STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Annual Hawki Board Report

December 2023

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Contents

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Executive Summary

This report has been developed for the state fiscal year 2023 (SFY23), Annual Report July 1, 2022, to June 30, 2023, for the Healthy and Well Kids in Iowa (Hawki) program. Iowa Code Section 5141.5(6)(f) directs the Hawki Board to submit an annual report concerning the Board's activities, findings, and recommendations.

This Public Health Emergency (PHE) ended on May 11, 2023 however it did continue to affect the Hawki Program throughout the SFY 23 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 stopped, and healthcare services were added. Children that acquired other primary health insurance are still discontinued from the Hawki insurance program. Telehealth was one of the services added and continues to allow Hawki members to be able to receive needed health services without the need to go to a provider's office. Telehealth services will continue post PHE to allow for increased access to services. Premiums have resumed and statements were mailed to members.

Program Description

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.

Iowa's CHIP Program

CHIP is a federal program operated by the state, financed with federal and state funds at a current match rate of approximately 78 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 multiple 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 from Delta Dental of Iowa 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 Organizations** (Implemented April 2016) – Most Medicaid members, including those enrolled in the Hawki program, were 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 a monthly capitation premium to the 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 SFY23 was $156.55 per member per month (pmpm), for Iowa Total Care the capitation payment was $159.87 pmpm, and for Delta Dental of Iowa the capitation payment was $22.03 pmpm. Within the Hawki program 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. All premiums were on hold beginning March 2020 due to the PHE but have resumed effective January 1, 2024. Premiums that were erroneously paid to the state by members were refunded and checks were mailed to members in October 2023.

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 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 reflect projected state and program spending more accurately. 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 based on 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.

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State Funding for SFY23:

CHIP Program Budget – SFY 2023 Final

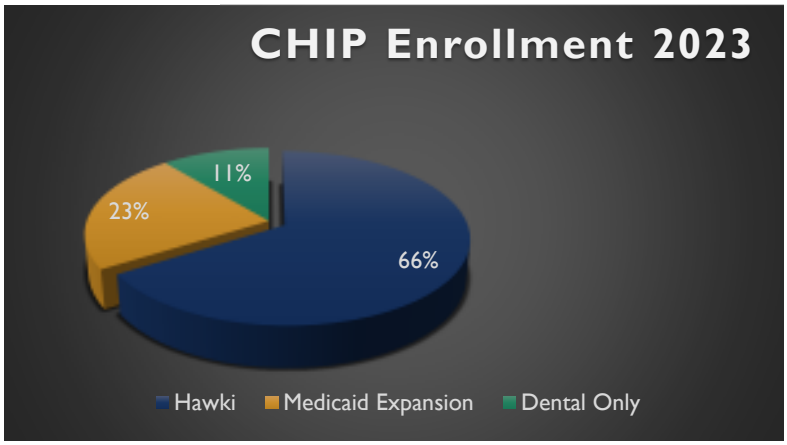
CHIP Program Budget -- SFY 2023 Final	
FY23 Appropriation	**$38,661,688**
Amount of Hawki Trust Fund dollars added to appropriation	6,715,260
Total state appropriation for FY23	**$45,376,948**
Federal Revenues Budgeted	127,409,513
*Other Revenues Budgeted	5,609,550
Total	**$178,396,011**
State dollars spent Final	31,680,561
Federal Revenue earned Final	125,524,911
Other revenues Final	8,173,292
Total Revenues Final	165,378,764
* Other revenues include rebates and recoveries; client premium payments and Hawki trust fund interest.	

See Attachment Four: Budget Information.

Enrollment

As of June 30, 2023, 46,901 children were enrolled in Iowa's CHIP program. Of the total number enrolled in SFY23:

- 16,595 (23 percent) were enrolled in Medicaid Expansion (M-CHIP),
- 47,853 (66 percent) in Hawki, and
- 7,946 (11 percent) in the Hawki Dental-Only program



Enrollment Details

Additional information of breakdown of enrollment including by age, gender, race and county of members can be found on the Iowa Medicaid Dashboard.

COVID-19

The Department worked quickly when the PHE was issued on March 13, 2020, to ensure Hawki members would continue to be enrolled in the program and receive needed health care services. The Department requested authority through the CHIP Disaster SPA to be able to delay renewals for CHIP and not disenroll members until the PHE is over. Additionally, Hawki members who had a decrease in family income during the PHE, could still be eligible for Medicaid.

Federal guidance also allowed for the discontinuation of collecting premiums 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.

Iowa Medicaid has been working on the PHE unwind to complete redeterminations. Iowa Medicaid determined that increased coverage for telehealth had positive impacts for members and providers and determined that increased coverage would continue post PHE. The complete list of telehealth services that remain available can be found here.

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: Medicaid Resources and Reports | Health & Human Services (iowa.gov).

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

In SFY23, 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 that is 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
- Employees without access to Employer Sponsored Health Insurance
- Priority 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 in order to reach uninsured children.

Some local coordinators were able to establish strong working relationships with school nurses and/or school liaisons who were able to help with collecting paperwork and application information for identified children in need of insurance coverage and connect the child family unit to the Hawki Outreach Coordinator (HOC) who could provide Presumptive Eligibility application and coordination of care with linking to community resources as appropriate.

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 Employees Without Access to Employer Sponsored Health Plans

Local coordinators made impressive outreach to a variety of employers in this sector, such as: small business owners, in home daycares and childcare centers, restaurants, part time employment agencies and centers, IowaWorks, and many more. Coordinators provided presentations, education, and materials for employees to learn more about Hawki coverage and assistance in applying for coverage for their children.

Outreach to Priority Populations

All HOC collaborated and worked closely with other agency programs who have regular access and interaction with families and children to provide outreach, education, and referral to the HOC for assistance with Medicaid/Hawki insurance application and Presumptive Eligibility. Agency programs collaborated with included Child and Adolescent Health (CAH) staff attending fairs, outreach events and WIC appointments, I-Smile staff attending and providing school-based services to children, and 1st Five Developmental Support Staff providing coordination services for referred children in their program. Coordinators provided targeted outreach and community partnership building with two Priority Populations identified in their CAH agency as populations in need of additional and intentional engagement for insurance, care coordination, and other health equity needs. Emphasis was placed on incorporating and collaborating with CAH Health Equity work and encouraged to integrate strategies that supported priority populations and identified sectors.

Additional Outreach Activities

Outreach coordinators are conducting specific targeted outreach in areas of the state previously identified with counties having higher rates of uninsured children in Collaborative Services Area (CSA) 9, 10, and 15 per the completed Environmental Scans. CSA 6 did not have a contracted agency providing Hawki services during FY23.

Figure 1

A	Counties (percent of children uninsured)
	Floyd (11.5%)
	Decatur (7.8%); Wayne (18.2%)
	Chickasaw (11.5%); Allamakee (11.1%); Clayton (10.1%)
	Davis (42.3%); Van Buren (17.3%); Appanoose (10%)

In addition, Outreach Coordinators are focusing more attention on outcomes and data - capturing return on investment in a more significant manner. Iowa ranks number four in states in having the highest insured rates for children, but there is still room for improvement. The outreach coordinators would like to capture more data on existing barriers that families are confronting when applying for

state health benefits (e.g., new refugees and immigrants coming into the state and difficulty accessing the system, etc.). Lastly, the Outreach Coordinators will continue sharing and capturing success stories which give Hawki Board Members/community members tangible evidence outreach efforts are working. The state Hawki Outreach Coordinator is going to complete additional outreach to state and non-profit organizations to share/speak on Hawki Outreach message of awareness and knowledge (Hawki/Medicaid) in their local Iowa Board of Medicine, Pharmacy, Nursing, Dental and other licensed professions working with children/families, American Academy of Pediatrics-Iowa Chapter, Domestic Violence agencies and shelters, Iowa Association of Chambers of Commerce, etc.

See Attachment Five: Referral Sources -Outreach Points.

Success Stories

Agency 1:

Parent was referred to me from a school nurse. Child used to have Medicaid when he lived with his mom, now he lives with his dad and dad is losing his job because company is closing. Child is on prescription medication and has been not taking it for the past few months because of being uninsured. Dad reached out to me, child got approved for PE and now waiting to get approved for Medicaid.

Agency 2:

We were at the XXXXXX Community Schools Registration Event in July. At that event a connection was made with the school's student & family resources liaison. Presumptive eligibility was discussed. The liaison has been helping families fill out a Medicaid application and then faxing it to DHS. We developed a referral system to get the application completed sooner. Presumptive applications are now faxed to our agency to enter into the system and obtain a Notice of Action (NOA). The liaison helps contact the family to give them the printed application & NOA. Our agency does the care coordination for the families that receive presumptive eligibility.

Agency 3:

After giving the XXXXX school nurses an overview of who can qualify for Medicaid and the unwinding information, the HOC staff are able to have better communication with school families. Two elementary schools have offered space to meeting with families on location and offer interpreter to assist with the application process. The school nurse assists in setting up the meeting, reserving the room, and interpreter. The HOC staff arrives on location to provide the PE Service, explain Hawki benefits and complete care coordination with the families. Four families have been served in September since the initial meeting was held.

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 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 Department 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 Hawki outreach coordinators.

To date, Iowa has gradually expanded Qualified Entities (QE)s and continues to add QEs in provider categories including: Head Start programs, Women's and Infant Clinics (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, 2023, 228 QEs (individuals, hospitals, and agencies) were authorized to sign up children for the presumptive eligibility program. In SFY23, a monthly average of 266 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 SFY23, families in all 99 counties had a choice of two MCOs: Amerigroup Iowa Inc. (Amerigroup) and Iowa Total Care (ITC).
There is one dental plan, Delta Dental of Iowa that participated in Hawki in SFY23.

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 Hawki Board | Health & Human Services (iowa.gov)

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Hawki Board Strategic Planning

The Hawki Board has a robust charge identified in Iowa Code Section 514I.5. As strategic planning began in October 2021, opportunities for maintaining fidelity to the charge was found in the duties, reporting, recommendations, and approvals sections articulated in the code.

In 2023, the Hawki Board identified, prioritized, and participated in a series of educational presentations. The educational presentations were conducted by subject matter experts at the state and national levels. The educational presentations highlighted data and data-driven practices, described the Hawki population, and included opportunities to enhance the program's model.

See Attachment 8: Detailed Description of Presentation Title and Presenters.

The educational presentations focused on three key areas.

- Trends and best-practices in CHIP benefits and service delivery including telehealth flexibilities and multi-year continuous coverage provisions.
- Behavioral health services including access and outcome measures, comparison of benefits across coverage plans, prevention services, and innovative models.
- Data on the overall health of kids in Hawki including health care access, utilization, and outcome measures.

Throughout the 2023 year, the Hawki Board also intentionally engaged the Managed Care Organizations (MCOs) by identifying the MCOs to participate in presentations that focused on the following principles: experience of care; access and affordability; prevention and treatment; utilization and cost; healthy lives. The MCOs presented on well-child exam rates (including strategies to increase well-child visit rates) and dental care and oral health.

See Attachment 9: Managed Care Organization Engagement.

Hawki Board Recommendations

The Board commends the Department of Health and Human Services' commitment to continuous improvement, transparency, and accountability for results. The Department's data dashboards are a key tool to share up-to-date, accurate data with the public**. The Hawki Board recommends that the Department disaggregates outcome data and access measures by program type (e.g., Hawki, Iowa Health and Wellness Plan, traditional Medicaid etc.).** The ability to filter the data by program will provide the Hawki Board with a more specific and accurate assessment of the program's operation and impact.

As part of the Department's ongoing assessment of the mental health parity guidelines, **the Hawki Board recommends that the Department shall report to the Board an analysis of behavioral health service claims that were denied for Hawki members due to service not covered.**

The Hawki Board was established to provide direction to the Iowa Department of Health and Human Services on the development, implementation, and ongoing administration of the Hawki program. As Medicaid and Hawki work in tandem, **the Hawki Board recommends** that child-centered membership should be retained across the Hawki Board and MAAC to reflect the unique needs children of children.

Multi-year continuous eligibility has been presented as a solution to ensure that young children maintain their coverage without disruption, given the income fluctuations and volatility in families during their early years. **The Hawki Board recommends that an analysis be conducted to assess the impact of implementing multi-year continuous eligibility in Iowa for kids under the age of 6 years**. The analysis should include, but not be limited to: an assessment of income fluctuations of Medicaid and Hawki eligible households, the administrative burden associated with enrollment and redetermination, and the health and developmental outcomes associated with uninterrupted access to health insurance coverage.

Part of the Hawki Board's mission is to, "ensure eligible children can access the health services they need to grow and be healthy." Well-child visits represent a critical tool in helping ensure this goal. As part of the MCO engagement portion of the Board's work, each MCO identified increasing well-child visits as an area for improvement. To that end, **the Hawki Board recommends that a workgroup be established with Hawki Board members, HHS staff, MCO representatives, providers, and Hawki members and/or caregivers to develop an action plan across the health plans to increase well-child visit rates among Hawki members.**

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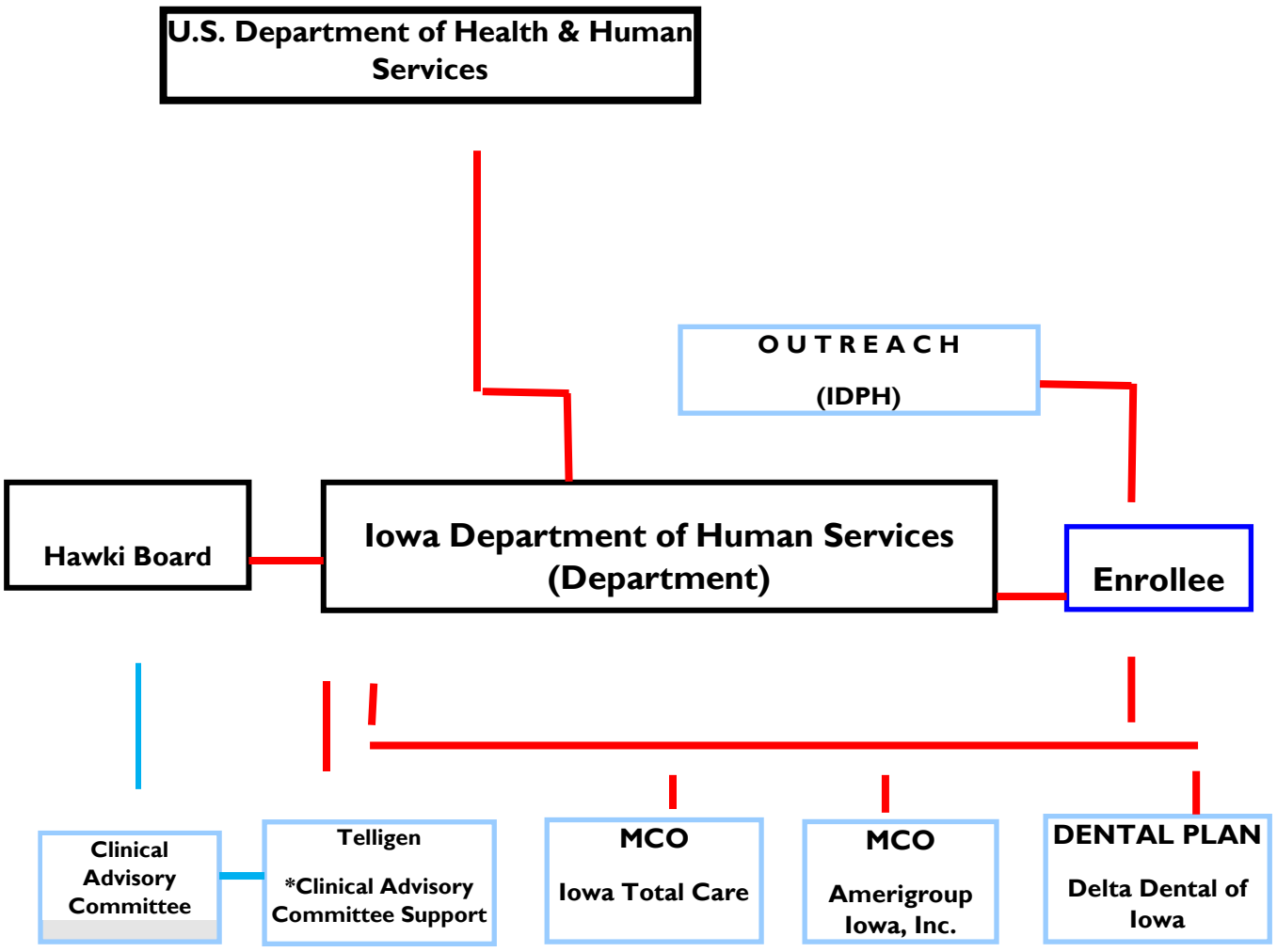
Attachment One – Organization of the Hawki Program

Organization of the Hawki Program as of June 30, 2023



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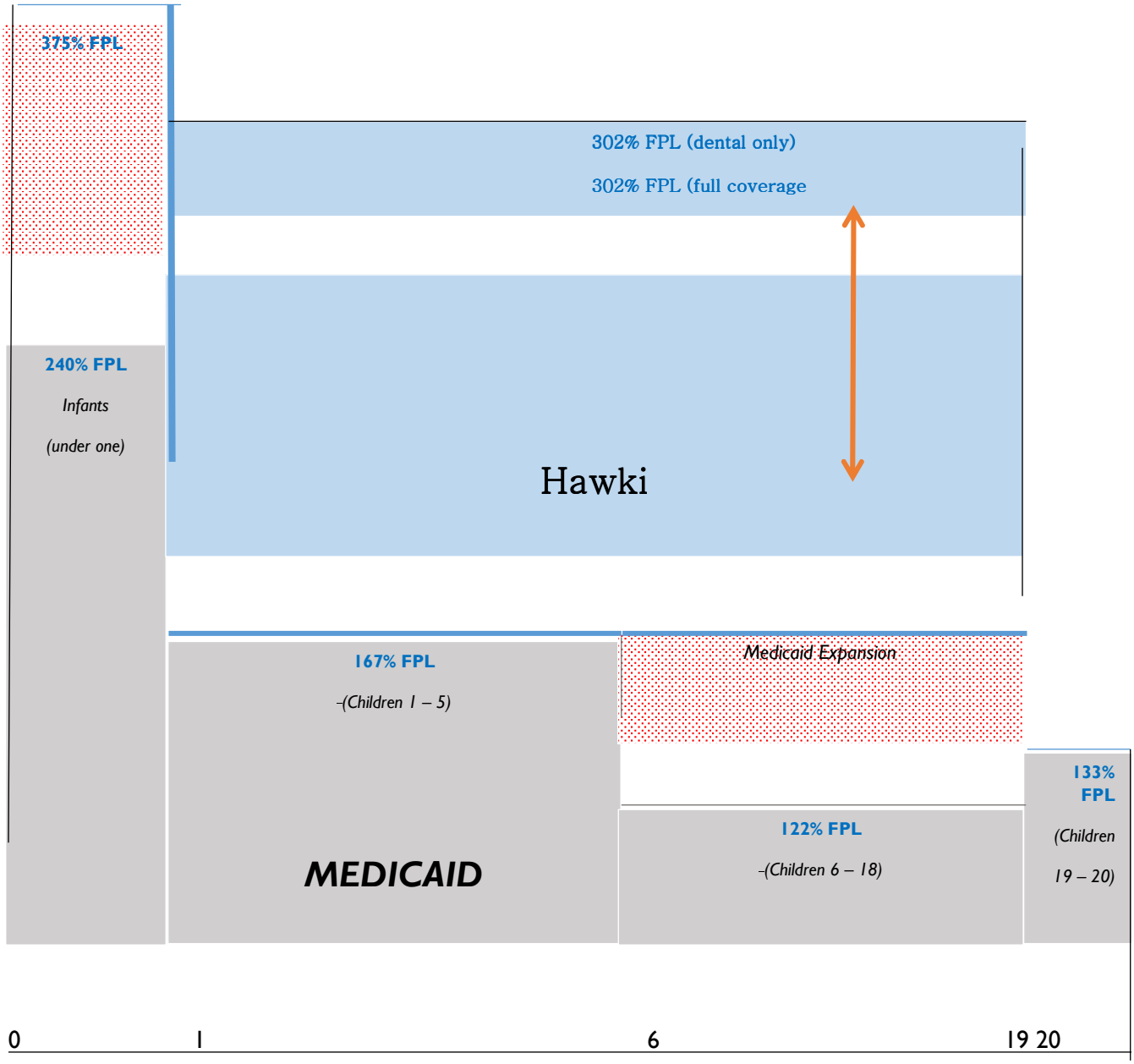
Attachment Two – Iowa's Health Care Programs for Non-Disabled Children

Iowa's Health Care Programs for Non-Disabled Children

MAGI Income Conversion Adjustment



Hawki
Title XXI funded

Medicaid Expansion *Title XXI funded*

Medicaid
Title XIX funded

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Attachment Three – 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
SFY21**	272,308	15,750	64,787	6,759
SFY22	363,520	16,508	54,258	6,670
SFY23	342,929	16,595	47,853	7,946

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

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

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Attachment Four Budget Information

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
2021	166,551,061	69,982,418	-	-	-	-	236,533,479	135,959,472	100,574,007
2022	185,712,796	100,574,007	-	-	-	-	286,286,803	132,615,088	153,671,715
2023	146,698,746	153,671,715	-	-	-	-	300,370,461	129,677,583	170,692,878

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

State Funding for SFY23:

The total original appropriation of state funds for SFY23 was	$38,661,688
Amount of Hawki Trust Fund Dollars added to appropriation	$6,715,260
Amount of supplemental appropriation for SFY23	$0
Total State Funding:	$45,376,948

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State Funding for SFY23:
CHIP Program Budget – SFY 2023 Final

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CHIP Program Budget – SFY 2024 Preliminary

CHIP Program Budget -- SFY 2024 Preliminary	
FY24 Appropriation	**$38,661,688**
Amount of hawk-i Trust Fund dollars added to appropriation	13,696,387
Total state appropriation for FY24	**52,358,075**
Federal Revenues Budgeted	142,834,403
*Other Revenues Budgeted	10,313,125
Total	$205,505,603
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	$10,561,362	$0
hawk-i premiums (includes up to 300% FPL group)	$30,918,083	-
Supplemental Dental	$678,705	-
Processing Medicaid claims / AG fees	$79,310	-
Outreach	$152,937	-
hawk-i administration	$793,405	-
Earned interest from hawk-i fund	($1,541,346)	-
Health Insurer Fee/Withhold	$1,295,219	-
Totals	**$42,937,674**	**$0**

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Attachment Five – 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 Hawki 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 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 Health and Human Services (HHS)

The function of HHS 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.

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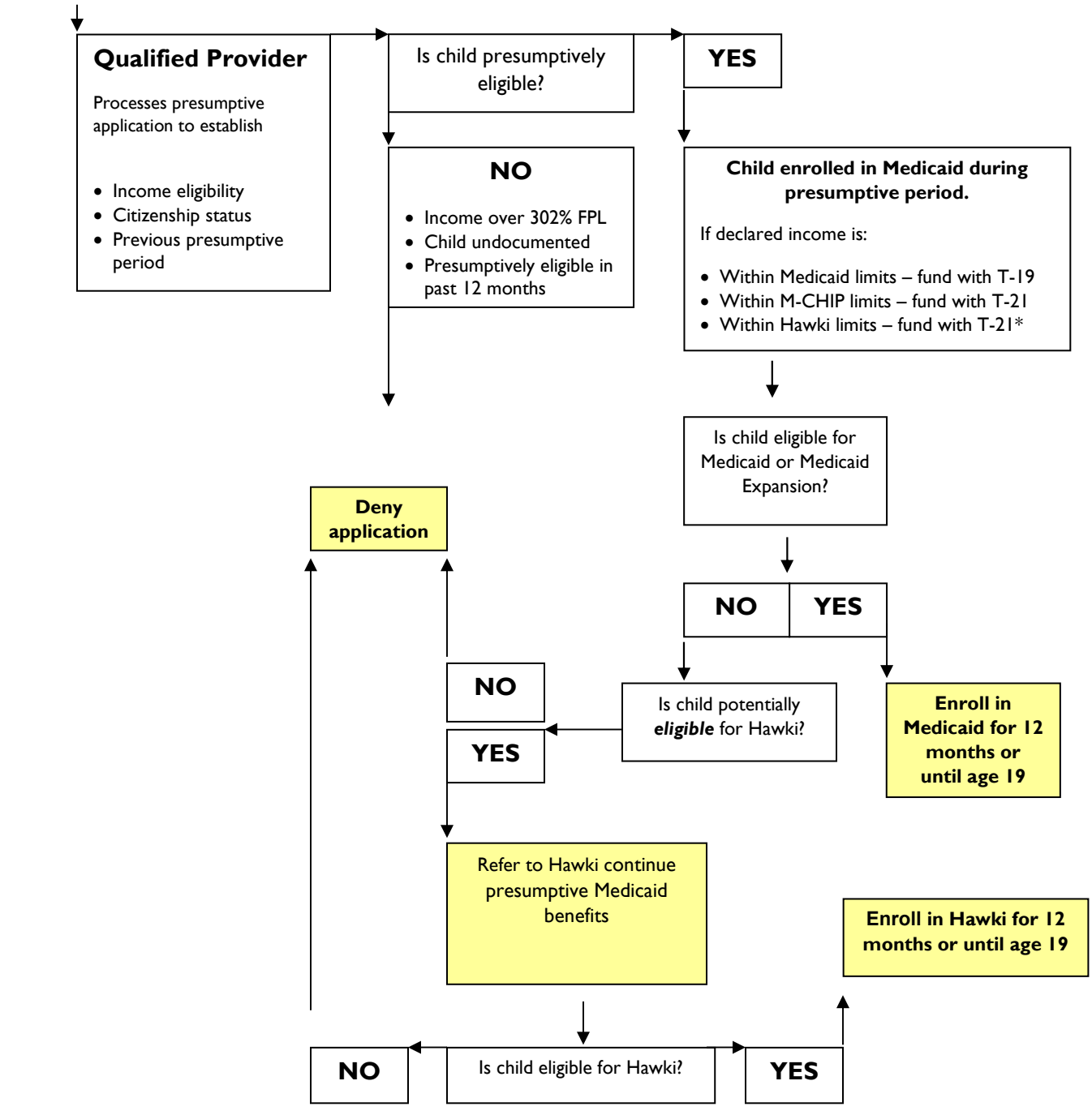
Attachment Six – Presumptive Eligibility for Medicaid and Hawki

Point of Entry



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

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Attachment Seven – Hawki Board Members

Hawki

Elizabeth Matney, Medicaid Director | **Healthy and Well Kids in Iowa (Hawki) Board**

Board Members

as of November 21, 2023

Mary Nelle Trefz, Chair | **Mary Scieszinski, Vice Chair**

PUBLIC MEMBERS:

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Attachment Eight – Detailed Description of Presentation Titles and Presenters

February 20, 2023 Overall health of the kids on Hawki (Tashina Hornaday; Iowa Department of Health and Human Services;)

April 17, 2023 An overview of what Children's Health Insurance Programs (CHIP) look like in other states, including comparison to the Hawki program and trends/best-practices from other states (Anita Cardwell and Maureen Hensley-Quinn; National Academy for State Health Policy)

June 19, 2023 Telehealth: impact on access and outcomes during the pandemic and an update on continued use of telehealth flexibilities (Rebecca Curtis; Iowa Department of Health and Human Services)

August 21, 2023 Updated data dashboard (Kurt Behrens and Joanne Bush; Iowa Department of Health and Human Services)

August 21, 2023 Multi-year Continuous Coverage Options (Elisabeth Wright Burak, Senior Fellow at Georgetown University's McCourt School of Public Policy's Center for Children and Families)

October 16, 2023 Behavioral Health Services: Comparison of behavioral health services covered under Hawki, Medicaid, and the core services required under the Children's Behavioral Health System (Tashina Hornaday and Rob Aiken); Overview of mental health parity guidelines and how it impacts Hawki (Tashina Hornaday); Children's behavioral health and substance use access and outcome measures (Kurt Behrens); Prevention efforts (Julie Hibben); Overview of CCBHCs and how this model will meet the unique needs of kids and their families (Laura Larkin)

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Attachment Nine – Managed Care Organization Engagement

The MCOs presented on the following topics:

February 20, 2023 Data on well-child exam rates (John Hedgecoth, Amerigroup and Kristin Pendegraft, Iowa Total Care)

June 19, 2023 Dental Care and oral health (Gretchen Hageman; Delta Dental of Iowa)

August 21, 2023 Strategies to increase well-child visit rates (Kristin Pendegraft, Iowa Total Care; Lynh Patterson, Amerigroup; Theresa Jennings, Molina)