

County of San Mateo Progress Report to the Board of Supervisors on The Children's Health Initiative (CHI)

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The Children's Health Initiative (CHI) is well on its way to 100 percent health insurance coverage for all children. This report provides an update on CHI activities during the first six months of operation. It provides an overview of outreach and enrollment activities; the web-based enrollment application; fundraising status; CHI evaluation; an update on initiative objectives; and future challenges.

Outreach and Enrollment Activities

Enrollment has been extremely successful with approximately 9,000 children enrolled in Medi-Cal, Healthy Families and Healthy Kids from January to June. At the end of June, Healthy Kids enrollment was approximately 2,700, more than two times higher than the expected enrollment rate. Healthy Kids members have been enrolled by a diverse group of organizations with 42 percent enrolled by San Mateo Medical Center (SMMC) Community Health Advocates (CHAs), 22 percent by contracted CBOs, 16 percent by Health Services CHAs, 11 percent by Human Services Agency (HSA) Benefit Analysts (BAs) and FUTURES staff, and 4 percent by non-contracted CBOs.

| | Medi-Cal, H | | | ealthy Kids) | | | |
|------------------|-------------|-------------|-------|------------------|-------|-------|-------|
| Enrollments | January | February | | April | May | June | Total |
| Medi-Cal | 799 | 619 | 760 | 751: | 792 | 728 | 4,449 |
| Healthy Families | 245 | 2 76 | 335 | 311 | 308 | 351 | 1,826 |
| Healthy Kids* | - | 910 | 409 | 443 | 593 | 334 | 2,689 |
| Total | 1,044 | 1,805 | 1,504 | 1,505 | 1,693 | 1,413 | 8,964 |

source: Medical Risk Management Insurance Board (MRMIB), Human Services Agency Data Reports, and Health Plan of San Mateo *Healthy Kids enrollment through end of August is 3,600

With approximately 9,000 previously uninsured children being enrolled in Medi-Cal, Healthy Families, and Healthy Kids, CHI has empowered parents to tend to the health care needs of their children in a proactive manner, rather than waiting until a health issue presents or is severe. The new Healthy Kids program has provided comprehensive health coverage to children who were not eligible for existing programs and served as a vehicle for a simple message of universal coverage, which has led to large increases in applications for enrollment in Medi-Cal and Healthy Families.

CHI outreach and enrollment workers. As part of CHI, the Health Services hired 5 additional staff to augment existing outreach and enrollment activities and to coordinate strategies that target hard to reach uninsured households that have not accessed traditional county services. Health Services staff has been assigned to different areas of the county, serving as the lead on CHI outreach and enrollment activities, providing technical assistance on expanding the program into new areas, and working in tandem with HSA, SMMC, and funded CBOs contractors. Staff has expanded efforts into schools, faith based settings, hospitals, food distribution sites, and libraries during day

¹ As of the end of August, 3,600 children were enrolled in Healthy Kids, with an estimated 400 additional children pending final approval.

and evening enrollment hours. They have integrated CHI activities into existing community collaboratives, such as the Peninsula Partnership and the Partnership for Public Health sites, and have publicized CHI to the community at-large. Finally, the staff answers the CHI hotline, receiving approximately 12 calls per day.

Community based and labor outreach. The Coalition selected seven Community Based Organizations (CBOs) and trained them on Medi-Cal, Healthy Families and Healthy Kids outreach and enrollment techniques. In addition to the contracted organizations, 15 additional non-contracted organizations have been involved in outreach and enrollment activities. These organizations have broadened the outreach and enrollment network, reaching out to the unions, childcare organizations, schools, and faith-based sites and ensured that families have access to enrollment assistance in all areas of the County. The CBOs have been successful in reaching out to the community at non-traditional sites, enrolling 1,700 children into Medi-Cal, Healthy Families and Healthy Kids. The San Mateo County Central Labor Council, in particular, has been able to reach out to its member locals, increasing awareness about available programs and improving access to enrollment assistance. On a monthly basis, CHI staff bring together these community based organizations to discuss issues affecting outreach and enrollment, educate each other on new approaches, and develop strategies to continue expanding access.

<u>Faith based Outreach</u>. In order to expand access to the faith-based community, Health Services outreach workers have forged relationships with Peninsula Interfaith Action (PIA) and its federation of twenty-seven congregations to improve the health of the faith based community. Several churches have invited CHI staff to conduct presentations and enrollment events after services.

School based outreach—With the assistance of Consumers Union, CHI was able to coordinate various forms of outreach in 16 of the school districts in the county. With the support of school superintendents and nurses, CHI has increased outreach in the schools, helping spread the word about health insurance to thousands of families in the county. The outreach work has included newsletter articles, request for information flyers, health insurance surveys, and the stationing of outreach workers in a number of schools. Through this work, CHI has been successful in identifying over 2,000 families who need help applying for health insurance or who have questions about the insurance that they currently have.

Community events. During the first six months, CHI has placed a large emphasis on enrollment events, finding them to be a valuable vehicle for reaching working families who cannot seek application assistance during traditional business hours. The Coalition held an all day kick-off event for the Children's Health Initiative on Saturday, January 11, 2003 to celebrate the new Healthy Kids program and the movement towards universal health insurance. Three simultaneous enrollment fairs took place in East Palo Alto, Redwood City, and Daly City—regions with very high rates of uninsured children. Community leaders, including members of the Board of Supervisors, congressional representatives, members of the state assembly, mayors, city council

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members, school board members, and superintendents, from all areas of the county attended these events. During this one-day event, over 600 children were enrolled into Healthy Kids, Medi-Cal, and Healthy Families—a record for Bay Area counties.

Since the kick-off events, Coalition members have coordinated an additional 15 enrollment events with an average of 70 children enrolled per event. These events have covered all geographic areas of the county and taken place at schools, union sites, child care centers, food distribution events, community clinics, and city health fairs and have leveraged the resources and assistance of other health and social service programs.

Web-Based Enrollment Application-- One-e-App

HSA, Health Services, and the Health Plan of San Mateo have been working with Deloitte Consulting to design and implement the One-e-App, 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. 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, working with Santa Clara and Alameda on a pilot project that will test the benefits of the universal application. The California Healthcare Foundation has championed the One-e-App program and is providing technical support and bringing the counties together to share in the benefits of the on-line application. San Mateo plans to begin piloting the project in July and all CAAs will begin using it in October or November.

Paving the Way for a Statewide Program

The success in San Mateo coupled with the accomplishments in Santa Clara and San Francisco, have spurred over 40 California counties to begin taking steps to expand health insurance coverage to all children. San Mateo County continues to be a leader in building the case for expanded access, providing technical assistance to other counties such as Santa Cruz, San Joaquin, and Tulare. In addition, it is working with Alameda, Santa Clara and San Francisco, to push the state to leverage additional federal S-CHIP dollars.

Fundraising Status

To date, the CHI Coalition has raised approximately \$8 million for the new initiative. Funding commitments include:

- San Mateo County-- \$2.7 million per year maximum in matching funds for 5 years;
- First 5 Commission San Mateo County--\$2.3 million per year for 10 years;
- The Seguoia Healthcare District--\$1.35 million per year for five years:
- The Peninsula Healthcare District--\$750,000 for one year;
- The David and Lucile Packard Foundation----\$350,000 per year for two years;
- Peninsula Community Foundation (PCF)--\$250,000;
- Lucile Packard Foundation for Children's Health--\$75,000;

- Kaiser Permanente---\$23,000 for one year;
- The San Mateo County Children's Fund--\$10,000 for one year;
- The United Way of the Bay Area--\$50,000 per year for two years.

CHI Evaluation

The Coalition has allocated approximately \$1.25 million over 5 years to pay an independent contractor to evaluate CHI. The evaluation will ensure program effectiveness and build a case for long-term funding and community support. In December 2002 the Coalition released a request for proposals (RFP) to over 30 organizations.

After extensively reviewing the three proposals that were submitted, the Coalition selected the Urban Institute and its subcontractors, UCSF and Mathematica, as the top candidate to evaluate the impacts of providing health insurance coverage to all low-income and middle-income children in San Mateo County. The Coalition believed that the Urban Institute proposal offered the most comprehensive and well-developed quantitative and qualitative evaluation. The Coalition found the Urban Institute and its subcontractors to be the most qualified due to their extensive experience and track record in evaluating other children's health insurance expansions. These included the evaluation of the Santa Clara County CHI, the federally mandated State Children's Health Insurance Program multi-year evaluation, and the Robert Wood Johnson Covering Kids national evaluation.

The Urban Institute and its subcontractors have developed a work plan that includes the following components: a client survey, process analysis, provider analysis, crowd-out and insurance analysis, health plan administrative data analysis and a cross-cutting impact analysis. It will provide reports on an annual basis to address and answer several important policy questions including:

- 1. Has CHI improved overall health outcomes for low-income children?
- 2. How does the cost of providing care to previously uninsured children through the new CHI compare to the cost of serving them prior to the implementation of the CHI?
- 3. Has CHI enhanced the delivery and stability of the community health care system?
- 4. Does CHI lead to 100 percent coverage for all San Mateo County low-income children?
- 5. Has the existence of CHI resulted in a reduction in employer-based health coverage?
- 6. Has CHI increased community-wide collaboration to address issues of the uninsured?

Objectives and Performance Targets

The table below updates CHI's status on its six major objectives. In six months, CHI has exceeded its goals on enrollment and HPSM membership. It is too early to report data on utilization, changes in HPSM provider participation, and uncompensated care rates.

| Obj | Measurements | Year 1 Goal | Progress To Date |
|-----|---|---|---------------------|
| 1. | Number of low-income families that will be contacted through outreach | 18,000 | 10,000 |
| 2. | Number of children enrolled into Medi-Cal, Healthy Families and Healthy Kids | 4,800 | 9,000 |
| 3. | % of newly enrolled Medi-Cal, Healthy Families and Healthy Kids children utilizing one or more physician and/or dental services | 60% | undetermined |
| 4. | % of Medi-Cal, Healthy Families and Healthy Kids members who re-enroll | 60% | 64% |
| 5. | Increase in number of HPSM members and providers. | 3,800 members 5% increase in Pediatricians/Dentis ts | 5,200 unknown |
| 6. | % decrease in children's uncompensated care visits in County clinics | 40% | undetermined |

Challenges

Over the next several months, CHI will work on overcoming several additional challenges related to outreach, enrollment, retention, eligibility determination, and sustainability. It will continue to reach out to higher income households (250% to 400% federal income level), target the business community, incorporate the new One-e-App into enrollment activities, work to retain coverage for existing Healthy Kids members, improve the turn-around time for eligibility determination, and increase its fundraising to ensure sustainability.

Reaching out to higher income families. While enrollment has been extremely successful, approximately 95 percent of new Healthy Kids members are below 250 percent of the federal income level. This finding demonstrates that the Healthy Kids population is made up of two separate groups--undocumented children under 250 percent FPL, who access traditional safety-net service such as the clinics and HSA offices, and middle income children above MC/HF income level who do not identify with the traditional safety net system. The Coalition must outreach to these groups in two distinct ways and over the next several months, it plans to develop and implement an outreach plan that will target higher income households. This plan will place a larger emphasis on reaching out to new organizations such as small employers and the faith-based community.

Targeting the Business Community. CHI has involved numerous community organizations to meet its goal of providing comprehensive health insurance to 100% of the children residing in San Mateo County. The amount of community support has been tremendous and has contributed to the huge success of the initiative during its first 6 months. CHI has leveraged the resources and support of key community participants including over 20 organizations that provide outreach and application assistance; 7 different local unions to reach out to their members; 16 different school districts that promote health insurance to students and their parents; Peninsula Interfaith Action (PIA) and its 27 congregations to promote health access in the faith-based community; and over 15 organizations that provide technical assistance, collaboration, and establish common goals. In addition, CHI has increased collaboration among County agencies with Health, HSA and the San Mateo Medical Center working in tandem to enroll all children and make the application process as user friendly as possible for all clients. In addition, other departments, such as child support services, have taken steps to outreach to their uninsured children.

However, CHI has yet to target the business community and will work over the next year to increase their understanding of health insurance options both as a way to enroll more uninsured children and a vehicle for increasing private financial support of Healthy Kids.

Web-based enrollment. The One-e-App, the new web-based, health enrollment program, will serve as a powerful tool in expediting the enrollment process and making it as consumer friendly as possible. In addition, it will provide the Coalition with a wealth of timely data on outreach and enrollment, enabling it to better plan and evaluate the effectiveness of various efforts. The One-e-App, however, will take time to implement as it will dramatically change the way BAs and CAAs do business.

Retention. Experiences in Santa Clara County, with Healthy Kids, and Los Angeles County, with its CalKids program, illustrate that maintaining enrollment will require innovative approaches. Due to mobility, lack of understanding of benefits, and low health care utilization rates, many parents allow their children's benefits to lapse at the end of the year. In Healthy Families alone, 100 San Mateo County children disenroll from the program every month. CHI's outreach workers will begin to focus on retention activities that ensure that families understand the value of the new program and understand how to access and navigate the system. In addition, HSA Healthy Kids eligibility staff will work with outreach workers to make sure the reenrollment process begins well before the end of the one-year period.

Eligibility Determination Process. The huge success with outreach and application assistance has placed an unexpected burden on the eligibility determination process. When CHI developed Healthy Kids policies and procedures, it required Human Services Agency to determine final eligibility for the new Healthy Kids program within 21 days. However, the Coalition did not project that CAAs would submit 100 applications per week. Consequently, HSA is taking approximately 45 days to determine final eligibility for Healthy Kids, which has frustrated families who were told that their children would

receive immediate coverage. To rectify the situation, the CHI coalition has requested that HSA hire additional staff to process applications.

The higher than expected application rate has also affected HPSM and its ability to provide comprehensive member services to its new Healthy Kids members. Since they did not expect such a large number of members in such a short time, member services staff has not been able to provide as much individual attention. As HPSM gets its new systems in place for Healthy Kids, it will work to reach out to these newly enrolled members and provide them additional personal assistance.

Fundraising/Sustainability. With the successful enrollment rate, fundraising has become even more important to the Coalition. The Coalition is still evaluating different approaches to increase its revenue and sustain the program. A subcommittee of Coalition members has met over the last several months to evaluate two different approaches to fundraising—1) Bringing together a group of influential, wealthy residents as a fundraising board that can make direct pitches to other wealthy individuals, or 2) Hiring a fundraiser to directly increase financial contributions from local businesses, employees, individual donors, and private foundations. The fundraising committee is also looking at ways to involve employers in paying for the cost of the Healthy Kids premiums. In addition, the committee will explore the potential to host a joint fundraising event or activity with the Santa Clara initiative. Once it arrives at a decision in the next couple months, it will plan on using the David and Lucile Packard Foundation grant funding to hire a part-time fundraising consultant.

HPSM

While HPSM's membership has increased, the State budget crisis continues to affect its long-term financial solvency. The HPSM is working with the state and the Center for Medicaid and Medicare Services on a new contract that will provide sufficient funding to maintain Medi-Cal provider reimbursement rates at a level that do not affect Health Plan reserves. To date, it is unclear of the outcome of these contract negotiations. Regardless of the end result, HPSM has sufficient reserves to continue administering the Healthy Kids and Healthy Families programs for approximately one year during which time the CHI Coalition could investigate other approaches for administering the programs.

| Healthy Kids Enrollment Information as of August 21, 2003 | | | | |
|--|-------|--|--|--|
| Total Enrollment (1) | 2,689 | | | |
| February | 910 | | | |
| March | 409 | | | |
| April | 443 | | | |
| May | 593 | | | |
| June | 334 | | | |
| Age Distribution of Members | | | | |
| 0-5 (3) | 21% | | | |
| 6 through 18 | 79% | | | |
| Funders Billed | | | | |
| First 5 San Mateo County | 21% | | | |
| County of San Mateo | 35% | | | |
| Peninsula Healthcare | | | | |
| District | 17% | | | |
| Sequoia Healthcare District | 27% | | | |
| Family Contribution (4) | | | | |
| \$12 (0-150% FPL) | 80% | | | |
| \$18 (151-250% FPL) | 13% | | | |
| \$36 (251-300% FPL) | 4% | | | |
| \$60 (301-400% FPL) | 3% | | | |
| Family Contribution Paid in Full | 65% | | | |
| Number of Children Enrolled Per Family | 1.6 | | | |
| Pending Enrollment (5) | 400 | | | |

⁽¹⁾ Reflects billings to funders for individuals enrolled on the 1st through the 16th of the month. As of the end of August, approximately 3,600 children are enrolled in Health Kids.

- (2) Very Incomplete count as September enrollment continues until the 16th of the month.
- (3) Some members have changed age categories from time of first enrollment.
- (4) Based on available data, excluding members who have received contribution assistance.
- (5) The Human Services Agency has 250 applications that are being reviewed for final eligibility determination. Based on 1.6 children per app, we estimate that an additional 400 children are pending enrollment.