



Friends, MCH Access has some very good news to report on efforts to improve health care enrollments for pregnant women and children—and build a “modern” enrollment system in the long run. Many thanks for all of your work and support on this!

### **Prenatal Gateway**

First, the state has finally responded to our group sign-on letters and issued the Prenatal Gateway policy report (attached). This is the report required by the law that was enacted by SB 24, sponsored by MCHA.

While we still have many questions that we hope to have answered soon, our very quick preliminary review of the report shows that the state seems willing, start-up funding permitting, to adopt the core recommendations that MCHA has been advocating for many years and in which providers, counties and others have joined. The recommendations are:

#### **Starting immediately: New Paper Application for Pregnancy-Only Medi-Cal Faxed to the Counties Slides 14, 29 (Column 3), and 32**

- **PE & Pregnancy-Only (200%) Program App:** Use a new, simple *paper* application for pregnant women being seen at a prenatal care provider’s office to start same-day Medi-Cal coverage under the Presumptive Eligibility (PE) Program *and* also count as the application for both retroactive and on-going Medi-Cal under the 200% Program. Coverage will continue, and be “visible” in MEDS, without interruption until a final eligibility determination is made.
- **Fax delivery:** Deliver the application directly to the counties via *secure PDF faxing*. Counties then transfer the information into their computer systems.
- **PE & Full-Scope App:** Continue to address questions from providers and counties about whether to add the four simple questions on assets that the state agrees with MCHA would suffice to enroll most eligible women with income below poverty into Medi-Cal’s full-scope program.
- **Technology work group:** To address the tech issues described below, including, as MCHA has advocated, coordinating the technology of the Prenatal with the CHDP Gateway and others, especially in light of the soon-to-be-released AB 1948 CHDP Gateway FSR (see below).

#### **Phasing in: New E-App Delivered to the Counties over the Internet (Slides 14, 29 (Column 4), and 32)**

- **E-App:** Use the new 200% Program *application in electronic format*, possibly with the addition of the full-scope application for eligible women. The e-app is to be developed right away, while the new paper app is in use.
- **Internet delivery:** Deliver the application directly to the counties over the *Internet*. Counties then transfer the data into their computer systems.

- **Add POS?:** Assess whether to add POS devices for e-transmittal.

**Full Implementation: New E-App Goes Directly Into MEDS**

**(Slides 29 (Column 5) and 32):**

- **Direct in-put into MEDS:** Deliver the application directly to the counties through the SAWS system *and in-put data directly into MEDS.*

Please stay tuned as MCHA’s analysis is refined and to be informed of the next implementation meetings.

**CHDP Gateway Improvements**

In a letter to MCHA on June 25 (attached), DHCS indicates it plans to issue the long-awaited “feasibility study review” (FSR) for improving the CHDP Gateway by the end of **July**. AB 1948, an MCHA-sponsored bill, was enacted into law in 2006 and required DHCS to have presented the FSR to the Legislature by March 1, 2008.

The FSR is to address the technical feasibility of improving the CHDP Gateway with the Prenatal Gateway model so that families can choose to have their children keep Medi-Cal coverage until the final eligibility determination is made instead of having to submit a follow-up application outside of the PE screening process or lose coverage in a maximum of two months.

**Newborn Hospital Gateway**

MCHA is also pushing full steam ahead to have the Newborn Hospital Gateway implemented as well. Adopted into law under SB 24, this gateway, like the Prenatal Gateway, contemplates private funds for modest one-time start-up costs. A comprehensive report prepared by DHCS and a private consultant, Eclipse, in 2007 concluded that implementation of this very low-cost gateway should proceed and would be consistent with long range plans for “modernizing” enrollment systems.

The Newborn Hospital Gateway would simply allow hospitals to hook up to the already existing Deemed Eligible (DE) Infants pathway in the CHDP Gateway. A lawsuit in which MCHA served as expert witness resulted in the creation of the DE Infants Gateway in June 2004. About 5,500 infants have been automatically enrolled into Medi-Cal every month since then through the DE Infants gateway. With the Newborn Hospital Gateway, we would be reaching many more of the 250,000 babies born to mothers with Medi-Cal each year.

Because nearly all newborns whose mothers have Medi-Cal coverage for the birth are “deemed eligible” for the first year of life *without* a Medi-Cal application and *without ever* having to prove citizenship to Medi-Cal, these children by-pass the usual application process and are immediately issued a final Medi-Cal number, valid at least until the first birthday, as soon as the gateway computer confirms that the mother had Medi-Cal on the infant’s date of birth. Because no Medi-Cal application or eligibility determination by the county is involved, there is no need to delay implementation for the AB 1948 CHDP Gateway FSR or the Prenatal Gateway. The law, policy and technology are already in place for the Newborn Hospital Gateway: one-time start-up funds would get us on our way!