



Maternal and Child Health Access

2/2/06

1111 W. Sixth Street, Suite 400  
Los Angeles, CA 90017-1800  
Tel 213. 749. 4261  
Fax 213. 745. 1040  
info@mchaccess.org

## Five Fixes for Children's Health

### Senate Select Committee on Children, Youth and Families February 2, 2006 Hearing on Child Health Insurance

Health insurance and access to quality care must be made available to all Californians. On the road to a comprehensive system of coverage for all, some important incremental steps can be taken, not only to insure more of the children who are eligible under existing program rules, but to also build the foundation for an efficient and effective enrollment system for all.

- 1) **Implement the SB 24 Prenatal and Newborn Hospital Gateways (Stats. 2003, c. 895)**: Using the Internet, enroll low-income pregnant women into Medi-Cal from the provider's office for the duration of the pregnancy (instead of just until the end of the following month, which is what happens with the current "P.E." program), and enroll their newborns for the entire first year of life before they leave the hospital. These administrative efficiencies will help to: bring the enrollment process into the 21<sup>st</sup> century in the context of 224,000 Medi-Cal births each year; avoid uninsurance among very young children; and, most importantly, **promote early access to care for women and children.**
- 2) **Fix the CHDP Gateway**: Condense the current cumbersome process into one-step enrollment over the Internet from the provider's office. Last year's AB 624 (Montañez) has been re-introduced as **AB 1948** to achieve this goal. An estimated **175,000 children** a year who are eligible for either Medi-Cal or Healthy Families would be enrolled-- over 40% of California's 429,000 eligible but uninsured children. The **administrative savings** from this more efficient system would be \$840,000 a year. The estimated cost for annual caseload growth is \$44 million state general fund at full implementation (half that, or \$22 million, for six months in 2006 to allow time to prepare for implementation by January 1, 2007), drawing down \$46 million in federal matching funds (\$23 million for six months). **If California really intends to enroll all eligible children, there is no more strategic investment than fixing the CHDP Gateway.**
- 3) **Adopt better tracking systems** for Medi-Cal and Healthy Families applications and various outreach activities and **make any computer changes that may be**

**necessary a top priority** at the State Department of Health Services. A major reason for delays in processing child health applications is the submission of multiple applications by various agencies and outreach workers seeking to assist; county eligibility workers are also spending a lot of time processing applications for children who are already enrolled.

- 4) **Drop unnecessary “paper” documentation requirements:** Overwhelming paperwork remains a significant barrier to enrollment in Medi-Cal and Healthy Families. If unnecessary documentation requirements for income were dropped, more eligible children could be enrolled; once a child is enrolled, case sampling could be done to monitor income levels and ensure overall compliance with program rules.
  
- 5) **Drop the assets test for families with children with income *below the poverty level*:** Families living below the poverty line (\$16,600 for a family of three in 2006) rarely have assets in excess of Medi-Cal’s limits. Applying the complicated assets test is thus both an application barrier as well as an administrative drain. It also discourages families from saving for times of crisis or for a child’s education and is fundamentally unfair in an “ownership society”.