

CAA Network Meeting

AGENDA

August 30, 2010
8:30-11:00 am

August 31, 2010
1:30-4:00 pm

Mercy Conference Center
1600 D Street
Bakersfield, CA 93301



- ▶ Welcome / Introductions
- ▶ Presentation: First 5 Kern Confidentiality and Informed Consent
- ▶ Presentation: Getting children insured quickly using CHDP
- ▶ Program Updates
 - Medi-Cal
 - Healthy Families
 - Healthy Kids
 - SAS
- ▶ Path to Good Health Booklet
- ▶ CAA Feedback
- ▶ Future Topics
- ▶ Announcements

*(For more information about First 5 Kern's confidentiality policy visit:
<http://wwwstatic.kern.org/gems/first5kern/SectionVIIConfidentialityPro.pdf>)*

KERN COUNTY CHILDREN AND FAMILIES COMMISSION (KCCFC)
“First 5 Kern”
PROGRAM STAFF CONFIDENTIALITY AGREEMENT

- All staff members of First 5 Kern (F5K)-funded programs (Providers) who are responsible for gathering or maintaining confidential information and records must read and sign this Agreement.
- The Program Staff Confidentiality Agreement will be signed by the staff person and her/his immediate supervisor, if applicable. The original will be maintained by the Corporation for Standards and Outcomes (CS&O) Project Manager. Outcomes Collection, Evaluation and Reporting Service (OCERS) user names and passwords will not be assigned until the Agreement has been signed.

RESPONSIBILITIES:

During the performance of my assigned duties related to F5K, I might have access to confidential participant information and records required for effective coordination and delivery of services to children (aged 0-5) and their families. All confidential discussions, deliberations, records, and information generated or maintained in connection with these activities shall be disclosed only to persons who have the need to know and authority to access confidential participant information or records. This includes information obtained and conveyed through all media including OCERS. I agree not to re-disclose any confidential participant client information to third party agencies without the written authorization from the child's parent or legally authorized representative.

LEGAL LIABILITIES:

I have read and understand the following notice from the California Welfare and Institutions Code, Section 10850:

- Notice: All applicable employees, agents, and subcontractors shall be notified of state requirements for confidentiality and also notified that any person knowingly or intentionally violating the provisions of the state law (W&I Code, Section 10850) is guilty of a misdemeanor.
- Records pertaining to any individual welfare recipient will be confidential and will not be open to examination for any purpose not directly connected with the administration of state authorized evaluation.
- No person will publish, disclose, use, or permit the use of, or cause to be published, disclosed or used, any confidential information pertaining to any individual public assistance recipient or person receiving public social services (e.g., child welfare services).

If I make an unauthorized release of confidential information to a third party, it may expose me to personal civil penalties under the provisions of Welfare and Institutions Code, Section 5330; criminal action under Welfare and Institutions Code, Section 10850; and potentially a fine under Title 42, Code of Federal Regulations, Part 2. I understand that discussion of, or release of, information or records concerning a client receiving F5K-funded services to any unauthorized person may also be grounds for disciplinary action.

ACKNOWLEDGEMENT:

I acknowledge responsibility not to divulge any confidential information or records concerning participants of F5K-funded programs without proper written authorization.

I have received a copy of my employer's Policy and Procedures regarding confidentiality and authority to release personal information, and have received instruction on the responsibilities and liabilities outlined in this Agreement.

I understand that I may retain a signed copy of this Agreement. The signed original will remain with CS&O.

Signature: _____ Date: ____/____/____

Print Name: _____ Title: _____

Program Name: _____

Agency/Organization Name: _____

Child Health & Disability Prevention (CHDP) Program

Linda Curry, PHN II, CHDP (661-868-0542)

Kathy Van Reusen, Ed.D., Health Educator

CHDP Success Story # 1

- * Problem - Two year old girl referred for vision problem
- * Intervention - The child was diagnosed with a very serious eye infection in both eyes.
- * Effect - Permanent blindness was possibly prevented by early diagnosis and treatment. Re-infection and spread of disease was also prevented by CHDP early intervention.

How CHDP Started

- * In 1973 - California expanded EPSDT (early periodic screening diagnosis and treatment Medi-caid law of 1967)
- * Name changed to CHDP which serves children who are
 - Medi-Cal eligible
 - Non Medi-Cal eligible
 - Head Start/State Preschool

What Is CHDP?

- * A health promotion/disease prevention program serving California's eligible children who
 - Appear well (healthy)
 - Have existing health problems

What CHDP Offers

- * Free periodic health checkups
- * Disease/disability prevention
- * Health promotion (referrals to WIC, dentists, specialty providers)
- * Early diagnosis/treatment (case management)
- * Medical home
- * Gateway - an opportunity to apply for M/C & HF

CHDP Check-Up Includes

- * Medical history
- * Head to toe exam (unclothed)
- * Immunizations (if needed)
- * Screening tests/assessments
 - Dental/referral, nutritional, developmental
 - Anticipatory guidance, health education
 - Hearing, vision, urine, lead, anemia, TB
 - Others as needed per CHDP medical guidelines

CHDP Periodicity Schedule

↳ Based on: Age/date of last CHDP exam

↳ Exceptions:

- Exams for school entry/school*
- Annual sports/camp physicals*
- Foster children
- MNIHA (Medically Necessary Interperiodic Health Assessment)

* A minimum of 365 days must pass between the last CHDP physical and the next one

Who Is Financially Eligible for CHDP?

↳ Eligible Medi-Cal: Birth to age 21 yrs.

↳ Eligible Non Medi-Cal: Birth to 19 yrs.

↳ Foster children

↳ Head Start / State Preschool Enrolled Children

Medi-Cal Eligible

↳ Clients on Managed Care

↳ Have or are eligible for Full-scope Medi-Cal

↳ Temporary full-scope Medi-Cal through CHDP Gateway

Non Medi-Cal Eligible

- ↳ Share of Cost (SOC) Medi-Cal (clients share in cost)
- ↳ Emergency Medi-Cal services only
- ↳ At or below 200% Federal Income Guideline (FIG) and NO source of health care coverage for preventive services
Eligible for CHDP services only (through CHDP Gateway)

What is CHDP Gateway?

- ↳ Process to maximize enrollment of uninsured eligible children into comprehensive health service (birth-19 years)
- ↳ Provides an opportunity for a family to request joint application for M/C and HF (not mandatory)

CHDP Gateway Aide Codes

- ↳ 8W = Pre-Enrolled into temporary*, full-scope Medi-Cal program (M/C)
- ↳ 8X = Pre-Enrolled into temporary* full-scope Medi-Cal services (HF)
- ↳ 8Y=CHDP only; emergency M/C

*Temporary = from the date of CHDP exam to end of next month depending on eligibility status of joint application for MC/HF (shorter if not eligible, longer if status of application pending)

**CHDP Gateway
Aide Code for Infants**

8U

- Provides full-scope, no Share of Cost (SOC) Medi-Cal benefits
- For infants born to mothers who were enrolled in Medi-Cal with no SOC in the month of the infant's birth
- County welfare dept. will contact client
- Temporary until child's first birthday

**CHDP Gateway
Aide Code for Infants**

8V

- Provides full-scope Medi-Cal benefits with a Share of Cost (SOC)
- For infants born to mothers who were enrolled in Medi-Cal with a SOC in the month of the infant's birth and SOC was met
- Temporary until child's first birthday

Other Recommendations

- Encourage client to stay with established current provider even if he/she is not a CHDP provider
- Encourage client to schedule own medical/dental appointments
 - Provide client with local CHDP pamphlet
 - www.co.kern.ca.us/health/chdp.asp
- Encourage client to provide own transportation to appointments

CHDP Success Story # 3

- Problem - 17 year old girl was referred to a heart specialist for chest pain and heart palpitations
- Intervention - She was referred to CCS which was a pay source for a heart specialist. Medication was prescribed and heart surgery is pending.
- Effect - Early diagnosis and intervention possibly prevented further heart problems and prolonged life.

Questions



**CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
ELIGIBILITY DETERMINATION TABLE
Effective April 1, 2009**

NUMBER OF PERSONS
IN FAMILY UNIT

	MONTHLY	YEARLY
1	\$1,805	\$21,660
2	\$2,429	\$29,140
3	\$3,052	\$36,620
4	\$3,675	\$44,100
5	\$4,299	\$51,580
6	\$4,922	\$59,060
7	\$5,545	\$66,540
8	\$6,169	\$74,020
9	\$6,792	\$81,500
10	\$7,415	\$88,600
More than 10	\$624 per additional family member	\$7,480 per additional family member

CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
1800 Mt. Vernon Avenue, 2nd Floor
Bakersfield, CA. 93306-3302
Phone: (661) 868-0305 Fax: (661) 868-0225

*Figures are 200% of the Federal Income Guidelines

Sample of CHDP Gateway pre-enrollment eligibility for full-scope Medi-Cal services.

CHDP Gateway Pre-enrollment Application Response

CHDP Gateway is a brand for Pre-enrollment
Continuity of Health Coverage

CHDP GATEWAY PRE-ENROLLMENT RESPONSE

Provider Number : zzzzzzzzz Application Date/Time: 07-01-2003 1:22:52 PM

Patient's Name : JOSS ANDREW M

Date of Birth : 01-01-1988

Gender : Male

BIC ID # : 68934401M3

BIC Issue Date : 07-01-2003

Good Thru Date : 08-31-2003

You are temporarily eligible for full scope Medi-Cal through 08-31-2003. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. To continue your coverage you must return a completed joint Healthy Families Medi-Cal application before 08-31-2003. If you do not receive the application within 10 days, call 1-800-880-5305.

Client Signature: _____

✂

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM PRE-ENROLLMENT APPLICATION

Instructions to the Parent or Patient:

- In order to receive a health examination today at no charge, you must provide the information required on this form. The information you give is confidential. This is a voluntary program.

Is the patient less than 19 years of age? Yes No

How many people are in your family? _____

How much money does your family make before taxes? \$ _____ Or \$ _____
Monthly Yearly

- You or your child may be eligible for continued health care coverage through Medi-Cal or Healthy Families.

I want to apply for continuing coverage through Medi-Cal or Healthy Families. Yes No

If you answered yes to this question, an application will be mailed to you in a few days. Please return it promptly. If you answered no to this question (or if you answered yes but do not return the application), the patient's coverage for health, dental, and vision benefits will stop at the end of next month unless the county Department of Social Services notifies you otherwise.

Patient Information

Does the patient have a State of California Benefits Identification Card (BIC) or Medi-Cal card? Yes No

If yes, what is the identification number on the BIC card (if available)? _____

Patient's name—Last _____ First _____ Middle initial _____

Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Patient's social security number (SSN) <i>(optional)</i>
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If you are homeless, check here. Enter the general location in the "Home address" section and complete the "Mailing address" section.

Home address	Apartment number	City	State	ZIP code
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County of residence _____

Mailing address (if different from home address)	Apartment number	City	State	ZIP code
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Mother's name—Last _____ First _____ Middle initial _____

For patients under one year of age, please complete this section.

Mother's date of birth (month/day/year)	Mother's BIC or Medi-Cal card number or social security number
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Parent/Legal Guardian Information

Name of parent/legal guardian or emancipated minor patient—Last _____ First _____ Middle initial _____

Home telephone number ()	Work telephone number ()	Message telephone number ()
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What language do you speak at home? _____ What language do you read best? _____

Certification

I am requesting a CHDP health examination today. I certify that I have read and understand this form. I declare that the information I have provided is true, correct, and complete.

Signature of parent/guardian or emancipated minor	Relationship to patient	Date
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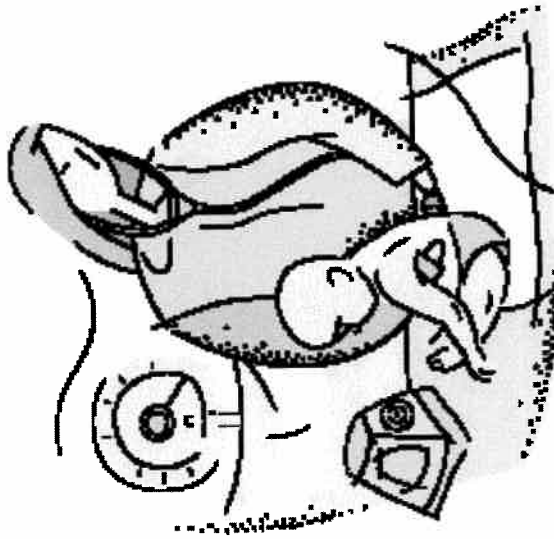
An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information is the Department of Health Care Services, MS 8100, P.O. Box 997413, Sacramento, CA 95899-7413. A copy of this information may be shared with the county Department of Social Services in the county in which you reside and will be kept with your child's medical record by your child's CHDP provider.

Why do I need to know about the CHDP Program?

- So your child can receive a health examination at no cost to you.

Where can I get CHDP services for my child?

- Look for your doctor or clinic inside this pamphlet, or if you don't have one, choose one from this list. All providers may not be accepting Medi-Cal at all times. *Please contact the provider for their current status.*

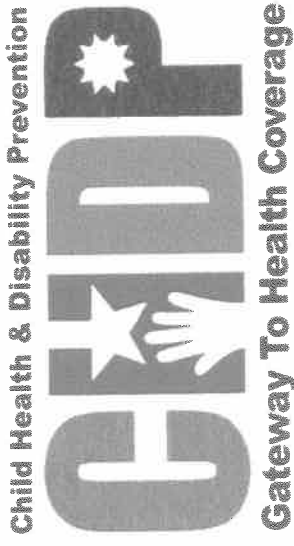


¿Por qué debo saber sobre el programa de CHDP?

- Para que su niño reciba servicios médicos sin costo a usted.

¿Dónde puedo ir para recibir servicios?

Haga una cita con su doctor o clínica o busque un doctor o clínica en este folleto. Los que están anotados con una. No todo el tiempo los proveedores aceptan Medi-Cal. *Por favor llame al proveedor para saber de su estado actual.*



Child Health and Disability Prevention Program
1800 Mt. Vernon Ave. • Bakersfield, CA. • 93306

(661) 868-0350

www.co.kern.ca.us/health/chdp.asp

Branch Clinics (By City)

Arvin Office
Health Department
204 S. Hill St.
Arvin, CA. 93203
(661) 854-5411
(Immunizations Only)

Bakersfield
North of the River
125 El Tejon Ave.
Bakersfield, CA. 93308
(661) 868-5250
(Immunizations Only)

Delano Office
Northwest Regional Center
455 Lexington St.
Delano, CA. 93215
(661) 725-5333
(Immunizations Only)

Lamont Office
Health Department
12014 Main Street
Lamont, CA. 93241
(661) 868-0502
(Immunizations Only)

Ridgecrest Office
Health Department
250 W. Ridgecrest Blvd.
Ridgecrest, CA 93555
(760) 375-5157
(Immunizations Only)

Shafter Office
Health Department
329 Central Valley Hwy.
Shafter, CA. 93263
(661) 746-7562
(Immunizations Only)

Tehachapi Office
Veterans' Building
125 East F St.
Tehachapi, CA 93561
(661) 822-3005
(Immunizations Only)

Bakersfield (Northeast)
1800 Mt. Vernon Avenue
Bakersfield, CA 93306
(661) 868-0503

Lake Isabella Office
Health Department
7050 Lake Isabella Blvd.
Lake Isabella, CA. 93240
(760) 549-2090
(Immunizations Only)

Mojave Office
Health Department
1775 Highway 58
Mojave, CA. 93501
(661) 824-7066
(Immunizations Only)

Rosamond Office
Hummel Hall
2500 West 20th St.
Rosamond, CA. 93560
(661) 824-7066
(Immunizations Only)

Taft Office
Southwest Regional Center
315 N. Lincoln St., Rm. 150
Taft, CA. 93268
(661) 763-8591
(Immunizations Only)

Wasco Office County Bldg.
810 8th St.
Wasco, CA 93280
(661) 758-3006
(Immunizations Only)

Rev. 01/26/2010

Patient Guide to CHDP Providers



ARVIN

Clinica Sierra Vista
Arvin CHC
1305 Bear Mountain Blvd.
Arvin, CA. 93203
(661) 854-3131

BAKERSFIELD

Riverwalk Pediatric Clinic, Inc.
Hasmukh A. Amin, M.D.
9508 Stockdale Hwy., #150
Bakersfield, CA. 93311
(661) 663-7500

George T. Bella, M.D.
3535 San Dimas #12
Bakersfield, CA. 93301
(661) 327-2583

Brimhall Pediatrics
Lyndon A. Senar
9840 Brimhall Road
Bakersfield, CA. 93312
(661) 840-8718

Brundage Medical Clinic
904 E. Brundage Ln.
Bakersfield, CA. 93307
(661) 327-4279

Clinica Sierra Vista
Central Bakersfield CHC
301 Brundage Lane
Bakersfield, CA. 93304
(661) 323-6086

Clinica Sierra Vista
34th Street CHC
3550 "Q" Street #304
Bakersfield, CA. 93301
(661) 324-1455

Clinica Sierra Vista
East Bakersfield CHC
815 Martin Luther King
Bakersfield, CA. 93307
(661) 322-3905

Clinica Sierra Vista
North of the River CHC
2525 N. Chester Ave.
Bakersfield, CA. 93308
(661) 328-4295

Clinica Sierra Vista
South Bakersfield CHC
2400 Wible Road # 14
Bakersfield, CA. 93304
(661) 835-1240

Community Action
Partnership of Kern Family
Health Center
1611 "1st" Street
Bakersfield, CA. 93304
(661) 336-5300

Jerry C. Fox, M.D.
Fox Medical
1520 Brundage Lane
Bakersfield, CA. 93304
(661) 323-2720

Comprehensive Care Clinic
Maria Garcia-Martinez, M.D.
2615 H Street
Bakersfield, CA. 93301
(661) 635-3000
(Kern Family Health Care Patients ONLY)

James J. Im, M.D.
9500 Stockdale, Ste. 104
Bakersfield, CA. 93311
(661) 664-8484

Sung S. Jung, M.D.
4040 San Dimas #B
Bakersfield, CA. 93301
(661) 323-7371

Kern Medical Center
Family Practice
Sagebrush Med. Plaza
1111 Columbus St.
Bakersfield, CA. 93305
(661) 326-2800

Kern Medical Center
Pediatrics
Sagebrush Med. Plaza
1111 Columbus St.
Bakersfield, CA. 93305
(661) 326-6500

Tien Khuu, M.D.
2019 21st Street
Bakersfield, CA. 93301
(661) 323-6321

Sun Hi Lee, M.D.
9905 Bace Ave.
Bakersfield, CA. 93307
(661) 831-1100

Diego Mendez, M.D.
2917 Niles Street
Bakersfield, CA. 93306
(661) 324-5275

Gary A. Merrill, M.D.
Christian Medical Svcs.
2920 "F" Street
Bakersfield, CA. 93301
(661) 324-8990

National Health Services
Rosedale CHC
3409 Calloway Drive
Suite 300
Bakersfield, CA. 93312
(661) 387-6930

National Health Services
Oridale CHC
525 Roberts Lane
Bakersfield, CA. 93308
(661) 392-7850

Polyclinic
2145 Niles Street
Bakersfield, CA. 93305
(661) 327-5984

Harjeet Singh, M.D.
2415 Niles Street
Bakersfield, CA. 93306
(661) 631-1591

BUTTONWILLOW

National Health Services
Buttonwillow Health Center
277 East Front St.
Buttonwillow, CA. 93206
(661) 764-5211

CALIFORNIA CITY

Cal City Clinic
Ali Ashmead, M.D.
9300 N. Loop Blvd., Ste. A+B
California City, CA. 93505
(760) 373-1256

T. Sri, M.D.

9278 No. Loop Blvd.
California City, CA. 93505
(760) 373-4809

Antelope Valley
Community Clinic
1122 W. Avenue L12, #103
Lancaster, CA. 93534
(661) 942-2391

Tehachapi Family Health
Center - California City
9350 North Loop Blvd.
California City, CA. 93505
(760) 373-1785

DELANO

Mohammed Alhaid, M.D.
1402 Jefferson St.
Delano, CA. 93215
(661) 725-8693

Alvaro T. Caceres, M.D.
1205 Garces Hwy, Ste. 201
Delano, CA. 93215
(661) 725-6461

Clinica Sierra Vista
Delano CHC
1508 Garces Hwy, Ste. 1
Delano, CA. 93215
(661) 725-4780

Dilbagh Gehlawat, M.D.
325 Lexington Street
Delano, CA. 93215
(661) 725-6266

National Health Services
Joy Carino Kimpo Cntr.
1001 Main Street
Delano, CA. 93215
(661) 721-7080

Millesh H. Shah, M.D.
1519 Garces Hwy, #105
Delano, CA. 93215
(661) 725-8585

Oscar Seminario, M.D.
1425 Main Street
Delano, CA. 93215
(661) 725-3772

Kyle Terry, M.D.

1303 Jefferson Street
Delano, CA. 93215
(661) 720-9111

Don Victor Zapanta, M.D.
1619 Cecil Avenue, Suite B
Delano, CA. 93215
(661) 721-9001

FRAZIER PARK/LEBEC

Clinica Sierra Vista
Frazier Mt. CHC
704 Lebec Road
Lebec, CA. 93243
(661) 248-5250

KERNVILLE

Nancy Boyd, M.D.
144 Buena Vista Drive
Kernville, CA. 93238
(760) 376-6504

LAKE ISABELLA

Clinica Sierra Vista
Kern Valley Medical Center
6310 Lake Isabella Blvd.
Lake Isabella, CA. 93240
(760) 379-2415

Kern Valley Health District
Rural Health Clinic
4300 Birch Street
Lake Isabella, CA. 93240
(760) 379-1791

LAMONT

Clinica Sierra Vista
8787 Hall Road
Lamont, CA. 93241
(661) 845-3731

Clinica Del Pueblo
10200 Main Street
Lamont, CA. 93241
(661) 845-1788

LOST HILLS

National Health Services
Lost Hills CHC
21138 Paso Robles Hwy.
P.O. Box 306
Lost Hills, CA. 93249
(661) 797-2667

MCFARLAND

Clinica Sierra Vista
McFarland CHC
217 W. Kern Avenue
McFarland, CA. 93250
(661) 792-3038

MOJAVE

Antelope Valley
Community Clinic
1122 W. Avenue L12, #103
Lancaster, CA. 93534
(661) 942-2391

Tehachapi Family Health
Center - Mojave
2041 Balshaw Street
Mojave, CA. 93501
(661) 824-4511

RIDGECREST

National Health Services, Inc.
Ridgecrest Community
Medical and Dental Center
1133 N. Chelsea Street
Ridgecrest, CA. 93555
(760) 446-7978

Victoria Schauf, M.D.
409 W. Drummond Ave.
Ridgecrest, CA. 93555
(760) 371-2128

Sivalingam Medical Corp.
DBA First Valley Medical
1535 N. China Lake Blvd, Ste. A
Ridgecrest, CA. 93555
(760) 446-1691

ROSAMOND

Antelope Valley
Community Clinic
1122 W. Avenue L12, #103
Lancaster, CA. 93534
(661) 942-2391

SHAFTER

Jae Joon Kim, M.D.
565 Kern Street
Shafter, CA. 93263
(661) 746-4937

National Health Services
Shafter Community Medical
& Dental Center
655 S. Central Valley Hwy.
Shafter, CA. 93263
(661) 746-9194

Shafter Rural Health
Jung C. Moon, M.D.
406 James Street
Shafter, CA. 93263
(661) 746-5788

TAFT

National Health Services
Taft Community Medical
1100 "4th" Street
Taft, CA. 93268
(661) 765-5044

Taft Rural Medical Group
501 6th Street
Taft, CA. 93268
(661) 763-5131

TEHACHAPI

Susan J.P. Hall, M.D.
116 West "E" Street
Tehachapi, CA. 93561
(661) 822-4421

National Health Services
Tehachapi Community
Medical & Dental Center
161 N. Mill Street
Tehachapi, CA. 93561
(661) 822-9054

Tehachapi Family Health
Center
105 West "E" Street
Tehachapi, CA. 93561
(661) 823-7070

WASCO

National Health Services
Wasco Medical Center
2101 "7th" Street
Wasco, CA. 93280
(661) 758-2263

Wasco Medical Plaza
2300 "7th" Street
Wasco, CA. 93280
(661) 758-4184

WOFFORD HEIGHTS

Clinica Sierra Vista
Kern River CHC
67 Evans Road
Wofford Heights, 93285
(760) 376-2276

Table 21.1 PERIODICITY SCHEDULE FOR HEALTH ASSESSMENT REQUIREMENTS BY AGE GROUPS

Note: Children coming under care who have not received all the recommended procedures for an earlier age should be brought up-to-date as appropriate.

Screening Requirement ¹	Age of Person Being Screened																	
	<1 mo	1 mo	2 mos	3 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	2 yr	3 yr	4 yr	4 yr	6-8 Yr	9-12 Yr	13-16 Yr	17-20 Yr
Interval Until Next CHDP Exam	1 mo	2 mos	2 mos	3 mos	3 mos	3 mos	3 mos	3 mos	3 mos	6 mos	1 yr	2 yr	3 yr	4 yr	4 yr	4 yr	4 yr	None
History and Physical Examination²	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Dental Assessment ³	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Nutritional Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental/Behavioral Surveillance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental Screening ⁴	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Pelvic Exam ⁵	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Measurements																		
Head Circumference	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Height/Length and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
BMI Percentile	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure ⁶	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Sensory Screening																		
Vision ⁷ - Visual Acuity Test	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Vision ⁷ - Clinical Observation	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hearing ⁸ - Audiometric	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hearing ⁸ - Clinical Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Procedures/Tests																		
Hematocrit or Hemoglobin ⁹	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Lead Risk Assessment/ Anticipatory Guidance ¹⁰	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Lead Test ¹⁰	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anticipatory Guidance																		

Other Laboratory Tests
When health history and/or physical examination warrants: Urine Dipstick or Urinalysis ¹¹ TST ¹² - see Tuberculosis HAG Sickle Cell Ova and Parasites FBG and Total Cholesterol Papnicolaou (Pap) Smear ¹³ VDRL or RPR ¹⁴ Gonorrhea Test ¹⁴ Chlamydia Test ¹⁴
Annually if sexually active; more often as clinically indicated:
Immunizations ¹⁵

Key:
• Required by CHDP one time within the interval given
◦ Recommended by AAP, Bright Futures but not required by CHDP
* Perform when indicated by risk assessment.
x Perform if no documented lead level at 24 months

1. CHDP intervals are greater than recommended by Bright Futures. Providers may use MNHA for necessary assessments that fall outside of periodicity such as school, sports or camp physical, foster care or out-of-home placement, or follow-up indicated by findings on a prior health assessment that need monitoring including additional anticipatory guidance, perinatal problems or significant developmental delay.
2. Age appropriate physical examination, including oral examination, is essential with child unclothed, and draped for older child or adolescent.
3. See Dental HAG.
4. Chart indicates ages developmental screening is recommended. For reimbursement information, see CHDP PIN 09-14.
5. Pelvic within 3 years of first sexual intercourse, and at all subsequent health assessments, may be performed as part of MNHA when clinically indicated by symptoms such as pelvic pain, dysuria, dysmenorrhea. See STI HAG.
6. Blood pressure before 3 years for at risk patients, then at each health assessment and when clinically indicated. See Blood Pressure HAG.
7. See Vision screening HAG.
8. See Hearing Assessment HAG.
9. Hb/Hct starting at 9-12 months, then annually to age 5, then according to periodicity. See Hb/Hct HAG.
10. Test between the ages of 2 and 6 years if no documented lead level at **after** 24 months. Test at any age when indicated by risk assessment or if lead risk changes. See Lead HAG.
11. Urinalysis only when clinically indicated. See Urinalysis HAG.
12. Tuberculosis risk factor screen at each visit. TST when indicated. See TB HAG.
13. Pap smear within 3 years of first sexual intercourse and subsequently as clinically indicated.
14. STI testing when risk identified by history/physical. See STI HAG.
15. Provide immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP).

[Skip Navigation](#)

U.S. Department of Health & Human Services

Fact Sheet – Temporary High Risk Pool Program

The creation of a high risk pool program was proposed by Congressional Republicans and included in the historic new health reform law to help provide affordable health insurance coverage to people who are uninsured because of pre-existing conditions. States may choose whether and how they participate in the program, which is funded entirely by the Federal government. Background on the temporary high risk pool program is below.

Eligibility

In order to receive insurance through the temporary high risk pool program, an individual must meet the criteria established in the law. Eligible individuals must:

- Be a citizen or national of the United States or lawfully present in the United States;
- Not have been covered under creditable coverage (as defined in Section 2701(c)(1) of the Public Health Service Act) for the previous 6 months before applying for coverage; and
- Have a pre-existing condition, as determined in a manner consistent with guidance issued by the Secretary.

Premiums

Premiums in the high risk pool will be affordable for participants to ensure that those who have been locked out of the insurance market have access to high-quality insurance. Premiums must be set so that they:

- Equal a standard rate for a standard population (that is, not exceed 100 percent of the standard non-group rate); and
- Do not vary by age by more than 4 to 1.

State Role

HHS's goal is to grant the flexibility needed to permit successful and expeditious implementation of the program by interested states. There are different avenues for states to carry out the statutory requirements for a high risk pool program. A state could consider the following options:

- Operate a new high risk pool alongside a current state high risk pool;
- Establish a new high risk pool (in a state that does not currently have a high risk pool);
- Build upon other existing coverage programs designed to cover high risk individuals;
- Contract with a current HIPAA carrier of last resort or other carrier, to provide subsidized coverage for the eligible population; or
- Do nothing, in which case HHS would carry out a coverage program in the state.

HHS has asked states to declare how they intend to participate in the program by April 30, 2010. Regardless of whether or how a state participates, all Americans who meet the eligibility criteria will have the opportunity to join a high risk pool.

Funding

The law appropriates \$5 billion of federal funds to support the new temporary high risk pool program. It will be available beginning on July 1, the start of many state fiscal years, until the program ends on January 1, 2014. The program is funded entirely by the federal government.

HHS has proposed allocating funds for the program by using a formula almost identical to what was used for the Children’s Health Insurance Program (CHIP). Specifically, funds would be allotted to states using a combination of factors including nonelderly population, nonelderly uninsured, and geographic cost as a guide. This combination of factors has been refined over time in the CHIP context, and the CHIP formula has broad Federal and State support.

As under CHIP, HHS intends to reallocate allotments after a period of not more than 2 years, based on an assessment of state actual enrollment and expenditure experiences. This proposed reallocation aims to ensure that the capped amount of Federal funding is allocated to states based on both the initial formula and performance. A list of proposed allocations by state for the four year period is included below.

The attached table presents the estimated state allotments based on the above methodology.

Potential Allocation of High-Risk Pool Funds

Dollars in Millions*

State	Funds
Alabama	69
Alaska	13
Arizona	129
Arkansas	46
California	761
Colorado	90
Connecticut	50
Delaware	13
Dist of Columbia	9
Florida	351
Georgia	177
Hawaii	16
Idaho	24
Illinois	196
Indiana	93
Iowa	35
Kansas	36
Kentucky	63
Louisiana	71
Maine	17
Maryland	85
Massachusetts	77
Michigan	141
Minnesota	68
Mississippi	47
Missouri	81
Montana	16
Nebraska	23
Nevada	61
New Hampshire	20
New Jersey	141

New Mexico	37
New York	297
North Carolina	145
North Dakota	8
Ohio	152
Oklahoma	60
Oregon	66
Pennsylvania	160
Rhode Island	13
South Carolina	74
South Dakota	11
Tennessee	97
Texas	493
Utah	40
Vermont	8
Virginia	113
Washington	102
West Virginia	27
Wisconsin	73
Wyoming	8
United States	5 Billion

*Preliminary: Final allotments may increase or decrease by +/- 1%.
Data sources: ACS State Population 2008; BLS Wage Data 2008.

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U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

News from MRMIB

The Managed Risk Medical Insurance Board

August 5, 2010

For Immediate Release
Contact: Jeanie Esajian
(916) 324-0571 or (916) 275-7649

California to Open New Health Insurance Program for Individuals with Preexisting Conditions in September

The Managed Risk Medical Insurance Board announced Thursday it plans to begin accepting applications this month and providing coverage to Californians next month in a new health insurance program for individuals with preexisting conditions – one of first major provisions of federal health reform to be implemented in the state.

“This is an important step in our progress to ensure that many more Californians can benefit from this important new federal program,” said Cliff Allenby, chairman of the 7-member Board, which also oversees the state’s high-risk pool, the Major Risk Medical Insurance Program.

Authorized by the Patient Protection and Affordable Care Act of 2010, the Preexisting Condition Insurance Plan (PCIP) is designed to provide coverage to uninsured individuals who have been denied health insurance or been offered only unaffordable options.

On April 29, Gov. Arnold Schwarzenegger announced that California would operate PCIP in the state rather than rely on the federal government to do so, and tasked the MRMIB with its implementation and operation.

The MRMIB also worked closely with the Governor and the Legislature on legislation for the program, including SB 227 by Sen. Elaine Alquist, D-Santa Clara, which gave the Board the authority to operate the program, and AB 1887 by Assembly Member Mike Villines, R-Fresno, which provided the mechanism for the Board to receive the federal funds.

California will receive a federal allocation of \$761 million to operate the plan through the end of 2013, when insurance rules will change under the provisions of the new federal health reform act so that preexisting conditions are no longer considered in insurance pricing and eligibility.

Lesley Cummings, MRMIB executive director, said providing this new program to medically uninsurable Californians is part of the Board’s mandate and a long-time goal.

“Through this federally funded program, we can fulfill our charge to help medically uninsurable Californians beyond what we have been able to accomplish through the state’s limited high risk pool that can serve no more than 7,100 subscribers monthly,” she said.

To be eligible for PCIP, persons must be a citizen, national or lawfully present in the United States; must have had no creditable coverage in the six months prior to application; and a preexisting condition as evidenced by proof of denial by an insurance carrier within the past 12 months or an offer of coverage above the premium level of the MRMIP PPO rate.

To date, nearly 4,000 people have requested the PCIP application be sent to them when it becomes available. Persons interested in receiving an application when they become available later this month may submit their name, address, phone number and email address to PCIP@mrmib.ca.gov.

Since the March 23 signing of the Affordable Care Act, a total of 28 states, including California, have chosen to implement the program; the other 22 states have elected to use a version of the plan offered by the federal government.

The Board on Thursday also reviewed and approved premium rates for the new plan that range from \$127 monthly for persons aged 15 and under in the state’s three most southern counties to \$1,003 monthly for persons more than 74 years old in the six counties of the Bay Area. For a 50-year-old person living in San Francisco, the monthly premium would be \$499 as compared to \$915 for the state’s high risk pool. These rates are effective through December 31, 2011.

In addition, the Board told its staff to begin negotiations immediately with two organizations forwarded for consideration after competing in a robust solicitation process to operate as administrative vendor and third-party administrator for the program. MAXIMUS, a Virginia-based private company with offices in Folsom, CA, will participate in negotiations with MRMIB staff to provide administrative vendor services for PCIP. The Board also gave approval for staff to negotiate with a group led by HealthNow Administrative Services to provide third-party administrator services to the plan. Together, the administrative vendor and third-party administrator will provide through MRMIB a structure similar to that used by self-insured employers to their employees and would provide all the components of a comprehensive health care plan to subscribers.

The state continues to negotiate with the federal Centers for Medicare and Medicaid Services in finalizing a contract between the state and the federal government for state receipt of the federal allocation to fund PCIP and federal authority to implement and operate the program. A contract is expected to be finalized in the coming weeks.

For more information on PCIP or MRMIB, please go to www.mrmib.ca.gov.

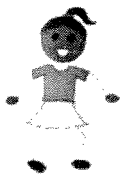
**Preexisting Condition Insurance Plan in California
Monthly Premium Rates*
Effective through December 31, 2011**

Age Band	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
<15	\$145	\$138	\$140	\$127	\$142	\$127
15-29	\$199	\$195	\$201	\$180	\$200	\$181
30-34	\$286	\$282	\$292	\$258	\$288	\$260
35-39	\$319	\$314	\$325	\$288	\$321	\$289
40-44	\$337	\$332	\$344	\$304	\$339	\$306
45-49	\$369	\$364	\$377	\$334	\$371	\$335
50-54	\$494	\$481	\$499	\$445	\$495	\$448
55-59	\$627	\$608	\$624	\$564	\$625	\$567
60-64	\$796	\$780	\$802	\$720	\$799	\$723
65-69	\$891	\$873	\$899	\$806	\$895	\$810
70-74	\$939	\$920	\$947	\$849	\$943	\$853
>74	\$995	\$975	\$1,003	\$899	\$999	\$904

* August 5, 2010

Region 1: Northern 31 counties
Region 2: Valley 14 counties
Region 3: Bay Area 6 counties
Region 4: South Coast 3 counties
Region 5: Los Angeles County
Region 6: South 3 counties

The New Health Care Law: Just What the Doctor Ordered for California's Children!



The nation's new health care law is improving health coverage and access for California's kids now, and strengthens children's health even more in the future. California children will have better access to quality, affordable coverage that can't be taken away when they need it most.

Today, roughly 1.5 million California children go without the health coverage and preventive services they need to grow up healthy and strong. And for many working families, health insurance is simply too expensive. When children don't have health insurance, it's harder for them to stay healthy and do well in school. That's why it's so important that the new law is making health care better for kids!

Starting in September 2010:

- ✓ **Pre-existing conditions:** Health insurance companies will no longer be allowed to deny coverage to children seeking insurance or deny treatment to children already covered due to pre-existing conditions (such as asthma, diabetes, or even chronic ear infections).
- ✓ **Young adults stay covered:** Insurance companies will be required to allow young adults to stay on their parent's insurance until age 26, even those who are not full-time students.
- ✓ **Coverage when kids need it most:** Insurance companies won't be allowed to drop people when they get sick (a common practice today, called "rescission"). They also won't be allowed to limit the lifetime dollar value of coverage, which is important for kids with lifelong conditions like diabetes or asthma or serious health problems like cancer.
- ✓ **Free preventive services:** Insurance companies will have to cover immunizations and other preventive health services for infants, children, and adolescents – at no cost to families.
- ✓ **Children can keep Healthy Families and Medi-Cal coverage:** The successful Healthy Families and Medi-Cal initiatives are protected so children won't lose coverage even if the state has a deficit.



Even More Wins for Children's Health in the Future:

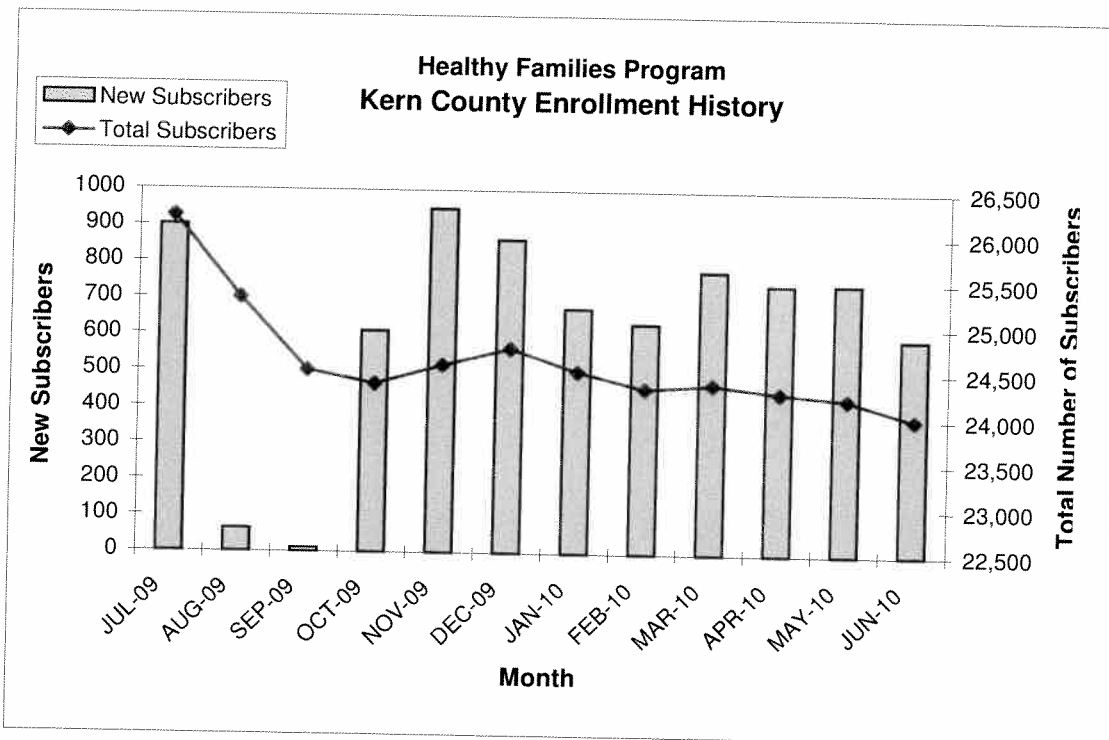
- ✓ **New affordable coverage options:** Beginning in 2014, Californians can buy health coverage through a new marketplace called a Health Insurance Exchange. Parents can also buy "child-only" coverage if their employer does not offer family coverage. And, middle-income families (up to about \$88,000/year for a family of 4) will get help paying for health insurance through tax credits.
- ✓ **Maternity and newborn coverage:** All new health insurance plans sold to individuals and small businesses will have to cover maternity and newborn care.
- ✓ **Medi-Cal for more families:** By 2014, affordable Medi-Cal coverage will be available to all citizens up to 133% of the poverty level (about \$29,000/year for a family of 4). Today, there are different eligibility rules for younger and older children, so two children in the same family might have different insurance. With everyone below 133% of poverty qualifying for Medi-Cal, it will be much simpler for families and more kids will be enrolled.
- ✓ **Easier enrollment:** The new system will make it easier for families to enroll, and families will also be able to apply online if they want. Today, most uninsured children already qualify for coverage programs, but complicated enrollment systems keep them uninsured.
- ✓ **Medi-Cal for foster youth:** Former foster youth can stay on Medi-Cal coverage up to age 26.
- ✓ **Federal support for California's health system:** Federal funds will help California fight problems like child obesity and dental decay, and provide care through home visits and school health centers.



Healthy Families Program

Fiscal Year 2010, 4th Quarter

	CALIFORNIA	KERN	%
Current Subscribers*	871,467	24,010	2.8%
New Subscribers	72,756	2,085	2.9%
Applications Processed	70,808	1,933	2.7%
forwarded to Medi-Cal	21,543	547	2.5%
forwarded to Healthy Families	49,265	1,386	2.8%
Applications Assisted by CAAs	26.6%	N/A	
Incomplete Applications	5,639	N/A	
w/o CAA Assistance	92.2%	N/A	
w/ CAA Assistance	7.8%	N/A	



* As of 06/30/2010

Healthy Families Program

A healthier tomorrow starts today!

Home → My Healthy Families → **Open Enrollment 2010**

Open Enrollment 2010

(Posted on 7/15/10)

Each year, Healthy Families allows you to change your child's health, dental, and vision plans for any reason. This is called "Open Enrollment." Open Enrollment begins **on July 15th and ends August 31st**.

Healthy Families will send you either an Open Enrollment postcard or a packet.

Open Enrollment Postcard:

If your child's plans are still available and your premium will not change, we will send you a postcard with information about Open Enrollment. Even though you receive a postcard, you can still change your child's health, dental or vision plan. After you receive the postcard, if you want to change your child's plans, call Healthy Families to have a packet sent to you. Healthy Families will pre-print your information on the Open Enrollment packet. The pre-printed Open Enrollment packet will list the plans that you can choose and the premium amounts for the plans.

Or, click [here](#) to get a **blank Open Enrollment transfer form**. Make sure you check what plans are available in your child's county and zip code by clicking the link below. If you use the blank transfer form, please make sure you complete the entire form. It is important that you identify your Family Member Number, choose a plan, and sign the transfer form.

Open Enrollment Packet:

If any of your child's plans will not be available or your premium will be changing, you will receive a packet that lists the health, dental, and vision plans that you can choose.

When you get your Open Enrollment packet, it is very IMPORTANT that you review it because:

- Your child's plan may no longer be available or
- Your monthly premium may have increased.

If you want to change your child's health, dental, or vision plan because your monthly premium will increase, you must turn in your packet by August 31st. If your transfer is approved, your child's start date with the new plan will be October 1, 2010.

If your child's plan is no longer available, you must choose another plan. Make sure Healthy Families receives your Open Enrollment packet by August 31st. If you don't select a new plan, Healthy Families will choose one for your child. The start date with a new plan will be October 1, 2010.

Transfer Request Form

Family Member Number: [FMN]

**To find a Primary Care Doctor or Dentist *or*
To see if your doctor participates in a plan:**

▶ Call the plan's toll free number listed on the Personal Fact Sheet, **or**
▶ Visit the Healthy Families website at www.healthyfamilies.ca.gov or call 1-888-439-4741

To change plans, select from the available plans listed on the Personal Fact Sheet. Then write the new plan name(s) below:

Plan Name

- 1. **New Health Plan** _____
- 2. **New Dental Plan** _____
- 3. **New Vision Plan** _____

We will tell you if there is a change in your premium amount.

If you are changing plans and wish to choose a new doctor, dentist, or optometrist for the enrolled person(s), write the name in the space below:

4.	Person's Name	New Doctor	New Dentist	New Optometrist
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**Fill out this question ONLY if you selected the
Special Population Plan**

5. I am a seasonal or migrant worker and have been employed in one of the following jobs in the past 24 months:

- Agriculture Forestry Fishing
or
 I am American Indian

6. **Resolving Disputes**

If you enroll in certain plans you agree to have certain claims (which may include medical malpractice claims) decided by neutral binding arbitration. Members give up their right to a jury or court trial. The Healthy Families Handbook and website at www.healthyfamilies.ca.gov have more information about each plan and the arbitration requirements. You may call the plans you choose to find out more.

7. I authorize a change in the enrollment of the person(s) listed above and certify that the information I have provided is correct. I understand that a change in plans may result in a premium change.

Signature _____ Date _____

KERN

INSURANCE PREMIUM*		Category A	Category B	Category C
Plan Code	Health Plans Available	Number of Children: 1 2 or more	Number of Children: 1 2 3 or more	Number of Children: 1 2 3 or more
Community Provider Health Plan				
1003	Anthem Blue Cross HMO 93528, 93555-56	\$4 \$8	\$13 \$26 \$39	\$21 \$42 \$63
Other Health Plans				
1010	Health Net HMO ** 93203, 93205-06, 93215-17, 93220, 93222, 93224-26, 93238, 93240-41, 93243, 93248-52, 93255, 93263, 93268, 93276, 93280, 93283, 93285, 93287, 93301-09, 93311-14, 93380-90, 93501-02, 93504-05, 93516, 93518-19, 93523-24, 93531, 93560-61, 93581, 93596	\$7 \$14	\$16 \$32 \$48	\$24 \$48 \$72
1014	Kaiser Permanente ** 93203, 93205-06, 93215-16, 93220, 93222, 93224-26, 93238, 93240-41, 93243, 93250-52, 93263, 93268, 93276, 93280, 93285, 93287, 93301-09, 93311-14, 93380, 93383-90, 93501-02, 93504-05, 93518-19, 93531, 93560-61, 93581	\$7 \$14	\$16 \$32 \$48	\$24 \$48 \$72
1015	Kern Family Health Plan ** 93203, 93205-06, 93215-16, 93220, 93222, 93224-26, 93238, 93240-41, 93243, 93249-52, 93255, 93263, 93268, 93276, 93280, 93283, 93285, 93287, 93301-09, 93311-14, 93380, 93383-90, 93501-02, 93504-05, 93516, 93518-19, 93523-24, 93527, 93531, 93554, 93560-61, 93581, 93596	\$7 \$14	\$16 \$32 \$48	\$24 \$48 \$72
Plan Code	Dental Plans Available	Plan Code	Vision Plans Available	
2001	Access Dental	3002	EyeMed Vision Care ** 93215, 93240-41, 93268, 93280, 93301, 93304, 93306, 93308-09, 93312, 93561	
2002	Delta Dental***	3003	SafeGuard Vision ** 93203, 93206, 93215-17, 93220, 93222, 93224, 93241, 93250-52, 93263, 93268, 93276, 93300-09, 93311-14, 93380-90, 93518, 93531	
2010	Health Net Dental	3001	Vision Service Plan (VSP)	
2003	SafeGuard Dental ** 93203, 93206, 93215-16, 93220, 93241, 93250, 93263, 93276, 93280, 93301-09, 93311-14, 93380-90, 93518, 93531			
2008	Western Dental			

* See page 12 of this handbook to determine if you pay premiums in Category A, B or C.
 ** Available in listed ZIP codes only.
 *** Starting November 1, 2009, this dental plan is not available to new children. This dental plan is not available if the family did not have any child previously enrolled in Healthy Families for two (2) consecutive years.



Healthy Kids Active Member Count July , 2010

First 5

Active Members: 206

Age	Total
1	11
2	16
3	37
4	54
5	88

Children's Health Initiative

Active Members: 956

Age	Total
6	93
7	83
8	86
9	81
10	78
11	72
12	81
13	68
14	74
15	66
16	62
17	63
18	49

ACTIVE MEMBERS THIS MONTH: 1,162



Enrollment Report

4/2010...6/2010

April, 2010	Enrollments/Renewals this Month:	150
Children's Health Initiative		123
New		1
Renewal		122
First 5		27
New		2
Re-Enrollment		2
Renewal		23
May, 2010	Enrollments/Renewals this Month:	176
Children's Health Initiative		163
Renewal		163
First 5		13
New		7
Re-Enrollment		1
Renewal		5
June, 2010	Enrollments/Renewals this Month:	62
Children's Health Initiative		36
Re-Enrollment		1
Renewal		35
First 5		26
New		10
Re-Enrollment		5
Renewal		11
TOTAL ENROLLMENTS THIS PERIOD:		388

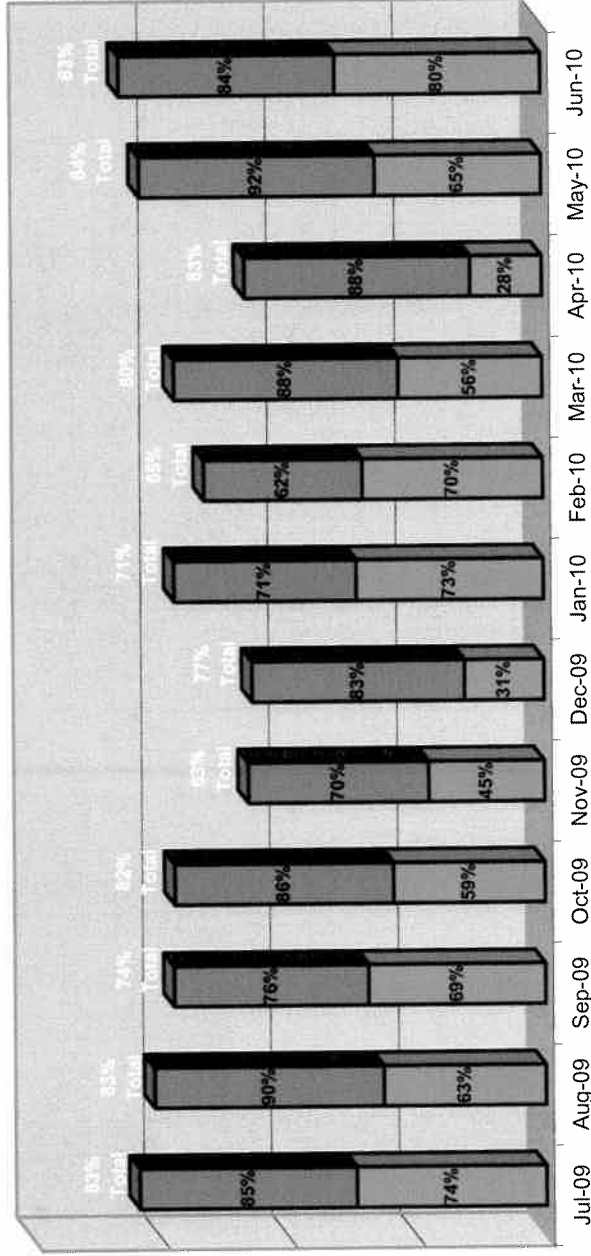


Disenrollment Report

4/2010...6/2010

April, 2010		Disenrollments this Month:	37
Children's Health Initiative			24
	Aged-Out		6
	Did not respond to renewal notice		15
	Granted No SOC Medi-Cal or Healthy Families		1
	Mail Returned/Phone Disconnected		2
First 5			13
	Did not respond to renewal notice		12
	Granted No SOC Medi-Cal or Healthy Families		1
May, 2010		Disenrollments this Month:	28
Children's Health Initiative			20
	Aged-Out		5
	Did not respond to renewal notice		2
	Incomplete Renewal		1
	Mail Returned/Phone Disconnected		11
	Moved Out of County or No Longer in Home		1
First 5			8
	Did not respond to renewal notice		6
	Mail Returned/Phone Disconnected		1
	Moved Out of County or No Longer in Home		1
June, 2010		Disenrollments this Month:	20
Children's Health Initiative			15
	Aged-Out		3
	Did not respond to renewal notice		4
	Mail Returned/Phone Disconnected		3
	Member Requested Disenrollment		4
	Moved Out of County or No Longer in Home		1
First 5			5
	Did not respond to renewal notice		3
	Member Requested Disenrollment		1
	Moved Out of County or No Longer in Home		1
TOTAL DISENROLLMENTS THIS PERIOD:			85

MERCY AND MEMORIAL HOSPITALS
 Department of Special Needs and Community Outreach
Healthy Kids Kern County Retention



	0-5			6-18			0-18		
	Total Due	Renewed	%	Total Due	Renewed	%	Total Due	Renewed	%
July 2009	19	14	74%	80	68	85%	99	82	83%
August 2009	27	17	63%	87	78	90%	114	95	83%
September 2009	16	11	69%	46	35	76%	62	46	74%
October 2009	17	10	59%	118	101	86%	135	111	82%
November 2009	20	9	45%	47	33	70%	67	42	63%
December 2009	13	4	31%	111	92	83%	124	96	77%
January 2010	11	8	73%	66	47	71%	77	55	71%
February 2010	10	7	70%	21	13	62%	31	20	65%
March 2010	43	24	56%	139	122	88%	182	146	80%
April 2010	18	5	28%	183	161	88%	201	166	83%
May 2010	17	11	65%	38	35	92%	55	46	84%
June 2010	20	16	80%	58	49	84%	78	65	83%
Total FY 10	231	136	59%	994	834	84%	1,225	970	79%

Goal - 77% Retention at Renewal



OF KERN COUNTY

Referrals by Outcome

	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	Total	% of Total
Applied for Healthy Families	2	5	2	8	17	14.2%
Applied for Healthy Kids	8	-	2	3	13	10.8%
Applied for Medi-Cal	3	3	2	2	10	8.3%
Applied for Medi-Cal & Healthy Kids	-	-	-	-	-	0.0%
Client Applied Elsewhere	-	-	1	7	8	6.7%
Did Not Qualify / Not Eligible	-	-	-	-	-	0.0%
No Longer Interested	3	2	12	4	21	17.5%
No Show for Appointment	1	2	-	-	3	2.5%
Re-Assigned	-	-	1	13	14	11.7%
Unable to Contact	3	5	9	17	34	28.3%
Total	20	17	29	54	120	

Subtotal-All Applications
% of total All Applications 13 8 6 13 40
65% 47% 21% 24% 33%

Subtotal-Lost/unable to contact
% of total All Applications 7 9 22 34 72
35% 53% 76% 63% 60%



SAS Enrollments by Zip Code

July 1, 2009 - June 30, 2010

County Region	Zip	City	0-5	%	6-18	%	0-18	%
North Central	93215	Delano	106		161		267	
	93250	McFarland	118		183		301	
	93263	Shafter	16		76		92	
	93280	Wasco	18		75		93	
North Central Total			258	15%	495	20%	753	18%
West	93206	Buttonwillow	36		36		72	
	93248	Lost Hills	-		-		-	
	93249	Lost Hills	2		7		9	
	93252	Maricopa	-		-		-	
	93268	Taft	10		5		15	
West Total			48	3%	48	2%	96	2%
North East	93240	Lake Isabella	-		-		-	
	93226	Glennville	1		-		1	
	93555	Ridgecrest	-		-		-	
North East Total			1	0%	-	0%	1	0%
South East	93220	Edison	-		-		-	
	93501	Mojave	-		-		-	
	93505	California City	1		2		3	
	93518	Caliente	-		-		-	
	93523	Edwards	-		-		-	
	93560	Rosamond	2		3		5	
	93561	Tehachapi	-		2		2	
South East Total			3	0%	7	0%	10	0%
South Central	93203	Arvin	301		387		688	
	93222	Frazier Park	-		-		-	
	93224	Frazier Park	-		-		-	
	93225	Frazier Park	4		5		9	
	93241	Lamont	137		164		301	
	93243	Lebec	-		-		-	
South Central Total			442	26%	556	22%	998	24%
Bakersfield	93301	Bakersfield	13		6		19	
	93304	Bakersfield	134		186		320	
	93305	Bakersfield	59		105		164	
	93306	Bakersfield	105		191		296	
	93307	Bakersfield	330		484		814	
	93308	Bakersfield	38		28		66	
	93309	Bakersfield	91		74		165	
	93311	Bakersfield	33		53		86	
	93312	Bakersfield	35		46		81	
	93313	Bakersfield	83		181		264	
	93314	Bakersfield	12		46		58	
	Bakersfield Total			933	55%	1,400	56%	2,333
County Total			1,685	100%	2,506	100%	4,191	100%

SAS Applications

July 1, 2009 - June 30, 2010

Approved Applications*

New		
First 5	CHI	Total
676	343	1,019
85	104	189
23	14	37
784	461	1,245

Medi-Cal
Healthy Families
Healthy Kids
Grand Total

Renewal		
First 5	CHI	Total
484	121	605
174	280	454
20	134	154
678	535	1,213

Total
0-18
1,624
643
191
2,458

*includes applications approved but not paid due to lack of CHI funds

Denied Applications +

New		
First 5	CHI	Total
341	208	549
40	59	99
-	8	8
381	275	656

Medi-Cal
Healthy Families
Healthy Kids
Grand Total

Renewal/No Type		
First 5	CHI	Total
76	45	121
62	146	208
19	10	29
157	201	358

Total
0-18
670
307
37
1,014

+ Excludes applications approved but not paid (code #000)

Denial Rate	
Approved	71%
Denied	29%

Top Denial reasons		
Code	Description	Count
#68	No Record	107
#69	Medi-Cal already open	101
#222	Duplicate record submitted to CHI	98
#111	Denied by Healthy Families	63
#61	Failure to provide requested information	60