



Summary Update of Pregnancy Coverage Issues - 6-26-15

Medi-Cal for Pregnant Women

Currently, a pregnant applicant is eligible for full-scope Medi-Cal (if she has satisfactory citizenship or immigration status) with income only up to 60% of poverty. Pregnant applicants with income over 60% up to 213% of poverty are eligible only for pregnancy-related services (regardless of immigration status).

The state enrolls eligible pregnant women with income 100-213% of poverty into both pregnancy-related Medi-Cal and Covered California, regardless of whether the woman applies through the Covered California web portal or at the county. The Covered California insurance takes effect when the woman pays her premium.

The dual enrollment creates huge problems because Covered California is considered private insurance, and Medi-Cal is the “payer of last resort”-- so the woman's Medi-Cal won't cover her maternity care, and the "free" Medi-Cal is useless to her, with two limited, though important, exceptions:

- 1) if the woman's prenatal care provider participates in Medi-Cal and is also part of her Covered California network, then she will have access to Medi-Cal's Comprehensive Perinatal Services Program (CPSP), which provides far more robust services, targeted to low-income women; and

- 2) if the woman's Covered California hospital is also a Medi-Cal provider, and accepts her a a Medi-Cal patient, then Medi-Cal should pay for the hospital co-pay/deductible for the labor and delivery.

If she wants to, a woman can drop the Covered California coverage, to save money on premiums and hospital charges and to get access to CPSP. Please see the attached bullet points for more information about choices/considerations under the current rules. This information will also soon be posted at the Covered California website. These considerations are important *even now*, because a woman or teen who happens to be pregnant, and whose family member has a “qualifying event” for Special Enrollment through Covered California, will have her eligibility determined according to the current rules and could end up enrolled in both programs.

Minimum Essential Coverage: At present, pregnancy-related Medi-Cal does not count as “Minimum Essential Coverage” (MEC) under the Affordable Care Act. However, there is no tax penalty if a woman is in Medi-Cal for pregnancy-related care.

Will Pregnancy-Related Medi-Cal become MEC? CMS has been considering whether limited scope, pregnancy-related Medi-Cal counts as MEC. If CMS says yes, it may also require the state to improve its policies and procedures, to ensure that pregnant women in limited scope get all the medically necessary services they need.

If pregnancy-related Medi-Cal becomes MEC, then the state would also have to stop enrolling pregnant applicants in both Covered California and Medi-Cal. Instead, it would have to enroll eligible pregnant applicants in Medi-Cal alone.

However, women enrolled in Covered California at the time of becoming pregnant could remain there with tax credits, even though they are eligible for pregnancy-related Medi-Cal; or such women could choose to disenroll from Covered California and switch to Medi-Cal for the free coverage during pregnancy. There would be no Medi-Cal program of Premium Assistance under SB 857, as had been proposed in 2014, to pay for Covered California premiums during pregnancy if pregnancy-related Medi-Cal becomes MEC.

What will happen with Medi-Cal for pregnant women at the next Open Enrollment? The state expects to have the CMS decision on MEC in time for the Covered California computers to be re-programmed for the next Open Enrollment period that starts in November. But in case things don't turn out that way, for the third straight year in a row, MCHA is urging the state to be prepared to stop the automatic Covered California enrollments for women who are eligible for pregnancy-related Medi-Cal and to instead let women decide whether the dual enrollment is right for them.

What about the expansion to full-scope Medi-Cal for pregnant women with income up to 138% of poverty? At present, pregnant applicants are eligible for full-scope if income is at or below 60% of poverty. In 2014, SB 857 expanded this income limit to 138% of poverty for women with satisfactory citizenship or immigration status.

CMS says it will give its decision on whether to approve this full-scope expansion at the same time it gives its decision on MEC for pregnancy-related Medi-Cal (see above).

Presumptive Eligibility (PE) for Pregnant Women through a Prenatal Gateway: The state recently announced that the PE for Pregnant Women program will go online, with a target date of November 1. This is an improvement MCHA has long-sought (see SB 24 from 2003) and a requirement now being imposed by CMS.

PE would become much more portable from the prenatal care provider to the lab, pharmacy and specialists; e-billing will become possible for PE for pregnant women for the first time, encouraging more provider participation; and women who submit their application for ongoing and/or retroactive Medi-Cal before PE ends should no longer have to worry about PE getting cut off before the final eligibility determination is made.

Newborn Hospital Gateway for newborns “deemed eligible” to Medi-Cal: The state also recently announced that families will be able to enroll their newborns into Medi-Cal without an application before leaving the hospital when the mother had Medi-Cal for the delivery. There is no date yet for when this Newborn Hospital Gateway will be implemented. MCHA has been working on this for many years as well (SB 24 from 2003), and we hope the newborns of women who deliver with AIM/MCAP will be included as well.

**Access for Infants and Mothers (AIM),
now the Medi-Cal Access Program (MCAP) -- but provides no access to Medi-Cal**

Will MCAP finally become part of the Covered California application process? The state says MCAP will finally be added with the start of the next Open Enrollment period in November. MCHA and other advocates have been closely involved with the design.

MCAP is for pregnant women with income over 213% up to 322% of poverty. MCAP has no citizenship or immigration status requirements. It is funded by CHIP, so it should have been included back in October 2013 in the new enrollment process under health care reform, but was instead left out.

Because of this grossly unfair omission, many women who are eligible for MCAP during pregnancy have ended up being enrolled in Covered California at higher cost instead.

If she wants to, a woman can drop the Covered California coverage and change to MCAP during pregnancy.

Please see the attached bullet points for more information about choices/considerations under the current rules. This information will also be posted at the Covered CA website, www.coveredca.com. These considerations are important *even now*, because a woman or teen who happens to be pregnant, and whose family member has a “qualifying event” for Special Enrollment through Covered CA, will have her eligibility according to the current rules and could end up in more expensive Covered California instead of MCAP. Until November, when the system will have been re-programmed, pregnant women can get MCAP applications at www.aim.ca.gov or by calling 1-800-433-2611.

Important changes already made to MCAP’s eligibility rules:

- Six-month in-state “durational” residency requirement struck down
- Exclusion after the 30th week of pregnancy dropped
- Medical documentation of pregnancy no longer required
- Smoking issues addressed post-eligibility instead of as part of the application process
- “MAGI” income counting implemented, aligning MCAP with Medi-Cal’s income-counting rules
- Income verification through the federal hub, with process for resolving discrepancies when the hub doesn’t verify current income

- Postpartum period now the same as Medi-Cal's (end of the month in which the 60th day occurs)
- Monthly MCAP premiums no longer required after first trimester miscarriage

Decisions still pending on other MCAP requirements: There are two major policy issues under review.

- 12-month MCAP payments when income drops: Women pay 1.5% of their countable annual income to participate in MCAP. They can pay the full amount up front, or they can pay in 12 monthly installments. If a woman's income drops, even to the point where she becomes eligible for Medi-Cal, MCAP still enforces the 12-month payment requirement. The failure to recalculate the amount owed when income drops is inconsistent with the federal CHIP regulations in our view—the same regulations that governed the Healthy Families program.
- Retroactive disenrollment: A woman is eligible for MCAP only until the end of the postpartum period. If a woman "fails" to report an end to the pregnancy, she will eventually be identified in an annual audit and retroactively disenrolled from her MCAP health plan to the end of the postpartum period. Yet in the interim, she will have continued making her monthly payments to MCAP for 12 months, her eligibility for MCAP will have shown as active in the state database that health insurers and providers consult to confirm MCAP eligibility, and she may have been using medical services, especially if there were complications with the pregnancy or a miscarriage. When retroactively disenrolled, she may face collection actions from the provider(s), since MCAP will withhold or recoup payments.

Appealing MCAP decisions: MCAP appeals used to go to MRMIB staff (1st level appeal) and then the MRMIB Executive Director (2nd level appeal). But MRMIB no longer exists. Here is the new address for first level appeals. We don't know yet the new process for second level appeals:

Executive Director-Benefits Appeal
P.O. Box 15559
Sacramento, CA 95852-0559



1111 W. Sixth Street, Fourth Fl.
Los Angeles, CA 90017-1800
Tel 213. 749.4261
Fax 213. 745.1040
www.mchaccess.org

June 26, 2015-- CalHEERS Web portal messaging for pregnant applicants under today's rules.
These points will soon be on the state's Covered California website.

IMPORTANT INFORMATION FOR PREGNANT APPLICANTS

You may be eligible for both Medi-Cal and Covered California during your pregnancy and immediate postpartum. If so, the computer will put you in Covered California coverage and also send your application to Medi-Cal in your county. Here are some key points to consider before paying your Covered California premium, which starts your enrollment there:

- You do not have to enroll in both programs. It's your choice.
- You can start seeing a doctor, nurse midwife or other provider with Medi-Cal Presumptive Eligibility (PE) before Medi-Cal starts. You can search for the nearest PE provider at this link <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE.aspx>.
- You may not be able to use free Medi-Cal maternity benefits if your Covered California provider is not a Medi-Cal provider.
- You will have to pay your part of the Covered California premiums even if you are in Medi-Cal.
- Covered California also charges co-payments for hospital labor and delivery services. Medi-Cal does not.
- There is no tax penalty if you are in Medi-Cal for pregnancy-related care.
- After your pregnancy ends, you can enroll in Covered California, if you are still eligible then.

If your income is over the Medi-Cal limit, you may be eligible for the Medi-Cal Access Program (MCAP) (used to be called AIM-- Access for Infants and Mothers) during your pregnancy and immediate postpartum. If so, the CalHEERS Portal will put you in Covered California and also send your application to MCAP. MCAP will then contact you. If you'd like to call MCAP first to enroll, the toll free number is (800) 433-2611. You can only be in one of these programs at the same time, not both. Key points to consider before paying your Covered California premium, which starts your enrollment there, are:

- You can choose to enroll either in MCAP or Covered California, but not both.
- Your MCAP premiums will be less expensive than Covered California, and MCAP has no co-payments or deductibles.
- MCAP covers your baby under Medi-Cal delivery system for the first year of life, and the second year if your income stays under a certain level
- There is no tax penalty if you are in MCAP.
- After your pregnancy ends, you can enroll in Covered California if you are still eligible then.

For even more info, watch for a link for pregnant women on the Covered California main website page, coming soon, or contact Maternal and Child Health Access