



July 2, 2004

Maternal and Child Health Access

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**AIM Program Will No Longer Enroll Newborns:
Babies Will Be Eligible For Healthy Families Instead**

(1) Babies born to women who start Access for Infants and Mothers (AIM) coverage for their pregnancies on or after July 1, 2004 will be enrolled in Healthy Families instead of AIM.¹

For these “former AIM infants”, Healthy Families will extend to 300% of poverty, the same income level as the AIM program, for the infants’ first two years. Coverage will continue throughout this period as long as the family follows the usual Healthy Families program rules, like paying premiums, returning the Annual Eligibility Review form for the infant, etc.

At present, babies whose mothers had AIM are covered by the mother’s AIM plan during the first two years of life. The baby’s enrollment is activated when the mother informs the AIM program or her AIM plan about the birth, or by the AIM plan itself once it becomes aware of the birth through its own data reporting systems.

Please note that the following is our present understanding of the rules for the AIM-to-Healthy Families transfer for newborns, based on the information we have so far: for confirmation, it’s best check with AIM (1-800-433-2611) or the Healthy Families program (1-800-880-5305). And please let us know if you receive different information.

(2) How will the newborns be enrolled into Healthy Families?

The mother will have to call or write to Healthy Families to let the program know the baby has been born. In most cases, the family will also have to pay the Healthy Families premium *prior* to enrollment.² (The one exception to prior payment is discussed in # 5, below.)

About 30 days before the estimated delivery date, the mother will be sent a Healthy Families Handbook and some forms, with a letter

asking her to fill out and return the forms *after* the baby is born, along with the Healthy Families premium payment.³ One of the forms will be for selecting a primary care provider and dental plan for the newborn.

No application is required. The only information that must be reported to Healthy Families (with the forms mentioned above or by phone) is the infant's name, date of birth, and sex, although information will also be requested about the infant's weight at birth.⁴

The mother, her AIM plan, her provider, or the provider who sees the newborn before he or she has Healthy Families can also provide this information.⁵ The mother's AIM plan is also required to follow up with the mother about the birth to make sure the necessary information about the newborn is reported to Healthy Families as soon as possible.

Once the necessary information is provided and the premiums are paid, the infant's coverage begins, *retroactive to the date of birth*.⁶ Like all other Healthy Families enrollees, the infant's coverage will include medical, dental and vision benefits.

Healthy Families should be contacted as soon as possible after the baby is born, although this can be done at any time during the infant's first year of life.⁷ However, if the family does not let Healthy Families know the baby has been born until after the second month of life, coverage will be retroactive to the infant's date of birth *only if* the family pays the premiums for all of the intervening months.⁸

(3) What health plan does the newborn go into?

To understand how the infant's enrollment into a Healthy Families plan will work, it is helpful to keep in mind that all AIM plans are required to participate in the Healthy Families program.

General rule:

As a general rule, once the infant's birth is reported to Healthy Families and the premium is paid, the infant will be enrolled in the Healthy Families counterpart of the mother's AIM plan.⁹ The infant will stay in that plan until the next open enrollment period, except for the circumstances mentioned below: (1) one-time transfer for

any reason; or (2) sibling in a different Healthy Families plan. So, a mother enrolling in AIM should think about her newborn's coverage as well.

One Plan Transfer for Any Reason

The family can transfer the infant to another Healthy Families plan for any reason one time within the first three months from the infant's date of birth. The request has to be made in writing.¹⁰

A transfer won't take effect earlier than the third calendar month of the infant's enrollment in Healthy Families. An approved transfer takes effect within a maximum of 40 days from approval of the written request and occurs on the first day of a month.¹¹

When there are sibling(s) enrolled in a different Healthy Families plan:

If the newborn has one or more siblings, and the siblings are enrolled in a Healthy Families plan different from the mother's AIM counterpart, then the newborn will instead be switched to the siblings' Healthy Families plan.¹²

Enrollment in the siblings' plan will be effective "on the first day of the infant's third calendar month of [life]."¹³

Example: An infant born on January 10 and enrolled in Healthy Families in February will first be in the Healthy Families counterpart of the mother's AIM plan and then transferred to the siblings' Healthy Families plan effective March 1 if the sibling is enrolled in a Healthy Families plan different than the counterpart of the mother's AIM plan.¹⁴

What about preserving continuity of care for newborns who are already in care under the Healthy Families counterpart of the mother's AIM plan but have siblings in a different Healthy Families plan?

A newborn can stay in the Healthy Families counterpart of the mother's AIM plan, and avoid automatic transfer to a sibling's Healthy Families plan, if the newborn has a

“physical, developmental, behavioral, or emotional condition that requires continuity of care.”¹⁵

However, the family will also have to make a choice about the siblings’ plan: either the siblings will all have to switch over to the newborn’s plan, or, the newborn will have to switch over to the siblings’ plan during the open enrollment period after the infant’s first birthday.¹⁶

To keep the newborn in the Healthy Families counterpart of the mother’s AIM plan, the family must submit a letter to Healthy Families stating that the infant has one of the conditions described above. The letter must also state whether the family wishes to switch the siblings over to the newborn’s plan or not.¹⁷ Providers and advocates will likely need to help families with this process.

(4) How will the family select a primary care provider for the newborn?

The family can use the Healthy Families forms that the mother will have been sent before the infant’s birth (see # 2, above) to select a primary care provider and dental health plan for the infant after the birth.

If the mother no longer has the forms, call the Healthy Families program.

(5) What about care provided for the newborn in the hospital or shortly after the birth: Will it be covered?

Yes, since the infant’s enrollment will be retroactive to the date of birth, as long as the family pays all premiums for the intervening months. *Families should not delay getting care for their newborns.*

Another way this early care can be covered is if the mother’s AIM plan notifies the Healthy Families program in writing of the baby’s name, date of birth and sex and of the need for the services. This must be done “the 10th day of the second full calendar month of the infant’s life.”¹⁸

Example: Baby is born on January 5. Healthy Families considers the first full month to be February, the second full month to be March. The mother’s AIM plan must notify

Healthy Families by March 10 in order to be compensated before the infant's enrollment into Healthy Families is complete.

But if the baby is born on the first of the month, that month is considered the first full calendar month. In the above example, if the baby was born on January 1, the deadline would be February 10 instead of March 10.¹⁹

In these situations, the newborn will be enrolled in Healthy Families retroactively to the date of birth before the premium is paid, and the mother will be billed for the premium; if the premium is not paid, the infant will be disenrolled, under the usual Healthy Families disenrollment procedures.²⁰

(6) What happens if the family does not contact Healthy Families or pay premiums for the newborn until after the 10th day of newborn's second full calendar month of life?

The family can still enroll the infant into Healthy Families *without* the regular joint Medi-Cal/Healthy Families application before the age of one year.²¹

If the family has medical bills for the newborn for any of the intervening months and wants Healthy Families to pay for them, the family can get retroactive coverage. As indicated above (see # 2), however, to get retroactive coverage, the family will have to pay the premiums for *all* the intervening months, back to the birth month, even if the medical bills for the infant were incurred in only some of the months.²²

(7) S-CHIP funds: Initially, the state planned to cover the Healthy Families costs for "AIM infants" with family income between 250% - 300% of poverty without federal matching funds.²³

On June 10, 2004, however, the state received permission from the federal government to use S-CHIP funds (*i.e.*, the federal funds for Healthy Families) to cover the "former AIM infants" whose family income is 250% - 300% of poverty. This new federal "waiver" also allows California to use S-CHIP funds to cover these infants during the first two years of life. For all other children, the Healthy Families income limit remains 250% of poverty.

(8) Please let us know how it goes: Please keep us informed about how the implementation goes. You can contact Lucy Quacinella at Lucy@Quacinella.com or Lynn Kersey at lynnk@mchaccess.org.

Thanks!

¹ Title 10, California Code of Regulations (CCR), § 2699.6500(c). This regulation and the following ones are all part of the Healthy Families regulations; they should eventually be on-line at the Healthy Families website at www.mrmib.ca.gov/MRMIB/HFP/HFPRregs.pdf

² 10CCR § 2699.6608 (a) and (e).

³ See pages 2 and 17 of the 2004-05 AIM Handbook.

⁴ 10 CCR § 2699.6608 (b).

⁵ 10 CCR § 2699.6608 (c).

⁶ 10 CCR § 2699.6613 (g).

⁷ 10 CCR § 2699.6608 (a).

⁸ Communication from MRMIB staff.

⁹ 10 CCR § 2699.6608 (d).

¹⁰ 10 CCR § 2699.6619 (f)(2).

¹¹ *Id.*

¹² 10 CCR § 2699.6619 (a)(5) and (f)(1).

¹³ *Id.*

¹⁴ Communication from MRMIB staff.

¹⁵ 10 CCR § 2699.6619 (f)(1)(A) and (B).

¹⁶ *Id.* See also 10 CCR § 2699.6809 (h).

¹⁷ 10 CCR § 2699.6619 (f)(1)(A) and (B). We don't have details about how Healthy Families will implement these provisions yet, but because the regulation has no verification (proof) requirement, the family's statement in the letter that the newborn has one of the listed conditions and whether the family wants the siblings to change health plans or not should be all that is required.

¹⁸ 10 CCR §§ 2699.6601(c) and 2699.6608(f).

¹⁹ Communication from MRMIB staff.

²⁰ 10 CCR § 2699.6608(f).

²¹ 10 CCR § 2699.6608 (a) and (e).

²² Communication from MRMIB staff.

²³ This issue comes up because the income limit for Medi-Cal coverage without a "share of cost" for pregnant women is 200% of poverty; the AIM income limit is 300%; and the Healthy Families limit is 250%.