STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF HEALTH SERVICES
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July 17, 1980

To: All County Welfare Directors

OBSTETRICAL CARE ACCESS PROGRAM PILOT PROJECT

Letter No. 80-26

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This is written to provide information regarding the above pilot project which has been implemented in 16 counties. We hope the information will assist you in answering questions that project enrollees may ask about the OB access project.

The intent of the OB access project is to encourage women to seek prenatal care early in pregnancy. It is designed to:

1. Contract with provider agencies in obstetrically underserved areas which will increase access to OB services for Medi-Cal low-income women.

2. Provide a comprehensive package of OB services for Medi-Cal and low-income women.

3. Gather statistics on OB services provided to Medi-Cal and low-income women as a basis for future planning and financing of OB services.

OB Access Project Registration

Local OB access project staff will be responsible for registering beneficiaries in the projects. Specific procedures that explain the registration requirements and project goals have been developed by the Department. Any pregnant Medi-Cal eligibles or low-income women may register in the project with the exception of women currently enrolled in a prepaid health plan. Low income women not eligible for Medi-Cal coverage may be eligible for Title V coverage. The Title V program is a federally funded program which provides specific services to low income individuals. Local OB access project staff will make the Title V determination.

Individuals who have Medi-Cal coverage must show proof of that coverage prior to registration acceptance. Proof of eligibility for project purposes for nonshare-of-cost beneficiaries will be a Medi-Cal card. Proof of eligibility for individuals with a share of cost will be the form MC 177, Record of Health Care Costs for the registration month.

County Welfare Department Processing

County welfare departments are not required to perform any special procedures for OB access project Medi-Cal beneficiaries. The county is not responsible for referring pregnant beneficiaries to the project for possible registration nor is the county responsible for processing eligibility determinations any differently for project enrollees than for other pregnant woman applying for Medi-Cal.

The OB access project contractors have been instructed in proper completion of MC 177 forms for medically needy (MN) and medically indigent (MI) beneficiaries with a share of cost and are subject to all regulations and procedures regarding confidentiality of case records. OB access projects are not entitled to direct issuance of Medi-Cal labels.

In order to improve access to care a federal waiver was obtained and entitles MN and MI women with a share of cost to receive maternity service through the project, by meeting that share of cost just once (in the month of registration).

Women who are determined eligible with a share of cost are issued an MC 177 by the county for each month in which Medi-Cal eligibility requirements are met. The beneficiary will present the project with an MC 177 the initial month enrollment. The project will indicate on the form that the full share of cost is paid or obligated by the beneficiary in that month and will list as the service "Maternity Care, OB Access Pilot Program". The form will be returned to the county welfare department for processing in accordance with current procedures.

The county welfare department's submission of the MC 177 will initiate issuance of a regular Medi-Cal card to the beneficiary by the Department's Benefits Review Unit for the month of registration. The beneficiary, therefore, is entitled to the full scope of Medi-Cal benefits for this first month. Each month thereafter, persons with a share of cost participating in the OB access project will present an MC 177 to the project as continuing proof of Medi-Cal eligibility (providing the beneficiary remains Medi-Cal eligible).

If a project participant needs nonpregnancy related medical services in any month after the month of enrollment, the individual must meet her regular share of cost prior to receiving a Medi-Cal card. However, the hospitalization related to delivery and infant care during the delivery month will be covered without the beneficiary having to meet another SOC. Claims for these services will be submitted to project management staff in the Department for payment authorization.

Enclosed for your information is a listing of current OB access project locations. If you should have any questions, please contact your Medi-Cal Eligibility Field Representative.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Eligibility Field Representatives

Expiration Date: January 31, 1981