



December 12, 2014

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Sent by email to: Rene.Mollow@dhcs.ca.gov
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Maternal and Child Health Access and the undersigned organizations are in full support of SB 857 and the initial step to expand coverage for groups of pregnant women from limited, pregnancy-related only services to full Medi-Cal services. We have worked closely with the Department of Health Care Services (Department) to prepare for and implement this change via the stakeholder workgroups and other meetings. We hope that the relevant federal approvals are received to implement this change in one step, to 138% of the federal poverty level, but if not, to 109% first and then, ultimately, to 138%. We have been assured in the stakeholder meetings and elsewhere that the Department is preparing for these changes in order to be ready as soon as federal approval is given.

We understand from recent conversations that the Department plans to transfer existing pregnant beneficiaries, i.e., women who are already receiving maternity care through established provider relationships, to the expansion program. Doing so would require the women to enroll in Medi-Cal managed care plans and could require them to leave their current maternity care providers. We have grave concerns about this because there is no timely, simple process for beneficiaries, especially those in the third trimester, to be exempted from Medi-Cal managed care and related disruptions in access to existing providers. Therefore:

- We strongly recommend that the Department move current pregnant beneficiaries into the new eligibility group, but suppress the enrollment in managed care.
- The Department should notify the women that, if they choose, they may opt into managed care coverage during their pregnancies, or that their managed care choice may be made postpartum at their eligibility assessment.
- The notice should also explain that opting for enrollment in a Medi-Cal managed care plan could result in losing access to current providers.

Our concerns about current pregnant Medi-Cal beneficiaries are not merely hypothetical. Recently, when the Department inadvertently disrupted coverage for 35,000 pregnant beneficiaries, MCHA assisted many pregnant women who lost access to their specialists, or providers involved with their planned Caesarian-section deliveries, or other medical services - and that was just for the one-week period from November 1 to November 7. Over the years,

MCHA has assisted many other women whose access to existing providers during pregnancy was not protected by either the Continuity of Care or the Medical Exemption Request (MER) process. For many women who already have their prenatal specialty care or hospital specialty delivery arranged, there is not enough time to find the right providers and enroll into the right plan and independent practice association (IPA) before the birth, even if such a plan exists that includes all the right providers. The MER process is not set up to handle the likely thousands of pregnant beneficiaries who would need to remain with their current maternity providers. The Continuity of Care process is not a realistic option because it can take a long time for a woman's current pregnancy provider to contract with a managed care plan.

Thank you for your consideration of this urgent request,

Sincerely,



Lynn Kersey, MA, MPH, CLE
Maternal and Child Health Access

For the undersigned:

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