

ATTACHMENT 1: GLOSSARY

GLOSSARY

Access For Infants and Mothers Program (AIM)

A public-private partnership program which offers creditable health insurance coverage to pregnant women with incomes between 200 percent and 300 percent of the Federal Poverty Level and their newborn children through the first two years of life. AIM is administered by the Managed Risk Medical Insurance Board (MRMIB), which contracts with the private sector to provide subsidized coverage for beneficiaries. To cover the full costs of care, California uses Proposition 99 tobacco tax monies to subsidize subscriber co-payments and contributions, while the subscriber pays two percent of their average annual income. As of September 1997, AIM has provided access to comprehensive health benefits for 28,921 women and 25,735 newborns.

Baby-Cal Outreach Campaign

A campaign conducted by the Department of Health Services (DHS) which provides extensive outreach to pregnant women about the importance of obtaining prenatal care, and informs potential beneficiaries about subsidized state prenatal care programs which are available to help them. With its annual \$6 million budget, Baby-Cal uses a media campaign, operates a toll-free line which, among other things, refers callers to Medi-Cal or AIM (as applicable), and conducts outreach through a network of roughly 350 community-based organizations.

California Children Services (CCS)

A program administered by counties under the oversight of Department of Health Services which provides funding for medical care to eligible low and modest income families with children who have serious medical problems, such as critical acute illness, chronic illnesses, genetic diseases, physical handicaps, major injuries due to violence and accidents, congenital defects, and neonatal and pediatric intensive care unit level conditions. CCS provides comprehensive medical services for care of the condition, including physician, hospital, laboratory, X-ray, rehabilitation services, medications, and medical case management. To be eligible, individuals must be under twenty-one years of age, have a medical condition covered by CCS, and have an adjusted gross family income below \$40,000 or a projected out-of-pocket cost greater than twenty-percent of the family income.

California Cooperative HEDIS Reporting Initiative (CCHRI)

CCHRI is a collaborative effort of purchasers, providers and plans committed to produce audited performance data on health plans which can be compared across plans and tracked over time. The health plans participating in CCHRI represent 95% of the commercially enrolled California health maintenance organization population.

California Health Care for Indigents Program (CHIP)

A program administered by the Department of Health Services which provides funding to large counties for uncompensated hospital, physician, and other health service costs. To be eligible, counties must meet their Maintenance of Effort, and provide or arrange for follow-up medical

treatment for children with health problems and/or medical disorders detected through the Child Health and Disability Prevention (CHDP) program. CHIP is funded by Cigarette and Tobacco Products Surtax and is administered by the Office of County Health Services.

Child Health and Disability Prevention (CHDP)

A program which provides regular preventive health assessments to eligible children and youths to identify any health problems. The health assessments include history, physical examinations, nutritional assessments, developmental assessments, laboratory tests, vision testing, hearing testing, and referrals for routine dental assessments. Case management is provided by CHDP programs in local health departments. Assessments are performed by clinics, private physicians, and school districts. Children with suspected problems from the examinations are then referred for necessary diagnosis and treatment. To be eligible for CHDP, individuals must be under twenty-one years of age and be Medi-Cal eligible, or under nineteen years of age with family income less than 200 percent of the federal poverty level. The program is funded by Federal Title XIX, State General Fund, and by Cigarette and Tobacco Products Surtax. CHDP is administered by the Department of Health Services and serves over two million children annually.

Community Provider Plan

In its administration of the Healthy Families insurance program, the Managed Risk Medical Insurance Board (MRMIB) will designate a "Community Provider Plan" for each county. This plan will be the one with the highest percentage of traditional and safety net providers within the area. The Community Provider Plan will be available for enrollees at a discounted premium.

County Mental Health

The county mental health program, as administered by the Department of Health Services (DHS), has responsibility for the coordination, authorization, and provision of services to treat persons with serious emotional disturbances. Services available include prevention and control of mental illness through community education and consultation, crisis evaluation and emergency care, 24-hour acute care, 24-hour residential treatment, day care treatment, outpatient care, case management and resocialization. The county programs are funded by a dedicated portion of the sales tax dollars and vehicle licensing fees collected by the state and distributed to the counties. The counties also receive funds from Medicaid, Medicare, and other third party payers.

County Organized Health Systems (COHS)

A COHS is created by a county Board of Supervisors to contract with the Medi-Cal program. Operating under a federal Medicaid freedom of choice waiver and other waivers, the COHS are required to provide, on a capitated at-risk basis, all basic Medi-Cal covered benefits and administer a comprehensive managed health care delivery system. Beneficiaries are given a wide choice of providers within the COHS.

Department of Corporations (DOC)

The California Department of Corporations regulates health care service plans which provide most of the health coverage in the state. Health plans regulated by DOC provide health care services for approximately 18,000,000 persons.

Department of Health Services (DHS)

The Department of Health Services (DHS) is the state department responsible for a wide scope of public health and medical care services programs. DHS is responsible for licensing all health facilities in California and is the single state agency for the Medicaid program.

Department of Insurance (DOI)

The California Department of Insurance regulates disability insurers in the state, a category of insurance which includes health insurance.

Early Periodic, Screening, Diagnostic, and Treatment guidelines (EPSDT)

A federally required component of the Medicaid program which provides health services to children under the age of 21. The EPSDT program consists of periodic screening services, diagnosis and treatment services, and all other medical services which are necessary to correct or ameliorate a defect, physical or mental illness, or a condition identified by an EPSDT screen. In California, periodic health services are provided through CHDP.

Expanded Access to Primary Care (EAPC) Program

EAPC provides financial assistance to primary care clinics serving medically-underserved areas or populations. EAPC is funded through Proposition 99 tobacco tax monies and serves individuals at or below 200 percent of the poverty level on a sliding scale basis.

Family Value Package (FVP)

The Managed Risk Medical Insurance Board (MRMIB) will designate one or more "Family Value Packages" in each geographic area. The FVP is the combination of health, dental, and vision plans which offer the best prices to the program. MRMIB has the ability to designate a range of prices as the "lowest" cost value to the state. The exact range will be designated by MRMIB in the program regulation process.

Health Insurance Plan of California (HIPC)

A plan which offers small businesses a voluntary health insurance purchasing pool and choice among health plans to employees. HIPC offers comprehensive medical care, including inpatient, outpatient, and prescription drug coverage. To be eligible, an employer must have two to fifty eligible employees who have worked for thirty days on a full-time basis. HIPC is administered by the Managed Risk Medical Insurance Board (MRMIB).

Healthy Families

An integrated system of care which is designed and implemented with the goal of improving the health status of uninsured, low and moderate income children. The central component of Healthy

Families is a private health insurance program which provides creditable health insurance through either a purchasing pool or an insurance purchasing credit for children whose families have access to (but do not have) employer sponsored coverage. The Healthy Families program also includes significant reforms to the Medi-Cal program, including a one-month "continued eligibility" for Medi-Cal enrollees who lose their eligibility due to increases in family income; a "resource disregard" for children to ensure that Medi-Cal eligibility is determined solely on the basis of family income, not family assets; and accelerated Medi-Cal coverage for all children aged 14 through 18 with family incomes below 100 percent of the federal poverty level. The Healthy Families program will also ensure the provision of necessary wraparound services in addition to those offered through the comprehensive insurance package. At the front end, Child Health and Disability Prevention (CHDP) program will act as a "gateway" to inform the families of uninsured children about the opportunity for health coverage. Those families wishing to pursue coverage will be channeled to either Medi-Cal or into the Healthy Families insurance program. At the back end, the California Children's Services (CCS) program and county mental health departments will address the specialized concerns of the minority of children whose needs may not be fully met under an insurance benefit package.

Healthy Families Advisory Panel

A 14-member advisory panel will be appointed to advise the Managed Risk Medical Insurance Board (MRMIB) on all policies, regulations, operations, and implementation of the Healthy Families Program. The panel will be in place and ready to perform its duties by February 1, 1998. The panel will be composed of members which represent the following interested parties: medical professionals, education, health plan, business, public health, and substance abuse communities, as well as the subscriber population. The panel will elect from its members a chair who will serve as an ex-officio member of MRMIB.

Income Eligibility Verification System (IEVS)

A federally mandated system, by which the federally funded Temporary Assistance for Needy Families (known as CalWORKs in California), Food Stamps, Medi-Cal Only, and other federal programs request, exchange, and use information for the purposes of verifying eligibility for the amount of benefits available under these programs. IEVS consists of a coordinated data exchange among the various benefit programs using a standardized format for matching purposes. This match information is forwarded to county welfare departments (CWD) which then compare the information to the information already reported to CED by applicants or recipients of the various programs. If discrepancies exist, the CWD then verifies the discrepancies accuracy and takes appropriate action with respect to the applicant/ recipients's eligibility.

Knox-Keene Act

The Knox-Keene Act of 1975 proscribes rules for the organization of health care service plans and other managed care entities in California. It specifies plan standards, marketing rules, and consumer disclosure requirements. It also establishes fiscal solvency requirements and quality assurance standards. The Act is enforced by the Department of Corporations.

Managed Risk Medical Insurance Board (MRMIB)

MRMIB was created in 1990 with a mission of reducing the number of uninsured persons in the state of California. MRMIB has five voting members, three of which are appointed by the Governor, one by State Assembly and the other by the Senate. There are also three non-voting members representing the Health and Welfare Agency, the Business and Transportation Agency, and the Access for Infants and Mother's Program (AIM) Advisory Panel. MRMIB currently administers three health insurance programs: The Major Risk Medical Insurance Plan of California (HIPC), the Health Insurance Plan of California (HIPC), and the Access For Infants and Mothers Program (AIM). MRMIB will administer the purchasing pool and credit of the Healthy Families program.

Major Risk Medical Insurance Program (MRMIP)

MRMIP is California's subsidized high risk pool for medically uninsurable Californians. The program offers comprehensive health insurance to Californians who have been unable to obtain health coverage due to preexisting conditions, insurance waivers, or high premiums. MRMIP supplements subscriber premiums to cover the cost of care and contracts with health providers. To be eligible, individuals must not be eligible for Medicare or COBRA benefits, and must have not been able to secure adequate coverage within twelve months. MRMIP is not means-tested. MRMIP is funded through Proposition 99 tobacco tax monies (\$30 million annually) and is administered by MRMIB.

Medi-Cal

Medi-Cal is California's Medicaid program. Medi-Cal provides health services through a federal and state medical assistance program for categorically-eligible and low-income persons. To be eligible, individuals must receive public assistance, be Medically Needy, a Medically Indigent child, or determined to be eligible in another category. Eligibility determination is conducted through local County Welfare Departments. Services are provided by a variety of medical practitioners and health facilities through fee-for-service and managed care payment systems. Medi-Cal is administered by the Department of Health Services.

Purchasing Credit

An estimated 15 percent of uninsured children reside in families in which employer sponsored dependent coverage is available but the families are unable to afford the employee share of cost. Under the Healthy Families program, those families with access to reasonably priced employer sponsored health insurance coverage will be given an insurance purchasing credit to purchase dependent coverage through their employer. The insurance purchasing credit will promote and strengthen California's employer-based coverage system and will allow families to enroll children in the same health plans available to their parents.

Purchasing Pool

For the majority of eligible families, MRMIB will offer access to health plans through a subsidized consumer choice purchasing system which relies on existing private sector delivery systems. The

pool will provide price competition among managed care plans, family choice of plans, and performance based contracts with plans. In the purchasing pool, many of the same health plans and networks available in the employer market will be available to families, providing broad access to health care providers.

Rural Health Services (RHS)

RHS provides funding to small rural counties for uncompensated hospital, physician, and other health services costs. To be eligible counties must participate in the County Medical Services Program, meet their Maintenance of Effort, and provide or arrange for follow-up medical treatment for children with health problems and/or medical disorders detected through the CHDP program. RHS contracts with the State Office of County Health Services for the Children's Treatment Program to satisfy the children's follow-up treatment requirement. RHS is funded by the Cigarette and Tobacco Products Surtax and is administered by the Office of County Health Services in DHS.

Seasonal Agricultural and Migratory Workers Health Program

This program provides financial and technical assistance to primary care clinics serving the needs of seasonal, agricultural, and migratory workers and their families. Individuals pay on a sliding scale for services. The program is administered by the Department of Health Services.

Women, Infants, and Children (WIC)

This program provides supplemental food and nutritional education for low-income pregnant, breast-feeding, and postpartum women, infants, and children through five years of age who are at nutritional risk. To be eligible, an individual or family must have an income at or below 185 percent of the federal poverty level, live in the local agency's geographic area, and be determined to be at nutritional risk by a health professional. WIC provides services in all fifty-eight counties through local agencies and is administered by the Women, Infants, and Children Supplemental Nutrition Branch in DHS.