

From: Lynn Kersey

Sent: Tuesday, June 17, 2014 10:45 AM

To: 'Lucy Quacinella'; Holly Langbien; Justin Garrett; Karen Farley; Kim Q. Dau; Lydia Bourne; Nancy Calvo; Newel, Gail; Patricia Bellasalma; Rebecca Munger; Robert Gilchick; Shannon Smith-Crowley; Terri Cowger-Hill; Dipti Singh; Sean South; Beth Malinowski; Jill E. Adams; vicky.barker@cwlc.org; claire.lipschultz@yahoo.com; karen peters; Caron Post; Johanna Bloomfield; Emily Dossett; libby@prh.org; rjones@gbbb-la.org; Genevieve Thomas Colvin; Susan Berke Fogel; Jen Flory; Elizabeth Landsberg

Subject: UPdate on budget trailer bill

First, a huge THANK YOU to each and every one of you for working so long and so hard to protect Medi-Cal coverage for low-income pregnant women! Without your many invaluable contributions, we would not be where we are today.

On Sunday, June 15, the Legislature adopted a health trailer bill for Medi-Cal. Although the bill does not become final until the Governor signs it, along with the Budget Act, we want to be sure you know what [SB 857](#) does when implemented (Sections 6, 33, 46-47, and 54-55):

- Expands the income eligibility limit for full-scope Medi-Cal under managed care plans for citizen and lawfully present pregnant women from 60% to 138% of poverty. Finally, pregnant applicants will qualify for full-scope Medi-Cal at the same income level as all other adults, a major victory for women's equality and justice.
- Creates a new Medi-Cal "Premium Assistance" program for citizen and lawfully present pregnant women with income over 138% up to 213% of poverty who choose to enroll into both Medi-Cal and a Covered California policy at the same time starting January 1 or later. The bill includes strong consumer protections:
 - The choice on which program(s) to enroll in belongs to the woman, not the state. The bill also specifically requires that complete, clear information be provided to women about their choices at all relevant points in the application and retention process.
 - Plans and providers are prohibited from seeking payment for premiums or co-pays, deductibles or similar charges for pregnancy-related care, including hospital labor and delivery charges, for women enrolling in both Medi-Cal and Covered California.
 - Pregnant women will continue to have access to key reproductive health services, such as certified nurse midwifery, alternative birthing center services, and family planning services. Medi-Cal access to these types of services will no longer be automatically blocked just because a woman has a Covered California plan. Women will also have direct access to all of Medi-Cal's adult and other special pregnancy dental services.
 - A stakeholder process will provide an opportunity for in-put on all of the above before Medi-Cal Premium Assistance is implemented

- **A major challenge remains:** Women could lose access to Medi-Cal’s Comprehensive Perinatal Services Program (CPSP) if the Covered California plan they enroll in does not network with the CPSP program.
 - SB 857 includes resolution of the CPSP access issue among the items to be addressed in the pre-implementation stakeholder process.
 - The Governor’s office has promised that we will have the opportunity for full, fair and timely in-put in advance of implementation—and along with all of you, we intend to hold the Administration to that promise.
 - **With your unflagging energy, expertise, commitment to maternal and child health, and support, this final CPSP policy piece can be resolved. This latest phase of our CPSP work has already begun—more soon!!! But let us now take a deep breath to appreciate what we have achieved so far, working together for the health and well being of women and their families.**

With deep appreciation and gratitude,

**Lynn Kersey, MA, MPH, CLE
Executive Director, Maternal and Child Health Access**



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Liz Ramirez

Subject: Notice to be sent to out stakeholders

From: DHCS Medi-Cal for Families [<mailto:medi-calforfamilies@dhcs.ca.gov>]

Sent: Wednesday, June 18, 2014 04:01 PM

To: DHCS Medi-Cal for Families <medi-calforfamilies@dhcs.ca.gov>

Cc: Gable, Kennalee (DHCS-HCP-MED) <Kennalee.Gable@dhcs.ca.gov>; Wajda, Christine (DHCS-HCP-MCED) <Christine.Wajda@dhcs.ca.gov>

Subject: RE: notice to be sent to out stakeholders

Dear Stakeholders:

The purpose of this email is to provide an update on a new premium payment notification that will be sent out to approximately 46,000 beneficiaries statewide this month. Please forward this information to other interested parties.

Beginning the week of June 23, the Department of Health Care Service (DHCS) Medi-Cal Eligibility Division will be mailing notices to Medi-Cal Optional Targeted Low Income Program (OTLICP) premium T series aid code beneficiaries, informing the families of the requirement to pay a monthly premium of \$13 per child per month (or \$39 for all children in the family per month for three or more children). This notice is being sent by the administrative vendor MAXIMUS to families, because the initial OTLICP eligibility notification generated from CalHEERS did not advise families about the premium payment requirements.

The first mailing will be sent to beneficiaries who became eligible during the period of January through May 2014 that have not paid premiums in those months due to lack of noticing and the need for system updates to allow for billing. The mailing will be sent out on a flow basis during the week of June 23rd to reduce the impact to toll-free line operations for the counties and MAXIMUS. The beneficiaries will not be billed retroactively; invoices sent starting in July will only bill for prospective months. Going forward, the noticing will occur for any newly eligible premium OTLICP beneficiaries until such time that CalHEERS programming has been updated with this information.

The notice of action states that the families are required to pay a premium for children who are ages 1-19 with a family income between 160 and 266 of the federal poverty level and that the premiums are \$13 per child and no more than \$39 for a family per month. It also identifies the names of the children in the family who have this Medi-Cal coverage and are subject to premium payments. The families are alerted that they will receive a separate billing statement within the next 60 days and that their first payment is not due until after they receive the first billing statement. It provides the Premium-Payment Section telephone number, 1-800-880-5305 that beneficiaries can call if they have questions regarding their premiums. If they have questions regarding their Medi-Cal eligibility, the family is directed to call their county office and a list is provided with phone numbers.

The notice also includes the premium payment options and discounts available to them depending on the option they choose. Included in the notice is the NA Back 9 should they wish to request a hearing. The NA Back 9 form would be sent back to State Hearings Division in Sacramento. The notices are sent in English, Spanish, Chinese, Korean, and Vietnamese to reach the majority of Medi-Cal households. A multilingual notice is also included in the mailing.

If you have any questions concerning this notice, please forward them to the medi-calforfamilies@dhcs.ca.gov email inbox.