



Maternal and Child Health Access

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November 2003 Update Newborn Enrollment Project

Hello, everyone. Major developments addressed in this update include:

- **Court rulings** on September 12 and November 24, 2003 in *Baby Armando Doe vs. DHS* protect the right of “deemed eligible” infants who start their Medi-Cal through the CHDP Gateway to keep their Medi-Cal at least until the first birthday.
- **In response to the first Court order, DHS issued a new All County Letter (ACL)** and revised Newborn Referral Form (English and Spanish) on October 6, 2003, vastly improving the process for enrolling “deemed eligible” infants at the county.
- **SB 24 (Figueroa)** was signed into law in October, setting forth the mechanisms for implementing a Newborn Hospital Gateway and a Prenatal Gateway to improve the enrollment process for infants and pregnant women.
- Stakeholders are crafting a proposal for improving the way infants are enrolled into **Medi-Cal managed care plans** while covered under the mother’s number and after coverage under the mother’s plan ends, with discussion set for a meeting of the Medi-Cal Managed Care Advisory Committee set for December 11.

Topics to be addressed in later updates or upcoming Action Alerts:

- A study released in mid-November shows that while the uninsurance rate for California low-income children under 18 years old is about 9%, **the uninsurance rate for low-income infants under age one year is nearly 14%.**
- MRMIB has a first draft of regulations for the **transition of newborns from AIM to Healthy Families** starting July 1, 2004. Comments are due January 28, 2004.
- **Deep budget cuts** to essential health and social services programs for low-income people were proposed by the new Governor on November 24,

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including caps on new Healthy Families enrollments and the participation of immigrants in state programs.

Baby Doe and the CHDP Gateway

On September 12, 2003, the San Francisco County Superior Court ordered the State, in the case of *Baby Doe vs. DHS*, to **stop terminating the Medi-Cal benefits of “deemed eligible” infants who begin receiving Medi-Cal through the CHDP Gateway**, regardless of whether their families send in a regular Medi-Cal application. “Deemed eligible” infants are infants whose mothers had Medi-Cal for the delivery and who lived with the mother during the birth month.

The State then represented to the Court that the **Gateway process will be re-programmed by April 1, 2003** to automatically grant Medi-Cal to these infants at least until they turn age one year. Petitioners then moved for an interim compliance order to protect infants who have already gone through the Gateway or will go through it before April 1.

On November 24, 2003, the Court ordered DHS to **immediately take steps to ensure that “deemed eligible” Gateway infants do not lose their Medi-Cal** in the meantime. The **Court also ordered the reinstatement** of all “deemed eligible” Gateway infants who have lost or will lose their Medi-Cal. The State is to provide the Court with a **progress report on December 15**, and the next hearing is set for December 31, 2003.

IMPORTANT: Prepare reinstatement lists: Local CHDP programs and community clinics who can prepare a list of the Gateway infants under age one in their service area who have already lost benefits, including family contact information, should prepare such lists as soon as possible so that the “deemed eligible” infants can be put back onto Medi-Cal right away. For more information, please contact Lucy Quacinella at lucy@quacinella.com.

New ACL and Forms Vastly Improve the Enrollment Process for “Deemed Eligible” Infants

On October 6, 2003, the long awaited ACL No. 03-49 was finally issued, along with the revised Newborn Referral Form (MC 330) in Spanish and English, and submitted to the Court in *Baby Doe*. These documents (copies attached) reflect some major improvements in state policy and clarify existing rules. Here are some of the major highlights:

- Deemed eligible infants can be enrolled with a **phone call, a Newborn Referral Form, or other contact** to the county—a Medi-Cal application is **not** required (page 1).
- The ACL reminds county eligibility workers not to ask for birth certificates, Social Security Numbers, documentation of family income,

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etc., when a family seeks to enroll a deemed eligible infant into Medi-Cal. Such documentation is **not** required for the infant's enrollment, nor may the county require the family to "show" the infant at the county welfare office (pages 1-2 and 6).

- The Newborn Referral Form may be used by parents, WIC providers, public health nurses, certified application assistants, and others who have the parent's or other caretaker's permission. **Counties may no longer limit the use of the form to Medi-Cal providers** (page 7).
- **County fax numbers** for returning a completed Newborn Referral Form are now included on the form itself, as are county **phone numbers**. Each county must have a **centralized location** for receiving and processing infant referrals (page 7).
- An infant whose mother didn't apply for Medi-Cal for herself until after the birth and who was granted "**retroactive**" Medi-Cal is still "**deemed eligible**" if the infant and mother lived together in the birth month (page 3).
- The infant referral process is also available to enroll infants in "**nested**" **cases**, i.e., where a mother under 21 lives with her parents (except in Minor Consent Medi-Cal cases) (page 1).
- Even if the **mother's Medi-Cal case is "inactive"** (i.e., closed) at the time the family seeks to enroll the infant, **the infant must be enrolled** without an application if the mother had Medi-Cal when the baby was born and they lived together at that time. Counties may no longer deny an infant enrollment simply because the mother no longer has Medi-Cal at the time the infant is referred (page 9).
- Similarly, when the mother's case is "inactive," **counties may not delay enrolling the infant to find out whether he or she lived continuously with the mother in every month since the birth**: all that matters is whether the infant lived with the mother in the birth month, even if the infant is being referred to the county many months later (page 9).
- Infants must **be enrolled as quickly as possible** (page 6), and even when the mother or siblings have or the family is applying for **CalWORKs** (page 11). We remain concerned, however, about delays.
- 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 meantime, **even if the bills are older than the usual 3-month retroactivity period for Medi-Cal** (page 9).

- Once enrolled, the **deemed eligible infant's Medi-Cal lasts until age one year or the county shows that the infant is no longer eligible for Medi-Cal on any basis**, after following the “redetermination” process required by SB 87 (pages 3, 12).
- A deemed eligible **infant keeps Medi-Cal until the first birthday even if the mother loses her eligibility** for any reason before then (page 12).

SB 24 (Figueroa) and the Newborn Hospital and Prenatal Gateways

SB 24 provides a mechanism for establishing a Newborn Hospital Gateway and a Prenatal Gateway at the point of medical service. Deemed eligible infants could be enrolled in Medi-Cal before they leave the hospital, and pregnant women could enroll from the prenatal care provider's office without a second application, as is now required under the “Presumptive Eligibility” program. Federal Medicaid administrative dollars would pay for 75% of the costs to set up these Gateways. SB 24 requires that the remaining 25% come from sources outside state government. Work is underway to locate such non-state funding.

Managed Care Enrollment

Newborns whose mothers had Medi-Cal managed care during their pregnancies are covered under the mother's health plan during the birth month and the month after. Because of limits in some of the mothers' provider networks, however, access for the newborns is difficult while they are covered under the mother's plan.

In addition, if the newborn is referred to Medi-Cal for a number of his or her own, coverage under the mother's number ends and the newborn goes to “fee-for-service” until the family completes the process for selecting a health plan and primary care provider for the newborn. Known as the Health Care Options process, this can take up to 60 days. The newborn then goes into a managed care plan again, which may be different than the one the used for the newborn while covered under the mother's number.

To address these and similar concerns about access and continuity of care for newborns, MCH Access has been consulting with stakeholders involved with all the various types of Medi-Cal managed care throughout the state. Attached you will find the latest draft options, which will be taken up at the next Medi-Cal Managed Care Advisory Committee on December 11.

Your Comments Are Most Welcomed

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.