



Hawai'i Covering Kids

Advocating Health Insurance for All Keiki and 'Ōpio

FACT SHEET

21 November 2008

Keiki Care

Goal

All children and youths living in Hawai'i are enrolled in health insurance.

Children's Health

Compelling national health care statistics¹ drive Hawai'i Covering Kids' goal:

- Children who are uninsured are twice as likely not to receive any medical care;
- Only 45% of uninsured children had one or more well-child visits in the past year compared with more than 70% of insured children;
- More than one in three uninsured children do not have a personal physician; and
- Uninsured children are less likely to receive proper medical care for common childhood illnesses such as sore throats, earaches, and asthma.

Background Information

Approximately five percent of Hawai'i's children and youths are uninsured statewide which means over 16,000 kids do not have health insurance. Hawai'i Covering Kids sponsored meetings in October 2006 and January 2007 to determine the "gap groups" and possible solutions. We concluded these children and youths are most likely uninsured:

- Eligible for QUEST or Medicaid Fee-for-Service in households between 251-300% FPL but parents cannot afford monthly premium payments;
- In families with incomes above 300% FPL and parents cannot afford private health insurance;
- Have temporary visas (V, H, K, etc.);
- Undocumented immigrants; and
- Student dependents (F2 visa) whose parents cannot afford university health insurance plans.

2007 Initiative

The Hawaii State Legislature introduced HB1008, now Act 236, to help uninsured children and youths in the gap groups. It included paying QUEST and Medicaid Fee-for-Service monthly premiums for children between 251-300% FPL and establishing a free Keiki Care plan for children ages 31 days to 19 years old who are ineligible for public health insurance. The Keiki Care plan is modeled after the low-cost HMSA Children's Plan with limited benefits and some out-of-pocket expenses. It requires the child live in Hawai'i

¹ State Health Access Data Assistance Center, "The State of Kids Coverage," August 2006.

and be continuously uninsured for six months. Exceptions to the six-month uninsured provision include: (1) children who “income out” of QUEST or Medicaid Fee-for-Service, (2) children enrolled in a managed care children's plan on the effective date (one-time only exemption), (3) newborns uninsured since birth, and (4) children in families affected by Aloha Airline’s bankruptcy.

Timeline

3 May 2007	HB1008 HD2 SD2 CD1 Passed by the Legislature
30 June 2007	Signed by the Governor as Act 236
1 March 2008	Enrollment Commenced
1 April 2008	Keiki Care Effective Date

Enrollment

1 April 2008	1,827 ²
1 November 2008	2,021

Crowd-Out

Hawai’i has never experienced problems with parents dropping their children’s private health insurance to enroll them in public-financed programs. Keiki Care specifically discourages this tactic (called “crowd-out”) through an eligibility requirement that each child must be uninsured continuously for six months, limited benefit package, and some out-of-pocket expenses. The fact enrollment in November 2008 isn’t significantly greater than when Keiki Care began illustrates crowd-out prevention is working.

Outreach

Hawai’i Covering Kids has conducted intensive outreach through broadcast emails to state and community partners, mailouts to statewide outreach workers, web site information, 211 hotline referrals, and natural points of contact including community health centers, hospitals, public health nurses, Head Start, WIC, and schools.

Economic Impact

The modest investment in Keiki Care pays off in several significant ways. It supports healthier children, confident parents, and reliable payments to health care providers while preserving precious charity care and limited uninsured funds for those who are uninsurable. Keiki Care empowers parents by connecting their children to a pediatrician and regular preventive health care. Should a sudden illness or injury occur, the children are also insured for emergency care which averts personal and institutional financial crises. In fact, as the number of insured kids has increased in Hawai’i, hospital emergency department data for 2000-2006 show that visits by uninsured children and youths have declined from 5.25% to 3.79%³.

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Children’s health insurance information is available by calling 211 (free from all islands) or visiting www.coveringkids.com. Hawai’i Covering Kids is a project of the Hawai’i Primary Care Association currently funded by AlohaCare, Hawai’i State Department of Human Services, HMSA Foundation, and NFL Pro Bowl Charities. It collaborates with over 200 federal, state, and community organizations to decrease the number of uninsured children and youths through outreach, enrollment, and process simplification activities and subsequently increase the number of children and youths who get preventive and ongoing health care.

² Includes 1,739 rollover from HMSA Children’s Plan (one-time exemption)

³ Hawai’i Health Information Corporation, “Hawai’i Hospital Emergency Department Visits,” 2000-2006.

Keiki Care Helps Hawai'i's Economy

by Barbara Luksch, Hawai'i Covering Kids Project Director

Imagine your child awakens in the night with an asthma attack and needs health care. The coughing and breathing worsen, however your child has no health insurance. You struggle to pay for food, rent, and other basic living expenses and are fearful of the hospital emergency room because of potentially ruinous medical bills. What do you do?

This dilemma is familiar for thousands of parents and guardians of uninsured children and youths throughout Hawai'i. As state budgets face monetary shortfalls, taxpayers should know it is cheaper to cover kids with health insurance than cover expensive hospital costs for uninsured kids. That is why federal, state, and community organizations collaborated to create Keiki Care for uninsured children and youths in "gap groups"—those who do not qualify for public health insurance and their parents cannot provide private health insurance. It should be clarified that specific provisions discourage parents from dropping their children's private health insurance to enroll in Keiki Care: (1) child must be continuously uninsured for six months, (2) limited health care benefits, and (3) out-of-pocket expenses.

A modest investment in Keiki Care helps Hawai'i's economy because should a sudden illness or injury occur, children are insured for emergency care which averts personal and institutional financial crises. In fact, as the number of insured kids has increased in Hawai'i, hospital emergency department data for 2000-2006 show that visits by uninsured children and youths have declined from 5.25% to 3.79%.

Keiki Care also empowers parents by connecting their children to a pediatrician and regular preventive health care. Compelling national health care statistics published in a recent Covering Kids & Families "State of Coverage" report support this: (1) children who are uninsured are twice as likely not to receive any medical care, (2) only 45% of uninsured children had one or more well-child visits in the past year compared with more than 70% of insured children, (3) more than one in three uninsured children do not have a personal physician, and (4) uninsured children are less likely to receive proper medical care for childhood illnesses such as sore throats, earaches, and asthma.

Parents with uninsured children often face hard choices...pay the electric bill or pay the doctor; fill the refrigerator or fill a prescription. That is why uninsured children often go to school without annual checkups and may not participate in co-curricular activities—not only because their parents fear an injury, but also because they fear the impact medical bills could have on their family budget.

Overall, Keiki Care supports healthier children, confident parents, and reliable payments to health care providers while allocating precious charity care and limited uninsured funds for others who are uninsurable.

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