



Maternal and Child Health Access

Support the work of
MCH Access

by giving the gift of
health care, food
support and policy work
that makes lasting
change!



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Next MCH Access Monthly Meeting:

Thursday, November 19, 2015

10am - 12pm

LOCATION:

MCH Access

Patricia Phillips Community Room

1111 W. 6th St., 3rd Floor

Los Angeles, CA 90017

(6th St., and Bixel St.)

SPEAKER/TOPIC:

Summer Nagano, Esther Mcdowell

Los Angeles County Dept. of Public Health,

Office of Women's Health

**Women's Health Hotline and "Don't put your health
last" campaign**

and

**Veronica Camacho
Vision y Compromiso**

**Improving Health Coverage Retention of Latino
Children in LA**

Updates

No meeting in December - enjoy your holidays

[FROM CALIFORNIA HEALTHLINE: FAILURE TO PROTECT: SHOULD VICTIM OF DOMESTIC VIOLENCE FACE CHILD ABUSE CHARGES?](#)

[FROM CHILDREN WITH SPECIAL HEALTH CARE NEEDS: ADVOCACY NETWORK NEWSLETTER - ASTONISHING STATISTIC](#)

[CONTACT US](#)

SAVE THE DATE

EMPLOYMENT

Please click on job title to view full description and the application process. And provide a cover letter and resume with your application that specifically outlines your employment history, experience and educational background for which you're applying.

- [Pregnancy Coverage Specialist](#)
- [Administrative Assistant](#)
- [Project Coordinator](#)

[MCHA](#) is an Equal Opportunity Employer; women and people of color are strongly encouraged to apply.

Join Our List

[Join Our Mailing List!](#)



MCHA's Colectiva en Movimiento will have items for sale for the holidays at the meeting! Get your aprons, potholders, placemats for your holiday table or for gifts, and warm scarves and hats for the cold weather we are finally experiencing!

MCHA will benefit from your purchases at Ten Thousand Villages Pasadena for the coming 2015 holiday season (Nov 21-Dec 6). With this opportunity you can direct 15% of your purchase to MCHA! This is in addition to supporting Ten Thousand Villages' mission of working to create opportunities for vital and sustainable income for artisans in developing countries. Use the flyer [here](#) or give our name (Maternal and Child Health Access or MCHA) when you check out. You must give our name or the flyer. Thank you - it's a great store!

Note the Kickoff party Saturday, Nov. 21 in the store - refreshments, music and an additional opportunity to enter MCHA into a drawing for \$200!!

PARKING:

Free at MCH Access; enter on 5th St. to 2-story parking (between Lucas and Bixel) and walk across the alley to our building



Please contact our office with any questions regarding this email or visit our [website](#) for further information about our organization.

Materials Distributed October 15 meeting

Meeting notes October 15, 2015 - Materials can be found [HERE](#)

Donald Nollar - Program Updates

(See slides posted for our October meeting, link above.) Donald began by reviewing the Office of Patient Advocate report cards released in October - and

that enrollees can now review Independent Practice Associations -those doctor groups contracting UNDER a health plan partner or health plan (see OPA article below).

Donald shared that the federal Centers for Medicare and Medicaid Services (CMS) had verbally told California that "Restricted" Medi-Cal, i.e. pregnancy and emergency coverage, will be considered Minimal Essential Coverage (MEC). That means two things:

- Every pregnant woman during application who is Medi-Cal eligible will be directed to Medi-Cal in the CalHEERS computer.
- **Medi-Cal coverage for "pregnancy related"** Medi-Cal now covers whatever is medically necessary for the woman. MCHA and other advocates dispute our state DHCS's continued resistance to this description - state describes the coverage as "medically necessary **pregnancy-related**" (our emphasis). However, state DHCS also says that no claims will be denied. SO - the onus is on the doctors and clinics to treat, bill (this is a Fee for Service population, including undocumented women) and let MCHA know if there are denials or difficulties. Unfortunately, the state's news blast about this change only included two aid codes, M0 and M9, but there are many more aid codes for pregnancy-related care. See [here](#) - we are working to get all the relevant aid codes included!
- **AIM, now MCAP**, is programmed into the state's computer! This means pregnant women in the 214-322% income bracket will be routed to that program. Identity and income screening can be a hurdle for undocumented women, but stick with it! Let MCHA know if there are problems.
- **Mobility between programs** - women in any of the programs covering pregnancy- Medi-Cal, MCAP - should be able to move if income drops, or in the case of women in Covered CA, because they are also eligible for Medi-Cal or MCAP if they become pregnant after enrolling in Covered CA. Moving to Medi-Cal is the easiest, because PE exists and Medi-Cal can be billed retroactively. Note the costs on the 2014 Covered CA chart - new co-pays and deductibles for 2016 are listed [here](#).

Note that there is a HOSPITAL co-pay for "high cost and infrequent services" and a PHYSICIAN co-pay. For the Bronze - 100% of plan's negotiated rate, 20% under Silver. Does anyone know what these fees are? Please let us know - we'll be calling to find out.

- **CHDP snafu** - MCHA was contacted by clinics who have learned that when the state limited GATEWAY enrollment into Medi-Cal to two visits a year, they also inadvertently limited VISITS to two per year. This does not work for any child under two, or who needs a Medically Necessary Interperiodic Health Assessment. PLEASE let MCHA know if you have a client turned away from a CHDP exam. The state admits its mistake but is not moving quickly to fix it.

The meeting materials posted include: a BWS (Bureau of Workforce Services) list of liaisons who work with advocates at the various DPSS sites, the 10/15 "Changes to Eligibility and Enrollment" now updated to 10/30; Breast Cancer Legislation and Pinkwashing; critical questions to ask before you buy pink, and the list of MCH-related legislation was highlighted, now posted separately on our website.

New since last meeting: Bipartisan Congressional Caucus on Maternity Care

Congresswoman Lucille Roybal-Allard (40th District) has partnered with Congresswoman Jaime Herrera Beutler (Washington State 3rd District) to form a bipartisan [Congressional Caucus on Maternity Care](#). She noted, "We cannot continue to afford or accept a maternity care system in which childbirth carries significant risks for both mothers and babies, especially in communities of color. Our caucus will explore the best evidence about safe and effective maternity care for all women and babies, and work to make this issue a national priority."

Congresswoman Herrera Beutler has had personal experience with a very high-risk pregnancy; she revealed during her second trimester that her fetus had Potter syndrome, or congenital lack of one or both kidneys. Typically, the lungs in such babies develop abnormally, leaving them unable to breathe on their own. The congresswoman received experimental treatment and her daughter was delivered three months prematurely, in mid-2013, without kidneys. She was on dialysis for some time awaiting a kidney transplant from her father.

Herrera Beutler has since her daughter's birth co-sponsored a bipartisan bill that would allow children on the federal Medicaid program who have complex medical conditions to [seek specialty care outside their coverage areas](#). The legislation would create a voluntary network of hospitals to coordinate care, something difficult to do now because most state-run Medicaid plans are not accepted in other states.

We will follow the Congressional Caucus on Maternity Care and keep you posted!

From the March of Dimes: Healthy MOM Act introduced in Senate

Senator Sherrod Brown (D-OH) introduced the Healthy Maternity and Obstetric Medicine Act (Healthy MOM Act), a bill to create a special enrollment period for pregnant women to get the insurance coverage they need to have a healthy pregnancy and healthy baby. Please [Take Action](#) by sending a pre-written letter to your Members of Congress urging them to co-sponsor S. 2220/H.R. 2866 today.

CalFresh retroactive benefits in Los Angeles

Due in part to good work by Public Interest attorneys and courageous clients and agencies, such as MCHA, willing to step forward, the county is looking to issue retroactive benefits for people denied or discontinued between January 2014 and November 2014 because income guidelines had not been properly changed. For more information or assistance, clients may call the Retroactive CalFresh Hotline at 1 (866) 488-8482 between 8:00 a.m. and 5:00 p.m., Monday through Friday. The Los Angeles County Department of Public Social Services - CalFresh Nutrition Program is requesting your assistance to disseminate the attached flyer "Important Notice - Retroactive CalFresh Benefits" which is available in all threshold languages to those who may be potentially eligible for retroactive CalFresh benefits. Agencies with questions may call Carlos Portillo, CalFresh Nutrition Program Section (562) 908-6881.

CalFresh new income guidelines

Unlike Medi-Cal, CalFresh income guidelines for eligibility change every October 1. See the new guideline inserts for brochures in English, Spanish, Hmong and Chinese [here](#).

Office of Patient Advocate 2015-16 Quality Report Cards

From the National Health Law Program, and Donald Nollar discussed OPA report cards in his Program Updates in October.

The Patient Advocate (OPA) released the 2015/16 Quality Report Cards on October 8, 2015. OPA would like this information to get the widest distribution possible so it can be used by everyone who wants quality measurement to be part of their criteria when selecting a health care provider or plan in 2015 and 2016.

According to OPA, the Report Cards provide a tool for consumers to help them compare quality scores for health plans and medical groups in order to make fully informed health care decisions. The information includes more than 3,000 clinical data points and patient experience information to help inform consumers' choices. It is available on the OPA website (www.opa.ca.gov) in English, Spanish, and Chinese. The Report Card ratings are based on care received by more than 16 million commercially insured consumers from the state's ten largest HMOs, six largest PPOs, and more than 200 medical groups. Starting with the 2015-16 edition, these online Report Cards now have sorting and filtering features to enable users to compare only the group of plans the consumer has under active consideration, or only the top-rated plans, or the ones available in their county. This information is available through the OPA website (www.opa.ca.gov), and links below:

- [Over 200 medical groups](#)
- [HMO health plans](#)
- [PPO health plans](#)

Medi-Cal for students while away at college

Young people away at college who will be returning home can now have their address changed so that they have access to all Medi-Cal services while away at school. We hope this is a solution to an issue which has plagued Medi-Cal enrollees over many years. However, we have some concerns about the need to change addresses back and forth while on school breaks, and the ability to actually use the card as FFS while awaiting address changes and new packets. PLEASE let us know of your experiences and remember the quarterly Medi-Cal managed care meetings for feedback about how it's working ([see meeting calendar](#)).

From California Healthline: Failure to Protect: Should victims of domestic violence face child abuse charges?

Some California women who report their violent partners to authorities are shocked when their action results in them losing their children -- for failing to protect them from the abuser. Now victims advocates are arguing for a change in the law to prevent the state from adding insult to injury. ... In California, an estimated 40 percent of women will experience intimate partner violence in their lifetimes, and three-quarters of victims had children under age 18 at home, according to the 2006 California Women's Health Survey. [Leah Bartos has the story](#).

From Children With Special Health Care Needs Advocacy Network Newsletter - astonishing statistic:

DID YOU KNOW?

- In 2014, there were nearly 40,000 hospitalizations for mental health issues among children and youth ages 5-19 in California. [See the latest data on kidsdata.org](#).
- The two most common primary diagnoses for hospital stays for children ages 0-17 in California were 1) mental diseases and disorders, and 2) asthma/bronchitis. See [2014 hospital discharge data](#) for children in California.

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