

PE and Provider-Based Enrollments in 2014 and Beyond

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Used at present in Medi-Cal and/or Healthy Families:

- Children when a “well-child” exam is due or has been missed (CHDP Gateway)
- Pregnant women (PE for Pregnant Women)
- Individuals with breast or cervical cancer (BCCTP)
- Individuals needing family planning and related services (Family PACT)
- Certain disabling conditions
- Other?

- Cf. PE and state and county enrollments
 - Accelerated Enrollment (AE) at the SPE
 - Bridging or “transitioning” between children’s Medi-Cal and Healthy Families
 - Other?
- No community-based PE at present? Why not?

Enduring rationale in 2014: a necessary back stop

- Uninsured patients likely to continue to exist
- Providers will need a payment source
- “In reach” and unique window of opportunity for enrollment
- Cost-effective to provide needed care on a timely basis, especially preventive care and treatment for communicable diseases
- What will the full CalHEERS application form and documentation process entail? Will providers have the capacity to complete it?
 - Even if yes, lagging databases in federal and state hubs may mean real time eligibility **denials** for **eligible** person
 - Tax data a year or more old. Wage data a quarter or more old. Cf. “point in time” income eligibility.
- Racial disparities in health care generally and in maternal and newborn deaths and in increases in the rate of HIV infection among African American and Latina women

Prenatal Gateway:

Practice for provider-based enrollments in 2014?

Medi-Cal's PE Program for Pregnant Women

- Excels at immediate access and coverage through a very simple screening process, with high degree of state monitoring and control.
- But coverage ends in a maximum of 62 days without follow up application.
 - Women who need either on-going or retroactive coverage may have difficulty submitting the follow up application before PE ends.
- Extensions of PE are administratively burdensome
- Can be difficult to access PE services with paper card

Scope of Coverage Issues

- PE does not cover all “ambulatory prenatal care” covered by Medi-Cal’s 200% FPL Program for Pregnant Women.
 - **All such services covered under the 200% program should be in PE**
 - Only in-patient hospital services (e.g., for labor and delivery) may be excluded from PE for pregnant women under federal law.
- The 200% Program does not cover all pregnancy-related care.
 - **Default federal definition of “pregnancy-related” care for FPL programs for pregnant women is “medical necessary” care. Medi-Cal’s 200% program must conform.**
 - For lesser scope, states must now submit a State Plan Amendment, identifying omitted services, explaining why they are “not pregnancy-related,” and obtain the Secretary’s approval.
 - Most women are able to get the medical care they need under the current scopes of the PE and 200% programs. **But for those who cannot, conforming to the federal rule is critical.**
- **Some women would no longer need to apply for on-going or retroactive coverage if the scope of PE coverage conformed to the above.**

Promising policy developments

- 2008: SB 24 Prenatal Gateway stakeholders recommendations to use simple follow up application adopted by DHCS
- 2012: DHCS facilitates use of **existing** simple follow up application for pregnant women (MC 263 PREMED-2) by authorizing PE providers to fax the completed form to fax numbers dedicated to this purpose in each of the 58 counties.

Even better if. . .

- Providers were instructed to mark the PE “good thru” date as “until a final eligibility determination is made”, instead of extensions in 60-day increments
- The PE information sheets given to women and the program flowcharts for providers were updated
- An All County Letter were prepared, in consultation with the counties, providers and consumer advocates, to ensure that the process on the “back end” operates as smoothly as possible
- The MC 263 PREMED-2 form, already extremely simple, were simplified even further.
 - E.g., “other health coverage” no longer needed given DHCS data-matching

Policy improvements in 1931(b)

To simplify Medi-Cal, **ease administrative burdens at the county and the time it legitimately takes to process an application, promote early access to pregnancy-related care, and prepare for ACA implementation in 2014:**

- Drop the “third trimester” rule
- Drop the “deprivation” rule for pregnant women
 - Now nearly synonymous with income below poverty
 - Will become even more irrelevant in 2014 with the adult expansion category.
- Drop the 1931(b) assets test for pregnant women now
 - Will be eliminated in 2014 in both the 1931(b) and new expansion programs

Adopt an electronic version of the Prenatal Gateway per CalHEERS RFP

- Digitized version of the MC 263 PREMED-2 should be made available to PE providers for on-line submission
- Could also serve as a “trial run” for CHDP Gateway improvements
- The elements of eligibility for the two groups- children and pregnant women—are nearly identical as are some of the challenges both groups face under the current structure for PE.
- Follow up application must be optional for consumers
- The “trial run” would also provide insight into possible approaches in 2014 for the new adult PE category and hospital services PE.

Thank you

Questions? Comments?

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