



Maternal and Child Health Access

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Update Newborn Enrollment Project

Hello, everyone. This update is to let you know the progress on the implementation of our Strategies List from last March (copy attached) and other issues.

Feedback is most appreciated, and questions are welcome. Please contact Lucy Quacinella at Lucy@Quacinella.com or (415) 731-2767, or Lynn Kersey at lynnk@mchaccess.org or (213) 749-4261.

Strategy # 1: Internet Enrollments

State Department of Health Services Director Bontá has informed us that **DHS is very supportive of giving providers the option to enroll newborns directly into Medi-Cal electronically at the point of service.** Stakeholders in both Oakland and Los Angeles identified this as the most promising approach for an effective, long-term solution for enrolling newborns as early in life as possible.

On August 5, 2002, AB 843 (Chan) became the legislative vehicle for directing DHS to develop an "electronic enrollment" process for "deemed eligible" newborns that could be used at hospitals *and* at other providers' offices. The electronic enrollment process would be optional for providers. You can see the bill by going to www.sen.ca.gov and following the prompts to Legislation and then typing in the bill number.

DHS has requested some changes, and a decision will likely be made by Thursday, August 15, when AB 843 will be heard in the Senate Appropriations Committee. DHS apparently wants to condition development and implementation of the electronic enrollment process on the availability of funding and have more control over which providers could opt into the electronic enrollment process. But until we see the exact amendments, it's difficult to assess what the changes will mean.

MCH Access hopes the bill will specifically include the requirement that there be a toll-free number for consumers and their representatives to

find out what's happening with a newborn's electronic referral if there are delays or other problems. We also hope that if a referral for enrollment is rejected by the electronic system, the family who believes the newborn qualifies as "deemed eligible" will be given notice and an opportunity to have the issue addressed at a Medi-Cal fair hearing.

Finally, it would be very helpful if the bill directed DHS to make administrative changes necessary to improve the current newborn referral system (see Strategy # 2, below.) Such changes are needed to help newborns get enrolled before there is an electronic enrollment process, and they will also be needed after the electronic system is available, since some hospitals and other providers may choose not to participate.

Strategies # 2 – 4:

2: Improve the Current "Shortcut" for Enrolling Newborns

3: Access to Services and Claims Processing

4: Managed Care Enrollment

Since the first stakeholders' meeting in March, MCH Access has been sharing information with DHS staff about the administrative changes the stakeholders have identified as necessary to make the newborn referral process work for families (they are all listed under Strategy # 2). Having received no response, we **wrote to Director Bontá on July 26, 2002** (copy attached.)

We are confident the Director will seriously consider these requests. If there is no indication that the changes will be made soon, however, it may be helpful for MCH Access to request a meeting with the her and her staff. **If requesting such a meeting seems necessary, we hope the associations representing the various stakeholders will join us.**

We are happy to report that on one of the most important issues the stakeholders have raised—delays in enrolling newborns due to CalWORKs-- significant progress is being made. MCH Access, the Western Center on Law and Poverty (WCLP), some of the county Medi-Cal supervisors, and others have engaged the state Department of Social Services (DSS) and the County Welfare Directors Association on this issue. **We understand that DHS and DSS are now considering issuing a joint letter to the counties instructing them not to delay newborn enrollments pending receipt of documentation needed to complete a CalWORKs eligibility determination. We also understand that L.A. County is preparing a local letter to the same effect.** If these letters are in fact issued, we will send stakeholders a copy. We would appreciate it if you could share copies that your counties may have prepared addressing this issue (or may prepare at your request.)

In addition, MCH Access and the WCLP are working with DSS on possible administrative changes in how CalWORKs is processed for newborns to make it easier for the counties to process a newborn's Medi-Cal and CalWORKs at the same time.

Stakeholder Meetings

A regional meeting for the **Northern California** was held in Oakland in March, and a **Southern California** meeting was held in May in L.A. The combined attendance for these two meetings was over 100 individuals, representing hospitals, clinics, and other providers, commercial plans, local initiatives, two COHS plans, one GMC plan, consumers, counties, and the state.

We are preparing for a combined stakeholders' meeting and training on how to do newborn enrollments for the **San Bernardino and Riverside** areas, with a planning meeting set for September 20.

We hope to hold similar meetings for the **Monterey and Santa Cruz** regions.

Special Project on the Newborns of Incarcerated Mothers

This part of the project focuses on enrollments for especially vulnerable newborns, those whose mothers are in jail or prison. Medi-Cal beneficiaries should not lose their coverage when they enter jail, Juvenile Hall, prison, or the California Youth Authority, although the scope of the coverage is reduced to in-patient hospital services during the period of incarceration.

- This means that **a pregnant woman with Medi-Cal before incarceration should be covered for the delivery**, which in turn means the **newborn should be deemed eligible** for the first year of life.
- It also means that the woman (and other Medi-Cal beneficiaries) should have the **scope of their coverage restored effective the day incarceration ends**, if they continue to be otherwise eligible.
- Even inmates who didn't have Medi-Cal when they became incarcerated **should get coverage for in-patient hospital services during incarceration if they are otherwise eligible**. Having a payment source could speed up access to care while in the facility, and would make it easier to get care more quickly after release.

Update

August 8, 2002

State regulations, however, are inconsistent with these rules.

We would be very interested in hearing from providers and others serving incarcerated or formerly incarcerated pregnant women or their newborns.

Here's our contact information again:

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