



MEMORANDUM

September 13, 2005

To: Honorable Lee Ann Monfredini, President and Members of the Health Commission

Through: Mitchell H. Katz, M.D., Director of Health

Through: Anne Kronenberg, Deputy Director of Health

From: Jim Soos, Office of Policy and Planning

Re: Annual Children's Health Coverage Report

Following is the Annual Children's Health Coverage Report for 2005, which will be presented at the September 20 meeting of the Health Commission.

Highlights

We are pleased to present the efforts made over the past year to ensure health coverage for all children in San Francisco, and to expand coverage to new populations in the City. Significant highlights of the past year include:

- ◆ A finding by UCLA researchers through the California Health Interview Survey (CHIS) that 99.2 percent of all children in San Francisco age birth through 18 have health insurance coverage. This means that San Francisco has essentially achieved its goal of universal coverage for children.
- ◆ The launch of Healthy Young Adults, the expansion program of Healthy Kids first funded in FY 04-05 through City General Funds to extend coverage to qualified young adults age 19 through 24. As of July 1, 2005, 1,626 young adults are enrolled in the program.
- ◆ Healthy Kids & Young Adults member satisfaction continues to be excellent with member families reporting very high degrees of satisfaction (90 percent plus) with enrollment, providers, and customer service available through SFHP.
- ◆ HEDIS Scores for all three SFHP lines of business (Medi-Cal, Healthy Families, Healthy Kids & Young Adults) continue to run very high, indicating that children enrolled in these programs have good access to and utilization of primary care and preventive services.

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Challenges and Opportunities

The challenges and opportunities for universal coverage in San Francisco in the months ahead include:

- ◆ With coverage for children in the City effectively universal, the challenge for San Francisco becomes ensuring retention to ensure ongoing universal coverage.
- ◆ Without losing sight of children's enrollment and retention, San Francisco must continue efforts to enroll eligible individuals in and expand the young adults portion of Healthy Kids & Young Adults.
- ◆ A premium increase for Healthy Kids & Young Adults members in families above 200 percent of the federal poverty level (FPL) was necessary following a similar increase in the Healthy Families premium and our request for federal financial participation (FFP) through the AB 495 process.
- ◆ San Francisco's reputation as a leader in coverage expansion initiatives has been one of the important stories of the past year. San Francisco was the first county in the state to implement a Healthy Workers program for In-Home Support Service (IHSS) workers and the second to implement a Healthy Kids program. In the past year, San Francisco was again the first county to undertake a coverage expansion to young adults, and is working on efforts to expand coverage to low-wage workers, such as taxi drivers. Researchers, officials in other counties, and foundations interested in covering the uninsured increasingly look to the successes and innovations of San Francisco's efforts to replicate in other parts of the state and nation. Department staff continues to work with the Mayor's Office, the Board of Supervisors, other City departments, the San Francisco Health Plan, community-based organizations, advocates and others to expand coverage opportunities for San Francisco's uninsured population.

We look forward to presenting this good news to you on September 20. In the meantime, if you have questions related to the contents of this report, please contact Jim Soos at (415) 554-2627.

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I. Background

A. Program Summaries

1. *Medi-Cal*

Medi-Cal is California's Medicaid program, the State/federal health insurance program for eligible low-income individuals. Like Medicaid programs in other states, the Medi-Cal program is funded jointly by the State and federal governments. Each state's match rate is based on the Federal Medicaid Assistance Percentages (FMAP), which is calculated annually on a formula based upon the state's average per capita income. The rate for California for federal fiscal years (FFYs) 2005 and 2006 is 50 percent State funds to 50 percent federal funds.

In California, the Department of Health Services (CA-DHS), is responsible for Medi-Cal administration according to the federal guidelines established by the federal Centers for Medicare and Medicaid Services (CMS) for eligibility, funding, and service delivery and quality. Each of California's 58 counties is responsible for administering the Medi-Cal program, including enrolling and disenrolling beneficiaries. In San Francisco, the Human Services Agency is the Medi-Cal agency. More than 6.5 million Californians of all ages rely on Medi-Cal for their health coverage.

2. *Healthy Families*

Healthy Families is California's State Children's Health Insurance Program (S-CHIP). Like Medicaid, S-CHIP is funded jointly by the state and federal governments. The S-CHIP match rate is 35 percent State funds to 65 percent federal SCHIP funding. Healthy Families provides low-cost comprehensive health insurance to children and youth in low to moderate-income families. The California Managed Risk Medical Insurance Board (MRMIB) has administrative responsibility for Healthy Families. Unlike Medi-Cal, counties have no administrative responsibilities for Healthy Families.

3. *Healthy Kids & Young Adults*

Healthy Kids & Young Adults is the San Francisco-only portion of publicly financed health coverage for children and young adults. It was developed jointly by the San Francisco Department of Public Health (DPH) and the San Francisco Health Plan (SFHP). Initially covering children ages 0 to 19, Healthy Kids began enrolling children in January 2002. At the request of Mayor Newsom, Healthy Kids expanded to Healthy Kids & Young Adults and in January 2005 began enrolling income eligible young adults age 19 through 24 who were aging out of Medi-Cal, Healthy Families, or Healthy Kids, or who are the parent of a child enrolled in one of those three programs. In FY 05-06, Healthy Kids & Young Adults is funded through \$8.2 million in City General Funds, \$440,000 in local Proposition 10 Commission funding, and \$133,000 in state Proposition 10 Commission funds for a total budget of \$8.8 million. Funds from both Proposition 10 Commission grants are earmarked for the age 0 through 5 population. Healthy Kids & Young Adults continues to be a joint program of DPH and SFHP, with DPH providing funding and oversight, and SFHP providing outreach, enrollment, and coverage.

B. Eligibility by Program & Age

Eligibility for any of the publicly financed health insurance programs is determined by age, family income, and documentation/citizenship status. For Medi-Cal and Healthy Families, children must be either U.S. citizens or documented immigrants. Medi-Cal covers those children age 0 to 1 in families with incomes up to 200 percent of the federal poverty level (FPL), children age 1 to 6 in families with incomes up to 133 percent FPL, and children 7 to 21 in families with incomes up to 100 percent FPL. Healthy Families covers documented and U.S. citizen children above Medi-Cal family income limits up to 250 percent of the FPL. Healthy Kids & Young Adults fills in the coverage gaps, insuring undocumented children age 0 to 19 in families with incomes from 0 percent to 300 percent of the FPL and U.S. citizen/documentated immigrant children from 250 percent to 300 percent of the FPL. It also covers young adults age 19 to 25 who are below 300 percent of the FPL and have aged out of one of the three publicly funded programs, or are the parent of a child in one of those three programs. Access for Infants and Mothers (AIM) covers children age 0 to 2 in families between 200 percent of the FPL and 300 percent of the FPL whose mothers are enrolled in AIM prior to their births; otherwise those children are eligible for either Healthy Families or Healthy Kids based on family income.

As Table 1 below shows graphically, programs are both mutually exclusive and theoretically seamless. Individuals cannot enroll in or enroll their children in the program of their choice, but are enrolled in a program based on family income, enrollee’s age, and enrollee’s citizenship/documentation status. Table 2, on the following page, shows federal poverty income guidelines, which are based upon family size.

Table 1: Program Eligibility by FPL and Age

Age 21 – 25	Healthy Kids & Young Adults				
Age 19 – 20					
Age 7 – 18	Medi-Cal	Healthy Families			Healthy Kids & Young Adults
Age 1 – 6	Medi-Cal	AIM/ Healthy Families		AIM/ Healthy Kids	
Age 0	Medi-Cal	AIM/ Healthy Families			AIM/ Healthy Kids
	100% FPL	133% FPL	200% FPL	250% FPL	300% FPL

Table 2: 2004 FPL by Family Size (Annual Income)

	Family Size				
Percent of FPL	1	2	3	4	5
100% of FPL	\$ 9,570	\$12,830	\$16,090	\$19,350	\$22,610
133% of FPL	\$12,729	\$17,064	\$21,400	\$25,736	\$30,072
200% of FPL	\$19,140	\$25,660	\$32,180	\$38,700	\$45,220
250% of FPL	\$23,925	\$32,075	\$40,225	\$48,375	\$56,525
300% of FPL	\$28,710	\$38,490	\$48,270	\$58,080	\$67,830

II. Program Updates and Changes

A. 2005-06 State Budget

On January 10, 2005, Governor Schwarzenegger released his proposed FY 2005-06 budget for the State of California. Contained in that proposed budget were a number of items related to the State's efforts to redesign the Medi-Cal program. Specifically, the Governor proposed:

- Establishing monthly premiums for Medi-Cal beneficiaries at \$4 per month for individuals under age 21 and \$10 per month for adults with a cap of \$27 per family per month.
- Placing an annual limit of \$1,000 for dental services for adults for non-federally required benefits.
- Expanding the use of managed care for individuals (including children and families) still in the fee-for-service Medi-Cal program.
- Processing Medi-Cal applications through a statewide single-point-of-entry vendor (much like the Healthy Families process), rather than through county welfare offices.
- Monitoring county compliance with State performance standards.
- Renegotiating the State's hospital finance structure with CMS.

In addition, the Governor proposed measures to increase enrollment of children in Medi-Cal and Healthy Families. Proposals included:

- Reinstating funds for application assistance for families applying for Medi-Cal and Healthy Families.
- Funding to improve retention of children transitioning from Medi-Cal to Healthy Families.
- Allowing counties without a Healthy Kids program to buy into a statewide program through MRMIB.

- Revising the joint Healthy Families/Medi-Cal application to make it easier to complete.

The 2005-06 California budget was signed into law on July 11, 2005, and contains few hits to health programs generally and health coverage programs specifically. In the end, very little of the Governor's proposals for Medi-Cal redesign survived. Premiums for beneficiaries, some mandatory moves to managed care, a statewide single-point-of-entry, and State monitoring of county compliance were left out. What did survive were an \$1,800 annual cap on adult dental services and a renegotiated hospital financing waiver, which does include a contingency requiring the adoption of managed care expansion in order to receive certain funds. The final budget also contains \$5.9 million in State funds to increase enrollment of children in the Healthy Families and Medi-Cal programs. Notably, the budget reinstates funding for Certified Applicant Assistants to help families accurately complete application forms.

B. Medi-Cal Redesign

As noted in the section above on the FY 2005-06 California Budget, many of the items proposed by Governor Schwarzenegger as part of Medi-Cal Redesign did not make it through the budget process. Those that did make it through, the renegotiated hospital-financing waiver and managed care expansions have little, if any, direct impact on children and youth in San Francisco. The renegotiated hospital-financing waiver includes bifurcating the financing of public and private safety net hospitals, freezing the level of funding for safety net hospitals for five years, and changing from intergovernmental transfer (IGT) financing mechanism to certified public expenditures (CPE). The geographical expansion of managed care was approved into 13 additional counties, with the mandatory enrollment of families and children into managed care. San Francisco is already a managed care county, so this provision does not affect families and children here.

Mandatory enrollment of seniors and persons with disabilities into managed care was rejected except for individuals in an expansion county where a County Organized Health System (COHS) is proposed. Under the COHS model, all eligible Medi-Cal beneficiaries are mandatorily enrolled into managed care, including seniors and persons with disabilities. The federal government has conditioned \$360 million in federal dollars for safety net hospitals on the movement of Medi-Cal seniors and persons with disabilities into managed care on a mandatory basis. The legislature delayed consideration of this proposal until January. As a result, the State will lose \$90 million of the \$360 million the federal government has tied to managed care expansion. If the State does not pass an expansion in next year's legislative session, then the full \$360 million will be forfeited. However, Governor Schwarzenegger could renegotiate the deadlines of the initial agreement with Bush Administration to avoid any funding penalties.

C. State Administrative Changes – New and Updates

1. *Parental Expansion – Healthy Families*

In 2002, California received federal approval for its waiver to include parents with incomes up to 200 percent FPL in Healthy Families as part of the federal S-CHIP program. Due to financial constraints, the State has chosen not to implement the parental expansion; California has been unable to put up the State portion (35 percent) to draw down the federal portion (65 percent). Governor Gray Davis postponed the parental expansion until July 2006. Although no revised date for implementation has been announced, it is extremely unlikely that the expansion will occur in the next fiscal year.

2. *AB 495*

Assembly Bill (AB) 495, signed by Governor Davis in October 2001, provides a mechanism for counties with locally funded children’s health care initiatives, like San Francisco’s Healthy Kids, to use local public funds in place of the State’s share of the S-CHIP match requirement to draw down federal S-CHIP funds. As with Healthy Families, the federal match rate is 65 percent to the County’s 35 percent. In June 2004, CMS approved the State Plan Amendment that included AB 495 as submitted by MRMIB opening the door for San Francisco and the three other counties with local children’s coverage programs to begin drawing down federal funds. San Francisco is currently negotiating with MRMIB the terms of the contract between the County and the State related to the intergovernmental transfer (IGT) that will allow San Francisco to draw down the federal funds. Once that contract is executed, San Francisco will be able to submit retroactively to January 1, 2003 for reimbursement for U.S. citizen and documented immigrant children with incomes between 250 percent and 300 percent of the FPL. With roughly 30 percent of Healthy Kids enrollees estimated to be eligible, this represents approximately \$900,000 per year for San Francisco’s program.

D. Pending State Legislation

Table 3 shows the pending California legislation related to Medi-Cal and Healthy Families. Significant legislative items include AB 794, passed and signed into law by Governor Schwarzenegger, which allows for federal S-CHIP funds to be used to cover pre-natal care for immigrant women. SB 377, which streamlines the Medi-Cal and Healthy Families enrollment and re-enrollment process, also passed and is awaiting the Governor’s signature. SB 38 would raise the Healthy Families income ceiling from 250 percent FPL to 300 percent FPL, reducing the funding burden for counties like San Francisco with a Healthy Kids program by funding documented children between 250 percent and 300 percent FPL; federal S-CHIP legislation allows states to claim federal funds for children up to 300 percent FPL, but currently, California’s upper limit is 250 percent FPL. Finally, SB 437 would make the Healthy Kids program a statewide program, relieving counties like San Francisco of all funding burden for Healthy Kids, and would include all children up to age 19 in families at or below 300 percent FPL regardless of documentation status.

Table 3: Pending State Bills Regarding Medi-Cal and/or Healthy Families

Bill Number	Author	Summary	Status
AB 89	Horton	Requires DHS and MRMIB to transmit to the Legislature a report identifying all employers who employ 25 or more people who are beneficiaries or who support beneficiaries of the Medi-Cal, Healthy Families, or AIM programs. Requires DHS and MRMIB to make the report available to the public	Passed both Houses; Awaiting Governor’s signature.
AB 624	Montanez	Requires DHS and MRMIB to deem to have met the income documentation requirements for participation in the Healthy Families program and the Medi-Cal program any child who meets the income eligibility requirements for participation in the CHDP program. Modifies the electronic pre-enrollment application process to include a process to be used at the option of a person applying on the child’s behalf.	Passed both Houses; Awaiting Governor’s signature.

Bill Number	Author	Summary	Status
AB 711	Chan	Directs MRMIB to expand the Healthy Families program to uninsured parents of, and adults responsible for, children enrolled in the program four months after a federal waiver making available federal funds for that purpose and after appropriation of State matching funds. Required MRMIB to expand the program to those uninsured parents and adults pursuant to the waiver no later than May 15, 2006	In Assembly Committee on Appropriations: Heard, remains in Committee
AB 772	Chan	Creates the Healthy Kids Insurance Program, consisting of the portion of the Medi-Cal program that provides healthcare coverage to children and the Healthy Families program. Accelerates the process for determining eligibility for the program by authorizing administering agencies to rely on eligibility determinations made by other public assistance programs, including reduced price school lunch programs, the WIC and the Food Stamps Program. Enacts Healthy Families program privacy provisions.	Passed both Houses; Awaiting Governor’s signature.
AB 794	Chan	Provides that DHS may accept or use federal funds allocated to the State under the State Children’s Health Insurance Program (S-CHIP) to fund medically-necessary pregnancy-related services provided to aliens under the Medi-Cal program and authorizes MRMIB to use money under the AIM program, only when, during the period of coverage under these programs, the woman is the beneficiary.	Enacted. Chaptered by the Secretary of State.
AB 1085	Ruskin	Raises the income eligibility criteria under the County Health Insurance Matching Fund for children up to 400% FPL. Specifies that the funding for children made eligible by this change would be provided to the extent that it is not required by eligible children and eligible adults with family incomes at or below 300% FPL.	In Assembly. Read second time and amended. Re-referred to Committee on Health
AB 1199	Frommer	Creates the Healthy Kids Fund, where public and private contributions would be deposited. Requires the fund by used the DHS for the purpose of implementing and providing transitional assistance und the Healthy Kids Insurance Program.	Passed both Houses; Awaiting Governor’s signature.
AB 1239	Chan	Requires DHS to permit an individual eligible for benefits under CalWORKs, at the time of application for Medi-Cal, to certify his or her countable resources by means of a statement made under penalty of perjury	In Assembly Committee on Appropriations. Heard, remains in Committee.
AB 1298	Evans	Requires the Health and Human Services Agency to convene a workgroup to make the application and eligibility in certain programs (including Medi-Cal and Healthy Families) transparent to the public and uniform statewide, and to report to the Legislature for the establishment of aligned policies and procedures in specified programs.	In Senate Committee on Appropriations: Not heard.

Bill Number	Author	Summary	Status
AB 1396	Garcia	Appropriates State funds from the General Fund and federal funds from the Federal Trust Fund to MRMIB in order to restore an application assistance fund for the Healthy Families and Medi-Cal programs.	In Assembly Committee on Appropriations. Heard, remains in Committee.
AB 1533	Bass	Allows an individual, or his or her dependent, who has lost or will lose Healthy Families coverage because of a change in age or income to request enrollment within 30 days after termination and not be considered a "late enrollee" for the purposes of a health benefit plan offered through employment or sponsored by an employer at the time of initial enrollment period.	Passed both Houses; Awaiting Governor's signature.
AB 1671	Richman	Enacts the Cal-Health Act, requiring DHS to establish an enrollment and retention program to serve as a single point of entry, but not the exclusive method of enrollment and retention, for all health care programs offered by State and local government. Requires DHS to use an electronic enrollment process.	In Assembly Committee on Appropriations. Heard, remains in Committee.
SB 23	Migden	Requires MRMIB to develop a Healthy Families/Medi-Cal workplace notice containing certain information about the Healthy Families and Medi-Cal programs. Requires the Employment Development Department to notify employers, who would be required to notify employees. Requires MRMIB to establish processes allowing an employer to elect how employees have payments for programs deducted from their pay.	Passed both Houses; Awaiting Governor's signature.
SB 38	Alquist	States the intent of the Legislature to expand the income household eligibility limit for the Healthy Families Program from 250 percent to 300 percent of the federal poverty level.	Passed Senate. To Assembly
SB 377	Ortiz	Requires designated programs, including CHDP, to forward information required for the joint Medi-Cal/Healthy Families application, with parental consent. Requires DHS to allow enrollees in Healthy Families and Medi-Cal to continue eligibility through a simplified check-off form.	Passed both Houses; Awaiting Governor's signature.
SB 437	Escutia	Creates the California Healthy Kids Insurance Program by combining Medi-Cal and Healthy Families into one seamless program, raising eligibility for children in families up to 300% FPL, allowing families above 300% FPL to buy into the program, and dropping documentation status as an eligibility criterion.	In Assembly: To Inactive File.
SB 454	Ortiz	Requires MRMIB and DHS to establish standards to ensure that educational materials are available to beneficiaries of the Healthy Families program and Medi-Cal, at their request, on the subjects of nutrition education, increased physical activity and participation in state and federal nutrition programs.	In Senate Committee on Appropriations. Heard, remains in Committee.

Bill Number	Author	Summary	Status
SB 456	Runner	Federal funds allocated to the State under the S-CHIP Program will also be allowed to support the AIM program and prenatal services provided through Medi-Cal.	In Senate Health Committee.
SB 593	Alarcon	Requires for-profit corporations with at least 20,000 employees to reimburse the state for costs of providing Medi-Cal and Healthy Families to the corporation employees and dependents	In Senate Health Committee: Not heard.

E. Federal Updates and Pending Federal Legislation

There are six pieces of federal legislation listed in Table 4 currently in Congress that affect the Medicaid and S-CHIP programs. None of them appears to have any serious possibility of passage or enactment.

Table 4: Pending Federal Bills Regarding Medi-Cal and/or Healthy Families

Bill Number	Author	Summary	Status
HR 1233	Diaz-Balart	Amends titles XIX and XXI of the Social Security Act to permit states the option of coverage of legal immigrants under the Medicaid and S-CHIP programs.	In House Energy and Commerce, Judiciary Committees.
HR 1668/S 114	Waxman	Kids First Act of 2005 amends titles XIX and XXI of the Social Security Act to give States the option to receive 100 percent Federal Medical Assistance Percentage (FMAP) for medical assistance to children in poverty in exchange for expanded coverage of children in working poor families under Medicaid or S-CHIP.	In House Energy and Commerce, Ways and Means, Education and Workforce Committees.
HR 2071	Dingell	Amends titles XIX and XXI of the Social Security Act to rename the S-CHIP program as the FamilyCare Program to provide coverage for parents of children enrolled in the program.	In House Energy and Commerce Committee.
S 16	Kennedy	Reduces the cost of quality health care coverage and improves the availability of health care coverage for all Americans.	In Senate Committee on Finance.
S 747/HR 2948	Lugar	Children’s Express Lane to Health Coverage Act of 2005 amends titles XIX and XXI of the Social Security Act to give states the option of providing that Medicaid or S-CHIP financial eligibility requirements are met for children based on their eligibility for nutrition assistance or other public programs with comparable income standards and methodologies.	In Senate Committee on Finance and House Energy and Commerce Committee.

Bill Number	Author	Summary	Status
S 1587	Bingaman	Amends title XXI of the Social Security Act to permit qualifying states to use a portion of their allotments under the S-CHIP program for any fiscal year to certain Medicaid expenditures.	In Senate Committee on Finance.

III. Children's Enrollment, Disenrollment and Retention

A. The Application Process

Families apply for Medi-Cal, Healthy Families and Healthy Kids & Young Adults by completing an application and submitting documentation of their income, residency, immigration status, assets (for Medi-Cal) and a birth certificate (for Healthy Families) to verify citizenship. The application process varies:

- Medi-Cal: Parents may apply at the local DHS Medi-Cal offices, in person or by mail.
- Healthy Families and/or Medi-Cal: Parents complete the joint Medi-Cal/Healthy Families application and mail to MRMIB's Single Point of Entry (SPE) processing unit (those deemed eligible for Medi-Cal are forwarded back to the county of origin for processing).
- Healthy Kids & Young Adults: Parents or young adults must enroll through a Certified Application Assistor (CAA). CAAs complete the Healthy Kids paper or online application and send it to SFHP. We would like to have DPH and Medi-Cal eligibility staff complete applications, but to date, this has been resisted as increase in workloads for eligibility staff. Instead, they refer families who appear eligible for Healthy Kids & Young Adults to SFHP or to CAAs in the community.

The CHDP Gateway, launched in 2003, now offers children a more streamlined enrollment process that leads to temporary enrollment in Medi-Cal and a chance to apply for permanent enrollment in either Medi-Cal or Healthy Families.

B. Enrollment Information

Medi-Cal, Healthy Families, and Healthy Kids & Young Adults form a patchwork of programs that together provide universal health insurance coverage for children and youth in San Francisco living in low- to moderate-income families. Table 5 shows that in 2004, 42 percent (55,997) of San Francisco's children and youth are enrolled in one of these three programs. In the 2003, California Health Interview Survey (CHIS) UCLA researchers reported that 99.2 percent of San Franciscans age 0 to 19 had health insurance coverage. This indicates that other than natural "churning," San Francisco has essentially reached universal coverage for its children through the patchwork of public programs and private insurance coverage. The challenge for the City now is retention of those currently covered, which is addressed in Section III. C. 4., below.

Table 5: 2004 Enrollment of Children by Program Statewide and in San Francisco

	Medi-Cal Enrollment	Healthy Families Enrollment	Healthy Kids Enrollment	Health Programs Enrollment Total	Overall Population 0-19¹
Statewide	3,452,702	747,733	n/a	4,200,435	10,709,043
San Francisco	40,874	11,037	4,086	55,997	134,305

C. San Francisco Enrollment Data – All Programs

1. *Enrollment by Ethnicity*

Table 6 presents health program enrollment by race and ethnicity and compares it to the total population of San Francisco. Medi-Cal enrollment is fairly evenly distributed among Latino (29%), Asian-Pacific Islanders (33%) and African Americans (26%). This compares very similarly with enrollment reported in the 2004 report. Healthy Families enrollment in San Francisco is strongest in the Asian-Pacific Islander population (68%). In San Francisco, Asian-Pacific Islanders have always made up the majority enrollment in Healthy Families. Asian-Pacific Islander enrollment comprised 72 percent of Healthy Families enrollment in the 2004 report. In Healthy Kids, a majority of members (61%) is Latino, with the second largest group (36%) being Asian Americans. This has consistently been the case for Healthy Kids and is consistent with other counties' experience, as the program was designed to cover children who are ineligible for the other two programs due largely to their immigration status. While Healthy Kids & Young Adults does cover U.S. citizen and legal immigrant children, only those with incomes between 250 percent and 300 percent of the FPL are eligible, a very narrow band with few children. Significantly, however, the percentage of children in that income band has increased to 30 percent of members from 20 percent in 2004 due largely to the efforts of SFHP to outreach to that population during the past year.

In examining enrollment by ethnicity of the three programs combined it is noteworthy that 91 percent of African-American children in San Francisco are enrolled in public health insurance coverage. It is also significant that 98 percent of those African-American children enrolled in a public program are enrolled in Medi-Cal. In fact, 89 percent of all of San Francisco's African-American children are enrolled in the Medi-Cal program. Because Medi-Cal covers the lowest income children, this is a strong indicator of the dire financial circumstances faced by the City's African-American families. For comparison, 55 percent of Latino children, 52 percent of Asian-American children, and nine percent of white children in the City are enrolled in one of the three public programs. In total, 42 percent of San Francisco's children are covered by one of the three public coverage programs.

¹ Data for 2005 from California Dept. of Finance, Demographic Research Unit.

Table 6: Health Programs Membership by Race and Ethnicity (children)

	Medi-Cal Enrollees	Healthy Families Enrollees	Healthy Kids Enrollees ²	Total Enrollment	% of Total Enrollment	Population San Francisco ³	% of Total Population Enrolled
Latino	11,848	1,602	2,446	15,896	28%	29,000	55%
Asian-Pacific Islander	13,333	7,520	1,440	22,293	40%	43,000	52%
African American	10,722	211	16	10,949	20%	12,000	91%
White	3,511	301	42	3,854	7%	43,000	9%
Other/Unknown	1,460	1,403	32	2,895	5%	7,000	41%
Totals	<i>40,874</i>	<i>11,037</i>	<i>4,039</i>	<i>55,887</i>	<i>100%</i>	<i>134,000</i>	<i>42%</i>

2. Enrollment by Neighborhood

Table 7 shows the enrollment distribution of children and youth in the different programs by neighborhood. The neighborhoods with the highest concentration of children enrolled in public programs are the Excelsior/OMI, the Mission/Bernal Heights, Bayview, Visitacion Valley and Chinatown/North Beach, in that order. This is largely unchanged from last year's report.

² Excluding young adults (19 – 24)

³ Data for 2005 from California Dept. of Finance, Demographic Research Unit

Table 7: Enrollment by Neighborhood (children)

	Medi-Cal	Healthy Families	Healthy Kids⁴	Overall Distribution (All Programs)
Excelsior/OMI (94112)	5,049 (14%)	2,342 (21%)	782 (19%)	8,173 (16%)
Mission/Bernal Heights (94110)	5,137 (14%)	838 (8%)	876 (22%)	6,851 (13%)
Bayview (94124)	5,466 (15%)	816 (7%)	313 (8%)	6,595 (13%)
Visitacion Valley (94134)	3,949 (11%)	1,459 (13%)	367 (9%)	5,775 (11%)
Chinatown/North Beach (94133, 94120 & 94108)	2,194 (6%)	1,011 (9%)	155 (4%)	3,360 (6%)
Richmond (94121 & 94118)	2,068 (6%)	922 (8%)	229 (6%)	3,219 (6%)
Sunset (94122)	1,558 (4%)	899 (8%)	205 (5%)	2,662 (5%)
Nob Hill (94109)	1,559 (4%)	458 (4%)	246 (6%)	2,263 (4%)
Parkside (94116)	1,248 (3%)	817 (7%)	160 (4%)	2,225 (4%)
Tenderloin/Hayes Valley (94102)	1,646 (4%)	211 (2%)	165 (4%)	2,022 (4%)
South of Market (94103)	1,405 (4%)	227 (2%)	145 (4%)	1,777 (3%)
Western Addition (94115)	1,446 (4%)	114 (1%)	85 (2%)	1,645 (3%)
Park Merced (94132)	882 (2%)	390 (4%)	86 (2%)	1,358 (3%)
Potrero Hill (94107)	892 (2%)	75 (1%)	48 (1%)	1,015 (2%)
Haight-Ashbury (94117)	667 (2%)	79 (1%)	46 (1%)	792 (2%)
Treasure Island (94130)	458 (1%)	9 (0%)	12 (0%)	479 (1%)
West Portal (94127)	230 (1%)	87 (1%)	31 (1%)	348 (1%)
Noe Valley/Castro (94114)	221 (1%)	74 (1%)	16 (0%)	311 (1%)

⁴ Excluding young adults (19 – 24)

Other SF Zip Codes	1,097 (3%)	163 (1%)	72 (2%)	1,332 (3%)
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3. Enrollment by Health Plan

Children enrolled in Medi-Cal, Healthy Families, and Healthy Kids & Young Adults must join a health plan. Medi-Cal and Healthy Families offer a choice of health plans; Healthy Kids & Young Adults is provided exclusively by SFHP.

As is shown in Table 8, even when enrollees are given a choice among several plans, more enrollees choose SFHP than other plans. SFHP has 53 percent of the Healthy Families enrollees (down one percent from last year) and has maintained 70 percent of all Medi-Cal enrollees.

SFHP has consistently maintained a majority of members in both programs. It is a notable achievement that SFHP, the small, local initiative health plan, continues to succeed in attracting and retaining a majority membership in both Medi-Cal and Healthy Families. There are, however, ways in which each program has a preference for the local initiative plan. For Healthy Families, SFHP is designated the Community Provider Plan. This means that enrollees have more community providers to choose from in the network (providers they may well have been seeing before) and families pay a smaller monthly premium than they would in one of the commercial plans. If families do not like their initial choice, Healthy Families allows them to change plans during the first three months of enrollment and annually during open enrollment in June.

When a family does not actively choose a health plan after joining Medi-Cal, they will be defaulted on a 50/50 basis to SFHP and Blue Cross. Approximately 66 percent of all enrollees do choose a health plan; among those who choose approximately 72 percent choose SFHP.

In Medi-Cal, members may change plans at any time. In addition, Medi-Cal members who are not required to choose a plan (aged, blind and disabled members) may leave a health plan at any time.

Table 8: Health Plan Enrollment (ages 0 to 19) by Program

	San Francisco Health Plan	Blue Cross	Kaiser	Health Net	Blue Shield
Medi-Cal	31,369 (70%)	13,334 (30%)	<i>not offered</i>	<i>not offered</i>	<i>not offered</i>
Healthy Families	5,860 (53%)	3,551 (32%)	971 (9%)	483 (4%)	172 (2%)
Healthy Kids & Young Adults	4,039 (100%)	<i>not offered</i>	<i>not offered</i>	<i>not offered</i>	<i>not offered</i>

4. Disenrollment/Retention

Keeping children enrolled is a challenge. All three programs require re-enrollment each year – called annual eligibility review (AER). Families may drop out for any number of reasons, some of them good or unavoidable: they get private insurance, they get higher paying jobs, the children age out of the program, or they move away. In most cases, however, families simply fail to respond to the

annual renewal mailing for reasons unknown. Whatever the reasons, retention will need to be an increasing focus in San Francisco in order to maintain universal coverage for kids.

Getting accurate and comparable data on retention rates in the program is itself a challenge. For example, definitions of "retention" vary. A report produced by MRMIB⁵ in 2000 found that Healthy Families has a 76 percent retention rate, meaning that 76 out of 100 enrolled children retain coverage after one year. This compares very favorably with retention rates in the private individual insurance market, which range from 60 to 76 percent. According to more recent data, however, the retention rate for Medi-Cal is 64 percent and only 60 percent for Healthy Families.⁶ By contrast the retention rate for children in Healthy Kids & Young Adults is 70 percent.

Unfortunately, due to data system constraints, detailed information regarding disenrollments from Medi-Cal is not available. Healthy Families disenrollment data are available in detail by month. Table 9 shows how many children enroll and disenroll each month. In the months between June 2004 and May 2005, San Francisco gained 3,517 members and lost 2,852 for a net gain of 665 members. On average San Francisco lost 238 members per month, while gaining 293.

Table 9: Healthy Families Monthly Enrollment and Disenrollment

	Jun 2004	Jul 2004	Aug 2004	Sep 2004	Oct 2004	Nov 2004	Dec 2004	Jan 2005	Feb 2005	Mar 2005	Apr 2005	May 2005
SF New Enrollments	254	262	260	313	398	398	327	287	234	266	238	280
SF Disenrollments	186	266	272	332	312	235	251	187	187	210	190	224
Net Change	+68	-4	-12	-19	+86	+163	+76	+100	+47	+56	+48	+56

Locally, the Healthy Kids & Young Adults program has had a better experience with retention than Medi-Cal or Healthy Families. Table 10 demonstrates that most children who are disenrolled are disenrolled during the Annual Eligibility Review (AER) process, meaning that families did not return the reenrollment package required to receive an additional year of coverage. Although the data does not indicate why families fail to return their children's reenrollment information, possible explanations include moving out of county and obtaining coverage through another source.

⁵ MRMIB, *Retention in the Healthy Families Program*. http://www.mrmib.ca.gov/MRMIB/HFP/Retention_HFPPlan.html

⁶ The 100% Campaign, 100% Campaign Fact Sheet: Keeping Children Covered. <http://100percentcampaign.org/assets/pdf/fs-child-retention-0303.pdf>

Table 10 – Healthy Kids Disenrollment by Month

	Age Out	Move Out	No Payment	Dual Coverage	Voluntary	Failed to Complete AER	Total Disenrolled
Jul-04	0	0	14	0	0	96	110
Aug-04	0	0	0	0	0	64	64
Sep-04	0	0	0	1	0	80	81
Oct-04	0	0	0	4	0	81	85
Nov-04	0	0	1	7	0	139	147
Dec-04	5	2	0	10	0	91	108
Jan-05	0	1	8	11	1	54	75
Feb-05	0	5	21	14	2	82	124
Mar-05	0	2	13	12	0	87	114
Apr-05	0	3	17	9	0	119	148
May-05	0	7	14	23	1	124	169
Jun-05	0	9	36	12	0	98	155
Total	5	29	124	103	4	1,115	1,380

Despite the difficulties families experience with the AER process, Table 11 shows that 70 percent of children that go through the AER process retain coverage after one year.

Table 11 – Healthy Kids AER Detail

	Children Due for Renewal	AER Approved (On Time)	Children Denied	No Response	Termed No Response + Denied	Reinstated AER Received After Deadline	Total AER Members Retained (Approved + Reinstated)	Member Renewal Rate
Jul-04	259	136	14	82	96	27	163	62.93%
Aug-04	249	142	18	46	64	43	185	74.30%
Sep-04	305	166	17	63	80	59	225	73.77%
Oct-04	306	152	18	63	81	73	225	73.53%
Nov-04	350	149	29	110	139	62	211	60.29%
Dec-04	250	117	19	72	91	42	159	63.60%
Jan-05	207	101	13	41	54	52	153	73.91%
Feb-05	357	224	21	61	82	51	275	77.03%
Mar-05	355	173	15	72	87	95	268	75.49%
Apr-05	356	166	13	106	119	71	237	66.57%
May-05	394	191	43	81	124	79	270	68.53%
Jun-05	357	218	24	74	98	41	259	72.55%
Total	3745	1935	244	871	1115	695	2630	70.21%

D. Medical Group Enrollment

Members of managed care plans are required to choose a primary care provider (PCP). Each of SFHP's PCPs is affiliated with a medical group (in some cases more than one), which offers a network of specialists and a local hospital. When parents choose a PCP for a family member, they are also joining a medical group, like the Community Health Network (CHN). CHN's provider network incorporates community-oriented primary care clinics, hospital-based clinics, San Francisco Community Clinic Consortium clinics, and independent affiliated providers. Table 12 shows all of the medical groups that work with SFHP, and the enrollment in each one by program. Given that enrollees choose their physician/medical group, it is notable that CHN has 33% percent of all SFHP enrollment in Medi-Cal, Healthy Families and Healthy Kids (not including Healthy Workers), 67% more members than the medical group with the second highest membership working with SFHP.

Table 12: SFHP Medical Group Enrollment (all ages)

MEDICAL GROUP	Medi-Cal	Healthy Families	Healthy Kids	Healthy Workers	Total	Percent
Community Health Network (CHN)	10,378	1,257	2,725	7,197	21,557	43%
Physicians Integrated Medical Group (PIMG)	5,013	455	714	<i>not offered</i>	6,182	12%
North East Medical Services (NEMS)	5,855	1,944	787	<i>not offered</i>	8,586	17%
Chinese Community Health Care Association (CCHCA)	3,817	1,943	1,024	<i>not offered</i>	6,784	13%
UCSF Medical Group	3,846	274	415	<i>not offered</i>	4,535	9%
Kaiser	2,746	<i>not offered</i>	<i>not offered</i>	<i>not offered</i>	2,746	5%
TOTAL	31,655	5,873	5,665	7,197	50,390	100%

IV. Young Adult (Healthy Young Adults) Outreach and Enrollment

A. Launch of Healthy Young Adults

In January 2005, SFHP launched the Healthy Young Adults program, the age 19 through 24 expansion of San Francisco's Healthy Kids program, the first of its kind nationwide. The entire local program was renamed Healthy Kids & Young Adults. The launch followed 15 months of planning and preparation for the program, including an application by SFHP to the State's Department of Managed Health Care (DMHC) for a modification to its license to begin offering this coverage to a new population. Initial planning began in September 2003, with Department staff working to estimate the extent of uninsuredness among this age group, which runs as high as 55% for some segments. In October 2003, then-Supervisor Newsom and Supervisor Dufty introduced a resolution in the Board of Supervisors urging the Department to extend coverage to 19 through 24 year olds.

When elected, Mayor Newsom followed through with his commitment to expanding coverage to youth age 19 through 24 by including \$1.9 million for Healthy Kids expansion in his FY 2004-05 budget. Currently, City General Fund is the only available revenue source for the program. Because of its unique nature, there are no State, federal, or foundation programs to support premium costs at this time.

Based on the size of the allocation, SFHP and the Department decided to target the segment of the population most at need: to individuals "aging out" of Healthy Kids or Healthy Families at age 19, or Medi-Cal at age 21, and to parents of children enrolled in one of those same three programs. This not only limits the cost to the available allocation, but also targets scarce City funds to young adults from low- to moderate-income San Francisco families, encourages parents to enroll their children into coverage before the age-out deadline in order to continue coverage into young adulthood, promotes family coverage for families below 300 percent FPL, facilitates continuity of care for a vulnerable segment of young San Franciscans, and encourages young adults and families to stay in the City.

Healthy Young Adults provides the same comprehensive medical, dental, and vision coverage as Healthy Kids. As they age into the program, members see a seamless continuation of the coverage they enjoyed previously. While the member-paid portion of the premium is the same as for Healthy Kids, \$4 per member per month, the actual cost of the program is higher for young adults than it is for children (\$136.37 versus \$98.50) due to the higher cost of care for older individuals.

B. Healthy Young Adults Outreach

Because of the limited nature of eligibility, outreach efforts are targeting those aging out of coverage and parents of children enrolled in public coverage. A large portion of those eligible are enrolled with SFHP, so for that segment, inreach has been possible and effective. For Medi-Cal enrollees not enrolled with SFHP, the Human Service Agency's Medi-Cal office has been cooperating with SFHP to inform members of their ability to continue coverage beyond age 21. Because Healthy Families eligibility is determined solely at the State level and counties have no role in the process, access to those Healthy Families members in other health plans who are aging out has been more difficult.

To face these challenges, SFHP, with the assistance of the Adolescent Health Working Group (AHWG), has been meeting with teen clinics around San Francisco to learn about best practices in reaching young adults. Moreover, the opportunity of having many teen clinics in one place allowed SFHP to inform them of the basic eligibility guidelines of the Healthy Young Adults program, as well as ways to refer eligible youth to SFHP. A series of action steps were created that SFHP will be pursuing in the next year.

SFHP has also been working with the other health plans, community-based organizations, and advocates that work with the young adult population. SFHP has been outreaching to teen outreach programs around San Francisco that utilize peer education models, encouraging these programs to incorporate health education into their curricula. This approach, so far, has led to successful partnerships with AHWG teen outreach staff and the Mission Neighborhood Health Center Teen Clinic outreach staff. While it is too soon to evaluate success based on enrollment numbers, SFHP is providing support to these outreach workers.

C. Healthy Young Adults Enrollment

In six months, SFHP has enrolled 1,626 young adult members, making this SFHP's most successful program launch ever. This represents 65 percent of the population DPH believes to be eligible for the program during the first year. Table 13, below, shows enrollment by ethnicity. As with children's programs, Asian Americans comprise the largest share of enrollment followed by Latinos. Table 14, below, shows enrollment by neighborhood. With only slight variation

from the children's programs, the top five neighborhoods for enrollment are the Excelsior/OMI, Mission/Bernal Heights, Visitacion Valley, the Richmond, and Chinatown/North Beach, in that order.

Table 13: Healthy Young Adults Membership by Ethnicity

	Healthy Young Adults Enrollees	% of Total Enrollment	Population San Francisco	% of Total Population Enrolled
Latino	442	27%	36,000	1.2%
Asian-Pacific Islander	925	57%	58,000	1.6%
African American	40	2%	15,000	0.3%
White	75	5%	50,000	0.2%
Other/Unknown	144	9%	9,000	1.6%
Total	1,626	100%	168,000	1.0%

Table 14: Healthy Young Adults Enrollment by Neighborhood

Neighborhood	Healthy Young Adults
Excelsior/OMI (94112)	316 (19%)
Mission/Bernal Heights (94110)	196 (12%)
Visitacion Valley (94134)	176 (11%)
Richmond (94121 & 94118)	141 (9%)
Bayview (94124)	132 (8%)
Chinatown/North Beach (94133, 94120 & 94108)	121 (7%)
Sunset (94122)	115 (7%)
Parkside (94116)	112 (7%)
Nob Hill (94109)	80 (5%)
Tenderloin/Hayes Valley (94102)	47 (3%)
South of Market (94103)	46 (3%)
Park Merced (94132)	44 (3%)
Western Addition (94115)	33 (2%)
Haight-Ashbury (94117)	17 (1%)
Twin Peaks (94131)	11 (1%)
Potrero Hill (94107)	10 (1%)
West Portal (94127)	8 (0.5%)
Noe Valley/Castro (94114)	6 (0.4%)
Treasure Island (94130)	2 (0.1%)
Other SF Zip Codes	13 (1%)

V. Outreach, Enrollment and Retention Efforts

A. State Efforts

In FY 2002-03, State budget cuts began dismantling the outreach, enrollment and retention efforts for Medi-Cal and Healthy Families. Funding that had been set aside for enrollment and outreach activities was deleted from the budget. Effective July 1, 2002, all advertising campaigns, all outreach contracts with community-based organizations (CBOs), and all payments for enrollment assistance were cancelled.

As a consequence, fewer families received application assistance. Prior to the defunding of application assistance, 60 percent of the applications received were from families helped by Certified Application Assistors (CAAs). Following defunding, only 50 percent of the applications received were from families helped by CAAs. This has resulted in more applications and annual renewals being deemed ineligible by the State.

The FY 2005-06 State budget includes \$14.5 million (\$5.9 million General Fund) for the restoration of payments to CAAs to assist in the enrollment of eligible children. During the two years without payment for application assistance, enrollment in HFP leveled off, the quality of the applications submitted deteriorated significantly, and there was a higher rate of disenrollment at the annual eligibility review. The restoration of the CAA Program and other measures to increase outreach and simplify the enrollment process are projected by the State to increase enrollment by over 100,000 children in the HFP by the end of FY 2005-06.

B. Local Efforts

1. *SFHP Efforts*

Throughout FY 2004-05, SFHP has continued its outreach and enrollment efforts, particularly for the Healthy Kids & Young Adults program, and also as part of a larger message of "universal coverage for all," thereby enrolling children (aged 0-18) in the appropriate program including Medi-Cal, the Healthy Families Program, and young adults (aged-19-24) in Healthy Kids & Young Adults. SFHP Application Assistors continue to enroll well over 50 percent of all new members into Healthy Kids & Young Adults, supported by external, independent Application Assistors who enroll the remaining 50 percent.

By assuming a new target population in the program – specifically young adults – a number of enrollment, outreach, and advertising efforts have presented themselves, all of which SFHP has taken full advantage. In FY 2004-05, SFHP pursued a number of outreach avenues, including:

- **Outreach in the schools:** SFHP continues to participate in the San Francisco Unified School District's (SFUSD) annual Open Enrollment where children who are new or transferring come to a specified SFUSD site to enroll and get their vaccinations. It continues to be an ideal venue for SFHP presence as families are coming with most of the required documentation needed for and often face a long wait for their school appointment, leaving sufficient time to learn about available programs and be pre-screened and referred to the Program Enrollment Department. This year, SFHP assisted 38 families (representing 62 children) in providing information and setting up

- appointments for application assistance. This event also serves to open doors for future school-based activities including invitations to do Healthy Kids presentations at back-to-school nights and PTA meetings. SFHP also partners with the School Nutrition Office, piggybacking the free and reduced lunch packets with general information on health care programs and a number to call for questions or to make an appointment.
- **Outstations and enrollment events at DPH and community clinics:** During the past year, SFHP continued its outstation activities with locations at St. Luke's Hospital, Excelsior Clinic, and Mission Neighborhood Health Center (MNHC). New outstations are being explored for additional evening and weekend hours to accommodate working families unable to make appointments during business hours. Additionally, periodic enrollment events at these clinics have been very successful. These venues are successful for both new and renewing members.
 - **Coordinating with CHDP Gateway:** SFHP understands the value of the CHDP gateway and continues to coordinate with CHDP staff to strengthen processes that encourage long-term coverage. A referral form was created to facilitate the provider-to-health program referral process and further training is needed to increase usage. SFHP and DPH are developing a CHDP workgroup to revise and refresh the referral process.
 - **Community events:** SFHP continues to participate in a number of community events, including an enrollment event at Cesar Chavez Elementary School in partnership with the Central American Resource Center, Silver Avenue Health Center, Visitation Valley Community Center, SF Boys & Girls Club, Chinese Newcomer Center, Asian Pacific American Community Center, and the Chinatown Health Fair. Additionally, SFHP responds to numerous requests for presentations and materials about the Healthy Kids & Young Adults program. On average, SFHP gives between four and ten presentations a month to a variety of audiences in San Francisco, all in the appropriate language.
 - **Media coverage through newspapers, television, and radio.** SFHP took full advantage of media outlets by partnering with higher profile organizations this year to promote the Healthy Kids & Young Adults program, particularly around the news of the young adult extension. This additional effort, which included a partnership with Mayor Gavin Newsom's press corps, garnered much attention and satisfied media goals. Newspaper coverage included *Sing Tao*, *Chinese Newcomer*, *World Journal*, *International Daily News*, and *San Francisco Chronicle*. Television coverage has included stories on KRON (Channel 4 – independent), KGO (Channel 7 – ABC), KNTV (Channel 11 – NBC), Telemundo, and Univision. Radio coverage has included KSOL, KGO, KVTO, 1450 Chinese Radio, and Sincoast Radio.
 - **Healthy Kids & Young Adults Day 2005.** Since the Healthy Kids program began in November 2002, the anniversary has been noted by a community celebration. This year's Healthy Kids & Young Adults day events were held at North East Medical Services (NEMS) on Saturday, January 22, and at Mission Dolores on Sunday, January 23. Of the over 1,000 SF residents who attend the events, over 100 of these were children and young adults who visited the events specifically to enroll in the program. Healthy Kids & Young Adults Day has proven to be an effective community marketing tool that continues to keep the program first in the mind of San Francisco residents, and always has a significant annual impact on program enrollment.
 - **Healthy Kids & Young Adults Appreciation Night 2005.** In an effort to increase program participation and acceptance by providers, application assistants, and the community-at-large, SFHP has hosted an annual "Healthy Kids & Young Adults Appreciation Event" every fall. This year's event had the highest attendance to date, and

acknowledged outstanding providers, Certified Application Assistors (CAAs), community leaders, and media outlets. This event has proven to be a worthwhile and cost-effective incentive program that continues to keep the Healthy Kids & Young Adults program top-of-mind and provides an indirect positive impact in increased enrollment and program branding both within the medical community and the application assistor's network.

2. Bringing Up Healthy Kids (BUHK) Coalition

Bringing Up Healthy Kids (BUHK) is a public-private partnership, which includes providers, government entities (including DPH and DHS), health advocates, and social service agencies. The Coalition's mission is to ensure the health and well being of San Francisco children, youth, and their families by advocating and promoting health care coverage and appropriate access to health care services for those without coverage. BUHK is the only entity working in this capacity in San Francisco, as a collaborative with contacts throughout the City and an established outreach program that involves several community-based organizations.

BUHK's outreach program, the Family Centered Outreach, Enrollment, and Education (FCOEE) Project, focuses on outreach, enrollment, advocacy and retention services. In the past, when the Project was fully funded through State outreach funds, five organizations participated including Visitacion Valley Community Center; California Association for Health, Education, Employment and Dignity (CAHEED); the Mission Neighborhood Health Center (MNHC); NICOS Chinese Health Coalition; and Bay Area Legal Aid.

When the State terminated all outreach contracts for CBOs in FY 2002-03, many of the local organizations were forced to cut back their outreach efforts. Small grants allowed NICOS and MNHC to continue with outreach and enrollment. In FY 2004-05, the United Way provided \$30,000 and San Francisco Foundation provided \$45,000. Those funds ran out in April 2005. Even with that small amount of funding, NICOS and MNHC were able to process 600 new applications (950 children) and 250 renewal applications (480 children), exceeding the goals of the Project. In FY 2005-06, the McKesson Foundation has pledged \$6,000, and other fundraising efforts continue.

VI. Quality Assurance

A. HEDIS Rates

The primary tool health plans use to evaluate the quality of care members receive is through the Health Plan Employer Data and Information Set (HEDIS). Like other health plans, each year, SFHP reviews its HEDIS scores to evaluate its effectiveness in delivering key primary and preventive services. Table 15 below shows the 2004 HEDIS Rates for each Medi-Cal, Healthy Families, and Healthy Kids & Young Adults. Note that rates for young adults recently enrolled in Healthy Kids & Young Adults are not included, as not enough time has elapsed to collect and evaluate sufficient data on utilization for this new line of business.

Through its contracts with California DHS and MRMIB, SFHP reports audited HEDIS rates for Medi-Cal and Healthy Families. It monitors unaudited HEDIS-like rates for Healthy Kids & Young Adults. Access to Primary Care Providers (PCPs) is measured by administrative data for all SFHP child members. Well-child and well-adolescent rates are measured by supplementing administrative data with chart review for Medi-Cal and Healthy Families members. For Healthy Kids & Young Adults, chart reviews are not conducted. However, to achieve a comparable rate, SFHP takes the

average of the increase that resulted from doing chart reviews for the two other programs to supplement the administrative rate calculated for Healthy Kids & Young Adults.

Table 15: 2004 HEDIS Rates for SFHP Lines of Business

	Medi-Cal	Healthy Families	Healthy Kids & Young Adults	2004 National Medicaid Average
Children's access to PCPs 12-24 mo olds	93.0%	95.9%	95.5%	92.0%
Children's access to PCPs 25 mo – 6 yr olds	84.2%	91.6%	85.0%	81.5%
Children's access to PCPs 7-11 yr olds	85.5%	90.7%	85.0%	81.7%
Children's access to PCPs 12-19 yr olds	80.7%	85.9%	73.8%	78.9%
Well-Child Visit	79.7%	83.5%	71.2%	69.5%
Well-Adolescent Visit	45.1%	57.9%	37.9%	35.2%

Overall, these figures reveal that members have access to and are utilizing the services of their primary care providers. It is noteworthy that access to a primary care provider is similar by age group among all three lines of business, with Healthy Families scoring slightly higher than Medi-Cal or Healthy Families in all age bands. Compared to the national average for Medicaid, SFHP's Healthy Kids & Young Adults program performs above average on most measures despite being a newer program with a population less familiar with managed care. Also significant is that utilization among Healthy Kids members increased for both children and adolescents over last year. In last year's report, Healthy Kids well-child visit rate was 62.9% while the well-adolescent visit rate was 31.9%. This is probably due both to SFHP's efforts to increase utilization of these preventive visits through incentive programs, and people's appreciation of the value of preventive visits and their relationship with their primary care provider as they become accustomed to a managed care system.

SFHP's Governing Board has made it a strategic priority to improve the health plan's performance on HEDIS quality of care indicators. The Healthy Kids & Young Adults members benefit from all of the programs and initiatives put in place to improve performance. SFHP has a patient reminder system in place for initial health assessments, immunizations, well checks, prenatal care, and asthma care. Patient incentives are also offered for well checks, prenatal care, and immunizations. SFHP gives feedback to primary care practitioners on the preventive care utilization of members assigned to them, and encourages them to do outreach to patients who have not accessed care. SFHP quality improvement efforts on both the patient and the provider sides have resulted in year-over-year increases in HEDIS rates for the Medi-Cal, Healthy Families, and Healthy Kids & Young Adults programs.

B. Healthy Kids Member Satisfaction Survey

"Thanks to the Healthy Kids, my 2 year old daughter has a doctor. I could not afford to take her to the doctor for regular check ups before I got this plan." –a Healthy Kids parent

In April 2005, SFHP mailed surveys in English, Spanish, and Chinese, depending upon household language, to 3,534 Healthy Kids & Young Adults households, including 2,096 new members and 1,438 re-enrolling members. A total of 1,055 responses were received representing a 30 percent response rate. The survey queried families about satisfaction with the plan and its providers, and also asked about enrollment, coverage gaps, and program improvements.

A complete copy of the survey results is attached (Attachment A). Highlights include:

- At least 95 percent of respondents (96% English, 97% Spanish, and 96% Chinese) found it easy to enroll or re-enroll (96% English, 96% Spanish, and 99% Chinese) in the Healthy Kids & Young Adults program.
- More than 90 percent of families who utilized services were happy with the services they received (94.7% for doctor or clinic, 94.5% for dentist, 91.4% for optometrist, and 97.7% for SFHP customer service).
- Between one-quarter and one-third of respondents (depending on language) were without health coverage for at least one year. Forty to forty five percent were without coverage for less than three months. The remainder was without coverage for between three and 12 months.
- Low cost, good customer service, all services, and dental services were the number one, number two and number three things respondents in each language liked most about Healthy Kids & Young Adults.
- The one thing most respondents wanted to see changes included expansion of the program to more people, especially parents and other adults, and expansion of the provider network, especially dentists.

C. Healthy Families Consumer Survey

There was no Healthy Families Consumer survey performed this past year.

D. Medi-Cal Consumer Survey

There was no Medi-Cal Consumer survey performed this past year.

VII. Challenges and Next Steps

A. Ensuring Retention to Ensure Ongoing Universal Coverage

With 99.2 percent of San Francisco children under age 19 insured – over 30 percent of which are covered by SFHP, the challenge becomes one of ensuring that eligible children retain coverage and maintain coverage through age 24 under the Healthy Kids & Young Adults program. To address the issue and maintain this exceptionally high coverage rate, SFHP has implemented a number of retention efforts:

- **Retention Efforts by Mail.** Members at risk for losing health insurance are sent frequent reminders two months prior to their disenrollment date, then unless the member has responded additional letters and postcards are sent 45, 30, and 15 days prior to disenrollment. All re-enrollment materials are submitted in the member's language preference.
- **Retention Efforts by Phone.** Members at risk for losing health insurance are contacted by telephone – both by a live person and by an automated voice message – no less than three times prior to disenrollment. All calls are conducted in the member's preferred language.
- **Retention Efforts at Time of Enrollment.** Members are presented with a new SFHP enrollment packet at the time of enrollment. The new packet includes a move card that members can complete and mail back when changing their address (a challenge to re-enrollment is SFHP's ability to maintain current address information). In addition, the kit contains a refrigerator shopping list magnet clearly indicating their re-enrollment date, and the kit itself is affixed with a sticker stating the re-enrollment date.
- **Member Newsletter.** The SFHP Member Newsletter is released in Spring, Summer, and Winter annually. Each issue contains information on the importance of renewing eligibility and instruction on how to re-enroll in all programs, including Healthy Kids & Young Adults.
- **SFHP's Golden Gate to Health Insurance Network (GG2H).** Developed and hosted by SFHP, the GG2H Network is comprised of an amalgam of health insurance agencies located throughout San Francisco, each with their own programs and program eligibility guidelines. This forum was developed to improve communication between traditionally disparate community health groups via regular meetings, roundtables, and monthly newsletters. The GG2H Network removes enrollment and re-enrollment barriers by enabling program enrollees to receive reliable and accurate information on a number of health insurance options from a number of different health insurance sources.

B. Continuing Efforts to Enroll Young Adults

Overall, outreach efforts for young adults in San Francisco will continue to revolve around reaching out to teen clinics, youth serving organizations, and inreach partnerships with City and County agencies.

SFHP is beginning to partner with youth organizations with relatively high numbers of youth. A new partnership with the Boys & Girls Club of San Francisco will target 17-20 years who are soon to age out of public health programs.

The San Francisco Health Plan will continue to do inreach, not only among SFHP's members aging out of its own programs, but also with DHS to capture eligible young adults aging out of Medi-Cal. Because of the success of inreach efforts, SFHP is exploring additional ways to work with Medi-Cal to capture other eligible populations, such as parents under 24 who aren't eligible for full-scope coverage due to immigration status.

In addition, SFHP also plans to offer Foster Care youth fair opportunities to enroll in the Healthy Kids & Young Adults program by eliminating the 90-day age-out eligibility rule since this group is more difficult to track and notify. SFHP will be working closely with DHS and other key

organizations, such as the Independent Living Skills Resource Center, Health Adolescent Working Group, and other teen clinics around San Francisco, to help in the referral process.

C. Increasing the Premiums for Healthy Families and Healthy Kids & Young Adults

As part of the State's FY 2005-06 budget, effective July 1, 2005 premiums for families between 200 and 250 percent FPL rose from \$54 to \$108 (discounted annual premium amount). As a result of San Francisco's participation in the AB 495 process to draw down federal funds for eligible children enrolled in Healthy Kids & Young Adults, we are being required to match the Healthy Families premium increase. Failure to do so would mean the forfeiting of approximately \$900,000 annually in federal funding for Healthy Kids & Young Adults. Effective January 1, 2006, premiums for children in families between 200 percent and 300 percent FPL in Healthy Kids & Young Adults are scheduled to rise to \$108 per child per year. For families under 200% FPL, there will be no change; their premiums will remain \$48 per child per year.

D. Continuing Efforts to Expand Coverage for Additional Populations

Since developing the state's first Healthy Workers coverage program for In-Home Support Service (IHSS) workers in 1999, San Francisco has been at the forefront of local coverage initiatives. We've continued that momentum with the Healthy Kids program in 2002 and the enrollment of young adults age 19 through 24 in 2005 with the Healthy Kids & Young Adults expansion. San Francisco is continuing to look for new populations to expand to including low-wage workers (such as taxi drivers) and parents based upon need, feasibility, and sustainability.