



Maternal and Child Health Access

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Background: Third Trimester Switch to Managed Care Medi-Cal

Due to existing regulations, many pregnant women who receive their initial prenatal care from a fee-for-service Medi-Cal provider are, upon reaching their 3rd trimester of pregnancy, subject to automatic disenrollment and assignment to a managed care provider. This is a massive administrative shortcoming in health policy, adversely affecting pregnant women, fee-for-service Medi-Cal care providers, and hospitals, managed care plans and their providers receiving the woman into care late in pregnancy.

The “switching” that occurs during the third trimester usually results in disruptions in continuity of prenatal care at a critical juncture. Women in their first pregnancy are switched to a managed care plan because old federal Aid to Families with Dependent Children (welfare) rules deem women to be a “family” in their third trimester, and move them into full scope benefits within the Medi-Cal program, for which it is mandatory to be in managed care. The women are mailed a huge packet of information and forms, which they may or may not receive, and unless they take action to request an exemption, they are assigned into a managed care plan and most often are unable to continue seeing their current provider. At this point they must request an urgent disenrollment to return to their fee-for-service provider. If the fee-for-service provider is contracted with a managed care plan, the woman is often denied exemption. This is true even if some of the service providers – for high risk labs or therapies or treatments – she uses in the fee-for-service practice are not duplicated in the managed care plan.

This policy gap is contrary to all other efforts in Los Angeles County and to huge state expenditures designed to assist low-income women to enroll, utilize and retain health care coverage.

Maternal and Child Health Access has worked since 2004 to raise awareness, request statistics, educate and assist providers and women and propose solutions to this dilemma. The Medi-Cal Managed Care Division has indicated support for finding a solution that allows women full-scope Medi-Cal to which they are entitled in their third trimester, but which does not require changing providers at such a critical time.

We look forward to making improvements and finding solutions to this critical issue.

September, 2008