

## **Frequently Asked Questions about the Children's Health Initiative and Healthy Kids**

### **What is the Children's Health Initiative?**

The Santa Clara County Board of Supervisors, Working Partnership USA and People Acting in Community Together (PACT) have established the goal that 100% of the children residing in Santa Clara County have access to quality health care through comprehensive health insurance. To meet this goal, the Children's Health Initiative incorporates several major program components:

- Every child in Santa Clara County shall have real access to regular health care as a result of being insured;
- No uninsured child who is a resident of Santa Clara County, and whose parents have an income at or below 300% of the federal poverty level, shall be turned away from receiving health coverage.
- The Outreach Plan become a model 'best practices' program within the State of California, with program elements which include education of families on the appropriate use of their benefits and the health care system, and improvement of enrollment retention.

As currently designed, the Children's Health Initiative seeks to reach all uninsured children in Santa Clara County whose families have incomes at or below 300% of the federal poverty level (FPL). Through an extensive outreach and enrollment project, workers and volunteers will discuss the benefits of health insurance for children with families, evaluate the families' eligibility, and then assist the family in enrolling their child/children in the appropriate health insurance program (Medi-Cal, Healthy Families, or Healthy Kids).

The appropriate plan will depend upon on the child's age, residency status, family size, and income. Moreover, children within the same family may qualify for different programs. The following table demonstrates how these factors combine to determine eligibility in each program:

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**Children's Eligibility for Medi-Cal, Healthy Families & Healthy Kids**

Age	Income Limit as % of Federal Poverty Level (FPL)	Program Eligibility
< 1 Year	<200% 201-250% 0-300%	Medi-Cal Healthy Families Healthy Kids*
1-5 Years	<133% 134-250% 0-300%	Medi-Cal Healthy Families Healthy Kids*
6-18 Years	<100% 101-250% 0-300%	Medi-Cal Healthy Families Healthy Kids*

\* Children ineligible for Medi-Cal and Healthy Families ARE eligible for Healthy Kids up to 300% of FPL.

**What is Healthy Kids?**

Healthy Kids is the essential component in helping reach the goal of making health insurance accessible to all children in the County. Created by a public-private partnership which was formed for this purpose, it is a new, locally funded health insurance product designed to fill in the gap for those who do not qualify for the existing programs and are financially unable to purchase coverage.

Healthy Kids will function like any other managed health care plan; it is regulated by the California Department of Managed Health Care and will offer benefits and provider networks that are the same as those available through the Family Health Plan from the State-managed Healthy Families program. Benefits include:

- Complete medical coverage including preventive check ups,
- Specialist care,
- Inpatient and outpatient hospital services
- Mental health care,

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- Alcohol & drug treatment,
- Vision care,
- Dental care,
- Prescription coverage
- A 24-hour nurse advice line,
- Health education and many other services.

**Who is eligible for Healthy Kids?**

All children who are:

- under age 19;
- uninsured
- residents of Santa Clara County;
- families earn 300% FPL or less; and are
- ineligible for Medi-Cal or Healthy Families.

**Why create a 300% FPL ceiling?**

In the Santa Clara Valley the cost of living, particularly housing, is such that even 300% of poverty here is barely comparable to the 250% legislatively established for *Healthy Families* throughout the entire state. Moreover, it is believed that families earning over 300% FPL are more likely to have access to employer sponsored health insurance. As it is not the intent of this plan to replace health coverage currently being provided by employers for dependents, the 300% FPL ceiling seems reasonable.

In consideration of the aforementioned issues, Healthy Kids begins with an income limit of 300% of the federal poverty level. After experience and data has been gained, this income limit will be re-evaluated in light of the unique economic pressures within Silicon Valley. The high cost of living may well require that Santa Clara County establish its own "poverty level". Further study of those children above the 300% FPL limit who continue to be uninsured will lead to better understanding of how to best meet their needs. (Note: For a family of four, 300% of the federal poverty level equals an annual income of \$51,150.)

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**How do children qualify?**

Application Specialists will help families complete the application form. The family will provide proof of income and county residency. Annual requalification will be required to maintain coverage.

Recognizing the variability in employment status, a variety of forms will be accepted as proof of income. For example, families may provide copies of recent pay stubs or tax returns to demonstrate income levels. Or, in cases where such documents are not available, the family may submit a letter from the employer or agency through which they find work. Residency can be determined by school enrollment forms, canceled mail or any other usually accepted documents. Spot checks will be conducted to validate this process. In addition, certified mail and/or returned mail can help verify residency.

Upon completion of the application, families with children deemed ineligible for Medi-Cal and Healthy Families will help applying for Healthy Kids. Should the child qualify for Healthy Families or Medi-Cal, the family will be assisted, automatically, in applying for the appropriate program.

**How much does Health Kids cost?**

The total cost of Healthy Kids is \$87 per member per month for the initial fiscal year. Of that, the family's share of the premium will be from \$4 to \$6 per per child per month, with a maximum of from \$12 to \$18 monthly payment per family, depending upon income. (See chart, next page.) Families may pre-pay 3 months of their share of the premium and receive the fourth month free, or, pay for 9 months and receive the fourth quarter free.

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**FAMILY CONTRIBUTION CHART**

	<b>\$4 per child</b> up to maximum of \$12 per family.	<b>\$6 per child</b> up to maximum of \$18 per family.
	<b>Monthly Income</b> Up to 150% FPL*	<b>Monthly Income</b> 150% - 300% FPL*
<b>Family Size</b>	<b>Maximum Amount</b>	<b>Maximum Amount</b>
<b>1</b>	\$1,044	\$2,088
<b>2</b>	\$1,407	\$2,814
<b>3</b>	\$1,770	\$3,540
<b>4</b>	\$2,132	\$4,263
<b>5</b>	\$2,495	\$4,989
<b>6</b>	\$2,857	\$5,715
<b>7</b>	\$3,219	\$6,438
<b>8</b>	\$3,582	\$7,164
<b>9</b>	\$3,945	\$7,890
<b>10</b>	\$4,307	\$8,613

\*FPL = Federal Poverty Level

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In addition to the monthly family contribution to premium, there are co-payments for certain services (the same as Healthy Families):

<b>CATEGORY</b>	<b>TYPES OF SERVICES</b>	<b>COPAYMENT</b>
<b>Health Facilities</b>	All patient acute & Skilled Nursing (100 days) All Outpatient Services	No co-payment \$5 co-payment
<b>Professional Services</b>	Inpatient-based Office or home visit Visits for chemotherapy, dialysis, surgery, anesthesiology, radiation	No co-payment \$5 co-payment \$5 co-payment
<b>Preventive Services</b>	Visits for immunizations, periodic health exams, well-child visits, STD tests, cytology exams, family planning, vision and hearing tests, prenatal care, health education	No co-payment
<b>Diagnostic x-ray and Laboratory Services</b>	Therapeutic radiology services, ECG, EEG, mammography, other outpatient diagnostic laboratory and radiology tests	No co-payment
<b>Prescriptions</b>	Generic or name brand drugs Inpatient drugs and drug administration in a physician's office, as well as FDA-approved contraception drugs and devices	\$5 co-payment No co-payment
<b>Mental Health</b>	Inpatient limited to 30 days/year Outpatient visits up to 20 visits per year	No co-payment \$5 co-payment
<b>Drug and Alcohol</b>	Inpatient detoxification Crisis intervention and abuse treatment	\$5 co-payment \$5 co-payment
<b>Other Services</b>	Othoses, prostheses, medical transportation Physical, occupational, and speech therapy	No co-payment \$5 co-payment

Experience with Healthy Families shows that some families have a difficult time paying monthly premiums for insurance coverage however small it may be. For those families for whom the monthly share of premium is a barrier to enrolling their children into Healthy Kids, a separately operated Premium Assistance Fund has been established. Families may request this assistance through the Santa Clara Family Health Plan, which will evaluate the application based on family size, income, and extraordinary circumstances.

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Families qualifying for the Premium Assistance will not be billed their monthly share of premium for the remainder of their enrollment year. Those funds will be transferred to Family Health Plan by the United Way, which will manage this account. The Premium Assistance Fund will cover only the family's monthly share of premium payment.

Rather than disenrolling children automatically after two months of non-payment of the Family Contribution (current Healthy Families practice), Healthy Kids will "bill" the Premium Assistance Fund and try to contact the family to determine the reasons for non-payment. Should the family subsequently qualify for the Premium Assistance Fund, the payments will be made for the family. In those instances where non-payment is a choice, not the need for assistance, the children will be disenrolled from Healthy Kids.

**How is Funding Already Received To Be Used?**

The County's tobacco settlement funds will be used primarily to pay premiums for children. In the start-up phase of Healthy Kids, these funds also will cover development costs that are critical to the creation of Healthy Kids. These would include legal and consultant fees, information systems, design and printing costs, etc.

The Healthy Kids program will cost an estimated \$14 – 18 million annually. It is expected that Santa Clara County, City of San Jose, and Proposition 10 funds already received will leverage additional funds from private foundations, corporations, and individuals.

**What happens when enrollment exceeds resources?**

If the monthly reports on Healthy Kids' finances and enrollment indicate that enrollment will exceed resources, a waiting list will be created and enrollment closed while efforts are undertaken to increase funding. As soon as additional funds are secured, children can have their applications considered for enrollment in Healthy Kids – on a first come, first served basis.

**Who is going to administer Healthy Kids?**

The Santa Clara Family Health Plan will administer the Healthy Kids program, as it currently does for 63% of county residents enrolled in Medi-Cal (managed care) and Healthy Families. Additionally, the Santa Clara Family Health Foundation, has received a grant from the Packard Foundation to conduct the fundraising necessary to obtain full on-going funding for the program.

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The Santa Clara County Family Health Authority (d.b.a. Santa Clara Family Health Plan) is a fully licensed Knox-Keene health plan and is a public agency, formed pursuant to ordinance by the Santa Clara County Board of Supervisors on August 1, 1995. Family Health Plan is a public community health plan and offers the proven ability to administer health insurance plans with low-cost administration. The plan is subject to applicable Brown Act requirements.

Importantly, SCFHP has the ability to provide continuity of care as children move back and forth in eligibility between health plans due to changes in parental incomes. And as in the Healthy Families and Medi-Cal programs, all materials will be available in English, Spanish and Vietnamese. Moreover, the Santa Clara Family Health Plan's staff and network of providers speak over 35 languages.

As the Healthy Kids administrator, SCFHP will conduct the following duties:

- Application processing
- Eligibility determination
- Contracting with health care providers
- Oversight and maintenance of provider networks
- Claims and provider payments on behalf of enrollees
- Contracting with dental plan
- Contracting with vision plan
- Contracting for outreach and education services
- Funds administration
- Premium billing
- Family contribution collection
- Notification of families of failure to pay premium/hardship process
- Tracking hardship fund payments
- Coordination of evaluation activities
- Fraud detection and resolution.

**Why choose the Santa Clara Family Health Plan?**

The SCFHP met all of the criteria for administration of the Healthy Kids program as stated in the Children's Health Initiative concept paper, and approved of by the Board of Supervisors on October 4, 2000:

- Ability to administer
- Ease of administration/core business functions being prepaid health care
- Public accountability
- Experience

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- Continuity of care between Healthy Families, Medi-Cal and Healthy Kids
- Low cost of administration
- Locally based

SCFHP has responsibility for managing revenue from the state and federal government (through Medi-Cal and Healthy Families) and has its operations audited annually by the California Department of Managed Care, the state Department of Health Services, the federal Health Care Financing Administration, and the Board of Supervisors' external audit firm. Each has determined SCFHP's sound fiscal management. As a public entity, SCFHP is subject to the Brown Act, conducts its business in public and has all of its records open for public inspection. Moreover, the Board of Supervisors appoints each of the members of the SCFHP Board of Directors -- of which two are seats reserved for County Supervisors.

The Santa Clara Family Health Plan is a culturally competent provider of health insurance services: The Healthy Kids network will be made up of more than 2,100 doctors and clinics, 9 hospitals and more than 170 pharmacies located throughout Santa Clara County.

In addition, a Community Oversight Board will be created to help oversee and hold SCFHP accountable to the public for the Children's Health Initiative and Healthy Kids product. This thirteen-member board will be created along with the start of Healthy Kids. Membership will represent the community and contributors:

- 1 member of Working Partnerships USA
- 1 member of People Acting in Community Together (PACT), a community-based organization
- 1 representative from Santa Clara County (elected official, preferably)
- 1 representative from the Children & Families First Commission
- 1 representative from the City of San Jose
- 2 parents of consumers
- 1 representative of labor
- 1 medical professional
- 1 representative from the business community
- 1 representative from schools (superintendent)
- 1 clinic/hospital representative
- 1 expert in health care evaluation and research

**How will Healthy Kids be implemented?**

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Enrollment for Healthy Kids began on January 2, 2001 and coverage on February 1. Assumptions are that approximately 4,500 children will enroll during the remainder of FY 2001, and in FY 2002, enrollment should increase to 5,700.

Because the SCFHP is a fully operational health plan, it is able to absorb the influx of this new activity and means that Healthy Kids will ramp up very quickly. The plan cannot start until approved by the State Department of Managed Health Care, which has notified the SCFHP that it anticipates meeting the above schedule.

**What's the benefit to the community?**

Perhaps the benefit to the community is best stated by the Institute for Health Policy Solutions in its report to the Packard Foundation, *"Background Data and Models for Expanding Health Insurance Coverage to Uninsured Children in Santa Clara County"*

"Children's access to health insurance and health care are important determinants of better health outcomes and readiness to learn. A regular source of care is particularly important for children in assuring that appropriate preventive services are provided, acute and chronic conditions are diagnosed and treated in a timely manner, and that children's development is adequately monitored. Furthermore, children's regular access to preventive services can decrease their need for emergency and specialized services."

In other words, providing health coverage to children is the morally, medically and financially right thing to do.

**What about governmental matching funds?**

Once operational, and during the first 18 months, there will be an exploration of available federal/state matching funds. Matching funds for premiums were not pursued at the outset due to the aggressive start up time frame of this Initiative. Matching funds for outreach are currently being used and will be actively sought on a continual basis.

**Why is outreach important?**

Health care plans and benefits, and the health care delivery system in general, are complicated, intimidating, and are known primary barriers to parents seeking and obtaining health insurance for their children. As such, a goal of the Children's Health Initiative is to reduce parents' fears and confusion by deploying a cadre of Application Specialists throughout the community who are highly trained and skilled

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in the arts of communication, information dissemination, and building trusted relationships with enrollees and the community-at-large.

A January 2, 2001 timeline may be perceived by some as ambitious for launching this comprehensive outreach effort. However, kids need coverage now, which is the purpose of establishing an aggressive start date. Using existing and successful practices currently utilized within the County, and calling on established trusted relationships to move forward with Plan activities will enable us together to meet the goals of the Children's Health Initiative.

**How will we develop a new and expanded approach to outreach?**

The Medi-Cal/Healthy Families Advisory Committee (Advisory Committee) is a collaborative of county-wide stakeholders that have conducted investigations and gathered information in the areas of outreach and enrollment best practices, barriers to enrollment, public awareness campaign strategies, retention of members, and training of personnel. Advisory Committee membership includes, but is not limited to, representatives from following agencies: Santa Clara Valley Health & Hospital System (SCVHHS), Santa Clara County Social Services Agency (SSA), Santa Clara Family Health Plan, Alum Rock Union School Districts, Working Partnerships, Community Health Partnership, People Acting in Community Together, Packard Foundation, and The Health Trust.

Successful identification and enrollment of all eligible children into a health insurance program will include 1) continuous communication and planning between SCVHHS Valley Community Outreach Services and the Social Services Agency, to ensure a fluid coordination of the County's application process for enrollment, 2) developing a coordinated set of county-wide outreach activities to prospective enrollees, 3) providing comprehensive and dedicated assistance with the complex application process by trained professionals, including beneficiary education to promote appropriate health system utilization, and 4) creating a policy to streamline the processes necessary to provide continuous coverage for children as their family's eligibility criteria changes over time.

In conjunction and partnership with our outreach efforts, the Social Services Agency will be performing an Agency-wide analysis of its existing Medi-Cal eligibility practices. There are a number of entry points within the application process that have proven to hold barriers for many eligible residents. Any opportunity to enroll an applicant into a program that becomes frustrating or unnecessarily burdensome is a potential missed opportunity to get a child enrolled for health care.

Keeping that in mind, a consultant effort is underway to conduct an overview of Social Services Agency operations and data collection processes, to improve the application process for applying through the SSA. The Social Services Agency, the

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Health and Hospital System, and the Santa Clara Family Health Plan are co-sponsoring the activities of the consultant, for the following purposes:

- To ensure that when Medi-Cal applicants are found ineligible, SSA staff will refer will them to an Application Specialist for enrollment into one of several available programs.
- To develop a basic pre-screening questionnaire for Medi-Cal eligibility, to be used by Application Specialists, to maximize the use of everyone's time in the application process.
- Develop a plan to implement new processes, including a timeline for system-wide changes.

While our outreach plans are being developed, Valley Community Outreach Services program staff will:

- Ensure immediate efforts are coordinated with all other stakeholders;
- Establish and implement a core set of training materials and modules, as well as a specialized set of trainings relative to job specification, including, but not limited to areas of: managed care system, cultural competence, available resources, understanding the various insurance programs, understanding the SSA system, and understanding their assigned milieu, computer and various technologies training, communication skill building;
- Be deployed to school sites, the safety net of community clinic providers, and to Valley Medical Center and associated Health Centers;
- Serve as the 'single-point-of-contact' for prospective enrollees, to, screen and assess enrollees, assist prospective enrollees with the application process, triage and refer to appropriate program, provide education about application materials, support enrollee in obtaining required documents, when appropriate submit application, provide follow-up support for status of application, provide information and resources for future contact with VCOS program, staff the 1-800 telephone for inbound calls (and outbound when needed).
- Track and monitor staff performance and enrollment outcomes including implementing a centralized system to capture, track, analyze, and report outreach and enrollment data.

**What outreach efforts have already occurred?**

Throughout Santa Clara County there currently are a variety of outreach and enrollment efforts underway, performed by different agencies and stakeholders targeting and enrolling children and families. In June of 2000, the Board of Supervisors approved additional Valley Community Outreach Services (VCOS)

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staff, that are dedicated to performing countywide outreach and application assistance activities. Those activities have included:

- Community Clinics: Gardner Family Health Network, CompreCare, Indian Health Center, Planned Parenthood, MayField Clinic, Mountain View.
- Valley Health Centers: East Valley, San Martin, Bascom, Silver Creek, and Fair Oaks.
- Schools: Gavilan College, Head Start, Sherman Oaks, Columbia, Miller, Burnett, Erikson, James Lick.
- Social Services: Assistance Application Center, Gilroy Offices.
- Community Centers: Mexican Heritage Corporation, Columbia Neighborhood Center, Family Resource Center, Head Start of Gilroy.
- Shopping Center: Mi Pueblo.
- Faith-based Organizations: City Team Ministries, Sacred Heart Community Center.

**Why is retention so important?**

The success of this outreach plan will ultimately be measured by the success of retaining its members and increasing utilization of care as outlined by the Children's Health Initiative efforts. Santa Clara County Children's Health Initiative will stand alone as a best practice model for achieving healthier communities by retaining our children and families within a health program once they are successfully enrolled. The uniqueness of our plan stems from 1) addressing the specific needs of the uninsured in our County, 2) providing the administrative continuity required to eliminate barriers to continuous coverage for each child, 3) educating enrollees on how to proactively utilize the health care delivery system, and 4) providing the commitment and resources necessary to deploy a highly trained and effective application assistance team.