Introduction

Compared to the nation as a whole, California has a higher proportion of children covered by public programs and a lower percentage with employer-based coverage. Over the past three years, a decade of advances in California children’s public insurance enrollment have stalled. In 2011, slightly more than 1.1 million children in California were uninsured, while coverage in Healthy Families (California’s CHIP program) declined slightly as a result of state government funding reductions. *Covering Kids: Children’s Health Insurance in California* provides an overview of trends in children’s coverage and insurance programs in the state.

**KEY FINDINGS INCLUDE:**

- Of California residents age 18 or younger, 56% had private insurance, 41% had public coverage, and 11% were uninsured in 2011.

- Public coverage through Medi-Cal and Healthy Families expanded 46% from 2002 to 2011, while employer-based coverage declined by 16%. Medi-Cal enrollment will increase as Healthy Families enrollees are transitioned into Medi-Cal beginning in 2013.

- Medi-Cal continues to fill the gap in coverage created by the decline in private insurance. In 2011, almost 3.7 million children were enrolled, up from about 2.6 million in 2001.

- The state’s proportion of children without coverage is higher than the national average and most other states.

- Over three-quarters of uninsured children in California are eligible for Medi-Cal (including Healthy Families).

- While Latinos constitute just over half of all children in California, they represent two-thirds of uninsured children.

- Uninsured children are far more likely than those with coverage to have needed care delayed or to not receive care.

- Insured children, including those covered by Medi-Cal, are more likely to visit a hospital emergency room than are uninsured children.

The future of children’s health coverage remains uncertain although it promises to improve if the Patient Protection and Affordable Care Act is implemented as planned. In 2014, as many as one million uninsured children may be eligible for Medi-Cal or private coverage through the California Health Benefits Exchange.
Sources of Children’s Health Insurance Coverage
California vs. United States, 2011

PERCENTAGE OF CHILDREN AGES 18 AND YOUNGER

<table>
<thead>
<tr>
<th>Source</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>49%</td>
<td>55%</td>
</tr>
<tr>
<td>Individual</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Medicaid/CHIP</td>
<td>38%</td>
<td>35%</td>
</tr>
<tr>
<td>Other Public</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>11%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Notes: Percentages may not add up to 100 because individuals may receive coverage from more than one source. Other Public includes Medicare, Military, Tricare/CHAMPVA, and Veterans Administration.


Compared to the nation as a whole, California has a higher proportion of children covered by Medicaid (Medi-Cal) or the Children’s Health Insurance Program (Healthy Families), and a lower percentage with employer-based coverage.
Almost 5 million California children are enrolled in children's insurance programs. More than three-quarters are covered by Medi-Cal, which will grow significantly as Healthy Families enrollees are transitioned to Medi-Cal beginning in 2013.

*Children enrolled in Healthy Families will be transferred to Medi-Cal in phases beginning January 2013.

Note: Child Health and Disability Prevention (CHDP) is not a standalone program, so it is not included.

### Eligibility Requirements for Children’s Insurance Programs

**California, 2012**

<table>
<thead>
<tr>
<th>Program</th>
<th>Family Income Requirements</th>
<th>Other Major Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access for Infants and Mothers (AIM)</strong></td>
<td>200% to 300% FPL</td>
<td>California resident, pregnant less than 30 weeks and either no other health insurance or deductible over $500; infants of AIM mothers can stay in Healthy Families up to 2 years</td>
</tr>
<tr>
<td><strong>California Children’s Services (CCS)</strong></td>
<td>Under $40,000 or out-of-pocket costs for a CCS condition of more than 20% of family income</td>
<td>California resident, under age 21, and medical condition covered by CCS</td>
</tr>
<tr>
<td><strong>CaliforniaKids (CalKids)</strong> (county-based program)</td>
<td>No income requirement</td>
<td>Ages 2–18 and ineligible for public insurance</td>
</tr>
<tr>
<td><strong>Child Health and Disability Prevention (CHDP)</strong></td>
<td>Enrolled in Medi-Cal, or for those not on Medi-Cal, up to 200% FPL</td>
<td>Under age 21 for Medi-Cal recipients, up to age 19 for non-Medi-Cal</td>
</tr>
<tr>
<td><strong>Healthy Families</strong>*</td>
<td>Ages 0 – 1: 200% to 250% FPL Ages 2 – 5: 133% to 250% FPL Ages 6 – 18: 100% to 250% FPL</td>
<td>Under age 19, uninsured previous three months, ineligible for Medi-Cal, US citizen or qualified immigrant</td>
</tr>
<tr>
<td><strong>Healthy Kids</strong> (county-based program)</td>
<td>Less than 300% FPL (less than 400% FPL in San Mateo County)</td>
<td>Under age 19, county resident, currently uninsured and not eligible for public insurance</td>
</tr>
<tr>
<td><strong>Kaiser Permanente Child Health Plan</strong></td>
<td>Less than 300% FPL</td>
<td>Under age 19, ineligible for public insurance, and ineligible for employer-sponsored health insurance</td>
</tr>
<tr>
<td><strong>Medi-Cal</strong></td>
<td>Infants: less than 200% FPL Ages 1 – 5: less than 133% FPL Ages 6 – 18: less than 100% FPL</td>
<td>California resident, US citizen or qualified immigrant</td>
</tr>
</tbody>
</table>

*Children enrolled in Healthy Families will be transferred to Medi-Cal in phases beginning January 2013.

Notes: Not an exhaustive list of eligibility requirements. Children must be without employer-sponsored coverage to be eligible for any of these programs except Medi-Cal. Federal poverty level (FPL) for a family of three was $18,310 in 2010.

Sources of Insurance Coverage for Children and Adults
California, 2011

**Children** (ages 18 and younger)
- Employers: 49%
- Medi-Cal/Healthy Families: 38%
- Other Public: 7%
- Individual: 3%
- Uninsured: 11%

**Adults** (ages 19 to 64)
- Employers: 53%
- Medi-Cal/Healthy Families: 12%
- Other Public: 9%
- Individual: 6%
- Uninsured: 26%

Notes: Percentages may not add up to 100 because individuals may receive coverage from more than one source. Other Public includes Medicare, Military, Tricare/CHAMPVA, and Veterans Administration.


Compared to adults, children in California are less likely to be uninsured but more than three times as likely to be enrolled in Medi-Cal or Healthy Families.
Sources of Children’s Health Insurance Coverage by Federal Poverty Level, California, 2011

For children in low-income families, public programs are an important source of health coverage. Three out of four children in families under 100% of the federal poverty level have public coverage. As income rises, the likelihood of being uninsured declines while the likelihood of having employer-based coverage sharply increases.

Notes: The federal poverty level (FPL) for a family of three was $18,530 in 2011. Medi-Cal includes Healthy Families. Percentages may not add up to 100 because individuals may receive coverage from more than one source. Other Public includes Medicare, Military, Tricare/CHAMPVA, and Veterans Administration.


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Programs for children ineligible for public coverage have been struggling in some California counties. Since 2009, the number of counties with Healthy Kids programs declined sharply from 25 to 15, and four of those counties have waitlists totaling 6,808 children. CalKids is active in 27 counties, and Kaiser Child Health Plan is in 29.

*County has a waitlist for Healthy Kids enrollment.

Notes: These three programs serve children ineligible for public programs due to income and/or immigration status. They are not supported using state and federal funds but rather by private donations and through local government grants and contracts. See Appendix A for sources of funding for these programs.

Sources: California Coverage and Health Initiatives, the California Kids Healthcare Foundation, and Kaiser Permanente as of June 30, 2012.
Children’s Health Insurance Coverage Trends
California, 2002 to 2011

PERCENTAGE OF CHILDREN

Between 2002 and 2011 the percentage of children who had employer-based coverage declined, while Medi-Cal/Healthy Families coverage increased. (For milestones that have affected children’s coverage from 1997 to 2012, see Appendix C.)

Children’s Insurance Coverage Trends by Federal Poverty Level, California, 2004 to 2011

Among children in families below the federal poverty level, employment-based coverage declined from 19% to 11% between 2004 and 2011. The decline was smaller among children with family incomes between 100% and 300% of FPL. In both income groups, Medi-Cal and Healthy Families enrollment increased.

Notes: The federal poverty level (FPL) for a family of three was $18,530 in 2011. Details may not add up to 100% because individuals may receive coverage from more than one source. Other Public includes Medicare, Military, Tricare/CHAMPVA, and Veterans Administration.

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

Uninsured

Slightly more than one in 10 children in California are uninsured. This is a higher percentage than the national average and 39 other states and the District of Columbia. Nevada has the highest proportion of uninsured children and Massachusetts has the lowest.

Uninsured Children, by Region
California, 2009

Southern California and the Central Coast regions have the highest percentage of uninsured children in the state, according to estimates. The Bay Area and Sacramento regions have the lowest share.

*Shows the range where the actual value may be, with a 95% confidence interval.

Notes: CPS and CHIS employ different methodologies to estimate insurance coverage. CHIS reflects the estimates of those who were currently uninsured at the time of the survey.

Uninsured Children’s Eligibility for Public Coverage
California, 2010

TOTAL UNINSURED CHILDREN: 1.11 MILLION
(AGES 18 AND YOUNGER)

Notes: CPS collects data on citizenship but not immigration status. Data exclude noncitizens who have been in the US less than five years. These data overestimate eligible residents because they include all noncitizens residing in the US for at least five years (regardless of immigration status).

In 2010, over three-quarters of uninsured children in California were eligible for Medi-Cal and Healthy Families.
Uninsured Children’s Eligibility for Public Coverage
Under the ACA, California

TOTAL UNINSURED CHILDREN: 1.11 MILLION
(AGES 18 AND YOUNGER)

- Ineligible for Subsidized Coverage
  - 400%+ FPL
    - (95,000)
    - 9%
  - Eligible for Subsidized Coverage in the California Health Benefit Exchange
    - 250% to 399% FPL
      - (144,000)
      - 13%
    - Eligible for Subsidized Coverage
      - 250% to 399% FPL
        - (144,000)
        - 13%

Eligible for Medi-Cal
- <250% FPL
  - (867,000)
  - 78%

Notes: The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, requires California to keep its pre-ACA eligibility standards for Medi-Cal until the California Health Benefits Exchange is operational. Since Healthy Families will be incorporated into Medi-Cal beginning in 2013, all children up to 250% of FPL, the upper income limit for Healthy Families, will be eligible for Medi-Cal after the ACA is fully implemented. And children between 250% and 400% FPL will be eligible for coverage through the Exchange. Authorized immigrant children may be eligible for Medi-Cal depending on how many years they have resided in the US, but undocumented immigrant children are ineligible for full scope Medi-Cal and the Exchange. Some undocumented children are eligible for restricted or emergency Medi-Cal.


*Based on 2011 data.
Sources of Children’s Insurance Coverage, by Age Group
California, 2011

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Private</th>
<th>Public</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 5 Years</td>
<td>52%</td>
<td>46%</td>
<td>10%</td>
</tr>
<tr>
<td>6 to 12 Years</td>
<td>58%</td>
<td>41%</td>
<td>10%</td>
</tr>
<tr>
<td>13 to 18 Years</td>
<td>56%</td>
<td>35%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Notes: Private includes employer-based and individual coverage. Public includes Medi-Cal/Healthy Families, Medicare, Military, Tricare/CHAMPVA, and Veterans Administration. Percentages may not add up to 100 because individuals may receive coverage from more than one source.


Children under five are less likely to be uninsured and are more often covered by public programs compared to those ages 13 to 18. As children get older, many become ineligible for public insurance coverage and are more likely to be uninsured.
# Children Enrolled in Insurance Programs, by Age Group

## California, 2011

### Source of Coverage

<table>
<thead>
<tr>
<th>Program</th>
<th>Ages 0 to 5</th>
<th>Ages 6 to 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>CalKids*</td>
<td>13.9%</td>
<td>86.1%</td>
</tr>
<tr>
<td>Healthy Families</td>
<td>22.3%</td>
<td>77.7%</td>
</tr>
<tr>
<td>Healthy Kids</td>
<td>13.0%</td>
<td>87.0%</td>
</tr>
<tr>
<td>Kaiser CHP</td>
<td>18.9%</td>
<td>81.1%</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>40.3%</td>
<td>59.7%</td>
</tr>
</tbody>
</table>

*CalKids only enrolls children ages 1 to 18 years.


---

**Children’s Health Coverage Enrollee Demographics**

Forty percent of children enrolled in Medi-Cal are younger than six, a greater share than for any other program. Medi-Cal income eligibility is more generous for children under six than for those ages six to 18.
Children’s Health Coverage
Enrollee Demographics

While Latinos constitute just over half of all children in California, they represent two-thirds of Medi-Cal/Healthy Families enrollees and two-thirds of uninsured children.

Notes: Asian includes Amerasian, Asian Indian, Cambodian, Chinese, Filipino, Japanese, Korean, Laotian, other Asian, and Vietnamese. Other includes Alaska Native, Guamanian, Hawaiian, Native American Indian, and Samoan. Ethnicity data are not available for CalKids and Healthy Kids. Percentages don’t add up to 100 due to rounding.

Insurance Status of Children, by Family Citizenship Status
California, 2009

**Citizen Child of Noncitizen Parent without Green Card (967,000)**
- Medi-Cal/Healthy Families (49.8%)
- Employer-based (30.6%)
- Uninsured (13.7%)

**Citizen Child of Noncitizen Parent with Green Card (1.2 million)**
- Medi-Cal/Healthy Families (78.8%)
- Employer-based (10.3%)

**Noncitizen Child (538,000)**
- Medi-Cal/Healthy Families (44.5%)
- Employer-based (19.7%)
- Uninsured (27.4%)

**Child and Both Parents Citizens (7.9 million)**
- Medi-Cal/Healthy Families (59.6%)
- Employer-based (8.0%)

Notes: Child and parent citizens include naturalized citizens. CPS and CHIS employ different methodologies to estimate insurance coverage. Percentages don’t add up to 100 because individuals may receive coverage from more than one source and because individual and other coverages were not included.

### Children’s Usual Source of Medical Care, by Facility Type

#### California, 2009

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Private</th>
<th>Public</th>
<th>Emergency Room</th>
<th>Other</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer-based</td>
<td>79%</td>
<td>14%</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Families</td>
<td>55%</td>
<td>37%</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>44%</td>
<td>45%</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>29%</td>
<td>36%</td>
<td>34%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Data are statistically unstable.

Notes: Private includes doctor’s office, HMO, or Kaiser; Public includes community clinic, government clinic, or community hospital; Other includes facility other than those listed, or multiple usual sources of care. CPS and CHIS employ different methodologies to estimate insurance coverage. Percentages don’t add up to 100 due to rounding.


One-third of uninsured children have no usual source of care. Compared to privately insured children, those enrolled in Medi-Cal and Healthy Families are more likely to use public facilities, such as community clinics, as their regular source of care.
Children’s Use of Community Clinics, by Age Group
California, 2008 to 2011

NUMBER OF CHILDREN SERVED (IN THOUSANDS)

Community clinics are serving an increasing number of California children of all ages. Over the last four years, the number of children served has risen 18%.

Note: Providers represented here are primary care community clinics licensed by the State of California under Title XXII of the Welfare and Institutions Code. They do not include hospitals or specialty care providers.

Children’s Emergency Room Visits in the Past 12 Months
by Source of Coverage, California, 2009

- Medi-Cal: 22%
- Employer-based: 18%
- Healthy Families: 16%
- Individual: 15%
- Uninsured: 11%

Notes: CPS and CHIS employ different methodologies to estimate insurance coverage. Children are ages 18 and younger.

Insured children, including those covered by Medi-Cal, are more likely to visit a hospital emergency room than are uninsured children.
Immunization Status for Two-Year-Olds
Selected Sources of Coverage, California vs. United States, 2011

PERCENTAGE OF COVERED CHILDREN WHO HAD APPROPRIATE IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>74.9%</td>
</tr>
<tr>
<td>Healthy Families</td>
<td>79.2%</td>
</tr>
<tr>
<td>United States</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>69.4%</td>
</tr>
<tr>
<td>Commercial</td>
<td>73.4%</td>
</tr>
</tbody>
</table>

Notes: Immunization Status refers to the number of children who received the following immunizations by their second birthday: four diphtheria, tetanus, and acellular pertussis (DTaP); at least three polio (IPV); at least one measles, mumps, and rubella (MMR); three H influenza type B (Hib); three hepatitis B; and one chicken pox (VZV). These data are reported by the National Committee for Quality Assurance (NCQA) in their 2011 Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is a tool used by more than 90% of America’s health plans to measure performance in terms of care and service using 71 measures across 8 domains of care. For more details on HEDIS methodology and scope, please see www.ncqa.org.


Children’s Health Coverage
Utilization and Quality

The percentage of children enrolled in Medi-Cal and Healthy Families who are appropriately immunized by age two is comparable to that of national Medicaid and commercial plans.
Well-Child and Well-Adolescent Visits
Selected Sources of Coverage, California vs. United States, 2011

PERCENTAGE OF COVERED CHILDREN WHO HAD A WELL-CHILD/ADOLESCENT VISIT

Well-Child Visit (ages 3 to 6)
- Medi-Cal Managed Care: 76.2%
- Healthy Families: 72.6%
- Medicaid: 71.6%
- Commercial: 70.3%

Well-Adolescent Visit (ages 12 to 21)
- Medi-Cal Managed Care: 45.1%
- Healthy Families: 46.3%
- Medicaid: 47.7%
- Commercial: 42.5%

Notes: HEDIS measures are not available for the 7 to 11 age group. For Medi-Cal, these reported rates are for children enrolled in managed care in 2011.


Medi-Cal Managed Care and Healthy Families plans have helped to bring preventive care to many children ages three to six, with California plans doing as well as or better than the national average. Nearly half of adolescents in these plans are obtaining a preventive exam each year.
## Children Whose Care Was Delayed or Not Received
### California, 2009

**SOURCE OF COVERAGE**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>13%</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>8%</td>
</tr>
<tr>
<td>Healthy Families</td>
<td>4%</td>
</tr>
<tr>
<td>Employer-based</td>
<td>4%</td>
</tr>
</tbody>
</table>

**Notes:** Respondents were asked about their children, “During the past 12 months, did you delay or not get medical care you felt you needed, such as seeing a doctor, a specialist, or other health professional?” Other Public, which includes other government-sponsored programs as well as any combinations of insurance at the time of the CHIS survey, is not included because the data are statistically unstable. CPS and CHIS employ different methodologies to estimate insurance coverage.

**Source:** 2009 California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, accessed June 2012, [www.chis.ucla.edu](http://www.chis.ucla.edu).
Time Since Child’s Last Dental Visit
by Source of Coverage, California, 2009

- **Healthy Families**: 6% Never, 89% <1 Year, 5% 1 to 5 Years*, 0% >5 Years*
- **Employer-based**: 11% Never, 87% <1 Year, 2% 1 to 5 Years*, 0% >5 Years*
- **Individual**: 10% Never, 84% <1 Year, 6% 1 to 5 Years*, 0% >5 Years*
- **Medi-Cal**: 13% Never, 82% <1 Year, 4% 1 to 5 Years*, 0% >5 Years*
- **Uninsured**: 18% Never, 72% <1 Year, 10% 1 to 5 Years*, 0% >5 Years*

*Data are statistically unstable.

Notes: CPS and CHIS employ different methodologies to estimate insurance coverage. Includes only children older than 2 years unless indicated on the survey that the child had a tooth. Percentages don’t add up to 100 due to rounding.


Children’s Health Coverage
Utilization and Quality

Nearly one in five uninsured children has never had a dental examination. Children with public or private coverage are more likely to have received a dental exam in the past year compared to the uninsured.
Authors
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University of Southern California
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Diringer and Associates

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Kristen Golden Testa
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Program Management Team
Kaiser Permanente, Charitable Program Operations

Reference
Throughout this presentation, the values for the United States include those for the State of California. The results calculated from the Current Population Survey (CPS) are different than what has been reported by the California Health Interview Survey (CHIS). CPS and CHIS employ different methodologies to estimate the number of uninsured. For a thorough comparison of the different methods, please see the California HealthCare Foundation’s California Uninsured and Medi-Cal Populations: A Policy Guide to the Estimates, www.chcf.org.
## Appendix A: Overview of Children’s Insurance Programs, California, 2011 to 2012

<table>
<thead>
<tr>
<th>LAUNCH DATE</th>
<th>GEOGRAPHIC COVERAGE</th>
<th>PURPOSE</th>
<th>ADMINISTRATION</th>
<th>FUNDING SOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access for Infants and Mothers (AIM)</strong></td>
<td>1992</td>
<td>Statewide</td>
<td>State program to provide low-cost coverage to pregnant women in middle-income families. As of July 2004, infants born to AIM mothers are enrolled in Healthy Families.</td>
<td>California Managed Risk Medical Insurance Board under federal rules</td>
</tr>
<tr>
<td><strong>California Children’s Services (CCS)</strong></td>
<td>1997</td>
<td>Statewide</td>
<td>State program to cover low- to moderate-income children with serious medical conditions for specific medical services and equipment.</td>
<td>California Department of Health Care Services under federal and state rules</td>
</tr>
<tr>
<td><strong>CaliforniaKids (CalKids)</strong></td>
<td>1992</td>
<td>27 counties (July 2012)</td>
<td>Nonprofit program to offer limited coverage to children ineligible for public programs. Enrollment open in selected counties.</td>
<td>California Kids Healthcare Foundation</td>
</tr>
<tr>
<td><strong>Child Health and Disability Prevention (CHDP)</strong></td>
<td>1974</td>
<td>Statewide</td>
<td>State-federal partnership to provide all children up to 200% of the Federal Poverty Level, including those with Medi-Cal, with periodic preventive health services and other care.</td>
<td>California Department of Health Care Services under federal and state rules</td>
</tr>
<tr>
<td><strong>Healthy Families</strong></td>
<td>1998</td>
<td>Statewide</td>
<td>State-federal partnership to cover low- to moderate-income children under the federal CHIP program.</td>
<td>California Managed Risk Medical Insurance Board under federal rules</td>
</tr>
<tr>
<td><strong>Healthy Kids</strong></td>
<td>2001</td>
<td>County-specific</td>
<td>Plans to cover low- and moderate-income children ineligible for Medi-Cal or Healthy Families.</td>
<td>Varies: local health departments, First 5 Commissions, community-based organizations</td>
</tr>
<tr>
<td><strong>Kaiser Permanente Child Health Plan (CHP)</strong></td>
<td>1998</td>
<td>Selected service areas</td>
<td>Nonprofit health plan to offer and subsidize coverage for children ineligible for public programs due to family income or immigration status.</td>
<td>Kaiser Permanente</td>
</tr>
<tr>
<td><strong>Medi-Cal</strong></td>
<td>1966</td>
<td>Statewide</td>
<td>State-federal partnership to cover low-income persons under federal Medicaid program.</td>
<td>California Department of Health Care Services under federal rules</td>
</tr>
</tbody>
</table>

*Originally launched at the federal level in 1935 as Crippled Children’s Services.

### Appendix B: Benefits and Cost Sharing of Children’s Insurance Programs California, 2012

<table>
<thead>
<tr>
<th>Benefits Offered</th>
<th>Monthly Premium</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access for Infants and Mothers (AIM)</strong></td>
<td>Comprehensive medical coverage, including dental and vision</td>
<td>1.5% of adjusted household income</td>
</tr>
<tr>
<td><strong>California Children's Services (CCS)</strong></td>
<td>Specialty medical care and equipment provided by approved specialists</td>
<td>None</td>
</tr>
<tr>
<td><strong>CaliforniaKids (CalKids)</strong> (county-based program)</td>
<td>Comprehensive medical coverage, including dental, but excluding inpatient services</td>
<td>$75 per child</td>
</tr>
<tr>
<td><strong>Child Health and Disability Prevention (CHDP)</strong></td>
<td>Preventive care and well-child exams and care coordination</td>
<td>None</td>
</tr>
<tr>
<td><strong>Healthy Families</strong></td>
<td>Comprehensive medical coverage, including dental and vision</td>
<td>$4 to $12 per child, varies by county ($12 to $18 monthly cap per family)</td>
</tr>
<tr>
<td><strong>Healthy Kids</strong> (county-based program)</td>
<td>Comprehensive medical coverage, including dental and vision</td>
<td>$4 to $12 per child, varies by county ($12 to $18 monthly cap per family)</td>
</tr>
<tr>
<td><strong>Kaiser Permanente Child Health Plan (CHP)</strong></td>
<td>Comprehensive medical coverage, including dental and vision</td>
<td>$8 or $15 per child for first three children; additional children are free</td>
</tr>
<tr>
<td><strong>Medi-Cal</strong></td>
<td>Comprehensive medical coverage, including dental and vision</td>
<td>None</td>
</tr>
</tbody>
</table>

*Children enrolled in Healthy Families will be transferred to Medi-Cal in phases beginning January 2013.

Notes: The majority of children’s insurance programs have comprehensive benefits and low cost sharing. Comprehensive coverage includes inpatient, mental health, outpatient services, lab tests, long term care, and prescription drug benefits.

## Appendix C: Milestones Affecting Children’s Coverage, 1997 to 2012

### Children’s Health Coverage

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>Federal government establishes State Children’s Health Insurance Program (SCHIP) through Title XXI of Social Security Act.</td>
</tr>
<tr>
<td>1999</td>
<td>Medi-Cal: • Eliminates requirement of face-to-face applications for children/families • Creates Single Point of Entry for Medi-Cal and Healthy Families applications</td>
</tr>
<tr>
<td>2001</td>
<td>California launches Health-e-App (Internet-based application) to enroll children in Medi-Cal and Healthy Families. Medi-Cal eliminates quarterly status reports for families. Santa Clara County launches first Children’s Health Initiative to cover all children in the county and develops Healthy Kids insurance product for low- to moderate-income children who are ineligible for Medi-Cal and Healthy Families.</td>
</tr>
<tr>
<td>2008</td>
<td>Alameda County discontinues its Healthy Kids program due to insufficient funds. Reinstatement of Quarterly Status Reports for Medi-Cal approved for 2009.</td>
</tr>
<tr>
<td>2010</td>
<td>Federal match in Medi-Cal increases from 50% to 62% of total spending under ARRA. Patient Protection and Affordable Care Act (ACA), enacted March 23, 2010, includes insurance reforms, such as prohibiting exclusion of children with pre-existing health conditions (effective November 23).* Health-e-App launches for Healthy Families self-service online enrollment.</td>
</tr>
<tr>
<td>1998</td>
<td>California creates: • Healthy Families Program under SCHIP legislation • Joint Medi-Cal/Healthy Families application • Enrollment Entities and Certified Application Assistants (CAAs) Kaiser Permanente launches Child Health Plan.</td>
</tr>
<tr>
<td>2000</td>
<td>Medi-Cal: • Eliminates the assets test for children • Institutes 12-month continuous eligibility for children • Reduces documentation requirements</td>
</tr>
<tr>
<td>2003</td>
<td>California creates the Child Health and Disability Prevention (CHDP) Gateway to enroll eligible children into Medi-Cal and Healthy Families, and eliminates community-based outreach and CAA funding due to state budget crisis.</td>
</tr>
<tr>
<td>2005</td>
<td>California restores funding in state budget for CAA payments.</td>
</tr>
<tr>
<td>2006</td>
<td>California implements the Deficit Reduction Act (DRA)*, citizenship and identity documentation requirements for enrollment in Medi-Cal.</td>
</tr>
<tr>
<td>2009</td>
<td>Federal government reauthorizes and renames Children’s Health Insurance Program (CHIP), which: • Requires CHIP applicants to comply with DRA* regulations that require citizenship and identity documentation before enrollment in the program • Offers all states Express Lane option based on California experience • Provides bonus payments to states that increase Medi-Cal enrollment levels State budget cuts change many provisions in Healthy Families Program, including elimination of enrollment entity reimbursements for all assisted applications and annual eligibility reviews.</td>
</tr>
</tbody>
</table>

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*Medi-Cal simplifies the DRA documentation production by removing DRA barriers for deemed-eligible infants, using vital statistic records matches to prove citizenship and accepting a parent’s signature on the application for proof of a child’s identity.
†More information about the ACA can be obtained from the California HealthCare Foundation, [www.chcf.org](http://www.chcf.org), and the Kaiser Family Foundation, [www.kff.org](http://www.kff.org).