Iowa Department of Human Services

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

December 2016

Table of Contents

Executive Summary

This is the State Fiscal Year 2016 (SFY 16) Annual Report for the Healthy and Well Kids in Iowa **(*hawk-i)*** program.

The number of children enrolled in the program increased in SFY 16. The ***hawk-i*** enrollment was 41,643 and 3,241 were enrolled in the ***hawk-i*** Dental Only program. Outreach activities continue to increase awareness of the program to help assure that low-income children in Iowa get the health care they need either through Medicaid or the ***hawk-i*** program.

Changes to the *hawk-i* program
In SFY 16 there were several changes made to the ***hawk-i*** program.

July 2015 through December 2015
From July through December 2015, the ***hawk-i*** program was served by two health plans, Wellmark Health Plan of Iowa (Wellmark) and UnitedHealthcare Plan of the River Valley (UHC). Delta Dental of Iowa was the contracted dental plan. The contract with Wellmark ended December 31, 2015.

January 2016 through March 2016
Due to the delay with the switch to the Iowa Medicaid Managed Care program, the ***hawk-i*** program had one health plan, UHC. Former members of Wellmark were transferred to UHC on January 1, 2016. Delta Dental continued to be the dental plan.

Transition to Managed Care April 2016 through June 2016
On April 1, 2016, the health plans that participate in the ***hawk-i*** program changed to three. The new Managed Care Organizations (MCOs) are Amerigroup Iowa, Inc., AmeriHealth Caritas of Iowa. While UnitedHealthcare of the River Valley continued to serve the ***hawk-i*** population. Dental services remained with Delta Dental of Iowa.

The transition to managed care was relatively smooth. As issues arose, the Department, the MCOs and when necessary the third party administrator, MAXIMUS, worked together to see the issues were resolved timely.

Introduction

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. This report has been developed for the purposes of the above referenced Iowa Code section.

Program Description

Title XXI of the Social Security act enables states to provide health care coverage to uninsured, targeted low-income children. In Iowa, targeted low-income children are those children covered by a Medicaid Expansion, a separate program called Healthy and Well Kids in Iowa (***hawk-i***), and the ***hawk-i*** Dental-Only Program which was implemented on March 1, 2010. (See Attachment 2 Organization of the ***hawk-i*** program).

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

The Medicaid Expansion component covers children ages 6 to 18 years of age whose countable family income is between 122 and 167 percent of the Federal Poverty Level (FPL) and infants 0 to 1 year of age whose countable family income is between 240 and 375 percent of the FPL. The ***hawk-i*** program provides healthcare coverage to children under the age of 19 whose countable family income is less than or equal to 302 percent of the FPL, who are not eligible for Medicaid and who are not covered under a group health plan or other health insurance. The ***hawk-i*** Dental-Only Program covers children who meet the financial requirements of the ***hawk-i*** program but are not eligible because they have health insurance. The Dental-Only program and the dental coverage with ***hawk-i*** provide preventive and restorative dental care services as well as medically-necessary orthodontia. (See Attachment 2 Iowa's Health Care Programs for Non-Disabled Children).

*See Attachment Two: Organization of the **hawk-i** program.*

Federal History

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

On February 4, 2009, President Obama signed the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3, into law. The CHIPRA legislation reauthorized CHIP for four and a half years through FFY 2013 and authorized approximately $44 billion in new funding for the program. Through CHIPRA, Iowa has been able to strengthen existing programs and continue providing coverage to thousands of low-income, uninsured children.

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

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

Iowa's CHIP Program

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

- **Medicaid Expansion** (Implemented 1998) – Provides health and dental services to infants 0 to 1 year of age and qualified children ages 6 – 19 through the state's Medicaid program at the enhanced federal matching rate. The children covered have income that is higher than regular Medicaid but lower than the income criteria for the ***hawk-i*** program.

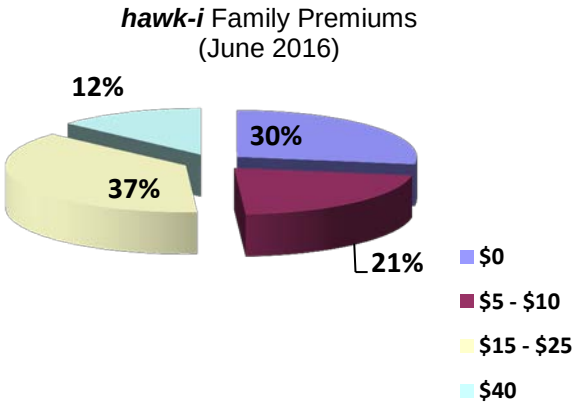
- ***hawk-i*** (Implemented 1999) – Qualified children are covered through contracts with commercial managed care health and dental plans to deliver a full array of health and dental services. The ***hawk-i*** program covers preventive care (immunizations), primary care, hospital and emergency care, chiropractic care, vision, skilled nursing care, dental care, medically necessary orthodontia, and behavioral care including substance abuse and mental health treatment. The coverage package is similar to a comprehensive commercial health and dental insurance plan. The children covered are those with family income higher than the Medicaid Expansion program, and below 302 percent of the Federal Poverty Level (FPL).

- **Dental-Only Program** (Implemented 2010) - Senate File 389 required the implementation of a new federal option to create 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 302 percent of the FPL that do not qualify for healthcare benefits under ***hawk-i*** because they have health insurance.

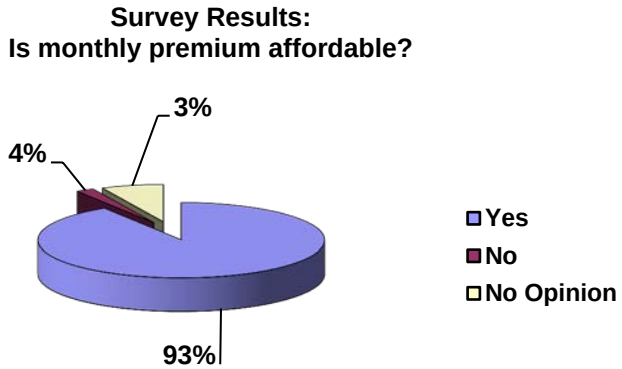
Key Characteristics of the *hawk-i* Program

The department pays monthly capitation premiums to commercial insurers and ***hawk-i*** program benefits are provided in the same manner as for commercial beneficiaries. The covered services under ***hawk-i*** are different from regular Medicaid and are approximately equivalent to the benefit package of the state's largest Health Management Organization (HMO).

Within the ***hawk-i*** program (effective January 1, 2014), families with income over 181 percent of the FPL pay a monthly premium of $10 - $20 per child with a maximum of $40 based on family income. Premiums have not been increased since the program's implementation and Iowa's monthly premium compared to established federal poverty levels are consistently lower than most other states charging a monthly enrollee premium. In June of 2016, 70 percent of enrolled ***hawk-i*** families paid a monthly premium and 30 percent paid no monthly premium amount.



According to the SFY2016 ***hawk-i*** enrollee satisfaction survey conducted by the third party administrator, 93 percent of respondents reported that the monthly premium was affordable while only four percent responded that the premium was not affordable.



The department contracts with a third party administrator for all aspects of application processing, eligibility determination, customer service, management of information systems, premium billing and collection, and health and dental plan enrollment. State staff provides policy guidance, contract management, and general program oversight.

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

See Attachment Two: History of Participation.

Budget

Federal Funding History

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

From the initial total annual appropriation, every state was provided an allotment for the year based on a statutory formula established in the original legislation. Prior to FFY05, states were allocated federal funding based on the estimated number of uninsured children in the state estimated to be eligible for the program. In FFY06, the allocation formula was based on 50 percent of the number of low-income children for a fiscal year and 50 percent of the number of low-income uninsured children defined in the three most recent population surveys of the Bureau of Census, with an adjustment for duplication.

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

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

- Total federal payments under Title XXI to the state for FFY08, multiplied by an "allotment increase factor" for FFY09;
- FFY08 CHIP allotment multiplied by the "allotment increase factor" for FFY09; or

- The projected FFY09 payments under Title XXI as determined on the basis of the February 2009 estimates submitted and certified by states no later than March 31, 2009.

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

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

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

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

State Funding:

The total original appropriation of state funds for SFY16 was: $20,413,844.

Available state funding for SFY16 appropriation includes:	
General Fund	$20,413,844
SFY14 ***hawk-i*** trust fund carried over to SFY15	$ 8,838
Total State Funding (prior to transfer $39,867,475)	**$20,422,682**

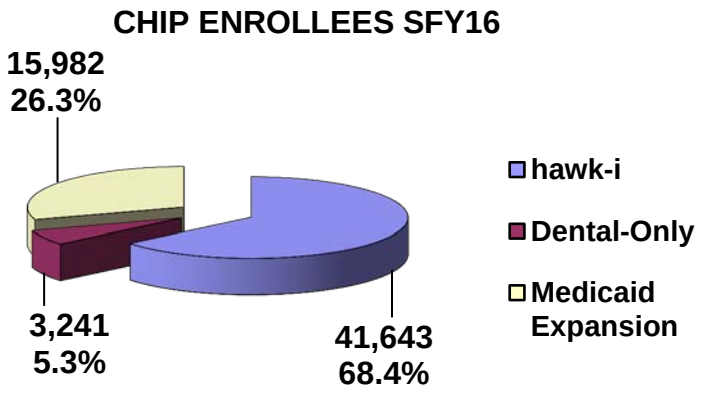
See Attachment One: Federal Funding and Expenditure History, SFY16 Final Budget, SFY16 Budget, and Orthodontia Cases.

Enrollment

As of June 30, 2016, 60,866 children were enrolled in Iowa's CHIP program. Of the total number enrolled,

- 15,982 (26.3 percent) were enrolled in Medicaid Expansion (M-CHIP),
- 41,643 (68.4 percent) in ***hawk-i***, and
- 3,241 (5.3 percent) in the ***hawk-i*** Dental-Only program.

It is projected that by June 30, 2017, the total number of children enrolled in CHIP will reach 62,982. Enrollment is projected to increase to approximately 64,747 in SFY18.



In the 12 month period between July 1, 2015, and June 30, 2016, total growth in Medicaid Expansion and CHIP equaled 2,667 children.

Enrollment Growth by Program
July 1, 2015 to June 30, 2016

Program	Enrollment July 1, 2015	Enrollment July 1, 2016	Enrollment Increase	Percentage of Increase
Medicaid Expansion	17,578	15,982	-1596	-1%
hawk-i	37,406	41,643	4,237	11%
Dental-Only	3,215	3,241	26	1%
Total Enrollment	**58,199**	**60,866**		

Quality

With the switch to the MCOs on April 1, 2016, the responsibility for the quality measures for the ***hawk-i*** program moved from Telligen to the MCOs. The MCOs are responsible for developing a quality management/quality improvement program to improve quality outcomes for Medicaid and ***hawk-i*** members. The MCOs are also to report on quality measures such as well-child visits, adolescent well-child visits, diabetes management, etc. The Department monitors the quality measures to ensure that children as well as adults are receiving needed medical care. These reports can be found at https://dhs.iowa.gov/ime/about/performance-data/MC-quarterly-reports

Provider Network Access:

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

Outreach – Four Required Focus Areas

The spring of 2016 brought significant changes for both Medicaid and *hawk-i* members. Iowans transitioned to a new health care delivery system through Managed Care Organizations (MCO's) for newly enrolled Medicaid and ***hawk-i*** members. The new managed care organizations include; Amerigroup Iowa, Inc., AmeriHealth Caritas of Iowa, and United Healthcare of the River Valley.

Successful collaboration continues between the Iowa DHS, IDPH, and the ***hawk-i*** Board of Directors. Local agency ***hawk-i*** Outreach Coordinators provide presumptive eligibility determinations for children and teens, which allows access to Medicaid covered medical, dental, and pharmacy services until a formal Medicaid eligibility or ***hawk-i*** eligibility determination is made. The Outreach Coordinators continued to provide outreach in each of four required focus areas:

1. Schools
2. Faith-based Communities
3. Diverse Ethnic populations
4. Medical/Dental providers

Outreach to Schools:

Providing outreach to schools at both the local and statewide level continues to be important in reaching uninsured, eligible children. Local coordinators from across the state work directly with school nurses as one method of finding these children. All local outreach coordinators have built relationships with school nurses to ensure uninsured children are connected to coverage. Many local outreach coordinators attend kindergarten roundups and school registrations to talk directly to families about healthcare coverage, and some are able to complete Presumptive Eligibility determinations on the spot so the children walk away with coverage. In some communities, outreach coordinators also work with guidance counselors, coaches, or

teachers in order to reach uninsured children. The state ***hawk-i*** Outreach Coordinator attends the Iowa School Nurse Organization Conference twice a year to talk to school nurses about ***hawk-i*** and provide updated information about the program.

Several agencies work directly with their School-Based Sealant programs to provide ***hawk-i*** information to children whose parents request information on the release form. This is an excellent way to identify uninsured children who may be eligible for ***hawk-i*** or Medicaid.

Outreach to the Faith-Based Community:

Outreach coordinators have established relationships within their service areas with faith-based organizations. Outreach coordinators collaborate and partner with their local ministerial associations and churches across Iowa to promote the ***hawk-i*** program. Many local agencies provide ***hawk-i*** materials to faith-based organizations through email list-serves and mass mailings.

- One key to success in working with faith-based communities many ***hawk-i*** outreach coordinators have discovered is improving their partnerships within the community and with providers, community stakeholders, and leadership of faith-based organizations. Building these relationships allows the outreach coordinators to provide ***hawk-i*** materials to members, and establishes them as a trusted resource for families in need.

Outreach to Diverse Ethnic Populations:

Outreach coordinators continue to partner with and provide outreach to multicultural and diverse populations across Iowa. Outreach continues to be conducted at local and statewide ethnic health fairs, conferences, festivals, ethnic radio stations, and numerous other events that target ethnic populations. 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 January 2016, an outreach coordinator (eastern Iowa) worked with a county hospital foundation on fund-raising activities that target funds to pay monthly ***hawk-i*** premiums. The Care for Our Kids Golf Classic committee began meeting 1-2 times a month to begin planning for the golf event. The event drew in many business owners and other community leaders to provide information and education about ***hawk-i***. The event brought in $16,000 for the hospital foundation.

Outreach to Medical Providers:

Outreach coordinators provide direct outreach to Iowa's medical and dental providers to educate them about ***hawk-i***. There is a continued emphasis 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.

- Since January 2014, hospitals and other provider types have had the ability to become Qualified Entities to provide Presumptive Eligibility for children and other populations. All of the local ***hawk-i*** outreach coordinators work with medical providers to encourage them to become Qualified Entities, or to establish a referral system to ensure uninsured children are able to access coverage.

Additional Outreach Activities:

The local grassroots ***hawk-i*** Outreach Coordinators focus on many different areas outside of the four required focus areas. They have a strong understanding of their community needs and have developed partnerships to ensure families in their service area are aware of the ***hawk-i*** program. They also work closely with other professionals who know which families need healthcare coverage and other services. Below are examples of additional outreach activities:

- Many coordinators work with insurance agents to identify children who need affordable healthcare coverage. They provide training and updated information and accept referrals from insurance agents.
- Outreach coordinators attend health fairs and community events to promote the ***hawk-i*** program and increase awareness. The outreach coordinators are always working on new and innovative ways to bring families to their booth to talk to them about ***hawk-i***, such as unique promotional items and fun activities for children.
- All outreach coordinators are encouraged to work closely with their I-Smile™ Coordinator to promote the ***hawk-i*** Dental Only program. I-Smile™ Coordinators provide care coordination for children who need dental care. They frequently work with local dental offices and in schools to find children who need dental care, and provide ***hawk-i*** Dental Only information to families in need of dental coverage who may qualify for ***hawk-i***.
- Outreach coordinators also utilize social media to promote the ***hawk-i*** program. The IDPH State Outreach Coordinator provides pre-approved social media content on a quarterly basis for local outreach coordinators to use.
- In the spring of 2016, the outreach coordinators met in four regional meetings to discuss current ***hawk-i*** outreach materials and make recommendations for improvements, updates, and potential new resources that would help families understand the ***hawk-i*** program.
- The IDPH state coordinator exhibited ***hawk-i*** information at several conferences, including the Iowa School Nurse Organization's Conference, Nurse Practitioner Conference, and Governor's Conference on Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ), Iowa Family Planning Conference, Eyes Wide Open, Farm Progress Show, 2016 Fall Conference for Maternal, Child and Adolescence Health (MCAH) agencies.

See Attachment Two: Referral Sources/Outreach Points.

Presumptive Eligibility

Iowa Code 514I.5(e) requires 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.

Within the presumptive eligibility program, only qualified entities can enroll applicants into the program. A qualified entity is defined in 42 CFR 435.1101 and qualified entities must be determined by the DHS to be capable of making presumptive eligibility determinations. Based on other states' experience implementing presumptive eligibility, certification of qualified entities was initially limited to a select number of ***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 (FQHC), local and area education agencies, maternal health centers, and birthing centers. As of July 30, 2016, there were 206 qualified entities (hospitals and agencies) that have been authorized to sign up children for the presumptive eligibility program. In SFY15, a total of 4,336 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 eligibility applications are also automatically forwarded from the qualified entity to the DHS for a determination of ongoing Medicaid coverage or ***hawk-i***.

*See Attachment Three: Presumptive eligibility for Medicaid and **hawk-i** program design concept.*

Participating Health and Dental Plans

Wellmark Health Plan of Iowa was a participating health plan with the ***hawk-i*** program from July 1, 2015, to December 31, 2015. UnitedHealthcare Plan of the River Valley was a participating plan from July 1, 2016, to March 31, 2016.

Effective April 1, 2016, families in all 99 counties have a choice of three Managed Care Organizations (MCOs): Amerigroup Iowa Inc., AmeriHealth Caritas Iowa, Inc., and UnitedHealthcare Plan of the River Valley, Inc.

There is one dental plan, Delta Dental of Iowa, which participated for SFY16.

Health and Dental Plan Capitation Rates

The capitation rates for Wellmark and UnitedHealthcare beginning July 1, 2015, was $208.22 and $202.75 per member per month, respectively.

Beginning on April 1, 2016, the monthly capitation rate for the participating MCOs was $152.57 per member per month. The rate for the dental plan was $22.99 per member per month.

The above rate was paid each month to the plans for each child enrolled with the plan, regardless of whether or not the enrolled child utilizes services.

See Attachment Four: History of Per Member Per Month Capitation Rate.

Board of Directors

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

Board Activities and Milestones

Iowa Code Section 514I.5 (1) requires the ***hawk-i*** Board to meet no less than six and no more than twelve times per calendar year. The Board generally meets the third Monday of every other month; meeting agenda and minutes are available on the ***hawk-i*** program web site at https://dhs.iowa.gov/hawk-i/hawk-i-board

Attachment One

Federal Funding and Expenditure History
SFY16 Final Budget
SFY 17 Budget

Iowa's Federal Funding for Children's Insurance Program

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	$ -	$ -	$ -	$ 29,517,883	$ 108,035,650	$ 81,088,841	$ 26,946,809	12
2012	$ 115,252,337	$ 26,946,809					$ 142,199,146	$ 91,561,200	$ 50,637,946	13
2013	$ 92,496,029	$ 50,637,946					$ 143,133,975	$ 108,536,473	$ 34,597,502	14
2014	$ 98,296,803	$ 34,597,502					$ 132,894,305	$ 106,050,723	$ 26,843,582	15
2015	$ 126,011,540	$ 26,843,582					$ 152,855,122	$ 114,483,336	$ 38,371,786	16
2016	$ 149,001,388	$ 38,371,786					$ 187,373,174	$ 104,040,242	$ 83,332,932	17

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 $29,517,883 as a contingency fund payment in FFY11 because Iowa experienced a shortfall in federal funding during the 4th quarter of FFY11, and qualified for the contingency fund payment by exceeding a target level of enrollees

13 The balance carryforward from FFY 2011 is from the contingency fund payment. Contingency funds are not always expended for CHIP related activities.

14 $24,652,065 of the carryforward amount from FFY12 is contingency funds

15 $12,039,162 of the carryforward amount from FFY13 is contingency funds

CHIP Program Budget – Preliminary
SFY 2017 – Preliminary

FY17 Appropriation	$ 9,176,652
Amount of ***hawk-i*** Trust Fund dollars added to appropriation	$ 283,853
Possible Outreach and PERM dollars from Medicaid	$ 0
Total state appropriation for FY14	$ 9,460,505
Federal Revenues Budgeted	$111,712,726
*Other Revenues Budgeted	$ 7,946,457
Total	$129,119,688

State dollars spent YTD	$ 0
Federal Revenue earned YTD	$ 0
Other revenues YTD	$ 0
Total Revenues YTD	$ 0

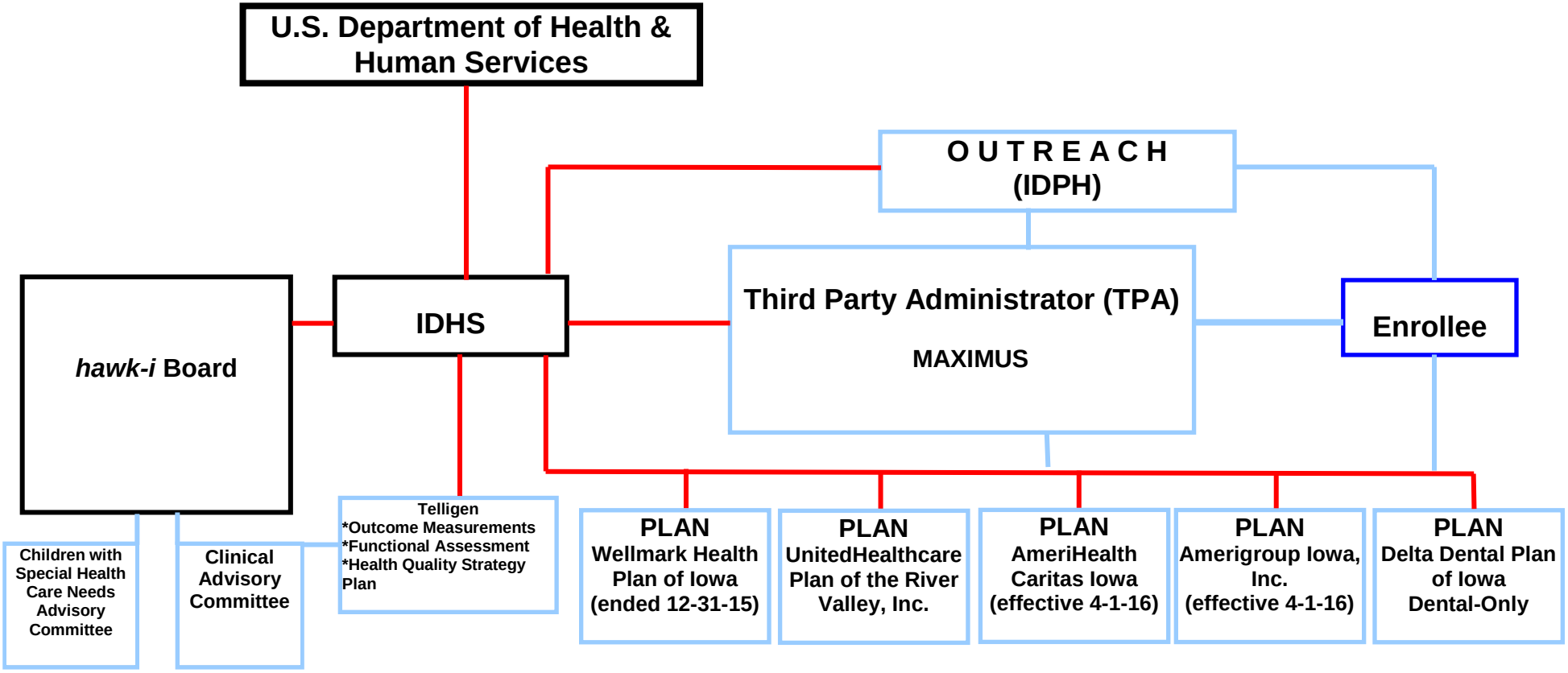
* other revenues include rebates and recoveries, client premium payments and ***hawk-i*** trust fund interest

	State Dollars	
Budget Category	**Projected Expenditures**	**YTD Expenditures**
Medicaid Expansion	$ 2,555,988	$0
hawk-i premiums (includes up to 300% FPL group)	$ 6,991,220	$0
Supplemental Dental	$ 96,846	$0
Processing Medicaid claims / AG fees	$ 147,410	$0
Outreach	$ 38,000	$0
hawk-i administration	$ 374,056	$0
Earned interest from ***hawk-i*** fund	$	$0
Withhold	$ 109,918	$0
Totals	$10,310,438	$0

Attachment Two

- Organization of the ***hawk-i*** program
- Referral Sources – Outreach Points
- History of Participation
- Iowa's Health Care Programs for Non-Disabled Children

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 ***hawk-i*** 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 ***hawk-i*** third party administrator (TPA), MAXIMUS.

Functions of the outreach points:

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

1. Disseminate information about the program.
2. Assist with the application process if able.

Healthy and Well Kids in Iowa (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 enrollee 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/advisory committee on children with special health care needs.
8. Make recommendations to the Governor and General Assembly on ways to improve the program.

Department of Human Services (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 Telligen.
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 health plan.
7. Notify the plan of enrollment.
8. Provide customer service functions to the enrollees.
9. Provide statistical data to DHS.
10. Calculate and refer overpayments to DIA.

Clinical Advisory Committee

1. The Clinical Advisory Committee is made up of health care professionals who advise the ***hawk-i*** Board on issues around coverage and benefits.

Health and Dental Plans

The functions of the health and dental plans 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.

History of Participation

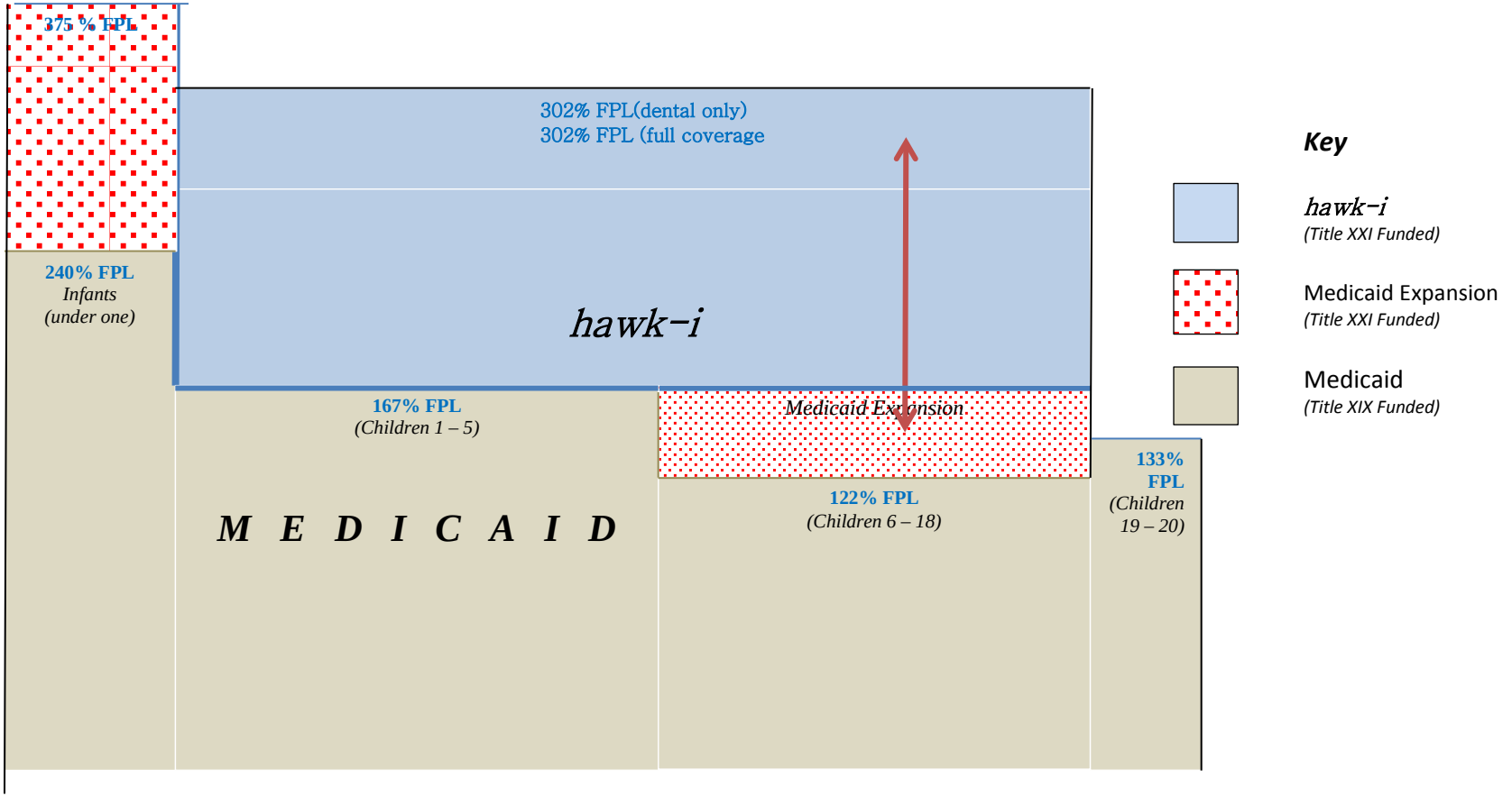
Month/SFY	Total Children on Medicaid	CHIP (Title XXI Program)		
		Expanded Medicaid*	*hawk-i* (began 1/1/99)	Dental Only (began 3/1/10)
SFY99	91,737			
SFY00 Jul-99	104,156	7,891	2,104	
SFY01 Jul-00	106,058	8,477	5,911	
SFY02 Jul-01	126,370	11,316	10,273	
SFY03 Jul-02	140,599	12,526	13,847	
SFY04 Jul-03	152,228	13,751	15,644	
SFY05 Jul-04	164,047	14,764	17,523	
SFY06 Jul-05	171,727	15,497	20,412	
SFY07 Jul-06	179,967	16,140	20,775	
SFY08 Jul-07	181,515	16,071	21,877	
SFY09 Jul-08	190,054	17,044	22,458	
SFY10 Jul-09	219,476	22,300	22,300	
SFY11 Jul-10	236,864	22,757	28,584	2,172
SFY12 Jul-11	245,924	23,634	33,509	3,369
SFY 13 June-13	256,760	25,463	37,556	4,331
SFY 14 June-14	259,400	26,937	38,646	3,237
SFY 15 June 15	262,372	25,513	37,406	3,343
SFY16 June 16	241,275	15,892	41,643	3,241

Total Medicaid growth from SFY99 to present=	149,538
Total ***hawk-i*** enrollment growth from SFY99 to present =	41,643
Total Dental-Only growth from SFY10 to present=	3,241
Total children covered=	194,422

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

Iowa's Health Care Programs for Non-Disabled Children

MAGI Income Conversion Adjustment

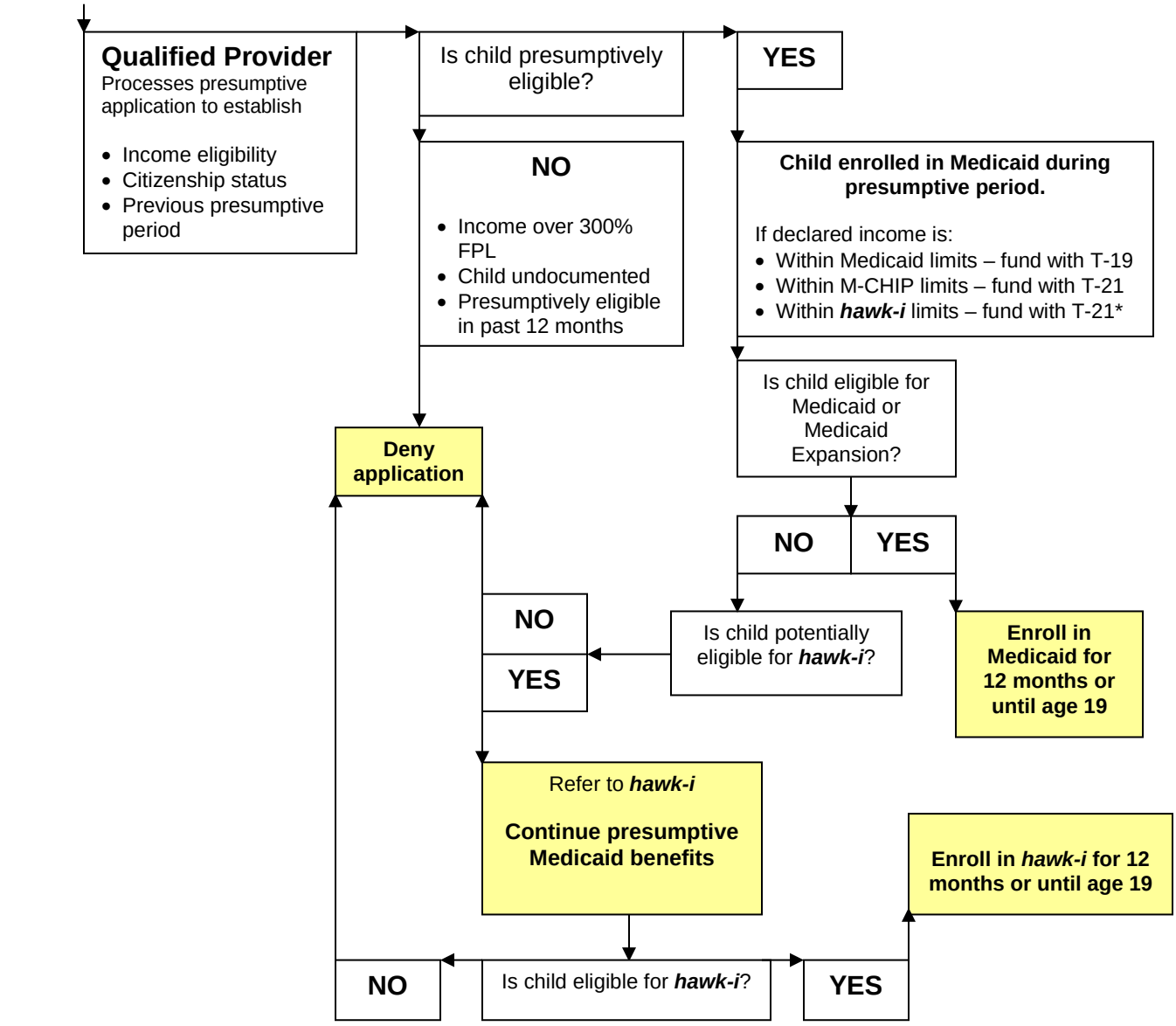


Attachment Three

Presumptive Eligibility for Medicaid

Presumptive Eligibility for Medicaid

Point of Entry



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

Attachment Four

History of Per Member Per Month Capitation Payment

History of Per Member Per Month Capitation Rate				
Plan	Rate	Federal Share	State Share	Increase
SFY16 Federal Match 85.80%, State Match 14.20%				
UnitedHealthcare Plan of the River Valley, Inc. 7-1-15 to 3-31-15	$202.75	$173.96	$28.79	3.87%
Wellmark Health Plan of Iowa 7-1-15 to 12-31-15	$208.22	$178.65	$29.57	0.0%
Delta Dental of Iowa	$22.99	$19.73	$3.26	0.0%
Amerigroup Iowa, AmeriHealth Caritas and United Healthcare Plan of the River Valley, Inc. 4-1-16 to 6-30-16	$152.57	$130.90	$21.67	NA
SFY15 Federal Match 69.30%, State Match 29.45%				
UnitedHealthcare Plan of the River Valley, Inc.	$195.20	$135.27	$59.93	3.46%
Wellmark Health Plan of Iowa	$208.22	$144.30	$63.92	4.38%
Delta Dental of Iowa	$22.99	$15.93	$7.06	0.0%
SFY14 Federal Match 70.55%. State Match 28.45%				
UnitedHealthcare Plan of the River Valley, Inc.	$188.67	$130.22	$51.37	3.9%
Wellmark Health Plan of Iowa	$199..48	$140.73	$58.75	4.3%
Delta Dental of Iowa	$22.99	$16.22	6.77	1.0%
SFY13 Federal Match 71.71%, State Match 28.29%				
UnitedHealthcare Plan of the River Valley, Inc.	$181.59	$130.22	$51.37	1.5%
Wellmark Health Plan of Iowa	$191.26	$137.15	$54.11	5.5%
Delta Dental of Iowa	$22.76	$16.32	$6.20	1.0%
SFY12 Federal Match 72.50%, State Match 27.50%				
UnitedHealthcare Plan of the River Valley, Inc.	$176.44	$130.28	$49.20	1.4%
Wellmark Health Plan of Iowa	$181.29	$131.44	$49.95	1.5%
Delta Dental of Iowa	$22.53	$16.33	$6.20	0.0%
SFY11 Federal Match 73.84%, State Match 26.16%				
UnitedHealthcare Plan of the River Valley, Inc.	$176.44	$130.28	$46.16	1.7%
Wellmark Health Plan of Iowa	$178.61	$131.89	$46.72	3.0%
Delta Dental of Iowa	$22.53 $1.35 extra for dental-only enrollees			7.5%

Attachment Five

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

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

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 is 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 the 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 the next meeting or immediately upon the resignation of the current officer(s).

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.

Board Members

as of July 1, 2016

Eric Kohlsdorf, Chair **Kelly Renfrow, Vice Chair**

PUBLIC MEMBERS:

Eric Kohlsdorf
3301 Southern Woods
Des Moines, IA 50321
Phone: 515-669-1721
email: eric@prismastrategies.com

Kelly Renfrow
6818 Lewis Carroll Court
Johnston, IA 50131
Phone: 515-490-6738
email: renfrowkelly@gmail.com

STATUTORY MEMBERS:

Nick Gerhart, Commissioner
Insurance Division
Iowa Department of Commerce
601 Locust Street
4th Floor
Des Moines, IA 50319-3738
Phone: 515-281-4409
email: nick.gerhart@iid.iowa.gov

Commissioner Gerhart designee:
Angela Burke Boston
Phone: 515-281-4119
email: angela.burke.boston@iid.iowa.gov

Ryan Wise, Director
Iowa Department of Education
Grimes State Office Bldg., 2nd Floor
400 East 14th Street
Des Moines, IA 50319
Phone: 515-281-3436
email: brad.buck@iowa.gov

Director Wise's designee:
Jim Donoghue
Phone: 515-281-8505
email: Jim.Donoghue@iowa.gov

Gerd Clabaugh, Director
Iowa Department of Public Health
Lucas State Office Building
321 E 12th Street
Des Moines, IA 50319
Phone: 515-281-7689
email: gerd.claubaugh@idph.iowa.gov

Director Clabaugh's designee:
Bob Russell
Phone: 515-281-4196
email: bob.russell@idph.iowa.gov

LEGISLATIVE MEMBERS – EX OFFICIO:

Senator Janet Petersen
Iowa Senate
State Capitol Building
Des Moines, IA 50319
Phone: 515-281-3371
email: janet.petersen@legis.iowa.gov

Home:
4300 Beaver Hills Drive
Des Moines, IA 50310

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

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

Representative John Forbes
Iowa House of Representatives
State Capitol Building
Des Moines, IA 50319
Phone: 515-281-3221
email: john.forbes@legis.state.ia.us

Home:
12816 Cardinal Lane
Urbandale, IA 50323
Phone: 515-276-7699

Representative Ken Rizer
Iowa House of Representatives
State Capitol Building
Des Moines, IA 50319
Phone: 515-281-3221
email: ken.rizer@legis.state.ia.us

Home:
2503 White Eagle Trail SE
Cedar Rapids, IA 52403
Phone 319-651-7316

ATTORNEY GENERAL STAFF:

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

DEPARTMENT OF HUMAN SERVICES STAFF:

Deborah Johnson
Iowa Medicaid Enterprise
Iowa Department of Human Services
100 Army Post Road
Des Moines, IA 50315
Phone: 515-256-4662
email: djohnso6@dhs.state.ia.us

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