Program Updates

Presented by, Maternal and Child Health Access

Donald Nollar, Training Specialist

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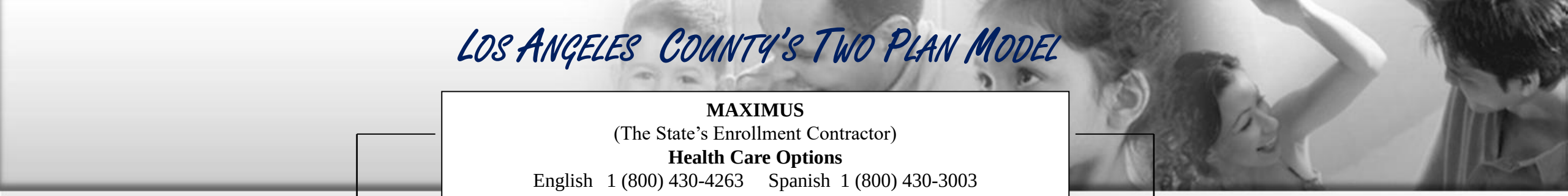
Los Angeles County's Two Plan Model



MAXIMUS
(The State's Enrollment Contractor)
Health Care Options

English	1 (800) 430-4263	Spanish	1 (800) 430-3003
Farsi	1 (800) 840-5034	Arabic	1 (800) 576-6881
Lao	1 (800) 430-4091	Korean	1 (800) 576-6883
Hmong	1 (800) 430-2022	Tagalog	1 (800) 576-6890
Russian	1 (800) 430-7007	Armenian	1 (800) 840-5032
Vietnamese	1 (800) 430-8008		
Cambodian	1 (800) 430-5005		
Cantonese	1 (800) 430-6006		
Mandarin	1 (800) 576- 6885		

HEALTH NET
Commercial Plan
Admin: (800) 291-6911
Member Services
(800) 675-6110

Health Net
Member Services
(800) 675-6110

Molina Medical Center
Member Services
(800) 526-8196

LA CARE
Local Initiative
Admin: (213) 694-1250
Member Services
(888) 452-2273

Anthem Blue Cross
Member Services
(888) 285-7801

LA Care
Member Services
(888)452-2273

Care First
Member Services
(800) 605-2556

Kaiser
Member Services
(800) 464-4000

Medi-Cal Pregnancy Programs

Where do you belong?

	0-138% FPL	139-213% FPL	214-322%FPL
US Citizen and Qualified Immigrants	Full Scope Medi-Cal	Restricted Medi-Cal	MCAP (AIM) Comprehensive Coverage
Undocumented	Restricted Medi-Cal	Restricted Medi-Cal	MCAP (AIM) Comprehensive Coverage

Department of Health Care Services Medi-Cal

Home

Pregnancy Diagnosis with Aid Codes M9 and Mo

October 08, 2015

Effective October 12, 2015, pregnancy related Medi-Cal services will be designated as meeting the Affordable Care Act's minimum essential coverage (MEC) requirements by the Centers for Medicaid and Medicare Services (CMS).

Medically Necessary Pregnancy Related Services
Beneficiaries in aid codes M9 and M0 Pregnancy Related Medi-Cal are entitled to the full range of medically necessary pregnancy related care, postpartum care, and other conditions that might complicate the pregnancy.

The purpose of this provider bulletin is to inform providers of the change made by CMS and to ensure that all Medi-Cal providers understand the proper way to bill for the full range of medically necessary pregnancy related services that are available under Medi-Cal.

New Beneficiaries
After October 12, 2015, new beneficiaries with aid code M9 - Pregnant Women Citizen; Lawfully Present and aid code M0 - Pregnant Women; Undocumented, will have Medi-Cal pregnancy coverage that meets MEC requirements.

New beneficiaries with aid code M9 will no longer be eligible to enroll in both Medi-Cal and a Qualified Health Plan with advanced premium tax credits (APTC) through Covered California while they are pregnant. Changes are underway in California Healthcare Eligibility, Enrollment and Retention System (CALHEERS) to eliminate dual eligibility from occurring for new M9 beneficiaries based on the new federal determination. These changes are targeted to be in place in October 2015.

Medi-Cal providers must use a pregnancy diagnosis when billing for the full range of medically necessary pregnancy related care, postpartum care and other conditions that might complicate the pregnancy that are available under these aid codes. Using the pregnancy diagnosis when billing will assure that all pregnant women in aid codes M9 and M0 will receive all of the available Medi-Cal services to which they are entitled.

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Medi-Cal Access Program

Formerly Access for Infants and Mothers (AIM)

AIM is Managed Care-based

Full coverage, except dental

Income 214-322% poverty, or $500 maternity deductable (insurance cost)

Family Size	MAGI Monthly Family Income	Total Cost Payments of: (1.5% of your MAGI Monthly Income x 12)	12 Monthly
*2	$2,806 - $4,221	$505 - $760	$42- $64
3	$3,530 - $5,311	$530- $796	$45 - $67
4	$4,254 - $6,400	$639 - $960	$54 - $80

Covered California's 2014 Standard Plans for Individuals – Key Benefits

	Platinum	Gold	Silver (Lower Cost Sharing Available on Sliding Scale)	Bronze
COPAYS IN THE GREEN SECTIONS ARE NOT SUBJECT TO ANY DEDUCTIBLE AND COUNT TOWARD THE ANNUAL OUT-OF-POCKET MAXIMUM			BENEIFTS IN BLUE ARE SUBJECT TO DEDUCTIBLES	
Deductible (if Any)	No Deductible	No Deductible	$2000 Medical Deductible	$5,000 Deductible for Medical and Drugs
Preventive Care Copay	No Cost – 1 Annual Visit	No Cost – 1 Annual Visit	No Cost – 1 Annual Visit	No Cost – 1 Annual Visit
Primary Care Visit Copay	$25	$45	$45	$60 for 3 Visits Per Year
Specialty Care Visit Copay	$50	$65	$65	$70
Urgent Care Visit Copay	$50	$90	$90	$120
Generic Medication Copay	$5	$25	$25	$25
Lab Testing Copay	$25	$45	$45	30%
X-Ray Copay	$40	$65	$65	30%
Emergency Room Copay	$150	$250	$250	$250
High cost and infrequent services like Hospital Care, Outpatient Surgery, and Imaging (MRI, CT, Pet Scans)	HMO Outpatient Surgery -- $250; Hospital -- $250 per day up to 5 days PPO 10%	HMO Outpatient Surgery – $600; Hospital – $600 per day up to 5 days PPO 20%	20% or Your Plan's Negotiated Rate	30% of Your Plan's Negotiated Rate
Brand Medications May be subject to Annual Drug Deductible before you pay the Copay	No Deductible	No Deductible	$500 Drug Deductible then you pay the Copay Amount	No Separate Drug Deductible
Preferred Brand Copay After Drug Deductible (if any)	$15	$50	$50	$50
MAXIMUM OUT-OF-POCKET FOR ONE	$4,000	$6,400	$6,400	$6,400
MAXIMUM OUT-OF-POCKET FOR FAMILY	$8,000	$12,800	$12,800	$12,800

COVERED CALIFORNIA

Child Health & Disability Prevention Program (CHDP)

The CHDP Program is a Federal and State preventive health care program that provides free health check-ups for many low-income infants, children, teens, and young adults age 0-21

- Immigration status does not matter

CHDP Periodicity:

Less than 1 month	9 months of age	2 years of age	9-12 years of age
2 months of age	12 months of age	3 years of age	13-16 years of age
4 months of age	15 months of age	4-5 years of age	17-20 years of age
6 months of age	18 months of age	6-8 years of age	

- A health check-up may be given at any time, when required, for foster care, sports, or camp.

COUNTY OF LOS ANGELES
Public Health

CYNTHIA A. HARDING, M.P.H.
Interim Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Interim Health Officer

CHILDREN'S MEDICAL SERVICES
ANNA LONG, Ph.D., M.P.H.
Director
Child Health and Disability Prevention (CHDP) Program
9320 Telstar Avenue, Suite 226, El Monte, California 91731
TEL (626) 569-8020 • FAX (626) 569-8350
www.publichealth.lacounty.gov/cms

September 14, 2015

TO: CHDP Providers

FROM: Alan Tomines, M.D., Director
Child Health and Disability Prevention Program

SUBJECT: **CHDP PROVIDER UPDATE #03:15**

I. **Update: Current Referral Recommendations for CHDP Gateway Denial of Presumptive Eligibility**

As noted in the previous CHDP Provider Update (#02-15), there has been a change in Presumptive Eligibility (PE) determination for Medi-Cal/CHDP. This change became effective July 31, 2015, and is reflected in a new CHDP Gateway message that your office may see upon enrolling a patient:

> *You are not eligible for PE because you have already received 2 PE enrollments within the past 12 months. Children under 19 years old are limited to two PE enrollments within the past 12 months.*

Upon receiving this message, the child is not eligible for any CHDP services that day, regardless of visit type. This applies to all services, including: a regularly-scheduled periodic visit; a recheck or partial screen as follow-up from a previous visit; or a Medically Necessary Interperiodic Health Assessment (MNIHA), such as a school physical or sports examination.

In Los Angeles County, you may assist families in acquiring free or low-cost health care coverage for children by following the steps below:

CHDP Pre-Enrollment Form

For patients under one year of age, please complete this section.

Mother's date of birth (month/day/year)	Mother's BIC or Medi-Cal card number or social security number

Parent/Legal Guardian Information

Name of parent/legal guardian or emancipated minor patient—Last	First	Middle initial

Home telephone number	Work telephone number	Message telephone number
( )	( )	( )

What language do you speak at home?	What language do you read best?

Certification

I am requesting a CHDP health examination today. I certify that I have read and understand this form. I declare that the information I have provided is true, correct, and complete.

Signature of parent/guardian or emancipated minor	Relationship to patient	Date

An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information is the Department of Health Care Services, MS 8100, P.O. Box 997413, Sacramento, CA 95899-7413. A copy of this information may be shared with the county Department of Social Services in the county in which you reside and will be kept with your child's medical record by your child's CHDP provider.

DHCS 4073 (Rev 10/13)

CONTACT US!

MATERNAL AND CHILD HEALTH ACCESS

(213) 749-4261

www.mchaccess.org

hcc HEALTH | CONSUMER | CENTER

NEIGHBORHOOD LEGAL SERVICES OF LOS ANGELES COUNTY

(800) 896-3202

www.nlsla.org