Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

December 31, 2014

Michael Marshall
Secretary of the Senate
State Capitol Building
L O C A L

Carmine Boal
Chief Clerk of the House
State Capitol Building
L O C A L

Dear Mr. Marshall and Ms. Boal:

Enclosed please find the Annual Report of the Health and Well Kids In Iowa (***hawk-i)*** Board.

This report was prepared pursuant to Iowa Code Section 514I.5 (7) (g) and reflects the activities of the ***hawk-I*** Board for state fiscal year 2014.

This report is also available on the Department of Human Services website at http://www.dhs.iowa.gov/Partners/Reports/LegislativeReports/LegisReports.html.

Sincerely,

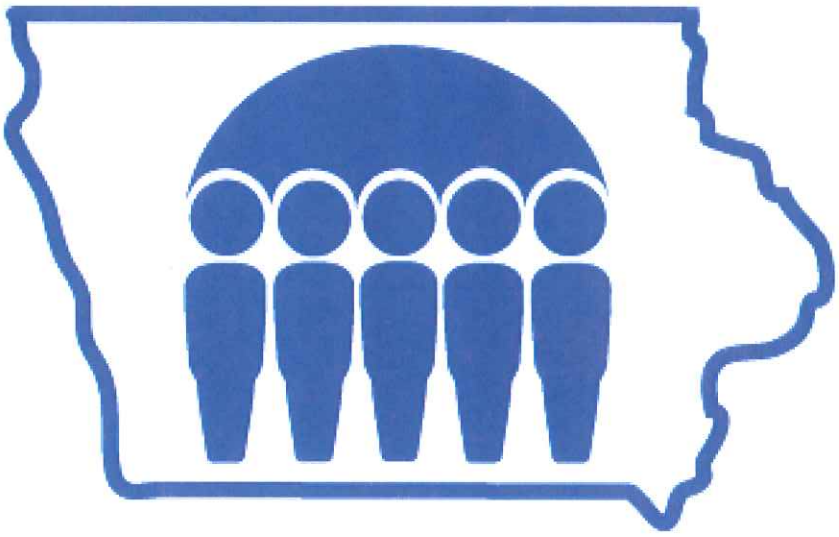
Jennifer Davis Harbison

Jennifer Davis Harbison
Policy Advisor

Enclosure

cc: Governor Terry E. Branstad
Senator Jack Hatch
Senator David Johnson
Representative David Heaton
Representative Lisa Heddens
Legislative Services Agency
Aaron Todd, Senate Majority Staff
Josh Bronsink, Senate Minority Staff
Carrie Malone, House Majority Staff
Zeke Furlong, House Minority Staff

Iowa Department of Human Services



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

December 2014

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Executive Summary

This is the State Fiscal Year 2014 Annual Report for the Healthy And Well Kids in Iowa (***hawk-i*** program. Because of the Accountable Care Act, changes were made to the program. One of the changes effective January 1, 2014, was the method of how eligibility is determined. The Modified Adjusted Gross Income (MAGI) was implemented changing the income levels to 168 percent to 302 percent of the Federal Poverty Level (FPL). Also at this time, the Medicaid application and the ***hawk-i*** application became a single streamlined application. This report shows the activity of eligibility and enrollment using the old method from July 1, 2013, to December 31, 2013 and the new MAGI eligibility from January 1, 2014 to June 30, 2014.

The number of children enrolled in the program did show a decrease. This is most likely due to the compressed range of the income levels. (Prior to January 1, 2014, the income levels were 134-300 percent of the FPL for ***hawk-i***. There continues to be interest and satisfaction in the ***hawk-i*** program. Outreach continues at the local level to help assure that low-income children in Iowa get the health care they need either through Medicaid or the ***hawk-i*** program.

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.

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.

For the Period 7/1/2013 through 12/31/2013, the following pre-MAGI methodology was followed:

> 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 healthcare 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. 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 provides preventive and restorative dental care services as well as medically-necessary orthodontia.

For the Period 1/1/2014 through 6/30/2014, the following MAGI methodology was followed:

> 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 provides preventive and restorative dental care services as well as medically-necessary orthodontia.

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, 2015. 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 Modified Adjusted Gross Income (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.

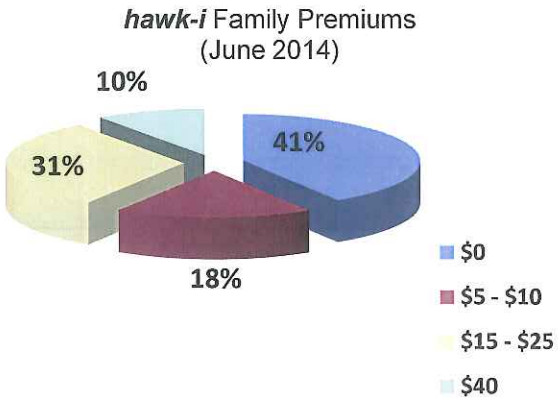
- ***hawk-i*** (Implemented 1999) – Qualified children are covered through contracts with commercial managed care health and dental plans to deliver a full array of health and dental services. The ***hawk-i*** program covers preventive care (immunizations), primary care, hospital and emergency care, 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.

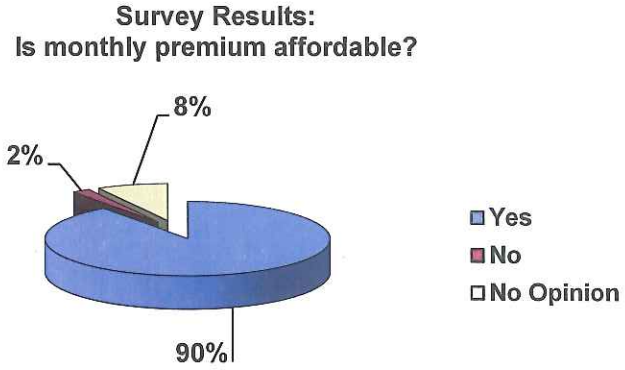
Key Characteristics of the *hawk-i* Program

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 1/1/14), 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 2014, 59 percent (13,467) of enrolled ***hawk-i*** families paid a monthly premium and 41 percent (9,093) paid no monthly premium amount.



According to the SFY2014 ***hawk-i*** enrollee satisfaction survey conducted by the third party administrator, 90 percent of respondents reported that the monthly premium was affordable while only 2 percent responded that the premium was not affordable.



Unlike Medicaid, 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.

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.

Re-basing occurred in FFY13 using the allotments and expenditures from FFY12.

State Funding:

The total original appropriation of state funds for SFY14 was: $36,817,261.

Available state funding for SFY14 appropriation includes:	
General Fund	$36,817,261
SFY13 ***hawk-i*** trust fund carried over to SFY14	$ 3,050,214
Appropriations Transfer	$ 993,382
Total State Funding (prior to transfer $39,867,475)	**$40,860,857**

Of this amount, $40,860,857 was expended. Thus, the program ended SFY13 with a balance of $0 in the ***hawk-i*** trust fund.

Available state funding for SFY15 appropriation includes:	
General Fund	$45,877,998
SFY14 ***hawk-i*** trust fund carried over to SFY15	$ 0
Total State Funding	**$45,877,998**

See Attachment One: Federal Funding and Expenditure History, SFY14 Final Budget, SFY14 Budget, and Orthodontia Cases.

CHIPRA Performance Bonus

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) provides performance bonus payments for Federal Fiscal Years (FFY) 2009 though 2013 to help states offset the cost of increased 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 (ELE)
- 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.

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. Iowa did not qualify for a bonus payment in FFY09, but did qualify in FFY10 and FFY11 after implementing presumptive eligibility for children.

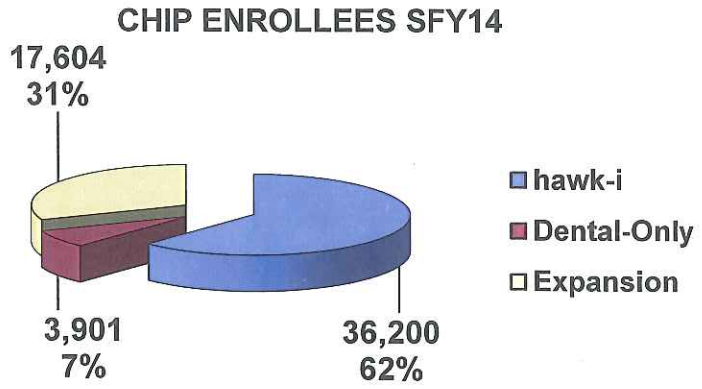
The five program features that were operational in FFY10 include:

- 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

The FFY13 bonus payment totaled $10,792,393. The FFY13 was the final year for the bonus program.

Enrollment and Disenrollment

As of June 30, 2014, 57,705 children were enrolled in Iowa's CHIP program. Of the total number enrolled, 17,604 (31%) were enrolled in Medicaid Expansion (M-CHIP), 36,200 (63%) in ***hawk-i***, and 3,901 (6%) in the ***hawk-i*** Dental-Only program. It is projected that by June 30, 2015, the total number of children enrolled in CHIP will reach 60,024. Enrollment is projected to increase to approximately 62,005 in SFY16.



In the twelve-month period between July 1, 2013, and June 30, 2014, total growth in Medicaid and CHIP equaled 1,292 children.

Enrollment Growth by Program
July 1, 2013 to June 30, 2014

Program	Enrollment July 1, 2013	Enrollment June 30, 2014	Enrollment Increase
Medicaid Children	256,760	259,400	2,640/ 1.0%
Medicaid Expansion	16,916	17,604	688/ 4.1%
hawk-i	37,806	36,200	-1,606/ -4.2%
Dental-Only	4,331	3,901	-430/ -9.9%
Total Enrollment	**315,813**	**317,105**	**1,292/ 0.4%%**

A provision in the ACA allows for a ninety (90) day grace period for renewals after the end of the enrollment period. This has the effect of changing the enrollment numbers reported for previous months. For example, in the attached document, the enrollment reported for March of 2014, as of 3/31/2014, was 36,260. Following the retroactive changes in enrollment, the March 2014 enrollment is reported as 39,036 or a difference of 2,776 as of 6/30/2014.

See Attachment Two: History of Retroactive Enrollment Changes

Number of Applications

From July 1, 2013, to June 30, 2014, the ***hawk-i*** program received 2,149 new or initial applications and 12,751 renewal applications; totaling 14,900 applications.

See Attachment Five: Organization of the ***hawk-i*** Program, Referral Sources/ Outreach Points, History of Participation, Iowa's Health Care Programs for Non- Disabled Children

Number of Children Enrolled

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 FFY00. Each child is counted once regardless of the number of times a child was enrolled or reenrolled 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 Children Ever Enrolled in *hawk-i* (including *hawk-i* Dental-Only)

Federal Fiscal Year	Federal Poverty Level				Total Children Served
	<=100%	>=101% <=200%	>=201% <=250%	>=251% <=302%*	
FFY00	285	8,414	-	-	8,699
FFY01	679	15,993	-	-	16,672
FFY02	682	20,452	-	-	21,134
FFY03	956	22,103	-	-	23,059
FFY04	1,235	25,405	-	-	26,640
FFY05	1,236	28,873	-	-	30,109
FFY06	1,018	30,801	-	-	31,819
FFY07	1,143	31,169	-	-	32,312
FFY08	1,468	31,213	-	-	32,681
FFY09	1,840	27,178	198	881	30,097
FFY10	2,550	35,844	986	5,463	44,843
FFY11	2,230	41,428	1,439	9,019	54,116
FFY12	**1,854**	**44,777**	**1,474**	**11,085**	**59,190**
FFY13	**1,912**	**39,179**	**1,211**	**10,529**	**52,831**
FFY14	**1,727**	**41,839**	**4,213**	**11,790**	**60,439**

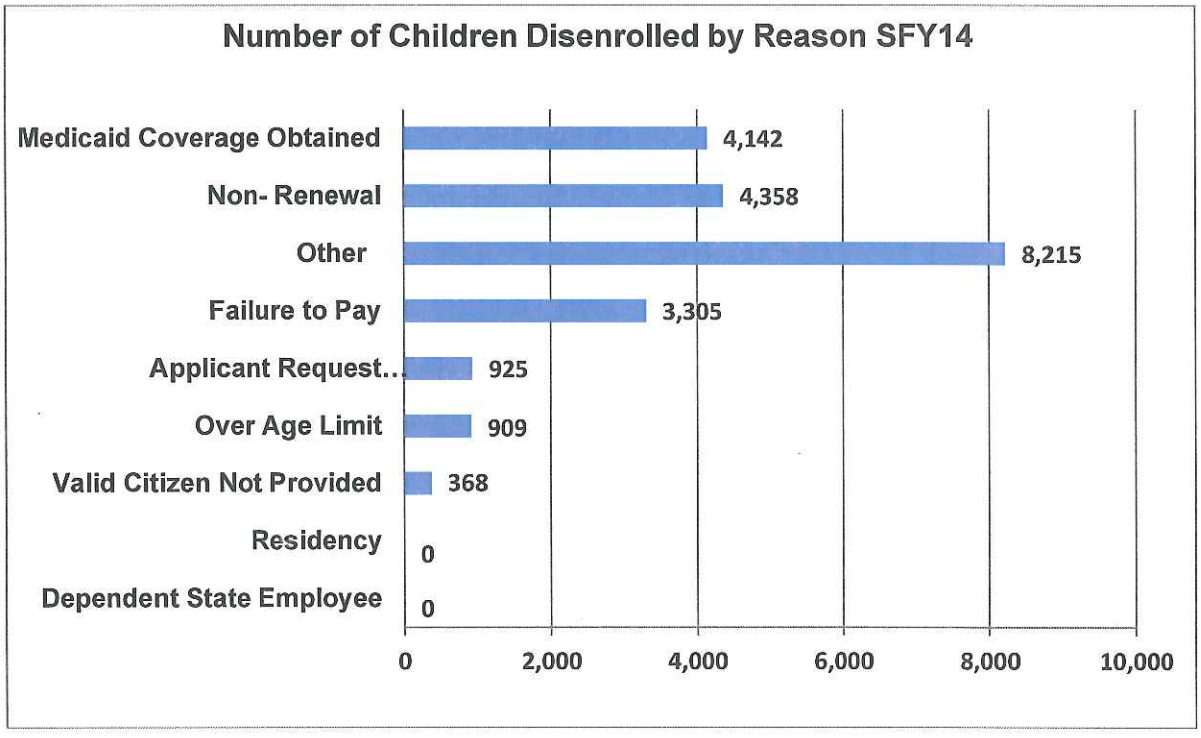
*300% moved to 302% effective 1/1/14.

Number of Children Disenrolled

To better understand why children are disenrolled from the ***hawk-i*** program a monthly report is generated that identifies the specific disenrollment reasons. From July 1, 2013, to June 30, 2014, a total of 22,401 children were disenrolled from the ***hawk-i*** program. For the same time period in SFY13, 21,814 children were disenrolled. This represents a 3 percent increase in disenrollment, or 587 more children disenrolled, comparing SFY14 to SFY13.

Important Note: the member enrollment and termination process transitioned to the ELIAS system effective 1/1/14. This new enrollment system does not report why a termination occurred and therefore, for the period 1/1/14 through 6/30/14, the "Other" category represents the only reason for why a termination occurred.

The most common reason for children being disenrolled from the ***hawk-i*** program in SFY14 was due to failure to the undefined category of "Other". In SFY14, 8,215 children were disenrolled and reported in the "Other" category. The next highest reasons for being disenrolled were "Non-renewal" (4,358), "Medicaid Coverage Obtained" (4,142), and "Failure to Pay" (3,305). Prior to 1/1/14, the "Other" category contains reasons such as child no longer living in household or not able to reach. The full list of reasons for disenrollment and numbers of children disenrolled is found in the chart below. As noted above, after 1/1/2014, the "Other" category contains all reasons.



Quality

The department contracts with Telligen (formerly Iowa Foundation for Medical Care) to conduct a number of ongoing quality tasks including encounter data analysis, medical records reviews, health and dental outcome measurements, provider geo-mapping analysis, and external review of the health plans. The ***hawk-i*** program is required by CHIPRA to have a Quality Strategy Plan in place and Telligen is responsible for developing that plan, subject to approval by the ***hawk-i*** Board prior to implementation. All of the quality functions provided by Telligen, including input from the Clinical Quality Committee, contribute to the content of the Quality Plan.

The above mentioned quality functions are all used to measure the impact of the program, ensure the availability of quality health care providers, and ensure children are receiving appropriate care according to clinical guidelines. Specific activities performed in SFY14 are discussed below.

Annual *hawk-i* Provider Network Analysis

In March of 2014, Telligen completed the Annual ***hawk-i*** Provider Network Analysis which assesses the proximity of ***hawk-i*** health plan provider networks to ***hawk-i*** members. Essentially, accessibility standards for different provider types are compared to the location of members within the plan. Provider types that are assessed include primary care providers (family/general practice, pediatric, and OB/GYN providers), hospitals, behavioral health, and dental providers. The established guidelines are that 95 percent of members will have access to a provider within 30 miles to a primary care physician, hospital, or dentist, and within 60 miles for mental health providers. For this study, Telligen reported accessibility levels using two sources:

(1) Overall Method: accessibility analyzed using provider data submitted by Wellmark Health Plan of Iowa, United HealthCare of the River Valley and Delta Dental of Iowa;
(2) Focused Method: Telligen made phone calls to all providers in a specific region of the state (Region 6) to confirm accessibility.

Telligen concluded from their analysis that all the ***hawk-i*** health plans met accessibility guidelines for the majority of the provider types. Specifically, in the area of family/general practice and mental health providers, 100 percent of UnitedHealthcare (UHC) and Wellmark Health Plan of Iowa (WHPI) members were within 30 miles of at least one provider. Access to family/general practice providers was 98.8 percent using the Focused Method and 100 percent using the Overall Method for UHC; and for WHPI, access to family/general practice providers was 100 percent using the Overall Method and 99.2 percent using the Focused Method. Member accessibility to providers through Delta Dental of Iowa was found to be 100 percent based on the Overall Method and 99.6 percent accessible based on the Focused Method. (Guideline is 1 dental provider within 30 miles).

The two areas where the health plans were found to have lower accessibility and in some cases did not meet the guideline were access to pediatric and OB/GYN providers. Accessibility to pediatric providers was found to be within the guideline for members with UHC (92.0 percent based on the Overall Method and 96.1 percent using the Focused Method); and for WHPI access to pediatric providers was found to be 87.8 percent based on the Overall Method and 96.1percent using the Focused Method. Access to OB/GYN providers was found to be within the guideline for members with UHC (Overall was 97.6 percent and Focused was 94.5 percent) and with members with WHPI (Overall was 97.4 percent and Focused was 97.6 percent).

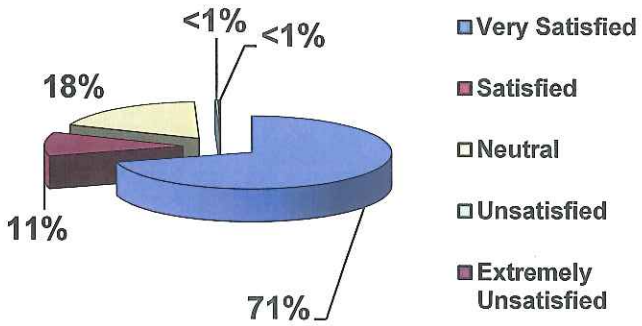
SFY14 *hawk-i* Annual Satisfaction Survey

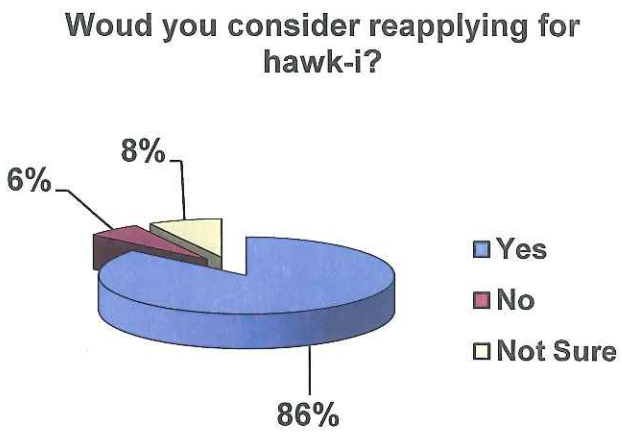
An annual satisfaction survey through the third party administrator, MAXIMUS has been conducted historically. Effective 1/1/14, there is no longer a survey conducted to collect this information. Responses are generated for program areas such as how long children have been in the ***hawk-i*** program, ease of the application process, satisfaction with care, affordability of monthly premiums, etc.

During the last six months of 2013, 82 percent of survey respondents reported being either "very satisfied" or "satisfied" with care. In this survey response, 3,185 ***hawk-i*** enrollees responded they were very satisfied or satisfied with care while less than 1 percent (21) responded they were "unsatisfied" or "extremely unsatisfied" with care. Also from the survey, 86 percent (579) of survey responders said that they would consider reapplying for ***hawk-i*** in the future, while only 6 percent (51) said no to consider reapplying for ***hawk-i*** in the future.

SFY14 *hawk-i* Annual Satisfaction Survey Results

Satisfaction With Care





Outreach

Below is a summary of outreach strategies implemented at a statewide and local level in SFY14.

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. Many school nurses refer uninsured children to the ***hawk-i*** outreach coordinators for enrollment assistance. 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.

- One agency works with a local school district to complete Presumptive Eligibility applications in the nurse's office during school registrations. The office provides privacy for families who would like to apply, and the school nurse can send parents who indicate their child does not have healthcare coverage to the outreach coordinator. Many families also set up appointments with the outreach coordinator as they do not want to be seen applying by other parents.

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 of the local ***hawk-i*** Outreach Coordinators works with parish nurses to get the information to faith-based organizations in their service area. This has been a successful way for this agency to reach faith communities and distribute ***hawk-i*** information.

Outreach to Medical Providers:
Outreach coordinators provide direct outreach to Iowa's medical and dental providers to educate them about ***hawk-i***. In addition, outreach coordinators work to recruit staff employed by these medical providers to become Qualified Entities in determining Presumptive Medicaid Eligibility for Children. 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.

- Several local outreach coordinators work with their 1st Five programs to educate medical providers on the ***hawk-i*** program. 1st Five coordinators educate health providers in the earlier detection of social-emotional and developmental delays and family risk-related factors in children birth to age five. Collaborating with the 1st Five coordinator ensures these providers also receive information about ***hawk-i*** and Medicaid, and the 1st Five coordinator can also work with families to ensure their children have healthcare coverage.

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.

- An outreach coordinator in eastern Iowa works with the local meat packing plant to set up a booth onsite during the lunch hour to provide ***hawk-i*** information to employees. This allows the coordinator to reach an ethnically diverse population (primarily Bosnian and Hispanic) in a setting where they are comfortable and do not have to miss work or find transportation.

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.
- Most outreach coordinators attend health fairs and community events to promote the ***hawk-i*** program and increase awareness. Many have found

families are not comfortable stopping at the booth to ask questions, but will take information and contact the coordinator at a later time.

- Outreach coordinators continue to target teens using partnerships and materials developed with the grant for targeted teen outreach from 2013. Many of the ***hawk-i*** outreach coordinators work with school-based clinics, coaches and school counselors, and youth groups and organizations to reach teens.
- 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***.
- The IDPH state coordinator exhibits ***hawk-i*** information at several conferences, including the Iowa School Nurse Organization's Conference, Risky Business, the Governor's Conference on LGBTQ, the Immunization Conference, the Nurse Practitioner Conference, Parent Teacher Association Convention, Governor's Conference on Public Health, and several Farmers Markets.

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, local and area education agencies, maternal health centers, and birthing centers. As of September 30, 2013, there are 600 qualified entities that have been authorized to sign up children for the presumptive eligibility program. In SFY14, a total of 2,108 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 Four: Presumptive eligibility for Medicaid and **hawk-i** program design concept.*

Participating Health and Dental Plans

Currently, families in all 99 counties have a choice of two managed care health plans (Wellmark Health Plan of Iowa and UnitedHealthcare) and one dental plan (Delta Dental of Iowa).

- Wellmark Health Plan of Iowa (WHPI) coverage became statewide September 30, 2009.
- UnitedHealthcare coverage became statewide March 1, 2010.
- Delta Dental of Iowa coverage became statewide on July 1, 2009. On March 1, 2010, Delta Dental of Iowa expanded providing ***hawk-i*** Dental-Only coverage including medically necessary orthodontia.

Health and Dental Plan Capitation Rates
In SFY14 monthly capitation rates for the participating ***hawk-i*** plans were:

***hawk-i* Health Plan**	**SFY14 Monthly Capitation Rate**
UnitedHealthcare	$188.67
Wellmark Health Plan of Iowa	$199.48
Delta Dental of Iowa	$22.99

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

Effective July 1, 2014 (for SFY15), the Board approved a 4.4 percent increase for Wellmark Health Plan of Iowa, a 3.5 percent increase for United Healthcare, and no change for Delta Dental of Iowa.

SFY15 monthly capitation rates for the participating ***hawk-i*** plans will be:

***hawk-i* Health Plan**	**SFY15 Monthly Capitation Rate**
UnitedHealthcare	$195.20
Wellmark Health Plan of Iowa	$208.22
Delta Dental of Iowa	$22.99

See Attachment Six: 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 Seven: 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 every other month; meeting agenda and minutes are available on the ***hawk-i*** program web site at www.hawk-i.org. Highlights from SFY14 board meetings are as follows:

July 2013
No Meeting

August 2013
The Board was updated on the following:

- Julie McMahon received a thank you from the board for her service as she prepares to retire from the Iowa Department of Public Health. Ms. McMahon gave a presentation to the board on the history of her professional life.
- Anita Smith reported that Eric DeTemmerman has accepted a new position in the department with the Division of Mental Health and Disability Services effective August 15th. Ms. Smith also announced she will be retiring on January 2, 2014.
- Ms. Smith reported on the changes for income that will accompany the ACA changes and the percentage of income that will be counted under the new Modified Adjusted Gross Income (MAGI.)
- Jim Donoghue reported that the nominating committee proposes that Bob Skow remain as chair and Mary Mincer Hansen as vice-chair for another year. Motion to approve the proposed slate of officers was made by Dr. Hansen, second by Ruth Evans. No additional nominations were made from the floor. Motion by Dr. Hansen to close nominations. Nominees were approved unanimously.

September 2013
No Meeting

October 2013
The Board was updated on the following:

- Jim Donoghue made a motion to adopt the rule addressing the percentage of income for eligibility for ***hawk-i*** and dental only coverage. The department recently learned what the final Modified Adjusted Gross Income (MAGI) income levels for ***hawk-i*** would be from Centers for Medicare and Medicaid Services (CMS). The income limit is now set at 302% of Federal Poverty Level (FPL) for both medical and dental coverage. The rule in front of the board for adoption changes only the FPL percentages. Ruth Evans seconded. Motion carried, rule approved.
- Ms. Smith announced that she has moved her retirement date to December 20, 2013.
- Mr. Sithonnorath presented an overview of the process involved implementing the administrative and technical changes of the ACA in Iowa. He highlighted the many routes available for Iowans to apply for benefits. The jobs of certified application counselors and navigators were explained and it was noted that these are the only individuals authorized under the ACA who are able to assist consumers in the application process.

November 2013
No Meeting

December 2013
The Board was updated on the following:

- Ms. Smith introduced Bob Schleuter as the new ***hawk-i*** Bureau Chief. Mr. Schlueter has worked with the IME for a number of years. Mr. Schleuter is experienced in Medicaid operations and looks forward to learning more about SCHIP and the eligibility process.
- Joe Hutter moved for approval the rule that follows MAGI rules for 302% of the income limit as defined by CMS. Rule was approved for notice by the board earlier at the last meeting. Implementation is set for January 1, 2014.
- Ruth Evans moved to approve the annual hawk-I report, Joe Hutter seconded and the motion was approved. The annual report outlines the activity of the ***hawk-i*** board in the previous calendar year. The format of the report is similar to the past reports. The report was distributed and comments were requested before the meeting; those comments have been incorporated in the report. One section, Presumptive Eligibility, the data has been requested and will be shared with the board when received. This report is due on January 1, 2014, making Board approval at this meeting necessary. Any program changes attributable to the Affordable Care Act (ACA) will be reflected in the SFY14 report since all ACA changes will occur after January 1, 2014
- Tony Sithonnorath reported on the implementation of the ELIAS eligibility system that enables Iowans to apply electronically for benefits. The

ELIAS team has been working to have all DHS systems integrated and working together. Mr. Sithonnorath will send the information used for his presentation to board members.

- Sylvia Petersen, Iowa Department of Public Health, reviewed outreach efforts. She has been answering questions from the outreach coordinators about implementation of the ***hawk-i*** and the ACA and use of the single streamlined application as opposed to the traditional paper application. A webinar for coordinators was conducted on December 2 to disseminate information. Ms. Petersen also distributed new marketing materials that she has designed the coordinators. Ms. Petersen has also created several social media messages about ***hawk-i*** and sent them out via Twitter, Facebook, WIC and the I-Smile™ web-pages.

January 2014
No Meeting

February 2014
No Meeting – canceled due to inclement weather

April 2014
The Board was updated on the following:

- Anna Ruggle reported that the actuarial report has not been received yet. She reported on the increases requested by the health plans. Delta has requested a 0% rate increase. United Healthcare has requested a 3.46% rate increase. Wellmark has requested 4.4% increase. Ms. Ruggle anticipates that these increases will cost about $1.2 million state dollars or a total of $3.8 million dollars depending on final enrollment numbers. Dr. Mary Mincer Hansen questioned if these figures go through the insurance commission for review or how exactly the numbers are approved. Ms. Vermeer pointed out that actuarial report will help justify the costs and recommend the acceptance of the rates. Historically, the plans request has been lower than that of the actuaries. Dr. Hansen requests that the rate increases for the past several years be shared for comparison purposes.
- Ms. Ruggle also reported that The Children's Health Insurance Reauthorization Act (CHIPRA) of 2009 required that CHIP programs have to start covering FQHS' and RHC's. Working with the Centers for Medicare and Medicaid Services (CMS), a payment method was designed. Retroactive payments will be paid retroactively to 2009, but a CMS waiver will be needed because the payment is more than two years old. The cost of these payments is approximately $2 million, which has been built into the budget projections.

May 2014

The Board was updated on the following:

- There has been a slight increase in enrollment for the first time in the last four months. Dental enrollment continues sluggish, and after exploring potential explanations a reason may be that with use of the single, streamlined application people may be missing the opportunity to apply for dental only coverage. A recommendation will be made revise and clarify the application to highlight the dental only option. Joe Estes from MAXIMUS reported that the retroactive numbers show a smaller drop in the dental numbers. Mr. Estes reported that MAXIMUS, Delta Dental and ***hawk-i*** staff have met and will continue to meet with the goal of exploring outreach efforts.
- Sylvia Petersen, state ***hawk-i*** outreach coordinator from the Iowa Department of Public Health, gave an update on current plans. Dental only will be the next focus of outreach efforts. Outreach coordinators are being given information on the dental-only program to take to their communities.
- Dr. Hansen and Mr. Donoghue asked for clarification on the content of the renewal notices and how enrollees are reminded that their coverage is ending or has ended. Tony Sithonnorath and Mr. Estes outlined the process of renewal and reminders that take place.
- Dr. Hansen inquired about there being a streamlined application for dental-only. Mr. Sithonnorath clarified the all program application must be used. Mr. Schlueter pointed out that there may be some latitude in requesting changes to the applications. He also said that this would be revisited at the next Board meeting as an update.
- Mr. Hutter commented that it would be helpful to see all letters and forms used in ***hawk-i*** and that they be brought to the board for review and comment. Mr. Schlueter said that Mr. Sithonnorath will bring all forms and letters to the next meeting and present them to the Board.
- Mr. Schlueter reported that the backlog of applications has been resolved so that a passive renewal process will not have to be used again. Mr. Estes confirmed that the process, although more complex, is moving smoother.
- Anna Ruggle presented the insurance plan capitation rates for State Fiscal Year 2015. These are the same rates that were presented to the Board at the last meeting. These rates need Board approval. Delta Dental has requested a 0% increase for the upcoming fiscal year. The current rate is $22.99 which is below Milliman actuarial rate of $34.34. Mr. Skow called for motion to accept Delta's proposed rates. Motion to accept rate by Mr. Hutter, second by Dr. Hansen. Motion approved UnitedHealthcare requested a 3.46% increase. The current rate is 188.67. The new rate would be $195.20. This cost is lower than the actuarial upper limit. Motion to accept new rate made by Dr. Hansen, second by Ruth Evans. Motion passes. Wellmark Health Plan of Iowa has requested a 4. 4% increase. The current rate is $199.48. The new rate would be $208.26.

This cost is lower than the actuarial limit. Motion to approve 4.4% increase in Wellmark rates made by Dr. Hansen and seconded by Mr. Donoghue. Motion approved.

- Mr. Hutter made a motion to approve the extension of the Telligen contract. Dr. Evans seconded the motion. Motion carries. There are no changes in fees and it is in compliance with CMS standards.

June 2014

The Board was updated on the following:

- Ms. Lovelady reported that the budget remains mostly static as reported at the last meeting. The current estimated SFY14 shortfall will be approximately $700,000. This assumes that we will not receive CMS approval to pay off the RHC/FQHC wrap-around payments. CMS does not anticipate that any approval will be made before August. This is the first time that ***hawk-i*** has faced a shortfall. Mr. Skow requested that information on plans to meet the shortfall be sent to the board.
- Tony Sithonnorath gave an enrollment update to the Board. He specifically addressed the shifts in enrollment and the loss of ***hawk-i*** enrollees who may now be shifting coverage to Medicaid. He conducted some fact finding research in which he discovered that it takes between two and four months to demonstrate a realistic picture of enrollment numbers. This is attributed to moving to the new streamlined application and the establishment of the 90-day grace period for renewals. Mr. Sithonnorath used to November 2013 as the peak month for enrollment and using the two-to-four months formula, the enrollment drops are not as severe as originally thought. He also noted that he thinks that some of the losses are because some children are indeed switching to Medicaid and some others have switched to the insurance market place.
- Anna Ruggle described the contract in force with the Iowa Department of Public Health. The proposed amendment defines payment terms for the duration of the contract. Dr. Hansen moved to approve the amendment and Angela Burke Boston seconded. Motion carries
- Mr. Donoghue gave the committee report and announced the proposed slate of officers Dr. Mary Mincer Hansen as chair and Dr. Bob Russell as vice-chair. These officers would take over on July 1, 2014. Mr. Skow asked for a motion to approve the committee nominations. Mr. Donoghue moved to accept the slate, Ms. Boston seconded the motion. There were no nominations from the floor. Motion approved.

Attachment One

Federal Funding and Expenditure History

SFY13 Final Budget

SFY 14 Budget

Orthodontia Cases

Federal Funding and Expenditure History

Federal Fiscal Year (FFY)	Allotment	Prior Year Carry Forward Balance	Retained $	Redistributed $	Supplemental $	Contingency Fund $	Total Federal $ Available	Total Federal $ Spent	Balance Remaining	Note
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	$70,818,708	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	$93,268,092	$48,931,054	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	$69,052,073	$26,843,582					$95,895,655		$95,895,655	16

Note:

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 allotment 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 FFY09 due to the CHIPRA legislation.
11. Total federal dollars spent to NOT include the OIG adjustment. This adjustment will be done first quarter FFY11.
12. Iowa experienced a shortfall in federal funding during the fourth quarter of FFY11 and qualified for a contingency fund payment for exceeding enrollment target.
13. The balance carry forward from FFY11 is from the contingency fund payment. Contingency funds are not always expended for CHIP related activities.
14. $24,652,065 of the carry forward amount from FFY12 is contingency funds
15. $12,039,162 of the carry forward amount from FFY13 is contingency funds

16. $8,775,391 of the carry forward amount from FFY14 is contingency funds. Iowa has received $69,052,073 as an advanced allotment in lieu of a FFY15 award

CHIP Program Budget - Preliminary
SFY 2015

FY15 Appropriation	$ 45,877,998
Amount of ***hawk-i*** Trust Fund dollars added to appropriation	$ 0
Possible Outreach and PERM dollars from Medicaid	$ 0
Total state appropriation for FY14	$ 45,877,998
Federal Revenues Budgeted	$ 95,411,049
*Other Revenues Budgeted	$ 8,150,686
Total	$ 149,439,733

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	$10,426,647	$0
hawk-i premiums (includes up to 300% FPL group)	$32,692,586	$0
Supplemental Dental	$420,258	$0
Processing Medicaid claims / AG fees	$722,073	$0
Outreach	$153,500	$0
hawk-i administration	$1,462,934	$0
Earned interest from ***hawk-i*** fund	$	$0
Totals	$45,877,998	$0

Orthodontia Cases SFY14

Delta Dental of Iowa

Month	Cases Approved	Cases Denied	Total Cases	Percent Approved	Percent Denied	Total Cost
July **2013**	39	40	79	49.37%	50.63%	$262,605.84
August	59	56	115	51.30%	48.70%	$170,282.71
September	67	53	120	55.83%	44.17%	$237,809.19
October	63	62	125	50.40%	49.60%	$314,896.33
November	56	57	113	49.56%	50.44%	$262,639.80
December	41	34	75	54.67%	45.33%	$211,455.77
January **2014**	47	41	88	53.41%	46.59%	$202,367.49
February	34	28	62	54.84%	45.16%	$164,675.78
March	31	42	73	42.47%	57.53%	$208,340.86
April	33	40	73	45.21%	54.79%	$200,360.40
May	46	43	89	51.69%	48.31%	$119,357.50
June	28	37	65	43.08%	56.92%	$156,765.73
Totals	**544**	**533**	**1,077**	**50.51%**	**49.49%**	**$2,511,557.40**

Note:

Cases are requests for orthodontic treatment, not the number of actual claims submitted.

Total cost includes actual claims for both treatment and ancillary services and are for services paid in the given month, regardless of when the orthodontia treatment case was approved.

Attachment Two

History of Retroactive Enrollment Changes

History of Retroactive Enrollment Changes

July-13	Enrollment as of 7-31-2013	Enrollment as of 6-30-2014	Retroactive Changes
Full ***hawk-i***	37,678	38,160	482
Dental Only	4,268	4,312	44

Aug-13	Enrollment as of 8-31-2013	Enrollment as of 6-30-2014	Retroactive Changes
Full ***hawk-i***	37,949	38,503	554
Dental Only	4,276	4,304	28

Sep-13	Enrollment as of 9-30-2013	Enrollment as of 6-30-2014	Retroactive Changes
Full ***hawk-i***	38,132	38,786	654
Dental Only	4,384	4,406	22

Oct-13	Enrollment as of 10-31-2013	Enrollment as of 6-30-2014	Retroactive Changes
Full ***hawk-i***	38,281	38,872	591
Dental Only	4,340	4,405	65

Nov-13	Enrollment as of 11-30-2013	Enrollment as of 6-30-2014	Retroactive Changes
Full ***hawk-i***	36,368	39,093	2,725
Dental Only	4,445	4,536	91

Dec-13	Enrollment as of 12-31-2013	Enrollment as of 6-30-2014	Retroactive Changes
Full ***hawk-i***	38,198	38,917	719
Dental Only	4,575	4,642	67

Jan-14	Enrollment as of 1-31-2013	Enrollment as of 6-30-2014	Retroactive Changes
Full ***hawk-i***	36,579	37,241	662
Dental Only	4,199	4,378	179

Feb-14	Enrollment as of 2-28-2014	Enrollment as of 6-30-2014	Retroactive Changes
Full ***hawk-i***	36,292	39,383	3,091
Dental Only	3,849	4,074	225

Mar-14	Enrollment as of 3-31-2014	Enrollment as of 6-30-2014	Retroactive Changes
Full ***hawk-i***	36,260	39,036	2,776
Dental Only	3,613	3,853	240

Apr-14	Enrollment as of 4-30-2014	Enrollment as of 6-30-2014	Retroactive Changes
Full ***hawk-i***	36,906	38,962	2,056
Dental Only	3,504	3,649	145

May-14	Enrollment as of 5-31-2014	Enrollment as of 6-30-2014	Retroactive Changes
Full ***hawk-i***	35,664	38,086	2,422
Dental Only	3,336	3,381	45

Jun-14	Enrollment as of 6-30-2014	Enrollment as of 6-30-2014	Retroactive Changes
Full ***hawk-i***	36,298	36,298	0
Dental Only	3,100	3,100	0

Attachment Three

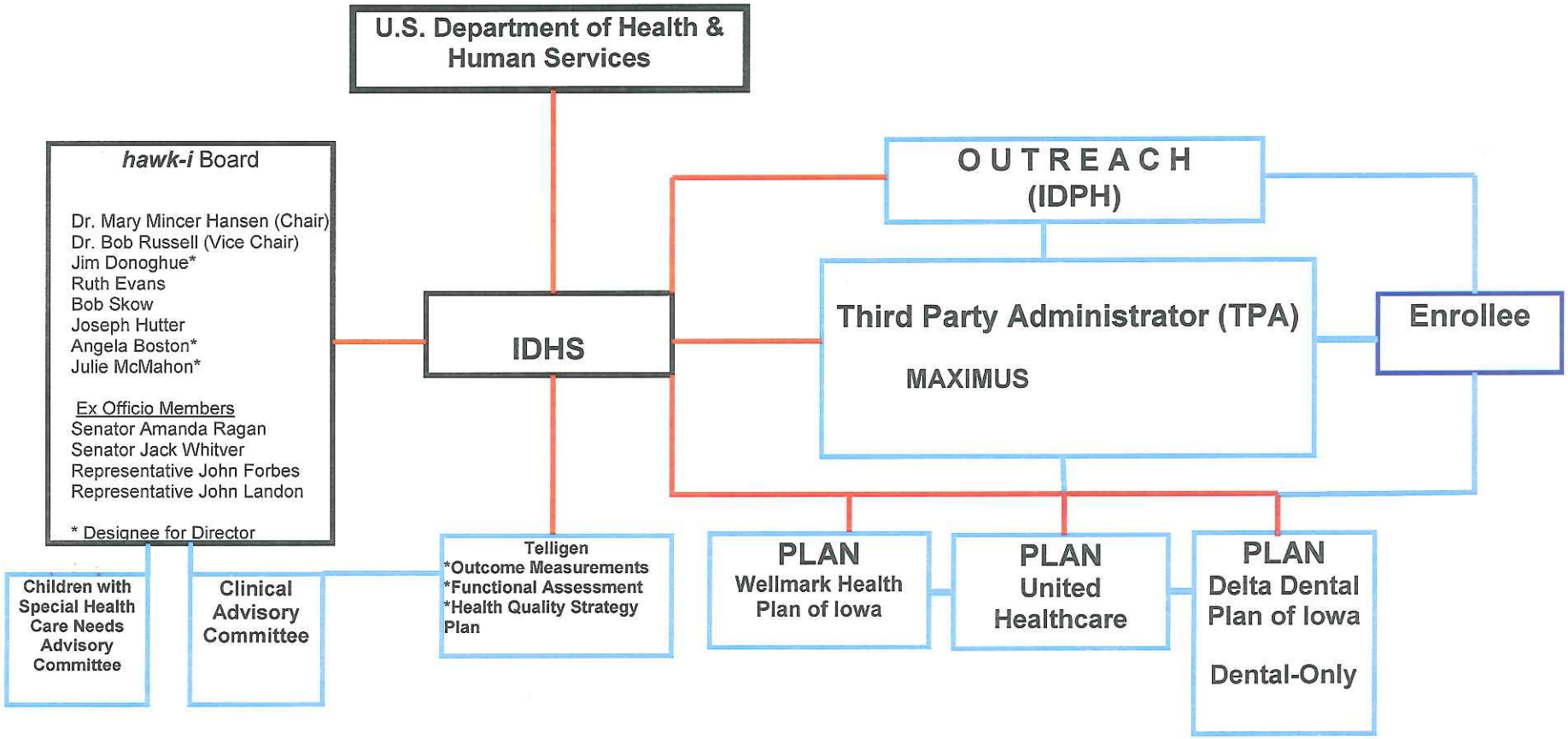
Organization of the *hawk-i* program

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

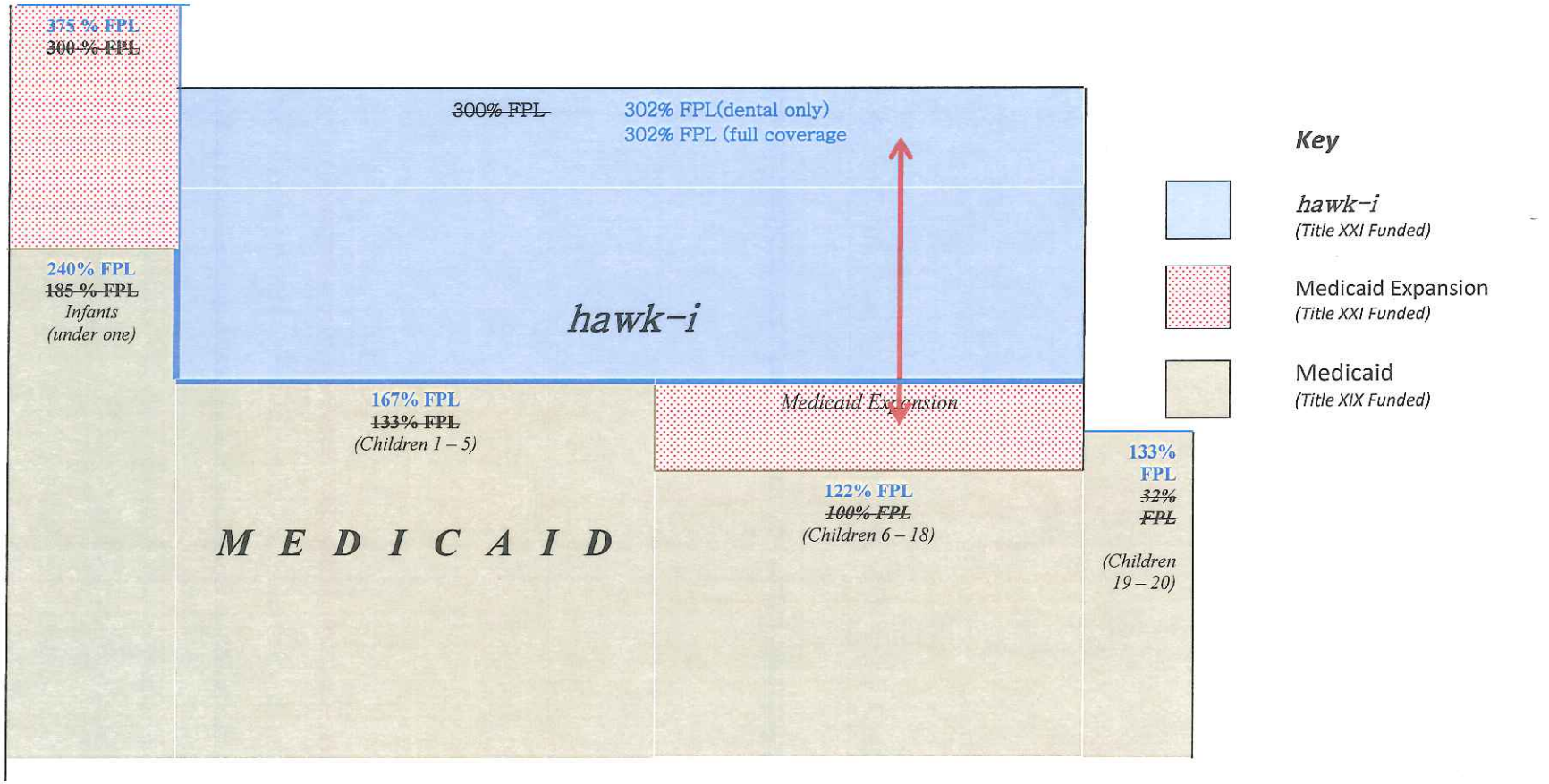
Month/SFY	Total Children on Medicaid	CHIP (Title XXI Program)		
		Expanded Medicaid*	*hawk-i* (began 1/1/99)	Dental Only (began 3/1/10)
SFY99	91,737			
SFY00 Jul-99	104,156	7,891	2,104	
SFY01 Jul-00	106,058	8,477	5,911	
SFY02 Jul-01	126,370	11,316	10,273	
SFY03 Jul-02	140,599	12,526	13,847	
SFY04 Jul-03	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
		Total CHIP Enrollment		**68,820**

Total Medicaid growth from SFY99 to present=	167,663
Total ***hawk-i*** enrollment growth from SFY99 to present =	36,542
Total Dental-Only growth from SFY10 to present=	3,237
Total children covered=	207,442

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

Iowa's Health Care Programs for Non-Disabled Children

MAGI Income Conversion Adjustment

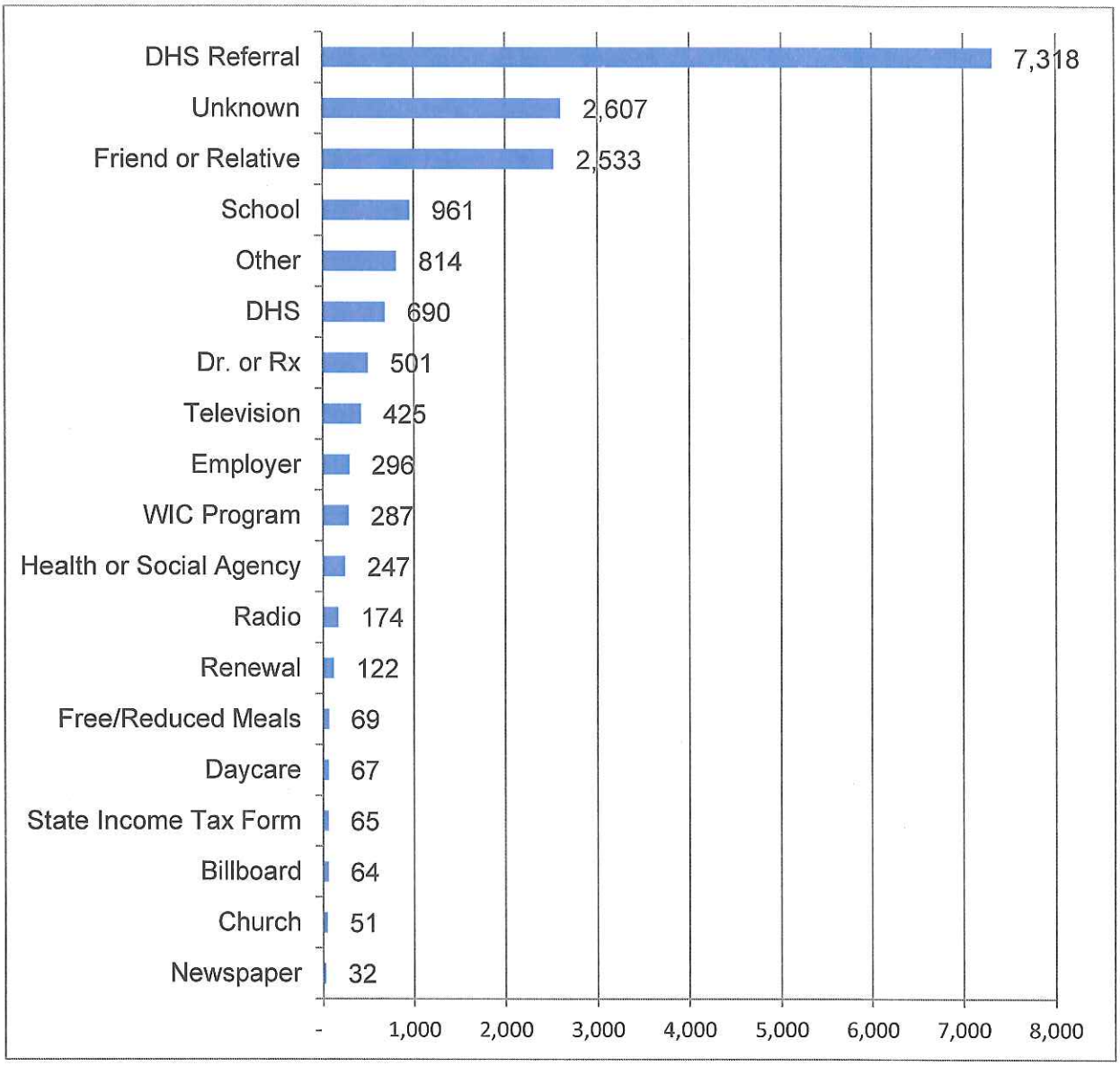


Attachment Four

How Applicants Heard About *hawk-i* in SFY14

Note: Due to the move to the ELIAS system iin 1/1/14, this information represents responses collected 7/1/13 through 12/31/13

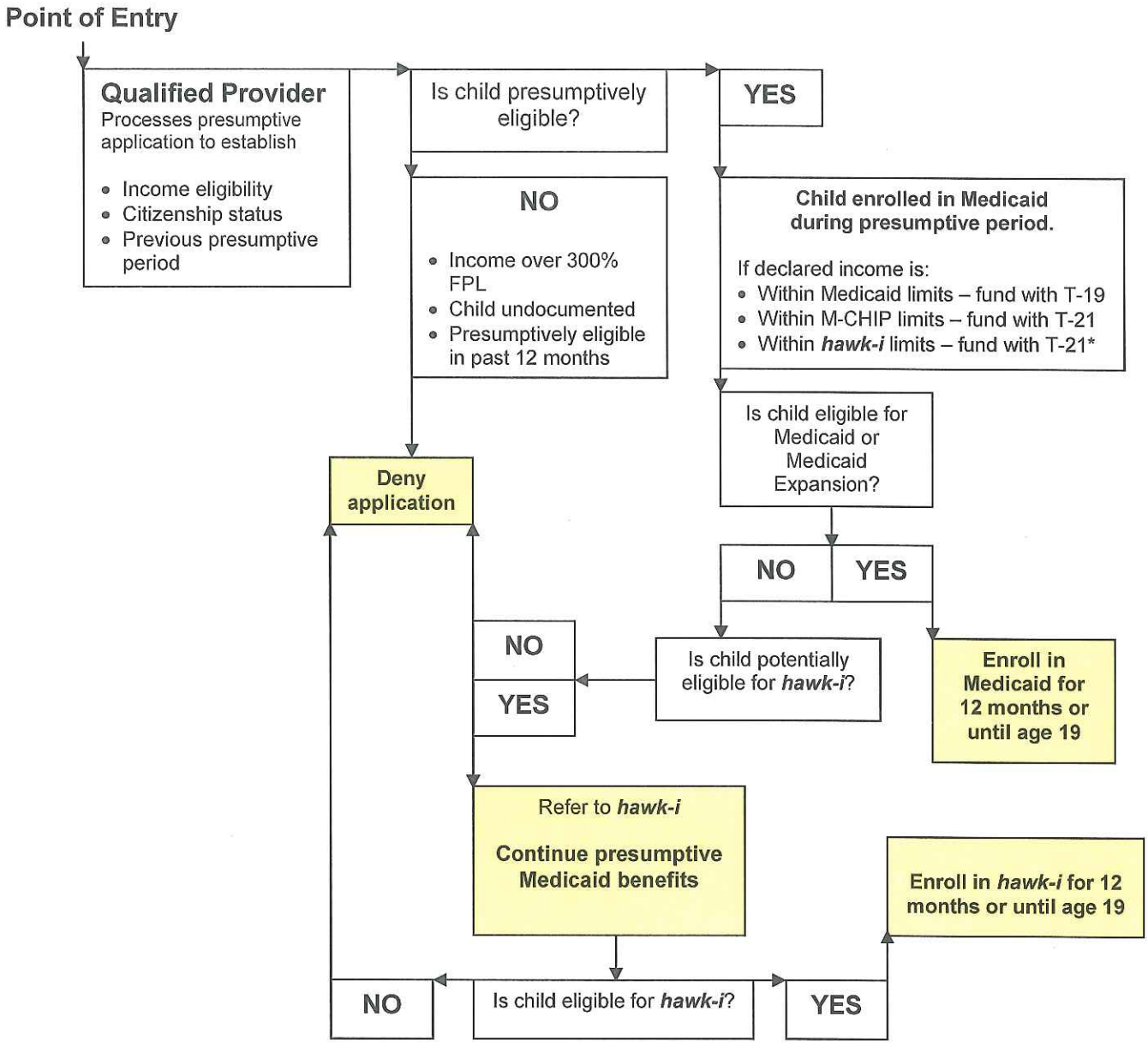
How Applicants Heard About *hawk-i* SFY14



Attachment Five

Presumptive Eligibility for Medicaid

Presumptive Eligibility for Medicaid



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

Attachment Six

History of Per Member Per Month Capitation Rate

PLAN	Capitation Rate		Increase Above Prior Year
	Federal Share	State Share	
SFY14			
UnitedHealthcare	$188.67		3.9%
	70.55% $133.11	29.45% $55.56	
Wellmark Health Plan of Iowa	$199.48		4.3%
	$140.73	$58.75	
Delta Dental of Iowa	$22.99		1.0%
	$16.22	$6.77	
SFY13			
UnitedHealthcare	$181.59		1.5%
	71.71% $130.22	28.29% $51.37	
Wellmark Health Plan of Iowa	$191.26		5.5%
	$137.15	$54.11	
Delta Dental of Iowa	$22.76		1.0%
	$16.32	$6.44	
SFY12			
UnitedHealthcare	$178.91		1.4%
	72.50% $129.71	27.50% $49.20	
Wellmark Health Plan of Iowa	$181.29		1.5%
	$131.44	$49.85	
Delta Dental of Iowa	$22.53		0.0%
	$16.33	$6.20	
SFY11			
UnitedHealthcare	$176.44		1.7%
	73.84% $130.28	26.16% $46.16	
Wellmark Health Plan of Iowa	$178.61		3.0%
	$131.89	$46.72	
Delta Dental of Iowa	$22.53 ($1.35 extra for dental-only enrollees)		7.5%
SFY10			
UnitedHealthcare	$173.41		2.0%
	74.46% $129.12	25.55% $44.29	
Wellmark HPI (Classic Blue Contract ended 9-30-09)	$173.41		4.0%
	$129.12	$44.29	
Delta Dental of Iowa (Blue Access Dental contract ended 7/1/2009.)	$20.96		2.2%
	$15.61	$5.35	
SFY09			
AmeriChoice	$170.01		3.7%
	73.83% $125.52	26.17% $44.29	
Wellmark Classic Blue and Blue Access Dental	$193.56		2.0%
	$142.91	$50.65	
Wellmark HPI and Blue Access Dental	$186.95		2.0%
	$138.03	$48.92	
Delta Dental of Iowa	$20.50		8.0%
	$15.14	$5.36	

Attachment Seven

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 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.

hawk-i

Healthy and Well Kids in Iowa

Board Members

as of July 1, 2014

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