



Maternal and Child Health Access

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October Update Newborn Enrollment Project

Hello, everyone. Here are some of the latest developments on Medi-Cal newborn enrollments. 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.

Strategy # 1: Internet-based enrollments

Stakeholders have expressed strong support for a simple, electronic 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.

AB 843 (Chan) would have set up an electronic confirmation process for deemed eligible newborns through participating hospitals and other providers' offices. The Governor vetoed the bill, stating in his veto message: "The proposed 2002 budget includes funding to implement the CHDP gateway program. The purpose of the gateway program is for all eligible infants to be enrolled in Medi-Cal automatically. . ." and "the CHDP gateway program will accomplish the same purpose" as AB 843.

The CHDP Gateway starts July 1, 2003. Details on implementation are still being worked out. **A CHDP Gateway Advisory Committee has been convened. Meetings are open to the public; MCHA is not on the committee.** (or below w/ next meeting info)

CHDP, the Child Health and Disability Prevention program, provides screenings, immunizations, and, in some cases, follow-up treatment to children through age 18 with family income up to 200% of the federal poverty level. Unless a child is enrolled in Medi-Cal or Healthy Families, CHDP services are funded with state-only dollars, and no federal match.

The CHDP Gateway, as currently proposed by the state Department of Health Services (DHS), would start the process of enrolling children into

Medi-Cal or Healthy Families when they visit a CHDP provider. A few simple questions would be asked and answered by the family in the clinic or pediatrician's office and sent over the Internet to the state. If the child is screened eligible based on income for either Medi-Cal or Healthy Families, "pre-enrollment" into full-scope Medi-Cal coverage starts the same day, and the state receives federal matching funds for CHDP and other medical services provided to the child.

However, as proposed by DHS, coverage would continue only until the end of the following month unless the child's family completes and mails in a regular Medi-Cal/Healthy Families application with documentation (e.g., proof of family income, etc.) to the Single Point of Entry in Sacramento. If the application is not received by the end of the second month, Medi-Cal coverage under the CHDP Gateway program would end automatically. The process may begin again at the next medical visit on the CHDP periodicity schedule (which is less frequent than the Medi-Cal periodicity schedule.)

DHS' current proposal, however, has no mechanism for automatically enrolling "deemed eligible" newborns into Medi-Cal until age 1:

- Like older children coming through the CHDP Gateway, newborns whose mothers had Medi-Cal for the delivery would be required to go through the regular Medi-Cal application process or be disenrolled at the end of the second month following the CHDP visit, under the DHS plan.
- Yet under federal law, in addition to being deemed eligible, these newborns are also specifically deemed to have already *applied* for Medi-Cal.

This oversight in the plan for implementing the CHDP Gateway for deemed eligible newborns has been brought to DHS' attention. At the first meeting of the CHDP Advisory Committee, held October 9, DHS said that newborn enrollments are beyond the scope of the gateway and that no changes to the gateway design would be made to accommodate final enrollment for deemed eligible newborns. However, this position may be revisited.

The next Advisory Committee meeting is on November 6.

Newborn Hospital Gateway

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 internet-based direct enrollment process from hospitals where babies are born would still be needed:

- 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 periodicity schedule for screening exams is more frequent under Medi-Cal than CHDP, and newborns are more likely to miss out until they have Medi-Cal numbers and cards of their own.
- 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.
- According to DHS data, over 200,000 children, or 19% of all children using state-only CHDP services, are under age 1. Of these infants, 73% are Hispanic. 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.

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

Revised Newborn Referral Form (MC 330)

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

On October 16, 2002, DHS began to circulate a proposed revised version of the MC 330 (NRF), which responds to many of the stakeholders' concerns. Major improvements include:

- 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.
- 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.

DHS staff have clearly "heard" many of the stakeholders' concerns.

Final comments to the revised form are due October 25 (will people think they somehow missed out/weren't informed of opportunity to comment? – I would – should we eliminate this or say somehow that form was not circulated widely, as mentioned w/ACL below - and we will send when available....) MCHA will send copies of the final revised form to the stakeholders when it becomes available.

Procedures for Enrolling Newborns

An "All County Welfare Directors Letter" will also be prepared to accompany the revised form. A draft of the ACL hasn't been made available yet, and it's not clear at this time whether there will be an opportunity to comment before the ACL becomes final.

Many important policy issues could be addressed in the new ACL, such as:

- How providers, certified application assistors, and others in the community can get copies of the NRF
- 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 using the NRF or other methods of newborn referral
- Reminders 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 new ACL could also be an opportunity to clarify some major policy issues, such as:

- Whether a mother covered through the Presumptive Eligibility Program for Pregnant Women or whose coverage at the time of the

delivery was under the Retroactive Benefits Program or the Minor Consent Program meets the definition of Medi-Cal beneficiary, thereby providing the link to deemed eligibility for the first year of life for her newborn

- The time frame for the counties to act on the NRF, especially in light of the "accelerated enrollment" provisions that took effect July 1, 2002 for children applying for Medi-Cal through the SPE
- When and how families will be notified of the county's decision on the newborn's referral
- Continuing coverage throughout the entire first year of the newborn's life even if the mother's Medi-Cal coverage ends before the child's first birthday.

**Not Delaying Newborn Enrollment
Pending a CalWORKs' Eligibility Determination**

Since our August update, DHS and the state Department of Social Services (DSS) have formally agreed to issue a joint letter to the counties instructing that there not be any delay in enrolling a newborn into Medi-Cal pending receipt of proof of income and other documentation or steps necessary to complete a CalWORKs eligibility determination for the child or mother. 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 have heard that under official DHS policy, simply referring a deemed eligible newborn to the county will result in having the child "automatically" enrolled in Medi-Cal.

A barrier to implementing the joint DHS-DSS policy, however, is how public benefits computers are programmed for some regions of the state. DHS and DSS are now working to identify which computer systems won't let a county eligibility worker add a baby to a Medi-Cal case before CalWORKs processing is complete and what needs to be done to re-program the computers.

MCHA has asked that, if the computer issues will require some time to address, an interim joint DHS-DSS ACL be issued instructing counties to: (underline or set off?)

- Process newborn referrals without delay without regard to whether a CalWORKs eligibility determination has been completed, and
- If a county is in a computer consortia that conditions the newborn's enrollment in Medi-Cal on the completion of the

CalWORKs eligibility determination, to do a "work-around" until the system has been re-programmed to automate direct enrollment. Computer work-arounds are commonly used in most counties for a broad range of issues, especially since the lag in re-programming after welfare reform.

The announcement of official joint DHS-DSS policy is a giant step forward. But until it is implemented in a county, nothing will change for families there. We'll continue to keep you posted.

Strategy #3: Access to Services and Claims Processing

(shouldn't/couldn't shortcomings of the form and our comments go under #2 above?)

The draft revised NRF (MC 330) from DHS would include the EDS 800 phone number and instruct providers to call with billing and claims questions. This certainly seems helpful.

But many families, as well as providers, are unaware that the mother's Medi-Cal number and card can be used during the birth month and the month after for services and billing for the newborn. MCHA has asked that this information be added to the revised NRF.

Strategy #4: Managed Care Enrollment

Enrollment and retention issues have been a major focus. We hope to have an update on options for addressing the managed care enrollment issues soon.

More Stakeholder Meetings

The most recent **A** stakeholder **planning?** meeting for the **Inland Counties** area was held in San Bernardino on September 20. New channels of communication have been opened among hospitals, other providers, plans, consumer advocates and San Bernardino and Riverside Counties, and there was overwhelming support to have a **larger stakeholder meeting?** follow up session in January 2003.

Planning with local collaboratives is underway for our first regional meeting in the **Monterey and Santa Cruz** areas, tentatively scheduled for December 18, 2002 in Salinas.

Special Project on the Newborns of Incarcerated Mothers

As previously reported, 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.

State regulations, however, are inconsistent with these rules. MCHA hopes to meet with state DHS to discuss these issues soon.

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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