



The California Managed Risk Medical Insurance Board

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MEMORANDUM

DATE: February 10, 2011
TO: MRMIB Members
FROM: Jeanie Esajian, Deputy Director for Legislation and External Affairs
SUBJECT: MRMIB Media Report for January – February 2011

The last 30 days was a moderate media period with coverage focusing on the following:

- Budget proposal impacts on the Healthy Families Program
- The Board's recognition of high-performing Healthy Families plans
- Health reform's impact on children's health insurance
- The introduction of the Spanish language Health-e-App for the online Healthy Families application
- The Public Policy Institute of California's public opinion survey about health care

MRMIB issued 4 press releases announcing the following MRMIB activities: the Board's recognition for Healthy Families' high-performing health plans, results from MRMIB's dental quality evaluation and ongoing dental quality initiative and the launch of the Spanish language Health-e-App online application for the Healthy Families Program.

These releases received coverage from the following organizations: The San Francisco Health Plan (press release), California Health Care Foundation (web), Eureka Times Standard (print and web), Univision (television), and the San Jose Mercury News (print and web).

In addition to coverage generated by these releases, two reporters contacted MRMIB. These reporters represented the San Diego Union Tribune (print) and California Healthline (web). The reporters called for information about the board's high performing plan recognitions and Healthy Families enrollment information.

Two reporters wrote articles related to the Commonwealth Fund's state scorecard for children's health. MRMIB provided information about the scorecard's relationship to other surveys of state-level children's health programs.

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.

NEWS FROM MRMIB

The Managed Risk Medical Insurance Board

January 19, 2011

For Immediate Release

Contact: Jeanie Esajian
(916) 324-0571
(916) 275-7649

Managed Risk Medical Insurance Board Recognizes Healthy Families' High Performing Health Plans

Eight California health plans received recognition from the Managed Risk Medical Insurance Board on Wednesday for improving their quality of care for children. Six plans participating in the Healthy Families Program received recognition for their superior performance. The San Francisco Health Plan, CalOptima, Contra Costa Health Plan, Health Plan of San Mateo, and the Northern and Southern California Kaiser Foundation Health Plans achieved top scores in 2008 and 2009.

"The board applauds these plans for their commitment to ensuring that program members receive this vital care," said MRMIB's Chair Cliff Allenby. "All our plans are committed to serving California's children."

Twenty-six plans participate in California's Healthy Families Program. The federal government requires California to evaluate and report on the quality of care provided through Healthy Families. MRMIB evaluates plans' performance using Health care Effectiveness Data Information Set scores. The board requires participating plans to collect and report HEDIS® information annually.

HEDIS® measures help MRMIB determine how many children in the Healthy Families Program get certain services, including immunizations, well child preventative care and treatment for chronic conditions such as asthma.

In addition to recognizing high performing plans, MRMIB also acknowledged plans that made significant quality improvements. The board recognized Community Health Group and the Southern California Kaiser Foundation Health Plan for showing the most improvement in their scores. MRMIB provided the Community Health Plan with a special recognition for improving their quality of care for adolescents.

The San Francisco Health Plan is a city-sponsored plan covering more than 55,000 residents in the City and County of San Francisco. The plan covers 25 percent of San Francisco's children. CalOptima is a public county plan covering more than 400,000 members in Orange County, including 30 percent of the county's children. Contra Costa Health Plan is a county-sponsored plan covering 90,000 people

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Page 2/ HFP High Performing Plans

in the county. The Health Plan of San Mateo is a nonprofit plan covering more than 87,000 county residents. The Community Health Group is a nonprofit health plan in San Diego covering more than 100,000 people in the county. The Community Health Plan is sponsored by Los Angeles County and provides coverage for more than 200,000 people in the county. The Kaiser Foundation Health Plan for Northern California covers more than 3 million residents in 23 counties. The Kaiser Foundation Health Plan for Southern California also covers more than 3 million residents in 8 different counties. The complete Healthy Families HEDIS® Report may be found at [http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_9.g_2008_and_2009_Healthcare_Effectiveness_Data_and_Information_Set_\(HEDIS\)_Report.pdf](http://www.mrmib.ca.gov/MRMIB/Agenda_Minutes_121510/Agenda_Item_9.g_2008_and_2009_Healthcare_Effectiveness_Data_and_Information_Set_(HEDIS)_Report.pdf).

The Children's Health Insurance Program is a federally created program providing health, dental and vision coverage for children through partnerships with states. Healthy Families is California's CHIP program. The Healthy Families Program currently provides low cost insurance coverage to 879,031 children who do not have insurance and do not qualify for Medi-Cal. More information about the Healthy Families Program and application guidance can be found on the program's website, www.healthyfamilies.ca.gov.

The Managed Risk Medical Insurance Board is an independent state board within the California Health and Human Services Agency charged with advising the Governor and the Legislature on strategies for reducing the number of uninsured persons in California. The Board operates the Healthy Families Program, Major Risk Medical Insurance Program, the Pre-Existing Condition Insurance Plan, and the Access for Infants and Mothers Program. The voluntary Board is appointed by the Governor and the Legislature (5), with three non-voting ex-officio members. For more information about MRMIB, please visit the board's website at www.mrmib.ca.gov.

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NEWS FROM MRMIB

The Managed Risk Medical Insurance Board

January 19, 2011

For Immediate Release

Contact: Jeanie Esajian
(916) 324-0571
(916) 275-7649

Managed Risk Medical Insurance Board Releases 2009 Dental Quality Report for Healthy Families Program

The Managed Risk Medical Insurance Board released its 2009 Dental Quality Report on Wednesday, providing performance information for dental plans participating in the Healthy Families Program. The report shows that overall performance for Healthy Families' dental care continues to rise.

"Children who receive preventive dental services are much less likely to suffer poor oral health," said MRMIB's Chair Cliff Allenby. "We are proud that our program's performance continues to increase, and we are working with partners to implement quality improvement programs that will make further advances."

Six plans provide dental coverage through California's Healthy Families Program. Delta Dental and Premier Access Dental provide coverage as Dental Exclusive Provider Organizations. These EPOs pay providers on a fee-for-service basis. Access Dental, SafeGuard Dental, Western Dental and Health Net Dental provide coverage as Dental Health Maintenance Organizations and pay providers a flat amount per month for each patient.

Although the 2009 Dental Quality Report shows that dental EPOs outperformed dental HMOs, MRMIB has launched a quality improvement project to address this performance gap. The *Healthy Families – Healthy Smiles* project is intended to improve dental care for young children enrolled in the program by increasing access and improving use of dental services.

In 2009, President Obama reauthorized the Children's Health Insurance Program and required states to provide dental coverage to children enrolled in CHIP. However, California has provided dental coverage to children in Healthy Families since the program began in 1998.

Currently, California is the only state monitoring and reporting on CHIP dental care quality. MRMIB developed seven dental care quality measures through an advisory board of state and national experts and adopted one dental measure from the Healthcare Effectiveness Data and Information Set. The report released on Wednesday is the result of the state's second year using these performance measures to assess the quality of dental care provided to Healthy Families' enrollees.

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California Health and Human Services Agency

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NEWS FROM MRMIB

The Managed Risk Medical Insurance Board

February 7, 2011

For Immediate Release

Contact: Jeanie Esajian
(916)324-0571
(916)275-7649

Spanish Language Health-e-App launched for Online Application to California's Healthy Families and Medi-Cal Programs

The Managed Risk Medical Insurance Board has launched the Spanish language version of Health-e-App, opening online access to consumers at any time of the day or night and from any location with access to the internet.

Health-e-App is an application for California's Healthy Families Program for children and Medi-Cal for pregnant women. It also allows children to receive preliminary screening for the Medi-Cal Percentage Level Programs. Health-e-App can be accessed at <https://www.healthapp.net>.

"The English language Health-e-App is a tremendous success," said Janette Casillas, Executive Director of the Managed Risk Medical Insurance Board, the state agency that operates the Healthy Families Program. "By providing online application in both Spanish and English through Health-e-App, we are better able to serve the families seeking our services. It is important that Spanish-reading Californians have access to this resource."

Since its launch in late December 2010, MRMIB has received more than 11,500 English and Spanish applications through Health-e-App. More than 42 percent of enrollees in the Healthy Families Program indicate Spanish as their first language.

The California Health Care Foundation and The California Endowment funded the development of the original version of Health-e-App in 2001. The non-profit organization Social Interest Solutions developed Health-e-App. Subsequently, the California Health Care Foundation licensed the application to the state to help reduce the number of uninsured children in California. Since then, the application has been used statewide by certified application assistants who are trained to help persons complete the application form. Health-e-Apps are submitted electronically to the state, from which they are forwarded to either the Healthy Families Program or to the counties for the Medi-Cal program.

In the next six months, new functionalities and the Access for Infants and Mothers (AIM) Program will be added to Health-e-App.

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The Managed Risk Medical Insurance Board is an independent state board within the California Health and Human Services Agency charged with researching and assessing the needs of people without adequate health coverage, and promoting ways to assure adequate health care services. In addition to operating HFP and AIM, the Board administers the Major Risk Medical Insurance Program and the Pre-Existing Condition Insurance Plan. The five-member voluntary Board is appointed by the Governor and the Legislature, with three non-voting ex-officio members. For more information about MRMIB, please visit the Board's website at www.mrmib.ca.gov.

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NEWS FROM MRMIB

The Managed Risk Medical Insurance Board

Febrero 7, 2011

Para publicación inmediata

Comuníquese con: Jeanie Esajian
(916)324-0571
(916)275-7649

Ya está disponible Health-e-App en Español para solicitudes en línea a los Programas de California Healthy Families y Medi-Cal

La Junta de seguros médicos de riesgos administrados (MRMIB, por sus siglas en Inglés) ha iniciado la versión en español de Health-e-App, abriendo acceso en línea a los consumidores a cualquier momento del día o de noche y de cualquier localidad con acceso al internet.

Health-e-App, es la solicitud en línea para los Programas de California Healthy Families para niños y Medi-Cal para mujeres embarazadas. Además, permite pre-evaluar a los niños para los programas de porcentaje de Medi-Cal. Para acceso al Health-e-App visite <https://www.healthapp.net>.

“El Health-e-App en Inglés ha tenido tremendo éxito,” dijo Janette Casillas, Directora Ejecutiva de MRMIB, la agencia estatal que administra el Programa Healthy Families. “Al facilitar la solicitud en Español e Inglés a través de Health-e-App, podremos asistir mejor a las familias que buscan de nuestra servicios. Es importante que los Californianos Hispanos tengan acceso a estos recursos.”

Desde el final de Diciembre del 2010, MRMIB ha recibido más de 11,500 solicitudes en Español e Inglés a través de Health-e-App. Más de 42 por ciento de afiliados del Programa Healthy Families indican que Español es su primer idioma.

Las organizaciones California Health Care Foundation y The California Endowment financiaron el desarrollo de la versión original de Health-e-App en el 2001. La organización sin fines lucrativos Social Interest Solutions desarrollo Health-e-App. Posteriormente, California Health Care Foundation dio licencia al estado de la solicitud para ayudar a reducir el número de niños sin seguro médico en California. Desde entonces, la solicitud se ha utilizado en todo el estado por los Asistentes Certificados de Solicitud que están capacitados para ayudar a las personas a completar la solicitud. Las solicitudes de Health-e-App son enviadas electrónicamente al estado, de lo cual entonces son enviadas al Programa Healthy Families ó a los condados para el programa Medi-Cal.

En los próximos seis meses, nuevas funcionalidades y el programa de Access for Infants and Mothers (seguro para las mujeres embarazadas, AIM, por sus siglas en Inglés) serán agregados a Health-e-App.

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MRMIB es un consejo estatal independiente dentro de la agencia California Health and Human Services encargada de la investigación y la evaluación de las necesidades de personas sin cobertura de salud adecuada, y promueve las formas de asegurar servicios adecuados de salud médica. Además MRMIB administra los programas de Healthy Families, AIM, Major Risk Medical Insurance Program y Pre-Existing Condition Insurance Plan. La Junta voluntaria de cinco miembros es nombrada por el Gobernador y la Legislatura, con tres miembros ex-officio sin derecho a voto. Para más información sobre MRMIB, por favor visite el sitio web www.mrmib.ca.gov.

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From the San Francisco Business Times:

<http://www.bizjournals.com/sanfrancisco/news/2011/01/18/hill-physicians-adds-government-unit.html>

Hill Physicians adds unit to focus on Medicare, Medi-Cal, Healthy Families

San Francisco Business Times - by Chris Rauber

Date: Tuesday, January 18, 2011, 1:58pm PST

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Hill Physicians Medical Group, one of the largest and most influential medical groups in Northern California, said Tuesday it's adding a government programs department to support enrollment growth in Medicare, Medi-Cal, Healthy Families and other public programs funded by federal, state or local governments.

The move by the roughly 3,000-doctor, San Ramon-based IPA is yet another sign that the health care market is preparing for the health reform environment.

The independent practice association calls the launch "the latest in a series of moves by Hill ... as it leverages its expertise in managed care to address the affordability, quality and efficiency challenges posed by tighter budgets and heightened expectations under federal health care reform."

Jennifer Pereur has been hired by **PriMed Management Consulting**, the management services organization that supports Hill, to lead the new function.

Pereur joins PriMed after three years at Emeryville-based MedeAnalytics, where she most recently was director of payer services. Before joining that firm, she worked in network management at PriMed/Hill for nearly a decade.

Steve McDermott, the group's longtime CEO, said the new unit will work "cross-functionally on outreach, network development, compliance and compensation so that we better meet the needs of members who come to us through a governmental health program."

Hill previously served enrollees in Medicare Advantage (Medicare's managed care plan), Healthy Families and AIM (Access for Infants and Mothers) for many years, in addition to its commercial HMO enrollment, the group said. In 2008, it began providing care for Medi-Cal enrollees in Sacramento, and later expanded that program to San Francisco and San Joaquin counties. It currently provides care to 63,000 members of various governmental programs.

All told, Hill represents approximately 3,000 Northern California doctors on contracting and other business matters, and contracts with health plans to care for about 300,000 managed care enrollees in the Bay Area, the Sacramento area and much of the Central Valley.



Chris Rauber covers health care, insurance and the wine industry for the [San Francisco Business Times](#). Contact him at drauber@bizjournals.com or (415) 288-4946. Read his blog postings at [Bay Area BizTalk](#).



January 20, 2011 - Capitol Desk

Dental Evaluation Now Part of MRMIB Effort

by David Gorn

The Managed Risk Medical Insurance Board has about 875,000 subscribers -- so when it evaluates which health plans show the highest quality improvements, that information is important for quite a number of Californians.

This year, it chose six organizations that showed overall superior performance in the quality of care for children in Healthy Families, California's version of the federal State Children's Health Insurance Program administered by MRMIB:

- San Francisco Health Plan;
- CalOptima (Orange County);
- Contra Costa Health Plan;
- Health Plan of San Mateo;
- Northern California Kaiser Foundation Health Plan; and
- Southern California Kaiser Foundation Health Plans.

MRMIB cited Southern California Kaiser and the Community Health Group in San Diego for making significant improvements in quality of children's care, as well as the Community Health Plan in Los Angeles County for its quality improvements in treating adolescents.

Twenty-six plans participate in California's Healthy Families program. The federal government requires states to evaluate and report on the quality of care provided through SCHIPs.

This year, MRMIB did something new -- it released a review of dental care in the Healthy Families program.

Overall performance by the six plans providing Healthy Families dental coverage continues to rise, according to the report.

"It's coming out as the leading edge of a dental initiative we're starting," according to Jeanie Esajian, deputy director of legislative and external affairs at MRMIB. "We're going to do a lot more work on dental quality. It's a front-burner item here."

Delta Dental and Premier Access Dental provide coverage as exclusive provider organizations -- or EPOs -- on a fee-for-service basis. Access Dental, SafeGuard Dental, Western Dental and Health Net Dental provide coverage as dental HMOs, paying a flat amount per month to provide care for members.

Dental EPOs outperformed dental HMOs but MRMIB hopes to change that.

The agency has only added dental as a mandated benefit for a year, Esajian said. "So we're developing a more robust quality infrastructure," she said. In particular, the agency is concerned about the quality gap between higher-performing EPOs and lower-performing dental HMOs, Esajian said.

"This is a way we recognize improvement in performance," Esajian said of the medical and dental evaluations. "We do this because we want to acknowledge and recognize quality performance and to encourage it."



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San Francisco Health Plan Awarded Superior Performance from California's Managed Risk Medical Insurance Board

Like it

San Francisco Health Plan's Healthy Families Program earns the award, recognized as one of the top honors in the state

SAN FRANCISCO, Jan. 27, 2011 /PRNewswire-USNewswire/ – San Francisco Health Plan (SFHP), the city's community health plan serving over 60,000 residents, was awarded superior performance for its Healthy Families program from the California Managed Risk Medical Insurance Board (MRMIB).

MRMIB is part of California's Health and Human Services Agency and is the state agency responsible for the Healthy Families Program.

MRMIB evaluated the quality of health care provided to Healthy Families members based on HEDIS measures (Healthcare Effectiveness Data and Information Set). HEDIS measures reflect how well providers are meeting national guidelines regarding immunizations, well exams, and antibiotic use.

An analysis was able to produce five clusters of performance ratings, ranging from superior performance to low. SFHP was awarded "superior performance" based on 2008 HEDIS data. "This award acknowledges the hard work of our provider network and our health plan team – making sure every child receives the right care at the right time," said Dr. Kelly Pfeifer, SFHP Medical Director.

"We are only able to garner accolades like this, year to year, through the commitment and unmatched skills of the providers in our network. They enable us to remain a plan that our members can trust," said John F. Ggurina, Jr., CEO of San Francisco Health Plan.

This is a continuation of accolades presented to SFHP from MRMIB as the superior performance rating was awarded to SFHP the previous year as well.

SFHP continues to earn national attention as an innovative county-based healthcare program that provides access to quality healthcare for qualified county residents, regardless of pre-existing conditions or immigration status.

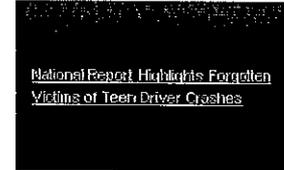
About San Francisco Health Plan

San Francisco Health Plan, a licensed community health plan providing affordable health coverage to over 60,000 low and moderate-income families residing in San Francisco. SFHP was designed for and by the residents it serves – many of whom would not be able to otherwise obtain health care for themselves or their families. Through SFHP, members have access to a full spectrum of medical services including preventive care, hospitalization, prescription drugs, family planning, and substance abuse programs. SFHP's mission is to provide superior, affordable health care emphasizing prevention and promoting healthy living with the goal of improving the quality of life for the people of San Francisco. For more information on SFHP, visit www.sfhp.org.

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The Mercury News

MercuryNews.com

Online application for two state health programs now in Spanish

The Times-Standard

Posted: 02/09/2011 08:31:11 AM PST

Updated: 02/09/2011 08:31:50 AM PST

The Managed Risk Medical Insurance Board launched a Spanish version of the Health-e-App, the board announced on Tuesday. Health-e-App is an application for California's Healthy Families Program for children and MediCal for pregnant women, and it allows children to receive preliminary screening for the MediCal Percentage Level Programs, according to the press release. The application can be accessed at www.healthapp.net.

"The English language Health-e-App is a tremendous success," said Janette Casillas, executive director of the Managed Risk Medical Insurance Board, the state agency that operates the Healthy Families Program. "By providing online application in both Spanish and English through Health-e-App, we are better able to serve the families seeking our services. It is important that Spanish-reading Californians have access to this resource."

Since its launch in December, the board has received more than 11,500 applications through Health-e-App. More than 42 percent of enrollees in the Healthy Families Program indicate Spanish as their first language, according to the press release. Over the next six months, the board will work to provide other functions and the Access for Infants and Mothers Program through Health-e-App.

The California Health Care Foundation and The California Endowment funded the development of the Health-e-App in 2001, according to the press release. The foundation licensed the application to the state to help reduce the number of uninsured

children in California and it has been used statewide by certified application assistants who are trained to help people complete the form.

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Times-Standard

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February 10, 2011 - Topic: Childrens Health Coverage

Health Enrollment Platform Now Available in Spanish

The Managed Risk Medical Insurance Board **recently announced** that it has launched a Spanish version of the **Health-e-App system**, which allows families to apply online for coverage in public health insurance programs such as Healthy Families, California's Children's Health Insurance Program. The California HealthCare Foundation and the California Endowment helped fund the development of Health-e-App in 2001. CHCF publishes *California Healthline*.

- "Online Application for Two State Health Programs Now in Spanish" (*Eureka Times-Standard*, 2/9).

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California ranks near bottom in kids' health care

February 02, 2011 | By Victoria Colliver, Chronicle Staff Writer

HEALTH CARE

California fares poorly when it comes to delivering health care to children, especially those from low- and middle-income families, according to a report released today. The study, by the Commonwealth Fund, ranked the state 44th in comparison with the other 49 states and the District of Columbia. The study found California especially inadequate in delivering affordable care for children. The scorecard was based on 20 measures, including access to care, prevention and treatment.

In the top-scoring states - Iowa, Massachusetts, Vermont, Maine, New Hampshire, Rhode Island and Hawaii - children were more likely to have coverage and get the recommended medical and dental checkups. The states that scored the lowest were California, Oklahoma, Florida, Texas, Arizona, Mississippi and Nevada.

"Where children live matters, and it shouldn't," said Cathy Schoen, co-author of the report and senior vice president at the Commonwealth Fund, a private fund that supports independent health research.

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The report's release comes two days before the two-year anniversary of President Obama's signing of a bill that reauthorized the State Children's Health Insurance Program. The action extended health coverage to 4 million additional children nationwide, bringing the total number of kids covered by the state-federal program to 11 million.

Still, the national picture remains a mixed bag, with 7.5 million children, 10 percent of the population under 18 years old, remaining uninsured in 2009, according to the report. In California, 11.1 percent of children were uninsured and 23.5 percent of parents aged 19 to 64 were also uninsured at that time.

More kids covered

Coverage rates for kids increased in 35 states over the past decade but declined for parents in 41 states over that same time period, according to the report. Numerous studies have shown children are more likely to have coverage and get regular care if their parents are also covered.

Some states have extended Medicaid and the Children's Health Insurance Program to kids in families who earn as much as 400 percent of the federal poverty level, while other states have made it available to those below 175 percent of the poverty level. California offers coverage to children in families earning up to 250 percent of the poverty level, and provides limited coverage for mothers.

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Annie Baucio struggles to maintain insurance coverage for her kids Charlie (left), 7, Drew, 4, and Jessie, 9.
Credit: Michael Macor / The Chronicle

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February 02, 2011 | By Victoria Colliver, Chronicle Staff Writer

HEALTH CARE
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Two hundred and fifty percent doesn't go as far in California than it does in many other states, said Kelly Hardy, director of health policy at Children Now, a national children's rights group based in Oakland.

Hardy, who was not surprised by California's ranking, doesn't expect much improvement in the near future. "The (governor's) new budget proposal would really just add insult to injury with more cuts to children's health," she said.

California also tends to fare worse than other states because many of its residents work in industries - agriculture, restaurants, hospitality and tourism - that typically do not offer coverage to employees, the report's authors said. The average premium for employer-backed coverage is more than \$12,000 a year.

Low payments

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The state's low payments to doctors and hospitals that take Medicaid, known as Medi-Cal in California, also make it difficult for people to gain access to care.

Annie Bauccio, a San Francisco mother of three, has struggled with affording coverage for her family. She is self-employed as a professional organizer and also works for her husband's general contracting business.

When she was pregnant with her second child in 2002, Bauccio qualified for California's Access for Infants and Mothers, a state program that provides low-cost coverage to middle-income mothers and their children. But in 2005, when she had her third child, she just missed the eligibility level and had to rely on private insurance.

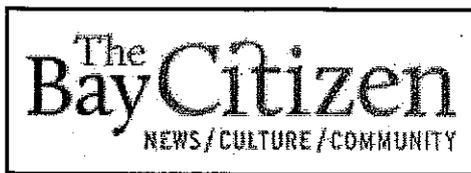
The plan costs \$1,700 a month, but still comes with high out-of-pocket expenses. Last summer, after her 6-year-old son fell off the couch and hit a wall, Bauccio said, dollar signs flashed through her mind.

"It's horrifying as a parent to have that pop into your mind," she said, adding that the hospital visit and two stitches cost nearly \$2,000 out of pocket. "Of course you push it away and say, 'I didn't think that,' but that thought does arise."

Online resource: The Commonwealth Fund's state scorecard, "Securing a Healthy Future," can be found at links.sfgate.com/ZKVO.

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Wednesday, February 2, 2011

Score Card on Kids' Health Care Ranks California 44th

A Commonwealth Fund survey compares the states on childrens' health care access and treatment
By: Annette Fuentes

Updated 6:07 p.m.

California does poorly by its children when it comes to health care, ranking 44th among the states for a slew of indicators, according to a survey released today by a national health care foundation.

"State Scorecard on Child Health System Performance, 2011" takes a state-by-state look at how well the health care system serves kids, looking at 20 indicators, including insurance coverage, affordability of care and access to treatment. Massachusetts ranks first.

Many states have made strides over the last decade in increasing the number of kids and their parents who have health insurance and care—especially in the last few years of recession, when job loss has translated into health-insurance loss. And that coverage pays off in better health prospects for kids.

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But California, relative to other states, has "much room for improvement" when it comes to providing access to care for all children, says survey co-author Sabrina How, of the Commonwealth Fund.

"The reason California ranked so low is that you have high uninsured rates for children--about 11 percent of children," How said. "When you compare that to the national average it is well below and much higher than Massachusetts, where there is universal coverage."

Among the ratings are indicators for prevention and treatment, such as the percentage of children who have received recommended vaccines. For California's kids, it was just over 78 percent in 2009, compared to 84 percent for Iowa, the top-ranked state on that measure.

The scorecard also compares the numbers of children who have a consistent medical provider—or medical home. Just 50 percent of California kids have one, compared to top-ranked state New Hampshire, where 69 percent of kids have a medical home.

Nationally, 8.6 percent of kids up to 18 years are without any health insurance. But that number would

likely be far worse if not for the Child Health Insurance Program (CHIP), a federal-state health program launched in 1997. Since the economy began its freefall in 2007, CHIP has been a bulwark against more kids losing health care, How said.

"In such a hard time, children were able to hang on to their coverage, while their parents have lost theirs," she said.

In California, CHIP is called Healthy Families and is funded by the state and the federal government. But state funding for it was targeted for chopping by former Gov. Arnold Schwarzenegger in the last two budget cycles, and it is once again being considered for cuts by legislators today.

California's low ranking on the child health score card was no surprise to Dr. Claire Brindis, professor of pediatric medicine and director of the Philip R. Lee Institute for Health Policy Studies at UCSF. There is no simple answer to improving children's access to good care in California, she said.

"Partly, we have a very complex state. One of eight children in this country lives in California," she said. Many are children of immigrants, who are themselves uninsured and have little or no access to regular health care, Brindis said. And for undocumented immigrants, fear of deportation may keep them from getting health care for their kids, even if they are U.S.-born. Non-citizen's are not eligible for Healthy Families.

"We have families with one child born here and one child born in Mexico," Brindis said, "and parents have a 'Sophie's choice.' Which child do they bring for health care? How can they choose one child to have better access?"

Eligibility for Healthy Families coverage is no guarantee that children will get care, though. Brindis said that among the hundreds of thousands who would qualify based on their low incomes, simple lack of knowledge about the program is the first hurdle. And lack of providers is another hurdle to care.

"There are counties with insufficient numbers of pediatricians, so that even having knowledge about Healthy Families program doesn't mean children will have health care," Brindis said.

Jeanie Esajian, spokesperson for the state's Managed Risk Medical Insurance Board, disputed the survey's methodology and findings on California. In an e-mail response to request for comment, she said that the survey's data set did not correlate with similar state-generated reports for the same time frame.

The child health scorecard was released on the second anniversary of Congress's reauthorization of CHIP, researcher How said, in a nod to the importance of the program in improving children's health prospects.

"The purpose of the report is as a tool to motivate states to say, 'Wow, we thought we were doing so great but we aren't compared to other states,'" How said. "A lot can be done at the community level, but you need state leadership."

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County preps for big state hit

February 07, 2011, 03:30 AM By Michelle Durand Daily Journal Staff

The governor's proposed budget cuts and shifts means an estimated \$17.25 million loss for San Mateo County programs and services, potentially leaving the infirm and elderly without in-home care, children without complete health coverage and the jail filled with hundreds of state prison inmates.

The Board of Supervisors will hear the bleak forecast at its Tuesday meeting and, according to the analysis prepared by County Manager David Boesch, the situation could worsen.

Cost estimates related to possible realignment — the shifting of services from the state to the county — are not yet known but "could potentially be substantial," Boesch wrote.

Of what is estimated, county officials say it is still too early to tell what will stick and what funding will be lost.

However, the numbers penciled out for Tuesday's meeting shows hits to several areas, particularly those in health and human services.

The first phase of funding changes include the shifting of low-level prisoners to the county which Sheriff Greg Munks estimates means approximately 396 inmates serving 11.5-month sentences. District Attorney Steve Wagstaffe similarly estimates 400 to 500 new prosecution cases annually when this happens and Health System Director Jean Fraser estimates an extra \$1.05 million in new correctional health costs.

If the Division of Juvenile Justice is eliminated as proposed, the Probation Department expects approximately 20 youth will come back. The department also will be asked to supervise state inmates released but can't yet estimate how much of an increased caseload it means.

Timing of the second phase — a shake up of programs like food stamps and in-home supportive services — hasn't been announced which makes it difficult for the county to determine the impacts but Boesch's office believes the Health System will lose \$8.7 million in funding, the Human Services Agency will lose \$2.2 million, Public Works will lose \$6 million and \$350,000 in child support collections will go to the state general fund.

More specifically, the San Mateo Medical Center will lose \$3.94 million in Medi-Cal funding because of service caps, uncollected payments and a 10 percent reduction in provider reimbursement. The county will save \$535,378 by reductions in in-home aid but 2,474 clients will lose approximately 224,424 hours of care. Approximately 250 low-income, older adults in need of nursing facilities will be at risk as will approximately 139 older adults who need daytime supervision.

Changes to the Healthy Families program, including the complete elimination of vision care, will affect approximately 10,599 children in the county and early childhood services will be dramatically affected by plans to shift funding from the First 5 Commission.

Caps on CalWorks benefits and state child care will hit HSA, which is already trying to manage a 70 percent caseload increase with flat funding levels. HSA also believes clients will be forced to choose between working and staying home to care for children.

County veterans will lose \$50,000 in services under the proposed budget. Also, one-third of the county's transportation money, which it uses to maintain and operate roads in the unincorporated areas, is in jeopardy unless voters re-enact the 2010 gas tax swap.

The Board of Supervisors meets 9 a.m. Tuesday, Feb. 8 in Board Chambers, 400 County Government Center, Redwood City.

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February 03, 2011 - Capitol Desk

State Budget Plan Is 'Ugly Beyond Belief'

by David Gorn

The annual conference of the Insure the Uninsured Project ("From Reform to Reality: Building Better Systems of Care in California") was supposed to focus on Medi-Cal expansion, the rollout of the health benefits exchange and how to get insurance coverage for the 6 million Californians who go without it.

But it was pretty hard to ignore the \$12 billion in cuts to state programs proposed by Governor Brown -- with roughly half of those cuts impacting health services.

The national rancor over the attempt to repeal health care reform slipped into the statewide conference. Orange County is about to announce that it will not be part of the California Health Benefit Exchange.

"Orange County is not going to participate in the exchange," CalOptima CEO Richard Chambers said. "Personally, I thought it would be good if we were not so dependent on Medicare," he said, "but politics have prevailed, and we will not be participating."

In terms of the state cuts, health care advocates weren't the only ones appalled by the massive hits to Medi-Cal, Healthy Families, Adult Day Health Services (ADHS) and other human service programs. State fiscal and policy analyst Jean Ross felt the pain, too.

"When you look at specific cuts, it's clear that some people who could live safely at home will go to nursing homes. And that some number of the 230,000 children in the Healthy Families program will become homeless," Ross of the California Budget Project said. "It's important for advocates, for policy people, for voters in California to understand. These are the choices on the table."

Ross is talking about the proposed hard cap on provider visits, an increase in Medi-Cal co-payments, the elimination of ADHS, diversion of First Five money and the reduction of many other health-related services.

And that's just the beginning, Ross said, if \$12 billion in proposed tax extensions aren't approved by state voters in the next election.

"This budget is ugly beyond belief, even in the best case scenario," Ross said. "I hate to think about the worst case scenario."

Ross is not given to hyperbole -- she has seen a lot of state budgets come and go in her years as an analyst, and has remained matter-of-fact about most of them.

She said this budget doesn't have the "gimmicks" of many budgets she's seen. Now, she said, with the downturn in the economy, there has been a huge shift in what state government is capable of taking on.

"We need to figure out what we want to fund," Ross said, "and then we have to figure out how we want to do it."

In this case, those \$12 billion in cuts are happening, and if people or organizations don't want a particular cut made, they need to figure out what else goes.

"We need to find ways to swap it out," Ross said. "If you want to fund adult day health, you have to buy back something else. That's just my pragmatic read of where the Legislature is at, and where the governor is at."

But that idea rankles Steve Barrow of the California State Rural Health Association, because the flurry of subcommittee meetings taking place now, in preparation for a Mar. 1 vote, move too rapidly for any kind of reasoned approach, he said.

"I'm concerned that there is no time to present any alternatives," Barrow said. "There's no time to do any cost analysis."

Barrow was referring to the idea that a lot of the preventive measures implemented in California were done, in part, because they saved money for the state in the long run.

The notion is that simply eliminating those programs might actually cost more, by moving people out of their houses and into nursing homes, out of prevention programs and into the more-expensive emergency room, psychiatric facilities or hospitals, which could end up costing the state more.

Barrow wondered out loud whether there shouldn't be some kind of cost analysis, to see if these cuts actually do save money.

"We're at a time crunch because if we don't do this by March, then we can't put the [tax] extension on the ballot," Michael Cohen of the state finance department said. "We just don't have the time."

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Lack of health insurance worries county residents

By Tom Kiskan

Sunday, January 16, 2011

Carole Whitney, 61 and unemployed, knows exactly what it will take to get health insurance in the next year. Getting there is the hard part.

"The only thing I can see is to get a job that provides insurance. I don't see that happening," she said, taking a break from a self-help CD while waiting for thyroid medicine at a Thousand Oaks free clinic.

Whitney quit her job as an assistant office manager in Utah after her husband died, moving in with her daughter in Thousand Oaks.

"I haven't worked in three years," she said. "At my age, I don't see getting a job that provides insurance."

Much of the nation may be immersed in this week's bid to repeal federal healthcare reform, but the uninsured people waiting for care at free clinics in Ventura County are focused on what they need today and tomorrow. Ask about their expectations, hopes and fears and they talk not about Congress or the president but about finding medicine to control diabetes, staying healthy so they can pay rent instead of hospital bills and being able to get X-rays when they need them.

That last item is the dilemma staring at the uninsured woman who came to the Free Clinic of Simi Valley on a cold December night. With her was her teenage son, sitting dejectedly, hair hanging in his eyes.

He hurt his wrist skateboarding a day earlier, and now there's enough pain to make him think it is broken. At first he didn't tell anyone because he knew his mother couldn't afford any doctor's bill.

"It makes you feel like a bad mom," the woman said, declining to give her name.

She has a job that offers insurance, but it costs more than she can afford. If she qualifies for government help — the state and federally funded Healthy Families program seems tailored for her — she doesn't know about it.

She copes by focusing on other things.

"If I don't think about it, it will work out," she said.

The stories tumble out one after another. Alejandra Candelario is undocumented and knows the chances of her getting insurance are not that good. So she works on taking care of herself. She tries to avoid high-salt foods. She sees a volunteer doctor at the Westminster Free Clinic in Thousand Oaks.

Her health is getting better. Her worries focus on her father. He's a legal resident covered by Medi-Cal. He is diabetic and underwent a kidney transplant. Now he's losing his vision.

"I'm afraid I'll end up like my dad," she said, thinking of hospitalization and care that free clinics can't provide. "When you have a big problem, how are you supposed to take care of yourself?"

On Wednesday night in January, the Westminster clinic at United Methodist Church of Thousand Oaks was clogged with about 100 people. Some were undocumented. Some were unemployed. Many were citizens and residents who have jobs but see no way of affording healthcare.

Ask about federal reform and some of the people respond with blank stares. Never heard of it, much less the repeal efforts coming from the new Republican majority in the House of Representatives.

It's the same thing with state and county programs designed to provide healthcare. If they qualify, they don't know.

None of that surprises Lisa Safaeinili, executive director of the Westminster Free Clinic. The people at the clinic are so focused on immediate needs, they think about little else.

"They're surviving," she said.

Instead of worrying about government help, Angel Roman, 27, pins his hopes for finding insurance on finding a job.

Roman works as a cashier at a fast-food restaurant. But he's also a tailor who dreams of one day appearing on the television show "Project Runway." He is hoping for a job with a hotel chain where he would work on employee uniforms.

"That," he said, "would change my life."

The reality of being uninsured is many people don't know what they want, said Adriana Trujillo, administrator of the Free Clinic of Simi Valley. They think the answer to their

healthcare problems is to find a way to get insurance. But finding coverage may not end their problems.

"We've had several patients who got back on their feet. They went and got it (insurance) and then they come back here because they can't afford the deductible," she said.

A sound engineer who is homeless wants to stay healthy so he can care for his mother, who has Alzheimer's disease. A medical assistant who doesn't have insurance confided she had a miniature stroke and worries about another episode.

Between showers of praise for the Westminster Free Clinic, Susan Weatherstone sniffled into a Kleenex and waited to see a doctor about cold symptoms aggravated by her asthma. She and husband Iain are both Brits. He's 72 and covered by Medicare. She's 56, uninsured and worried about what-ifs.

"I could get ovarian cancer. I could contract arthritis. I'm getting older," she said.

Iain Weatherstone worked for NASA for 26 years before he was laid off. Now the couple run their own transportation company, delivering people to dialysis centers. The economy and tighter budgets for the nonprofit organizations that once used their service have slowed things to a trickle.

She states the solution to their problems as if it were a covenant: Find a way to make more money. Buy insurance. End the worries about what could happen without coverage.

If it doesn't happen, Susan Weatherstone will keep relying on the free clinic she sees as a godsend. But she plans on finding a way to make it happen.

"I'm not going to give up," she said. "You can't sit on your laurels and do nothing. ... If you do not change things, nothing will change around you."



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Health Care Cuts for the Whole Family

By *megan*

Created 02/02/2011 - 11:47am

Posted on 02 February 2011



By Linda Leu
Health Access

In today's 4th of 7 hearings on the Health and Human Services Budget, the Assembly Subcommittee heard specifics of proposals to make reductions in Healthy Families, Medi-Cal, and Adult Day Health Care, among other things. A packed hearing room shared compelling personal stories about how these programs sustain life, and conversely how they or their family members might die or suffer greatly if proposed cuts are enacted.

The testimony was received by sympathetic Assembly members, who asked numerous questions to try to determine the true cost of cutting vital programs. In many of these cases, savings projections did not consider indirect costs such as cost shifts that may end up costing the state more money, such as moving seniors from Adult Day Health Centers to nursing homes and limiting access to preventive and primary care, which may lead to more expensive hospital care.

In considering the elimination of vision services in the Healthy Kids program, advocates pointed out that vision services are crucial to academic success, as 80% of what children learn is learned visually and 1 out of every 4 children need vision correction. The subcommittee expressed interest in hearing a plan that VSP, the provider of vision services to a majority of Healthy Families beneficiaries, is working on to reduce costs while still saving the program.

In the discussion of levying co-pays in the Healthy Families program, members probed staff on whether the savings projections took into account the costs to the state to track payments of co-pays and the resources that would be required to collect. Additionally, we believe that the proposed co-pays violate the federal limit on cost sharing. But of course, the immeasurable cost of placing financial barriers to access to children's health care is that California's children will simply not be able to grow up with access to the health care they need to become thriving members of our communities.

Also proposed were cuts to Healthy Families funding, cuts that are to be passed on to the consumers in the form of premium increases. Another increase in Healthy Families

premiums will likely make it difficult for many families to continue to participate in the program. However, there is strong reason to question the legality of this cut as it likely violates the Maintenance of Effort requirements for states to maintain eligibility levels.

Proposed cuts to the Adult Medi-Cal program were even more brutal, with hard caps on doctor and clinic visits as well as prescription drugs. The committee members heard testimony from real Californians who feared they would end up hospitalized or institutionalized if they weren't able to access their regular medical care and prescription drugs. All of these alternatives would mean higher costs to the state which were not included in the estimated savings presented by the Administration. The proposal is also unclear as to how physicians and clinics would be expected to keep track of whether patients were approaching or had exceeded their hard caps. Members of the committee seemed to understand the inevitability of morbidity related to these cuts and asked for the Department to provide projections on how many people would die as a result of these restrictions.

Finally, the committee heard the proposal to eliminate Adult Day Health Care Services, a proposal that has been defeated several times before. Scores of seniors, family members, and service providers testified to the devastating effect that closing ADHC would have on its clients, who would no longer be able to live independent dignified lives. Staff acknowledged that elimination of the program would likely be challenged legally due to potential violations of the Americans with Disabilities Act, and that they did not include in the projected savings, the costs the state to provide alternative services to these frail elderly, or the costs that might be incurred as a result of the impact closing these centers would have on families.

Today's hearing put real faces behind the outcry that these cuts will cost lives. Members of the budget subcommittee recognized the gravity of the situation and demonstrated commitment to hearing the whole story and looking at budget proposals in the context of the lives of California communities, and not simply as dollars and cents.

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*Linda Leu is a health care policy analyst for Health Access, a statewide health care consumer advocacy coalition of over 200 groups.*

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## State might ask poor for medical copays

By JAMES RUFUS KOREN, Staff Writer

Posted: 02/06/2011 08:38:52 PM PST

If the Legislature approves Gov. Jerry Brown's budget proposal, poor and disabled Californians insured by the state's safety-net health insurance program would have to start paying for some services.

Brown's budget calls for adding mandatory copays - the up-front fees for doctor visits paid by most insured Americans - to the Medi-Cal program. It's a move Brown says could save more than half a billion dollars in the coming year and that some doctors say could cut down on the number of emergency room visits. But others say the plan could cost hospitals.

"It will be a cost savings for the state," said Dr. Dev GnanaDev, medical director at Arrowhead Regional Medical Center, San Bernardino County's public hospital. "But it will be subsidized by the doctors and hospitals."

Brown's proposal calls for a \$5 copay for doctor and clinic visits, a \$5 copay for prescriptions, a \$50 copay for emergency room visits and a \$100 copay - maxing out at \$200 - for each day of a hospital stay.

The trouble is, GnanaDev said, Medi-Cal

recipients are poor and unlikely to be able to pay copays, especially for ER visits and hospital stays.

"You can't squeeze water out of a rock," he said.

And when patients don't pay, GnanaDev said the lost funding will come out of the hospital's bottom line.

"If a patient comes in with an acute gallbladder problem and I do a surgery, and they can't pay the copay, I'm losing that money," GnanaDev said.

Doctors can deny patients who can't pay, but emergency rooms cannot. Lisa Gray, a spokeswoman for the California Department of Health Care Services, confirmed that if patients don't or can't pay the proposed copays, doctors and hospitals - not the state - would lose the money.

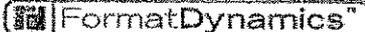
Between June 2009 and July 2010, Arrowhead Regional's ER had 41,577 visits from Medi-Cal recipients, said hospital spokesman Jorge Valencia. If that number of patients failed to pay a \$50 copay, the hospital would lose \$2.1 million.

But Dr. Albert Arteaga, founder of Fontana-based LaSalle Medical Associates, said copays could cut down on ER visits and ultimately lower costs.

"Familiarity breeds contempt," Arteaga said. "And availability breeds overutilization."

That is, if a service is free, people are more

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likely to use it more than they need it, he said.

"When there's overly enthusiastic access, then you have waste," he said.

If an ER visit will cost \$50 and a regular doctor or clinic visit costs only \$5, Arteaga said it would make Medi-Cal patients think twice before going to the ER.

"That way, it's not a whim or a convenience," he said. "We want the copay to serve as a reminder that there are other options."

Arteaga said copays have worked well in the state's Healthy Families program, which insures children whose parents make too much money to qualify for Medi-Cal but not enough to afford their own insurance.

"We've never had a problem," Arteaga said of that program. "People do make copays."

Virginia Macy, a Medi-Cal recipient who lives in Fontana, said the copays might not seem like much, but her only source of income - \$845 per month from federal Supplemental Security Income program and the State Supplementary Payment grant, also called SSI/SSP - is also slated for a cut in Brown's plan.

Macy, who has two muscle ailments, as well as diabetes and scoliosis, takes nine prescription medications and goes to the doctor at least once every three months.

"I would be (OK) if they don't cut SSI," Macy said.

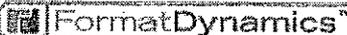
The vast majority of clients at LaSalle Medical Associates are on either Medi-Cal or Healthy Families. But GnanaDev said there aren't enough groups like LaSalle that are willing to take Medi-Cal patients because Medi-Cal doesn't pay doctors as much as other insurance programs.

And he said Brown's plan will make that problem worse. Brown's budget calls for a 10percent cut in the rates paid for all medical services provided through Medi-Cal.

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## VOTERS AT ASSEMBLYMAN BLOCK'S TOWNHALL MEETING HEAR OUTLOOK ON STATE BUDGET—AND OFFER SOME IDEAS OF THEIR OWN

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[Marty Block](#)



By R.J. Hernandez

February 5, 2011 (San Diego) – Assemblymember Marty Block (D-78th District) hosted a town hall meeting with about 50 constituents Thursday evening at Patrick Henry High School in San Carlos Thursday night to discuss Governor Brown's proposed 2011-2012 budget and hear views of local residents.

Photo by Jeremy Los

Assemblymember Block discussed the basic tenets of the proposed budget. Next, Corinne Wilson, lead research and policy analyst from the nonprofit Center for Policy Initiatives, gave a Powerpoint presentation covering state, federal and local revenue and expenditures as well as the budget's impact upon the state.

Questions were posed to the audience, such as:

- What do you think of the new Governor's ideas to close the \$25 billion deficit?
- Would you make the same cuts?
- Are a mix of spending cuts and revenue increases the best way to solve the problem?
- How does delaying tax cuts, making reductions in state services, and the proposal to realign county and state program responsibility affect your life?
- Do you like that Governor Brown is giving voters the choice to vote for increasing

revenues? What does it mean when \$1.4 billion is cut from higher education?

Cuts proposed by the Governor include, but are not limited to, cuts to higher education from the University of California, California State University, and Community Colleges (\$1.4 billion); elimination of hundreds of local redevelopment agencies (\$1.7 billion); changes to the Healthy Families program (\$135 million); welfare (\$1.5 billion); child care (\$750 million); and more.

Citizens voiced concerns over several issues, such as how elimination of monies dedicated to redevelopment could negatively impact affordable housing, the impact of a sharp decrease in monies to higher education, and how a decrease in health and human services support could harm developmentally disabled citizens.



Ideas proposed included tax reforms for corporations and closing associated loopholes, discontinuing collection of state disability per paycheck if funds are being pooled and not used, discontinuing sales of state property for very low prices.

Generally, the consensus of the audience was to make cuts that would not impact higher education, low income housing and Healthy Families/Child Care.

The two hour meeting had a diverse turnout which largely included parents and senior citizens, with a few college students. Although some were clearly stressed over the issues, the tone remained respectable to everyone present and to all viewpoints. There was a clear line of communication between the Assemblyman and the constituency, which is being facilitated through feedback forms and audio/video that will be presented to the Assembly retreat happening shortly where concerns, ideas and solutions will be discussed from district representatives throughout the state.

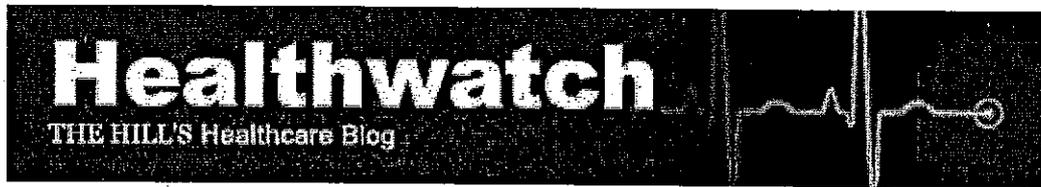
When asked if the town hall turned out as he had hoped, Assemblymember Block said with enthusiasm that the turnout was "better than expected." His constituents clearly responded favorably to the event and to Assemblyman's efforts to listen, so that all voices and viewpoints will be heard at the state capitol.

Assemblymember Block's office can be reached online at <http://asmdc.org/members/a78/>

For more information on the Governor's budget proposal visit: <http://www.ebudget.ca.gov>.

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[Marty Block](#)

# THE HILL



## Second healthcare reform probe announced by panel

By Jason Millman - 01/25/11 02:13 PM ET

The House Energy and Commerce Committee on Tuesday afternoon **asked** President Obama's health department to explain low participation in new temporary high-risk pools created by the reform law to provide health insurance to individuals who cannot obtain coverage because of a preexisting condition.

"There is reason for concern that early enrollment has proven sluggish despite early predictions that the [Pre-Existing Condition Insurance Plan] would show that the public was willing to embrace [the reform law]," wrote Chairman Fred Upton (R-Mich.) and oversight subpanel Chairman Cliff Stearns (R-Fla.).

Shortly after the reform law passed, the chief actuary for the Medicare agency predicted 375,000 individuals would sign up for the new pools in 2010, but only about 8,000 have so far.

Asked about the discrepancy earlier this month, Medicare actuary Rick Foster told The Hill the low enrollment is a "surprise," given that "millions of people" are eligible for the coverage.

"As the word gets out a little bit better, I think people will sign up because it's a great opportunity," Foster said.

The Energy and Commerce Committee is asking Health and Human Services Secretary Kathleen Sebelius to explain how the \$5 billion provided for the high-risk pools will be spent.

This marks the committee's second investigation into the reform law. Last week, Upton and Stearns asked HHS to disclose information on waivers granted for provisions of the reform law.

In November, HHS **announced** it would offer new benefits packages in the federally run high-risk pools in light of poor enrollment. HHS has said the slow uptake is similar to the performance of the Children's Health Insurance Program when it started a decade ago.

*Julian Pecquet contributed to this article.*

Source:

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Op-Ed

## Missing out on health

*California lost millions of dollars in federal funding to provide healthcare to uninsured kids because it didn't enroll enough eligible children into its government health plans.*

February 06, 2011 | By Phil Lebherz

Last month, the state lost an opportunity to receive tens of millions of dollars in federal funding to provide healthcare to uninsured kids. Why? It didn't enroll enough eligible children into its government health plans.

In response to a federal incentive program that awarded extra money to states that met certain enrollment numbers, California set a goal of signing up 352,000 new kids in its Medi-Cal or Healthy Families programs. It fell short by about 24,000 kids, which left the state ineligible for the federal funds.

It wasn't that there weren't enough eligible kids in the state. This happened, let's remember, during a year when unemployment in California peaked at 12%. Researchers at the Urban Institute estimated in October that the state was home to nearly 700,000 uninsured children who qualified for state or federal programs but hadn't been enrolled. So why couldn't the state meet its enrollment goals? Because California has a cumbersome system that acts as a roadblock to enrolling eligible children.

One problem is that in 2009, to save money, Gov. Arnold Schwarzenegger cut funding to pay certified application assistants, who help enroll those qualifying for Medicaid.

A second problem is that it has become increasingly difficult to find physicians willing to accept the artificially low payments — as low as 9 cents on the dollar for some kinds of care — that have been set by the Medi-Cal program.

A third reason involves the hoops hospitals must jump through to get reimbursed for treating uninsured children who qualify for state or federal programs. If a family without insurance brings a child with a serious medical problem to the hospital, for example, the emergency room staff provides care with the expectation of being reimbursed by the state under a process called retroactive enrollment. But submitting such claims has become increasingly difficult. Delays and denials are commonplace. Some hospitals have grown so wary of participating in this hard-to-win system that they have opted to absorb the loss and chalk up the cost of treating such children to unreimbursed care.

In an effort to get more people signed up for coverage, our nonprofit organization, the San Jose-based Foundation for Health Coverage Education, launched a 24-hour help line for the uninsured in 2005. Through our live call-in center and our [coverageforall.org](http://coverageforall.org) website, we have been able to help more than 2 million uninsured Americans who seek help.

The process is simple. First, we ask five eligibility questions. Then we identify public programs for which the inquirer might be eligible and provide applications for the programs and a list of documentation that will be required. It doesn't have to be an obstacle course.

California needs to simplify its process. One step in that direction would be to allow people eligible for Medi-Cal to sign up for it at the "point of service" — when they receive medical care. California employs 26,500 state workers who are responsible for enrolling people in public programs, including welfare, Medi-Cal and food stamps. This number could be reduced if Medi-Cal enrollment could be done online at a clinic, doctor's office or hospital where care is delivered.

California lost out this year, and that should never happen again. By revamping its antiquated and inefficient enrollment system, the state need never again leave federal grant money on the table while children go without healthcare.

Phil Lebherz is executive director of the Foundation for Health Coverage Education, which operates the U.S. Uninsured Help Line (800-234-1317) and <http://www.coverageforall.org>.

## Focus on clean teeth: Partnership gives better area access to dental care

Denise Snider

Saturday, January 29, 2011

In 2008, First 5 Commissions in Tehama, Glenn and Butte counties and Northern Valley Indian Health (NVIH) entered into a tri-county partnership to increase access to oral health services to young children ages birth through kindergarten.

The three First 5 Commissions awarded funding to NVIH, which allowed it to purchase a fully equipped new mobile dental clinic. The mobile clinic, operated by NVIH, has provided much needed dental care to children in a rural region where access to services is limited.

The First 5 collaborative project partners also provide funds for coordination of the MDC throughout the duration of the five-year renewable contract.

To date, 623 children up to age 5 have received services through the mobile clinic in Tehama County. The clinic has provided 3,039 prevention services and more than 700 in treatment services.

Some wonderful trends are emerging — the mobile clinic is making a significant difference in the number of children having an oral exam by the time they go to kindergarten. In 2008, only 73 percent of children entering school had an oral health exam. Now with increased services in our county that number has risen to 93 percent.

Without proper oral health care, children can develop severe tooth decay, known as early childhood caries.

Though early cavities are a completely preventable condition, it is the single most common chronic childhood disease in the U.S. According to the surgeon general, children experiencing tooth decay can suffer from severe pain, problems eating and speaking, and an inability to concentrate and do well in school. In addition, more than 51 million school hours are lost each year to dental-related illness, which makes the mobile dental clinic partnership all the more important.

For February's National Children's Dental Health Month, the Northern Valley Indian Health Dental Clinic, the First 5 funded Mobile Dental Clinic along with many volunteer dental professionals will offer free dental exams and treatment, including teeth

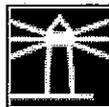
cleanings, fluoride varnish, dental sealants and dental fillings, for Tehama County children without current dental insurance or Medi-Cal.

Join us at the "Give Kids a Smile" day scheduled for Feb. 5. It will open at 9 a.m. with registrations taken until 1 p.m.

Families will also receive educational information on oral health, nutrition and tobacco, as well as learning more about qualifications for the Healthy Families program in both English and Spanish. This event is made possible through a collaboration between Northern Valley Indian Health, First 5 Tehama, the Tehama County Public Health Advisory Board, the Tehama County Department of Education and volunteer dental professionals.

The mobile dental clinic's attendance at "Give Kids a Smile" will be followed by three weeks of service to families in Tehama County — available to qualified children under 6 years of age.

First 5 Tehama encourages all families to practice good dental habits early in a child's life and visit the dentist regularly. For more information on oral health care and the mobile dental clinic and other First 5 Tehama programs call 528-1395 or visit [www.first5tehama.com](http://www.first5tehama.com) and [www.first5california.com/parents](http://www.first5california.com/parents).



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## Californians say they're healthy, but there are demographic disparities

### 80 percent of Californians say they feel fit

By Kim Lamb Gregory

Wednesday, February 9, 2011

She worries about her climbing cholesterol levels, but overall, Gayle Pedroza of Camarillo describes her health as very good.

The 37-year-old Camarillo woman reflects the results of a statewide survey released today by the Public Policy Institute of California.

The poll of 2,504 California adults revealed that eight in 10 believe they are in good to excellent health. But when the respondents were broken down into socioeconomic and ethnic groups, the gulf between good and poor health widened.

Respondents were asked about a number of issues, many of which related to health and the pursuit of happiness. They were also asked their opinions about national health care reform, with 51 percent supporting the law enacted last year by Congress, and 36 percent opposing it. The nation overall shows less support, with 45 percent favoring health care reform, according to an ABC/Washington Post poll.

The PPIC survey also showed most Californians believe health care services in their communities should put more emphasis on prevention, and 91 percent said universal children's health coverage is important in preventing illness.

Oxnard pediatrician Dr. Danielle Onstot agreed but said there are problems in making sure that happens.

"In Healthy Families, the funding is horrible," she said.

The Healthy Families Program is a state-sponsored, low-cost insurance program for children who do not have insurance and whose parents do not qualify for MediCal.

"That is a federally mandated program. The reimbursement is real bad in California, so a lot of providers are not seeing these low-income children because it doesn't pay for their overhead," Onstot said.

Of those who rated their health excellent or very good in the PPIC survey, 58 percent were white, and 31 percent were Latinos.

Elizabeth Pullen, 59, of Simi Valley, is Latina and said she takes good care of her health.

"I don't believe Latinos are less healthy," Pullen said. "We all have the same concerns about our health and the health of our families."

Onstot suspects the health divide has more to do with socioeconomic status than race. Many can't afford to live in an area where they feel safe enough to let their children play in the park. Fast food may be closer to their homes and less expensive, Onstot said, so it's more difficult to serve a healthy meal.

"A lot of times it's cheaper," Onstot said. "If I have a dollar, do I buy a hamburger or one bell pepper?"

The survey showed Californians were more likely to view obesity as a serious health problem (75 percent) compared with the rest of the nation (57 percent), according to a December 2009 CBS News poll.

When asked what community factors helped maintain good health, 60 percent said good jobs, 55 percent said good public schools and 54 percent said safe options for getting outdoor exercise. Fifty percent said healthy food choices in restaurants and grocery stores contributed to overall health.

The survey indicated that money made a difference in terms of how Californians rated their health and happiness.

Khaled Alammadi, 22, said there are a number of economic theories suggesting wealth boosts happiness.

"If you're wealthy, you can join a better gym, hire a personal trainer," Alammadi said.

Alammadi, who considers his health very good, is an economist visiting Camarillo with his sister, but will soon return to his home in Bahrain. He said he got laid off from his job two days ago, so he will soon find out if a lower income affects his level of happiness.

Nearly eight in 10 Californians say they're happy or pretty happy with their lives, but once again, income and ethnicity created a divide.

Latinos were at the bottom of the happiness scale with 66 percent saying they were very happy or pretty happy. Blacks were next to the bottom with 75 percent, followed by Asians at 81 percent. At the top of the scale were whites with 88 percent weighing in as very happy or pretty happy.

When dollar signs were considered, 67 percent of those making less than \$40,000 per year said they were very happy or pretty happy, compared with 92 percent of those making more than \$80,000.



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# ConsumerWatch: Despite Health Reform, Young Adults Not Always Covered

January 27, 2011 7:32 PM

(CBS 5) — When Health Care Reform passed last year, millions of parents with uninsured dependents were relieved. But not all dependents will have coverage right away.

When Evan Spinrod's daughter turned 19, she was kicked off her family's Kaiser's health plan. Spinrod said that's when he decided to buy her an individual health plan. But when reform went into effect, Spinrod was hoping Kaiser would take her back. "One it would be a savings, and two it would be a better plan," he said.

But that's when Kaiser diagnosed his daughter with cervical cancer. As a result, Kaiser denied the Spinrod's request citing a pre-existing condition.

"One of the reasons why we have a health insurance crisis in the country is that insurance companies got very tough on pre-existing conditions in the last 10 years," said Amy Bach, Executive Director of United Policyholders.

According to Bach, adding a dependent over the age of 19 with a pre-existing condition may depend on the type of coverage a family has.

"A private insurance company that's selling individual not group policies could still reject a 19 to 26-year-old kid if they have a severe pre-existing condition," she said. In this case, Spinrod has an individual policy, not provided through an employer which allows Kaiser to get around the Health Care Reform clause that prevents them from denying kids with a pre-existing condition.

"It's frustrating because I can't fight them by myself," Spinrod said.

Even more frustrating is that his daughter was misdiagnosed by Kaiser and doesn't have cancer after all. Kaiser tells ConsumerWatch she can now reapply for the health plan. Still Spinrod said that doesn't close the healthcare loophole. "There are a lot of people like me who are going through this," he said.

Starting in 2014, all insurance companies will have to except dependents even if they have a pre-existing condition. According to insurance experts, families who are looking for health coverage may be able to qualify through Medi-Cal or the Major Risk Medical Insurance Program.

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## California Latinos big winners in health reform

Tags: [health insurance](#) [health reform](#) [Latinos](#)

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In the two years since Maria Elena Núñez lost her health coverage, she has begun limping through stinging foot pain – a symptom of the diabetes that killed her father, debilitates her sister, and is found disproportionately among Latinos.

“It feels like I have needles on my heels,” Núñez, 49, said during an interview at her tidy Lynwood home where generic ibuprofen and rubbing alcohol treat her ailment. The homemaker, originally from Jalisco, Mexico, lost her Medi-Cal coverage after her husband worked just enough overtime to nudge the family \$50 above the maximum income allowed for the federally funded benefit, which is called Medicaid in other states.

“The only health screens I have had in the past couple of years have been the women’s exams like cervical and mammography. We don’t have money to pay for care,” said Núñez, who has been unable to find affordable clinics nearby.

With no health insurance package offered at her husband’s job as plumber’s assistant, there appears to be little that can help the working class family that, like many in the Latino community, suffers from high rates of illnesses and a lack of medical access.

That could change when the new health reform law known as the **Affordable Care Act** becomes a comprehensive medical plan for more than 2 million of the state’s chronically uninsured and undertreated Latinos. But it must push through legal and legislative challenges on its way to full implementation in 2014.

Latinos have by far the biggest stake in the future of health reform in California – accounting for more than half of the uninsured population that will be newly eligible for its publicly funded medical coverage. Even after deducting undocumented immigrants who are excluded, approximately 2.1 million of the 3.9 million uninsured people eligible statewide are Latino, **according to a November 2010 study by the California Pan-Ethnic Health Network.**

If provisions of the new law are struck down in a federal court challenge against it, if it is undermined in the U.S. Congress by political opponents who pledge repeal, or if it becomes a bureaucratic mess to implement, Latinos could be relegated to a perpetual state of limited medical access, experts believe. If the new law clears the hurdles to become a reasonably functional medical system by its 2014 full-implementation date, experts believe it could transform the long-suffering health profile of California’s Latino community.

“The Affordable Care Act will have the biggest impact on the health of Latinos in California since Medicaid was established more than 40 years ago,” said Ellen Wu, executive director of the Pan-Ethnic Health Network, a multicultural health advocacy organization based in Oakland. “This new law provides

a foundation to address the health disparities that uninsured Latinos experience. But for it to live up to its full potential, it must meet the needs of Latinos.”

With 36 percent of California’s overall population, according to the U.S. Census, Latinos surge to approximately 55 percent of the California population that would qualify for the expanded version of Medi-Cal and subsidized insurance exchanges created by reform, according to the CPEHN study. Non-Hispanic Whites are a distant second with approximately 28 percent of health reform beneficiaries. Asians are 10 percent, and blacks are the remaining 7 percent, according to the findings, which CPEHN drew from the California Health Interview Survey conducted by **UCLA’s Center for Health Policy Research**.

Health reform only grants medical coverage to people who don’t have it, and in California that means Latinos. They are a whopping 61 percent of California’s uninsured non-elderly population, according to a 2010 estimate by the Employee Benefit Research Institute.

Another factor for Latinos is that contrary to perception, health reform is not only a benefit for the poorest of the poor. An uninsured family of four can earn up to \$88,200 a year and still be eligible for subsidies that would help pay their health insurance costs.

That falls squarely into the economic profile of the longtime-resident Latinos who are eligible for benefits under health reform, many of them working class or middle class.

They are people like Nestor Sánchez, 39, a laid-off news camera operator who is a U.S. citizen. Almost two years ago he lost a television studio job that came with full health benefits, paid vacation and sick days.

He said he was lucky enough to find work a month later. However, the new employment opportunity came with a pay cut of almost \$20,000 a year, and no health insurance.

“I was working all the time and did not want to take any time off to go the doctor even when my knee was hurting,” he said. “Finally, when there was a rumor the station was going to a massive change that included canceling of the newscasts, I decided to make an appointment.”

The doctor told him he needed knee surgery. The employer gave him a pink slip.

There are workplace strains on backs and knees, like Sánchez copes with. But Latinos also confront complex health issues – with experts finding that their susceptibility to chronic disease increases with the amount of time they have lived in the United States.

A 2008 study by the San Francisco-based Public Policy Institute of California found that immigrants have lower rates of chronic diseases and longer life expectancies than their native-born counterparts.

However, with undocumented immigrants excluded from major reform benefits, the Latinos that will join the new health care system will largely be U.S.-born and second-generation Latinos. They not only have worse health profiles than recent immigrants, but worse health than the general population.

According to the 2007 California Health Interview Survey compiled by the UCLA Center for Health Policy Research, more than one in five Latino adults in the state who are either U.S.-born or naturalized citizens reported their health as either fair, or poor.

Only Native Americans reported a worse health profile, with more than a third saying they were in fair or poor health.

When higher rates of diabetes, high blood pressure, obesity and other ailments collide with Latinos' chronic lack of health insurance, the result is a population in dire need of coordinated care, experts said.

"Instead of using preventive services and services that are most likely to be cost-effective, their conditions become chronic and more expensive to treat," said Arturo Vargas-Bustamante, a professor at the UCLA School of Public Health whose research focuses on uninsured populations. "Their symptoms usually go unnoticed."

It's a reality that Guadalupe Sosa, and her husband Jose deal with daily, as they try to compensate with home remedies.

Every day, Guadalupe makes a tea from aloe and gives it to her husband. He does not like the taste, but a family friend told her that it is good for problems related to the intestinal tract. Expressing embarrassment, the couple quietly said his symptoms are bleeding and intense bowel pain.

"The doctor at the clinic, where we pay about \$20 per consultation, said he needs to see a specialist. There's nothing more they can do there for him," said Guadalupe. "He doesn't want to go because he's afraid he'll get a several hundred, or even a thousand-dollar hospital bill."

The cost estimate comes from experience. A few months back, Guadalupe experienced strong headaches and vomiting and ended up in the emergency room at Olive View-UCLA Medical Center in Sylmar.

"Health care is very expensive and we just cannot afford it," said Guadalupe, a laid off factory worker whose episode was attributed to hypertension. "We are still making monthly payments from an \$850 bill we received by mail."

They are both 55 and have two daughters, ages 10 and 13. The children qualify for the state's Healthy Families program for lower-income households. The parents do not have any form of health care because it is not offered at the shop where Jose works as a mechanic.

He works long hours, especially on weekends when customers want car problems solved as soon as possible. The couple applied for Medi-Cal but were denied because he makes too much money.

Yet, the Sosas fear the new health care system will be too complicated. They said they would be hesitant to enroll when 2014 comes, partly because their first language is Spanish.

Jennifer Ng'andu, deputy director of the Health Policy Project for the Washington D.C.-based **National Council of La Raza**, said language barriers will make many Latinos hesitant to navigate the complex bureaucracies to be created by reform. Forty-two percent of Californians eligible for reform benefits will speak English less than well, according to CPHEN's estimates.

With primarily English-speaking staff, the system must scrutinize immigration status, pay levels, and other factors, then place beneficiaries in categories for either the expanded version of Medi-Cal, or the insurance exchanges that work on a complex sliding scale according to income.

When the earnings of a beneficiary change, the bureaucracy must re-determine what an applicant qualifies for.

Even more complicated is determining who qualifies among Latinos according to their immigration standing, said Ng'andu.

“Particularly in California, we still have communities that are very mixed in terms of immigration status,” she said. “You can have situations where there is a citizen in the family, with one legal permanent resident child, and one undocumented parent.”

Ng'andu said La Raza, the largest Latino advocacy organization in the U.S., has been working with health experts, community groups and policymakers to ensure that the application process is streamlined for Latinos.

She said despite the growing voting power of Latinos in the U.S. -- particularly in California -- the legislation will have to push through court challenges and repeal efforts by Republicans. It's a long road to full implementation in 2014.

“We can't engage in electioneering at La Raza,” she said. “But we do talk about the consequences of not showing, not demonstrating a commitment to the key issues in the Latino community.”

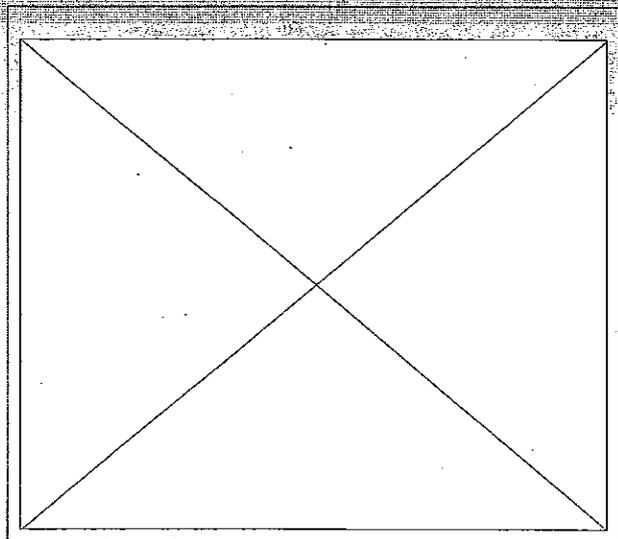
For Núñez, who has become increasingly worried about inheriting diabetes, it's not about politics, but about a better life. She mentioned emergency rooms and clinics that she could go to for a diagnosis. Then she decided against it, afraid of the doctor's bill.

“I guess we will have to go longer without medical care,” she said. “Until, who knows?”

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**Source URL:** <http://www.centerforhealthreporting.org/article/california-latinos-big-winners-health-reform>

## Kern Health CEO declines controversial raise



Published: 1/24 10:34 am

Updated: 1/24 7:41 pm

The embattled CEO of Kern Health Systems has decided not to accept the controversial \$42,000-a-year raise approved by the KHS board Jan. 13.

Carol Sorrell said after the vote she was worth the \$325,000 annual salary approved on a 5-4 vote of the KHS board, but decided after a week of outraged protest not to accept the raise.

"Over the past week, I have had an opportunity to think about the Board's decision with regard to my salary," she said in a statement released Monday. "While I greatly appreciate the recognition by the Board for my performance and consideration of my pay, as it has been said, sometimes the right things are done at the wrong time."

The Kern County Board of Supervisors, which has some limited oversight of the KHS, voted Tuesday to investigate whether supervisors could intervene to stop the raise.

Kern Health Systems manages state and federal health programs for the poor in Kern County.

Here is the full text of the KHS announcement, issued Monday morning.

### Kern Health Systems President/CEO Declines Salary Increase

Bakersfield - Carol Sorrell, RN, PHN, President/CEO of Kern Health Systems (KHS), informed her Board that she would not accept her recent salary increase.

"Over the past week, I have had an opportunity to think about the Board's decision with regard to my salary. While I greatly appreciate the recognition by the Board for my performance and consideration of my pay, as it has been said, sometimes the right things are done at the wrong time.

"With the current economic climate, it is not appropriate for me to accept this salary increase," Carol Sorrell informed Paul Hensler, KHS Board Chairman and CEO of Kern Medical Center.

Mr. Hensler and the KHS Board welcomed Mrs. Sorrell's decision.

"Carol's decision demonstrates her loyalty, belief in the mission of KHS and her desire that we focus on the success of the organization," said Mr. Hensler.

"Through Carol's leadership, our KHS staff and our contracted providers, the KHS Board is committed to serving our members and partnering with the State and County in the implementation of health care reform," added Mr. Hensler.

KHS is the Local Initiative health plan under the Medi-Cal Managed Care Two Plan model in Kern County.

Through its contract with the State, KHS improves the quality of health care, increases access to health care, and saves the taxpayers money through utilization management. The rates paid to KHS are at least 10 percent less than the State pays for Medi-Cal beneficiaries in the fee for service environment, resulting in taxpayer savings of at least 15 million dollars each year.

This savings is achieved even after payment of contracted providers at rates higher than those paid in the Medi-Cal fee for service environment. KHS is also a participating health plan in the Healthy Families Program in Kern County.

KHS serves over 120,000 local residents and contracts with more than 500 health care providers in our community.

## State senator to launch audit of Kern Health Systems budget

Published: 1/28 9:14 am

Updated: 1/29 12:20 pm

State Sen. Michael Rubio (D-16th District) is calling for a state audit of the taxpayer-funded Kern Health Systems amid public outcry over a proposed \$42,000 pay raise for the group's CEO.

CEO Carol Sorrell has since turned down the pay bump, noting in a statement the timing was not appropriate.

"I have a problem when we are going to eliminate vision (benefits) for parents and children on Healthy Families, or won't fund kids 6 to 18, and then justify paying someone \$325,000," Rubio said on 17 News at Sunrise Friday. "I think is unacceptable."

Kern Health Systems is a taxpayer-funded local health plan initiative that delivers benefits to low-income patients through Medi-Cal and the Healthy Families Program.

The governor has proposed limiting most people on the state Medi-Cal program to 10 doctor visits per year, which would save the state almost \$200 million next year, the San Francisco Chronicle reported.

The government-funded Healthy Families insurance program once insured up to 23,000 Kern County children, a figure that has dropped since rates went up more than a year ago. Under Brown's budget proposal, the cost per child would go up another 75 percent, KGET reported in January.

Rubio sits on the Joint Legislative Audit Committee and said he submitted a letter to the state auditor to launch an investigation into how much money in savings public programs like Kern Health Systems are holding in reserve.

"We are eliminating local redevelopment agencies, one of the tools we have to create jobs here in our valley to backfill Medi-Cal," Rubio said. "It's hard for me to justify that when those who administer Medi-Cal are sitting on large reserves."

Sorrell told KGET KHS holds at least \$65 million in reserve because payments for services delivered are not immediately reimbursed by the state. Not having the money on hand would prevent KHS from paying doctors and nurses for the services they provided, she said.

Sorrell also provided KGET a salary survey that the KHS board commissioned indicating similar CEOs make a mid-range of \$367,000.