



California Medicaid Programs

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California established two programs in the 1970s that remain key components of their perinatal regionalization system today. The California Perinatal Transport Systems (CPeTS) was enacted in 1976. CPeTs appropriated funds for the development of a dispatch service to facilitate transportation of mother and infant to appropriate level facilities. CPeTS also provides collection and analysis of perinatal and neonatal transportation data. For example, CPeTS can assist in the referral of patients based on daily bed availability data in regional hospitals. In 1979, the Regional Perinatal Programs of California (RPPC) were established due to the need for a more comprehensive network of healthcare providers within specific geographic areas to promote access to high quality levels of maternal and infant care. Today, there are nine separate regions, which each include between 18-38 hospitals. Both of these programs are funded through the Title V Maternal and Child Health Services Block Grant.¹

California has identified transportation as a critical element to its perinatal regionalization system and, more broadly, the health of high-risk mothers and infants. The provision of transportation can be challenging due to both the structure of their perinatal regionalization system and the different modalities used for providing transportation under the Medi-Cal Benefit (see examples below). The question of provider availability and county participation provides coverage and access challenges for Medicaid enrollees.

- **Local county agreements:** In some parts of the state, non-medical transportation is provided through local county agreements. In these areas, the county provides the non-federal share of the payment and the state reimburses them for the federal funds. However, it can be challenging to provide these services if there are limited providers in the area, or if the county has not opted to provide them.
- **Fee-for-service and Medicaid managed care systems:** California provides emergency and non-emergency medical transportation (subject to utilization controls) through their fee-for-service and managed care delivery systems. In the managed care delivery systems, the plans are required to provide non-medical transportation to individuals under the age of 21 and can opt to provide this benefit to those aged over 21.

In regards to transportation services, Medi-Cal coverage includes reimbursement for ambulances and other medical transportation when “ordinary public or private conveyance is medically contra-indicated and transportation is required for obtaining needed medical care.”² Medi-Cal currently serves as the payer of last resort. However, when Medi-Cal eligible individuals need coverage for transportation services, Medi-Cal will cover the cost from either fee-for-service or managed care delivery systems. Neonatal transportation is specifically identified and includes reimbursement for the use of an intensive

care incubator and infant respirator in order to allow time to properly stabilize a neonate before travel.³ Transportation to a hospital as well as transfer between hospitals is also a common benefit in health plans available under the California Medi-Cal Access Program (MCAP).⁴ MCAP covers both emergency and non-emergency hospital transportation. MCAP provides coverage to pregnant women with income over 213 percent up to 322 percent of the Federal Poverty Level (FPL) in California through funding available via the state's Children's Health Insurance Program (CHIP).⁵

Along with the above partnerships, Medi-Cal's Comprehensive Perinatal Services Program (CPSP) also partners with both Title V-funded programs, CPeTS⁶ and RPPC^{7,8} to promote and cover services integral to perinatal regionalization. CPSP has been an official benefit of Medi-Cal since 1987 and provides comprehensive services for eligible low-income women from conception through 60 days post-partum.⁹ Perinatal services are delivered by approved CPSP Providers, Federally Qualified Health Centers (FQHCs), Rural Health and Indian Health clinics, and Medi-Cal Managed Care Providers.¹⁰ The partnership works to educate healthcare staff and refer clinical high-risk pregnant women to appropriate resources and care, thus supporting the system of risk-appropriate perinatal care in California.¹¹

Another key partner in the Perinatal Regionalization system is the California Children's Services (CCS) program, which sets standards regarding transportation between different levels of hospitals and guidelines for maternal and neonatal patient referral.¹² The CCS program provides healthcare and services to children up to 21 years of age with special healthcare needs and focuses largely on improving care coordination across various levels of hospitals through case management services, and authorization of treatment. CCS works with Medi-Cal to identify and ensure coverage for infants, children, and adolescents in California. Through its work with children's coverage and hospital coordination, CCS plays an important role in the perinatal regionalization system to provide the appropriate level of care for high-risk infants.

Endnotes:

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