



**Agenda Item No. 6
July 3, 2013 Meeting**

DATE: June 23, 2013

TO: Children and Families Commission of Orange County

FROM: Christina Altmayer, Executive Director 

SUBJECT: Receive Performance Outreach Management System (POMS) Report on Health Access

SUMMARY:

The Commission's Strategic Plan identifies priority outcomes to support the vision that "all children are healthy and ready to enter school" including: to ensure that children born healthy; that they have and use a health home for comprehensive health services; and that they have access to early screening and assessments so chronic and disabling conditions are identified, assessed, and managed. In order to better understand trends among young children and emerging issues, the Commission's Performance Outreach Management System (POMS) current work plan includes a special report on systems that support children's health in Orange County.

BACKGROUND

In 2012, the American Academy of Pediatrics issued a policy statement that emphasized that "all infants, children, adolescents, and young adults through 26 years of age must have access to comprehensive health care benefits that will ensure their optimal health and well-being." Access to affordable, regular health care supports positive health outcomes for children. Many children, including those with special medical risks, lack access to health care or for a variety of reasons do not access available resources. With the transition of Healthy Families to Medi-Cal, new health enrollment processes, and the implementation of the Affordable Care Act (ACA), health care access is shifting here in Orange County and nationwide.

The special report: "Supporting Children's Health in Orange County" was developed to document the current state of health systems serving children. The report is presented through a series of four Health Access Issue Briefs that focus on: Health Access, Utilization of Services, Prevention Services and Special Populations. The subsequent briefs will be presented to the Commission throughout the summer. It is anticipated that the data included in the report and Issue Briefs will provide a baseline to document change in child-focused service systems over time as well as inform Commission program decisions. In addition, recommendations are provided to assist stakeholders in building upon current efforts to improve health outcomes for children. Recommendations related to health access include:

- Continue to support investments in health access programs in order to maintain health insurance coverage rates and ensure that services are utilized.

Commissioners

Executive Director

- Endorse data sharing strategies through information technology to ensure coordination of care and integration of services across diverse service sectors.
- Pursue available funding opportunities to promote sustainability of responsive programs.

STRATEGIC PLAN & FISCAL SUMMARY:

The proposed action has been specifically reviewed in relation to the Commission's Strategic Plan and is consistent with the Capacity Building goal and statutory requirements related to evaluation. There is no funding action requested in this agenda item.

PRIOR COMMISSION ACTIONS:

- February 2013 – Receive Performance Outcomes Measurement System work plan
- June 2011 – Approved program funding including “Healthy Children” goal projects

RECOMMENDED ACTION:

Receive “Supporting Children’s Health in Orange County” special report presentation and provide policy direction to staff.

ATTACHMENTS:

1. Supporting Children’s Health in Orange County, Health Access Issue Brief
2. Supporting Children’s Health in Orange County Presentation

Contact: Alyce Mastrianni



Supporting Children's Health in Orange County: Health Access Issue Brief

In 2012, the American Academy of Pediatrics issued a policy statement emphasizing that “all infants, children, adolescents, and young adults through 26 years of age must have access to comprehensive health care benefits that will ensure their optimal health and wellbeing.”¹ Children grow at rapid rates and health problems – if untreated – can affect a child’s cognitive, physical, behavioral and emotional development. Health insurance coverage is the most common route to ensuring a child accesses routine medical care, including screenings for dental, vision, and developmental or behavioral concerns, together with referrals and treatment when needed. However, many children – including those with special medical risks – lack access to health care or for a variety of reasons do not access available resources.

Health Care System Changes

The U.S. health care system is financed through a complex array of health insurance coverage options. These options include employer-based insurance, direct (private) purchase of health care plans, and free and low-cost publicly subsidized insurance programs for income-eligible children and families. With the Patient Protection and Affordable Care Act (ACA) signed into law on March 23, 2010, and the transition of the Healthy Families insurance program to Medi-Cal, health care enrollment processes are dramatically changing and the system of care is shifting in Orange County and nationwide. The ACA includes a number of provisions that directly affect children, including eliminating barriers for children who have identified health conditions or pre-existing conditions, removing co-payment for preventive services including vaccinations, and other strategies to enhance access to coverage such as expanding the capacity of community health centers.²

Declining Population; Increasing Needs

Orange County’s population is estimated at 3,047,120, with children under age six comprising 8% of the total population and children ages six to 17 comprising another 16% of the population.³ While children under the age of 18 make up almost one-quarter of the population, there has been a 15% decline over the past 10 years in the number of births in the county, and a 6% decline in the number of children 18 and younger in Orange County.⁴ *At the same time the number of children in the county is declining, there has also been an increase in the number of children accessing public health insurance and health care services.*

This report on health care access is the first in a series of four policy briefs focusing on supporting children’s health in Orange County. Topics for future briefs include health care utilization, prevention services, and special populations.



Children & Families
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California's Public Health Insurance Programs

Currently in California, there are several publicly subsidized programs for children; however the primary coverage is provided through Medi-Cal and the Child Health and Disability Prevention Program.

Exhibit 1: Purpose and Eligibility Requirements for Children's Insurance Programs in Orange County, 2013⁵

| | Purpose | Family Income Requirements | Other Major Requirements |
|--|---|--|--|
| Access for Infants and Mothers (AIM) | State program to provide low-cost coverage to pregnant women in middle-income families. Effective August 1, 2013, infants born to AIM mothers who are up to 250% FPL are eligible for Medi-Cal. | 200% to 300% FPL ⁶ | California resident, pregnant less than 30 weeks, and either no other health insurance or a deductible over \$500 |
| California Children's Services (CCS) | State program to cover low- to moderate-income children with serious medical conditions for specific medical services and equipment. | Under \$40,000, or out-of-pocket costs for a CCS condition of more than 20% of family income | California resident, under age 21, and medical condition covered by CCS |
| CaliforniaKids (CalKids) | Privately sponsored, county-based program that offers limited coverage to children ineligible for public programs. | No income requirement | Ages 2 –18 and ineligible for public insurance; \$82 per month per child plus \$15 application fee |
| Child Health and Disability Prevention (CHDP) | State-federal partnership to provide all children up to 200% FPL, including those with Medi-Cal, with periodic preventative health services and other care. | Enrolled in Medi-Cal, or for those not on Medi-Cal, up to 200% FPL | Under age 21 for Medi-Cal recipients, up to age 19 for non-Medi-Cal |
| Healthy Families Program | State-federal partnership to cover low- to moderate-income children under the federal State Children's Health Insurance Program (SCHIP). Children enrolled in Healthy Families will be transferred to Medi-Cal in phases beginning January 2013. | Ages 0 – 1: 200% to 250% FPL Ages 2 – 5: 133% to 250% FPL Ages 6 –18: 100% to 250% FPL | Under age 19, uninsured previous three months, ineligible for Medi-Cal, U.S. citizen or qualified immigrant |
| Kaiser Permanente Child Health Plan | Privately sponsored health plan that offers subsidized coverage for children ineligible for public programs due to family income or immigration status. | Less than 300% FPL | Under age 19, ineligible for public insurance, and ineligible for employer-sponsored health insurance; monthly premium |
| Medi-Cal for Families | State-federal partnership to cover low- to moderate-income children under the federal State Children's Health Insurance Program (SCHIP). Children enrolled in Healthy Families will be transferred to Medi-Cal for Families in phases beginning January 2013. | Ages 0 – 1: 200% to 250% FPL Ages 2 – 5: 133% to 250% FPL Ages 6 –18: 100% to 250% FPL | Under age 19, uninsured previous three months, ineligible for Medi-Cal, U.S. citizen or qualified immigrant; some families need to pay a monthly premium |
| Medi-Cal for Children and Pregnant Women | State-federal partnership to cover low-income persons under the federal Medicaid program. | Effective January 2014, will provide coverage for children up to 138% FPL. Currently covers: Infants: less than 200% FPL Ages 1– 5: less than 133% FPL Ages 6 –18: less than 100% FPL | Children must be California resident, U.S. citizen or qualified immigrant; Pregnant women do not need to be citizens or legal permanent residents |

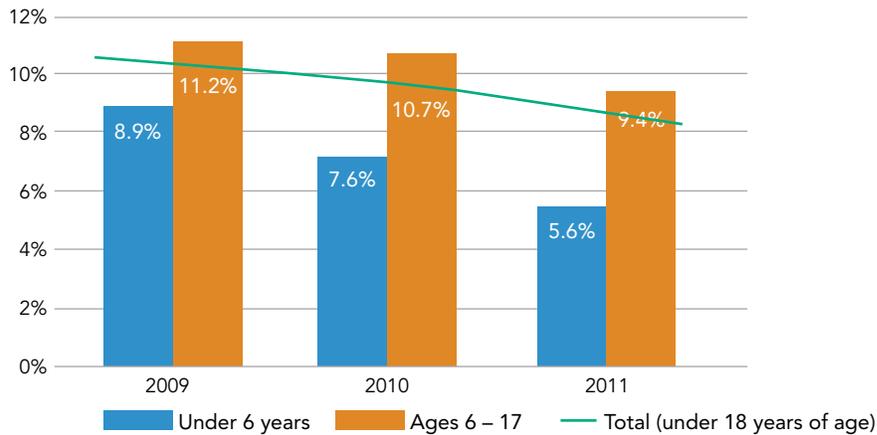
The 2012/13 State Budget requires the transition of children enrolled in the Healthy Families Program (HFP) to Medi-Cal. Approximately 80,000 Orange County children who were enrolled in HFP are being transitioned to the Medi-Cal program. The transition began in January 2013 and will conclude August 1, 2013. Some benefits such as preventive health services, prescription drugs and emergency health care services will remain the same. Other benefits, however, will change. This includes dental coverage, which will now be provided through Denti-Cal; vision services, which will be covered once every 24 months instead of every 12 months; and Applied Behavioral Analysis (ABA) therapy – a behavioral intervention for children with autism – that will now need to be assessed by the Regional Center of Orange County in order to receive services under Medi-Cal. However, given the threshold requirements for service by the Regional Center, some children who may have been eligible for ABA therapy under Healthy Families may no longer qualify for the service at the Regional Center. CalOptima, the county's organized health system that administers public health insurance programs, has set goals for the transition, which include keeping children with their same doctor and health network, and ensuring that community stakeholders are engaged so that information about the health care changes penetrates throughout the community.

More Children of All Ages in Orange County are Insured



Currently, approximately 92% of children under 18 are insured. When looking at young children, 94% of children under the age of six are insured, compared with 90% of children ages six to 17. These rates have increased since 2009, when nearly 9% of children under age six and more than 11% of children ages six to 17 were uninsured.

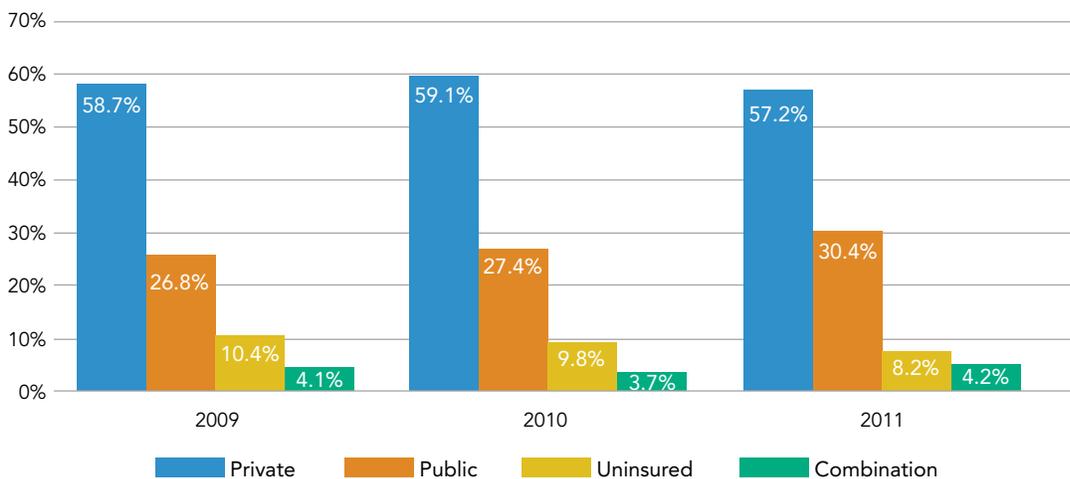
Exhibit 2: Percent of Children Uninsured, by Age Range; Orange County, 2009-2011



Source: U.S. Census, 2011

Between 2009 and 2011, the percentage of uninsured children under 18 years of age in Orange County decreased from 10.4% to 8.2% of the total child population. Since the percentage of children with private insurance fell slightly over this period, the decline in uninsured can be attributed to an increase in the percentage of children who are covered by public insurance, which rose from 26.8% in 2009 to 30.4% in 2011. Children eligible for publicly funded insurance programs benefit from a local network of community resources, including Home Visitors, School Readiness Nurses, and Certified Application Assistants who help families navigate a complex array of health insurance coverage options.

Exhibit 3: Children’s Health Insurance Coverage Trends; Orange County, 2009-2011



Source: U.S. Census, 2011

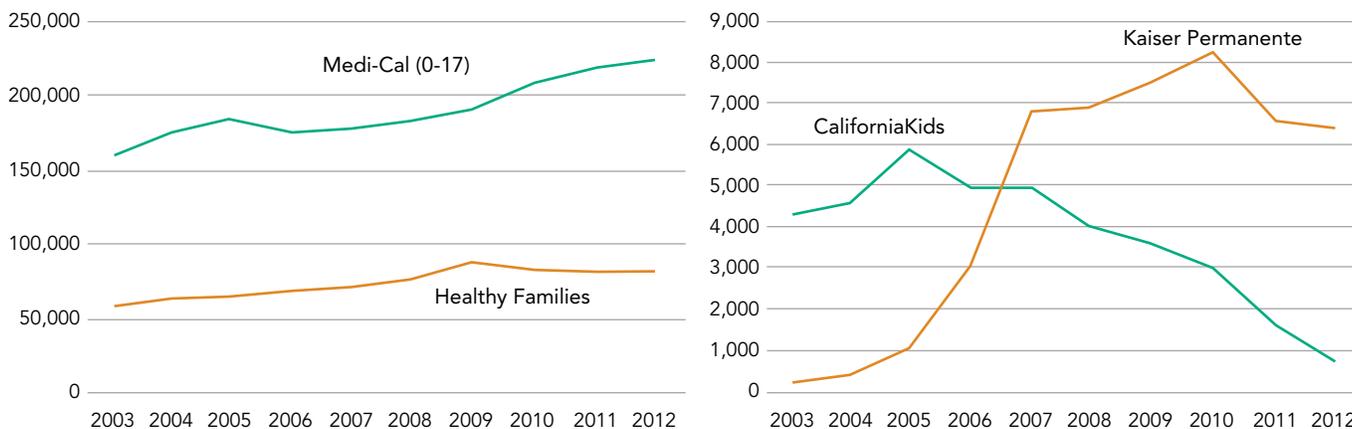
Uninsured children’s eligibility for public coverage

The ACA provides for increased eligibility to Medi-Cal based on new poverty standards and the lowering of eligibility thresholds. By 2014, the percentage of children in the county who are uninsured could potentially drop from the current rate of 8.2% to less than 1%. More than 44,000 children currently uninsured in Orange County (75% of the uninsured population under age 18) live in families earning less than 250% of the federal poverty level (FPL) and thus would be potentially eligible for Medi-Cal enrollment. Another 8,658 children (15% of the uninsured population under age 18) in Orange County may qualify for subsidized coverage through the California Health Benefits Exchange. Undocumented children and immigrant children who have been in the U.S. less than five years are ineligible for public coverage.

More Children are using the Public Insurance System

For children in low-income families, public programs are an important source of health care coverage. Almost three-quarters of children under 18 years of age in families earning under 100% of the federal poverty level (FPL) have public coverage.⁶ At the other end of the income spectrum, more than nine out of 10 children with families earning 300% or more of the federal poverty level have private insurance.⁷ Since 2003, enrollment in both Medi-Cal and Healthy Families insurance programs has increased. In the past 10 years, there has been a 34% increase in the number of children under age 18 that are insured through a public insurance program (Medi-Cal, Healthy Families, etc.). At the same time, the population of children has decreased by 6%.

Exhibit 4: Enrollment in Children's Health Insurance Program, Orange County: January 2003 to January 2012



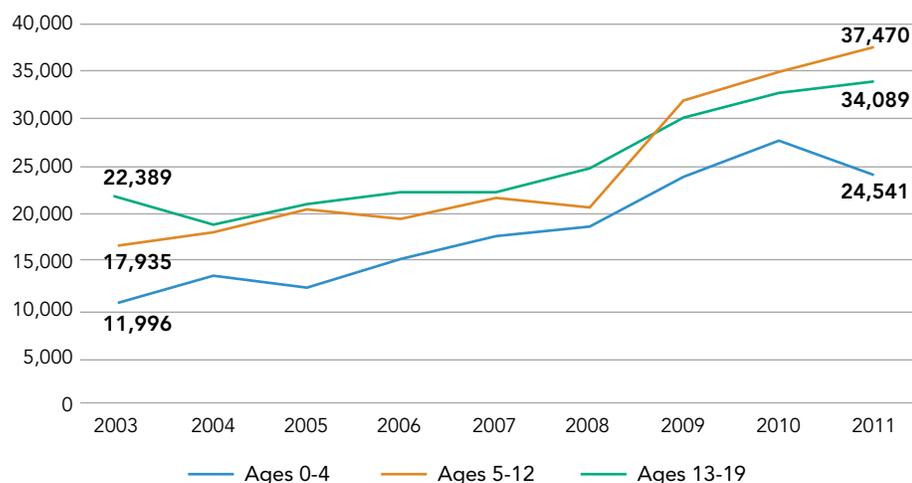
Sources: California Kids Health Care Foundation, www.californiakids.org; Healthy Families: Managed Risk Medical Insurance Board, www.mrmib.ca.gov; Kaiser Child Health Plan: Kaiser Health Plan; Medi-Cal: California Department of Health Care Services, Beneficiary Files (2001–2012), www.dhcs.ca.gov

Children's Use of Community Clinics is Increasing Rapidly

Community clinics are serving an increasing number of Orange County's children of all ages. As many as 96,100 children use community clinic services, which is equivalent to approximately 12% of the total population of children ages 19 and younger in Orange County.⁸ A plurality of the children utilizing community clinics in the county are ages five through 12 (39%), while 26% are younger than five years of age and 35% are ages 13 to 19.

Between 2003 and 2011, the number of children ages 19 and younger served at community clinics rose 84%, from 52,320 to 96,100. Children ages five to 12 years of age saw the largest rise – up 109% over the 10-year period. Reasons for the overall increase in the number of children using clinics include the growth in the number of clinics (from 29 sites in 2003 to 50 in 2011)⁹ as well as a rise in the number of children ages five to 12 accessing services, especially in the new Central City Community Health clinic, which served more than 6,000 children ages five to 12 in 2011 (compared with 169 in 2006 when it first opened).

Exhibit 5: Children's Use of Community Clinics, by Age Group; Orange County, 2003 to 2011



Source: Primary Care and Specialty Clinics Annual Utilization Data, Office of Statewide Health Planning and Development (OSHPD)



This Issue Brief provides a snapshot of children's access to health care within a changing landscape of policy, eligibility and coverage. Following are recommendations to maintain and build on the Commission's efforts to improve the health outcomes of children.

1. Continue to Support Investments in Health Access Programs

The Commission's health access investments have helped Orange County achieve a health insurance coverage rate of approximately 94% for children under age six. The significant shifts in the health care system and the accompanying changes in programs and eligibility requirements provide both the potential for long-term improvement and risk for the ability to maintain this current high insurance coverage rate. These trends must be monitored closely during this transition to sustain and improve access including the transition of Healthy Families to Medi-Cal. Monitoring coverage is particularly important in relation to special populations (e.g., children in foster care), available services (e.g., Applied Behavior Analysis), and provider participation (e.g., oral health, vision screening).

2. Endorse Data Sharing Strategies through Information Technology

Many service sectors provide health care, early intervention and medical services to young children including Medi-Cal, Child Health Disability Prevention, Regional Center, School Districts and related pediatric providers. Improved data technology would assist in ensuring coordination of care and integration of services across these diverse sectors. In addition, countywide data sets do not exist for many important health indicator areas to allow stakeholders to measure, monitor and manage impact on child health outcomes. Investments in data integration strategies such as the immunization registry have the potential to integrate health records in areas such as developmental screening and children's vision services as a tool to monitor success in achieving local results.

3. Pursue Funding Opportunities to Ensure Sustainability of Responsive Programs

In order to support further system improvements related to children in Orange County, the Commission should monitor the Federal Prevention and Health Fund, Community Transformation Grant opportunities, and other capacity and incentive funding. Continued support of Medicaid "Targeted Case Management" and "Medi-Cal Administrative Activities" projects will help ensure sustainability of expanded health care access and case management by public health nursing and community programs.

¹ American Academy of Pediatrics, Committee on Child Health Financing. Scope of Health Care Benefits for Children from Birth through Age 26. *Pediatrics*. 2012; 129:185-189.

² U.S. Census, American Community Survey, 2011

³ California Department of Finance. "Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060 (by year)"

⁴ Children's Health Fund. (2011). "Children under Siege: Safeguarding Provisions for Children in the New Health Law". <http://www.childrenshealthfund.org/sites/default/files/children-and-new-health-law-white-paper.pdf>

⁵ Adapted from California Health Care Almanac. (2012). "Covering Kids: Children's Health Insurance in California." www.chcf.org/-/media/MEDIA%20LIBRARY%20Files/PDF/C/PDF%20ChildrensHealthCoverage2012.pdf

⁶ The poverty level for a family of four was approximately \$23,000 in 2012. (<http://aspe.hhs.gov/poverty/12poverty.shtml> and www.census.gov/hhes/www/poverty/data/threshld/index.html).

⁷ U.S. Census, American Community Survey, 2011

⁸ The number of children served at community clinics represents an unduplicated patient count within each clinic. A child who accesses more than one clinic is counted once for each of the clinics visited. Percentage of Orange County children utilizing clinics is based on analysis of children under 19 from California Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060 (by year).

⁹ Growth in the number of clinics includes the expansion of Altamed clinics in Orange County, 5 new CHOC/UCL clinics, and additional dental investments through the Children & Families of Orange County.

Commission Investments Increase Health Care Access for Children under Six

The Children & Families Commission of Orange County funds a number of programs to support children's healthy development and access to care with four related health program objectives:

- Ensuring that children have access to health coverage, starting at birth;
- Ensuring that children have a health home and appropriately use the services;
- Ensuring the availability of quality primary and specialty care services, including oral health and vision care, to support children's health access; and,
- Improving the quality of health care services specifically focused on the birth to age five population.

These program objectives are accomplished through the following Commission-funded initiatives:

Bridges Maternal Child Health Network which serves over 30,000 children and their families each year, helps to ensure that children are born healthy, have health insurance coverage and use a health home for comprehensive health services, and have access to early screening, assessments, and intervention services if needed. The Bridges Network includes 10 high-birth hospitals, four community-based home visitation service providers, and public health nursing. By using a mobile outreach unit, the network has begun reaching more isolated communities in southern Orange County. In FY 2011/12, Bridges providers enrolled almost 1,100 children in health insurance programs.

Pediatric Health Services collaborative programs are designed to increase access to pediatric primary and specialty care. In 2001, the Commission launched a 10-year initiative to expand access and improve the quality of care for children in Orange County. The investment includes funds to improve the availability and quality of primary and specialty pediatric care for young children through leveraging the resources, expertise, and presence of the two largest providers of pediatric care in Orange County – Children's Hospital of Orange County and the University of California, Irvine Medical Center. The investment led to the creation or expansion of primary care centers in previously underserved communities including Garden Grove, Costa Mesa, and Santa Ana as well the establishment of pediatric specialty centers for the treatment of asthma, and a range of neuro-developmental delays including autism and ADHD.

Community Clinics, funded throughout Orange County, increase families' access to health services and quality pediatric care. In FY 2011/12, providers at Commission-funded Community Clinics enrolled more than 6,000 children in health insurance programs.

Children's Dental Initiative, which includes Healthy Smiles for Kids of Orange County, along with five community clinics that are part of the Pediatric Dental Care Collaborative, conducts screenings, provides sealants and fluoride treatments, offers parent and caregiver education, and improves access to dental care. In FY 2011/12, almost 1,200 children were linked to a place for regular dental care through the initiative.

The Children's Health Initiative of Orange County (CHI OC), helps families navigate the complexities of the health care system and reduces the number of uninsured children in the county. CHI OC helps families by screening them for health care and social services programs, determining their eligibility and assisting them with the enrollment process. After families apply, CHI OC's Certified Application Assistants (CAAs) follow-up with them, ensuring that families are able to access their covered benefits and that their coverage is renewed every year. In FY 2011/12, more than 1,200 children were assisted with their health insurance enrollment.



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Supporting Children's Health in Orange County

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Issue Briefs:

- Health Access
- Utilization of Services
- Prevention Services
- Special Populations

“All infants, children, adolescents, and young adults through 26 years of age must have access to comprehensive health care benefits that will ensure their optimal health and well-being.”

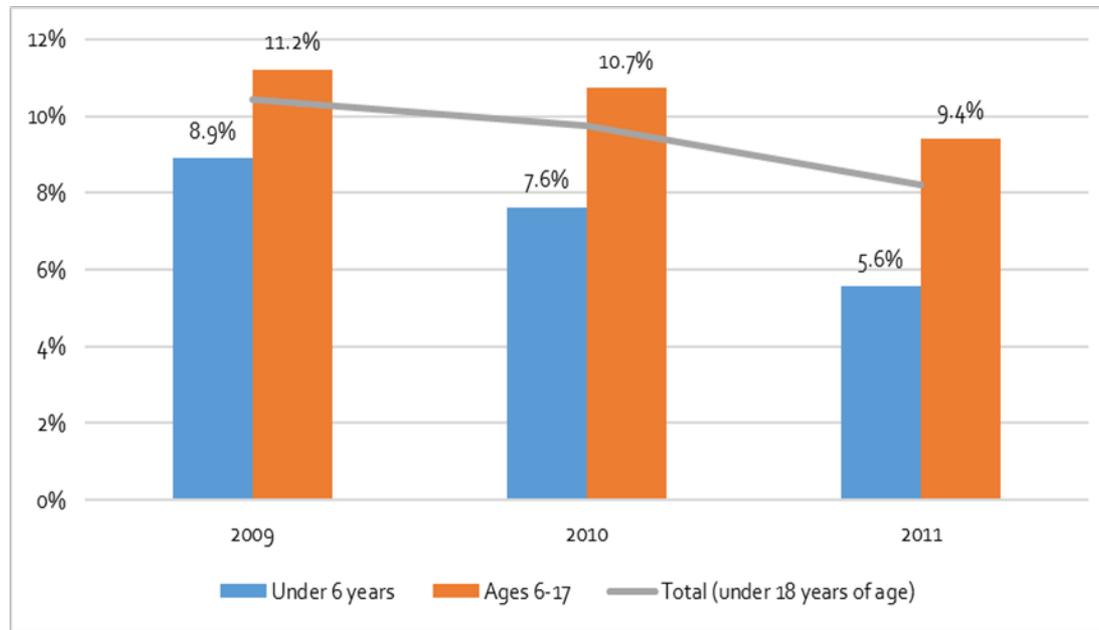
-- American Academy of

Pediatrics

Children's Insurance Programs in Orange County, 2013

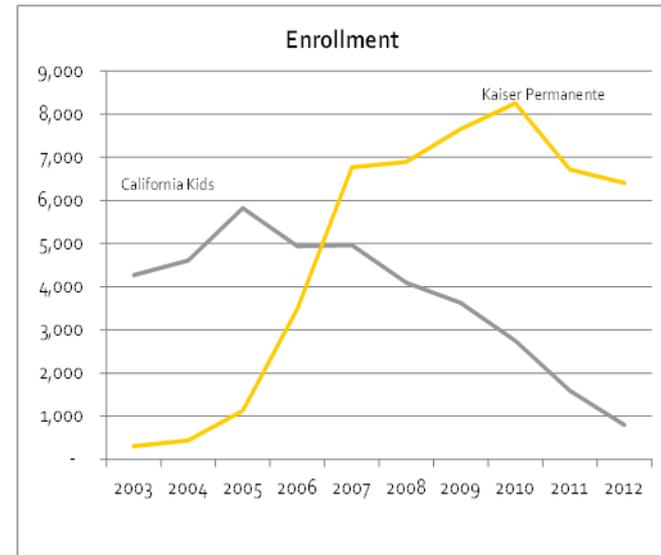
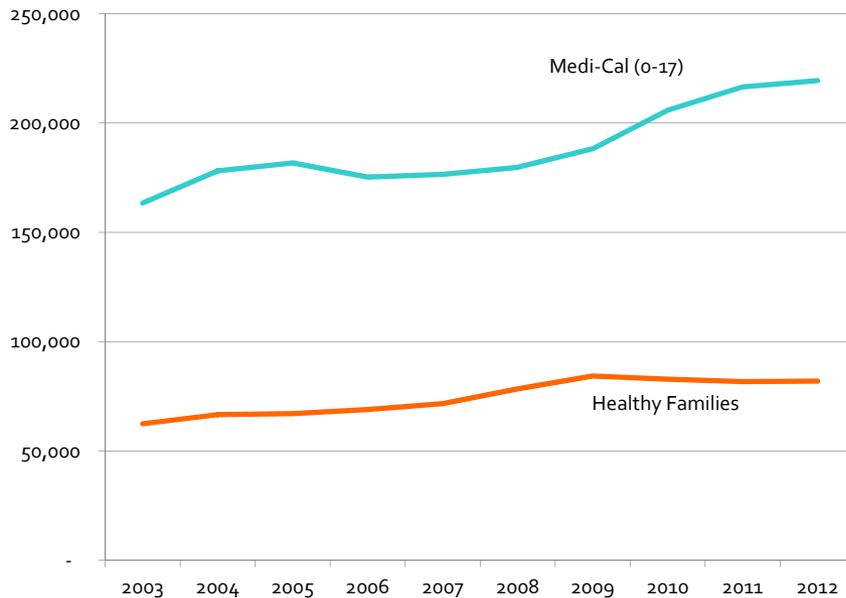
- Access to Infants and Mothers (AIM)
- California Children's Services (CCS)
- CaliforniaKids (CalKids)
- Child Health and Disability Prevention (CHDP)
- **Healthy Families Program**
- Kaiser Permanente Child Health Plan
- **Medi-Cal for Families**
- **Medi-Cal for Children and Pregnant Women**

Percent of Children Uninsured, by Age Range Orange County, 2009-2011



Source: U.S. Census, 2011

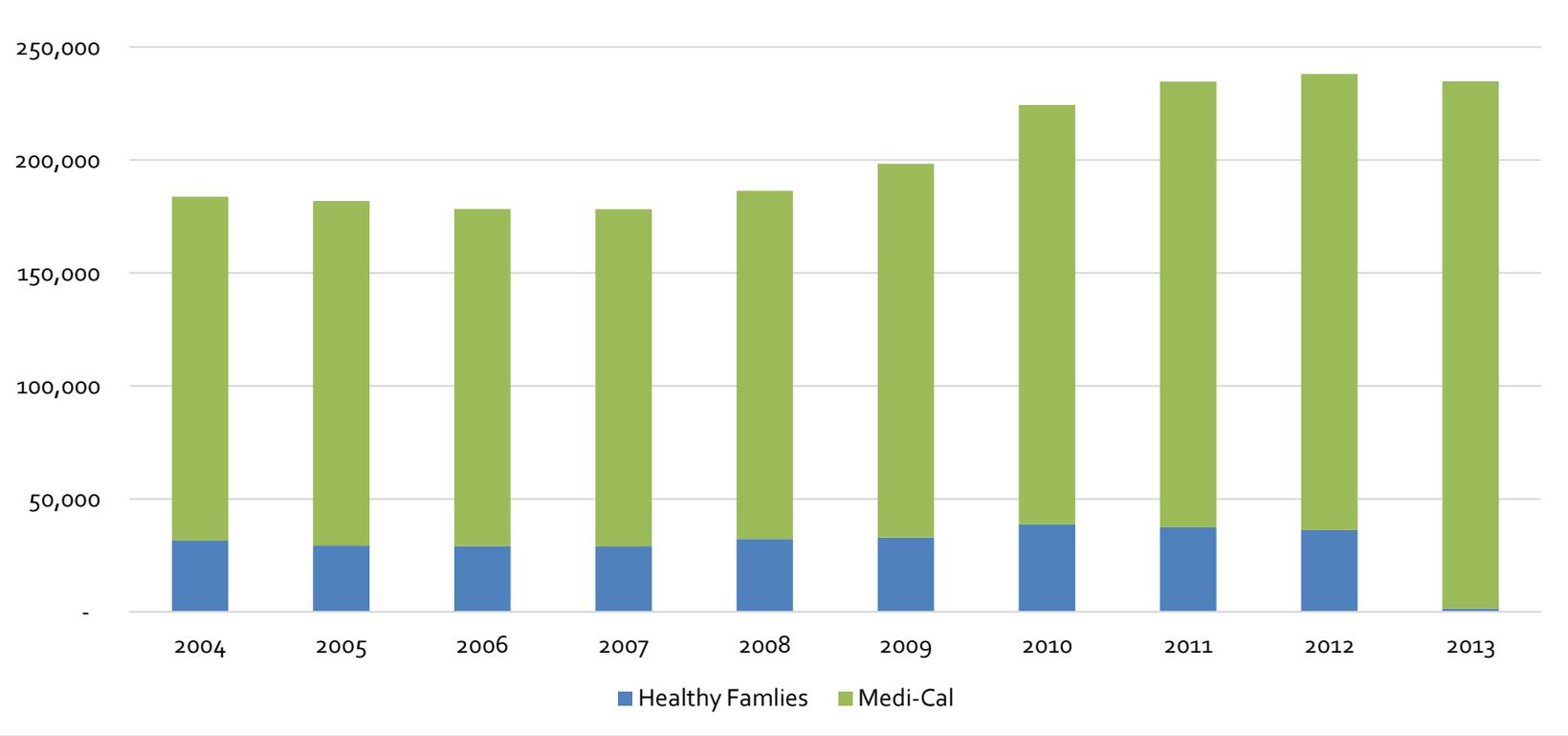
Enrollment in Children's Health Insurance Program Orange County, January 2003 to January 2012



Sources: California Kids Health Care Foundation, www.californiakids.org; Healthy Families: Managed Risk Medical Insurance Board, www.mrmib.ca.gov; Kaiser Child Health Plan: Kaiser Health Plan; Medi-Cal: California Department of Health Care Services, Beneficiary Files (2001– 2012), www.dhcs.ca.gov

CalOptima Enrollment

Enrollment by Insurance Type
CalOptima, March 2004 to March 2013



Source: CalOptima

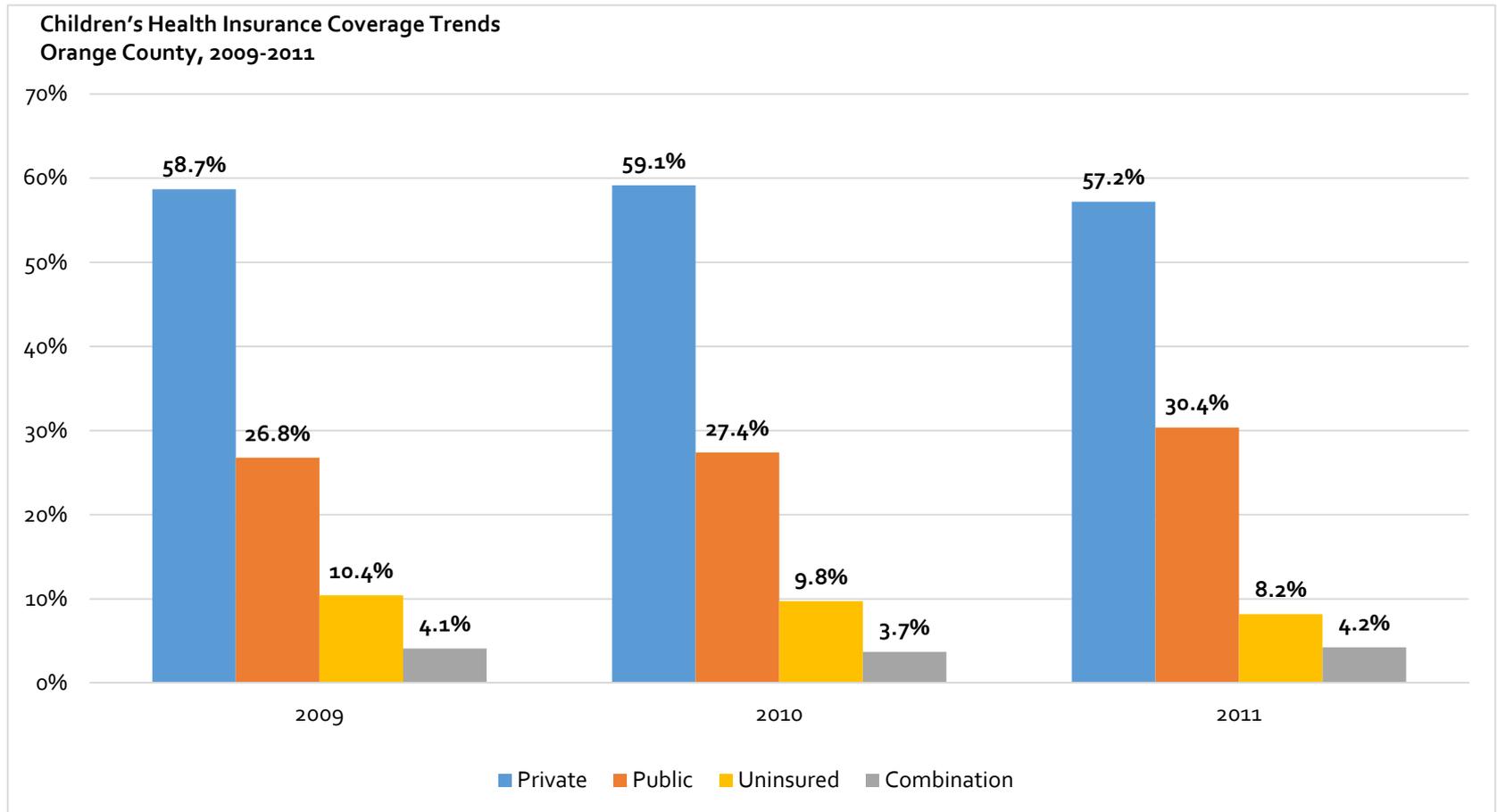
Healthy Families Transition

- Starting January 2013, statewide transition of all 875,000 children in the Healthy Families Program (HFP) to move into Medi-Cal.
- Orange County has approximately 80,000 HFP members who will become Medi-Cal members by August 1, 2013, including 38,000 CalOptima members.
- The remaining HFP members are part of other plans (Blue Shield, Health Net, Kaiser and Blue Cross).
- Throughout the transitions, CalOptima's goal has been to keep members with their same primary care providers and to work with the state and local partners to mediate any issues experienced in the transitions.

Healthy Families Program Transition

| Concern | Description |
|-----------------------------|---|
| Outreach and Education | Families have many questions about the transition and what they need to do to ensure that they do not lose coverage. Community providers are partners in providing updated information to families to ensure successful transition. |
| Gaps in Covered Benefits | Effective July 1, 2012 SB946 authorized health plans to cover Applied Behavioral Analysis (ABA) therapy, a behavioral intervention, for children with Autism or similar concerns. Medi-Cal was exempted from this requirement. |
| Dental Care | Impacted families will be required to seek care from a Denti-Cal credentialed dentist. This will become a significant barrier to oral health services as there has been a 40% decline from 2003 to 2010 in the number of dentist that accept Denti-Cal in California. Due to low reimbursement rates. |
| Provider Networks | Provider networks to provide medical, dental, mental health and vision services may change. In addition to the health services component of Healthy Families being transitioned to CalOptima, the mental health component of services is transitioning to County Behavioral Health Services. |
| Children with Special Needs | Lucille Packard Foundation for Children released an issue brief related to children with special health care needs and the need for care coordination and continuity of care for the complex medical issues. |

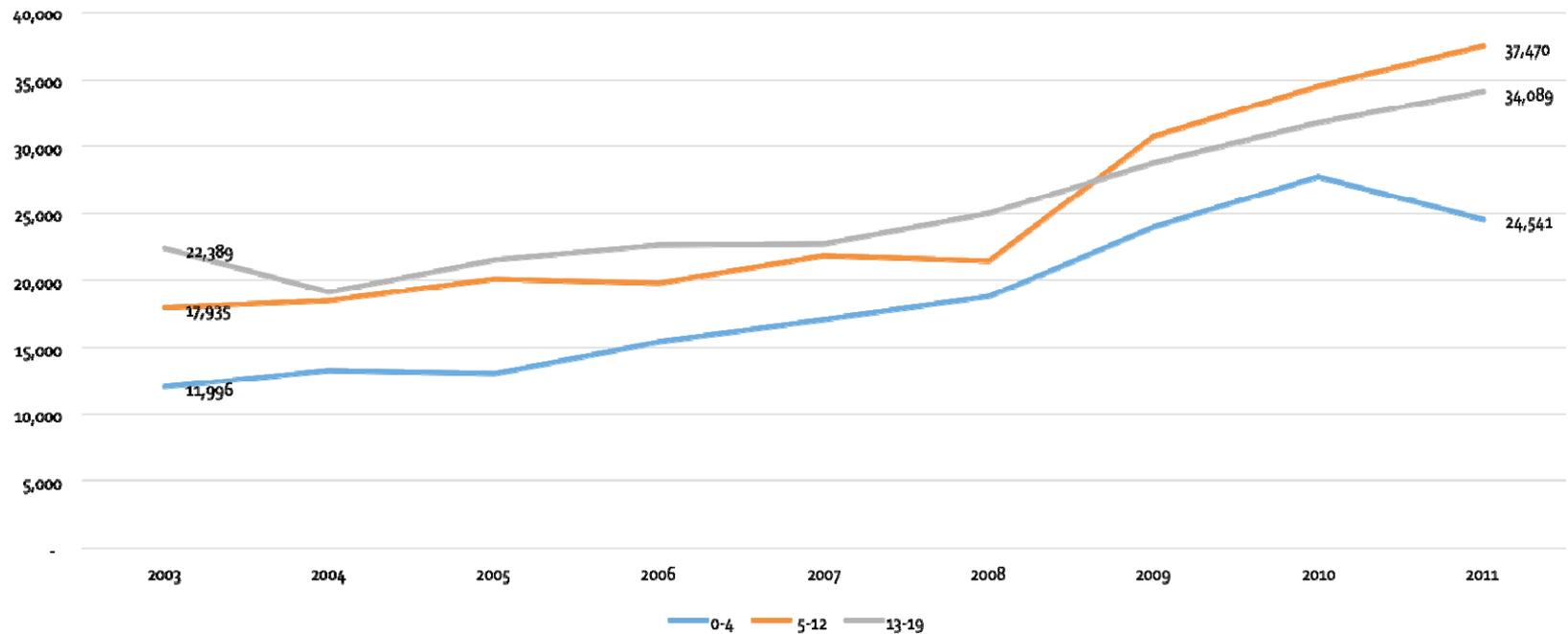
Trends in Health Insurance Coverage



Source: U.S. Census, 2011

Trends in Community Clinic Utilization

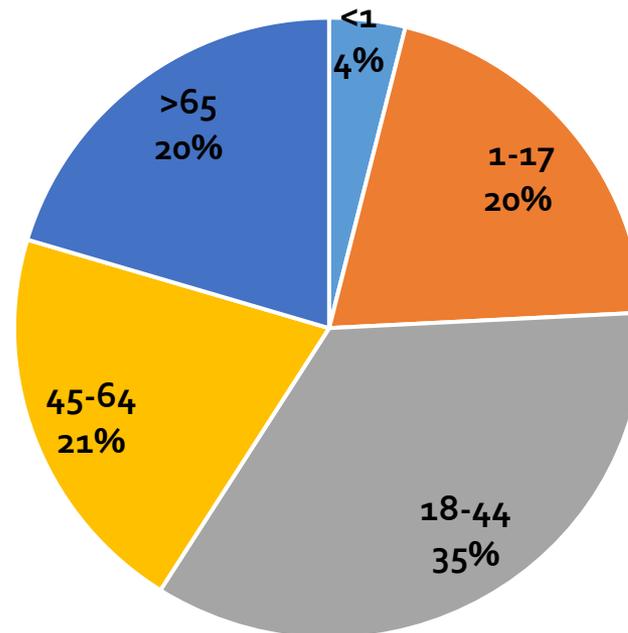
Children's Use of Community Clinics, by Age Group
Orange County, 2003 to 2011



Source: Primary Care and Specialty Clinics Annual Utilization Data, Office of Statewide Health Planning and Development (OSHPD)

Children's Emergency Room (ER) Visits in Past 12 months

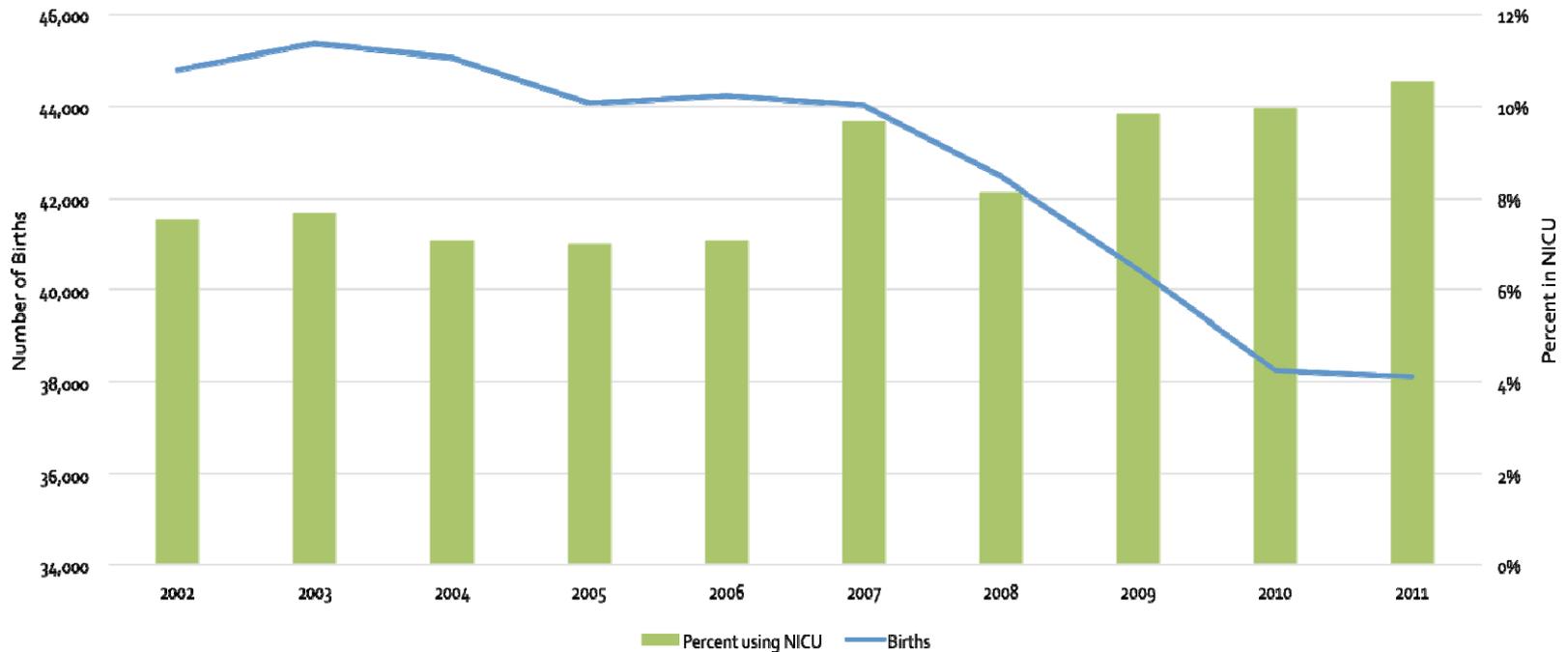
Emergency Department Utilization by Age Group
Orange County, 2006-2008



Source: Orange County Geographic Health Profile, 2011

NICU Utilization and Birth

Percentage of Newborns Utilizing NICU and Number of Births
Orange County, 2002-2011



Sources: Hospital Annual Utilization Database, Office of Statewide Planning and Development;
California Department of Public Health

Recommendations

- Continue to support investments in health access programs in order to maintain health insurance coverage rates and ensure that services are utilized.
- Endorse data sharing strategies through information technology to ensure coordination of care and integration of services across diverse service sectors.
- Pursue available funding opportunities to promote sustainability of responsive programs.