



January 2017

## MCAP and Medi-Cal Updates for Pregnant Women

### Key updates:

- **Scope of Medi-Cal During Pregnancy**
- **Young women's parental "income disregard" program**
- **PE Prenatal Gateway:**
- **Newborn Hospital Gateway**
- **"Regular" (fee-for-service) Medi-Cal coverage for women enrolling in MCAP**

### Medi-Cal During Pregnancy

- **Scope of coverage in the 213% Program is equivalent to Full-Scope:**

Undocumented pregnant women with income through 213% of poverty and other pregnant applicants with income over 138% of poverty (the usual limit for adults) through 213% of poverty qualify for Medi-Cal.

### ✓ **Good news:**

The Medi-Cal Provider Manual has recently been updated to clarify that **all medically necessary services covered by Medi-Cal for other adults are also covered under the 213% program for pregnant women, including during the postpartum period.**

Dental and mental health services are also specifically included in the Manual now. We are inquiring about vision.

The 213% program is in fee-for-service Medi-Cal. On their claims forms, providers will need to include a pregnancy diagnosis to ensure reimbursement for the full range of covered services. Both the Manual as well as the new AEVS (Automated Eligibility Verification System) message that providers receive emphasize this:

IF PREGNANT OR POSTPARTUM, USE PREGNANCY DIAGNOSIS CODE(S) FOR ANY MEDICALLY NECESSARY SERVICES DURING PREGNANCY AND POSTPARTUM PERIOD ON ALL CLAIMS.

**NOTE:** It does not appear that a pregnancy diagnosis is required on the claims form for prenatal visits or labor and delivery services. We've asked the state for confirmation.

The update has been incorporated throughout the relevant chapters of the Manual. You can read the main provisions at pages 2 and 4 of the chapter on "Pregnancy: Early Care and Diagnostic Services" at this link: <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/pregearly.pdf>

We are also working to have the Medi-Cal Mental Health Provider Manual updated with this information. This is essential to remove access barriers to perinatal mental health services. **Mental health providers, however, should not wait for the Mental Health Manual updates to render services. The services should be provided and billed, with a pregnancy diagnosis included on the claims form.**

We would appreciate hearing how the implementation is going. Please contact Lynn Kersey at [lynnk@mchaccess.org](mailto:lynnk@mchaccess.org) or Lucy Quacinella at [lucyqmas@gmail.com](mailto:lucyqmas@gmail.com).

➤ **Young women's parental "income disregard" program:**

For young women under 21 who are pregnant, unmarried, and living at home with or claimed as a tax dependent by their parents, there is a special Medi-Cal program. The young woman's parents' income is not supposed to be counted at all.

If she is under 18, her Medi-Cal eligibility will continue for the year, under Continuous Eligibility for Children (CEC), even if she gets married or moves out and is not claimed as a tax dependent by her parents.

If she is 19 or 20, however, and gets married or moves out and is not claimed as a tax dependent by her parents, then her eligibility will switch to either MCAP or Covered California. Since MCAP is now delivered by Medi-Cal providers (see last section below), continuity of care should not be a problem if the 19- or 20-year old's income is at or under 322% of poverty. But if her income is instead over 322% to 400% and she wants to keep her current provider(s), reviewing the networks offered by Covered California plans will be important.

➤ **PE Prenatal Gateway:**

It appears that the state is finally about to start building an electronic prenatal gateway so that pregnant women can be enrolled into PE online from the PE provider's office. This will also allow providers to bill electronically.

MCHA sponsored the Prenatal Gateway bill in 2003 (SB 24-Figueroa). The federal

regulator, CMS, is now requiring the state to adopt such a system. This should really help pregnant women with PE get access to specialty, pharmacy and lab benefits, and also help providers with the reimbursement process.

There are conflicting reports, however, about when the Prenatal Gateway will be implemented. According to the latest AB 1296 workgroup materials, implementation isn't set until late in 2018. But according to the following link, it could happen April 1, 2017: [http://files.medical.ca.gov/pubsdoco/presumptive\\_eligibility/articles/PEnews\\_25263.pdf](http://files.medical.ca.gov/pubsdoco/presumptive_eligibility/articles/PEnews_25263.pdf). See also, "[New PE for Pregnant Women Web Page on the Medi-Cal Website](#)". With either timeframe, MCHA will continue to work to ensure the best possible design and consumer and provider-friendly features. We welcome your ideas, participation, and support!

➤ **Newborn Hospital Gateway:**

Another part of SB 24 concerns direct enrollment into ongoing Medi-Cal at the hospital for newborns whose mothers had Medi-Cal for the delivery. MCAP-linked newborns should also be included now as well. MCHA continues to work to have a "pathway" for these "deemed eligible" newborns built into the Hospital PE Program. Stay tuned. . .

### **The Medi-Cal Access Program (MCAP)**

➤ **"Regular" (fee-for-service) Medi-Cal coverage for women enrolling in MCAP:**

MCAP (formerly AIM) is insurance for pregnant women with income over Medi-Cal's limit of 213% of poverty, up through 322%. Immigration status doesn't matter.

As of October 1, 2016, new applicants are no longer being enrolled into MCAP health plans. Instead, their MCAP enrollment provides them with coverage for Full-Scope Medi-Cal benefits in fee-for-service. The women will be sent a Medi-Cal Beneficiary Identification Card (BIC). Dental, vision and mental health are all included. Women will need to see Medi-Cal providers. The MCAP website has been updated to include information about the new fee-for-service option <http://mcap.dhcs.ca.gov/Home/default.aspx>

A copy of the new "welcome" letter that the MCAP program began using in late November is attached. We hope this helps clear up some of the confusion experienced since October 1. More info for providers is here: [http://mcap.dhcs.ca.gov/Plans\\_Providers/](http://mcap.dhcs.ca.gov/Plans_Providers/). Questions, including about provider reimbursement, can also be directed to the MCAP program at 1-800-433-2611.

We would appreciate hearing how the implementation is going. Please contact Lynn Kersey at [lynnk@mchaccess.org](mailto:lynnk@mchaccess.org) or Lucy Quacinella at [lucyqmas@gmail.com](mailto:lucyqmas@gmail.com).

Family Member Number:

DATE

HOH\_NAME  
ADDR\_LINE\_1  
ADDR\_LINE\_2  
CITY, STATE ZIP



Dear Applicant:

**Welcome to the Medi-Cal Access Program!**

You have been approved for the State of California's Medi-Cal Access Program. Your coverage will begin on [CVRG\_BEGIN\_DATE].

The Medi-Cal Access Program provides comprehensive health, dental, and vision coverage during your pregnancy for medically necessary services and ***will end the last day of the month in which the 60<sup>th</sup> day following the end of your pregnancy occurs. The Medi-Cal Access Program cannot cover any medical services you received after your enrollment ends.***

**Paying for the Medi-Cal Access Program**

Your total contribution is [\$TOTAL\_CONT].

We have received your full payment of [\$PAID\_AMOUNT].

You have already paid [\$PAID\_AMOUNT].

Your balance is [\$REMAINING\_DUE]. You may pay this amount over the next 12 months. Even if you choose to pay this amount over the next 12 months, your coverage will still end the last day of the month in which the 60<sup>th</sup> day following the end of your pregnancy occurs.

For the next 12 months, the Medi-Cal Access Program will send you a billing notice in the mail. All payments are due on the 1<sup>st</sup> of the month. Your monthly payment amount will be [\$MONTHLY\_PYMT].

You can pay by personal check, cashier's check, or a money order made payable to the *Medi-Cal Access Program*. Write your Family Member Number on your payment. Your Family Member Number is [FMN].

Send your payments to:

Medi-Cal Access Program  
P.O. Box 15207  
Sacramento, CA 95851-0207

## Coverage through Medi-Cal's Delivery System

You will be sent a Medi-Cal Benefits Identification Card (BIC) in the mail, and you can use your BIC for health care services through Medi-Cal Fee-For-Service (FFS) from enrolled Medi-Cal providers. Contact the Medi-Cal Access Program at 1-800-433-2611 if you have not received your BIC.

*Prenatal care* (health care when you are pregnant) is important for you and your baby. Please make a prenatal appointment with your doctor as soon as you get your BIC. Please remember that you need to see a doctor who accepts Medi-Cal FFS. If your doctor doesn't accept Medi-Cal FFS, you should contact another Medi-Cal provider. Take your BIC with you when you get all medical services, including pharmacy, x-rays and office visits. All Medi-Cal providers use the BIC to check your Medi-Cal eligibility.

If you need help finding medical care providers, you may contact your local county human services agency who may be able to help you find a medical provider or provide a list of providers in your area.

For dental care providers, you may contact the Denti-Cal call center at 1-800-322-6384.

For vision care providers, you may visit the on-line directory at <http://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/VisionDr.aspx>, or contact [vision@dhcs.ca.gov](mailto:vision@dhcs.ca.gov) if you have questions.

For FFS benefits related questions, you may contact the Benefits Division at 1-800-541-5555.

## What about services received before your Medi-Cal Access Program coverage start date?

The Medi-Cal Access Program will reimburse you *up to* \$125 for previously *paid* pregnancy-related, medically necessary services received no more than 40 calendar days from the date the Medi-Cal Access Program received your completed application. The Medi-Cal Access Program must receive your request for payment no more than 90 calendar days from the date the services were performed. However, this reimbursement is not available if you are no longer pregnant on [CVRG\_BEGIN\_DATE].

The following information must be provided:

1. A photocopy of the bill which includes the name and business address of the medical provider.
2. Your name, address, date of birth and Social Security Number (optional) on the request.
3. The date(s), amount PAID, and type of medical service you received.

Mail or fax your request to:

Medi-Cal Access Program  
P.O. Box 15559  
Sacramento, CA 95852-0559

Fax 1-888-889-9238

## What if you are no longer pregnant?

If your pregnancy ends *before* [CVRG\_BEGIN\_DATE], your Medi-Cal Access Program health insurance coverage will not begin. Please write to us telling us if you *are not* pregnant or use the Early End of Pregnancy Form included with this letter. The Medi-Cal Access Program cannot cover any medical services you received if you are no longer pregnant before your effective date of coverage. This applies even if you have paid your total Medi-Cal Access Program cost or your doctor says you are enrolled.

If your pregnancy ends *after* [CVRG\_BEGIN\_DATE], your coverage will continue until the last day of the month in which the 60<sup>th</sup> day following the end of your pregnancy occurs. You must complete the Early End of Pregnancy Form included with this letter or send a letter from a doctor or other licensed or certified health care professional, as long as it contains the same information as the Early End of Pregnancy Form. The Medi-Cal Access Program cannot cover any medical services you received after your enrollment ends. This applies even if you have paid your total Medi-Cal Access Program cost or your doctor says you are enrolled.

If your pregnancy ends *after* [CVRG\_BEGIN\_DATE] but still within your first trimester, you may qualify for a lower contribution amount. If you provide the required information to the Medi-Cal Access Program, the Medi-Cal Access Program will tell you if you qualify for the lower amount.

**You must notify the Medi-Cal Access Program within 30 days of the end of your pregnancy. The Early End of Pregnancy Form must be mailed or faxed to the Medi-Cal Access Program.**

#### **What about coverage for your baby?**

Since you are enrolled in the Medi-Cal Access Program, your baby automatically qualifies for the Medi-Cal Access Infant Program unless you tell us not to or your baby is enrolled in employer-sponsored insurance or no-cost Medi-Cal. If your baby qualifies for the Medi-Cal Access Infant Program, the coverage will begin on their date of birth.

#### **How do you register your baby with the Medi-Cal Access Infant Program?**

You may use the Infant Registration Form included with this letter to notify the Medi-Cal Access Infant Program of the birth and to register your baby with the Medi-Cal Access Infant Program. The Medi-Cal Access Program will mail you an Infant Registration Form 30 days before your expected due date. The Infant Registration Form will ask you the following information:

1. First, middle, and last name of your baby
2. Date of birth
3. Gender (sex)
4. Weight at birth
5. Primary care provider (the doctor you want for your baby)
6. Information on whether your infant is currently enrolled in or has been enrolled in employer-sponsored insurance in the last 3 months.

Complete the Infant Registration Form and send it within 30 days from your delivery. The Medi-Cal Access Infant Program needs the information on this form to see if your baby qualifies.

Send the form to:

Medi-Cal Access Infant Program  
P.O. Box 138010  
Sacramento, CA 95813-8010

Or send it by fax to: **1-888-889-9238**

**Questions?**

If you have any questions, please call the Medi-Cal Access Program at 1-800-433-2611, Monday through Friday, 8:00 a.m. to 8:00 p.m., and Saturday 8:00 a.m. to 5:00 p.m.

Thank you,

Medi-Cal Access Program