



CITY OF PHILADELPHIA

DEPARTMENT OF PUBLIC HEALTH
DIVISION OF EARLY CHILDHOOD, YOUTH, AND
WOMEN'S HEALTH
CHILDHOOD LEAD POISONING PREVENTION PROGRAM
PNH, BUILDING #3
2100 West Girard Avenue
Philadelphia, PA 19130-1400

Dr. Walter Tsou
Health Commissioner

February 2, 2001

Community Legal Services
ATTN: John Blazer
3638 N. Broad St.
Philadelphia, PA 19140

Dear Mr. Blazer:

Ms. Therese Calloway of the Division of Early Childhood, Youth and Women's Health Services (DECYWH) received and forwarded to me your request for information on the Maternity Services Program (MSP), as I am the Program Analyst responsible for the program.

MSP is a program that pays for full, high quality pre natal care for uninsurable women. This service is obtained by DECYWH making a series of contracts with pre natal provider agencies for fixed sums of money. The agency then receives a lump-sum fee for each client enrolled in the program; enrollment consists of submitting a completed registration form plus backup documentation that shows that the woman in question has no insurance, does not qualify for Medical Assistance (MA) and that her income is within 180% of poverty. The client must be a citizen of Philadelphia.

"Uninsurable women" in 95% of the cases registered so far refers to women who are undocumented aliens. To qualify for the program, a women must apply for MA and be rejected as an "illegal alien". The client then brings that rejection form or notice to the pre natal provider who submits it with the registration form as an invoice. Other, infrequent, classes of client are teenagers who for one reason or another cannot be covered under a parents insurance or women who are "working poor", that is she works and makes too much to qualify for MA, but not enough to afford health insurance.

The Division pays a flat fee of \$450 for each client, up to the limit of funding in the agencies contract. DECYWH will also pay for "specialized testing" as may be required. Women having high risk pregnancies, usually multiple birth cases and those with pre-existing chronic illnesses (AIDS, malaria, etc.) often require repeated ultrasound tests, specialized blood work or genetic testing and counseling. Within reason, our contracts will also pay for that testing at the Blue Cross Plan C rate, up to the fixed limit of the funding.

In practical terms, an agency with a \$3,000 MSP contract may use that \$3,000 to pay for 6 registered pre natal patients (\$2,700) plus up to \$300 in specialized testing on one or more clients. An agency may choose to use their contract to register as many women as they can fit, or a smaller number plus more specialized testing, depending on client volume.

MSP only pays for pre natal care; at the time a client goes into labor, she qualifies for Emergency MA, which will cover her delivery and any medical services for 45 days thereafter.

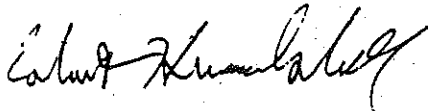
The MSP program was primarily established to assure pre natal care to uninsurable women for those clients attending pre natal clinic at the Philadelphia Health Centers, where many of the birthing hospital prenatal practices maintain contracted clinic services. The program was extended to include the hospital prenatal clinics themselves, and several medical facilities which provide pre natal service but then refer their clients to other facilities for delivery.

In recent years the number of MSP clients has risen dramatically, without commensurate increases of funding. In Fiscal Year (FY) 1999, there were slightly over 200 client registrations submitted, although not all could be paid for (in part due to the Allegheny Hospital problem). In FY 2000, agency contracts were increased with re-directed funding, and 501 clients were submitted; funding was again found to increase contracts by re-directing money from other projects.

FY 2001, with *incomplete* invoicing for the second quarter, I so far have 316 clients registered - we anticipate having over 600 registrations submitted by the end of the fiscal year. Some funding has been found to increase a few of this year's contracts again, and we are examining options to determine if any increase can be found for next year. None the less, the fact remains that client need is far outstripping available resources, and many agencies simply won't be paid for the clients that they register.

Attached, as you requested, is a listing of sites where the MSP contracted pre natal services are provided. If you have any questions, I can be reached on Thursdays at the DECYWH offices at 215-685-5241. The rest of the week I am at the offices of the Childhood Lead Poisoning Prevention Program at 215-685-2782.

Sincerely,



Robert Himmelsbach, Program Analyst
Division of Early Childhood, Youth and Women's Health

Cc: S. Lieberman
R. Arum
R. Briscoe
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