Department of
HUMAN SERVICES

HAWKI BOARD ANNUAL REPORT

DECEMBER 2020

Contents

Executive Summary 2
- Program Description 2
- Federal History 3
- Reauthorization of CHIP 3
- Iowa's CHIP Program 4
- Key Characteristics of the Hawki Program 4

Budget 5
- Federal Funding History 5
- State Funding for SFY20: 6

Enrollment 7
COVID-19 7
Quality 8
Outreach – Four Required Focus Areas 8
- Outreach to Schools 8
- Outreach to the Faith-Based Community 9
- Outreach to Medical/Dental Providers 9
- Outreach to Diverse Populations 9
- Additional Outreach Activities 10

Presumptive Eligibility 11
Participating MCOs and Dental Plans 11
Board of Directors 11
- Membership 11
- Board Activities and Milestones 11

Attachment One – Organization of the Hawki Program 13
Attachment Two – Iowa's Health Care Programs for Non-Disabled Children 14
Attachment Three – History of Participation 15
Attachment Four Budget Information 16
- Federal Funding and Expenditure History 16

Attachment Five – Referral Sources – Outreach Points 19
Attachment Six – Presumptive Eligibility for Medicaid and Hawki Program Design 20
Attachment Seven – Hawki Board Members 21

Executive Summary

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

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

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

Program Description

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

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

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

insurance. The Dental-Only program and the dental coverage with Hawki provide preventive and restorative dental care services, as well as medically necessary orthodontia.

See Attachment One: Organization of the Hawki program.

Federal History

Congress established the Children's Health Insurance Program (CHIP) with passage of the Balanced Budget Act of 1997, which authorized $40 billion for the program through Federal Fiscal Year (FFY) 2007. Under the program, states received a federal block grant 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 one-half years through Federal Fiscal Year (FFY) 2013 and authorized approximately $44 billion in new funding for the program.

The ACA was signed into law on March 23, 2010, and continued CHIP through September 30, 2019, with federal funding 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. The ACA also prohibited states from reducing current eligibility standards, referred to as maintenance of effort (MOE), until September 30, 2019.

Reauthorization of CHIP

On January 22, 2018, Congress passed a Continuing Resolution (CR) called the HEALTHY KIDS Act that approved funding for CHIP for six years, followed by another CR on February 8, 2018, the ACCESS Act, that approved funding for an additional four years. CHIP funding is now authorized through FFY27 (September 30, 2027).
Other CHIP provisions in the HEALTHY KIDS Act and the ACCESS Act included:

- CHIP match rate. The federal match for CHIP (known as e-FMAP or enhanced federal medical assistance percentage), was increased by 23 percentage points by the ACA. This increase is also known as a "bump". The HEALTHY KIDS Act continued this bump through FFY19. The "bump" decreased to 11.5 percentage points in FFY20 and then returns to the e-FMAP for future years).

- MOE. MOE is the provision that states are required to maintain eligibility standards, methodologies and procedures the same. This remains in effect until FFY27. Some states may change their eligibility beginning October 1, 2019, if their eligibility is above 300 percent of the FPL. Iowa is currently at 302 percent, so may have the option of moving to 300 percent FPL.

Iowa's CHIP Program

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

- **Medicaid Expansion** (Implemented 1998) – Provides health and dental services to infants 0 to 1 year of age and qualified children ages 6 to19 through the state's Medicaid program at the enhanced federal matching rate. The children covered have income that is higher than regular Medicaid but lower than the income criteria for the Hawki program.

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

- **Hawki Dental-Only Program** (Implemented 2010) - The Hawki Dental-Only Program provides preventive and restorative dental care services as well as medically necessary orthodontia to children with income under 302 percent of the FPL that do not qualify for healthcare benefits under Hawki because they have health insurance.

- **Managed Care** (Implemented April 2016) – Most Medicaid members, including those enrolled in the Hawki program, transitioned to a managed care program, and receive health coverage through a MCO.

See Attachment 2: Iowa's Health Care Programs for Non-Disabled Children

Key Characteristics of the Hawki Program

The Department pays monthly capitation premiums to MCOs and Hawki program benefits are provided in the same manner as for commercial beneficiaries. The covered services under Hawki are different from regular Medicaid and are approximately equivalent to the

benefit package of the state's largest employee plan available at the beginning of the program.

The capitation payment made to Amerigroup for SFY20 was $150.51 per member per month (pmpm), for Iowa Total Care the capitation payment was $140.86 pmpm and for Delta Dental of Iowa the capitation payment was $23.26 pmpm.

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

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

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

See Attachment Three: History of Participation.

Budget

Federal Funding History

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

From the initial total annual appropriation, every state received an allotment for the year based on a statutory formula established in the original legislation. Prior to FFY05, states received federal funding based on the estimated number of uninsured children in the state projected 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 had three years to spend each year's original allotment. At the end of the three-year period, the federal government redistributed any unused funds to other states. States

receiving redistributed funds had one year to spend them. States returned unused funds remaining at the end of the year to the U.S. Treasury.

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

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

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

Section 2104(m) (2) (A) (ii) of CHIPRA added a "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 for SFY20:

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

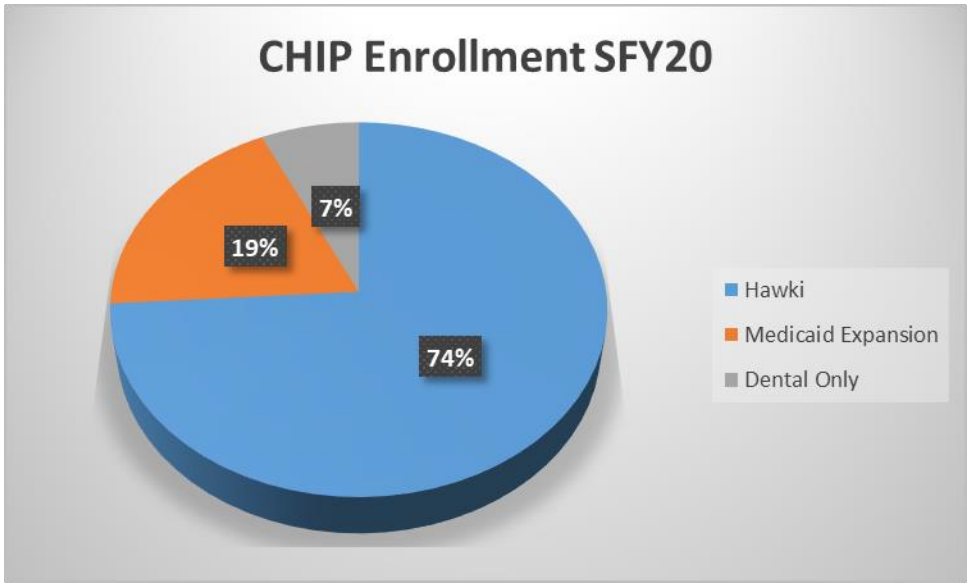
*The Hawki Trust fund dollars are dollars not spent the previous year on Hawki that then are applied to the next year's Hawki budget. These funds remain available for Hawki's use and do not return to the general fund.

See Attachment Four: Budget Information

Enrollment

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

- 16,819 (19 percent) were enrolled in Medicaid Expansion (M-CHIP),
- 64,613 (74 percent) in Hawki, and
- 5,816 (7 percent) in the Hawki Dental-Only program.



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

COVID-19

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

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

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

Quality

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

Provider Network Access

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

Outreach – Four Required Focus Areas

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

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

Outreach to Schools

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

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

Outreach to the Faith-Based Community

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

Outreach to Medical/Dental Providers

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

Outreach to Diverse Populations

Local coordinators continue to partner with and provide outreach to multicultural and diverse populations across Iowa. Outreach continues to be conducted at local and statewide ethnic health fairs, conferences, festivals, ethnic radio stations, and numerous other events that target ethnic populations. Local coordinators were offered culturally

competent resources and information throughout the year to help in their local outreach efforts. These resources were typically print resources, face–to-face trainings and webinars.

Additional Outreach Activities

Due to the COVID-19 pandemic, 2020 provided particular challenges to Hawki outreach. Many outreach plans were either canceled or rescheduled for a later date. The immediate need was getting critical information out to Iowans about insurance coverage if parents lost jobs or health insurance due to COVID-19. Many coordinators used social media platforms to distribute Medicaid/Hawki information to families in their communities. A new method for distributing information occurred in 2020: drive-thru immunizations set up in the parking lots of public health agencies alongside community vendors.

Below are examples of additional outreach activities:

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

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

See Attachment Five: Referral Sources -Outreach Points.

Presumptive Eligibility

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

Within the presumptive eligibility program, only QEs can enroll applicants into the program. A QE is defined in 42 CFR 435.1101 and QEs must be determined by the Department to be capable of making presumptive eligibility determinations. Based on other states' experience implementing presumptive eligibility, certification of QEs was initially limited to a select number of Hawki outreach coordinators.

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

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

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

Participating MCOs and Dental Plans

During SFY20, families in all 99 counties had a choice of two MCOs: Amerigroup and ITC.

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

Board of Directors

Membership

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

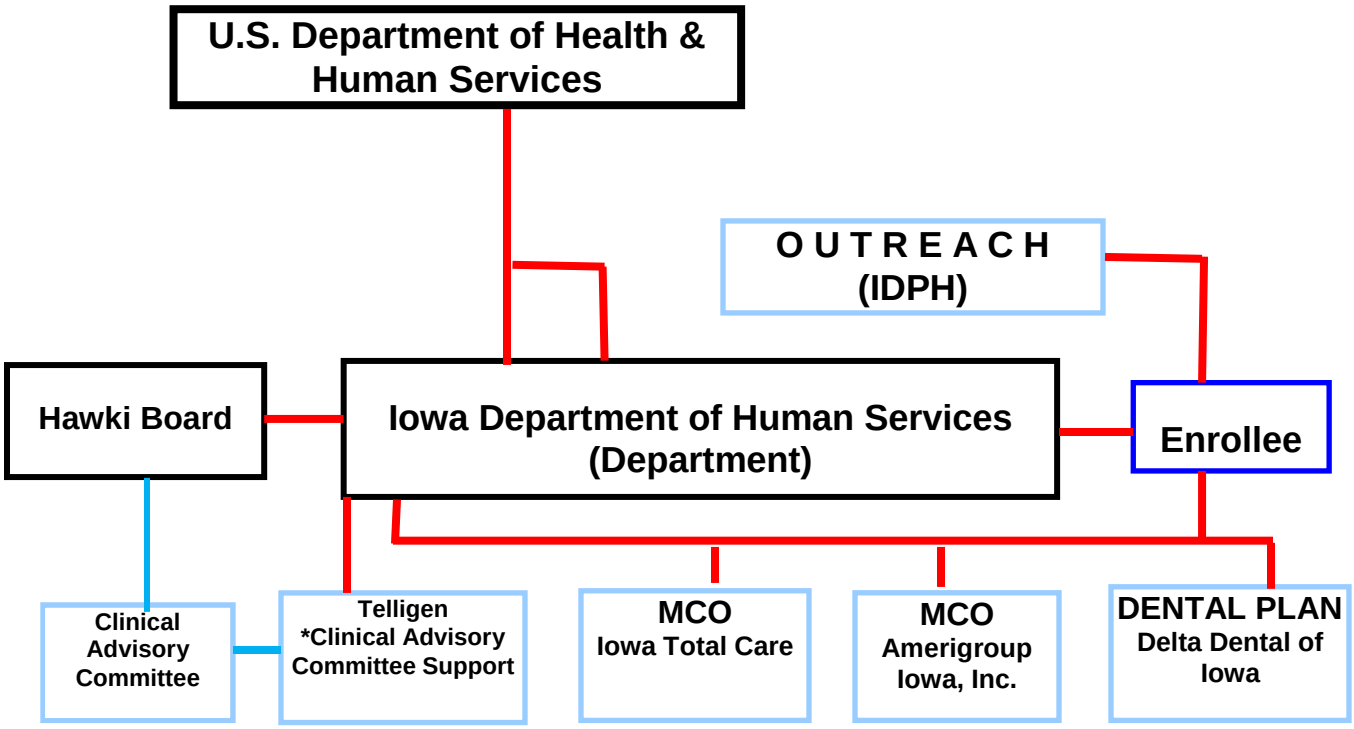
See Attachment Seven: Hawki Board Members

Board Activities and Milestones

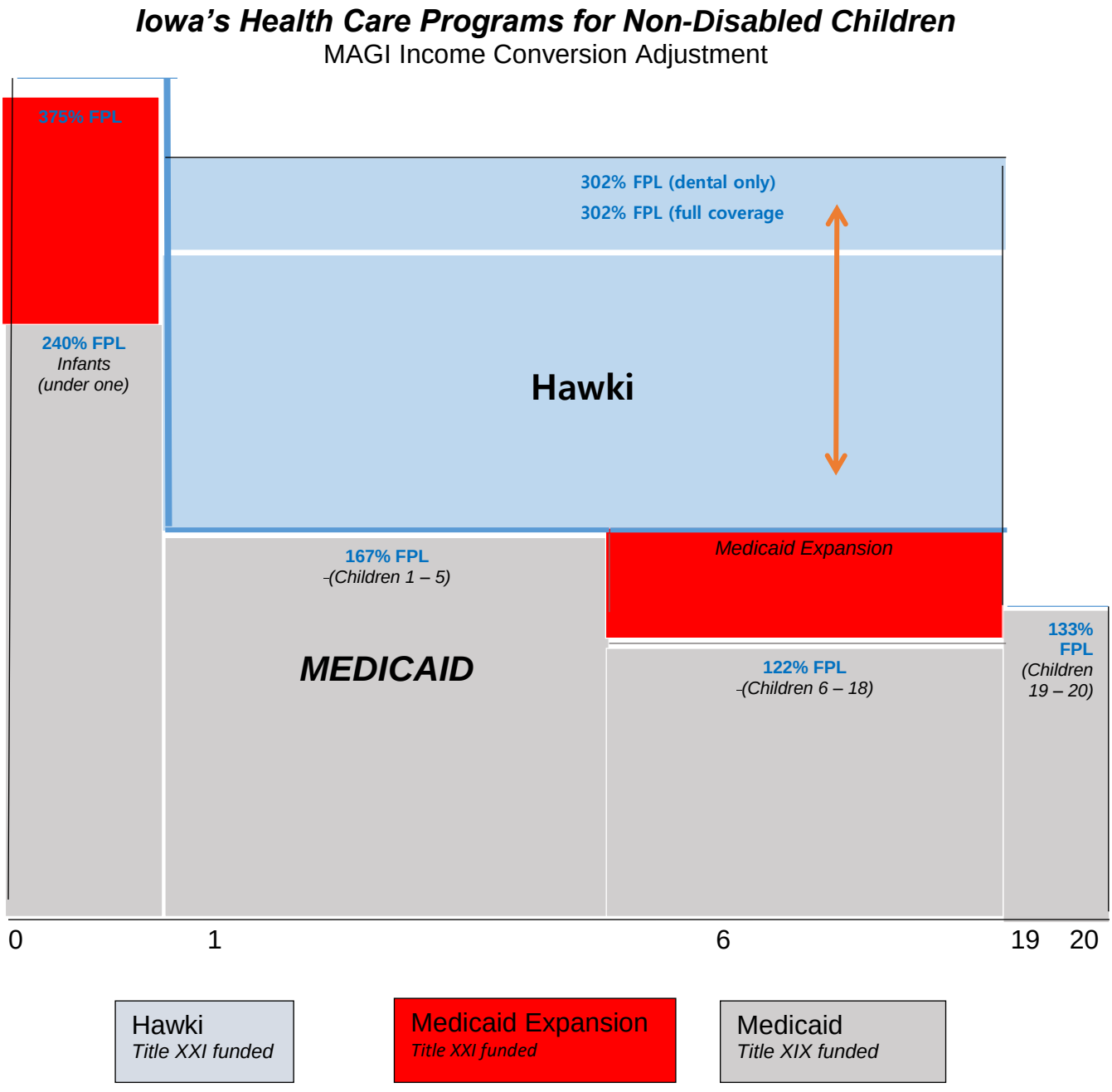
Iowa Code Section 514I.5 (1) requires the Hawki Board to meet no less than six and no more than 12 times per calendar year. The Board generally meets the third Monday of every other month; meeting agendas and minutes are available on the Department's website at https://dhs.iowa.gov/hawki.

Attachment One – Organization of the Hawki Program

Organization of the Hawki Program as of June 30, 2020



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



Attachment Three – History of Participation

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

		CHIP (Title XXI Program)		
SFY	**Total Children on Medicaid**	**Expanded Medicaid***	**Hawki (began 1/1/99)**	**Hawki Dental-Only (began 3/1/10)**
SFY99	91,737			
SFY00	104,156	7,891	2,104	
SFY01	106,058	8,477	5,911	
SFY 02	126,370	11,316	10,273	
SFY03	140,599	12,526	13,847	
SFY04	152,228	13,751	15,644	
SFY05	164,047	14,764	17,523	
SFY06	171,727	15,497	20,412	
SFY07	179,967	16,140	20,775	
SFY08	181,515	16,071	21,877	
SFY09	190,054	17,044	22,458	
SFY10	219,476	22,300	22,300	
SFY11	236,864	22,757	28,584	2,172
SFY12	245,924	23,634	33,509	3,369
SFY 13	253,199	24,996	36,255	4,100
SFY 14	256,818	25,444	38,156	4,315
SFY 15	258,628	27,078	38,263	3,127
SFY16	267,780	24,845	37,155	3,342
SFY17	272,535	16,075	42,984	3,361
SFY18	274,699	17,761	51,323	3,816
SFY19	264,506	17,077	53,270	3,450
SFY20**	255,845	16,819	64,613	5.816

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

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

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

Attachment Four Budget Information

Federal Funding and Expenditure History

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

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

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

SFY20 Final Budget
CHIP Program Budget – SFY 2020 Final

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

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

SFY21 Budget
CHIP Program Budget – SFY 2021 Preliminary

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

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

Attachment Five – Referral Sources – Outreach Points

Any entity children or their families access is potentially an outreach point where applications and information about the Hawki program could be available. In addition to local DHS offices, schools, daycare centers, WIC sites, etc., other potential outreach sources may include organizations that interact with children and their families (churches, schools, health fairs, etc.).

Functions of the outreach points:

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

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

Hawki Board

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

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

Department of Human Services (DHS)

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

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

Clinical Advisory Committee

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

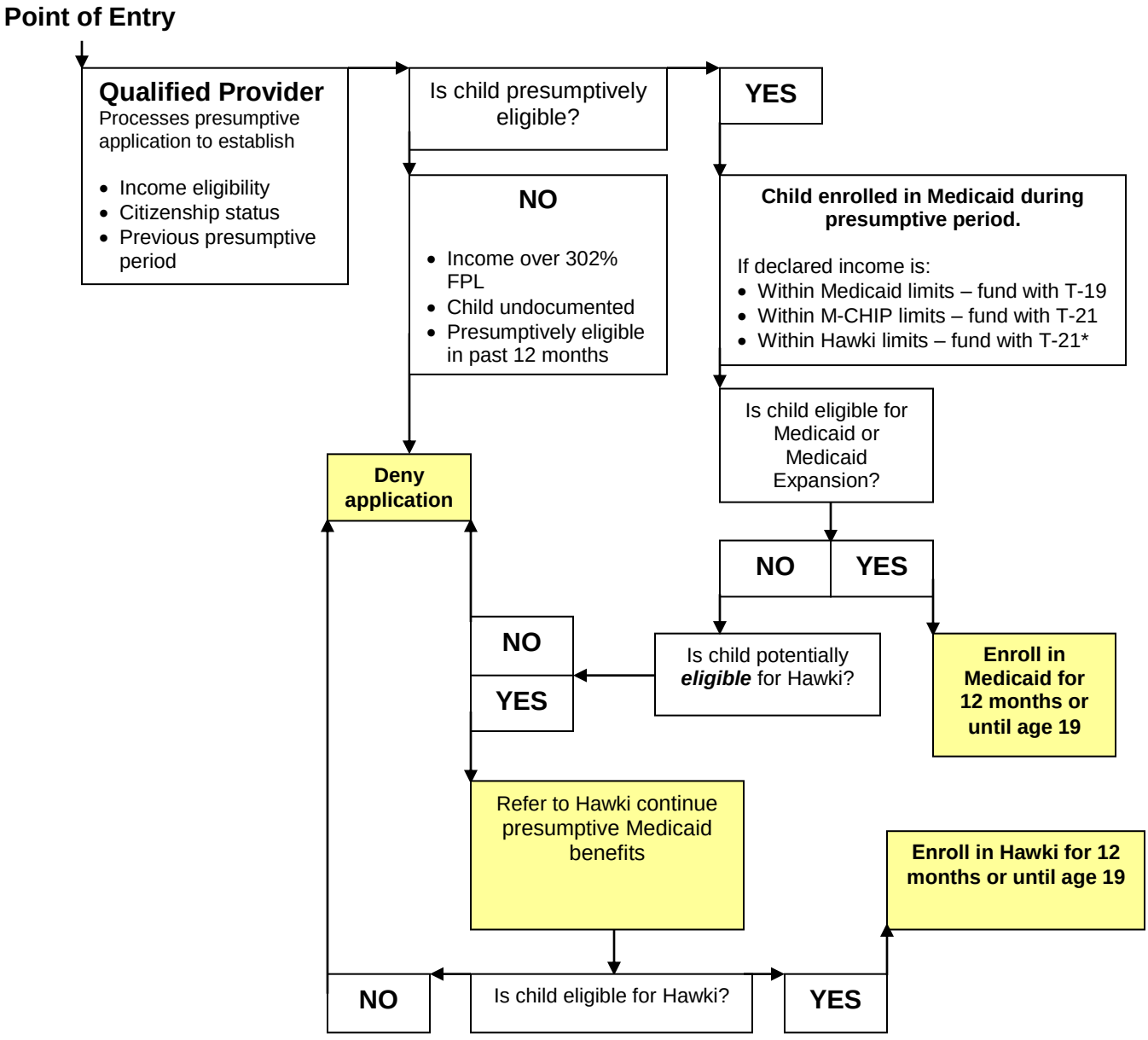
MCO and Dental Plans

The functions of the MCOs and dental plan are to:

1. Provide services to the enrollee in accordance with their contract.
2. Issue insurance cards
3. Process and pay claims
4. Provide statistical and encounter data.

Attachment Six – Presumptive Eligibility for Medicaid and Hawki Program Design

Presumptive Eligibility for Medicaid



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

Attachment Seven – Hawki Board Members

Hawki Board Members as of June 30, 2020

Mary Nelle Trefz, Chair | **Shawn Garrington, Vice Chair**

PUBLIC MEMBERS:

Mary Nelle Trefz
4124 Lincoln Place Drive
Des Moines, IA 50312
Phone: 319-400-5056
email: mnt@cfpciowa.org

Term ends 4/30/2022

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

Term ends 4/30/2021

Dr. Kaaren Vargas
320 Auburn Hills Drive
Coralville, IA 52241
Phone: 319-621-6326
email: kvargas@corridorkidsdentistry.com

Term ends 4/30/21

Shawn Garrington
19718 Concord Ave
Wellsburg, IA 50680
Phone: 319-575-8915
email: shawn@garrington.com

Term ends 4/30/2022

STATUTORY MEMBERS:

Doug Ommen, Commissioner
Insurance Division
Iowa Department
1963 Bell Avenue
Suite 100
Des Moines, IA 50315
Phone: 515-654-6600
e-mail: doug.ommen@iid.iowa.gov

Commissioner Ommen designee:

Angela Burke Boston
Phone: 515-654-6543
e-mail: angela.burke.boston@iid.iowa.gov

Ann Lebo, Director
Iowa Department of Education
Grimes State Office Building, 2nd Floor
400 East 14th Street
Des Moines, IA 50319
Phone: 515-281-3436
e-mail: ann.lebo@iowa.gov

Director Lebo's designee:

Jim Donoghue
Phone: 515-281-8505
e-mail: Jim.Donoghue@iowa.gov

Kelly Garcia, Interim Director
Iowa Department of Public Health
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319
Phone: 515-281-7689
e-mail: kgarcia@dhs.state.ia.us

Director Garcia's designee:

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

LEGISLATIVE MEMBERS – EX OFFICIO:

Senator Nate Boulton
Iowa Senate
State Capitol Building
Des Moines, IA 50319
Phone: 515-281-3371
email: nate.boulton@legis.iowa.gov

Senator Dennis Guth
Iowa Senate
State Capitol Building
Des Moines, IA 50319
Phone: 515-281-3371
email: dennis.guth@legis.iowa.gov

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

Representative Shannon Lundgren
Iowa House of Representatives
State Capitol Building
Des Moines, IA 50319
Phone: 515-281-3221
e-mail:
shannon.lundgren@legis.state.ia.us

DEPARTMENT OF HUMAN SERVICES STAFF:

Julie Lovelady, Interim Iowa Medicaid Director
Iowa Medicaid Enterprise
Iowa Department of Human Services
1305 E. Walnut
Des Moines, IA 50319
Phone: 515-256-4621
e-mail: jlovela@dhs.state.ia.us

Anna Ruggle, Management Analyst
Iowa Medicaid Enterprise
Iowa Department of Human Services
1305 E. Walnut
Des Moines, IA 50319
Phone: 515-201-4713
e-mail: aruggle@dhs.state.ia.us