

First 5 Commission of San Diego

June 29, 2009

Feedback to the Commission on the Strategic Plan: Healthcare Access (HCA)

The Commission's Healthcare Access Initiative (HCA) provides outreach, enrollment, retention and utilization of health insurance countywide. The target population is children ages 0-5 and pregnant women. HCA's goals include:

- Increase and retain enrollment of eligible children and pregnant women in MediCal, Health Families and AIM;
- Link enrollees to a medical home;
- Support appropriate utilization and reduce unnecessary ER usage;
- Alleviate barriers to services.

Children/Pregnant Women Served & Fiscal Data (FY 04-08)

	5 months	YR 1	YR 2	YR 3	YR 4	
Activity	03/04	04/05	05/06	06/07	07/08	GT
Families outreached	13,100	84,266	144,312	148,311	130,426	507,315
Children Assisted	1,172	12,843	16,624	13,654	13,366	56,487
Children enrolled	752	8,008	11,541	11,777	9,210	40,536
Pregnant women enrolled	277	3,836	4,185	3,421	3,352	14,794
Total funds expended	\$587,830	\$2,933,457	\$3,494,065	\$3,087,583	\$3,043,279	\$13,146,214

A total of \$6,175,076 has been allocated for HCA for FY 08/09 and 09/10 (\$3,087,538/year), bringing the total investment to **\$19,321,290 since 2004**.

HCA Outcomes (FY 2007-2008)

	HCA	County Comparison
Child visited doctor in last 12 mos	99%	94%
Child has a medical home	99.6%	91.2%
Child visited emergency room in last 12 mos.	7%	21.8%
Maintaining health insurance	96.4% at 6-12 mos.; 94.7% at 12-18 mos.	62% at 13 months

Effects of Current Economic Environment on Healthcare Access

Local – Funding for the County's health insurance enrollment program (SD-KHAN) has been reduced for FY 09/10 limiting its services to follow-up on application assistance referrals.

State - Currently facing a \$24 billion budget deficit. Proposed cuts:

1. **Elimination of Healthy Families Program (HFP)** The State proposes to cut the HFP to save \$400M annually.
 - **Impact: A loss of \$800M in federal matching funds. Approximately 76,000 SD children will lose eligibility for coverage.** Some children could qualify for share of cost MediCal, adding expenses for families. Increasing insurance enrollment workload for County FRCs and potentially shifting costs to counties. Children who lose coverage may not access preventative care, increasing ER usage. Current HCA providers could shift focus on to MediCal enrollment and retention.
2. **Change HFP eligibility to 200% of the Federal Poverty Level** The proposal is to rollback program eligibility levels to FY 99-00, saving \$54.5M annually.
 - **Impact:** Same impacts as #1, but **approximately 20,000 SD children will lose eligibility** for coverage.
3. **Eliminate certified application assistance reimbursement** (up to \$60) to help enroll in MediCal/HFP.
 - **Impact:** Less providers doing enrollment. Increased demand on HCA and County FRC's. Reduced enrollment and number of children insured.

Federal Government Changes

- **State Children's Health Insurance Program (SCHIP)** signed into law February 2009. \$1.5 billion available to CA to ensure coverage of children under HFP (2009).
- **American Recovery & Reinvestment Act 2009 (ARRA) Funds.** Increased federal matching payments for MediCal (eligible for \$11.2 M). To receive funding, Gov. suspended state requirement for a mid-year status report for MediCal recipients.
- **President's healthcare reform.** Potential for universal health coverage. Enrollment assistance may be needed. HCA potentially a support infrastructure.