



# Department of Health Care Services



---

## Full Scope Medi-Cal Coverage and Affordability and Benefit Program for Low-Income Pregnant Women and Newly Qualified Immigrants (NQIs)

Stakeholder Meeting  
Friday, October 24, 2014  
3:30 p.m. – 5:00 p.m.  
1500 Capitol Avenue  
Training Rooms A & B

---



# Today's Agenda

3:30 a.m. – 5:00 p.m.



- ***Welcome***
- ***Introductions***
- ***Update on Stakeholder Comments & Recommendations***
- ***Update on Status of Federal Approvals***
- ***Notices to Medi-Cal/Denti-Cal Providers***
- ***Current Other Health Coverage (OHC) Policy***
- ***Timeline Update***
- ***Next Steps***
- ***Questions and Responses***



# Welcome



- ***Rene Mollow, MSN, RN, Deputy Director,  
Health Care Benefits & Eligibility***
- ***Jeff Blackmon, Chief, Third Party Liability  
Division***



# Today's Presentation



- ***DHCS Updates***
- ***Notices to Medi-Cal/Denti-Cal Providers***
  - ***Welfare & Institutions Code Section 14148.65(c)(6)***

“The department shall consult with the Exchange, Exchange contracting health care service plans and health insurers, and stakeholders, including consumer advocates, Medi-Cal providers, counties, the State Department of Public Health, county maternal, child, and adolescent health directors, and county CPSP coordinators, in the development and implementation of all of the following:

(6) Provider notices to ensure that Medi-Cal providers are aware of the Medi-Cal pregnancy program under this section for women enrolled in the Exchange and that providers comply with state and federal laws applicable to Medi-Cal pregnancy coverage for women who exercise the option to remain in Exchange coverage.
- ***Current OHC Policy***

# Updates on Stakeholder Comments and Recommendations



- ***Status of Review of Comments from Stakeholders to Notices and Informing Materials***
  - ***Comments on materials for pregnant women***
    - ***Comments Reviewed; Revisions to materials in progress; Stakeholders will be notified when posted***
  - ***DHCS responses to stakeholder comments***
    - ***Stakeholders will be notified when tracking documents are posted***
  - ***Comments on materials for NQIs***
    - ***Comments under Review***
    - ***Updates to NQI materials pending***



# Update on Status of Federal Approvals



## State Plan Amendment 14-021

- Full-scope Medi-Cal coverage for individuals with income less than or equal to 109% of the Federal Poverty Level (FPL)
- Submitted to CMS on September 12, 2014
- Anticipated approval on or before January 1, 2015

## 1115 Waiver Amendment

- Full-scope Medi-Cal coverage for individuals with income over 109% of and including 138% of, the FPL
- Submitted to CMS on September 3, 2014
- Anticipated approval on or before January 1, 2015

# *Notices to Medi-Cal/ Denti-Cal Providers* (1/4)



- 
- Methods used to communicate information to Medi-Cal/Denti-Cal Providers include:
    - Medi-Cal Newsflash
    - Medi-Cal Provider Bulletin
    - Denti-Cal Newsflash
    - Denti-Cal Provider Bulletin
    - All Plan Letters



# ***Notices to Medi-Cal/ Denti-Cal Providers*** (2/4)



---

## **Medi-Cal and Denti-Cal Provider Notices**

### **Full-Scope Medi-Cal Coverage for Pregnant Women with Incomes up to and including 138 percent of the Federal Poverty Level (FPL)**

In accordance with Welfare and Institutions Code Sections 14005.22 and 14005.225, the Department of Health Care Services (DHCS) submitted State Plan Amendment (SPA) 14-021 and an 1115 California Bridge to Reform Demonstration Amendment Request to the Centers for Medicare and Medicaid Services (CMS) to expand Full Scope Medi-Cal Coverage for Qualified Low Income Pregnant Women.

Effective XXXXX, 2015, pregnant women with incomes between 60 percent of the FPL up to and including 138 percent of the FPL are eligible for full-scope Medi-Cal coverage.

Pregnant women eligible for full-scope Medi-Cal coverage will be enrolled in a Medi-Cal managed care plan unless an exemption applies. Beneficiaries will be afforded the same level of benefits as other full-scope beneficiaries, including dental services. For dental benefits, beneficiaries will be enrolled in Fee-for-Service unless residing in Los Angeles County and they seek enrollment into a dental managed care plan (where dental managed care is optional) or Sacramento County where dental managed care is mandatory. Providers will be able to identify these beneficiaries by aid code M7 when verifying Medi-Cal eligibility.

# *Notices to Medi-Cal/ Denti-Cal Providers* (3/4)



---

## Medi-Cal and Denti-Cal Provider Notices

### Medi-Cal Pregnancy Program for Women with Income Above 138% and up to 213% of Federal Poverty Level

Pregnant women with incomes above 138 percent up to 213 percent of the Federal Poverty Level (FPL) may choose health care coverage in Medi-Cal and/or a Qualified Health Plan (QHP) through Covered California. Eligible pregnant women may choose from one of the following three options below to receive their health care.

1. **Enroll in limited-scope pregnancy-related Fee-for-Service (FFS) Medi-Cal.** Pregnant women may enroll at any time and receive medically necessary prenatal care, labor and delivery, postpartum care, family planning services and services for other conditions that may complicate the pregnancy. Medi-Cal providers will be able to identify these beneficiaries by aid code M9. The process for billing will not change. Providers will bill Medi-Cal for limited-scope pregnancy-related services and Denti-Cal for dental services.

# *Notices to Medi-Cal/ Denti-Cal Providers (4/4)*



---

## 2. **Enroll or remain enrolled in a QHP through Covered California.**

Women can receive pregnancy and all other medical care from their QHP providers. Services for pregnant women include prenatal care, labor and delivery services, including postpartum care, family planning services and all Essential Health Benefits. Women must enroll in a QHP during the Covered California open enrollment period unless a “qualifying life event” enables enrollment outside of open enrollment. Women enrolled in the QHP will receive services only through their QHP.

## 3. **Enroll or remain enrolled in a QHP AND enroll in limited-scope pregnancy-related FFS Medi-Cal.** Medi-Cal providers will be able to identify these beneficiaries by aid code M9 and the Other Health Coverage (OHC) indicator in the Medi-Cal Eligibility Data System. OHC policies apply to these beneficiaries. When determining eligibility for a service, Medi-Cal providers should determine, prior to providing the service, if the service is covered by the QHP. If services are covered by the QHP, the Medi-Cal provider may advise the beneficiary to obtain services from their QHP. The provider may provide pregnancy-related and non-covered QHP services and bill Medi-Cal directly.

# Current OHC Policy

---

# OHC Authority



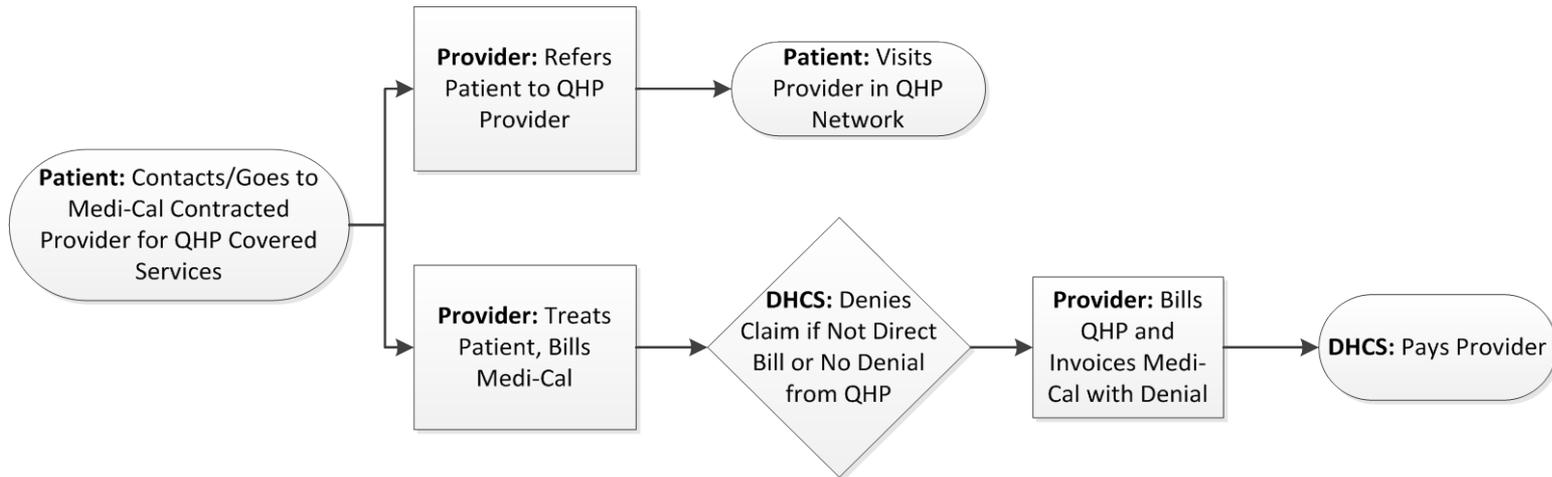
- To ensure that the state does not pay for services for which another party may be responsible, Congress required that states determine the potential responsibility of third parties (including health insurers, self-insured plans, group health plans, and managed care organizations) for payment for services provided under the state's program, and to pursue claims against them. (42 U.S.C. § 1396a(a)(25).)
- Pursuant to State Welfare & Institutions Code Section 14124.90, ...when a beneficiary has third-party health coverage or insurance, the state Department of Health Services shall be the payer of last resort. ...A recipient's Medi-Cal identification card shall, where information is available, containing information advising providers of health care services of any third-party health coverage for the recipient. Providers shall seek reimbursement from available third-party health coverage before billing the Medi-Cal program.

# OHC Policy



- Medi-Cal does not provide coverage for health care services or items that would otherwise be covered services but are available to a beneficiary through other public or commercial health coverage.
- Beneficiaries are responsible for applying for and obtaining OHC when it would be of no cost to them, for disclosing OHC information, and for utilizing services or benefits provided through the OHC before utilizing Medi-Cal services and benefits.
- Medi-Cal providers generally have responsibilities to ensure that benefits and services available to beneficiaries through OHC are utilized before Medi-Cal benefits are used for recovering payment or providing services to the beneficiary.
- Prenatal and postpartum care, including but not limited to family planning, are available to beneficiaries irrespective of whether a third party (including any OHC carrier) may be responsible for payment.

# Provider Billing Denial



***For Provider Billing Issues, Provider can call 1-800-541-5555***

***1. Provider may bill Medi-Cal directly for applicable services (i.e. perinatal). If dispute arises, resolution is available through the 800 number listed above***



# Collaboration with Xerox Call Center



- The Telephone Service Center (TSC) is available 8 a.m. to 5 p.m., Monday through Friday, except holidays.
- 1-800-541-5555
- Information also provided in Provider Manuals and All Plan Letters



# Implementation Timeline



Activities	Expected Completion Date
Development of new aid codes (L8 and L9)	September 2014
Approval of State Plan Amendment 14-021	On or about January 2015
Approval of 1115 Waiver Amendment	On or about January 2015
Submission of SPA for Premium Payment and Beneficiary out-of-pocket recoupment	On or about January 2015
Complete modification of existing aid codes (M7, M8, M9, and M0) <sup>1</sup> and system changes	On or about February 2015
Complete system changes associated with QHP Pregnancy Wrap and NQI enrollment	Fall 2015
Implementation of the Pregnancy Wrap and NQI enrollment	On or about January 2016

<sup>1</sup> Completion is dependent of the federal approval of the 1115 Waiver Amendment



# Next Steps



- ❖ Examples of notice materials that will be used to inform Medi-Cal/Denti-Cal providers regarding the Affordability and Benefit Programs distributed today will be posted on the DHCS website on or about October 28, 2014. <http://www.dhcs.ca.gov/services/medi-cal/Pages/Affordability-and-Benefit-Program.aspx> Comments or questions should be submitted to DHCS at [AffordabilityandBenefitProgram@dhcs.ca.gov](mailto:AffordabilityandBenefitProgram@dhcs.ca.gov) on or before November 14, 2014.
- ❖ Updated examples of materials that will be used to inform women and pregnant women regarding the Affordability and Benefit Program will be posted on the DHCS website: <http://www.dhcs.ca.gov/services/medi-cal/Pages/Affordability-and-Benefit-Program.aspx> Notice of posting will be shared with stakeholders via email.
- ❖ Previous stakeholder comments and DHCS responses to comments will be posted on the DHCS website: <http://www.dhcs.ca.gov/services/medi-cal/Pages/Affordability-and-Benefit-Program.aspx> Notice of posting will be shared with stakeholders via email.
- ❖ When submitting comments or questions to DHCS, please be sure to include the name of the material that you are referencing when providing specific recommendations.



---

***If you have questions or would like to provide recommendations related to the processes and procedures or standardized notices, contact DHCS at:***

**Email Address:**

**[AffordabilityandBenefitProgram@dhcs.ca.gov](mailto:AffordabilityandBenefitProgram@dhcs.ca.gov)**

Stakeholders are encouraged to email DHCS with any comments or questions about the notices provided during this Webinar on or before **November 14, 2014.**

# Questions and Responses

---



# Stakeholder Meeting Schedule



<p>❖ Topics for upcoming stakeholder meetings include:</p> <ul style="list-style-type: none"><li>❖ Review of Monitoring and Data</li><li>❖ Program Implementation Status and Legislative Report</li></ul>	<p><b>January 23, 2015</b> <b>3:30 p.m. – 5:00 p.m.</b> <b>Department of Health Care Services</b></p>
<p><b>November 21, 2014</b> <b>3:30 p.m. – 5:00 p.m.</b> <b>Department of Health Care Services</b></p>	<p><b>February 20, 2015</b> <b>3:30 p.m. – 5:00 p.m.</b> <b>Department of Health Care Services</b></p>
<p><b>December 12, 2014</b> <b>3:30 p.m. – 5:00 p.m.</b> <b>Department of Health Care Services</b></p>	<p><b>March 20, 2015</b> <b>3:30 p.m. – 5:00 p.m.</b> <b>Department of Health Care Services</b></p>