

The number of uninsured children in California is on the rise: **We must make changes to enroll eligible children in Medi-Cal.**

Even before the COVID-19 pandemic, the uninsured rate for California children began increasing for the first time in a decade.

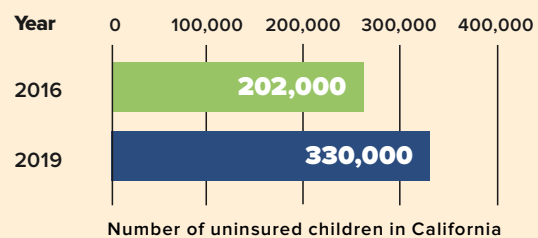
As the need for support has grown during the pandemic, enrollment in other state-run assistance programs like CalFresh (SNAP) and unemployment insurance (UI) has increased.¹ Yet children's Medi-Cal enrollment has been stagnant—far slower than than the national average enrollment for children.

If we don't reverse this trend, we're putting our children at risk—especially nonwhite children, since the majority of Black and Latinx children in the state get their coverage through Medi-Cal. While California has taken steps to expand Medi-Cal eligibility for children and youth, like removing immigration status as a barrier, actual enrollment continues to lag.

Increasing Medi-Cal eligibility alone hasn't increased enrollment. We must act to get more eligible kids enrolled.

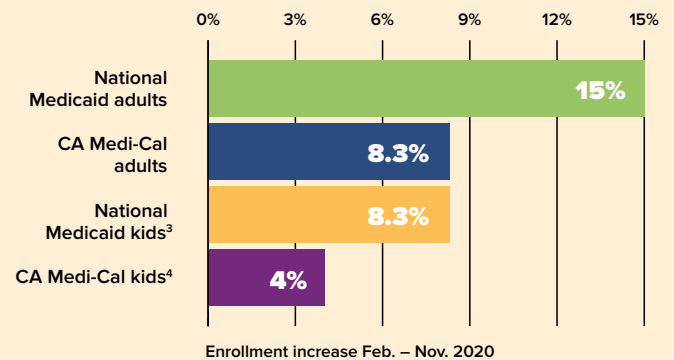
California has responded to the coronavirus pandemic with swift, concerted efforts that have made a difference. We must address our crisis of uninsured children with the same urgency. By using available state resources to better target the most affected communities, we can help close the health equity gap—increasing enrollment and improving the health of hundreds of thousands of California kids.

The number of uninsured kids in California has increased.




11% increase in uninsured kids since 2016.²

Medi-Cal kids enrollment growth is lagging.



U.S. kids enrolled in Medicaid/CHIP at more than 2x the rate of CA kids in Medi-Cal.

Latinx kids in California are especially at risk.



In 2019, Latinx children were 1.5x more likely to be uninsured as nonwhite children.⁵

Five “rapid response” enrollment strategies to get more California kids covered.



Implement Real-Time Enrollment

Families need health insurance enrollment to be simple and fast. Only 20% of Medi-Cal enrollments occur within the 24-hour goal for real-time enrollments—putting us among the bottom third of all states. California should adopt strategies that allow for immediate access to benefits while an application is being processed—such as post-enrollment verification or accelerated enrollment.



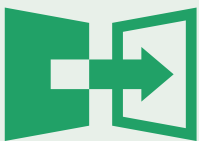
Establish Continuous Coverage

Continuity of care is essential for young children who need frequent well-child visits and developmental screenings. Medi-Cal should extend continuous coverage to children from birth to age five. By eliminating harmful gaps in coverage, so children don't lose their insurance and have to re-apply, we can keep kids connected to care and better meet their health needs.



Improve Education and Outreach

We must promote the availability of Medi-Cal health coverage as a core support for families in every way we can—from the Administration's regular briefings, like #NewsomAtNoon, to relevant state websites, particularly COVID sites for families. We also need a multi-language Medi-Cal outreach campaign that targets ethnic media and communities facing particular hardships, such as migrant workers, and includes messaging to mitigate concerns about the “public charge” issue.



Coordinate Medi-Cal Enrollment with Other Social Services Programs

By connecting Medi-Cal enrollment to other social services, we can simplify the process to get more families and kids covered. For instance, California's SNAP program (CalFresh) serves about 400,000 people who are also eligible for Medi-Cal, but not yet enrolled. If programs like WIC or unemployment insurance (UI) also shared and matched data to directly target those not enrolled in Medi-Cal, we could better identify and reach out to eligible California families. Similar data-sharing efforts are already making a big difference in states like Kentucky.



Strengthen Community Partnerships

We need to share Medi-Cal outreach materials through public health programs like WIC and Black Infant Health, schools and early learning centers, and even contact tracers, who can be trained to share Medi-Cal information and actively help those who are eligible to enroll. We can also partner more effectively with groups like enrollment navigators and promotoras to put more emphasis on enrolling those community members who are the hardest to reach.

We must act now to get our kids covered: Learn more at childrenspartnership.org

¹Department of Public Social Services. "CalFresh Participation 2019-2020." April 2021. <https://public.tableau.com/profile/california.department.of.social.services#!/vizhome/CFdashboard-PUBLIC/Home?publish=yes>
Employment Development Department. "Unemployment Insurance - Quick Statistics." https://edd.ca.gov/about_edd/pdf/qsui-Claims_Filed.pdf

²Center for Children and Families, Georgetown. "Children's Uninsured Rate Rises by Largest Annual Jump in More Than a Decade." October 2020. <https://ccf.georgetown.edu/2020/10/08/childrens-uninsured-rate-rises-by-largest-annual-jump-in-more-than-a-decade-2/>

³CMS. "October and November 2020 Medicaid and CHIP Enrollment Trends Snapshot." February 2021. <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/october-november-medicaid-chip-enrollment-trend-snapshot.pdf>

⁴DHCS. "Medi-Cal Enrollment Update." April 2021. <https://www.dhcs.ca.gov/dataandstats/Documents/Medi-Cal-Enrollment-Data-April-2021.pdf>

⁵Center for Children and Families, Georgetown. "Children's Uninsured Rate Rises by Largest Annual Jump in More Than a Decade." October 2020. <https://ccf.georgetown.edu/2020/10/08/childrens-uninsured-rate-rises-by-largest-annual-jump-in-more-than-a-decade-2/>