



**AIM**

Access for Infants and Mothers

# Access for Infants and Mothers (AIM) Business Rules

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## **Eligibility Business Rules**

### **1.1 Who Can Apply**

1. Pregnant woman 18 years of age or older who is applying on her own behalf;
2. Legal guardian or natural parent, foster parent, or stepparent with whom the pregnant minor (under 18 years of age) resides; or
3. Pregnant woman 18 years of age or younger who is an emancipated minor, or a minor not living in the home of a natural or adoptive parent, legal guardian, foster parent or stepparent

### **1.2 AIM Eligibility Requirements**

1. California resident who is present with the intent to remain in California; and
2. Family income of greater than 200% but not more than 300% of the federal income guidelines; and
3. Not a no-cost Medi-Cal or Medicare beneficiary at the time of application; and
4. Not covered by comparable private insurance benefits (exception: an applicant may have private insurance if the co-payments or deductible for maternity services exceeds \$500.00); and
5. Not over 30 weeks pregnant at the time a complete application is received. To determine the last menstrual period (LMP) or estimated date of delivery (EDD) when necessary:
  - If the LMP is not on the application, use the EDD date to determine the LMP date;
  - If the EDD is not on the proof of pregnancy, use the LMP date to determine the EDD;
  - If both the EDD and LMP are provided, use either the LMP or the EDD - whichever establishes the longest possible processing timeframe prior to the 30<sup>th</sup> week of pregnancy. If both dates are calculated to fall on the same day at the end of the 30<sup>th</sup> week of pregnancy, indicate that the LMP was used for the calculation);
  - If both the EDD and LMP are not provided, reach out to the applicant to get either one or both dates.
6. Not be reimbursed by any health care provider or any state or local government entity for payment of the subscriber contribution and not have any health care provider or state or local governmental entity pay the subscriber contribution
7. For infants born to women enrolled in AIM prior to 7/1/04, an infant of less than two (2) years of age that resides in California.

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### **1.3 AIM Application Processing**

Applications arrive at the AIM Program P.O. Box and are processed. Applications may also arrive at the administrative vendor's designated street address either through the mail or overnight delivery service. Walk-in applications may be accepted as an exception. Applications sent to Medi-Cal shall be forwarded to the appropriate County Department of Social Services. Applications received at AIM or incomplete applications shall be forwarded to the AIM Program for final AIM eligibility determination. The timeline for processing applications received at AIM is as follows:

1. Complete applications must be processed within 3 business days.
2. Priority is given to applicants between 28 and 30 weeks pregnant based on their estimated date of delivery (EDD).
3. All applications are checked against the AIM database to identify duplicates. A duplicate application is an application from the same applicant for the same pregnancy based on a matching name, SSN (if one is provided) and EDD. If the application is a duplicate application, the existing application number is assigned to the application. If not, a new application number will be assigned by the system.

If an applicant submits an incomplete application AIM must process the application as follows:

1. Send the applicant a letter within 2 business days of the determination of incompleteness requesting the necessary information or documentation.
2. Request an authorization to forward to Medi-Cal, if appropriate.
3. AIM must also attempt to contact the applicant by phone to obtain the missing information.
4. The AIM program must receive the necessary information to make the application complete within 17 calendar days of application receipt and before the end of the applicant's 30th week of pregnant. The 17 calendar days does not extend past the end of the 30<sup>th</sup> week of pregnancy.
5. For all applications containing valid income documentation, AIM will calculate the monthly income and financial contribution after program deductions.

### **1.4 Gross Household Income & Family Size Determination**

For purposes of determining AIM eligibility, count the income of all family members EXCEPT DEPENDENT CHILDREN. A pregnant woman always counts as 2 family members regardless of the number of fetus' she is carrying. The father of the baby is counted in the family size and his income is counted towards the eligibility of the pregnant woman in the following situations; 1) he is married to the pregnant woman or 2) he is not married to the pregnant woman but they have another child in common. The AIM program assumes that a man married to the pregnant woman is the father of

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the baby. Another child in common is defined as having a “living” child in common regardless of the child’s residence in the household.

**NOTE: There is only one person applying for coverage, the pregnant woman. Therefore, there is only one Medi-Cal family budget unit (MFBU) and mini budget unit (MBU).**

### Example #1

A pregnant woman, married, with a child from a previous marriage who is receiving child support applies for AIM. The family size is 4. To determine AIM eligibility, use the income of the pregnant woman and the husband. Do not count the income of the child (child support) towards the eligibility of the pregnant woman.

### Example #2

A pregnant woman living with the father of the baby and a child from a previous relationship applies for AIM. The family size is 3. To determine AIM eligibility, use the income of the pregnant woman. Do not count the father of the baby in the household size or use his income to determine eligibility for the pregnant woman.

### Example #3

A pregnant woman living with the father of the baby and 2 other children in common applies for AIM. The family size is 5. To determine AIM eligibility, use the income of the pregnant woman and the father of the baby.

## **1.4.1 Income and Income Deduction Calculation**

AIM income and deduction calculations are the same as Healthy Families.

## 2. AIM Missing Information Rules

The following tables list data elements that are considered to be “missing information” if not provided by the applicant, on the AIM application and the Infant Registration Form. If any of the items are missing, a “missing information” letter is to be sent as appropriate requesting the missing information and follow-up calls are placed to the applicant, per contract requirements.

**D** indicates that an application will result in a denial if the information is not received within seventeen (17) calendar days from the date the application was received and prior to the end of the 30<sup>th</sup> week of pregnancy. The 17 calendar days do not extend past the 30<sup>th</sup> week of pregnancy.

<b>2.1 AIM Application</b>	
<b>Data Element</b>	<b>Deny if Missing</b>
<b>Section 1 Pregnant Woman Information</b>	
Last Name	D
First Name (middle initial)	D
Birthdate	
Street Address	D
Phone Number	
City	D
State	
Zip Code	
First day of last menstrual period (required if no pregnancy certification submitted)	D
<b>Section 2 Health Plan Selection</b>	
1 <sup>st</sup> Choice of health plan	D
<b>Section 3 Family Size, Income, Insurance Info</b>	
<b>Part A</b>	
If <u>Yes</u> to “Does the insurance cover your pregnancy?” and no dollar amount is given for “If applicable, what is the amount of your deductible...for maternity services?”, then deny.	D
<b>Part B</b>	
Need a <u>Yes</u> or <u>No</u> for “Married to the pregnant woman?” if “Name of father of the baby” is filled in.	
If <u>Yes</u> to “Does the insurance cover your pregnancy?” and no dollar amount is given for “If applicable, what is the amount of your deductible...for maternity services?”,	D

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<b>2.1 AIM Application</b>	
then deny.	
<b>Part C</b>	
Name of Child or Disabled Dependent (if names are listed, assume the children belong to the father of the baby from Part B)	N/A
<b>Section 5 Authorization</b>	
Signature of Applicant	D
<b>AIM Pregnancy Certification Form (page A5)</b> The completed AIM Pregnancy Certification Form page or equivalent document is required. If any of the following information is missing from either, then deny	
Name of Facility, clinic or doctor's office that is certifying the pregnancy	D
Address of Facility, clinic or doctor's office that is certifying the pregnancy	D
Signature of Health Care Professional	D
Medical Title*	D
If an equivalent document is received, the applicant's first and last name must be included in order to be acceptable	D

\*The following list of Medical Title's are acceptable:

1. Staff persons authorized by the Planned Parenthood Organization  
or:
2. A licensed or certified healthcare professional, including, but not limited to a:
  - Medical Doctor,
  - Doctor of Osteopathy
  - Registered Nurse Physician's Assistant
  - Nurse Midwife,
  - Vocation Nurse, or
  - Medical Assistant

<b>2.2 Infant Registration Form</b>	
Data Element	Deny if Missing
<b>Infant Information:</b>	
First Name	D
Last Name	D
Gender	D

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Birth Date	D
Applicant Signature	D

### 3. **Denial Rules**

#### **3.1 *Denied Applications***

1. If the applicant's income was below AIM program guidelines AIM must overnight the application and all related supporting documentation to the appropriate County Department of Social Services.
2. Any initial payment received must be refunded. The application and all supporting documentation must be sent by overnight mail to the appropriate County Department of Social Services.
3. The applicant must be notified within 2 business days that her application has been forwarded to the County for an eligibility determination.
4. A refund of any initial payment received must be processed.

#### **3.2 *Denying Applications Because No Health Plan is available***

When an applicant resides in a zip code area that is not serviced by a participating AIM health plan, the following steps will be taken:

1. AIM shall contact the applicant by telephone to confirm that the residential address identified on the application is accurate.
2. In the event the applicant indicates that the residential address is correct, the application shall be denied.

## 4. **Enrollment Rules**

### 4.1 ***Beginning Date of Coverage***

1. Coverage shall begin no later than ten (10) calendar days from the date the pregnant woman is enrolled in the Program. Coverage shall not begin if the pregnancy terminates prior to the effective date of coverage.
2. Coverage in the AIM Program for the subscriber is for the pregnancy at the time of application and includes services following the termination of the pregnancy for sixty (60) days.
3. For an infant born to women enrolled in AIM prior to 7/1/04, coverage in the AIM program for an infant born to a subscriber is for up to two (2) years from the date of the birth of the child.
4. For an infant born to women enrolled in AIM on 7/1/04 and after, coverage is provided through the HFP if the birth is reported by the end of the month following the birth month. HFP coverage begins as of the date of birth.
5. AIM-linked HFP infants in need of immediate health care services in the first month or two of life are to be provisionally enrolled in the HFP.
  - Specifically, if the AIM plan of the mother certifies to the State in writing of the infant's need for services and provides the infant's name, date of birth and gender, the infant will be enrolled in HFP.
  - This certification must occur by 5 p.m. of the 10<sup>th</sup> day of the second full calendar month of the infant's life. For example, for an infant born on September 14, the last day for a plan to notify the State for purposes of provisional enrollment is November 10 (the first full calendar month of life is October, the second is November). However, for an infant born on September 1, the last day to notify the State is October 10 (the first full calendar month of life is September, the second is October).
6. The participating AIM health plans are to utilize a certification form when reporting infants in need of immediate medical care to the State.
7. AIM Infants may retro-enroll back to their date of birth at anytime up to the last day of the eleventh month following the month of birth.

### 4.2 ***Enrolled Pregnant Applicants***

The following occurs subsequent to an eligibility determination.

1. Subscriber receives an effective date 10 calendar days from date enrolled. The health plan will be sent the enrollment information the next working day.
2. Initiate welcome calls to all newly enrolled women in AIM.

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3. Mail welcome letter and packet within 2 business days.
4. Billing statements sent (12 months), except if paid in full with application.

### **4.3 Registration and Enrollment of Infant**

1. Within thirty (30) days of birth of an infant a subscriber shall notify their participating health plan in writing of the following information about the infant:
  - Name
  - Date of birth
  - Sex
  - Weight at birth

NOTE: It is acceptable to receive partial birth outcome information, particularly the Date of Birth. AIM is to disenroll the subscriber 60 days following the baby's date of birth even if AIM does not receive ALL of the AIM birth outcome information to enroll the baby into HFP.

2. The health plan may also notify the AIM Program of the birth outcome by phone, mail, or fax – with or without a birth certificate or comparable documentation.
3. The health plan is sent a letter asking them to identify birth outcome. If the health plan can't determine the birth outcome or has not reported in fifteen (15) business days, a letter is sent to the subscriber's last known address requesting: outcome of pregnancy, birth weight, child's first and last name, middle initial, child's gender, and date of birth. Telephone calls are made to the applicant if there is no response to the letter after thirty (30) days.
4. The mother may also report the birth directly to the AIM Program in the same manner. In this case the AIM Program must notify the plan. The enrollment date and the effective date of coverage for the newborn are to be their date of birth.

During the AIM-linked infant's eligibility determination, the infant's effective date of coverage will occur for any months in which the infant qualifies for the HFP. The HFP Regulations were revised to identify that the eligible infant's start date of coverage with the HFP occur on the following days:

- On the infant's date of birth, so long as the child is not enrolled in the No-Cost Medi-Cal Program on their birth date or enrolled in ESI on their birth date; and
- After the infant's date of birth, when the infant's No-Cost Medi-Cal or ESI coverage ends.

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Here are a few examples to describe how the effective date of coverage will be established:

### **Scenario #1 (Infant doesn't have No-Cost Medi-Cal or ESI coverage):**

The mother registers the infant after the 1<sup>st</sup> month of birth. The child is born on July 1, 2007. The infant registration form indicates that the child is not currently and was not previously enrolled in ESI. After the MEDS File Clearance process, the HFP determines that the child is not enrolled in the No-Cost Medi-Cal Program. The HFP enrolls the infant into the program, establishing an effective date of coverage on July 1, 2007.

- The Annual Eligibility Review (AER) anniversary date is July 1, 2008.
- The HFP health plan would receive the AIM-Linked Infant rate for 1<sup>st</sup> 60 days of life and would receive the HFP infant plan rate (0-1) thereafter for the rest of the 1<sup>st</sup> year.
- OC Aid Code is used through the 2<sup>nd</sup> year of life.\*
- AER eligibility determination will be based on 300% FPL providing the child is still enrolled in HFP at the 1<sup>st</sup> year AER.
- AER eligibility determination will be based on 250% FPL providing the child is still enrolled in HFP at the 2<sup>nd</sup> year.

### **Scenario #2 (Infant previously had No-Cost Medi-Cal):**

The mother registers the infant after the 5<sup>th</sup> month of birth. The child is born on August 10, 2007. The infant registration form indicates that the child is not currently enrolled and was not previously enrolled in ESI. After the MEDS File Clearance process, the HFP determines that the child is enrolled in the No-Cost Medi-Cal Program from August 10, 2007 through October 31, 2007. The HFP enrolls the infant into the program, establishing an effective date of coverage on November 1, 2007 through August 31, 2008.

- The AER anniversary date is August 10, 2008.
- The HFP health plan would receive the 0-1 HFP plan rate and would not receive the AIM-Linked Infant rate for 1<sup>st</sup> 60 days of life due to the child being covered by no-cost Medi-Cal for the first three months of life.
- OC Aid Code used through the 2<sup>nd</sup> year of life. ♣
- AER eligibility determination will be based on 300% FPL providing the child is still enrolled in HFP at the 1<sup>st</sup> year AER.
- AER eligibility determination at will be based on 250% FPL providing the child is still enrolled in HFP the 2<sup>nd</sup> year.

### **Scenario #3 (Infant previously had ESI):**

The mother registers the infant after the 6<sup>th</sup> month of birth. The child is born on July 1, 2007. The infant registration form indicates that the child is not currently enrolled in ESI. However, the applicant specifies that the child was previously enrolled in ESI

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\* OC Aid Code will be used for 2<sup>nd</sup> year if child has continuous enrollment during 1<sup>st</sup> year AER.

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coverage. ESI coverage began on July 1, 2007 and ended November 30, 2007 because of a change in job status. After the MEDS File Clearance process, the HFP determines that the child is not currently and was not previously enrolled in the No-Cost Medi-Cal Program. Since the ESI coverage ended due to an exception circumstance where the infant is not subject to the 3-month waiting period, the HFP enrolls the infant into the program, establishing an effective date of coverage on December 1, 2007 through July 31, 2008.

- The AER anniversary date is July 1, 2008.
- The HFP health plan would receive the 0-1 HFP plan rate and would not receive the AIM-Linked Infant rate for 1<sup>st</sup> 60 days of life due to the child being covered by ESI for the first 5 months of life.
- 0C Aid Code used through the 2nd year of life.\*
- AER eligibility determination will be based on 300% FPL providing the child is still enrolled in HFP at the 1<sup>st</sup> year AER.
- AER eligibility determination at will be based on 250% FPL providing the child is still enrolled in HFP the 2<sup>nd</sup> year.

### **Scenario #4 (Infant previously had No-Cost Medi-Cal and ESI):**

The mother registers the infant after the 9<sup>th</sup> month of birth. The child is born on August 31, 2007. The infant registration form indicates that the child is not currently enrolled in ESI. However, the applicant identifies that the infant was previously enrolled in ESI during February 1, 2008 through March 31, 2008. The ESI coverage ended because of a legal separation/divorce. ESI coverage ended due to an exception circumstance where the infant is not subject to the 3-month waiting period. After the MEDS File Clearance process, the HFP determines that the child is not currently enrolled in the No-Cost Medi-Cal Program. MEDS indicates that the child previously had No-Cost Medi-Cal coverage during August 31, 2007 through October 31, 2007. The HFP enrolls the infant into the program, establishing effective dates for days and months in which the child does not have No-Cost Medi-Cal or ESI coverage. In this scenario, the infant has 2 separate effective date periods, which occur on November 1, 2007 through January 31, 2008 and April 1, 2008 through August 31, 2008.

- The AER anniversary date is August 31, 2008.
- The HFP health plan would receive the 0-1 HFP plan rate and would not receive the AIM-Linked Infant rate for 1<sup>st</sup> days of life due to the child being enrolled in No-Cost Medi-Cal for the first two months of life.
- 0C Aid code used through the 2nd year of life.♣
- AER eligibility determination will be based on 300% FPL providing the child is still enrolled in HFP at 1<sup>st</sup> year AER.
- AER eligibility determination at will be based on 250% FPL providing the child is still enrolled in HFP the 2<sup>nd</sup> year.

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\* 0C Aid Code will be used for 2<sup>nd</sup> year if child has continuous enrollment during 1<sup>st</sup> year AER.

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### **Scenario #5 (Infant previously had ESI and is subject to 3-month waiting period):**

The mother registers the infant after the 5<sup>th</sup> month of birth. The child is born on November 23, 2007. The infant registration form indicates that the child is not currently enrolled in ESI. However, the applicant identifies that the infant was previously enrolled in ESI during January 1, 2008 through March 31, 2008. The ESI coverage ended because the applicant could not afford the premiums. The infant is subject to the 3-month waiting period because the reason that the ESI coverage ended does not fall within an exception that is identified in the HFP Business Rules. After the MEDS File Clearance process, the HFP determines that the child is not currently and was not previously enrolled in the No-Cost Medi-Cal Program. The HFP enrolls the infant into the program, excluding months and days in which the child has ESI coverage and the 3-month waiting period. The 3-month waiting period ends on June 30, 2008. In this scenario, the infant has 2 separate effective date periods, which occur on November 23, 2007 through December 31, 2007 and July 1, 2008 through November 30, 2008.

- The AER anniversary date is November 23, 2008.
- The HFP health plan would receive the AIM-Linked Infant rate for 1<sup>st</sup> days of life due to being covered as an AIM-linked infant for the first two months of life and then would receive the HFP plan's 0-1 rate thereafter for the rest of the first year.
- 0C Aid code used through the 2nd year of life.\*
- AER eligibility determination will be based on 300% FPL providing the child is still enrolled in HFP at 1<sup>st</sup> year AER.
- AER eligibility determination at will be based on 250% FPL providing the child is still enrolled in HFP the 2<sup>nd</sup> year.

### **Scenario #6 (Infant previously had ESI and is subject to 3-month waiting period):**

The mother registers the infant after the 10<sup>th</sup> month of birth. The child is born on October 1, 2007. The infant registration form indicates that the child is not currently enrolled in ESI. However, the applicant identifies that the infant was previously enrolled in ESI during October 1, 2007 through August 15, 2008. The ESI coverage ended because the applicant requested to terminate coverage. The infant is subject to the 3-month waiting period because the reason that the ESI coverage ended does not fall within an exception that is identified in the HFP Business Rules. After the MEDS File Clearance process, the HFP determines that the child is not currently and was not previously enrolled in the No-Cost Medi-Cal Program. The 3-month waiting period ends on November 15, 2008. The child is not eligible for the HFP as an AIM-linked infant because the 3-month waiting period ends after the child turns 1 year old. In this scenario, because the infant does not have HFP coverage ending on the last month of the infant turning 1, there is no AER date. Since the application is received four months prior to potential eligibility, the applicant would need to reapply

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\* 0C Aid Code will be used for 2<sup>nd</sup> year if child has continuous enrollment during 1<sup>st</sup> year AER.

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if HFP enrollment is still desired. In the event the applicant later re-applies for the child, the HFP will base the eligibility determination on the HFP income guidelines (up to 250% of the FPL).

- The HFP health plan would receive the HFP plan child rate (1-18) if the child is enrolled, and would not receive the AIM-Linked Infant rate for 1<sup>st</sup> 60 days of life due to the child being covered by ESI for the first 11 months of life and then being subject to the 3-month waiting period which would end after turning 1 year old.
- 9H Aid code would be used, if child later enrolled into HFP.

### **Scenario #7 (Infant previously had ESI and currently enrolled in No-Cost Medi-Cal):**

7a. The mother registers the infant after the 9<sup>th</sup> month of birth. The child is born on September 15, 2007. The infant registration form indicates that the child is not currently enrolled in ESI. However, the applicant identifies that the infant was previously enrolled in ESI during the period of December 1, 2007 through March 15, 2008. ESI coverage ended because the employer ended benefits to all employees. After the MEDS File Clearance process, the HFP determines that the child is currently enrolled in the No-Cost Medi-Cal Program and has been enrolled since June 1, 2008 with no termination date for Medi-Cal on MEDS. On June 20, 2008, the HFP completes the eligibility determination and enrolls the infant into the program, establishing effective dates for days and months in which the child does not have No-Cost Medi-Cal or ESI coverage. In this scenario, infant has two separate effective date periods, which start on September 15, 2007 and ended November 30, 2007. Then, since the ESI coverage ended due to a circumstance where the infant is not subject to the 3-month waiting period, the HFP enrolls the infant for the second uninsured period, establishing an effective date of coverage on March 16, 2008 through May 31, 2008. The infant is denied HFP coverage for the period of June 1, 2008 through September 31, 2008 because the child currently has No-Cost Medi-Cal coverage.

- The AER anniversary date is September 15, 2008.
- The HFP health plan would receive AIM-Linked Infant rate for 1<sup>st</sup> 60 days of due to being enrolled as an AIM-linked infant during the first two months of life and would receive the HFP plan infant rate (0-1) thereafter for the rest of the 1<sup>st</sup> year.

7b. During the 10<sup>th</sup> month following birth, the HFP later receives a request from the applicant to enroll the infant. The child is not currently enrolled in ESI. After the MEDS File Clearance process, the HFP determines that the infant's No-Cost Medi-Cal coverage ends on July 31, 2008. Because the information to enroll the child is received within the 11 months following birth, the child qualifies for the HFP as an AIM-linked infant. The HFP re-enrolls the child into the program establishing another new effective date of coverage beginning on August 1, 2008 through September 31, 2008. In this scenario, the child has an additional separate enrollment period with the HFP.

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- The AER anniversary date is September 15, 2008.
- The HFP health plan would receive the AIM-Linked Infant rate for 1<sup>st</sup> 60 days of life due to being enrolled as an AIM-linked infant during the first two months of life and would receive the HFP plan infant rate (0-1) thereafter for the rest of the 1<sup>st</sup> year.
- OC Aid code used through the 2<sup>nd</sup> year of life.\*
- AER eligibility determination will be based on 300% FPL providing the child is still enrolled in HFP at 1<sup>st</sup> year AER.
- AER eligibility determination at the 2<sup>nd</sup> year will be based on 250% FPL providing the child is still enrolled in HFP.

### **Scenario #8 (Infant Enrolled in 2<sup>nd</sup> Month of Life due to ESI in 1<sup>st</sup> month of life):**

Mother registers the infant after the 1<sup>st</sup> month of birth. The child is born July 2, 2007. The registration form indicates the child had ESI for the month of birth. ESI ended due to loss of a job. ESI coverage ended due to an exception circumstance where the infant is not subject to the 3-month waiting period. After the MEDS File Clearance process, the HFP determines that the child is not currently, nor has been, enrolled in the No-Cost Medi-Cal Program. The HFP enrolls the infant into the program with an effective date of August 1, 2007.

- The AER anniversary date is July 2, 2008.
- In this instance, the HFP health plan would receive the AIM-Linked Infant rate for 1<sup>st</sup> 60 days of life in the 2<sup>nd</sup> month because the child was enrolled for at least one of the first two months of life and would receive the HFP plan infant rate (0-1) thereafter for the rest of the 1<sup>st</sup> year.
- OC Aid code used through the 2<sup>nd</sup> year of life.♣
- AER eligibility determination will be based on 300% FPL providing the child is still enrolled in HFP at 1<sup>st</sup> year AER.
- AER eligibility determination at the 2<sup>nd</sup> year will be based on 250% FPL providing the child is still enrolled in HFP.

#### **4.3.1 For women enrolled prior to 7/1/04**

1. Once birth information is received, the infant is enrolled and their effective date of coverage is to be their date of birth. If the AIM Program does not receive birth outcome information by the 11<sup>th</sup> month of “pregnancy” (using the first day of the last menstrual period to calculate sixty (60) days after the estimated date of delivery), the mother is notified in writing that she is disenrolled from the AIM Program. The AIM Program sends a letter to the applicant asking for birth information. The birth information is acceptable for enrollment of the infant anytime up to the last day of the 11<sup>th</sup> month following the month of birth.

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\* OC Aid Code will be used for 2<sup>nd</sup> year if child has continuous enrollment during 1<sup>st</sup> year AER.

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2. Within thirty (30) days prior to an infant's first birthday, the applicant is to notify the program in writing if she wants to disenroll the infant. If the infant is disenrolled at the first birthday, the applicant is not required to pay the \$100.00 second year fee. Otherwise, the applicant is billed \$100 for each infant enrolled in the AIM Program. This amount may be reduced to \$50 if the applicant provides the program with a copy of the infant's up-to-date immunization records at any time prior to the infant's 2<sup>nd</sup> birthday.

### **4.3.2 For women enrolled on or after 7/1/04**

1. The birth information must be received by the end of the month following the birth month. If the information is received by this date, the infant is enrolled in the HFP effective date of birth (send appropriate transactions to MEDS & select CIN).
2. By default, an infant will be enrolled in the same health plan that the mother was enrolled in AIM and a dental and vision plan by alternate selection.
3. The following provisions apply to the transfer of AIM-linked infants from one participating health, dental, or vision plan to another:
4. An AIM-linked infant subscriber will be automatically transferred to the same health, dental, and vision plan that his or her sibling(s) is enrolled in, effective on the first day of the infant's third calendar month of birth, unless one of the following occurs:
  - The applicant submits a letter stating that the infant has a physical, developmental, behavioral, or emotional condition that requires continuity of care, and requests that the infant's sibling(s) be transferred to the infant's health plan, or
  - The applicant submits a letter stating that the infant has a physical, developmental, behavioral, or emotional condition that requires continuity of care, and requests that the infant remain with the current health plan and the sibling(s) remain with his or her current health plan. For siblings enrolled in different health plans, the applicant must choose the same health plan for all children living in the household during the Open Enrollment period after the AIM-linked infant's first birthday.
5. An AIM-linked infant subscriber shall be transferred from one participating health, dental, or vision plan to another if the applicant so requests in writing once within the first three (3) months from the date of the infant's birth and the infant subscriber has no sibling(s) in the program. The transfer of enrollment shall take effect on the first day of a month and shall be within forty (40) days after the approval of the request but no earlier than the third calendar month of the infant's enrollment in the program.

## AIM Business Rules

6. If the AIM Program does not receive the birth outcome information by the end of the 11th month following the birth month, then the child cannot enroll in the HFP without meeting HFP eligibility (includes filling out the HFP application) guidelines.

## 5. Continued Enrollment

### 5.1 *Continued Enrollment in the HFP*

1. The appropriate HFP monthly premium is assessed for infants enrolled in the HFP through the AIM Program. An annual eligibility review is assessed for these infants at age 1 and 2. During the 1<sup>st</sup> AER all HFP guidelines shall be adhered to with the exception of the FIG (only for the infant enrolled through AIM). The infant enrolled through AIM is assessed for HFP eligibility using the up to 300% FIG- at the 1<sup>st</sup> AER. At the 2<sup>nd</sup> AER, the AIM-linked child is assessed at the current HFP FIG.
2. Enrollment of these infants into an existing HFP case is considered “adding a person” and will reset the anniversary date for all existing HFP members. Furthermore, infants enrolled in the HFP through AIM are subject to HFP eligibility rules regarding “adding a person”. The AIM infant's anniversary date would change to that of the last child subsequently enrolled in the HFP. (Example: AIM infant enrolled in HFP effective 1/1/05. A new child is added to the HFP case with an effective date of 12/25/05 – through the AIM mom or through an HFP application. The anniversary date for existing HFP members resets to 12/25/05, including that of the AIM infant.).

## 6. Disenrollment Rules

### 6.1 *Disenrollment from AIM*

1. A subscriber can be disenrolled from the program and from the program's participating health plan when any of the following occur:
  - A. The subscriber requests disenrollment in writing.
  - B. The subscriber becomes ineligible because:
    - 1) The subscriber does not meet the residency requirement; or
    - 2) The subscriber has committed an act of fraud to circumvent the statutes or regulations of the program; or
    - 3) The subscriber is no longer pregnant on or after her effective date of coverage.

## AIM Business Rules

2. A subscriber will be notified by the program in writing of the disenrollment from the program and the reason for the disenrollment.
  - A. For sections 1.B.1 and 1.B.2, MRMIB will request disenrollment with a notice of disenrollment sent by the 10<sup>th</sup> of the month disenrollment will occur at the end of the calendar month in which the request was received; otherwise, disenrollment will occur the following month.
3. All disenrollments under section 1, except 1.B.3, will be effective at the end of the calendar month in which the request was received, or at the end of a future calendar month as request by subscriber or MRMIB.
4. Disenrollment pursuant to 1.B.3 shall be effective sixty (60) calendar days after the end of pregnancy date (i.e. birth outcome, miscarriage, etc.).
5. Starting July 1, 2008, if an AIM subscriber is no longer pregnant by the end of her first trimester, the subscriber contribution may be reduced to 1/3 of the full 1.5% contribution. To be eligible for a reduction in contribution the following must be submitted at any time:
  - A. Documentation by a licensed or certified healthcare professional. The documentation must include; Date Pregnancy Ended, Health Care Professional's First and Last name (printed), Signature of Health Care Professional and Medical Title of Health Care Professional.
  - B. Notification from a health plan that the subscriber is no longer pregnant is acceptable. The notification from the health plan needs to only include the subscriber's first and last name and date subscriber is no longer pregnant.

NOTE: "First trimester" means the first 13 weeks starting with the first day of a pregnant woman's last menstrual period and ending at the end of the 13<sup>th</sup> week, or the first 13 weeks of a 40-week, full-term pregnancy as documented by a licensed health care professional.

6. If the subscriber cannot be contacted by letter or phone to obtain the birth outcome information, the subscriber shall be coded as "disenrolled" sixty (60) calendar days after the estimated date of delivery per the first day of the last menstrual period established during the application process. In the monthly data reporting, the contractor notifies the State and notifies the affected health plan of the disenrollment. A written "disenrollment" letter is sent to the applicant with a detailed explanation of the action taken including the effective date of disenrollment.
7. Once a subscriber is disenrolled, the subscriber cannot be re-enrolled for the same pregnancy.

### **6.2 Withdraw from AIM**

1. A subscriber will be withdrawn from the program and from the program's participating health plan as never effective when any of the following occur:

## AIM Business Rules

- A. The subscriber is no longer pregnant prior to her effective date of coverage; or
  - B. The subscriber requests in writing to be withdrawn from the program prior to her effective date of coverage.
2. A subscriber will be withdrawn from the program pursuant to section 1.A. and shall take effect upon the date that would have been the effective date of coverage.
    - A. If notification to the program is received after the effective date, documentation by a licensed or certified healthcare professional must be submitted indicating the date of the early end of pregnancy.
    - B. If notification is received prior to the effective date of coverage, documentation by a licensed or certified healthcare professional is not required.
  3. A subscriber will be withdrawn from the program pursuant to section 1.B. only if the request is received prior to her effective date of coverage and shall take effect upon the date that would have been the effective date of coverage.

## 7. Appeals

When a subscriber is dissatisfied with any action, or inaction of the program's participating health plan in which she is enrolled, the subscriber shall first attempt to resolve the dispute with the participating health plan according to its established policies and procedures, which are explained in each plan's Evidence of Coverage.

### 7.1 *Appeals to the Board*

1. If a subscriber is dissatisfied with any action or failure to act which has occurred in connection with a participating health plan's coverage the subscriber's remedy shall be to file an appeal with the Board.
2. In addition, the following decisions may be appealed to the Executive Director only:
  - a. A program determination as to eligibility of any applicant.
  - b. A program determination to disenroll a subscriber or infant from the program.
  - c. A program determination to deny a subscriber request or to grant a participating health plan request to transfer the subscriber to a different participating health plan.

An appeal must be filed in writing with the Executive Director within 60 calendar days of the action, failure to act, or receipt of notice of decision being appealed. An appeal must include a copy of the letter regarding a

## AIM Business Rules

decision being appealed or a written statement of the action or failure to act, a statement from the applicant as to what is being disputed and the requested resolution, and any other relevant information the applicant wishes to include.

The Managed Risk Medical Insurance Board (MRMIB) will adjudicate an appeal of a program determination related to an eligibility decision or disenrollment decision. The administrative vendor shall forward an appeal, which meets these guidelines to MRMIB within 5 business days. The administrative vendor adjudicates all other correspondence (i.e., new income documentation).

### **7.2 MRMIB Adjudication of Appeals**

Once MRMIB makes a determination to enroll, disenroll, withdraw or other action the administrative vendor will be notified. Upon receipt, the administrative vendor must process the request within 2 business days and provide confirmation to MRMIB that the action is complete.

## **8. Contributions**

### **8.1 Subscriber Contributions**

A \$50 money order or cashier's check must accompany the application to complete enrollment. The \$50 payment is credited towards the subscriber's financial contribution if eligible for enrollment.

1. If the AIM infant already has sibling(s) enrolled in the HFP then the subscriber contribution will be billed based on the rates prescribed in the HFP regulations 2699.6809.
2. AIM Infants with siblings already on the HFP may be enrolled in a separate health plan from the currently enrolled sibling's health plan. The subscriber contribution for the AIM Infant will be billed at the sibling's rate, up to the maximum required contribution per family.
3. Contributions may not be made on behalf of the subscriber by any State or local government.
4. Contributions may not be made on behalf of the subscriber by any health care provider or health insurer.
5. Contributions may be made on behalf of the subscriber by any federally recognized California Indian Tribal Government who is a member of the tribe. Go to [www.doi.gov/leaders.pdf](http://www.doi.gov/leaders.pdf)
6. Assessed subscriber contributions will not change from the 2% for Moms (enrolled prior to 7/1/04), 1.5% for Moms (enrolled on or after 7/1/04), or \$100.00 2<sup>nd</sup> year infant rate (born to moms enrolled prior to 7/1/04) at any time after the effective date of coverage.
7. All subscriber contributions are deposited in the bank collections account.

## AIM Business Rules

8. Any payments received that are not made payable to the AIM program will be returned to the payer and not be deposited.
9. Applicants that enroll their AIM infants must pay the required family contributions from the infant's date of birth to the enrolled date before the infant can be enrolled in the HFP program.
10. Calculation of the family contribution amount due will be billed based on the rates prescribed in the HFP regulations 2699.6809 and amounts previously billed if the AIM infant has sibling(s) enrolled currently or previously in the HFP. The amount due could be zero if the maximum contribution per family has already been satisfied. Calculation is as follows:
  - A. Calculate the family contribution for each month from the infants date of birth to the current month based on the number of children enrolled for each of those months.
  - B. Calculate the family contribution already billed for each month from the infants date of birth to the current month
  - C. Calculate the difference between the new amounts with the added infant and the prior billed amounts for each month and sum the differences. This is the total amount due.

### **8.1.1 For women enrolled in AIM prior to 7/1/04,**

1. Total cost for the program is divided into two parts:
  - A. The first part is 2% of the subscriber's adjusted annual household income, which can be divided into 12 (twelve) monthly payments. This covers the mother through the pregnancy and for 60 days after the birth of the child. The infant is covered for the first year. A \$50 discount is given if the entire 2% cost is included with the application.
  - B. The second part of the subscriber contribution, \$100, is due on the infant's first birthday. This portion of the subscriber contribution assists in paying for the health care costs related to the infant's second year of life. This amount is reduced by \$50 if up-to-date immunization records are submitted at any time prior to the infant's 2<sup>nd</sup> birthday.
2. Initial contribution must be a minimum of \$50.00
3. Initial contributions received regardless of the amount are not refunded until the application is determined ineligible.
4. An aggregate of payments received, prior to the subscriber being determined eligible, that sum to \$50.00 or more qualifies as an initial contribution.
5. Subscriber contributions net of the initial payment are due in 12 equal monthly installments

## AIM Business Rules

6. Subscriber contributions paid that are equal to the total annual contribution amount are posted as paid in full in the month of payment. (i.e. no allocating payments over a 12 month period)
7. Coupon books were issued which schedule payments over the 12-month period.
8. Coupon books schedule payments as due either the 1st or the 15th of each month
9. Billing statements will replace the coupon books.
10. Coupons from the issued coupon books will still be process if submitted by the subscriber with their monthly contribution payment.
11. Billing statements will be used to bill the subscriber's remaining scheduled monthly contribution payment amounts as prescribed in the coupon books (excluding the due date).
12. Monthly subscriber contribution payments will be due the first day of the month following enrollment into a health plan.
13. Subscribers whose payments are scheduled in the coupon book as due on the 15th of the month will be rescheduled to the 1st of the month.
14. Monthly subscriber contributions may be paid by cashier's check, money order, personal check, credit card, western union, or EFT. Note: Payments by credit card, western union, **or EFT are postponed until after 7/1/04.**

### **8.1.2 For women enrolled in AIM on or after 7/1/04**

Total cost for the program is 1.5% of adjusted annual household income. This amount can be paid in 12 monthly installments. A \$50 discount is given if the entire 1.5% cost is included with the application. If an infant born to an AIM subscriber is enrolled in the HFP, the infant is billed the appropriate HFP monthly premium.

1. Initial contribution must be a minimum of \$50.00
2. Subscriber contributions net of the initial payment are due in 12 equal monthly installments.
3. Billing statements shall be used to bill the subscriber's contribution over the 12-month period.
4. The difference of prepaid contributions received prior to being determined eligible and the annual contribution amount, up to \$75.00 short of the annual contribution amount, are due the first day of the month following enrollment into a health plan.
5. Monthly subscriber contribution payments are due the first day of the month following enrollment into a health plan.
6. Subscribers will receive a billing statement no later than 10 business days prior to the date the contribution payment is due.

## AIM Business Rules

7. Initial subscriber contributions are paid by cashier's check or money order  
Note: Payments by credit card or western union are postponed until after 7/1/04.
8. Monthly subscriber contributions are paid by cashier's check, money order, personal check, credit card, western union, or EFT. Note: Payments by credit card, western union or EFT are postponed until after 7/1/04
9. If a woman applies for re-enrollment in the AIM program for a different pregnancy and has a balance due from the previous enrollment, the delinquent amounts do not have to be paid in full before enrolling.
10. There is no grace period for payments received after the invoiced due date.
11. Subscriber contributions paid that are equal to the total annual contribution amount are posted as paid in full in the month of payment. (i.e. no allocating payments over a 12 month period)

### **8.2 Infant Contributions**

#### **8.2.1 2nd year infants prior to July 1, 2004**

1. A onetime contribution of \$100.00 is required on **each** infant's first birthday for the infant's continued enrollment in the AIM program for its 2<sup>nd</sup> year.
2. An infant's enrollment will automatically continue for the 2<sup>nd</sup> year of coverage except when the Mom requests disenrollment prior to the infant's first birthday
3. The onetime \$100.00 contribution may be discounted to \$50.00 if proof of immunizations is provided at any time prior to the infant's 2<sup>nd</sup> birthday. See the Subscriber Contributions section in the Eligibility Business rules.
4. Notification of the infant's birth is required from either the health plan or the mother before billing.
5. The onetime contribution for the infant's 2<sup>nd</sup> year of coverage is due the first day of the month following the infant's first birthday.
6. A notification is sent 45 days prior to the infants first birthday reminding the subscriber of the onetime contribution amount for the infant's second year and the availability of a \$50.00 discount for proof of immunizations. This notification will also include a warning that if the subscriber does not notify the program in writing that the subscriber will be charged the one time fee.
7. If the subscriber notifies the AIM program, in writing up to 90 days after the infant's first birthday to disenroll the infant no onetime contribution shall be billed or due.

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8. If the subscriber fails to notify the AIM program in writing, within the acceptable notification period, to disenroll the infant prior to the infants first birthday, the onetime contribution of \$100.00 is billed.
9. 2<sup>nd</sup> year infant subscriber contributions are paid by cashier's check, money order, personal check, credit card, or western union. **Note: Payments by credit card or western union are postponed until after 7/1/04.**

### **8.2.2 2nd year infants on or after to July 1, 2004**

All infants born to subscribers enrolled on or after July 1, 2004 are enrolled directly into the HFP program. No AIM contributions are billed or are due for these infants since they are no longer eligible for the AIM program.

## **8.3 Applying Contributions**

- Contribution amounts received will be posted in the order received to the oldest amount due.

### **8.3.1 Moms Enrolled Prior to 7/1/04**

1. If the initial payment received with the application is equal to or greater than the annual contribution amount, then:
  - apply a \$50.00 administrative credit,
  - apply the initial payment to the balance of the annual contribution amount due, and
  - post the remainder on account for a refund.
2. If the initial payment received with the application is less than the annual contribution amount but equal to or greater than the initial \$50.00 required contribution amount, then:
  - do not apply a \$50.00 administrative credit,
  - apply the initial payment to the annual contribution amount due, and
  - divide the balance by 12. This is the monthly billable amount.

### **8.3.2 Moms Enrolled on or After 7/1/04**

1. If the initial payment received with the application is equal to or greater than the annual contribution amount, then:
  - apply a \$50.00 administrative credit,
  - apply the initial payment to the balance of the annual contribution amount due, and
  - post the remainder on account for a refund.

## AIM Business Rules

2. If the initial payment received with the application is equal to the annual contribution amount less a maximum of \$75.00, then:
  - apply a \$50.00 administrative credit,
  - apply the initial payment to the balance of the annual contribution amount due, and
  - bill the remainder as due the first day of the month following enrollment into a health plan.
3. If the initial payment received with the application is less than the annual contribution amount minus \$75.00, but equal to or greater than the initial \$50.00 required contribution amount, then:
  - do not apply a \$50.00 administrative credit,
  - apply the initial payment to the annual contribution amount due, and
  - divide the balance by 12. This is the monthly billable amount.
4. EFT Payments will be withdrawn and credited to the subscribers account each month for the full amount of the monthly contribution only.
  - No discounts will be given for payment by EFT
  - Upon start up of the subscriber's request for EFT payment process, if the first EFT payment is withdrawn from the subscriber's bank account in the same month that the subscriber makes a payment, credit both payments to the subscriber's account and refund the duplicate payment upon request from the subscriber.

### **8.3.3 2nd year infants born to an AIM subscriber enrolled prior to July 1, 2004**

1. If the 2<sup>nd</sup> year infant payment received is equal to or greater than the \$100.00 contribution amount, and complete and valid proof of immunizations are received then:
  - apply a \$50.00 administrative credit,
  - apply the 2nd year infant payment to the balance amount due, and
  - post the remainder on account for a refund.
2. If the 2nd year infant payment received is equal to or greater than the \$100.00 contribution amount, and proof of immunizations received are not valid or complete then:
  - Do not apply a \$50.00 administrative credit,
  - apply the 2nd year infant payment to the balance amount due, and
  - post the remainder on account for a refund.
3. If the 2nd year infant payment received is less than the \$100.00 contribution amount and complete and valid proof of immunizations are received, then:

## AIM Business Rules

- apply a \$50.00 administrative credit,
  - apply the 2nd year infant payment to the \$100.00 contribution amount due
4. If the 2nd year infant payment received is less than the \$100.00 contribution amount and proof of immunizations received are not valid or complete then:
- Do not apply a \$50.00 administrative credit, apply the 2nd year infant payment to the \$100.00 contribution amount due

## 9. Delinquency Rules

### 9.1 *Credit Reporting Agency*

At anytime if the subscriber is more than 3 months late in paying her AIM Program contribution cost or the \$100 2<sup>nd</sup> year contribution, she will be reported to a credit agency as past due for the entire amount of her contribution cost or \$100 if applicable. Neither she nor the infant will be disenrolled from the AIM program. Once the total cost is paid, the credit reporting agency will be contacted and the account will be noted as paid-in-full and a request to “delete” the delinquency record shall be submitted. Past due notices are sent by the administrative vendor at thirty (30), sixty (60), and ninety (90) days past due.

### 9.2 *Delinquency and Credit Reporting*

#### 9.2.1 **Moms Enrolled Prior to 7/1/04**

1. A 30 days past due notice shall be included on the monthly billing statement when the subscriber fails to pay a monthly subscriber contribution or the 2nd year infant contribution for 30 calendar days from the scheduled payment due date.
2. A 60 days past due notice shall be included on the monthly billing statement when the subscriber fails to pay a monthly subscriber contribution or the 2nd year infant contribution for 60 calendar days from the scheduled payment due date.
3. A 90 days past due notice shall be included on the monthly billing statement when the subscriber fails to pay a monthly subscriber contribution or the 2nd year infant contribution for 90 calendar days from the scheduled payment due date.
4. After the 90 days past due notice is sent to the subscriber and the subscriber has failed to pay the monthly subscriber contributions or the 2nd year infant contribution, the subscriber is reported to a credit reporting agency.

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5. Credit reporting of subscribers who are 90 days delinquent will be monthly.
6. No disenrollment will occur for non-payment of subscriber contributions.
7. If the subscriber pays the past due balance in full with cash or cash equivalent, then the credit reporting agency is notified and instructed to delete the credit report item. The request to delete the credit reporting item will be processed in 3 business days.
8. If the subscriber pays the past due balance in full with a personal check, credit card, or EFT, then the credit reporting agency is notified and instructed to delete the credit report item. The request to delete the credit reporting item will be processed in 10 business days, but not before the payment is validated.

### **9.2.2 Moms Enrolled on or after 7/1/04**

1. The rules are the same as for Delinquency and Credit Reporting for Moms Enrolled Prior to 7/1/04

## **10. Plan Transfer Rules**

### **10.1 *Health Plan Transfers for Women and Infants Enrolled in AIM***

1. A subscriber and/or infant, if any, shall be transferred from one participating health plan to another if any of the following occurs:
  - A. The subscriber so requests, in writing, because the subscriber and/or infant, if any, has moved and no longer resides in an area served by the participating health plan in which the subscriber and/or infant, if any, is enrolled, and there is at least one other participating health plan serving the area in which the subscriber and/or infant now resides that is accepting new enrollees.
  - B. The subscriber or the participating health plan so requests, in writing, because of failure to establish a satisfactory subscriber-plan relationship and the MRMIB Executive Director determines that the transfer is in the best interests of the program, and there is at least one other participating health plan serving the area in which the subscriber resides that is accepting new enrollees.
  - C. The program contract with the participating health plan in which the subscriber is enrolled is canceled or not renewed.
2. The effective date of transfers pursuant to subsection (1.A.) of this section shall be:

## AIM Business Rules

- A. On the first day of a month following the transfer request for an infant, if the request is received on or before the 10<sup>th</sup> of the month. Transfer of enrollment shall take effect on the first day of the second month following the transfer request for an infant, if the request is received after the 10<sup>th</sup> of the month.
- B. Within seventeen (17) calendar days of receipt of the transfer request for the subscriber.
3. The effective date of transfers pursuant to subsection (1.B.) of this section shall be:
  - A. On the first day of a month following the approval of the transfer request for an infant, if the approval is made on or before the 10<sup>th</sup> of the month. Transfer of enrollment shall take effect on the first day of the second month following the approval of the transfer request for an infant, if the approval is made after the 10<sup>th</sup> of the month.
  - B. Within fifteen (15) calendar days from approval of the transfer request for the subscriber (AIM mom).
4. The effective date of transfers pursuant to subsection (1.C) of this section shall be prior to the end of the contract.
5. An AIM health plan transfer for a subscriber (AIM mother) is effective ten (10) calendar days after the request is approved but within seventeen (17) calendar days from the receipt date of the request, or unless otherwise instructed by the MRMIB. If the subscriber requesting the transfer is more than 30 weeks pregnant, prior approval from the new health plan and medical group/provider must be obtained before the transfer is approved by the MRMIB.
6. An AIM health plan transfer for an infant is effective on the 1st day of the month following approval of the transfer (if the request is received on or before the 10<sup>th</sup> of the month). If a request to transfer health plans is received on the 11<sup>th</sup> - 31<sup>st</sup> of the month, the effective date will be the first day of the 2<sup>nd</sup> full month after the request was received. (For example, request received May 11<sup>th</sup>, transfer effective July 1<sup>st</sup>).

**Note:** For clarification, section 10.2 of this document contains transfer rules that apply when a contracted health plan will no longer participate in AIM.

### **10.1.1 Moms Enrolled in AIM on or after July 1, 2004**

Infants enrolled in the HFP through the AIM are subject to HFP plan transfer rules. These infants are also eligible for the HFP Open Enrollment which occurs each year beginning July 15 through August 31, as outlined in the HFP regulations and HFP business rules document.

## **10.2 Health Plans Terminating a Contract in AIM**

### Pregnant & Post-Partum Subscriber

- Current plan is required to continue providing services to the subscriber throughout the pregnancy and 60-days post-partum.
- Current plan is required to provide services to the infant through the 2<sup>nd</sup> full month after birth.
  - Infant is transferred to an available plan effective the 1<sup>st</sup> day of the 3<sup>rd</sup> full month after birth but no sooner than July 1<sup>st</sup>. For example, date of birth is May 15<sup>th</sup>, transfer is effective August 1<sup>st</sup>.
- Subscriber has an option to transfer to one of the other existing AIM participating plans. If she chooses to transfer and she is over 30 weeks pregnant, MRMIB will coordinate with the new plan to ensure access to care.
  - Transfer of the subscriber is effective within 17 days of the request.

### Infants (already enrolled in plan and mom is no longer in AIM)

- Current plan is required to continue providing services to the infant through June 30th.
- Subscriber is required to choose one of the plans available July 1st for coverage of the infant for the remainder of the AIM enrollment period.

### **10.2.1 Directions for Anthem Blue Cross HMO in Alameda, Fresno, Sacramento, San Francisco, and Stanislaus counties; Anthem Blue Cross EPO in Monterey, San Mateo, Solano, and Yolo counties and Health Net NMO in Santa Clara, Santa Cruz, and Stanislaus counties.**

***Rules only effective for the contract effective February 1, 2009.***

#### **10.2.1.1 AIM SUBSCRIBERS**

1. If an existing AIM subscriber is already enrolled in an AIM plan that is listed in 10.2.1, the plan will continue to provide the AIM subscriber with coverage in the following instances:

Any AIM mother currently enrolled in a plan listed in 10.2.1 will remain enrolled in their plan with coverage ending 60 days after the pregnancy ends, regardless of their expected date of delivery or the actual date of delivery.

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### 10.2.1.2 AIM LINKED INFANTS

1. Any AIM-linked infant currently enrolled in a plan listed in 10.2.1 or born to an AIM mother enrolled in a plan listed in 10.2.1, will be provided coverage for their month of birth and the subsequent month to follow (i.e. second month of life).
2. Any AIM-linked infant enrolled in a plan listed in 10.2.1 will be transferred to an existing sibling's health plan in the Healthy Families Program (HFP), effective the third month of life.
3. Any AIM-linked infant enrolled in a plan listed in 10.2.1 that does not have siblings currently enrolled in the HFP, will be transferred to an available HFP health plan in their county, effective the third month of life. The following process will occur for these AIM-Linked infants:
  - 1) Contact attempts will be made to the AIM mother by written notification 30 days prior to her EDD to obtain the health plan selection. The notification will inform the AIM mother that her AIM-linked infant's health plan will no longer be available and that she must select an available HFP health plan in her county for the infant's third month of life. The notification will request for the AIM mother to choose a dental and vision plan for the child.
  - 2) If there has been no response to the first contact, 30 days prior to the EDD, a second notification letter will be resent. The notification will inform the AIM mother that her AIM-linked infant's health plan will no longer be available and that she must select an available HFP health plan in her county for the infant's third month of life. The notification will request for the AIM mother to choose a dental and vision plan for the child.
  - 3) If the AIM mother submits the infant registration form, and there are no siblings, but does not provide health, (for infant's 3<sup>rd</sup> month of life), dental or vision plans, contact attempts via telephone) must be made through the missing information process to allow the AIM mother to select a Healthy Families available health plan for the infant's third month of life. In addition, notification must be sent to request dental and vision plan selection. If contact attempts are unsuccessful and no response is received from the notification sent, HFP will transfer the AIM-linked infant into the CPP of their county and sent a letter as confirmation of

## AIM Business Rules

the transfer and automatically assign the dental and vision plans.

- 4) If the AIM mother submits the infant registration form, and there are no siblings and the only missing information is the infant's health plan for the 3<sup>rd</sup> month of life, the HFP must contact the AIM mother by telephone to obtain the infant's health plan for the 3<sup>rd</sup> month of life. If there has been no response to the contact attempts for the selection of an available HFP health plan, the HFP will transfer the AIM-linked infant into the CPP of their county and send a letter as confirmation of the transfer.

Here are a few scenarios to describe the process:

### **Scenario #1 (Existing sibling enrolled in HFP):**

The mother registers the infant after the 1<sup>st</sup> month of birth (before 3<sup>rd</sup> month of life). The child is born on July 1, 2009. The infant registration form indicates that the child is not currently and was not previously enrolled in ESI. After the MEDS File Clearance process, the HFP determines that the child is not enrolled in the No-Cost Medi-Cal Program. The HFP enrolls the infant into the program, establishing an effective date of coverage of July 1, 2009.

- The AIM-linked infant will be enrolled into the AIM mother's health plan listed in 10.2.1 from July 1, 2009 through August 31, 2009.
- The AIM-linked infant will be transferred to the sibling's health plan effective September 1, 2009.

### **Scenario #2 (Existing sibling enrolled in HFP):**

The mother registers the infant after the 5<sup>th</sup> month of birth (for example, May 2009). The child is born on December 10, 2008. The infant registration form indicates that the child is not currently and was not previously enrolled in ESI. After the MEDS File Clearance process, the HFP determines that the child is enrolled in the No-Cost Medi-Cal Program from December 10, 2008 through February 28, 2009. The HFP enrolls the infant into the program, establishing an effective date of coverage of March 1, 2009.

- The AIM-linked infant will be enrolled in the sibling's health plan effective March 1, 2009.

### **Scenario #3 (Existing sibling enrolled in HFP and AIM-linked infant is currently enrolled in HFP):**

The mother registered the infant after the 1<sup>st</sup> month of birth (before 3<sup>rd</sup> month of life). The child is born on December 10, 2008. The infant registration form indicates that the child is not currently and was not previously enrolled in ESI. After the MEDS File Clearance process, the HFP determines that the child is not enrolled in the No-Cost Medi-Cal Program. The HFP enrolls the infant into the program, establishing an effective date of coverage of December 10, 2008.

- The AIM-linked infant was enrolled in the AIM mother's health plan listed above in 10.2.1 from December 10, 2008 through January 31, 2009.
- The AIM-linked infant is enrolled in the sibling's health plan effective February 1, 2009.

### **Scenario #4 (No existing sibling enrolled in HFP and AIM-linked infant is currently enrolled in HFP):**

The mother registered the infant after the 1<sup>st</sup> month of birth (before 3<sup>rd</sup> month of life). The child is born on November 1, 2008. The infant registration form indicates that the child is not currently and was not previously enrolled in ESI. After the MEDS File Clearance process, the HFP determines that the child is not enrolled in the No-Cost Medi-Cal Program. The HFP enrolls the infant into the program, establishing an effective date of coverage on November 1, 2008.

- The AIM-linked infant will be enrolled into the AIM mother's health plan listed in 10.2.1 from November 1, 2008 through December 31, 2008.
- The AIM-linked baby was transferred to the CPP in their county effective February 1, 2009.

### **Scenario #5 (No existing sibling enrolled in HFP):**

The mother registers the infant after the 1<sup>st</sup> month of birth (before 3<sup>rd</sup> month of life). The child is born on July 1, 2009. The infant registration form indicates that the child is not currently and was not previously enrolled in ESI. After the MEDS File Clearance process, the HFP determines that the child is not enrolled in the No-Cost Medi-Cal Program. The HFP enrolls the infant into the program, establishing an effective date of coverage of July 1, 2009.

- Written notification is made to the AIM subscriber 30 days prior to her EDD to obtain the AIM mothers health plan selection for the infant's third month of life, along with dental and vision plans.

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- The AIM-linked infant will be enrolled into the AIM mother's health plan listed in 10.2.1 effective July 1, 2009 through August 31, 2009.
- The AIM mother selected an acceptable new health, dental and vision plan for her AIM-linked infant with her registration form, for the infants 3<sup>rd</sup> month of life.
- The AIM-linked infant will be transferred to the selected 3<sup>rd</sup> month of life new health plan effective September 1, 2009.

### **Scenario #6 (No existing sibling enrolled in HFP):**

The mother registers the infant after the 1<sup>st</sup> month of birth (before 3<sup>rd</sup> month of life). The child is born on July 1, 2009. The infant registration form indicates that the child is not currently and was not previously enrolled in ESI. After the MEDS File Clearance process, the HFP determines that the child is not enrolled in the No-Cost Medi-Cal Program. The HFP enrolls the infant into the program, establishing an effective date of coverage of July 1, 2009.

- Written notification is made to the AIM subscriber 30 days prior to her EDD to obtain the AIM mothers health plan selection for the infant's third month of life, along with dental and vision plans.
- Written notification is made to the AIM subscriber 30 days after her EDD to obtain the AIM mothers health plan selection for the infant's third month of life, along with dental and vision plans.
- The AIM-linked infant will be enrolled into the AIM mother's health plan listed in 10.2.1 from July 1, 2009 through August 31, 2009.
- The AIM mother did not select an acceptable health, dental and vision plan for her AIM-linked infant with her registration form, for the infants 3<sup>rd</sup> month of life.
- Telephone contact attempts will be made to the AIM mother to allow the mother to select an acceptable HFP health plan for the infant's 3<sup>rd</sup> month of life, along with dental and vision plans.
- Written notification sent to obtain missing dental and vision selections (in accordance with the missing information requirements).
- Telephone and written notification successful in obtaining an acceptable health, dental and vision plan.
- The AIM-linked infant will be transferred to the selected new health, dental and vision plan effective September 1, 2009.

### **Scenario #7 (No existing sibling enrolled in HFP):**

The mother registers the infant after the 1<sup>st</sup> month of birth (before 3<sup>rd</sup> month of life). The child is born on July 1, 2009. The infant registration form indicates that the child is not currently and was not previously enrolled in ESI. After the MEDS File Clearance process, the HFP

## AIM Business Rules

determines that the child is not enrolled in the No-Cost Medi-Cal Program. The HFP enrolls the infant into the program, establishing an effective date of coverage of July 1, 2009.

- Written notification is made to the AIM subscriber 30 days prior to her EDD to obtain the AIM mothers health plan selection for the infant's third month of life, along with dental and vision plans.
- Written notification is made to the AIM subscriber 30 days after her EDD to obtain the AIM mothers health plan selection for the infant's third month of life, along with dental and vision plans.
- The AIM-linked infant will be enrolled into the AIM mother's health plan listed in 10.2.1 from July 1, 2009 through August 31, 2009.
- The AIM mother did not select an acceptable health, dental and vision plan for her AIM-linked infant with her registration form, for the infants 3<sup>rd</sup> month of life.
- Telephone contact attempts will be made to the AIM mother to allow the mother to select an acceptable HFP health plan for the infant's 3<sup>rd</sup> month of life, along with dental and vision plans.
- Written notification sent to obtain missing dental and vision selections (in accordance with the missing information requirements).
- Telephone and written notification response unsuccessful.
- The AIM-linked infant will be transferred to the CPP in their county effective September 1, 2009 and a letter will be sent and automatically assign the dental and vision plans.

### **Scenario #8 (No existing sibling enrolled in HFP):**

The mother registers the infant after the 5<sup>th</sup> month of birth (for example, April 2009). The child is born on November 10, 2008. The infant registration form indicates that the child is not currently and was not previously enrolled in ESI. After the MEDS File Clearance process, the HFP determines that the child is enrolled in the No-Cost Medi-Cal Program from November 10, 2008 through January 31, 2009. The HFP enrolls the infant into the program, establishing an effective date of coverage of February 1, 2009.

- Written notification is made to the AIM subscriber 30 days prior to her EDD to obtain the AIM mothers health plan selection for the infant's third month of life, along with dental and vision plans.
- Written notification is made to the AIM subscriber 30 days after her EDD to obtain the AIM mothers health plan selection for the infant's third month of life, along with dental and vision plans.
- When registration is received, the AIM mother did not select an acceptable health plan for the infant's 3<sup>rd</sup> month of life.
- Telephone contact attempts will be made to obtain the missing health plan for the infant's 3<sup>rd</sup> month of life.
- Telephone contacts were unsuccessful.

## AIM Business Rules

- The AIM-linked infant will be enrolled into the CPP in their county effective February 1, 2009

### **11. Change of Address**

1. A subscriber must notify the AIM program in writing within thirty (30) days if their resident address or their billing address has changed. They must send their written notification by mail or fax. A change of address may also be received over the phone by the call center.
2. The AIM program will notify their enrolled health plan of the change of address.
3. If a health plan receives a change of address and forwards it to the AIM program, AIM must confirm the change with the applicant and determine if a health plan transfer is necessary.
4. Some address changes may require that the subscriber or infant be transferred to another health plan because the health plan they are enrolled in does not serve the new county of residence. If the change of address reflects an out of state address, and it is not noted as a temporary address, the infant or subscriber should be disenrolled.

### **12. Financial**

#### **12.1 *\$125 Reimbursement***

Each subscriber may be reimbursed up to a total of \$125 for PAID pregnancy-related services which are received within 40 calendar days prior to the date a complete application is received and 90 days of the date of service.

Acceptable services that are received within the program time frames by the applicant from a provider that is outside the State of California or outside of the Country will still be reimbursed.

A subscriber, not a health care provider, must request this reimbursement in writing by mail or fax to the administrative vendor within 90 days of the date the services were received and shall include the following information:

1. A photocopy of an original bill including the name and business address of the person/entity providing the services.
2. Subscriber's name, address, date of birth and social security number (optional).
3. The date the subscriber received the services.

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### 4. The type of services received by the subscriber.

#### A list of reimbursable pregnancy related services

- Pregnancy Test
- Pap smear
- Pre-natal Visit
- Blood Test
- Obstetric Panel
- Urinalysis (method utilized to perform procedure does not affect determination for eligibility for reimbursement. Example: UA by Dip stick/Tablet-Reagent for Glucose, Hemoglobin)
- Laboratory (Lab)/Laboratory (Lab) Test
- Ultrasonic exam
- OB/GYN pre-natal ultrasound level 2
- Antibody screen
- Pre-natal panel hemogram
- Cyto Pap Thin Prep
- Initial Obstetrical Exam
- Alpha-Fetoprotein(AFP)
- Estriol
- Human Chorionic Gonadotropin
- Chlamydia
- US, Transvaginal
- Prescription
- Blood Count
- Initial Comprehensive (1 x per pregnancy)
- Sexually Transmitted Diseases (STDs)
- Antepartum Care
- Health Education
- Initial Prenatal Office Visit;
- Pregnancy Initial Visit;
- Pregnancy Visit
- Prenatal Panel
- Prenatal Profile
- Echo Exam
- Echo Exam of Pregnancy or Sonogram
- OB Medical Care
- OB Lab/Radiology
- Venipuncture, Venepuncture, or Venopuncture
- Pregnancy Associated Plasma Protein – A (PAPP-A)
- V22.0 (Prenatal care supervision of normal fist pregnancy)
- V22.1 (Prenatal care supervision of other normal pregnancy)
- V22.2 (Pregnant state incidental)
- V23.0 (Supervision of high-risk pregnancy with history of infertility)

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- V23.1 (Supervision of high-risk pregnancy with history of trophoblastic)
- V23.2 (Supervision of high-risk pregnancy with history of abortion)
- V23.3 (Supervision of high-risk pregnancy with grand multiparity)
- V23.4\* (Supervision of high-risk pregnancy with other poor obstetric history)
- V23.5 (Supervision of high-risk pregnancy with other poor reproductive history)
- V23.7 (Supervision of high-risk pregnancy with insufficient prenatal care)
- V23.8\* (Supervision of other high-risk pregnancy)
- V23.9 (Supervision of unspecified high-risk pregnancy)
  - Progesterone, Serum
  - TSH, Serum. H.S.; HEP B SURF ANTIGEN
  - V72.42 Pregnancy Test Pos
  - CTTOPATH, GYN, INTERP
  - HGC, Sefa Subunit, Onf, Serum
  - HCGQUANTBLOOD
  - Pap IG, Ct-Ng. Rfx HPV ASCU
  - UCG, DX 626.8, DX 640.93.
  - Abnormal Pap Code 795
  - 9467/26 Pulse Oximetry, Single
    - Procedure Code 36415: Description of the procedure code is identified as one (or a combination) of the following:
      - Blood Drawing
      - Venepuncture
      - Venipuncture
      - Venopuncture
      - Or Collection of Venous Blood by Venipuncture

\*Any additional number following this code is acceptable

### 12.1.1 Moms Enrolled Prior to 7/1/04

1. See Eligibility Business Rules for requesting reimbursements and listing of approved reimbursable pregnancy related services.
2. A subscriber shall receive no more than \$125.00 in reimbursements for pregnancy-related medical services received prior to enrollment into the AIM program.
3. Reimbursements must be for the actual amount paid by the applicant up to \$125.00.
4. Reimbursements will be made by check
5. Timeframe for issuing the reimbursement will be within 30 calendar days of the receipt of the request.
6. Approved reimbursements will be used to satisfy payments where the subscriber is past due.

## AIM Business Rules

### 12.1.2 Moms Enrolled on or after 7/1/04

- The rules are the same as for Reimbursements for Moms Enrolled Prior to 7/1/04

### 12.2 Refunds

1. Refunds will be made by check
2. No refunds are given after the subscriber's effective date of coverage for any reason except for:
  - Withdrawals authorized by the MRMIB
  - overpayments,
  - duplicate payments due to EFT startup, or
  - payments not intended for the AIM program.
3. Refunds are not made for 10 business days until all cash receipts are verified.
4. The minimum amount to initiate a refund is \$1.00
5. All refund will contain a brief explanation on the check stub of the reason for the refund.
6. The State may request refunds to be held from issuance
7. The system will have the capability of issuing refunds on demand which can be any amount over \$1.00 for over paid subscriber contribution amount.
8. No refund is given for any administrative credit.
9. All refunds will be mailed to the following addresses, if those addresses are available.

#### New Application

- 1<sup>st</sup> the Applicant's mailing address
- 2<sup>nd</sup> the Applicant's street address

#### Active or Inactive AIM Subscriber

- 1<sup>st</sup> the subscriber's mailing address
- 2<sup>nd</sup> the subscriber's street address

#### Unidentified Payment

- mailing address on the envelope
- address on the check (if applicable)

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Excess subscriber contributions are systematically refunded for the following reasons:

1. Denied eligibility--The applicant is found ineligible for AIM
2. Overpayment--Any credit balance remaining on the subscriber's account after the annual subscriber contribution and the one time infant contribution is satisfied.
3. Withdrawal—The subscriber withdraws for the following reasons:
  - The subscriber is no longer pregnant and provides written notification that she is no longer pregnant.
  - The subscriber requests disenrollment and the written notification is received within 90 days after the effective date of coverage and no services were utilized (including the \$125 reimbursement).
4. Disenrolled--The subscriber becomes ineligible **before her effective date of coverage**.
5. AIM Cap for Mothers-- Initial contributions received with applications after the program is capped.
6. Unidentified Subscriber contributions—Subscriber contributions that cannot be associated to an applicant or an active AIM subscriber.
7. Excess family contributions are refunded on demand for the following reasons:
  - Upon subscriber request when a duplicate payment is made due to start up EFT payment processing.
  - Subscriber erroneously sends a payment not intended for the AIM program (e.g. rent, utilities, mortgage) and requests a refund
8. Refunds of \$1,000.00 or greater require two approvals. Refund checks returned from the post office, where no other address is available to mail to the applicant/subscriber, are credited to the applicant/subscriber's account. After three years any receipts not returned to the subscriber are reported as unclaimed property. See HFP Unclaimed property rules.
9. Refund checks returned from the applicant/subscriber are credited to the applicant/subscriber's account.
10. Refunds will be processed in accordance with timelines established by the State.

## AIM Business Rules

### **12.3 *Payment Reversals***

#### **12.3.1 Moms Enrolled Prior to 7/1/04**

1. All payments returned which have not been honored will be debited to the subscriber's account.
2. The subscriber will be notified of the returned item.

#### **12.3.2 Moms Enrolled on or after 7/1/04**

1. The rules are the same as for Payment Reversals for Moms Enrolled Prior to 7/1/04

## **13. Miscellaneous Rules**

### **13.1 *AIM Indicator***

AIM Infants enrolled in the HFP through the AIM mother shall be denoted with a system indicator for tracking and federal reporting.

### **13.2 *HFP Business Rules applied to AIM***

All HFP business rules apply to the AIM infants enrolled into the HFP as of 7/1/04, except for any of the business rules specifically stated in this document

### **13.3 *Exceptions***

1. HFP coverage for the AIM infant begins as of the date of birth and is therefore billable beginning with the AIM infant's date of birth. There is no 10-day waiting period for the AIM infant, between being determined eligible and being enrolled in a health plan. An Administrative credit for the first partial month of coverage will be given for AIM infants who's birth date falls After the 1<sup>st</sup> of the month
2. If the AIM infant already has sibling(s) enrolled in the HFP then the subscriber contribution will be billed based on the rates prescribed in the HFP regulations 2699.6809
3. AIM Infants with siblings already on the HFP may be enrolled in a separate health plan from the currently enrolled sibling's health plan. The subscriber contribution for the AIM Infant will be billed at the sibling's rate, up to the maximum required contribution per family.
4. AIM Infants may enroll back to their date of birth at anytime up to the last day of the eleventh month following the month of birth.

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5. Applicants that enroll their AIM infants must pay the required family contributions from the infant's date of birth to the enrolled date before the infant can be enrolled in the HFP program. Calculation of the family contribution amount due will be billed based on the rates prescribed in the HFP regulations 2699.6809 and amounts previously billed if the AIM infant has sibling(s) enrolled currently or previously in the HFP. The amount due could be zero if the maximum contribution per family has already been satisfied. Calculation is as follows:
  - a. Calculate the family contribution for each month from the infants date of birth to the current month based on the number of children enrolled for each of those months.
  - b. Calculate the family contribution already billed for each month from the infants date of birth to the current month
  - c. Calculate the difference between the new amounts with the added infant and the prior billed amounts for each month and sum the differences. This is the total amount due.
6. No initial subscriber contribution is required for an infant that is enrolled into HFP because immediate care is needed (See AIM eligibility rules for determination of immediate care.). Once the infant is enrolled in the HFP, an invoice addressed to the AIM mom will be sent for the amount of subscriber contributions due (less the first partial month if applicable), calculated from the time of the infant's date of birth.
7. If the only missing information for an AIM linked baby to HFP is the dental and/or vision plan, the Administrative Vendor will choose by alternate assignment the infant's dental and/or vision plan.