



Maternal and Child Health Access

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March 2003 Update Newborn Enrollment Project

Hello, everyone, this is our third in a series of updates on the strategies stakeholder groups have been identifying for improving infant enrollments into Medi-Cal. As always, 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.

Major positive developments addressed in this update include:

- State DHS issued a draft All County Letter on February 6 adopting most of the recommendations of the stakeholders' groups, although important revisions to the draft remain necessary.
- On March 5, State DHS confirmed that it would *not* be expensive to improve the CHDP Gateway to issue Medi-Cal cards to "deemed eligible" infants without a separate Medi-Cal application.

Strategy # 1: Internet-based enrollments

Beginning with our first meeting in March 2002, stakeholders have consistently expressed strong support for a simple electronic provider-based process for confirming the "deemed eligibility" of newborns for Medi-Cal during the first year of life when the mother had Medi-Cal coverage for the delivery.

As reported in October, last year the Governor vetoed AB 843 (Chan), which would have set up an electronic confirmation process for deemed eligible newborns at participating hospitals and other providers' offices. The reason given for the veto was that the new CHDP Gateway would "automatically" enroll these infants.

CHDP Gateway:
State DHS Confirms Final Medi-Cal Cards
Can Be Issued for Deemed Eligible Infants
Directly From the CHDP Gateway!

Despite the Governor's message, the state's plans for the CHDP Gateway, to be implemented on July 1, 2003, do not provide a way to confirm the "deemed eligibility" of these infants. Instead, deemed eligible infants, like all other children coming through the gateway, would have to mail-in a regular Medi-Cal application to the single point of entry (SPE) in Sacramento or lose coverage at the end of the month following the CHDP visit. Many children are likely to lose coverage under this plan. Yet under federal law, in addition to being deemed eligible for the first year of life, deemed eligible newborns are also specifically deemed to have already *applied* for Medi-Cal.

MCHA has repeatedly raised these concerns with the state. For months, DHS has responded that newborn enrollments are beyond the scope of the CHDP Gateway program design and funding and that no changes were planned. All this is explained in MCHA's January 2003 Op Ed in the *L.A. Times* (copy attached).

Then, on March 5, DHS confirmed that at little extra cost, the CHDP Gateway could be re-programmed to issue final Medi-Cal cards valid until the first birthday of a deemed eligible infant and without requiring CHDP providers to collect a lot of additional information about the child. DHS estimates the computer changes would take staff nine to 12 months to make. **This is an extraordinarily positive development for consumers, providers and counties alike.**

Big challenges remain, however, as there is no confirmation yet that the Governor will in fact be adopting the improvements for deemed eligible infants in the "May Revision" of his annual budget proposal. In addition, MCH Access continues to monitor to try to ensure that the deemed eligible infants of all groups of pregnant women are included in the re-design and implementation plan in the best possible way and that infants are protected during the intervening year the state says would be needed to fix the CHDP Gateway.

Newborn Hospital Gateway Still Needed

Hospitals are not CHDP providers. Therefore, even if the CHDP Gateway proposal is changed to directly enroll deemed eligible newborns for the first year of life, an electronic enrollment process from hospitals where babies are born would still be needed. Here's why:

- Without insurance, many low-income families are reluctant to take their newborns to a pediatrician or clinic for well-baby check-ups and immunizations after leaving the hospital.
- The schedule for "well baby" screening is more frequent under Medi-Cal than CHDP, so newborns are likely to miss out on important preventive exams and services until they have Medi-Cal numbers and cards of their own, not to mention expensive care if they get sick.
- It takes time to enroll the newborn into a Medi-Cal managed care plan in the Two-Plan and Geographic Managed Care Models. Even with the County Organized Health Systems (COHS) of managed care, a newborn can spend long periods of time in fee-for-service with diminished access, since few pediatricians participate in fee-for-service in COHS counties anymore. In all of these situations, newborns risk breaks in continuity of care and even total lack of access. The sooner the newborn's Medi-Cal eligibility is determined, the sooner the managed care issues can be resolved and access, continuity, and quality addressed.
- Hospitals and other providers report billing and claims problems using the mother's Medi-Cal number and card for the newborn during the birth month and month after. Managed care plans raise the difficulty of collecting and reporting data about the newborn when the coverage is under the mom's number. Having the newborn's own Medi-Cal number and card issued sooner is the best way to address these glitches.
- A Newborn Hospital Gateway would reduce some of the administrative burden and cost of implementing the CHDP Gateway, by reducing the number of uninsured infants under age 1 who go to clinics and pediatricians for periodic exams.

SB 24 (Figueroa) would create a Newborn Hospital Gateway by July 1, 2004 (www.sen.ca.gov).

Strategy #2: Improve the Current "Shortcut" for Enrolling Newborns

Revised Newborn Referral Form (MC 330)

At stakeholders' meetings last March, May, and September, there was strong support for revising the Newborn Referral Form (NRF) itself to be more responsive to families' and providers' needs.

Revised draft forms were circulated by DHS in October 2002 and February 2003. **The most recent draft of the MC 330 (NRF) is a**

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major improvement over the existing form, very responsive to stakeholders' concerns.

One major improvement is the inclusion for the first time of specific contact information for a central location in each of the 58 counties where the NRF is to be sent. Another major improvement is elimination of the requirement that the form be submitted by a Medi-Cal provider. The revised form will contain a specific reminder that the newborn's coverage is for full-scope Medi-Cal, even though the mother's coverage may have been limited to pregnancy-related care. Perhaps most significantly, the requirement that an infant be enrolled only if the mother's Medi-Cal case is still "active" has been eliminated.

MCHA can make copies of the final revised form available to stakeholders when it becomes available.

Procedures for Enrolling Infants Under Age One

In February, State DHS also distributed a draft All County Letter (ACL) to accompany the new Newborn Referral Form (MC 330 NRF) and also to summarize the procedures for referrals made without the forms. MCHA submitted comments; it's not clear when the ACL will become final.

Significantly, **many of the policy issues raised by the stakeholders have been addressed in the draft**, such as:

- Reminders to county eligibility workers not to ask for birth certificates, Social Security Numbers, documentation of family income, etc., when a family seeks to enroll a deemed eligible newborn into Medi-Cal.
- The NRF may be used by WIC providers, public health nurses, certified application assistants, and others who have the parent's or other caretaker's permission. At present, some counties limit use of the form to Medi-Cal providers.
- The mother need not have an "active" Medi-Cal case in order for the infant to be enrolled through the referral process and get a Medi-Cal number of his or her own.
- The infant's enrollment must not be delayed if the mother is on or applying for CalWORKs (see below.)
- The infant's "deemed eligibility" goes all the way back to the date of birth. This means that, after the infant is referred and enrolled, the family can use Medi-Cal to pay for any outstanding bills it has

incurred for the infant in the interim, **even if the bills are older than the usual 3-month retroactivity period for Medi-Cal.**

- Counties must go through several designated (SB 87) steps to try to find out information about the mother and infant before closing a Medi-Cal case for either one.
- A "deemed eligible" infant keeps Medi-Cal until the first birthday even if the mother loses her eligibility before then, so long as the infant and mother continue to live together in California (see attached MCHA flyer, *Good News for Infant Retention*), except for one small group (see below.)

However, MCHA believes that several important issues still need clarification, and we continue to work with DHS with regard to the following:

- The ACL could clarify the ways that the counties can identify pregnant women in their Medi-Cal caseloads to contact them to prepare to enroll the newborn. This is especially an issue when the eligibility worker cannot tell from the mother's Medi-Cal program or "Aid Code" that she is pregnant (e.g., when a woman began Medi-Cal before becoming pregnant and is covered in a program that is not limited to pregnancy-related care.) We'd like the state and counties to work with stakeholders to develop ways to identify these women.
- The ACL could explain more clearly that the NRF is just an option and that families can use other methods to enroll newborns whose mothers had Medi-Cal for the delivery, such as phoning the mother's eligibility worker, writing to the worker, or getting in to see the worker in person.
- The county's duty to process the infant referral right away could be stated more clearly.
- More information is needed about when and how families will be notified of the county's decision on the newborn's referral, and the "sample letter" to use for notification could be improved.
- Because there is so much confusion in the field about what is supposed to happen to the infant's Medi-Cal when the mother loses hers, it would be very helpful if the ACL included specific examples of the most common situations (e.g., mother in 200% program for her pregnancy-related care, but also has a Medically Needy share of cost case open for other health care needs: what

happens to the infant's case at the mother's annual eligibility review if both parts of the mother's case are closed?)

- According to the draft, one small group of infants would lose Medi-Cal before the first birthday when the mother does: these are infants whose mothers had a share of cost for their pregnancy-related care (i.e., mother was in the Medically Needy or Medically Indigent program with countable income over 200% of poverty) *and* who did not respond to a request for more information at the time of the mother's own eligibility review. MCHA disagrees with this rule and continues to work with DHS on the issue, but we've believe that the new ACL should go out in the meantime.
- The ACL could also clarify how counties are to use information they may receive from Healthy Families to add an infant to Medi-Cal.
- Referrals to and coordination with AIM for pregnant women with income between 201%-300% of poverty could also be addressed in the ACL.

Not Delaying Newborn Enrollment Pending a CalWORKs' Eligibility Determination

As mentioned above, the DHS' February draft ACL instructs counties not to delay the infant's enrollment if the mother is on or applying for CalWORKs. **The State Department of Social Services (DSS) has also drafted its own ACL on this point.** Implementation details, however, are still not clear. We will keep you posted.

The CalWORKs interface is a major barrier to coverage for the poorest children in the state, has undermined messages that Medi-Cal is no longer linked to welfare, and has been the source of great frustration to families and providers alike who expected that referring the newborn would be an easy and quick way to get the child's Medi-Cal card issued.

Strategy #3: Access to Services and Claims Processing

To help address providers' claims processing issues, the draft NRF (MC 330) includes the **EDS 800 phone number** and a message inviting providers to call with questions. This simple addition should prove to be a big help, if the EDS staff answering the calls are well trained.

But many families, as well as providers, are unaware that the mother's Medi-Cal number can be used during the birth month and the month after for services and billing for the newborn. **The draft NRF also has a prominent reminder about using the mother's number for the infant**

for full-scope coverage, regardless of whether the mother's coverage was limited to pregnancy-related and emergency care.

Strategy #4: Managed Care Enrollment

Now that significant progress in the state's enrollment and retention procedures for infants seems underway, we hope to focus on health plan enrollment for the infant, access and continuity of care. We hope to have a summary soon of the range of issues on these topics in the Two-Plan, COHS, GMC, and rural fee-for-service counties and to begin work with stakeholders on identifying possible options.

More Stakeholder Meetings

A follow up meeting with a larger **Inland Counties** stakeholders group has been scheduled for **May 12, 2003** in San Bernardino (agenda attached.) This was made possible through the initiative of Inland Counties Legal Services and HealthNet, who organized a core meeting last September with other plans, hospitals, and San Bernardino and Riverside counties.

Two planning meetings have been held in **Monterey County**, the most recent in **March 2003**, thanks to the Monterey County Public Health Department and the participation of local hospitals and the county organized health plan for Monterey and Santa Cruz counties. The Monterey group is considering a major outreach campaign involving local hospitals, visiting home nurses, and CHDP providers to address infant enrollments, especially for the infants of the many farmworkers and other immigrant mothers in the area.

Meetings in **Kern and Butte Counties** may also take place later in the year.