



**Molina Healthcare of California  
Provider/Practitioner Manual**

**Access for Infants and Mothers (AIM)**

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# SECTION 28: ACCESS FOR INFANTS AND MOTHERS PROGRAM INFORMATION

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## ACCESS FOR INFANTS AND MOTHERS (AIM)

The State of California's Access for Infants and Mothers (AIM) Program offers affordable insurance coverage for uninsured middle-income pregnant women and their babies. The AIM Program is only applicable to the San Diego County Geographic Managed Care (GMC) Plan.

### What services are covered by AIM?

- ▶ Comprehensive health care services during your pregnancy and for sixty (60) days after your pregnancy ends
- ▶ Hospital Delivery
- ▶ Pursuant to Assembly Bill 1762, if you were determined eligible for the AIM program prior to July 1, 2004, your infant is eligible for the coverage under the AIM Program up to age 2. If you are determined eligible for the AIM Program on or after July 1, 2004, your infant is not eligible for coverage under the AIM Program. Instead, your infant is eligible for coverage through the Healthy Families Program (HFP). The State of California will mail you a packet of information about the HFP thirty (30) days prior to your expected due date.

### Who is eligible?

You may qualify for AIM if:

- ▶ You are pregnant, but no more than thirty (30) weeks pregnant,
- ▶ You have lived in California for the last six (6) months,
- ▶ You cannot have maternity benefits through private insurance, unless your coverage has a deductible or co-payment specifically for maternity services that is more than \$500.00 as of the application date,
- ▶ You cannot be receiving no-cost Medi-Cal or Medicare Part A and Part B as of the application date, and
- ▶ You have a monthly household income within AIM Income Guidelines (after income deductions). AIM Income Guidelines change on April of every year. Please check with your Plan Member Services Department or the AIM Program at (800) 433-2611 for the latest AIM Income Guidelines.

### How much does AIM cost?

The total cost for your coverage is 1.5 percent (1.5%) of your adjusted annual household income after income deductions. This amount can be paid when you submit your application, or you can pay in twelve (12) monthly installments. If you choose to pay your 1.5% cost in one single payment with your application, you will be given a \$50.00 discount. There are no additional co-payments or deductibles. Please note that you must pay for AIM even if you cancel your AIM coverage on or after the first day your coverage begins. This is also the case if you have complications with your pregnancy or a miscarriage on or after the first day of coverage or if you choose not to use the services offered to you by the program.

### How can I get more information?

Call Molina's Member Services Department at 1 (888) 665-4621, Monday to Friday from 7:00 am to 7:00 pm, hearing impaired members call toll free 1-800-479-3310. We can answer your questions about AIM, mail you a copy of the Molina Healthcare of California AIM EOC, mail you an application, or refer you to an AIM representative in your area who will help you complete the application at no charge.

# **ACCESS FOR INFANTS AND MOTHERS (AIM) PROGRAM - BENEFITS AND SERVICES**

Benefits are provided if the health plan determines them to be medically necessary. Benefits, exclusions, and limitations described here are representative and not intended to be all-inclusive or comprehensive. Refer to the Molina Evidence of Coverage for further details.

## **AIM BENEFITS\* SERVICES FOR WOMEN - EXCLUSIONS/LIMITATIONS**

### **Physician and Professional Services**

- ▶ Services and consultations by a physician or other licensed health care provider/practitioner
- ▶ Hospital, nursing facility, and office visits
- ▶ Medically necessary home visits

### **Preventive Care**

- ▶ Periodic exams, routine diagnostic testing, and laboratory services
- ▶ Screening/diagnosis of cancer
- ▶ Direct patient care nutrition services, nutritional assessment
- ▶ Eye examinations/refractions, to determine need for corrective lenses, dilated retinal eye exams
- ▶ Cataract spectacles or contact lenses, intraocular lenses following surgery, related visits
- ▶ Hearing tests and aids, allergy tests and treatment, related visits

### **Exclusions**

- ▶ Batteries, ancillary equipment other than included in original covered aids purchase
- ▶ Equipment exceeding prescribed specifications
- ▶ Replacement parts or repair for hearing aids after the covered one (1)-year warranty period
- ▶ Replacement of hearing aid more than once in any thirty six (36)-month period
- ▶ Surgically implanted hearing devices

Please refer to the Member Handbook section titled "What is Not Covered."

### **Maternity Care**

- ▶ Prenatal care, postnatal care
- ▶ Inpatient delivery, complications of pregnancy

### **Hospital Services**

- ▶ Inpatient or outpatient general services and related supplies

### **Exclusions**

- ▶ Personal comfort items
- ▶ Private room, unless medically necessary

### **Diagnostic X-ray and Laboratory Services**

- ▶ Diagnostic services necessary to evaluate, diagnose, treat, and follow-up on care

- ▶ X-ray, laboratory procedures
- ▶ Electrocardiography, electro-encephalography
- ▶ Prenatal diagnosis of genetic disorders of the fetus in high-risk pregnancies
- ▶ Lab test for management of diabetes, including cholesterol, triglycerides, microalbuminuria, HDL/LDL, and Hemoglobin A-1 (Glycohemoglobin)
- ▶ Radiation therapy, chemotherapy, dialysis treatment

### **Prescription Drugs**

- ▶ Medically necessary prescription drugs
- ▶ Injectable medication, needles, syringes
- ▶ Insulin, glucagon, testing and delivery systems
- ▶ Oral and injectable contraceptive drugs, prescriptive contraceptive devices

### **Exclusions**

- ▶ Experimental, investigational drugs
- ▶ Patent or over-the-counter medicines
- ▶ Medicines not requiring a prescription
- ▶ Appetite suppressants, other diet drugs or medicines
- ▶ Health plan may specify generic equivalent drugs be dispensed where no contraindication exists

### **Health Education Services**

- ▶ Effective services including information regarding personal health
- ▶ Recommendations on optimal use of services or organizations affiliated with the health plan
- ▶ Health services related to tobacco use prevention, cessation

### **Mental Health Services**

- ▶ No visit limits for diagnosis and treatment of severe mental illnesses when performed by a participating mental health professional
- ▶ Outpatient and inpatient services
- ▶ Certain appropriate substitutions of residential treatment, day care, or outpatient treatment may be substituted for inpatient hospitalization
- ▶ Some health plans may choose to provide additional visits or group therapy options

### **Exclusions**

- ▶ Maximum of thirty (30) days inpatient and twenty (20) days outpatient per benefit year

### **Emergency Health Care Services**

- ▶ Twenty four (24)-hour emergency care for illness, injury, or severe pain requiring immediate diagnosis and treatment to avoid placing the subscriber in danger of loss of life, serious illness, or disability
- ▶ Provided both in and out of the health plan's service area and participating facilities

## **Medical Transportation**

- Emergency ambulance for emergency services to first hospital accepting subscriber for care
- Ambulance, transport services provided through “911” response system
- Non-emergency transportation for transfer to another hospital or facility to home when medically necessary, upon prior request of and prior authorization by a health plan

### **Exclusions**

- Coverage for transportation by airplane, passenger car, taxi, or other forms of public conveyances

## **Durable Medical Equipment**

- Equipment appropriate for use in the home
- Oxygen and oxygen equipment
- Blood glucose monitors, insulin pumps, related supplies
- Nebulizer machines, tubing, related supplies
- Ostomy bags, urinary catheters and supplies

### **Exclusions**

- Comfort, convenience items
- Disposable supplies
- Experimental or research equipment
- Sauna baths, elevators, other non-medical devices
- Modifications to home or automobile
- Deluxe equipment
- More than one (1) piece of equipment for any same function
- Health plan may determine whether to rent or purchase

## **Alcohol and Drug Abuse**

- Health education services and crisis intervention related to alcohol or drug abuse
- Inpatient: As medically appropriate to remove toxic substances from the system
- Outpatient: twenty (20) visits per benefit year
- Some health plans may choose to provide additional medically necessary visits

## **Skilled Nursing**

- Medically necessary prescribed services by a health plan physician or nurse practitioner in a licensed skilled nursing facility on a twenty four (24)-hour basis
- Skilled nursing benefit is limited to a maximum one hundred (100) days per benefit year

## **Home Health Services**

- Health services provided in home by health care personnel
- Prescribed or directed by attending physician or appropriate designee of the health plan

## **Exclusions**

- ▶ No custodial care
- ▶ Discretion of attending physician or appropriate designee of the health plan to choose between mutually appropriate health care settings
- ▶ Health plans utilize case management to consider cost-effective choice of mutually appropriate alternative health care settings

## **Blood and Blood Products**

- ▶ Inpatient and outpatient processing, storage, administration of blood and blood products
- ▶ Collection and storage of autologous blood when medically indicated

## **Family-Planning**

- ▶ Family-planning counseling services
- ▶ Sterilization
- ▶ Diaphragms, other FDA-approved devices
- ▶ Prescription contraceptives

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