hawk-i

Health and Well Kids in Iowa

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

State Fiscal Year 2010

ANNUAL REPORT OF THE *hawk-i* BOARD
SFY 2010
(July 1, 2009 through June 30, 2010)

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ANNUAL REPORT OF THE *hawk-i* BOARD
SFY 2010

The Governor, General Assembly, and Council on Human Services

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

I. 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 and a separate program called Healthy and Well Kids in Iowa (***hawk-i***). The Medicaid Expansion component covers children ages 6 to 19 years of age whose countable family income is between 100 and 133 percent of the Federal Poverty Level (FPL) and infants 0 to 1 year of age whose countable family income is between 185 and 300 percent of the FPL. The ***hawk-i*** program provides health care coverage to children under the age of 19 whose countable family income is between 133 and 300 percent of the FPL, who are not eligible for Medicaid and who are not covered under a group health plan or other health insurance.

On March 1, 2010, the ***hawk-i*** Dental-Only Program was implemented. This program provides preventive and restorative dental care services as well as medically-necessary orthodontia. The Dental- Only Program covers children who would otherwise be eligible for ***hawk-i*** except that they have health insurance.

A. Federal History

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

On February 4, 2009, President Obama signed into law the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3. The law contains provisions that directly affect the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act (the Act). CHIPRA reauthorizes CHIP for four and a half years through federal fiscal year (FFY) 2013 and invests approximately $44 billion in new funding for the program. Under CHIPRA, Iowa will be able to strengthen the existing programs and provide coverage to additional low-income, uninsured children and pregnant women.

Note: CHIPRA changed the name, State Children's Health Insurance Program (SCHIP), to Children's Health Insurance Program (CHIP) upon enactment.

The Affordable Health Care Act (ACA) was signed into law on the coat tails of CHIPRA. The ACA was signed into law on March 23, 2010, and continues CHIP programs through September 30, 2019. The new law prohibits states from reducing their current eligibility standards, referred to as maintenance of effort, until this date.

B. Key Characteristics of Iowa's CHIP Program

CHIP is a Federal program operated by the State. The program is financed with State and Federal funds. Iowa's CHIP programs receive approximately a 3 to 1 match rate. CHIP was enacted to cover uninsured children whose family income is above the income limits for Medicaid. As noted above, Iowa's CHIP program has three components:

- Medicaid Expansion – (1998) Provides health and dental services to qualified children through the State's Medicaid program, but at the enhanced federal matching rate. The children covered have incomes that are higher than regular Medicaid but lower than the ***hawk-i*** program.

- ***hawk-i*** – (1999) Children are covered through contracts with commercial managed care health and dental plans to deliver a full array of health and dental services to qualified children. The ***hawk-i*** program covers prevention 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 incomes higher than the Medicaid expansion program, and below 300% of the Federal Poverty Level (FPL).

- ***hawk-i*** Dental-Only Program - (2010) Senate File 389 required the implementation of a new Federal option to implement a CHIP Dental- Only Program. The ***hawk-i*** Dental-Only Program provides preventive and restorative dental care services as well as medically necessary orthodontia.

II. STATE AND FEDERAL HEALTH CARE REFORM

In addition to reauthorizing the program and providing additional funding, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) included many provisions to enhance existing state programs.

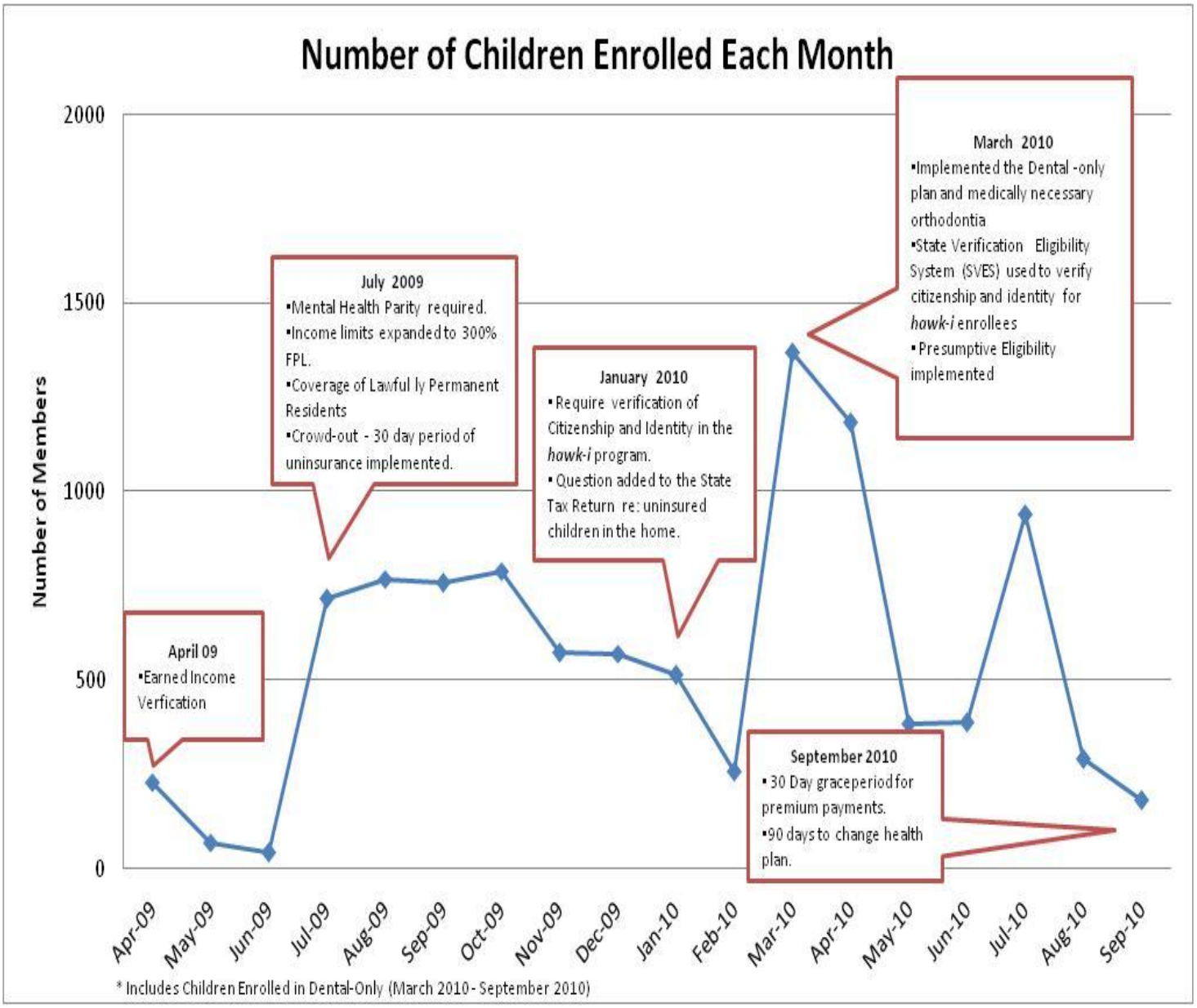
The Iowa General Assembly passed Senate File (SF) 389 in 2009. SF 389 directed the Department to implement several initiatives that will expand coverage to children in both Medicaid and ***hawk-i*** and reduce barriers to enrollment and retention. Implementing these initiatives would also position Iowa to qualify for a performance bonus, also authorized under CHIPRA. The following provisions were implemented in SFY 2010:

SFY 2010 Major Program Initiatives			
Effective Date	**Subject**	**Basis for Change**	**Description**
4/1/2009	Earned Income Verification	SF 389	Income verification policies were changed to allow earned income to be verified using a single pay stub if it is a good indicator of future income, and to allow net profit from self-employment enterprises to be averaged over a period not to exceed three years when an average would be a better indicator of future income. Reference: 441 IAC 86.2(2)(c)
7/1/2009	Mental Health Parity	CHIPRA	If states have mental health and substance abuse benefits they are required to cover those services at the same level as they would for physical health.
7/1/2009	Expanded Income Limits	CHIPRA SF 389	CHIPRA made it easier for states to cover children over 200 percent of FPL. States can cover children up to 300 percent of FPL and still receive the enhanced federal matching dollars. If states expand beyond 300 percent, federal funding is still available but only at the Medicaid matching rate. The department expanded coverage to 300 percent of FPL effective July 1, 2009. Reference: 441 IAC 86.2(2)(a)
7/1/2009	Premiums for Expansion Group	SF 389	Established ***hawk-I*** family cost sharing and graduated premiums based on rationally developed fee schedule over 200% FPL. The new premium charge ranges from $20 per child per month with a $40 cap per family per month. Family cost sharing for families between 150 and 200% FPL remain $10 per child per month with a maximum of $20 per family. Reference: 441 IAC 86.2(514I)
7/1/2009	Coverage of Lawfully Permanent Residents (LPR)	CHIPRA SF 389	CHIPRA removes the 5-year-bar from participation in federal means-tested programs, that was established by the Personal Responsibility and Work Opportunity Act of 1996 (PRWOA), for Lawful Permanent Resident children and pregnant women. The Department began covering LPR children under age 19 in both Medicaid and ***hawk-i*** effective July 1, 2009. Reference: 441 IAC 86.2(7)

Effective Date	Subject	Basis for Change	Description
7/1/2009	Crowd-out	CHIPRA	Implemented a 30-day period of uninsurance for children in families with income within the expanded ***hawk-i*** range. The 30-day period applies to children for whom health insurance coverage was dropped in the month, in which a ***hawk-i*** application is filed, for a reason not specifically exempted by rule. Reference: 441 IAC 86.2(4)(b)
1/1/2010	Verification of Citizenship and Identity	CHIPRA	The requirement to verify citizenship and identity, which has previously only applied to Medicaid, has been extended to separate state CHIP programs beginning January 1, 2010. States are required to approve applications and provide benefits for a 'reasonable period' pending receipt of the documentation. Reference: 441 IAC 86.2(7)(c)& (d)
3/1/2010	Enhanced Dental Benefits	CHIPRA	Dental coverage must be provided as part of a state's benefit package, including benefits for medically necessary orthodontia. States must also follow the periodicity schedule for routine care (e.g. fluoride treatments, sealants, cleanings, etc.) established by the American Academy of Pediatric Dentistry. While Iowa has always included dental coverage in the ***hawk-i*** benefit package, orthodontia has not been a covered service.
3/1/2010	Dental-Only Program	CHIPRA SF 389	Prior to CHIPRA, children with health insurance but no dental coverage were not allowed to participate in a state's separate CHIP program. CHIPRA allows states to establish Dental-only programs for children who would otherwise qualify for the state's CHIP program except that they have health care coverage. Reference: 441 IAC 86.20(514I)

Effective Date	Subject	Basis for Change	Description
3/1/2010	Dental–Only Program Premiums	SF 389	Income % FPL — Monthly Premium 150-200% — $5 per child, $10 per family per mo. 201-250% — $10 per child, $15 per family per mo. 251-300% — $15 per child, $20 per family per mo. Reference: 441 IAC 86.20(3)
3/1/2010	State Verification Eligibility System (SVES)	CHIPRA	CHIPRA provided a new tool to states to assist in the new mandatory requirements to verify citizenship and identity of children in the separate CHIP program. States can submit names to the Social Security Administration via the SVES for both CHIP and Medicaid to verify citizenship status and identity of individuals applying for the programs. The tool removes an administrative barrier that was preventing otherwise eligible citizens from qualifying for the program simply because they couldn't provide documents to establish citizenship & identity. Reference: 441 IAC 86.2(7)(c)
3/1/2010	Presumptive Eligibility	CHIPRA SF 389	The Department designed a presumptive eligibility program that allows 'qualified entities' to become certified to make presumptive determinations through a web-based provider portal. Qualified Entities include outreach coordinators, school nurses and other Medicaid providers. The Iowa Medicaid Enterprise is assisting in the enrollment and training of qualified entities. All presumptively eligible children will be enrolled in Medicaid until a formal eligibility determination is made. Upon determination, they will either remain in Medicaid or move into the ***hawk-i*** program. (*See Attachment 1: Presumptive Eligibility for Medicaid and **hawk-i** Program Design Concept*) Reference: 441 IAC 75.1(44)

Effective Date	Subject	Basis for Change	Description
9/1/2010	Change in Plan Selection	CHIPRA	CHIPRA mandated that enrollees be allowed more flexibility to change plans after enrollment. The change to the health and dental plan selection process extends the period of time within which an enrollee can request to switch plans. The period is extended from 30 days following the date the health or dental plan was notified of the initial enrollment to 90 days following the date the health or dental plan was notified of the initial enrollment, regardless of the reason for requesting the change. In addition, this 90-day period will now apply to all enrollees, not just those whose health and dental plan was selected for them because they failed to make a selection. Also, this change allows an enrollee to request a plan change at any time during the enrollment period for causes. Reference: 441 IAC 86.6(514I)
9/1/2010	Grace Period	CHIPRA	CHIPRA mandated that states provide a 30-day grace period before disenrolling a child due to non-payment of the monthly premium. While Iowa has always allowed one 30-day grace period for late payment of a premium during the 12-month enrollment period, CHIPRA requires the grace period to be applied to each premium owed. Reference: 441 IAC 86.8(4) & 86.8(8)


Number of Children Enrolled Each Month
Number of Members
2000
1500
1000
500
0
April 09
•Earned Income Verfication
July 2009
•Mental Health Parity required.
•Income limits expanded to 300% FPL.
•Coverage of Lawful ly Permanent Residents
•Crowd-out - 30 day period of uninsurance implemented.
January 2010
• Require verification of Citizenship and Identity in the hawk-i program.
• Question added to the State Tax Return re: uninsured children in the home.
September 2010
• 30 Day graceperiod for premium payments.
•90 days to change health plan.
March 2010
•Implemented the Dental -only plan and medically necessary orthodontia
•State Verification Eligibility System (SVES) used to verify citizenship and identity for hawk-i enrollees
• Presumptive Eligibility implemented
Apr-09
May-09
Jun-09
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10
Apr-10
May-10
Jun-10
Jul-10
Aug-10
Sep-10
* Includes Children Enrolled in Dental-Only (March 2010 - September 2010)

III. BUDGET

A. Federal Funding History

The CHIP program is authorized and funded through Title XXI of the Social Security Act. CHIP is capped with a fixed appropriation for each year established by the legislation authorizing the program.

Since its implementation in 1997, nationally state CHIP programs have provided health care coverage to millions of uninsured children. From the total annual appropriation, every state was allotted a block of funding for the year (its "original allotment"), based on a statutory formula established in the original legislation. States were given three years to spend each year's original allotment. 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 reverted to the U.S. Treasury.

In order to draw down approximately $3.00 in federal funds, Iowa must spend approximately $1.00 in state funds. In the infancy of the program, adequate federal funding was available through the redistribution process addressing potential shortfalls in states that expended their full allotments.

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

CHIPRA amended existing provisions of the Act related to funding. The annual allotment formula was revised to more accurately reflect projected state and program spending. The previous allotment formula accounted for factors such as the number of low-income children and average wages in the health care industry. For 2009, the new allotment formula for each of the 50 states and District of Columbia is determined as 110 percent of the highest of three amounts:

- Total federal payments under Title XXI to the state for FFY 2008, multiplied by an "allotment increase factor" for FFY 2009;
- FFY 2008 CHIP allotment multiplied by the "allotment increase factor" for FFY 2009; or
- The projected federal payments under Title XXI for FFY 2009 as determined on the basis of the February 2009 estimates submitted and certified by states no later than March 31, 2009.

CHIPRA allows states to maintain the three (3)-year availability for FFY 1998-FFY 2008 allotments, but changes to a two (2)-year availability for allotments beginning with FFY 2009. The bill includes a process for rebasing allotments every two years to ensure that funding is targeted to states that are using it. The original legislation authorized funding for states ten years out, regardless of whether they needed the money or not. Additionally, unexpended allotments for FFY 2007 and subsequent years are redistributed to states that are projected to have funding shortfalls after considering all available allotments and Contingency Fund payments.

Section 2104(m)(2)(A)(ii) of the CHIPRA amendments refers to a "rebasing" process for determining the FFY 2011 allotments; this requirement means that the States' payments rather than their allotments for FFY 2010 must be considered in calculating the FFY 2011 allotments. In particular the FFY 2011 allotments are determined by multiplying the increase factor for FFY 2011 by the sum of:

- Federal payments made from the States' available allotments in FFY 2010;
- Amounts provided as redistributed allotments in FFY 2010 to the State; and
- Federal payments attributable to any contingency fund payments made to the State for FFY 2010 determined under Section 2104(n) of the Act.

The next rebasing year will be FFY 2013.

B. Contingency Fund

One of the most important issues for Iowa's CHIP program has been the uncertainty of adequate federal funds to implement new initiatives and cover additional children as a result of Iowa's economic downturn.

CHIPRA established a "Child Enrollment Contingency Fund" to provide payments to states that have a CHIP funding shortfall in any fiscal year through FFY 2013 where enrollment exceeds target levels. A state may qualify for contingency fund payments for FFY 2009 and following fiscal years if it has a funding shortfall for the fiscal year (not counting any redistributed amounts it may receive) and it has exceeded its target average number of enrollees for the state fiscal year.

C. Federal Funds for Expansion of Eligibility and Benefits

States can receive allotment increases when they have approved plans to expand eligibility and benefits, but those plans have to be on file and approved by Health and Human Services by August 31st of each year.

The bill makes it easier for states to cover children over 200 percent of FPL. States can cover kids up to 300 percent of FPL and still receive the enhanced federal matching dollars. If states expand beyond 300 percent, they will only receive funds at the Medicaid matching rate.

D. State Funding:

The total original appropriation of state funds for SFY 2010 was:

General Appropriation	$13,555,770
Health Care Reform Bill-(HF811) and Govn't stabilization (HF820)	$ 10,002,009
Interest earned from ***hawk-i*** Trust Fund	$ 64,461
SFY 2009 ***hawk-i*** Trust Fund Carried Over to SFY 2010	$ 5,364,543
Outreach dollars from Medicaid	$ 166,600
Total Original Appropriation	$29,153,383

Of this amount, $23,481,673 was expended. Thus, the program ended SFY 2010 with a balance of $5,671,710 in the ***hawk-i*** trust fund that will be used as revenue to cover costs in SFY 2011.

Available state funding for SFY 2011 appropriation includes:	
General Fund	$23,637,040
Health Care Reform Bill-(HR2539) Funds	$ 7,751.883
Outreach and PERM funds from Medicaid	$ 166,600
SFY 2010 ***hawk-i*** trust fund carried over to SFY 2011	$ 5,671,710
Total Appropriation	$37,227,233

See Attachment 2: Allotment and Expenditure Federal Funding History, SFY 2010 Final Budget Report, and SFY 2011 Budget

E. CHIPRA Performance Bonuses

CHIPRA authorized funding to provide Performance Bonus for qualifying states that have increased Medicaid enrollment of children above a baseline level. To qualify during a Federal fiscal year, a state must be implementing during the year at least five of eight program features in its Medicaid and CHIP programs that simplify the application and renewal processes. The goal is to encourage states in reaching and enrolling more uninsured eligible children. In order to qualify for a bonus payment, states must implement at least five of the following:

1. Continuous Eligibility
2. Liberalization of Asset (or Resources) Requirements
3. Elimination of In-Person Interviews
4. The Same Application & Renewal Processes for Medicaid & CHIP
5. Automatic/Administrative Renewals
6. Presumptive Eligibility for Children
7. Express Lane Eligibility
8. Premium Assistance

With the implementation of the ***hawk-i*** and Medicaid initiatives in SF 389, the Department applied for a CHIPRA Performance Bonus on October 15, 2010. If awarded, Iowa could receive as much as $4.6 million dollars. Awards are expected to be announced by the Centers for Medicare and Medicaid Services (CMS) in early December 2010.

IV. ENROLLMENT AND DISENROLLMENT

As of June 30, 2010, 44,870 children were enrolled in Iowa's CHIP program. Of the total number enrolled, 15,153 were enrolled in the Medicaid Expansion (M-CHIP), 27,573 in the ***hawk-i*** (full-coverage) and 2,144 in the Dental-Only program.

Enrollment continues to grow. It is projected that by June 30, 2011, the total number of children enrolled in CHIP (Medicaid Expansion, ***hawk-i*** and Dental-Only) will reach approximately 51,432.

Overall, enrollment in the ***hawk-i***, Medicaid Expansion, and Medicaid programs experienced significant growth since the publication of the SFY 2009 Annual Report. In the twelve-month period between July 1, 2009, and June 30, 2010, total growth equaled 27,673 children.

Enrollment Growth
July 1, 2009 to June 30, 2010

Program	Enrollment as of June 30, 2009	Enrollment as of July 1, 2010	Increase in Enrollment
Medicaid	192,940	212,226	19,286
Medicaid Expansion	15,039	15,153	114
hawk-i Program	21,444	29,717	8,273
Total Enrollment	**229,423**	**257,096**	**27,673**

***hawk-i* enrollments as of June 30, 2010, include projected number of children that will receive retroactive coverage.

A. Number of Applications Received and Referred to Medicaid

From July 1, 2009, to June 30, 2010, the ***hawk-i*** program received 18,033 new (or initial) applications and 9,752 renewal applications; totaling 25,839 applications. Approximately 5,487 (21%) of these applications were referred to Medicaid.

In addition, 7,806 applications were referred from Medicaid to ***hawk-i***. The total number of all applications received in the twelve-month period was 35,591.

*See Attachment 3: Organization of the **hawk-i** Program Chart, History of Participation of Children in Medicaid and **hawk-i,** Iowa's CHIP Program Combination Medicaid Expansion and **hawk-i***

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

The table below reflects the history of the unduplicated number of children ever enrolled in the ***hawk-i*** program by Federal Fiscal Year (October 1st through September 30th) and by Federal Poverty Level (FPL) since FFY 2000. Each child is counted once regardless of the number of times a child was enrolled or re-enrolled in the program during the year. This unduplicated count represents the total children served by the ***hawk-i*** program rather than a point-in-time enrollment.

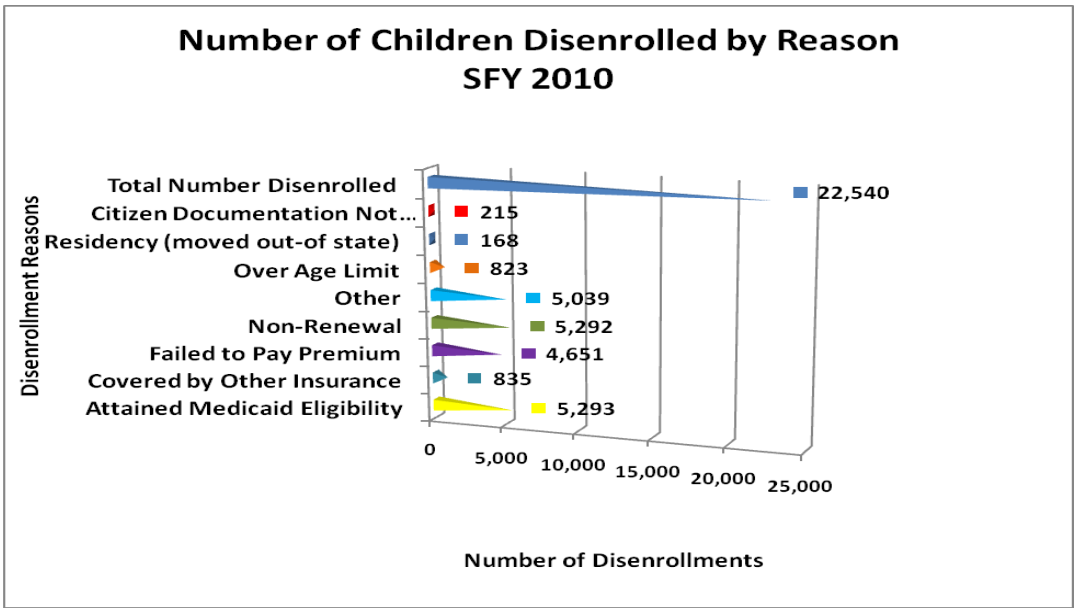
Unduplicated Number Children Ever Enrolled in *hawk-i* by Federal Fiscal Year

	Federal Poverty Level				Total Children Served
	<=100%	>101%<=200%	>201%<=250	>251%<=300%	
Federal Fiscal Year 2000	285	8,256	158	0	8,699
Federal Fiscal Year 2001	679	15,737	256	0	16,672
Federal Fiscal Year 2002	682	20,449	3	0	21,134
Federal Fiscal Year 2003	956	22,103	0	0	23,059
Federal Fiscal Year 2004	1,235	25,405	0	0	26,640
Federal Fiscal Year 2005	1,236	28,873	0	0	30,109
Federal Fiscal Year 2006	1,018	30,801	0	0	31,819
Federal Fiscal Year 2007	1,143	31,169	0	0	32,312
Federal Fiscal Year 2008	1,468	31,213	0	0	32,681
Federal Fiscal Year 2009	1,840	27,178	198	881	30,097
Federal Fiscal Year 2010	2,550	35,844	986	5,463	44,843

*Note: FFY 2010 includes children enrolled in ***hawk-i*** full coverage and the Dental-Only Program.

C. Children Disenrolled from the *hawk-i* Program

To better understand why children are disenrolled from the ***hawk-i*** program a report is generated monthly identifying the specific reasons. From July 1, 2009, to June 30, 2010, children were disenrolled from the ***hawk-i*** program for the following reasons:



In SFY 10, the Department implemented several initiatives focused on reducing the number of disenrollments for failing to pay the monthly premium. The following processes were implemented:

- A monthly premium billing process was implemented to reduce the number of children disenrolled from the program attributed to families forgetting to send in their premium payment. Monthly billings replaced the 12 monthly coupons that were historically issued when a child was first approved.
- A 30-day grace period for each monthly premium owed was implemented on September 1, 2010. This change was implemented to comply with CHIPRA. The grace period will provide additional time for families to pay premiums before a child is disenrolled.
- On November 15, 2010, the Department implemented electronic premium payments as an additional option to pay. The ***hawk-i*** website has been updated with a link to US Bank so families can pay premiums on-line. As of November 30, 2010, the Department has received positive feedback from families and 113 payments have been paid electronically.

V. QUALITY

The Department contracts with the IFMC to conduct encounter data analysis, a functional health assessment of children in the program, medical records reviews, health and dental outcome measurements and quarterly provider geo-mapping analysis. These functions are all used to measure the impact of the program on children, ensure the availability of quality health care providers, and ensure that children are receiving appropriate care according to clinical guidelines.

The ***hawk-i*** comparative analysis "Health Assessment Survey November 2010" prepared by IFMC reports and summarizes differences in 116 family responses before and after their child's enrollment in the ***hawk-i*** program for one year. Following is an example of the family responses:

- Family worries about the ability to pay for health care was reduced significantly; (69 families or 59.8 percent worried "a great deal" before vs. 14 families or 12.3 percent after),
- Family activities of fewer children were limited because of concerns about health care costs; (39 families or 26.6 percent were limited after).

Outcomes of Care for Children			
State Fiscal Year	**2007**	**2008**	**2009****
Proportion of children with access to a primary care provider.	92.9%	93.2%	93.1%
Proportion of children with asthma where appropriate medications are used.	90.3%	91.7%	87.3%

Outcomes of Care for Children			
	2007	**2008**	**2009****
Proportion of children with an annual dental visit.	69.3%	70.2%	69.3%
Proportion of children who received a well-child examination in the first 15 months of life.	70.6% (90 days) 53.2% (60 days)	67.6% (90 days) 53.3% (60 days)	76.2% (90 days) 64.3% (60 days)
Proportion of children who received a well-child examination at 3,4 ,5 and 6 years of age.	54.9%	56.1%	58.8%

** The measures reported were adapted from the Healthcare Effectiveness Data and Information Set (HEDIS) by IFMC annually. The HEDIS outcome measures were determined through an analysis of health and dental plans claim encounters and eligibility data. An analysis of care for children enrolled in the ***hawk-i*** program during FFY 2009 (October 1, 2008, through September 30, 2009) were reported November 2010. Actual HEDIS data cannot be utilized until claims data has been finalized and that is generally 18 months following the fiscal year.

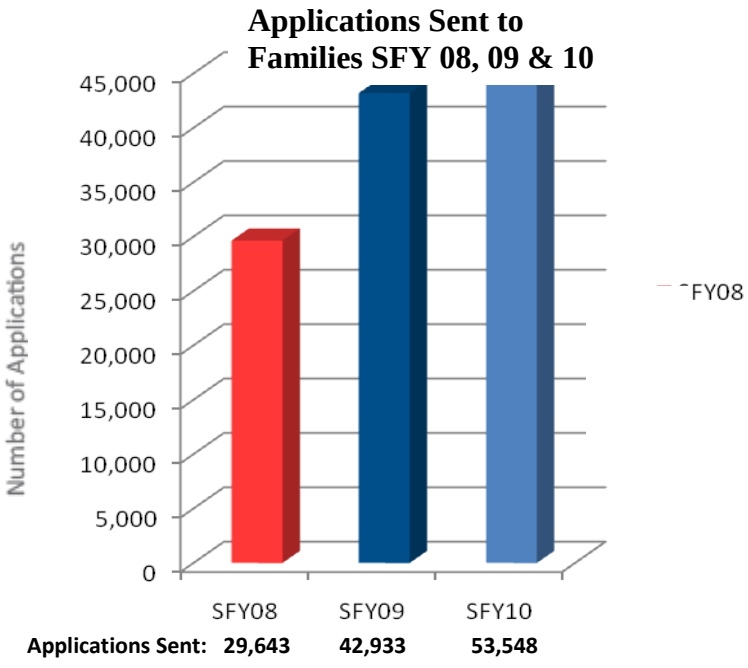
VI. OUTREACH

The Department continues to educate the public about the ***hawk-i*** program through a comprehensive outreach campaign including publications, media, free-and-reduced lunch mailings, statewide grassroots outreach, State of Iowa income tax forms and by giving presentations to various groups who can assist with enrolling uninsured children in the ***hawk-i*** program. With the implementation of Presumptive Eligibility, children are provided immediate access to medical care via the Medicaid program by outreach coordinators and other Qualified Entities, pending the formal determination of eligibility for Medicaid and ***hawk-i***.

A. Overview of Outreach Conducted by Iowa Department of Human Services in SFY 2010

1. Department of Education's Free and Reduce Meal Program

DHS continued to work with the Department of Education on the Free and Reduced Meal Program outreach campaign as a result of Iowa Administrative Code, 283A.2. Public schools are required to share household information for the students eligible for free or reduced price meal benefits that have expressed interest in learning about the ***hawk-i*** or Medicaid programs. We are pleased to say that this year **100% of the public schools reported.** In addition, private schools are also encouraged to share this household information. In SFY 10, 53,548 households received a cover letter and ***hawk-i*** application – an increase of 24.7% from SFY 09. For the second



year, non-public school agencies (i.e. childcare facilities) were asked to share household information for children enrolled in the Free and Reduced Meal Program. This resulted in 426 (up from 265 in SFY 09) additional households receiving ***hawk-i*** applications. The ***hawk-i*** application also serves as a Medicaid application for those families whose countable income falls below 133 percent of the federal poverty level.

Results: DHS received 761 (up from 450 in SFY 09) applications as a result of outreach with the Department of Education's Free and Reduced Meal Program.

2. Outreach to the Taxpayers

The Department partnered with the Iowa Department of Revenue (IDR) to implement HF 2539, Section 4. IDR was required to add a question to the 2008 Iowa income tax form asking if all of the dependent children listed on the form have healthcare coverage. All families who indicate an uninsured child and family income that falls within limits were sent a letter informing them about ***hawk-i***, an application was also enclosed. In 2009, 57,450 ***hawk-i*** brochures sent as a part of the 2008 tax year initiative, 475 ***hawk-i*** applications were returned. Of the 475 ***hawk-i*** applications returned as a result of the tax form change, DHS approved 140 applications and referred 191 applications to Medicaid. The remaining 143 applications were denied for the following reasons:

- Insufficient information to determine eligibility (28.5%)
- Income beyond eligibility limits (20%)
- Prior noncompliance with Medicaid (i.e. failure to provide verification paperwork as requested) (33%)
- Applicant outside age guidelines (5%)
- Applicant covered by other health insurance (4%)
- Respondent did not reside with applicant child - (3%)
- Applicant did not meet Iowa residency requirement (1.5%)
- Immigration status not verified or invalid (5%)

From these applications, 471 previously uninsured children obtained health coverage as a result of Iowa's SFY 2009 tax outreach: 239 of these were approved for the ***hawk-i*** program and 232 were approved for Medicaid coverage.

For the SFY 2009 mailing, Iowa Department of Revenue and DHS did error on the side of over-inclusion, and estimated that 20 percent of the mailings went to people who didn't qualify. Therefore for the SFY 2010 mailing, a change was made to the tax form questions by adding "including Medicaid and ***hawk-i***" to the health care coverage question. In addition, applications were not sent to families' that appeared to be well outside the income/family size limits. (In SFY 2009 sent letters and application brochure to all family that indicated a lack of health care coverage since IDR and DHS have different restriction on counted family sizes and income.)

Results: As of September 29, 2010, 34,185 applications were sent to families stating their children do not have health care coverage. Through October 20, 2010, there have been 320 marked applications submitted. This does not take into account applicants applying online whose choose not to complete the "How You Heard About Us" section of the application.

<u>The following is the breakdown for those 320 applications:</u>

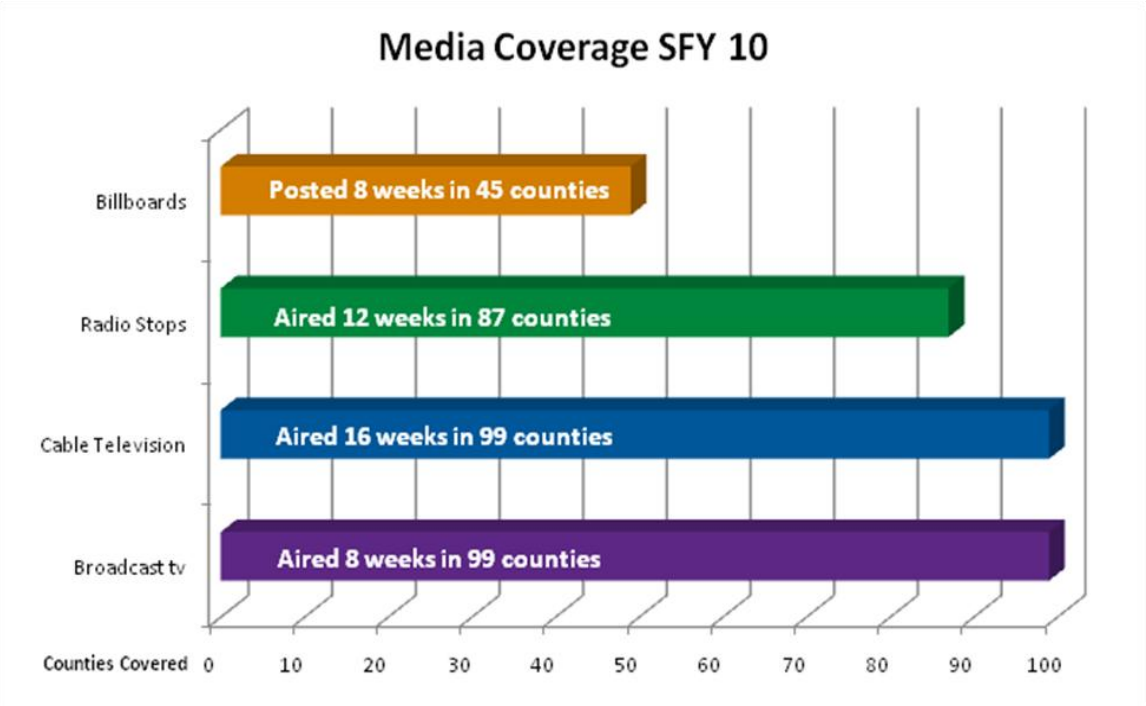
- Applications Approved = 116
- Applications Referred to Medicaid = 20

- Applications Pending = 2
- Applications Denied = 182

Reasons for Denied Applications:

- Child does not live with Applicant = 2
- Duplicate Application = 4
- Enrolled in Medicaid = 95
- Immigration Documentation Invalid or Missing = 1
- Income is above ***hawk-i*** Limits = 7
- Medicaid Non-Compliance = 25
- Missing Information "Time-Out" = 42
- Dependent Person Age is 19+ = 6

3. Media Outreach Campaign:



Funding for the expanded outreach campaign began in SFY 07 under HF 909. In January 2008, DHS began an extensive media campaign with ZLR*IGNITION* which continued in SFY 2010. The advertising vehicles included the following:

- Broadcast television spots aired for 8 weeks in 99 counties.
- Cable television spots aired for 16 weeks in 99 counties.
- Radio spots and Traffic Announcements aired for 12 weeks covering 87 counties.
  - Radio extended the message to the hard-to-reach rural areas of the state.
  - Radio advertisements aired on stations targeted to African-American and Hispanic populations.
  - Total traffic sponsorship announcements were aired to supplement the campaign.
  - In SFY 2010, ***hawk-i*** received free spots totaling 110% of the paid schedule.

- Outdoor billboards were posted in February and March covering 45 counties in both metro and rural areas.

Cover the Kids Day took place in nearly 2,000 places of worship throughout Iowa on the weekend of October 18 - 19, 2009. Participating churches explained the ***hawk-i*** and Medicaid programs during services as well as include information in their newsletters, bulletins, and/or on their website. Churches also had application brochures available for families in their congregation.

B. Overview of Grassroots Outreach Conducted by Iowa Department of Public Health

On July 11, 2006, the Department contracted with the Iowa Department of Public Health (IDPH) to provide oversight for a statewide ***hawk-i*** grassroots outreach program. The three year contract with three one-year extensions is for the period of July 1, 2006, through June 30, 2012. Approval of the extensions is at the discretion of the ***hawk-i*** Board.

DHS continues to provide leadership resulting in an effective collaboration between DHS, IDPH, and the ***hawk-i*** Board. Over the previous year, IDPH and the 22 local Title V local child health agencies built upon the successes from the previous year and made new gains in previously unexplored areas. Outreach coordinators received trainings throughout the year assisting them with their outreach efforts. In addition to individualized training, outreach coordinators participated in two outreach taskforce meetings where best practices are shared and program updates are given.

1. Outreach to Schools

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

- In western Iowa, the local outreach coordinator attended numerous kindergarten registrations to distribute ***hawk-i*** information and was available to answer any questions or concerns from families.
- Outreach coordinators also attended school health fairs and provided ***hawk-i*** information and direct outreach to families attending the school health fairs.
- Outreach coordinators continued to work directly with the schools to send ***hawk-i*** information to families enrolled in the free and reduced lunch program.
- In other areas of the state, outreach coordinators attend monthly meetings with school nurses and guidance counselors and provide them with updated ***hawk-i*** information.

2. Outreach to the Faith-Based Community

Outreach coordinators continued to make innovative progress in establishing relationships with faith-based organizations. Local outreach coordinators continued to collaborate with their local ministerial associations and churches across Iowa to promote the ***hawk-i*** program.

- The local outreach coordinator from the south central Iowa area collaborated with the local ministerial association in sponsoring a “Stretching the Family Dollar”

event targeting families struggling with economic hardship. This coordinator presented a session on children's health insurance, including the ***hawk-i*** program.

- Many outreach coordinators continue to partner with summer bible school classes and religious education programs to provide outreach to families in the faith communities.

3. Outreach to Medical Providers

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

- As a result of Iowa's implementation of the ***hawk-i*** dental only program, outreach has expanded to several new community partners. Outreach coordinators have specifically focused their outreach efforts to community dentists to increase awareness about the ***hawk-i*** dental only program.
- Many outreach coordinators provide onsite ***hawk-i*** application assistance (helping families complete a hard copy or electronic ***hawk-i*** application) to families at the hospital and family practice clinics.
- State outreach coordinators continue to distribute ***hawk-i*** information to local pharmacies, primary care physician offices, dental offices and local hospital admissions and emergency room departments.

4. Outreach to Diverse Ethnic Populations

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

In Carroll, Iowa, as part of their ***hawk-i*** outreach activity plan, the child health agency hosted a cultural diversity training presented by IDPH's Office of Multicultural Health staff, Janice Edmunds-Wells. The training focused on increasing awareness regarding health issues, outreach to, and services for minority, immigrant and refugee populations.

5. Additional Outreach Activities

Every year outreach coordinators go beyond the four focus areas to reach families who may have eligible children. In light of recent reductions in the workforce and increasing unemployment rates, coordinators have focused on strengthening the information link to workforce development centers, temporary employment agencies, and community job loss rapid response teams. In addition:

- The IDPH state coordinator partnered with St. Ambrose University in presenting a three hour general insurance continuing education credit course entitled, "Finding Coverage: The Uninsured". Twelve courses were offered in twelve Iowa cities. The primary focus of the class was identifying insurance options for uninsured children in Iowa.

- In southeast Iowa, the local ***hawk-i*** outreach coordinator identified that many unemployed parents in the service area were utilizing their local libraries for computer access in order to apply online for jobs. The outreach coordinator then specifically provided ***hawk-i*** information in the computer area of the local libraries.
- Many local agencies have worked directly with management staff of large companies that were downsizing and making reductions in workforce. Outreach coordinators across the state have hosted several private appointments with families facing job loss as well as hosting large informational meetings at the request of the company making the reductions.
- Continue to work with CMS to strengthen CHIP quality improvement activities and performance measures related to increasing access to care and the use of preventative care.

*See Attachment 4: How Applicants Heard About **hawk-i** in SFY 2010*

6. Presumptive Eligibility

The outreach coordinators were instrumental in assisting the Department in the implementation of the Presumptive Eligibility program. Iowa Senate File 389 (2009 Iowa Acts, chapter 118, section 38) required the DHS 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.

Only qualified entities can enroll applicants into Presumptive Eligibility program. A qualified entity is defined at 42 CFR 435.1101. Qualified entities must be determined by the DHS to be capable of making presumptive eligibility determinations.

Based on extensive research of other states' experience implementing presumptive eligibility, certification of qualified entities was initially limited to a select number of ***hawk-i*** outreach coordinators. In October, the state outreach coordinator from the Department of Public Health partnered with the Department of Education to conduct a presentation on presumptive eligibility at the State School Nurse Conference. School nurses can now apply to become qualified entities to make presumptive eligibility determinations if their school is enrolled as a Medicaid provider.

To date, Iowa has gradually expanded to 16 enrolled qualified entities, and continues to add qualified entities in provider categories including: Head Start programs, WIC clinics, physicians, rural health clinics, general hospitals, federally qualified health centers, area education agencies, maternal health centers, and birthing centers.

From March 1, 2010 through October 31, 2010, a total of 304 children were approved for presumptive Medicaid. The number of children enrolled in presumptive Medicaid has increased each month since implementation in March 2010. Enrollment of children in presumptive Medicaid is expected to continue to grow as the number of qualified entities determining presumptive Medicaid eligibility increases.

All presumptive applications are also automatically forwarded from the qualified entity to the DHS for a determination of whether the child qualifies for ongoing Medicaid coverage. Of the 217 children whose applications for ongoing Medicaid have been processed so far, 139 children

have been approved for ongoing Medicaid and 23 have been approved for ongoing ***hawk-i*** coverage. Another 55 children have been denied ongoing Medicaid, most commonly because the child's family has not followed up with the DHS to provide requested information needed to determine eligibility. Growth in presumptive Medicaid enrollment is expected to continue to produce this related growth in ongoing Medicaid enrollment.

VII. PAYMENT ERROR RATE MEASUREMENT (PERM) PROJECT

The Improper Payments Act of 2002 (Public Law 107-300) requires CMS to estimate improper payments (due to overpayments, underpayments, and payments made to ineligible persons) in the Medicaid and CHIP programs.

The PERM project operates on a federal fiscal year basis (October 1 – September 30). Iowa was selected to participate in FFY 2011 and again will be reviewed every three years thereafter. The intended effect of this project is to reduce the rate of improper payments and produce an increase in program savings at both the state and federal levels.

PERM is an unfunded mandate by the federal government. It is a quality initiative where the Department's Bureau of Quality Control, outside of the policy development, eligibility, and administrative arm of the agency, review both Medicaid and ***hawk-i***.

The Department's Bureau of Quality Control has developed the FFY 2011 PERM project plan and has submitted a sample plan cases for eligibility reviews. Medicaid and CHIP case files will be reviewed to make sure eligibility was determined correctly and if claims were paid appropriately for any service members received.

CHIPRA required a new PERM rule and delayed any calculation of the PERM error rate for CHIP until six months after the new PERM rule became effective. CHIPRA provides states scheduled for PERM measurement, to either elect to accept their CHIP PERM error rate from FFY 2008 in full or in part, or may elect instead to consider PERM measurement conducted for FY 2011 as the first federal fiscal year for which PERM applies to the State of Iowa for CHIP. Iowa has elected to consider PERM measurement for CHIP in FFY 2011 as the first federal fiscal year.

VIII. PARTICIPATING HEALTH AND DENTAL PLANS

Two health plans and one dental plan provided benefits to children participating in the ***hawk-i*** program in SFY 2010:

- United Healthcare of the River Valley (formerly AmeriChoice) provides managed care health coverage in 99 Iowa counties effective March 1, 2010.
- Wellmark Health Plan of Iowa (WHPI-managed care) provides managed care health coverage in 99 Iowa counties effective September 30, 2009.
- Delta Dental of Iowa began providing dental coverage statewide on July 1, 2009. On March 1, 2010, Delta Dental of Iowa expanded providing Dental-only coverage statewide including medically necessary orthodontia to enrollees.

Currently, families in 99 counties have a choice of two managed care health plans; UnitedHealthcare or Wellmark Health Plan of Iowa.

Health and Dental Plans Capitation Rates

The Board approved a 7.5 percent capitation rate increase for Delta Dental of Iowa and a 3 percent increase for Wellmark Health Plan of Iowa and 1.75% increase for UnitedHealthcare effective July 1, 2009. Please refer to *Attachment 5 History of Per Member Per Month Capitation Rate for* ***hawk-i*** which outlines the historical and current per member per month (PM/PM) rate by federal and state funding and the annual percentage increase in capitation rates.

IX. *hawk-i* BOARD MEMBERSHIP

H.F.49 requires the ***hawk-i*** Board to meet no less than six and no more than twelve times per calendar year. The Board meets on the third Monday every other month; meeting agenda and minutes are available on the ***hawk-i*** program web site at www.hawk-i.org. See Attachment 6 for the ***hawk-i*** Board Membership.

X. HIGHLIGHTS OF THE BOARD ACTIVITIES & MILESTONES

December 2009

The Board:

- Unanimously approved the Dental-only program based on CHIPRA legislation and SF389. *Implementation of the Dental-only plan was postponed until March 1, 2010 pending clarification from CMS and the 10% across the board cut in the State Budget.*
- Approved the Notice of Intended Action to allow children claiming to be U.S. citizens, who meet all other eligibility criteria except for proof of citizenship, to be enrolled in ***hawk-i*** for up to 90 days pending proof of citizenship. If verification is not received timely, enrollment is cancelled. If the family reapplies, a second reasonable period of time to obtain verification will not be allowed.
- Was updated by the Department that effective February 1, 2010, United Healthcare will offer coverage in 99 counties. This expansion of coverage will allow ***hawk-i*** enrollees a choice of plans in each county.
- Was updated by the Department that presumptive eligibility for Medicaid and ***hawk-i*** has been delayed until March 1, 2010.
- Was updated by the Department that ***hawk-i*** and HIPP staff will be moving to the Iowa Medicaid Enterprise.

January 2010

No Meeting

February 2010

The Board:

- Was updated that the Department is on target to implement the dental-only program on March 1, 2010. Under dental-only, the application will be approved for dental-only and the decision on medical pended until it is known whether they do or do not have other health coverage.
- Revisited the ***hawk-i*** premium structure. Voted to maintain the current premium structure that went into effect July 1, 2009.

The Board was updated by the Department that the new premium structure is going well, but given the growth in that population it may be worth revisiting. However, imposing a higher premium may impact the State's American Recovery and Reinvestment Act of 2009 (ARRA) dollars for enhanced funding under Medicaid.

The Board unanimously approved to leave the premium structure and wants to focus on covering kids. A motion was made directing the Department to gather information about the effect of any changes on ARRA funding and any other relevant information and bring the information back at a later date.

- Unanimously approved rule amendments implementing a 14-day grace period.
- Unanimously approved the notice of intended action to revise the rules on recovery and what can be recovered when someone has received benefits that they should not have received. The rule amendment makes the definition of "client error" in 86.19(1) consistent with other programs. The amendment will strike "an intentional or negligent action" and insert, "any action or inaction."
- The Board was updated by the Department that staff are working on the contract with Delta Dental on a new dental-only program as well as the medically necessary orthodontia coverage required under CHIPRA. Additionally, the Department has been working with Delta Dental on pricing. Because the contract is not finalized, a board meeting was scheduled on Thursday, February 25, 2010.
- The Board was updated by the Department and Mr. Donoghue that a group with representatives from the Department of Education, Department of Human Services and the ***hawk-i*** project office met to discuss improvements in the annual Free and Reduced Lunch referral process. They learned that families don't want to fill out an application, they want to apply on-line. As a result a new flyer was developed and will be mailed to families that request additional information about the ***hawk-i*** program through the Free and Reduced Lunch program.

February 25, 2010
The Board:

- The Board unanimously approved the contract with Delta Dental of Iowa.
  The Department presented to the Board that the Delta Dental contract adds new medically-necessary orthodontia requirements and changes some of the periodicity schedule. The benefit structure is included in the contract as well as the managed care regulations required by CHIPRA. The monthly capitation payment paid by the state will be $22.53 per member per month. A fee schedule for medically necessary orthodontia is also included in the contract. The maximum payment for medically-necessary orthodontia is $4,300. Due to the fact that there may be pent up demand for the dental program, an additional $1.35 per member per month will be added to the capitation payment for those enrolled in the dental-only program through June 30, 2011.

March 2010 & April 2010
No Meeting

May 2010
The Board:

- Was updated by the Department that SF 2331 was passed. The bill allows any chiropractor licensed in the State of Iowa who is willing to accept the terms of ***hawk-i*** participating health plan to be part of the network to serve children in the program.
- Unanimously approved to adopt two rule amendments:
    - Implement the data match with the Social Security Administration. The match should reduce the number of cases for which a birth certificate of other documentation verifying citizenship is needed. Additionally, the amendment extends the reasonable period for obtaining verification from 60 to 90 days.
    - Revise the definition of client error so that it is the same definition as other programs.
- Unanimously approved two Notices of Intended Action:
    - To comply with CHIPRA, the Board approved a 30-day grace period for the month the premium is due.
    - To comply with CHIPRA, the Board approved a change in an enrollee's health or dental plan within 90 days of enrollment in the plan.
- Unanimously approved health plan proposed rate increases for SFY 2011. United Healthcare requested a 1.75 percent increase and Wellmark Health Plan of Iowa a 3 percent increase. Both of the requested rate increases are within the actuarial limits.
- Unanimously approved contract extensions:
    - Health Management Systems conducts the insurance match on ***hawk-i*** enrollees to determine if they have other insurance. A one year contract extension was approved.
    - Iowa Foundation for Medical Care conducts data analysis and survey reports. A one year contract extension was approved.
- Unanimously approved a one-year extension of the Department of Public Health outreach contract. Language was added to the contract for the presumptive eligibility determinations now being performed by Title V agencies.
- Unanimously approved the final extension to the contract with ZLR Ignition for media buys. A fourth amendment that reduces the expenditures by $40,000 from the previous year. The television and radio commercials will not be changed leaving the number of media hours purchased the same, or even higher, by not creating new ads.

June and July 2010
No Meeting

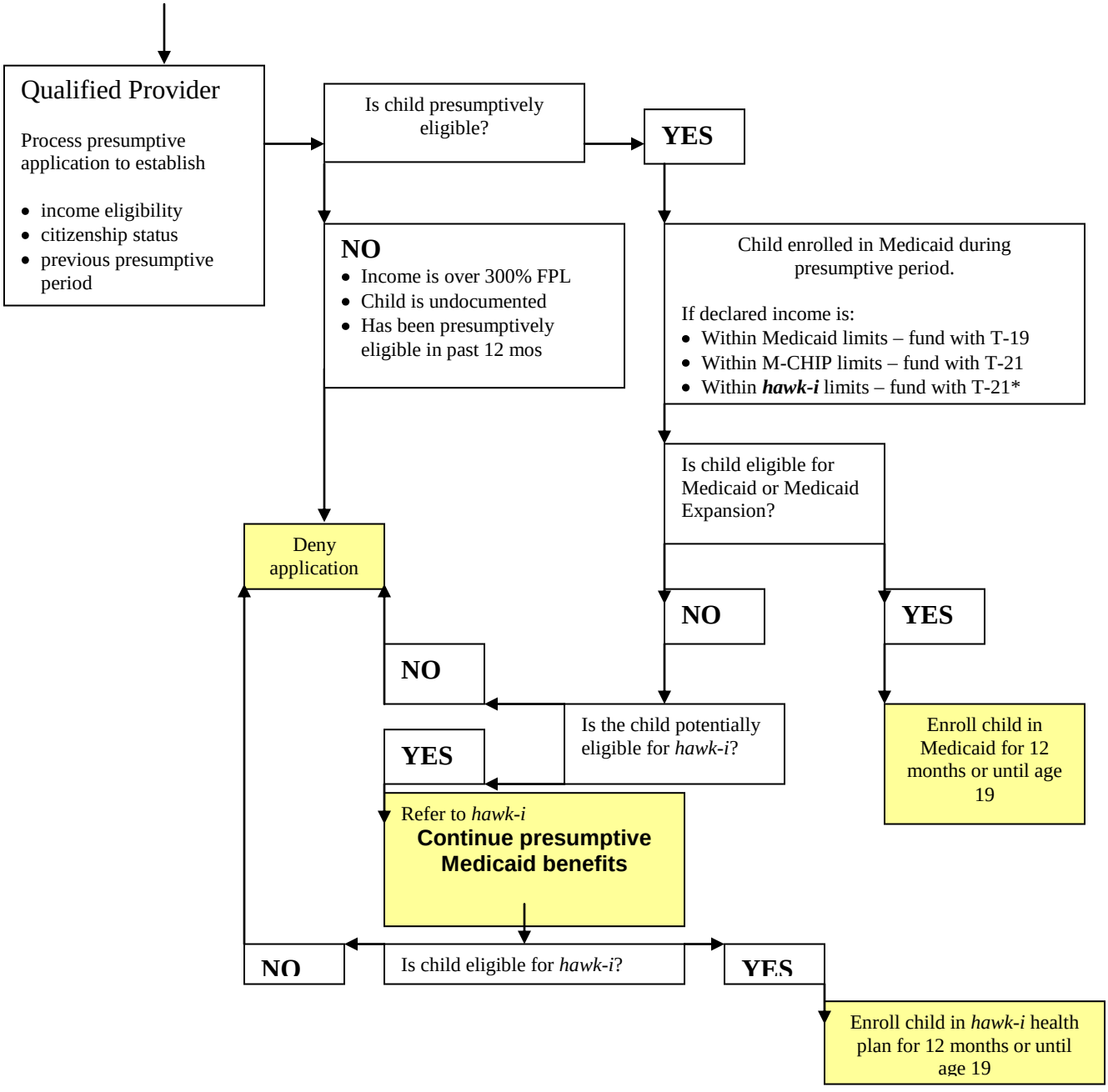
August 2010
The Board:

- Unanimously approved two rule amendments:
    - To comply with CHIPRA, the Board approved a 30-day grace period for the month the premium is due.
    - To comply with CHIPRA, the Board approved a change in an enrollee's health or dental plan within 90 days of enrollment in the plan.
- Nominating Committee, election of officers SFY 2011, made a motion to elect Kim Carson as Chair and Dr. Seldon Spencer as Vice-Chair. The Board unanimously approved the nominations.

Attachment 1: Presumptive Eligibility For Medicaid And *hawk-i* Program Design Concept

Presumptive Eligibility for Medicaid & ***hawk-i***
Program Design Concept

Point of Entry



* Medicaid services exceeding ***hawk-i*** benefits package are paid with CHIP administrative funds

Attachment 2: Allotment and Expenditure Federal Funding History, SFy 2010 Final Budget Report and Sfy 2011 Budget

Allotment and Expenditure Federal Funding History
For Iowa's SCHIP Program
2010

Federal Fiscal Year (FFY)	Allotment	Balance Carryforward (from previous years)	Retained Dollars	Redistributed Dollars	Supplemental Dollars	Total Federal Dollars Available	Total Federal Dollars Spent	Balance Remaining	
1998	$32,460,463	$-	$-	$-	$-	$32,460,463	$276,280	$32,184,183	
1999	$32,307,161	$32,184,183	$-	$-	$-	$64,491,344	$10,562,636	$53,928,708	
2000	$32,382,884	$53,928,708	$-	$-	$-	$86,311,592	$15,493,125	$70,818,467	***1***
2001	$32,940,215	$64,690,045	$3,957,863	$-	$-	$101,588,123	$24,846,556	$76,741,567	***2***
2002	$22,411,236	$65,323,099	$4,787,171	$-	$-	$92,521,506	$28,724,907	$63,796,599	***3***
2003	$21,368,268	$55,351,451	$4,222,574	$-	$-	$80,942,293	$32,885,307	$48,056,986	***4***
2004	$19,703,423	$43,779,504	$2,138,741	$-	$-	$65,621,668	$37,273,256	$28,348,412	***5***
2005	$28,266,206	$28,348,412	$-	$4,379,212	$-	$60,993,830	$40,757,756	$20,236,074	***6***
2006	$26,986,944	$20,236,074	$-	$-	$6,108,982	$53,332,000	$47,861,826	$ 5,470,174	***7***
2007	$36,229,776	$ 5,470,174	$-	$-	$14,001,050	$55,701,000	$51,337,743	$ 4,363,257	***8***
2008	$33,177,409	$-	$-	$-	$29,196,591	$62,374,000	$55,307,598	$ 7,066,402	***9***
2009	$34,057,616	$-	$-	$-	$31,197,684	$65,255,300	$59,174,3001	$6,080,987	***10***
2010	$68,492,373	$ 6,080,987				$74,573,360	$71,553.044	$3,020,316	***11***
2011	$55,422,935	$ 3,020,316				$58,443,251		$58,443,251	***12***

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

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

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

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

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

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

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

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

9 $7,066,402 of the FFY08 supplemental that remains unspent reverts to treasury

10 Iowa received $31,197,684 additional dollars in FFY 2009 due to the CHIPRA legislation-

11 Total federal dollars spent do NOT include the OIG adjustment. This adjustment will be done 1st quarter FFY 2011

12 Iowa received $55,422,935 as an advance in October 2010 for FFY 2011. We will receive additional dollars once 4th quarter of the FFY 2010 expenses are reported and the actual allotment can be computed.

CHIP Budget
SFY 2010
June plus 60 - FINAL

FY 2010 Appropriation	$	13,555,770	* HF 811
Amount of ***hawk-i*** Trust Fund dollars added to appropriation	$	5,364,543	actual
Amount funded by HF 2539 - Health Care Reform bill	$	1,488,652	*HF 811
Gov't stabilization dollars	$	8,513,357	HF820
Possible Outreach and Perm dollars from Medicaid	$	166,600	
Total state appropriation for FY 2010	$	29,088,922	
donations	$	-	
total	$	29,088,922	

State Dollars

Budget Category	Projected Expenditures	YTD * Expenditures
Medicaid expansion	$8,362,852	$6,785,873
hawk-i premiums (includes up to 300% FPL group)	$12,893,679	$14,884,689
supplemental dental	$315,910	$90,256
processing Medicaid claims / AG fees	$478,233	$413,736
Outreach	$217,750	$338,786
hawk-i administration	$1,314,863	$968,334
Earned interest from ***hawk-i*** fund	$ -	-$64,461
Totals	$ 23,583,287	$23,417.212

hawk-i Trust Fund Balance (In State Dollars)

Amount in ***hawk-i*** Trust Fund held in reserve at FY 09 year end $5,364,543

* HF 811 FUNDING REDUCED BY 10% PER GOVERNOR'S INITIATIVE.

CHIP Budget
SFY 2011
Sep-10

FY 2011 Appropriation	$	23,637,040	
Amount of ***hawk-i*** Trust Fund dollars added to appropriation	$	5,671,710	(prelim)
Amount funded by HF 2539 - Health Care Reform bill	$	7,751,883	HF 811
Gov't stabilization dollars	$	-	HF820
Possible Outreach and Perm dollars from Medicaid	$	166,600	
Total state appropriation for FY 2011	$	37,227,233	
donations	$	-	
Wellmark Grant dollars earned	$	-	
total	$	37,227,233	

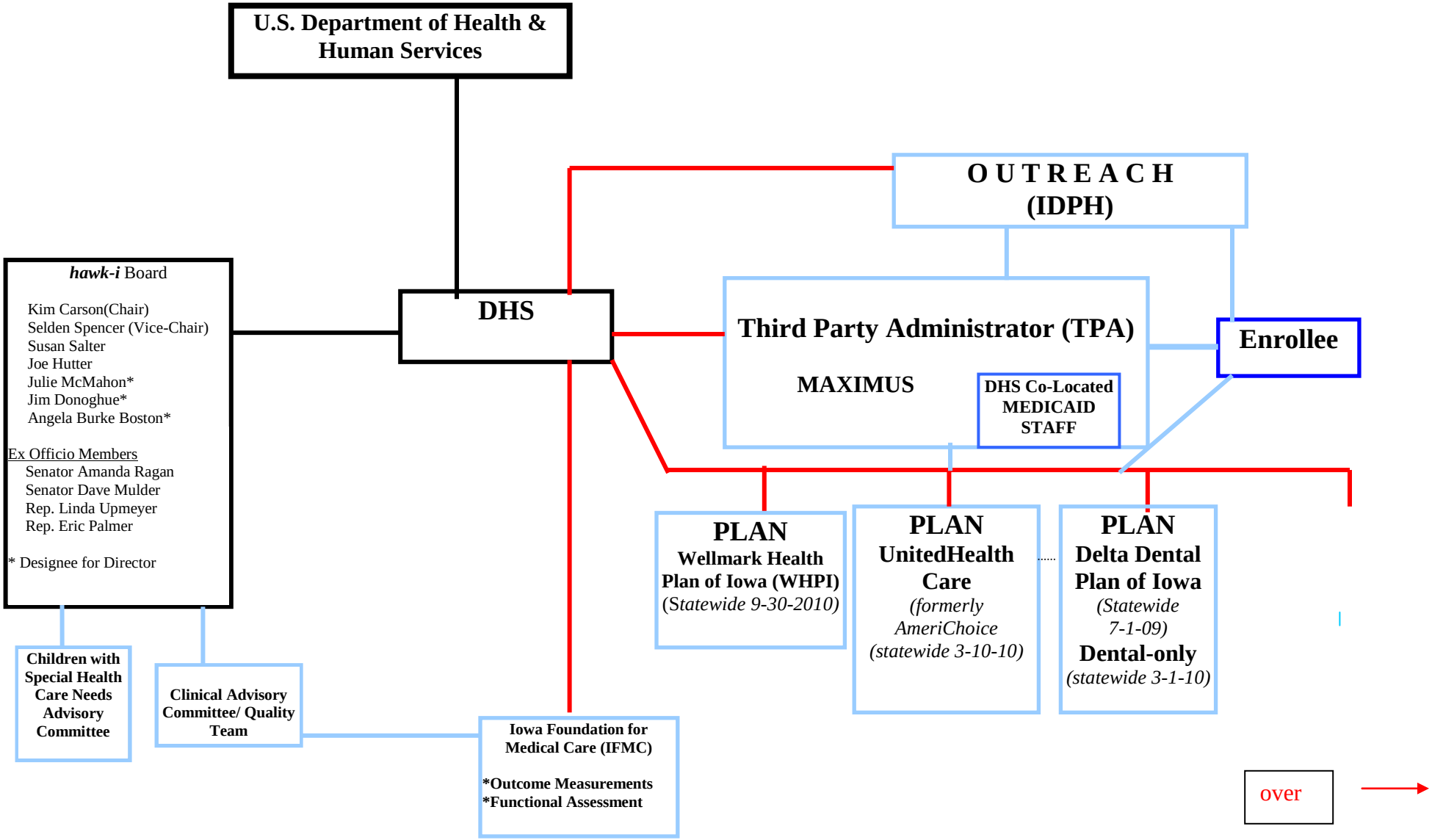
State Dollars

Budget Category	Projected Expenditures	YTD * Expenditures
Medicaid expansion	$8,552,436	$1,484,432
hawk-i premiums (includes up to 300% FPL group)	$22,939,093	$4,232,052
supplemental dental	$712,297	$132,046
processing Medicaid claims / AG fees	$450,150	$103,617
Outreach	$385,500	$3,495
hawk-i administration	$1,451,396	$145,285
Earned interest from ***hawk-i*** fund	$ -	-$2,400
Totals	$ 34,490,872	$ 6,098,528

hawk-i Trust Fund Balance (In State Dollars)	
Amount in ***hawk-i*** Trust Fund held in reserve at FY 10 year end	$ 5,671,710

Attachment 3: Organization of *hawk-i* Program Chart, History of Participation of Children in Medicaid and *hawk-i*, Iowa's CHIP Program Combination Medicaid Expansion and *hawk-i*

Organization of the *hawk-i* Program



Referral Sources/Outreach Points

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

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

hawk-i Board

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

DHS

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

Third Party Administrator (TPA)

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

Plans

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

Clinical and Children with Special Health Care Needs AdvisoryCommittees

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

Medicaid Staff

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

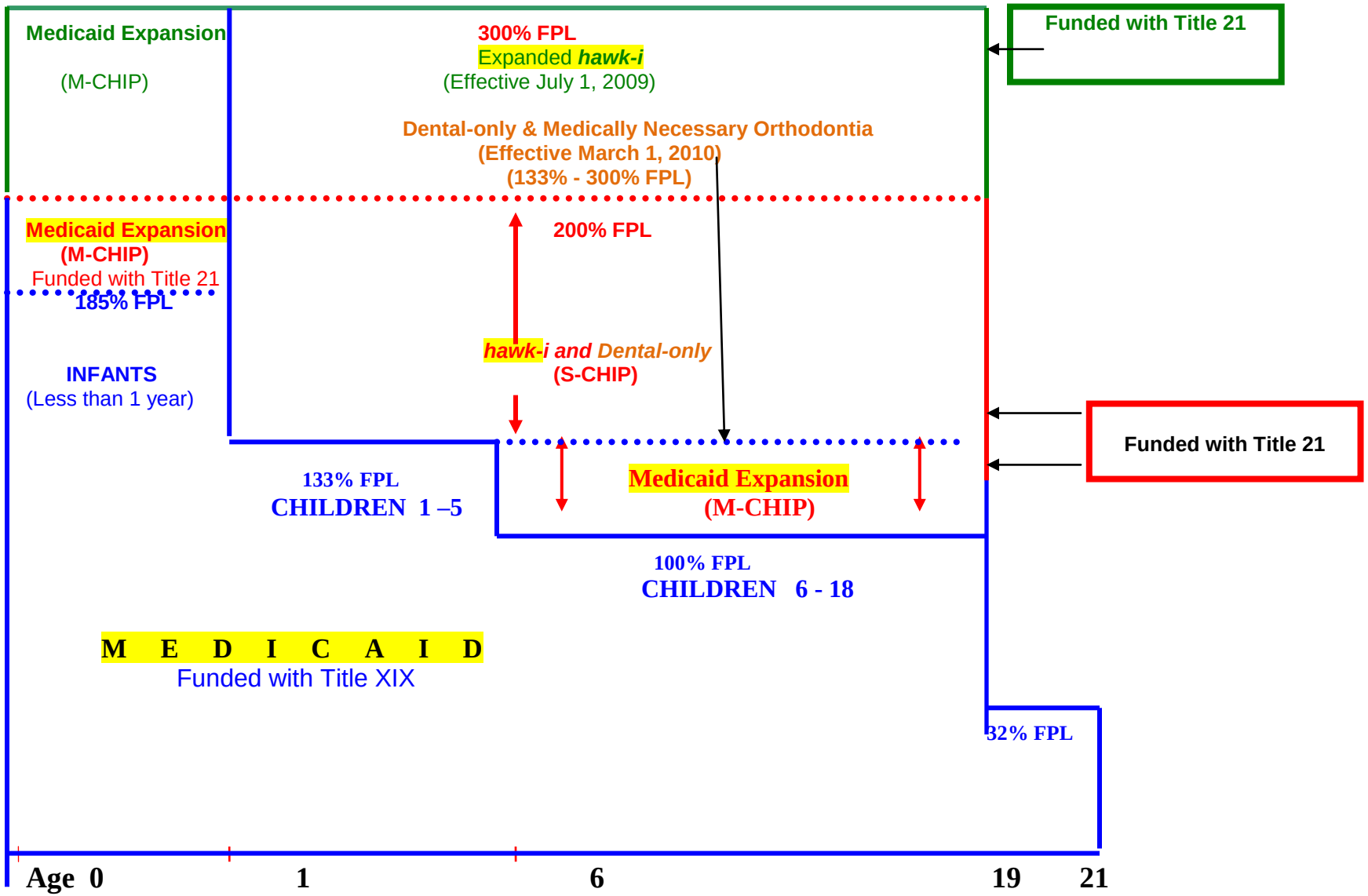
History of Participation of Children in Medicaid and *hawk-i*

		CHIP (Title XXI Program)		
Month/SFY	**Total Children on Medicaid**	**Expanded Medicaid***	***hawk-i* Program (began 1/1/99)**	**Dental Only Program (began 3/1/10)**
SFY 99	91,737			
SFY 00				
Jul-99	104,156	7,891	2,104	
SFY 01				
Jul-00	106,058	8,477	5,911	
SFY 02				
Jul-01	126,370	11,316	10,273	
SFY 03				
Jul-02	140,599	12,526	13,847	
SFY 04				
Jul-03	152,228	13,751	15,644	
SFY 05				
Jul-04	164,047	14,764	17,523	
SFY 06				
Jul-05	171,727	15,497	20,412	
SFY 07				
Jul-06	179,967	16,140	20,775	
SFY 08				
Jul-07	181,515	16,071	21,877	
SFY 09				
Jul-08	190,054	17,044	22,458	
SFY 10				
Jul-09	219,476	22,300	22,300	
SFY11				
Jul-10	236,864	22,757	28,480	2,177
Aug-10	237,559	22,175	28,564	2,383
Sep-10	238,108	22,264	28,485	2,394
		Total CHIP Enrollment	53,143	

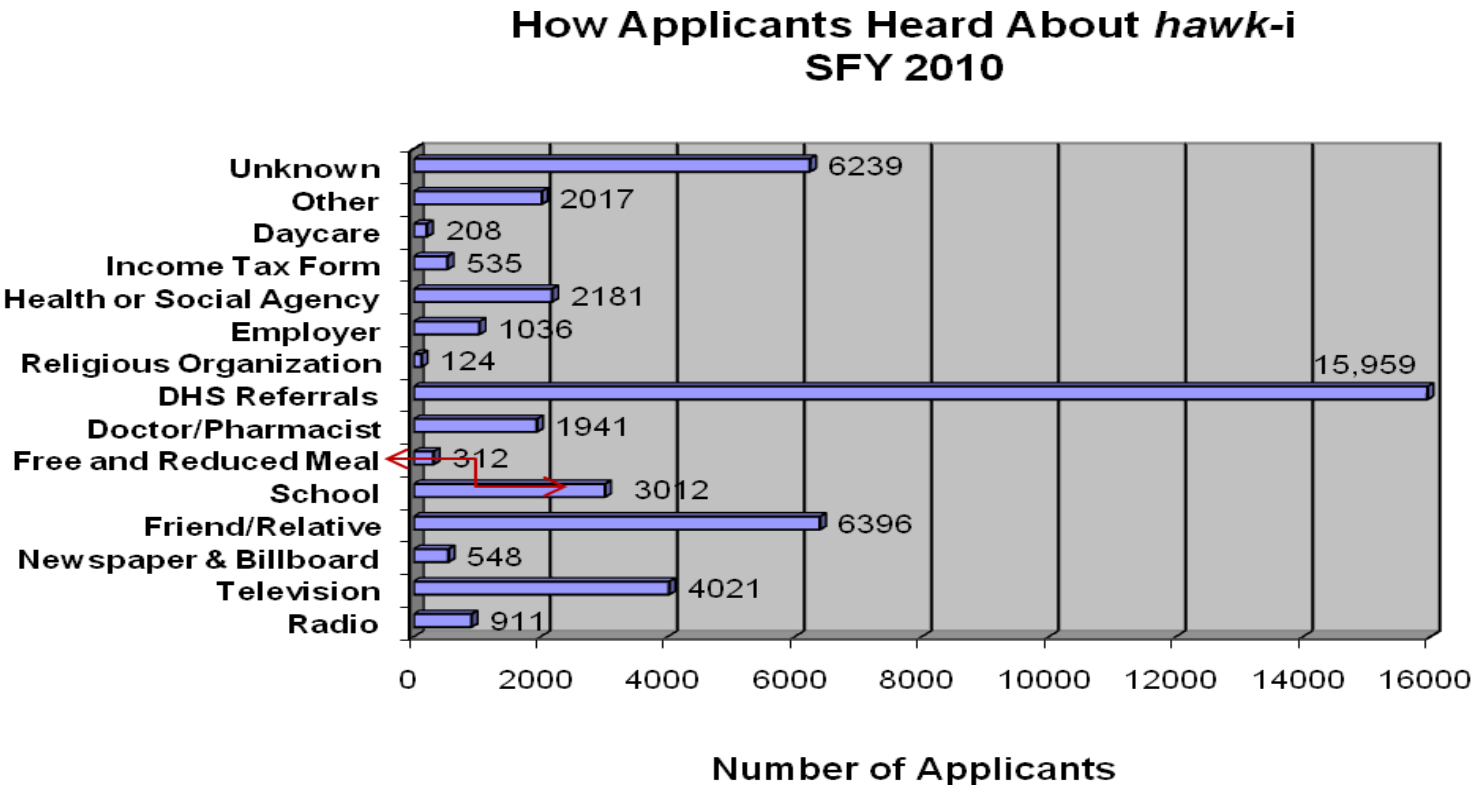
Total growth in Medicaid enrollment from SFY 99 to present =	146,371
Total growth in ***hawk-i*** enrollment from SFY 99 to present =	28,485
Total growth in Dental-only enrollment from SFY 2010 (6-30-2010)	365
Total children covered	175,221

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

Iowa's Health Care Programs for Non-Disabled Children
H.F. 2539/S.F. 839/H.F. 820



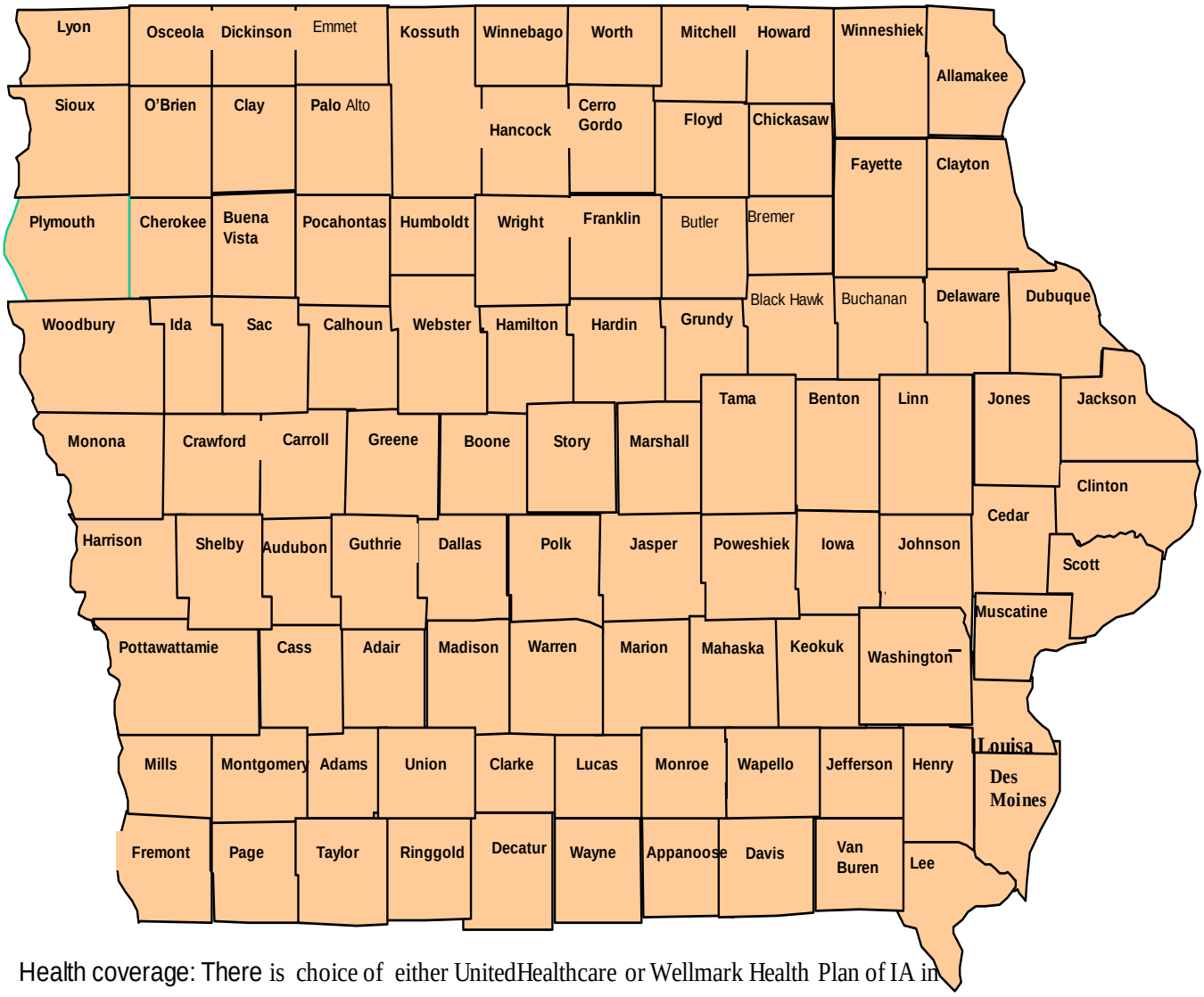
Attachment 4: How Applicants Heard About *hawk-i* in SFY 2010


How Applicants Heard About *hawk*-i
SFY 2010
Unknown
Other
Daycare
Income Tax Form
Health or Social Agency
Employer
Religious Organization
DHS Referrals
Doctor/Pharmacist
Free and Reduced Meal
School
Friend/Relative
Newspaper & Billboard
Television
Radio
6239
2017
208
535
2181
1036
124
15,959
1941
312
3012
6396
548
4021
911
0
2000
4000
6000
8000
10000
12000
14000
16000
Number of Applicants

Attachment 5: County Health Plan Map and History of Per Member Per Month Capitation Rate for the *hawk-i* Program

hawk-i
Coverage Area

Enrollment Effective March 1, 2010



Health coverage: There is choice of either UnitedHealthcare or Wellmark Health Plan of IA in all counties.

Dental coverage: All children receive dental services with Delta Dental of Iowa.

History of Per Member Per Month Capitation Rate for *hawk-i*
SFY 2000 to SFY 2010

State Fiscal Year (SFY)	Managed Care Health and Dental Monthly Capitation Rate		Managed Care Health and Dental Capitation Percent Increase (SFY)	Wellmark Classic Blue (Indemnity) & Blue Dental Monthly Capitation Rate		Indemnity Capitation Percent Increase (SFY)
	Federal Share	State Share		Federal Share	State Share	
SFY '00	$84.97			$110.63		
	$63.00 74.14%*	$21.97 25.86%*		$82.02 74.14%*	$28.61 25.86%*	
SFY '01	$90.92		7%	$118.37		7%
	$67.16 73.87%*	$26.76 26.13%*		$87.44 73.87%	$30.93 26.13%	
SFY '02	$106.52			$131.98		
	$78.82 74.00%*	$27.70 26.00%*	17%	$97.67 74.00%*	$34.31 26.00%*	12%
SFY '03	$119.30			$155.87		
	$88.82 74.45%*	$30.48 25.55%*	12%	$116.05 74.45%*	$39.82 25.55%*	18%
SFY '04	$131.23			$169.59		
	$98.09 74.75%*	$33.14 25.25%*	10%	$126.77 74.75%*	$42.82 25.25%*	9%
SFY '05 (7-1-2004)	$148.30			$169.59		
	$110.85 74.75%*	$37.45 25.25%*	13%	$126.77 74.75%	$42..82 25.25%	0%
SFY '05 (1-1-2005)	John Deere			Wellmark Classic Blue and Blue Access Dental		
Health Only	$132.74					
	$98.88 74.49%*	$33.86 25.51%*	N/A			N/A
Health and Dental	$148.30			N/A		
	$110.47 74.49%*	$37.83 25.51%*	N/A			
SFY '05 (1-1-2005)	Delta Dental of Iowa					
	$15.94					
	$11.87 74.49%*	$4.07 25.51%*	N/A	N/A		N/A
SFY '06 (7-1-05)	AmeriChoice (formerly John Deere Health Plan)			Wellmark Classic Blue and Blue Access Dental		
Health Only	$143.36					
	$106.79 74.49%*	$36.57 25.51%*	8%			
Health and Dental	$160.16			$176.13		
	$119.30 74.49%*	$40.86 25.51%*	8%	$131.19 74.49%	$44.94 25.51%	3.9%
	Delta Dental of Iowa					
Dental Only	$15..94					
	$11,87 74.49%	$4.07 25.51%	0%	N/A		N/A
Dental Only (1-1-2006)	Delta Dental of Iowa					
	$16.58					
	$12..35 74.53%	$4.23 25.47%	4%	N/A		N/A

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

State Fiscal Year (SFY)	Managed Care Health and Dental Monthly Capitation Rate		Managed Care Health and Dental Capitation Percent Increase (SFY)	Wellmark Classic Blue (Indemnity) & Blue Dental Monthly Capitation Rate		Indemnity Capitation Percent Increase (SFY)
	Federal Share	State Share		Federal Share	State Share	
SFY '07 (7-1-06)	AmeriChoice			Wellmark Classic Blue and Blue Access Dental		
Health Only	$158.86			$183.60		
	$118.40 74.53%	$40.46 25.47%	10.8%	$136.84 74.53%	$46,76 25.47%	4.2%
Dental Only **(7-1-06)	Dental Dental of Iowa**					
	$17.41					
	$12.98 74.53%	$4.43 25.47%	5%			
Health and Dental (7-24-06)	Wellmark Health Plan of Iowa (WHPI) and Blue Access Dental					
	$177.31		0%			
	$132.15 74.53%	$45.16 25.47%				
SFY '08 (7-1-07)	AmeriChoice			Wellmark Classic Blue and Blue Access Dental		
Health Only	$163.94		3.2%	$189.80		3.4%
	$120.02 73.21%	$43.92 26.79%		$138.95 73.21%	$50.85 26.79%	
Dental Only	Delta Dental of Iowa					
	$18.98		9%			
	$13.90 73.21%	$5.08 26.79%				
Health and Dental	Wellmark Health Plan of Iowa and Blue Access Dental		3.4%			
	$183.29					
	$134.19 73.21%	$49.10 26.79%				
SFY '09 (7-1-08)	AmeriChoice			Wellmark Classic Blue and Blue Access Dental		
Health Only	$170.01		3.7%	$193.56		2%
	$125.52 73.83	$44.49 26.17		$142.91 73.83	$50.65 26.17	
Dental Only	Delta Dental of Iowa					
	$20.50		8%			
	$15.14 73.83	$5.36 26.17				
Health and Dental	Wellmark Health Plan of Iowa and Blue Access Dental					
	$186.95		2%			
	$138.03 73.83	$48.92 26.17				

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

State Fiscal Year (SFY)	Managed Care Health and Dental Monthly Capitation Rate		Managed Care Health and Dental Capitation Percent Increase (SFY)	Wellmark Classic Blue (Indemnity) & Blue Dental Monthly Capitation Rate		Indemnity Capitation Percent Increase (SFY)
	Federal Share	State Share		Federal Share	State Share	
SFY 2010 (7-1-09) Health Plan	United Healthcare		2%	Wellmark Classic Blue (Contract ended 9-30-09)		
	$173.41					
	74.46 $129.12	25.55 $44.29				
Health Plan	Wellmark Health Plan of Iowa		4%			
	$173.41					
	74.46 $129.12	25.55 $44.29				
Dental Plan	Delta Dental of Iowa (Statewide Coverage 7-1-09)		2.2%	Blue Access Dental (Contract ended 7-1-09)		
	$20.96					
	74.46 $15.61	25.55 $5.35				
SFY 2011 (7-1-10) Health Plan	United Healthcare					
	$176.44		1.75%			
	73.84 130.28	26.16 46.16				
Health Plan	Wellmark Health Plan of Iowa					
	$178.61		3%			
	73.84 131.89	26.16 46.72				
Dental Plan (full coverage) Dental-only Plan	Delta Dental of Iowa					
	$22.53 $1.35 extra for dental-only enrollees		7.5%			
Medically Necessary Orthodontia	Payment based on type of service provided.		n/a			

Attachment 6: Healthy and Well Kids in Iowa (*hawk-i*) Board Bylaws, Healthy and Well Kids In Iowa (*hawk-i*) Board Members

BYLAWS

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

I. NAME AND PURPOSE

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

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

II. MEMBERSHIP

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

III. BOARD MEETINGS

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

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

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

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

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

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

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

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

IV. OFFICERS AND COMMITTEES

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

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

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

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

V. DUTIES AND RESPONSIBILITIES

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

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

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

VI. AMENDMENTS

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

Healthy and Well Kids in Iowa (*hawk-i*) Program
Board Members
August 2010

Kim Carson, Chair **Dr. Selden Spencer, Vice Chair**

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