

Edmund G. Brown Jr., Governor



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**MEMORANDUM**

**DATE:** January 8, 2013  
**TO:** MRMIB Members  
**FROM:** Jeanie Esajian   
Deputy Director for Legislation and External Affairs  
**SUBJECT:** MRMIB Media Report for December – January 2013

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The last month was a light media period with regard to media requests of MRMIB, with one pending request from the East Bay Express. However, there was significant media coverage on the transition of Healthy Families Program subscribers to the Medi-Cal program and one story on the Pre-Existing Condition Insurance Plan.

If you have any questions or comments regarding these articles, please feel free to contact me at (916) 324-0571 or at [jesajian@mrmib.ca.gov](mailto:jesajian@mrmib.ca.gov).

# Low-income kids shuffled onto Medi-Cal

## HEALTH CARE

Victoria Colliver

San Francisco Chronicle

Updated 10:40 pm, Friday, January 4, 2013

On Tuesday, California started dismantling a popular health care program for low-income children by shifting nearly 200,000 young people into the massive Medi-Cal program, a move many health advocates fear will disrupt their care.

And this is just the first phase of the transition away from the program called Healthy Families. By August, the nearly 900,000 people in the program will be shifted into Medi-Cal.

The move is expected to save the state about \$58 million in health care costs in 2013-14 and more than \$70 million a year when Healthy Families is fully phased out.

Although the children moving to Medi-Cal, the state's Medicaid program, will not lose basic health coverage, health advocates and many physicians who care for children are concerned that the young people and their families will have a hard time finding a specialist who accepts Medi-Cal patients or, for the same reason, find it difficult to find a primary care doctor. They fear some children will even get lost in the shuffle dealing with the much larger Medi-Cal program, which covers more than 7 million people.

"We're very concerned kids will get lost in transition. We're worried about the change impacting the continuity of care for these kids," said Carmella Gutierrez, president of Californians for Patient Care, a statewide advocacy group.

"The devil is always in the details, and we don't want one of those details to be a child that gets overlooked," she said.

## Budget crisis victim

Faced with the state budget crisis, Gov. Jerry Brown in late June signed a bill that effectively ended the Healthy Families program, which provides care to children and teens whose families are low-income but make too much money to qualify for Medi-Cal.

To avoid potential chaos created by making the change all at once, the state Department of Health Care Services is dividing the move into four groups.

The first group includes children who are least likely to experience any disruption in health care because they are in managed-care plans that also offer Medi-Cal coverage.

The first shift Tuesday affected about 200,000 children in counties including Alameda, San Francisco, San Mateo and Santa Clara. Another 185,000 children will follow March 1. The other three groups will transition on April 1, June 1 and Aug. 1. Families will receive at least 60 days' notice from the state.

Paula Reina, a San Francisco mother of two young sons, is in the group that transitioned Tuesday.

She's especially concerned because her 9-year-old son, who has Type 1 diabetes, is dependent on insulin and needs to see a specialist. Reina believes her son's doctors will accept her new Medi-Cal coverage, but she said it's frustrating to have to leave a program that was working well.

"I don't know what the future is going to foretell. It's a little nerve-racking," she said.

State health officials said they were confident that spacing out the transition will ensure smooth going.

"We are assured and feel confident that the plans have the primary and specialty networks to take care of these children," said Jane Ogle, deputy director of health care delivery systems for the Department of Health Care Services. "I don't think we're going to see disruption."

Because of the passage of the federal Affordable Care Act, the Healthy Families program would have disappeared anyway in 2014, with some children finding coverage under an expanded Medicaid program. Their families will be able to buy subsidized care through health exchanges being set up under the new law.

"This way, we get to move those kids early and make sure we're doing this correctly and seamlessly as possible," Ogle said.

## Early glitch

Children's health advocates remain skeptical. A snafu has already occurred: Late last month, the state sent more than 2,600 Medi-Cal benefit cards intended for Tuesday's transition to the wrong families. The families were notified, and the mistake was corrected.

"We're hoping for minimal disruption in children's care, but we recognize the access to providers, especially specialists and dentists, is not as good in Medi-Cal as in Healthy Families," said Kelly Hardy, director of health policy for Children Now, a California advocacy group.

That's because Healthy Families pays doctors an estimated 15 to 20 percent more than Medi-Cal pays, said Anthony Wright, executive director of Health Access California, another health advocacy group. California has among the lowest Medicaid reimbursement rates in the country.

## Will doctors shy away?

The federal health law does provide primary care doctors with payment increases this year, but advocates argue that the funding for those increases is guaranteed for only two years. Some doctors who do not accept Medi-Cal, they say, may be reluctant to sign up. In addition, a recent state court ruling opens the possibility to additional Medi-Cal rate cuts.

Dr. Gena Lewis, a pediatrician at Oakland's Children's Hospital and president-elect of the Northern California chapter of the American Academy of Pediatrics, said the move feels rushed.

"It's just being done in a really quick way," Lewis said, "without what feels like a lot of time for providers to get ready for the increase in the number of Medi-Cal kids."

## About the transition

**When does it start?** It started Tuesday for the first group of nearly 200,000 children. Subsequent transfers will follow on March 1, April 1, June 1 and Aug. 1.

**Will my family lose coverage?** No, but some advocates are concerned that some families may have to change doctors or will have trouble finding a provider, especially in rural areas. Medi-Cal coverage includes all the benefits of Healthy Families.

**Where should I go for help?** For more information, go to <http://bit.ly/2gxCL>. Call your health plan or Medi-Cal Managed Care Health Care Options at (800) 430-4263.

Source: Chronicle research

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Posted on Tue, Jan. 01, 2013

## CANNELLA: Healthy Families a vital part of the budget

By Anthony Cannella

last updated: January 01, 2013 06:11:35 PM

Last year, in the annual state budget dance, the governor and Legislature approved the elimination of the Healthy Families program. At the time, legislators from both sides of the aisle decried the loss of a program that, for years, has been viewed as a success, providing nearly a million California children with affordable health care.

Ending the program saved just \$17 million from the \$100 billion budget.

Even though I argued in support of the program and worked with a bipartisan group of legislators in the final days of session to save the program, efforts were unsuccessful.

Families enrolled in Healthy Families pay monthly premiums and copayments based on their income level and health care plan they choose. For many families that are not provided health care through their employer, Healthy Families is the only way they can afford insurance for their children.

Even though I am a state senator, first and foremost I am a father of four. The safety and well-being of my family is my top priority. I am grateful that my wife and I are able to provide an environment for our children that we believe is best for them. When one of my children needs medical care, I want to know that they will not have delayed or insufficient access to care.

When the program was eliminated, the goal was to transition those children into Medi-Cal, a program that is already overstressed. There are numerous stories of people who cannot find the doctors, specialists or treatments they require in a timely manner. The Medi-Cal reimbursement levels are so low that there are few providers that are willing to participate, and definitely too few for those that are already in the program.

The nonpartisan Legislative Analyst's Office cited a survey indicating that only 26 percent of pediatricians who now see Healthy Family program children but not Medi-Cal children would be willing to enroll in Medi-Cal to keep seeing those patients.

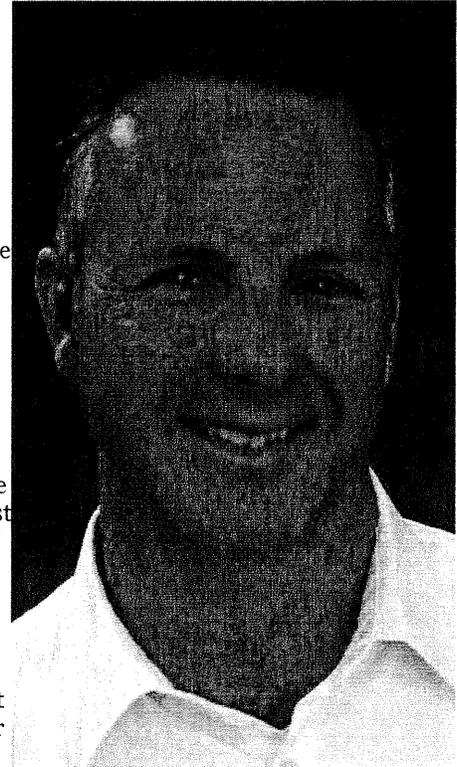
Of pediatricians that see kids in both programs, only 51 percent said they would continue treating the former Healthy Family program kids after they switch to Medi-Cal. In Medi-Cal, 42 percent of all adults and 25 percent of children had difficulty getting an appointment to see a specialist. The idea that we would add almost a million children to this program, especially after seeing these statistics, was unconscionable to me.

After the budget had passed, I was joined by Sens. Fran Pavley, Michael Rubio, Tony Strickland and Leland Yee in co-authoring SB 301, by Sen. Mark DeSaulnier, to restore Healthy Families. In the waning hours of session, the bill stalled in the Assembly.

Recently, Senate President pro tem Darrell Steinberg asked Gov. Jerry Brown to delay the transition. I am pleased Steinberg also recognizes that this transition will cause hardship to many children who rely on Healthy Families coverage. I still believe the elimination of the program is not acceptable.

When the bill to eliminate Healthy Families came to the Senate floor, I told my fellow senators about a close friend whose four children had been enrolled in the program. He was working at the time, but was considered working poor. When his 2-year-old started complaining about pain, they went to visit his pediatrician. Without a fever or other symptoms, the doctor felt the pain might go away on its own and sent him home.

When the pain got worse, they returned, thinking it might be kidney stones. A urinalysis turned up negative. They returned again for a blood test, which indicated that he might have cancer. He was quickly referred to a specialist and



(BRIAN RAMSAY/bramsay@modbee.com)Anthony Cannella, candidate for 12th Senate District. Cannella is the mayor of Ceres, Calif. Sept. 22, 2010. - Modesto Bee - BRIAN RAMSAY/bramsay@modbee.com

had a marrow biopsy the next day. The diagnosis was leukemia, and he subsequently underwent three years of treatment. Today, he is a healthy 11-year-old and has been cancer-free for six years.

The Healthy Families program worked for this child and continues to work for hundreds of thousands of others.

I couldn't tell a single one of the over 21,000 kids enrolled in Healthy Families from my district that I did not do all I could to protect their medical care. This session, I am committed to do all I can to reverse the elimination of Healthy Families.

**Cannella, R-Ceres, represents the 12th District, which includes all of Merced County and part of Stanislaus County.**

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## **Medi-Cal to absorb child health program; bureaucracy up, compensation down, Redding doctor predicts**

By Record Searchlight staff

Saturday, December 29, 2012

On Tuesday, Medi-Cal will begin to absorb the Healthy Families program, a public-private partnership that provides insurance to California teens and children.

While Shasta County won't see its 3,000 children in Healthy Families begin to switch over until September, all new Healthy Families applicants will instead be enrolled into Medi-Cal.

Around 250 Shasta County families will switch over each month in the fall.

Already, some providers say they're concerned about what it means for their practice.

"It introduces a huge, capital-letter huge, pink elephant into the room, which is the government logjam of government insurance," said Dr. Lloyd Braemer, a private pediatrician in Redding.

Other officials, however, say it offers an opportunity to expand coverage to parents, and provides funding as an incentive to doctors to take Medi-Cal patients. Some health care organizations say they have been preparing for the switch.

Healthy Families offers parents, whose income is up to 250 percent of the poverty level, insurance coverage for their children, said Kerry Fasking, manager of Health and Human Services' Regional Services Branch.

However, parents could be encouraged to enroll by the expansion, she said.

"Healthy Families has been a child-centered program," she said. "What this expansion does is it allows us to look at the entire family; it could (provide) public health insurance for the entire family."

Families pay a premium of \$13 to \$39 to Anthem Blue Cross, she said. They also make copayments, she said. Under Medi-Cal, the premiums will remain, but a deductible will be determined for adults based on several factors, which can include income, assets and the Medi-Cal plan selected. Children will still have coverage regardless of assets, she said.

The switch to Medi-Cal will provide a double punch to providers, Braemer said. At his private practice, compensation will drop slightly from \$24 for an office visit to between \$23 and \$19, Braemer said.

But, he said the far worse prospect is dealing with Medi-Cal, which means months of waiting, and fighting, for compensation. He said Anthem provides him with reimbursements promptly. Medi-Cal, however, can take six months as he challenges denied payments. "I'll get a \$1,000 check with a list of what it applied to that'll be three pages long," he said. "One out of three pages will be denials."

Fasking said patients should speak with their doctors to find out what their plans are, she said. However, more doctors accept Medi-Cal than Healthy Families, she said.

There are also community clinics that provide primary care for Medi-Cal patients, she said.

The nonprofit Shasta Community Health Center serves most of the children on Healthy Families, said Dean Germano, its CEO. He said in the past year, it has doubled its pediatrician staff to six to deal with the influx of Medi-Cal patients and a declining number of doctors accepting Healthy Family, including children.

Braemer said some doctors dropped Healthy Families because of changes to copayments earlier in the year.

However, part of Obama's health care legislation will float the amount Medi-Cal compensates primary care doctors to Medicare levels for two years. But its implementation has stalled in California, the Sacramento Bee reported Dec. 21.

"To sustain your practice in any major way on Medi-Cal is a joke," Germano said. Shasta Community Health receives grants and has an alternative funding style because it targets lower-income individuals.

Braemer said he will continue treating his current patients after the rollover in September. But he's wary of taking on any new Medi-Cal patients, instead adopting a wait-and-see approach on the effect of Obama's health care legislation, which will be fully implemented four months later.

But that four-month span will cost him.

"There's going to be six months I don't make a dime (from Medi-Cal)," he said.





## 2,600 Medi-Cal Cards Sent To Wrong Families

December 22, 2012 3:19 PM

SACRAMENTO, Calif. (AP) — California health officials say they sent more than 2,600 Medi-Cal benefit ID cards to the wrong families but there's little chance of the mistake leading to fraud or identity theft.

The Department of Health Care Services says the cards, which included names and birthdates, were for children in the Healthy Families insurance program who will be switched to Medi-Cal next month.

The agency says it learned about the error on Wednesday and determined the cards were placed in wrong envelopes because of a computer programming error.

Health officials say they took immediate action to notify the affected families and correct the mistake.

The state is shutting down the Healthy Families program to save money and over the next year plans to move 860,000 children to HMOs participating in Medi-Cal.

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## Could California Children Moving to Medi-Cal Lose Access to Care?

By Rebecca Plevin  
December 20, 2012

On January 1, California will begin transitioning children from the Healthy Families Program, a low-cost health insurance program for kids and teens, into Medi-Cal, the state's version of Medicaid. Under the plan - crafted in an effort to balance the state budget - an estimated 875,000 children enrolled in Healthy Families will be transitioned into Medi-Cal in four phases over the next year.

As the transition looms, health advocates are expressing concern that low-income children from rural counties could lose access to medical care. Health journalists could play an important role in ensuring the transition goes smoothly and reporting on any cracks in the system.

"Healthy Families is not shuttered, but it will be," said Kris Calvin, CEO of the California chapter of the American Academy of Pediatrics. "People need to recognize that it is not a question of whether, it's a question of when." The transition, she said, "will disproportionately impact those who have trouble accessing care to begin with."

Advocates acknowledge the plan could provide some advantages to low-income families. For example, Medi-Cal is an entitlement program that can't be capped due to budget constraints, as Healthy Families sometimes was. Also, Medi-Cal's benefit package offers more guarantees for kids.

The worry, though, is that low-income families in rural areas could face even more barriers to accessing to medical care after transitioning out of Healthy Families, because fewer doctors accept Medi-Cal. Especially in rural regions with a shortage of doctors, it could also be challenging to find providers who understand the unique languages and cultural traditions of the state's diverse population.

"It's harder to find a doctor in rural areas that will accept Medi-Cal in the first place," said Kelly Hardy, director of health policy for Children Now. "Medi-Cal is a great program, but reimbursement

rates are much lower than Healthy Families, so there are [fewer] providers that can keep a practice afloat on Medi-Cal rates.”

Advocates and legislators have also questioned whether the state has established an adequate monitoring system to oversee the transition. This changeover could be tricky for journalists to follow.

Emily Bazar, a senior writer with the California HealthCare Foundation’s Center for Health Reporting, offered some tips on how reporters can keep a close eye on the transition. She has contributed to the organization’s excellent reporting on the ineffectiveness of a dental health care model that was piloted in Sacramento County beginning in 1994.

For reporters interested in tracking the successes and challenges of transitioning children from Healthy Families to Medi-Cal, Bazar recommended reaching out to people on the ground. County medical societies, she said, will know if medical providers are being overwhelmed by a surge in new Medi-Cal cases. Family resource centers can provide great sources, and school nurses will know if students are able to see specialists, and how far they need to travel to receive care, she said. She also recommended reaching out directly to doctors who do and don’t accept Medi-Cal.

“The big question about the transition is access, and whether kids who are transitioning from Healthy Families to Medi-Cal are going to have adequate access in the system,” Bazar said. To determine whether children and their families are receiving adequate medical care once they are transitioned into Medi-Cal, “you have to get in close with people who are somehow monitoring access.”

## Gov. Brown warns that expansion of Medi-Cal could throw California budget 'right out of whack'

- By JULIET WILLIAMS Associated Press
- First Posted: December 20, 2012 - 11:33 pm  
Last Updated: December 20, 2012 - 11:34 pm

SACRAMENTO, California — Expanding the state's Medi-Cal program to meet new federal guidelines could increase costs by up to \$4 billion a year at the same time California is implementing federal health reform, potentially putting its budget "right out of whack" if negotiations over the so-called fiscal cliff aren't favorable, Gov. Jerry Brown said Thursday.

In a telephone interview with The Associated Press, Brown said his administration is seeking federal waivers for some of the proposed expansions to California's health care program for the poor. The changes could add more than a million people to the 7.7 million already served under the state's version of Medicaid.

"We're very interested in seeing everyone — as many people as possible — covered, but I am very concerned that negotiations in Washington could have huge negative impacts in California by loading billions of dollars of new and unexpected costs that will just take our budget and put it right out of whack," the Democratic governor said.

Brown was referring to some \$400 billion in cuts to health care that are on the table as part of negotiations between President Barack Obama and congressional Republicans over how to avoid having taxes go up for nearly all Americans as of Jan. 1.

In order to tap more generous Medicaid funding, states must commit to fully expanding coverage for individuals who make up to about \$15,400 a year, or about 138 percent of the federal poverty limit. California is one of many states that have yet to decide whether to expand their programs.

In California, the change would add between 1 million and 1.4 million people to Medi-Cal. The state is also in the process of moving 900,000 children to Medi-Cal from the health insurance program known as Healthy Families.

"We certainly are going to come out with a program that will chart a path to expand Medi-Cal eligibility, but the federal government has to give us the tools so that we can temper the rising costs in health care," he said.

Brown said adding more people to the rolls goes beyond what the state has available to pay for it "unless we can get waivers and law changes that will allow us to deliver a health care with a more, let's say, judicious, business model."

Anthony Wright, executive director of the consumer health group Health Access, said most estimates have put the cost to California in the low hundreds of millions over several years.

"The Medicaid expansion should be seen as a huge benefit to our health care system and our economy. With a very small investment we could bring billions of dollars into our health care system and our economy," Wright said. "To look at the cost side without the huge benefit is almost misleading."

Medicaid, the federal-state health insurance program for the poor and disabled, is one of two primary ways in which the Affordable Care Act will expand coverage for people who currently have no health insurance. California has been aggressive in setting up its new health insurance exchange, which will make subsidized private health insurance available starting in 2014.

Under the law, the federal government will cover 100 percent of the cost for the first three years of the expansion, gradually phasing down to a 90 percent share — still a far more generous match than the 50 percent states have traditionally received. There's no deadline for states to decide, and they can try the expansion and later cancel it if it doesn't work out.

Two nonpartisan groups, the Kaiser Family Foundation and the Urban Institute, said in a recent report that states can expect to receive \$9 in federal funds for every \$1 they spend on the expansion.

But some governors worry that Medicaid is already a strain on their state budgets. The Supreme Court in June gave states the right to opt out of the expansion.

A report released this week by the National Conference of State Legislatures found that rising health care costs are boosting state Medicaid costs, and that spending on public health programs is over budget in 10 states, compared with six at this time last year.

Texas' Medicaid program was underfunded by \$4.3 billion in its 2012-13 biennial budget, West Virginia estimates it will be over budget by \$180 million next year, and Maine noted that despite declining caseload, Medicaid spending continues to increase, the report stated.

Santa Cruz Sentinel

# Hope, faith and prayer: Santa Cruz County woman finds insurance in fight against cancer

By Jondi Gumz  
Santa Cruz Sentinel

Posted: 12/29/2012 03:09:49 PM PST  
Updated: 01/03/2013 02:21:38 PM PST

SANTA CRUZ -- When Eva Lopez was told the bumps in her breast might mean cancer, she was shaken.

"You feel like you're going to die," she said, recalling when her father was diagnosed with cancer, she and her siblings told doctors not to tell him what he was treated for, worried he would give up on life.

Lopez, 54, married with two children, had always been healthy.

Neither she nor her husband Jorge had health insurance.

It wasn't offered at her husband's workplace and it wasn't something she thought she needed running a home day care.

For more than 10 years, she had built a successful business, and was caring for children from 14 families.

The Santa Cruz County resident wondered if she would be able to get treatment without insurance.

She was here legally, she had savings and enough money to pay her bills, but not enough to pay for cancer treatment.

Would she have to close her business and go to Mexico in search of a doctor?

What would her families do without her?

For a week, she couldn't sleep.

But it turned out she was not alone.

She had a friend who had survived cancer.

She also had the good fortune to live where the largest group of doctors saw the need to educate Latinas about breast cancer and where United Way staff recognized a program created under the Affordable Care Act for people without health insurance would make a difference in their lives.

And she prayed to God.

#### ASKING A FRIEND

She called her friend Martha Adams.

"Do you know someone who will see me?" she asked.

Adams saw the value of health insurance after having her uterus removed to prevent cancer from spreading. She knew someone at Dominican Hospital to ask. She reported back to her friend, "You can do it here."

Lopez met the doctor. She explained that she had "balls" in her breast for five years and when she slept on her side, it hurt. The X-rays didn't find anything but an ultrasound exposed the cancer looking like little pieces of rice.

She got the news on her birthday, Aug. 22.

Her daughter Yolanda, 27, accompanied her "so she would have someone to lean on."

When her daughter broke into tears, Eva knew it was cancer.

The translator told her not to worry, that it was early stage, doctors could operate and chances of survival were good.

Next came more tests.

When she spoke with the surgeon, he warned it would be expensive, "mucho dinero."

She said she couldn't afford to pay the bill all at once, and offered to pay half up front and the rest over time.

Since the cancer was slow moving, the surgery could wait until she got insurance, the doctor said.

But where would she get insurance?

Adams, who runs a home day care, had a suggestion.

Several months back, she had gotten a call from Carla Gomez, outreach worker for the Healthy Breast Campaign, a program started by the Palo Alto Medical Foundation to provide free screenings and other services to women with cancer.

Gomez asked her to take care of a boy whose mother was a field worker from Davenport in treatment for cancer. The Palo Alto Medical Foundation would pay, she said.

"A free program," said Adams. "I was amazed to hear that."

She suggested her friend call Gomez.

## DOCTORS REACH OUT

The Healthy Breast Campaign came out of a conversation between Dr. Larry DeGhetaldi of the Palo Alto Medical Foundation, and Dr. Jose Chibras, then at Salud Para La Gente, the nonprofit network of community health clinics.

Chibras said he could tap state funds to cover the cost of mammograms but there was nothing to help Latino women going without insurance to deal with abnormal test results and follow-up care if needed.

That meant cancer was often diagnosed later than earlier, resulting in worse outcomes.

DeGhetaldi got a \$150,000 grant from Avon to hire a Spanish-speaking outreach worker to talk to women and calm their fears about screening and treatment.

The grant was enough to cover the cost of screenings, diagnostics afterward, treatment, transportation and child care for one year.

Gomez, 49, a graduate of Watsonville High School and Vassar College, a sister school to the Ivy League universities, discovered the job posting online.

At the time she was a social worker at Watsonville Community Hospital but needed more hours to make ends meet. Working on a per-day basis, she didn't qualify for health coverage.

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"I totally understand people who don't have insurance," she said.

This job was temporary with no benefits, but she applied because "it seemed like a perfect fit."

The interview went so well "they ended up offering me benefits," she said.

DeGhetaldi describes her as an angel.

"She's the kindest person," he said. "She's been a navigator for people in the safety net. She's there to hold their hand."

When the grant funds ran out a year ago, deGhetaldi realized Gomez was too valuable to let go.

"We're going to keep her," he said.

## UNITED WAY STEPS UP

Lopez had attended a presentation at La Manzanita Center in Watsonville for day care providers where Gomez talked about breast cancer.

She called Gomez and asked for advice.

She learned her income as a day care operator meant she did not qualify for MediCal, the state health care program free to people living in poverty.

However, Gomez thought she might be eligible for California's new Pre-Existing Condition Insurance Program.

"It's part of 'Obamacare,'" Gomez said, sending her to speak with Alicia Fernandez, health outreach supervisor at United Way of Santa Cruz County.

The insurance program started in 2011, giving Californians with a medical condition a place to buy insurance if they are citizens or legally in the U.S.

"The premiums are reasonable for somebody in the middle," Gomez said.

In Santa Cruz County, it costs \$406 a month for someone age 50-54 to get insurance.

For Eva Lopez, this was a lifesaver.

Since the Pre-Existing Condition Insurance Program was created, it has enrolled 15,300 Californians, 8 percent being Latinos and just 200 in Santa Cruz County.

The most common diagnosis is cancer, according to LifeHealthPro, a website for health insurance advisers.

When United Way staff heard a presentation about the program earlier this year, it realized it could meet the needs of families with income who were going without insurance.

Fernandez, who works at United Way in Capitola, got training and was certified by the insurance program in July. It's her job to make sure when someone takes time to fill out forms and provide information about income, she can advise them which program is the right fit.

"We screen to see what they qualify for, so they get the right program the first time," said Fernandez.

Lopez made an appointment for Sept. 4.

The answer was yes, she did qualify, allowing her to enroll as of Oct. 1, just in time for her surgery on Oct. 3 with Dr. Matthew Hansman.

The insurance covered 85 percent of the cost, and Lopez paid the rest.

#### VIRGIN OFFERS COMFORT

A week and half before her surgery, Lopez had a dream.

She was talking with her older sister Carla, who lives in Watsonville, when a light appeared in the sky and shone down. It was the Virgin of Guadalupe, an apparition associated with miracles since 1531.

"Tell her you have cancer," her sister said.

So Lopez told the Virgin of her cancer, adding, "I don't want to die."

The Virgin told her not to worry, that she would have the surgery and be fine, When Lopez heard that, she hugged the Virgin, feeling her warmth.

"Exactly the way she said, it happened," said Lopez.

Her friend Martha said the dream "gave her peace ... Peace and strength to fight it."

Next Lopez prayed for God to help her doctors.

When she shared that with the physicians, they told her to keep on praying.

Her mastectomy was successful and she's undergoing radiation.

Initially it seemed her insurance might force her to drive to Salinas, but she's been able to undergo the daily five-minute treatment at Santa Cruz Radiation Oncology.

"She's blessed," her daughter said.

When Eva Lopez voted in November, she cast her ballot for Obama, explaining that if not for him, she would have had to close her business.

Morning and night, she prays.

By the numbers

## UNINSURED?

If you have a pre-existing medical condition and you are a U.S. citizen or lawful resident and you've been without insurance for at least six month, you may qualify for a new health insurance program offered through the state of California. The PreExisting Condition Insurance Plan covers doctor visits, preventive services, prescription drugs, mental health services, labs and X-rays, hospital services and pregnancy care.

The monthly premiums:

Age amount

0-18 \$118

19-29 \$162

30-34 \$234

35-39 \$261

40-44 \$289

45-49 \$329

50-54 \$406

55-59 \$487

60 and older \$530

For information, Call Alicia Fernandez at 465-2209 or go to [www.pcip.ca.gov](http://www.pcip.ca.gov)

SOURCE: Mark Colwell, [GoHealth.com](http://GoHealth.com)

## OTHER Coverage OPTIONS

If you don't qualify for the PreExisting Condition Insurance Plan, what can you do? Here are suggestions from Michael Mahoney of [GoHealth.com](http://GoHealth.com).

Federally funded high-risk pools: Many states including California have created high-risk pools as an option for those who have been denied health insurance coverage because of a pre-existing condition. Using funds granted under the ACA in 2010, states subsidize premiums for these plans. In California, it's Major Risk Medical Insurance Program at [www.mrmip.ca.gov](http://www.mrmip.ca.gov).

COBRA: This is short for Consolidated Omnibus Budget Reconciliation Act. If you recently lost or left a job where you had group health insurance coverage, COBRA is a viable option for those with pre-existing conditions. While you will be paying much more for the same exact coverage you had while you were working, COBRA lasts a maximum of 18 months.

Short-term health insurance: This is coverage for one month to a year. Since the life of the plan is so short, some short term plans are more lenient when it comes to pre-existing conditions.

Individual coverage: Just assume that because you are turned down by one health insurance

provider does not mean you will be rejected by every provider. Different companies may have different rules regarding what is considered an uninsurable condition. Examples of conditions that may fall into that 'gray area' are mild depression, controlled high blood pressure and allergies. Talk to a licensed health insurance agent to make sure you have exhausted every option.

SOURCE: Mark Colwell, [GoHealth.com](http://GoHealth.com)

