

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 514I.5, the Department of Human Services proposes to amend Chapter 86, “Healthy and Well Kids in Iowa (HAWK-I) Program,” Iowa Administrative Code.

The proposed amendments extend the period within which a new enrollee may request to switch from one HAWK-I health or dental plan to another. The amendments extend this period from the current 30 days following the date the health or dental plan was notified of the person’s initial enrollment to 90 days following the date of that notification. The enrollee will be allowed to switch plans during this period regardless of the reason for requesting the change and regardless of whether the enrollee chose the plan or was referred to it.

The amendments also provide that an enrollee will be allowed to switch plans at any time for cause, as defined by federal regulations. Reasons included in the definition of “cause” include moving out of the plan’s service area, being unable to obtain needed services from the plan, poor quality of care, lack of access to covered services, and lack of access to providers experienced in treating the enrollee’s health care needs. Currently, an enrollee is allowed to change plans only when there is a substantial change in the plan’s provider panel.

These changes are being made to comply with Public Law 111-03, the Children’s Health Insurance Program Reauthorization Act (CHIPRA), which requires states to follow Medicaid managed care regulations in the administration of their Children’s Health Insurance Plans.

These amendments do not provide for waivers in specified situations. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

Any interested person may make written comments on the proposed amendments on or before July 6, 2010. Comments should be directed to Mary Ellen Imlau, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by E-mail to policyanalysis@dhs.state.ia.us.

These amendments are intended to implement Iowa Code chapter 514I.

The following amendments are proposed.

ITEM 1. Amend subrule 86.6(2) as follows:

86.6(2) *Period of enrollment.* Once enrolled in a health or dental plan, the child shall remain enrolled in the selected health or dental plan for a period of 12 months ~~unless:~~

~~*a. Exceptions. There is a substantial change in the provider panel of the health or dental plan originally chosen, as determined by the board. A substantial change means, but is not limited to, loss of a contracted hospital or provider group. When there is another participating health or dental plan available in the child’s county of residence, the child may disenroll from the current health or dental plan and enroll in the other health or dental plan. A child may be enrolled in a plan for less than 12 months if:*~~

~~*b. (1)*~~ The child is disenrolled in accordance with the provisions of rule 441—86.7(514I). If a child is disenrolled from the health or dental plan and subsequently reapplies before the end of the original 12-month enrollment period, the child shall be enrolled in the health or dental plan from which the child was originally disenrolled unless the provisions of subrule 86.7(1) apply.

~~*e. (2)*~~ The child is added to an existing enrollment. When a family requests to add an eligible child, the child shall be enrolled for the months remaining in the current enrollment period.

(3) A request to change plans is accepted in accordance with paragraphs 86.6(2)“b” and “c.”

*b. *Request to change plan.* An enrollee may ask to change the health or dental plan:*

(1) Within 90 days following the date the initial enrollment was sent to the health or dental plan regardless of the reason for the plan change or whether the original health or dental plan was selected by the applicant or was assigned in accordance with subrule 86.6(3).

(2) At any time for cause. "Cause" as defined at 42 CFR 438.56(d)(2) as amended to May 13, 2010, includes, but is not limited to:

1. The enrollee moves out of the plan's service area.
2. Because of moral or religious objections, the plan does not cover the services the enrollee seeks.
3. The enrollee needs related services (for example, a cesarean section and a tubal ligation) to be performed at the same time, not all related services are available within the network, and the enrollee's primary care provider or another provider determines that receiving the services separately would subject the enrollee to unnecessary risk.
4. Other reasons, including but not limited to, poor quality of care, lack of access to services covered under the contract, or lack of access to providers experienced in dealing with the enrollee's health care needs.

c. *Response to request.*

(1) If the enrollee has not requested to change health or dental plans within 90 days following the date the initial enrollment was sent to the health or dental plan and it is determined that cause does not exist, the request to change plans shall be denied.

(2) All approved changes shall be made prospectively and shall be effective on the first day of the month following the month in which the request was made.

ITEM 2. Rescind paragraphs **86.6(3)"a"** and **"b."**