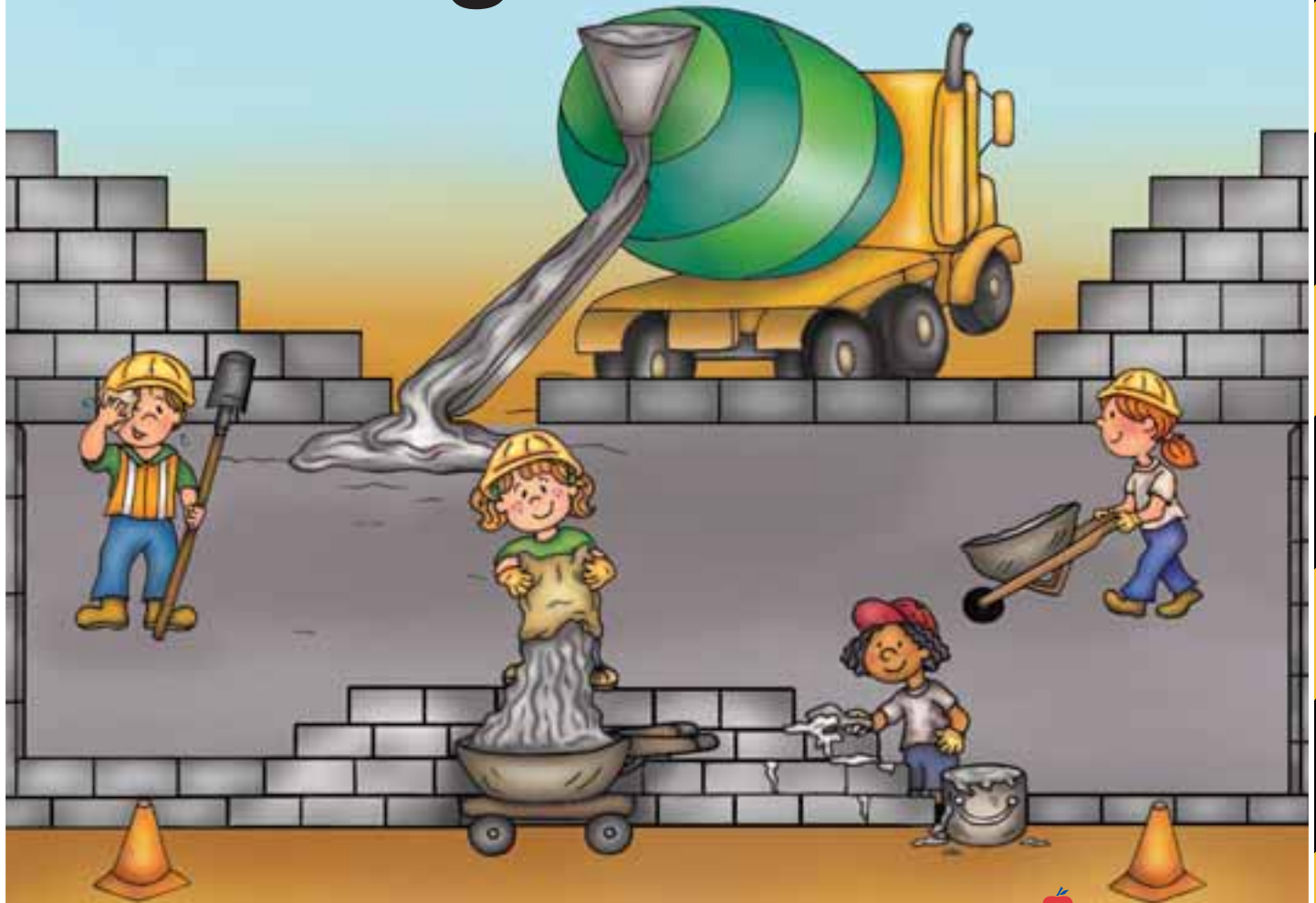


# Building on a Strong Foundation



2003 Annual Report

New Hampshire  
**HEALTHY KIDS**

# Construction Progress Report

Dear Friends:

New Hampshire Healthy Kids (NHHK) reached a significant milestone in 2003. We celebrated the 10th anniversary of the Legislature's passage of the Healthy Kids Act which created NHHK. By dedicating a nonprofit organization to the purpose of children's health coverage, the Legislature signaled its intent for our mission to be a public policy priority. Over the past decade, the public-private partnership between NHHK, the State of New Hampshire and a myriad of partners has built a solid foundation for expanding children's health coverage.

Today, there is concrete evidence that this public-private partnership model is effective. According to 2003 Census Bureau data, New Hampshire had the third lowest rate of uninsured children in the nation for the second year in a row. New Hampshire's leadership position among the states would not be possible without strong public and legislative support for covering kids.

Still, approximately 17,000 or 5.2% of New Hampshire children go to school everyday without health coverage. Many, if not most, of these children are eligible for Healthy Kids coverage. Recent surveys of New Hampshire families confirm national data that uninsured children do not always receive the healthcare services they need to stay healthy. According to family interviews, an uninsured child in New Hampshire is as much as 10 times more likely to not have seen the doctor and as much as 7 times more likely to not have visited the dentist for routine, preventive care in the past twelve months compared to a child enrolled in Healthy Kids. This is notable because preventive care is a known predictor of lower long-term health care expenses and positive health outcomes. And there is no question that children who receive regular healthcare perform better in school.

We must continue to reach out to uninsured families and break down the barriers that prevent them from enrolling their eligible children. By training and supporting staff in community health centers and hospitals, we extend application assistance to families at the community level throughout the state. We facilitate community networking so that local agencies are engaged in referring families in need to these sites for help. Working with DHHS, we constructed a strategy to process emergency applications for children with urgent medical needs within four business hours. Through the Covering Kids & Families Initiative, funded by the Robert Wood Johnson Foundation, we are testing new ideas and systemic changes to connect with hard to reach families through home visiting and collaborations with community organizations.

A revised cost-sharing structure instituted in 2003 has enabled NHHK to stretch limited State dollars dedicated to the Healthy Kids Silver Program even further. Families took on a greater financial share through a \$5 increase in the monthly premium per child. Our healthcare partners: New Hampshire's hospitals, the Behavioral Health Network and the Dartmouth-Hitchcock Clinic, committed to new financial agreements. Our insuring partners: Anthem Blue Cross Blue Shield and Northeast Delta Dental renewed their commitment to the spirit of the partnership, recognizing the unique role of Healthy Kids.

To all our partners and supporters, thank you. Each individual and institution represents a critical building block in the foundation of success that New Hampshire has achieved in covering kids.



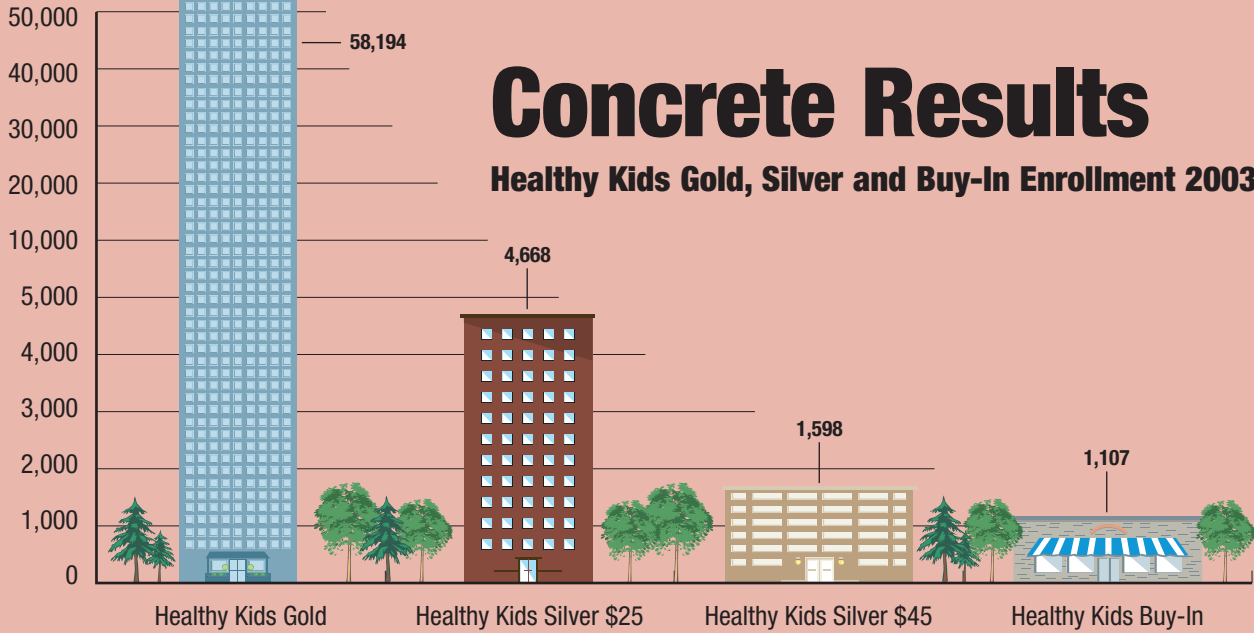
**Tricia Brooks, MBA**  
*President & CEO*



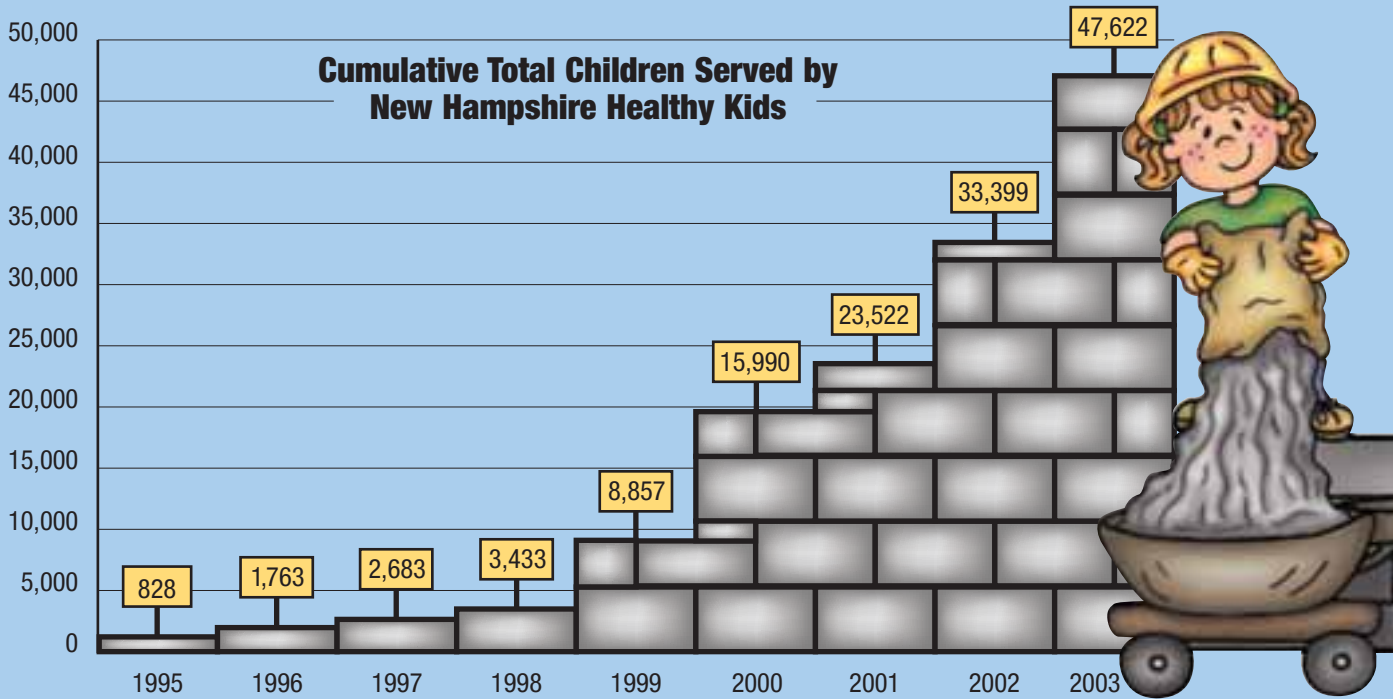
**Russell Jones, MD**  
*Chair, Board of Directors*

# Concrete Results

Healthy Kids Gold, Silver and Buy-In Enrollment 2003



## Cumulative Total Children Served by New Hampshire Healthy Kids



# Program Specifications

**Healthy Kids Gold** (formerly called Medicaid) provides coverage at no cost to children in families at the lowest income levels. Children access services through the Medicaid fee-for-service program and healthcare providers who contract with the State of New Hampshire.

**Healthy Kids Silver** offers low-cost health insurance at \$25 or \$45 per child per month. Co-payments of \$5 and \$10 apply to certain services. Total cost-sharing cannot exceed 5% of total family income. Coverage is provided through **Anthem Blue Cross Blue Shield** and **Northeast Delta Dental**.

**Healthy Kids Silver Buy-In** allows families with higher incomes to buy-in to the Silver insurance plan. Premiums at \$115 per child per month are not subsidized by government funds but are indirectly supported by provider discounts and the in-kind donation of administrative insurance fees.

**Eligibility** is based on residency, citizenship, age and family income. Coverage is available to eligible children from birth through age 18. To be eligible for Healthy Kids Silver, a child must be uninsured for six months unless certain good cause waivers can be met. See income guidelines below.

**Benefits** vary by program based on medical necessity and may be subject to limits.

- Check-ups and Immunizations
- Doctor and Specialists Visits
- Eyeglasses and Hearing Aids
- X-ray and Laboratory Services
- Physical, Occupational & Speech Therapy
- Early Intervention Services
- Hospital Services
- Mental Health Visits
- Dental Check-ups and X-rays
- Cleanings and Fluoride Treatment
- Fillings and Simple Extraction



	Healthy Kids Gold	Healthy Kids Silver	Healthy Kids Silver*	Healthy Kids Silver Buy-In†
Family Premium:	None	\$25 per child/per mo \$100/month family max	\$45 per child/per mo \$135/month family max	\$115 per child/ per month
# of Family Members	Annual Income is at or below	Annual Income between	Annual Income between*	Annual Income between
2	\$22,422	\$22,423 –30,300	\$30,301 –36,360	\$36,361 –48,480
3	28,231	28,232 –38,150	38,151 –45,780	45,781 –61,040
4	34,040	34,041 –46,000	46,001 –55,200	55,201 –73,600
5	39,849	39,850 –53,850	53,851 –64,620	64,621 –86,160

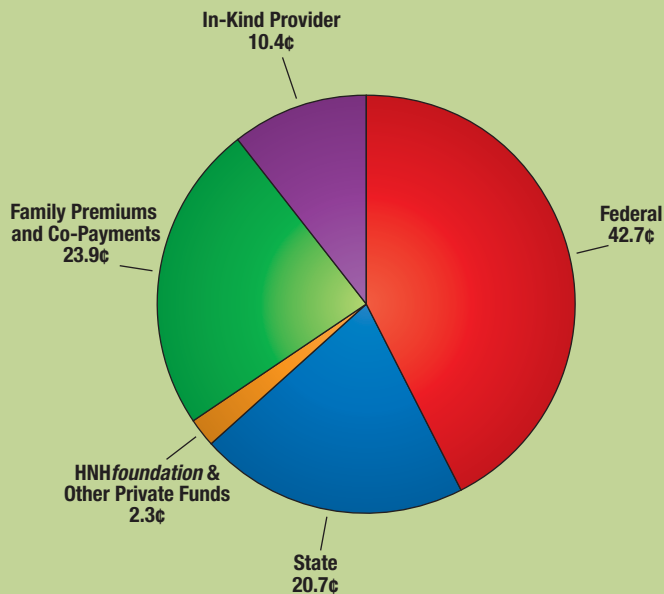
\* Infants age 0-1 qualify for Healthy Kids Gold at these higher income levels.  
†The buy-in program is not subsidized by State or Federal dollars.

# Cost Conscious Construction

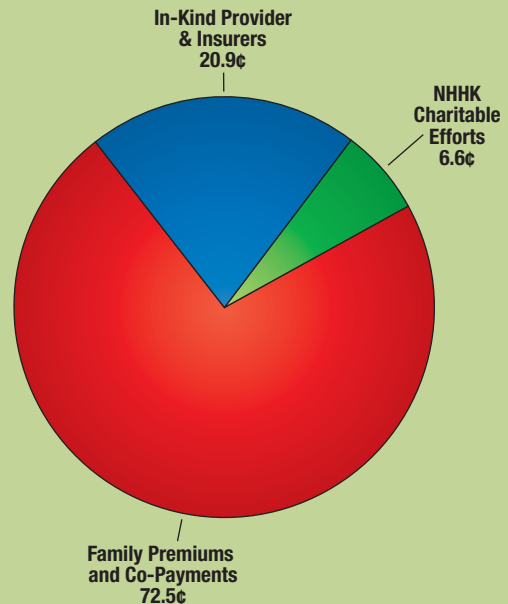
When all sources of support and funding are considered, it is clear that financial responsibility for expanded children's health coverage options in New Hampshire (known as Healthy Kids Silver) is shared by many partners. For every 20¢ of State funds invested, the Silver program leverages 80¢ from other sources. Additionally, families who do not qualify for government subsidies are able to buy-in to the program, taking advantage of the lower group rates and the NHHK financial partnerships.



## Healthy Kids Silver Sources of Funds



## Healthy Kids Buy-in Program Sources of Funds



# Sweating the Hard Stuff

According to 2003 US Census data, New Hampshire remained the third best state for children's health coverage for the second year in a row. New Hampshire's 5.2% uninsured rate was less than half of the 11.5% national average. Clearly New Hampshire has constructed a public-private partnership model that is working.

Despite the state's low percentage of uninsured, 17,000 New Hampshire children go to school every day without health coverage. Prior research has indicated that many, if not most, would likely be eligible for Healthy Kids coverage. Building on our success by reaching out to and enrolling these eligible, uninsured children remains our priority.

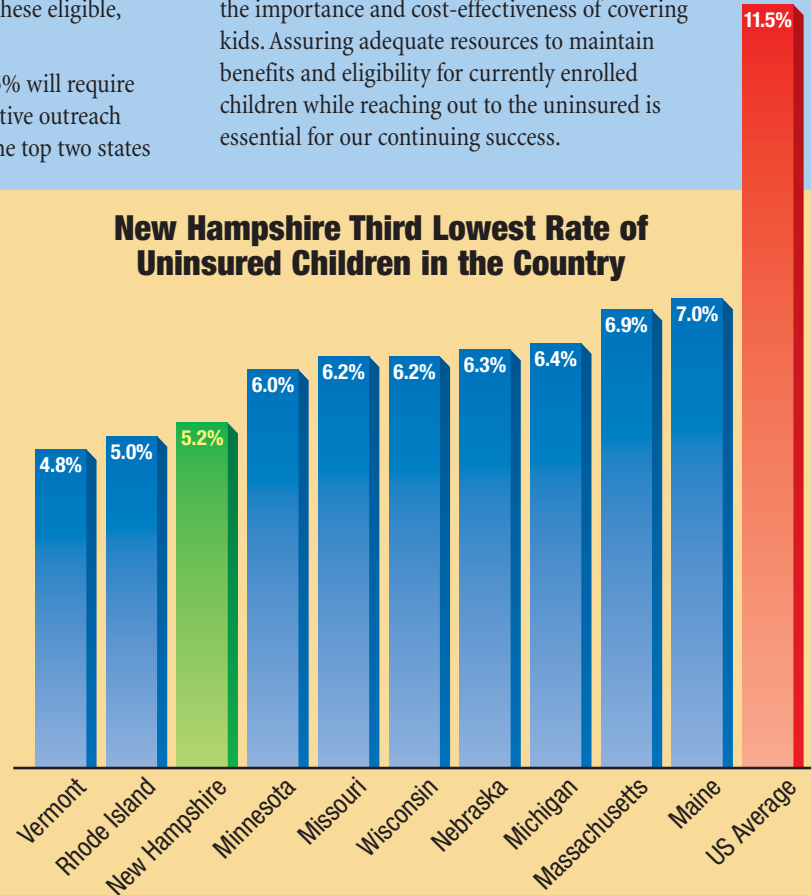
However, lowering the uninsured rate below 5% will require more resources, systemic changes and innovative outreach strategies. This is a challenge we share with the top two states

in the nation, Vermont with 4.8% uninsured and Rhode Island with 5% uninsured. Breaking the 5% barrier would represent success in reaching our state's most vulnerable children.

Enrolling eligible uninsured families in the Healthy Kids program is not our only challenge. We must also remain vigilant in preserving the gains we have made. Potential changes in public policy and State economic difficulties are significant issues that could affect our progress to date. We must take every opportunity to hammer home the importance and cost-effectiveness of covering kids. Assuring adequate resources to maintain benefits and eligibility for currently enrolled children while reaching out to the uninsured is essential for our continuing success.



**New Hampshire Third Lowest Rate of Uninsured Children in the Country**



# Building Measures of Quality

## Evaluating Access & Family Experience

The **HNHfoundation** provided a two-year \$100,000 grant (matched by federal Medicaid funds) to fund the 2003 Healthy Kids program evaluation. Oversight for the project comes from the Q-CHIP (Quality in the Children's Health Insurance Program) Workgroup, which is comprised of public officials, NHHK Board members and staff, and key stakeholders. This second iteration of the program evaluation sought to build systemic capacity within the Department of Health & Human Services' new Medicaid Decision Support System (MDSS) for future evaluations.

As a first step the Q-CHIP workgroup, supported by MedStat who is the developer of the MDSS system, constructed the technical specifications for a variety of child health measures. These indicators provide the means to compare services across

programs and over time. Personal level health care claims data for a two-year period (July 1 2001 – June 30 2003) is being analyzed in regard to these measures. The evaluation project will release a report which will be posted on the NHHK website at [www.nhhealthykids.com](http://www.nhhealthykids.com). The report will provide diverse information about access to and use of health care services by Healthy Kids enrollees including:

- enrollee profile by age, gender and geographic distribution
- enrollment and disenrollment patterns
- compliance with recommended preventive pediatric healthcare
- hospital admission rates and top ambulatory sensitive conditions
- emergency room visit rates and top ambulatory sensitive conditions
- outpatient drug utilization
- access to primary care
- annual dental visits
- mental health utilization
- prevalence and use of appropriate medications for asthmatics





# Inspector's Report

A telephone survey was conducted as the second major component of the Healthy Kids program evaluation. The study's primary objectives were to:

- Identify barriers to enrollment for uninsured families
- Examine enrolled families' experiences with the Healthy Kids program
- Evaluate access to health care services for both the insured and uninsured

Several different constituency groups were targeted including current and past enrollees in both Healthy Kids Gold and Silver, as well as nonparticipating families. A summary of

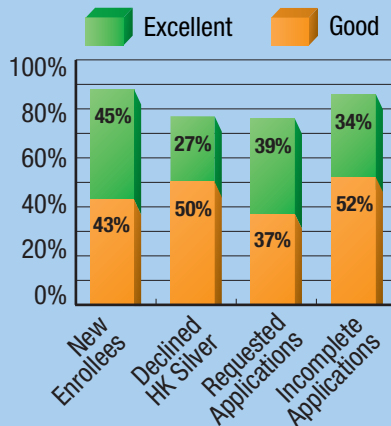
responses from the surveyed families suggests that:

- The Healthy Kids program is effectively administered, leading to widespread customer satisfaction.
- Those children who are enrolled in the Healthy Kids program enjoy greater access to medical care than uninsured, eligible children.
- Major barriers that prevent families from obtaining health insurance include the cost of coverage and the limited availability of employer-based health plans.
- In general, families do not use the Healthy Kids program as a permanent insurance. Rather, it provides temporary coverage for families in transition.

A copy of the full report is available at the NHHK website: [www.nhhealthykids.com](http://www.nhhealthykids.com).

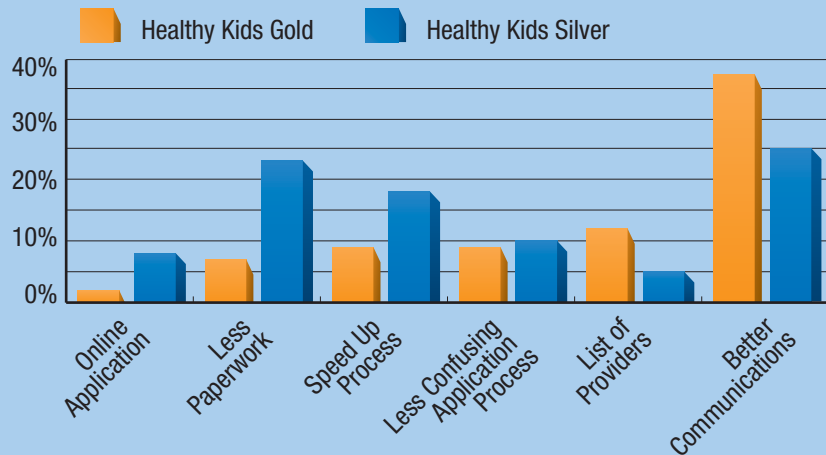
## How Well Materials Explain How the Program Works

More than 80% of respondents, both non-participating families and new enrollees, thought the materials they received in the mail did a good job explaining how the Healthy Kids program works.

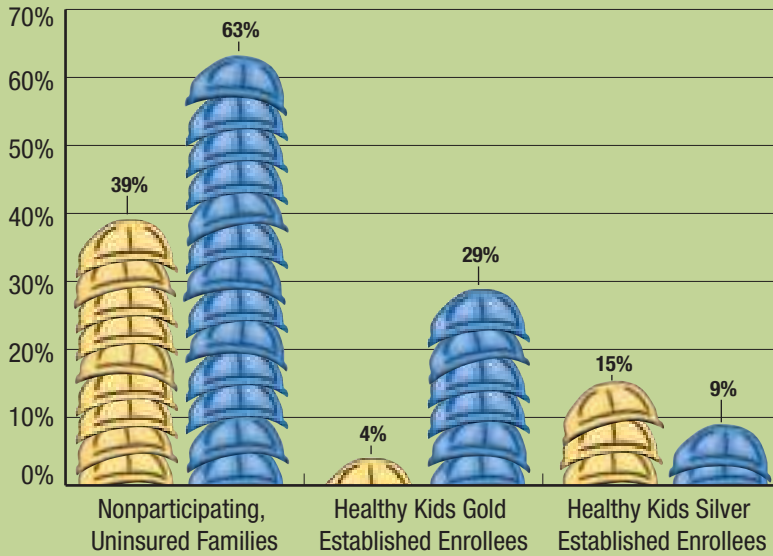


## How to Improve Application Process

Four out of five new enrollees thought the application process was convenient and needed no improvement. The remaining one in five suggested the process could be improved in the following ways.

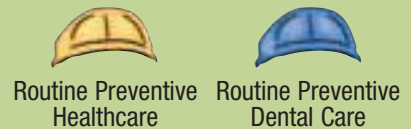


## Did Not Receive Preventive Health & Dental Care



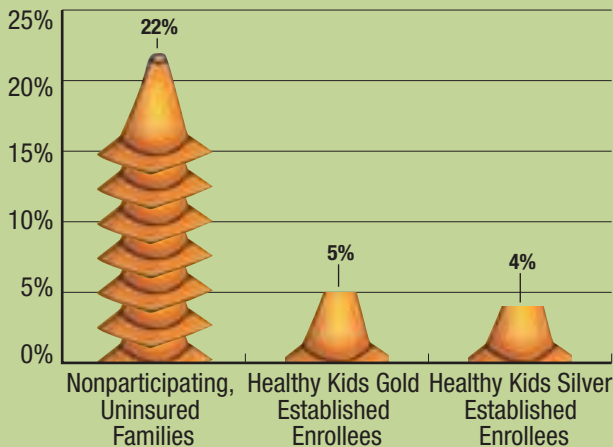
Preventive health and dental care is a known indicator of long-term healthcare needs and costs. Children receiving routine preventive health and dental care are better prepared to learn in school, result in less absenteeism from work for their parents due to attending to a sick child, are more likely to have illness addressed at an earlier and less costly stage and have reduced long-term medical expenses.

Established enrollees who have participated in the Healthy Kids program for at least 12 months are up to ten times more likely to have received preventive health care and seven times more likely to have received dental care for their children in the past year.



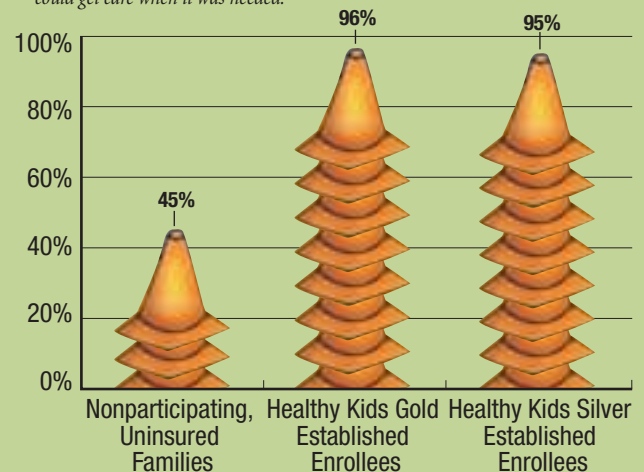
## Did Not Receive Needed Care

Beyond preventive care, when there is an immediate need for healthcare services, participation in the Healthy Kids program increases the likelihood that children will receive the care they need. An uninsured child in our state is 4.5 times more likely to not receive needed care.



## Extremely or Very Confident Child Can Get Care

Parental confidence in their ability to access healthcare for their children was also an important measure in the evaluation. An established enrollee in Healthy Kids was more than twice as confident as uninsured non-participants that their children could get care when it was needed.



# Partners Pave the Way

The path of progress is rarely smooth but through the years, New Hampshire Healthy Kids has enjoyed the support of numerous institutions and individuals. There are far too many to name them all, but a few key supporters represent a strong footing in the foundation of the Healthy Kids program.

**New Hampshire hospitals** have partnered with NHHK for the past decade. When NHHK first began covering kids in 1995, each of the state's twenty-six hospitals was there. Each continues to maintain financial partnerships that help to keep the cost of services low so that limited State and Federal dollars can be stretched to cover more kids. In addition to their financial partnerships, hospitals distribute and display informational materials. Many hospitals also have staff dedicated to helping uninsured patients apply for Healthy Kids coverage.

The **Dartmouth-Hitchcock Clinic** and the **Behavioral Health Network** maintain financial agreements with NHHK adding value to the public-private partnership. These extensive networks are joined by a

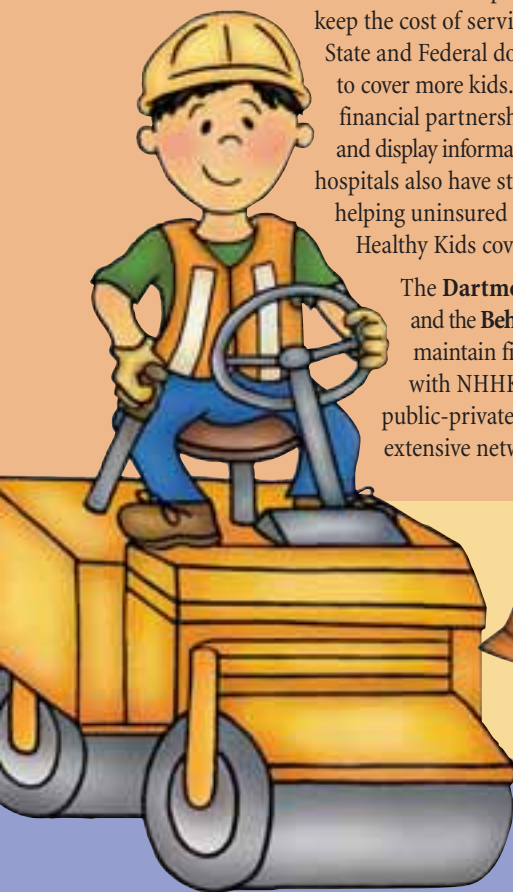
number of **physicians and other health care providers** in the cause. Altogether the value of these financial partnerships reduces the cost of Healthy Kids Silver coverage by an estimated \$20 per child per month.

**Citizens Bank** continues to donate the major costs related to lock-box collection of premiums. This service reduces administrative costs for the Healthy Kids program.

The **HNHfoundation** (previously called the Healthy New Hampshire Foundation) continues to help fund the required State match for families with moderate incomes. The annual \$250,000 grant, combined with the higher premium level (\$45 per children per month) lowers the State share of each health-care dollar for these working families to less than 10¢. The foundation also supports outreach initiatives and program evaluation.

Although families enrolled in the Healthy Kid's Buy-In program do not receive State or Federal subsidies, they do benefit from our healthcare partnerships and from the donation of insurance administration costs by our insuring partners, **Anthem Blue Cross and Blue Shield** and **Northeast Delta Dental**.

These partnerships pave a smooth path for progress in providing health coverage to New Hampshire's uninsured children.



# Breaking Down Barriers

The **Robert Wood Johnson Foundation** has generously funded efforts to enroll children in Medicaid and SCHIP through two national initiatives: “Covering Kids” and subsequently “Covering Kids & Families (CKF).” Through these two programs, RWJ has invested more than \$100 million dollars in breaking down barriers to enrollment and retention. Specifically the grant program has three goals:

- Conduct and coordinate outreach programs
- Simplify the process for enrollment and renewal
- Coordinate coverage across various programs

Activities at the state and community level test strategies with the potential for building systemic change. Statewide and community coalitions representing a diverse group of stakeholders provide oversight to the projects.

Just under \$500,000 of New Hampshire’s \$700,000 grant, along with \$160,000 from the **HNHfoundation**, is dedicated to two local projects which target rural and minority residents.

The **Hub Family Resource Center** in Dover is spearheading the rural initiative. Activities in 2003 included:

- Institutionalizing Healthy Kids outreach and application assistance through multiple home visiting programs in Strafford County
- Collaborating with the **Dover Public Housing Authority** to coordinate eligibility for subsidized housing and children’s health coverage

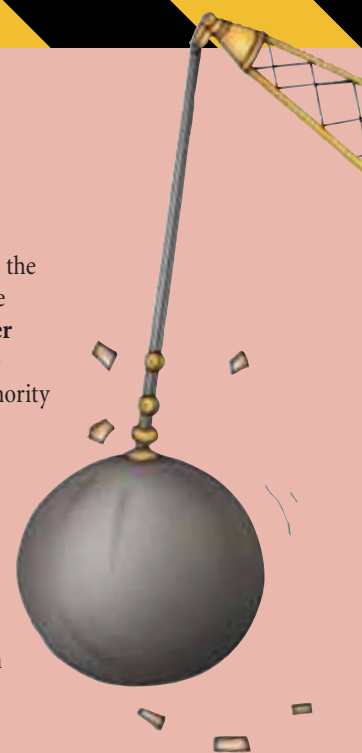
**Child Health Services** in Manchester is the lead agency for the minority project. The **Manchester Community Health Center** and **NH Minority Health Coalition** are partners in the effort to reach out to minority populations through these activities:

- Coordination of outreach with hospital emergency departments
- Connecting with families through ESL (English as a Second Language) classes
- Integration of application assistance in home visiting through the “Woman to Woman” program

Statewide activities coordinated by NHHK include:

- Telecounseling, a project to provide intensive personalized assistance to families at risk of slipping through the cracks at various stages of the application and enrollment process
- Centralization of the management and processing of community-facilitated applications at NHHK headquarters

A significant outcome of the national initiative is to glean and share lessons learned with CKF coalitions and projects across the country.



## CKF Coalition

**Gina Balkus**  
*Dartmouth-Hitchcock*

**Tricia Brooks**  
*NH Healthy Kids*

**Joyce Butterworth**  
*Office of Health Planning and Medicaid – DHHS*

**Don Cimato**  
*Lutheran Social Services*

**Greta Cocco**  
*First Benefits Corporation*

**Gene Emery**  
*Northeast Delta Dental*

**Joyce Gleason**  
*Division of Family Assistance – DHHS*

**Cynthia Hart**  
*Dondero Elementary School*

**Lawrence M. Kelly**  
*Tri County CAP*

**Sarah Littlefield**  
*MicroCredit-NH*

**Mary Ruppert**  
*North Country Health Consortium*

**Yvonne Nanasi**  
*Anthem Blue Cross Blue Shield*

**Dr. Robert Nordgren**  
*Child Health Services*

**Terry Ohlson- Martin**  
*Family Voices*

**Mariellen Durso**  
*Lamprey Health Care*

**Dr. Sol Rockenmacher,**  
*NH Pediatrics Society*

**Mary Ellen Sheffield**  
*Family Strength*

**Sandi Van Scoyoc**  
*HNHfoundation*

**Bill Walker**  
*Office of Minority Health – DHHS*

**Catalina Kirsch**  
*White Mountain Community Health Center*

# Sharing the Load

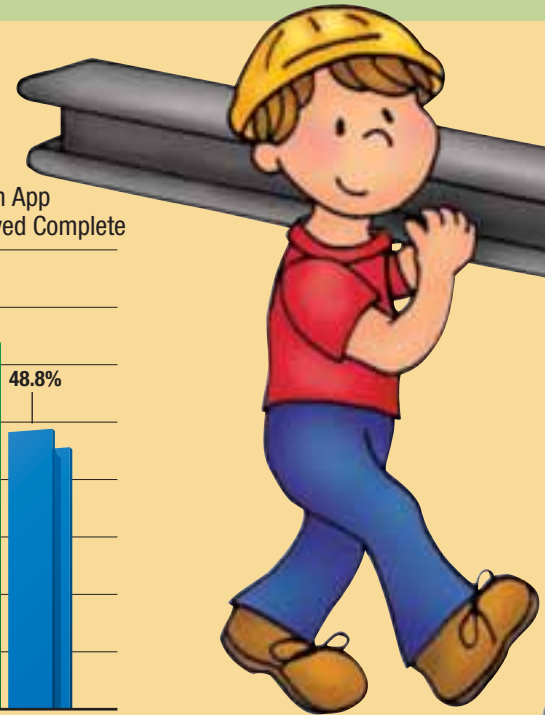
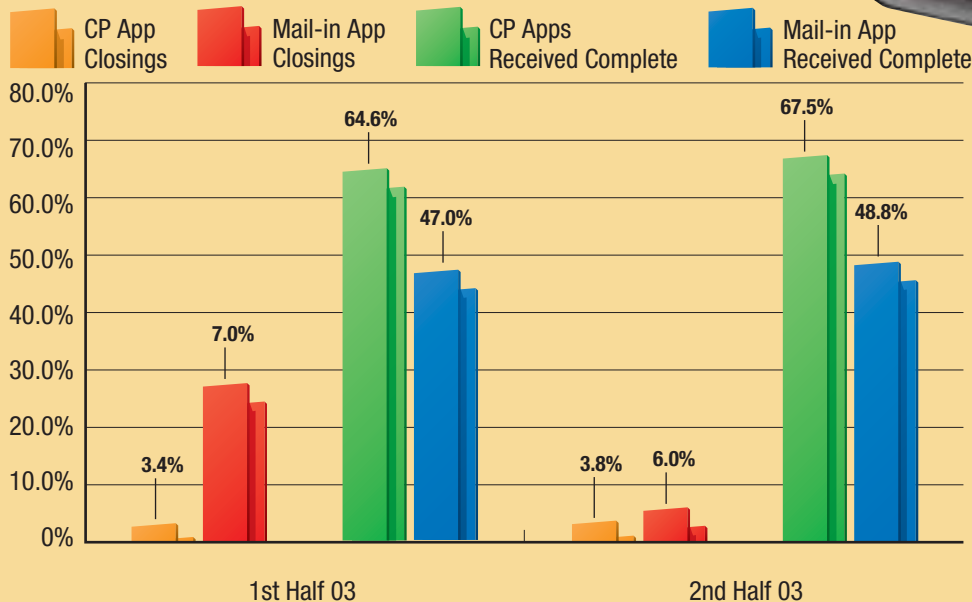
Community agencies shoulder much of the load for identifying and enrolling children across New Hampshire. In late 2002, NHHK took on responsibility for training and supporting the agencies that assist families with completing the application process at the community level. A quality assurance program was implemented to track and report application activity and disposition by agency. In 2003, community agencies submitted 1,867 applications or about 27% of total applications received by NHHK.

Eighty (80) or 4.2% of these applications were submitted on a presumptive eligibility basis. Presumptive eligibility is authorized

by federal Medicaid rules to provide urgent and emergency care to kids who appear to be eligible but are not enrolled. Process steps are in place to open presumptive eligibility applications within four business hours of receipt and to facilitate access to needed services.

A new form was introduced in 2003 to expedite coverage for infants born to moms receiving Medicaid. Hospitals in particular found the new process to be an easy and efficient way to ensure ongoing coverage for newborns. In 2003, nearly 2,000 babies were enrolled using this new process. A new form was also created to expedite coverage for a pregnant mom whose kids are

**Application Statistics**  
Community Partner Applications vs. Mail-in Applications



covered by Healthy Kids. These new processes streamline administration and improve efficiency.

Community agencies are more likely to submit applications that are complete and do not require further follow-up by NHHK. Receipt of complete applications saves administrative costs and enables applications to be processed more quickly. On average, two-thirds of community partner applications were submitted complete compared to less than half of mail-in applications. Additionally, community facilitated applications are half as likely to be closed for failure to provide all information needed to verify eligibility.

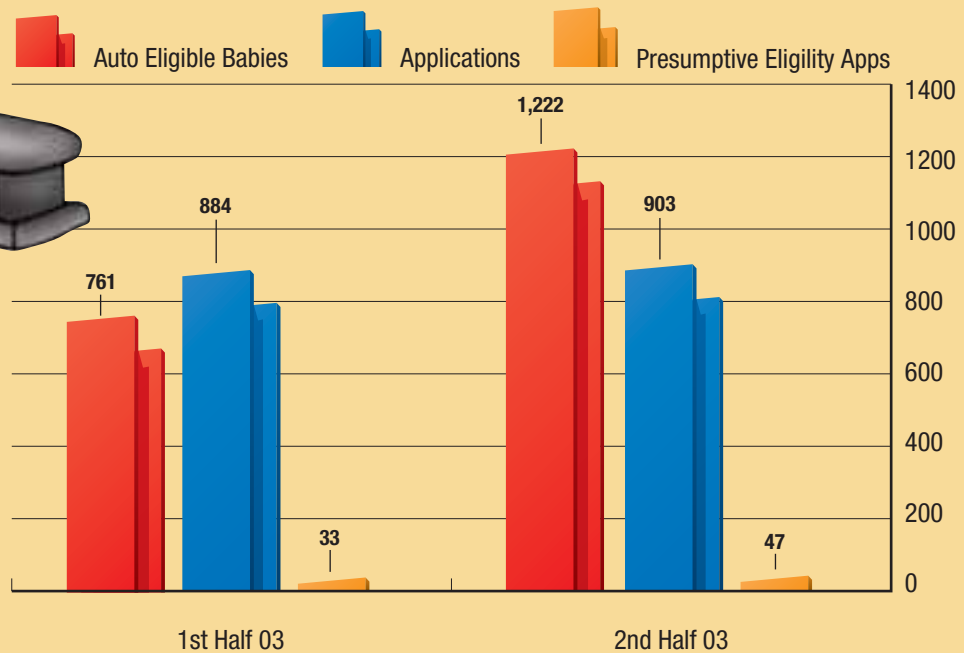


### “Hard Hats Off” to 2003 KIDOS Award Winners

Community agencies provide a vital connection between NHHK and families who need personalized assistance in completing the application process. It’s a privilege to give special recognition to those who exemplify a commitment to identifying and enrolling eligible children. These special people and organizations were honored at our annual KIDOS award luncheon. Kudos to the 2003 KIDOS winners:

- Daniel Maradiago, Manchester Community Health Center**
- SeaCare Health Services**
- Avis Goodwin Community Center**

### Community Partner Application Activity



# Construction Costs

<b>Financials</b>	<b>FY 2003</b>	<b>FY 2002</b>
<b>Support and Revenue</b>		
Family Premiums	2,714,583	1,991,744
Premium Subsidies <sup>1</sup>	5,062,542	5,350,189
Charitable Support	35,548	59,997
Robert Wood Johnson Fdn	83,048	22,863
Public Education & Technical Assistance Contract	745,411	357,137
MEAD Program*	24,598	11,841
Interest Income	10,296	11,094
In-Kind Revenue	929,226	746,807
<b>Total Revenue</b>	<b>9,605,252</b>	<b>8,551,672</b>
<b>Expenses</b>		
Insurance Premiums	7,025,387	6,935,725
Personnel, Contract Services, Travel & Staff Development	799,454	523,585
Office Rent, Supplies and Equipment	157,550	96,498
Printing and Postage	67,329	54,071
Public Education & CKF Grant	256,421	69,520
Depreciation	35,172	22,761
In-Kind Expenses	929,226	746,807
<b>Total Expenses</b>	<b>9,270,539</b>	<b>8,448,967</b>
<b>Capital Expenditures</b>	<b>153,058</b>	<b>12,845</b>
<b>Increase in Assets Less Capital Expense</b>	<b>181,655</b>	<b>89,860</b>
<b>In-Kind Donations</b>		
Hospital and Physician Discounts	707,940	510,914
Insurance Administration	140,309	114,393
Media and Print Donations	72,290	113,171
Professional Services	593	750
Bank Fees	7,344	7,063
Miscellaneous	750	516

<sup>1</sup> Premium subsidies are 65% Federal funds, 35% State match which includes a \$250,000 grant in FY'03 from the HNHfoundation.

\* MEAD – Medicaid for Employed Adults with Disabilities is a premium-based program allowing disabled adults to return to work without losing their Medicaid benefits. NHHK provides premium collection services.

## Financial Partners

Alice Peck Day Memorial Hospital  
 Androscoggin Valley Hospital  
 Anthem Blue Cross Blue Shield  
 Behavioral Health Network  
 Cheshire Medical Center  
 Catholic Medical Center  
 Citizens Bank  
 Concord Hospital  
 Common Man Restaurants  
 Cottage Hospital  
 Dartmouth-Hitchcock Clinic  
 Dartmouth-Hitchcock Memorial Hospital  
 Dartmouth-Hitchcock Medical Center  
 Elliot Hospital  
 Evans Expressmarts  
 Exeter Hospital  
 Franklin Regional Hospital  
 Frisbie Memorial Hospital  
 HNHfoundation  
 Huggins Hospital  
 Lakes Region General Hospital  
 Littleton Regional hospital  
 Lakes Region General Hospital  
 The Memorial Hospital  
 Monadnock Community Hospital  
 Northeast Delta Dental  
 Robert Wood Johnson Foundation  
 Southern NH Medical Center  
 Speare Memorial Hospital  
 St Joseph Hospital  
 Upper Connecticut Valley Hospital  
 Valley Regional Hospital  
 Weeks Medical Center  
 Wentworth-Douglas Hospital

# Construction Crew

## Board of Directors:

**Dr. Russell Jones, Chair**  
*NH Family Physicians*

**Dr. Suzanne Boulter**  
*NH Pediatric Society*

**Tom Clairmont**  
*Board Member at Large*

**Nicholas Donohue**  
*NH Department of Education*

**Richard Brothers**  
*Governor's Appointee*

**John B. Hunt**  
*NH House of Representatives*

**Cynthia Hart**  
*NH School Nurses Assn.*

**Sylvia Larsen**  
*NH State Senate*

**Roland Lamy**  
*Board Member at Large*

**Leslie Ludtke**  
*NH Insurance Department*

**Mary Oseid**  
*Board Member at Large*

**Ellen Shemitz**  
*Children's Alliance of NH*

**Steve Norton**  
*Dept. of Health & Human Services*

**Rodney Tenney**  
*NH School Boards Assn.*

**Mary Jane Wallner**  
*NH Child Care Assn.*

## NH Healthy Kids Staff:

### Administration

**Tricia Brooks, President and CEO**

**Carol Gundy,**  
*Program & Policy Director*

**Chris Rule, Executive Assistant**

### Customer Service — Applications

**Elsa Pinkerton, Coordinator**

**Cristin Rojek, CS Representative**

**Dianne Cochran, CS Representative**

**Jessica Reagan, CS Representative**

**Linda McLaughlin, CS Receptionist**

**Vanessa Maradiaga, CS Support**

### Customer Service — Enrollment

**Sheryl Meeker, Coordinator**

**Anne Abbot, CS Representative**

**Marte Ring, CS Representative**

**Jeff King, CS Representative**

**Kerry Cilley, CS Support**

### Accounting

**Nancy Bunce,**  
*Accounting & Facilities Director*

**Kathy Lanigan, AR Clerk**

**Lisa Malanga, AP & Payroll Clerk**

### Community Relations

**Lisa Senecal, Communications Director**

**Donna Cilley, Field Coordinator**

**Michael Freeman, Field Coordinator**

## Operations

**David Lessard,**  
*Provider & Systems Specialist*

**Heather Hardy,**  
*Database Administrator*

**Jody Touzin, Operations Coordinator**

## NH Department of Health and Human Services

### Division of Family Assistance Eligibility Staff:

**Robin Magee,**  
*Administrative Supervisor*

### State Family Support Specialists

**RuthAnn Campbell**

**Dianne Delucca**

**Dominique Dionne**

**Carolyn Janes**

**Gail Jones**

**Sharon Krause**

**Irene Langevin**

**Gail McNamara**

**Gail Pucci**

**Lori Quigley**

**Barbara Reale**

**Kathy Sargent**

**Jennifer Shapiro**

**Ellen Torressen**



## About the General Contractor:

New Hampshire Healthy Kids Corporation is a 501(c)(3) nonprofit corporation created by special legislative act in 1993. The organization is governed by a volunteer board of directors.

- Our mission is to provide access to affordable health coverage to New Hampshire's uninsured children.
- Our vision is for every child to go to school healthy and ready to learn.
- Our philosophy is to promote health lifestyles, encourage preventive health and dental care, treat illness early and manage chronic health conditions.

In partnership with the Department of Health & Human Services (DHHS), New Hampshire Healthy Kids Corporation (NHHK) leads the effort to educate the public about children's health coverage options and to assist families in applying for coverage. NHHK directly administers the premium-based Healthy Kids Silver program through insurance subcontracts. NHHK headquarters in Concord, New Hampshire, serves as the mail-in application and enrollment center for the Healthy Kids — Children's Health Insurance Program.



25 Hall Street, Suite 302  
Concord, NH 03301-3477  
1-603-228-2925  
1-877-4NHCHIP (1-877-464-2447)  
TDD#: 1-800-735-2964  
[www.nhhealthykids.com](http://www.nhhealthykids.com)