

Workgroup I-Coverage of Adults

Mission Summary-Options to provide health care coverage to uninsured and underinsured adults in the state.

Met twice: in person on September 28 and on conference call on October 12.

On September 28, had presentations regarding Medicaid and Iowa Care by Jennifer Vermeer, Iowa Medicaid Director, and regarding HAWK-I by Anita Smith, Department of Human Services.

On October 12, had a focused discussion regarding options to improve and/or expand Iowa Care.

Major Discussion Items:

1. Iowa Care is a complex program regarding funding which provides limited benefits at only 2 sites in Iowa to uninsured adults whose income falls below 200% of federal poverty line (FPL). The program despite above limitations has exceeded expectations for enrollment, straining the current financing model, especially at the University of Iowa. (See website for various information sheets describing the program)
2. Without national health reform to set parameters and provide finances regarding our mission, maximizing Iowa Care effectiveness and efficiency seems both reasonable and timely, given Iowa Care need to be renewed by the Federal Government. However, if national health reform included Medicaid expansion to adults with incomes at a level less than 100% of FPL, Medicaid would then cover 80% of Iowa Care enrollment.
3. If national health reform comes, Iowa Care will still be needed as a stopgap till full reform is actualized.

3. If there is additional available monies at the Federal level which could be matched with available monies at the State level, then using those monies to shore up the existing Iowa Care program and set the stage for growth in the future seems reasonable.

4. Expansion of Iowa Care in the long run could include regionalization, with services centered on Community Health Centers and willing hospitals, which could provide matching funds to help subsidize the program.

5. Given minimal available funds, a start to regionalization and/or preparation for national health reform could be a diabetic registry program for Iowa Care patients or potential patients at the local level (CHC's, local primary care, and free medical clinics). Establishing such a registry recognizes the high morbidity and cost of inadequately treated patients with this disease who could benefit with even rudimentary improved local care.

6. Future steps could include dialogues with current Iowa Care providers (Broadlawns Hospital in Des Moines and University Hospital in Iowa City) and future partners in Iowa Care, such as CHC's, hospitals, local primary care, and free medical clinics.

7. Assuming national reform will occur, positioning Iowa for ready use of products to help uninsured and underinsured Iowans who would fall above Medicaid guidelines is a necessary next step for the Workgroup. Knowing who these Iowans are and what are their needs and capabilities is essential as well as knowing the options other states are employing, both private and governmental.