City and County of San Francisco Department of Public Health

MEMORANDUM

June 10, 2003

To: Honorable Edward A. Chow, MD, President and Members of the Health Commission

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

Through: Anne Kronenberg, Deputy Director of Health

From: Frances Culp and Jim Soos, Office of Policy and Planning

Re: Annual Children's Health Coverage Report

Attached is the Annual Children's Health Coverage Report being presented to the Health Commission on June 17, 2003. For the first time, we are able to provide you with a combined report on the Medi-Cal for Children, Healthy Families, and Healthy Kids programs in San Francisco, representing a comprehensive examination of universal medical, dental, and vision coverage for children in the City in families below 300% of the federal poverty level.

We look forward to presenting this report to you on June 17. If you have questions in the meantime, please call Frances Culp at 554-2795 or Jim Soos at 554-2627.

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I. Background

A. Program Summaries

1. Medi-Cal History

Medi-Cal is California's version of the federal Medicaid program, providing health care services for low-income families and individuals who lack other health insurance. The California Legislature established the Medi-Cal program, authorized under Title XIX of the federal Social Security Act, in 1965. Like other Medicaid programs, Medi-Cal is funded through the State and Federal Governments. The match rate is based on the Federal Medicaid Assistance Percentages (FMAP), and the rate for California is currently 45.65 percent nonfederal funds to 54.35 percent federal funds. Medi-Cal is the primary source of health coverage for approximately five million people, including children, elderly, blind, and disabled residents of California.

The Federal Government mandates that each state's Medicaid program cover certain populations and offer a minimum set of benefits. California goes beyond what is required in both cases, offering coverage to more people and including additional benefits. These are considered "optional" services and populations. Medi-Cal consists of numerous programs (including Medi-Cal for Children, Medi-Cal for Adults, Minor Consent Medi-Cal, etc.) with different eligibility requirements and sometimes varying benefits. It is administered on the State level by the California Department of Health Services (CA DHS) and in San Francisco by the Department of Human Services (DHS). Each of the 58 counties is responsible for administering the Medi-Cal program, enrolling and disenrolling members on the local level.

2. Healthy Families History

Title XXI of the Social Security Act established the State Children's Health Insurance Program (SCHIP) in 1997 as part of the Balanced Budget Act and allocated $3.9 billion in block grants to states to expand health coverage to uninsured children of low to moderate income working parents. California established its SCHIP program, the Healthy Families Program, in July 1998 to provide health, dental and vision care coverage to a segment of the State's uninsured children. Similar to the Medicaid program, the State must provide a match to draw down federal funding. The SCHIP match rate is 35 percent nonfederal funds to 65 percent federal SCHIP funding. The California Managed Risk Medical Insurance Board (MRMIB) has administrative responsibility for Healthy Families; counties have no administrative responsibilities for this program.

3. Healthy Kids History

Healthy Kids is the San Francisco-only health insurance program for children and was developed jointly by the San Francisco Department of Public Health (DPH) and the SFHP following the passage of Resolution 4-01 by the San Francisco Health Commission on January 31, 2001. Through Resolution 4-01, the Commission supported the achievement of universal health coverage and directed DPH staff to:

- Develop a health insurance coverage program for uninsured children ages 0 to 18 in families with incomes below 300 percent of the federal poverty level (FPL) who are ineligible for other State and federally funded health insurance;
- Conduct outreach and education for this program;
- Provide coverage through the San Francisco Health Plan (SFHP); and

- Pursue available sources of funding.

In FY 02-03, the Mayor and Board of Supervisors approved a $3.9 million General Fund allocation (including $3.0 million from the Children's Baseline Budget – Proposition D) to support Healthy Kids. Enrollment began in January 2002, with coverage beginning February 1, 2002. For FY 03-04, SFHP is budgeting $4.0 million in General Fund and $860,000 in Proposition 10 support for the program. Healthy Kids continues to be a joint program of DPH and SFHP, with DPH providing funding and oversight, and SFHP providing coverage and benefits.

B. Medi-Cal, Healthy Families and Healthy Kids Benefits

Medi-Cal for Children, Healthy Families, and Healthy Kids all offer comprehensive preventive, primary and specialty health care including medical office visits, vision care, dental care, mental health services, hospitalizations, and prescription medicines for enrolled children. Children and youth are of eligible age beginning at birth to age twenty-one for Medi-Cal and to age nineteen for Healthy Families and Healthy Kids. Medi-Cal for Children requires no monthly premiums or co-payments for services. Healthy Families requires a monthly premium of $4 to $9 per member with a monthly maximum of $27 per family. There are also co-payments of $5 for some services. Healthy Kids requires a monthly premium of $4 per member with no family maximum. Co-payments for some services range from $5 to $15, with most at $5.

In San Francisco, children and youth enrolled in any of the three programs (except under some special circumstances) are required to join a managed care plan. Medi-Cal allows for two health plan options in San Francisco, a local initiative and a commercial plan. The local initiative is SFHP and the commercial plan is Blue Cross. Healthy Families offers families these options, as well as several others: Blue Shield, Health Net and Kaiser. In each county, MRMIB designates the Healthy Families participating plan with the most safety net providers (i.e., those who have historically served the indigent) as the Community Provider Plan. Families receive a premium discount if they choose the Community Provider Plan. SFHP is the Community Provider Plan in San Francisco and has had this designation since Healthy Families' inception. Enrollees in Healthy Kids are required to join SFHP.

Table 1 – Healthy Families and Healthy Kids Premiums

	Healthy Families Category A 0-150% FPL		**Healthy Families Category B 151-250% FPL**			**Healthy Kids 0-300% FPL**
	1 Child	2 or more	1 Child	2 Children	3 or more	Per Child*
Community Provider Plan						
San Francisco Health Plan	$4	$8	$6	$12	$18	$4
Other Plans Available						
Blue Cross	$7	$14	$9	$18	$27	*not offered*
Blue Shield	$7	$14	$9	$18	$27	*not offered*
Health Net	$7	$14	$9	$18	$27	*not offered*
Kaiser	$7	$14	$9	$18	$27	*not offered*

*Families pay $4 per month per child regardless of family size.

C. 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 up to 200 percent of the FPL, children age 1 to 6 in families up to 133 percent FPL, and children 7 to 18 in families up to 100 percent FPL. Healthy Families covers those children above Medi-Cal family income limits up to 250 percent FPL. Healthy Kids fills in the coverage gaps, insuring undocumented children age 0 to 19 in families from 0 percent to 300 percent FPL and U.S. citizen/documented immigrant children from 250 percent to 300 percent FPL. Access for Infants and Mothers (AIM) covers children age 0 to 2 in families between 200 percent FPL and 300 percent 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 2 on the following page shows graphically, programs are both mutually exclusive and seamless. Families may not choose which program into which they will enroll their children, but are placed into a program based on family income, child's age, and child's citizenship/documentation status. At the same time, San Francisco guarantees that every child regardless of age or documentation in a family under 300 percent FPL is eligible for comprehensive medical, dental, and vision benefits. Table 3, also on the following page, shows annual incomes by percents of federal poverty and on family size.

Table 2: Program Eligibility by Age, FPL, and Documentation Status

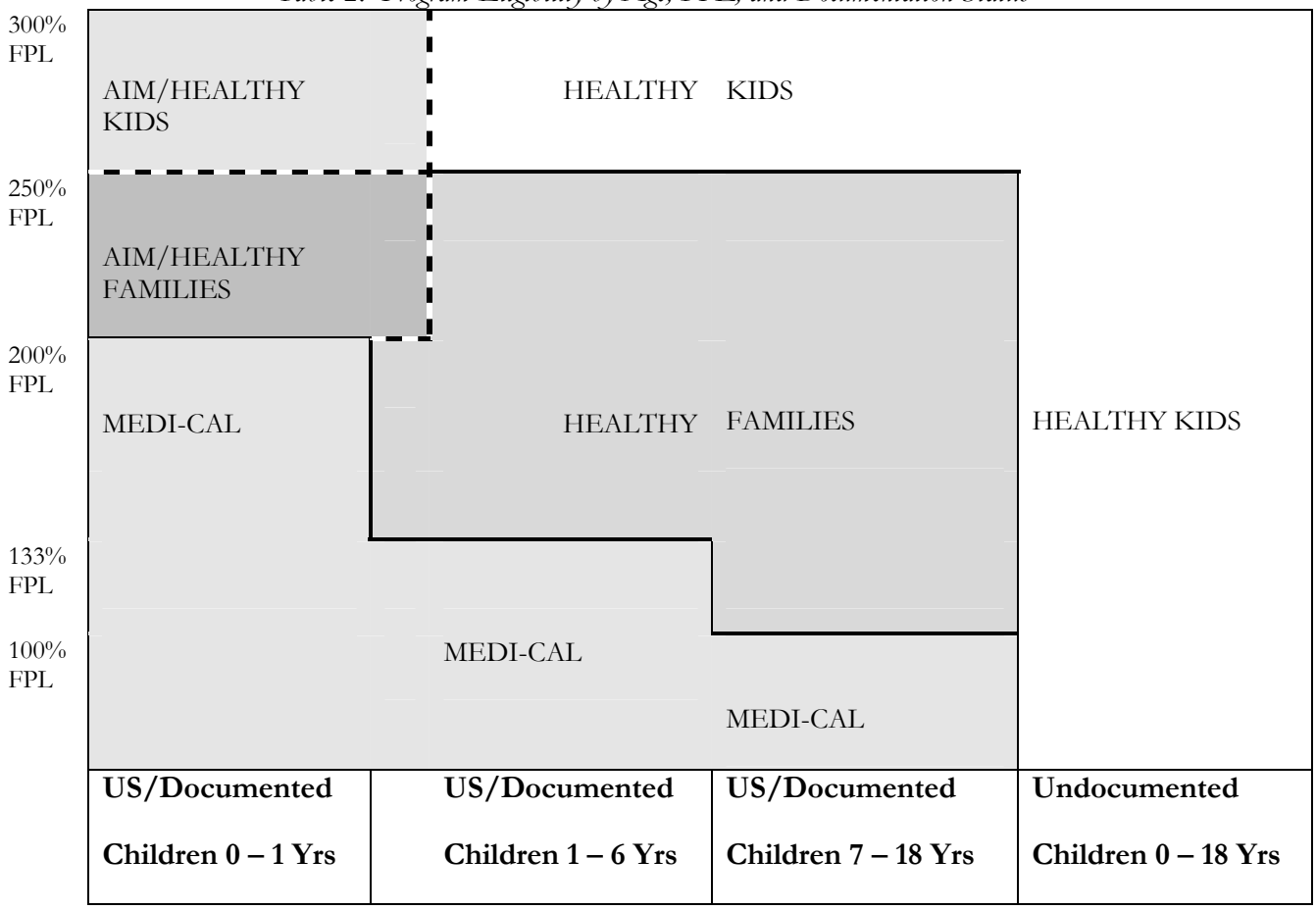


Table 3: FPL by Family Size (Annual Income)

Family Size	1	2	3	4	5
300% of FPL	$26,964	$36,360	$45,768	$55,224	$64,620
250% of FPL	$22,452	$30,300	$38,160	$46,008	$53,856
200% of FPL	$17,964	$24,240	$30,528	$36,804	$43,080
133% of FPL	$11,592	$16,128	$20,304	$24,480	$28,656
100% of FPL	$ 8,988	$12,120	$15,264	$18,408	$21,540

II. Program Updates and Changes

A. Recent Programmatic Changes & Enhancements

1. Healthy Families Parental Expansion

In December 2000, California submitted an 1115 waiver demonstration proposal to the federal Center for Medicare and Medicaid Services (CMS). This waiver requested that California be allowed

to enroll parents of Healthy Families members into the Healthy Families program. The City and County of San Francisco (CCSF) strongly supported this waiver request, believing it to be one more important step toward achieving the City's goal of universal health coverage. More than a year later, on January 25, 2002, CMS approved the waiver. However, due to California's current fiscal limitations, the Healthy Families program coverage for parents has not yet been funded. The Governor has recently proposed a delay in the implementation of this expansion until FY 2006.

This waiver proposes to cover parents up to 200 percent of the FPL (a yearly income of $30,528 for a family of three). This is lower than the level used for children, whose eligibility extends to 250 percent of the FPL. When the waiver was first proposed, the State received an outpouring of written and verbal requests (including a request from CCSF) to increase the maximum allowable family income to 250 percent of the FPL so that it would be the same for children and adults. In 2001, the State agreed to increase parent's eligibility to match the children's (a yearly income of $38,160 for a family of three). Before this can happen the State is required to submit a second federal request waiver to receive approval to enroll parents at the higher income level.

2. Express Lane Eligibility

The concept of Express Lane Eligibility is based on the fact that families with children eligible for Medi-Cal and Healthy Families participate in other public programs designed to aid low-income families. Finding children and youth who are eligible, but not enrolled, in health insurance is made easier if these other programs are leveraged to educate families and to streamline the enrollment process. In 2001, AB 59 and SB 493 became law, making Express Lane Eligibility legal through the School Lunch and Food Stamps programs. It allows otherwise confidential information to be shared with parental permission between programs, which are mostly disconnected from each other.

AB 59 authorizes school districts to share information from the School Lunch Program application with county departments. With parental consent, information regarding children eligible for free lunch is passed on to counties. A county agency can then use this information to determine a child's eligibility for Medi-Cal. Because the income requirements for participation match, children under six years old may be enrolled directly into Medi-Cal. Additional information is not required of these parents to determine eligibility. For children six-years-old and over, the Medi-Cal office will request additional information before determining eligibility. If a family's income is too high, the Medi-Cal office will send the family a letter of explanation and a Healthy Families application to complete.

Implementation of AB 59 was delayed due to the State's ongoing budget crisis. Instead of a statewide implementation, pilots will occur in the 2003-2004 school year in several counties, including Los Angeles, San Diego, Fresno, and Santa Clara. These counties have been planning for this for more than a year. Other counties are now waiting for the California Department of Education's guidelines, expected to be released in May 2003. This will allow San Francisco to begin the advance planning to make the necessary changes (adding appropriate questions to the school lunch application, for example). DPH is now working with other stakeholders in this process to ensure that there will be a smooth transition when funding becomes available, possibly in the 2004-2005 school year.

SB 493 requires that counties develop a data list of family members residing in eligible Food Stamp households who are not enrolled in Medi-Cal or Healthy Families. The county must also create a notice to these families informing them, in simple and culturally and linguistically competent language, that they may be eligible for Medi-Cal or Healthy Families. The notice would also include a request for permission to take information from the family's Food Stamp file to determine eligibility for Medi-Cal or Healthy Families. This notice would be sent to families at the time of their

annual recertification for Food Stamps. If the food stamp recipient's income did not qualify for no-cost Medi-Cal, the county would forward pertinent information to MRMIB for processing.

3. The Medi-Cal/Healthy Families Bridge Program

It is not unusual for children to move from one program to another as they age and/or their family income changes. At this time in both programs, enrollees have one year of continuous coverage before they are asked to complete renewal paperwork. If at renewal time the child's eligibility changes, information is sent to the other program for eligibility determination. Since the inception of Healthy Families, enrollees have two months of additional coverage so that they can continue to be insured while Medi-Cal determines eligibility. This is considered a "bridge program" from Healthy Families to Medi-Cal. Until recently, however, the enrollee going from Medi-Cal to Healthy Families did not enjoy this same coverage bridge. In the last year, Medi-Cal was updated to offer one additional month of eligibility while the Healthy Families determination was being made. Though the "bridge program" remains somewhat unequal, more families now retain uninterrupted coverage during these transitions.

4. Health-e-App and One-e-App

Health-e-App was the first fully automated Internet-based application in the United States, designed to enroll children and pregnant women into the State's free and low-cost health insurance programs. One-e-App is a similar Internet-based application for Medi-Cal and Healthy Families, but also includes local county-specific programs like San Francisco's Healthy Kids. An online application allows a parent, a community-based application assistant, or a county eligibility worker to immediately determine eligibility immediately and to identify the most appropriate form of health coverage for each family member, eliminating processing delays and multiple applications.

Again, due to budget issues, the rollout of Health-e-App is taking longer than expected throughout the State. However, in San Francisco's case, this has allowed for an opportunity to ensure that Healthy Kids is added into whatever application is utilized locally. Though Health-e-App has been piloted successfully in San Diego County and is now being used with success in other counties throughout the State, it became clear that counties launching Healthy Kids programs would need a more inclusive application. At this time, San Mateo, Alameda, and Santa Clara are developing a pilot of the One-e-App system. San Francisco will watch these pilots with interest and, if they go well, look to implement the system when it is financially feasible to pay the start up and ongoing maintenance costs.

5. CHDP Gateway

The Child Health and Disability Program (CHDP) provides children and youth with complete health assessments for the early detection and prevention of disease, regardless of documentation status. Income eligibility guidelines for CHDP are below 200 percent of the FPL, overlapping with Medi-Cal and Healthy Families, and Healthy Kids for the undocumented population.

A year ago, Governor Davis proposed the elimination of the CHDP program. Advocacy efforts not only saved this program, but also influenced the State to develop the "CHDP Gateway" which will facilitate enrollment into full health coverage programs, like Medi-Cal and Healthy Families. The Gateway is scheduled to begin on July 1, 2003.

When the Gateway is implemented, eligible children will receive CHDP services and leave the provider's office with two months of full-scope Medi-Cal coverage. The family will be advised to apply for permanent Medi-Cal or Healthy Families using the joint application, which will be mailed to them by the State. This application must be completed and returned by the family before the end

of the two months of coverage to avoid an interruption in services. Once the completed application is received by the State, the child's temporary coverage will continue until eligibility is determined.

On the local level, discussions are underway between DPH and SFHP regarding the role of the CHDP Gateway for children thought to be eligible for Healthy Kids. A meeting is being scheduled for the summer of 2003.

6. AB 495

Assembly Bill 495, signed by the Governor on October 9, 2001, provides a mechanism for counties with locally funded children's health care initiatives, like San Francisco's Healthy Kids, to put up local funds to draw down federal SCHIP funding for eligible children. As with Healthy Families, the federal match rate is 65 percent to the County's 35 percent. Under the auspice of MRMIB, the State began implementation of AB 495 in the summer of 2002, and submitted a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) on March 31, 2003. If approved, as is expected, San Francisco could submit for reimbursement for U.S. citizen and documented immigrant children between 250 percent and 300 percent FPL retroactively to January 1, 2003. Although federal legislation currently only allows the expenditure of federal SCHIP funds for this purpose through September 30, 2003, federal legislation extending that deadline to September 30, 2004 is expected. With ten to twenty percent of Healthy Kids enrollees estimated to be eligible, this represents $350,000 to $750,000 per year for San Francisco's program.

B. <u>2003-2004 State Budget</u>

California is facing an unprecedented budget shortfall of $38 billion dollars. This is the second fiscal year in which major budget deficits and shortfalls have meant cuts to health and human services programs. However, Governor Davis has expressed a commitment during this process to protect health insurance programs for children. This does not mean that proposed and already accepted cuts will not impact Medi-Cal or Healthy Families programs. It does mean that eligibility standards have not been changed for children nor has enrollment been capped in either program.

The Governor released the May Revise on May 14th. The May Revise is an update to the Governor's January budget proposal for FY 2003-2004. One of the most significant impacts to Medi-Cal for Children and Healthy Families has been the complete dismantling of outreach efforts. This began in the FY 2002-2003 budget, and has continued into FY 2003-2004. The FY 2002-2003 budget cut $18.6 million from outreach efforts, while more cuts are proposed for next year. This will result in the discontinuation of training and funding for Certified Application Assistants (CAA). Since its inception, Healthy Families has relied on community workers to provide enrollment assistance for families, with great success. In fact, two-thirds of the children who enroll in Healthy Families are helped by CAAs. In addition, according to a study conducted by MRMIB, 73 percent of families desire CAA assistance with their Annual Eligibility Review form. As it appears now, community outreach workers will no longer receive training courses or the $50 payment for successfully completed applications.

Other cuts suggested by the Governor target adults, but it is a legitimate concern that any change negatively impacting parents impacts entire families. For example, last year the Governor proposed changing the annual redetermination process for adults in Medi-Cal to occur quarterly. A year ago, the legislature rejected the reinstatement of Quarterly Status Reports (QSR), which had been abandoned by the Medi-Cal program several years ago. This year, as part of the mid-year cuts, a compromise of changing to twice-yearly status reports was instituted. In the May Revise, the Governor proposes a return to the full QSR system. This creates a savings for the State by reducing

the Medi-Cal caseload, either because adults legitimately experience an increase in their income or because they fail to keep up with the additional paperwork. County Medi-Cal offices may also experience difficulty in properly maintaining eligibility for children (who are guaranteed 12 months of eligibility) when parents are dropped for not submitting the forms. Table 4 below shows the impact estimated by the California Budget Project for both California and San Francisco in FY 2003-2004 if QSRs are reinstated. (Semi-annual reporting would result in approximately half of the reduction shown below.)

Table 4 - Impact of QSR Reinstatement

Caseload Reduction in SF (# of People)	**Caseload Reduction in SF (Estimated Loss of Funds)**	**Caseload Reduction in CA (# of People)**	**Caseload Reduction in CA (Estimated Loss of Funds)**
2,176	$1,915,083	193,123	$170,000,000

Another cut recommended by the Governor is a 15 percent rate reduction to Medi-Cal health care providers, including Fee-for-Service providers and managed care plans. DPH has estimated that its loss of revenues from the 15 percent Fee-for-Service rate decrease would be $8.6 million. Because there was also a 3 percent rate increase proposed for Medi-Cal managed care plans, this would mean a net decrease of 12 percent. As of the writing of this report, the legislature (both Assembly and Senate) has rejected the 15 percent rate reduction, although it is unclear how this issue will be resolved. It is not known at this time how SFHP and other health plans would deal with this rate decrease and to what degree the cut would be passed on to providers. However, lower rates from the State would mean fewer providers willing to accept Medi-Cal patients, already widely considered to have low reimbursement rates.

C. Pending State Legislation

Though the budget realities are grim, State legislation has been introduced this year to improve and even expand Healthy Families and Medi-Cal in creative ways. CCSF has gone on record as supporting four of these bills. CCSF is in support of the bills that are most likely to enhance and/or expand the Medi-Cal and Healthy Families programs, thereby reducing the number of uninsured in the County. Table 5 below includes a summary of current State Healthy Families and Medi-Cal bills, and the position of CCSF on each.

Table 5: Healthy Families and Medi-Cal Related Bills Introduced in 2003

Bill #	Author	CCSF Position	Summary
AB 30	Richman	Watch	Requires that the Managed Risk Medical Insurance Board expand the Healthy Families program to provide coverage to employed childless adults who are uninsured and meet certain income requirements.

Bill #	Author	CCSF Position	Summary
AB 343	Chan	Watch	Specifies that no individual or organization may solicit or receive any compensation from an applicant or subscriber for offering or providing program application assistance.
AB 368	Chan	Watch	Requires the State to establish a Healthy Families local educational agency billing option.
AB 946	Frommer	Support	Extends the operative date of Healthy Families to January 1, 2008. Under existing law, the program becomes inoperative on January 1, 2004.
AB 1062	Bermudez	Watch	This bill would require the department to integrate the Child Health and Disability Prevention Program, the Medi-Cal program, and the Healthy Families Program into one Integrated Child and Youth Health Program.
AB 1130	Diaz	Support	Creates the County Health Initiative Matching Fund to provide health insurance coverage to certain children in low-income households who do not qualify for health care benefits through the Healthy Families Program or Medi-Cal. Appropriates funds to the Managed Risk Medical Insurance Board, which would be available for encumbrance for these purposes. Authorizes the board to enter into contracts and to issue rules and regulations on an emergency basis.
AB 1163	Frommer	Watch	Proposes policies to protect the enrollment in Medi-Cal and Healthy Families by better coordinating and making the programs more user-friendly with less unnecessary bureaucracy for eligible families.
AB 1524	Richman	Support	Enables counties to extend health insurance to working parents of children enrolled in the Healthy Families program by allowing them to use local dollars to draw down federal financial participation.
SB 24	Figueroa	Watch	Expands the CHDP Gateway so that eligible infants under age one year whose mothers had Medi-Cal for the delivery are not dropped from Medi-Cal.
SB 142	Alpert	Support	Creates the Medi-Cal to Healthy Families Accelerated Enrollment Program allowing temporary benefits for children pending eligibility determination by the State when the application is first sent to the county Medi-Cal office.

Though not included in the chart since they are not directly related to the Medi-Cal or Healthy Families programs, there were several bills introduced this year to expand health coverage for Californians. Passage of any of these bills would have an impact on families. CCSF supports both SB2 and SB921.

- **SB2 (Burton):** This bill would require employers to provide health care coverage for eligible employees and dependents that is equivalent to coverage required to be provided by health care service plans, including coverage for basic prescriptions drugs. Alternatively, the bill would authorize an employer to comply with this requirement by paying a fee to the state for similar coverage.
- **SB1527 (Frommer):** This bill would require every employer with 500 or more employees to provide health care coverage to its employees and their dependents.
- **SB293 (Daucher):** This bill would establish a voluntary program in which small business may limit, as specified, the amount its full-time employees are required to contribute toward the cost of their health care coverage. Employees could work one extra hour each week to apply those earnings toward the cost of their health care coverage.
- **SB921 (Kuehl):** This bill would make all California residents eligible for specified health care benefits under the California Health Care System, which would, on a single-payer basis, negotiate for or set fees for health care services provided through the system and pay claims for those services.

III. Enrollment, Disenrollment and Retention

A. Enrollment Information

1. The Application Process

Families apply for Medi-Cal, Healthy Families and Healthy Kids 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 County 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 processing unit (those deemed eligible for Medi-Cal are forwarded back to the county of origin for processing).
- Healthy Kids: Parents must enroll through a CAA. CAAs complete the Healthy Kids paper or online application and mail to SFHP.

2. Enrollment Information

According to the CA DHS, there are more than 6.3 million Medi-Cal beneficiaries. This represents all beneficiaries, including all ages, those with full-scope and restricted benefits (e.g., Emergency-only for undocumented residents), and those with other health coverage that acts as the primary payer (e.g., Medicare). Of these beneficiaries, more than 3.3 million (52%) are children and youth from birth to twenty-one years old.

In San Francisco, there are a total of 109,333 Medi-Cal beneficiaries, with 30,927 (28%) children and youth beneficiaries ages 0-20 years old. This differential is not surprising given San Francisco's

much lower percentage of younger residents. In the overall population, only 17 percent of San Francisco's residents are in this same age category, while this age range makes up 32 percent of the State's population.

Healthy Families, a program serving only children and youth ages 0-19 years old, has a total of 651,002 members Statewide and 10,445 in San Francisco. Healthy Kids, another program serving only children and youth, has 2,730 enrollees as of April 2003. Table 6 below shows the breakdown in enrollment by program in the State and in San Francisco. In total, there are 44,102 children and youth enrolled in one of these public programs, representing 35 percent of the total population of 0-19 year olds locally.

Table 6: 2003 Enrollment of Ages 0 to 19 by Program Statewide and in San Francisco

	Healthy Families Enrollment	**Medi-Cal Enrollment** *(Ages 0-20)*	**Healthy Kids Enrollment**	**Overall Population 0-19**[1]
Statewide	651,002	3,314,032	n/a	10,200,983
San Francisco	10,445	30,927	2,730	126,591

B. San Francisco Specific Data – All Programs

1. Enrollment by Ethnicity

Table 7 presents Medi-Cal membership by race and ethnicity in comparison to the total population in San Francisco.[2] This table shows that the Asian-Pacific Islander population makes up the largest group of enrollees, followed closely by Latino children and youth. Asian-Pacific Islanders are represented in Medi-Cal (35%) proportionate to their representation in the City population (35%). This is not true of other racial and ethnic groups. For example, San Francisco's White and African-American children and youth make up 26 percent and 11 percent of the total population respectively, while Whites make up 8 percent and African Americans make up 24 percent of Medi-Cal enrollees. This is primarily due to the income differentials in these two populations; a much higher percentage of African Americans live below poverty in San Francisco.

According to Census 2000 data there are approximately 12,096 African-American children and youth 18 years old and younger in San Francisco. Of these children, 4,350 (36%) live in families that earn less than 100 percent of the FPL. More African-American children and youth live below poverty (100% of the FPL) in San Francisco than any other group. All of these children and more would be eligible for the Medi-Cal program, since its household income cap is between 100 percent and 200 percent of FPL depending on the age of the child. Since the total number of Medi-Cal enrollees in this age group is 7,311, Medi-Cal appears to be highly successful in covering eligible African-American children and youth in San Francisco.

[1] According to Census 2000 data.

[2] In order to be consistent with the racial and ethnic categories presented by the various programs, it is necessary to use the most recent Department of Finance data rather than Census 2000 data for this section, though numbers are quite similar.

The percentages below represent the children and youth of other races and ethnicities living below 100 percent of the FPL:

- Native Hawaiian & Other Pacific Islanders – 31 percent
- American Indian & Alaskan Native – 14 percent
- Asian – 11 percent
- White – 8 percent
- Other Race Alone – 18 percent
- Two or More Races – 12 percent
- Hispanic/Latino[3] – 18 percent

Table 7: Medi-Cal Membership by Race and Ethnicity (0-20 years old)

	Medi-Cal Enrollees	Medi-Cal Enrollees	Population San Francisco	Population San Francisco
Latino	9,967	32%	29,000	22%
Asian-Pacific Islander	10,921	35%	45,000	35%
African American	7,311	24%	14,000	11%
White	2,578	8%	34,000	26%
Other	150	1%	8,000	6%
Totals	30,927	100%	130,000	100%

Healthy Families enrollment data by race and ethnicity are tracked and posted online monthly by MRMIB. Table 8 on the following page presents this information along with San Francisco's overall population of 0 to 19-year-olds, based on Department of Finance data. It shows, as has been the case in San Francisco since the inception of the program, that Healthy Families enrollees in San Francisco are predominately Asian American (primarily Chinese). The high rate of enrollment in this community reflects intensive community outreach, organized by trusted community-based organizations like Northeast Medical Services (NEMS) and NICOS Chinese Health Coalition.

[3] Because Census 2000 tracks Hispanic/Latino as an ethnicity not separate from race, Hispanic and Latino children living below the poverty level are also represented in the race breakdowns shown above.

Table 8: Healthy Families Membership by Race and Ethnicity (0-19 Year Olds Only)

	Healthy Families Enrollees	Healthy Families Enrollees	Population San Francisco	Population San Francisco
Latino	1,511	14%	28,000	23%
Asian-Pacific Islander	7,608	73%	41,000	33%
African American	182	2%	13,000	10%
White	255	2%	33,000	27%
Other (including 2 or more races)	889	9%	8,000	7%
Totals	10,445	100%	124,000	100%

Healthy Kids enrollment continues to be strongest in the Latino and Asian communities. As noted in Table 9 below, combined, Latinos and Asians comprise 83 percent of the total Healthy Kids membership. While this is partially the result of SFHP's marketing emphasis in the Asian language and Spanish-speaking communities (see SFHP Efforts in Outreach, Enrollment and Retention Efforts, below), it was not unanticipated by DPH when Healthy Kids was established in 2002. Because undocumented children are ineligible for Medi-Cal or Healthy Families, there was known to be a sizeable population of uninsured children in San Francisco's large immigrant communities. An estimated 80 percent of Healthy Kids enrollees are undocumented. U.S. citizen and documented children need to be in the narrow band of family income of 250 percent to 300 percent FPL to enroll in Healthy Kids; otherwise they would be enrolled in Medi-Cal or Healthy Families.

Table 9: Healthy Kids Membership by Race and Ethnicity (0-19 Year Olds Only)

	Healthy Kids Enrollees	Healthy Kids Enrollees	Population San Francisco	Population San Francisco
Latino	1,565	57%	28,000	23%
Asian	716	26%	41,000	33%
African American	21	1%	13,000	10%
White	64	2%	33,000	27%
Other	1	0%	8,000	7%
Not Provided	363	13%	*n/a*	*n/a*
Totals	2,730	100%	124,000	100%

Unlike Medi-Cal, African-American enrollment in both Healthy Families and Healthy Kids is small. Put together, there appear to be only 203 African American children and youth enrolled. We use "appear" because a significant percentage of Healthy Kids enrollees (13%) choose not to provide their ethnicity. While still low in absolute numbers, it is notable that the Healthy Kids African-American enrollment has increased seven fold since last year.

Unfortunately Census 2000 data has not released income levels by race and ethnicity beyond those living above or below the poverty level. Therefore it is impossible to determine how many African-American children and youth are eligible but unenrolled for these programs.

2. Enrollment by Neighborhood

Table 10 shows the enrollment distribution of children and youth in the different programs by neighborhood. These figures represent households with children for Medi-Cal and individual enrollees for Healthy Families and Healthy Kids. The neighborhoods with the highest overall distribution in the programs are the Excelsior/OMI, Mission/Bernal Heights, Visitacion Valley, and Bayview, together making up 50 percent of the enrollment. The top neighborhood for both Medi-Cal and Healthy Kids is the Mission/Bernal Heights, while for Healthy Families it is the Excelsior/OMI (19.6%). In the Healthy Kids program, nearly one in four of the membership lives in the Mission/Bernal Heights (23.4%).

Table 10: Enrollment by Neighborhood

	Medi-Cal	Healthy Families	Healthy Kids	Overall Distribution (All Programs)
Excelsior/OMI (94112)	13.3%	19.6%	18.5%	16.1%
Mission/Bernal Heights (94110)	16.8%	9.0%	23.4%	14.6%
Visitacion Valley (94134)	9.0%	12.6%	7.8%	10.2%
Bayview (94124)	10.8%	7.9%	8.2%	9.5%
Nob Hill (94109)	5.3%	5.0%	5.9%	5.2%
Sunset (94122)	3.7%	7.7%	4.3%	5.2%
Chinatown/North Beach (94133)	5.5%	7.9%	3.6%	5.2%
Parkside (94116)	2.9%	7.1%	3.8%	4.5%
Tenderloin/Hayes Valley (94102)	5.3%	1.7%	5.1%	4.0%
Richmond (94121)	5.4%	4.9%	4.5%	3.9%
South of Market (94103)	4.5%	1.8%	5.0%	3.6%
Park Merced (94132)	1.9%	3.4%	2.4%	2.5%
Western Addition (94115)	2.9%	0.7%	1.8%	2.0%
Potrero (94107)	1.7%	0.7%	0.9%	1.3%
West Portal (94127)	0.5%	0.6%	0.8%	1.3%
Haight-Ashbury (94117)	1.8%	0.7%	0.7%	1.3%
Treasure Island (94130)	1.9%	0.1%	0.2%	1.1%
Noe Valley/Castro (94114)	0.9%	0.5%	0.2%	0.7%
Marina/Pacific Heights (94123)	0.3%	0.2%	0.5%	0.3%
Financial District (94111)	0.3%	0.2%	0.1%	0.1%
Other SF Zip Codes	5.3%	7.5%	2.3%	7.4%

3. Enrollment by Health Plan

Children enrolled in Medi-Cal, Healthy Families, and Healthy Kids are all required to join a health plan and some programs offer more health plan options than others. As is shown in Table 11, even when enrollees are given a choice among several plans, SFHP maintains a higher share of enrollees. SFHP has a 54 percent majority in the Healthy Families program and a 66 percent majority in the Medi-Cal program. This is true for several reasons. For one thing, as noted previously, SFHP is designated the Community Provider Plan which means that enrollees have more community providers to choose from in the network (providers they may well have been seeing before) and they receive a discount in the monthly payment.

Additionally, SFHP is the "default" plan for Medi-Cal only. This means that when a family does not complete the paperwork to actively choose a health plan when joining Medi-Cal, they will be enrolled in SFHP. When this occurs, a family may request a change, and be switched to another plan within one or two months. The same is not true for Healthy Families. At enrollment, families must choose a health plan in order to complete the enrollment process. The statewide membership average in Healthy Families for comparable plans (e.g., Community Provider Plans) in other counties is only 35 percent, compared to SFHP's 54 percent. Therefore, it is a notable achievement that SFHP, a small, local health plan, continues to succeed in attracting and retaining a majority membership in both Medi-Cal and Healthy Families. Table 11 below shows the enrollment in the various managed care plans in San Francisco:

Table 11: Health Plan Enrollment by Program

	San Francisco Health Plan	**Blue Cross**	**Kaiser**	**Health Net**	**Blue Shield**
Medi-Cal	28,197 (66%)	14,495 (34%)	*not offered*	*not offered*	*not offered*
Healthy Families	5,662 (54%)	3,647 (35%)	521 (5%)	429 (4%)	186 (2%)
Healthy Kids	2,730 (100%)	*not offered*	*not offered*	*not offered*	*not offered*

4. Disenrollment/Retention

Enrolling children and youth in a health program for which they are eligible is only the first step toward eliminating the uninsured in this age group. Families are responsible for a number of steps to retain coverage, and based on changes recommended to balance the State budget, these steps are likely to increase and become more difficult to carry out. Children and youth who lose health coverage while still eligible are back to square one as uninsured individuals dependent on the county safety net system for their care, and are required to reenroll (including any necessary wait times), rather than renew coverage in the appropriate insurance program.

Some children who lose coverage may have acquired coverage through another public or private program, but others are still eligible and are dropped due to administrative obstacles. A report produced by MRMIB[4] in 2000 notes that Healthy Families has a 76 percent retention rate, meaning that 76 out of 100 enrolled children retain coverage after one year. This compares favorably with

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

retention rates in the private individual insurance market, with retention rates of 60 to 76 percent. However, according to more recent findings, up to 40 percent of enrolled children lose Medi-Cal and Healthy Families after a year of coverage.[5]

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 12 shows how many children enroll and disenroll each month. Though this does not show where enrollees are in their year of eligibility, they may be losing eligibility during or at the end of the year. In the months between July 2002 and March 2003, when new enrollee numbers are compared to disenrollees, San Francisco had a net gain of 20 percent. The comparable statewide average net gain for this same time period is 35 percent. On average San Francisco lost 208 members per month, while gaining 268.

Table 12: Healthy Families Monthly Enrollment and Disenrollment

	July 2002	**Aug 2002**	**Sept 2002**	**Oct 2002**	**Nov 2002**	**Dec 2002**	**Jan 2003**	**Feb 2003**	**March 2003**
SF New Enrollments	326	256	282	300	192	284	269	232	273
SF Disenrollments	203	267	208	226	224	207	196	146	196

With the first group of Healthy Kids members due for renewal February 1, 2003, SFHP began the renewal process, Annual Eligibility Review (AER), in summer 2002. SFHP created the AER application and accompanying packet of materials, and began mailing packets on December 1, 2002. Packets are mailed 60 to 75 days before the member's term date, with an additional reminder card sent 30 days prior. The outreach team additionally follows-up by phone near the application deadline. An average of 200 to 300 AER packets are mailed and processed per month.

Using the same method as Healthy Families, Healthy Kids currently reports a retention rate of 66 percent, meaning that 66 percent of enrolled children retain coverage for one year. Based on AER packets sent out, SFHP retains 76 percent of Healthy Kids members who receive an AER packet. Recent reports suggest that the retention rate is closer to 60 percent today for both Medi-Cal and Healthy Families.

Chart 1 shows Healthy Kids enrollment by month over the last year.

[5] Finocchio, L, Horner, D., Lazarus, W., Testa, K., and Richards, J. *Children Falling Through the Health Insurance Cracks.* A publication of the 100% Campaign, a collaboration of Children Now, Children's Defense Fund, and The Children's Partnership, Jan. 2003: p. iv.

Chart 1 - Healthy Kids Enrollment
April 02 - May 03

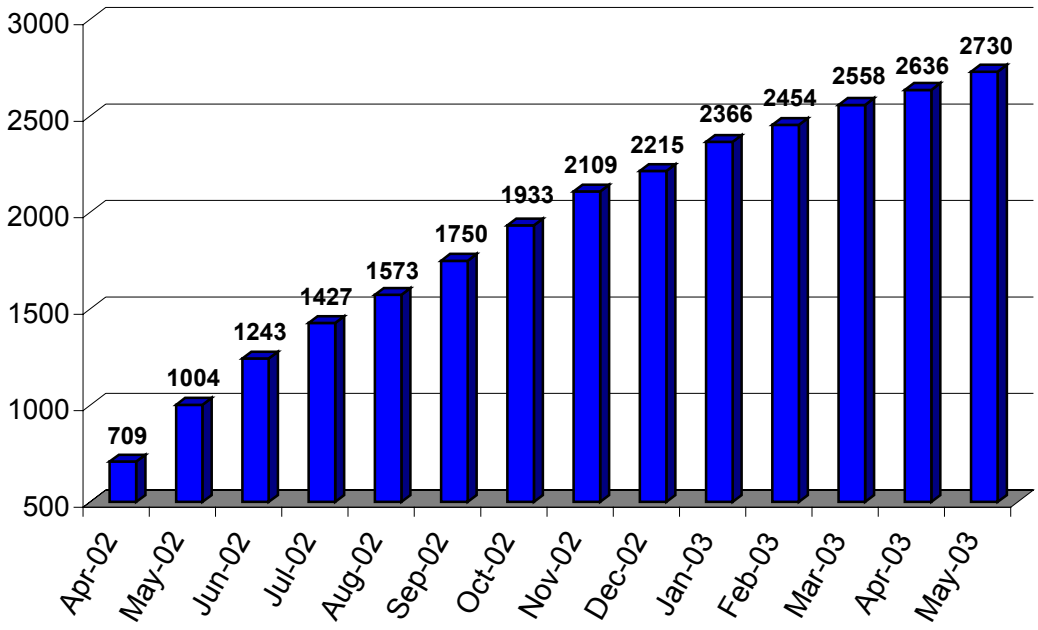


Table 13 below shows detail on Healthy Kids disenrollment, including the reason for loss of coverage. The AER process began on February 1, 2003, the date at which the first group of children reached one year of enrollment in the program. Because families are not required to submit any information to reassess eligibility for the program within a year, it will be during the AER process that the most children and youth lose eligibility. In fact, the majority (85%) of disenrollments occurred at this time, with 325 children and youth losing eligibility during AER in the last four months. The AER disenrollments in May were higher due to a higher volume of families renewing at this time.

Reasons that a Healthy Kids member would lose eligibility before AER time include reaching an ineligible age, moving out of county, non-payment of premium, obtaining other coverage or voluntarily disenrolling. The most common reason for disenrollment during the year is non-payment of premium, representing 57 children or youth in the past year. However, this represents only 12 percent of last year's disenrollments. Because the Healthy Kids program offers a premium assistance program, SFHP assumes that the majority of members disenrolled for non-payment of premium is actually due to moving out of county and not notifying SFHP.

Table 13 – Healthy Kids Disenrollment by Month

	Age Out	Move Out	No Payment	Dual Coverage	Voluntary	AER	Total Disenrolled
May 2002	2			1			3
June							0
July							0
August	4	2	3				9
September	1	4	5	9	2		21
October	1	4	7	2			14
November	9	0	15	2			26
December	2	2	7	0			11
January 2003	3		3				6
February	5	11	1	2		71	90
March	5		4	2		69	80
April	4	7	3	3		74	91
May	3		9			111	123
Total	39	30	57	21	2	325	474

Table 14 shows more detail regarding the Healthy Kids AER process. The majority of families experience no problem during the AER process, with 654 of the 966 enrollees (68%) experiencing on-time approval. A very small number of enrollees are denied outright. Table 14 also illustrates that a significant number of enrollees initially lost for no response are reinstated to the program later. Though May has a small number of reinstatements, this number will continue to increase in the near future.

Table 14 – 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
Feb 03	247	177	2	43	45	25	202	82%
March	210	133	8	45	53	24	157	75%
April	212	150	5	46	51	11	161	76%
May	297	194	2	80	82	21	215	72%
Total	966	654	17	214	231	81	735	76%

According to the 100% Campaign the following reasons that children may lose coverage include:

- The coordination and transition between insurance programs often fails. There are a number of scenarios that are difficult for families to manage, for example the household income may change frequently, children in the same family may be enrolled in different programs, etc. Moving among programs is made especially complex since each program is administered by a different entity.
- The renewal system is complex. Though efforts have been made to simplify the renewal process, completing the renewal process can be perceived by families to be as complicated as the initial application process.
- Paying premiums can become difficult for families. Though premiums were designed to be affordable, families may have unexpected financial hardship, forget to send in the check, not receive the bill, or the program does not receive or loses the payment.
- Communication with families is not always effective. Some children lose coverage because families did not receive or understand notices sent to them.
- Use of insurance services may enhance chances of renewal. Initial observations show that children who use services are somewhat more likely to remain enrolled.

The 100% Campaign makes a number of recommendations to improve the system in these five categories. AB 1163 (see summary in the Pending Legislation Section) is one attempt by the group to remedy some of these problems and promote retention statewide. On a local level, community-based organizations can be an important link in helping to keep families appropriately enrolled in these programs. Unfortunately, the infrastructure that existed to support community-based agencies to do this work is quickly becoming a casualty of State budget cuts.

IV. 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 15 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 the largest percentage (38%) of members compared to any other medical group working with SFHP.

Table 15: SFHP Medical Group Enrollment

	Medi-Cal	Healthy Families	Healthy Kids	Total	Total by Percent
Community Health Network	10,876	1,461	1,638	13,975	38%
St. Luke's Medical Group	5,618	439	349	6,406	17%
NEMS Medical Group	3,173	2,128	249	5,550	15%
Chinese Community Health Care Association	2,802	1,507	332	4,641	13%
UCSF Medical Group	3,466	223	163	3,852	10%
Kaiser	2,652	*not offered*	*not offered*	2,652	7%

Table 16 shows membership (including Medi-Cal, Healthy Families and Healthy Kids) among the CHN providers by type of practice. As of May 2003, CHN had a total of 21,420 members (all health plans), and 10,210 (48%) were under 19 years old.

Table 16: CHN Members 0-19 Years Old by PCP Location

	Enrollees 0-19 years old	Percentage
Hospital-Based Clinics	4,186	41%
DPH Community Clinics	2,790	27%
Consortium Clinics	2,498	24%
Affiliated Providers	736	8%

V. Outreach, Enrollment and Retention Efforts

A. State Efforts

As noted, the plan to dismantle the outreach, enrollment and retention efforts supported through the State is moving forward. Although one can still see occasional advertising for Healthy Families and Medi-Cal for Children on the sides of buses and in some publications, this represents the last bits of funding allocated in the current fiscal year. This is not set to continue into the next fiscal year, as the entire outreach budget is gone. Any and all efforts will fall to counties and community-based organizations, which are facing their own budget crises.

B. Local Efforts

1. Building a Healthier San Francisco

Building a Healthier San Francisco (BHSF) is a coalition of the City's non-profit hospitals, the Hospital Council, community-based organizations, foundations, and City departments (DPH, DHS) whose primary focus is the every-three-year community needs assessment required of non-profit hospitals in California under SB 697. In 2000, BHSF began the "Getting Children Insured" project, including raising $90,000 from local foundations and the members of the Hospital Council. Working through SFHP and later through California Pacific Medical Center, BHSF attempted to work with the San Francisco Unified School District to enroll all eligible students in the district into Healthy Families or Medi-Cal (and later Healthy Kids). Due to a series of difficulties (inability to recruit sufficient school district staff, difficulties scheduling a State-sponsored Certified Application Assistant training program), BHSF dropped its efforts to enroll children directly, and contracted with the Bringing Up Healthy Kids (BUHK) coalition in 2002, which has as a primary mission the enrollment of children into publicly sponsored health insurance programs. With the $36,000 of the remaining of the original $90,000, BUHK was able to: 1) provide application assistance to 566 families, including 734 children; 2) contact 212 families 60 days after application assistance to confirm enrollment and discuss access to medical, dental, and vision services; 3) educate 176 families six months after enrollment; and 4) provide re-enrollment assistance for 192 families 11 months after enrollment.

2. Bringing Up Healthy Kids (BUHK) Coalition

BUHK is a public-private partnership, which includes providers, government entities (including DPH), health advocates and social service agencies. The Coalition strives to ensure the health and well-being of San Francisco children, youth and their families by advocating and promoting: (1) health care coverage, and (2) 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.

The outreach program is known as the Family Centered Collaborative and involves several community-based organizations, which provide outreach, enrollment, advocacy and retention services. In the past, when the Family Centered Collaborative was fully funded there were five organizations involved 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. In FY 2002-2003, because of budget cutbacks, BUHK lost a $250,000 CA DHS contract. The BUHK contract was one of 66 community and school-based organizations throughout California that lost contracts at this time. During this year, BUHK has been working hard to secure funding to continue its work in

an extremely competitive environment. Funding has come in the form of one-time only grants much smaller in scope than the State grant, but has allowed BUHK to continue outreach, enrollment and retention efforts through MNHC and NICOS. In FY 2002-2003, BHSF and the United Way donated $36,000 and $50,000 respectively to fund these efforts for all programs, while SFHP donated $50,000 toward Healthy Kids outreach, enrollment and retention efforts.

BUHK accomplishments include:

- Application assistance for 3,322 families (including Medi-Cal, Healthy Families and Healthy Kids) for new membership from March 2000 through December 2002. Applications for these families include, on average, 1.4 individuals (meaning that these applications would represent 4,651 individuals). Primarily these are children or teens, but in some cases parents are eligible to apply for Medi-Cal.
- Sixty-day follow-up for 317 families between July 2001 and December 2002. At this time the Application Assistant determines if the child/family was successfully enrolled in health insurance and checks to see if they require additional support and education.
- Six-month follow-up for 229 families between July 2001 and December 2002. At this time the Application Assistant determines whether families are accessing health care services. They discuss the use of preventive health care, choosing a primary care provider, and encourage families to make and keep an appointment for well-child or other visits.
- Eleven-month follow-up for 310 families between July 2001 and December 2002. This reminds families of their need to re-enroll in their health insurance program(s) and to offer assistance in completing the required forms. According to a recent study by the Managed Risk Medical Insurance Board (MRMIB), 73 percent of families surveyed wanted assistance with Healthy Families' Annual Eligibility Review (AER) form.

BUHK is continuing to meet monthly and to seek funding sources. If sufficient funding is found, there are additional organizations interested in helping with these efforts. There is hope that in the future BUHK could support more organizations working in more neighborhoods, as it is currently and for the foreseeable future limited to NICOS in Chinatown and MNHC in the Mission.

3. County Outreach, Retention and Enrollment (CORE)

CORE is a two-year project supported by UCSF and the Lucille Packard Foundation involving six California counties working together to streamline their enrollment and renewal systems for Healthy Families and Medi-Cal. The project counties include Alameda, Merced, San Francisco, San Mateo, Santa Cruz and Stanislaus. CORE utilizes a Quality Improvement method to describe county processes, identify improvement opportunities, and redesign procedures to produce desired results and meet customer needs.

Specifically, counties were given the opportunity to focus on one or more of the following topics: the re-enrollment process, ensuring complete applications, and providing quality information to clients about accessing health care. San Francisco opted to focus on the re-enrollment process as it impacted Medi-Cal clients, and the CORE team consisted of five members from the local DHS and DPH.

The county teams were trained in a specific Quality Improvement system. Through this learning process, the teams were expected to develop and implement a pilot process improvement that would

be reasonably expected to improve re-enrollment rates for Medi-Cal. San Francisco's improvement process resulted in a reminder card sent by the DHS to parents of children enrolled in Medi-Cal. Brightly colored, the card notifies recipients in Spanish and English that Medi-Cal coverage will expire in the next month "unless [they] act." In easy-to-understand language, it lays out the easy steps to renew and encourages families to let their Medi-Cal Eligibility Worker know if they move or change phone numbers. A central phone number is provided. The card is mailed in a large size envelope that reveals nothing about its contents in order to preserve confidentiality. In October 2002, approximately 572 cards were sent to families. Though DHS was unable to track results specific to the reminder cards, they have anecdotal reports from eligibility workers that received many calls regarding the reenrollment process, and also received a number of postcards back with address corrections. This allows the staff to update records, meaning that more reenrollment packets will reach families at the correct address.

4. San Francisco Health Plan Efforts

With the funding of Healthy Kids in FY 01-02, SFHP began outreach and enrollment efforts, particularly for the Healthy Kids program, but also as part of a message of "universal coverage for all children," thereby enrolling children into Medi-Cal and Healthy Families as well as Healthy Kids. In the 02-03 fiscal year to date, SFHP has been pursuing a number of outreach avenues, including:

- Outreach in the schools as the new school year began. During open enrollment for new and transferring students to the SFUSD, families were coming to the SFUSD site to enroll children in school. During the long waits for school enrollment, SFHP was present to enroll or set-up appoints to enroll children into health insurance. A total of 143 children (53 Medi-Cal, 17 Healthy Families, and 73 Healthy Kids) were enrolled. School-based efforts have also included outreach during "Back to School Nights" at 18 schools and inclusion of SFHP written materials in packets distributed to parents.

- Facilitation of the Request for Information (RFI) process. In the spring of 2003, SFHP took the lead to facilitate the RFI project through the SFUSD. The RFI is a form, translated into Chinese and Spanish, that instructs families to complete and mail back the form in a postage-paid envelope if they are interested in receiving information and help applying for free or low-cost health insurance. Children (and when eligible, parents) are then enrolled in low or no cost health coverage programs, including Medi-Cal, Healthy Families, Kaiser Cares for Kids, and Healthy Kids. The response rate so far has been low (0.6%), however it may be too early in the process to evaluate the outcomes of this effort. BUHK's Family Centered Collaborative first conducted this process in March of 2000, and continued for two subsequent school years until the Collaborative lost its funding this year. RFIs are generally given to all school children (approximately 65,000 elementary, middle and high school children and youth) with instructions to take them home for their parents to review. SFHP, a BUHK member, took the lead on the project for the 2002-2003 school year, and is working collaboratively with other BUHK agencies to provide the follow-up application assistance for families.

- Media coverage through newspapers, television, radio, and the Internet. Newspaper coverage has included *The Bay View, New Mission News*, *Sing Tao*, *Chinese Times*, *International Daily News*, *World Daily*, San Francisco *Chronicle*, and San Jose *Mercury News*. Television coverage has included stories on KTVU (Channel 2 – Fox), KGO (Channel 7 – ABC), Channel 26 Public Affairs Show, and Univision's morning show, "Encerentro en la Bahia." Radio coverage has included KGO AM 810, KCBS AM 740, KQED FM 88.5, KEST AM 1140, KVTO AM 1400, KFOG FM 104.5, Sincoast Radio, Radio Unica, and

Sing Tao Radio. Internet coverage has included *Dental Economics*, *Financial Times Online*, *CBS Market Watch*, and *CNet*.

- Community events throughout San Francisco. SFHP has participated in a number of community events, including a community BBQ with Supervisor Sandoval, "Healthy Sunday" health fair in Bayview-Hunters Point, the Chinatown Moon Festival, Young Women's Health Conference at Civic Center, weekly tabling at the Maxine Hall Health Center Black Infant Project, enrollment events at Silver Avenue Health Center, and a number of health fairs (Treasure Island, Tenderloin, Chinatown, San Francisco State University).
- A relationship with the Mexican Consulate. The goal is to create a seamless process for the Consulate to identify uninsured Mexican nationals and provide them with information on health insurance during the process of receiving their Mexican ID (Matricula Consular).
- One-year anniversary events held in January in Chinatown and the Mission. Overall, 232 children were assisted with applications at these two events.
- Participation in the national "Cover the Uninsured Week" the week of March 10, 2003. In addition to participating in many of the week's events, SFHP co-sponsored and coordinated an enrollment event on Sunday, March 16 at St. Anthony's Church in the Mission.

5. San Francisco Children & Youth Health Advisory Committee

When First Five San Francisco Children and Families (Proposition 10) Commission proposed funding to SFHP for implementation it asked SFHP to convene a provider advisory group to review health services, coordination among these services and the barriers faced by families. Jean Fraser, SFHP's Chief Executive Officer, and Barbara Garcia, Deputy Director at the Department of Public Health (DPH) became co-chairs of this committee, which had its first meeting in July 2002. The group consisted primarily of health care providers who work closely with low-income children and youth in San Francisco and DPH employees.

The Institute of Medicine defines access as "*the timely use of personal health services to achieve the best possible health outcomes*." Using access as a framework, the group examined various types of health services, identified the problems with access to these services and made recommendations on ways to reduce or remove them. In the first meeting, it was agreed that the meeting topics would be as follows:

- Oral Health Services
- Pharmacy (i.e., specifically as it relates to CCS)
- Mental health and substance abuse
- Developmental assessments
- Case Management
- Nutritional Counseling and Obesity

The final report explores the challenges and lists the recommendations made by the Children & Youth Health Advisory Committee at monthly meetings between July 2002 and February 2003. It is

in its final stages and will be presented to SFHP's Governing Board in June and will also be scheduled for the Health Commission's Community Health Network Joint Conference Committee.

VI. Quality Assurance

A. Healthy Families Consumer Survey

MRMIB conducted its third annual consumer survey in the fall of 2002. A total of 24,304 families were mailed surveys in five languages. The response rate for SFHP was 54.4 percent, lower than the statewide average of 65.1 percent. (All of the other Healthy Families health plans were also surveyed, but local detail is not available.) For SFHP 1,050 families were mailed surveys in the following languages:

- Chinese: 634
- English: 213
- Spanish: 199
- Vietnamese: 2
- Korean: 1

A ten-point scale was used for the questions. The study found that at least 80 percent of families statewide rated their health care, health plan, personal doctor and specialist an 8, 9 or 10. The highest positive ratings were given for "How Well Doctors Communicate" at 88 percent. The lowest positive responses were for "Getting Care Quickly" at approximately 70 percent. The majority of families (81%) gave high ratings to the health care received through the Healthy Families program.

For the second year, families were asked about their satisfaction with dental care received through Healthy Families. Between 65 and 75 percent of families rated their dental care, dental plan, personal dentist and specialist and 8, 9 or 10. The highest score achieved was 81 percent for "How Well Dentists Communicate." The lowest was for "Customer Service" at 51 percent.

B. Healthy Kids Member Satisfaction Survey

"The Healthy Kids program is the glue that holds my children's health together." –a Healthy Kids parent

"[Healthy Kids] relieves us from the biggest fear. I am very impressed and touched by the high quality of the doctors. Thank you very much for your organization and the excellent services that your agency provide." –a Healthy Kids parent

In March and April 2003, SFHP conducted its first Healthy Kids Member Satisfaction Survey to evaluate both member satisfaction with its newest program and areas that need improvement. Members who were active from February 2002 to December 2002 were grouped by household and included in the survey. A total of 1,471 surveys were sent in English, Spanish, and Chinese, based on the primary language of the household. A total of 495 responses were received for a response rate of 34 percent. No material incentives were provided to answer the questions and return the survey.

A complete copy of the Member Satisfaction Survey Results is attached (Attachment A). Highlights include:

- 98% of respondents said it was easy to enroll their child(ren) in Healthy Kids.
- 96% of Healthy Kids members who had visited a doctor or clinic since joining were happy with the services they received.
- 90% who visited a dentist and 83% who visited an eye doctor were happy with the services they received.
- 96% of Healthy Kids members who called SFHP for assistance received the help they needed.
- 81% of respondents said they enrolled their child(ren) in Healthy Kids because they could not afford to pay for medical services on their own.
- 39% of children were without health care coverage for a year or more before enrolling in Healthy Kids. That number is 48% among Spanish-speaking respondents. We believe these relatively low rates may reflect confusion surrounding the CHDP program, which covers well child visits, but does not provide comprehensive health insurance.
- 70% of parents of Healthy Kids members currently have no health coverage. Among Spanish-speaking respondents, that number is 85%.

Among the concerns identified by respondents include:

- The need for expanded coverage, particularly to parents of its members.
- Improved wait times for medical appointments.
- Expansion of the provider network and hours of operation.
- Expansion of the dental provider network.
- Revision of SFHP member materials to improve communication with members.

C. HEDIS Rates

The main way health plans evaluate the quality of care members receive is through the Health Plan Employer Data Information Set (HEDIS). Each year, SFHP studies its HEDIS results to see if it is effective in delivering key primary and preventive services. In the areas where SFHP has made an effort to improve, it uses HEDIS rates to evaluate its work. At the same time, SFHP looks at its data for trends by medical group, language and ethnicity. Some of the 2002 findings and activities include:

- In its 2002 HEDIS report, which measures rates using data from 2001, SFHP saw a 15% increase in Medi-Cal rates for "Combo 1" childhood immunization rates and a 22% increase in the more demanding "Combo 2" rates. However, efforts to promote appropriate use of asthma medications did not yield positive results. The rate for adolescent well visits remained low, supporting SFHP's decision to provide a member incentive to encourage teens to see their doctor.
- SFHP saw a decline in well-check and access measures that seemed to be linked to what is called the "CRMS effect." In 2002, SFHP used new software, called CRMS, for HEDIS measurement. Some of the administrative data that CRMS used to determine

rates were miscoded. SFHP expects to see a rebound in its HEDIS 2003 rates, as it gets better at using the CRMS software.

- For the first time, SFHP created HEDIS data profiles for individual providers and clinics. When presented at the NEMS Joint Administrative Meeting and the CHN Operations meeting, SFHP found that the profiles generated an interest in HEDIS rate improvement and created awareness of HEDIS specifications, especially the importance of the accuracy and completeness of encounter data.
- The SFHP Governing Board made improving HEDIS rates one of the Plan's strategic goals for FY 2003 and 2004, and dedicated funds to support HEDIS rate improvement projects.

Charts 2 and 3 below show select HEDIS rates for SFHP for Medi-Cal and Healthy Families comparing 2001 rates with 2000 rates and the statewide averages for each program. Because Healthy Kids is such a new program, HEDIS rates for that program will not be available until late 2003.

A complete copy of SFHP's Quality Improvement Program Evaluation 2002 is attached (Attachment B).

Chart 2: Medi-Cal HEDIS Results

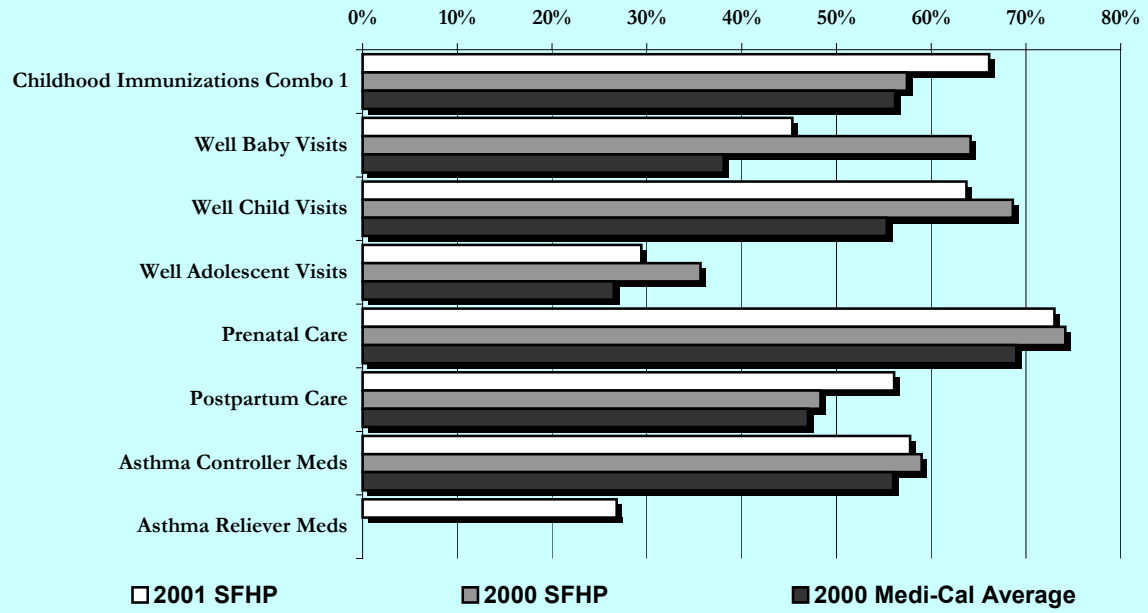
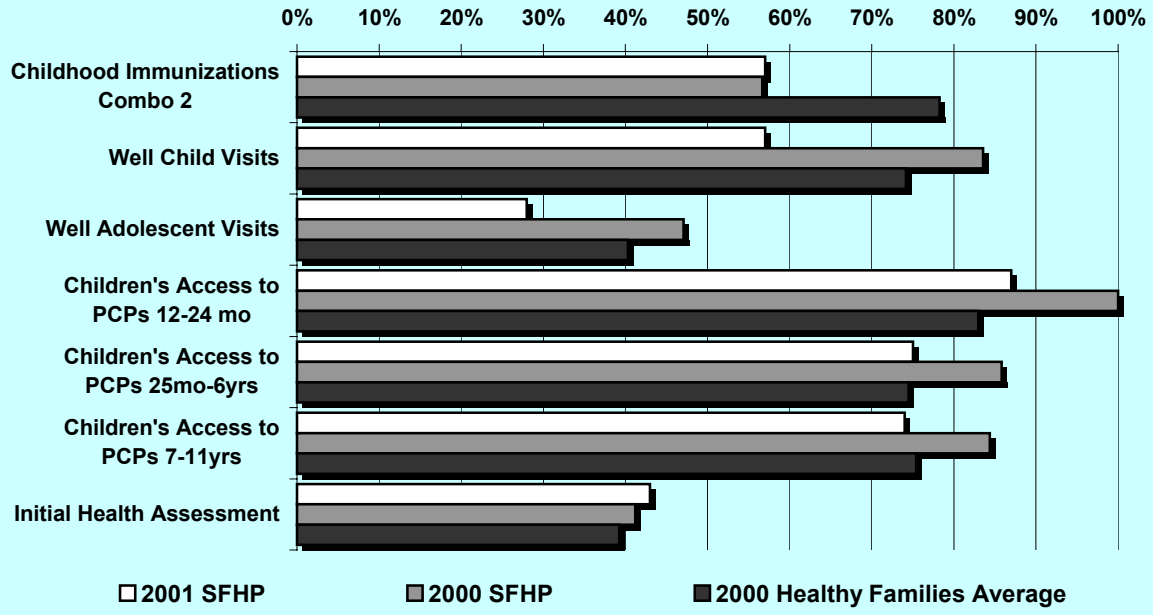


Chart 3: Healthy Families HEDIS Results



VII. Challenges and Next Steps

A. Funding

For Medi-Cal and Healthy Families, cuts in the State budget will have significant effects for programs and enrollees locally. As noted in the budget section, above, despite his commitment to protect health insurance programs for children, the Governor proposes to reduce the Medi-Cal reimbursement rate by as much as 15 percent, and has eliminated all funding for outreach for both Medi-Cal and Healthy Families. While the City and County of San Francisco strongly opposes those cuts, it is unclear how successful those efforts will be, and what cuts these programs may face in FY 2004-05 as prospects for that budget cycle are equally gloomy.

With Healthy Kids, for the current and prior fiscal years, San Francisco City and County General Fund has entirely supported this program. While we expect that General Fund will constitute the lion's share of ongoing funding for Healthy Kids, First Five San Francisco Children and Families Commission has committed a total of $860,000 over FYs 2003-04 and 2004-05 in premium support for the 0 to 5 population, and we anticipate $350,000 to $750,000 in federal SCHIP funding through AB495. Both the Department and SFHP continue to seek additional funding, particularly through State and federal financial participation to support this program.

B. Outreach to Hard-to-Reach Populations

Because of the elimination of outreach funding all counties now face an even more significant challenge in seeing that children and youth are successfully enrolled and retained in the health coverage programs for which they are eligible. The Healthy Families CAA system was the infrastructure providing much needed enrollment and reenrollment services for eligible families. In

the last year, nearly 70 percent of the successful applications for Healthy Families were submitted to the State with the active assistance of a CAA. Over time CAAs throughout the community were trained to help with Medi-Cal and, more recently, Healthy Kids applications. Community-based agencies are best situated to reach many families, with the flexibility to visit parents at home or at work, at times most convenient for them. These agencies have the trust of their community and the necessary cultural and linguistic skills. Organizations are working together to secure funding to maintain the CAAs in community-based organizations to continue this work.

To a large degree, SFHP's outreach for Healthy Kids over the past 18 months has focused on undocumented kids. Because they represented the largest pool of uninsured children in San Francisco and are within identifiable communities (Latino and Asian), they were a logical first step to target. The next step, and one which is more difficult to undertake, is to market to children in families between 250 and 300 percent of poverty. Because these families are in all ethnic groups and in neighborhoods across the City, they are much more difficult target market to reach. Because eligible uninsured parents in this income bracket are working and paying taxes, they mistakenly equate all government subsidized programs with welfare or for the unemployed and disregard messages promoting low-cost insurance programs. SFHP has begun English television and newspaper advertisements, is working through the SFUSD to reach all parents, and is considering testing a targeted direct mail campaign to get the word out to higher income families.

SFHP recognized outreach to the African-American population as an ongoing challenge. Census data indicate that African Americans are moving out of San Francisco. While African Americans comprise a large segment of our member population for Medi-Cal, there are few African Americans enrolled in Healthy Families and even fewer in Healthy Kids. However, San Francisco's African-American communities have been a focus of outreach in the last year, including six enrollment events held in neighborhoods with a significant number of African-American residents, a weekly advertisement that appears in *The Bay View* newspaper, and targeting of all public schools.

C. Retention

Disenrollment for "avoidable" reasons (e.g., non-payment of premiums, incomplete paperwork, etc.) is a concern and should be minimized to the greatest extent possible. The Healthy Kids and Healthy Families programs have the best retention rates at this time. The Medi-Cal program appears to be the least successful program in retaining members. Though local data are not available, the statewide retention rate is estimated to be approximately 64 percent. Before twelve months of continuous eligibility was instituted (i.e., no quarterly status reports) the retention rate was less than 50 percent. To alleviate the budget deficit, twice yearly status reports are already set for implementation this fiscal year and quarterly status reports may be instituted after July. Though these status reports are only meant for adults, it is likely that entire families will be impacted and the retention rate will fall further. Local, community-based efforts will be needed to help counteract this situation.

D. HEDIS Scores

The Governing Board of SFHP made improving SFHP's HEDIS scores a strategic goal for the next two years, and has committed significant funds to this effort. SFHP has already seen increases in its HEDIS scores for 2002, although SFHP is not allowed to release scores until an audit is complete. SFHP's areas of focus for HEDIS improvement in 2003 are:

- Provider profiling to identify the lowest-performing providers. SFHP has already begun to visit those sites to inform the providers and offer technical assistance.
- Increasing the incentive to providers from $50 to $100 for each completed set of immunizations by age 2.
- Continuing to send reminder notices to families with children turning 6, 12, 15, and 18 months.
- Continuing the very well-received member incentive of movie tickets for adolescents who complete a well adolescent visit.
- Provider profiling specific to poor medication practices for asthmatics, with letters and ultimately visits planned to providers whose scores are low.
- SFHP also hopes to institute nearly real-time interventions during the year by monitoring the data as it comes in to SFHP and informing members and providers of opportunities to improve care and thus improve HEDIS scores.

E. Access

Clearly, access to services improves for insured children. However, this is not a perfect system. The Children and Youth Health Advisory Committee made twenty recommendations to improve access in the six areas it reviewed. Unfortunately, this comes at a time when funding is scarce. However, a subset of these recommendations does not require funding. Recommendations that do not require funding can be followed in the short term, while the other recommendations can be explored for future implementation. As noted in section VI., these recommendations will be presented to the CHN Joint Conference Committee at a later date.

As noted in the Healthy Kids Member Survey in Section VII., above, while families who utilized physician, dentist, and eye doctor services were overwhelmingly satisfied with the care they received, there were indications that access needs improvement including comments regarding wait times for medical appointments, expansion of the provider network and hours of operation, and difficulties locating participating dentists and eye doctors.

In recognition of the fact that merely providing health insurance does not guarantee timely health services, SFHP's Governing Board made increasing access to health services another of its strategic goals for 2003-2005. SFHP believes that its provider and medical groups have far more insight into where there are access issues, but they have no incentive to surface issues until there are realistic options to resolve them. Accordingly, SFHP has decided to fund medical groups or other providers based on proposals they submit about their access issues.

SFHP has already worked with First Five San Francisco Children and Families Commission to fund extra evening and weekend appointments for children (not just SFHP members) aged 0-5 at the SFGH Children's Health Center. This program began in July 2002 and has been a great success. Funding will continue through FY 04-05. Total funding for two years is $140,000.

SFHP has also dedicated an $800,000 settlement it received from the State Department of Health Services to a new Access Enhancement Fund. Some of the areas SFHP is hoping to fund are the costs of assisting a clinic to change to a same-day appointment system, additional providers to hold evening and weekend appointment hours, or the expense of recruiting additional specialists.

Proposals that remove physical barriers to care, such as accommodations for disabled patients, will also be considered. SFHP hopes to distribute the funds by the end of the year.

Finally, SFHP plans to review those medical groups and providers that have closed their panels to new members to determine whether the closure is appropriate.

> *"The children are healthy. My son could not see well at school. Now his grades have improved. I don't have to worry when they get sick because I can take them to see the doctor. I go to work feeling calm; we are all feeling less emotional more assured and stable" –a Healthy Kids parent*
>
> *"The program helps us live with confidence and dignity." –a Healthy Kids parent*