



Iowa's Efforts to Cover All Kids

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A little bit about Iowa and children's coverage

- Iowa has Medicaid (EPSDT), Medicaid Expansion, and our SCHIP program: ***hawk-i (healthy and well kids in Iowa)***
- About 37,000 kids are covered under our Medicaid Expansion and ***hawk-i***
- Medicaid covers about 190,000 kids
- An estimated 40,000 children remain uninsured in Iowa

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How the Programs Are Run

- The Department of Human Services (DHS) manages the Medicaid and *hawk-i* programs (fiscal and administrative)
- The Department of Public Health (IDPH) contracts with DHS to utilize Title V Child Health agency staff to do *hawk-i* outreach across the state
- DHS also contracts with IDPH to use EPSDT Care Coordinators to help children on Medicaid access services and find a medical home

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Covering Kids in Iowa

- It's been a three year process, all within the context of larger health care reform efforts.

Where we were with kids coverage...

December 2007

- About 95% of kids were covered in Iowa
- Governor Culver said he would 'cover all kids' in his first term. He had just finished one year in office.
- No additional kids had been added to **hawk-i** or Medicaid yet.
- Policy discussions with the Governor's office were mostly about federal SCHIP reauthorization.
- My work had been mostly on national SCHIP advocacy.

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A little more... Dec. 2007

● The Governor's Health Care Reform Commission:

- Had been meeting for six months and had completed their report
- Committed to covering all kids, but no real policy recommendations for kids
- Focus was on adults without coverage and the issues therein
- The idea of covering all kids seemed 'easy' – "just do it"

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The Legislative Session Began in January 2008...

- Because of the Packard Foundation Finish Line Grant (goal to cover all Iowa kids by the end of 2010), changing policy in Iowa was now my full-time job
- Prior to this time, there had **never been** an outside advocate asking for policy changes related to Medicaid and *hawk-i*

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The Health Reform Bill Came Out Early

- The bill draft came out in late January and was 160 pages long
- Every area of health reform was included
 - Covering All Kids
 - Medical Home
 - Electronic Medical Records
 - End of Life Care
 - Caregiver Workforce Issues
 - Long-term Care
 - Prevention and Wellness
 - Chronic Care

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Many Lobbyists and Advocates Were Involved

- Insurance Companies
- The Medical Society
- Labor
- Workforce
- Community Action groups
- The Hospital Association
- Chiropractors
- Dentists
- Phone companies
- Nursing homes, in-home care companies
- Hospices
- Public Health
- Human Services
- AARP
- Religious groups, and more

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Keeping a Focus on Kids

- Was not easy...
 - Many competing priorities
 - Needed to educate policymakers and advocates that kids still weren't done
 - Needed to press for a true policy discussion on how to cover kids
 - Tried to work transparently
 - Health advocates worked in a loosely-formed Coalition

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In the end, and after a long, hard session...

- The 68-page health reform bill passed almost unanimously, on the last night of the session
- The bill had 16 divisions and created 12 new Councils and Advisory Boards
- Passed the House 97-3,
- Passed the Senate 36-7
- Governor signed the bill in May
- **All children shall be covered by January 1, 2010**

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The Successes in the Bill

- **Twelve month Continuous Eligibility** for children who receive Medicaid (July 1, 2008)
- **hawk-i eligibility to 300% FPL** July 1, 2009 (up from 200% FPL)
- **2008 tax form checkoff:** “Does your child have health insurance?”
- Implementation of the **Family Opportunity Act**

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Increase *hawk-i* to 300% FPL

- How did we get it?
 - I told family stories (outreach coordinators)
 - Uninsured children between 250-300% FPL
 - Told legislators the facts about family budgets
 - I made no one the 'bad guy'
 - I talked about the "high cost of health care"

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More from the bill...

DHS to write a plan/review the following:

Maximize enrollment and retention of children in Medicaid and *hawk-i*

- Streamline enrollment in *hawk-i* and Medicaid
- Conditional/presumptive eligibility for *hawk-i* and Medicaid
- Expedited renewal for *hawk-i* and Medicaid
- Other options/best practice

This plan had to be submitted to the Governor and the General Assembly by December 1, 2008

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Maximizing Enrollment and Retention: SCHIP and Medicaid Summit

- We offered to co-host a summit in order to address all the planning required in the bill
- We worked closely with the state CHIP Director, Anita Smith, and her staff
- We utilized technical assistance from the staff at the Center for Children and Families at Georgetown University

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The Goals for the Summit

Bring together a variety of people

Staff, legislators, program directors, advocates, providers, consumers, the faith-community, and others

Explore all the options for Iowa

Examine federal barriers and opportunities
Learn what other states do (Ruth Kennedy!)

Show broad support for innovation

Promote the sense that many of were involved and supportive if the issues and in progress.

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Success

- All feedback from the Summit has been positive
- DHS addressed all of these issues in their legislative report:
 - Presumptive Eligibility- yes
 - Administrative Renewals - yes
 - Universal application and renewal forms - yes
 - Technology Improvements - if possible
 - Dental only option - yes

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More from the Legislation

Creation of the Iowa Choice Health Care Coverage Advisory Council

- Membership included:
 - Our two most recent Governors (Vilsack-D and Branstad-R)
 - Four state legislators
 - Insurance Industry
 - Business
 - Labor
 - Insurance Underwriters
 - A Health Economist
 - Two Advocates
 - Directors of Human Services and Public Health
 - The Insurance Commissioner

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Council's Charge

Create a mechanism or mechanisms to insure all children in Iowa and adults

- Determine all the gaps and barriers in coverage
 - Define what constitutes qualified health care coverage
 - Design coverage options for children and adults
 - Design a premium schedule for new coverage options
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- Submit a report with our recommendations to the legislature and Governor Culver by December 15th, 2008.

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The Good News About the Council?

- I was elected to chair it!

The Bad News About the Council?

- We had NO money and NO staff

The Issues

- What does 'all children' mean? Who are 'all children'? Age, income, citizenship?
- What benefits are appropriate?
- How do we maximize federal options?
- How high should we go with state subsidies?
- How to support employer-sponsored coverage?



The Council's Work

- Council met every other Wednesday for three hours
- We broke into six small groups
- Reviewed data, reports, benefits, budgets, and trends
- Received presentations from the Department Directors and the Insurance Commissioner
- We discussed and debated and finally, voted.

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The Choice Council Submitted our Report to the Governor and Legislative Leaders on December 15th

Recommendations:

- All kids, legally present resident kids
- Streamlined enrollment and retention
- Presumptive Eligibility
- Buy-in over 300% FPL
- Dental-only option for SCHIP
- Premium Assistance to Purchase Private Coverage

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The End of the Legislative Interim, 2008

- DHS submitted their recommendations to the Governor and legislature
 - (December 30th)
- The Choice Advisory Council submitted our recommendations also
 - (December 15th)

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CHIP Reauthorized!

**CHIPRA
Legislation Passed
and Signed into
Law (Feb, 2009)**

2009 Iowa Legislative Session Starts

- Another health reform bill introduced early
 - Seven Divisions, including children
- Hard to create and maintain energy and excitement this year
- Budget crisis
- Defend what we gained last year
- Federal CHIP reauthorization helped a lot

The Kids Held the Bill Together

- We almost lost the bill on a few occasions
- Not because of the kids' piece
- Because of the adult coverage issues
- Keeping the kids division in the bill was a uniting factor
- No one wants to vote against kids and health care coverage
- Final vote was 95-0 House and 39-9 Senate

Coverage Gains in the 2009 Session

- Maintained eligibility 300% FPL starting July 1, 2009
- Pregnant women on Medicaid up to 300% FPL
- Added legal permanent resident children
- Established the dental-only CHIP option
- Established Presumptive Eligibility for CHIP and Medicaid
- Added translation and interpretation services as billable

Coverage Gains in the 2009 Session

- Tax form check-off, soft mandate
- New options for establishing eligibility
 - One pay stub
 - Average three years income for self-employed
- **All of the federal 'bonus options'**
 - Express lane
 - Same application for CHIP and Medicaid
 - Same renewal processes for CHIP and Medicaid, paperless
 - Presumptive eligibility



Next Steps in Iowa

- Implement New Legislation
 - **Some changes will start July 1**
 - Medicaid for pregnant women and infants to 300%
 - CHIP for kids up to 300% FPL
 - Translation and interpreter services billable
 - Creditable coverage for CHIP



More Planning Needed for Other Options

- Premium assistance strategies will take more time to create.
- Presumptive Eligibility is slated to begin on January 1, 2010.
- Application and renewal changes will take time and labor.
- Dental-only option needs to be designed.

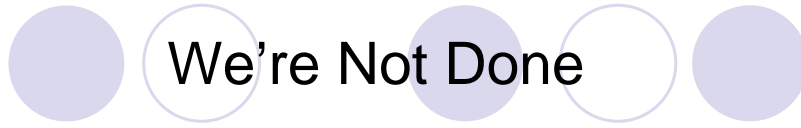


What's Next?



Role for Advocates

- Push
- Offer assistance, research, support
- Engage stakeholders in ways the Department may be limited
- Work with the Department
- Keep legislators informed and engaged
- Be realistic



We're Not Done

- Next year's budget looks ominous
- Defense will be key
- Showing success with families, providers, and others
- Tweaking law and rules as we learn from implementation



Thank you

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