hawk-i

(Healthy and Well Kids In Iowa)

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

Calendar Year 2004

C O N T E N T S

ANNUAL REPORT OF THE *hawk-i* BOARD
JANUARY 1, 2004 – NOVEMBER 30, 2004

ATTACHMENTS:

Executive Summary

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

Calendar Year 2004

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.

The ***hawk-i*** Board remains very committed to meeting challenges set forth by the Governor and Iowa General Assembly ensuring that Iowa's children have access to quality health care coverage. The Board has been supported in its work by the Department of Human Services, Department of Public Health, Department of Education, Division of Insurance, advisory committees, health plans, advocacy groups, and providers.

According to a report by the Kaiser Commission on Medicaid and the Uninsured, *"Beneath the Surface: Barriers Threaten to Slow Progress on Expanding Health Coverage of Children and Families,"* many states are struggling to support health care coverage initiatives. Rising health care costs and the declining rate of employer-sponsored health coverage has resulted in an increase in the number of uninsured people. Fortunately, the number of children with health care coverage has continued to increase due to the availability of programs like Medicaid and ***hawk-i***.

Iowa is recognized as having one of the lowest uninsured rankings in the country. The state is doing an excellent job of keeping the number of uninsured children low. According to a news release by *Governing Magazine dated January 30, 2004*, Iowa has the fourth-lowest percentage of uninsured children in the country. The report notes that this is largely because of thorough efforts to make sure that parents are aware that benefits are offered through public insurance programs.

As economic pressure continues to stress state and federal budgets, states continue to be faced with tough decisions. On September 30, 2004, Congress did not act to retain $1.1 billion of funding within the SCHIP program. The funds were reverted back to the U.S. Treasury leaving fewer program funds for the states. While there will be sufficient funding for state fiscal year '05, current projections are that Iowa will run out of federal funding in the spring of state fiscal year '06 and expect another shortfall in state fiscal year '07.

The total appropriation of state funds for SFY '04 was $15,734,647 inclusive of $4,402,598 ***hawk-i*** trust fund dollars held in reserve at SFY '03 year-end. Of this amount $12,036,443 was expended. Thus, the ***hawk-i*** Program ended SFY '04 with a balance of $3,698,204 in state funds in the ***hawk-i*** trust fund that were taken into account in the development of the SFY '05 budget request.

As of November 30, 2004 a total of 31,558 children were enrolled in Iowa's SCHIP Program (both the ***hawk-i*** and the Medicaid Expansion Programs). Iowa has maintained a steady increase in enrollment and continues to deliver vital preventative health care services assuring that children grow up healthy.

Respectfully submitted,

hawk-i Board

ANNUAL REPORT OF THE *hawk-i* BOARD
Calendar Year 2004

I. Budget:

A. Federal Funding Issues:

The State Children's Health Insurance Program (SCHIP) is funded with both state and federal funds. The original federal SCHIP legislation authorized funding for 10 years, so the program will come up for reauthorization in 2007. Prior to Federal Fiscal Year (FFY) 2005 states were allocated federal funding based on the estimated number of uninsured children in the state who could qualify for the program. In FFY 2005 the allocation formula was based on 50% of the number of low-income children for a fiscal year and 50% of the number of low-income uninsured children defined in the three most recent current population surveys of the Bureau of Census. In order to draw down approximately $3.00 of federal funds, the state must spend approximately $1.00 in state funds.

Iowa's allotment of federal funds for the SCHIP program (includes both Medicaid expansion and ***hawk-i***) was in excess of $32 million each year for 1998 through 2001. For the fourth straight year, the federal SCHIP allotment has decreased from the original allotment amounts. The Federal Fiscal Year 2005 allotment is $28.3 million, a 12.9% reduction from when the state started the ***hawk-i*** Program.

Federal Fiscal Year Allotments

Federal Fiscal Year	Allotment	Dollar Variance from 1st FFY Allotment	Percent Variance from 1st FFY Allotment
1998	$32,460,463		
1999	$32,307,161	<$153,302>	<. 47%>
2000	$32,282,884	<$177,579>	<. 54%>
2001	$32,940,215	+479,752	+1.4%
2002	$22,411,236	<$10,049,227>	<30.9%>
2003	$21,368,268	<$11,092,195>	<34.2%>
2004	$19,703,000	<$12,757,463>	<39.3%>
2005	$28,266,206	<$4,194,257>	<12.9%>

There is a provision in the legislation that if a state does not spend all of its allotment, the unspent dollars go into a redistribution pool to be redistributed among the states that have spent their funding. States have one year to spend any redistributed funds. Any unspent funds at the end of the one-year-period revert to the U.S. Treasury. So far, Iowa has not had to rely on any redistributed funds.

As economic pressure continues to stress state and federal budgets, states continue to be faced with tough decisions. On September 30, 2004, Congress did not act to retain $1.1 billion of funding within the SCHIP program. The funds were reverted back to the U.S. Treasury leaving fewer program funds for the states. While there will be sufficient funding for state fiscal year '05, current projections are that Iowa will run out of federal funding in the spring of state fiscal year '06 and expect another shortfall in state fiscal year '07.

A copy of Iowa's allotment and expenditure history is attached.

B. State Funding Issues:

The total appropriation of state funds for SFY '04 was $15,734,647 inclusive of $4,402,598 ***hawk-i*** trust fund dollars held in reserve at SFY '03 year-end. Of this amount $12,036,443 was expended. Thus, the ***hawk-i*** Program ended SFY '04 with a balance of $3,698,204 in state funds in the ***hawk-i*** trust fund that were taken into account in the development of the SFY '05 budget request.

A copy of the SFY '04 expenditure report and the SFY '05 budget are attached. These reports reflect state only dollars.

Attachment 1: Allotment Expenditure History, SFY'04 Fiscal Committee Report, SFY '04 Expenditure Report, and SFY'05 Budget

II. Clinical Advisory Committee:

The Clinical Advisory Committee was created by the Legislature as part of H.F. 2517 to advise the Board on coverage issues and outcome measures for the ***hawk-i*** Program.

A. Outcome Measurements:

Federal regulations require states to identify and report outcome measurements in their state plan. To address this requirement, the Center for Medicare and Medicaid Services (CMS) has been directed to examine national performance measures by the State Children's Health Insurance Program (SCHIP). CMS convened the Performance Partnership Project (PMPP) as a collaborative effort between federal and state officials to develop a national set of performance measures for Medicaid and SCHIP. Such a jointly developed performance measurement system is vital to ensuring that the value, quality and accountability of state programs is recognized and fostered.

After considerable deliberation, the PMPP identified the following set of performance measures for the initial implementation:

- Children's access to primary care practitioners;
- Use of appropriate medications for children with asthma;
- Well child visits for children in the first 15 months of life; and

- Well child visits in the 3rd, 4th, 5th, and 6th, years of life.

This project is a pilot effort, the outcomes of which will support future Medicaid and SCHIP performance measurement reporting efforts. Survey results will be used by CMS to:

- Assess the extent to which States are already calculating the measures (required by federal regulations);
- Develop solutions to overcome the barriers identified;
- Refine measures specifications; and
- Establish a statistical baseline for future efforts.

The Clinical Advisory Committee adopted the CMS measures at the September 2004 Clinical Advisory Committee meeting. The University of Iowa Public Policy Center will evaluate and report the outcome measurement results in June 2005.

B. Special Study:

In addition to the CMS measures, the Clinical Advisory Committee selected a special focus study measure, dental access and care. The University of Iowa Public Policy Center will review encounter data from health plans participating in the ***hawk-i*** Program. They will look at when the child's last visit was, whether there is a pent up need for care, and what the associated costs are for the dental care. They will also conduct an enrollee survey to determine if the child has a need for dental care, if they have a regular source of care, and any unmet need and why, and did they experience any delays in receiving care. The special report will be completed in February 2005.

III. Outreach:

The Balanced Budget Act of 1997 requires states to conduct outreach activities. The Department continues to educate the public about the ***hawk-i*** Program by giving presentations to various groups who can assist in the program.

A. Structure:

Effective September 1, 2003, the Iowa Department of Human Services (DHS) contracted with the Iowa Department of Public Health (IDPH) to provide oversight for a statewide ***hawk-i*** grassroots outreach program. In April 2004, the ***hawk-i*** Board unanimously voted to renew the contract with IDPH for another year.

The Department of Human Services continues to provide leadership during 2004, for an effective collaboration among DHS, IDPH, and the ***hawk-i*** Board. IDPH contracts with 25 local Title V child health agencies and continues to expand upon the successes from the previous year and to make new gains in previously unexplored areas.

The following synopsis highlights some of the extensive outreach efforts that have taken place over the last year. This summary is meant to be comprehensive, but is not an exhaustive list of the numerous outreach activities that occurred. Outreach efforts continued to focus on four areas: schools, faith-based organizations, medical providers and underserved populations.

B. Outreach to Schools:

Collaboration continued with the Covering Kids and Families (CKF) program team, especially in the area of school outreach. The program team made back-to-school events planning kits and developed public service announcements distributed throughout local radio markets. Local outreach coordinators also held ***hawk-i*** outreach back-to-school events across Iowa. Information about the ***hawk-i*** Program was made available to families at the events along with education and assistance in completing the ***hawk-i*** applications process. Child health agencies continued to build upon the strong relationships with their local schools to reach uninsured children. Local coordinators worked collaboratively with school nurses, local Head Start Agencies, Area Education Agencies, Empowerment Boards, Parent Teacher Associations, parent teacher conferences, school boards and the Iowa's Early ACCESS program to promote the ***hawk-i*** Program. Coordination with stakeholders in education has been vital in ***hawk-i*** outreach efforts and has been one of biggest successes in getting children enrolled.

In addition to the outreach efforts of the IDPH, DHS and the Department of Education (DOE) continue to collaborate to allow schools and childcare providers who participate in the Free and Reduced Meals Program to make referrals to the ***hawk-i*** Program for outreach purposes. As a result of this effort, the ***hawk-i*** Program's third party administrator mailed out 21,207 applications.

C. Outreach to the Faith-based Community:

Outreach coordinators worked with ministerial associations and churches across Iowa. Outreach activities included mailings to local churches, local church meetings, and presentations to church groups, church staff and more. Materials were made available at church resource fairs, Sunday school classes, bible camps, picnics and bazaars. Outreach staff engaged representatives from the Iowa's Ecumenical Ministries. Staff solicited message ideas and avenues to reach a wide array of faith-based organizations across the state.

D. Outreach to Medical Providers:

Outreach coordinators continued to focus on successful outreach efforts with medical providers established in the previous year. Coordinators worked with hospitals, medical clinics and offices across the state to make sure they had an ample supply of ***hawk-i*** material. Coordinators continued to ensure that key staff in medical facilities were educated about the ***hawk-i*** Program. Local outreach coordinators work with not only medical offices and hospitals, but

also with dental offices, pharmacists, immunization clinics, chiropractors, and mental health facilities.

A collaborative effort between State outreach staff and staff from IDPH's Oral Health Bureau produced a poster to help educate dental providers about the ***hawk-i*** Program and the advantages of accepting clients that are enrolled in the program. Local coordinators are currently distributing the poster to local dentist offices.

E. Outreach to Underserved Populations:

Reaching out to underserved populations was a top priority in ***hawk-i*** outreach efforts. Local and state outreach efforts were successful in reaching out to minority populations working directly with families and various organizations that serve those populations. Outreach was conducted through local and state ethnic health fairs, radio stations, churches, YMCAs, written publications and English as a second language classes. Great strides have also been made in working with businesses that either employ or provide retail goods or services to high rates of minority populations.

F. Additional Activities:

1) Outreach efforts moved beyond the initial four focus areas. Coordinators conducted outreach wherever they could find children who may qualify for the ***hawk-i*** Program. This flexibility helps guarantee successful outreach efforts. Outreach efforts branched out to local banks, Girl Scout troops, beauty parlors, county extension offices, county fairs and the state fair.

2) Another avenue that has been explored is the 2-1-1 human services information line. Across Iowa, people who are in need of human services information can simply dial 2-1-1. Callers are connected with appropriate community-based organizations and government agencies. The calling system screens callers who may potentially have uninsured children.

3) State staff also coordinated with the Institute for Social and Economic Development to have ***hawk-i*** information available at their tax preparation assistance sites. Most families receiving tax assistance qualify for an Earned Income Credit. Incomes levels for the tax credit are similar to those for ***hawk-i*** eligibility.

4) Farm Bureau has also reached out as a partner in ***hawk-i*** outreach efforts. They have continued to broaden their outreach assistance and have been a great asset for outreach efforts.

5) Congressman Boswell led six roundtable discussions throughout his district about the ***hawk-i*** Program and outreach efforts. The roundtables took place in Tama, Marengo, Vinton, Grundy Center, Newton and Des Moines. The roundtables were well attended by a variety of community representatives, including school personnel, medical providers, faith-based organizations, and

Childcare organizations. State and local outreach coordinators assisted Congressman Boswell's staff in coordinating the community roundtables.

6) Material about the ***hawk-i*** Program was also made available to all children entering kindergarten through the First Lady's kindergarten literacy program.

G. Trainings:

Outreach Coordinators have had effective training opportunities over the last year through two statewide conferences and four Covering Kids and Families (CKF) sponsored Outreach Taskforce meetings. Outreach coordinators are required to attend specific breakout sessions at the spring and fall conferences and the CKF taskforce meetings. Taskforce agendas always include an informative presentation, updates from DHS and IDPH staff, and a networking session. Trainings have included but are not limited to: working with diverse cultures, outreach best practices, and using ***hawk-i*** data to create visual graphs.

H. Covering Kids and Families Grant Project:

The Iowa Covering Kids and Families Project is a statewide collaborative effort of state and local community-based agencies, child advocacy groups, and professional organizations designed to increase access to health care coverage for all uninsured children in Iowa. The program is made possible by a grant from the Robert Wood Johnson Foundation. The statewide component, led by the State Covering Kids and Families Coalition and supported by the Iowa Department of Public Health, seeks to identify actual barriers to enrollment into child health insurance programs and implement system changes to remove barriers. A key state level partner, Outlooks, Inc., facilitates the Covering Kids Now Task Force to simplify the enrollment process. Local pilot projects in Polk and Marion counties are working on implementing innovative strategies for enrolling children and duplicating those strategies in other areas of the state.

Administrators of the grant work collaboratively with DHS, Department of Education (DE), advocates, medical providers, and others. Covering Kids and Families project staff coordinate their efforts with those of the Department to promote coverage for children and updates the Board bi-monthly.

Key Activities of Covering Kids and Families for FY 2004:

Iowa was selected to participate in the national Covering Kids and Families (CKF) Process Improvement Collaborative, led by the Southern Institute for Children and Families. A collaborative is a systematic approach to quality improvement in which organizations and experts test and measure practice innovations and then share their experiences in an effort to accelerate learning and widespread implementation of best practices. The CKF Process

Improvement Collaborative focused on maximizing efficiency and effectiveness of Medicaid and SCHIP eligibility systems for adults and children. There were 15 teams throughout the nation that worked together for an entire year. As a member of this collaborative, the Iowa team worked with other teams throughout the country that had similar problems and similar goals and were provided an opportunity to share experiences and work with experts.

The team in Iowa titled their project *Creating Seamless Coverage: Medicaid to **hawk-i.*** The team applied the processes and skills learned to test and implement the automated process to refer children from Medicaid to ***hawk-i***.

IV. *hawk-i* Enrollment:

The ***hawk-i*** Program continued to experience growth in 2004. From January 1, 2004 through November 30, 2004 the ***hawk-i*** Program received 16,265 applications. Similar to past years, approximately 35% of all ***hawk-i*** applications and renewals were referred to Medicaid. Although the Medicaid Expansion component of SCHIP (Title XXI funded) remained constant in 2004, the Medicaid program experienced significant growth in the number of children participating.

A. Enrollment:

Program	Enrollment as of November 30, 2003	Enrollment as of November 30, 2004
Medicaid Expansion	13,820	14,676
hawk-i Program	15,710	16,882
Total SCHIP Enrollment	26,201	31,558

*Attachment 2: Organization of the **hawk-i** Program Chart, History of Participation of Children in Medicaid and **hawk-i**, Iowa's SCHIP Program Combination Medicaid Expansion and **hawk-i,** Enrollee Demographic Summary by Federal Poverty Level, Enrollee Demographic Summary by Age, Enrollee Demographic Summary by Gender*

B. Unduplicated Number of Children Enrolled by Federal Fiscal Year:

The Department developed a table of the number of children enrolled (unduplicated) in the ***hawk-i*** Program at any time during the FFY (October 1 through September 30) by federal poverty level for FFYs 2000 through 2004. Each child enrolled in ***hawk-i*** is counted once regardless of the number of times he or she was enrolled or re-enrolled in the program during the year. This unduplicated count represents the total children served by the program rather than point-in-time enrollment.

Unduplicated Number of *hawk-i* Children Enrolled by Federal Fiscal Year

	Federal Poverty Level				Total Children Served
	<=100 %	>100%<=150%	>150%<=200%	>200%	
Federal Fiscal Year 2000	285	4,840	3,416	158	8,699
Federal Fiscal Year 2001	679	8,760	6,977	256	16,672
Federal Fiscal Year 2002	682	10,415	10,034	3	21,134
Federal Fiscal Year 2003	956	10,617	11,486	0	23,059
Federal Fiscal Year 2004	1,199	11,117	13,464	0	25,780

V. New Enrollment Initiatives:

A. Electronic Application:

The Department implemented an electronic version of the ***hawk-i*** application on January 5, 2004. Upon submission, the application automatically populates data into the Third Party Administrator's database, thus eliminating data entry errors. When the application is submitted the applicant receives an application summary that explains what they need to do next and what verification they have to send in.

As of November 18, 2004 approximately 2,261 applications have been submitted electronically. Of those submitted, 1,542 have been processed as complete applications by the Third Party Administrator.

B. Medicaid Referral Process Improvement:

In July 2004 the Department implemented an automated referral process to enroll children who have become ineligible for Medicaid into the ***hawk-i*** Program.

The system was developed so that the DHS income maintenance workers in the county offices can refer children automatically through the DHS computer system to the ***hawk-i*** Third Party Administrator. Until the implementation of the automated process, the workers had to make referrals through a labor intensive and cumbersome manual process that required workers to complete forms, copy all the paperwork and mail or fax the applicant information.

For the 12-month period prior to implementation of the automated process, referrals from DHS income maintenance workers averaged 382 cases per month. Since implementation of the new process referrals have averaged 682 cases per month, an increase of 79%.

VI. Payment Accuracy Measurement Pilot:

The Department participated in a national study, known as Payment Accuracy Measurement or PAM, sponsored by Centers for Medicare and Medicaid Services (CMS). Iowa is one of twenty-seven states that worked with CMS on this demonstration. The pilot project began on October 1, 2003 and ran through September 2004. The purpose of the study was to measure and report on the accuracy of eligibility determination and capitation claim payments for the Medicaid and SCHIP programs. Findings from the pilot project will be available in 2005.

The pilot was initiated by CMS in response to the Improper Payment Information Act of 2002, a new payment accuracy measurement called Payment Error Rate Measurement (PERM). PERM requires the Federal Office of Management and Budget to annually review and identify those programs and activities that may be susceptible to significant erroneous payments, estimate the amount of improper payments and report those estimates to the Congress.

Iowa's Medicaid and SCHIP programs will also participate in a national PERM pilot study in SFY 2005.

Proposed federal rules were released in September 2004. The Department submitted comments to CMS on the proposed rules in October 2004 and anticipates that PERM will become a federal mandate in 2006. There is concern across all states that if the federal rules become law the fiscal impact to implement the requirements will be very costly to states.

VII. Health Plans:

Three health plans provided health benefits to the ***hawk-i*** Program enrollees in 2004; Iowa Health Solutions, John Deere, and Wellmark.

As of November 30, 2004, ***hawk-i*** Program enrollment by health plans was:

Iowa Health Solutions	3,857
John Deere	4,600
Wellmark	7,001

A. Capitation Rates:

The Board approved a 13% capitation rate increase in SFY '05 for Iowa Health Solutions and John Deere managed care plans. Wellmark did not ask for a rate increase. The table below outlines the historical and current per member per month (PM/PM) rate by federal and state funding and the annual percentage increase in capitation rates.

Per Member Per Month Capitation Rate for *hawk-i*

State Fiscal Year (SFY)	Managed Care Monthly Capitation Rate		Managed Care Capitation Percent Increase (SFY)	Indemnity Monthly Capitation Rate		Indemnity Capitation Percent Increase (SFY)
	Federal Share	State Share		Federal Share	State Share	
SFY '00	$84.97			$110.63		
	$63.00 74.14%	$21.97 25.86%		$82.02 74.14%	$28.61 25.86%	
SFY '01	$90.92		7%	$118.37		7%
	$67.16 73.87%	$26.76 26.13%		$87.44 73.87%	$30.93 26.13%	
SFY '02	$106.52			$131.98		
	$78.82 74.00%	$27.70 26.00%	17%	$97.67 74.00%	$34.31 26.00%	12%
SFY '03	$119.30			$155.87		
	$88.82 74.45%	$30.48 25.55%	12%	$116.05 74.45%	$39.82 25.55%	18%
SFY '04	$131.23			$169.59		
	$98.09 74.75%	$33.14 25.25%	10%	$126.77 74.75%	$42.82 25.25%	9%
SFY '05	$148.30			$169.59		
	$110.47 74.49%	$37.83 25.51%	13%	$126.33 74.49%	$43.26 25.51%	0%

B. Substantial Change in Health Plan Provider Panel Rule:

On October 18, 2004 the ***hawk-i*** Board unanimously adopted a rule amendment that permits a child who is enrolled in the ***hawk-i*** Program to change health plans when there is a substantial change in the provider panel of the health plan originally chosen (provided that another plan is available in their county of residence). Substantial change means, but is not limited to, loss of a contracted hospital or provider group. These amendments became effective on November 1, 2004.

C. Amendment to Iowa Health Solutions Contract:

Due to a substantial change in Iowa Health Solutions' provider network, their contract was amended to remove Marshall and Tama counties from their ***hawk-i*** enrollment area. After review of Iowa Health Solutions' provider network, the Board determined that adequate access to care for enrollees in those counties did not exist.

The Insurance Division notified the Department that Iowa Health Solutions' certificate of authority to do business was being terminated in Marshall County effective October 1, 2004. The Department was also notified that a substantial provider network was terminating their contract with Iowa Health Solutions, which resulted in limited access to care in Tama County. Therefore, effective December 1, 2004, Iowa Health Solutions will be removed from the Tama County enrollment area.

The Board approved amendments to Wellmark's contract that would add these counties to their enrollment area.

D. New Dental Option:

The ***hawk-i*** Board approved a proposal to allow dental-only plans as an additional option for ***hawk-i*** enrollees. Therefore, Delta Dental of Iowa will begin offering dental services in managed care counties January 1, 2005. Families will be required to choose a health plan in their county of residence. Once a health plan has been selected, the family can choose to receive dental care either from the health plan's dental plan or Delta Dental.

Attachment 3: County Health Plan Map and Enrollment by Health Plan Chart

VIII. *hawk-i* Board Membership:

On May 12, 2003 Governor Vilsack signed H.F. 49 requiring the number of ***hawk-i*** Board meetings to change from ten times per year to no less than six, and no more than twelve, per calendar year effective July 2003. The Board meets on the third Monday of every other month, meeting agenda and minutes are available on the ***hawk-i*** Program web site at www.hawk-i.org.

hawk-i Board Membership in 2004

Name	***City***	***Term Ending Date/ Type of Appointment***
Eldon E. Huston	Des Moines	April 30, 2004 – Term Expired
Susan Salter, Chair	Mount Vernon	April 30, 2005
Wanda-Wyatt-Hardwick	Clinton	April 30, 2006
Jim Yeast	Dubuque	April 30, 2005
John Baker	Waterloo	April 30, 2006
Judy Jeffrey	Director Iowa Department of Education	Statutory
Charlotte Burt	Designee of Director of Education	
Mary Mincer Hansen	Director Iowa Department of Public Health	Statutory
Julie McMahon, Vice Chair	Designee of Director of Public Health	
Therese M. Vaughan	Commissioner of Insurance Iowa Department of Commerce	Statutory
Susan Voss	Designee of Commissioner of Insurance Division	
Ex officio members from the General Assembly		
	Senate	
Amanda Ragan	Mason City	April 30, 2004
Ken Veenstra	Orange City	April 30, 2004
	House	
Jane Greimann	Ames	April 30, 2004
Gerald Jones	Silver City	April 30, 2004

*Attachment 4: Healthy and Well Kids in Iowa (**hawk-i**) Board Bylaws, Healthy and Well Kids in Iowa – **hawk-i** Board Members*

IX. Highlights of 2004 Board Activities & Milestones:

December 2003
Dr. Ed Schooley from Delta Dental presented their proposal for a dental carve out to the Board. Dr. Schooley told the Board there is value working with Delta Dental, as they are the largest dental carrier in the state with 94% of the dentists in the state currently participating. They have a long history of working with dentists and members. Their proposal included an annual maximum of $1,000, orthodontia would not be covered. Mr. Huston referred the proposal to the Board's Clinical Advisory Committee for review and recommendation.

January
The ***hawk-i*** Board did not meet in January.

February
The Department reported to the Board that a January 30, 2004, press release from "Governing" magazine, "National Report Praises Iowa for Success in Keeping Uninsured Population Low" assessed health care in 50 states. Iowa was recognized as having one of the lowest uninsured rates in the country. The report indicated the state is doing an excellent job of keeping the number of uninsured children low, having the fourth-lowest percentage of uninsured children in the country.

March
The ***hawk-i*** Board did not meet in March.

April
The Board was advised that Dr. Rhys Jones resigned from the Clinical Advisory Committee. The Executive Director of the Iowa Dental Association, Larry Carl, was contacted for a recommendation for someone to take Dr. Jones' place on the Committee.

The Department informed the Board that the Wellmark Foundation Board approved a $100,000 grant. The grant will fund a study to find out why people who apply for coverage under Medicaid and ***hawk-i*** don't ultimately become eligible.

May
The ***hawk-i*** Board did not meet in May.

June
The Department advised the Board that the Iowa Dental Association recommended Dr. Matt Kubovich to replace Dr. Jones on the Clinical Advisory Committee. Dr. Kubovich is a pediatric dentist. The Board accepted the nomination and unanimously approved his appointment.

The Board was advised that an Annie E. Casey Foundation report, *"Iowa Climbs to 4th in Kids Count,"* ranks Iowa fourth nationally behind Minnesota, New Hampshire and New Jersey in the well being of children. The report indicates that 94% of Iowa children do have access to health care coverage.

The Department updated the Board that no legislative bills were passed in the 2004 legislative session that directly impacted ***hawk-i*** other than the appropriations bill.

The Department presented SFY 2005 health care services contracts between the ***hawk-i*** Program and Wellmark, John Deere and Iowa Health Solutions. The Board unanimously approved the contracts.

July
The ***hawk-i*** Board did not meet in July.

August
The Board reviewed their bylaws. Due to a legislative change in the number of times the Board is required to meet each year, bylaw III "C" was updated to reflect that change. The bylaw was updated to indicate the Board shall meet at least six times per year. The updated bylaws were unanimously approved.

The Board unanimously approved Susan Salter as Chair of the ***hawk-i*** Board and Julie McMahon as Vice-Chair.

The Department informed the Board that staff met with the CEO and executive staff of Coventry Health Care to explore the possibility of them becoming a health plan provider for the ***hawk-i*** Program. They were provided information and data about the program.

The Board unanimously voted to add Delta Dental as an add-on coverage option in managed care counties.

The Department presented a request for proposal (RFP) in closed session for bid on the third party administrator contract ending July 1, 2005. The Board unanimously approved the RFP to be issued on August 19, 2004.

September
The ***hawk-i*** Board did not meet in September.

October
The Department presented an amendment to the administrative rules. The amendment permits a child who is enrolled in the ***hawk-i*** program to change health plans when there is a substantial change in the provider panel of the health plan originally chosen, provided another plan is available. The Board unanimously approved the rule for adoption, effective November 1, 2004.

November
The Department informed the Board that there have been several issues with Iowa Health Solutions and their providers dropping contracts. The Department sent a letter to Iowa Health Solutions regarding concerns with provider access in Mahaska County. Bob Wilcox, Director of Iowa Health Solutions, addressed the Board and expressed that there is a difference in how the Department interprets a substantial change to provider panel rule and their understanding. Mr. Wilcox stated that currently over half of their members are accessing services outside of the county and that only 50 members had to be reassigned primary care physicians within the county. Iowa Health Solutions has a total of 124 members in Mahaska County and they have not received any complaints from members regarding access. The Department responded that there are 15 family practice doctors in Oskaloosa, but all Iowa Health Solutions members have to drive outside of that city for their family practice physician except those members that have been in assigned to one remaining doctor in Oskaloosa.

One Board member stated concern that a significant change is just not the numbers of providers and location in relation to 30 miles/30 minutes but the quality of the plan and services being offered. The contract and rule language stated that there has to be a provider network that can provide all necessary covered services. When there is an 85% drop in provider participation flexibility is compromised in terms of being able to meet those client needs.

The Board had a discussion concerning their understanding of contract language, the ***hawk-i*** rule and what the Iowa Foundation for Medical Care measures when reviewing adequate access and quality services, and how the Clinical Advisory Committee can guide them. The Board members voted to delay a motion to remove Iowa Health Solutions from Mahaska County until additional information and a better understanding of the health plans requirements can be obtained. The Board Chair asked that the Clinical Advisory Committee be invited to the February Board meeting for additional discussion.

The Board went into closed session to discuss bid proposals for the third party administrator contract ending July 2005. A motion to accept MAXIMUS as the successful bidder and directed the Department to negotiate the contract and bring it back before the Board in December for their approval.

X. Administrative Rule Amendments:

The Board approved the following administrative rules:

The ***hawk-i*** Board unanimously approved and noticed rule amendments April 19, 2004. On June 21, 2004, the Board adopted the rule amendments. These amendments clarify and cross-reference existing policies. The amendments became effective on September 1, 2004. Summaries of the rule amendments are outlined below:

- 86.2 Eligibility factors. The decision with respect to eligibility shall be based primarily on information furnished by the applicant or recipient. A

child must meet the following eligibility factors to participate in the ***hawk-i*** program.

*The amendment clarifies the **hawk-i** eligibility decision is based primarily on information furnished by the family. This language matches Medicaid rules.*

- 86.2(2) (a) (1) Earned income. The earned income of all parents, spouses, and children under the age of 19 who are not students who are living together shall be countable. Income shall be countable earned income when an individual produces it as a result of the performance of services. Earned income in the form of a salary, wages, tips, bonuses, and commissions earned as an employee, or net profit from self-employment.

  The amendment clarifies that only the income of parents, spouses, and children who live together is counted.

- 86.3(6) Application is not required.
  a. An application shall not be required when a child becomes eligible for Medicaid and the county office of the department makes a referral to the ***hawk-i*** program, ~~in which case,~~. Form ~~470-3563~~ 470-3565, ~~***hawk-i***~~ Referral to the Healthy and Well Kids in Iowa (***hawk-i***) Program, shall be accepted in lieu of an application. The original Medicaid application or the last review form that is on file in the county office of the department, whichever is more current, shall suffice to meet the signature requirements.
  b. A new application shall not be required when an eligible child is added to an existing ***hawk-i*** eligible group.

  *The amendment clarifies that a new application form is not required to add an eligible person to an existing **hawk-i** eligible group.*

- 86.10(4) Reinstatement. A child may be reinstated once ~~in a 12 month~~ per enrollment period when the family fails to pay the premium by the last day of the month ~~prior to~~ before the month of coverage. However, the ~~reinstatement~~ premium must ~~occur~~ be paid or postmarked within the calendar month following the month of nonpayment and the premium must be paid in full ~~prior to~~ in order for reinstatement to occur.

  *The amendment clarifies that a child may be reinstated once per enrollment period when the family fails to pay a **hawk-i** premium during the month before the month for which the premium is intended. The premium must be paid in full within the month for which it is intended in order for the reinstatement to occur.*

- 86.10(7) Failure to report changes. Any benefits paid during a period of time in which the child was ineligible due to unreported changes will be subject to recoupment in accordance with 441–Chapter 11.

*The amendment clarifies that collection of **hawk-i** overpayments is governed by Department policies in 441 – Chapter 11.*

The ***hawk-i*** Board unanimously approved and noticed rule amendments on June 21, 2004. On October 18, 2004 the Board unanimously adopted the amendments. These amendments permit a child who is enrolled in the ***hawk-i*** Program to change health plans when there is a substantial change in the provider panel of the health plan originally chosen (provided that another plan is available). Substantial change means, but is not limited to, loss of a contracted hospital or provider group. These amendments became effective on November 1, 2004. Summaries of the rule amendments are outlined below:

- 86.2(2) Period of enrollment. Once enrolled in a plan, the child shall remain enrolled in the selected plan for a period of 12 months unless:
  a. There is a substantial change in the provider panel of the health 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 plan available in the child's county of residence, the child may disenroll from the current plan and enroll in the other health plan.
  b. The child is disenrolled in accordance with the provision of rule 441—86.7(514I). If a child is disenrolled from the plan and subsequently reapplies ~~prior to~~ before the end of the original 12-month enrollment period, the child shall be enrolled in the plan from which the child was originally disenrolled unless the provisions of sub rule 86.7(1) apply.

Attachment 1: Allotment Expenditure History,
SFY '04 Fiscal Committee Report,
SFY '04 Expenditure Report,
SFY '05 Budget

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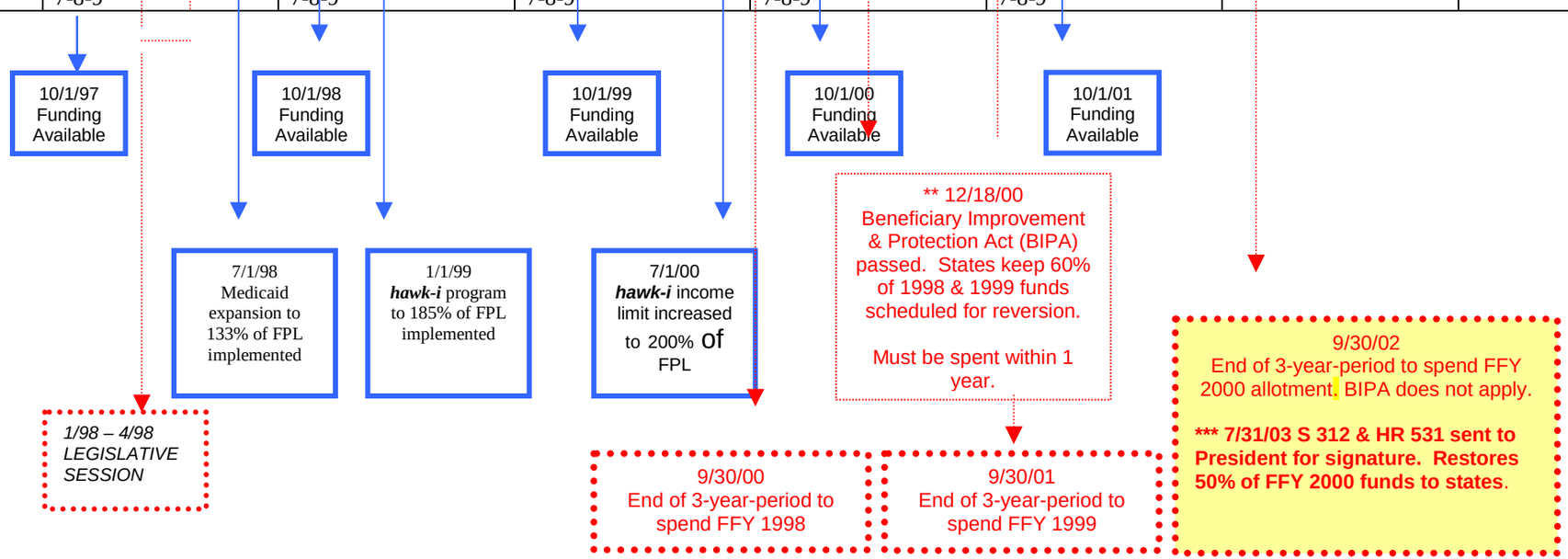
IOWA'S SCHIP ALLOTMENTS

	FFY 1998 (began October 1, 1997)	**FFY 1999** (began October 1, 1998)	**FFY 2000** (began October 1, 1999)	**FFY 2001** (began October 1, 2000)	**FFY 2002** (began October 1, 2001)	**FFY03** (began October 1, 2002)	**FFY 04** (began Oct. 1, 2003)	**FFY 05** (began Oct. 1, 2004)
Allotment*	$32,460,463	$32,307,161 +$3,957,863 carryover from FFY 1998 Total $36,265,024	$32,382,884 +$4,787,171 carryover from FFY 1999 Total $37,170,055	$32,940,215 +$4,222,574 carryover from FFY 2000 Total $37,162,789	$22,411,236 +$2,138,741 carryover from FFY 2001 Total $24,549,977	$21,368,268 **+ $9,200,000 redistributed from FFY02 (estimate)** Total $30,568,268	$19,703,000 + ? unknown amount redistributed **from FFY03 (estimate)** **Total $?**	$28,266,206 + ? unknown amount redistributed **from FFY04 (estimate)** **Total $?**
Expenditures *	$26.3	$24,846,556	$28,724,249	$32,885,307	$24,549,977	$30,568,268 (estimated)	**$?** (estimated)	**$?** (estimated)
Unspent Funds*	~~$ 6.1~~ **($2.2) reverted** $3.96** carried over to FFY 1999 $0	~~$11,387,171~~ **($6.6) reverted** $4.8** carried over to FFY 2000 $0	~~**$8.4 reverted**~~ **($4.2) reverted** $4.2 *** carried over to FFY 2001 $0	~~**$4,277, reverted**~~ **($2,1) reverted** $2,138,741 carried forward to FFY '02 $0	**$0 reverted** *$9.2 million redistributed*	$0 reverted *$? unknown amount redistributed*	$0 reverted *$? unknown amount redistributed*	$0 reverted *$? unknown amount redistributed*
Months of Federal Fiscal Year	10-11-12-1-2-3-4-5-6-7-8-9	10-11-12-1-2-3-4-5-6-7-8-9	10-11-12-1-2-3-4-5-6-7-8-9	10-11-12-1-2-3-4-5-6-7-8-9	10-11-12-1-2-3-4-5-6-7-8-9			

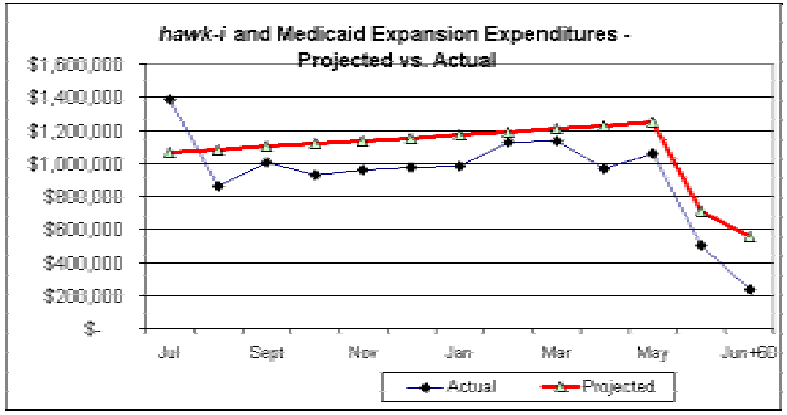
* In Millions

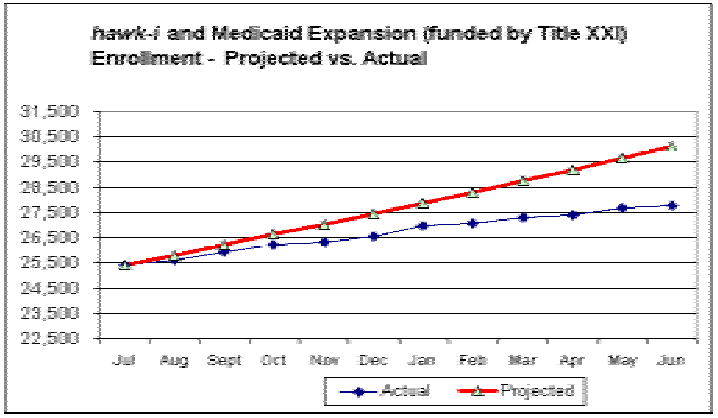


Fiscal Committee Report
Healthy and Well Kids in Iowa Program (hawk-i)
FY 2004

hawk-i (Title XXI) Revenues	FY 2004
General Fund	$11,118,275
Healthy Iowans Tobacco Trust Fund	200,000
Previous Year Carry Forward from ***hawk-i*** Trust Fund	4,402,598
Interest Earned from ***hawk-i*** Trust Fund	101,616
PAM pilot grant dollars Earned	13,774
Donations	-
Total Revenues	$15,836,263

***hawk-I* (title XXI) Expenditures**	July	August	September	October	November	December	January	February	March	April	May	June	June + 60 days	Year to Date
Actual Expenditures:														
*hawk-i (*Title XXI) Services	$1,370,565	$ 835,290	$ 961,455	$ 886,810	$ 901,181	$ 948,163	$ 934,178	$1,095,716	$1,102,171	$ 880,958	$ 988,558	$ 483,868	$ 148,792	$11,537,705
hawk-i (Title XXI) Administration	15,959	25,546	43,138	43,219	61,082	28,436	46,303	$ 31,910	$ 35,250	$ 86,405	$ 72,942	$ 21,459	$ 88,704	600,354
Total Expenditures	$1,386,524	$ 860,836	$1,004,593	$ 930,029	$ 962,263	$ 976,599	$ 980,482	$1,127,626	$1,137,421	$ 967,363	$1,061,500	$ 505,327	$ 237,496	$12,138,059
Projected Expenditures	$1,067,739	$ 1,084,416	$1,101,303	$ 1,118,442	$1,135,833	$ 1,153,518	$ 1,171,413	$1,189,602	$1,208,044	$ 1,226,791	$1,245,821	$ 706,421	$ 558,727	$13,968,072
Enrollment Data														
Program Total:														
Projected Enrollment	25,419	25,815	26,217	26,625	27,039	27,460	27,886	28,319	28,758	29,204	29,657	30,117	n/a	
Actual Enrollment	25,402	25,608	25,932	26,200	26,340	26,569	26,964	27,081	27,298	27,394	27,690	27,780	n/a	
Medicaid Expansion:														
Projected Enrollment (for Title XXI funded)	10,018	10,178	10,341	10,506	10,674	10,844	11,016	11,191	11,368	11,548	11,731	11,916	n/a	
Actual Enrollment Title XXI funded)	9,758	9,813	10,018	10,140	10,137	10,319	10,407	10,446	10,620	10,375	10,514	10,389	n/a	
Projected Enrollment (for Title XIX funded)	3,813	3,857	3,902	3,947	3,993	4,039	4,086	4,134	4,182	4,230	4,280	4,329	n/a	
Actual Enrollment (Title XIX funded) 3769	3,756	3,767	3,899	3,930	3,933	4,056	4,135	4,138	4,097	4,136	4,128	4,170	n/a	
hawk-i :														
Projected Enrollment	15,401	15,637	15,876	16,119	16,365	16,616	16,870	17,128	17,390	17,656	17,926	18,201	n/a	
Actual Enrollment	15,644	15,795	15,914	16,060	16,203	16,250	16,557	16,635	16,678	17,019	17,176	17,391	n/a	





CHIP Budget
SFY 2004
June 04 plus 60 - FINAL

FY 2004 Appropriation	$	11,118,275
Amount of HAWK-I Trust Fund dollars added to appropriation	$	4,402,598
Amount funded by Tobacco Trust Fund	$	200,000
Total state appropriation for FY 2004	$	15,720,873
donations	$	-
PAM Pilot grant dollars earned	$	13,774
total	$	15,734,647

State Dollars

Budget Category	Projected Expenditures	YTD * Expenditures
Medicaid expansion	$5,965,962	$4,324,404
HAWK-I premiums	$7,364,123	$7,213,302
Fiscal agent costs of processing Medicaid claims	$102,210	$89,673
Outreach	$126,250	$164,039
HAWK-I administration	$409,527	$346,642
Earned interest from HAWK-I fund	$ -	-$101,616
Totals	$ 13,968,072	$12,036,443

HAWK-I Trust Fund Balance (In State Dollars)	
Amount in HAWK-I Trust Fund held in reserve at FY 03 year end	$ 4,402,598

CHIP Budget
SFY 2005
Nov-04

(updated projected expenditures to match FY05 spring budget load)

FY 2005 Appropriation	$	12,118,275	
Amount of *hawk-i* Trust Fund dollars added to appropriation	$	3,698,204	
Amount funded by Tobacco Trust Fund	$	200,000	
Total state appropriation for FY 2005	$	16,016,479	
donations	$	-	
Pam Grant dollars earned	$	174	
Wellmark Grant dollars	$	75,000	($100,000 total for FY05)
total	$	16,091,653	

State Dollars

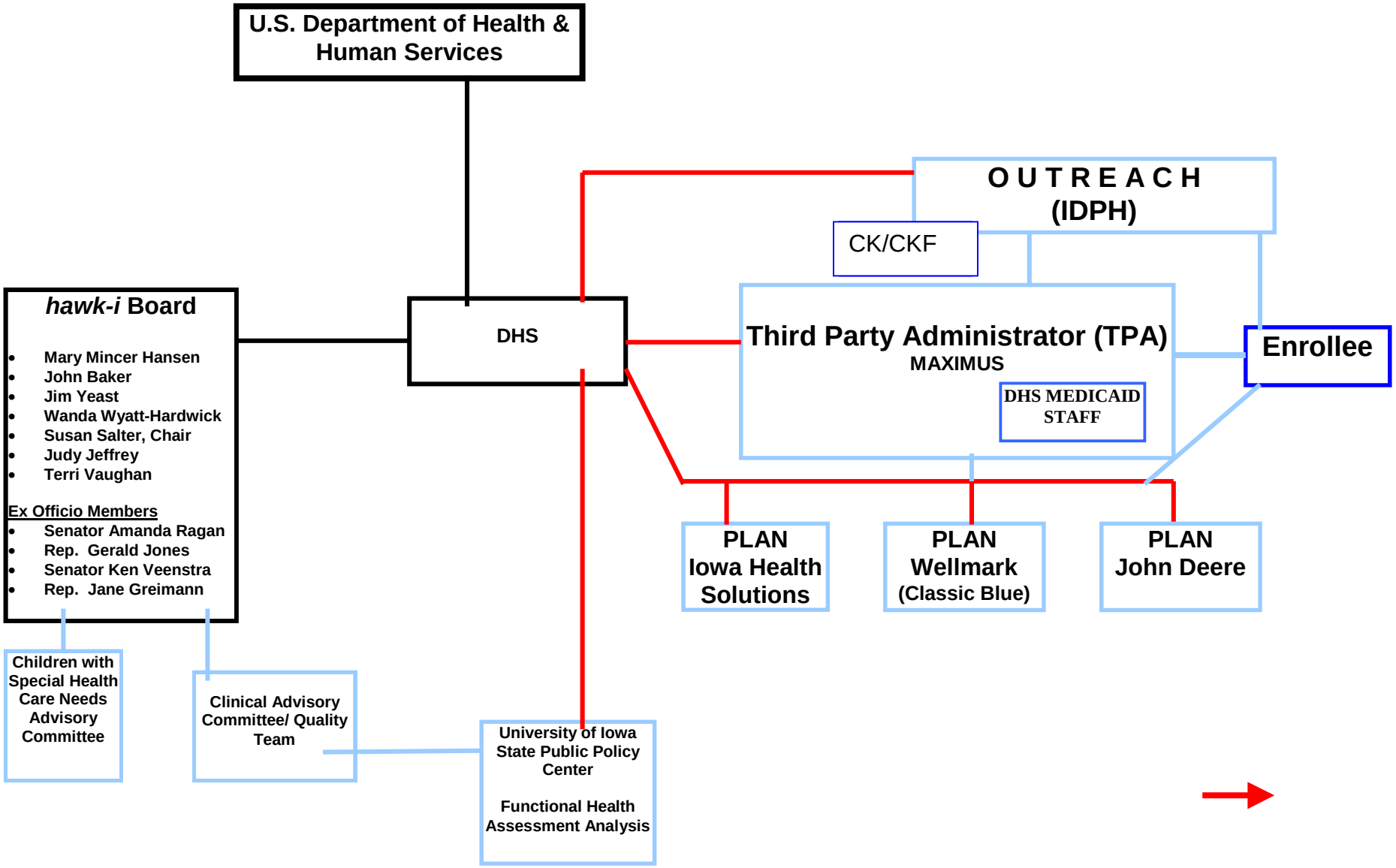
Budget Category	Projected Expenditures	YTD * Expenditures
Medicaid expansion	$5,621,381	$1,441,600
hawk-i premiums	$8,659,906	$4,068,707
Fiscal agent costs of processing Medicaid claims	$110,253	$20,713
Outreach	$127,550	$8,100
hawk-i administration	$474,752	$79,256
Earned interest from *hawk-i* fund	$ -	-$31,204
Totals	$ 14,993,842	$ 5,587,172

hawk-i Trust Fund Balance (In State Dollars)	
Amount in *hawk-i* Trust Fund held in reserve at FY 04 year end	$ 3,698,204

Attachment 2: Organization of **hawk-***i Program Chart History of Participation of Children in Medicaid and* ***hawk-i*** *, Iowa's SCHIP Program Combination Medicaid Expansion and* ***hawk-i*** *, Enrollee Demographic Summary by Federal Poverty Level, Enrollee Demographic Summary by Age, Enrollee Demographic Summary by Gender*

***

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 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 TPA.

Function of the outreach points:
1. Disseminate information about the program.
2. Assist with the application process if able.

***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 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
8. Establish and consult with the advisory committee on children with special health care needs
9. Make recommendations to the Governor and General Assembly on ways to improve the program

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, and U of I.
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 plan.
7. Notifying the plan of the enrollment.
8. Provide customer service functions to the enrollees.
9. Provide statistical data to DHS.

Plans

The functions of the plan(s) 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 to the TPA.

Clinical and Children with Special Health Care Needs Advisory Committees

1. The Clinical Advisory Committee is made up of health care professionals who advise the ***hawk-i*** Board on issues around coverage and benefits.
2. The Children with Special Health Care Needs Advisory Committee is made up of health care professionals, advocates, and parents who provide input to the ***hawk-i*** Board on how to best meet the needs of children with special health care issues.

Medicaid Staff

The function of the Medicaid staff who are co-located at MAXIMUS is to determine Medicaid eligibility when a person who applies for ***hawk-i*** is referred to Medicaid.

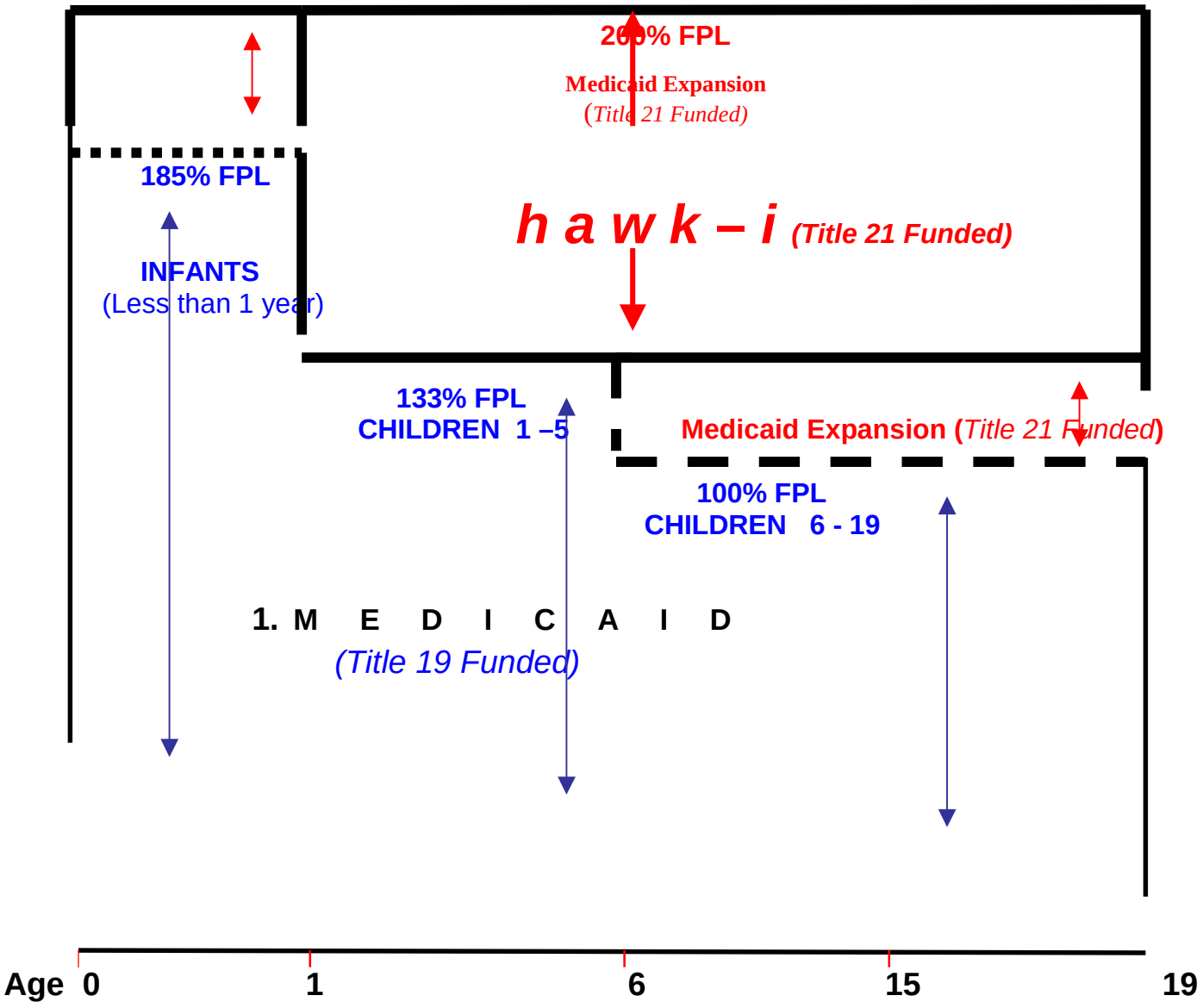
History of Participation of Children in Medicaid and ***hawk-i***

		SCHIP (Title XXI Program)	
Month	**Total Children on Medicaid**	**Expanded Medicaid***	***hawk-i* Program (began 1/1/99)**
SFY 99	91,737		
SFY 00			
Jul-99	104,156	7,891	2,104
SFY 01			
Jul-00	106,058	8,477	5,911
SFY 02			
Jul-01	126,370	11,316	10,273
SFY 03			
Jul-02	140,599	12,526	13,847
SFY 04			
Jul-03	152,228	13,751	15,644
SFY 05			
Jul-04	164,047	14,760	17,460
Aug-04	164,932	14,891	17,334
Sep-04	165,943	15,006	17,357
Oct-04	167,398	15,002	17,231
Nov-04	167,439	14,676	16,882
		Total SCHIP Enrollment	31,558

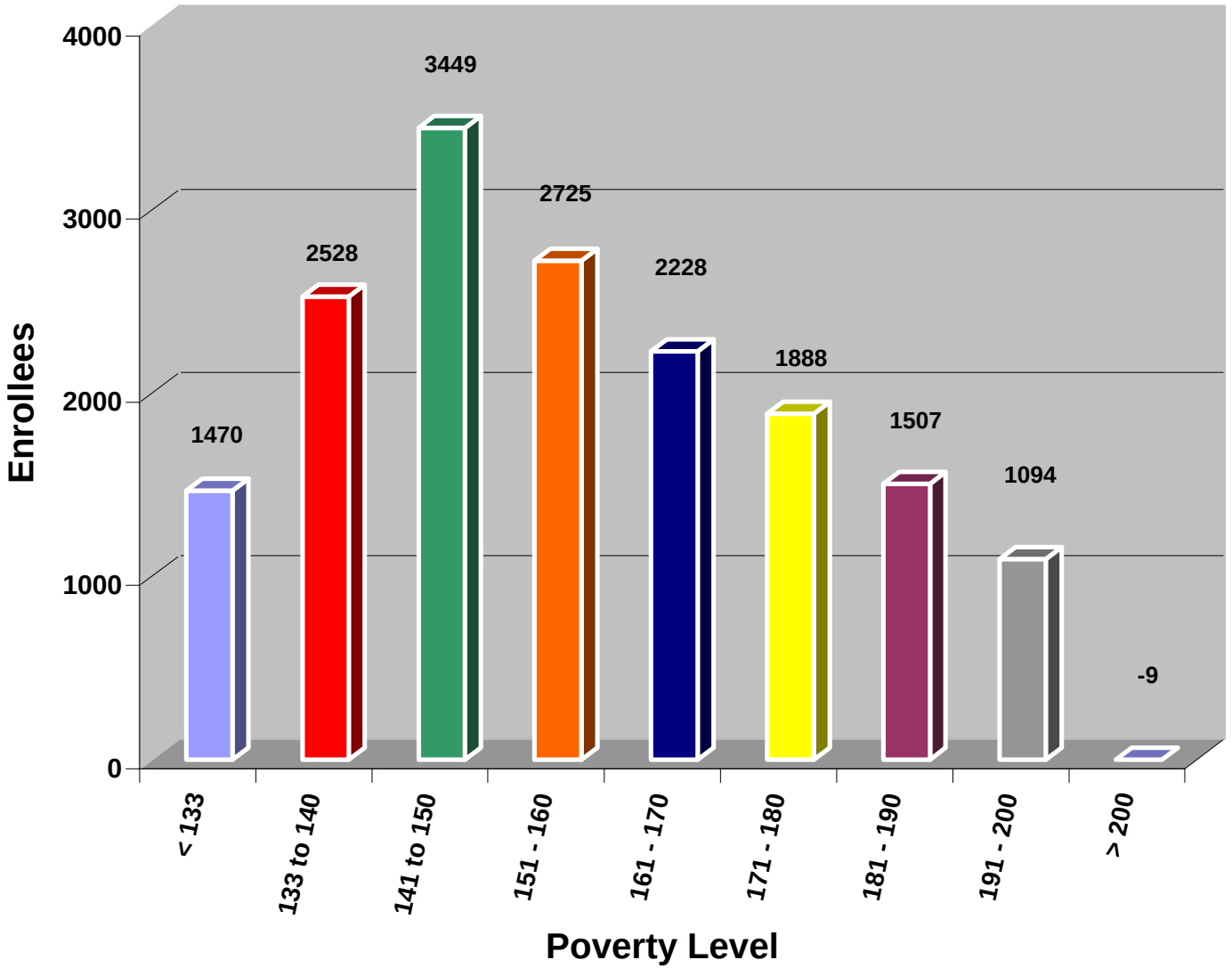
Total growth in Medicaid enrollment from SFY 99 to present =	75,702
Total growth in ***hawk-i*** enrollment from SFY 99 to present =	16,882
Total children covered	92,584

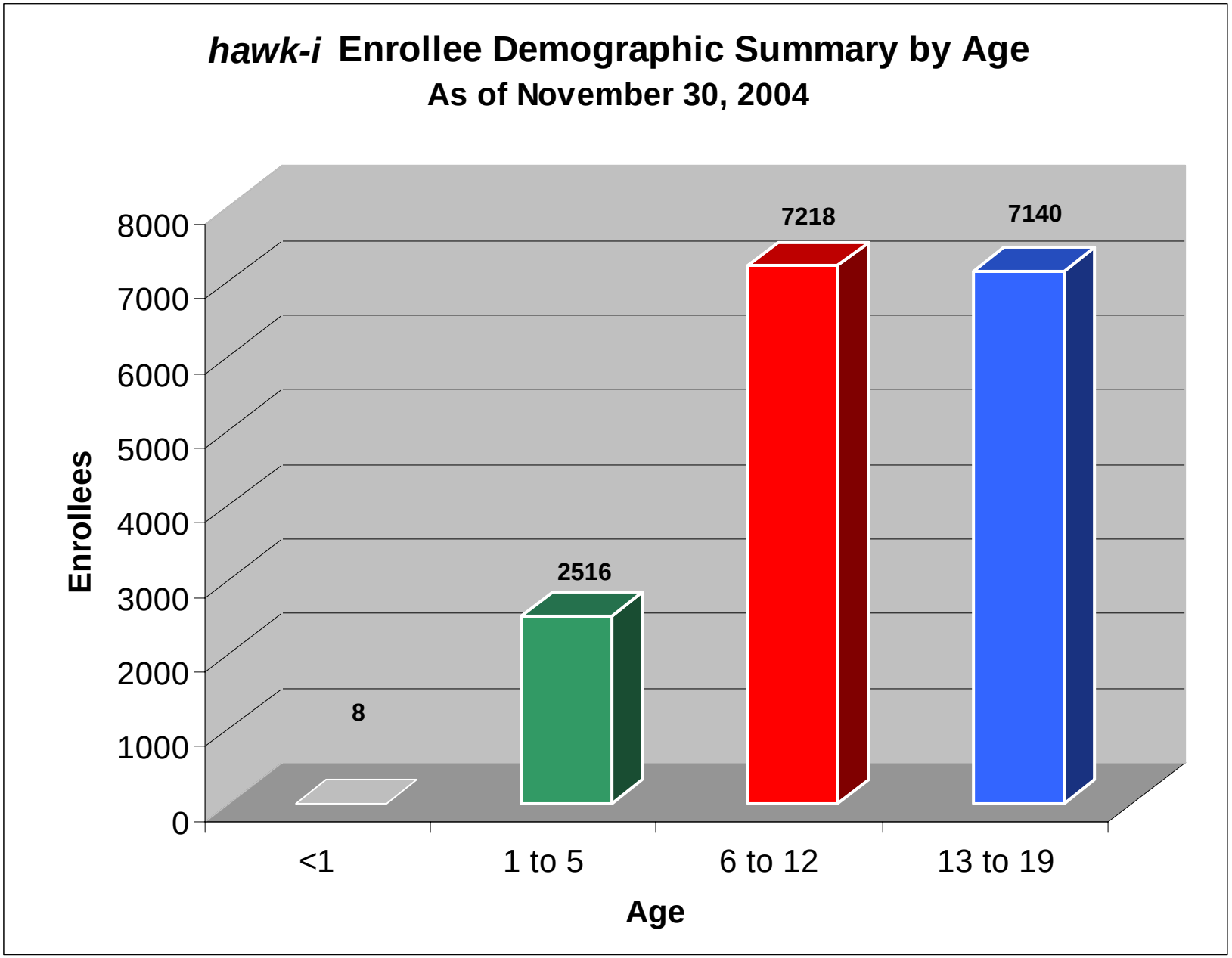
*Expanded Medicaid number is included in "Total Children on Medicaid" number

IOWA'S CHIP PROGRAM
COMBINATION MEDICAID EXPANSION AND *hawk-i*



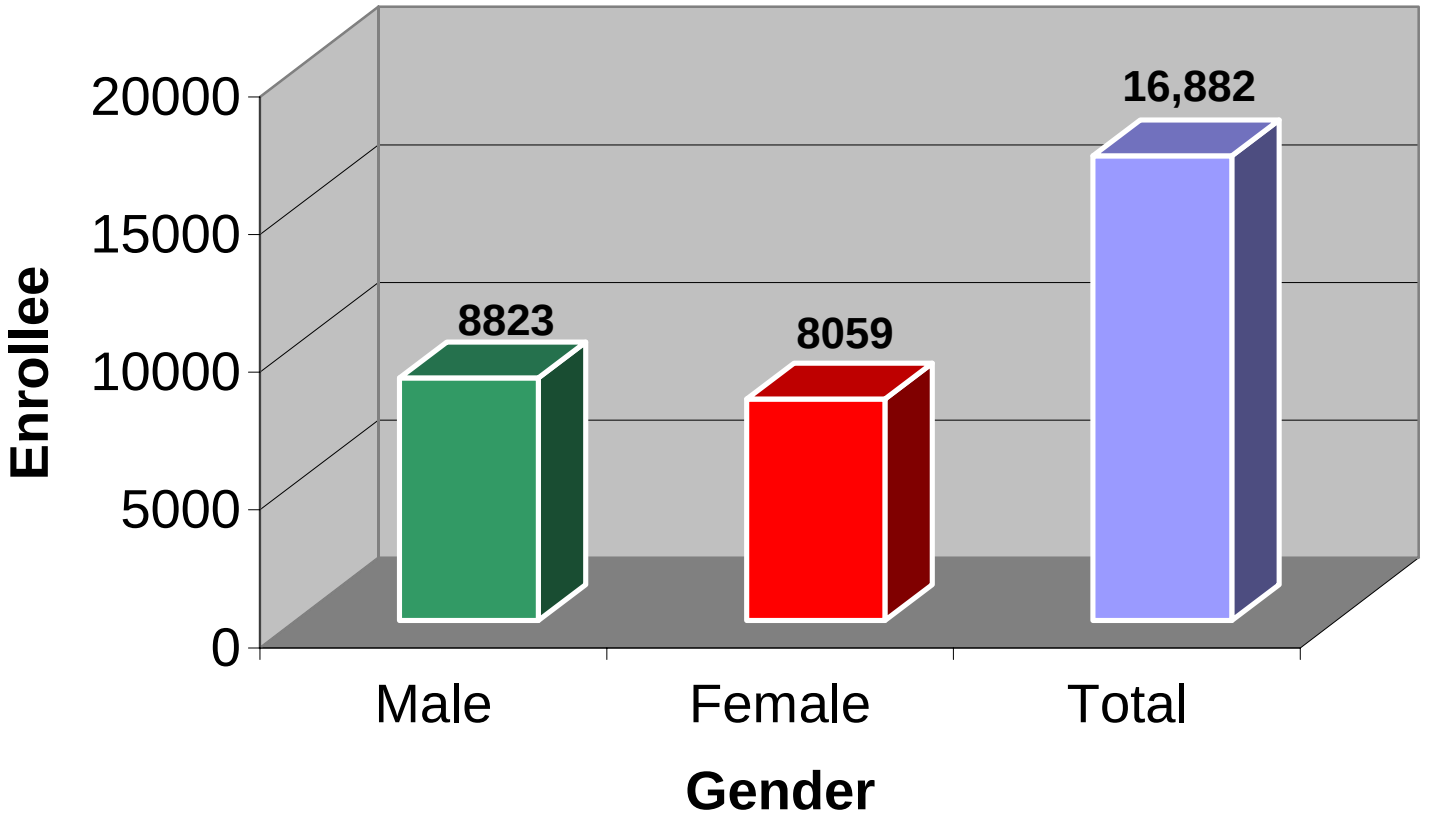
hawk-i Enrollee Demographic Summary Federal Poverty Level
As of November 30, 2004




hawk-i Enrollee Demographic Summary by Age
As of November 30, 2004
Enrollees
8000
7000
6000
5000
4000
3000
2000
1000
0
8
2516
7218
7140
<1
1 to 5
6 to 12
13 to 19
Age

hawk-i Enrollee Demographic Summary by Gender

As of November 30, 2004



Attachment 3: County Heath Plan Map and Enrollment by Health Plan Chart

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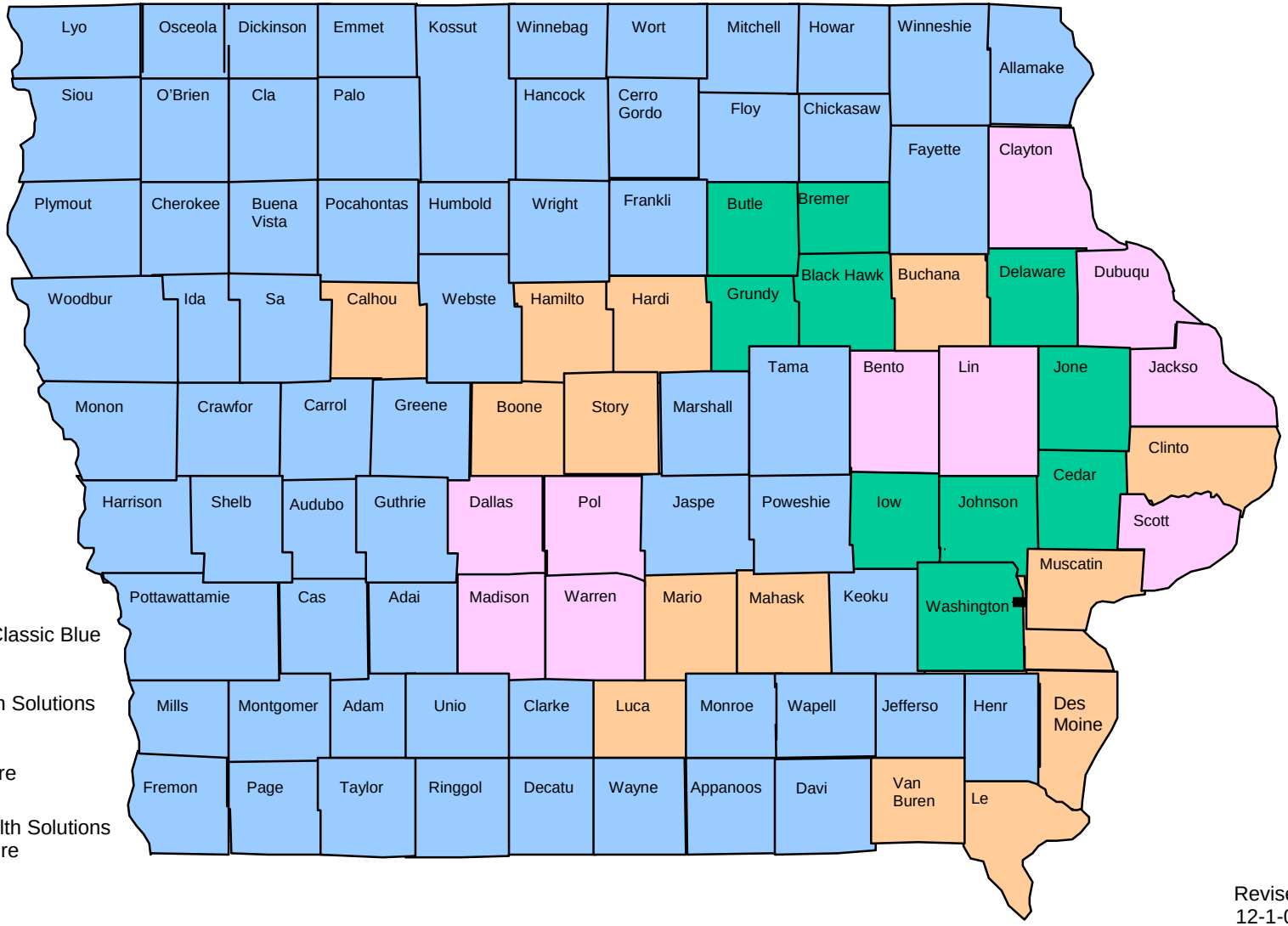
Health Plan Coverage Areas

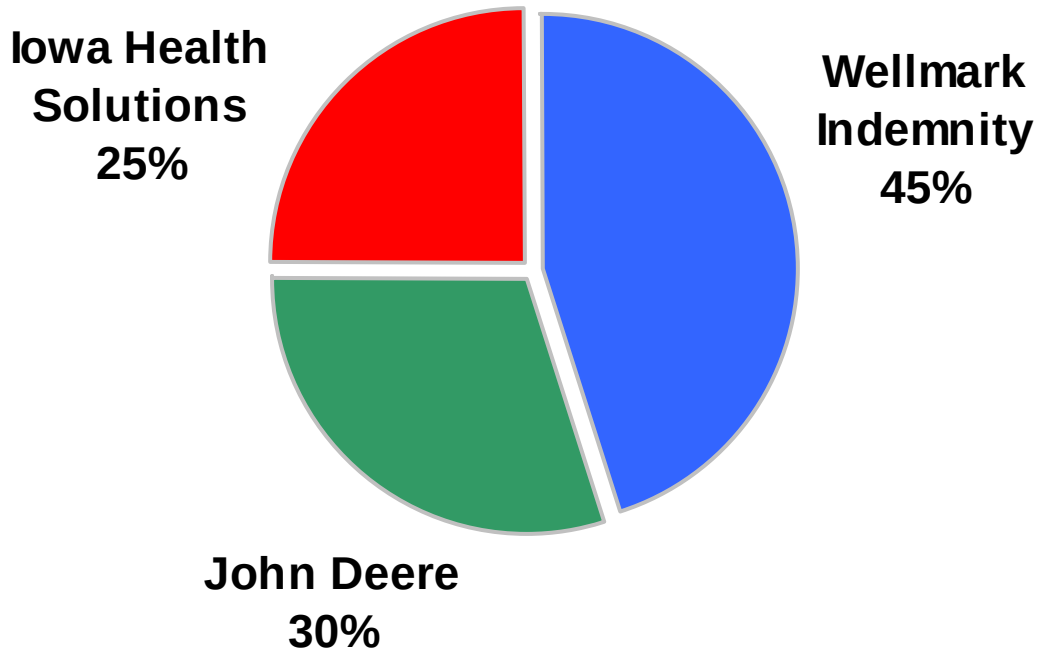
Effective December 1, 2004



- Wellmark Classic Blue
- Iowa Health Solutions
- • John Deere
- • Iowa Health Solutions
  • John Deere

Revised
12-1-04

hawk-i Enrollment by Health Plan
As of November 30, 2004



*Attachment 4: Healthy and Well Kids in Iowa (**hawk-i**) Board Bylaws, Healthy and Wel Kids in Iowa* (**hawk-i**) *Board Members*

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BYLAWS

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

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

A. 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 be 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

A. 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.

Healthy and Well Kids in Iowa - *hawk-i*

Board Members

as of August, 2004

Susan Salter, Chair **Julie McMahon, Vice-Chair**

PUBLIC MEMBERS:

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Mt. Vernon, Iowa 52314
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Wanda Wyatt-Hardwick
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John Baker
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Jim Yeast
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Terri Vaughan, Commissioner
Insurance Division
Iowa Department of Commerce
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Des Moines, Iowa 50319-0065
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Fax: 515-281-3059
e-mail: terri.vaughan@iid.state.ia.us

Commissioner Vaughan's designee:
Susan Voss
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E-mail: susan.voss@iid.state.ia.us

Judy Jeffrey, Interim Director
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Director Jeffrey's designee:
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Mary Mincer Hansen, Director
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