

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941



October 18, 1999

Medi-Cal Eligibility Branch Information Letter No.: 99-50

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialist/program
All County Public Health Directors
All County Mental Health Directors

HEALTHY FAMILIES AND MEDI-CAL PROGRAM INFORMATION UPDATE

The purpose of this letter is to provide counties with a copy of the most recent Healthy Families /Medi-Cal for Children (HF/MCC) program Information Update that was mailed to HF/MCC enrollment entities (EEs) in September 1999. Information Updates are sent periodically throughout the year to all HF/MCC enrollment entities. The Information Update is prepared by the Department of Health Services' subcontractor, Richard Heath and Associates, Incorporated, and is approved by the Medi-Cal Eligibility Branch and by the Managed Risk Medical Insurance Board prior to release. Future Information Updates will also be sent to counties as they are released so that county staff are kept up to date on information provided to the EEs and certified application assistants participating in the HF/MCC program.

If you have any questions or comments about the information provided in the Information Update, please contact Ms. Linda Rahmeyer of my staff at (916) 657-0398.

Sincerely

ORIGINAL SIGNED BY
GLENDA ARELLANO for

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosure





Information Update

Number 5

9-13-99

Have you heard about the changes to Healthy Families?

Effective Now!

Recent changes in California State law make it possible for the Healthy Families program to:

- **enroll recent legal immigrant children** who entered the country on or after August 22, 1996, for one year from their date of enrollment. *Children must meet all other program eligibility criteria. An INS document with the date of entry must be submitted.*
- **expand the definition of an applicant** to include an emancipated minor, or a minor who is not living in the home of a natural or adoptive parent, legal guardian, caretaker relative, foster parent, or stepparent. "Applicant" also means a minor who is applying for coverage on behalf of his or her child.

Coming Soon

The Healthy Families Program is in the process of acquiring federal approval and making necessary program adjustments to expand the program to:

- Increase eligibility levels for children aged 1 to 19 from 200% to 250%.
- Increase eligibility levels for infants under the age of 1-year with a household income between 200% and 250%.
- Allow families applying for the Healthy Families Program the same deductions as those currently allowed under the Medi-Cal program.

You will be notified when these changes have been fully implemented.

Did You Know?

Information Updates by E-Mail

RHA is developing an e-mail address book of all EEs and CAAs for business correspondence. If you would like to receive Information Updates like this one quickly and directly, please forward your e-mail address to the Customer Service Coordinator at RHA at julie@rhainc.com.

Healthy Families Enrollments

149,437 children have been enrolled in the Healthy Families program as of September 1, 1999.

Social Security Numbers (SSN) Facilitate Medi-Cal Enrollments

Children or pregnant women who are not eligible for full-scope Medi-Cal because of their immigration status, and who do not have a SSN, can still get pregnancy related and emergency services benefits if they meet all other eligibility requirements. Family members seeking full-scope Medi-Cal benefits must provide (or apply for) a SSN to be eligible.

If an applicant does not provide a SSN when they complete a Healthy Families application, it should still be forwarded for processing. Ultimately, the county welfare department will decide if additional follow-up is required with the applicant to obtain a SSN. A SSN is not required to receive benefits under Healthy Families.

Income Verification Reminder

Individuals who are unable to provide pay stubs to verify income may provide a signed statement from their employer. The employer letter must verify that the amount is gross income (before taxes) and specify the pay period: weekly, every two weeks, monthly, etc. *IN ADDITION*, applicants can also verify their income by providing their federal income tax return. In the event these other documents cannot be provided, submit the application anyway and a Healthy Families enrollment specialist or a Medi-Cal eligibility worker will contact the applicant to discuss alternative methods of income verification.

HF/MCC Program Logo Banners

Banners are available for purchase in vinyl and laminated paper. For more information and a price quotation, please call Jason Schelofsky at 213-617-1000 at extension 3009.

Healthy Families Handbook Now Available in Eleven Languages

The Healthy Families handbooks have been revised. The new version has a June 1999 date on the back cover and contains

the new individual plan codes. The revised handbook is available in the original ten languages, and this year a Korean language translation has been added. **All editions earlier than June 1999 contain incorrect plan codes and should be destroyed immediately.**

For copies of the new handbook, please call the Certified Assistant HELP Line toll-free, Monday through Friday from 7:45 a.m. to 6:30 p.m., at 1-888-237-6248.

Helpful enrollment tips



Complete question #16 of the application accurately

An accurate response to question #16 of the application can make a difference between a child receiving health benefits and not receiving benefits. Question #16 asks applicants to indicate if they DO NOT want Medi-Cal, Healthy Families or AIM. Some applicants incorrectly check the box when they DO want benefits.

Please remind families of the importance of preventive care for their children. If the family's income does not qualify them for Healthy Families, and they indicate that they do not want Medi-Cal,

encourage them to reconsider. Emphasize that children need preventive care in order to stay healthy and that the type of care provided under both programs is the same. It's important to teach children, and their parents, the value of preventive health care and to not rely on using emergency medical care.

Remember: don't determine eligibility

CAAs cannot make eligibility determinations. Eligibility determinations are made after the application has been sent to the State. Assistants can advise applicants on Healthy Families and Medi-Cal for Children program requirements, and should encourage families to complete the application, even if it appears the applicant may not qualify for one of the programs.

Kaiser reaches enrollment cap

Effective June 15, 1999, Kaiser Health Plan is no longer available for new enrollment in Los Angeles, Orange, San Diego, Riverside and San Bernardino Counties. Kaiser has reached its enrollment capacity in these counties until January 2000. The HF Handbook includes an insert that provides this information to applicants.

Outreach strategies *Ideas from the 100% Campaign Reporter*, Summer Issue*

* A publication of the 100% Campaign: Health Insurance for Every California Child www.100percentcampaign.org

Map an area by zip code

Collaborate with other EEs and conduct outreach around children's health. Use word-of-mouth advertising and distribute flyers at health fairs and large events. Follow-up leads or referrals by scheduling appointments with eligible applicants to provide assistance in completing the Healthy Families and Medi-Cal for Children program application.

Collaborate with faith-based groups

EEs have found a high rate of enrollment success when working with religious or spiritual organizations. Provide area churches with flyers to distribute during services, vacation bible schools, Sunday school and other regular meetings to encourage referrals.

Help speed up the reimbursement payment process

Fax your request

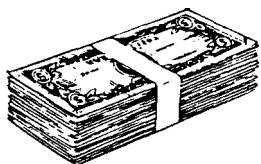
EEs and CAAs can now fax their reimbursement questions to the Healthy Families/EDS Payment Reimbursement Unit by using a photocopy of the fax sheet included with this bulletin. EEs /CAAs can make up to 4 inquires per fax sheet. EDS will respond by fax within 5 working days.

If you need to call about your payment reimbursement, you must call 1-888-747-1222 and press the star "*" key. Pressing the star "*" key as soon as the recording begins allows your call to connect directly with the reimbursement unit at EDS. Operators answering calls on other phone lines **cannot** help you with reimbursement

problems and have been instructed to transfer your call back to the reimbursement line.

Keep track of your applications

After helping an applicant complete the Healthy Families and Medi-Cal for Children program application, keep a copy of the completed page A1 of the application form. EEs can use this information to track the status of both applications and Application Assistance Fee reimbursements.



Use the appropriate process to request reimbursement

Starting August 15, 1999, EDS Healthy Families began returning all Reimbursement Request Forms (RRFs) **without processing them for payment**. The new Healthy Families and Medi-Cal for Children application contains a section for your entity and CAA information (see page A-3, section 9, box 53). This section **MUST** be correctly and legibly completed at the time the application is submitted in order for your organization to receive reimbursement. Please see the example below:

SECTION 9: Reimbursement for Application Assistance. For CAA use only.

53	I certify I had help in completing this form from the CAA listed below. This CAA help was FREE of charge. The state will not issue a reimbursement to the EE unless Section 9 is completely and correctly filled out at the time this application is submitted.				
Applicant Signature		<i>Romero Vargas</i>	Date	<i>9-10-99</i>	
CAA Signature		<i>John Foster</i>	CAA#	<i>72312345Z</i>	
		EE #	<i>71234</i>	Date	<i>9-10-99</i>

How to Read and Reconcile Your Monthly EDS Remittance Advice

As a result of the revised Healthy Families Application, Reimbursement Request Forms (RRFs) can no longer be used to request payment. Thus, there is no invoice number to track payments. Page A3, Section 9, box 53 on the new application will serve as a payment request when completed. On June 10, 1999, EDS began reporting the first six digits of the Applicant's last name instead of the RRF number.

1	2	3	4	5	6	7
INVC/CUSTOMER NUMBER	INV. DATE	REQUEST NBR	GROSS AMT	TAX SHORT PD	D COUNT	PAID AMOUNT
000067891A 1999123456789 <u>FOSTER</u> (First 6 Letters of Applicants last name)	06/10/99	System generated	50.00	0.00	0.00	50.00

- 1 Invoice information will be replaced by first six letters of applicant's last name. If applicant's name has fewer than six letters, remaining spaces will be blank. The numbers before the name are the nine-digit assigned CAA number, "A" or "B" for certification training identification, and then the family's Healthy Families or Medi-Cal case number.
- 2 Date the application is received at SPE (single point of entry).
- 3,5,6,7 For EDS office use only.
- 4 This column indicates the amount EDS is reimbursing for a Healthy Families or Medi-Cal successful enrollment. If one child is enrolled in HF and one in MC, they will have separate invoice numbers.

Based on EE requests, the monthly reimbursement report is currently being revised to provide more information to help with your record keeping. If you have questions regarding a Remittance Advice, call the Application Assistant Payment Unit (AAPU) at EDS Healthy Families, 1-888-747-1222 (and immediately press the star "*" key).

Change of Address Procedures for EEs

To expedite payments, EDS must have current information on file from the EEs. Please fax or mail a letter on official business letterhead (if available) when providing changes of Main Contact Name, Business Name** or Mailing Address.

The change must include:

- EE Vendor (Business) Name
- EE Vendor Number (as provided on check stub)
- Printed Name and Signature (person requesting change)
- Contact Name and Telephone Number

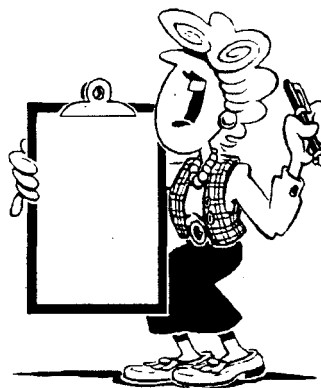
Please mail or fax requests to:

Healthy Families Program

Attn: Application Assistance Payment Unit

P.O. Box 138005, Sacramento, CA 95813-8005

Fax (916) 859-2359



**** Please note:**
organization name changes require an updated W-9 to reflect the name change. Organizations with name changes will be assigned a new vendor number, which may take an additional four weeks. Please allow 3-4 weeks to receive checks at the new location.
Questions? Call EDS at 1-888-747-1222 and press the star "*" key.

Healthy Families premiums

Healthy Families offers discounts

Families can take advantage of HF discounts:

- By prepaying for 3 months, 6 months or 9 months, families can receive one free month for every three months paid.

The Healthy Families premiums range from \$4 to \$9 per month per child. Monthly premium payment amounts vary depending upon the following:

- The selection of the health plan.
- Family size.
- The total monthly household income.

New applicants must submit a personal check or money order for their first premium payment. Once enrolled, premiums can be paid by personal check, cashier's check, money order, credit card or electronic fund transfer. Applicants may also pay with cash at authorized Rite Aid pay stations.

Do You Have Suggestions?

We're interested in receiving your feedback and suggestions to make the Information Updates more useful to you. You may e-mail your comments and suggestions to HFMail@rhainc.com.

Late Breaking News

EDS revises approval process

To expedite reimbursement payments, EDS has revised their application approval process policy. Now, EEs will receive payment for assisted applications that have a valid EE number, even if the application has an invalid or missing CAA number.

In order to process the reimbursement, EDS will assign a nine-digit number in place of the invalid or missing CAA number on the monthly EE reimbursement report. This assigned number will always read 999999999.

Locate other active EEs

EEs who attempt to access the MRMIB or HF website at mrmib.ca.gov, in order to locate other EEs by county or zip code may encounter error messages if using the Netscape browser. Using Internet Explorer may provide easier access to the statewide listing of EEs.

IMPORTANT INFORMATION FOR ENROLLMENT ENTITIES:

SPREAD THE WORD TO YOUR CAAs.

Please forward a copy of this Update to the CAAs linked with your organization. This information is important to all staff who provide application assistance. (See page 1 **Information Updates by E-Mail** to see how CAAs can directly receive e-mail copies of information bulletins).

Keep these valuable toll-free reference numbers handy:

RHA's HELP Line for CAAs and EEs

1-888-237-6248

Monday-Friday 7:45 a.m. to 6:30 p.m.

Although RHA will no longer be visiting EEs to provide on-site technical assistance, help is still available by phone. RHA operators will continue to assist CAAs and EEs who need:

- Technical assistance regarding family composition and income calculations.
- To request an Invitation to Participate registration packet and/or certification training information.
- To order enrollment, marketing and collateral material.
- To provide change of address information to continue to receive referrals.*
- Linking to collaborate with schools and other EEs to coordinate local outreach or enrollment events.

* RHA cannot change address information on your reimbursement account with EDS. To change mailing information for your reimbursement payments, please refer to the procedure outlined in this Information Update under "Change of Address Procedures for EEs."

RHA's toll-free HELP Line is staffed with English and Spanish-speaking operators. Messages may be left 24 hours a day, 7 days a week. The HELP Line is specifically for CAA and EE assistance. **Operators cannot transfer callers who have reimbursement questions any other toll-free telephone lines.**

Healthy Families Information Line

1-800-880-5305

Monday-Friday 8:00 a.m. to 8:00 p.m.

Operators will assist applicants who want:

- General information about the HF program.
- Answers to specific questions on the HF and Medi-Cal for Children programs application: how to calculate income, which family members count, what information can be provided as documentation, etc.
- Status on their completed and submitted application. This information includes when the application was processed and forwarded to Healthy Families or to the Medi-Cal County Social Services office.

Assistance is provided by operators fluent in ten languages. Messages may be left 24 hours a day, 7 days a week, including holidays. An operator will return your call the following business day.

HF/MCC General Program Information

1-888-747-1222

Monday-Friday 8:00 a.m. to 8:00 p.m.

Operators are available to respond to calls generated by statewide TV, radio and print advertising about the HF/MCC programs, and for anyone requesting:

- General information for both the Medi-Cal and Healthy Families programs.
- Referral information to local EEs by county.
- Applications and handbooks, up to four each, available in eleven languages.

This toll-free telephone line for both Healthy Families and Medi-Cal for Children provides assistance by operators fluent in all languages. Messages may be left 24 hours a day, 7 days a week, including holidays. An operator will return your call the following business day.

EE Reimbursement & Information

1-888-747-1222

and press the star (*) key

Monday-Friday 8:00 a.m. to 5:00 p.m.

IMPORTANT INFORMATION:

NO OTHER OPERATORS OR TOLL-FREE LINES CAN ASSIST WITH QUESTIONS REGARDING REIMBURSEMENT.

This line is for EEs ONLY who want to obtain information about the reimbursement process or to inquire about the status of a reimbursement. EEs will need to provide their EE number and the CAA number for the person who provided the application assistance.

Insure KIDS Now

1-877-543-7669 (National)

The National Governor's Association sponsors this toll-free line to promote children's health insurance programs. This number will automatically connect California callers to the toll-free Healthy Families and Medi-Cal for Children information service.

FAX
REQUEST FOR REIMBURSEMENT PAYMENT INFORMATION

FROM: Organization's Name: _____ EE #: _____ Contact Name: _____ Fax #: _____ Phone #: _____ (include area code) Date: _____	TO: EDS/Healthy Families Payment Reimbursement Unit FAX #: (916) 859-2359
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Please print clearly. All requested information must be provided (except child's SSN, if not available), for timely response from EDS/Healthy Families Reimbursement Unit. Four requests can be made per fax sheet. EDS will respond by fax within 5 working days. *If you have any questions, please call 1-888-747-1222. Press the * key to connect to the reimbursement unit.*

EDS will respond in this column

INVOICE # : _____ Child's name (last, first): _____ Child's SSN: _____ Child's Date of Birth: _____ Applicant's name: _____ Pregnant woman's SSN (if available): _____	_____ _____ _____ _____ _____ _____
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INVOICE # : _____ Child's name (last, first): _____ Child's SSN: _____ Child's Date of Birth: _____ Applicant's name: _____ Pregnant woman's SSN (if available): _____	_____ _____ _____ _____ _____ _____
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INVOICE # : _____ Child's name (last, first): _____ Child's SSN: _____ Child's Date of Birth: _____ Applicant's name: _____ Pregnant woman's SSN (if available): _____	_____ _____ _____ _____ _____ _____
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INVOICE # : _____ Child's name (last, first): _____ Child's SSN: _____ Child's Date of Birth: _____ Applicant's name: _____ Pregnant woman's SSN (if available): _____	_____ _____ _____ _____ _____ _____
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Reminder: Before faxing or calling for information, check to see if the applicant's name appears on your monthly activity report.