

# SB 24 PRENATAL GATEWAY PROJECT:

## LESSONS LEARNED

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Prepared by Harbage Consulting for DHCS

# Today's Discussion

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- Purpose & Goals of the SB 24 Project
- Background/Context
- Application Content Development
- Considerations for the AB 1296 Stakeholder Workgroup



# Project Purpose & Goals

# SB 24: Creation of Prenatal Gateway

Passed in 2003, SB 24 was intended to update and streamline the enrollment of both pregnant women and newborns in Medi-Cal by:

- Creating an **electronic application and enrollment process**, called the Prenatal Gateway and Newborn Gateway;
- Allowing the new PE application to serve as a **simplified application for full Medi-Cal benefits**; and
- Developing a method to **easily transmit applications to counties** for Medi-Cal determination, and any needed follow-up.

# Project Goals

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The Prenatal Gateway should:

- Be a simplified electronic application for the Medi-Cal program for pregnant women;
- Help beneficiaries get the most comprehensive coverage possible; and
- Balance the needs of beneficiaries, providers, counties and the state to create a successful program.

# Project Scope



- This analysis addresses an array of policy and business process issues in four categories:
  - **Application content;**
  - **Application format;**
  - Internet application development; and
  - Application routing and delivery.

# Methodology

- Reviewed:
  - Existing paper-based Presumptive Eligibility process;
  - Existing electronic applications for public programs;
  - Existing data delivery systems; and
  - Identified requirements for:
    - Bare minimum to start a Medi-Cal Application,
    - 200% Medical Program for Prenatal Coverage,
    - Full-scope Medi-Cal program.
- Created several optional forms for consideration.
- Interviewed more than 30 stakeholders and held three convenings to discuss findings and options.

# Background

- Presumptive Eligibility Program
- Lessons Learned from CHDP Gateway
- Stakeholder Feedback



# Presumptive Eligibility for Pregnant Women: *Program Overview*

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- Allows qualified providers to provide low-income, pregnant women with immediate, temporary Medi-Cal coverage for certain pregnancy related and prenatal care services.
- It does not cover: labor & delivery, specialty care referral, hospitalization or acute care.
- Pregnant women can **ONLY** enroll and access PE benefits through a DHCS-approved PE provider.

# Presumptive Eligibility for Pregnant Women: *Process*

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- Step 1: Applicant enrolls at her provider's office.
  - ▣ Provider determines eligibility based on information submitted and verification of pregnancy, and
  - ▣ If eligible, she is granted prenatal PE coverage for the month of submission and the following month (up to 60 days).
- Step 2: To continue services beyond initial eligibility period, the applicant must:
  - ▣ Submit a Medi-Cal application to the county,
  - ▣ Obtain a receipt from the county verifying that an application has been submitted, and
  - ▣ Provide that receipt to her provider.
- Step 3: The provider extends applicant's PE coverage until the county makes a Medi-Cal determination.

# Lessons Learned from the CHDP Gateway

- ▣ Any follow-up needed by the applicant introduces possibility of delay and confusion to the process,
- ▣ A short concise application is preferred by providers,
- ▣ Single-Point-of-Entry is not a preferred option as it is a paper based process, and
- ▣ The existing CHDP Gateway application does not provide enough information for adequate online file clearance.

# Application Content:

## *Stakeholder Feedback*

<b>Stakeholder</b>	<b>Position</b>	<b>Rationale</b>
<b>Providers</b>	Shorter Application	<ul style="list-style-type: none"> <li>■ Longer application could be helpful, but would ask providers to perform county's role in asking about assets.</li> <li>■ Longer application requires more application assistance and resources, for which providers are not reimbursed. Providers will likely need funds for new training.</li> </ul>
<b>Advocates</b>	Longer Application	<ul style="list-style-type: none"> <li>■ More women will have faster and easier access to full Medi-Cal benefits.</li> <li>■ Additional questions should impose limited burden as most women will likely have fewer assets.</li> </ul>
<b>Counties</b>	Shorter Application	<ul style="list-style-type: none"> <li>■ Asset screening is difficult, and better role for counties not providers.</li> <li>■ Longer application is most likely redundant with county process for any applicant applying for full Medi-Cal benefits.</li> </ul>



# Application Content

# Application Content:

## Overview

At a minimum, SB 24 requires that the new Prenatal Gateway allow a woman to enroll in PE electronically **and** submit a Medi-Cal application to her county.

The law permits a longer application be created for women to be able to apply for greater levels of Medi-Cal benefits:

- **Shorter Application:** 200% program for prenatal coverage, requiring information on income disregards; or
- **Longer Application:** Full range of Medi-Cal programs, including 1931(b), requiring income disregards AND asset screening questions.

# Application Content:

## 200% vs. Full-Scope Medi-Cal

### 200% Program:

- Coverage offered up to 200% of poverty;
- Covers ONLY pregnancy related services;
- Simple eligibility requirements that most closely parallels PE eligibility requirements;
- No asset questions.
- Lower administrative burden on providers (less questions); and
- Higher administrative burden on counties due to more follow-up questions.

### Full-Scope/1931(b) Program:

- Coverage offered up to 100% of poverty\*;
- Offers more comprehensive healthcare coverage;
- Complex eligibility requirements, more than what PE requires;
- Asset questions adds complexity for providers.
- Higher administrative burden on providers (more questions); and
- Potential for lower administrative burden on county, but process becomes more complex.

**\*NOTE:** Under Medi-Cal, pregnant women and families are covered under the Full-Scope/1931(b) program up to 100% of poverty, as are otherwise eligible childless pregnant women in their third trimester. All eligibility rules apply, include DRA citizenship and identity documentation.

# Key Principles:

## *Application Structure*

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The application questions should be structured in a way to allow for:

- Identification of different subpopulations of women coming through the prenatal gateway,
- Allow exit points for those only interested in specific programs (such as those seeking PE coverage only), and
- Minimize redundancy and time the provider needs to spend on the application.



# Application Options

Create an application for:

- Bare Minimum Needed to Start a Medi-Cal App (Option A)
- Minimum Needed to determine eligibility for the 200% PE program (Option B)
- All questions needed to determine Full-Scope Medi-Cal (Option C)

# Category of Questions

28 total possible questions were identified for the new electronic application and can be broken down into 4 categories:

- ▣ **Required Questions:** Basic information necessary to initiate an application
- ▣ **Income Disregard Questions:** Only asked of applicants who self-report income above the income limit and who may qualify if certain income disregards are applied,
- ▣ **Asset Screening Questions:** Asked to identify those with assets below the asset limit to minimize county follow-up, and
- ▣ **Optional Questions:** Additional information helpful for counties, but not required to initiate an application.

# Application Content:

## *Details of the Application Options*

<b>Minimum Application</b> PE: Time-limited benefits	<u>12 Questions</u> An electronic version of the current application for PE meets minimum requirements of SB 24.
<b>Shorter Application</b> 200% Program: Covers only pregnancy-related services	<u>17 Questions</u> Minimum Requirement Questions + 1 Yes/No Question: if applicant wants to be considered for Medi-Cal benefits beyond pregnancy. + 4 Income Disregard Questions ( <i>asked only if the disregard could affect eligibility</i> ).
<b>Longer Application</b> Comprehensive Medi-Cal benefits	<u>21 Questions</u> Short Application Questions + 4 Asset Screening Questions ( <i>short screen designed to trigger further review only if needed</i> ).
<b>Other Optional Questions</b>	<u>7 Questions</u> Can be added to either option to identify a range of special issues, such as language needs.

# Application Content:

## *Trade-offs*

	<b>Shorter Application</b> <i>Pregnancy-Related Benefits</i>	<b>Longer Application</b> <i>More Comprehensive Benefits</i>
<b>Pros</b>	<ul style="list-style-type: none"><li>■ Lower redundancy with county Medi-Cal screening process.</li><li>■ Lower administrative burden for providers.</li></ul>	<ul style="list-style-type: none"><li>■ Could help women who have little or no assets receive full Medi-Cal benefits faster than current process.</li></ul>
<b>Cons</b>	<ul style="list-style-type: none"><li>■ Some eligible and needy women may not access the comprehensive Medi-Cal benefits they need.</li></ul>	<ul style="list-style-type: none"><li>■ May require additional training and resources for provider staff to collect financial information they do not currently gather.</li></ul>

# Conclusions

The Prenatal Gateway should:

- Use the same approach as all DHCS electronic eligibility gateways to leverage economies of scale;
  - Allow full flexibility for pregnant women to apply for comprehensive benefits;
  - Use latest, most flexible Internet technology as long as majority of providers can participate; and
  - Information should flow directly to the county to streamline enrollment and minimize administrative burden.
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- **RECOMMENDATION:** Use the longer application

# Conclusion: Take Advantage of Web-based Rules Logic

The electronic application should ask enough questions so that counties can route and enroll applicants into the most appropriate program for them. Thus, the electronic application should:

- ▣ Take into account the programs they are interested in, and allow exit points for those only interested in specific programs (such as those seeking PE coverage only),
- ▣ Give counties enough information to enroll them into the Medi-Cal program with highest level of benefits that they are eligible for with the least amount of follow-up, and
- ▣ If they are found ineligible, include a process for counties to forward their application to AIM.



# Considerations for AB 1296 Stakeholder Workgroup

# Lessons for AB 1296 Stakeholder Workgroup

- Map all potential questions for each program
  - ▣ Consider using SAWS2 as a starting point
- Web-based is great because it balances an applicant's individual situation with time spent:
  - ▣ Flexibility to (in real time) tailor the length of the application based on the individual's situation (way they answer the app)
- Number of screens & time is important - longer is not better (don't ask if not needed)
- Consider what percentage of the population will actually need to do the full application



# *Lessons for AB 1296 Stakeholder Workgroup*

- Have clear goals/parameters
- Identify commonalities
- Identify opportunities to streamline the process
- Weigh the value of the optional questions to the time it takes (ask how does it help the applicant?)
- Balance what the provider does vs. the County or Exchange staff
- Consider how the application looks on paper vs. online
- Stakeholder input is important

# QUESTIONS & DISCUSSION

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