



Maternal and Child Health Access

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TO: MRMIB
FROM: Lynn Kersey and Lucy Quacinella
RE: MCHA Comments on Draft AIM Handbook

Thank you for this opportunity to comment. However, by providing these comments, MCHA does not withdraw earlier recommendations for policy changes that have yet to be adopted, such as ending the 30th-week exclusion, adopting presumptive eligibility for AIM, and providing a process for women to have their AIM costs lowered when, during pregnancy or the post-partum period, income decreases or the woman needs to leave AIM (e.g., moving out of state, etc.)

This AIM application is also an application for Medi-Cal (see, e.g., page 10, *Medi-Cal Privacy Notice*), and it should also be an application for Covered California. This needs to be made clear early in the document. Related instructions to the counties are also necessary.

The print seems too small and the overall formatting could use work. We strongly recommend a readability expert, for assessment of literacy level, to consolidate the many redundancies, address font type and size, the need for more white space, etc.

We provide specific suggested edits below, with additions in underline and deletions in strike-out).

- **Page 2:**

"What is AIM?" - The AIM Program is ~~low-cost health~~ provides pregnant women comprehensive coverage with very low fees and no co-payments or deductibles for any of its services for pregnant women. Their newborns may be covered by Medi-Cal through the Department of Health Care Services (DHCS) AIM-Linked Infant and Children's Program (ALICP). If you are enrolled in AIM, your baby is eligible for Medi-Cal coverage in through the DHCS-~~AIM-Linked and Children's Program~~-ALICP for up to two years, unless your baby is enrolled in employer-sponsored insurance or no-cost Medi-Cal.

"What is the DHCS Medi-Cal Health Care Delivery System?" This section is blank. We would like to see the DHCS draft for this section when it's ready.

"How do I register my baby in the Department of Health Care Services (DHCS) AIM-Linked Infant and Children's Program?" . . .AIM will mail you an Infant Registration Form 30 days before

your expected due date. . . Complete the Infant Registration Form and send it to the AIM Program or call 1-800-_____ within 30 days after your delivery. It's best to send the form in or call within the 30 days, but if you miss the 30 day deadline, send the form in or call as soon as you can. Send ~~this information~~ the completed form to AIM at the address printed on the form. . . The Infant Registration Form is also on page XX and available on line at [INSERT LINK]. If there is a premium for your baby, Medi-Cal ~~for Families~~ will start billing you. . . *Your baby's coverage will not begin until the ~~DHCS AIM-Linked Infant and Children's Program receives~~ the required information is received.*

“When does my baby’s Department of Health Care Services AIM-Linked Infant and Children’s Program coverage start? How long does it last?” Once the ~~DHCS AIM-Linked Infant and Children’s Program receives~~ Infant Registration form is received and your baby is registered, your baby’s health coverage begins as of ~~their~~ the date of birth. The baby’s coverage continues until the first birthday regardless of the amount of the family’s income. From age one to two, the baby’s coverage can continue if family income is not over 300% of the federal poverty level.

...
“What if I don’t need coverage for my baby through ~~the~~ DHCS Medi-Cal’s AIM-Linked Infant Children’s Program?” Even if you don’t need ~~the DHCS Medi-Cal’s AIM-Linked Infant and Children’s Program~~ for your baby, you still must notify the AIM Program about the outcome of your pregnancy. Here’s how: [EXPLAIN HOW AIM EXPECTS TO BE NOTIFIED—PHONE CALL? TO WHAT #? A FORM?] You need to notify the AIM Program within 30 days from the end of your pregnancy.

- **Pages 3-4:** Did the formatting unintentionally jump here? We strongly recommend displaying the explanatory text continuously above the pink/white boxes instead of splitting the text above and below the boxes.

“What services are covered in AIM?” . . . your baby will be covered from the date of birth through the ~~DHCS~~ Medi-Cal health care delivery system. . . While you are enrolled in the AIM program, coverage includes. . .

- **Page 7:**

(Top): We would like to see the pending DHCS Benefit Chart when it is ready.

...
“Who will provide health care services for you and your baby?” . . . Once you are enrolled in AIM, your baby will be registered in the DHCS AIM-Linked Infant and Children’s Program back to the date of birth when you submit the infant registration form. Your baby will receive medical, dental and vision care through Medi-Cal ~~Health~~ health care providers and managed health care plans. Your baby will not be covered until ~~the DHCS AIM-Linked Infant and Children’s Program receives~~ the required infant registration form is turned in or you call with the necessary information (see page XX). At the first birthday, the baby will have an Annual Eligibility Review. Your baby will stay enrolled in the DHCS AIM-Linked Infant and Children’s Program until age two if,

at the first Annual Eligible Review, you're ~~your household income meet the AIM Program's income guidelines~~ is at or below 300% of the federal poverty level. After the child reaches age three, ~~to stay enrolled in the DHCS AIM-Linked Infant and Children's Program, you~~ your family income must be within the Medi-Cal Program's income guidelines at your baby's second Annual Eligibility Review at or below 250% of poverty for your child's coverage to continue in Medi-Cal. Medi-Cal has a lower income limit than AIM. . . .

- **Page 8:**

"1. What is Modified Adjusted Gross Income (MAGI)?" Does the Handbook really need to explain this? Can it be simplified? Suggestion: Strike current paragraph, replace with something like: MAGI counts income and includes people in a household the way federal tax law does. AIM then compares the countable "MAGI" income to the Federal Poverty Level (FPL) by household size.

"2. Whose ~~income~~ income should be counted?" To see if you meet the AIM income guidelines, only count the income of the family members who will be included in your federal income tax return.

"3. What income should be counted?" The chart seems technical and complicated. We strongly recommend a short introduction before the chart, something like: Only the income that you can be taxed on for your federal income taxes counts. The types of income are: [LIST]. For business income, add "taxable business income"; and move "capital gain, other gains (or loss)" to a separate bullet. Also suggests a brief, clear mention of what MAGI deducts, so that the information solicited in section 3 of page A3 of the application will be in context.

"4. Family Size" . . . ~~A pregnant woman counted~~ counts as Pregnant women one PLUS the number of expected child(ren).

. . .

- **Page 9: "Proof of current income".** No. 4 says the Medi-Cal NOA "must include the MAGI income or a budget worksheet. . ." For back-end processing, we note that the NOAs in early 2014 will not be based on MAGI.

- **Page 10:**

For the discussion on Medi-Cal **Presumptive Eligibility**, please add a website link for consumers (so they don't have to make a phone call to get info about PE).

Medi-Cal Privacy Notice: (A) That the application at what should be pages A1-A4 is also an application for Medi-Cal must be made clear much earlier in the document; and (B) The statement about how immigration information is used is very troublesome, without the context that it is not a "case of fraud" for an immigrant of any status to receive Medi-Cal during pregnancy. The context needs to be updated.

- **Pages 10 and 19 (should be 10-11? There is a gap in numbering, 10 jumps to 19):**

References are made throughout to “**AIM MAGI guidelines**”? Is it necessary to include “MAGI” here? We recommend leaving it out (5 references), except retain the sixth and seventh references: re: “1.5% of your ~~adjusted~~ MAGI.”

- **Page 19 (should be 11?):**

“**How do you pay for AIM?**” . . .If accounts are paid in full later, the credit reporting agency’s records ~~will~~ should be updated.”

“**How do you apply?**” . . .Fill out the application on pages XX-XX and mail it in. If you didn’t list an SSN or ITTN, include along with SSNs/ITTNs or proof of income.

Strongly recommend adding a section on “**When does AIM coverage begin?**”, placing it before the paragraph that starts (second column): “It is your responsibility to pay your full 1.5% cost even if you cancel AIM for yourself on or after the first day your coverage begins.” The new section on when coverage begins could include the second and third to last paragraphs (second column) of page 11. For example:

When does AIM coverage begin? If you application is incomplete, AIM will contact you to request what is missing. Once your application is complete, you will be notified in writing in XX business days whether you qualify. If you qualify, you will receive a letter notifying you that you have been enrolled in AIM. The letter will provide you with the date your coverage starts. Your coverage starts 10 calendar days after the date your application is approved.

We also strongly recommend having such a section immediately followed by the section on “What if you are no longer pregnant before your start date of coverage?” from page 20, second column.

- **Page 20 (should be 12?):** The text jumps from column to column.
- **Page 21 (should be 13?):** Delete “certificate of pregnancy”.
- **Application pages:** Add numbering, A1-A4.

At A2, in Section 3, Part A, telling the woman to answer “for the father” seems awkward; why not ask her instead to answer about the father?

Why have the family list the father if he is not married to the woman applying but they have a child in common? Isn’t this the old CHIP framing? Isn’t MAGI instead about the woman’s federal tax household composition and who is claiming whom as tax dependent(s) when a couple is not married?

- **Page 23 (should be 14?):** No comment.

- **Page 24 (should be 15?)** The section on registering infants appears to be identical to the same section at page 2. Please consider those comments here as well.

There seems to be a stray paragraph on the lower left.

- **Pages 25-27 (should be 16-81?)** No comment.
- **Pages 28-41 (health plan info):** No comment.
- Pages 42-44: FAQs.

Overarching comment: Lots of obvious formatting problems. More importantly, there is nothing here about the infants' eligibility for coverage until age 2 years. We strongly recommend that the FAQs address this critical topic.

FAQ # 1: This refers women to the phone book to apply for Medi-Cal at the county. But this application is an application for Medi-Cal as well (see, e.g., page 10, Medi-Cal Privacy Notice) . The Handbook and FAQs need to be modified accordingly.

FAQ # 2: This seems to say that documentation may be required in all cases. Should be clarified as not so for applicants who list an SSN or ITTN on the application form.

FAQ # 11: This is about the purported benefits of AIM vs. pregnancy-only Medi-Cal. It is incomplete. In addition, an FAQ on the benefits of AIM vs. Covered California is also necessary.

- **Page 48:** Infant Registration form.

Strongly recommend changing, in the first sentence, from "Immediately after your baby is born. . .", to "As soon as possible after your baby's birth and no later than the first birthday. . ."

In the Note in # 1, strongly recommend adding the following: "Note: If you answered yes, your infant is not eligible to be enrolled in Public Coverage without you filling out a regular Medi-Cal application and going through the regular Medi-Cal application process".

Also in # 1, what is "change of address/phone number" about? For the family? Not clear.