Institute for Health Policy Solutions

Children's Health Initiatives: Local Solutions Creating Policy Change

Expert Forum

June 1, 2004

Meeting Summary

AB495 Update - Janette Lopez, Managed Risk Medical Insurance Board (MRMIB)

- AB495 would allow counties to draw down SCHIP funds to cover children in CHIs between 250 and 300 percent FPL. Counties will only be able to use these dollars to cover children who meet Healthy Families eligibility requirements in that income range.
- To use these funds counties must identify local dollars for match. The match money cannot be federal in its origin (tobacco settlement funds and First 5 money are okay).
- The current state plan amendment is for Santa Clara, San Francisco, Alameda and San Mateo counties. For counties who would like to draw down these funds in the future, MRMIB will submit another state plan amendment next year.

Lessons Learned: Developing Core Financing for a CHI

Leona Butler, CEO, Santa Clara Family Health Plan

- How do we reach tipping point for creating these types of programs? In Santa Clara, we relied on community organizing and harnessing public will to get to the tipping point. We had tobacco settlement funds and that helped bring us together to create the Healthy Kids program.
- How do we find permanent funding sources? Some suggestions: a parcel tax, joining with the local transit authority, tax on candy, or even adding one or two dollars to every speeding ticket.

Howard Kahn, CEO, LA Care

- Key is to match local circumstances in timing and approach

- LA took a very different approach than Santa Clara. We focused on bringing together opinion leaders and other prominent people in the county and ended up with 40 organizations that met every three weeks. We have a very democratic structure and that was the only way it could work in LA. The First 5 funding really helped propel the creation of the Healthy Kids program and now we have raised over $80 million and have a licensed and operating program.

Breakout Roundtables on How to Ensure Sustainable Programs

Current Key Sustainability Issues:

- Predicting needed level of funding based on projected enrollment in Healthy Kids
- Maximizing fundraising and identifying fundraising strategies that offer the "biggest bang for the buck"
    - Some fundraising strategies are essential to educating influential policy makers or opinion leaders in the community
    - Counties need to work collaboratively on fundraising
    - Determine economic benefits of CHI in order to attract funders
- Creating a new business culture for outreach and enrollment and ensuring appropriate training of key staff
- Developing retention and utilization strategies
    - Collecting necessary data
    - Ensuring access to providers (dental, mental health, specialty and sub-specialty providers)
- LA:
    - County agreed to only do a CHI for 3 years in order to attract diverse funding support
    - Considering putting a tax on wire transfers to Mexico
    - Initiated the 0-5 program to maintain momentum and are now implementing the 6-18 age group

- Did not want to do a phase-in approach with 6-18s as it was decided that it would be very confusing for families and create potential equity issues

- San Mateo:
  - Difficulty in securing premium support for the 6-18 year-old population
  - County's projections of age distribution of eligibles were off. The CHI has enrolled a larger number of older children and fewer younger children than anticipated.
  - San Mateo's experience so far is that the CHI message is very complicated – the concept of filling the gap between existing public programs does not have an immediate impact on potential donors.
- Santa Clara:
  - Trying to build "adopt a school" program where corporations pay to adopt a school. So far only Applied Materials has given $50,000 for one school.
  - Individual fundraising doesn't bring in much money but increases community investment in Healthy Kids
  - Considering local tax options but they wouldn't provide relief until 2006 if approved.
  - Estimate that Healthy Kids can go two or three more years with current funding model but then will need to look at how to provide long-range sustainability.

Funding Opportunities:

- CHDP Dollars
  - Could look at either drawing down funds or seeking exemption for providing CHDP-eligible services
- Employer Involvement:
  - Is evaluation looking at impact Healthy Kids will have on employers? As kids are healthier there will be less missed work time from taking care of a sick child.

- Federal HCAP Grant – Healthy Community Access Program is a three-year HRSA grant to improve access for the uninsured and underinsured. Up to 15% of funds can be used for direct services and possibly premiums. Many California counties have received grants and some have used it to support the Healthy Kids program.
- MAA – Medi-Cal Administrative Activities is a state administered federal reimbursement program that reimburses counties, CBOs and school districts for staff costs and related expenses involved in administering the Medi-Cal program. Reimbursable activities include Medi-Cal outreach, assisting with the Medi-Cal application and planning to improve and/or expand delivery of Medi-Cal services.
- Federal waiver for use of emergency Medi-Cal funds to cover undocumented children
- Local providers (clinics, doctors who will benefit from reduced uncompensated care)
    - Hospital community benefit funds
    - Hospital district money (San Mateo and Santa Clara)
- Taxes
    - Parcel tax
    - Health plan and provider taxes (e.g. New York)
    - Sin taxes – candy, alcohol
    - Local sales tax augmentation
    - Statewide initiative

Issues Surrounding Statewide Implementation:

- Concerns about promoting cost-shifting from state/federal funding for children's health insurance to county funding
- CHI program must remain simple for families
    - Transferable coverage when families move out of county
    - Need to build on existing state programs to create a seamless approach

  - Keep enrollment and retention local but administration could be regional or statewide (as with Medi-Cal and Healthy Families)
- Involve the business community, especially key business leaders
  - Encourage dependent coverage through incentives and other means
  - Have State create a minimum benefits package and ways for employers to buy in to the program for employees and dependents
- Looking at how to take all of the different funding streams for healthcare for children (CHDP, Vaccines for Children, etc) and funnel them to Healthy Kids programs. The most efficient use of these state funds would be to continue using them to draw down a federal match.
- Program could be more susceptible to enrollment caps and cuts if statewide
- FQHC concern of meeting federal 330 grant requirements for percentage of uninsured patients seen

How State Agencies Can Help:

- State could standardize eligibility determination and evaluation forms
- State could help gather data to determine what effect Healthy Kids has had on children in schools

One-e-App:

- San Mateo has been using it for nine months with an interface to Health-e-App. In the next phase, every benefits analyst will use it to screen kids for children's coverage and other public benefits.
- For CAAs it has streamlined approach and sped up process; it is now two to three times faster than before One-e-App's implementation.
- Allows counties to better manage all documentation

Outreach/Enrollment:

- San Joaquin: 43 percent of outreach costs are spent on 0-5 age group

- Santa Clara:
  - Outreach in schools: not effective to station an outreach worker at each school site. Use the California Teacher's Association and other organizations to coordinate with schools. An incentive for schools to participate is the MAA money they can receive as reimbursement for outreach activities.

Infrastructure of Healthy Kids Program:

- Important to plan for fundraising, outreach, IT, and enrollment growth and to ensure that staff and funding are on track with projections
- Some counties have an eligibility liaison to help track and move Medi-Cal applications along. Have not had any union issues with creation of such a position.
- Fund-Holding:
  - Santa Clara has a 501(c)(3) foundation set up for Healthy Kids
  - LA County does not have a 501(c)(3) but works with a local community foundation
  - San Mateo works with a local community foundation

Provider Issues:

- Santa Cruz:
  - Adopted strategy of recruiting providers who have not served Medi-Cal or Healthy Families population to be involved with Healthy Kids. Provider rate for Healthy Kids will match Healthy Families rate (130% of Santa Clara's Medicare rate)
  - CHI is asking all providers in county to contribute to Healthy Kids however they feel comfortable. Started by asking the hospitals to give leadership gifts.
  - Showed hospitals estimate of new revenue they will earn through the Healthy Kids program as a way to encourage buy-in

- Monitoring and evaluating health plan performance:
    - NCQA will monitor but counties will have to pay for information
    - If health plan selected is Medi-Cal managed care, state will have oversight and county can access their information, but the Healthy Kids population may not be broken out separately
- Provider capacity:
    - Indian Health Clinics (IHC) are used in El Dorado and have a six-month waiting list. IHCs are forming an HMO called TURTLE.

Retention Issues:

- One-e-App and retention: MRMIB now takes Health-e-App and puts information in a database and CAAs can log on and do a renewal online
- The New York Academy has been retained by the California Endowment to look at churning issues and administrative dollars versus service dollars. Data should be available in the next four months.

<u>Lessons Learned: Opening the Door to Coverage</u>

Maureen Borland, Director, San Mateo County Human Services Agency

Toby Douglas, Manager, Health Access Initiatives, San Mateo Health Services Agency

- Implemented a “no wrong door” approach in the county
- San Mateo is working to expand use of One-e-App in the county. The county views One-e-App as a platform for a universal coverage proposal and as a strong tool for improving retention.

Brooke Frost, Children’s Health Initiative Coordinator, First 5 Tulare County

- First 5 will have ownership of 0-18 program and will carefully track resources devoted to the 0-5 portion of the program and those devoted to the 6-18 part of the program to ensure propriety
- Concerns about one open door philosophy as the belief is that it is predicated on implementing One-e-App. The CHI is not sure how to fund One-e-App at this point in time.

Lessons Learned: Retaining Children in Coverage - Janie Tyre, VP Marketing, Santa Clara Family Health Plan

- 3 major points for retention: outreach, communication with parents, and operational efficiency
- Simplify renewal process similar to the application process
  - CHI initiates renewals three months prior to renewal date and sends out pre-filled renewal forms
  - Families who don't send in renewal forms are called. County also has sites where families can complete renewal forms in person.
- Make it easy to pay premiums. Build leniency into system.
  - Provide easy-to-get premium assistance. Families receive assistance until next renewal period.
- Communicate with families
  - Use same model for renewals as outreach
  - CHI uses premiums to stay in touch with families
- Track results.
  - Need to examine reasons for loss of coverage
- Coordinate between programs. Continue "no wrong door" approach at renewal time.
- Would like to coordinate with other counties to ensure continuous coverage for children as they move from one county to another.

Other Program Design Issues (Launching a CHI for 0-5's, Managing Enrollment Caps/Waiting Lists)

Wendy Schiffer, Director of Children's Health Initiatives, LA County Department of Health Services

- To attract funders need to have a health coverage for all children initiative. Counties should do what they can to get programs started and build momentum.
- Without a larger health systems reform Healthy Kids doesn't become a comprehensive solution for kids

Diane Dimas, Healthy Kids Program Coordinator, Health Plan of San Joaquin

- Implemented an enrollment cap in February 2004 for 6-18 year-olds
    - Waiting list is established on a first-come, first-serve basis. For children who go on the waiting list, the CAAs help them apply for Emergency Medi-Cal.
    - Families with children of different ages are frustrated at having one child eligible for coverage and an older child put on a waiting list for the same program

<u>Breakout Roundtables by Topic Area</u>

Lessons Learned: Retaining Children in Coverage

Facilitated by: Bobbie Wunsch, Pacific Health Consulting Group

Effective Outreach Strategies:

- Getting the word out campaigns
- In-reach and outreach through community clinics, schools, CBOs
- Continuous follow-up with families for relationship building
- Comprehensive trainings for CAAs and eligibility workers on available programs

Types of Data Needed/What a Program Evaluation Should Include:

- Outreach/enrollment data
    - Site where application was taken
    - Number of call center applications taken
    - Number of applications, approvals and denials received across all programs
    - Reasons for disenrollment
- HEDIS measures across all programs
- Utilization data for medical, dental, vision and behavioral health services
- Member and provider satisfaction surveys
- Medical home (important to define)
- School readiness rates
- Cost per new enrollment
- Community return on investment

- Number of emergency room visits

How Utilization Services Can Be Improved:

- Welcome calls to new members that include education about benefits and that encourage use of services
- Orientation meetings with available childcare and other incentives
- Member handbook with details of the program and available providers
- Incentives for primary care physicians to make welcome calls to new members

Other Program Design Issues

Facilitated by: Tim Reilly, Pacific Health Consulting Group

Enrollment Caps:

- Studies show that of uninsured kids in counties, about 70 percent will qualify for either Medi-Cal or Healthy Families, and 10 percent will enroll in the 0-5 program.
- San Joaquin: Retraining eligibility workers to determine which program is best to enroll kids in is an effective way to ease enrollment cap
- Concern with caps in place that kids who might qualify for Medi-Cal are on waiting list and are delayed in getting coverage and three months retroactive eligibility

Eligibility:

- Some counties will not enroll a child in Healthy Kids if child is eligible for Medi-Cal but family does not want it. Some counties require a denial notice from both Medi-Cal and Healthy Families before a child can enroll in Healthy Kids.
- Some counties will enroll child in Healthy Kids if eligible for share-of-cost Medi-Cal as child will receive a full-benefits package under Healthy Kids
- For counties with only a 0-5 program, some are thinking about trying to provide insurance just to the children who age out

- Issue brief by the National Immigration Law Center about fiscal importance of insuring the undocumented (www.nilc.org)

Outreach:

- For 0-5 population: baptisms, day care centers, kinder round-ups, migrant camps, contacting businesses who employ undocumented workers, Mexican Foreign Consulate, bi-national health week, Catholic Church. Look for gatherings that do not necessarily focus on the kids – neighborhood groups, etc.
- LA is trying to work closely with CHDP in order to be able to track children that either do not make it all the way through the Gateway program or who are denied coverage. County would like CBOs to follow-up with families to see if they qualify for other programs.
- Need to address literacy/language issues that impact enrollment, utilization, retention
  - San Joaquin: considering using signage in community where families can get assistance with application and medical information
  - Santa Cruz: putting together a welcome video for families that will be mailed out with paper packet when language appropriate

Lessons Learned: Opening the Door to Coverage

Facilitated by: Liane Wong, Institute for Health Policy Solutions

Santa Cruz:

- Launching July 1st with One-e-App
  - Still scan and fax information and paper copies are retained
  - Assessing accuracy of electronic record
- Benefited from the One-e-App experience in Santa Clara and San Mateo and also found the cost benefit analysis Alameda did very useful

Consensus about Opening the Door:

- Outreach strategies
    - Linking oral health to outreach for Healthy Kids. Using dental outreach as a vehicle to get families into primary care.
- Important to provide parental education about value of health insurance and appropriate renewal and utilization of services

Utilization:

- Push education for families on how to use health services. In San Mateo the Healthy Kids program has extremely low utilization of health care services (lower than for both Medi-Cal and Healthy Families). Want to see if One-e-App can be used as a tool for retention.
- If Healthy Kids' utilization is low, what is right per member per month payment? San Mateo is capturing information for several years in order to examine issue.
- There needs to be incentives for having families use preventive services
- Employers need to be educated about how important it is for employees to seek preventive care
- Look at changing service hours to have appointments available on Saturdays and Sundays and in the evenings to increase availability to working parents
- CHDP: There is now $75M in CHDP money through COHSs for direct services. This policy precedent could lend credibility to the idea of either carving out CHDP services or billing CHDP for services delivered to Healthy Kids enrollees.

One-e-App

- Alameda has trained all eligibility workers to use One-e-App for all services/programs. Applicants now leave with one piece of paper listing all programs for which they are eligible.

Measuring Our Results: Methods and Preliminary Findings from the Santa Clara and San Mateo CHI Evaluations - Dana Hughes, Associate Professor, UCSF Institute for Health Policy Studies

- Santa Clara Evaluation
    - Process Analysis
    - Impact Analysis
    - Enrollment Analysis
- San Mateo Evaluation
    - Process Analysis
    - Descriptive Program Analysis
    - Provider Analysis
    - Health Insurance Coverage and Crowd-Out
    - Impact Analysis
- Los Angeles Evaluation
    - Outreach and Enrollment Analysis
    - Health System Analysis
    - Impacts Analysis
- The CHI programs in Santa Clara and San Mateo counties have successfully enrolled many new children in public health insurance programs

Priorities for Children's Coverage Advocacy:
A Conversation with the 100% Campaign, Health Access and PICO

Kristin Testa, Health Policy Director, 100% Campaign and the Children's Partnership

- Aiming for a policy framework plan to support by next year
    - Looking at how to take coverage and money already being used for coverage (Medi-Cal and other programs) and make it work for other populations
    - How do we address policy barriers at the state level to facilitate program development

Anthony Wright, Executive Director, Health Access

- Yes on SB2. 400,000 of the one million who would gain insurance from SB2 are children. The November referendum on SB2 will bring about a major debate on healthcare in California.
- Medi-Cal redesign: we are concerned that Medi-Cal will look more like private health insurance and Medi-Cal eligibles are not well-served by private health insurance

Jim Keddy, PICO

- We need a political tipping point and universal insurance for children unites people. Biggest challenges are the need for more money and how to create more political will.