

Parents' Opinions of the Los Angeles Healthy Kids Program Remain High Despite Recent Challenges

Findings from the Second Evaluation Focus Groups

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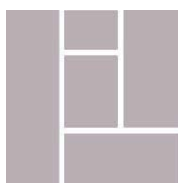
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For more information about First 5 LA and its initiatives, go to <http://www.first5.org>.

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Executive Summary

The Los Angeles Healthy Kids Program was implemented in 2003 to extend health coverage to uninsured children from families with incomes below 300 percent of the federal poverty level (FPL) who are ineligible for Medi-Cal or Healthy Families. It initially covered children through age 5 with \$100 million allocated by First 5 LA, but was expanded in May 2004 to cover all children through age 18 using an additional \$86 million raised by the Children's Health Initiative (CHI) Coalition of Greater Los Angeles. During its first four years, the Los Angeles Healthy Kids program grew to be the largest CHI coverage program in California, enrolling nearly 45,000 very poor, primarily Latino, primarily noncitizen children. However, due to financing challenges, the Healthy Kids program implemented a "hold" on enrollment of children ages 6 through 18 in June 2005, placing prospective enrollees onto a waiting list that was ultimately closed in March 2006. As a result, enrollment levels at all age groups began to level off and then drop as outreach workers struggled to market a program that only served younger children.

The Los Angeles Healthy Kids Program Evaluation has been monitoring the program's implementation and impact on its target population. In a series of focus groups conducted in 2005, parents praised the program for its simple application process, coverage of services that their children needed, good access to care, and affordable cost sharing (Hill et al. 2006). A longitudinal household survey reinforced these positive findings, showing that coverage under the program improved access to usual sources of health and dental care, use of health and dental services, confidence among parents that they can meet their children's health care needs without financial hardship, and health status (Howell et al. 2007).

A second round of focus groups was conducted in the spring of 2007 to determine whether parents continued to view the program as meeting their children's needs, as well as the effect of

the program's fiscal challenges on enrollees and their parents. Overall, there were 69 participants in 10 focus groups held across four service planning areas (SPAs) in Los Angeles County. The participating parents were divided into the following groups: those whose children were currently enrolled in Healthy Kids (five groups); those whose children were enrolled in Healthy Kids and had special health care needs (two groups); those whose children were placed on the waiting list for Healthy Kids due to the enrollment hold for 6- through 18-year-olds (one group); those whose children were referred to and enrolled in the Kaiser Child Health Plan as an alternative to Healthy Kids (due to the enrollment hold) (one group); and those whose children had been disenrolled from Healthy Kids (one group). Parents were asked about family background and demographics; experiences with outreach, enrollment, and renewal; experiences with accessing health, dental, developmental, pharmacy and specialty care; perceptions of cost sharing; and overall opinions of Healthy Kids.

The second round of focus groups revealed the following findings on the Healthy Kids program's outreach, enrollment, and renewal:

- Health care providers continue to lead the way in informing families about Healthy Kids; nearly half of parents said they learned of the program through their provider. Other leading sources were schools, WIC programs, and friends or family; fewer respondents first heard about Healthy Kids through television or radio.
- Community networks and word of mouth play a bigger role in outreach and enrollment than advertising. Many parents said they trusted Healthy Kids because their friends or family used the program, and fewer parents expressed fears of "public charge" than in the previous round of focus groups. Nearly half thought that Healthy Kids was well-known in the community, especially among Latinos; however, the other half thought the program needed better advertising and publicity.
- Parents continue to report that the application and renewal processes are easy. They are aware of the importance of renewal and understand how the process works. Those who disenrolled knew of the need to renew and wanted to renew, but had trouble with the paperwork or faced barriers to completing it.

- Many parents whose children were affected by the enrollment hold were referred to Kaiser Cares for Kids, but none that we spoke with were able to obtain coverage under that program. Parents were generally less concerned about having their children split between programs (e.g., younger child covered by Healthy Kids and older child covered by Kaiser) than they were with obtaining coverage at all.
- Children needed and obtained care while on the waiting list for Healthy Kids, but it was challenging to arrange and out-of-pocket costs were high. Children had better access to services when they were on Healthy Kids. Parents with uninsured children place a very high value on health insurance and regret losing their children's coverage; all parents who had a child that was disenrolled from the program expressed a desire to re-enroll that child.

The second-round focus groups also revealed the following findings related to access to medical, dental and specialty care and pharmacy services:

- Families enrolled in Healthy Kids used primary care services regularly and reported timely access to their provider; families with children with special health care needs used health care services more frequently and were able to obtain acute care visits within a week. However, some parents reported being frustrated by long waits and lack of provider continuity, and many were confused about what benefits the Healthy Kids program covered (e.g., emergency services, hospitalizations and prescription drugs).
- Most families are satisfied with their primary care providers and are able to communicate with them in their preferred language (primarily Spanish).
- Most enrollees have seen a dentist, and parents report that finding one is easy and that they can make an appointment quickly. However, some respondents were not aware that dental services were available under Healthy Kids, and many were unhappy with their children's dentists and felt compelled to find a different one.
- A large number of parents reported that their dentists charged them copayments for routine check-ups and fillings, a practice that is forbidden by Healthy Kids policy. Sometimes these copayment were large—up to \$25 for cleanings and \$110 for fillings. Such charges were the leading reason why parents elected to change dentists, and parents expressed frustration and distrust of dentists as a result.
- Families report poorer access, longer waits, longer travel time, and more significant language barriers with regard to specialty care compared to primary care. However, parents are generally satisfied with the quality of specialty care.
- Most parents of Healthy Kids enrollees have some experience accessing prescription drugs for their child. Those enrolled in the program report that the cost is affordable, while those on the waiting list say that the cost is a barrier for them due to lack of prescription coverage provided by Emergency Medi-Cal.

- Parents who pay monthly premiums expressed satisfaction with the amount and affordability of those premiums. All parents agreed that the \$5 copayment generally required when obtaining health services is affordable and appropriate.
- Many families continue to possess Emergency Medi-Cal in addition to Healthy Kids, and many were confused about which card to use when seeking care for their children.
- Parents who were referred to Kaiser Cares for Kids were satisfied with that program's services and providers. They were able to access primary, specialty, and dental care and pharmaceutical services, and found the premiums and copays affordable.

The findings of this study build upon those from this evaluation's first round of focus groups in 2005 and reinforce a number of the findings that have been developed since the inception of the Los Angeles Healthy Kids program. Overall, parents told us that Healthy Kids has been highly successful at identifying, enrolling and facilitating renewal for eligible children. Once enrolled, children and families appear to experience improved access to linguistically appropriate primary care and lower out-of-pocket for health care, including pharmaceuticals. Generally, access to child-friendly dental care and sub-specialty care is reportedly better for families once enrolled in Healthy Kids compared to when they were uninsured. However, access in these areas remains limited and clarification of appropriate copays for dental care could improve families experience in receiving this service. Many potential areas for improvement for Healthy Kids, (e.g., access to sub-specialty service and improving delivery of developmental services) are often linked to larger health systems issues (e.g., physician training and capacity, office-systems and technology). Still, Healthy Kids is highly valued by families who are overwhelmingly satisfied with care received while their children are enrolled.

Although Healthy Kids continues to improve, as evidenced in this report, the program's primary future challenge lies in identifying and securing sustainable funding. Several health reform bills that would have provided funding for Healthy Kids failed to pass through

California's legislative process. Despite these set-backs, advocates and stakeholders continue to look for sustainable Healthy Kids funding to continue to provide needed health services for California's most vulnerable children.

I. Introduction

During its first four years, the Los Angeles Healthy Kids program grew to be, by far, the largest Children's Health Initiative coverage program in California.¹ Since its launch in 2003, outreach efforts resulted in the enrollment of nearly 45,000 very poor, primarily Latino, and primarily noncitizen children into coverage. A series of focus groups conducted in 2005 with parents of children enrolled in Healthy Kids revealed their strong praise for the program; parents said that the program was easy to apply for, its benefits covered the services their children needed, that access to care was good, that cost sharing was affordable, and that the coverage gave them a strong sense of security and peace of mind (Hill et al. 2006). These positive findings were reinforced by findings from a longitudinal household survey of a representative sample of parents of Healthy Kids enrollees. The findings documented that coverage under the program was associated with numerous positive and statistically significant benefits, including improved access to usual sources of health and dental care, improved use of health and dental care, improved confidence among parents that they can meet their children's health care needs without financial hardship, and improved health status, among others (Howell et al. 2007).

But this proven-effective program has also faced serious challenges during its implementation, mostly related to financing. As early as the spring of 2005, resources supporting premiums for children ages 6 through 18 began running short, and an enrollment "hold" was implemented in June of that year. A waiting list of prospective

¹ The program, targeted at uninsured children in families with incomes below 300 percent of the federal poverty level (FPL) who are ineligible for Medi-Cal or Healthy Families, initially covered children through age 5 with \$100 million allocated by First 5 LA. It was expanded in May 2004 to cover all children through age 18 after the Children's Health Initiative (CHI) Coalition of Greater Los Angeles raised an additional \$86 million.

enrollees was established and maintained until the end of March 2006, at which point it was closed. And despite the fact that funding for younger children ages 0-5 remained stable,² enrollment levels for children of all ages began to level off and then drop, as outreach workers struggled to market a program that could only serve a subset of younger children.³

The Los Angeles Healthy Kids Program Evaluation⁴—directed by The Urban Institute with partners the University of Southern California (USC), the University of California at Los Angeles (UCLA), Mathematica Policy Research, Inc., and Castillo & Associates—continues to monitor the implementation of Healthy Kids and assess its impacts on the target population and systems of care for children. As part of the evaluation, a second round of focus groups was conducted in the spring of 2007. These focus groups primarily involved parents of children enrolled in Healthy Kids and explored the extent to which they continued to view the program as meeting their and their children’s needs. Among the issues explored were family background and demographics; experiences with outreach, enrollment, and renewal; experiences with accessing health, dental, developmental, and specialty care; perceptions of cost sharing; and overall opinions of Healthy Kids. However, focus groups were also conducted with parents of children who were placed on the Healthy Kids waiting list, parents of children who were disenrolled from the program, and parents of children that were referred to other sources of coverage because Healthy Kids enrollment was closed. Through these

² First 5 LA’s commitment of \$100 million to support premiums for children ages 0-5 continued to be sufficient to cover younger enrollees.

³ Cite Process Monitoring report documenting this

⁴ The Healthy Kids program evaluation was launched in May 2004. The four-year effort is primarily supported by a contract between First 5 LA and the Urban Institute, with additional support provided by The California Endowment.

groups, we hoped to learn more about how the program's fiscal challenges were affecting children and the parents caring for them.

The remainder of this report summarizes the findings from our second round of focus groups by exploring the following questions:

- What do parents say about Healthy Kids outreach, enrollment, and renewal?
- What were parents' experiences with the enrollment hold and the waiting list?
- Why did some parents disenroll their children from Healthy Kids?
- What do parents say about access to primary care?
- What do parents say about dental care?
- Have children been able to access specialty and developmental care?
- What have been parents' experiences with pharmacy coverage?
- What do parents say about cost sharing?
- Do children still continue to have and use Emergency Medi-Cal?
- What were the experiences of children who were referred to Kaiser Cares for Kids?

But first, a summary of our research methods is presented.

II. Methods

In the spring of 2007, the evaluation team conducted ten focus groups with parents of publicly insured and uninsured children. To ensure representation across different geographic areas of Los Angeles County, groups were held in four of the county's largest Service Planning Areas (SPAs)—San Fernando (SPA 2), South Bay (SPA 8), East Los Angeles (SPA 7), and Metro (SPA 4). The primary aim of the focus groups was to learn about the experiences of families with children in Healthy Kids. As such, we conducted five focus groups with parents of children currently enrolled in the program. An additional aim was to take an in-depth look at the experiences of various types of enrollees. To this end, we conducted two groups with parents who had a:

- Child with special health care needs (defined as children either having a physical disability or chronic illness, or a developmental delay, such as language, fine motor, gross motor, or social-emotional) enrolled in Healthy Kids.

In addition, to learn more about the experiences of children who were unable to enroll in Healthy Kids, we conducted groups with parents of:

- Children who were placed on the waiting list for Healthy Kids, due to the enrollment hold for 6- through 18-year-olds;
- Children who were referred to and enrolled in the Kaiser Child Health Plan as an alternative to Healthy Kids (again, due to the enrollment hold); and
- Children who had been disenrolled from Healthy Kids.

Each focus group had different participation criteria. For the general Healthy Kids enrollees groups and the groups representing children with special health care needs we attempted to recruit parents who had children under age six who had been enrolled in Healthy Kids for at least six months. For the waiting list group, we recruited parents who had children between the ages of six and 18, who had been on the waiting list but were

subsequently enrolled in Healthy Kids, and who (preferably) had siblings between the ages of zero and five also enrolled in the program (but who were never on the waiting list). For the disenrollee focus group, we recruited parents who had a child aged zero to five who had been disenrolled for at least six months. Finally, there were no specific participation criteria for parents whose children were referred to Kaiser—by default, their children were between the ages of six and 19—however, we gave preference to parents with other children enrolled in Healthy Kids. With the exception of one focus group, all the groups were conducted in Spanish.

We recruited parents with the help of outreach staff at five community-based organizations (CBOs) contracted by the Los Angeles County Department of Health Services to provide outreach and enrollment assistance for the Healthy Kids program. To maximize the likelihood of successful recruitment, the evaluators selected agencies well known and trusted by community members. The agencies were:

- Northeast Valley Health Corporation, San Fernando, SPA 2;
- Miller Family Health Education Center (City of Long Beach Department of Health and Human Services), Long Beach, SPA 8;
- Vasek Polak Children’s Clinic and Family Health Center, Long Beach, SPA 8;
- Maternal and Child Health Access, downtown Los Angeles, SPA 4; and
- AltaMed Health Services, Eastern Los Angeles, SPA 7

Researchers provided outreach staff at each site with flyers and ‘talking points’ to assist in the recruitment process. The names and contact information of parents that expressed interest in participating were forwarded to Castillo and Associates, who in turn, contacted the parents to further screen them and verify that their children met the

participation criteria. Eligible parents who agreed to participate were sent confirmation letters together with an endorsement letter from the L.A. Care Health Plan stating their support for the focus groups and reinforcing their legitimacy. Finally, personal reminder telephone calls were placed to parents on the eve of each focus group.

Table 1. Focus Group Composition and Participation

Participant description	Location	Number of groups	Total number of participants
Parents of Healthy Kids enrollees	Northeast Valley Corporation; Miller Family Health Education Center; Maternal and Child Health Access; AltaMed	5	46
Parents of Healthy Kids enrollees with special health care needs/developmental delay	Vasek Polak Children’s Clinic and Family Health Center	2	8
Parents of children on the waiting list	Maternal and Child Health Access	1	5
Parents of children referred to Kaiser	Maternal and Child Health Access	1	9
Disenrolled children	Maternal and Child Health Access	1	3
<i>Total</i>		10	69

As detailed in table 1, a total of 69 parents participated in the ten focus groups, which were convened at the CBOs that facilitated recruitment. Each group lasted approximately 90 minutes; each parents received a \$40 incentive payment for their participation; and refreshments and on-site childcare were provided.

During the focus group design phase, the evaluation team developed five distinct, but similar, moderator’s guides each tailored for the different type of participant. Castillo and

Associates translated the guides into Spanish. Questions covered a range of topics regarding parents' experiences and perceptions related to:

- Outreach, enrollment, and renewal processes;
- Access to and utilization of services (including primary health, dental, developmental, and specialty care);
- Prescription drugs;
- Satisfaction with health care services;
- Experience with other types of insurance for their child (both currently and prior to enrolling in Healthy Kids);
- Cost-sharing and out-of-pocket costs for care;
- Special issues for parents of children with special health care needs.

All proceedings were audio taped and transcribed. Bilingual interpreters translated transcripts of the groups conducted in Spanish into English.

To analyze the results of the focus groups, evaluators followed commonly accepted qualitative research methods (Morgan 1997). Unabridged transcripts along with field notes prepared by the assistant moderators served as the basis for the analysis. Evaluators carefully reviewed each transcript and categorized participant responses using a data collection template that mirrored the content and structure of the focus group moderator's guides. Each transcript was independently reviewed by two analysts and categorizations of participant responses were compared, contrasted, and checked for consistency. Dominant themes and divergent opinions were noted, discussed, and summarized by topic area. Finally, relevant quotes were selected based on frequency and richness to illustrate key points within each category.

While reviewing the findings in this paper, it is important to keep in mind that focus groups represent a qualitative method of research. As such, they can provide valuable and nuanced insights into individuals' experiences with a particular product, process, or program (in this case, Healthy Kids). By their nature, however, focus groups obtain information from a relatively small number of individuals and thus, cannot be presumed to be representative of the entire population of interest. In addition, the authors acknowledge that the method for recruiting participants may have introduced some bias into the findings. For example, by recruiting parents from the CBOs that assisted them with outreach and enrollment, we may have been more likely to involve parents who had positive things to say about the outreach and enrollment process, or parents who were more active users of systems of care.

What is the Profile of the Focus Groups Families?

The Healthy Kids focus group participants were primarily women with young children. Most participants were Spanish-speaking and therefore nine of the ten groups were conducted in Spanish. The majority of families had between 1-2 children with ages ranging from 1 to 18. Children had a wide range of medical needs, from well-child and routine dental care, to care for chronic conditions including spina bifida, Down syndrome, cerebral palsy, autism, seizure disorder, cardiac and orthopedic problems.

Most families had lived in Los Angeles between three and ten years and had been enrolled in Healthy Kids for more than two years. A few families were relatively new to the area and had been enrolled for less than one year. Across groups, parents reported that their primary concerns were their children's health, safety and education. One parent of a

child with special health care needs was worried that her child would lose health insurance on his eighteenth birthday.

The majority of parents were uninsured themselves but highly valued health insurance. When asked why they did not have health insurance for themselves, most stated that they wanted health insurance coverage but it was too expensive and/or were told they did not qualify. Some parents also reported fear as a barrier for enrolling themselves in a health insurance program.

“You get scared (when attempting to enroll in health insurance) because you are not from here and they ask you for a lot of things... you need to know who to trust.” (Parent of Healthy Kids enrollee)

A few parents reported having Emergency Medi-Cal for themselves as well as for the siblings of children enrolled in Healthy Kids. Some siblings had other forms of public insurance (e.g., Medi-Cal/ Healthy Families); only one sibling was reported to be privately insured.

III. Findings Related to Outreach, Enrollment, Renewal, Disenrollment, and the Healthy Kids Waiting List

The following discussion synthesizes the major findings of our focus groups on issues surrounding outreach, enrollment, and renewal. Particular attention is also paid to the experiences of parents who had children placed on the Healthy Kids waiting list, and parents who had children disenrolled from the program.

Background. Outreach and enrollment assistance are fundamental components of the Los Angeles Healthy Kids Program, as they are of every county Children’s Health Initiative (CHI) in California. CHIs embrace a “universal” approach to outreach, striving to identify all uninsured children and link them to whatever insurance coverage they might be eligible for. Thus, outreach workers locate and engage families with uninsured kids, inform them of the potential availability of coverage, and then assist them with completing applications for Medi-Cal, Healthy Families, Healthy Kids, and other programs that might be available. In Los Angeles, First 5 LA channeled funding through the County Department of Health Services to contract with 15 community-based organizations to provide “OERU” (Outreach, Enrollment, Renewal, and Utilization) services, while The California Endowment contracted with 16 entities (some of which are the same as those working with DHS)⁵ to provide the same support.

The application form for Healthy Kids was modeled after the joint Healthy Families/Medi-Cal for Children application, and families are typically asked to provide only verification of income and county residency when applying.⁶ All applications must be verified by a Certified Application Assistor (CAA), who then submits them to L.A.

⁵ Eight of these agencies received funding from both sources.

⁶ Families are permitted to “self declare” income if they are unable to provide documentation.

Care Health Plan for processing.⁷ The Healthy Kids renewal process is also handled by L.A. Care. It is a semi-passive approach whereby renewal applications are preprinted with information obtained from the original application and mailed to parents approximately 11 months after their child enters Healthy Kids. Parents are asked to simply review, update (if necessary), sign and resubmit the renewal form for processing. LA Care and OERU agency staff make multiple attempts to contact parents by phone if they do not respond to renewal notices, in an effort to retain children in coverage whenever possible.

This evaluation's first focus group effort in 2005 found that parents had very positive experiences with outreach, enrollment, and renewal. Specifically, we learned that: the majority of parents learned of Healthy Kids from either a health care provider or a community-based organization; that they found the application and renewal processes "easy," the assistance they received as "very helpful," the turnaround time for notification of their status as "quick," and that trusted outreach workers were able to dispel most parents' fears of applying for a public health insurance program (Hill et al. 2006).

As described in the Introduction, the Healthy Kids enrollment system succeeded in enrolling nearly 45,000 children during its first two years. But it took only one year for Healthy Kids to exhaust the bulk of its funding support for children ages 6 through 18. Total enrollment for these older children had reached roughly 35,000 by June 2005 and due to rapidly shrinking funds, program administrators were forced to implement an

⁷ CAAs typically submit Healthy Families/Medi-Cal applications to the state's "single point of entry" vendor in Sacramento, or in some cases directly to the County Department of Public Social Services when it is clear that the child or family members are eligible for Medi-Cal.

enrollment “hold” for 6- through 18-year-olds.⁸ For ten months, L.A. Care maintained a waiting list of children who had applied for and were determined eligible for the program, and health plan staff made regular calls to families with children on the list to confirm their continued interest in enrolling in the program. With attrition from the rolls (primarily among children who reached their 19th birthday, moved out of Los Angeles County, or who failed to renew), children were allowed to enroll off of the waiting list (with priority given to children who had been on the longest). But this only helped about 200 children each month. By March 2006, in anticipation of an indefinite period of limited funding, program officials stopped accepting applications for children ages 6 through 18 entirely and also closed the waiting list. By this time, the list comprised over 4,700 children. Since that time, fundraising has been entirely directed toward maintaining coverage for children already on the program, rather than for new enrollees.

Despite renewal simplification efforts, the program still loses children who are eligible for the program. Ongoing monitoring of administrative data by this evaluation has documented that, consistently, about 80 percent of children eligible to renew after one year of enrollment successfully re-enroll (University of Southern California et al, 2008).

The following section provides insight into the experience of outreach, enrollment, renewal, and with the waiting list and disenrollment from the perspective of parents.

A. What Do Parents Say About Healthy Kids Outreach, Enrollment, and Renewal?

Healthcare providers lead the way in informing families of Healthy Kids. Nearly half of the parents participating in our focus groups said that they first learned of the

⁸ Children ages 0-5 were exempt from the enrollment hold and those “aging out” of the 0-5 age group (i.e.,

program through their health care provider—most often a community- or hospital-based clinic, a local health department, or a California Children’s Services (CCS) provider (in the cases involving children with chronic illnesses or disabilities). Other leading sources of referral were schools, WIC programs, and friends or family members. Only a small number of participants cited television or radio as the source from which they learned of Healthy Kids.

Community awareness of Healthy Kids has grown, and fewer parents are afraid to apply for help. Nearly half of parents told us that they thought Healthy Kids was well known in their communities, and some thought it was better known among Latinos compared to the general population.

“In my community, I think a lot of people know [about Healthy Kids]. There are a lot of low-income people where I live...a lot have Medi-Cal or Healthy Kids.”
(Parent of Healthy Kids enrollee)

“The only people, I think...that are aware of Healthy Kids are the Latin people, more than the other ethnic groups.” (Parent of Healthy Kids enrollee with special health care needs)

The other half of parents tended to disagree, however, and believed that the program needed more advertising and publicity.

“They know about Medi-Cal and Healthy Families, but not Healthy Kids.”
(Parent of Healthy Kids enrollee)

“I think it needs more advertising.” (Parent of Healthy Kids enrollee)

Compared to the first round of focus groups, however, fewer parents expressed fears of “public charge” when applying for coverage (i.e. fear that applying for assistance through a government program would lead to deportation or harm their chances of achieving citizenship). Many parents said that they had friends or family members on

children reaching their sixth birthday) were also exempt and allowed to continue their coverage.

Healthy Kids, so they figured it would be safe. This is an encouraging finding for policymakers and program administrators, as it suggests that the program has become well established and trusted.

“No, I wasn’t worried. I trusted what the social worker told me. He told me to apply and see if I was granted the insurance and that is what I did.” (Parent of Healthy Kids enrollee)

Despite increasing trust in the program some families had initial doubts regarding applying. In these cases, families’ concerns were adequately addressed by enrollment workers.

“(Not having documentation) did worry me because at the time I did not have legal papers...I just arrived here and they told me not to worry...they made it clear to me that it was not problem whatsoever.” (Parent of Healthy Kids enrollee with special health care needs)

Parents are unanimous in believing that the application process is easy. Every parent with whom we spoke felt that the Healthy Kids application process was easy. Perhaps this finding was a result of the fact that the majority of focus group participants received help from application assistants, but even those who completed forms on their own found them easy to complete.

“For me it was easy. I was mailed the application and filled it out by myself and mailed it back. The letter said that if I had any doubts to call the phone number. But it was very easy to fill out.” (Parent of Healthy Kids enrollee)

“I also...thought it was easy. The girl at the clinic is the one who filled it out for me.” (Parent of Healthy Kids enrollee)

“I think it was very easy. The first time I made an appointment, everybody was friendly. [The application assistant] was very helpful. She was fast enough so that I could get it done, but slow enough so that I could remember my details and information.” (Parent of Healthy Kids enrollee)

Parents were also satisfied with the speed with which applications were processed; most learned of their approval within two or three weeks.

Virtually all parents had gone through at least one renewal, and everyone said it was easy. In our initial focus groups, which were conducted when the program was just a little over a year old, only one-quarter of parents had experienced the renewal process. This time, virtually all parents had gone through the Healthy Kids renewal at least once, if not several times. And, encouragingly, all reported that the process was easy, whether they completed it on their own or received help in doing so.

“Each year I get a phone call [from LA Care] or they send a letter. With the phone call they ask me the same questions, about 10. I give them the information and they thank me for my time.” (Parent of Healthy Kids enrollee)

“I received the paperwork and everything was filled in, and it all seemed to be the same information [that I provided when I first applied]. The only thing I had to do was fill in the date and sign it.” (Parent of Health Kids enrollee)

Parents were aware of the importance of renewal. Many parents expressed the knowledge that renewal was important, and understood that they needed to complete the process if their children were to remain covered.

“I just know that every year I get a lot of paperwork and [that I] have to fill it out before it expires.” (Parent of Healthy Kids enrollee)

“[With my paperwork,] I went to my guardian angel...the person who helped me the first time.” (Parent of Healthy Kids enrollee)

Some parents also were aware that the program was closed (though they may not have understood that it was closed only for children ages 6 through 18), and that letting coverage lapse might mean that their child would not be able to re-enroll.

“You have to make sure that you renew your insurance because [the program] is closed.” (Parent of Healthy Kids enrollee)

“You have to be on top of that (renewal paperwork).” (Parent of Healthy Kids enrollee)

“They warned me that it’s very important and to make sure [I renew]. [My assistor] even told me that she listens to parents who forgot to do it, and they

come back to [her] and there is nothing [she] can do.” (Parent of Healthy Kids enrollee)

B. What Were Parents’ Experiences with the Enrollment Hold and Waiting List?

During our second round of focus groups, we wanted to speak with parents of children who had been affected by the enrollment hold. The highlights of this discussion appear below.

Parents had heard of Healthy Kids, but not the enrollment “hold,” when they applied for their children’s coverage. The five mothers with whom we spoke had heard of Healthy Kids, primary through friends or family, but did not hear of the enrollment “hold” until they were applying. Application assistors recommended that each parent still submit applications for their children, despite the hold. When asked how they felt about that, parents said:

“Well, at least it was hope.” (Parent of child on waiting list)

“I had a little bit of faith.” (Parent of child on waiting list)

“I was told that perhaps in May [the program] would open up.” (Parent of child on waiting list)

“Ms. [assistor] told me that the minute the program opened up, she was going to call me.” (Parent of child on waiting list)

At the time of our focus groups, all of these parents’ children remained on the waiting list, and had been on it between one and nine months.

Most parents were referred to Kaiser, but none were able to obtain coverage under that program. During this evaluation’s case studies, outreach workers told us that they routinely referred parents whose children were affected by the enrollment hold to Kaiser Cares for Kids (a low-cost health insurance program for low-income families offered

through Kaiser Permanente, discussed in Section V of this report). This was the case for four out of the five parents in this focus group, but none of these parents succeeded in enrolling their children in that program.

“I called Kaiser because I was told they may have a program, but they did not.”
(Parent of child on waiting list)

“[Kaiser] told me that right now they did not have anything for us. They told me to keep calling.” (Parent of child on waiting list)

“I did not call [Kaiser] because I wanted to know what would happen with [Healthy Kids]. (Parent of child on waiting list)

Parents cared less about having their children “split” among more than one program than they did about obtaining coverage at all. Because the enrollment hold only affects children ages 6 through 18 (enrollment for children ages 0 through 5 remains open), it creates the potential that families might have children covered under different program (e.g., Healthy Kids for a young child, and Kaiser for an older child). When asked whether they would find this situation problematic, two parents said:

“As long as [my children] have insurance, I don’t care.” (Parent of a child on waiting list)

“I [wouldn’t] mind having them in different program, I just want the coverage.”
(Parent of child on waiting list)

Children needed and obtained care while on the list, but it was challenging to arrange and out-of-pocket costs were high. Without insurance, parents with children on the waiting list appeared to rely on “safety net” providers for their children’s care. One parents spoke of taking her child to a mobile unit that was visiting their school, another spoke of a visit to the hospital because her son “got really sick,” two describe using hospital-based clinics, while another was able to see her child’s pediatrician. And while care was judged as satisfactory, there were psychic and financial costs.

“Oh yes, you have to wait a long time to see the provider...and it is hard to get an appointment with them.” (Parent of a child on waiting list)

“I buy the medication which is about \$60...I have to pay \$30 for the office visit...and if I see that I just can’t make ends meet then I give the older one whatever they prescribe to my younger children.” (Parent of child on waiting list)

“With the dentist, they told me it was going to cost \$700...but I could not afford that. But last week I had to take her because the pain was very much...I just had to take her.” (Parent of child on waiting list)

Parents with uninsured children place very high value on health insurance. Parents were asked how their feelings would change if their children were moved off the waiting list and onto Healthy Kids. Universally, families place a very high value on health insurance noting that it provides improved access to health care, lowers financial burdens and leaves them feeling more secure.

“I would feel very happy, because I would be able to take my child somewhere if he gets sick.” (Parent of child on waiting list)

“[I would feel] more security that when the child has an emergency or he needs a check up, he can go to the clinic and be seen.” (Parent of child on waiting list)

“Imagine when I get the insurance and I don’t have to pay for anything... I am going to feel more supported.” (Parent of child on waiting list)

“It is better to have the insurance. You get treatment better and faster.” (Parent of child on waiting list)

C. Why Did Some Children Disenroll From Healthy Kids?

Although disenrollees represent a relatively small group, we wished to further explore reasons for disenrollment with one of our focus groups.

Parents knew of the need to renew and wanted to renew, yet they had trouble with the paperwork. The parents with whom we spoke had had their children enrolled in Healthy Kids for between one and three years before they were disenrolled. All parents

were aware of the need to renew, but each faced barriers in completing the necessary paperwork. For example, one could not get time off from work to meet with an application assistor to compete the renewal form.

“I did not get permission from work to come to [the community based organization] and fill out the paperwork...then I received another letter telling me [my child] was terminated from the insurance.” (Parent of disenrolled child)

Another did not understand how to complete the renewal documents.

“I just don’t know how to fill out those [renewal] papers.” (Parent of disenrolled child)

Some families had successfully renewed in the past, when their circumstances were different. But they still needed assistance to complete the renewal paperwork.

“[In the past] I did [renew]...I wasn’t working as much and I had more time... I had received a paper in the mail [but] I did not know what it was... My sister-in-law referred me to [the CBO], so I came here and that is why I renewed the papers.” (Parent of disenrolled child)

At the time of the focus group, children in these families had been disenrolled for less than three months, and all were on the Healthy Kids waiting list.

Disenrollees had been active users of services when on the program, but many parents noted they had encountered barriers to access. While enrolled in Healthy Kids, families had used health services for their children’s physical exams, dental visits and vaccines. Children received services at both community clinics and private physicians while enrolled. Provider location was a key factor in choosing a primary care physician. The majority noted that their primary care provider spoke their language. However, one reported significant language barriers resulting in significant confusion for her and her family.

“The doctor did not speak any Spanish and they were confused and told me [my child] had cancer and I was referred to the hospital and it was chaos and I was out of my mind... (Parent of disenrolled child)

Families were aware they could obtain vision and dental services, but only one family obtained dental services while enrolled in Healthy Kids.

“I did use the dentist for my daughter. They found cavities in her teeth and they did a cleaning...they gave her very good treatment...they even gave me a toothbrush” (Parent of disenrolled child)

One family was referred to a specialist, but was unable to go because of a lack of transportation.

“I was referred [to the specialist], but I never kept the appointment...I never went because it was too far for me.” (Parent of disenrolled child)

All parents noted that the copayments were affordable for them; however, they agreed that it would be better if it were free.

“That would be even better [if it were free], but 5.00 is still a very cheap price.” (Parent of disenrolled child)

Children had better access to health care services when they were on Healthy Kids.

Some parents reported better access to health care and more continuity while their children were on Healthy Kids.

“Well I think it is a good idea to have Healthy Kids because I think they help you faster. When you go to a free clinic it is first come first serve and depending on where you are in line...sometimes they will see you and sometimes they won’t. And with the Healthy Kids you go, you sign in, show your card and they start calling you, the service is fast.” (Parent of disenrolled child)

“It is better [when you have Healthy Kids] because you have one doctor and when you don’t have Healthy Kids, the child is seen by different doctors.” (Parent of disenrolled child)

Some delayed care since losing Healthy Kids coverage.

“If I had insurance, I would take [my sick child] immediately [to the doctor] but what I was thinking of was the cost, what I was going to get billed.” (Parent of disenrolled child)

Parents regretted losing their children’s coverage. All parents in this focus group expressed regret at having their children disenrolled from Healthy Kids.

“I regret not having the time to fill out the papers because my son got sick and I had to pay about \$185.00 for the visit and then everything else that came after that.” (Parent of disenrolled child)

“The next time I get a paper [renewal] I am going to fill it out immediately.” (Parent of disenrolled child)

“[Without Healthy Kids/health insurance], you feel strange and weird, lost, that you can’t do anything when the child is sick.” (Parent of disenrolled child)

All parents of disenrolled children expressed a desire to re-enroll their children.

IV. Findings Related to Access to Care

The following section discusses the major findings of our focus groups on issues surrounding access to care. Specifically, we addressed: access to primary care, dental care, specialty and developmental care, and pharmacy benefits; perceptions of cost sharing; and whether or not parents have and use Emergency Medi-Cal coverage for their children. Throughout, special issues for parents of children with special health care needs are highlighted.

Background. The Healthy Kids program covers a full range of preventive, primary, acute, and specialty care services; dental and vision care; rehabilitative therapies; pharmacy; and behavioral health services. Services are financed on a capitated basis and delivered through a network organized and administered by the L.A. Care Health Plan, a not-for-profit community health maintenance organization with years of experience serving low-income county residents under Medi-Cal and Healthy Families. L.A. Care's network includes most of the county's "safety net" providers, including Federally Qualified Health Centers, community clinics, County health departments, and public hospitals. Dental and vision services are provided under subcontract by Safeguard Dental and VSP Health Plan, respectively, and enrollees with qualifying chronic conditions or disabilities receive their specialty care under a "carve out" arrangement with the state Title V/California Children's Services (CCS) program. Healthy Kids charges monthly premiums on a sliding scale basis, such that families with incomes below 133 percent of the federal poverty level (FPL) pay no premiums; between 134 percent and 150 percent FPL pay \$4 per child (to a maximum of \$8 per family); and between 151 and 300 percent FPL pay \$6 per child (to a maximum of \$12 per family). All families, regardless of their

income level, pay \$5 copayments when making outpatient physician or clinic visits, an emergency room visit, or when obtaining a prescription drug.⁹ Administrative data monitored by this evaluation finds that just over half of children enrolled in Healthy Kids obtain their care from safety-net providers. (University of Southern California et al, 2008).

A. What Do Parents Say about Access to Primary Care?

During this evaluation's first round of focus groups, conducted in spring 2005, parents reported that they were using a wide array of services and finding it easy to identify a primary care provider, but many said that they were frustrated by long waits to see a provider (Hill et al, 2006). This second wave of focus groups further explored access to care issues among families of children currently enrolled in Healthy Kids.

Families are regular users of primary care services and report timely access to their primary care provider. Most parents took their children to a provider in the past 12 months. Parents mentioned visiting their primary care provider for a wide range of reasons including well-child care, care for a chronic condition (e.g., asthma), and routine illnesses such as cough or colds. The majority received care at a community clinic or private provider, while only one mentioned use of emergency services while enrolled in Healthy Kids.

Families of children with special health care needs (CSHCN) were more frequent users of health care services, with three to six visits in the past 12 months. All children

⁹ Copayments for prescription drugs do not apply to drugs provided to a member as an inpatient, in a doctor's office, or in an outpatient setting. In addition, there are no copayments for FDA-approved contraceptive drugs and devices and respiratory devices for asthmatics.

with special health care needs received care at a clinic, typically a tertiary care hospital-based clinic that was also their usual source of care.

“I take my child to the spina bifida clinic because that is where all the experts are.” (Parent of child with special health care needs)

“He gets sick very often, he gets constant check-ups, every three months, he has had various surgeries and there are more to come so I have to check him on a regular basis.” (Parent of child with special health care needs)

Provider selection was an easy process for most families with the majority choosing a provider from the published provider list created by L.A. Care.

“When you are applying [the list] is given to you... you can go through it and see if anything [clinic/provider] is close to you.” (Parent of Healthy Kids enrollee)

Some families continued with their existing primary care provider, while others chose a new primary care provider, most often based on proximity.

“I chose the doctor that I wanted because she has been seeing my children for a long time. I have always kept my appointments with her.” (Parent of Healthy Kids enrollee)

“I used to take him to a different clinic, but now I bring him here because it is closer.” (Parent of a Healthy Kids enrollee)

Similarly, among children with special health care needs, one parent continued with the same primary care provider that she had prior to enrolling in Healthy Kids, while others were assigned to a new provider.

“I asked the doctor if he belonged to [Healthy Kids] ...and he said yes.” (Parent of child with special health care needs)

“They assigned a physician to me and I did not like how he was treating my child.” (Parent of child with special health care needs)

Some families chose a new provider in order to have the same provider for both children.

“I switched my son to the clinic because the same doctor sees both of my kids and I like that.” (Parent of Healthy Kids enrollee)

The majority of families were able to make an appointment within one to two weeks of calling. A few experienced waits longer than one month to see their primary care provider. Typically, more urgent needs were given earlier appointments.

“[My doctor’s office] is really fast when my daughter has a sore throat or her ear hurts...for check ups it takes 10 days which is not bad.” (Parent of Healthy Kids enrollee)

Among children with special health care needs, parents were able to obtain acute care visits within a week and one had a note from his provider stating that the child should always receive same-day appointments. Parents needed to schedule physical exam appointments between one and three months in advance.

“I asked...and in about 2 days I got the appointment. However, if he is very sick and I need an immediate visit, they will see me the same day.” (Parent of child with special health care needs)

“The doctor gave me a card, just in case they do not want to see him the same day, which states that he requires immediate attention and needs to be seen the same day.” (Parent of child with special health care needs)

Although many families reported timely care, some were frustrated by long waits and lack of continuity with the same providers. Families experienced variable wait times in the office to see their primary care provider, ranging between 30 minutes to 5 hours.

“Thirty minutes is probably the longest [I have had to wait to see the doctor].” (Parent of Healthy Kids enrollee)

“Our clinic takes a long time [to see the doctor]...more than 5 hours.” (Parent of Healthy Kids enrollee)

All parents of children with special health care needs experienced long waits—between one and six hours—to see their provider on the day of their appointment. Walk-

in appointments typically would take “all day.” However, more severe cases would receive prompt attention.

“Sometimes [it takes] six hours [to see the provider]. I think it depends on how many children were seen that day.” (Parent of child with special health care needs)

“If you go without an appointment, it might take the entire day.” (Parent of child with special health care needs)

“My child...had a 40 degree temperature and was immediately taken into another room to be seen, but if it is just a cold or something less severe it would have to wait.” (Parent of child with special health care needs)

About half of families see the same primary care provider for most visits. However, many complained of seeing different providers at each visit.

“My child has a primary doctor and I don’t even know who he is. That is the problem—that I take my child and they give him a medication to take and when I go back the next month [and see a different doctor], they change the medication and put him on something else” (Parent of Healthy Kids enrollee)

For the majority of families, their primary care provider was convenient, with commute times between 10 minutes and 1 hour. A few had cars while others walked or took public transportation to their appointments.

“I take two buses [to primary care provider’s office], it takes me one hour to get there.” (Parent of Healthy Kids enrollee)

Families are confused about coverage for some services. Although many families understood that Healthy Kids covered services such as vision and dental, many were confused about the scope of coverage with regard to emergency services, hospitalizations and prescription medications. Many received handbook materials, but did not understand the information or could not take time to read the description of benefits.

“They send you a lot of material and documentation regarding Healthy Kids and you keep putting [reading the material] off.” (Parent of Healthy Kids enrollee)

Similarly, among families of children with special health care needs, most parents reported they had some understanding of the benefits and coverage available through Healthy Kids, though some were confused about the benefits and asked for additional information.

“I know that it [Healthy Kids] covers everything that is done at [the clinic], the services there, the medication, the eye doctor visit, dental.” (Parent of child with special health care needs)

“I know that CCS is the one that covers me for orthopedics right now. But I would like to know what else are the benefits [of Healthy Kids].” (Parent of child with special health care needs)

“I would like someone to explain to me exactly what is covered by Healthy Kids.” (Parent of child with special health care needs)

Informal developmental screening is performed by most primary care providers (PCPs); other resources (e.g., schools, specialty clinics) address many families’ developmental concerns. About half of families noted that their primary care provider asked about their child’s development, typically within the context of a well child visit.

“[My children] recently received a physical exam because the school was requiring it and they asked about nutrition... and [development].” (Parent of Healthy Kids enrollee)

A few parents recalled that their provider performed a formal developmental assessment.

“[My provider] gives me a paper to fill out and that is where the questions are, regarding what kind of food he eats and how he is developing and you fill all that out and turn it in to them.” (Parent of Healthy Kids enrollee)

Among those who were not asked about their child’s development, some asked the provider to answer a developmental question or discussed their child’s development with a different resource such as school counselor or teacher.

“You have to tell [the primary care provider] that there is something going on [regarding child’s development], but [otherwise] he does not tell me anything with regards to that [development].” (Parent of Healthy Kids enrollee)

“I have a situation with my middle boy. I haven’t said anything to the doctor yet because I am waiting for his teacher to let me know... I think he has some speech problems...his pronunciation is funny and I told his teacher.” (Parent of Healthy Kids enrollee)

“My child received speech therapy but it was not through Healthy Kids, it was through this [other] clinic.” (Parent of Healthy Kids enrollee)

Some children with special health care needs were receiving developmental services such as speech and occupational therapy while others were referred to specialists for further assessment of their development.

“They asked me a lot of questions regarding those things [development] when he was first in the plan...they told me he needed to see a specialist.” (Parent of child with special health care needs)

“They have a therapist...and twice a week they give my child therapy.” (Parent of child with special health care needs)

Most Primary Care Providers are able to communicate in families’ preferred

language; overall families are satisfied with care. Most primary care providers spoke (with varying fluency) the families’ preferred language. Those who did not often relied on staff to translate.

“My doctor is American but she speaks a lot of Spanish. [When] I do not understand I let her know in English... and then she call(s) her nurse and the nurse will explain it to me.” (Parent of Healthy Kids enrollee)

Overall, most families are satisfied with their primary care provider and felt that their health care was better now that they were enrolled in Healthy Kids.

“[Now that my daughter is enrolled in Healthy Kids], I know that she is being cared for more, I am happy with their [clinic’s] service.” (Parent of Healthy Kids enrollee)

B. What Do Parents Say About Dental Care?

During this evaluation's first focus groups, many parents reported seeking dental care for their children and, further, most were satisfied with the care their children received.

However, some reported difficulties finding a dentist—particularly one that would see a young child—while others experienced long waits for appointments (Hill et al, 2006).

During our second case study of Healthy Kids implementation, we obtained detailed information about the Safeguard network, its large supply of general dentist and its more limited number of participating pedodontists. However, we also learned of problems that had emerged with the program's primary dentist selection process. Specifically, L.A. Care and Safeguard had not worked out a system for electronically transmitting information on parents' dentist selections. This led to auto-assignment of dentists to children by Safeguard, resulting in confusion among families that had chosen one dentist, but were assigned to a different dentist.

Another challenge arose surrounding cost sharing. While Healthy Kids rules say that children are not subject to copayments for the vast majority of dental services—a \$5.00 copay is only required when a child needs a crown or root canal—dentists we spoke with described how they routinely charge and collect \$5.00 for every Healthy Kids encounter, and advocates reported that some clients told them they were getting charged much more—sometimes as much as \$100—for having cavities filled (Hill et al, 2008). During our second round of focus groups, we set out to explore these issues with parents.

Most parents said their children had seen a dentist, but some were still not aware that dental services were covered by Healthy Kids. Approximately 80 percent of parents participating in our focus groups reported that they had taken their children to see a

dentist. Most children had visited the dentist twice in the past year although some had three or more visits in the same time period. About half of all visits were for routine check-ups and cleanings, while the other half were for treating cavities. However, echoing other conversations about some confusion over Healthy Kid's coverage, three parents were not aware that dental care was part of the benefit package.

"There are just things that you don't know... You are blind to new services."
(Parent of Healthy Kids enrollee)

Finding a dentist was easy and most parents were pleased with how quickly they could make an appointment for their children. Parents told us that they selected primary dentists for their children in much the same way as they selected primary care doctors—from a "handbook" given to them by L.A. Care. Most expressed that this process was easy, that they chose their dentists based on proximity and location and that there usually were three or four dentists in their area to choose from. Most parents were able to see dentists that spoke their language. Moreover, most also described how quickly they could get appointments for their children and be seen by dentists, often remarking that the process was quicker than for physicians. .

"They (the dental office) are fast." (Parent of Healthy Kids enrollee)

"Whatever time the appointment is for is when they are seen." (Parent of Healthy Kids enrollee)

"I like it because the wait is less, they are very friendly and nice." (Parent of Healthy Kids enrollee)

Experiences among parents of children with special health care needs were quite similar—all such children had received dental care while enrolled in Healthy Kids, and the majority of parents chose their dentist from the Healthy Kid's list (though one reported that her social worker helped her choose a dentist). It seemed, though, that

parents of CSHCN had to wait longer to get a dental appointment—often more than a month—most likely due to their children’s disability status and/or their need to see a pediatric dental specialist. Parents of CSHCN also said that none of the dentists spoke Spanish, but they all had staff that could translate.

Many parents were unhappy with their child’s dentists and felt compelled to change dentists. Despite the relative ease with which parents selected dentists and scheduled their first appointment, a large number of parents told us that they had elected to switch dentists, in some cases multiple times. In one case, it was because it was taking too long to get an appointment. In two other cases, mothers did not like the office setting:

“It wasn’t a child-conducive environment...they were kind of strict with kids and I wanted a child friendly place where they have...toys, because kids are kids, and they run around.” (Parent of Healthy Kids enrollee)

“The first dentist was not kid friendly and even the medical assistants did not smile.” (Parent of Healthy Kids enrollee)

But in the majority of cases, parents changed dentists because they believed they were being inappropriately charged for services. As noted above, according to Healthy Kids policy, families should not be charged copays or additional fees for dental services (other than a \$5 copay for root canal or crown). However, many families reported being charged for (and paying) large dental bills and copays while enrolled in Healthy Kids.

“It was very upsetting because he charged me \$25 twice. And then I called [Healthy Kids] and they told me his is not supposed to charge me a single penny because he charged the insurance. It made me feel like I couldn’t trust him anymore.” (Parent of Healthy Kids enrollee)

“I have two kids that needed fillings, and I paid \$110 for each tooth. It was so expensive! I couldn’t do anything but get the work done. I paid. So, I looked for another dentist...” (Parent of Healthy Kids enrollee)

“The receptionist said we have to pay... I think we were supposed to pay \$15 or something like that...” (Parent of Healthy Kids enrollee)

“I think there are a lot of dentists who are being abusive with the customers. They take the money from the system and they take the money from the patient. It is very upsetting.” (Parent of Healthy Kids enrollee)

Though it was of little consolation, these parents reported that it was, at least, easy to change dentists.

These findings reinforce the message that was obtained during our second case study site visit—that some families are being inappropriately charged copayments, sometimes large copayments, for their children’s dental care. Whether this behavior on the part of dentists is due to confusion over program rules, or is intentional, it is having a negative impact on families and merits investigation by program administrators.

C. Have Children Been Able to Access Specialty Care?

The evaluation’s first focus groups with parents found that approximately 20 percent reported that they had obtained specialty care for their children while they were enrolled in Healthy Kids, including cardiology, optometry, rheumatology and dermatology. These families were generally satisfied with their sub-specialty care. We again explored access to and satisfaction with sub-specialist services during this second wave of focus groups, but this time, we heard more negative opinions.

Access to sub-specialty care is limited, and language barriers were often encountered. Only a few families sought specialist care, including rheumatology, cardiology, orthopedics, psychiatry and a “sleep specialist” while enrolled in Healthy Kids. Overall, families noted poorer access to specialty care compared to primary care, and families generally waited longer and traveled further to see a specialist. Specialists

often did not speak the families' preferred language and some did not have multi-lingual documents.

“My oldest son had something with his feet. It took three weeks to get a referral and another month and a half to get an appointment with the specialist.” (Parent of Healthy Kids enrollee)

“The sleep apnea physician [spoke] only in English and the information was only in English as well and I asked them to please give me the information in Spanish and they told me they did not have any materials in Spanish.” (Parent of Healthy Kids enrollee)

“The cardiologist is the one who saw him, he did not speak any Spanish but the nurse did.” (Parent of Healthy Kids enrollee)

Despite these reported barriers, many families were satisfied with the care they received from the specialist.

Children with special health care needs use more sub-specialty services and parents of these children are generally satisfied with sub-specialty care. Families of children with special health care needs were more intensive users of sub-specialty services. One-half of these families reported a need for sub-specialty care, including neurosurgery, orthopedics, urology, cardiology, gastroenterology, pain management specialist and pulmonology. Overall, most parents of children with special health care needs continued to receive services from the same sub-specialty providers after enrolling in Healthy Kids and reported no change in their treatment after enrolling. Wait time to obtain an appointment ranged from one week to five months. Some children were seen on a regular schedule (e.g., every three months). Although many specialists were local, a few were in adjacent cities. Some families were able to travel long distances to see the specialists, while others could not make the trip.

“The specialist that used to treat my son went out there [to a hospital in Anaheim]...I trusted the doctor but the visits were in Anaheim, I told them it was just too for me to travel.” (Parent of child with special health care needs)

Overall parents of children with special health care needs were satisfied with the care received from sub-specialists. However, one mother reported dissatisfaction with services from her pain management specialist.

“I called [the specialist] and told him what was going on with my child, that the medication he gave the child was not working, it was making him worse. He told me OK, don’t give it to him and he has not returned my call or anything like that.” (Parent of child with special health care needs)

D. What Have Been Parents’ Experiences with Pharmacy Coverage?

For Healthy Kids enrollees, L.A. Care covers all medically necessary prescription drugs according to a drug formulary, which is reviewed quarterly by a committee of participating physicians and pharmacists. The health plan will approve nonformulary drugs that are medically necessary, however prior authorization from L.A. Care is necessary. The plan provides generic drugs unless they are unavailable or medically contraindicated. Members must visit participating pharmacies to get their prescriptions filled, however, the list is extensive and covers most of the leading chain pharmacies (e.g., CVS and Rite Aid), as well as independents and hospital pharmacies.

Most Healthy Kids parents have some experience accessing prescription drugs for their child. Virtually all Healthy Kids parents participating in the focus groups reported getting prescription drugs for their child at some point while enrolled in Healthy Kids. However, the number of pharmacy visits in a year varies between parents. Most participants reported they get prescription drugs less than three times a year, but several children require prescription medications more regularly and some on a monthly basis.

Of note, parents of Healthy Kids enrollees with special health care needs reported once-a-month visits to the pharmacy for their child and sometimes for multiple medications.

Parents reported having no trouble finding a pharmacy that accepted Healthy Kids and they visited a variety of different places to get prescriptions filled. Some participants used the pharmacy located in the hospital or clinic where their child receives care, while others used national chain pharmacies, such as CVS and Rite Aid, as well as grocery store pharmacies.

For most parents of Healthy Kids enrollees, the cost of medications is affordable.

Parents of Healthy Kids enrollees were unanimously very satisfied with their pharmacy benefits and found the \$5.00 copayment affordable—even when their child had multiple prescriptions.

“It is very easy, they take your information, and depending on what the doctor prescribed, you just pay five dollars.” (Parent of Healthy Kids enrollee)

“I don’t think the five dollars for medication is a lot of money to pay.” (Parent of Healthy Kids enrollee)

“Honestly, I thought I had won the lottery...they gave me the medication for half the price of what it was costing me...it was very surprising for me when I went to get the medication and it was only five dollars.” (Parent of Healthy Kids enrollee)

Parents reported that the pharmacy benefits are a very important component of the insurance plan. In fact, for some parents of children with special health care needs, gaining prescription coverage was the primary reason they enrolled in the plan.

“CCS was not going to cover all of my child’s medication and [my child’s provider] told me that it would be better if I enrolled my son in Healthy Kids.” (Parent of child with special health care needs)

“When you pay for the medication they give you a receipt of what you paid and what it costs and you look at the receipt you think to yourself, my God, I would not have been able to pay for this medication (without Healthy Kids), and my son

would have died; that is the first thing you think of.” (Parent of child with special health care needs)

While most parents appreciated the pharmacy benefits, some reported finding it hard to pay for brand name drugs not fully covered by the plan. This was especially problematic for the parents of children with special health care needs—frequent users of prescription medications. These parents reported paying a discounted rate for noncovered drugs and when unable to afford the drugs, they sought payment help.

“When I don’t have money to pay for it, I will go to the CCS social worker and ask for help and tell them that I just can’t pay the medication this month.” (Parent of child with special health care needs)

“They give me a little bit of a discount, but still it [medication] is expensive.” (Parent of child with special health care needs)

“I had a prescription [that wasn’t covered] so I had to pay.” (Parent of Healthy Kids enrollee)

However, parents still reported fewer out-of-pocket expenses after enrolling in Healthy Kids.

The cost of prescription drugs appears to be an access barrier for parents with uninsured children. Parents who participated in the waiting list focus group expressed frustration at the cost of medications and the lack of coverage provided by Emergency Medi-Cal.

“I have not been able to fill the medication because I don’t have the money for that...they sent me Emergency Medi-Cal but I can’t get the medication because I can’t pay for it”. (Parent of child on waiting list)

“The medication is the thing that I cannot pay for.” (Parent of child on waiting list)

Some parents of uninsured children (both those on the waiting list and disenrolled children) reported finding unique, but medically undesirable ways to access medicines.

One parent reported sharing prescription drugs between her children when she is unable to afford separate prescriptions, and other parents seek help from relatives outside the U.S.

“My father sent me medication from Guatemala.” (Parent of disenrolled child)

“My sister is in Mexicali and she is the one that sends me the medication that I need. I tell her what I need and she sends it.” (Parent of child on waiting list)

E. What Do Parents Say About Cost Sharing?

Administrative data monitored by this evaluation show that the vast majority of families participating in Healthy Kids—86 percent—are exempt from having to pay monthly premiums by virtue of possessing income below 133 percent of FPL (University of Southern California et al, 2008). As discussed above, however, all families are subject to copayments when they visit a doctor or have a prescription filled. Our first focus groups found that copayments were affordable for the vast majority of families, that parents felt fine about contributing to a portion of the cost of their children’s coverage and that out-of-pocket costs were much higher when their children were uninsured (Hill et al. 2006). Still, it was important to continue talking with parents about their perceptions of cost sharing during this second round of focus groups.

A higher proportion of focus group participants pay premiums, but felt that the payments were affordable. Roughly one-quarter of the parents in our focus groups said that they pay monthly premiums for their children’s coverage under Healthy Kids (which is twice as many as the general enrollee population, according to program data). Premium payments varied based on the number of children in each family, but reportedly ranged from \$5 to \$12 per family per month. Parents were equally divided between those that

paid by cash and those that mailed in a personal check, and only one of seven premium payers paid six months of premiums in advance so that they could obtain the program's 25 percent discount. None of the parents had heard of "premium assistance," but none felt that they needed it.

"[The premium] is very affordable...compared to private insurance." (Parent of Healthy Kids enrollee)

Parents were unanimous in their opinion that the \$5.00 copayment was affordable and appropriate. Every parent we spoke with felt that the \$5.00 copays charged by Healthy Kids for doctor visits and prescription drugs were fair and affordable.

"It (the amount of copay) is perfect." (Parent of Healthy Kids enrollee)

"It's okay because you would have to pay more without insurance." (Parent of Healthy Kids enrollee)

"They are helping you with the insurance and the medical care, and I think it is fair that we contribute some kind of money to the insurance program." (Parent of Healthy Kids enrollee)

When asked if they ever delayed going to the doctor because of the prospect of having to pay the copayment, parents always said "no." These findings thus reinforce the strong findings of this evaluation that cost sharing is not creating a barrier to enrollment or service use, at least among those families that have enrolled in the program.

F. Do Children Continue to Have and Use Emergency Medi-Cal?

According to the evaluation's first household survey, approximately 50 percent of parents reported that their children possessed Emergency Medi-Cal at the time they enrolled in Healthy Kids (Howell et al. 2006). The first focus groups also found that roughly one-half of parents of children enrolled in Healthy Kids said that they possessed and used their Emergency Medi-Cal card when obtaining services for their children, in addition to

or instead of their Healthy Kids card. Typically, parents said that they believed that Emergency Medi-Cal should be used when receiving emergency services, while the Healthy Kids card could be used for doctor visits. In the current series of focus groups, we once again asked families about their possession and use of Emergency Medi-Cal while enrolled in Healthy Kids.

Families continue to possess Emergency Medi-Cal in addition to Healthy Kids; some use Emergency Medi-Cal and others Healthy Kids for emergency visits. The majority of parents with whom we spoke possessed and had used an Emergency Medi-Cal card in addition to their Healthy Kids card. As was the case in the first focus groups, most parents had Emergency Medi-Cal for themselves as well as for the entire family. When seeing their primary care providers, the majority of families reported showing their Healthy Kids card at the time of the appointment.

More confusion was reported when parents sought emergency care, however. Some reported that hospital emergency room staff specifically asked for the Emergency Medi-Cal card. Other parents said that they showed both cards at the emergency room and that the provider chose the Emergency Medi-Cal card. One parent of a child with special health care needs was asked for all the child's cards when receiving emergency services.

“When I go to the hospital I show [Emergency] Medi-Cal and [when I go to] the clinic [I show] Healthy Kids.” (Parent of Healthy Kids enrollee)

“In the hospital, they ask me if I have Emergency [Medi-Cal] ...and in the clinic, they do not accept the [Emergency] Medi-Cal and they ask for [Healthy Kids].” (Parent of Healthy Kids enrollee)

“My child has [Healthy Kids]. When I take him under an emergency situation, I take him with his [Healthy Kids] card.” (Parent of Healthy Kids enrollee)

“When I go to emergency they ask me for all three—CCS, Medi-Cal and Healthy Kids.” (Parent of child with special health care needs)

V. Experiences of Families Referred to Kaiser Child Health Plan

The Kaiser Child Health Plan, also known as Kaiser Cares for Kids, has eligibility guidelines similar to those of Healthy Kids. However, unlike Healthy Kids, this program requires all families, regardless of income level, to pay monthly premiums ranging from \$8 to \$15 per child. Once enrolled, Kaiser members are required to obtain services at the health plan's facilities and are not covered for care received at other sites in the community. In addition, enrollment in Kaiser Cares for Kids opens and closes intermittently, based on funding. Despite these potential barriers, Kaiser has been an attractive option for some families with children on the Healthy Kids waiting list.

We conducted one focus group with eight parents of children who were referred to Kaiser. Participants were asked about their experiences with enrolling, access to services, cost sharing, and overall satisfaction with the program. The majority had been enrolled in Kaiser for more than one year.

Families learned about Kaiser through a variety of sources and many enrolled with application assistance. Families first learned about the Kaiser program through schools, friends, community-based organizations, application assistors and print advertisements.

“At the school, my son takes extra classes for English and there was a class [to explain] Kaiser.” (Parent of Kaiser enrollee)

“There was a fair at the school and that is how I found out [about Kaiser].” (Parent of Kaiser enrollee)

“It was by accident that I found a flyer in the street [regarding Kaiser].” (Parent of Kaiser enrollee)

Some families had attempted to enroll in Healthy Kids, but were placed on the waiting list for that program. Despite being on the waiting list, one parent expressed hope in finding health insurance for her child and was ultimately able to enroll her in Kaiser.

“I had faith that I was going to be able to get health insurance for my children.”
(Parent of Kaiser enrollee)

Many received assistance in completing their applications for the Kaiser program.

Application assistants informed families of a variety of options when applying.

“[The application assistor] said there were different options for low income families or another program and it was called the Kaiser plan...and, of course, Emergency Medi-Cal.” (Parent of Kaiser enrollee)

Families chose Kaiser Cares for Kids for a variety of reasons including preferring to have all services in the same location, having all children eligible for services in the same location and seeking care for a chronic medical condition.

“I chose Kaiser because they have everything at the same place, dentist etc...Kaiser is all under the same roof and it is easier.” (Parent of Kaiser enrollee)

“They offered Healthy Kids for both girls but then I was pregnant ...they told me the baby was going to have regular Medi-Cal or you can have your child on the waiting list for Kaiser and when you get approved, then you will have all three kids in the Kaiser program.” (Parent of Kaiser enrollee)

“I like Kaiser better because everything is under one roof.” (Parent of Kaiser enrollee)

Families learned of their enrollment within two weeks of completing the paperwork.

Families accessed primary, specialty, and dental care and pharmaceutical services through Kaiser Cares for Kids. After enrolling in Kaiser, families visited their providers between two and six times for conditions such as asthma, epilepsy, ear infections and routine well child care. Families sought care at Kaiser affiliated clinics and hospitals. Although the wait on the phone could be longer than 15 minutes, all were helped in Spanish and all obtained same day appointments for urgent care issues. A few families traveled 20-30 minutes to the clinic or hospital; one traveled a long distance for a neurologist.

Children were able to see the same primary care provider in most cases. Some Kaiser providers speak Spanish while others rely on nurses to translate. All providers asked about child development during visits, but none told the family that they were conducting developmental testing.

“[The primary care provider] did ask me...if she walked, did she balance herself when she walked, how well did she speak, did she watch TV.” (Parent of Kaiser enrollee)

“[The primary care provider] asked me about his teeth, what are the things he would do and if I talked to him, did he respond, would he listen well.” (Parent of Kaiser enrollee)

“My child is very shy and hardly speaks and I told the doctor. He asked me how many words per day he would speak and he told me to bring the child to places where there are other children so he can be active with them.” (Parent of Kaiser enrollee)

Many families had visited a specialist while enrolled in Kaiser. Specialist visits were for conditions such as asthma, epilepsy, and an eye injury. The primary care provider arranged the specialist visits for the family and most specialists were located in the same building. Although most specialists spoke Spanish, some relied on translators. Many families had used dental services while enrolled in Kaiser. Dentists were not colocated with the general pediatric clinics. Some families reported paying a range of copays for dental services from \$40-\$500, while others were not charged for dental services.

“When I took him to the dentist all the time it was covered, when they had to remove the last molar they told me I had to pay and it was over \$500.” (Parent of Kaiser enrollee)

“The [dental] cleanings are \$40. The first time I took my son, it was \$25 just for X-rays after that each filling was \$40 and I asked ‘what is it that my insurance covers?’ and she told me it does not cover [that].” (Parent of Kaiser enrollee)

“I took my son about one month ago to see the dentist, they did cleaning, dental care, the x-rays and I was not charged anything.” (Parent of Kaiser enrollee)

Families obtained prescriptions in the same building and some were charged \$5 copayments for each medication.

“I don’t pay for my son’s medication but I do for the girls, it is about \$5 for each medication.” (Parent of Kaiser enrollee)

Families found premiums and copays affordable. Participants reported paying premiums ranging between \$8 per month to \$30 per month. The majority thought these premiums were reasonable.

“[The premium] is reasonable, it is what we can afford.” (Parent of Kaiser enrollee)

“ I got a letter in the mail saying that they were going to charge me \$8 [per month] and I thought, that is nothing...I spend \$8 on a hamburger.” (Parent of Kaiser enrollee)

Most families reported less out-of-pocket medical expenses while enrolled in Kaiser, compared to when their children were uninsured.

“I would have to say [it] is less expensive than when [the children] did not have any insurance.” (Parent of Kaiser enrollee)

[Before Kaiser, I would pay] \$120 -\$190 just to take [the children] to the doctor.” (Parent of Kaiser enrollee)

Families are satisfied with Kaiser services and providers. Overall, families were satisfied with their experience with Kaiser and grateful to have health insurance for their children.

“[Kaiser is] very supportive, anything I need, they are there.” (Parent of Kaiser enrollee)

“My child’s pediatrician does check out my son a lot more, and if I have any doubt she talks to me and makes sure that I understand everything and that my doubt has been cleared by the time I leave the office.” (Parent of Kaiser enrollee)

“I feel very good [that my children have health insurance]...I am happy that they have it.” (Parent of Kaiser enrollee)

VI. Discussion and Policy Implications

The findings of this study enhance those from this evaluation's first round of focus groups in 2005 and reinforce a number of the impressions that policymakers and other key stakeholders have developed since the inception of the Los Angeles Healthy Kids program. This section discusses these results in relation to this study's key questions as well as past findings. Changes in findings as they relate to the evolution of the program and policy implications are highlighted.

Outreach, enrollment, and renewal under Healthy Kids

As described in Section III of this report, our 2005 focus groups found that parents had very positive experiences with outreach, enrollment, and renewal. This evaluation's household survey confirmed that these impressions were accurate—nearly 94 percent of parents reported that they found both the enrollment and renewal processes either “very” or “somewhat” easy (Howell et al, 2006). In our 2007 focus groups, as Healthy Kids has evolved, we found that healthcare providers continue to lead the way in informing families of Healthy Kids, community awareness of Healthy Kids has grown, and fewer parents are afraid to apply for Healthy Kids. Additionally, parents are unanimous in believing that the application process is easy and most parents had gone through at least one renewal process, found it to be easy as well. This suggests that the Healthy Kids program has successfully designed outreach, enrollment and renewal systems to be accessible (e.g., located on site in provider's offices), language and literacy appropriate (e.g., application in multiple languages, application assistance provided for all applicants), and streamlined (e.g., minimal documentation requirements, pre-populated renewal forms). By implementing such “best practices” as part of its routine outreach,

enrollment and renewal systems Healthy Kids has been effective in identifying and enrolling a vulnerable and traditionally “hard to reach” population.

Despite these continued successes, a small percentage of families fail to renew. Ongoing monitoring of administrative data by this evaluation has documented that, consistently, 80 percent of children eligible to renew after one year of enrollment successfully re-enroll (University of Southern California et al. 2008). The majority of those who failed to renew—88 percent—did not respond to requests to update information and, thus, did not submit renewal applications. Other reasons for disenrollment included moving outside the county—7 percent—and obtaining coverage through an employer—2 percent. Although, disenrollees represent a relatively small group, we found several themes among parents of disenrollees. Specifically, we found that: 1) parents knew of the need to renew and wanted to renew, yet had trouble with the paperwork; 2) children who had disenrolled had been active users of services when on the program; 3) children had better access to health care services when they were on Healthy Kids; and 4) all parents regretted losing their children’s coverage. These findings confirm that families highly value health insurance and failure to renew typically results from personal circumstances (e.g., literacy, work schedules) that make it difficult to complete the paperwork.

Therefore, policy decisions to minimize documentation, support families in the application and renewal process with application assistance, and streamline renewal with pre-populated renewal forms in the appropriate language have largely been successful in supporting continuous coverage for families. Ongoing support of these efforts will be critical for the program moving forward.

Access to primary care

As discussed above, in our first round of focus groups, parents reported that their children were using a wide array of services, that finding a primary care provider was easy, but that many were frustrated by long waits to see a provider (Hill et al. 2006). The evaluation's household survey confirmed that 93 percent of families had a usual source of care while enrolled in Healthy Kids and 76 percent had accessed ambulatory services in the six months prior to the survey (Howell et al. 2007). In our 2007 focus groups, we found that families continue to be regular users of primary care services and that some continue to be frustrated by long waits and lack of continuity of providers. We also found that: parents are often confused about what Healthy Kids covers; informal developmental screening is performed by most primary care physicians, other resources (e.g., schools, specialty clinics) more often address many parents' developmental concerns; most primary care providers are able to communicate in families' preferred language; and that, overall, families are satisfied with their children's primary care.

Thus, Healthy Kids continues to facilitate access to primary care services in the community that are, for the most part, linguistically appropriate. Barriers to timely services seem to reflect systems-level issues within primary care providers' offices and the lack of formal developmental screening may reflect these practices' lack of infrastructure to administer and interpret formal developmental screening tools (Hill et al. 2008). However, although Healthy Kids can facilitate access to the existing primary care system, the quality of care provided is largely dependent on each practice's existing infrastructure. Enhancements in systems-level care delivery (e.g., reorganizing appointments systems and clinic-flow to provide more timely care and continuity, supporting the adoption and integration of formal developmental screening, supporting

multidisciplinary teams to address the needs of high-risk, complex patients) will require technical support, training and funding for primary care providers and their offices.

Access to dental care

As discussed above, our second round of focus groups explored various issues surrounding dental care, including the process for selecting or changing primary dentists, and issues surrounding the imposition of copayments. The current study found that: (1) most parents said their children had seen a dentist, but others were not aware that dental services were covered by Healthy Kids; (2) finding a dentist was easy, and most parents were pleased with how quickly they could make an appointment for their children; (3) however, many parents were unhappy with their child's dentists (because of large copays or limited capacity to see young children) and felt compelled to change their dentist. Overall, although there seem to be sufficient number of general dentists willing to see children enrolled in Healthy Kids, at least some of these dentists did not have child-friendly practices and many appeared to be inappropriately overcharging families for services. These findings suggest a mismatch between the capacity of the dental network and the needs of the Healthy Kids families. The dental network could be enhanced through additional screening, training and monitoring of dental providers (especially with regard to their charging of copayments). In addition, high-quality, child-friendly providers could be identified and highlighted for Healthy Kids members, and incentive payments could be extended to these providers in return for their accepting greater numbers of Healthy Kids members.

Access to specialty care

As mentioned above, the evaluation's first focus groups with parents of children in Healthy Kids found that approximately 20 percent reported that they had obtained

specialty care for their children while they were enrolled in Healthy Kids, and these families were generally satisfied with their sub-specialty care. During our second round of focus groups, we found that: 1) access to sub-specialty care is limited; 2) language barriers were often encountered; 3) children with special health care needs use more sub-specialty services; and 4) despite limited access and language barriers, families were generally satisfied with sub-specialty care. These findings suggest that the sub-specialist network as currently structured is not fully meeting the needs of families enrolled in Healthy Kids. Unlike primary and dental care, where the number of providers seems to be adequate, these focus group suggest that there are insufficient numbers of sub-specialists available to treat children enrolled in Healthy Kids (as evidenced by long waits to get an appointment, the expressed need to travel long distances to specialty providers, etc). Those that do accept and treat Healthy Kids members are often unable to provide services in the families' preferred language. Prior studies suggest that this lack of access to pediatric sub-specialty care is not specific to the Healthy Kids network but, rather, is pervasive among health plans that serve low-income families (Hill et al. 2008).

Potential strategies to enhance access to language appropriate sub-specialty services include providing and/or enhancing translation services, considering adopting tele-medicine technologies to facilitate access to sub-specialists from the primary care provider's office (thereby reducing some geographic barriers to access), continuing to partner with teaching institutions and hospitals to enhance access to sub-specialty trainees/attending physicians, and providing additional financial incentives for sub-specialists to accept Healthy Kids.

Experiences with pharmacy coverage

This evaluation's prior focus groups and case study found that parents of children with special health care needs found copays for multiple medications burdensome. This issue was explored in detail in the current study. In contrast to prior studies we found that with Healthy Kids most parents have no problem accessing and paying for needed prescription medicines, but some frequent pharmacy users, such as parents of children with special health care needs, at times cannot afford the cost of nonformulary drugs. Therefore, although nonformulary drugs can be difficult to afford, copays were not viewed as difficult even among families for children with special needs.

One potential explanation for this discrepancy lies in the timing of the first focus groups and case study (approximately one year after Healthy Kids opened) and the follow-up study (four years since the program's inception). Many initial enrollees transferred from the California Kids program, a subsidized health insurance program for low-income families. Although this plan does have premiums and copays, it is possible that those covered with this insurance had lower out-of-pocket expenses compared to when enrolled in Healthy Kids. In contrast, families during the second round of focus groups were typically uninsured or underinsured (e.g., CCS only) before enrolling in Healthy Kids. Therefore, obtaining any pharmacy benefit, with or without copays, was less expensive than purchasing medications out-of-pocket. Thus, the perception of the burden of copays for pharmaceutical may largely depend on the individual's prior insurance status or access to local programs that subsidize health care costs for low-income families.

Overall, with the possible exception of nonformulary medications, for all families participating in the current focus groups, prescription drug coverage provided by Healthy Kids is a critical component of the program that succeeded in reducing out-of-pocket expenses for parents and improves access to necessary treatment. Most participants obtain prescription drugs for their children several times a year, and for some parents the lack of a drug benefit would be a financial hardship.

Emergency Medi-Cal

As discussed above, both the evaluation's first focus groups and its household survey found that large proportions of parents of Healthy Kids enrollees reported that they had Emergency Medi-Cal coverage for their children. In the current series of focus groups, we once again found that families continue to possess and use Emergency Medi-Cal in addition to Healthy Kids.

This dual coverage may reflect the success of the outreach and enrollment system and its "something for everyone" message. Families may apply for Emergency Medi-Cal along with Healthy Kids to assure that the child has the emergency benefit if he/she does not qualify for Healthy Kids. Even if only the parents apply for Emergency Medi-Cal, their children may receive a card after the parents qualify (i.e., state policy is to issue Emergency Medi-Cal to the entire family unit). In addition, families' familiarity with Emergency-Medi-Cal and its use may lead to reluctance to cancel this known benefit. Further, it is unlikely that families are instructed to discontinue their Emergency Medi-Cal once they enroll in Healthy Kids. Families' confusion over which card to use in the emergency department may be perpetuated by emergency departments that ask for Emergency Medi-Cal cards in addition to other coverage (e.g., CCS and Healthy Kids).

Emergency providers may be incentivized to seek reimbursement through Emergency Medi-Cal if, in fact, Emergency-Medi-Cal pays higher rates for emergency services.

Potential options to reduce this duplication of coverage have been considered, including potential arrangements with state officials to coordinate coverage between programs (Hill et al, 2008).

Experiences with Kaiser Cares for Kids

As discussed above, with the advent of the enrollment hold for children ages 6 through 18, the Kaiser child health program became an important referral source for many families with older children. During our focus group with parents of children enrolled in Kaiser, we found that the program is a valued option for some families. Specifically, we found that: (1) families learned about Kaiser through a variety of sources and many enrolled with application assistance; (2) families accessed primary, specialty, and dental care and pharmaceutical services through Kaiser Cares for Kids; (3) families found premiums and copays affordable; and (4) families were satisfied with Kaiser services and providers. However, Kaiser Cares for Kids has limited capacity and many families remain unable to enroll. This reflects the larger issue of lack of funding to subsidize health insurance for low-income children.

Conclusion

Overall, we found that Healthy Kids has been highly successful at identifying, enrolling and facilitating renewal for eligible children. Once enrolled, children and families typically experience improved access to linguistically appropriate primary care and lower out-of-pocket expenses for health care, including pharmaceuticals. Generally, access to child-friendly dental care and sub-specialty care is reportedly better for families once

enrolled in Healthy Kids compared to when they were uninsured. However, access in these areas remains limited at times and clarification of appropriate copays for dental care could improve families experience in receiving this service.

Many potential areas for improvement in the Healthy Kids program, (e.g., access to sub-specialty service and improving delivery of developmental services) are often linked to larger health systems issues (e.g., physician training and capacity, office-systems and technology). Despite these potential areas for improvement, the Healthy Kids program is highly valued by families who are overwhelmingly satisfied with care received while their children are enrolled. Families universally report that being enrolled in Healthy Kids gives them peace of mind, security and allows them to seek appropriate preventive and acute health care.

Although the Healthy Kids program continues to improve, as evidenced in this report, the program's primary challenge lies in identifying and securing sustainable funding. Several health reform bills that would have provided funding for Healthy Kids failed to pass through California's legislative process (with some vetoed by the Governor and others "killed" in committee). In addition, a tobacco tax proposition to fund a variety of programs, including Healthy Kids, was narrowly defeated. Most recently, facing a \$15 billion deficit for fiscal year 2009, California lawmakers were prevented from even considering additional child coverage expansions. Despite these set-backs, advocates and stakeholders continue to look for sustainable Healthy Kids funding to continue to provide needed health services for California's most vulnerable children.

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