Edmund G. Brown Jr., Governor

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MEMORANDUM

DATE: June 13, 2012

TO: MRMIB Members

FROM: Jeanie Esajian, Deputy Director for Legislation and External Affairs

SUBJECT: MRMIB Media Report for May – June 2012

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

- Administration proposals for the Healthy Families Program
- Pre-Existing Condition Insurance Plan subscriber stories
- Dental quality for the Healthy Families Program

During the past month, four reporters contacted MRMIB. These reporters represented the following media outlets: the Center for Health Reporting (print and web), Kaiser Health News (web), La Opinion (print and web) and the George Washington University Center for Innovative Media (web).

Reporters requested program information for PCIP, including eligibility criteria, benefits, costs and differences between PCIP and the Major Risk Medical Insurance Program. External Affairs staff provided reporters with this information and directed them to additional web-based resources for further research.

Reporters also requested interviews with vetted PCIP subscribers. External Affairs provided reporters with these subscribers' contact information and facilitated interviews.

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.

A service of the California HealthCare Foundation
California Healthline
The Daily Digest of News, Policy & Opinion
June 11, 2012 - Features

Analysis: Governor's Budget Plan Sells Kids Short

by George Lauer, California Healthline Features Editor

California kids do not fare well in the governor's proposed 2012-2013 budget, and their plight could get much worse if voters reject a tax initiative in November, according to an analysis released last week by a children's advocacy group.

The policy analysis from Children Now includes pointed criticism of Democratic Gov. Jerry Brown's plan to deal with a $15.7 billion budget gap, pointing out that California ranks third in the nation for spending on prisons and law enforcement but is "among the lowest in per pupil spending on education and per capita spending on children's health."

The analysis contends that "children should be the last place policymakers look to balance California's budget. Yet kids continue to be forced to shoulder much of the budget burden. The short- and long-term impacts of failing to invest adequately in the children of California will be immediate and severe."

Except for the governor, no one contacted by *California Healthline* -- including the California Taxpayers Association and the California Chamber of Commerce -- disagrees publicly with the analysis. Even the Brown administration's response barely rises to "disagreement."

"After several years of very tough cuts there are fewer options within the general fund for reducing the budget deficit," said Michael Weston, deputy director of public affairs and outreach programs for the state Department of Social Services.

"While these cuts will have a significant impact on families who rely on these programs, they are a necessary adjustment given this fiscally challenging time," Weston said.

Two Main Problem Areas for Kids

Brown's plans "place children squarely in harm's way," according to the analysis. "California's kids are already grossly underserved relative to the rest of the nation's children. If the May revise budget is passed by the Legislature, the state's children would be forced to shoulder a huge portion of the proposal's $8.3 billion in cuts, including massive decreases in funding for early childhood programs, education, and health and human services," the analysis concludes.

Brown's proposal includes two main areas of concern for Children Now -- a "major backslide in access to quality early learning for vulnerable children" and decreasing children's access to health care by moving children from Healthy Families to Medi-Cal for health coverage.

The analysis calls Brown's plan to cut several early childhood education programs a move "in the wrong direction for the state."

Brown's administration also plans to move all 875,000 children in Healthy Families -- California's federally subsidized Children's Health Insurance Program -- to Medi-Cal managed care plans. Medi-Cal is California's Medicaid program. The state estimates the move will save California $48.6 million next year.

The analysis from Children Now says the move "would undoubtedly decrease the number of health plans and providers willing and able to serve these children, which would in turn make access to care even more difficult. In addition, as a result of the Healthy Families rate reduction, the state would stand to lose over $90 million in federal funds."

Children Now is not alone in questioning the state's plans for Healthy Families. More than 40 organizations and individuals -- including pediatricians, health care providers, community organizations and faith-based groups -- signed a statement of support for the "bright line" alternative to the full Healthy Families transition proposed by the governor. The statement says, in part:

"We support a transition of only those Healthy Families children with family income up to 130% of the federal poverty level -- also known as 'bright-line children' -- from Healthy Families into Medi-Cal starting in January 2012."

Could Go From Bad to Worse

Brown's budget ideas probably aren't the worst the state has seen for children, but they're near the bottom and the situation could get worse, according to Children Now officials.

"A few years ago, Governor [Arnold] Schwarzenegger (R) proposed eliminating the Healthy Families program altogether," said Kelly Hardy, director of health policy for Children Now. "That, of course, would have to rank worse than this. But in general, because the budget situation keeps deteriorating, the prospects aren't good, especially if the tax measure doesn't pass."

Brown's budget hinges on voters approving a temporary sales and income tax measure on the November ballot. If the measure fails, Brown's budget calls for an additional $6.1 billion in automatic "trigger cuts," which "would put children's well-being at substantial additional risk," according to the Children Now analysis.

"It's terrifying that children's futures are dependent on this measure passing," Hardy said.

'The Children's Movement'

Children Now is spearheading The Children's Movement of California, an attempt to increase the clout of kids and children's advocates in policymaking.

So far, more than 250 organizations have signed on.

The Movement's website explains the impetus for the new organization:

"Our nation's leaders often speak of children being a priority, yet the reality is that children continue to be underrepresented and under-funded by state and federal policymakers. Their well-

being is steadily declining because our political system is driven by the interplay and competition among interest groups."

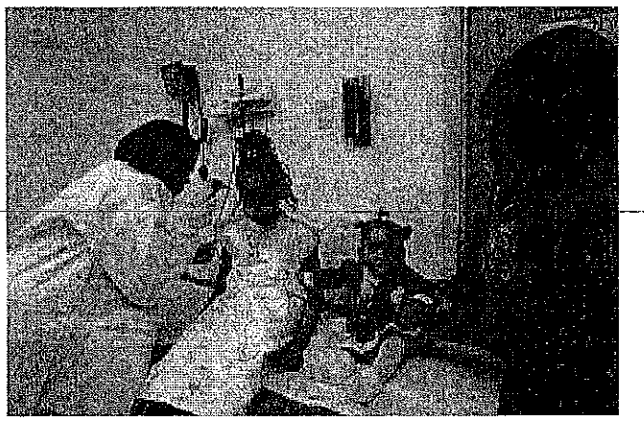
Hardy said the new group is growing quickly.

"This is a way to harness the power of all of these organizations to advocate on behalf of children at the state level. This is Children Now's answer to strengthening children's voice in policymaking," Hardy said.

CALIFORNIA WATCH

Kids' access to health care a concern under Brown's budget

May 29, 2012 | Stephanie Snyder, California Watch



U.S. Census Bureau Almost 900,000 children enrolled in the Healthy Families Program would be transitioned to Medi-Cal under the governor's budget.

Low-income children in rural California communities are in jeopardy of losing their doctors and health care plans under Gov. Jerry Brown's budget proposal, state lawmakers, doctors and health advocates say.

The governor is proposing to transfer nearly 900,000 children enrolled in Healthy Families [1], the state's Children's Health Insurance Program, to Medi-Cal – a program aimed at serving the state's poorest families, seniors and disabled residents.

While combining the two programs might be a painless transition for children in urban areas with doctors who typically provide care to both Healthy Families and Medi-Cal patients, the transfer could severely limit access to health care for those on the outskirts.

"In the more rural areas or outlying areas, there would be quite a loss or quite a strain," said Stuart Cohen, a San Diego pediatrician and California chairman-elect for the American Academy of Pediatrics [2]. "Access to care would be a huge issue."

And there would not be much incentive for rural doctors at full capacity to continue caring for their Healthy Families children if they have not already agreed to serve Medi-Cal patients, Cohen said.

The governor's proposal [3] not only forces Healthy Families patients to move to Medi-Cal, but it also would require doctors to accept Medi-Cal's monthly reimbursement – an average cut of nearly 20 percent.

Healthy Families doctors receive a monthly average of $103 per patient. They would receive an average of $84 per patient if they decide to make the switch to Medi-Cal, but California Medical Association spokeswoman Molly Weedn said the reimbursement often can be much less.

"Rates that physicians are reimbursed for a Medi-Cal patient are less than what a large pizza costs," she said. "It's really incredible that a physician can be reimbursed $18, $20 (per visit)."

A survey referenced by the Legislative Analyst's Office asked pediatricians who now provide care to Healthy Families patients, but not Medi-Cal patients, if they would be willing to make the switch. The February report [4] said 29 percent would not and 46 percent were not sure.

Anthony Wright, executive director at Health Access California [5], a health care advocacy group, said there likely would be a disruption of care for Healthy Families patients in rural areas when their doctors face the decision of whether they can accept a smaller payment.

"People have doctors, they have networks of physicians, children are getting care as we speak," Wright said. "Will they have access to the same physicians if they're in the middle of treatment?"

Assemblyman Bill Monning, D-Monterey, said the health department addressed questions about access to care during last week's budget subcommittee meetings.

"There's no program that isn't facing cuts or reductions and yet when you look in the area of health and human services we have to be mindful of the imminent consequences," said Monning, who is a member of the health subcommittee. "We understand the need to achieve savings, but at what cost?"

Legislators hope to find some middle ground on the issue of children's health care as the governor attempts to reduce the state's $15.7 billion deficit. The Senate budget subcommittee on health voted last week to support an alternative plan, and the Assembly budget subcommittee is expected to follow suit, Monning said.

Opponents to the governor's proposal say the state should transfer to Medi-Cal only the approximately 186,000 Healthy Families patients from families earning less than 133 percent of the federal poverty level. That switch already is expected under the federal Patient Protection and Affordable Care Act when state Medicaid programs are required to expand eligibility in 2014.

"We already face shortages in rural areas of providers – not only in primary care, but specialty services and providers," Monning said. "We have to be very cautious that we don't maneuver ourselves out of access for families. … You can't move children who are currently in Healthy Families to an environment where there aren't providers that accept Medi-Cal."

In every county, Healthy Families provides a managed health care plan to children whose family income is too high to qualify for Medi-Cal. But Medi-Cal provides children with health care plans in only a little more than half of the state's counties. The rest, mostly in rural areas along the northern and eastern borders, do not offer that option.

The governor plans to start expanding Medi-Cal managed health care plans to all counties, but not until June 2013 – six months after rural Healthy Families patients would be moved to Medi-Cal without a health plan, according to the report.

The proposal to move all 878,000 patients enrolled in Healthy Families to Medi-Cal creates several administrative concerns by transitioning too many kids too quickly, said Cohen, the San Diego pediatrician.

"We don't think that the state has the capacity to smoothly transfer all of the patients at once," Cohen said. "The only one that's not in agreement is the governor's office."

But there would be some benefits to combining the programs, he said.

Medi-Cal patients are treated with a "richer benefits plan," Cohen said. Unlike the Healthy Families program, children would be have greater access to free vaccinations and speech and developmental treatment, Cohen said.

Combining Healthy Families with Medi-Cal also could improve continuity of care for some families that have varying annual incomes or children of different ages, which can force a parent to have to float between programs or have children in different programs.

Age and family income are both considered in determining in which health care program a child can enroll, said Department of Health Care Services spokesman Anthony Cava. For children older than 6, their family of four would have to earn more than $22,350 per year but less than $55,875 to be enrolled in Healthy Families. Families earning less than $22,350 would receive care through Medi-Cal.

Access to care is a concern with such a large potential transition of patients, said Wright, of Health Access. But transitioning a smaller number of children to Medi-Cal would help "work out some kinks," especially since "many of those families may have been or will be in Medi-Cal in the near future," Wright said.

"We are going to make the transitions we need to make sure that access is protected," he said. "The issue is there are some key questions that we need to find out about."

Correction: *An earlier version of this article incorrectly amended Molly Weedn's statement on the frequency that physicians are reimbursed. Physicians can receive reimbursements as low as $18 or $20 per patient per visit.*

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May 22, 2012 - Capitol Desk

Healthy Families Conversion Slowing Down

by David Gorn

California health officials need to go a little slower in their plan to move 875,000 children out of the Healthy Families program and into Medi-Cal managed care, according to a Senate budget subcommittee that voted yesterday to reject the state's full plan.

It did endorse the transition of about 200,000 Healthy Families "bright line" children to Medi-Cal -- those beneficiaries at or below 133% of federal poverty level. The Affordable Care Act requires that those children be moved to Medi-Cal by 2014, so California would get a head start on that effort, according to John Bacigalupi from the state Department of Finance.

"We support this because it would create efficiency by consolidating health care for the state's children under a single program," Bacigalupi said.

Children's health advocates were generally supportive of the state effort, but concerned about the possible loss of access to providers by moving almost a million kids into Medi-Cal managed care.

"We support the staff recommendation on this proposal, which is to reject it," said Carolyn Ginno, the associate director of the Center for Government Relations at the California Medical Association. "We are supportive of the compromise, to transition those children up until the bright line. We think that gives the state a good test population."

California should learn from its recent transition of seniors and persons with disabilities into managed care, Ginno said.

"We're all aware of recent experience here in California in transitioning public programs for health care service programs for the poor, and unfortunately that record is not so good," she said. " We think those 200,000 or so kids would give us a good opportunity to see how it works moving forward. But to move the whole proposal right now is premature, and will only serve to hurt people."

Helen Roth Dowden, a representative of Service Employees International Union, said the Healthy Families program has been a success in several ways.

"When you take a look at Healthy Families, [it's] where 80% of the kids are enrolled and they pay premiums every single month," Dowden said. "We think that looks a lot more like what the health benefit exchange is trying to accomplish."

The Senate budget subcommittee voted 2-1 to reject the full implementation.

A service of the California HealthCare Foundation
California Healthline
The Daily Digest of News, Policy & Opinion
May 23, 2012 - Capitol Desk

Kaiser Balks at Joining Healthy Families Conversion to Medi-Cal

by David Gorn

The planned switch of Healthy Families children into Medi-Cal could leave as many as 43,000 children looking for new health care providers if the state can't convince Kaiser Foundation Health Plan to join the effort.

That number would grow to 189,000 children if the state eventually converts all Healthy Families children to the Medi-Cal program.

On Tuesday, the Senate budget subcommittee for Health and Human Services rejected a plan to move the entire Healthy Families population of 875,000 kids to Medi-Cal all at once, instead starting with a pool of roughly 200,000 "bright line" children -- beneficiaries who are at or below 133% of federal poverty level.

An accurate number of the Kaiser bright-line children in the Healthy Families program is still being researched by Kaiser, but judging from the ratio of Kaiser's overall participation, about 43,000 of the 200,000 bright-line children are covered by Kaiser. Kaiser has 189,000 of the overall 875,000 children in Healthy Families.

Kaiser remains worried about an eventual conversion of all Healthy Families children to Medi-Cal, according to Marc Brown, media relations manager for Kaiser Permanente Northern California.

"While we support a balanced approach to restoring the state's fiscal stability," Brown said, "Kaiser Permanente has concerns about the proposed elimination of the Healthy Families program."

Norman Williams, deputy director of public affairs for the Department of Health Care Services, said the two sides are still working to get Kaiser on board.

"We are aware of the concern and we would certainly like Kaiser to participate," Williams said. "If that does not happen, we would move children into other plans in a seamless manner, and we would work to do it as efficiently as possible."

KHN
KAISER HEALTH NEWS

Taking A Risk To Secure Health Insurance

By Randy Dotinga

JUN 12, 2012

When it comes to medicine, I usually do as I'm told.

Take a pill? Sure. Blood test? Absolutely. Surgery? If you think so, doc.

But I've been acting against medical advice since January, and I'll keep on ignoring it until July. Let me explain.

Last January, I cancelled my existing, very expensive individual coverage through California's state-run high risk plan and became insurance-free to gain eligibility for the federal alternative.

Randy Dotinga

That means that if I get a cancer diagnosis tomorrow, I'll end up with huge medical bills. I did this because I want to take advantage of the federal government's efforts to help people like me who have pre-existing conditions and no access to a group plan.

Those two words -- pre-existing condition -- explain why I find myself in this circumstance.

Back in 1996, when I was 27, my heart started to beat funny. The diagnosis was lone atrial fibrillation, a kind of irregular heartbeat that appeared for no apparent reason and, in my case, couldn't be fixed. Even getting "cardioverted" didn't help.

A daily beta blocker keeps my heart from pumping too fast, and my risk of any complications is low. Even so, no one will insure me on the individual market.

And since I'm single and self-employed as a freelance writer, I don't have access to guaranteed group coverage, except for a plan for artists and writers that would cost me at least $31,226 a year.

That's why, for the last few years, I have made do with the state's high-risk insurance plan. California, where I live, is one of 35 states that offer health insurance to people with pre-existing conditions who otherwise wouldn't be able to get individual coverage.

But for me, access to California's high-risk plan is expensive -- the PPO plan would cost me $748 a month this year, close to $9,000 a year -- and the coverage is thin. The annual spending limit is just $75,000, hardly enough to cover a major health crisis. And the lifetime benefit limit is a paltry $750,000.

As a result of the 2010 federal health law, I now have another possibility: The federal high-risk plan would cost me just $265 a month -- $3,180 a year -- and offers unlimited annual and lifetime benefits.

That sounds like a great deal cost-wise, and the lack of coverage limits is much better for me in the long run if I get diagnosed with an expensive disease. But there's a rub: I'm not eligible for the federal plan unless I go six months without any coverage at all. That's just what I decided to do. To me, the prospect of affordable and unlimited coverage -- at least from July 2012-December 2013 -- is worth the risk of going without coverage for the allotted time.

"You're responding in an understandable way," said Harold Pollack, a University of Chicago professor who studies health care. "Any program that requires people to be actively uninsured creates a very paradoxical and painful set of incentives and encourages people to do what you're doing."

But I'm taking a major risk by going without insurance for so long. This would be the absolute wrong time to get hit by the proverbial bus. Or, as happened a few weeks ago, hear a dermatologist ask "Have you had that looked at?" while I lounge at a hotel pool. (Don't worry. I'd previously had it looked at, and it's nothing to worry about.)

My decision to go coverage-free did not go over well up in Sacramento when I mentioned it to staffers at the California Managed Risk Medical Insurance Board, which oversees the state and federal high-risk plans here.

A spokeswoman told me that the agency wouldn't cooperate with me on this story if I planned to embolden other people to make the same decision. Janette Casillas, the agency's executive director, put it this way: going without insurance in order to get insurance "is not something that we would encourage."

The federal government could change everything by getting rid of that six-months-without-coverage rule. But if it did, it would need to find another way to limit coverage for high-risk patients so it doesn't cost more than the budgeted amount, Pollack said. "They'd have to have some other rationing requirement that would also create problems, since it's such a small program for such a huge need," he said. "Almost every deficit of this program comes down to the fact that Congress has not appropriated enough money to meet the need that is there."

Even if I do land in the federal high-risk plan as of July 1 -- if space is available -- it's not a long-term fix for me or anyone else. The good news, for me at least: In 2014, the federal health law is scheduled to take full effect, including provisions that protect consumers who have pre-existing conditions from being denied coverage. The high-risk pool coverage won't be needed anymore.

But what if the Supreme Court nixes health care reform? What happens next? Is it possible that funding for the federal program might disappear before 2014?

Sandy Praeger, commissioner of the Kansas Insurance Department, thinks funding for the federal high-risk pools will vanish if the Supreme Court entirely overturns health care reform.

In Kansas, she said, the federal high-risk plan serves about 400 people, some of whom are quite ill. But it's pricey. For each $1 in premiums in Kansas, she said, the program pays out $10 in claims.

For now, state insurance officials nationwide are making contingency plans for what they'll do if the federal high-risk plan disappears, said Amie Goldman, who oversees Wisconsin's high-risk plans.

In Wisconsin, she said, officials have already decided that residents who lose the federal coverage will be able to join the state high-risk plan and retain continuous coverage. "We wanted to be ready because we know people are going to call immediately and be very concerned," she said. "We have a lot of people who are relying on this coverage for sometimes-lifesaving treatments. We have nine people in our [federal plan] who have been approved and are on waiting lists for transplants."

Ultimately, she said, the future of the high-risk programs in Wisconsin will depend on the Supreme Court opinion and, if necessary, on legal analysis regarding the breaking of insurance-related contracts that are already in place.

Here in California, my health insurance future is uncertain. Even if I join the federal high-risk plan, it may disappear before 2014, along with health law itself. If that happens, I may have no choice but to go back to paying about $9,000 a year for California's paltry high-risk plan.

There's one tiny bit of good news. A state legislator is pushing a bill that would eliminate the annual and lifetime benefits from California's high-risk plan, which is known by the adorable term "Mister MIP." (That stands for MRMIP, or Major Risk Medical Insurance Program). The bill's chances may not be adorable. It would require more state spending, after all.

For now, I'm just hoping nothing goes wrong until I get insurance again.

Randy Dotinga is a freelance writer based in San Diego.

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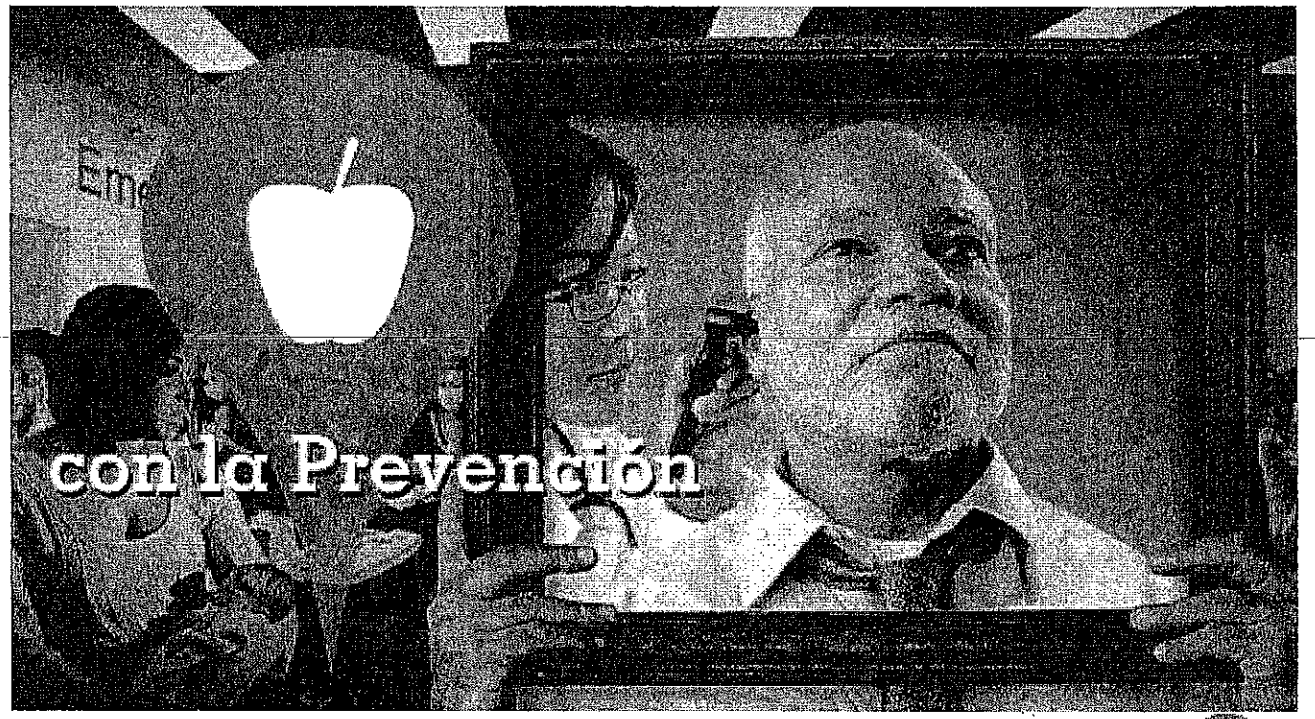

La salud empieza
con prevención

la salud empieza aquí

La nueva ley de salud y las condiciones pre-existentes
06/05/2012
Marvelia Alpízar / Marvelia.alpizar@laopinion.com

Las enfermedades dejarán de ser una excusa para negar cobertura médica.

Antes de la promulgación de la Ley de Seguro a Bajo Precio (ACA), padecer de problemas de salud tales como una hipertensión, cáncer, asma o artritis, podía constituir un peligro para la cobertura médica de una persona, ya que ésta podría ser

cancelada o el costo de la prima podría aumentar. Para los que no poseían seguro, significaba el rechazo por parte de cualquier compañía de seguros.

Ese factor, que afecta a niños y adultos, se convirtió en uno de los aspectos a cubrir por la ley de salud. A partir del 23 de septiembre de 2010, la ley prohíbe a las compañías de seguro negar cobertura médica a los niños menores de 19 años debido a una condición preexistente. Por otro lado, adultos y niños con enfermedades consideradas como condiciones preexistentes cuentan con la posibilidad de cobertura médica a través de un programa temporal denominado Plan de Seguro para Personas con Condiciones Preexistentes (PCIP).

Además de prohibir la negación de cobertura a los niños por condiciones preexistentes, la ley ha otorgado fondos adicionales a Medicaid y programas de cobertura médica para niños para garantizar su protección. Asimismo, los niños reciben servicios de prevención sin que impliquen pagos adicionales y los jóvenes adultos pueden permanecer en el seguro de sus padres hasta que cumplan 26 años.

Los adultos con condiciones preexistentes tendrán que esperar hasta el 1 de enero de 2014, cuando la ley comenzará a prohibir a las compañías de seguro la negación o cancelación de coberturas por enfermedades contraídas antes de obtener la póliza o una vez que encontraba en ella. Sin embargo, pueden optar por la alternativa que brinda el PCIP, el cual es administrado por el Managed Risk Medical Insurance Board (MRMIB).

El PCIP entró en vigencia el 25 de octubre de 2010. De acuerdo con un resumen de las actividades de abril de 2012, publicado por el MRMIB aproximadamente 10,075 californianos estaban inscritos en el programa, de los cuales el 8.5% es de origen latino. Sin embargo, algunas personas puede retirarse del programa, ya sea por haber alcanzado los 65 años, edad exigida para obtener cobertura a través de Medicare, o haber encontrado un empleo que ofrec cobertura médica.

El PCIP ofrece cobertura médica a las personas bajo varias condiciones: que hayan estado sin seguro médico por un periodo mayor de seis meses, que posean una condición preexistente o que se les haya negado cobertura médica. Uno de los requisitos más importantes es que el paciente sea ciudadano estadounidense o residente legal de los Estados Unidos.

"PCIP está causando un gran impacto", dijo Jeanie Esajian, subdirectora de legislación y asuntos externos para el MRMIB. "Es una situación muy difícil para las personas con cáncer y enfermedades cardiacas y que carecen de seguro médico por más de seis meses. Con PCIP ellos tienen acceso a un plan global que les ofrece tratamiento a estas enfermedades que anteriormente no podían tratarse".

El plan incluye servicio médico preventivo, básico y especializado, cobertura de maternidad, prescripciones medicas, entre otras. La cobertura comienza desde el mismo día en que la persona ingresa al plan y no se le cobra una prima más alta

debido a su condición médica. Las primas se calculan en base a la edad y el lugar de California donde resida el paciente. Para calcular el costo del PCIP en su área puede visitar la página web
http://www.pcip.ca.gov/Publications/spanish/CA_PCIP_flyer2_es.pdf

Una persona que viva en el condado de Alameda y cuya edad oscile entre 34 a 39 años, pagaría una prima o cuota mensual de 275 dólares, con un deducible anual de 1,500 dólares dentro de la red o de 3,000 dólares fuera de ella. La cobertura de los medicamentos sería de 500 dólares, dentro y fuera de la red y el afiliado tendría que pagar un gasto anual de su propio bolsillo no mayor de 2,500 dólares dentro de la red e ilimitado si es fuera de ella.

Tal es el caso de Gabe Chávez, quien está afiliado al PCIP debido a que le ofrece una prima más baja que otras compañías de seguros, ya que padece de presión arterial alta y diabetes tipo II. Su empleador le ayuda a pagar las cuotas mensuales del plan, la cual asciende a aproximadamente 289 dólares. Su cobertura incluye visitas al médico las veces que lo necesite, lo que no habría ocurrido si hubiera estado cubierto por una compañía privada.

"Para nosotros los hispanos es importante tener seguro médico", dijo Chávez, quien trabaja como encargado de ventas en Trans World Services, ubicada en Hayward. "Deben tratar de averiguar cómo afiliarse al programa, porque a veces se necesita seguro médico".

Además del PCIP, el estado de California ofrece el Programa de Seguro Médico de Alto Riesgo (MRMIP), el cual es un plan financiado por el estado, a diferencia del PCIP, que es un plan financiado con fondos federales. MRMIP ha ofrecido otra alternativa a personas con condiciones preexistentes pero que no tienen la cobertura de Medicare o Medical o su empleador no ofrece un seguro médico.
El PCIP posee una página web que recientemente lanzó una versión en español. En ella, los interesados podrán encontrar información sobre servicios cubiertos por el plan, los proveedores de servicios médicos y materiales de promoción para ser distribuido en ferias de salud y otros eventos de la comunidad. Pueden visitarla en el http://www.pcip.ca.gov/Home/?lang=es.

"Tenemos una campaña de mercadeo muy exhaustiva para asegurarnos que todas las personas de California que sean elegibles para este programa conozcan sobre el mismo", dijo Esajian. "Eso los ayudará a decidirse si desean afiliarse o no al plan".