

## Progress Report on the San Mateo County Children's Health Initiative

### **Background**

The San Mateo County Children's Health Initiative (CHI) Coalition continues to meet its work plan targets, by raising sufficient program funding and staying on track for a January 2003 implementation. CHI is well on its way to providing health insurance coverage to all uninsured children in San Mateo County. This report provides information on fundraising, program implementation, evaluation, and the January 11<sup>th</sup> kick-off events. Also attached is a list of frequently asked questions, which will provide the Board of Supervisors with more information regarding CHI.

### **Fundraising Status**

To date, the CHI Coalition has raised, in approximately six months, over \$7 million for the new initiative. The support of the San Mateo County Board of Supervisors and the County Manager has been critical to the success of our fundraising to provide every child with comprehensive health coverage. Funding commitments include:

- First 5 Commission San Mateo County--\$2.3 million per year for 10 years;
- The Sequoia Healthcare District--\$1.35 million per year for five years;
- The Peninsula Hospital District--\$750,000 per year;
- Peninsula Community Foundation--\$250,000 for Healthy Kids premiums;
- The Children's Fund--\$10,000 for one year;
- San Mateo County--\$2,360,000 in matching funds (of a \$2.7 million per year maximum).

In addition, the CHI Coalition has prepared funding proposals to the following organizations:

- The California Endowment
- The David and Lucille Packard Foundation
- California Healthcare Foundation
- Lucille Packard Foundation for Children's Health
- Kaiser Permanente

Responses are due in late 2002 or early 2003, and the Coalition believes these organizations will also support the initiative, enabling us to raise over \$8 million.

During CHI's first year, the Coalition plans to use Packard Foundation grant money to hire a part-time fundraising consultant who will assist in developing and implementing a strategy for long-term financial sustainability. Besides writing grants, the consultant will be charged with increasing financial contributions from local employers and donors.

### **Program Implementation**

With stable funding support, CHI has been able to concentrate on developing and implementing a solid plan for outreach, enrollment and eligibility determination. Several subcommittees comprised of staff from Health Services, Human Services Agency (HSA), Health Plan of San

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Mateo (HPSM), the San Mateo County Central Labor Council, Peninsula Community Foundation (PCF), and the Hospital Consortium of San Mateo County have met on a weekly basis to develop an implementation plan for these important program components. These activities will enable us to successfully enroll a large number of uninsured eligible children during the first several months of operation. Accomplishments to date include:

- Healthy Kids Insurance Product. The Coalition has developed Healthy Kids, a new insurance product for children ineligible for Medi-Cal and Healthy Families. It has designed the health benefits, the premium structure (based on actuarial analysis), co-pays, family contribution, and provider network. In order to offer the Healthy Kids insurance product, HPSM has submitted a material modification to the California Department of Managed Health Care and should receive state approval at the beginning of January.
- Additional Outreach Workers. Health Services has hired 5 Community Health Advocates (CHAs) to perform expanded Medi-Cal, Healthy Families and Healthy Kids outreach and enrollment activities. These CHAs have been trained on outreach and enrollment techniques and are developing strategies for targeting hard to reach uninsured populations that do not access traditional county services.
- Community Based Organizations. The Coalition has selected six Community Based Organizations (CBOs) and trained them on Medi-Cal, Healthy Families and Healthy Kids outreach and enrollment techniques. These organizations will broaden the outreach and enrollment network, reaching out to the unions, childcare organizations, schools, and faith-based sites.
- Outreach and Enrollment Strategy. CHI Coalition staff convened a community based outreach and enrollment strategy meeting to: inform community stakeholders about CHI and the new Healthy Kids program; develop a community-based outreach, enrollment and retention strategy; and increase community participation in CHI's efforts. With 120 front line staff in attendance from a wide variety of organizations, CHI project staff was able to map out regional strategies for reaching all uninsured populations.
- Enrollment and Eligibility Determination Policies. A subcommittee of HPSM, HSA and Health Services staff has developed policies and procedures regarding Healthy Kids (HK) enrollment and eligibility determination. Policies include: safeguards to prevent families from dropping employer based insurance; quality assurance systems to verify HK eligibility; mechanisms to disenroll children who are no longer HK eligible; and procedures to ensure that families pay their quarterly HK premiums. The subcommittee has also developed a HK outreach and enrollment training manual which it has used to train and certify CBO, Health Services, and HSA staff as Healthy Kids enrollment assistors. In early December, over 120 CBO and Health Services staff were trained and certified by state and county staff as certified application assistors (CAAs) for Healthy Families, Medi-Cal and Healthy Kids. Over the past year, the number of CAAs within the county has grown by more than 500 percent, providing families with easier access to enrollment assistance.

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- **Web-Based Enrollment Application.** HSA and Health Services are designing a universal web-based enrollment system that will enable families to apply for the Medi-Cal, Healthy Families and Healthy Kids programs without having to fill out more than one enrollment application. CHI Coalition staff believe the system will expedite enrollment and eligibility determination; improve data tracking, and integrate with the existing HPSM and HSA IT systems. San Mateo County, has been the leader on this universal enrollment concept, pulling together other Bay Area counties to share in the benefits and costs of the universal application. The California Healthcare Foundation and The California Endowment are likely to provide additional funding support for the universal application.
- **Marketing and Promotional Materials.** CHI has developed marketing materials to increase awareness and understanding of the upcoming initiative. With staff assistance from Health Services, HSA, Mills-Peninsula Health Services, First 5 San Mateo County and California Commissions, the Coalition has developed CHI and Healthy Kids logos, flyers, and posters. Several vendors are contributing to the initiative, with one company printing 10,000 flyers for free and other vendors providing reduced rates for promotional materials such as CHI pens, tote bags, T-shirts, and stickers. Over the next month, CBOs, Health Services, and Human Services staff will disseminate CHI flyers to promote the programs and raise awareness about the availability of health insurance for all children.

### **CHI Evaluation**

In order to ensure long-term funding and community support, the CHI coalition will evaluate the initiative, determining if it leads to:

- Improved health outcomes for low-income children;
- Cost savings;
- Enhanced delivery and stability of the community health care system;
- 100 percent coverage for all San Mateo County children.

The CHI coalition has formed an evaluation subcommittee, made up of county and community representatives with experience working on other County health and social service specific surveys and evaluations. This group has developed policy questions and evaluation components for a successful CHI evaluation. The Coalition has reviewed the subcommittee's proposal and has allocated approximately \$1.25 million over 5 years for an independent contractor to evaluate CHI. The Coalition released an a request for proposals (RFP) at the beginning of December with applications due at the end of February.

### **CHI Enrollment Kick-Off Event**

The Coalition has planned an all day kick-off event for the Children's Health Initiative on Saturday, January 11, 2003. Three simultaneous enrollment fairs will take place in East Palo Alto, Redwood City, and Daly City—regions with very high rates of uninsured children. The Coalition has selected the South County Community Health Center (SCCHC), Redwood City Family Center (Hoover School) and Our Lady of Mercy Church to host the enrollment events, illustrating how clinics, schools, and churches will all be an integral part of the initiative and its

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effort to provide 100 percent coverage. As incentives for attendance, the enrollment events will offer families with free dental and health screenings, food and beverages, raffle prizes, and entertainment.

The Coalition will work with the PCF and First 5 San Mateo County to contact the mainstream and ethnic media markets to ensure that the kick-off events are well-publicized and attended. The CHI Coalition hopes that the Board of Supervisors and the County Manager will be able to attend these events and provide opening remarks about the County's ambitious project to insure all its children. The Coalition will provide you with more detail about the day's agenda in the next couple weeks.

The Children's Health Initiative thanks the Board of Supervisors for its support of the initiative and for its continued leadership in improving the health of our County's children.



# SAN MATEO COUNTY CHILDREN'S HEALTH INITIATIVE

## Insuring the Health of All Our Children

### FREQUENTLY ASKED QUESTIONS

- 1) **Why is it called the Children's Health Initiative (CHI) instead of the Healthy Kids Initiative?** While Healthy Kids (HK) will provide comprehensive coverage to children who are not eligible for Medi-Cal (MC) and Healthy Families (HF), the important message for parents and the community is San Mateo County can now guarantee that all low-income children will receive health insurance. This message is the goal of CHI—to ensure universal health coverage for all children by maximizing Med-Cal, Healthy Families and Healthy Kids enrollment. Program names are not the important message to parents since the process for both enrollment and health benefits will be as seamless as possible regardless of what program(s) their children are using. Furthermore, CHI must focus beyond Healthy Kids as a large number of uninsured children are in fact eligible for Medi-Cal and Healthy Families and have not been enrolled. CHI estimates 9,250 uninsured children will be covered through Medi-Cal and Healthy Families and 5,350 will be covered by Healthy Kids.
- 2) **Will Healthy Kids look like the State's Healthy Families program?** Yes, in order to make health benefits and coverage as seamless as possible to families, CHI has modeled Healthy Kids on the existing Healthy Families program. It will provide the same array of outpatient and inpatient services including: pediatric primary care, prescription drugs, dental care, immunizations, mental health services, vision care, and preventive care. Parents will also pay the same \$5 co-pays for their children's visits and prescription drugs (preventive care visits will be free). Just like Healthy Families, children with incomes below 150% of federal poverty level (FPL) will contribute \$4 per member per month (pmpm) and those with incomes between 150% and 250% of FPL will pay \$6 pmpm. Families with incomes between 250% and 300% will pay \$12 pmpm and those between 300% and 400% of FPL will pay \$20 pmpm.
- 3) **How do children get enrolled into Medi-Cal, Healthy Families and Healthy Kids?** All three programs require that a family fill out an application asking various questions about the parent/guardian, the children in need of coverage, household monthly income, and health benefit options. The application requires verification of income, place of residence, proof of citizenship or legal alien status (MC/HF only), and true age of the child (HK only). As these applications are quite complicated, families often require one-on-one assistance in order to understand the process, encourage them regarding the value of health coverage, and break down fears and concerns regarding applying for public assistance. County efforts over the past two years, during which time enrollment has grown by 20% for MC and 50% for HF, illustrate that this application assistance is essential for increasing health insurance rates. Furthermore, Santa Clara County, with the first CHI, has found outreach and enrollment assistance to be a cornerstone of its success.
- 4) **Who will administer the Healthy Kids Program?** The Health Plan of San Mateo (HPSM), the County's state licensed, mixed model HMO for over 15 years, will administer the Healthy Kids program as it has the greatest capacity and qualifications to operate the program, due to its focus on the uninsured and underserved populations, cultural competency and relationship with County agencies. HPSM is the only Health Plan that covers the Medi-Cal population and is the low-cost, community provider for the Healthy Families program. By using HPSM for Healthy Kids, the County can continue to move towards a seamless benefit system where low-income families can enroll all their children—whether they are Medi-Cal, Healthy Families, or Healthy Kids eligible—into a single health plan.

## FREQUENTLY ASKED QUESTIONS (CONTINUED)

- 5) **Who will determine eligibility for Health Kids?** The San Mateo County Human Services Agency will be charged with determining final eligibility for Healthy Kids. HSA has the best qualifications for taking on this role, as it already determines final eligibility for Medi-Cal on behalf of the State and has developed quality assurance and fraud investigation processes as part of this role. Its staff can also ensure that children are screened first for Medi-Cal and Healthy Families eligibility and are only enrolled into Healthy Kids as the last alternative.
- 6) **Why should all children, regardless of immigration status, have access to comprehensive insurance?** Since all children are afforded access to education, it is essential to also provide every child with comprehensive insurance. As uninsured children are likely to lack a usual source of care and to go without needed care, these children are also likely to pass on communicable diseases to insured children. In addition, uninsured children end up receiving care in an emergency room, when the children need immediate attention. In these instances, the emergency provider, usually the public health care system, must care for the child without reimbursement. Consequently, the community as a whole, regardless of the children's immigration status, incurs the costs as sickness and diseases are spread and the cost of emergency care becomes more expensive.
- 7) **Why does Healthy Kids cover children up to 400% of FPL?** According to the most recent San Mateo specific cost of living data, illustrated in the table below, a family of three (single parent and two children) must spend \$4,480 monthly or \$53,760 annually to make ends meet.

Adding these expenses and including monthly taxes of \$1,120 (20 % of gross income), a family of three must earn a pre-tax income of \$5,600 per month or \$67,200 annually in order to pay for all expenses and remain self-sufficient. These expense numbers illustrate that a family of three earning at or below 400 percent of the FPL—\$61,000 annually—and working in a job without dependent health coverage does not have the financial means to purchase out of pocket health insurance. CHI is committed to providing health insurance to all children living in families with incomes below 400 percent of FPL—less than this outlined self-sufficiency level—and without access to dependent coverage through their employers.

Family of Three Expense Items	Monthly Cost
2 Bedroom Apartment	\$1,600
Child Care for Two Young Children	\$1,660
Food and Transportation	\$730
Other Expenses*	\$485
<b>Total</b>	<b>\$4,480</b>

\*Personal care/clothing, telephone, utilities and housekeeping supplies

- 8) **How will CHI prevent parents from dropping employer coverage for children and enrolling in HK?** CHI will implement several safeguards to prevent this from occurring:
- Children will be required to be without health insurance for 6 months in order to qualify;
  - Households earning 250% to 400% of FPL will be required to pay \$12- \$20 monthly;
  - CHI will implement a random audit system to investigate whether the applicant's employer offers health coverage for dependents, if the applicant was purchasing dependent coverage in the recent past, and whether the worker contribution necessary to cover children is affordable.
- 9) **Is CHI maximizing existing federal and state resources?** As explained earlier, CHI is based on the premise of enrolling children into all available health coverage programs, relying first on Medi-Cal and Healthy Families and using Healthy Kids only for children who do not meet the Medi-Cal and Healthy Families eligibility criteria. CHI will also require eligible Healthy Kids members to utilize the existing California Children's Services (CCS) program for certain physical disabilities and the CHDP program for preventive care visits. Using this approach, CHI will ensure that children receive comprehensive health coverage without supplanting existing federal and state dollars with local private and public resources.