



Pregnancy Coverage 2014 – Exchange and Medi-Cal


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Mission Statement





- The mission of **Maternal and Child Health Access** is to improve the health of low income women and families through advocacy, education, training and direct services.




Where we've been


Long waits for coverage AND visits
Excess paperwork
In person application
Residency requirements, citizenship requirements
Poor statistical outcomes early 1990s




 **Where we are**

- Presumptive Eligibility
- Multiple ways to apply Medi-Cal, shorter application
- Nearly universal prenatal coverage
- Earlier access prenatal care – In 2010, 13.7% LA County, 16.5% CA late (2nd or 3rd trimester)
- More adequate prenatal care (# visits, earlier entry) – 16.3% LA County, 20% California inadequate, but compared to 40% and 35% 1991
- Home visitation programs and support recognized

 **Recap: Exchange/Medi-Cal coverage**

- The Health Exchange is now “Covered California” 
- Medi-Cal to 138% of FPL (\$15,414 individual, \$31,809 family of 4)
- Subsidies for purchasing coverage above that, to 400% of FPL (about \$46,000 individual, \$94,224 family of 4)

 **Issues with pregnancy coverage**

- CA has “pregnancy only” coverage that does not meet the “Minimum Essential Benefits” to qualify as coverage under mandate
- Women up to 200% of poverty will continue to have right to pregnancy-related coverage



Need comprehensive coverage

- Under Admin proposal, scope of 200% Program would remain limited to DHCS' narrow definition of "pregnancy-related" care
- Federal law-- provide comprehensive coverage, unless HHS Secretary approves permitting less (3/12)
- These pregnant women still qualify for Exchange subsidies, regardless of whether state's pregnancy coverage is full or limited scope



Affordable, available, full-scope coverage during pregnancy


MCHA and partners strongly support provisions in SBX1-1 and ABX1-1 to provide all pregnant women with comprehensive coverage under Medi-Cal's no-cost 200% Program – federal law.

- Many uninsured women at or below 200% of poverty will not be able to afford Exchange premiums, co-pays and other costs
- Many uninsured women won't be allowed to buy coverage on the Exchange due to immigration status
- Women who become pregnant outside open enrollment periods will be excluded – pregnancy is NOT a "qualifying event" to access Exchange outside open enrollment




Preserve benefits, affordability, access and continuity of care

- Many women with income 138-200% of poverty will be eligible for the Exchange. Providing no-cost benefits, affordability, access and continuity of care before, during and after pregnancy is key for these women. Women need:
 - Dental benefits
 - Comprehensive lactation services
 - CPSP – nutrition counseling, care coordination, health ed and psychosocial services
 - Non-medical transportation
- The option to remain with an existing primary care or other provider – not just the plan – when a woman becomes pregnant and after the pregnancy ends, whether she begins in Medi-Cal or the Exchange
- Access to providers of her choice for reproductive health services
- Seamless implementation of eligibility changes due to pregnancy, without interrupting coverage or access to chosen providers




Blend funding behind the scenes

- To achieve the goals described, Medi-Cal's 200% Program should be administered seamlessly with Exchange eligibility and vice versa, with the state drawing down from the various federal funding streams behind the scenes.
- Federal regulators recently provided guidance on how states can pay private health coverage premiums, co-pays and other cost-sharing through "Premium Assistance" for Medicaid beneficiaries.
- The Administration recently announced a Premium Assistance proposal for pregnant women, but it does not yet include the necessary mechanisms to meet the goals outlined above.




Use savings to cover women outside the Exchange for full scope coverage

- State's figure for savings from premium subsidy program \$24 million – may change
- State's share of the cost for undocumented women's coverage is only 1/3 under CHIP



BUDGET – May "Revise"

- Commitment to state-based Medi-Cal expansion – formerly county-by-county and cost shift
- AIM babies 250-300% join their friends 200-250% in Medi-Cal – prior, would have maintained HF for this small population
- AIM itself – untouched for now
- Legal Immigrants under 5 year ("Newly Qualified Immigrants") - Exchange – all percentage levels to 138%

 **BUDGET – May “Revise”**

- Push-back Steinberg in Senate – restore dental and mental health
- John Perez in Assembly – no restorations
 - Provider rate cut remains
 - Child care cuts remain
 - CalWORKS grant cuts remain, no COLA
