



Maternal and Child Health Access



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Heads Up:

State to Issue Gateway Reports Soon and Its Plan for Correcting PE Billing Glitches

By the end of March, the state is expected to issue two important reports about electronic enrollments in Medi-Cal and Healthy Families for children and pregnant women and to respond to requests to provide pregnant women with access to the full range of pregnancy-related services mandated by the Presumptive Eligibility (PE) Program for Pregnant Women. We summarize the issues to be addressed in the state materials on the attached, along with information on how you can help:

- **CHDP Gateway Upgrade**
- **Prenatal Gateway Implementation**
- **Newborn Hospital Gateway Implementation**
- **PE Scope of Benefits for Pregnant Women**

Please stay tuned for MCH Access' analysis after the state's responses are released.

CHDP Gateway Upgrade

Most of the over 800,000 children who receive health coverage through the CHDP Gateway each year lose it in under 2 months. MCH Access sponsored AB 1948 so that families could opt to have their children's health coverage continue by submitting a Medi-Cal application with one, simple, easy form at the time they make a request for immediate short-term coverage at the CHDP Gateway.

The bill, which became state law in 2006, requires the State Department of Health Care Services (DHCS) to have submitted its "feasibility study review" (FSR) report to the Legislature by March 1, 2008. MCH Access understands that the intent is to issue the FSR by the end of the month.

The FSR is the first step toward making the CHDP Gateway upgrades that are needed to keep hundreds of thousands of eligible children from losing their health insurance.

- **Action Steps:** Contact MCH Access at lynnk@mchaccess.org about signing onto a letter urging that the CHDP Gateway FSR be completed and released immediately and that that the right policy improvements be made.

Prenatal Gateway Implementation

Under Medi-Cal's current PE Program for Pregnant Women, prenatal care providers can grant women immediate, temporary Medi-Cal coverage. The women receive a paper PE card from the provider that expires in a maximum of 62 days. To have PE extended for up to another 62 days, a woman must submit a Medi-Cal application to the county and bring proof of the submission to a provider. **There are many serious problems with the current approach.** For example:

- Pregnant women face many **barriers submitting the follow-up application to the county**, and, for many women, PE ends in less than 62 days;
- Even when a woman does submit the follow-up Medi-Cal application to the county, **she may not bring proof of the submission to her next prenatal visit, or providers may fail for other reasons to extend PE for the woman;**
- **The system is currently set up for providers to extend PE basically only one time, for an additional 62-day maximum.** Yet under both federal and state law, when a woman has submitted her follow-up Medi-Cal application to the county, she is entitled to have PE continue without interruption until a final eligibility determination is made. (Although labor and delivery are not covered under PE, they are covered back to at least the date of the Medi-Cal application when the county does approve the woman's case);
- Since e-billing is becoming the health industry's standard, **it can be difficult for providers to get paid by Medi-Cal under PE's paper card system;** and
- DHCS keeps a paper record of the paper PE cards issued by providers to pregnant women for only a very short time, which means that when seeking to resolve coverage disputes during the time they had a paper PE card, **women often have no proof of past eligibility and end up getting sued for medical bills that the PE program is obligated to cover.**

Prenatal Gateway: Each of these problems would be addressed if DHCS implemented the **Prenatal Gateway**, established in state law under SB 24 in October 2003.

- This gateway would allow pregnant women to **request PE and apply for Medi-Cal at the same time**, with a simple application on-line from their providers' offices over the Internet;
- **The woman's PE would automatically continue** until the county makes a final eligibility determination;
- The gateway would issue a **plastic Medi-Cal card coded for "continuing PE"**, with no specified end date;
- The woman's status with continuing PE would show up in Medi-Cal's Eligibility Data System (MEDS). This means that providers could **do e-billing for PE**, and MEDS would also be the **database where the woman could prove she had PE coverage for any disputed billing periods; and**

- At the time the county grants the woman's Medi-Cal application, it would also change the woman's aid code in MEDS from PE to on-going Medi-Cal, and the **woman would continue to use her same plastic card for on-going Medi-Cal.**

Prenatal Gateway Report: A final DHCS report identifying the rules and procedures for the Prenatal Gateway is expected to be issued by the end of March. The report will be based on earlier drafts developed through a stakeholder process that included state, providers, counties, and MCH Access and other consumer advocates.

- **Action steps:** Four plus years is more than long enough for implementing the Prenatal Gateway. Contact MCH Access at lynnk@mchaccess.org about signing onto a letter urging that DHCS begin "construction" of the Prenatal Gateway immediately. Much of the necessary technical work will already have been identified in the AB 1948 CHDP Gateway FSR, which is also expected by the end of March, as discussed above.
- If you have pregnant patients or clients having problems with PE, please let MCH Access know by contacting lynnk@mchaccess.org or Lucy@Quacinella.com.

Newborn Hospital Gateway Implementation

The Newborn Hospital Gateway was enacted into state law along with the Prenatal Gateway almost five years ago under SB 24.

This gateway would allow infants whose mothers have Medi-Cal for the delivery to be enrolled into Medi-Cal over the Internet before even leaving the hospital, and eligibility would last for the full first year of life with a simple e-referral form. Because these infants are "deemed eligible" for a year starting with the date of birth, no Medi-Cal application would be required and the infants will have fulfilled their citizenship documentation requirement under the Deficit Reduction Act (DRA) of 2005 for the rest of their lives.

There are about 225,000 Medi-Cal births a year. In addition to promoting early access to check-ups, preventive and other vital care, early, real-time enrollment into Medi-Cal through the Newborn Hospital Gateway would improve administrative efficiency by:

- Eliminating the need for women to locate phone or fax numbers and get through to County Eligibility Workers ;
- Decreasing county workloads for infant enrollment activities; and
- Allowing CHDP Gateway providers to focus their efforts on enrolling other children.

Over 800,000 children under age 18 years start health coverage through the CHDP Gateway each year. Of those, about 60,000 infants are screened and enrolled in Medi-Cal for 12 months through the "deemed eligible" infants portion of the CHDP Gateway sponsored by MCH Access.

The CHDP Gateway upgrades are necessary to help enroll the hundreds of thousands of older kids and infants whose mothers did not have Medi-Cal coverage.

The rules, policies and procedures for the Newborn Hospital Gateway have been in place for years. There should be no further delays in implementation.

- **Action steps:** Join MCH Access and others in efforts to have the Newborn Hospital Gateway built right away by contacting lynnk@mchaccess.org.

PE Scope of Benefits for Pregnant Women

By federal and state law, the PE program for pregnant woman must cover all ambulatory (i.e., outpatient) medically necessary prenatal care. (Inpatient labor and delivery services are excluded from PE, as are any other inpatient hospital care and family planning services.)

Have you ever had a client or patient with PE who's had trouble getting Medi-Cal to pay for her outpatient pregnancy-related care? MCH Access has—and so have Neighborhood Legal Services of Los Angeles (NLS), Legal Aid Society of San Mateo County, and others. Here's what we've recently learned:

If medical services are provided in an emergency room (ER) to a woman with PE, odds are that Medi-Cal's claims processing system (administered by Electronic Data Systems (EDS)) will reject the claim, even though the woman's care was clearly pregnancy-related, provided on an outpatient basis, and would have been reimbursed without difficulty if provided in a clinic or doctor's office.

- **Why?** Because not all “procedure codes” for medically necessary pregnancy-related outpatient care have been included in Medi-Cal's claims processing system for PE. MCH Access and NLS are working with the state to determine what's been left out and how best to correct this.
 - So far, it's clear that procedure codes linked to **pregnancy-related hospital ER services, even if on an outpatient basis, are likely to be rejected under PE.**
 - In addition, **some lab work and other tests** needed for pregnancy-related care have also apparently been excluded for reimbursement under PE, regardless of whether provided as the result of a hospital ER visit or some other visit.

- **Who does this affect?**
 - An all too frequent example involves women who miscarry. If a woman with PE goes to a hospital ER for treatment for suspected or actual miscarriage, Medi-Cal will likely reject her claims, even if she is treated on an outpatient basis.
 - Another example involves women with PE whose pregnancies are high risk and who need lab work or tests that may not be part of “ordinary” or “routine” prenatal care.

- **Action steps:** Join MCH Access and colleagues in advocacy efforts to ensure that DHCS:
 - immediately fix the glitches in its claims processing system for PE; and
 - provide women with PE the exact same scope of pregnancy-related care (except for labor and delivery, other hospital inpatient care, and family planning services) that is available when medically necessary under Medi-Cal's 200% Program for Pregnant Women.

Let us know if you have patients or clients who have had problems getting Medi-Cal to reimburse under PE for medically necessary pregnancy-related care (other than labor and delivery, other hospital inpatient care, or family planning services) by contacting lynnk@mchaccess.org or Lucy@Quacinella.com.