

# Health Families Program Enhancements (without Parental Expansion)

## **Single Point of Entry**

- 1 Will be assigning Client Index Numbers (CINs)
- 2 Will be initiating Accelerated No-Cost Medi-Cal for Children
- 3 Record Tracking and Reporting of applications received at Single Point of Entry and sent to County Welfare Directors

## **Healthy Families Program Changes**

### **Premium Payments**

- 1 “Truing up” of premiums to cover a full month
- 2 Electronic Fund Transfer (EFT) - 25% discount per month on premium payments (pending approval of TBL)
- 3 American Indian/Alaska Native premium waiver of 2 months pending receipt of proof of heritage. If not submitted within this 2 month period, the Program will begin billing the families prospectively
- 4 Sponsorship can be for any 12 consecutive months (pending approval of TBL)

### **Documentation**

- 1 Affidavit of Income
  - ▶ can be used to document income only when no other documentation available
- 2 2 months to submit a Medi-Cal Notice of Action as income documentation
- 3 2 months to submit proof of American Indian/Alaska Native heritage
- 4 2 months to submit documentation of alien status

### **Annual Eligibility Review (AER)**

- 1 2 month bridge from HFP to Medi-Cal (pending approval of TBL)

### **Miscellaneous**

- 1 Employer “dependent” contribution of less than \$10.00 for CALPERS does not preclude enrollment
- 2 Determine Healthy Families eligibility based on relationships and financial responsibility for the person being applied for

### **Health Benefits**

- 1 Basic scope of benefits is clarified to explicitly require participating plans to offer benefits plan as required by the Knox-Keene Health Care Service Plan Act of 1975.

2. The following benefit descriptions have been amended to be consistent with Knox-Keene Health Care Service Plan Act and regulations.
  - a. Inpatient hospital services
  - b. General anesthesia and associated facility
  - c. Prescription drug benefits
  - d. Durable medical equipment benefits
  - e. Maternity care benefits
  - f. Family planning benefits
  - g. Medical transportation services
  - h. Emergency health care services
  - i. Inpatient mental health care
  - j. Outpatient mental health care
  - k. Home health services
  - l. Skilled nursing care services
  - m. Physical, occupational and speech therapy benefits
  - n. Hospice service benefits
  - o. Reconstructive surgery benefits
3. Immunization benefits are made consistent with new Federal SCHIP regulations and renumbered.
4. Well baby care benefits is clarified to include infants up to age two.
5. Certain benefit descriptions were amended for clarification purposes, these include:
  - a. Language describing the cap on annual copayment
  - b. The optional reduction in copayments for mental health group therapy
  - c. The physical, occupational, and speech therapy copayment
  - d. The contraceptive and maintenance drug and device copayment
  - e. The American Indian and Alaska Native copayment exemption
  - f. The reconstructive surgery copayment exemption
6. Benefits have been revised to be more consistent with the California state employee benefit plan, they include:
  - a. Acupuncture and chiropractic benefits
  - b. Worker's Compensation benefit
  - c. The outpatient facility services copayment
7. Cosmetic surgery exclusion is added to describe exclusions related to the reconstructive surgery benefit.

### **Dental Benefits**

1. Benefits that have been revised to be more consistent with the California state employees benefits plan are:
  - a. General anesthesia or intravenous/conscious sedation exclusions
  - b. Worker's Compensation benefit
  - c. Copayments for crowns and fixed bridges
2. Several clarifications were made to existing language, these include:
  - a. The acts of war exclusion
  - b. The exclusion for services started after termination of coverage
  - c. Copayments for oral surgery, endodontics, and periodontics
  - d. Prohibition of deductibles for subscriber
3. The pedodontist services exclusion is revised to clarify when services of a pedodontist/ pediatric dentist are excluded to be consistent with the state employee benefit benchmark.
4. Copayments for Restorative Dentistry have been changed to reflect current practice.

### **Vision Benefits**

1. Certain provisions were clarified, these include:
  - a. Contact lenses benefits
  - b. Replacement of lost or broken lenses/frames exclusion
2. Worker's Compensation benefit is revised to be consistent with benefits provided to state employees.
3. The process for applicants to receive reimbursement for services received from providers not included in the vision plan's panel of approved providers has been modified to eliminate the reference to a benefit form that is no longer required.