

# Covering Kids 101



# Dear Friends,

It is with great enthusiasm that we present you with this year's annual report. It has been a busy year for the New Hampshire Healthy Kids Corporation. The Board of Directors selected Gretchen McFarland as the new President and CEO for the organization in the fall, and she has had many opportunities to see what a huge difference the program is making in the lives of the uninsured children of the Granite State.

We reached a record high in enrollment in the Healthy Kids Silver program at the end of this year, with 8,331 New Hampshire children enrolled. The Healthy Kids Buy-In program finished the year with 1,097 children enrolled. We attribute the slight decline in the Buy-In program enrollment as a reflection of a continuous trend we have followed since the summer of 2006. With the recent change in our state's economy, this is a year-end outcome that is not unexpected. We continue to look at developing enrollment opportunities in both the Silver and Buy-In programs in the coming year.

Of course, none of this would be possible without the ongoing support of our many stakeholders. The NH Healthy Kids Board of Directors has offered significant expertise and acumen in shaping policy for the overall mission and operation of the organization.

The support and collaboration with many State Agencies, notably Governor Lynch, the Department of Health and Human Services, the Department of Family Assistance and the NH Insurance Department have made streamlining the program and assisting the families a model approach for other states.

We continue to be encouraged by the commitment demonstrated by State officials who persist in addressing the problem of uninsured children in the Granite State. Without their dedication and tenacity, covering New Hampshire kids could not be the public policy priority that it is today.

Our Community Partners have given rise to enhancing enrollment and education to the public about the programs. Outreach and education efforts targeted Community Action Programs, local welfare offices, childcare centers, and town recreation directors. We also hosted several listening sessions to learn from families and community partners additional ways to enhance the Healthy Kids Programs.

We would also like to express our heartfelt appreciation to the dedicated men and women who comprise the staff at NH Healthy Kids Corporation. These tireless and committed people make this organization what it is today.

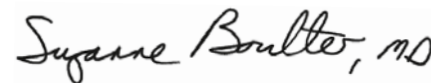
Finally, a sincere thanks to the Dame School in Concord who offered their facility for our photo shoot and to the children of NH Healthy Kids employees who agreed to pose for the photographs contained within this report.

With the current change in economic health for our state, we anticipate the challenges for enrolling children in the Healthy Kids Program to mount. It is with a fervent commitment that we accept this as an opportunity to help our state's most vulnerable citizens. We remain optimistic that together we can succeed in pursuing our common goal to provide affordable and accessible insurance to all New Hampshire children.



**Gretchen McFarland**

President & CEO



**Suzanne Boulter, MD**

Chair, Board of Directors

# Year in Review

## Reaching More Kids

**5,066** more kids enrolled

Healthy Kids Gold Enrollment up **7.0%**

Healthy Kids Silver Enrollment up **9.3%**

Healthy Kids Buy-In Enrollment down **9.7%**

## Serving Our Customers

NHHK Customer Service Staff & DHHS Eligibility Workers Handled:

**160,881** Phone Calls

**8,762** Requests for Applications

**9,232** New Applications

## Ensuring Program Integrity

NHHK Achieved a **99.98%** accuracy in verifying enrollment against the state eligibility system.

## Paying Their Share

NH Families paid **\$2,767,893** in premiums.

NHHK collected **97.3%** of billed premiums.

## Engaging Our Community Partners

NHHK Outreach Coordinators made **3,359** visits to schools, healthcare providers, town offices, social service agencies and other community partners.

## Supporting Community-Based Access

Community-Based Application Assistors helped **1,618** families apply for coverage. **2,738** infants were born to moms covered by Medicaid were enrolled.



# Healthy Kids Enrollment

## Healthy Kids Gold

*(also known as Medicaid)*

provides coverage at no cost to children in families at the lowest income levels. Services are provided through doctors and dentists who contract with the Department of Health & Human Services.

## Healthy Kids Gold

2008 – 68,080  
2007 – 63,605  
2006 – 62,582  
2005 – 62,156  
2004 – 60,363

## Healthy Kids Silver

*(also known as CHIP)*

offers low-cost health insurance at \$25 or \$45 per child per month. Co-payments from \$5 to \$50 apply to certain services. Total cost-sharing cannot exceed 5% of family income. Coverage is provided through Anthem Blue Cross Blue Shield and Northeast Delta Dental.

## Healthy Kids Silver

2008 – 8,331  
2007 – 7,622  
2006 – 7,409  
2005 – 7,445  
2004 – 6,807

## Healthy Kids Buy-In

allows families with higher incomes to buy-in to the Healthy Kids Silver insurance plan. Premiums at \$170 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.

## Healthy Kids Buy-In

2008 – 1,097  
2007 – 1,215  
2006 – 1,425  
2005 – 1,435  
2004 – 1,317



# Eligibility Guidelines

## Eligibility

Children are eligible if they meet the following requirements:

- **Age** – must be under the age of 19.
- **Residency** – must be a New Hampshire resident.
- **Citizenship** – must be a U.S. citizen, a refugee, asylee, or a permanent resident who has been in the U.S. for at least five years.
- **Income** – total family income must fall within the guidelines shown on the chart below.
- **Insurance Status** –
  - » Children may be eligible for Healthy Kids Gold regardless of his/her insurance status.
  - » Children ages 1 through 18 whose family income falls in the Healthy Kids Silver levels must be uninsured for six consecutive months unless good cause exists such as job loss.

## Benefits

- Medical Checkups & Immunizations
- Doctor and Specialist Visits
- Eyeglasses and Hearing Aids
- X-ray and Laboratory Services
- Occupational & Speech Therapy
- Early Intervention Services
- Hospital Services
- Mental Health Visits
- Dental Checkups and X-rays
- Cleanings and Fluoride Treatment
- Fillings and Simple Extractions

2008 Income Eligibility Guidelines*	Healthy Kids Gold Ages 0 through 18 & Pregnant Women	Healthy Kids Gold Infants Expanded Ages 0 to 1	Healthy Kids Silver Ages 1 through 18	Healthy Kids Silver Ages 1 through 18	Healthy Kids Buy-In** Ages 1 through 18
Family Premium	No Monthly Premium	No Monthly Premium	\$25 per child/ per month Monthly max \$100 Anthem/Delta Dental	\$45 per child/ per month Monthly max \$135 Anthem/Delta Dental	\$170 per child/ per month Anthem/Delta Dental
# of Family Members	Monthly Income Up To:	Monthly Income Up To:	Monthly Income Between:	Monthly Income Between:	Monthly Income Between:
2	\$2,159	\$3,500	\$2,160 - \$2,917	\$2,918 - \$3,500	\$3,501 - \$4,667
3	\$2,714	\$4,400	\$2,715 - \$3,667	\$3,668 - \$4,400	\$4,401 - \$5,867
4	\$3,269	\$5,300	\$3,270 - \$4,417	\$4,418 - \$5,300	\$5,301 - \$7,067
5	\$3,824	\$6,200	\$3,825 - \$5,167	\$5,168 - \$6,200	\$6,201 - \$8,267

Some expenses such as child care may be deducted from income. \* Income levels change annually each March.

\*\*The Healthy Kids Buy-In program receives no State or Federal funds. If your child is Native Alaskan or Native American, you may qualify for free coverage.

# 100% Schools

## 100% Schools Lessons Learned

Launched in 2006, more and more communities are expressing interest in the 100% Schools initiative. In 2008, NHHK took the opportunity to gather information about what we have learned and improve upon the processes and structure of the project. In March 2008, we conducted a focus group of community partners who have piloted 100% Schools projects in the past two years. The focus group discussed best practices, project challenges and outcomes. The most noteworthy best practices discussed were that schools that already have a method in place for screening health insurance often experience more success than those without this method established prior to starting the project and the importance of community support to ensuring a successful project.

The focus group also led to the creation of a comprehensive tool kit for communities participating in 100% Schools. The tool kit features a structured process for the project as well as letters and other tools for partners to use and track their progress. NHHK also created a questionnaire for interested schools to determine if they have certain criteria in place prior to starting a 100% School project.



## In 2008, the following schools were recognized as 100% Schools:

Chesterfield School	Marlborough School
Cutler School	Monadnock Regional Middle School
Dame School	Mt Ceasar Elementary School
Deerfield Community School	Perkins Elementary School
Dr. George Emerson Elementary	Plymouth Elementary School
Franklin Elementary School	Symonds Elementary School
Fuller Elementary School	Troy Elementary School
Hinsdale Elementary School	Wells Memorial Elementary School
Jonathan Daniels Elementary	Westmoreland Elementary School
Keene High School	Wheelock Elementary School
Keene Middle School	Winchester Elementary School

# Outreach

## Community Site Visits

With the restoration of three full-time field coordinators in 2007, 2008 saw an increase of community site visits with the field team making 3,359 visits to community partners. The team focused on Community Action Programs, welfare offices, child care providers, health care providers and town recreation directors. The bulk of their outreach efforts came in the fall when they visited all of the school nurses in the state to coordinate with our annual Back-to-School campaign. The team visited 499 nurses and provided them with a customized tool kit tailored to their line of work. Anecdotally, many nurses commented on the increasing needs in their schools, many from families who are inquiring about the program for the first time.

## Presentations

2008 also produced an increase in the requests for many of our popular presentations. Healthy Kids 101 is now well-known in the community and is an effective

method of training community partners about the program. From July to December alone, there was an 18% increase in Healthy Kids 101 requests.

We also saw an increase in the number of requests for our College Curriculum presentation. The College Curriculum gives college students an overview of the history of NHHK, program requirements, CHIP information, children's health statistics and

information about barriers we face. In 2008, NHHK staff presented the curriculum 13 times to 153 students.

NHHK markets both the Healthy Kids 101 and College Curriculum presentations through quarterly emails to community partners. At each of the presentations, we distribute an evaluation which is used to make updates and improvements to the presentations quarterly.



# Volunteer Program

## **Volunteer Program Learns the Ropes**

NHHK's volunteer coordinator spent much of 2008 researching the best practices of other volunteer programs and volunteer management. From that research we created a volunteer service agreement, service descriptions, a volunteer handbook, and other materials. We also established a robust training process for volunteers which includes an overview of NHHK and our mission, an introduction to completing an application and a modified volunteer-appropriate HIPAA regulations training. In addition, a NHHK staff member will attend the volunteer's first activity with him/her for added training if the volunteer requests it.

Our volunteer coordinator also piloted a presentation for high school students called Health Insurance 101. This interactive presentation provides students information about how to access health insurance, insurance-related vocabulary, and statistics about the importance of health insurance. The presentation was piloted

at Merrimack Middle School in Merrimack, NH and Central High School in Manchester, NH. The volunteer coordinator will use the information gathered at the pilot presentations to make improvements and market to potential schools in 2009.

NHHK volunteers participated in various events including health fairs, parent nights, and other child fairs such as the Manchester

Boys & Girls Club Day for Kids. NHHK also worked on recruiting an AmeriCorps® VISTA volunteer, which we successfully accomplished in December 2008. In 2009, the VISTA volunteer will be tasked with growing the volunteer program to identify partner organizations at which volunteers can provide Healthy Kids information. The VISTA volunteer will also focus on recruiting volunteers to fill such assignments.





# GPM

In July 2008, NHHK was awarded a grant through the Alosa Foundation and Community Catalyst to implement the *Generics are Powerful Medicine* (GPM) project to help educate NH communities about the value, safety, and benefits of generic prescription medications. Through the GPM project, NHHK's outreach staff provides information, materials and presentations to help community partners and their clients learn more about how generics can help increase access to prescription

medications. NHHK also includes materials in Healthy Kids Silver and Buy-In enrollment packets as well as some letters to families. The GPM information is also posted on the NHHK website and is provided at all events attended by NHHK outreach and volunteer staff. In 2008, field coordinators distributed 9,958 materials to community partners. We also included GPM information in 1,984 enrollment packets and 2,310 letters to families. The grant period runs through June 2009.

## Retention Project

In August 2007, New Hampshire was one of eight states selected to participate in the Southern Institute on Children and Families retention project, known as "Retention Initiative: Achieving Stability in Medicaid and SCHIP Coverage." Over the past year and a half, New Hampshire Healthy Kids and the Department of Health and Human Services staff worked toward the project goal of reducing the amount of procedural closures, by examining current renewal policies and procedures to identify opportunities for improvement.

This involved the extensive process of mapping current Medicaid and SCHIP renewal processes. Mapping these processes allowed us to identify bottlenecks, handoffs and delays that could be avoided with minor adjustments to the process.

Together, we then developed a retention improvement plan. This involved using the information gleaned from the mapping process to develop improvement strategies and identify resources, barriers, impact measures, indicators and timelines.

Over the course of the project, New Hampshire achieved each of the improvement strategies identified in our retention improvement plan. The Healthy Kids Silver successes include:

- Increased internal efficiency which allows customer service to spend more time working with families.
- Ensured consistent follow-up with families when additional information is needed to complete the renewal.

- Increased reminders to families who have not completed the renewal by adding two auto-dialer contacts.
- Increased the likelihood that closed cases will be reinstated by calling families after closure.
- Reduced the amount of nonpayment cancellations by extending the payment deadline.

Each of these changes developed through New Hampshire's participation in the retention initiative project will help reduce the amount of procedural closures. As a result more eligible children will remain insured through New Hampshire Healthy Kids.

# Listening Sessions

In March and April 2008, NHHK, in partnership with the Department of Health and Human Services (DHHS), hosted seven listening sessions across NH to hear from families and community partners about the Healthy Kids program. Attendees were asked to comment on and discuss the following topics: Getting the Word Out, Getting On, Staying On, and Using Services.

Attendees were candid with their feedback and provided helpful insight about the programs. The most common issues discussed at the listening sessions were:

- Communications with families are in need of improvement. Attendees described several areas in need of specific changes:
  - » Communications provided when a family is denied coverage



- » Communications provided when a family changes programs
- » Phone systems at NH Healthy Kids, District Offices, and DHHS
- Families do not understand eligibility requirements

NHHK and DHHS will work collaboratively over the next year to make improvements to these and other issues raised at the listening sessions. The feedback and suggestions from participants will be taken into consideration when looking at program improvements.

# Focus Groups

## Adolescent Focus Group

In June, NH Healthy Kids hosted a focus group to talk about the challenges and opportunities involved in providing outreach to adolescents and their families. Community partners who work with adolescents were invited to attend and provide insight on how NHHK can improve outreach efforts to the adolescent population. The group discussed teen's attitudes toward healthcare, methods of getting information home to parents, awareness of adolescent health needs, and suggestions for improving outreach to this population. Examples from their experiences in working with teens about the challenges teens face in accessing health care were shared. They provided feedback about ways NHHK can outreach to teens to get them and their families' information about the Healthy Kids programs. NHHK used this information to update our annual Back-to-School campaign by creating a targeted card sent home to parents of high school students, specifically referencing "teens". Over the next year, NHHK will consider other suggestions and feedback from the focus group in efforts to provide outreach to teens.

## Hard-to-Reach Uninsured

Also in June, NHHK conducted three formal focus groups of hard-to-reach uninsured families at Granite State Marketing and Research in Londonderry, NH. The participants were grouped into three categories: Prospects, families who had requested information and an application from NHHK, but had not yet applied; Closed, families who had submitted incomplete applications and were notified that additional information was needed within a specific time period or their application would be closed; Declines, families who had submitted

complete applications, but had been declined coverage for a variety of reasons. The participants provided feedback from a different perspective than what had been heard at previous listening sessions and focus groups. The families who had contact with NHHK and DHHS provided insight into how the process works from the other side. Each provided constructive feedback and suggestions for improvement. They taught us a lot about what families experience during the application process. We will use this knowledge to make improvements to the programs and our customer service.



# Financial Partners

Alice Peck Day Memorial Hospital

Allen Hinckley & Snyder

Androscoggin Valley Hospital

Anthem Blue Cross Blue Shield

Catholic Medical Center

Center on Budget Policy & Priorities

Cheshire Medical Center

Citizens Bank

Community Catalyst Inc.

Concord Hospital

Cottage Hospital

Dartmouth-Hitchcock Medical Center

Elliot Hospital

Exeter Hospital

Franklin Regional Hospital

Frisbie Memorial Hospital

Granite State Technologies

*HNHfoundation*

Huggins Hospital

Lakes Region General Hospital

Littleton Regional Hospital

Mary-Hitchcock Memorial Hospital

The Memorial Hospital

Millennium Advertising

Monadnock Community Hospital

New England Alliance  
for Children's Health Care

New London Hospital

Northeast Delta Dental

Parkland Medical Center

Portsmouth Regional Hospital

Print Solutions

Public Policy Institute

Robert Wood Johnson Foundation

Southern NH Medical Center

Spere Memorial Hospital

St Joseph Hospital

United Way

Upper Connecticut Valley Hospital

Valley Regional Hospital

Weeks Medical Center

Wentworth-Douglass Hospital



## Support and Revenue

	FY 2007	FY 2008
Member Premiums	\$ 4,894,622	\$ 5,050,052
Premium Subsidies	11,809,664	13,387,704
Charitable Support	67,579	109,921
Robert Wood Johnson Foundation	141,131	0
Public Education & Technical Assistance Contract	639,793	936,490
MEAD Program*	49,286	33,078
Interest Income	28,355	18,832
In-Kind Revenue	3,278,622	3,473,118
<b>Total Revenue</b>	<b>\$ 20,909,052</b>	<b>\$ 23,009,195</b>

## Expenses

Insurance Premiums	\$ 15,949,418	\$ 17,641,748
Personnel, Contract Services, Travel & Staff Development	1,123,400	1,239,310
Office Rent, Supplies and Equipment	200,142	297,428
Printing and Postage	81,979	90,426
Public Awareness & Communication	146,875	104,663
Depreciation	40,705	49,017
In-Kind Expenses	3,278,622	3,473,118
<b>Total Expenses</b>	<b>\$ 20,821,141</b>	<b>\$ 22,895,710</b>
Capital Expenditures	36,687	192,701
<b>Increase in Assets Less Capital Expense</b>	<b>\$ 51,224</b>	<b>\$ (79,216)</b>

## In-Kind Donations

Hospital and Physician Discounts	\$ 3,009,752	\$ 3,319,289
Insurance Administration	259,620	141,358
Professional Services	750	3,971
Bank Fees	8,500	8,500



\* 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.

# NH Healthy Kids Staff

## Administration & Operations

### Gretchen McFarland

President & Chief Executive Officer

### Carol Gundy

Vice President of Program & Policy

## Communications & Marketing/Outreach

### Amy Ellrod

Director of Communications & Marketing

### Amy Dubois

Field Specialist

### Owen Emberley

Field Coordinator

### Caitlin Harte

Field Coordinator

### Evan Morgan

AmeriCorps\* VISTA Volunteer

### April Purinton

Volunteer & Development Coordinator

## Customer Service – Applications

### Holly Connor

Director of Application Assistance

### Deborah Caldwell

Customer Service Representative

### Rebecca Gonzalez

Customer Service Support Clerk

### Mollie Kaylor

Community Application Coordinator

### Vanessa Maradiaga

Customer Service Specialist

### Cristin Rojek

Customer Service Specialist



### Sara Sargent

Customer Service Representative

## Customer Service – Enrollment

### Jody Touzin

Director of Operations & Enrollment

### Dianne Cochrane

Customer Service Representative

### Kristin Love

Customer Service Representative

### Cassie Poland

Operations & Enrollment Support

### Marte Ring

Customer Service Specialist

## Customer Service – Reception

### Elsa Pinkerton

Director of Customer Service

### Nathalie Ferns

Customer Service Receptionist

### Tamara Kelley

Customer Service Receptionist

## Finance & Facilities

### David Emberley

Vice President of Finance & Facilities

### Allison Cross

Accounting & Facilities Supervisor

### Lisa Malanga

Executive Assistant & HR Administrator

### Shanna Serozynski

Accounts Receivable Coordinator

## Information Technology

### Heather Tucker

Director of Information Technology

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Representing NH Pediatric Society

**Gina Balkus**

Board Member at Large

**Sharon Beaty**

Board Member at Large

**Tom Clairmont**

Representing NH Hospital Association

**Ted Comstock**

Representing NH School Board Association

**Katie Dunn**

Representing Department of Health & Human Services

**Ellen Fineberg**

Representing Children's Alliance of NH

**Cynthia Hart**

Representing NH School Nurses Association

**Mary Heath**

Representing NH Department of Education

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**Roland Lamy**

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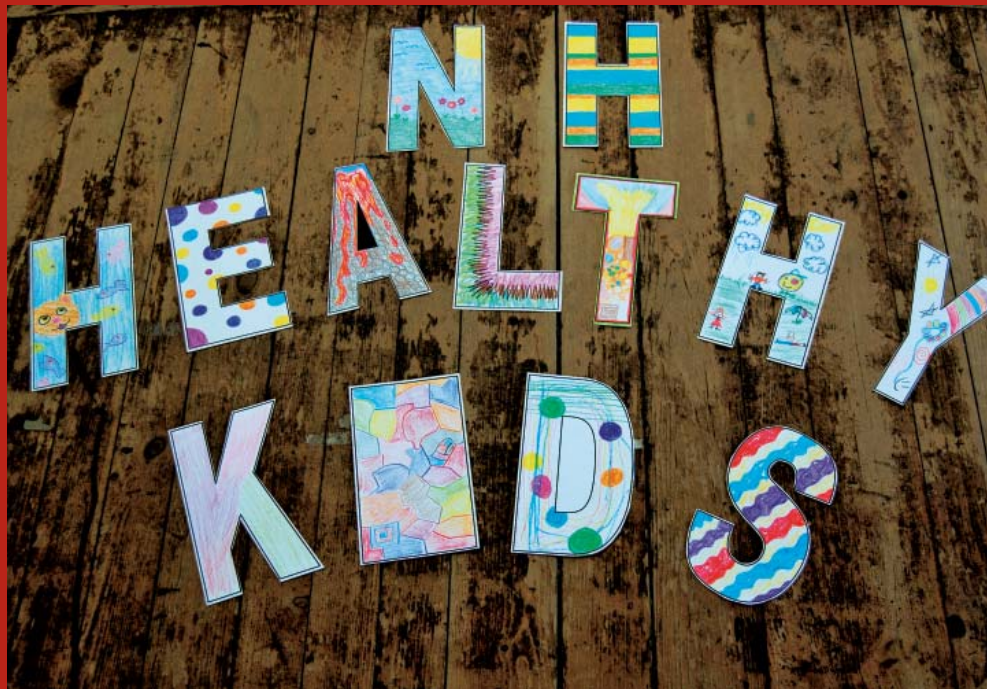
Board Member at Large

**Mary Jane Wallner**

Representing NH Child Care Association



New Hampshire Healthy Kids Corporation is a 501(c)(3) nonprofit corporation created by a 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 healthy lifestyles, encourage preventive health and dental care, treat illness early and manage chronic health conditions.

In partnership with the Department of Health & Human Services, Anthem Blue Cross Blue Shield, Northeast Delta Dental, and New Hampshire hospitals, healthcare providers, schools and human service agencies, 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 subcontractors. NHHK, headquartered in Concord, New Hampshire, serves as the mail-in application and enrollment center for the Healthy Kids – Children's Health Insurance Program.



1 Pillsbury Street, Suite 300

Concord, NH 03301-3556

603-228-2925

1-877-4NHCHIP (1-877-464-2447)

TDD#: 1-800-735-2964

[www.nhhealthykids.com](http://www.nhhealthykids.com)