

Memo

To: Iowa Choice Health Care Coverage Advisory Council

From: Janet Griffin

Re: Summary of Benefit Review Subgroup Meeting of September 29, 2008

Members of the Benefit Review Subgroup met on Monday, September 29 to continue the discussion begun on September 17 to identify a common set of health insurance benefits appropriate for all children. Participants included: Janet Griffin (Federation of Iowa Insurers), Lynn Patterson (IDPH), Tom Newton (IDPH) and Sonni Vierling (IDPH).

## 1. Standard Benefit Design

The Subgroup reviewed a comparison of the benefit structure of Medicaid, HAWK-I and the State of Iowa Employee Group, noting items of particular relevance for children. The Subgroup reached consensus that the HAWK-I benefit structure should serve as the starting point for defining a standard children's insurance coverage program. This would enable the benefit costs to be easily quantified, using data from DHS. (See 2 below).

The Subgroup next discussed possible additional benefits that should be evaluated for inclusion as part of a standard children's health insurance program, based on their potential to drive long term positive health outcomes for children. These possible additional benefits included:

- Early & Periodic Screening, Diagnosis & Treatment (EPSDT) –scheduled screenings through comprehensive well-child exams of medical (including physical and mental health), dental, vision and hearing at intervals that meet recommended standards of practice, followed by diagnosis and treatment (as appropriate)
- Care Coordination-incorporating the components of the “1<sup>st</sup> Five: Healthy Mental Development Initiative” model program
- Developmentally appropriate assistive technology for children with special needs
- Age appropriate vision/eye ware benefits
- Age appropriate hearing screening/hearing devices

## 2. Cost Analysis

The Subgroup asked that DHS provide cost data on the current HAWK-I benefits, that is, the per member per month cost of the program. The Subgroup also asked that the cost for the possible additional benefits (outlined above) be calculated in order to conduct a cost/benefit analysis.

### 3. Age Group for Standard Children's Health Insurance Plan

The Subgroup noted the varying ages covered by Medicaid (to age 21), HAWK-I (through age 18) and private insurance as a result of recent Iowa legislation (i.e. through age 25 or longer if a full time, unmarried student residing in Iowa). After noting that a standard benefit package for infants and children would most likely look different from one for young adults, the Subgroup suggested limiting eligibility for the children health insurance coverage to age 19, with the understanding that a similar standard plan would be developed and offered to young adults who lose eligibility or "age out".

### 4. Choice of Plans

The Subgroup next discussed the current provisions of the HAWK-I program which limit choice in those counties with a managed care plan to a managed care plan. The Subgroup noted that in the private insurance market, carriers offering a limited provider network plan must make available one or more options to enable access providers not in the provider network. The Subgroup recommends that any program to offer standard children health insurance benefit plans include similar options. The Subgroup also discussed the issue of the HAWK-I program needing to be treated as previous qualifying and credible coverage for the purpose of accessing one of the standard children health insurance benefit plans.

### 5. Optional Benefit Package(s)

The Subgroup discussed the potential value in identifying standard optional benefit packages for vision, dental, and/or drug coverage for children in families whose employer-sponsored group coverage did not include such benefits.