

## Iowa Department of Public Health

# ✓ The Check-Up

### An update on issues and ideas related to health reform in Iowa

The Check-Up is a health care reform newsletter designed to keep interested Iowans up to date on the progress of health reform initiatives.

The Check-Up will feature updates on activities of the health reform councils as authorized by [HF 2539](#) (2008) including the Legislative Health Care Coverage Commission, activities related to the Federal Patient Protection and Affordable Care Act ([HR 3590](#)), and other activities related to the focus of the councils.

The Check-Up will be archived on the main IPDH Health Care Reform Website at [http://www.idph.state.ia.us/hcr\\_committees/](http://www.idph.state.ia.us/hcr_committees/)

## Iowa ehealth (Electronic Health Information Advisory Council)

The 2011 Iowa General Assembly enacted legislation (House File 649) creating a workgroup to develop a Business and Financial Sustainability Plan for the Iowa Health Information Network (IHIN), which is due to the General Assembly by



December 1, 2011. This workgroup includes representatives from the Iowa Hospital Association, Iowa Medical Society, University of Iowa Hospitals and Clinics, Federation of Iowa Insurers, Iowa Osteopathic Medical Association, Iowa Medicaid Enterprise, Iowa Department of Public Health, and a business entrepreneur appointed by the Governor. Prior to December 1<sup>st</sup>, the workgroup will finalize and submit the plan to the e-Health Executive Committee, Advisory Council and State Board of Health for approval. The plan includes recommendations regarding IHIN participation fees, avoiding the use of state general appropriations for sustainability, establishment of an Iowa e-Health fund, and governance of the IHIN.

Related to this work, Iowa e-Health is securing Memorandums of Understanding with the large health systems and payers in Iowa. These agreements are necessary to ensure IHIN sustainability, and to move forward with its implementation. These early adopters will be part of the IHIN piloting process that is expected to begin in 2012. This helps secure additional funding to support the IHIN build from the Centers for Medicare and Medicaid Services (CMS) through Iowa Medicaid Enterprise.

## July-October 2011

### Websites

#### Advisory Councils

[Electronic Health Information](#)

[Prevention and Chronic Care Management](#)

[Medical Home](#)

[Health and Long-Term Care Access](#)

[Direct Care Worker](#)

[Patient Autonomy in Health Care Decisions Pilot Project \(IPOLST\)](#)

#### Other Iowa HCR Activities

[Iowa Healthy Communities Initiative](#)

[Small Business Qualified Wellness Program Tax Credit Plan](#)

[Health Benefits Exchange](#)

**Next Meetings: December 9<sup>th</sup> 10am – 2pm at the Urbandale Public Library**

# Prevention and Chronic Care Management Advisory Council

The Prevention and Chronic Care Management (PCCM) Advisory Council Initial Report is available [here](#). Their Annual Report has been finalized and is available [here](#).

## Issue Briefs:

- [Chronic Disease Management](#)
- [Disease Registries](#) (developed collaboratively by the PCCM Advisory Council, the Medical Home System Advisory Council, and the eHealth Advisory Council)
- [Prevention](#)
- Currently Drafting – Social Determinants of Health and Community Utility
- [Iowa Diabetes Issue Brief](#)

The **Chronic Disease Management Subgroup** is focusing on [SF 2356](#) to develop a plan to coordinate care for individuals with diabetes who receive care through safety net providers. As a first step, the Iowa Primary Care Association (Iowa PCA) conducted focus groups in the Federally Qualified Health Centers to determine the barriers that people with diabetes face. Iowa PCA produced a [report](#) for the Council summarizing the results of the focus groups. PCCM Staff have been meeting with members of the Iowa Collaborative Safety Net Provider Network (Safety Net Network), including the free clinics, community health centers, family planning clinics, and rural health clinics to collaborate for the diabetes care coordination plan.

The Subgroup has finalized an [Iowa Diabetes Issue Brief](#) which will include initial recommendations concerning issues that have quickly become high priority while working on the diabetes care plan. The recommendations are:

1. Coordinate with existing programs to ensure that test-strips are made available for underinsured and uninsured people with diabetes in Iowa.
2. Ensure that certified diabetes education is available statewide and that outreach is conducted to patients to ensure awareness of this critical service.
3. Ensure the utilization of educational tools, resources, and programs to promote the engagement of people with diabetes and self-management of both obesity and its complications, including diabetes and metabolic syndrome.

A Diabetes Clinical Subcommittee was created to provide input and make clinical recommendations for the diabetes care coordination plan. The Diabetes Clinical Subcommittee is made up of members from the PCCM Advisory Council and the Safety Net Network. The Subcommittee has had four conference calls throughout the month of August to discuss and make recommendations around the different aspects of diabetes management in the safety nets. Products being created through the Diabetes Clinical Subcommittee are Iowa specific and include a diabetes flow chart, patient action plan, educational materials, diabetes algorithm to screen for “at-risk” patients, and a diabetes education referral form.

The PCCM Advisory Council and Safety Net Network staff are collaborating with the Iowa Department of Aging (IDA) to develop and pilot a referral system for their Chronic Disease Self-Management Program- Better Choices/Better Health, targeted toward the safety net population. For more information about IDA’s program, visit <http://www.iowahealthylinks.org>.

- If successful, the diabetes care plan and the referral system for the Better Choices/Better Health will be expanded to medical professionals beyond the safety net population.

The **Prevention Subgroup** is focusing on [HF 2144](#) to develop recommendations by December 15, 2011 on strategies to collect and provide statistically accurate data concerning chronic disease in multicultural groups of racial and ethnic diversity in the state. Following implementation of the strategies and collection of data, the council shall also make evidence-based recommendations to the director to address and reduce identified disparities. The subgroup will submit the recommendations to the full Council, then the Council will submit them to the Director of IDPH. An agreement has been made that the subgroup and IDPH’s Office of Multicultural and Minority Health Advisory Council will collaborate closely in the work of this legislative charge. An environmental scan has been conducted on the multicultural data currently being collected in Iowa. A draft of the disparities report will be completed soon.

The PCCM Advisory Council continues to collaborate with the Safety Net Network and the Health and Long-Term Care Access Advisory Council to develop their strategic plans.

Legislation passed this session which combines the PCCM Advisory Council and the MHSAC by January 1, 2012. A consolidation plan has been developed which includes the Council’s vision, meeting schedule, annual report plan, Council membership, and administrative rules timeline. **The next Council meeting will be held jointly with the PCCM and MHSAC Councils to discuss the plan to move forward on the combination of the Councils.**

**Next Meeting: Friday, December 1<sup>st</sup> 9:30-3:00 at the West Des Moines Public Library**

# Medical Home System Advisory Council

The Medical Home System Advisory Council's (MHSAC) Progress Report #1 is available [here](#) and Progress Report #2 is available [here](#). Progress Report #3 has recently been finalized and is available [here](#).

## Issue Briefs:

- [Patient Centered Care](#)
- [Disease Registries](#) (developed collaboratively by the PCCM Advisory Council, the Medical Home System Advisory Council, and the eHealth Advisory Council)
- Currently Drafting – Social Determinants of Health and Community Utility

The MHSAC Progress Report #3 includes six priority areas with recommendations to focus on in 2011. The recommendations are:

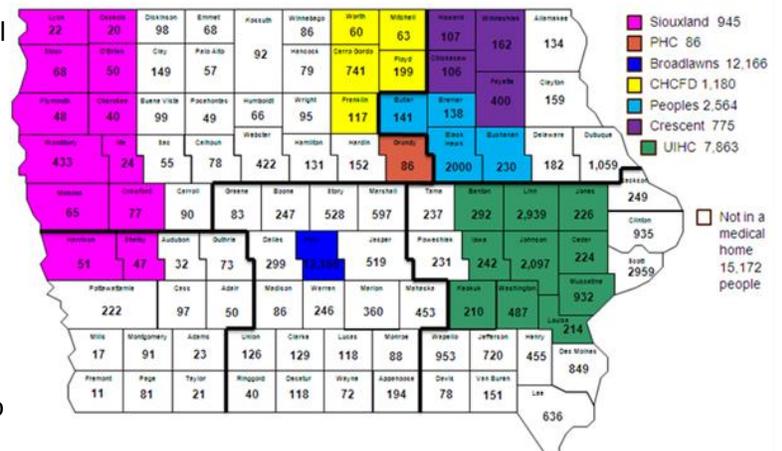
1. Support state and federal efforts to reverse the decline in primary care workforce and access to dental services in Iowa by addressing the utilization of alternative staffing models including mid-levels.
2. Continue to monitor and discuss the federal direction of the Accountable Care Organization model and determine implications for Iowa.
3. Support additional resources to advance the IowaCare Medical Home Pilot Project to sustain continued rollout of the Federally Qualified Health Centers.
4. Continue to develop and sustain the Medical Home Multipayer Collaborative Workgroup to advance the development of a multipayer pilot in Iowa.
5. Collaborate with the Prevention and Chronic Care Management Advisory Council to improve incentives for prevention and chronic disease management by providing support for care through payment systems, organization and delivery of care, and care coordination through a patient-centered medical home.
6. Support the implementation of the statewide Health Information Exchange in Iowa.

The MHSAC continues to collaborate with Medicaid in the development of the [IowaCare Medical Home Model](#), established in SF 2356. The expansion is phasing in Federally Qualified Health Centers (FQHCs) to provide primary health care services to the IowaCare population and to comply with certification requirements of a Medical Home. The FQHC's and other medical homes (the University of Iowa Hospitals and Clinics and Broadlawns Medical Center) will be required to meet a set of medical home minimum standards. On October 1, the rollout began with FQHCs in Waterloo and Sioux City. As of March 31, there are 28,539 members in a medical home, a 3,814 increase since October 2010. Over 8,300 members are new to IowaCare.

Three new FQHC's joined July 1, 2011 to redistribute existing counties currently assigned to the FQHC in Waterloo:

- Grundy county to Marshalltown (86 members)
- Worth, Mitchell, Floyd Cerro Gordo, Franklin counties to Fort Dodge (1,180 members)
- Howard, Chickasaw, Winneshiek, Fayette counties to Dubuque (775 members)

IowaCare Medical Home Coverage Proposed Redistribution for 7/1/11



The MHSAC continues to be engaged with the work of the Safety Net Network's Medical Home Projects. Six grants have been approved this year- three Local Boards of Health and three Maternal/Child Health centers to work on medical home development in their communities.

Legislation passed this session which combines the PCCM Advisory Council and the MHSAC by January 1, 2012. A consolidation plan has been developed which includes the Council's vision, meeting schedule, annual report plan, Council membership, and administrative rules timeline. These administrative rules will be drafted this winter and will include how Iowa will certify medical homes. The MHSAC voted that Iowa will use nationally recognized certification methods including NCQA's [Physician Practice Connections®- Patient-Centered Medical Home™](#), with the exception that Nurse Practitioners will be able to be certified as well. **The next Council meeting will be held jointly with the PCCM and MH Advisory Councils to discuss the plan to move forward on the combination of the Councils.**

**Next Meeting: Friday, December 1<sup>st</sup> 9:30 – 3:00 at the West Des Moines Public Library**

## Strategic Plan for Health Care Delivery Infrastructure & Health Care Workforce Resources

In the Phase 1 Strategic Plan submitted in January 2010, a logic model was included, describing how various required components would be integrated into the next phase, due in January 2012. Ongoing efforts have continued toward fulfillment of this goal. At the next meeting, the HLTC Advisory Council will be informed of this progress and have opportunity to provide input.



The [Rural and Agricultural Health and Safety Resources Plan](#), developed with leadership by the [Iowa State Office of Rural Health](#), has been completed and distributed to a wide audience. Feedback has been positive from both federal and state constituents and partners. “IDPH gratefully acknowledges the individuals who offered their valuable time, shared resources, and contributed to the research, development and review of this document. Also we recognize the [Iowa Rural Health Association](#) for hosting a series of webinars that focused on the topics presented in this document. (page 1)”

An important component to strategic planning is the determination of the health needs of Iowans. IDPH has completed a report, [“Understanding Community Health Needs in Iowa 2011”](#). According to the report, “The 2010-2011 CHNA & HIP marks the first time a comprehensive analysis has been done of all the county needs assessments at IDPH. The goal of this comprehensive analysis and report on the needs assessments is to provide a basis for understanding what health needs are most critical in the state, what needs are emerging, and what needs are not being addressed at the local level.”

Along with assessment of need, the availability of data is key to decision-making, and data collection and dissemination is a required piece of the strategic plan. “The [IDPH Data Warehouse](#) is an active, web-based application that organizes and stores health data from a variety of sources. The application also provides basic reports that summarize health data. By having a number of important datasets in one central place, users are able to easily obtain snapshots of the health of individual counties and the state of Iowa as a whole. The vision of the data warehouse is to provide access to health data to help Iowans make more efficient and effective decisions in promoting and protecting the public’s health.” There are several major initiatives planned for the data warehouse. To stay informed about development of the data warehouse, send a blank e-mail to [join-idphdatawarehouse@lists.ia.gov](mailto:join-idphdatawarehouse@lists.ia.gov).

The Health and Long-Term Care Access Advisory Council will be receiving updates and discussing these and other strategic plan components during the November meeting.

**Next Meeting: Monday, November 7<sup>th</sup> 10:00 – 3:00 at the Urbandale Public Library**

## Community Transformation Grant

In September, IDPH was awarded \$3,007,856 per year for up to five years subject to the availability of funds and satisfactory progress of the project from the Centers for Disease Control and Prevention.

- A statewide awareness and education campaign using the existing Healthy *Iowans* messaging will be expanded. Examples of existing “*i*” messages are “*i* am active and eating smart” and “*i* get routine exams and screenings.”
- Live Healthy Iowa will include nutrition tracking & promotion of routine health screenings, continuing to build awareness.
- Statewide, health providers will be offered training and toolkits from existing or newly developed initiatives that align with promotional materials promoting smoking cessation, routine health screenings, improved nutrition and increased physical activity. Consistent messaging will be promoted through healthcare, public health and the community.
- More intensive interventions will be offered to a local subgroup of 26 county local boards of health and will include:
  1. Chronic Disease Self-Management Program (Better Choices, Better Health) train the trainer workshops,
  2. Worksite wellness initiatives promoting Live Healthy Iowa and increasing physical activity and nutritious food choices,
  3. Diabetes Prevention Program trainings,
  4. A project linking primary care and public health in building community resources for care coordination or referral resources that help address the health issue of unnecessary re-hospitalization,
  5. Assessment of local food systems and strategy development and implementation,
  6. Adoption of comprehensive approaches to improve community design including Complete Streets,
  7. Promotion of smoke free multi-housing dwellings, and
  8. Coordinated Approach to School Health (CATCH) trainings.

The disparities of rurality, disability, and income will be addressed in all interventions. The work of the Iowa Community Transformation Grant: Community-Based Strategies for a Healthier Iowa will be guided by a 10-member leadership team and supported by an advisory committee. Local boards of health will partner with their local coalitions.

## Direct Care Worker Advisory Council

The Direct Care Workforce Initiative pilot project is well underway with seven sites selected and participating. The purpose of the pilot project is to evaluate the impact of the standardized training and additional retention supports on direct care professionals' knowledge, job satisfaction and retention in their employment. Participating direct care professionals will receive interim credentials and participate in leadership, mentoring and retention activities. Control groups that will not receive the pilot training or the retention interventions will be selected to enable the project to compare evaluation outcomes. The sites participating are Des Moines Area Community College, Indian Hills Community College, Easter Seals, Home Instead, H.O.P.E., Iowa Home Care and REM Developmental Services. Both community colleges are recruiting partner employers to commit to sending staff to the training.

Stakeholders are actively engaged in curriculum development, including the six direct care professionals who are members of the Direct Care Professional Educational Review Committee. The department is working with CSDC Systems, Inc. to develop the IT system that will manage and streamline the direct care professional credentialing process. The Direct Care Worker Advisory Council continues to meet and provide feedback to IDPH regarding the IT system, the development of a Board of Direct Care Professionals, and the curriculum. They are currently reviewing state and federal regulations related to direct care training to ensure alignment of current practices and requirements with the recommendations of the Council.

In addition, IDPH received news that Northeast Iowa Community College will now be participating in the initiative by developing additional training and piloting the credentials. This partnership is made possible through a Department of Labor Trade Adjustment Assistance Community College and Career Training Grant.

To keep up to date on progress/activities, go to [www.idph.state.ia.us/directcare](http://www.idph.state.ia.us/directcare) and click the button to be added to our E-Update.

**Next Meeting: Thursday, December 8<sup>th</sup> at the Johnston Public Library**

### What is a Direct Care Professional?

A direct care professional (DCP) is an individual who provides supportive services and care to people experiencing illnesses or disabilities and receives compensation for such services. Direct care professionals provide 70-80 percent of all direct hands-on services, assisting individuals with daily living tasks, personal care, independent living skills, and basic health care services. Direct care professional is the umbrella name for the workforce. DCPs are commonly called direct support professionals, direct care workers, supported community living workers, home health aides, certified nurse aides, and others.

## Patient Autonomy in Health Care Decisions in Pilot Project Advisory Council (IPOST)

### Linn County IPOST – the Iowa Standard

Linn County IPOST has successfully built a collaboration to implement a local system of care which builds a partnership among care facilities and providers to identify, document and ascertain individual treatment choices. Community engagement and strong leadership has built and evaluated a systems approach to assuring patient choices are followed. Coalition members include a University of Iowa evaluator to provide process and impact oversight and measures, a University of Northern Iowa ethicist who provides guidance for decision making, and the state coordinator who provides technical assistance and coaching. A rigorous planning and implementation approach has served to create and evaluate the tools and the processes in development of the Iowa model and the IPOST standard.

Since the last legislative report in January of 2010, the model community has initiated in multiple local care facilities; trained and evaluated and revised training for dozens of people; created, evaluated and revised the form for documentation of the patient wishes; and devised a community wide process for adopting this form into each of the institutional settings engaged with any patient. This model is now our Iowa standard.

This field work has been documented and presented at national meetings and the local partners have won awards and accolades for their work. In recognition, they were offered the opportunity to submit a grant proposal to the national POLST association – that funding is pending. All of this work has been done using local support, commitment and contributions. Small grants have funded the printing and trainings and licensed use of the national training paradigm. Institutions have committed staff time and space and other support materials for the dozens of meetings that have made this work move forward.

Locally the coalition has met to reflect on their work and to deliberate in creation of recommendations for the state and the other communities who are seeking to begin this work. Those lessons learned and recommendations will be presented to the State Advisory Council on October 28 and in the Council report to the 2012 Legislature.

## Patient Autonomy in Health Care Decisions in Pilot Project Advisory Council (IPOST)

### Jones County Rural Pilot

Following the first IPOST report to the Iowa Legislature a contiguous rural outreach pilot was authorized and Jones County became that pilot. The Jones coalition is understandably smaller but no less committed or engaged. The process for program initiation however is significantly different in small versus urban settings and the Jones leadership recognized that a significant public awareness campaign was going to be important to gain broad support -- if the program is successful. That successful awareness campaign served to build not only awareness but demand. The community demand, however, produced requests for documentation of patient wishes when the individual otherwise qualified for the program but lived in their home. The home setting, which had not been part of the urban IPOST standard, was identified after deliberation by both coalitions as important in rural areas.

Another recognized difference in urban and rural settings related to training of interviewers. The interviewer is critical to a quality of the IPOST document and the skill required is part knowledge and a large part *art*. The ability to communicate in very difficult and critical conversations is imperative. In larger settings a broad array of staff can offer best practice selections but in rural areas a smaller number of available and suitable interviewers may mean that the community finds only one or two able to have these conversations. Therefore a committed person to serve the community across all health settings might be imperative.

Jones County is still teaching the Iowa IPOST community about the adaptations important for rural areas. While evaluation of the urban setting have been extensive and repeated the compliance evaluation for Jones has just recently been done. Process evaluation, however has demonstrated multiple adjustments necessary for local and rural areas. Jones County representatives will present their story and make their recommendations to the Advisory Council on October 28<sup>th</sup> and have been added as members of Council for deliberation of the Legislative recommendations.

As this work continues a definite IPOST community has begun to develop – first among the pilots, but also with those communities that are interested and invested in becoming IPOST communities. This work connects Iowa to the national POLST movement and the Association which promulgates the standards for the community initiatives. In addition, connection to hospice and palliative care programs supports that program's work with their target patient populations.

Other communities have expressed interest in initiating IPOST locally.

### State Advisory Council

The State Advisory Council is again convened and will meet October 28<sup>th</sup> for a day of discussion and deliberation. They will produce a 2012 Legislative Report that will detail the IPOST pilot experiences and submit a set of recommendations for further expansion of this critical system change work. Coordination and support for the Council and technical assistance for the community pilots has been provided by IDPH.

**Next Meeting: Friday, October 28<sup>th</sup> 10:00 – 3:30 at the Iowa Hospital Association**

## Health Benefit Exchange

IDPH has been awarded a one-year grant to plan for the Health Benefits Exchange (HBE). An Interagency Workgroup has been formed with IDPH, Iowa Department of Human Services (DHS), and the Iowa Insurance Division (IID).

### Regional Meetings & Focus Groups

The Interagency Workgroup held a series of regional meetings and focus groups across Iowa to ensure considerable stakeholder involvement throughout the planning of the HBE. They gained consumer buy-in and created transparency. Community stakeholder groups were given a chance to voice concerns and solicit ideas and expectations from what Iowans want out of an HBE. Participants in the focus groups were asked various open-ended questions concerning such elements as:

- What benefits should be included in the final benefit packages?
- How should the information delivered?
- What tools should be available to make obtaining benefits more accessible?

The information gathered from the meetings was compiled into a [Final HBE Regional Meeting and Focus Group Summary](#).

- Video presentations from the regional meetings can be viewed [here](#).
- Educational whitepapers that were created by the Interagency Workgroup and distributed at the regional meetings and focus groups can be viewed here:
  - [HBE Overview](#)
  - [HBE Consumer Overview](#)
  - [HBE Whitepaper- Key Decisions and Activities Table](#)
  - [HBE Whitepaper- Difference Between Exchanges](#)
  - [HBE Whitepaper- Medicaid Expansion Under the ACA](#)

### 2011 Legislative Session

Three pieces of legislation were introduced during the 2011 Iowa legislative session creating a HBE in the state. The bills were [Senate File 348](#) and two companion bills, [Senate File 391](#) and [House File 559](#). None of these bills made it through the second funnel and are dead for the 2011 legislative session. This places Iowa in an interesting position for the 2014 health care reform push, making the 2012 legislative session even more important for Iowa HBE legislation to be passed.

### Federal Meetings

Members of the Interagency Workgroup attended the *Center for Consumer Information and Insurance Oversight State Exchange Grantee Meeting* in Arlington, Virginia on September 19-20. Topics covered during this meeting included the required components of the planning process, experiences from the early innovator states, other states legislation/governance structures, IT guidance, and discussions of the newly released regulations. The grantee meeting also allowed for peer-to-peer discussion with other states.

Interagency Workgroup members also attended the *National Academy for State Health Policy (NASHP) Annual Conference* on October 3-5 in Kansas City. NASHP's conference [agenda](#) includes a diverse offering of topics at the [plenaries](#) and [conference sessions](#), and a [roster of speakers](#) that will include high ranking federal and state health policy experts from across the country. Federal and state speakers will give their perspectives and discuss how states are building insurance exchanges, reforming the delivery system, reducing health disparities, coordinating care to improve quality and more.

### Iowa's Level 1 Establishment Grant

Iowa has submitted an application for the Level 1 of the Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges for the September 30, 2011 deadline. The grant narrative can be found here: [Iowa HBE Level 1 Narrative](#). The purpose of this Level 1 grant application is to continue the planning process for a HBE in Iowa. The Affordable Care Act requires states to have an exchange certified or conditionally certified on January 1, 2013, or the federal government will operate an exchange for the state. IDPH is the lead applicant for this grant and is collaborating closely with IID and DHS as part of an Interagency Planning Workgroup. It has been decided by the Department Directors that IID will take over in December 2011 as lead of the planning and implementation of the HBE until legislation with governance structure is passed.

### Background of Health Benefit Exchanges

Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established Exchanges in each State. Individuals and small businesses can use HBEs to purchase affordable health insurance from a choice of products offered by qualified health plans. HBEs will ensure that participating health plans meet certain standards and facilitate competition and choices by rating health plans' quality. Individuals and families purchasing health insurance through HBEs may qualify for premium tax credits and reduced cost-sharing if their household income is between 133% and 400% of the FPL. HBEs will coordinate eligibility and enrollment with State Medicaid and CHIP ensure all Americans have affordable health coverage.

## Health Benefit Exchange (cont.)

Iowa's Level 1 Establishment Grant narrative includes the following activities:

### **IDPH Program Activities:**

- Develop a plan for a statewide comprehensive public education and outreach campaign to educate Iowans on the HBE.
- Partner with the Iowa Collaborative Safety Net Provider Network (Safety Net Network) to hold six regional meetings targeted at safety net providers and patients to allow them to provide input on the implementation of the HBE, as well as an opportunity to educate participants on the implementation process and how to make use of the HBE once it is live.
- Conduct a consumer and business research survey to allow Iowa to predict the feasibility of the HBE and will help design and structure the education and outreach programs.
- Assist with and be a key resource for the Commonwealth Fund grant project (through the Safety Net Network and the University of Iowa) to determine how Iowa's health care safety net will be impacted by health care reform.

### **Contract with Insurance Division and Department of Human Services to:**

#### ○ **Iowa Department of Human Services**

- By October 2013, it is anticipated that Iowa will have developed a new, integrated eligibility system that will have the functionality to determine eligibility for exchange tax credits as well as for Medicaid, CHIP and other state programs. DHS will continue to plan and develop an integrated, automated eligibility system that meets the requirements of all programs, and plan for workforce training to reflect operations upon HBE implementation.
- Conduct analysis to explore implications of possible CHIP coverage alternatives permitted under current law, including coverage within the HBE, for children who currently qualify for *hawk-i*.
- Conduct analysis to explore the Basic Health Plan and essential health benefits option and the implications for Iowa.
- Continue to build upon the IT gap analysis.

#### ○ **Iowa Insurance Division**

- Conduct insurance market research and analysis to inform policy decisions on the design of an Iowa HBE.
- Conduct a financial assessment and budget analysis to determine the financial resources required to establish a HBE and utilize staff and or vendor services to help with infrastructure development and further development of a financial management model.
- Accountable for oversight and program integrity and will address specific audit, financial integrity, oversight and prevention of fraud, waste and abuse,
- Provide assistance to individuals and small businesses, coverage appeals, and complaints by completing an inventory of current systems and programs in place that provide assistance. This will ensure accurate planning for leveraging capabilities as well as building appropriate capacities for consumer assistance resources for a HBE.
- Develop a detailed HBE business process, and associated business requirements for the Exchange IT system.

### **HHS New Rules**

- The U.S. Department of Health and Human Services issued proposed regulation for several features of the HBE's that states are to establish under the Affordable Care Act. These rules can be found at the following link:  
<http://cciio.cms.gov/resources/other/index.html#hie>. Factsheets of the new rules can be found below:
  - [Exchange Regulation Overview Fact Sheet](#)
  - [Affordable Insurance Exchange Basics](#)
  - [Small Business Fact Sheet](#)
  - [States Fact Sheet](#)
  - [Reinsurance, Risk Corridors and Risk Adjustment Fact Sheet](#)
  - [Health Plans Fact Sheet](#)
  - [Affordable Insurance Exchange Overview Fact Sheet](#)
  - [Exchange Eligibility and Employer Standards](#)
  - [Medicaid, CHIP and the Affordable Care Act](#)
  - [Health Insurance Premium Tax Credits and the Affordable Care Act \(PDF – 145 KB\)](#)
  - [Affordable Insurance Exchanges: State Partnership Model](#)- The "Partnership Option" was released on September 19 and will provide states choices as they plan their Exchanges for 2014. While some states may choose to fully operate an exchange, others might choose to perform some functions and let the federal government perform others for them – which is what the Partnership Options proposal offers.