

June 1, 2023

Hello. We wanted to make sure the recent DHCS announcement, copied at the end of this message, reaches you. If you have questions or problems, contact pregnancy@dhcs.ca.gov.

Key points from the DHCS announcement are:

--Regardless of immigration status, all pregnant and 12-month post-pregnancy beneficiaries qualify for the “full breadth of medically necessary services”, which DHCS confirms is the same as “full scope” in practice. (The only exceptions are people with PE or Minor Consent.) But they may have to take steps to get the system to register that scope.

--Immigrants in some eligibility aid codes, such as M2, M4, and any other “limited” or “restricted” code that cover more than pregnancy or can include other populations, need to **let the county know they are pregnant, or have been pregnant within the past 12 months**, and ask that another aid code, 76, be added to their Medi-Cal file in order to access full services. Providers should help patients do this.

--- Eligibility aid codes that are only for pregnancy, such as M8 and MO, do not need aid code 76. Those aid codes continue for 365 days post-pregnancy for the full breadth of services.

--The lowest income citizens and lawfully present pregnant people are enrolled into Full Scope Medi-Cal that continues post-pregnancy. But if their income increases, they can lose their Full Scope coverage during an interim or annual review of eligibility if the county doesn't know they are or were pregnant. **Be sure the county knows the person is or was pregnant**; that way, they can keep their Full Scope Medi-Cal for the year following the end of a pregnancy.

Here are some examples of how this can help:

--An undocumented person with Medi-Cal wants to have LARC inserted before she leaves the hospital with her new baby. Because she is covered for “full breadth” services during the pregnancy and the year after, Medi-Cal will cover in-patient LARC services. Be sure that the county knows about the pregnancy so that, if it is necessary, aid code 76 can be added to her Medi-Cal file for the full breadth coverage. 76 goes back to the pregnancy so there should be no gaps for billing full services in the immediate post-pregnancy period.

--A person has an outpatient abortion under a Presumptive Eligibility program at a hospital outpatient clinic. The following month, they apply for on-going Medi-Cal. The person should also request “retroactive” coverage, as they were pregnant within the past three months and can qualify on that basis for 12-months of post-pregnancy eligibility following the abortion.

--A citizen with Full Scope Medi-Cal has an abortion. Four months later, she gets a new job with higher pay, putting her over the limit for Medi-Cal for adults (138% of poverty). She should be sure to let the county know about the pregnancy so that her eligibility will continue for the full 12 months following the abortion notwithstanding her increase in income.

--An undocumented person had "Emergency" Medi-Cal when she became pregnant. She suffers from several chronic conditions. Her pregnancy is very difficult, and she is experiencing severe depression. Make sure the county knows about the pregnancy so that aid code 76 can be added to her file and she can access the full breadth of Medi-Cal services not only during the pregnancy but also for the 12 months after.

https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_32244.aspx

Reminder: Postpartum Care Expansion for Medi-Cal and MCAP Beneficiaries

May 18, 2023

Effective April 1, 2022, the American Rescue Plan Act (ARPA) extended the postpartum period from 60 days to 365 days.

Medi-Cal and Medi-Cal Access Program (MCAP) recipients are eligible for pregnancy and postpartum care services throughout their pregnancy and for 365 days after the pregnancy ends. This coverage shall include the full breadth of medically necessary services during both the pregnancy and for 365 days postpartum regardless of immigration status or how the pregnancy ends (for example live birth, stillbirth, miscarriage or termination).

Note: To the recipient and for provider reimbursement purposes, there is no difference between the "full breadth of medically necessary services" and full scope coverage.

However, for the system to reflect the 365 days postpartum eligibility for certain aid codes, the pregnancy or the end of the pregnancy must be reported to the county Medi-Cal office if it was not reported at application.

Aid codes

Aid codes M2 and M4 provide the full breadth of medically necessary services during pregnancy and for 365 days postpartum, emergency services and Long Term Care (LTC) services. With aid code 76 provides the full breadth of medically necessary services during pregnancy and for 365 days postpartum.

Note: Aid code 76 is also added by the county for recipients in any aid code still labeled "Restricted" or "Limited" when pregnancy or postpartum is reported.

Full scope recipients who would otherwise lose eligibility but for having been pregnant within the past year will be moved by the county to a different primary aid code when pregnancy or the postpartum coverage period is reported. Aid code 76 will not be added as a secondary aid code in most cases for full scope recipients.

Aid codes M0 and M8 provide the full breadth of medically necessary services without the need for aid code 76.

Confirming Eligibility

The definitions of M2 and M4 and their expanded coverage are reflected in the Medi-Cal Automated Eligibility Verification System (AEVS) and references to restrictions have been removed.

To ensure these recipients receive all eligible services, providers must check AEVS for eligibility and not turn them away. **If the provider does not see secondary aid code 76 for a postpartum individual in aid code M2 or M4, the provider should instruct the recipient to contact the county Medi-Cal office and ask that aid code 76 be added.** Recipients may also sign and submit a release of information authorizing the provider to contact the county on their behalf. Providers will be reimbursed for services rendered throughout the pregnancy and 365-day postpartum period.

More information on ARPA Postpartum Care Extension (PCE), can be found on the [Pregnancy](#) page of the Medi-Cal Providers website.

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