

House Study Bill 49

Bill Text

PAG LIN

1 1 Section 1. Section [514I.4](#), subsection 4, Code 2001, is
1 2 amended to read as follows:
1 3 4. The department shall do or shall provide for all of the
1 4 following:
1 5 a. Develop a program application form not to exceed two
1 6 pages in length, which is consistent with the rules of the
1 7 board, which is easy to understand, complete, and concise, and
1 8 which, to the greatest extent possible, coordinates with the
1 9 medical assistance program.
1 10 b. Establish the family cost sharing

~~amount, based on a~~

1 11

~~sliding fee scale, if established by~~

~~amounts with the approval~~

1 12 of the board.

1 13 c. Perform periodic, random reviews of enrollee
1 14 applications to ensure compliance with program eligibility and
1 15 enrollment policies. Quality assurance reports shall be made
1 16 to the board and the department based upon the data maintained
1 17 by the administrative contractor.

1 18

~~c.~~

~~d.~~ Perform other duties as determined by the department

1 19 with the approval of the board.

1 20 Sec. 2. Section [514I.5](#), subsection 7, paragraphs d and e,
1 21 Code 2001, are amended to read as follows:

1 22 d. Develop, with the assistance of the department, an
1 23 outreach plan, and provide for periodic assessment of the
1 24 effectiveness of the outreach plan. The plan shall provide
1 25 outreach to families of children likely to be eligible for
1 26 assistance under the program, to inform them of the
1 27 availability of and to assist the families in enrolling
1 28 children in the program. The outreach efforts may include,
1 29 but are not limited to,

~~a comprehensive statewide media~~

1 30

~~campaign,~~

~~solicitation of cooperation from programs, agencies,~~

1 31 and other persons who are likely to have contact with eligible
1 32 children, including but not limited to those associated with
1 33 the educational system, and the development of community plans
1 34 for outreach and marketing.

1 35 e. In consultation with the clinical advisory committee,

2 1

~~select a single, nationally recognized~~

~~develop a functional~~

2 2 health assessment form for an initial assessment of

~~all~~

-
2 3

~~eligible~~

- children participating in the program, establish a
2 4 baseline for comparison purposes, and develop appropriate
2 5 indicators to measure the health status of

~~eligible~~

- children
2 6 participating in the program.
2 7 Sec. 3. Section [514I.5](#), subsection 7, paragraph i, Code
2 8 2001, is amended by striking the paragraph.
2 9 Sec. 4. Section [514I.5](#), subsection 7, paragraph l,
2 10 unnumbered paragraph 1, Code 2001, is amended to read as
2 11 follows:
2 12 Establish an advisory committee to make recommendations to
2 13 the board and to the general assembly

~~on or before~~

- by January
2 14 1,

~~1999,~~

- annually concerning the provision of health insurance
2 15 coverage to children with special health care needs under the
2 16 program. The committee shall include individuals with
2 17 experience in, knowledge of, or expertise in this area. The
2 18 recommendations shall address, but are not limited to, all of
2 19 the following:
2 20 Sec. 5. Section [514I.5](#), subsection 8, paragraphs h and m,
2 21 Code 2001, are amended to read as follows:
2 22 h. The amount of any cost sharing under the program which
2 23 shall be assessed

~~on a sliding fee scale~~

- based on family
2 24 income, which provides for a minimum amount of cost sharing,
2 25 and which complies with federal law.
2 26 m. The reasons allowed for approval of an application in
2 27 cases in which prior employer-sponsored coverage ended less
2 28 than six months prior to the determination of eligibility for
2 29 the HAWK-I program. The reasons established by rule shall
2 30 include, but are not limited to, all of the following:
2 31 (1) Loss of employment

~~due to factors other than voluntary~~

-
2 32

~~termination~~

-
2 33

~~(2) Death of a parent.~~

-
2 34

~~(3) Change in employment to a new employer that does not~~

-
2 35

~~provide an option for dependent coverage.~~

-
3 1

~~(4)~~

- (2) Change of address so that no employer-sponsored
3 2 coverage is available.
3 3

~~(5)~~

- (3) Discontinuation of health benefits to all
3 4 employees of the applicant's employer.
3 5

~~(6)~~

- (4) Expiration of the coverage periods established by
3 6 the federal Consolidated Omnibus Budget Reconciliation Act of
3 7 1986, Pub. L. No. 99-272, as amended.
3 8

~~(7)~~

- (5) Self-employment.
3 9

~~(8) Termination of health benefits due to a long term~~

~~-~~
3 10

~~disability.~~

~~-~~
3 11

~~(9)~~

- (6) Termination of dependent coverage due to an
3 12 extreme economic hardship on the part of

~~either~~

- the employee
3 13

~~or the employer~~

- , as determined by rule.
3 14

~~(10) Substantial reduction in either lifetime medical~~

~~-~~
3 15

~~benefits or benefit category available to an employee and~~

~~-~~
3 16

~~dependents under an employer's health care plan.~~

~~-~~
3 17 If the board determines that the allowance of the six-month
3 18 period from the time of dropping coverage to be eligible for
3 19 participation in the HAWK-I program is insufficient to
3 20 effectively deter applicants or employers of applicants from
3 21 discontinuing employer-sponsored dependent care coverage for
3 22 the purpose of participation in the HAWK-I program, the board
3 23 may adopt rules to extend the time period to a period not to
3 24 exceed twelve months.

3 25 Sec. 6. Section [514I.6](#), subsection 3, Code 2001, is
3 26 amended by striking the subsection.

3 27 Sec. 7. Section [514I.7](#), subsection 2, paragraph c, Code
3 28 2001, is amended to read as follows:

3 29 c. Forward names of children who appear to be eligible for
3 30 medical assistance

~~or other public health insurance coverage~~

~~-~~

~~to local~~
- ~~to the~~ department of human services
~~offices or other~~

~~appropriate person or agency~~
- for

~~follow up~~
- ~~follow-up~~ and

~~the~~
- identifying data on children who are referred.
3 34 Sec. 8. Section [514I.7](#), subsection 2, paragraph h, Code
3 35 2001, is amended by striking the paragraph.
4 1 Sec. 9. Section [514I.8](#), subsection 2, paragraph e, Code
4 2 2001, is amended to read as follows:
4 3 e. Is not currently covered under or was not covered
4 4 within the prior six months under a group health plan as
4 5 defined in 42 U.S.C. } 300gg-91(a)(1) or

~~other health benefit~~

~~plan, unless the coverage was involuntarily lost or~~
- unless
4 7

~~dropping the coverage is~~

- allowed by rule of the board.
4 8 Sec. 10. Section [514I.10](#), Code 2001, is amended to read as
4 9 follows:
4 10 514I.10 COST SHARING.
4 11 1. Cost sharing for eligible children whose family income
4 12 is

~~at or~~

- below one hundred fifty percent of the federal
4 13 poverty level shall not exceed the standards permitted under
4 14 42 U.S.C. } 1396(o)(a)(3) or } 1396(o)(b)(1).
4 15 2. Cost sharing for eligible children whose family income
4 16

~~is between~~

- ~~equals or exceeds~~ one hundred fifty percent

~~and two~~

~~hundred percent~~

- of the federal poverty level shall include a
4 18 premium or copayment amount which is at least a minimum amount
4 19 but which does not exceed five percent of the annual family
4 20 income. The amount of the premium or the copayment amount
4 21 shall be based on family income and size.

EXPLANATION

4 23 This bill amends portions of the Code relating to the
4 24 healthy and well kids in Iowa (HAWK-I) program.
4 25 The bill deletes the requirement that the department of
4 26 human services (DHS) establish family cost sharing based on a

4 27 sliding fee scale. The new language reflects current practice
4 28 which is establishment of a cost sharing amount approved by
4 29 the HAWK-I board. The bill also directs DHS to perform
4 30 periodic, random reviews of enrollee applications to ensure
4 31 program compliance. Quality assurance reports are to be made
4 32 to the board and to DHS based upon the data maintained by the
4 33 administrative contractor of the program.

4 34 The bill eliminates the requirement that the outreach
4 35 efforts developed by the board include a comprehensive
5 1 statewide media campaign. The bill directs the board to
5 2 develop a functional health assessment form rather than
5 3 selecting a single, nationally recognized assessment form for
5 4 children participating in the program. The bill eliminates
5 5 the requirement that the board perform periodic random reviews
5 6 of enrollee applications to assure program compliance, as this
5 7 function is given to the department under the bill. The bill
5 8 also directs the advisory committee on children with special
5 9 health care needs to make recommendations, annually, by
5 10 January 1, rather than only one time by January 1, 1999.

5 11 The bill eliminates, as reasons allowed for approval of an
5 12 application in cases in which prior employer-sponsored
5 13 coverage ended less than six months prior to determination of
5 14 eligibility for the program, the death of a parent, change in
5 15 employment to a new employer that does not provide an option
5 16 for dependent care coverage, termination of health benefits
5 17 due to a long-term disability, and a substantial reduction in
5 18 either lifetime medical benefits or benefit category available
5 19 to an employee and dependents under an employer's health care
5 20 plan. An existing reason for approval under these
5 21 circumstances, loss of employment due to factors other than
5 22 voluntary termination, is amended to provide that any loss of
5 23 employment is reason for the approval. Another existing
5 24 reason for approval of an application under these
5 25 circumstances is amended so that termination of dependent
5 26 coverage due to an extreme economic hardship on the part of
5 27 only the employee, and not on the part of either the employee
5 28 or employer, is reason to allow approval of an application.
5 29 The bill also eliminates a requirement that participating
5 30 insurers submit a marketing plan to the HAWK-I board
5 31 consistent with the board's outreach plan, for approval by the
5 32 board.

5 33 The bill amends the directive to the administrative
5 34 contractor to forward names of children who appear to be
5 35 eligible for health insurance coverage, other than medical
6 1 assistance, to local offices of DHS or other appropriate
6 2 persons, and limits the directive to forwarding the names of
6 3 children who appear to be eligible for medical assistance only
6 4 to the state offices of DHS. The bill also eliminates the
6 5 directive to the administrative contractor to make program
6 6 applications available through the mail and through local
6 7 sites, as determined by DHS, including to schools, local
6 8 health departments, local department of human services
6 9 offices, and other locations.

6 10 The bill also provides for cost sharing based upon the
6 11 family income percentage which is either below 150 percent of
6 12 the federal poverty level or which equals or exceeds 150
6 13 percent of the federal poverty level.

6 14 LSB 1084DP 79

6 15 pf/gg/8.1