

# CALIFORNIA HEALTH CARE ALMANAC



## Children's Health Coverage Facts and Figures

NOVEMBER 2009

# Introduction

Over the past five years, California made significant strides in reducing the number of uninsured children from an estimated 778,000 in 2003 to 683,000 children in 2007, a 12 percent decline. This improvement in children's coverage was due in part to Medi-Cal and Healthy Families expansions, the introduction of Healthy Kids programs in several counties, and effective outreach and enrollment efforts. However, gains in children's coverage have slowed in recent years.

*Children's Health Coverage Facts and Figures* provides an overview of trends in children's coverage and insurance programs in the state.

## KEY FINDINGS INCLUDE:

- The proportion of children without health insurance continued to decline through 2007, though the pace of improvement has slowed.
- Nearly 80 percent of California's uninsured children are eligible for coverage under either Medi-Cal, Healthy Families, or Healthy Kids.
- Medi-Cal and Healthy Families are key sources of coverage for children in low-income households that together have closed the coverage gap among families with incomes up to 250 percent of the federal poverty level.
- Healthy Kids programs are also important for children's coverage. Twenty-four counties operate Healthy Kids programs and four others rely on California Kids.
- Children are less likely to have employment-based coverage than adults and are more likely to be enrolled in public programs in California.

The future of children's health insurance coverage in California is uncertain. On the one hand, California's economic downturn and budget crisis will likely make it difficult to increase the number of insured children. On the other, Congress and the President reauthorized the Children's Health Insurance Program (CHIP), which provides new policy options for expanding coverage. In addition, Congress and the Obama Administration are working on national health care reform, which if enacted, would likely benefit children in California.

In this presentation, children are defined as people between the ages of 0 and 18, unless otherwise noted.

## Children's Health Coverage

### Overview

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# Milestones Affecting Children's Coverage, 1997–2009



Federal and state programs for children's coverage have evolved to cover more children or expand benefits or services. In recent years, budget pressures have threatened enrollment and outreach.

\*Under the Deficit Reduction Act (DRA), Congress imposes citizenship and identity documentation requirements for enrolling in Medi-Cal (and now Healthy Families). Medi-Cal simplifies the DRA documentation production by removing DRA barriers for deemed-eligible infants, using vital statistic records matches to prove citizenship and accepting a parent's signature on the application for proof of a child's identity.

Sources: California HealthCare Foundation, *Medi-Cal Facts and Figures, 2007* and *Children's Health Insurance Programs Facts and Figures, 2006*. 100% Campaign, *Federal CHIP Reauthorization: An Opportunity for California to Cover More Uninsured Children*, [www.100percentcampaign.org/fs/resource/id/xkozkudej1hlrk/xzou4wz7wutvvc](http://www.100percentcampaign.org/fs/resource/id/xkozkudej1hlrk/xzou4wz7wutvvc).

Note: Specific program details are explained throughout this document.

# Eligibility Requirements for Children's Insurance Programs, California, 2009

	FAMILY INCOME REQUIREMENTS AS A PERCENTAGE OF FEDERAL POVERTY LEVEL (FPL)	OTHER MAJOR REQUIREMENTS
Access for Infants and Mothers (AIM)	200% to 300% FPL	California resident, pregnant, and either no other health insurance or coverage with deductible over \$500
CaliforniaKids (CalKids)	Up to 250% FPL (300% FPL in three counties)	Ages 2 to 18 and not eligible for public insurance
California Children's Services (CCS)	Family income up to \$40,000 or whose out-of-pocket costs for a CCS condition accounts for at least 20% of annual income	Under age 21, California resident, and eligible medical condition
Child Health and Disability Prevention (CHDP)	Up to 200% FPL	Under age 21 and California resident
Healthy Families	Up to 250% FPL	California resident/U.S. citizen, non-citizen nationals, or eligible qualified immigrants*
Healthy Kids	Up to 300% FPL (400% FPL in San Mateo County)	Under age 19, county resident, currently uninsured and not eligible for public insurance
Kaiser Permanente Child Health Plan	Less than 300% FPL	Under age 19, not eligible for public insurance, and no employer contribution toward insurance available
Medi-Cal	Infants: up to 200% FPL Age 1 to 5: up to 133% FPL Age 6 to 19: up to 100% FPL	California resident/U.S. citizen or qualified immigrant

Eligibility requirements vary among programs, creating complexity for families, community organizations, eligibility workers, and providers. (A more detailed overview is provided in the Appendix.)

\*Complete requirements are available at [healthyfamilies.ca.gov/hfprogram/join.aspx](http://healthyfamilies.ca.gov/hfprogram/join.aspx).

Notes: Not an exhaustive list of eligibility requirements. Children must be without employer-sponsored coverage to be eligible for each of these programs, with the exception of Medi-Cal. Federal poverty level (FPL) for a family of three is \$18,310 in 2009. Medi-Cal also provides coverage to others, including some adults, seniors and people with disabilities. Dental care is a covered benefit in the Medi-Cal program and not a distinct program although it is often considered separate because the benefit has a distinct name Denti-Cal.

Sources: AIM, [www.mrmib.ca.gov/mrmib/AIM.shtml](http://www.mrmib.ca.gov/mrmib/AIM.shtml). CalKids, [www.californiakids.org](http://www.californiakids.org). CCS, [www.dhcs.ca.gov/services/ccs/Pages/default.aspx](http://www.dhcs.ca.gov/services/ccs/Pages/default.aspx). CHDP, [www.dhcs.ca.gov/services/chdp/Pages/default.aspx](http://www.dhcs.ca.gov/services/chdp/Pages/default.aspx). Healthy Families, [www.mrmib.ca.gov/mrmib/HFP.shtml](http://www.mrmib.ca.gov/mrmib/HFP.shtml). Healthy Kids, [www.cchi4kids.org](http://www.cchi4kids.org). Kaiser Permanente, [www.kaiserpermanente.org](http://www.kaiserpermanente.org). Medi-Cal/Denti-Cal, [www.dhs.ca.gov](http://www.dhs.ca.gov).

# Benefits and Cost Sharing of Children's Insurance Programs, California, 2009

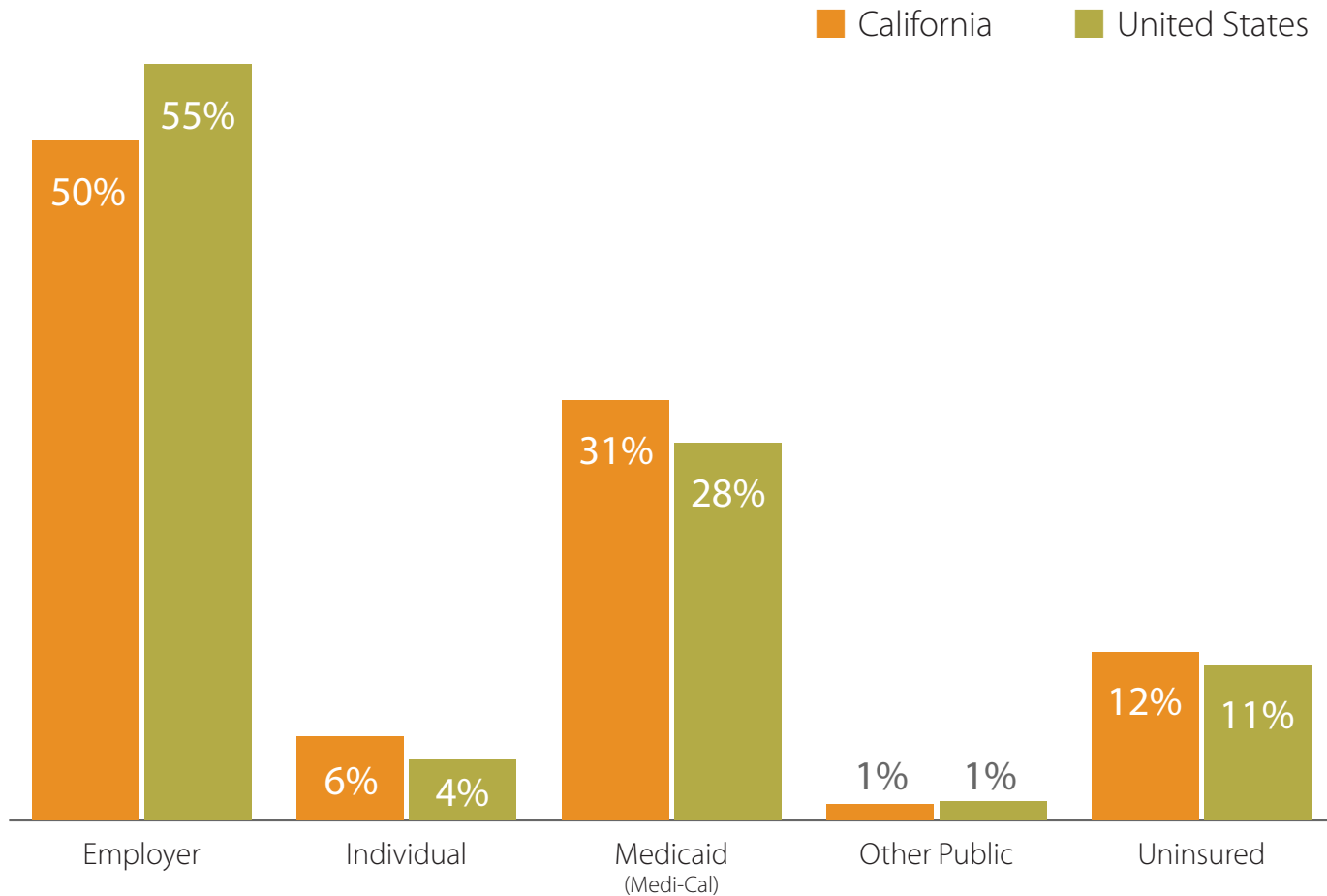
The majority of children's insurance programs have comprehensive benefits and low cost sharing.

	BENEFITS OFFERED	PREMIUMS PAID BY FAMILY	COPAYMENTS
<b>Access for Infants and Mothers (AIM)</b>	Comprehensive medical coverage, including dental and vision	1.5% of household income	None
<b>CaliforniaKids (CalKids)</b>	Comprehensive medical coverage, including dental and vision but excluding inpatient services	\$0 to \$20 per child, per month	\$5 to \$50, varies by service
<b>California Children's Services (CCS)</b>	Specialty medical care and equipment provided by approved specialists	None	None
<b>Child Health and Disability Prevention (CHDP)</b>	Preventive care and well-child exams	None	None
<b>Healthy Families</b>	Comprehensive medical coverage, including dental and vision	\$4 to \$24 per child, per month (capped at \$12 to \$72 per family, per month, depending on family size)	\$5 to \$10 for some services and \$0 for preventive services (capped at \$250 per family, per year)
<b>Healthy Kids</b>	Comprehensive medical coverage, including dental and vision	\$4 to \$14 per child, per month, varies by county (capped at \$12 to \$42 per family, per month, depending on family size)	\$5 to \$15 for most services
<b>Kaiser Permanente Child Health Plan (CHP)</b>	Comprehensive medical coverage, including dental and vision	\$8 or \$15 per child, per month for first three children in a family; additional children are free	\$5 for most services (capped at \$250 per calendar year for one child and \$500 for two or more children)
<b>Medi-Cal</b>	Comprehensive medical coverage, including dental and vision	None	None to receive services (unless in Medi-Cal Share-of-Cost program)

Notes: Comprehensive care includes inpatient, outpatient, lab tests, pharmacy, and long term care.

Sources: AIM, [www.mrmib.ca.gov/mrmib/AIM.shtml](http://www.mrmib.ca.gov/mrmib/AIM.shtml). CalKids, [www.californiakids.org](http://www.californiakids.org). CCS, [www.dhcs.ca.gov/services/ccs/Pages/default.aspx](http://www.dhcs.ca.gov/services/ccs/Pages/default.aspx). CHDP, [www.dhcs.ca.gov/services/chdp/Pages/default.aspx](http://www.dhcs.ca.gov/services/chdp/Pages/default.aspx). Healthy Families, [www.mrmib.ca.gov/mrmib/HFP.shtml](http://www.mrmib.ca.gov/mrmib/HFP.shtml). Healthy Kids, [www.cchi4kids.org](http://www.cchi4kids.org). Kaiser Permanente, [www.kaiserpermanente.org](http://www.kaiserpermanente.org). Medi-Cal/Denti-Cal, [www.dhs.ca.gov](http://www.dhs.ca.gov).

# Children's Health Insurance Coverage, California and the United States, 2006–2007



## Children's Health Coverage

Sources of Coverage

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Compared to the United States as a whole, California has a smaller percentage of children with employer-based coverage and a higher proportion enrolled in Medicaid.

Notes: CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27. Healthy Families and individuals eligible for both Medicare and Medicaid (dual eligibles) are included in Medicaid. Other Public includes those covered through the military or Veterans Administration, in federally funded programs such as TRICARE (formerly CHAMPUS), and some non-elderly Medicare enrollees.

Sources: Current Population Survey (CPS), U.S. Census Bureau, *Health Insurance Coverage of Children ages 0–18, states (2006–2007), U.S. (2007)*. Kaiser Family Foundation, [www.statehealthfacts.org](http://www.statehealthfacts.org).

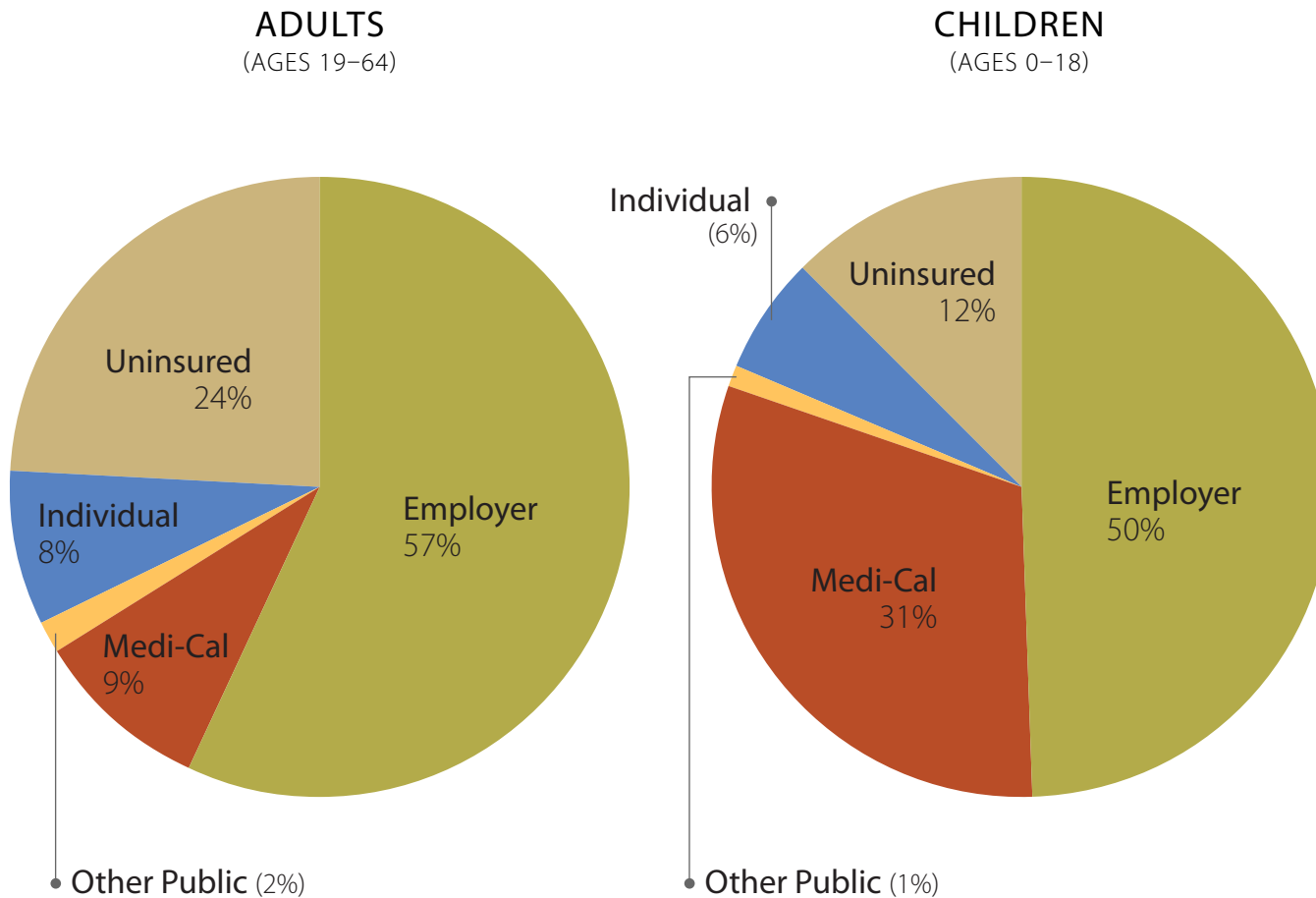
# Sources of Insurance Coverage for Children and Adults, California, 2006–2007

## Children's Health Coverage

Sources of Coverage

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California children are also less likely to have employer-based coverage, but more likely to be enrolled in public programs than adults. However, adults are nearly twice as likely to be uninsured.



Notes: CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27. Healthy Families and individuals eligible for both Medicare and Medi-Cal (dual eligibles) are included in Medi-Cal. Other Public includes those covered through the military or Veterans Administration, in federally funded programs such as TRICARE (formerly CHAMPUS), and some non-elderly Medicare enrollees.

Sources: U.S. Census Bureau, *Health Insurance Coverage of Children ages 0–18 and Health Insurance Coverage of Adults ages 19–64, states (2006–2007)*. Kaiser Family Foundation, [www.statehealthfacts.org](http://www.statehealthfacts.org).

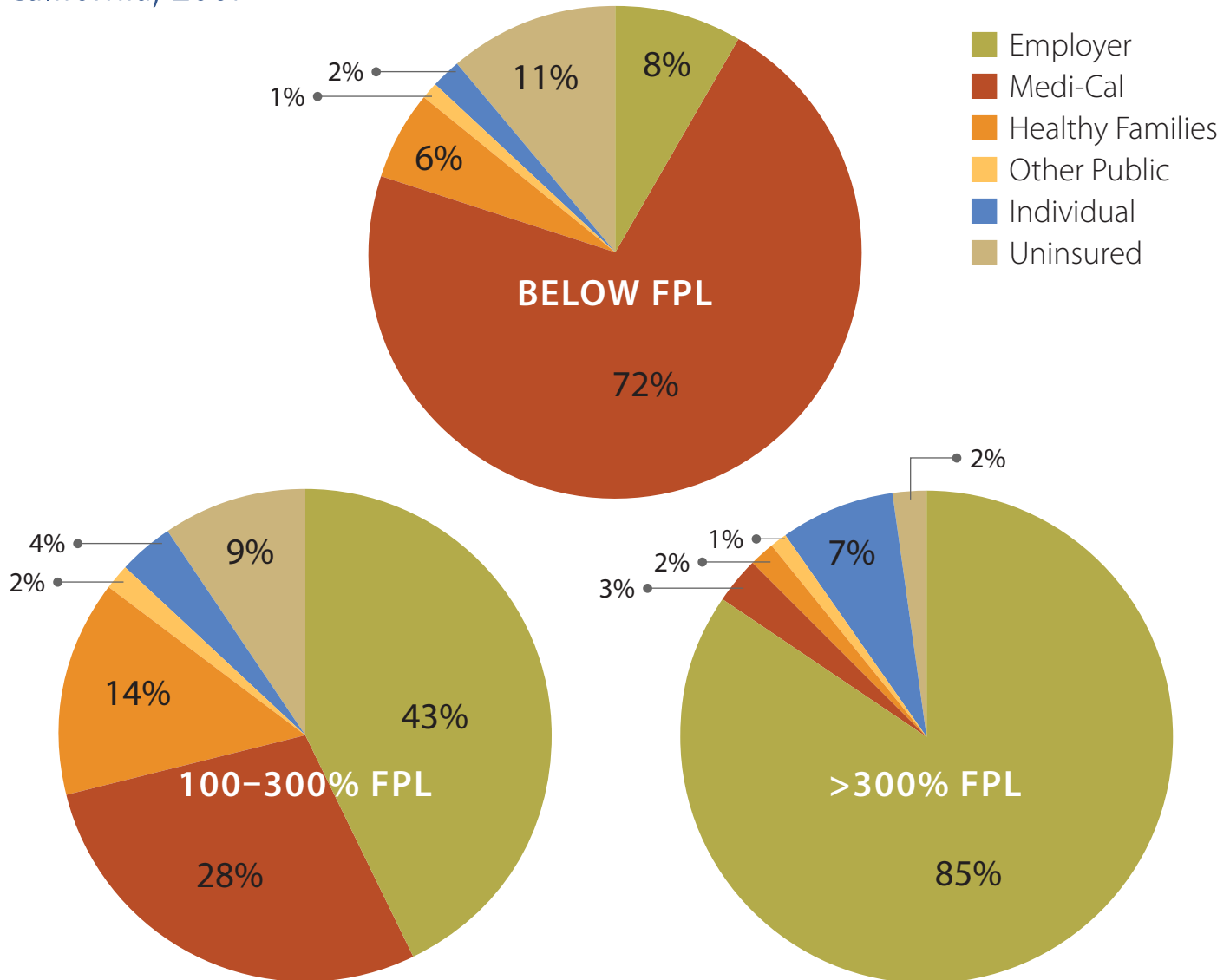
# Sources of Children's Insurance Coverage, by Poverty Level, California, 2007

## Children's Health Coverage

Sources of Coverage

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For children in low-income families, public programs provide an important source of health coverage.



Notes: CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27. Other Public includes those covered through the military or Veterans Administration, in federally funded programs such as TRICARE (formerly CHAMPUS), and some non-elderly Medicare enrollees. Figures may not total 100 percent due to rounding.

Source: California Health Interview Survey, UCLA Center for Health Policy Research, [www.healthpolicy.ucla.edu/pubs/files/CAs\\_Lack\\_Insurance\\_PB\\_121508.pdf](http://www.healthpolicy.ucla.edu/pubs/files/CAs_Lack_Insurance_PB_121508.pdf).



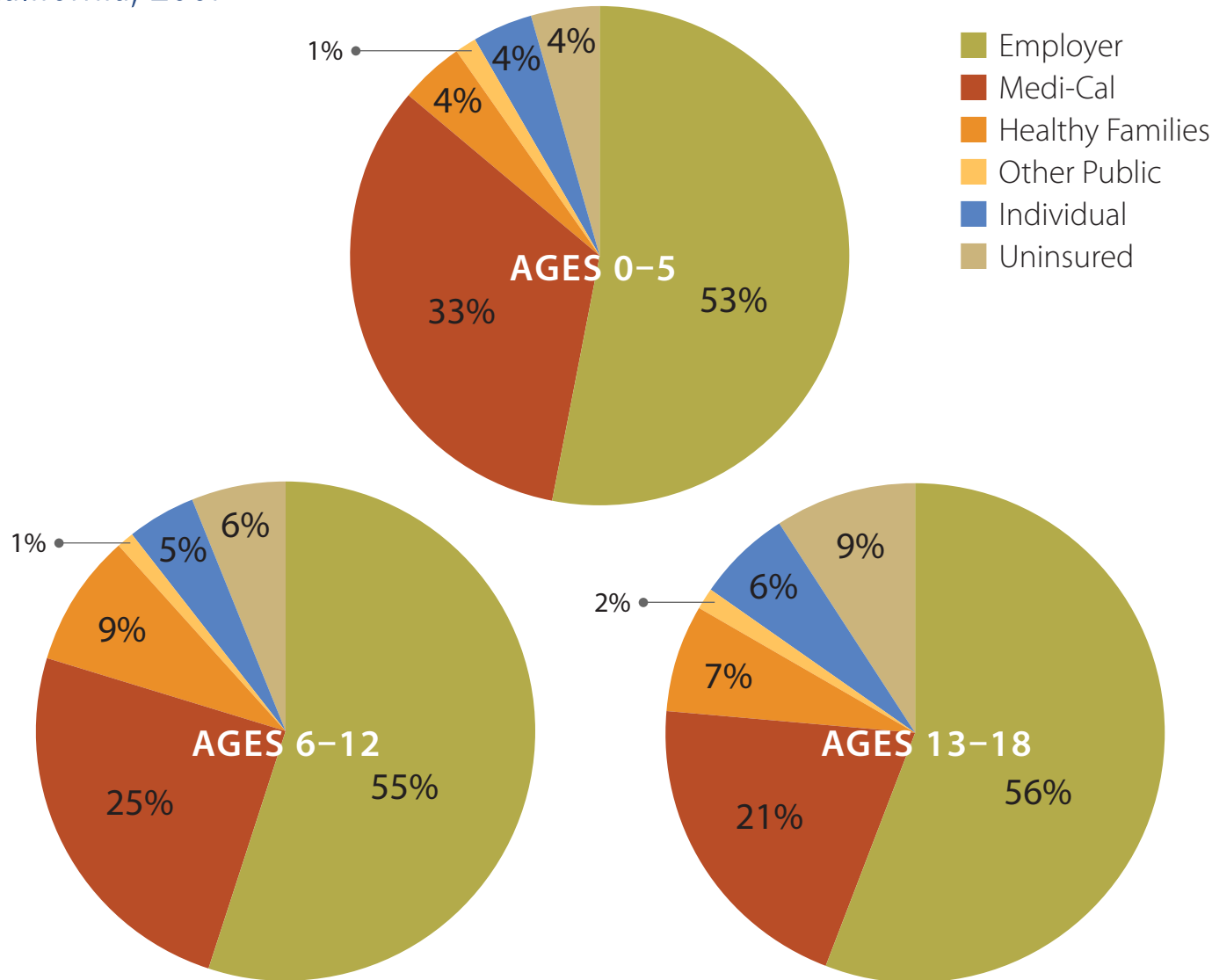
# Sources of Children's Insurance Coverage, by Age Group, California, 2007

## Children's Health Coverage

Sources of Coverage

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About a quarter to a third of children in all age groups are covered by Medi-Cal and Healthy Families. Those who are five and younger rely more heavily on Medi-Cal than other age groups.

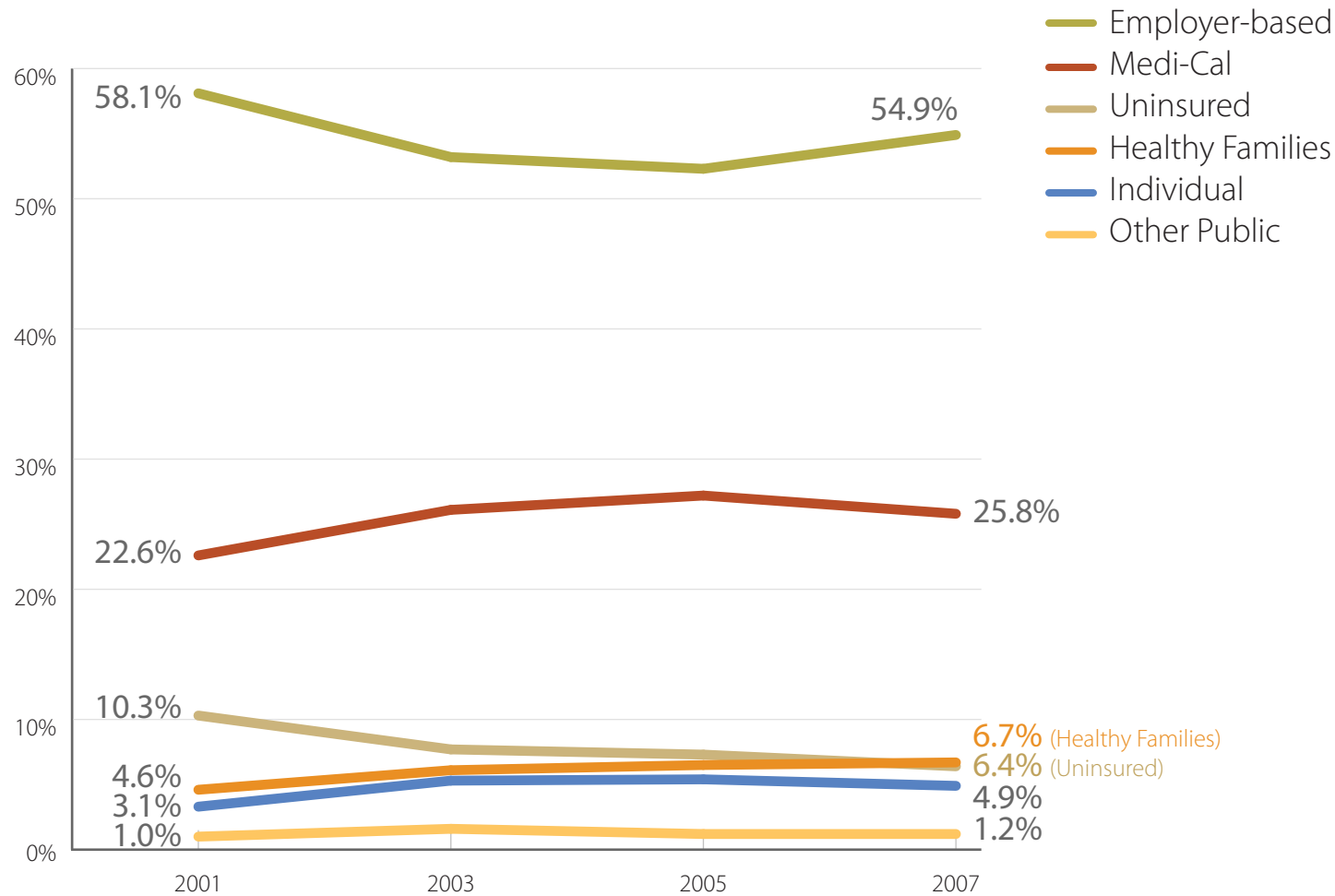


Notes: CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27. Other Public includes those covered through the military or Veterans Administration, in federally funded programs such as TRICARE (formerly CHAMPUS), and some non-elderly Medicare enrollees.

Source: California Health Interview Survey, UCLA Center for Health Policy Research, [www.healthpolicy.ucla.edu/pubs/files/CAs\\_Lack\\_Insurance\\_PB\\_121508.pdf](http://www.healthpolicy.ucla.edu/pubs/files/CAs_Lack_Insurance_PB_121508.pdf).

# Children's Health Insurance Coverage Trends, California, 2001–2007

PERCENTAGE OF INDIVIDUALS



The percentage of California children who were uninsured declined between 2001 and 2007. During the same period, public program coverage expanded.

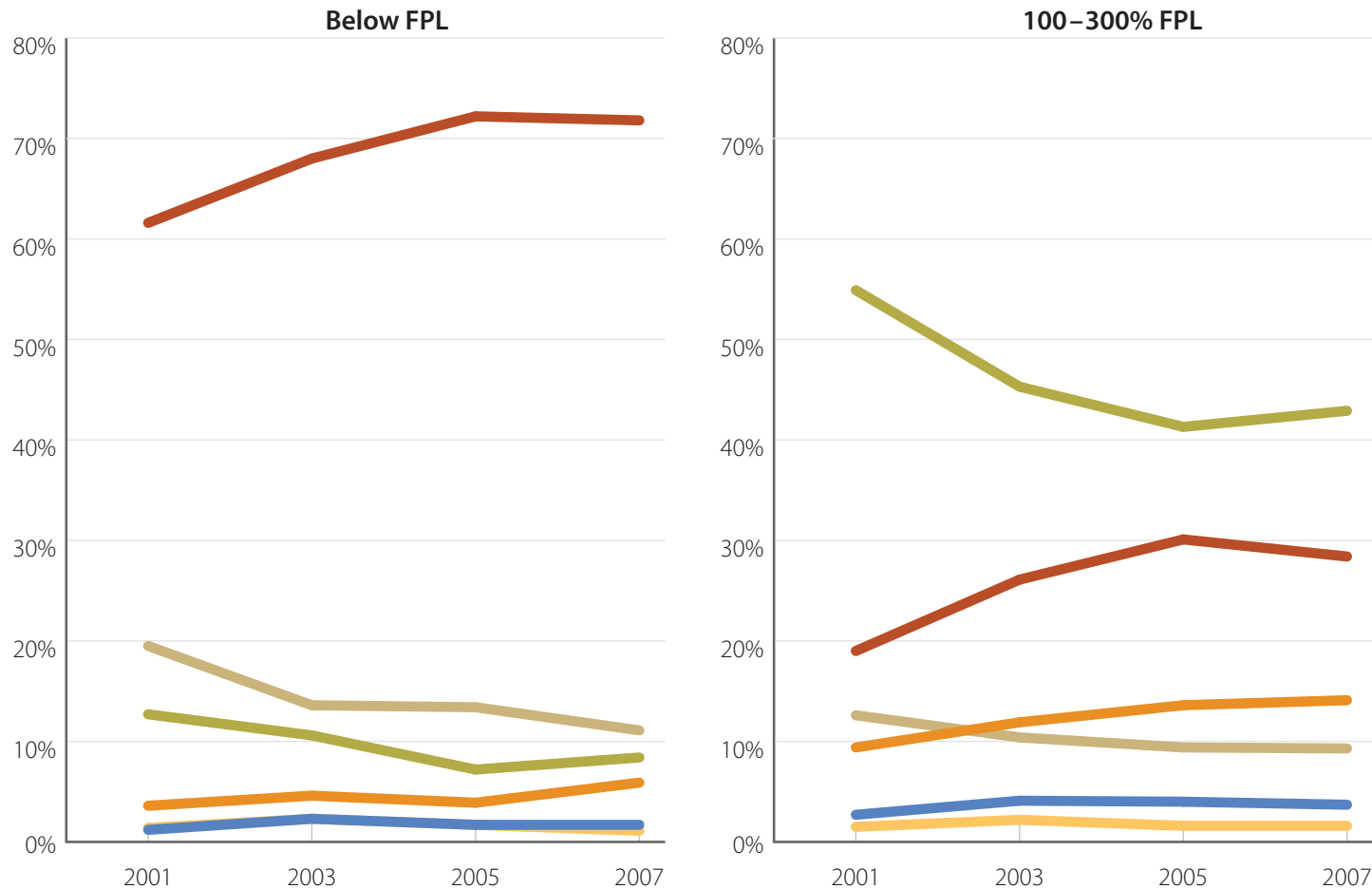
Notes: CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27. Other Public includes those covered through the military or Veterans Administration, in federally funded programs such as TRICARE (formerly CHAMPUS) and some non-elderly Medicare enrollees.

Source: California Health Interview Survey, UCLA Center for Health Policy Research, [www.healthpolicy.ucla.edu/pubs/files/CAs\\_Lack\\_Insurance\\_PB\\_121508.pdf](http://www.healthpolicy.ucla.edu/pubs/files/CAs_Lack_Insurance_PB_121508.pdf).

# Children's Insurance Coverage Trends, by Poverty Level, California, 2001–2007

PERCENTAGE OF INDIVIDUALS

- Medi-Cal
- Healthy Families
- Other Public
- Employer-based
- Individual
- Uninsured



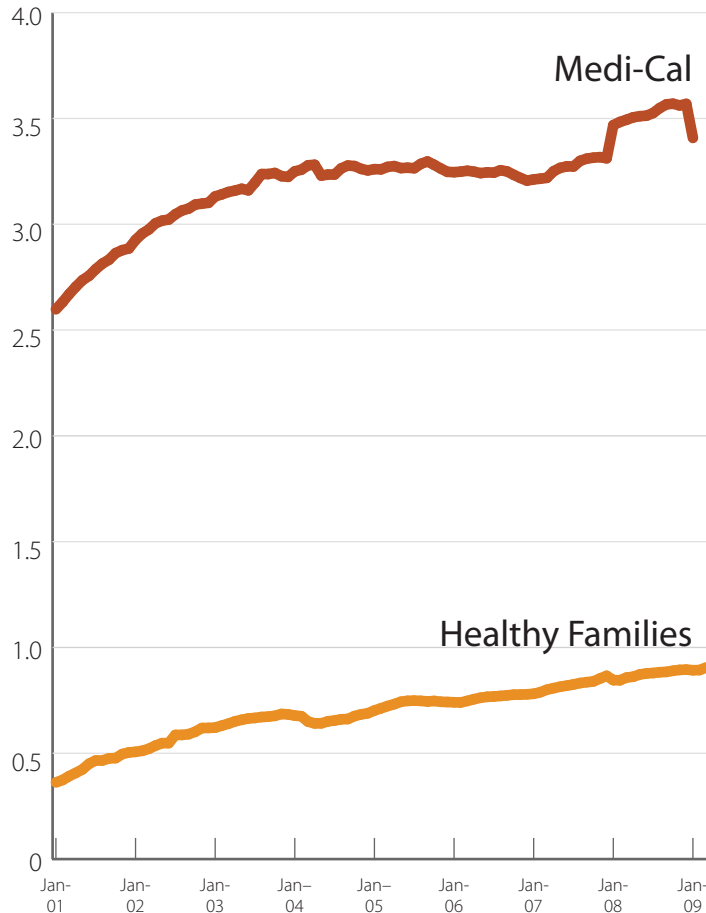
The expansion of public insurance enrollment was greatest among children living below the federal poverty level. For children in families with household incomes between 100 and 300 percent of the FPL, employer-based coverage dropped from 55 percent to 43 percent. The number of uninsured children fell in both socioeconomic groups.

Notes: CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27. Other Public includes those covered through the military or Veterans Administration, in federally funded programs such as TRICARE (formerly CHAMPUS) and some non-elderly Medicare enrollees.

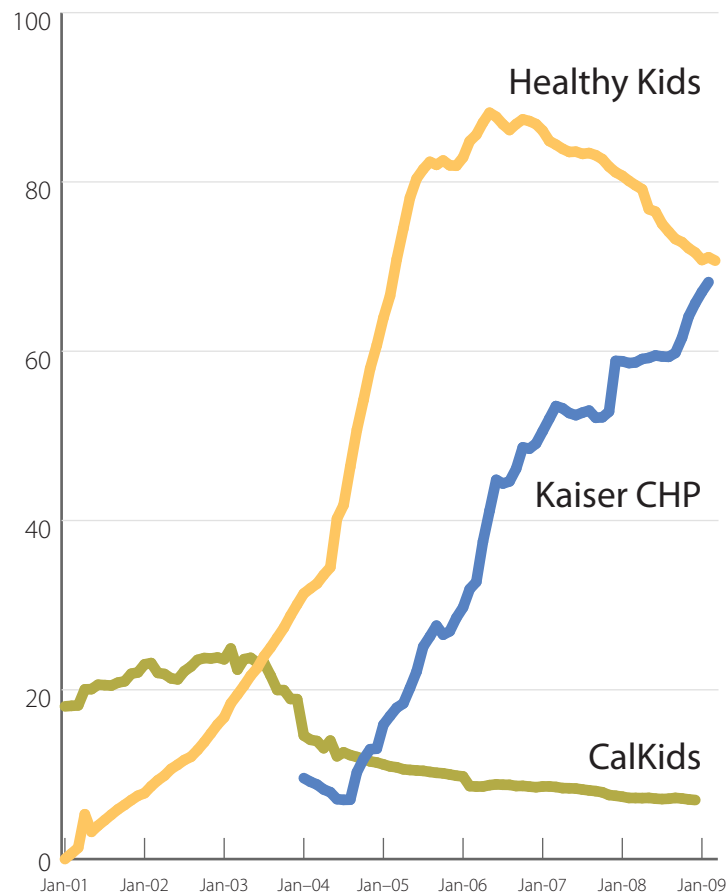
Source: California Health Interview Survey, UCLA Center for Health Policy Research, [www.healthpolicy.ucla.edu/pubs/files/CAs\\_Lack\\_Insurance\\_PB\\_121508.pdf](http://www.healthpolicy.ucla.edu/pubs/files/CAs_Lack_Insurance_PB_121508.pdf).

# Enrollment Trends in Children's Health Insurance Programs, California, 2001–2008

ENROLLMENT (IN MILLIONS)



ENROLLMENT (IN THOUSANDS)



Since 2001, both Medi-Cal and Healthy Families have shown steady increases in enrollment. Participation in Healthy Kids programs likewise increased after 2001, but began to decline in 2008 in response to reductions in funds. While CalKids has capped enrollment, Kaiser Children's Health Plan reopened or expanded enrollment in several counties that established Healthy Kids waiting lists.

Note: Data are not available for the Kaiser CHP program prior to January 2004.

Sources: CalKids: USC Center for Community Health Studies (2001–2008). Healthy Kids: USC Center for Community Health Studies (2001–2009). Healthy Families: Managed Risk Medical Insurance Board (2001–2009), [www.mrmib.ca.gov/MRMIB/HFPRReportsHis.shtml](http://www.mrmib.ca.gov/MRMIB/HFPRReportsHis.shtml). Kaiser Child Health Plan: USC Center for Community Health Studies (2001–2008). Medi-Cal: California Department of Health Care Services, beneficiary files (2001–2008), [www.dhcs.ca.gov/dataandstats/statistics/Pages/MediCalBeneficiariesCountsPivotTable.aspx](http://www.dhcs.ca.gov/dataandstats/statistics/Pages/MediCalBeneficiariesCountsPivotTable.aspx).

# Healthy Kids Programs, California, 2009



## Children's Health Coverage

### Coverage Trends

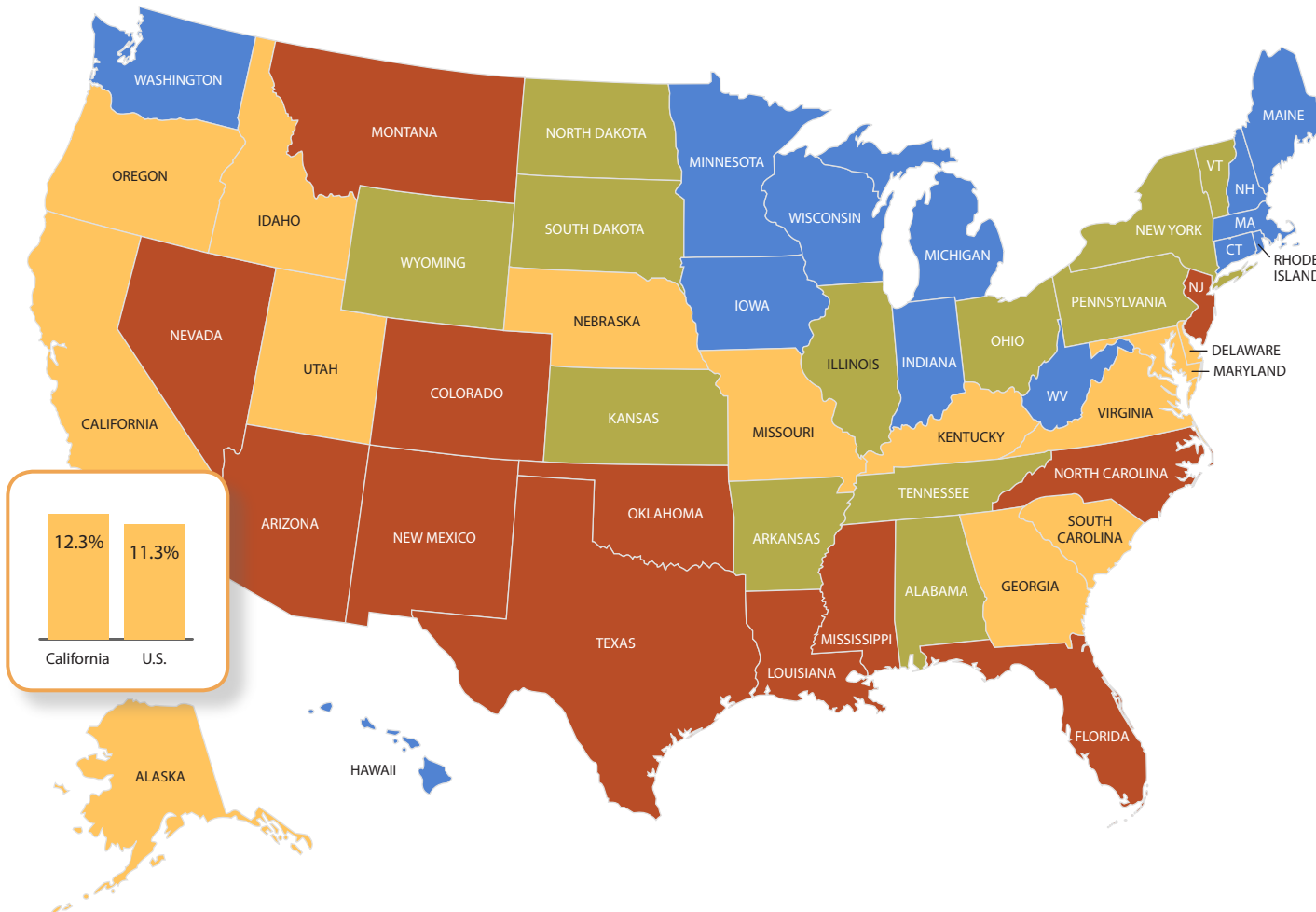
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Twenty-four counties operate Healthy Kids programs; four rely on CalKids. The majority employ waitlists for new applicants and/or enrollment caps. One county (Alameda) eliminated its Healthy Kids program altogether.

Source: USC Center for Community Health Studies (2009) and individual Children's Health Initiative offices (July 2009).

# Uninsured Children in the United States, 2007

■ 5.1% to 7.2%   ■ 7.5% to 9.2%   ■ 9.4% to 13.1%   ■ 13.3% to 21.8%

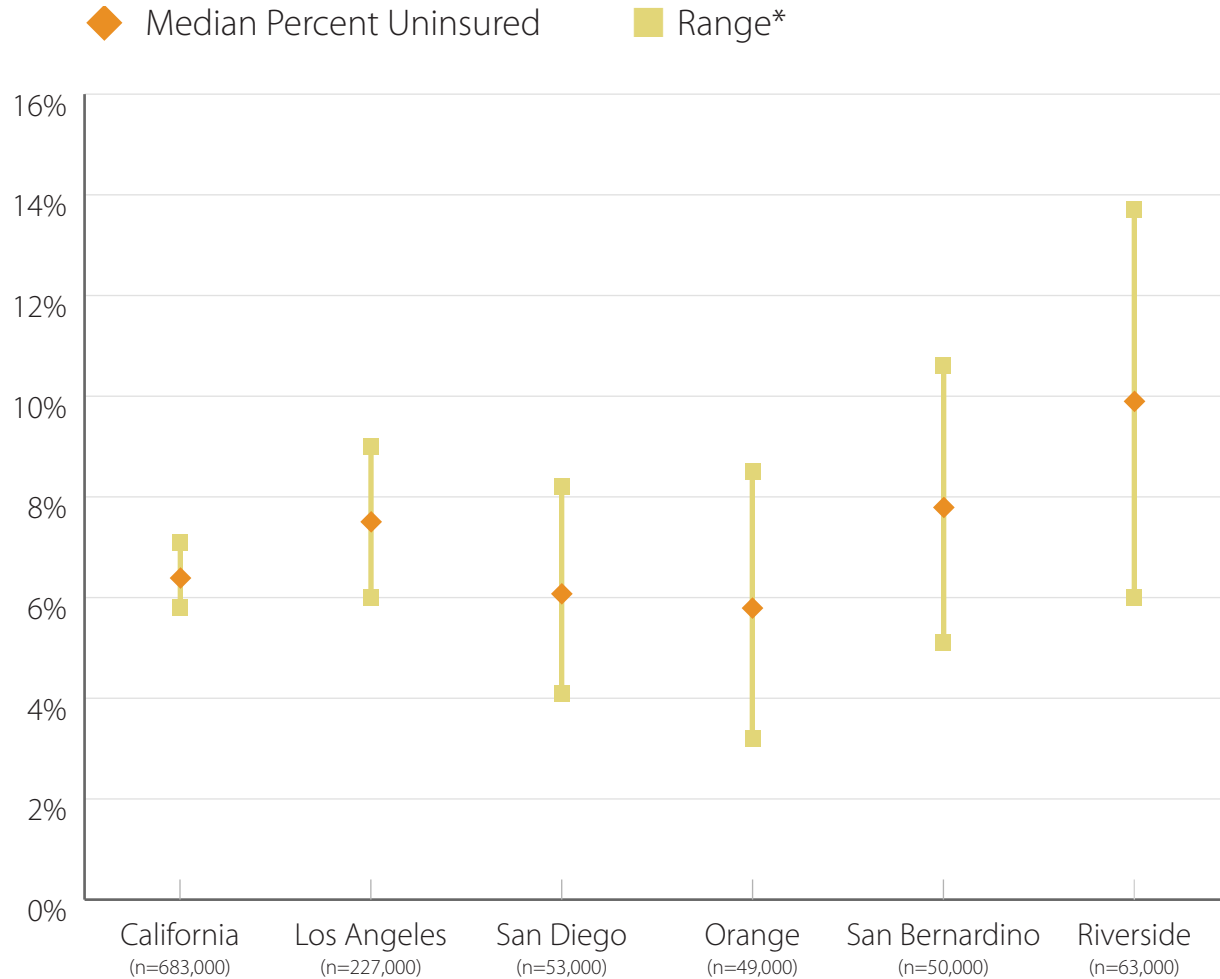


California's percentage of uninsured children is higher than the national average, exceeding that of 33 other states.

Notes: CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27.

Sources: U.S. Census Bureau, *Health Insurance Coverage of Children ages 0-18, states (2006-2007), U.S. (2007)*. Kaiser Family Foundation, [www.statehealthfacts.kff.org/comparemapdetail.jsp?ind=127&cat=3&sub=39&yr=85&typ=2&cha=162](http://www.statehealthfacts.kff.org/comparemapdetail.jsp?ind=127&cat=3&sub=39&yr=85&typ=2&cha=162).

# Uninsured Children in the Five Largest Counties, California, 2007



Three of California's five most populous counties (Los Angeles, San Bernardino, and Riverside) have a higher percentage of uninsured children than the state median.

\*Range in which actual percentage of uninsured will fall, with a 95 percent confidence interval.

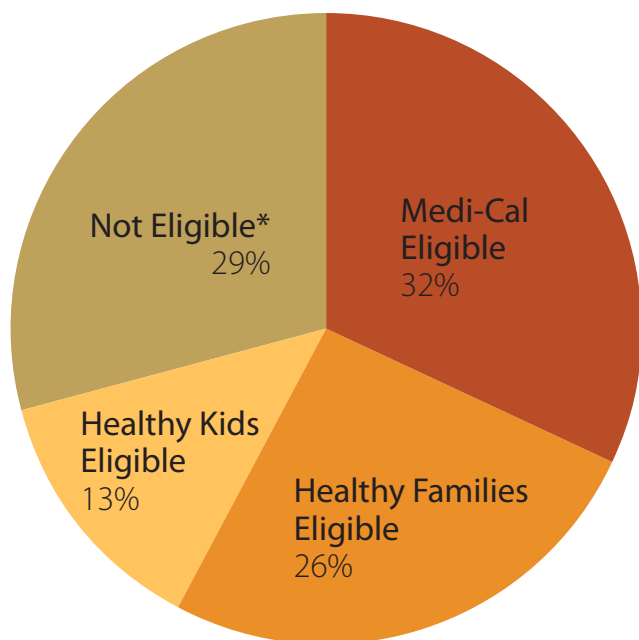
Notes: Counties are listed in descending order of population size for children ages 0 to 18. CPS and CHIS employ different methodologies to estimate the number of uninsured. See the Reference section on page 27.

Source: California Health Interview Survey, UCLA Center for Health Policy Research (2007), [www.healthpolicy.ucla.edu/pubs/files/CAs\\_Lack\\_Insurance\\_PB\\_121508.pdf](http://www.healthpolicy.ucla.edu/pubs/files/CAs_Lack_Insurance_PB_121508.pdf).

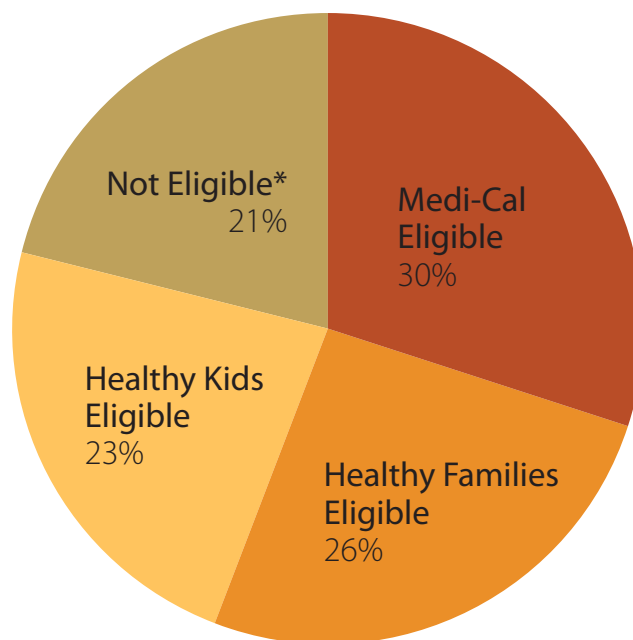
# Eligibility for Public Coverage among Uninsured Children, California, 2005 and 2007

Between 2005 and 2007, the number of uninsured children in California declined by 10 percent. Nearly 80 percent of the uninsured children in California in 2007 were eligible for coverage under a public program.

**2005**  
TOTAL UNINSURED: 763,000



**2007**  
TOTAL UNINSURED: 683,000



\*This category refers to children who are citizens or permanent residents.

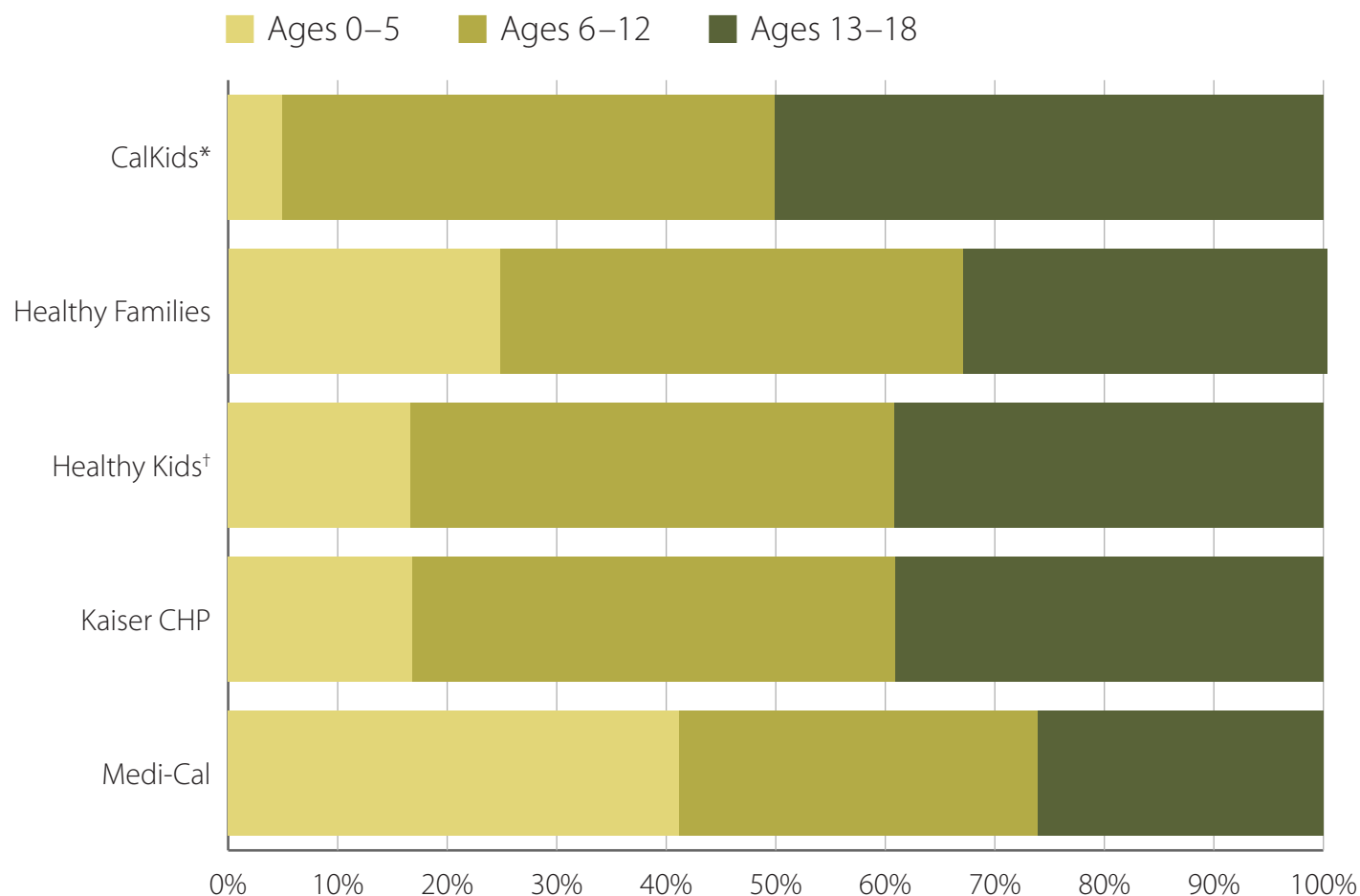
Notes: The number of uninsured children eligible for Healthy Kids increased by 68,000 between 2005 and 2007. This occurred because more counties implemented Healthy Kids programs over this two-year period, causing some previously ineligible children to become eligible. Some counties also instituted waiting lists for older children who would otherwise have been eligible for Healthy Kids.

Sources: California Health Interview Survey, UCLA Center for Health Policy Research (2005, 2007), [www.healthpolicy.ucla.edu/pubs/publication.asp?pubID=226](http://www.healthpolicy.ucla.edu/pubs/publication.asp?pubID=226); data by request from CHIS office (2007).



# Children Enrolled in Insurance Programs, by Age Group, California, 2008/2009

## SOURCE OF COVERAGE



More than 40 percent of Medi-Cal enrollees are under age six, a greater percentage than any other program.

\*CalKids only enrolls children older than one year of age.

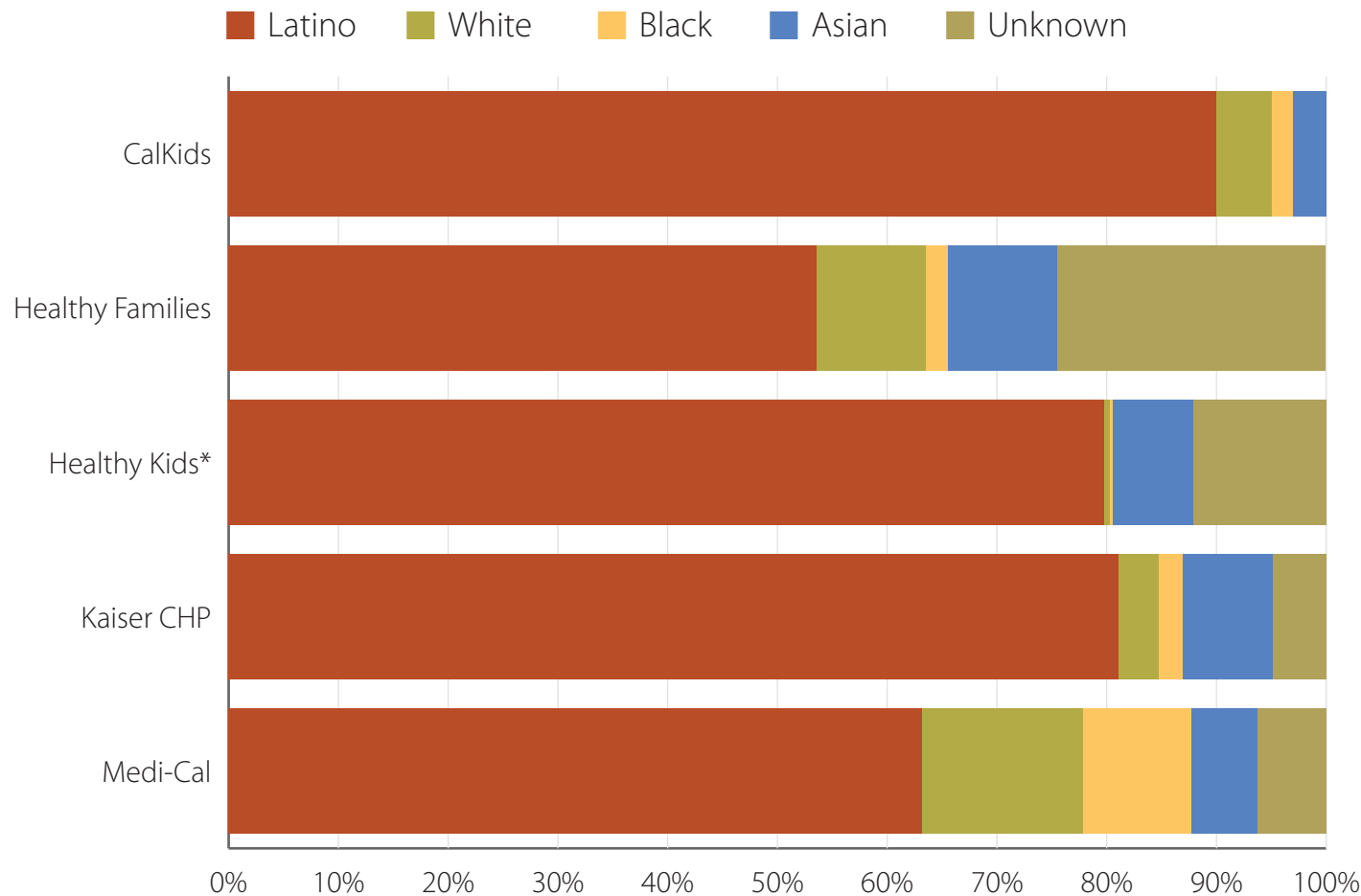
†Healthy Kids enrollment data was only available for the combined 6 to 18 age group, and not the 6 to 12 and 13 to 18 age groups. This data was from Los Angeles County only.

Sources: CalKids data from the program office. Healthy Families, [www.mrmib.ca.gov/MRMIB/HFP/Mar\\_09/HFPRpt4A.pdf](http://www.mrmib.ca.gov/MRMIB/HFP/Mar_09/HFPRpt4A.pdf) (March 2009). Healthy Kids, USC Center for Community Health Studies (April 2008). Kaiser Child Health Plan data from program office (March 2009). Medi-Cal beneficiary files (January 2009).

# Children Enrolled in Insurance Programs, by Race/Ethnicity, California, 2008/2009

Latinos make up the majority of people enrolled in children's health insurance programs in California.

## SOURCE OF COVERAGE



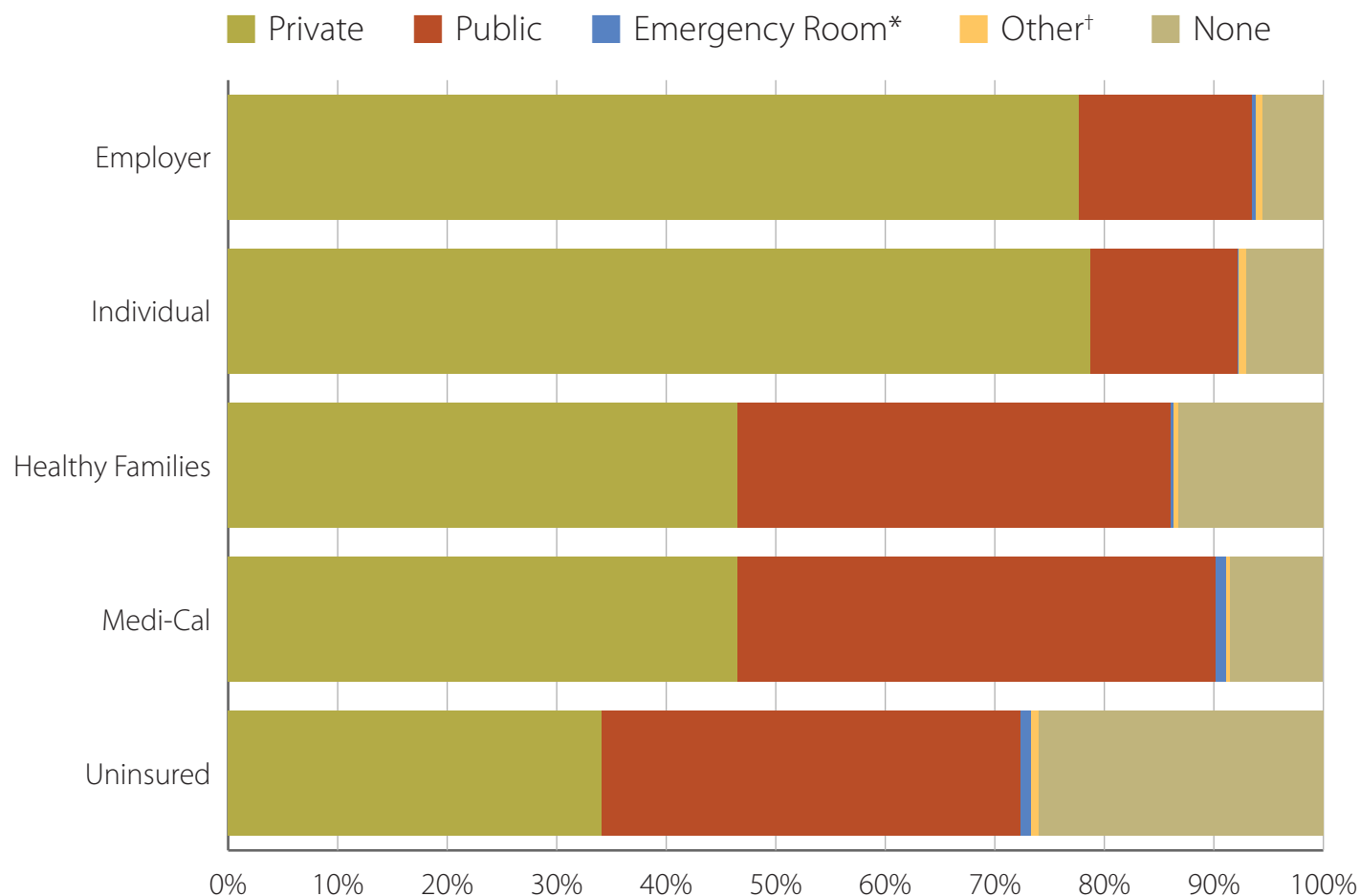
\*Healthy Kids enrollment data was from Los Angeles County only.

Notes: Counts include only those enrollees who provided their race/ethnicity. Asian: Amerasian, Asian Indian, Cambodian, Chinese, Filipino, Japanese, Korean, Laotian, Other Asian, and Vietnamese. Other: Alaska Native, Guamanian, Hawaiian, Native American Indian, Not Given, Other, and Samoan.

Sources: CalKids data from the program office (December 2008). Healthy Kids data on race/ethnicity was available for Los Angeles County only. Healthy Families, [www.mrmib.ca.gov/MRMIB/HFP/Mar\\_09/HFPRpt5A.pdf](http://www.mrmib.ca.gov/MRMIB/HFP/Mar_09/HFPRpt5A.pdf) (March 2009). Kaiser Child Health Plan data from program office (March 2009). Medi-Cal beneficiary files (October 2008).

# Children's Usual Source of Medical Care, by Facility Type, California, 2007

## SOURCE OF COVERAGE



Compared to privately insured children, those enrolled in public insurance plans are more likely to use public facilities such as county health clinics and federally qualified community health centers as their regular source of health care.

\*With the exceptions of the Individual, Healthy Families, and Uninsured categories, emergency room data are statistically unreliable due to an insufficient number of respondents and/or a standard of error that exceeds the acceptable range.

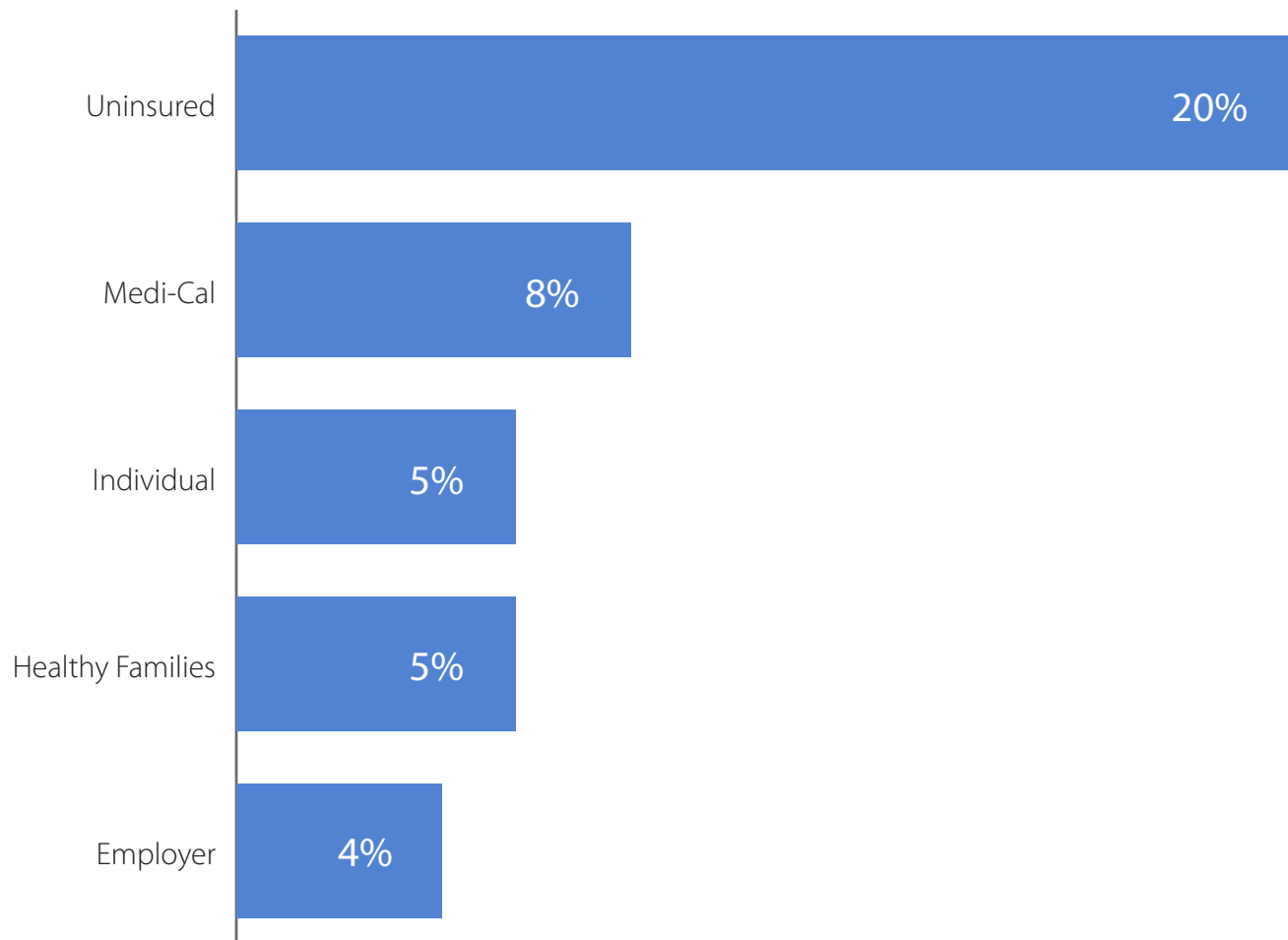
†With the exception of employer-based coverage, data in this category are statistically unreliable due to an insufficient number of respondents and/or a standard of error that exceeds the acceptable range.

Notes: Private Facility: doctor's office, HMO, Kaiser; Public Facility: community clinic, government clinic, community hospital; Other Facility: facility other than those listed, or multiple usual sources of care.

Source: California Health Interview Survey, UCLA Center for Health Policy Research, 2007.

# Children who Delayed or Did Not Receive Needed Care, California, 2007

## SOURCE OF COVERAGE



The parents of uninsured children are two to five times more likely to delay or forego needed health care for their children compared to those with public or private health coverage.

Note: Other Public which includes other government-sponsored programs as well as any combinations of insurance at the time of the CHIS survey, is not included because the data are statistically unreliable due to an insufficient number of respondents and/or a standard of error that exceeds the acceptable range.

Source: California Health Interview Survey, UCLA Center for Health Policy Research (2007)

# Immunization Status for Two-Year-Olds in Public and Select Private Managed Care Plans, California, 2007

## SOURCE OF COVERAGE



\*Northern California only.

Notes: "Immunization Status" refers to the number of children who received the following immunizations by their second birthday: four diphtheria, tetanus, and acellular pertusis (DTaP); at least three polio (IPV); at least one measles, mumps, and rubella (MMR); three H influenza type B (Hib); three hepatitis B; and one chicken pox (VZV). For Medi-Cal, these reported rates are for children enrolled in Medi-Cal managed care plans only. For Medi-Cal, Healthy Families, and Healthy Kids, the data are a weighted average of the rates among the county or regional health plans. There is some variation in these rates among these plans just as private plan performance may vary among the various regions within the state. These data are reported by the National Committee for Quality Assurance (NCQA) in their 2007 Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is a tool used by more than 90 percent of America's health plans to measure performance in terms of care and service using 71 measures across 8 domains of care. For more details on HEDIS methodology and scope, please see [www.ncqa.org/tabid/59/Default.aspx](http://www.ncqa.org/tabid/59/Default.aspx).

Sources: California Department of Health Care Services, *Medi-Cal Managed Care External Quality Review Organization, Report of the 2007 Performance Measures for Medi-Cal Managed Care Members*, [www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD\\_Qual\\_Rpts/HEDIS\\_Reports/HEDIS%202007.pdf](http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/HEDIS_Reports/HEDIS%202007.pdf). California Managed Risk Medical Insurance Board, *2007 Healthy Family Program HEDIS Report*, [www.mrmib.ca.gov/mrmib/Agenda\\_Minutes\\_121708/Agenda\\_Item\\_6.g\\_2007\\_HEDIS\\_Report.pdf](http://www.mrmib.ca.gov/mrmib/Agenda_Minutes_121708/Agenda_Item_6.g_2007_HEDIS_Report.pdf).

## Children's Health Coverage

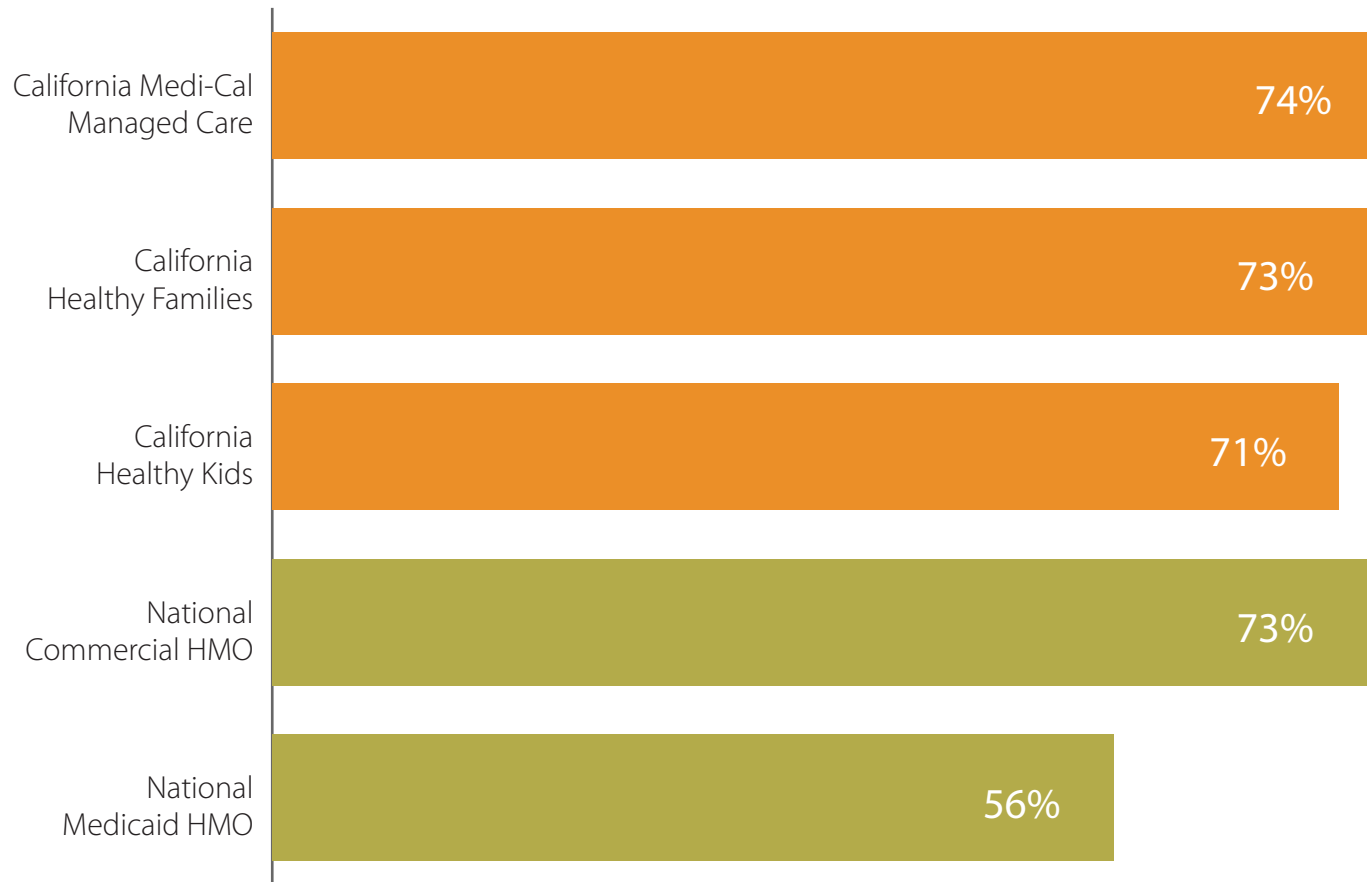
Utilization and Quality

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The percentage of children enrolled in Medi-Cal and Health Families who are appropriately immunized by age two is comparable to that of private plans. More than two-thirds of those in Healthy Kids plans are immunized, approaching the rates for other programs.

# Well-Baby Visits among Infants in Managed Care Plans, California and the United States, 2007

## SOURCE OF COVERAGE



Notes: Infants include babies up to age 15 months. These data are reported by the National Committee for Quality Assurance (NCQA) in their 2007 Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is a tool used by more than 90 percent of America's health plans to measure performance in terms of care and service using 71 measures across 8 domains of care. For more details on HEDIS methodology and scope, please see [www.ncqa.org/tabid/59/Default.aspx](http://www.ncqa.org/tabid/59/Default.aspx). For Medi-Cal, these reported rates are for children enrolled in Medi-Cal managed care plans only. For Medi-Cal, Healthy Families, and Healthy Kids, the data are a weighted average of the rates among the county or regional health plans. There is some variation in these rates among these plans just as private plan performance may vary among the various regions within the state.

Sources: Healthy Families: [www.mrmib.ca.gov/mrmib/Agenda\\_Minutes\\_121708/Agenda\\_Item\\_6\\_g\\_2007\\_HEDIS\\_Report.pdf](http://www.mrmib.ca.gov/mrmib/Agenda_Minutes_121708/Agenda_Item_6_g_2007_HEDIS_Report.pdf) (2007). Healthy Kids: USC Center for Community Health Studies (2007). Medi-Cal: [www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD\\_Qual\\_Rpts/HEDIS\\_Reports/HEDIS%202007.pdf](http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/HEDIS_Reports/HEDIS%202007.pdf) (2007). National HMO and PPO data: [www.ncqa.org/tabid/494/Default.aspx](http://www.ncqa.org/tabid/494/Default.aspx) (2007).

## Children's Health Coverage

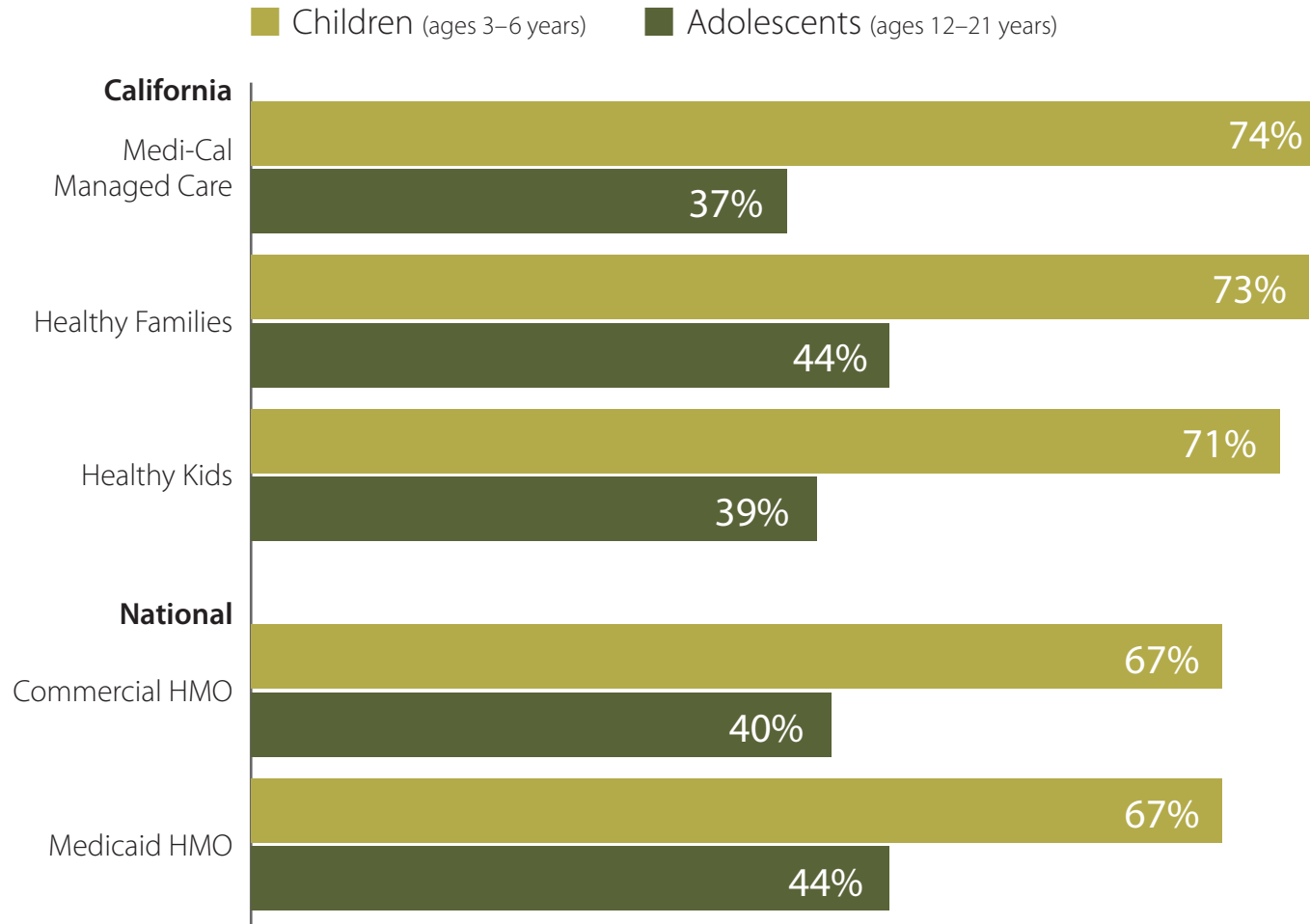
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Nearly three-quarters of infants enrolled in Medi-Cal, Healthy Families, and Healthy Kids received a well-baby examination in 2007. Compliance with these quality measures equals or exceeds national levels for both public and private plans.

# Well-Child and Well-Adolescent Visits among Children in Managed Care Plans, California and the United States, 2007

## SOURCE OF COVERAGE



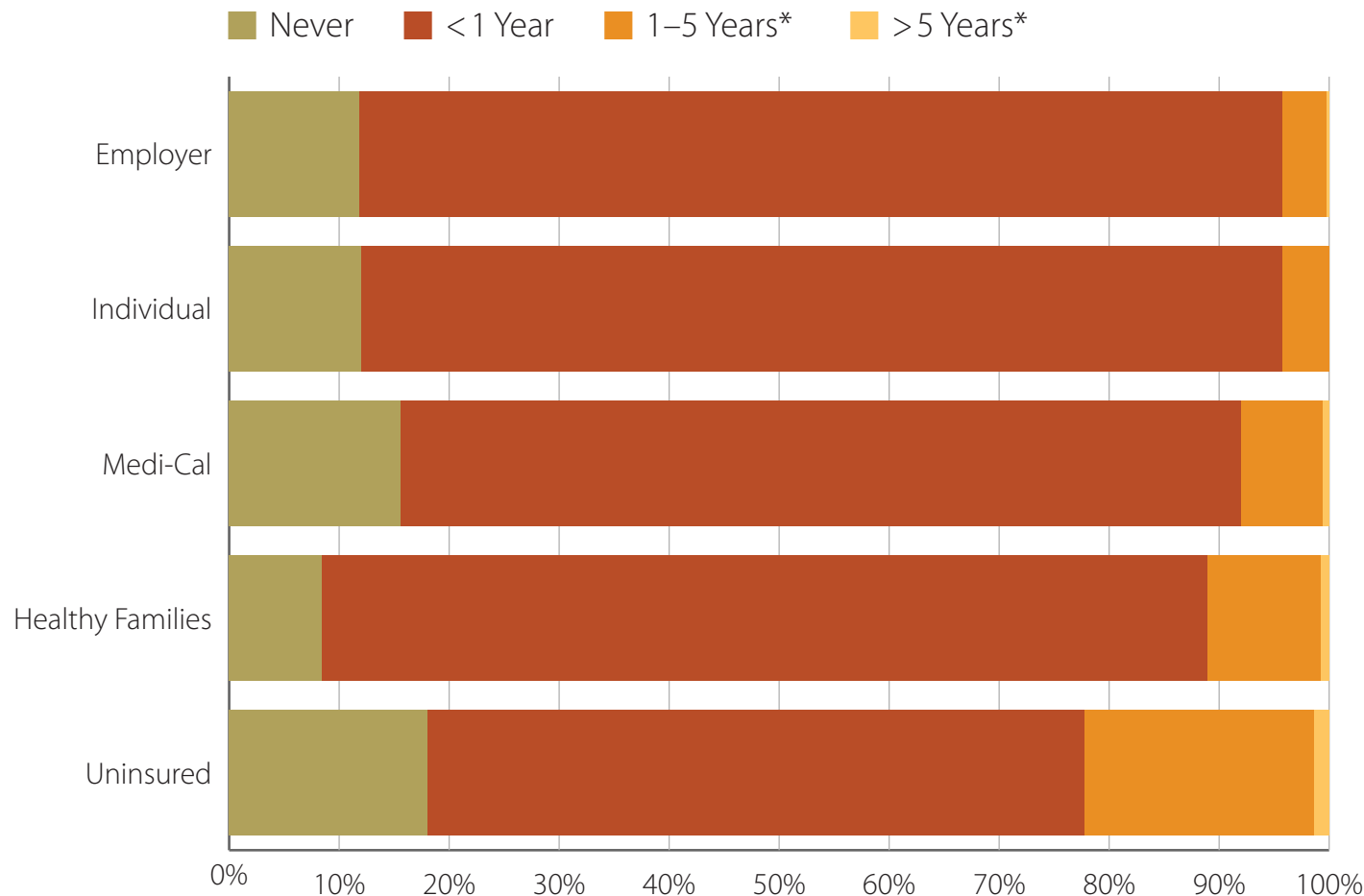
Notes: Well-child visits are among those ages 3 to 6 years old and well-adolescent visits are among those ages 12 to 21 years old. HEDIS measures are not available for the 7 to 11 age group. For Medi-Cal, these reported rates are for children enrolled in Medi-Cal managed care plans only.

Sources: Healthy Families: [www.mrmib.ca.gov/mrmib/Agenda\\_Minutes\\_121708/Agenda\\_Item\\_6\\_g\\_2007\\_HEDIS\\_Report.pdf](http://www.mrmib.ca.gov/mrmib/Agenda_Minutes_121708/Agenda_Item_6_g_2007_HEDIS_Report.pdf) (2007). Healthy Kids: USC Center for Community Health Studies (2007). Medi-Cal: [www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD\\_Qual\\_Rpts/HEDIS\\_Reports/HEDIS%202007.pdf](http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/HEDIS_Reports/HEDIS%202007.pdf) (2007). National HMO and PPO data: [www.ncqa.org/tabid/494/Default.aspx](http://www.ncqa.org/tabid/494/Default.aspx) (2007).

In delivering preventive care to children aged three to six, California's public plans performed better than the national averages — including those for private insurers. Among California public plans, 39 to 44 percent of adolescents are obtaining a preventive examination each year. While low, these levels are similar to what is reported nationally for both public and private plans.

# Time Since Last Dental Visit among Children, by Insurance Status, California, 2007

SOURCE OF COVERAGE



\*Excluding Uninsured, data in these categories are statistically unreliable due to an insufficient number of respondents and/or a standard of error that exceeds the acceptable range.

Notes: Includes children between the ages of 2 and 18 years old, unless it was indicated on the survey that the child had a tooth at a younger age.

Source: California Health Interview Survey, UCLA Center for Health Policy Research (2007).

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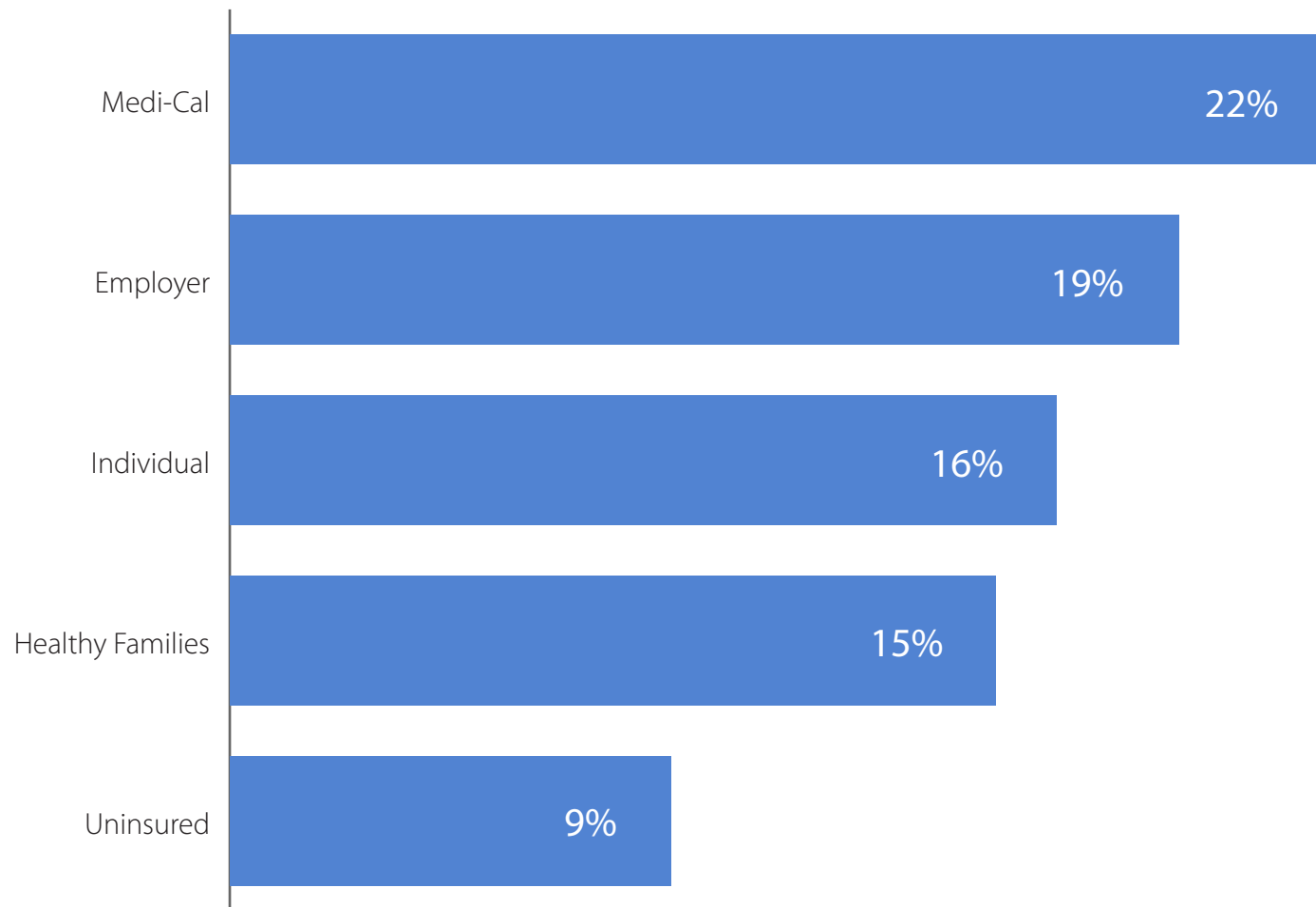
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Children with public or private coverage were more likely to have received a dental exam in 2007 compared to the uninsured. Medi-Cal lags other insurance programs in the percentage of children who have had a visit within the last year.



# Any Emergency Room Visit in the Past 12 Months among Children, by Insurance Status, California, 2007

## SOURCE OF COVERAGE



Source: California Health Interview Survey, UCLA Center for Health Policy Research (2007), [www.chis.ucla.edu/main/DQ3/output.asp?\\_rn=0.5566065](http://www.chis.ucla.edu/main/DQ3/output.asp?_rn=0.5566065).

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Children with Medi-Cal and private insurance have higher rates of emergency room use than those enrolled in Healthy Families or the uninsured.

# Current Policy Proposals and Pending Actions, 2009

## The following pending actions will affect children's insurance coverage in California:

- **Healthy Families funding challenges:** State shortfalls led to significant funding cuts of Healthy Families in July 2009, which led to waiting lists and plans to drop children. Funding has been reestablished through a commitment from the California First5 Commission and new legislation (AB 1422) which increases family co-payments and premium contributions. It is unclear how the increased family contributions will affect enrollment and utilization.
- **Children's Health Initiative (CHI) expansion and financial sustainability:** The prospects of achieving a statewide Healthy Kids program are not immediately foreseeable given the current economic climate. Even the future of local CHIs and Healthy Kids programs is uncertain due to reduced private and public funding.
- **Children eligible for public plans but not enrolled:** Significant progress was made over the past few years in enrolling children in programs, although many California children remain eligible for Medi-Cal or Healthy Families but are not enrolled. The elimination of funding for Certified Application Assistants (CAAs) will likely slow the growth of new enrollment in all subsidized programs.
- **Implementation of Healthy Families DRA requirements:** Under a new federal law, the documentation requirements for all those applying for Healthy Families coverage are significantly more stringent and may reduce enrollment levels of legal residents.
- **Adoption of CHIPRA options:** California has the option to adopt a number of innovations to increase coverage. Given the budget challenges, adoption of the options is uncertain.

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## Reference

Throughout this presentation, the values for the United States include those for the state of California. The results calculated from the Current Population Survey (CPS) are different than what has been reported by the California Health Interview Survey (CHIS). CPS and CHIS employ different methodologies to estimate the number of uninsured. For a thorough comparison of the different methods, please see the California HealthCare Foundation's *California Uninsured and Medi-Cal Populations: A Policy Guide to the Estimates*, [www.chcf.org/documents/insurance/CPSDataGuide1.pdf](http://www.chcf.org/documents/insurance/CPSDataGuide1.pdf).

## Acknowledgments

The timely compilation of this document would not have been possible without the contributions of the following individuals:

Michael Koch, executive director  
California Kids

Shana Alex Lavarreda, Ph.D., M.P.P.  
UCLA Center for Health Policy Research for the  
California Health Interview Survey (CHIS)

Vida Morhain and Mary Lou Urquizo  
State of California Department of Health Care Services  
Medi-Cal Office

Angela Coron  
Kaiser Child Health Plan

Sharon Lee-Chi  
L.A. Care Plan

Barbara Siegel  
Neighborhood Legal Services

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# Appendix: Overview of California Health Insurance Programs for Children

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PROGRAM	LAUNCH DATE	GEOGRAPHIC COVERAGE	PURPOSE	ADMINISTRATION	FUNDING SOURCES
Access for Infants and Mothers (AIM)	1992	Statewide	State program to cover mothers and infants who do not qualify for Medi-Cal. As of July 2004, infants born to AIM mothers are enrolled in Healthy Families.	California Managed Risk Medical Insurance Board (MRMIB) under federal rules	State General fund, federal title XXI funds, state proposition 99 funds, premiums paid by family
CaliforniaKids (CalKids)	1992	26 Counties (July 2009)	Not-for-profit program to offer limited coverage to children ineligible for public programs. Enrollment open in selected counties.	CaliforniaKids Healthcare Foundation	Foundations, corporations, non-profit hospitals, First 5 Commissions, premiums paid by family
California Children's Services (CCS)*	1935	Statewide	State-federal partnership to cover low- to moderate-income children with serious medical conditions for specific medical services and equipment.	California Department of Health Care Services under federal and state rules	Federal MCH Block Grant, state General Fund
Child Health and Disability Prevention (CHDP)	1974	Statewide	State-federal partnership to provide all children up to 200% of the Federal Poverty Level, including those with Medi-Cal, with periodic preventive health services and other care.	California Department of Health Care Services (DHCS) under federal and state rules	Federal government pays 50% for Medi-Cal eligible children, state General Fund, county dollars
Healthy Families	1998	Statewide	State-federal partnership to cover low- to moderate-income children under the federal SCHIP program.	California Managed Risk Medical Insurance Board (MRMIB) under federal rules	Kaiser Permanente, premiums paid by family Federal government pays 65%, state General Fund, premiums paid by family
Healthy Kids	2001	County-specific	County-specific plans to cover low- and moderate-income children not eligible for Medi-Cal or Healthy Families.	Varies. Local Health Departments, First 5 Commissions, Community-Based Organizations	Varies. First 5 Commissions, public health plans, foundations, non-profit hospitals, tobacco settlement funds, private donations and contracts, philanthropies, premiums paid by family
Kaiser Permanente Child Health Plan (CHP)	1998	Selected service areas	Not-for-profit health plan to offer and subsidize coverage for children ineligible for public programs due to family income or immigration status.	Kaiser Permanente	Kaiser Permanente, premiums paid by family
Medi-Cal	1966	Statewide	State-federal partnership to cover low-income Californians under federal Medicaid program.	California Department of Health Care Services (DHCS) under federal rules	Federal government pays 65%, state General Fund, county dollars†

\*Originally launched at the federal level as Crippled Children's Services.

†Typically, California receives \$.50 from the federal government for every Medi-Cal/Denti-Cal dollar spent. The 2009 Federal Stimulus legislation temporarily increased the federal match ("FMAP") to California to \$.65, effective October 1, 2008 and December 31, 2009. For more information see: April Grady, Medicaid: The Federal Medical Assistance Percentage (FMAP), Congressional Research Service, 7-5700, RL32950. Available at [assets.opencrs.org/rpts/RL32950\\_20090202.pdf](https://assets.opencrs.org/rpts/RL32950_20090202.pdf).

Sources: Enrollment data from USC Center for Community Health Studies, 2009. AIM, [www.mrmib.ca.gov/mrmib/AIM.shtml](http://www.mrmib.ca.gov/mrmib/AIM.shtml). CalKids, [www.californiakids.org](http://www.californiakids.org). CCS, [www.dhcs.ca.gov/services/ccs/Pages/default.aspx](http://www.dhcs.ca.gov/services/ccs/Pages/default.aspx). CHDP, [www.dhcs.ca.gov/services/chdp/Pages/default.aspx](http://www.dhcs.ca.gov/services/chdp/Pages/default.aspx). Healthy Families, [www.mrmib.ca.gov/mrmib/HFFP.shtml](http://www.mrmib.ca.gov/mrmib/HFFP.shtml). Healthy Kids, [www.cchi4kids.org](http://www.cchi4kids.org). Kaiser Permanente, [www.kaiserpermanente.org](http://www.kaiserpermanente.org). Medi-Cal/Denti-Cal, [www.dhs.ca.gov](http://www.dhs.ca.gov).