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COMMERCE AND REGULATION

HOUSE FILE 2209

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QUIRK

Passed House, Date _____ Passed Senate, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act relating to health care coverage programs for children
2 including the healthy and well kids in Iowa program and the
3 medical assistance program.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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HF 2209

1 Section 1. Section 249A.3, Code Supplement 2001, is
2 amended by adding the following new subsection:

3 NEW SUBSECTION. 4A. Presumptive eligibility under the
4 medical assistance program shall be established for a child
5 who is under nineteen years of age. A determination of
6 presumptive eligibility shall be made only once in a twelve-
7 month period.

8 Sec. 2. Section 514I.4, subsection 4, Code 2001, is
9 amended to read as follows:

10 4. The department shall do or shall provide for all of the
11 following:

12 a. Develop a program application form not to exceed two
13 pages in length, which is consistent with the rules of the
14 board, which is easy to understand, complete, and concise, and
15 which, to the greatest extent possible, coordinates with the
16 medical assistance program.

17 b. Establish the family cost sharing ~~amount,--based-on-a~~
18 ~~sliding-fee-scale,--if-established-by~~ amounts with the approval
19 of the board.

20 c. Perform annual, random reviews of enrollee applications
21 to ensure compliance with program eligibility and enrollment
22 policies. Quality assurance reports shall be made to the
23 board and the department based upon the data maintained by the
24 administrative contractor.

25 ~~c.~~ d. Perform other duties as determined by the department
26 with the approval of the board.

27 Sec. 3. Section 514I.5, subsection 7, paragraphs d and e,
28 Code 2001, are amended to read as follows:

29 d. Develop, with the assistance of the department, an
30 outreach plan, and provide for periodic assessment of the
31 effectiveness of the outreach plan. The plan shall provide
32 outreach to families of children likely to be eligible for
33 assistance under the program, to inform them of the
34 availability of and to assist the families in enrolling
35 children in the program. The outreach efforts may include,

1 but are not limited to, ~~a-comprehensive-statewide-media~~
2 ~~campaign~~, solicitation of cooperation from programs, agencies,
3 and other persons who are likely to have contact with eligible
4 children, including but not limited to those associated with
5 the educational system, and the development of community plans
6 for outreach and marketing.

7 e. In consultation with the clinical advisory committee,
8 ~~select-a-single, nationally-recognized-functional-health~~
9 ~~assessment-form-for-an-initial-assessment-of-all-eligible~~
10 assess the initial health status of children participating in
11 the program, establish a baseline for comparison purposes, and
12 develop appropriate indicators to measure the subsequent
13 health status of ~~eligible~~ children participating in the
14 program.

15 Sec. 4. Section 514I.5, subsection 7, paragraph i, Code
16 2001, is amended by striking the paragraph.

17 Sec. 5. Section 514I.5, subsection 7, paragraph 1,
18 unnumbered paragraph 1, Code 2001, is amended to read as
19 follows:

20 Establish an advisory committee to make recommendations to
21 the board and to the general assembly ~~on-or-before~~ by January
22 1, ~~1999~~, annually concerning the provision of health insurance
23 coverage to children with special health care needs ~~under-the~~
24 ~~program~~. The committee shall include individuals with
25 experience in, knowledge of, or expertise in this area. The
26 recommendations shall address, but are not limited to, all of
27 the following:

28 Sec. 6. Section 514I.5, subsection 8, paragraph e, Code
29 2001, is amended by adding the following new subparagraphs:

30 NEW SUBPARAGRAPH. (15) Care coordination. For the
31 purposes of this subparagraph, "care coordination" means
32 coordinating the provision of services to children and
33 families to assure that the children receive health care
34 services by promoting the coordination of social supports and
35 medical services across organizations and providers. Care

1 coordination may include but is not limited to educating
2 families about the services provided under the family's health
3 insurance coverage plan; assisting families in selecting
4 providers; assisting families with scheduling of health care
5 appointments, transportation to attend health care
6 appointments, and translation during health care appointments;
7 and assisting families in accessing community support
8 services.

9 NEW SUBPARAGRAPH. (16) Dental services, including the
10 coverage of partial dentures and dentures, with an annual
11 coverage maximum of one thousand five hundred dollars.

12 NEW SUBPARAGRAPH. (17) Mental health and substance abuse
13 benefits, including coverage of Axis I and Axis II diagnoses
14 as specified in the diagnostic and statistical manual of
15 mental disorders; coverage of the full continuum of
16 evaluation, treatment, and services; provision of adequate
17 provider panels; use of admission, discharge, continued stay,
18 and placement criteria specific to children and adolescents;
19 and the use of Iowa juvenile placement criteria for substance
20 abuse services.

21 NEW SUBPARAGRAPH. (18) Medically necessary nutrition
22 services provided by a licensed dietician based upon a
23 physician referral.

24 NEW SUBPARAGRAPH. (19) Physical and occupational therapy
25 services provided by a licensed physical therapist or a
26 licensed occupational therapist, after referral by a
27 physician.

28 NEW SUBPARAGRAPH. (20) Pharmacist patient care services.

29 Sec. 7. Section 514I.5, subsection 8, paragraph h, Code
30 2001, is amended to read as follows:

31 h. The amount of any cost sharing under the program which
32 ~~shall~~ may be assessed ~~on-a-sliding-fee-scale~~ based on family
33 ~~income, which provides for a minimum amount of cost sharing,~~
34 and which complies with federal law.

35 Sec. 8. Section 514I.5, subsection 8, paragraph m, Code

1 2001, is amended by striking the paragraph.

2 Sec. 9. Section 514I.6, subsection 3, Code 2001, is
3 amended by striking the subsection.

4 Sec. 10. Section 514I.7, subsection 2, paragraph c, Code
5 2001, is amended to read as follows:

6 c. Forward names of children who appear to be eligible for
7 medical assistance ~~or other public health insurance coverage~~
8 ~~to local~~ to the department of human services ~~offices or other~~
9 ~~appropriate person or agency for follow-up~~ follow-up and
10 retain the identifying data on children who are referred.

11 Sec. 11. Section 514I.7, subsection 2, paragraph h, Code
12 2001, is amended by striking the paragraph.

13 Sec. 12. Section 514I.8, subsection 2, paragraph c, Code
14 2001, is amended to read as follows:

15 c. Is a member of a family whose income does not exceed
16 two hundred percent of the federal poverty level, as defined
17 in 42 U.S.C. § 9902(2), including any revision required by
18 such section. Determination of an applicant's income shall be
19 made on the basis of the applicant's self-declaration of
20 income.

21 Sec. 13. Section 514I.8, subsection 2, paragraph e, Code
22 2001, is amended to read as follows:

23 e. Is not currently covered under or was not covered
24 within the prior six months under a group health plan as
25 defined in 42 U.S.C. § 300gg-91(a)(1) ~~or other health benefit~~
26 ~~plan, unless the coverage was involuntarily lost or~~ unless
27 ~~dropping the coverage is~~ allowed by rule of the board.

28 Sec. 14. Section 514I.8, subsection 3, Code 2001, is
29 amended to read as follows:

30 3. In accordance with the rules adopted by the board, a
31 child ~~may~~ shall be determined to be presumptively eligible for
32 the program pending a final eligibility determination.

33 Following final determination of eligibility by the
34 administrative contractor, a child shall be eligible for a
35 twelve-month period. At the end of the twelve-month period,

1 the administrative contractor shall conduct a review of the
2 circumstances of the eligible child's family to establish
3 eligibility and cost sharing for the subsequent twelve-month
4 period.

5 Sec. 15. Section 514I.10, Code 2001, is amended to read as
6 follows:

7 514I.10 COST SHARING.

8 1. Cost sharing for eligible children whose family income
9 is ~~at-or~~ below one hundred fifty percent of the federal
10 poverty level shall not exceed the standards permitted under
11 42 U.S.C. § 1396(o)(a)(3) or § 1396(o)(b)(1).

12 2. Cost sharing for eligible children whose family income
13 ~~is-between~~ equals or exceeds one hundred fifty percent ~~and-two~~
14 ~~hundred-percent~~ of the federal poverty level ~~shall~~ may include
15 a premium or copayment amount ~~which-is-at-least-a-minimum~~
16 ~~amount-but~~ which does not exceed five percent of the annual
17 family income. The amount of ~~the~~ any premium or the copayment
18 amount shall be based on family income and size.

19 EXPLANATION

20 This bill amends portions of the Code relating to the
21 healthy and well kids in Iowa (hawk-i) program and the medical
22 assistance program.

23 The bill provides for presumptive eligibility under the
24 medical assistance program and the healthy and well kids in
25 Iowa program.

26 The bill deletes the requirement that the department of
27 human services (DHS) establish family cost sharing based on a
28 sliding fee scale. The new language reflects current practice
29 which is establishment of a cost sharing amount approved by
30 the hawk-i board. The bill also directs DHS to perform
31 annual, random reviews of enrollee applications to ensure
32 program compliance. Quality assurance reports are to be made
33 to the board and to DHS based upon the data maintained by the
34 administrative contractor of the program.

35 The bill eliminates the requirement that the outreach

1 efforts developed by the board include a comprehensive
2 statewide media campaign. The bill directs the board, in
3 consultation with the clinical advisory committee, to assess
4 the initial health status of children participating in the
5 program, establish a baseline, and develop appropriate
6 indicators to assess the subsequent health status of children
7 participating in the program, rather than directing the board
8 to select a single, nationally recognized assessment form for
9 children participating in the program. The bill eliminates
10 the requirement that the board perform periodic random reviews
11 of enrollee applications to assure program compliance, as this
12 function is given to the department under the bill. The bill
13 also directs the advisory committee on children with special
14 health care needs to make recommendations, annually, by
15 January 1, rather than only one time by January 1, 1999.

16 The bill adds benefits to the hawk-i benefit package,
17 including care coordination, dental services, mental health
18 and substance abuse benefits, medically necessary nutrition
19 services, physical and occupational therapy services, and
20 pharmacist patient care services.

21 The bill eliminates the directive to the hawk-i board to
22 adopt rules to address approval of a program application in
23 cases in which prior employer-sponsored coverage ended less
24 than six months prior to determination of eligibility for the
25 program. The bill also eliminates a requirement that
26 participating insurers submit a marketing plan to the hawk-i
27 board consistent with the board's outreach plan, for approval
28 by the board.

29 The bill amends the directive to the administrative
30 contractor to forward names of children who appear to be
31 eligible for health insurance coverage, other than medical
32 assistance, to local offices of DHS or other appropriate
33 persons, and limits the directive to forwarding the names of
34 children who appear to be eligible for medical assistance only
35 to the state offices of DHS. The bill also eliminates the

1 directive to the administrative contractor to make program
2 applications available through the mail and through local
3 sites, as determined by DHS, including to schools, local
4 health departments, local department of human services
5 offices, and other locations.

6 The bill provides for determination of an applicant's
7 income based upon an applicant's self-declaration of income.
8 The bill also provides that a child may participate in the
9 hawk-i program if, among other criteria, the child is not
10 currently covered or was not covered in the past six months
11 under a group health plan unless allowed by rule of the board.

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

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