

Kansas Department of Social and Rehabilitation Services
Rochelle Chronister, Secretary
Adult and Medical Services Commission
Ann Koci, Commissioner

Commissioner's Office 296-3981	Independent Living & Health Programs 296-8904	Medicaid Operations 296-3589
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MEMORANDUM

To: Ed Tregoe, Project Officer
From: Susan ~~Kanarr~~, HealthWave
Implementation Director
Date: June 2, 1999
Subject: Title XXI Amendment
Clarification

This memorandum is intended as a clarification of the amendment to section 4.3 of the Kansas Title XXI State Plan and to provide additional program information.

For services beginning June 1, 1999 HealthWave enrollment is 11,024 children. Through HealthWave joint application process approximately 11,300 additional children have been identified as Medicaid eligible as of the end of May. Although specific statistical information not immediately available, staff indicate there have been approximately 10 pregnancies reported thus far for HealthWave participants. Additional statistical information regarding the pregnancy and newborn issue is not available for this response but should be available at a future time.

The concept of continuous eligibility has received significant national support as a way to improve continuity of care in public medical assistance programs. In Kansas, children in the HealthWave program and HMO eligible children in Title XIX have 12 months of continuous eligibility once they are determined eligible regardless of changes in status. At the end of the continuous eligibility period, a review process is completed which includes the family filling out a new application. Continuous eligibility has been a major selling point of HealthWave for potential eligibles, providers, health plans, state legislators and other stakeholders. Additionally, implementing continuous eligibility in the Title XIX program has received enthusiastic support from all stakeholders. Maintaining a child's enrollment in the same health program for a consistent period of time allows a provider the opportunity to manage a child's overall health and provide preventive services. It also makes the programs less confusing for families because they do not have to continually switch providers or wonder whether they will have health insurance in a given month. The opportunity to provide continuity of care and to make the programs easier to use were the driving forces behind the push for continuous eligibility.

The proposed amendment represents an effort by the State to attempt to increase the amount of continuity for families and make it more "user friendly". If the proposed amendment is not approved, a Title XIX screening process will have to take place at the time a baby is born to a HealthWave participant or to the mother of HealthWave participants. The possible outcome could be that the mother will have to find a new provider for her newborn if the child was determined to

be Title XIX eligible. This situation is due to the fact that providers in the HealthWave program are not necessarily providers in the Title XIX program. Even in Regions 2 and 3 where the HealthWave and Title XIX HMO's are the same, continuity of providers is not assured. First, not all counties in those two regions have Title XIX HMO participation as an option and the newborn would be enrolled in the PCCM program, HealthConnect. Second, individual providers in the HMO are not required to serve both populations.

Providers comfort level with HealthWave is also an important consideration. If a Title XIX screen is required at the time of birth, the HealthWave doctor who is not also a Title XIX provider will not know whether any services he or she provides to the newborn will be reimbursed. This issue has arisen frequently with provider groups throughout the implementation of HealthWave. The health plans the state has contracted with have also relied on assurances that the newborn would remain in their plan until the end of the family's continuous eligibility. The more we as a state backtrack on the promise of continuity of care, the less interested health plans and providers will be to participate in HealthWave.

The time lines surrounding the amendment are also an important consideration when looking at what is a "reasonable" time to screen and enroll a newborn. The following scenarios should illustrate the time lines involved and the amount of time a newborn could remain in HealthWave before being screened for Medicaid eligibility:

- If a child is pregnant at the time of application, the screen and enroll procedure built into the application process would identify whether she would qualify for Medicaid as a pregnant woman (up to 150% FPL). If at the time of application the family income was above 150% FPL, so that the pregnant child was Title XXI eligible, it is more likely than not that she and the child would remain *so* after the birth. The longest period a newborn could remain in HealthWave without being screened for Medicaid eligibility in this circumstance would be 11 months assuming the birth takes place in the first month of HealthWave enrollment.
- If a child in HealthWave becomes pregnant during the continuous eligibility there is a high percentage chance that her 12 month continuous eligibility period will end before she gives birth. At the end of the continuous eligibility period the family will complete the review process and the pregnant child will be screened for Title XIX eligibility along with the rest of the family.
 - In the event the HealthWave child gives birth during the continuous eligibility period and was not pregnant at the time of application, the maximum time the newborn would be covered by HealthWave before the end of the continuous eligibility period would be 3 months.
 - It is also important to note that a pregnant HealthWave member may request a redetermination at any time during the pregnancy to screen for Title XIX eligibility.

- If a child is born to a family with other children in HealthWave but to a mother who is not in the program the newborn could remain in the program for up to 12 months if the mother gives birth the same month her other children begin HealthWave enrollment. If the HealthWave managed care organization (MCO) wants to receive capitation payments for providing services to the newborn back to the month of birth in this situation, the newborn must be reported within three months of the birth.
- There is a chance in this scenario that the mother would apply for coverage for herself through Medicaid. If **this** is the case and she is found to be Medicaid eligible then the newborn will be automatically covered through the Medicaid program. If the mother is determined not to be eligible for Medicaid pregnant woman coverage because the family income is above 150% FPL, then it is very likely the newborn child would be eligible for HealthWave and not Medicaid.

The issues surrounding the Title XIX screen for newborns should be eliminated once the state is successful in merging the Title XIX and Title XXI programs under the HealthWave name. The intention in the integration process is to have health plans that serve both the Title XIX and Title XXI populations so children can have the same providers whether they are in the Title XIX or Title XXI program. The agency is attempting to complete this integration as quickly as possible. At the point when the integration is effective there will not be a problem in screening newborns immediately because even if the funding source for their care is different from the rest of the family's, the provider will not have to change. Additionally, providers will be involved with both programs and will be reimbursed for their services regardless of funding source. The proposed amendment procedure will not be needed after integration takes place.

As a part of the HealthWave evaluation process, a system can be implemented to track pregnancies of HealthWave children and newborns added to the program. This tracking system could be used to determine how many of the newborns added to HealthWave under the amendment provisions would have been eligible for Title XIX at the time of birth and at what point in the continuous eligibility period these additions occurred. Additionally, this information could be used to determine whether the HMO or provider would have changed and what effect this might have had on families. Information gathered by this tracking system could be shared with HCFA and used to look at continuity of care issues between Title XIX and separate Title XXI programs. The period of time the proposed amendment would be in effect is limited by the planned integration of Title XIX and Title XXI in Kansas. This period could potentially be used as a demonstration of the effect of the screening and enrollment process on families participating in separate state CHIP programs where providers are not identical between Title XIX and Title XXI.

CC: Jackie Glaze
Candice Hall