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

State Fiscal Year 2011

ANNUAL REPORT OF THE *hawk-i* BOARD
SFY 2011
(July 1, 2010 through June 30, 2011)

Contents

ANNUAL REPORT OF THE *hawk-i* BOARD
SFY 2011

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 meet the financial requirements of the hawk***-i*** program but are not eligible because 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. CHIPRA reauthorized 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.

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

The Affordable Care Act (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 (MOE), 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 program receives 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, ages 6 – 19, through the state's Medicaid program at the enhanced federal matching rate. The children covered have income that is higher than regular Medicaid but lower than the ***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 income higher than the Medicaid Expansion program, and below 300 percent 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 to children with income under 300 percent of the Federal Poverty Level (FPL) but who do not qualify for healthcare benefits under ***hawk-i*** because they have health insurance.

II. 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, state CHIP programs across the nation 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 in federal funds, Iowa must spend approximately $1 in state funds. In the infancy of the program, adequate federal funding was available through the redistribution process that addressed 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. In 2009, the new allotment formula for each of the 50 states and District of Columbia was 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 state'' 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 re-basing year will be FFY 2013.

B. Contingency Fund

Section 2104(n) of the Social Security Act allows a state experiencing a shortfall in FFY 2009 and every year thereafter including 2015, to apply for a contingency fund payment. The criterion to receive the contingency payment is that the state must actually run out of the annual allocated federal CHIP allotment. Iowa met the criteria on September 7, 2011. Once the criteria are met, there is a formula outlined in the Act that is used to calculate the contingency fund payment the state will receive. The formula is based upon enrollment increases above a targeted enrollment amount, and the projected per capita expenditures.

Iowa is the first state to qualify for and receive the contingency fund payment. As of September 2011, Iowa's CHIP program projected it would need $3.8 million federal dollars to cover expenditures through the end of FFY 2011 (9-30-11). Iowa received an additional $28 million in Title XXI CHIP federal contingency funding for FFY 2011 (10-1-10 – 9-30-11).

The payment is not based on what a state needs to cover the shortfall they are experiencing. It is based on enrollment increases over a target enrollment number and per capita costs. This is $24.2 million above the shortfall amount ($3.8 million) requested for FFY 2011. This is great news for Iowa, because fiscal management staff projected an additional $17 million shortfall in FFY12.

Another added bonus to this contingency fund award is that it is used to (re)determine Iowa's FFY 2012 allotment amount. The original estimate that CMS gave Iowa was $78.8 million for the FFY 2012 allotment. The contingency fund payment from FFY 2011 is added to this amount, giving Iowa an additional $28 million for FFY 2012. This will ensure that Iowa is not in a shortfall position again next year and eliminates the situation created under the original funding formula that resulted in some states having more money than they could spend while others had shortfalls.

C. State Funding:

The total original appropriation of state funds for SFY 2011 was:

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	$ 167,550
SFY 2010 ***hawk-i*** trust fund carried over to SFY 2011	$ 5,671,710
Total Appropriation	$37,228,183

Of this amount, $33,640,378 was expended. Thus, the program ended SFY 2011 with a balance of $3,587,805 in the ***hawk-i*** trust fund that will be used as revenue to cover costs in SFY 2012.

Available state funding for SFY 2012 appropriation includes:

General Fund	$32,806,102
SFY 2011 ***hawk-i*** trust fund carried over to SFY 2012	$ 3,587,805
Total Appropriation	$36,393,907

See Attachment 2: Allotment and Expenditure Federal Funding History, Dental Orthodontia 2011 Funding, SFY 2011 Final Budget Report, and SFY 2012 Budget

D. CHIPRA Performance Bonuses

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) provides performance bonus payments for Federal Fiscal Year (FFY) 2009 though FFY 2013 to help states offset the cost of increased child enrollment. To qualify for the bonus payment, states must implement five of eight program features and meet enrollment targets established by the CHIPRA legislation. The eight program features include:

- Continuous Eligibility
- Liberalization of Asset (or Resource) Requirements
- Elimination of In-Person Interviews
- The Same Application and Renewal Process for Medicaid and CHIP
- Automatic/Administrative Renewal
- Presumptive Eligibility for Children
- Express Lane Eligibility
- Premium Assistance

These program features must be fully operational for a minimum of six months in the fiscal year for which a state is seeking a bonus payment. States can qualify for a bonus payment in each fiscal year, but must actively apply in order to be considered.

Iowa did not qualify for a bonus payment in FFY 2009, but did qualify in FFY 2010 after implementing presumptive eligibility for children. The five program features that were operational in FFY 2010 include:

- Continuous Eligibility
- Liberalization of Asset (or Resource) Requirements
- Elimination of In-Person Interviews
- The Same Application and Renewal Process for Medicaid and CHIP
- Presumptive Eligibility for Children

Iowa submitted its FFY 2010 bonus application in October 2010 and received the performance bonus in December 2010. The bonus payment calculation is complex, but is primarily based on the number of children enrolled in Medicaid and the per capita cost per child. The FFY 2010 bonus payment totaled $6,760,901 and was used by the state to offset the costs of individuals enrolled in the Medicaid program, but for whom federal participation was not available. The bonus payment was later adjusted to account for retroactive eligibility which resulted in an additional payment of $941,743.

Iowa submitted its FFY 2011 bonus application in October 2011, and expects to again qualify for the bonus payment given that the five program features from the FFY 2010 application are still operational and the state also implemented express lane eligibility in SFY 2011. The actual bonus payment amount will not be known until December 2011, but the Department expects the award to be between $8 and $9 million.

III. ENROLLMENT AND DISENROLLMENT

As of June 30, 2011, 52,743 children were enrolled in Iowa's CHIP program. Of the total number enrolled, 16,148 were enrolled in the Medicaid Expansion (M-CHIP), 33,140 in the ***hawk-i*** (full-coverage) and 3,455 in the Dental-Only program.

Enrollment continues to grow. It is projected that by June 30, 2012, the total number of children enrolled in CHIP will reach approximately 58,849.

Overall, enrollment in the ***hawk-i***, Medicaid Expansion, and Medicaid programs experienced significant growth since the publication of the SFY 2010 Annual Report. In the twelve-month period between July 1, 2010, and June 30, 2011, total growth equaled 15,820 children.

Enrollment Growth
July 1, 2010 to June 30, 2011

Program	Enrollment as of July 1, 2010	Enrollment as of June 30, 2011	Increase in Enrollment
Medicaid	236,864	245,742	8,878
Medicaid Expansion	15,045	16,148	1,103
hawk-i Program	28,584	33,140	4,556
Dental-only Program	2,172	3,455	1,283
Total Enrollment	**282,665**	**298,485**	**15,820**

A. Number of Applications Received and Referred to Medicaid

From July 1, 2010, to June 30, 2011, 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, 10,285 applications were referred from Medicaid to ***hawk-i***. The total number of all applications including new, referrals and renewals received in the twelve-month period was 37,606.

*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.

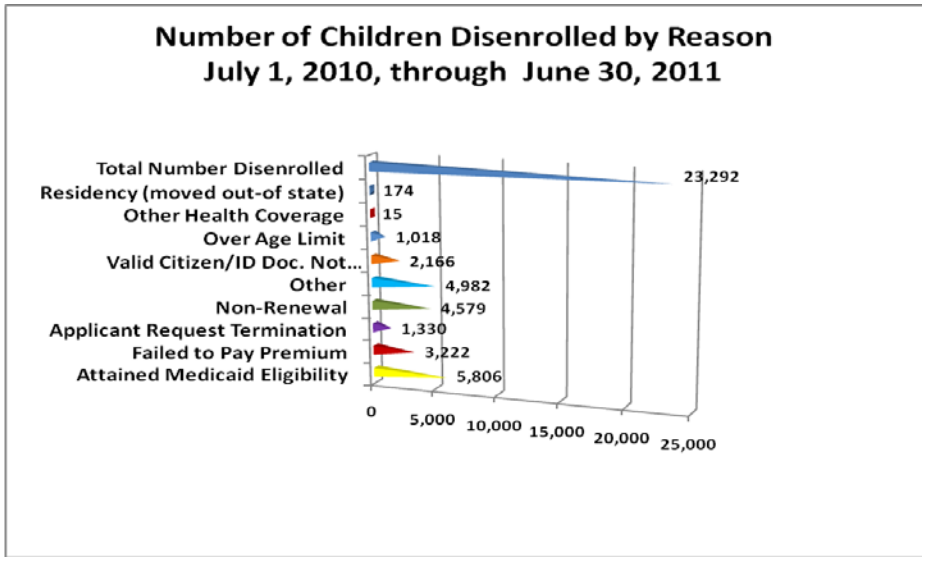
Unduplicated Number Children Ever Enrolled in *hawk-i* by Federal Fiscal Year

	Federal Poverty Level				Total Children Served
	<=100%	=>101%<=200%	=>201%<=250	=>251%<=300 %	
Federal Fiscal Year 2000	285	8,414	0	0	8,699
Federal Fiscal Year 2001	679	15,993	0	0	16,672
Federal Fiscal Year 2002	682	20,452	0	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
Federal Fiscal Year 2011	2,230	41,428	1,439	9,019	54,116

*Note: FFY 2010 and 2011 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 loose coverage from the ***hawk-i*** program a monthly report is generated that identifies the specific disenrollment reasons. From July 1, 2010, to June 30, 2011, children were disenrolled from the ***hawk-i*** program for the following reasons:



In SFY 11, the Department implemented several initiatives focused on reducing the number of disenrollments for failing to pay the monthly premium. In SFY 2011 the number of children disenrolled for failing to pay the monthly premium was 3,222. In SFY 2010, 4,651 children were disenrolled. There were 1,429 less children disenrolled in SFY 2011 compared to SFY 2010 or a 30 percent decrease in disenrollments. The following processes implemented in SFY 2011, contributed to less children being disenrolled:

- A monthly premium billing process was implemented. 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.
- On November 15, 2010, the Department implemented electronic premium payments as an additional payment option. The ***hawk-i*** website has been updated with a link to US Bank so families can pay premiums on-line.

IV. QUALITY

The Department contracts with Telligen (formerly IFMC) to conduct encounter data analysis, medical records reviews, health and dental outcome measurements, provider geo-mapping analysis, and external review of the health plans. 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.

As required by CHIPRA, the ***hawk-i*** program is required to have a Quality Strategy Plan in place. All of the functions, including input from a Clinical Quality Committee, contribute to content of the Quality Plan. Telligen is developing the plan for the Board's approval before implementation.

V. OUTREACH

The Department continues to educate the public about the ***hawk-i*** program through a comprehensive outreach campaign including publications, free-and-reduced lunch mailings, statewide grassroots outreach, and 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 2011

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 percent of the public schools reported**.** In addition, private schools are also encouraged to share this household information. In SFY 2011, 47,000 households received a postcard with information on how the family can request an application by mail and the ***hawk-i*** e-mail address linking the family to complete an electronic application. Non-public school agencies (i.e. childcare facilities) were also asked to share household information for children enrolled in the Free and Reduced Meal Program. The ***hawk-i*** paper and electronic application also serves as a Medicaid application for those families whose countable income falls below 133 percent of the federal poverty level.

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.

Results: As of September 28, 2011, 23,337 applications were sent to families who indicated their children did not have health care coverage. Through November 22, 2011, there have been 141 marked applications submitted. This does not take into account applicants applying online who choose not to complete the "How You Heard About Us" section of the application.

<u>The following is the breakdown for those 141 applications:</u>

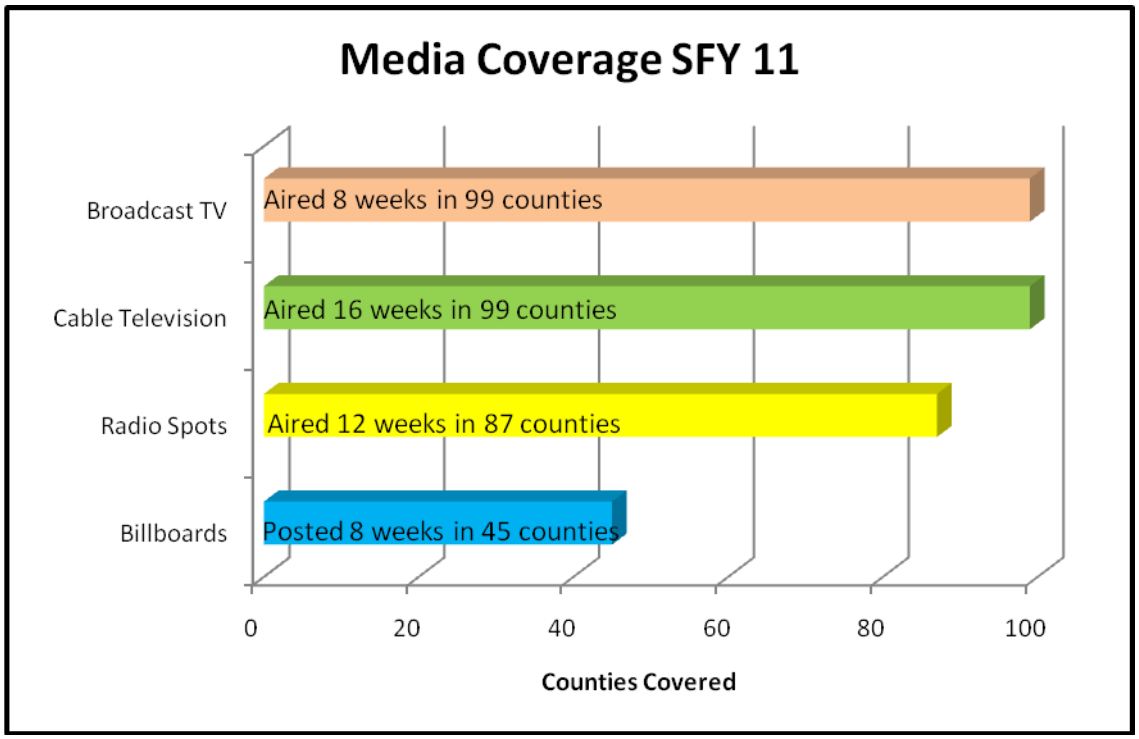
- Applications Approved = 51
- Applications Referred to Medicaid = 5
- Applications Pending = 1
- Applications Denied = 84

<u>Reasons for Denied Applications:</u>

- Child does not live with Applicant = 1

- Enrolled in Medicaid = 34
- Income is above ***hawk-i*** Limits = 5
- Medicaid Non-Compliance = 17
- Missing Information "Time-Out" = 27

3. Media Outreach Campaign:



DHS continued the extensive media campaign with ZLR*IGNITION* in SFY 11 that began in January 2008. 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.
  - Outdoor billboards were posted in February and March covering 45 counties in both metro and rural areas.

Online media was added to the media campaign beginning in October 2010. Text ads were written to be part of the online search marketing campaign. The ads appeared in Google's search results page for word and phrases related to the ***hawk-i*** program that linked browsers to www.hawk-i.org. This resulted in 3,899 clicks to the ***hawk-i*** website.

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. Below is a summary of outreach strategies implemented at a statewide and local level in SFY 11:

Outreach to Schools:

Coordinating with schools at both the local and statewide level continues to be important in ***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 southern Iowa, the local outreach coordinator collaborated with the Area Education Agency during an early childhood screening event. The outreach coordinator was available to distribute ***hawk-i*** information and was available to answer any questions or concerns from families.
- Outreach coordinators also worked with guidance counselors and family resource staff in eastern Iowa. They provided applications and mailed ***hawk-i*** posters to fifteen of the area's school districts.
- In southeast Iowa, the local ***hawk-i*** outreach coordinator focused on targeting school nurses to provide them with sufficient information related to Presumptive Eligibility for Children as well as supplying them with updated ***hawk-i*** information.

Outreach to the Faith-Based Community:

Outreach coordinators continued to make additional progress in establishing and continuing strong 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 Southeast Iowa provided education and information related to ***hawk-i*** to over 300 churches in the service area.
- Many outreach coordinators continue to partner with summer bible school classes and religious education programs to provide outreach to families in the faith communities. A central Iowa agency promoted ***hawk-i*** at a local church's "Share What you Wear" clothing drive for families in need. They

also participated in another area church's health education and enrollment fairs held this past fall.

Outreach to Medical Providers:

- Outreach coordinators are continuously collaborating with Iowa's medical and dental providers to reach out to them and educate them about ***hawk-i***. 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. In addition, outreach coordinators have worked diligently to inform staff employed by these medical providers about Iowa's Presumptive Eligibility for Children Program and how to become a Qualified Entity.
- As a result of Iowa's implementation of the ***hawk-i*** and dental-only program, many of the local outreach coordinators have successfully collaborated with their service area's oral health "I-Smile" coordinator. Both work together to identify and build on existing partnerships with certain health and dental providers to provide ***hawk-i*** and Dental-only outreach and create a referral source for children to access dental care.
- In northwest Iowa, the local ***hawk-i*** outreach coordinator has collaborated with the local oral health I-Smile coordinator and included 100 ***hawk-i*** fact sheets in the "I-Smile Going Home" postpartum packets for new mothers.
- In central Iowa, ***hawk-i*** outreach staff provided ***hawk-i*** education to pharmacists. A portion of the education also included the importance of insurance coverage for families, updates related to the income guidelines for Medicaid and /or ***hawk-i*** coverage, Medicaid and/or ***hawk-i*** coverage for lawfully residing immigrant children, Presumptive Eligibility for Children, and the ***hawk-i*** dental only plan.
- A northern Iowa ***hawk-i*** outreach coordinator provided ***hawk-i*** outreach materials to over 140 medical and dental providers in the service area.

Outreach to Diverse Ethnic Populations:

Reaching out to underserved and diverse 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 eastern Iowa, as part of their ***hawk-i*** outreach activity plan, the outreach coordinator collaborated with multiple entities that serve varied cultural groups. [i.e: United Neighbors (African American population), LULAC Club (Hispanic population), and Davenport Diocese (refugee population)].
- A southern Iowa local agency provided one-on-one assistance to complete the ***hawk-i*** application during the region's largest health fair in the service area-which is heavily promoted and well attended by minority populations. The agency was onsite to provide application assistance and provide ***hawk-i*** materials to potentially eligible families. The agency reported that approximately

over 300 people were in attendance at this event, including a large proportion of Spanish speaking families.

Additional Outreach Activities:

Every year outreach coordinators go beyond the four focus areas to reach families who may have eligible children. With recent reductions in the workforce and increasing unemployment rates, coordinators have continued to focus on strengthening their collaborations with workforce development centers, temporary employment agencies, and community job loss rapid response teams. In addition,

- The IDPH state coordinator exhibited ***hawk-i*** outreach information to self-employed farm families at the Iowa Farm Progress Show. The state coordinator has been active in providing education and training on presumptive eligibility for children to school nurses across the state as well as newly hired school nurses.
- In eastern Iowa, the local ***hawk-i*** outreach coordinator distributed over 500 informational ***hawk-i*** packets to businesses throughout the service area.
- In western Iowa, one agency committed to work with the local area chamber of commerce councils or other governmental councils to develop a database of large employers (100+) or businesses of any size who employ an estimated workforce of at least 15 percent or more minorities. The local ***hawk-i*** outreach coordinator subsequently contacted 5 agencies a month to provide up-to-date information and education related to ***hawk-i*** to these agencies***.***
- Many of the local ***hawk-i*** outreach coordinators are regular attendees of area service provider meetings. Many of the area community service providers meet on a regular basis. This provides the local outreach coordinators an excellent venue to provide ***hawk-i*** outreach and education on Iowa's Presumptive Eligibility for Children program.
- In southern Iowa, the local agency conducted a mass distribution of ***hawk-i*** Information to the following:
    - Public Health agencies
    - SIEDA
    - Head Start
    - Insurance agencies
    - Salvation Army Free Lunch Program
    - Labor and Delivery units at the local hospital

Examples of local *hawk-i* outreach across the state:

- A mother contacted an outreach coordinator as she reported she needed a very expensive medication for her child. The ***hawk-i*** outreach coordinator assisted in helping the mother complete the Presumptive Eligibility for Children application and submitted it through the online system. The child was approved and the mother was able to quickly get the medication for the child. - Southeast Iowa

  A high school student was recently involved in an accident that resulted in a broken nose. The young man had no health insurance and the financial coordinator for the hospital contacted the local ***hawk-i*** outreach coordinator. The outreach coordinator was able to process the family's Presumptive Eligibility for Children application for the adolescent. It was approved and he was able to have surgery on his nose the next day. -South Central Iowa

- A young mom came in to the office with a stack of hospital and physician bills from the delivery of her child. The child did not currently have coverage. We assisted mom with the completion of a presumptive application for the baby and assisted her with the completion of an application for herself, hoping the retroactive coverage would help with some, if not all of the bills. Both the mom and baby were approved for full Medicaid benefits. - Western Iowa

- A local agency has reported an increase in the number of families applying for coverage and these families are subsequently eligible for ***hawk-i*** due to the increased income limits effective July 1, 2009. The increased income limits have allowed more working families to apply. The families that are applying for ***hawk-i*** are experiencing the rising costs of private insurance and premiums. The ***hawk-i*** program allows working parents to provide health and dental coverage to their children at an affordable rate. - Eastern Iowa

- A local outreach coordinator recently received a phone call from a parent who had received mail from the ***hawk-i*** program. Due to a low level of literacy, she was unable to tell the outreach coordinator what the envelope contained. Additionally, the family had only one vehicle which her husband needed for work. The outreach coordinator scheduled a home visit for the client. When she arrived she learned the packet the client had received was information on the two participating health plans. She read the information to the client and assisted her in submitting her health plan selection to the ***hawk-i*** program. - Central Iowa

- The outreach coordinator was given a referral for a family needing health insurance for their children. The client reported he had been laid off from his employment and that same day was to make a decision about purchasing a very expensive COBRA plan. He had little knowledge of the state health insurance programs. The outreach coordinator explained the options available to his family. They met in person that afternoon and processed a Presumptive Eligibility for Children application. In less than six hours, his children were presumed eligible and covered. This agency helped to remove a great source of worry and anxiety from this father's life. -Eastern Iowa

- Our agency completed approximately 80 Presumptive Eligibility Applications for Children, therefore insuring 124 additional children this quarter. - Southern Iowa

- Our HOPES home visiting staff are well-versed in assisting our families in accessing various services, especially if parents are strapped for money, have lost their jobs, and are underinsured. Our agency provided the family ***hawk-i*** information at home and office visits, at immunization clinic appointments and general calls from the public to our office. - Northern Iowa

*See Attachment 4: How Applicants Heard About **hawk-i** in SFY 2011*

VI. 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

To date, Iowa has gradually expanded 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, local area education agencies, maternal health centers, and birthing centers. There are a total of 205 qualified entities that have access to sign up children for the presumptive eligibility program.

From October 1, 2010, through October 31, 2011, a total of 1,852 children were approved for presumptive eligibility. 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 1,852 children approve for presumptive eligibility, 989 were approved for Medicaid, 141 were already eligible for Medicaid, 480 children have been denied for Medicaid, 98 have been approved for ***hawk-i*** coverage, 25 were denied for ***hawk-i*** coverage. The remaining 119 children are pending for final disposition.

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, 2010 – September 30, 2011). 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*** cases to determine if eligibility and capitation payments were determined correctly.

The Department's Bureau of Quality Control developed the FFY 2011 PERM project plan detailing the process for selecting sample cases for eligibility reviews. Medicaid and CHIP case files are reviewed by A+ Government Solutions to make sure eligibility is

determined correctly and claims were paid appropriately for any service members received.

The Center for Medicaid and Medicare Services (CMS) contracts with the Lewin Group to perform PERM claim reviews. The Lewin Group pulls a sample of claims from each quarter of FFY 2011. Both fee-for-service claims and capitation payments are selected. There are two components to the review: 1) on-line review of the case record and, 2) an onsite review to verify that the fee-for-service claims payment system is paying claims correctly and validate the claims were paid correctly. A medical record review is conducted validating that the date of service and diagnosis code are paid at the correct rate.

VIII. PARTICIPATING HEALTH AND DENTAL PLANS

Currently, families in all 99 counties have a choice of two managed care health plans and one dental plan.

- United Healthcare 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.

Health and Dental Plans Capitation Rates

The Board approved a 1.5 percent increase for Wellmark Health Plan of Iowa and a 1.4 percent increase for UnitedHealthcare effective July 1, 2011. Delta Dental of Iowa did not request an increase. 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

The ***hawk-i*** Board is comprised of four public members, the Directors of Education and Public Health and the Insurance Commissioner. There are four ex-officio legislative members, two from the House and two from the Senate. See Attachment 6 for the ***hawk-i*** Board Membership.

X. HIGHLIGHTS OF THE BOARD ACTIVITIES & MILESTONES

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.

December 2010

The Board was updated on the following**:**

- CMS approved the dental-only program state plan amendment on November 12, 2010, and the presumptive eligibility for Medicaid state plan amendment on December 17, 2010.
- Effective November 15, 2010, ***hawk-i*** families can now make their premium payments on-line through the ***hawk-i*** website.
- Iowa will be undergoing the Payment Error Rate Measurement (PERM) for Federal Fiscal year 2011 (October 1, 2010 – September 30, 2011. This is a requirement that CMS estimate improper payments due to overpayments, underpayments or payments made to the health and dental plans on behalf of ineligible persons. This involves doing a review of eligibility and the ***hawk-i*** capitation payments.

January 2011
No Meeting

February 2011
The Board was updated on the following**:**

- Mike Baldwin, ***hawk-i*** Policy Specialist, would be retiring after working for the Department for 33 years. His last day was February 25, 2011.
- Iowa met CHIPRA performance goals and received a bonus of $6,760,901 from the federal government. This money will be used for the Medicaid program.
- The Commonwealth Fund reported that Iowa was ranked #1 in children's access to care, health care quality and health care outcomes.
- Medicaid Director Jennifer Vermeer and CHIP Director Anita Smith were chosen to participate in the Vanguard Project sponsored by the National Academy for State Health Policy (NASHP). The purpose of this project is to assist states in maintaining, improving and advancing health coverage for children and youth in the context of health care reform.
- On-line premium payments are increasing. Approximately 12 percent of all payments are being made electronically.

March 2011
No Meeting

April 2011
The Board was updated on the following:

- CMS issued two state health official letters, one on pediatric health measures and the other clarifying the policy of Affordable Care Act's provision to cover children of state employees under CHIP.
- Enrollment in ***hawk-i*** and Medicaid is showing a 14.4 percent increase over last year.
- The Payment Error Rate Measure (PERM) has been delayed by CMS because of contracting issues.
- Wellmark has formally requested a 1.5 percent increase in their capitation rate for SFY 2012. Delta Dental requested no increase.
- The Iowa Department of Public Health is applying for a CHIPRA eligibility and enrollment outreach grant. The application was submitted on April 15, 2011. The focus of the grant will be ensuring eligible teens, ages 13-18, are enrolled and covered either in ***hawk-i*** or Medicaid. Proposed outreach activities will

include working with athletes and coaches and using the curriculum about the health insurance. The grant is scheduled to be awarded July 29, 2011.
- Was informed of a special Board meeting in May 2011.

May 16, 2011
The Board:
- Approved the zero percent increase of Delta Dental's capitation rate for SFY 2012.
- Approved 1.5 percent increase in capitation rate for Wellmark and the 1.4 percent increased for United Healthcare.
- Discussed the recommendation of the evaluation committee that scored bids submitted in response to the Request for Proposal of the Quality Analysis and Health and Dental Outcome Measurement for the ***hawk-i*** Program.

May 18, 2011
The Board:
- Ratified the vote taken on May 16, 2011, for the three capitation rates.
- Awarded the contract for the RFP Quality Analysis and Health and Dental Outcome Measurements for the ***hawk-i*** Program to the Iowa Foundation for Medical Care.

June 2011
The Board:
Was updated by the department on meetings regarding implementing the Affordable Care Act. CMS is working on new federal eligibility rules using the Modified Adjusted Gross Income (MAGI). Using MAGI will change the way states calculate households and income to determine eligibility by using income tax records. The Board unanimously approved the contract with the Iowa Foundation for Medical Care (Telligen).

July 2011
No Meeting

August 2011
The Board:
- Was informed by the department that CMS will be making their semi-annual site visit to review Iowa's CHIP program on August 30, 2011.
- Approved the extension of the contract with the Iowa Department of Public Health for outreach for the ***hawk-i*** program through June 30, 2012.
- Elected officers for SFY 2012. Jim Donoghue was elected as Chair and Bob Skow was elected as Vice-Chair.

September 2011
No Meeting

October 2011
The Board was updated on the following:
- Iowa received an additional CHIPRA bonus payment to add to the original award of $6.8 million for meeting 5 of 8 program simplification measures of CHIPRA. The original bonus award was adjusted to account for retroactive

eligibility which resulted in an additional payment of $941,743. The CHIPRA bonus application for SFY 2011 was submitted to CMS on October 14, 2011.

- Iowa received a CHIP contingency fund payment. This payment was based on enrollment increases above a targeted amount, and projected per capita expenditures. Iowa is the first state to qualify and received $28 million. This allows the base for next year to be readjusted and the unspent amount will carry over to next year.
- The CMS site visit held on August 30, 2011, was a positive meeting and there were no findings.
- The Clinical Advisory Committee will have its first meeting on October 27, 2011.
- The release of the RFP for the insurance data match for the ***hawk-i*** program.
- The Iowa Department of Public Health was awarded the CHIPRA Outreach Grant on August 18, 2011. This two-year grant was awarded for outreach and retention with $357,007 awarded in the first year and $324,776 awarded in the second year.

Additionally, the Board took the following action:

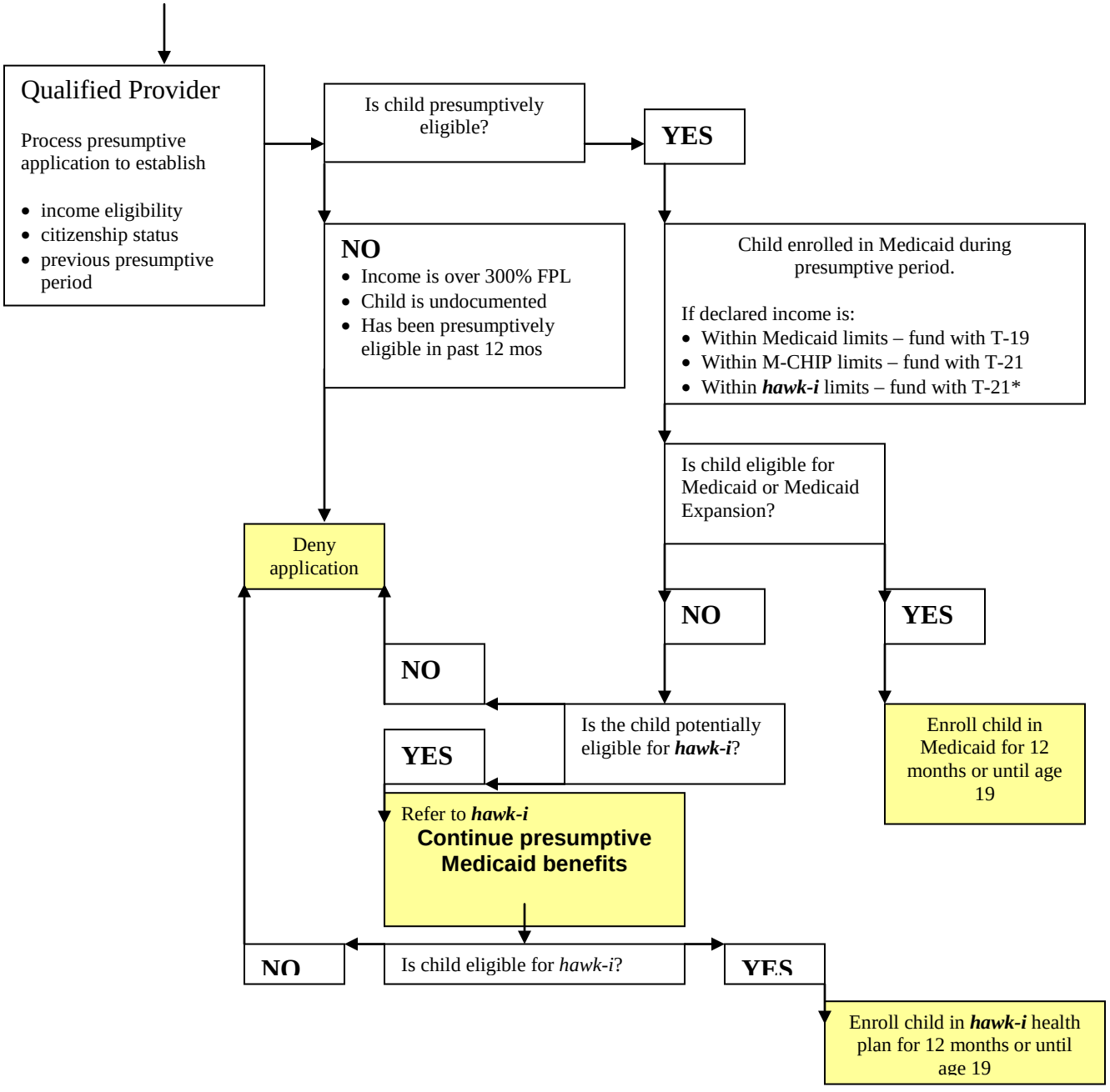
- Unanimously approved the contract for MAXIMUS as the third party administrator for the ***hawk-i*** program beginning in January 2012.

November 2011
No Meeting

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, EXPENDITURE, FEDERAL FUNDING HISTORY, SFY 2011 FINAL BUDGET REPORT AND DENTAL ORTHODONTIA SFY 2011, SFY 2011 BUDGET

Allotment and Expenditure Federal Funding History
For Iowa CHIP Program 2011

Federal Fiscal Year (FFY)	Allotment	Balance Carryforward (from previous years)	Retained Dollars	Redistributed Dollars	Supplemental Dollars	Contingency Fund Payments	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	$ 59,174,313	$ 6,080,987	*10*
2010	$ 68,492,373	$ 6,080,987	$ -	$ -	$ -		$ 74,573,360	$ 71,553,044	$ 3,020,316	*11*
2011	$ 75,497,451	$ 3,020,316	$ -	$ -	$ -	$ 28,887,787	$ 107,405,554	$ 81,088,708	$ 26,316,846	*12*
2012	$ 108,994,153	$ 26,316,846					$ 135,310,999	$ -	$ 135,310,999	
2013	unknown						$ -	$ -	$ -	
2014	unknown						$ -	$ -	$ -	

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 FY09 due to the CHIPRA legislation-
11 Total federal dollars spent do NOT include the OIG adjustment. This adjustment will be done 1st qtr FFY11
12 Iowa received $28,887,787 as a contingency fund payment in FFY11 because Iowa experienced a shortfall in federal funding during the 4th quarter of FFY11, level of enrollees.and qualified for the contingency fund payment by exceeding a target.
13 The balance carryforward from FFY 2011 is from the contingency fund payment

Delta Dental of Iowa
hawk-i Orthodontia Cases and Cost
2011

Month	Cases Approved	Cases Denied	Total Cases	Percent Approved	Percent Denied	Total $ Amount *
January	39	29	68	57%	43%	$210,092.49
February	36	20	56	64%	36%	$154,864.54
March	59	65	124	48%	52%	$225,493.38
April	35	17	52	67%	33%	$230,961.28
May	67	49	116	58%	42%	$224,786.06
June	40	21	61	66%	34%	$169,190.19
July	34	33	67	51%	49%	$107,315.24
August	38	34	72	53%	47%	$197,406.18
September	51	62	113	45%	55%	$170,051.09
October	55	34	89	62%	38%	$190,602.67
Total	**454**	**364**	**818**	**56%**	**44%**	**$1,880,763.12**

CHIP Budget
SFY 2011
Jun-2011
FINAL

FY 2011 Appropriation	$ 23,637,040	
Amount of hawk-i Trust Fund dollars added to appropriation	$ 5,671,710	
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	$ 167,550	
Total state appropriation for FY 2011	$ 37,228,183	
donations	$ -	
total	$ 37,228,183	

Budget Category	State Dollars Projected Expenditures	YTD * Expenditures
Medicaid expansion	$8,552,436	$7,356,475
hawk-i premiums (includes up to 300% FPL group)	$22,939,093	$24,179,727
supplemental dental	$712,297	$273,822
processing Medicaid claims / AG fees	$450,150	$491,437
Outreach	$385,500	$307,891
hawk-i administration	$1,451,396	$1,086,400
Earned interest from hawk-i fund	$ -	-$55,376
Totals	$ 34,490,872	$33,640,378

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

SFY 2012 ***hawk-i*** Budget

November 2011

FY 2012 Appropriation	$ 32,806,102	
Amount of ***hawk-i*** Trust Fund dollars added to appropriation	$ 3,587,805	(final)
Possible Outreach and Perm dollars from Medicaid	$ -	
Total state appropriation for FY 2011	$ 36,393,907	
Donations	$ -	
Total	$ 36,393,907	

State Dollars

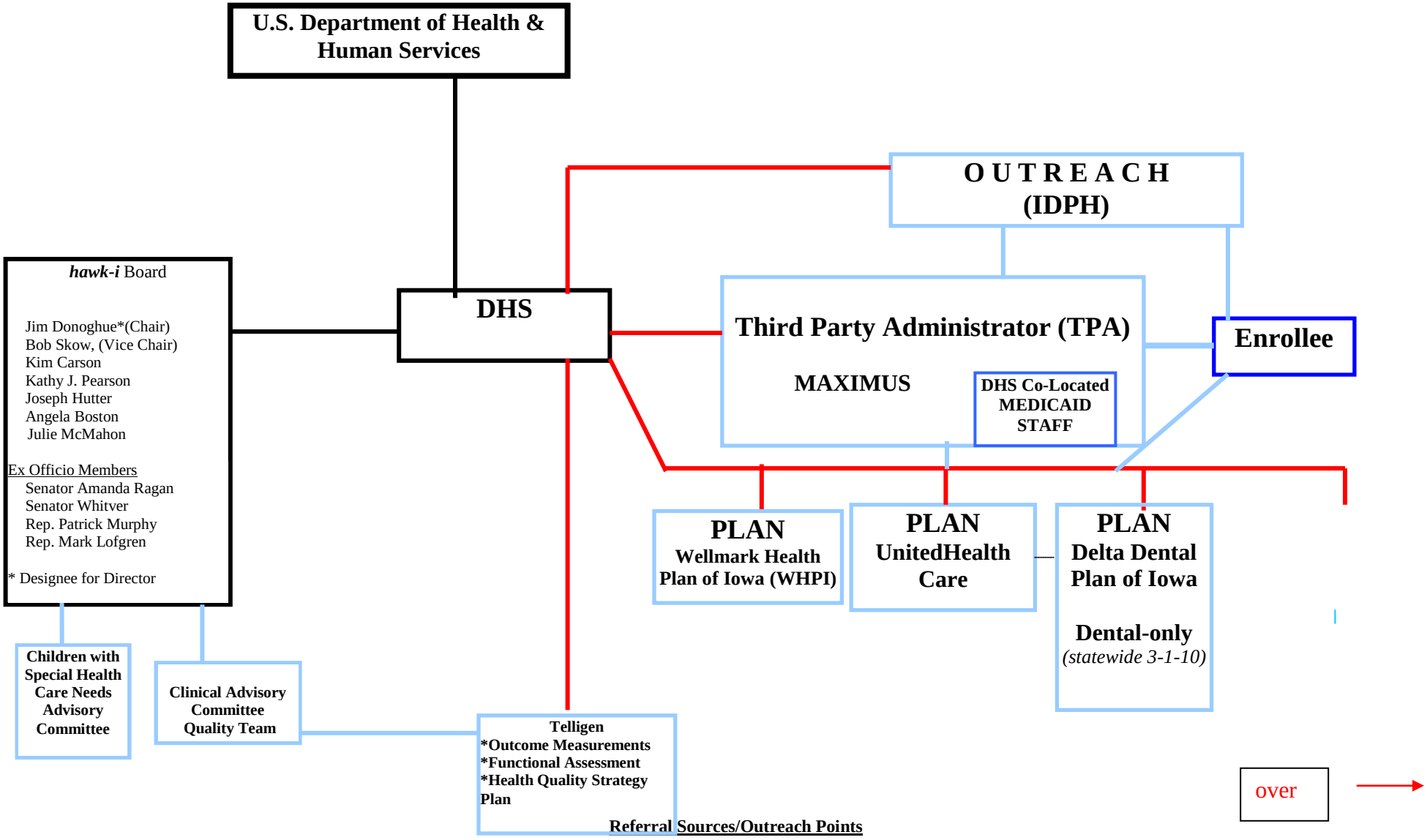
Budget Category	Projected Expenditures	YTD * Expenditures
Medicaid Expansion	$9,243,227	$3,077,495
hawk-i premiums (includes up to 300% FPL group)	$23,169,524	$9,097,882
Supplemental Dental	$413,175	$134,678
Processing Medicaid claims / AG fees	$539,513	$228
Outreach	$394,150	$10,708
hawk-i administration	$1,552,140	$325,075
Earned interest from ***hawk-i*** fund	$ -	-$4,881
Totals	$ 35,311,729	$12,641,185

hawk-i Trust Fund Balance (In-State Dollars)

Amount in ***hawk-i*** Trust Fund held in reserve at FY 11 year end	$ 3,587,805

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



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 Advisory Committees

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

Medicaid Staff

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

History of Participation of Children in Medicaid, Medicaid Expansion, *hawk-i* and Dental-only Programs

November 30, 2011			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	28,584	2,172
SFY 12	July 11	245,924	23,634	33,509	3,369
	August-11	246,526	23,745	33,841	3,471
	September-11	247,658	24,134	34,245	3,631
	October-11	248,460	24,212	34,372	3,775
	November-11	248,147	24,298	34,110	3,882
			Total CHIP Enrollment	62,290	

Total growth in Medicaid enrollment from SFY 99 to present = 156,410

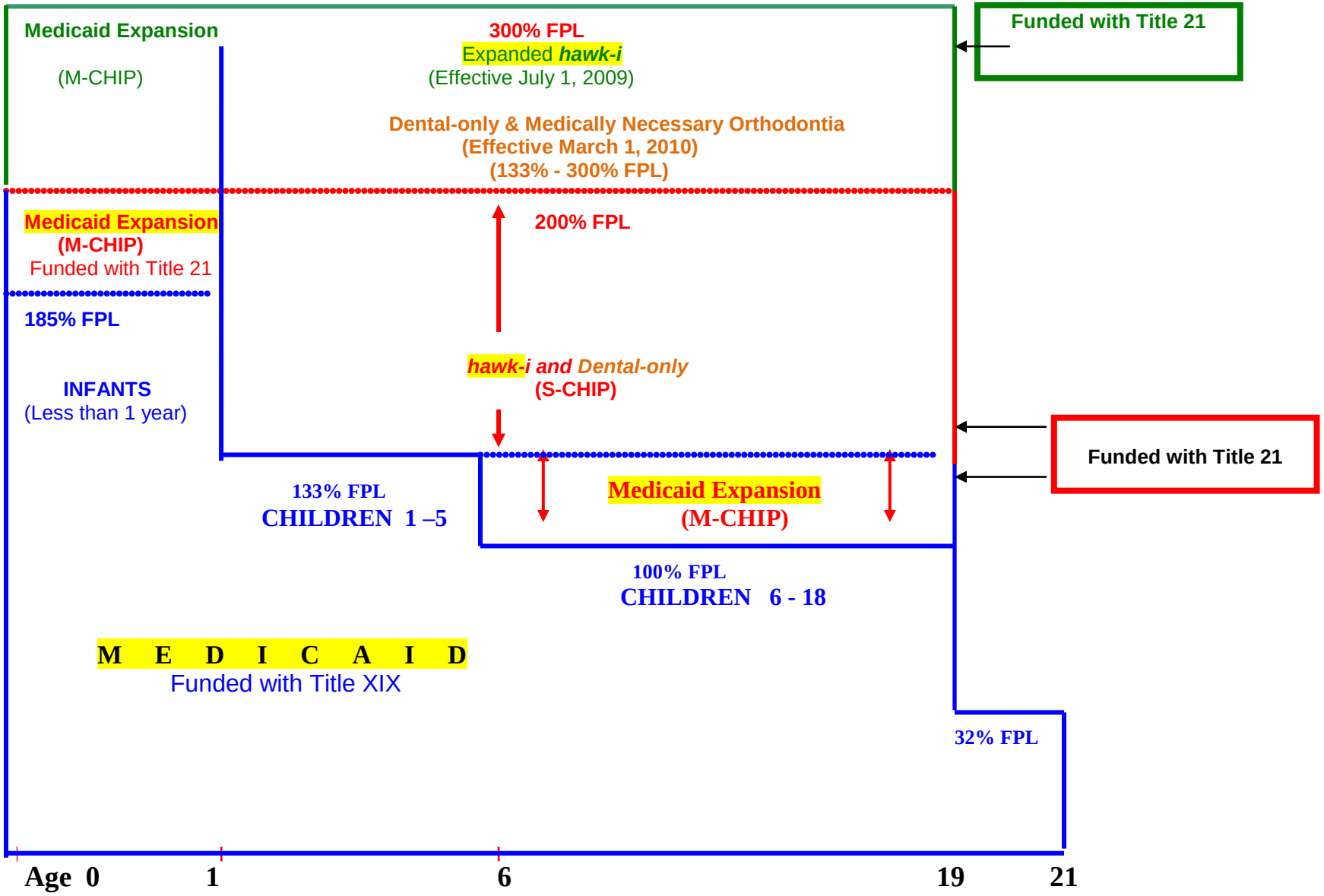
Total growth in ***hawk-i*** enrollment from SFY 99 to present = 34,110

Total growth in Dental-only enrollment from SFY 10 3,882

Total children covered 194,402

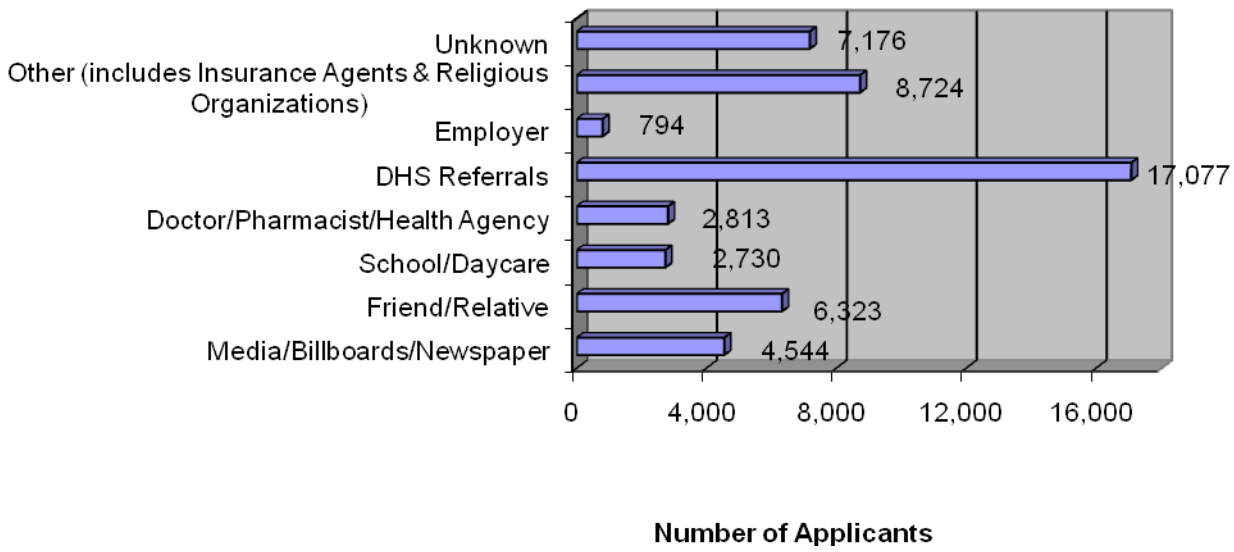
*Expanded Medicaid number is included in "Total Children on Medicaid" number

Iowa's Health Care Programs for Non-Disabled Children



ATTACHMENT 4: HOW APPLICANTS HEARD ABOUT *hawk-i* IN SFY 2011

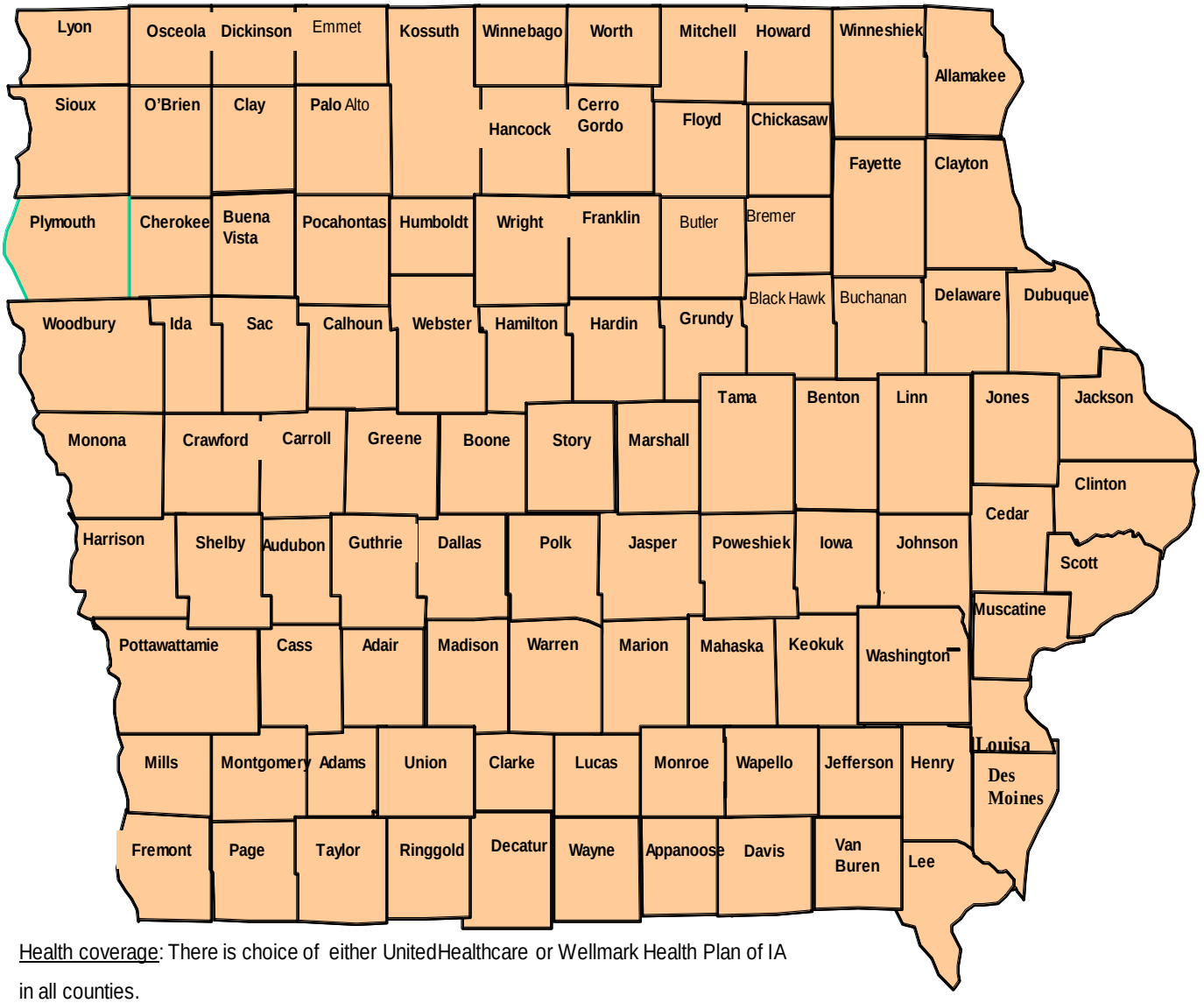
How Applicants Heard About *hawk-i* SFY 2011



ATTACHMENT 5: COUNTY HEALTH PLAN MAP AND HISTORY OF PER MEMBER PER MONTH CAPITATION RATE FOR THE *hawk-i* PROGRAM

hawk-i

Coverage Area November, 2011



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. The Dental-only program was implemented on March 1-2010. Orthodontia services are also provided to some children.

HISTORY OF PER MEMBER PER MONTH CAPITATION RATE FOR *hawk-i*
SFY 2008 to SFY 2011

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 2012 (7-1-11) Health Plan	United Healthcare					
	$178.91		1.4%			
	72.50% $129.71	27.50% $49.20				
Health Plan	Wellmark Health Plan of Iowa					
	$181.29		1.5%			
	72.50% $131.44	27.50% $49.85				
Dental Plan (full coverage) Dental-only Plan	Delta Dental of Iowa					
	$22.53		0%			
	72.50% $16.33	27.50% $6.20				
Medically Necessary Orthodontia	Payment based on type of service provided.		n/a			
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 the type of service provided.		n/a			
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 **SFY 2010 (7-1-09)**	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 '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%			
	$173.41				
	74.46% $129.12	25.55% $44.29			
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%			

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
Board Members
as of October 1, 2011

Jim Donoghue, Chair **Bob Skow, Vice Chair**

PUBLIC MEMBERS:

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

Joseph Hutter
#5 Hutter Lane
Bettendorf, Iowa 52722
Phone: 563-332-5725
e-mail: joehutt5@gmail.com

Kathy J. Pearson
150 Thompson Drive S.E.
Apartment 120
Cedar Rapids, Iowa 52403
Phone: 319-366-1731
e-mail: Kpearson@kaas-emp.com

Bob Skow
20470 V Avenue
Dallas Center, Iowa 50063
Phone: 515-669-4654
e-mail: bob@iiaiowa.org

STATUTORY MEMBERS:

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

Commissioner Voss' designee:
Angela Boston
Phone: 515-281-5705
e-mail: angela.burke.boston@iid.iowa.gov

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

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

Mariannette Miller-Meeks, Director
Iowa Department of Public Health
Lucas State Office Building
321 E 12th Street
Des Moines, Iowa 50319
Phone: 515-281-7689
e-mail: mariannette.miller-meeks@idph.iowa.gov

Director Miller-Meeks' designee:
Julie McMahon
Phone: 515-281-3104
e-mail: Julie.mcmahon@idph.iowa.gov

LEGISLATIVE MEMBERS – EX OFFICIO:

Senator Amanda Ragan
Iowa Senate
State Capitol Building
Des Moines, Iowa 50319
Phone: 515-281-3371
e-mail: amanda.ragan@legis.state.ia.us

Home:
20 Granite Court
Mason City, Iowa 50401
Phone: 641-424-0874

Senator Jack Whitver
Iowa Senate
State Capitol Building
Des Moines, Iowa 50319
Phone: 515-281-3371
e-mail: jack.whitver @ legis.state.ia.us

Home:
2819 SW Chestnut
Ankeny, Iowa 50023
Phone: 515-685-6394

Representative Patrick Murphy
Iowa House of Representatives
State Capitol Building
Des Moines, Iowa 50319
Phone: 515-281-3221
e-mail: pat.murphy@legis.state.ia.us

Home:
155 N. Grandview
Dubuque, Iowa 52001
Phone: 563-582-5922

Representative Mark Lofgren
Iowa House of Representatives
State Capitol Building
Des Moines, Iowa 50319
Phone: 515-281-3221
e-mail: Mark.Lofgren@legis.state.ia.us

Home:
2310 Forest Parkway
Muscatine, IA 52761

ATTORNEY GENERAL STAFF:

Diane Stahle, Legal Counsel
Attorney General's Office
Hoover State Office Building
1305 E Walnut St.
Des Moines, Iowa 50319
Phone: 515-281-4670

DEPARTMENT OF HUMAN SERVICES STAFF:

Anita Smith, Bureau Chief
Bureau of Adult & Children's Medical Programs
Iowa Medicaid Enterprise
Iowa Department of Human Services
100 Army Post Road
Des Moines, Iowa 50315
Phone: 515-974-3270
e-mail: asmith@dhs.state.ia.us

Shellie Goldman, Management Analyst
Iowa Medicaid Enterprise
Iowa Department of Human Services
100 Army Post Road
Des Moines, Iowa 50315
Phone: 515-974-3285
e-mail: sgoldma@dhs.state.ia.us

Anna Ruggle, Management Analyst
Iowa Medicaid Enterprise
Iowa Department of Human Services
100 Army Post Road
Des Moines, Iowa 50315
Phone: 515-974-3286
e-mail: aruggle@dhs.state.ia.us

Tony Sithonnarth, *hawk-i* Policy Specialist
Iowa Medicaid Enterprise
Iowa Department of Human Services
100 Army Post Road
Des Moines, IA 50315
Phone: 515-974-3287
e-mail: tsithon@dhs.state.ia.us