

AMENDED IN SENATE MAY 28, 1999

AMENDED IN SENATE APRIL 15, 1999

SENATE BILL

No. 92

Introduced by Senator Hayden

December 7, 1998

An act to amend Section 12693.70 of, and to add Sections ~~12693.415~~ and ~~Section~~ 12693.705 to, the Insurance Code, relating to health insurance.

LEGISLATIVE COUNSEL'S DIGEST

SB 92, as amended, 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.

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.

(3)

(2) Existing law continuously appropriates money from the Healthy Families Fund for purposes of implementation of the Healthy Families Program.

The bill’s provisions expanding coverage and eligibility 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 12693.415 is added to the~~
2 ~~Insurance Code, to read:~~
3 ~~12693.415. (a) (1) Upon the effective date of~~
4 ~~coverage of a child eligible for the program, the board~~
5 ~~shall arrange for payment of an eligible provider for~~
6 ~~well-child health assessments, immunizations, and initial~~
7 ~~treatment provided up to 30 days prior to the effective~~
8 ~~date of coverage.~~
9 ~~(2) As used in this section, “eligible provider” means~~
10 ~~any provider providing services in an emergency room or~~
11 ~~outpatient clinic or department located in a licensed~~
12 ~~acute care hospital, a community clinic, a free clinic, a~~
13 ~~rural health clinic, any clinic owned and operated by a~~
14 ~~county, including a county outpatient clinic, and any~~
15 ~~federally qualified health center as defined in Section~~
16 ~~14087.325 of the Welfare and Institutions Code.~~
17 ~~(b) The board shall pay only for those services that are~~
18 ~~eligible for federal financial participation under Section~~



1 ~~2105 of Title XXI of the Social Security Act and that are~~
2 ~~approved in the required state plan under that title.~~

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

13 ~~(2) An eligible provider shall submit charges for~~
14 ~~services reimbursable under Medi-Cal on the form or in~~
15 ~~the format specified by the department for Medi-Cal. An~~
16 ~~eligible provider shall be reimbursed at the rates~~
17 ~~established for these services by Medi-Cal once coverage~~
18 ~~under Medi-Cal is established.~~

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

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

29 ~~SEC. 2.~~

30 ~~SECTION 1.~~ Section 12693.70 of the Insurance Code
31 is amended to read:

32 12693.70. To be eligible to participate in the program,
33 an applicant shall meet all of the following requirements:

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

36 (1) Greater than 12 months of age and less than 19
37 years of age. An application may be made on behalf of a
38 child less than 12 months of age for coverage to begin as
39 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.~~

24 *SEC. 2.* Section 12693.705 is added to the Insurance
25 Code, to read:

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

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

31 ~~SEC. 4. Sections 1, 2, and 3~~

32 *SEC. 3.* *Sections 1 and 2* shall become operative only
33 if funding for the purposes of those sections is
34 appropriated by the Budget Act.

