

Introduced by Senator Hayden

December 7, 1998

An act to amend Sections 12693.41 and 12693.70 of, and to add Section 12693.705 to, the Insurance Code, relating to health insurance.

LEGISLATIVE COUNSEL'S DIGEST

SB 92, as introduced, Hayden. Healthy Families Program.

(1) Existing law provides for the creation of the Healthy Families Program administered by the Managed Risk Medical Insurance Board.

Existing law provides that when a child becomes eligible for the program, the board shall arrange for payment of providers that participate in the Child Health and Disability Prevention Program for certain services provided up to 30 days prior to the effective date of coverage.

This bill would extend those provisions to provide for payment of providers providing services in an emergency room or outpatient clinic or department located in a licensed acute care hospital, a community clinic, a free clinic, a rural health clinic, and a federally qualified health center.

(2) Under existing provisions governing the Healthy Families Program, in order to be eligible, an applicant must be applying on behalf of a child who meets certain requirements, including a requirement that the child be a resident, and including the citizenship and immigration status requirements established by federal law. Existing law continuously appropriates money from the Healthy Families

Fund for purposes of implementation of the Healthy Families Program.

This bill would modify the definition of “resident” by including an applicant who is physically present and living in California and who entered the state with a job commitment or to seek employment, whether or not currently employed. It would also provide that a child who is otherwise eligible for participation shall not be denied eligibility based on the child’s date of entry into the United States. These provisions would become operative only if funding for these purposes is appropriated by the Budget Act.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 12693.41 of the Insurance Code
 2 is amended to read:
 3 12693.41. (a) (1) Upon the effective date of
 4 coverage of a child eligible for the program, the board
 5 shall arrange for payment of *eligible* providers ~~who~~
 6 ~~participate in the Child Health and Disability Prevention~~
 7 ~~Program pursuant to Article 6 (commencing with Section~~
 8 ~~124025) of Chapter 3 of Part 2 of Division 106 of the Health~~
 9 ~~and Safety Code~~, for well-child health assessments,
 10 immunizations, and initial treatment provided up to 30
 11 days prior to the effective date of coverage.
 12 (2) *As used in this section, “eligible provider” means*
 13 *providers that participate in the Child Health and*
 14 *Disability Prevention Program pursuant to Article 6*
 15 *(commencing with Section 124025) of Chapter 3 of Part*
 16 *2 of Division 106 of the Health and Safety Code, and any*
 17 *provider providing services in an emergency room or*
 18 *outpatient clinic or department located in a licensed*
 19 *acute care hospital, a community clinic, a free clinic, a*
 20 *rural health clinic, any clinic owned and operated by a*
 21 *county, including a county outpatient clinic, and any*
 22 *federally qualified health center as defined in Section*
 23 *14087.325 of the Welfare and Institutions Code.*



1 (b) The board shall pay only for those services that are
2 eligible for federal financial participation under Section
3 2105 of Title XXI of the Social Security Act and that are
4 approved in the required state plan under that title.

5 (c) (1) ~~Child Health and Disability Prevention~~
6 ~~Program~~ *Eligible* providers shall submit charges for the
7 services under subdivision (a) on the form or in the
8 format specified by the department for the Child Health
9 and Disability Prevention Program. Those providers shall
10 be reimbursed at the rates established for these services
11 by the Child Health and Disability Prevention Program
12 once coverage under the program is established.
13 *However, if rates have not been established under that*
14 *program, the rates shall be those established for Medi-Cal.*

15 (2) Those providers shall submit charges for services
16 reimbursable under Medi-Cal on the form or in the
17 format specified by the department for Medi-Cal. Those
18 providers shall be reimbursed at the rates established for
19 these services by Medi-Cal once coverage under
20 Medi-Cal is established.

21 (d) (1) The board may use the state fiscal
22 intermediary for medicaid to process the payments
23 authorized in subdivision (a).

24 (2) The board shall be exempt from the requirements
25 of Chapter 7 (commencing with Section 11700) of
26 Division 3 of Title 2 of the Government Code and Chapter
27 3 (commencing with Section 12100) of Part 2 of Division
28 2 of the Public Contract Code as those requirements
29 apply to the use of contractual claims processing services
30 by the state fiscal intermediary.

31 SEC. 2. Section 12693.70 of the Insurance Code is
32 amended to read:

33 12693.70. To be eligible to participate in the program,
34 an applicant shall meet all of the following requirements:

35 (a) Be an applicant applying on behalf of an eligible
36 child, which means a child who is all of the following:

37 (1) Greater than 12 months of age and less than 19
38 years of age. An application may be made on behalf of a
39 child less than 12 months of age for coverage to begin as
40 early as the child's first birthday.



1 (2) Not eligible for no-cost full-scope Medi-Cal or
2 Medicare at the time of application.

3 (3) In compliance with Sections 12693.71 and 12693.72.

4 (4) A child who meets citizenship and immigration
5 status requirements that are applicable to persons
6 participating in the program established by Title XXI of
7 the Social Security Act.

8 (5) A resident of the State of California pursuant to
9 Section 244 of the Government Code *or because the*
10 *applicant is physically present and living in California and*
11 *entered the state with a job commitment or to seek*
12 *employment, whether or not currently employed.*

13 (6) In a family with a gross annual household income
14 equal to or less than 200 percent of the federal poverty
15 level.

16 (b) If the applicant is applying for the purchasing pool,
17 the applicant shall pay the first month's family
18 contribution and agree to remain in the program for six
19 months, unless other coverage is obtained and proof of
20 the coverage is provided to the program.

21 (c) An applicant shall enroll all of the applicant's
22 eligible children in the program.

23 SEC. 3. Section 12693.705 is added to the Insurance
24 Code, to read:

25 12693.705. A child who is otherwise eligible for
26 participation shall not be denied eligibility based on his or
27 her date of entry into the United States.

28 This section does not constitute a change in, but is
29 declaratory of, existing law.

30 SEC. 4. Sections 2 and 3 shall become operative only
31 if funding for the purposes of those sections is
32 appropriated by the Budget Act.

