persons under age 21, all services	\$0.00	\$0.00	\$0.00
Persons over age 21, most services	\$1.00 to \$3.00 based on types of services	\$0.00	Not applicable
Persons receiving long-term care institutional	Based on family income level	Not applicable	Not applicable
Copayment Exceptions			
Family planning services or supplies regardless of age	\$0.00	\$0.00	\$0.00
Pregnant women, all services	\$0.00	\$0.00	\$0.00
Emergency services	\$0.00	\$0.00	\$0.00
Members under the age of 21	\$0.00	\$0.00	\$0.00

Comparison of Medicaid Basic Benefits Based on Eligibility Determination

	Medicaid	Iowa Health and Wellness Plan (IHAWP)	Hawki
Preventative Services			
Affordable Care Act (ACA) preventive services	Covered	Covered	Covered
Routine check-ups	Covered	Covered; limitations may apply	Covered
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Covered	Covered up to age 21	Not covered
Immunizations	Covered	Covered; limitations may apply	Covered; limitations may apply
Professional Office Services			
Primary care provider	Covered	Covered	Covered
Office visit	Covered	Covered	Covered
Allergy testing	Covered	Covered	Covered
Allergy serum and injections	Covered	Covered	Covered
Certified nurse midwife services	Covered	Covered	Covered
Chiropractor	Covered; limitations may apply	Covered; limitations may apply	Covered; limitations may apply
Contraceptive devices	Covered	Covered	Covered
Dentists or routine dental exam	Covered	Covered	Covered
Diabetic self-management training	Covered; once per member, lifetime maximum	Covered; 10 hours of outpatient self-management training within a 12 month period plus follow-up training of up to 2 hours annually	Covered

Comparison of Medicaid Basic Benefits Based on Eligibility Determination

	Medicaid	Iowa Health and Wellness Plan (IHAWP)	Hawki
Family planning and family planning related services	Covered	Covered	Covered
Gynecological exam	Covered	Covered; limited to one visit per year	Covered
Injections	Covered; limitations may apply	Covered; limitations may apply	Covered; limitations may apply
Laboratory tests	Covered	Covered	Covered
Newborn child - office visits	Covered	Covered	Covered
Podiatry	Covered; routine foot care is not covered unless it is part of a member's overall treatment related to certain health care conditions.	Covered; routine foot care is not covered unless it is part of a member's overall treatment related to certain health care conditions.	Covered
Routine eye exam <i>One routine vision exam per calendar year.</i>	Covered	Covered	Covered
Routine hearing exam <i>One routine hearing exam per calendar year.</i>	Covered	Covered	Covered
Specialist office visit	Covered; PCP referral may be required	Covered; PCP referral may be required	Covered; PCP referral may be required
Hospital Services			
Inpatient Hospital Admissions			
Preapproval of inpatient admissions	Required for non-emergent admissions	Required for non-emergent admissions	Required for non-emergent admissions

Comparison of Medicaid Basic Benefits Based on Eligibility Determination

	Medicaid	Iowa Health and Wellness Plan (IHAWP)	Hawki
Inpatient Hospital Services			
Room and board	Covered	Covered	Covered
Inpatient physician services	Covered; includes anesthesia	Covered; includes anesthesia	Covered
Inpatient supplies	Covered	Covered	Covered
Inpatient surgery	Covered	Covered	Covered
Bariatric surgery for morbid obesity	Covered	Not covered	Covered; limitations may apply
Breast reconstruction, following breast cancer and mastectomy	Covered	Covered	Covered; limitations may apply
Organ/bone marrow transplants	Covered; limitations apply	Covered; limitations apply	Covered; limitations apply
Outpatient Hospital Services			
Abortions	Certain circumstances must apply. Contact Member Services. Prior authorization required.	Certain circumstances must apply. Contact Member Services. Prior authorization required.	Covered; certain circumstances must apply. Contact Member Services. Prior authorization required.
Ambulatory surgical center	Covered; includes anesthesia	Covered; includes anesthesia	Covered; includes anesthesia
Chemotherapy	Covered	Covered	Covered
Dental treatment that cannot be completed in a normal dental office setting	Covered	Covered	Covered
Dialysis	Covered	Covered	Covered
Outpatient diagnostic lab, radiology	Covered	Covered	Covered

Comparison of Medicaid Basic Benefits Based on Eligibility Determination

	Medicaid	Iowa Health and Wellness Plan (IHAWP)	Hawki
Emergency Care			
Ambulance	Covered	Covered	Covered
Urgent care center	Covered	Covered	Covered; may require prior authorization
Hospital emergency room	Covered; \$3.00 per visit for non-emergent medical services	Covered; \$3.00 per visit for non-emergent medical services	Covered; emergency services for non-emergent conditions are subject to a \$25 copay if the family pays a premium for the <i>hawk-i</i> program
Non-Emergency Medical Transportation (NEMT)	Covered	Not covered	Not covered
Behavioral Health Services			
Assertive Community Treatment (ACT)	Covered	Not covered	Not covered
Behavioral Health Intervention Services (BHIS), including applied behavior analysis	Covered	Covered; residential treatment is not covered	Not covered
(b)(3) services (intensive psychiatric rehabilitation, community support services, peer support, and residential substance use treatment)	Covered (MCO members only)	Not covered	Not covered
Inpatient mental health and substance abuse treatment	Covered	Covered; residential treatment is not covered	Covered
Office visit	Covered	Covered	Covered
Outpatient mental health and substance abuse	Covered	Covered	Covered

Comparison of Medicaid Basic Benefits Based on Eligibility Determination

	Medicaid	Iowa Health and Wellness Plan (IHAWP)	Hawki
Psychiatric Medical Institutions for Children (PMIC)	Covered	Covered for 19 to 20 year olds. Limitations may apply	Not covered
Outpatient Therapy Services			
Cardiac rehabilitation	Covered; prior authorization may be required	Covered	Covered; prior authorization may be required
Occupational therapy	Covered; prior authorization may be required	Limited to 60 visits per year	Covered; prior authorization may be required
Oxygen therapy	Covered; prior authorization may be required	Limited to 60 visits in a 12-month period	Covered; prior authorization may be required
Physical therapy	Covered; prior authorization may be required	Limited to 60 visits per year	Covered; prior authorization may be required
Pulmonary therapy	Covered; prior authorization may be required	Limited to 60 visits per year	Covered; prior authorization may be required
Respiratory therapy	Covered; prior authorization may be required	Limited to 60 visits per year	Covered; prior authorization may be required
Speech therapy	Covered; prior authorization may be required	Limited to 60 visits per year	Covered; prior authorization may be required

Comparison of Medicaid Basic Benefits Based on Eligibility Determination			
	Medicaid	Iowa Health and Wellness Plan (IHAWP)	Hawki
Prescription Drug Coverage			
Quantity	31-day supply for all prescriptions except contraceptives which is a 90-day supply	31-day supply for all prescriptions except contraceptives which is a 90-day supply	31-day supply for all prescriptions except contraceptives which is a 90-day supply
Prescription Drug Copay			
Generic copay	Covered; \$1.00 copay	Covered; \$0.00 copay	Covered; \$0.00 copay
Preferred brand-name	Covered; \$1.00 copay	Covered; \$0.00 copay	Covered; \$0.00 copay
Non-preferred brand-name	Covered \$1.00 copay for prescriptions under \$25.00 \$2.00 copay for prescriptions between \$25.01 to \$50.00 or the preferred copay with a Prior Authorization \$3.00 copay for prescriptions \$50.01 or more or the preferred copay with a Prior Authorization	Covered; \$0.00 copay	Covered; \$0.00 copay
Prescription oral contraceptives	Covered	Covered	Covered
Prescription and non-prescription drugs for smoking cessation	Covered	Covered	Not covered
Radiology Services			
Mammography	Covered	Covered	Covered

Comparison of Medicaid Basic Benefits Based on Eligibility Determination

	Medicaid	Iowa Health and Wellness Plan (IHAWP)	Hawki
Routine radiology screening and diagnostic services	Covered	Covered	Covered
Sleep study testing	Covered	Covered; sleep apnea diagnostic services only	Covered
Laboratory Services			
Colorectal cancer screening	Covered	Covered	Covered
Diagnostic genetic testing	Covered	Covered; Prior Authorization required	Covered
Pap smears	Covered	Covered	Covered
Pathology tests	Covered	Covered	Covered
Routine laboratory screening and diagnostic services	Covered	Covered	Covered
Sexually Transmitted Infection (STI) and Sexually Transmitted Disease (STD) testing	Covered	Covered	Covered
Durable Medical Equipment (DME)			
Medical equipment and supplies	Covered	Covered	Covered
Diabetes equipment and supplies	Covered	Covered; limitations may apply	Covered
Eye glasses	Covered; limitations may apply	Covered for ages 19 to 20, limitations may apply	Covered; limitations may apply

Comparison of Medicaid Basic Benefits Based on Eligibility Determination

	Medicaid	Iowa Health and Wellness Plan (IHAWP)	Hawki
Hearing aids	Covered	Covered for ages 19 to 20, limitations may apply	Covered; limitations may apply
Orthotics	Covered; limitations may apply	Not covered	Covered; limitations may apply and Prior authorization required
Sleep apnea device	Covered for adults	Covered	Not covered
Long Term Services Supports (LTSS) – Community Based			
Case management	Covered for individuals with a developmental disability and HCBS Waiver populations only	Not covered	Not covered
Child care medical services	Covered	Not covered	Not covered
Private duty nursing/Personal cares per EPSDT authority	Covered up to age 21 under EPSDT	Covered up to age 21 under EPSDT	Not covered
Section 1915(C) Home- and Community-Based Services (HCBS)	Covered	Not covered	Not covered
Section 1915(I) Habilitation Services	Covered	Not covered	Not covered
Home health services: <ul style="list-style-type: none"> • Home health aid • Skilled nursing • Therapies (PT/OT/Speech) 	Covered	Covered	Covered

Comparison of Medicaid Basic Benefits Based on Eligibility Determination			
	Medicaid	Iowa Health and Wellness Plan (IHAWP)	Hawki
Long Term Services and Support (LTSS) – Institutional			
ICF/ID (Intermediate Care Facility for individuals with Intellectual Disabilities)	Covered; limitations apply	Not covered	Not covered
Nursing Facility (NF) and Nursing Facility for the Mentally Ill (NF/MI)	Covered; limitations apply	Not covered	Not covered
Skilled Nursing Facilities (SNF)	Covered; limitations apply	Covered; limitations apply, limited to 120 day stays	Not covered
Special Population Skilled Nursing Facility Out of State (Skilled preapproval)	Covered; limitations apply	Not covered	Not covered
Hospice			
Daily categories: <ul style="list-style-type: none"> • Routine care <i>If member is residing in a Nursing Facility, room and board charges covered at 95%</i> • Facility respite • Inpatient hospital • Continuous 	Covered	Covered; limitations apply	Not covered
Health Homes			
Chronic condition health homes	Covered	Covered if member has been determined to be medically exempt	Not covered
Integrated Health Homes	Covered	Covered if member has been determined to be medically exempt	Not covered

Hawki Dashboard

Updated 2/15/2021

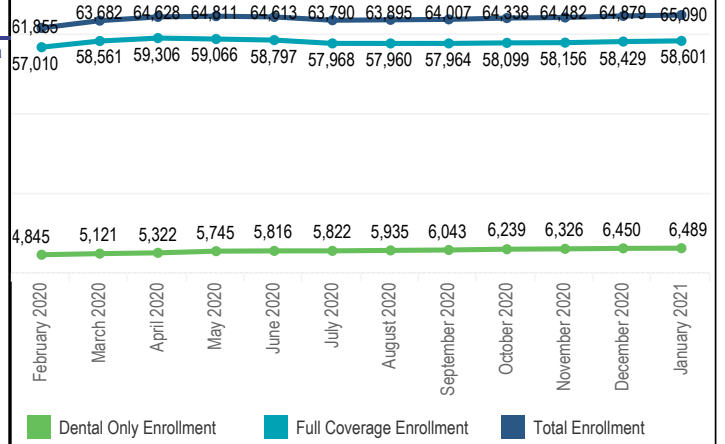


Healthy and Well Kids of Iowa

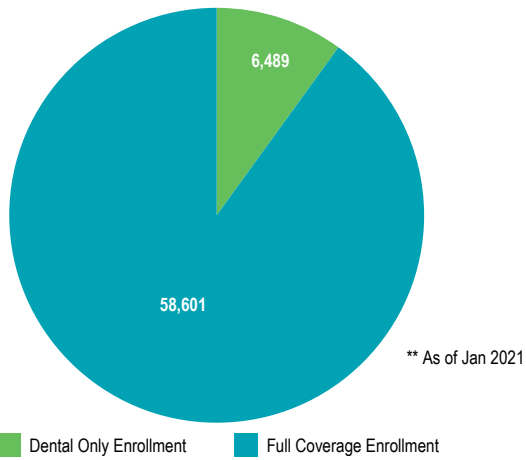
Hawki Enrollment Report

February 15, 2021

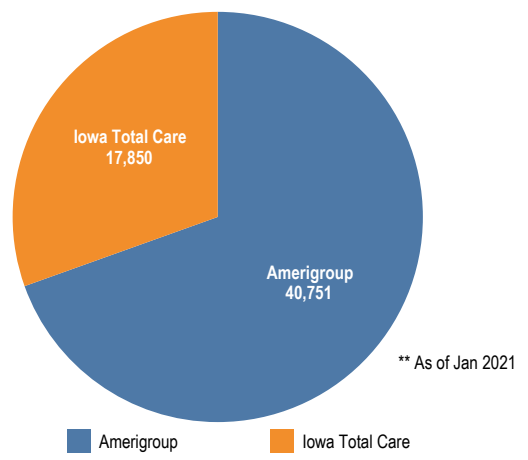
Hawki Enrollment



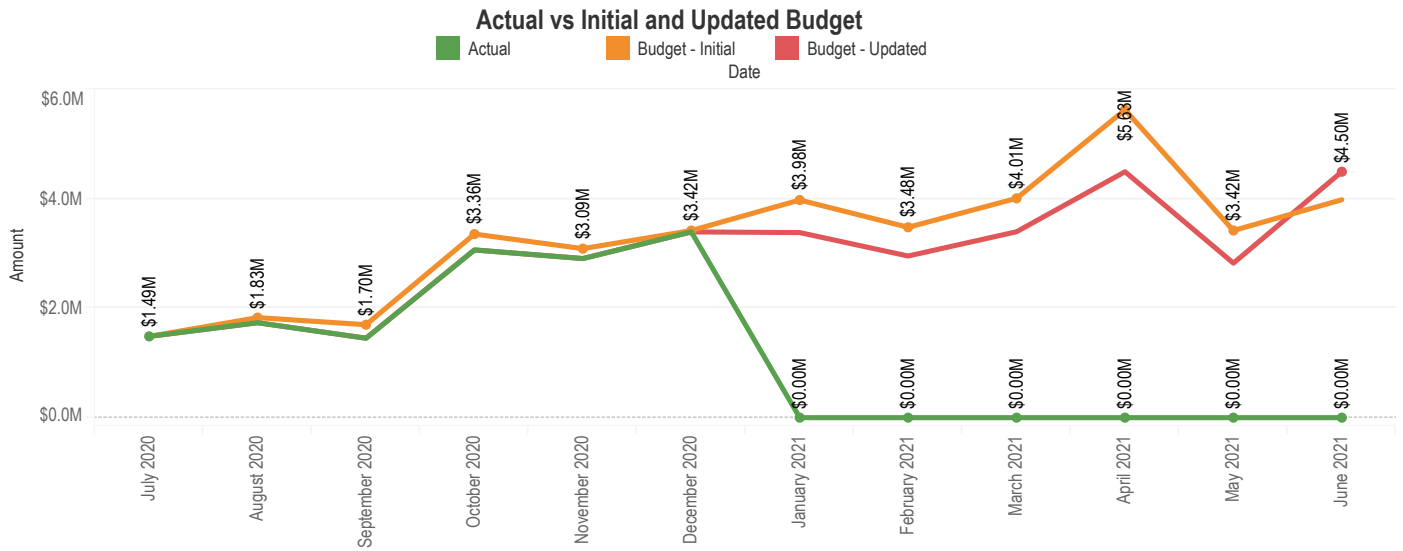
Full Coverage versus Dental Only



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	\$19,957	\$12,586	\$0	\$0	\$0	\$0	\$0	\$62,576	
	Outreach	\$0	\$0	\$0	\$0	\$2,640	\$0	\$0	\$0	\$0	\$0	\$0	\$2,640	
	Medicaid Fiscal Agent Processi...	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Earned Interest	\$0	\$0	(\$5,808)	(\$2,820)	(\$3,684)	(\$4,621)	\$0	\$0	\$0	\$0	\$0	\$0	(\$16,933)
	Total	\$0	\$1,584	\$4,961	\$14,859	\$18,913	\$7,966	\$0	\$0	\$0	\$0	\$0	\$0	\$48,283
Capitation-State%	Hawki	\$1,144,662	\$1,365,541	\$1,061,640	\$2,272,316	\$2,258,624	\$2,598,514	\$0	\$0	\$0	\$0	\$0	\$10,701,296	
	Medicaid CHIP	\$340,967	\$368,318	\$385,420	\$778,417	\$630,426	\$788,986	\$0	\$0	\$0	\$0	\$0	\$3,292,533	
	Total	\$1,485,628	\$1,733,859	\$1,447,060	\$3,050,732	\$2,889,050	\$3,387,500	\$0	\$0	\$0	\$0	\$0	\$13,993,829	
Total	\$1,485,628	\$1,735,443	\$1,452,021	\$3,065,592	\$2,907,963	\$3,395,466	\$0	\$0	\$0	\$0	\$0	\$0	\$14,042,112	
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	\$2,907,963	\$3,395,466	\$3,382,756	\$2,954,589	\$3,398,034	\$4,495,021	\$2,823,800	\$4,495,301	\$35,591,613

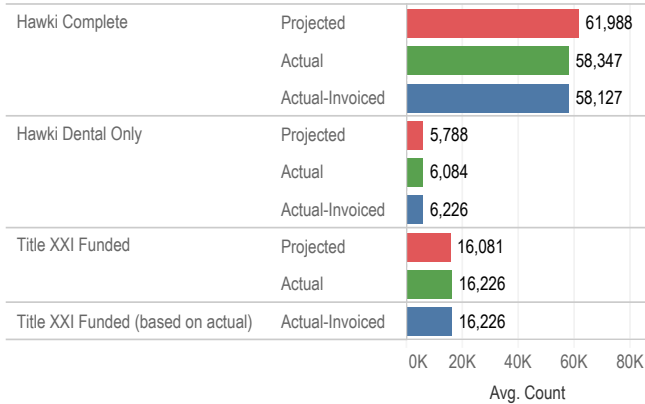
In October of 2020 an increase in state expenditures is due to a 11.5% decreased FMAP.

January 2021 to June 2021 under current guidance, the enhanced FMAP will stay in effect due to the extension of the public health emergency.

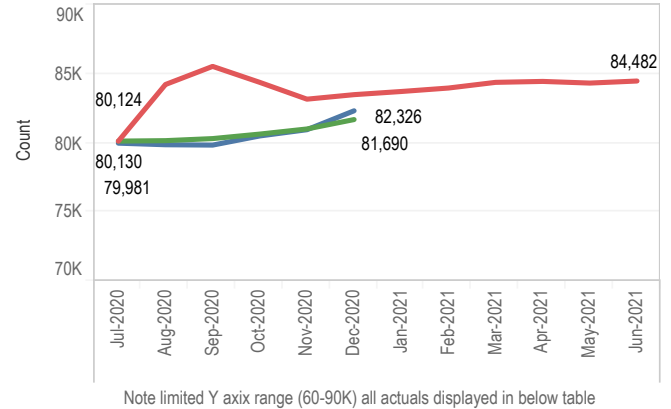
In April of 2021, the release of the SFY2020 2% performance measure withhold payment and CY20 health insurer fee payments represent an increase in expenditures.

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	58,437	58,671							350,083
	Hawki Dental Only	5,777	5,883	5,973	6,190	6,280	6,401							36,504
	Title XXI Funded	16,109	16,114	16,094	16,129	16,292	16,618							97,356
	Total	80,130	80,163	80,312	80,639	81,009	81,690							483,943
Actual-Invoiced	Hawki Complete	58,014	57,763	57,715	58,006	58,183	59,081							348,762
	Hawki Dental Only	5,858	5,989	6,032	6,369	6,480	6,627							37,355
	Title XXI Funded (ba..)	16,109	16,114	16,094	16,129	16,292	16,618							97,356
	Total	79,981	79,866	79,841	80,504	80,955	82,326							483,473

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



Julie Lovelady, Interim Medicaid Director

Healthy and Well Kids in Iowa (Hawki) Board

Hawki Outreach Success Story Format

Agency (Name)	<i>American Home Finding Association</i>
Character(s) (who this happened to)	<i>Family recently relocated to Ottumwa from the Marshall Island. Family had 3 children age 14, 11, and 9</i>
Setting (where and when this took place)	<i>I received a call from nurse Joan at Evans Middle School at the Maternal, Child and Adolescent Health/WIC office. The nurse stated that she has 3 students (siblings) that were in need of dental insurance and a dental home as they have not been seen by a dentist in some time.</i>
Conflict (obstacle, barrier, or problem)	<i>Nurse Joan stated she was having a difficult time getting the parents to understand the need for their middle child to see a dentist as soon as possible as he was experiencing pain. Nurse Joan stated the parents only speak Marshallese, were difficult to get ahold of and have limited computer skills.</i>
Action (what happened)	<i>Through the use of a phone interpreter, I placed a call to the parents and requested that they stop by and see me at the WIC office. After a multiple attempts, the parents presented themselves at the WIC office a few days later. Through the use of a translator, I was able to complete a PE Medicaid application for all three children.</i>



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<p>Outcome(s) (measurable or concrete evidence of change)</p>	<p><i>I was able to fully complete the application for insurance at the WIC office and schedule a much needed dental appointment for the next day with an area dental provider for the child that was experiencing pain. Due to the language barrier I was concerned that the information that would be needed for continued coverage would be missed. Weekly calls to the family were placed to check whether or not DHS requested more information for the processing. Income verification and social security card were requested by the state for ongoing insurance processing. Due to the current pandemic, area businesses and the local DHS office were not open to the public to assist with copying and sending in the needed information. I instructed the parents to bring in the letter and all requested information to me at the WIC office. Once there I made copies of all requested information and emailed them the correct imaging center and worker. A couple weeks later I received a text from the parents that their children were fully covered by insurance and that all the children had been seen by their new dentist. Follow up calls were also placed to the nurse Joan at Evan Middle School to let her know the status of assistance being provided and completion of insurance and appointments. Both the parents and nurse Joan were pleased with the outcome of services.</i></p>		
<p>Relevance (how this story helps us demonstrate need or measure success)</p>	<p><i>This success story shows the need and importance of continued partnership with the schools in one's area. Often times schools see children more than parents do during the day/week and are able to assist with issues or concerns a child may be having on the spot. Had this child not gone to see the nurse for tooth pain, this could have grown into something much larger and could have put a major financial strain on the family.</i></p> <p><i>Another things one must remember is that just because you assist a family with an application and send it in that day, the job is not done. Often times, families do not have access, the means to send information that is requested for continued processing or understand due to language barriers. At AHFA I was found that there is a huge issues with my non-English speaking clients receiving ongoing insurance because of language issues. Multiple calls to IME and the client are placed to ensure that coverage is maintained and the client has full understanding as to what services are covered.</i></p>		
<p>Other info</p>	<p><i>I often receive other calls from school nurses regarding transportation assistance for families in needed. I feel that because of the relationship I have built through the Hawki program with in the schools, they also feel comfortable calling for other issues, concerns, or questions regarding services they may have.</i></p>	<p>Submitter Name & Date</p>	<p><i>Alesia Houser, BA 02/10/2021</i></p>