

**IOWA TITLE XXI PROGRAM &
TITLE XXI AMENDMENT FACT SHEET**

Name of Plan:	Healthy and Well Kids in Iowa (<i>hawk-i</i>)
Date of Plan Submitted:	June 1, 1998
Date Plan Approved:	September 1, 1998
State Plan Effective Date:	July 1, 1998
Date Amendment #1 Submitted:	February 25, 1999
Date Amendment #1 Approved:	June 16, 1999
Amendment #1 Effective Date:	January 1, 1999
Date Amendment #2 Submitted:	December 29, 1999
Date Amendment #2 Approved:	March 31, 2000
Amendment #2 Effective Date:	October 1, 1999
Date Amendment #3 Submitted:	March 8, 2000
Date Amendment #3 Approved:	June 14, 2000
Amendment #3 Effective Date:	February 1, 2000
Date Amendment #4 Submitted:	September 27, 2000
Date Amendment #4 Approved:	December 18, 2000
Amendment #4 Effective Date:	July 1, 2000
Date Amendment #5 Submitted:	September 20, 2001
Date Amendment #5 Approved:	December 6, 2001
Amendment #5 Effective Date:	July 1, 2001
Date Amendment #6 Submitted:	June 26, 2002
Date Amendment #6 Approved:	September 19, 2002
Date Amendment #7 Submitted:	August 13, 2003
Date Amendment #7 Approved:	November 5, 2003
Date Amendment #7 Effective:	June 1, 2003
Date Amendment #8 Submitted:	June 20, 2005
Date Amendment #8 Approved:	September 7, 2005
Date Amendment #8 Effective:	July 1, 2004
Date Amendment #9 Submitted:	March 31, 2006
Date Amendment #9 Approved:	July 18, 2006
Date Amendment #9 Effective:	March 1, 2006

Date Amendment #10 Submitted:	January 16, 2007
Date Amendment #10 Approved:	April 9, 2007
Date Amendment #10 Effective:	July 1, 2006 (Health Plan Name Change) July 24, 2006 (Adds Wellmark Plan of Iowa) September 1, 2006 (Expands WHPI counties) September 15, 2006 (Expand into 4 counties for AmeriChoice and Delta Dental)
Date Amendment #11 Submitted:	October 6, 2007
Date Amendment #11 Approved:	April 24, 2008
Date Amendment #11 Effective:	July 1, 2007
Date Amendment #12 Submitted:	June 30, 2008
Date Amendment #12 Approved:	July 29, 2008
Date Amendment #12 Effective:	June 1, 2008
Date Amendment #13 Submitted:	February 24, 2009
Date Amendment #13 Approved:	September 18, 2009
Date Amendment #13 Effective:	July 1, 2009

Background

- On June 1, 1998, Iowa submitted a Title XXI State Plan to provide health insurance coverage to uninsured children through an expansion of the State's Title XIX Medicaid program. The Plan provides Medicaid Expansion coverage to children ages 6 through 18 in families with income from 100 percent up to 133 percent of the Federal Poverty Level (FPL).

Amendments

- On February 25, 1999, the State submitted an amendment, effective January 1, 1999, to its approved Title XXI plan. This amendment, entitled the *hawk-i* program, is the non-Medicaid component of Iowa's CHIP program. *Hawk-i* provides health care coverage, via contracts with commercial health care plans, to children whose family income does not exceed 185 percent of the FPL.
- On December 29, 1999, the State submitted an amendment, effective October 1, 1999, to its approved Title XXI plan. This amendment allows for a 20-percent deduction to earned income in determining eligibility for the *hawk-i* program, and includes an additional managed health care plan, Unity Choice from Wellmark Health Plan of Iowa.
- On March 8, 2000, the State submitted an amendment, effective February 1, 2000, to its approved Title XXI plan. This amendment adds a third managed health care plan, John Deere Health Plan to selected counties in Iowa. The amendment also removes cost sharing for American Indian/Alaska Native children and also allows a deduction for depreciation of capital assets when considering self-employment income.

- On September 27, 2000, the State submitted an amendment to its approved Title XXI plan. This amendment expands coverage under the Medicaid Expansion program for infants up to 1 year of age in families with incomes at or below 200 percent of the FPL. In addition, it expands coverage under the *hawk-i* program to children up to age 19 in families with income from 185 percent of the FPLP up to 200 percent of the FPL.
- On September 20, 2001, the State submitted an amendment to its approved Title XXI plan. Unity Choice from Wellmark Health Plan of Iowa is no longer participating as a managed health plan in *hawk-i*. The Iowa counties that Unity Choice had been covering are now covered by John Deere Health Plan of Iowa, Iowa Health Solutions, or Classic Blue from Wellmark Blue Cross Blue Shield of Iowa.
- On June 26, 2002, the State submitted an amendment to update and amend the CHIP State Plan to indicate the State's compliance with the final CHIP regulations.
- On August 13, 2003, the State submitted an amendment to eliminate the 6-month waiting period for uninsured children who have been insured through an employer sponsored health plan in the 6 months prior to application for *hawk-i* and to indicate the expansion of Iowa Health Solutions coverage under the State's *hawk-i* program to two additional counties. This amendment also updates the effective date in the State plan to specify when Iowa began allowing depreciation of capital assets as a deduction to self-employment income.
- On June 20, 2005, the State submitted its eighth amendment to revise the process for children who no longer qualify for Medicaid to be referred to the *hawk-i* program; allow dental plans to participate in the *hawk-i* program; remove Iowa Health Solutions as a participating health plan in the *hawk-i* program; allow individuals to apply for the *hawk-i* program through the Internet; and revise the strategic objectives and performance goals.
- On March 31, 2006, the State submitted its ninth CHIP amendment to change the health care provider in 20 counties from Classic Blue (Wellmark Blue Cross Blue Shield of Iowa) to the John Deere Health Plan.
- On January 16, 2006, the State submitted its tenth CHIP amendment to make the following changes: (1) added a new managed care plan, Wellmark Health Plan of Iowa (WHPI) effective July 24, 2006. WHPI also expanded into 26 counties effective September 1, 2006, (it now covers a total of 69 counties in the State); (2) AmeriChoice and Delta Dental Health Plan of Iowa expanded into four counties (Carroll, Des Moines, Fayette, and Wayne) effective September 15, 2006; and, (3) changed the name of UnitedHealthcare of the River Valley to AmeriChoice, effective July 1, 2006. With this amendment approval, *hawk-i* members now have a choice of managed care plans in 43 counties in the State. Also, 27 counties are covered by a single managed care plan and the remaining 29 counties are covered by an indemnity plan.
- On October 6, 2007, Iowa submitted its eleventh amendment. This amendment revises the CHIP State plan by expanding the number of counties served by Wellmark Health Plan of Iowa and decreases the number of counties served by Wellmark Blue Cross Blue

Shield of Iowa. This amendment increases the total number of managed care counties to 82 and 17 fee for service counties remain.

- On June 23, 2008, Iowa submitted its twelfth amendment. With approval of this SPA, Iowa will be granting hardship exemptions to CHIP enrollees for premium payments when they are residing in a county in which a national disaster has been declared by FEMA. Premiums will be forgiven for the months of June and July 2008.
- On February 24, 2009, Iowa submitted its thirteenth amendment to expand the eligibility for children in its CHIP up to 300 percent of the FPL, using a block of income disregards. Additionally, the amendment allowed Iowa to continue utilizing a 20 percent income disregard in establishing income levels for purposes of determining premium amounts (\$20 per month per child up to a family maximum of \$40 per month) for the new expansion group. The State revised its submission to include a 30-day waiting period of uninsurance for CHIP coverage, only for children with family incomes above 250 percent of the FPL up to 300 percent of the FPL. Children with lower family incomes will not be subject to the 30-day waiting period. The State details a list of exceptions to the 30-day waiting period in the State plan. This SPA has a retroactive effective date of July 1, 2009.

Children Covered Under Program

- The State reported that there were 50,390 children ever enrolled in CHIP combination program during Federal Fiscal Year 2008, of which 17,709 were in the Medicaid expansion Program and 32,681 were enrolled in the Separate child health plan.

Administration

- The Department of Human Services (DHS) has contracted with a third-party administrator to provide, at a minimum, the following services for the non-Medicaid CHIP (*hawk-i*): distributes applications; determines eligibility; screens for Medicaid eligibility and coordinates with Medicaid Eligibility Worker; calculates, bills, and collects cost sharing; assists the family in selecting a health plan and enrolling the child in the selected plan; gathers encounter data from the health plans; and provides DHS with demographic, statistical, and encounter data for Federal reporting.

Health Care Delivery System

- For the *hawk-i* program, the State contracts with commercial insurers to deliver services for CHIP populations. Both fee-for-service and managed care plans may participate.

Benefit Package

- The *hawk-i* program provides benchmark-equivalent coverage.
- Iowa's CHIP plan is richer than the State employees' benchmark plan because State employees must pay additional copayments.

- *Hawk-i* enrollees receive health and dental benefits through: AmeriChoice, Wellmark Blue Cross Blue Shield, Delta Dental and Wellmark Health Plan of Iowa.

Cost Sharing

- Iowa continues to utilize a 20 percent income disregard in establishing income levels for purposes of determining premium amounts. *Hawk-i* premiums are \$10 per child per month, with a maximum of \$20 per family for families whose income is at or above 150 percent up to 200 percent of the FPL; and premiums are \$20 per child per month, with a maximum of \$40 per family for families whose net income is above 200 percent but up to and including 300 percent of the FPL.
- Families whose countable income is equal to or greater than 150 percent of the FPL shall be assessed a \$25 copayment for each emergency room visit if the child’s medical condition does not meet the definition of emergency medical condition.
- At current poverty levels, the family would have to incur the number of inappropriate emergency room (ER) visits indicated below to exceed 5 percent. Health plans will report enrollee ER usage, resulting in a copayment obligation, to the third party administrator. The third party administrator will track the ER copayment to ensure cost sharing does not exceed 5 percent of the family income. At the point the ER copayment results in cost sharing exceeding 5 percent, enrollees will be reimbursed for the cost.

Number of children in family	Annual Income at 300% FPL	5%	Premium Maximum	5% minus premium maximum	No. of Annual Inappropriate ER Visits
1	\$32,490	\$1,624.50	\$240	\$1,384.50 (\$1384.50/\$25)	55
2	\$43,710	\$2,185.50	\$480	\$1,705.50 (\$1705.50/\$25)	68
3	\$54,930	\$2,746.50	\$480	\$2,266.50 (\$2266.50/\$25)	91
4	\$66,150	\$3,307.50	\$480	\$2,827.50 (\$2827.50/\$25)	113
5	\$77,370	\$3,868.50	\$480	\$3,388.50 (\$3388.50/\$25)	136
6	\$88,590	\$4,429.50	\$480	\$3,949.50 (\$3949.50/\$25)	158
7	\$99,810	\$4,990.50	\$480	\$4,510.50 (\$4510.50/\$25)	180
8	\$111,030	\$5,551.50	\$480	\$5,071.50 (\$5071.50/\$25)	203

- There is no cost sharing for Native American/Alaskan Native children.

State Action to Avoid Crowd Out

- The State monitors for substitution by asking insurance history questions on the application form, which is then tracked by the State's third-party administrator.
- For children applying to the *hawk-i* program, a match with insurance carriers is done to determine if the children have other health care coverage. For all *hawk-i* applicants, the State will monitor the length of time between when other coverage ended and the time the child applied, to determine if additional strategies are needed.
- The State has also included a 30-day waiting period of uninsurance for CHIP coverage, only for children with family incomes above 250 percent of the FPL up to 300 percent of the FPL. Children with lower family incomes will not be subject to the 30-day waiting period. The list of exceptions to the 30-day waiting period includes:
 - lack of affordability , if the child's premiums are greater than 5 percent of the family's income;
 - existence of a chronic or emergent medical condition;
 - current coverage is through an individual plan rather than under group coverage;
 - for domestic violence, divorce or death of a parent;
 - the involuntary loss of employment or change in employment;
 - the child reaches a maximum lifetime coverage amount;
 - coverage under COBRA expires; and
 - a discontinuation of the availability of dependent coverage.

Coordination between CHIP and Medicaid

- All applications are screened for Medicaid eligibility and the presence of health insurance coverage. The *hawk-i* application is also used as an application for Medicaid benefits. If it appears that the child is eligible for Medicaid, the *hawk-i* application will be forwarded to the Eligibility Worker for obtaining the social security number, any necessary child support information, and an eligibility review.
- If the applicant is not Medicaid eligible, *hawk-i* eligibility is determined. If the child has health insurance coverage and is not Medicaid-eligible, coverage under *hawk-i* is denied.
- When an application is screened for Medicaid eligibility and it is determined that the child does not qualify or will no longer qualify for Medicaid due to excess income, a referral is made to *hawk-i*. The referral can be accomplished either electronically or using a paper form. In either format, the referral includes the name of the child (or children), the Medicaid application date (for children denied Medicaid) or the Medicaid end date (for children cancelled from Medicaid), and the reason for the referral. The electronic referral also includes the income amounts used to determine Medicaid ineligibility. A copy of the Medicaid notice of decision denying or canceling Medicaid accompanies the paper referral. This notice contains a calculation showing how Medicaid ineligibility due to excess income was determined.

Outreach Activities

- The State has been educating the public about *hawk-i* through presentations by staff at various conferences and organizational meetings (school nurse's conferences, Des Moines Chamber of Commerce, Women, Infant, and Children Program, Headstart).
- DHS and the Department of Education through an interagency agreement connected participants in the Free and Reduced Meals Program with referrals to *hawk-i*. A Back-to-School Radio Campaign was held, which was also advertised in Spanish.
- Multiple outreach activities are taking place in Iowa to reach multiple audiences, at both the statewide and local level. Iowa provides outreach to schools, physicians, childcare agencies, employers and insurance agencies to name a few.

Financial Information

Total FFY '09 CHIP Allotment – \$65,255,300

FFY '09 Enhanced Matching Rate – 73.83%

Date Last Updated: CMS, CMSO, FCHPG, DSCHI, October 2, 2009