



Perinatal nutritional counseling services for low-income women in California

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Prepared by:

Susan Philip, MPP

Senior Healthcare Management Consultant

Diana Govier, MPH

Healthcare Analyst

Susan Pantely, FSA, MAAA

Principal and Consulting Actuary

650 California Street,
21st Floor
San Francisco, California
94108-2702

Tel +1 415-403-1333
Fax +1 415-403-1334

milliman.com

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OVERVIEW

Nutrition plays a vital role in perinatal and neonatal health and nutritional counseling can enable women to modify behavior through improved diet and nutrition patterns. Perinatal nutritional counseling services—unlike lower-intensity diet and nutrition advice or education—includes individual assessment and development of a nutrition care plan, follow-up and reassessment during each trimester and postpartum period, targeted education, and intervention if problems are detected.

While there is evidence to show that lower-intensity nutritional advice and education services are broadly covered and used, information on higher-intensity nutritional counseling services during pregnancy and the postpartum period are sparse. A recent survey conducted by the Kaiser Family Foundation, found that the proportion of U.S. women that reported receiving counseling on diet, exercise, and nutrition from their healthcare providers was highest among Medicaid women at 78% and lowest among uninsured women at 62%.¹ This survey, however, was focused on the lower-intensity set of health education services, and does not address use of higher intensity nutritional counseling services among low-income women.

Milliman, Inc. has been engaged by the California Women, Infants and Children (WIC) Association (CWA) and Essential Access Health to identify nutritional counseling benefits available for pregnant women in the Medi-Cal program. In this report, we focus on the higher-intensity perinatal nutritional counseling, and do not include information on lower-intensity diet and/or nutrition advice that may be provided by Obstetricians/Gynecologists or other clinicians as part of a routine patient visit.

Nutritional counseling programs in California

In California, low-income women, including those covered by Medi-Cal can access perinatal nutritional counseling services through a few programs made available through various state agencies.

- The WIC program provides nutrition education and counseling for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women with infants (up to age five) who are at nutritional risk.² The goals of WIC nutritional counseling include 1) emphasizing the relationship between nutrition, physical activity, and health; and 2) assisting individuals at nutritional risk in achieving a positive change in dietary and physical activity habits, resulting in improved nutritional status and prevention of nutrition-related problems.³
- The Comprehensive Perinatal Services Program (CPSP) provides a wide range of services to pregnant Medi-Cal women, including nutrition services.⁴ Goals of CPSP include

¹ Kaiser Family Foundation. (March 2018) *Women's Connections to the Healthcare Delivery System: Key Findings from the 2017 Kaiser Women's Health Survey*. Retrieved from KFF.org: <https://www.kff.org/womens-health-policy/issue-brief/womens-connections-to-the-healthcare-delivery-system-key-findings-from-the-2017-kaiser-womens-health-survey/>.

² USDA. (2017) *Women, Infants, and Children*. Retrieved from: <https://www.fns.usda.gov/wic/women-infants-and-children-wic>

³ 246.11(b) of the Federal WIC regulations

⁴ California Department of Public Health. (March, 2018) *Comprehensive Perinatal Services Program (CPSP)*. Retrieved from CA.gov: <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx>

decreasing the incidence of low birth weight infants and improving pregnancy outcomes through enhanced perinatal care.⁵

- Medi-Cal FFS covers medical nutrition therapy (MNT) nutritional counseling, which is broadly defined as initial assessment and intervention or re-assessment and intervention on an individual, face-to-face basis or group basis. It limits therapy to three hours for the first calendar year and two hours per calendar year in each subsequent year. The MNT benefit is available for all Medi-Cal enrollees, however, pregnant women are referred to perinatal nutritional counseling through CPSP where available.
- Medi-Cal managed care plans cover nutritional counseling services per Medi-Cal requirements, however the benefit limitations and ways to access services may vary. Medi-Cal managed care plans also refer pregnant women to the CPSP and WIC programs.

In addition, the California Diabetes and Pregnancy Program (CDAPP) Sweet Success is a training program that provides technical support and education to medical personnel and community liaisons to assist in promoting improved pregnancy outcomes for high-risk pregnant women with pre-existing diabetes and women who develop diabetes during pregnancy—gestational diabetes mellitus (GDM).⁶

BENEFIT: WHAT IS INCLUDED AND WHO IS ELIGIBLE?

As mentioned, perinatal nutritional counseling services generally includes individual assessment and development of a nutrition care plan, follow-up and reassessment during each trimester and postpartum period, targeted education, and intervention if problems are detected. Interventions can include but are not limited to diet modification, nutrition monitoring, and in-depth assessment and nutrition care plans for women with complex medical conditions such as diabetes or high blood pressure. Exhibit 1 provides a description of the services included in the perinatal nutritional counseling benefit as defined by Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) codes.

EXHIBIT 1: PERINATAL NUTRITIONAL COUNSELING SERVICES

DESCRIPTION	HCPCS / CPT
1. Initial nutrition assessment and development of care plan	97802
2. Follow-up nutritional reassessment, treatment, and/or intervention	97802
3. Postpartum assessment, treatment, intervention and/or development of care plan	97803
4. Nutrition group education, treatment, assessment, and/or intervention	97804

⁵ California Department of Public Health. (2018) *Comprehensive Perinatal Services Program, Profile*. Retrieved from CA.gov: <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Profile-CPSP.pdf>.

⁶ CDAPP. (2018) *California Diabetes and Pregnancy Program (CDAPP) Sweet Success Resource & Training Center*. Retrieved from Sweet Success: <http://www.cdappsweetsuccess.org/Home/About-CDAPP-Sweet-Success>

Covered services, limitations, and eligibility vary by program.

CPSP:

- Covered services: CPSP covers all four services included in Exhibit 1.
- Utilization limitations: Pregnant women can access up to three initial support services, 21.5 hours of individual support services, and 27 hours of group classes through CPSP.
- Eligibility criteria: Medi-Cal enrollees can access CPSP services.⁷ Low-income women not currently covered by Medi-Cal can access CPSP services while waiting for Medi-Cal to process their applications for coverage due to presumptive eligibility. Low-income women can access CPSP services regardless of immigration status.⁸

Medi-Cal fee-for-service (FFS):

- Covered services: As discussed above, Medi-Cal FFS covers MNT services, including all of the four services listed in Exhibit 1 but pregnant women are referred to CPSP for prenatal nutritional counseling services.
- Utilization limitations: As mentioned, Medi-Cal FFS limits the MNT benefit to three hours of services for the first calendar year and two hours per calendar year in each subsequent year. This benefit is available for all Medi-Cal enrollees, however, pregnant women are referred to perinatal nutritional counseling through CPSP where available.
- Eligibility criteria: Individual must be eligible for Medi-Cal to access MNT services through Medi-Cal FFS.

Medi-Cal managed care plans:

Medi-Cal managed care plans cover all four services listed in Exhibit 1, however how benefits are furnished, utilization criteria, and limitations may vary by plan. For example, Milliman surveyed a sample of Medi-Cal managed care plans and found one plan includes nutritional counseling for all pregnant women as covered benefits. Another plan also covers nutritional counseling if referred by the treating clinician per medical necessity criteria. A treating clinician may deem nutritional counseling to be medical necessary for specific conditions that require higher intensity nutritional counseling services, such as for gestational or pre-existing diabetes during pregnancy. Another Medi-Cal managed care plan covers MNT nutritional counseling for Medi-Cal enrollees per medical necessity criteria. Conditions for which intensive nutritional counseling services may be medically indicated include; hyperlipidemia and “other known risk factors for cardiovascular and diet-related chronic disease”⁹ In addition this plan also covers home nutritional counseling, education, and assessments for its Medi-Cal enrollees.

WIC Program:

The WIC program is administered by the Department of Public Health, WIC Division, through 83 local agencies, including county health departments, community health centers, and community based nonprofit organizations. WIC providers are employed by these sites, and benefits and

⁷ California Department of Public Health. (1999) *Comprehensive Perinatal Services Program Provider Handbook*. Retrieved from: https://apps.cce.csus.edu/sites/CPSP/training15/docs/CPSP_ProviderHandbook_2016-01.pdf.

⁸ Alameda County Public Health Department. (2013). *Comprehensive Perinatal Services Program (CPSP)*. Retrieved from [acphd.org: http://www.acphd.org/cpsp-providers.aspx](http://www.acphd.org/cpsp-providers.aspx).

⁹ Partnership Health Plan. (March 2017) Partnership Healthplan of California Policy/Procedure. Retrieved from [partnershiphp.org: http://www.partnershiphp.org/Providers/Policies/Documents/Utilization%20Management/MCUP3052.docx](http://www.partnershiphp.org/Providers/Policies/Documents/Utilization%20Management/MCUP3052.docx).

services are funded through federal grants.¹⁰ As such, WIC services are not reimbursed on a per-service basis.¹¹ The WIC program provides comprehensive nutrition assessment; nutritional messaging and education around nutrition risks based on individual assessment, women's nutrition concerns, breastfeeding, and nutrition through the lifecycle; and follow-up and support services, examining goals and progress, identifying barriers, and modifying nutrition plans.¹² These services are provided through individual face-to-face visits, group visits, food demonstrations, telephonic visits, and computer-based education programs. To be eligible for the WIC program, a household must meet specific income eligibility criteria. For example, a household of four must have an annual maximum income of \$44,955 to be considered eligible for WIC, regardless of immigration status.

CDAPP: CDAPP is funded by Federal Title V Block Grant Funds through the California Department of Public Health (CDPH), Center for Family Health (CFH), Maternal, Child and Adolescent Health (MCAH) Division. CDAPP's primary purpose is to provide "comprehensive technical support and education to medical personnel and community liaisons to assist in promoting improved pregnancy outcomes for high-risk pregnant women with pre-existing diabetes and women who develop diabetes while pregnant; gestational diabetes mellitus (GDM)." Training and technical assistance is funded through federal grants and not provider reimbursement for service delivery. It trains providers to incorporate nutrition and dietary education into standard office visits or during MNT visits per guidelines. CDAPP care guidelines indicate MNT should include nutrition assessment, treatment strategies and a nutrition care plan, and evaluation of patient outcomes to determine the effectiveness of nutrition therapy. CDAPP affiliated providers are encouraged to provide services that adhere to program care guidelines.¹³

PROVIDERS: WHO CAN PROVIDE SERVICES?

The California Business and Professions Code §§ 2586.8 states, "a registered dietitian, or other nutritional professional meeting the qualifications set forth in subdivision (e) of Section 2585 may, upon referral by a health care provider authorized to prescribe dietary treatments, provide nutritional and dietary counseling, conduct nutritional and dietary assessments, and develop nutritional and dietary treatments, including therapeutic diets, for individuals or groups of patients in licensed institutional facilities or in private office settings."¹⁴ Regardless, each program has guidelines on the provider types who may provide nutritional counseling services to its beneficiaries.

¹⁰ California Department of Public Health. Women, Infants & Children, CDPH/WIC Division. Retrieved from [cdph.org: https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/AboutWIC/CDPHWICDivision.aspx](https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/AboutWIC/CDPHWICDivision.aspx).

¹¹ California Department of Public Health. Women, Infants & Children, CDPH/WIC Division. Retrieved from [cdph.org: https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/AboutWIC/CDPHWICDivision.aspx](https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/AboutWIC/CDPHWICDivision.aspx).

¹² California Department of Public Health. (April 2018) *WIC Policy and Procedures Manual*. Retrieved from **CA.gov**: <https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/LocalAgencies/PoliciesandPolicyResources/WPPM.aspx>.

¹³ Shields, L & Tsay, G. Editors, California Diabetes and Pregnancy Program Sweet Success Guidelines for Care. Developed with California Department of Public Health; Maternal Child and Adolescent Health Division. (September 2015). *CDAPP Sweet Success Guidelines for Care, Chapter 7, Medical Nutrition Therapy*. Retrieved from [CDAPPsweetsuccess.org: http://www.cdappsweetsuccess.org/Portals/0/2015Guidelines/7_MedicalNutritionTherapy.pdf](http://www.cdappsweetsuccess.org/Portals/0/2015Guidelines/7_MedicalNutritionTherapy.pdf).

¹⁴ California Business and Professions Code §§ 2586.8

EXHIBIT 2: PROVIDERS OF PERINATAL NUTRITIONAL COUNSELING

PROGRAM	PROVIDER TYPE				
	MD	NP / PA	RD	CNM	Other*
CPSP	X	X	X	X	X
Medi-Cal FFS	X	X	—	X	—
Medi-Cal managed care	**	**	**	**	**
WIC Program	X	X	X	—	X
CDAPP	X	X	X	X	X

*Other provider types include degree-holding nutritionists, registered dietetic technicians, WIC nutrition assistants, and comprehensive perinatal health workers.

** Applicable perinatal nutritional counseling provider types for Medi-Cal managed care plans may vary from plan to plan.

Exhibit 2 illustrates the variety of provider types that provide nutritional counseling services in California.

CPSP¹⁵ and Medi-Cal FFS programs allow nutritional counseling to be provided by physicians (MDs), Nurse Practitioners (NPs), Physicians Assistants (PAs), Certified Nurse-Midwives (CNMs), hospital outpatient departments, community clinics, and county clinics.¹⁶ CPSP also allows RDs to provide nutritional counseling, and the CPSP provider manual recommends perinatal nutritional counseling be provided by an RD with expertise in perinatal nutrition.¹⁷

Medi-Cal managed care plans may allow a variety of providers to furnish nutritional counseling services. For example, one plan's coverage policy guideline states, "Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians."¹⁸

The WIC program, for example, requires nutritional counseling be provided by a registered dietitian (RD), a degree-holding nutritionist, a registered dietetic technician (DTR), registered nurse (RN), WIC nutrition assistant (WNA), a physician assistant (PA), or a physician (MD).¹⁹

- RD: A dietitian must be registered if they want to practice in California. This includes fulfilling the educational and experiential requirements of the Commission on Dietetic Registration (CDR). The CDR mandates all RDs in California complete education that is accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND).²⁰

¹⁵ Note, only Medi-Cal providers enrolled in CPSP may bill for services.

¹⁶ California Department of Public Health. (December 2017) *Pregnancy: Comprehensive Perinatal Services Program (CPSP)*. Retrieved from [cdph.org: https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx](https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx).

¹⁷ California Department of Public Health. (1999). *Comprehensive Perinatal Services Program Provider Handbook*. Retrieved from: https://apps.cce.csus.edu/sites/CPSP/training15/docs/CPSP_ProviderHandbook_2016-01.pdf.

¹⁸ Partnership Health Plan. (March 2017) *Partnership Healthplan of California Policy/Procedure*. Retrieved from [partnershiphp.org: http://www.partnershiphp.org/Providers/Policies/Documents/Utilization%20Management/MCUP3052.docx](http://www.partnershiphp.org/Providers/Policies/Documents/Utilization%20Management/MCUP3052.docx).

¹⁹ California Department of Public Health. (April 2018) *WIC Policy and Procedures Manual*. Retrieved from [CA.gov: https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/LocalAgencies/PoliciesandPolicyResources/WPPM.aspx](https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/LocalAgencies/PoliciesandPolicyResources/WPPM.aspx).

²⁰ *Steps to become a Registered Dietitian in California*. Retrieved from [nutritionED.org: https://www.nutritioned.org/registered-dietitian-california.html](https://www.nutritioned.org/registered-dietitian-california.html).

- Other: Includes other provider types such as a degree-holding nutritionist, a registered dietetic technician, a WIC nutrition assistant, and a comprehensive perinatal health workers. Not all programs employ or utilize all types of other providers.
 - A degree-holding nutritionist is a nutritionist who holds a bachelor's degree or higher in an area such as dietetics, human nutrition, food and nutrition, or community nutrition.²¹
 - A registered dietetic technician is trained in food and nutrition and has met the education, experiential, and examination standards of the CDR. A registered dietetic technician works under the supervision of a RD.²²
 - A comprehensive perinatal health worker works under qualified medical providers and provides support services such as orientations, assessments, care plan development, nutritional counseling, health education, and psychosocial services.²³

CDAPP care guidelines encourages MNT nutritional counseling services to be provided by RDs. However, RDs are part of a larger CDAPP team that can include MDs, nurse educators, NPs, CNMs, health educators, PAs, behavioral health specialists (social workers, marriage/family therapists, and clinical psychologists), and medical assistants.²⁴

PAYMENT: WHAT ARE PROVIDERS PAID?

Similar to services and provider types, reimbursement for nutritional counseling services vary by program. Exhibit 3 below shows the maximum allowed payment per enrollee per year for all educational and counseling services that may be furnished by CPSP providers: \$1,077.23. This total includes *all* educational and counseling services including, psychosocial services, nutritional counseling services, and health education services. A clear breakdown of reimbursement for perinatal nutritional services under CPSP is not available.

21 (2018) *Nutrition Jobs*. Retrieved from nutritionED.org: <https://www.nutritioned.org/careers.html>.

22 (2018) *Dietetic Technician, Registered Career Overview*. Retrieved from nutritionED.org: <https://www.nutritioned.org/dietetic-technician-registered.html>.

23 Neighborhood Healthcare. (September 2016) *Job: Comprehensive Perinatal health Worker FT CPHW*. Retrieved from: <http://jobs.nhcare.org/comprehensive-perinatal-health-worker-ft-cphw-peds-pn-site/job/6242346>.

24 Shields, L & Tsay, G. Editors, California Diabetes and Pregnancy Program Sweet Success Guidelines for Care. Developed with California Department of Public Health; Maternal Child and Adolescent Health Division. (September 2015). *CDAPP Sweet Success Guidelines for Care, Chapter 7, Medical Nutrition Therapy*. Retrieved from [CDAPPsweetsuccess.org](http://www.cdappsweetsuccess.org): http://www.cdappsweetsuccess.org/Portals/0/2015Guidelines/7_MedicalNutritionTherapy.pdf.

Exhibit 3: CPSP MAXIMUM ALLOWED PAYMENT PER ENROLLEE FOR ALL EDUCATIONAL AND COUNSELING SERVICES

	SERVICE TYPE		
	Initial Support Services	Individual Support Services	Group Classes
CPSP maximum allowable service utilization	3 visits	21.5 hrs.	27 hrs.
Reimbursement rate/ Unit of service	\$16.83/visit	\$33.64/hr.	\$11.24/hr.
Total	\$50.49	\$723.26	\$303.48
TOTAL			\$1,077.23

Source: Department of Health Care Services. (2018) *Medi-Cal Provider Training 2018*. Retrieved from CA.gov: https://files.medi-cal.ca.gov/pubsdoco/outreach_education/workbooks/hap_2018.pdf.

Note: The CPSP maximum allowable service utilization and total payment are for a combination of nutritional counseling, psychosocial services, and health education. The total reimbursement reflects provision of all three services, and is not only attributable to nutritional counseling services.

In addition, CPSP providers can also be reimbursed a coordination fee of \$85.34, however the fee is not specifically for the provision of educational and counseling services so it is not included in Exhibit 3.

Note, not all CPSP providers obtain reimbursement for CPSP services through CPSP. For example, a CPSP provider furnishing services through a federally qualified health center (FQHC) may bill for eligible services as an FQHC and under their prospective payment rate (PPS).

As mentioned, Medi-Cal FFS refers pregnant women to CPSP for nutritional counseling services. However we include Medi-Cal FFS reimbursement rates for MNT services to provide context on the payments available for nutritional counseling services, and because women may not have access to CPSP providers in all locations. Exhibit 4 provides the reimbursement rates and units of service for MNT under Medi-Cal FFS. Medi-Cal FFS reimburses for a maximum of three hours of MNT. Exhibit 4 illustrates total reimbursement assuming an enrollee has one hour of each visit type (initial, subsequent, and group) during a one-year period.

Exhibit 4: MEDI-CAL FFS REIMBURSEMENT FOR MNT SERVICES

Assumption: Of the maximum three allowed hours for MNT services, enrollee uses one hour for the initial visit, one hour for the subsequent visit, and one hour for the group visit.

	VISIT TYPE (HCPCS / CPT CODE)		
	Initial (97802)	Subsequent (97803)	Group (97804)
Reimbursement / Service Unit	\$30.35	\$26.11	\$13.91
Service unit	15 min-visit	15 min-visit	30 min-session
Assumed enrollee use	1 hr.	1 hr.	1 hr.
Total	\$121.40	\$104.44	\$27.82
TOTAL			\$253.66

Source: Department of Health Care Services. (2016) *DSMT and Medical Nutrition Therapy Services Are Now Medi-Cal Benefits*. Retrieved from medi-cal.gov: <https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/cah201605.asp#a3>.

Department of Health Care Services. (2018). *Medi-Cal Rates Information*. Retrieved from CA.gov: https://files.medi-cal.ca.gov/pubsdoco/rates/rates_information.asp?num=22&first=94799&last=99600.

Note: The three maximum allowed hours can be divided up in many ways. For example, a provider may only provide 30 minutes of initial services, 2.5 hours on subsequent services, and no group classes.

Reimbursement for nutritional counseling to providers will vary by Medi-Cal managed care plans. Some plans may include perinatal nutritional counseling services as part of the professional services capitated payment rate to the maternity practice, while other may pay the providers on a fee-for-service basis.

As discussed, CDAPP is primarily a technical assistance and training program. Its affiliated providers are likely to furnish services per CDAPP care guidelines. In general, guidelines encourage diet and nutrition education service be integrated into the standard office visit or into MNT visits, reimbursed at applicable Medi-Cal FFS rates.²⁵ Therefore, it is difficult to estimate the average costs associated specifically for nutritional counseling. For example, a provider may provide nutrition education during an initial office visit with a pregnant woman with Type 1 diabetes, bill the visit under CPT code 99245 – Initial office visit for new patient, and be reimbursed the basic Medi-Cal FFS rate of up to \$102.20 for a two-hour visit.²⁶

As discussed, WIC services are grant funded and are not reimbursed on a per-service basis.

UTILIZATION: HOW MANY WOMEN USE SERVICES?

Even though coverage is widespread, it is unclear how many women actually use higher-intensity perinatal nutritional counseling services. Milliman claims data sources did not reveal credible information to quantify utilization of perinatal counseling services. This may be due to a variety of factors including 1) nutritional counseling services furnished by a physician, NP, PA or other

²⁵ This is true for CDAPP affiliated providers who are not CSPA providers.

²⁶ CDAPP. (2018) *California Diabetes and Pregnancy Program (CDAPP) Sweet Success Resource & Training Center*. Retrieved from Sweet Success: <http://www.cdappsweetssuccess.org/Home/About-CDAPP-Sweet-Success>

clinician are not coded separately from other health education, prenatal, or well-baby visits 2) once Medi-Cal beneficiaries are referred to one of the other programs, those providers will bill those programs directly, thus any encounter data for those beneficiaries are not captured through the Medi-Cal managed care program.

Milliman surveyed a selection of Medi-Cal managed care plans from various regions to learn about benefit coverage and utilization of perinatal nutritional counseling furnished directly by the MCO or through WIC, CPSP or CDAPP affiliated providers. Few plans provided nutritional counseling utilization information for their enrollee populations of women ages 18 to 45. One plan indicated they did not track the number of women accessing perinatal nutritional counseling through any of the perinatal nutritional counseling programs outside of their plan. Another plan indicated the majority that accessed perinatal nutritional counseling did so through WIC program rather than through their plan benefits.

CONCLUSION

Our research confirmed that most eligible low-income women in California have coverage for perinatal nutritional counseling. In addition, perinatal nutritional counseling programs appear to be available at no cost-share to low-income, Medi-Cal eligible women. Therefore, we have not identified any explicit coverage gaps in perinatal nutritional counseling.

Having coverage for services, however, is not the same as having access to services. Barriers to access may result from availability of providers, lack of awareness of the benefit or how to access the benefits, or perceptions regarding the relevance or importance of nutritional counseling. Other barriers to access could include those that low-income individuals and families face in general, such as lack of adequate transportation and childcare; low awareness or education; or distrust of healthcare providers resulting in healthcare avoidance behaviors.²⁷

Based on our review of the literature, access barriers to perinatal nutritional counseling are not well-explored in the literature. Research is needed to understand what barriers low-income women may face around accessing perinatal nutritional counseling, including provider supply, awareness, and other potential barriers if any. In addition, relevant nutritional counseling provider claims or encounter data from all the various programs and the Medi-Cal program do not appear to be captured by any one entity.

²⁷ Lazar, M., & Davenport, L. (2018) Barriers to health care access for low income families: a review of literature. *Journal of Community Health Nursing*. 35(1):28-37

CAVEATS AND LIMITATIONS

This work is subject to the terms and conditions of the Independent Contractor (Consulting) Agreement effective March 30, 2018, and the updated Statement of Work dated April 1, 2018 between Milliman Inc., California WIC Association (CWA), and Essential Access Health (Essential Access).

This brief was prepared solely to provide assistance to CWA and Essential Access. Milliman does not intend to benefit or create a legal duty to any third party recipient of its work. Milliman recommends the recipient be aided by its own qualified professional when reviewing this Milliman work product.

The information presented herein was developed with reliance on information provided by CWA, Essential Access, surveys Milliman sent to a sample of Medi-Cal managed care plans, and publicly available sources. Except as described herein, we have not verified this information. If the underlying data or information is inaccurate or incomplete, the results of our review may likewise be inaccurate or incomplete.

Survey respondents represent a convenient sample of Medi-Cal managed care plans. Experiences or information provided by Medi-Cal managed care plans in our sample may not be representative or generalizable to all Medi-Cal managed care plans in California.