



Healthy Families Update

Welcome to the Third Issue of Healthy Families Update

Our Goal: Provide brief, practical updates on HF Mental Health issues for county administrators, health plan liaisons, and mental health workers. We hope this will improve communication and expand access to the HF MH benefit. **Please share this newsletter with Access Teams, mental health staff, and others!**

Other Great Sources of Information on HF MH

For info on HF MH Benefits visit the CA State DMH website:
<http://www.dmh.cahwnet.gov>

The CIMH Healthy Families SED benefit Brochure:
http://www.cimh.org/healthy_families.html

Overall program information, including lists of certified application assistants who assist families with the application:
<http://healthyfamilies.ca.gov/>

The Healthy Families Program Handbook lists Health Plans available to Healthy Families members in each county: <http://www.healthyfamilies.ca.gov>

The Managed Risk Medical Insurance Board: <http://www.mrmib.ca.gov>

The Healthy Families Info line is available Mon – Fri 8 am to 8 pm (800) 880-5305

Kaiser Family Foundation: <http://kff.org>

UCLA Center for Health Policy:
<http://www.healthpolicy.ucla.edu>

The Immigration and Naturalization Service for guidelines regarding receipt of health coverage. Healthy Families DOES NOT constitute a public charge.
<http://www.ins.usdoj.gov>

In This Issue We Will Discuss Several Different Topics

Recently CIMH has developed a pilot project (three-county training) for counties regarding implementing the Healthy Families Program. This project has been carried out with the cooperation of three pilot counties (Los Angeles, Riverside and Stanislaus) and the Health Plans operating in those counties. We will outline some of the information and tools gathered through these trainings. Additionally, feedback from our second Healthy Families Update indicated favorable response to the FAQ format so we will present more of these questions and answers.

Current Enrollment Statistics

April 2001 Summary Number of Current Subscribers

398,654

Ethnicity of Subscribers

Hispanic/Latino	66.9%
White	15.8%
Asian/Pacific Islander	13.4%
Black/African American	2.8%

Gender of Subscribers

Male	51.2%
Female	48.7%

In This Issue: Flow Charts

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Billing and Reimbursement Procedures Outlined

Below is the billing process for Healthy Families. Also, a flow chart (see page 3) is attached that may prove helpful. As always, DMH is the final authority on billing issues.

The claims processing edits on Short-Doyle /Medi-Cal are very specific with respect to claiming for Healthy Families. One major key is the Beneficiary ID field. To claim for Healthy Families the Beneficiary ID must be in the following format.

BENEFICIARY COUNTY = BC (two digit number)

HEALTHY FAMILIES = 9H

FILLER = 9

CIN = 9NNNNNNNA (Where N is a numeric and A is a character)

The Beneficiary ID must be 14 places on the form = BC9H99NNNNNNNA, (sample = 339H990123456A)

If the 9H is missing the system will treat it as a regular Short-Doyle/Medi-Cal claim.

The client identification number (CIN) cannot be used alone, nor can the SSN be used to bill Healthy Families.

You can find HFP eligibility in MEDS, MMEF or Weekly HFP Eligibility Extract.

Billing for a HFP beneficiary can be done up to the end of one year for any month in that year.

More Questions

What is the billing and reimbursement process when a HFP child from another county receives SED services in my county?

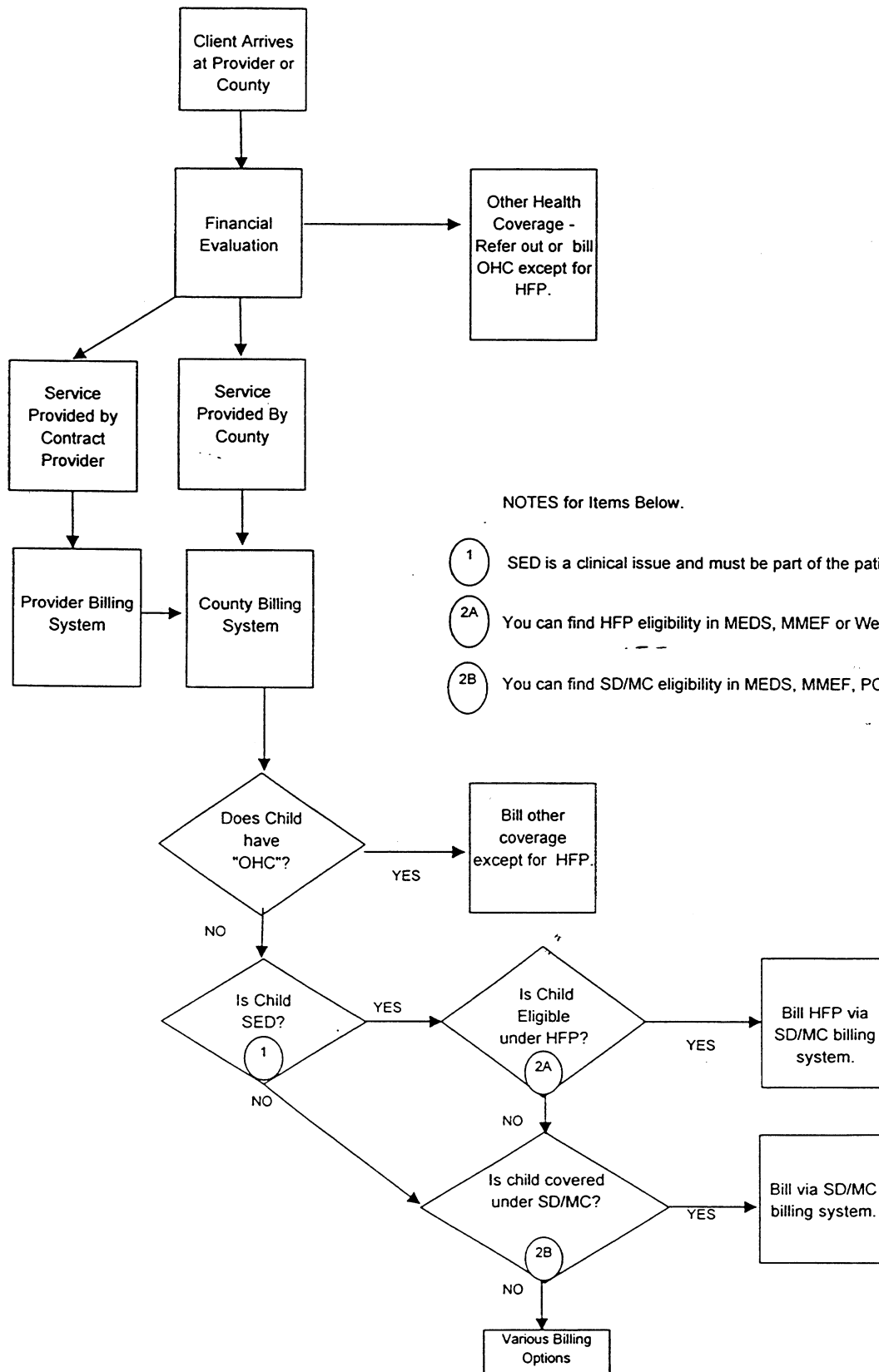
Although the HFP/SED benefit was modeled in many ways on EPSDT, there is one important distinction. The HFP reimbursement does not involve any state general funds. Thus, for reimbursement, the county of origin of the beneficiary is not an issue. The reimbursement (FFP) from the Federal Government comes directly to the county delivering and billing for the services.

What about parents being covered by Healthy Families? How will counties be affected?

Currently MRMIB and the Department of Health Services are working on a proposal to expand the Healthy Families Insurance Program to parents of Healthy Families children. In order to be eligible, parents would need to be ineligible for Medi-Cal and have an income up to 250% above poverty level. County mental health departments would not be directly affected by this as all coverage, including mental health benefits, will be offered through the Health Plans. However, counties will probably see an increase in the number of SED referrals. Historically, we know that if parents have health insurance coverage, they tend to seek help for their children more often than if they do not have insurance.

County MH & Health Plans CIMH Healthy Families Update

Department of Mental Health SD/MC and HFP Billing Flow Chart



More Information on the Three-County Training

County mental health staff, independent contractors and health plan representatives met in a relaxed, informal meeting in the three-county HFP planning meetings. This was to network, share information and problem-solve. One outcome from these meetings was the **flow chart (see page 5)** in this newsletter, but the most important outcome was the sense that all participants had one common goal: **service to children and families**. It was clear that by working together the health plans, the behavioral health organizations and the counties could sort out the difficulties that arise in this public/private program that is so unique and challenging.

Over the next few months CIMH will be disseminating the information to county MHPs gathered from these meetings. We hope this information encourages other counties to schedule similar meetings to improve county and health plan working relationships.

In addition to the health plans that attended the meetings, representatives from behavioral health organizations were present. These representatives helped clarify for county staff some confusion about the how the Health Plans deliver the basic mental health benefit in Healthy Families. Some county staff were not aware that often Health Plans have their mental health benefits managed and/or delivered by a Behavioral Health Organization (BHO) that may or may not be a part of the Health Plan. The BHO usually has a different name than the Health Plan. For example, Blue Cross uses Wellpoint Behavioral Health and Health Net uses Managed Health Network.

Enrollment Trends

Recent news stories have suggested that disenrollment is a serious problem for the HFP. However, actual disenrollment statistics indicate this is not so. In fact, HFP has as good, if not better, a retention rate than private health plans. MRMIB recently surveyed HFP beneficiaries who had dropped off the plan in order to find out what the causes were for losing enrollees. Some of these drop-offs were “good news”—the family had found private coverage for the child. Some drop-offs are inevitable given current rules—the child is no longer eligible for coverage in the program. Others are difficult to evaluate in terms of whether they are good news or bad news for the family. For example, it is unknown why many families stop paying their child’s premiums. MRMIB is currently looking for opportunities to improve the “retention rate.”

(More enrollment data on page 5)

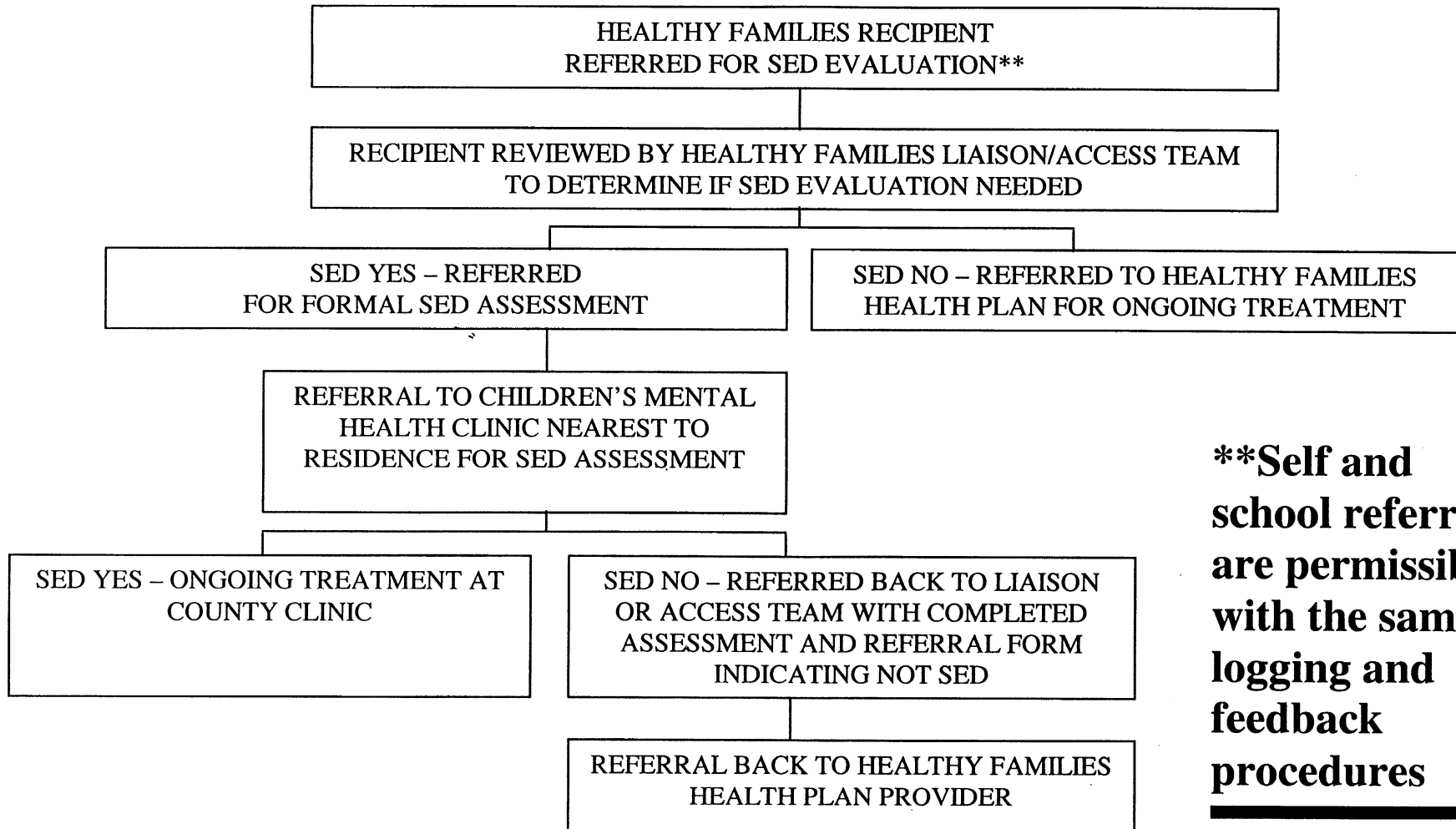
The overall adjusted disenrollment rate is approximately 16%.

Out of 100 children, 16 disenroll for “possibly avoidable reasons.”

This is a sample flow chart in use by some counties; each county is urged to design their own.

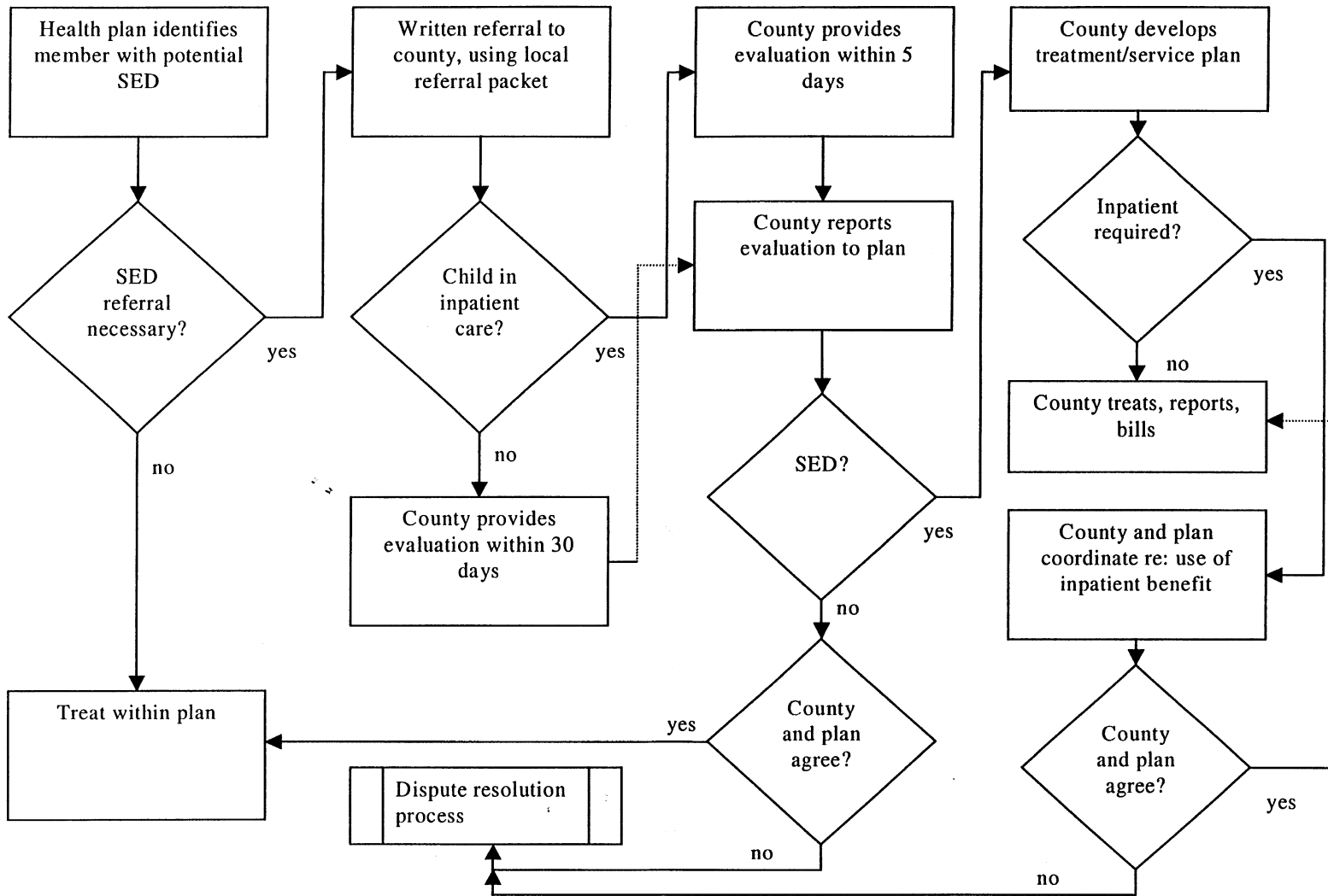
Healthy Families Referral Flow Chart

(Internal County Mental Health)



****Self and school referrals are permissible with the same logging and feedback procedures**

Healthy Families Mental Health: Flow Chart for Coordination of SED Cases



"Missing Cases"

Below is a special data run by DMH. In this run children ages 0-17 receiving services were matched to the HFP Enrollment file and the Short-Doyle/Medi-Cal approved claims file.

This reflects total clients, number of clients matched to the HFP file, number of clients matched to the SD/MC file and number of clients with Individualized Education Plans (IEP).

The first three numbers after the total are not unique. A client may match to more than one system and have IEP services. The last 8 numbers are unique and show the type of match or service for every client.

This run indicates some HFP children are not being billed to the HFP program, but are instead being billed through other programs, or may not be billed at all. This run also indicates far more HF children matching to HFP than are being billed. Hopefully, counties can use this data to find their HFP cases.

What's Next in this Newsletter?

In upcoming issues, this newsletter will provide additional detail for mental health staff on:

- ✓ Acronyms
- ✓ How to identify a Healthy Families enrollment card
- ✓ How to find assisters...

...and more. If you would like to suggest a topic, please email: mjalumbaugh@cimh.org.

For the latest data, see

Table I

On the following pages

Client and Service Information System Data Base
Clients Age 0-17

Matched to the Healthy Family Plan (HFP) Enrollment File and the Short-Doyle/Medi-Cal (SD/MC) Approved Claims File

Total Clients, Number of Clients Matched to the HFP File, Number of Clients Matched to The SD/MC File, and Number of Clients With Individualized Education Plans (IEP)

Fiscal Year 1999-2000
As of December 12, 2000

	Number	Percent ¹
Total	85,451	100.0
Match to HFP	15,258	17.9
Match to SD/MC	57,054	66.8
IEP Services	7,317	8.6
SD/MC only	52,489	61.4
No HFP, SD/MC, or IEP	13,219	15.5
HFP only	10,638	12.4
HFP and IEP	2,740	3.2
IEP and SD/MC	2,685	3.1
IEP only	1,800	2.1
HFP and SD/MC	1,788	2.1
HFP, IEP, and SD/MC	92	0.1

¹The first three numbers after the total are not unique. A client may match to more than one system and have IEP Services. The last 8 numbers are unique and show the type of match or service for every client.

MENDOCINO	CLIENTS	1									
MERCED	APPROVED	1,529									
MERCED	CLIENTS	1									
NEVADA	APPROVED	50,921	27,895	1,712	2,882	3,835	6,869	4,522	4,146	3,929	
NEVADA	CLIENTS	24	19	6	8	10	11	10	14	10	
RIVERSIDE	APPROVED	244,043	117,576	14,979	17,518	14,688	18,233	19,583	14,978	17,597	
RIVERSIDE	CLIENTS	104	86	35	40	42	40	46	45	44	
SACRAMENTO	APPROVED	324,341	89,112	11,034	16,927	10,833	10,280	10,575	7,378	22,084	
SACRAMENTO	CLIENTS	82	46	25	29	19	16	20	15	20	
SAN BERNARDINO	APPROVED	211,291	72,327	13,520	14,279	5,256	8,952	8,691	8,375	13,254	
SAN BERNARDINO	CLIENTS	110	63	25	24	23	29	30	24	33	
SAN DIEGO	APPROVED	48,446									
SAN DIEGO	CLIENTS	56									
SAN FRANCISCO	APPROVED	754,516	214,516	32,900	26,742	30,077	31,250	31,996	25,615	35,937	
SAN FRANCISCO	CLIENTS	163	104	60	62	57	56	63	42	52	
SAN JOAQUIN	APPROVED	152,650	64,200	5,324	6,733	6,196	12,843	11,993	9,911	11,201	
SAN JOAQUIN	CLIENTS	93	53	14	20	19	21	19	18	19	
SAN LUIS OBISPO	APPROVED	6,467	1,178	180			628	120	250		
SAN LUIS OBISPO	CLIENTS	6	2	1			1	1	1		
SAN MATEO	APPROVED	13,253									
SAN MATEO	CLIENTS	6									
SANTA BARBARA	APPROVED	375,979	100,270	9,665	11,827	15,406	18,390	12,629	13,413	18,939	
SANTA BARBARA	CLIENTS	65	30	13	17	19	17	17	16	18	
SANTA CRUZ	APPROVED	312,182	150,478	13,443	15,307	22,511	27,507	23,888	23,939	23,883	
SANTA CRUZ	CLIENTS	34	23	9	11	15	14	11	11	11	
SHASTA	APPROVED	4,517	3,553	413		377	2,324	439			
SHASTA	CLIENTS	8	7	1		3	4	3			
SONOMA	APPROVED	256,909	98,566	13,844	15,472	21,556	14,480	11,992	9,133	12,090	
SONOMA	CLIENTS	34	14	11	12	11	10	8	9	10	
STANISLAUS	APPROVED	107,033	43,706	11,354	11,113	7,291	4,524	4,399	1,946	3,078	
STANISLAUS	CLIENTS	46	33	20	21	20	12	11	9	6	
TEHAMA	APPROVED	10,643	5,382	32	922	4,429					
TEHAMA	CLIENTS	10	8	1	4	6					
TULARE	APPROVED	132,887	44,476		5,429	11,442	11,490	5,996	10,119		
TULARE	CLIENTS	60	32		10	20	22	11	23		
SUTTER/YUBA	APPROVED	1,733	1,287					497	790		
SUTTER/YUBA	CLIENTS	3	2					1	2		