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10/30/15 -- Changes to Eligibility and Enrollment for Pregnant Women

1) Pregnant Applicants with income to 138% of poverty are now eligible for FULL SCOPE Medi-Cal!!

Pregnant applicants who are citizens or lawfully present immigrants are now eligible for FULL SCOPE Medi-Cal with household income through 138% of poverty. This eligibility expansion took effect Saturday, August 1, 2015.

As with other full scope enrollees, new pregnant applicants' coverage will be mandatory to Medi-Cal managed care.

The expansion has already been programmed into the eligibility computer rules engine (called CalHEERS), so it's being applied to new applicants as of August 1 at all Medi-Cal application "doors".

2) Beneficiaries already in Pregnancy-Related Medi-Cal with income through 138% as of August 1, 2015 have a choice.

Citizen and lawfully present beneficiaries already in Pregnancy-Related Medi-Cal as of August 1, 2015 with income through 138% of poverty have a choice. The state will soon be sending them notices about their two options:

Option 1: They can keep their current Pregnancy-Related Medi-Cal coverage and providers. No action is necessary to exercise this option. Women in Pregnancy-Related Medi-Cal are not subject to ACA tax penalties.

Option 2: Or these beneficiaries can switch to full-scope Medi-Cal. If they wish to switch, they need to contact the county eligibility worker to request the switch.

IMPORTANT: Requesting the switch to full scope would mean the woman goes into mandatory Medi-Cal managed care during her pregnancy and postpartum. If her current pregnancy-related care providers do not participate in the managed care network(s) available to her, the woman could lose continuity of care. Women in this situation can make a "medical exemption request" (MER) to keep their current providers if opting to switch to full-scope, but MERs can be difficult to get; the most likely chance of getting an MER for a pregnant woman is in the third trimester.

In addition, the eligibility of ALL members of her household would be redetermined. Redetermination might result in eligibility changes and/or discontinuance from Medi-Cal for

family members.

3) Pregnant applicants with income over 138% through 213% of poverty are eligible for Pregnancy-Related Medi-Cal, which is expected to be designated “Minimum Essential Coverage” soon.

Pregnant applicants who are citizens or lawfully present immigrants with income over 138% through 213% of poverty continue to be eligible for Pregnancy-Related Medi-Cal. (Undocumented pregnant women are eligible for Pregnancy-Related Medi-Cal with income 0-213% as they do not qualify for Full-Scope.) Services in Pregnancy-Related Medi-Cal continue to be delivered in fee-for-service (or “regular” Medi-Cal), not managed care plans.

It is expected that Pregnancy-Related Medi-Cal will soon be considered “Minimum Essential Coverage” (MEC), including during the 60-day postpartum period, by the federal regulator, CMS. When this happens, pregnant applicants with income over the Full Scope limit (now 138%) who are citizens or lawfully present will no longer be eligible for Covered California with subsidies, and they should be enrolled only in Medi-Cal, during Open Enrollment, or with a “qualifying life event” for Special Enrollment.

IMPORTANT: As of October 12, 2015, CalHEERS has been re-programmed to stop enrolling pregnant applicants into both Pregnancy-Related Medi-Cal and Covered California. Women dually enrolled before October 12, 2105 have a choice: 1) do nothing and keep both coverages; or 2) stop paying premiums and drop out of Covered California during their pregnancies to use Medi-Cal alone. There is no ACA tax penalty for either choice.

IMPORTANT: Until CMS issues its MEC decision, a pregnant applicant with income over 138% through 213% of poverty who is otherwise eligible for Covered California still has a right to enroll in both programs, or enroll in just Covered California without Medi-Cal. To exercise this right, a pregnant applicant will need to ask for an appeal of the decision denying Covered California eligibility.

4) All medically necessary services must be provided under Pregnancy-Related Medi-Cal.

Women in Pregnancy-Related Medi-Cal with income through 213% of poverty are entitled to ALL MEDICALLY NECESSARY SERVICES during pregnancy, not just a narrow set of prenatal and hospital labor and delivery services.

This applies to all women enrolled in Pregnancy-Related Medi-Cal with income through 213% of poverty, including the undocumented, whether they were enrolled before or after August 1.

As noted above, women in Pregnancy-Related Medi-Cal are not subject to ACA tax penalties.

The state now says it means to provide all medically necessary services for women in Pregnancy-Related Medi-Cal. But we are still waiting to see new instructions in writing. So please stay tuned,

especially for the state's updates to the Medi-Cal Provider Manual.

5) Women with income through 213% who become pregnant AFTER enrolling in Covered California have a choice.

Women with income through 213% of poverty who become pregnant after enrolling in a Covered California plan have a choice:

Option 1: They can stay in their Covered California plans, with no changes and keep their subsidies.

Option 2: Or they can switch to Medi-Cal, which includes the Comprehensive Perinatal Services Program, without having to pay premiums or hospital copays for labor and delivery services.

If a woman's income is at or below 138% of poverty at the time she reports her pregnancy, and she wants to switch to Medi-Cal, she would be enrolled in Full Scope with a Medi-Cal managed care plan. If instead her income is over 138% of poverty through 213% and she wants to switch to Medi-Cal, she would be enrolled in Pregnancy-Related Medi-Cal in fee-for-service ("regular" Medi-Cal).

Women who wish to switch to Medi-Cal should report the pregnancy to Covered California or contact the county Medi-Cal program.

IMPORTANT: If a woman enrolled in Covered California switches to no-cost Medi-Cal during her pregnancy, she could lose continuity of care with her Covered California providers. If continuity of care is important to the woman during her pregnancy, she should check first to see if her current providers will accept her as a Medi-Cal patient.

REMINDER: Until CMS issues its MEC decision, a woman who becomes pregnant and eligible for Medi-Cal after she enrolled in Covered California still has the legal right to be enrolled in both programs at the same time if she wants. Dual enrollment can help in some cases by having Medi-Cal pay for the woman's part of hospital labor and delivery copayments or deductibles charged by her Covered California plan. But during the pregnancy, the woman may not be able to use her Medi-Cal for CPSP or other services unless her Medi-Cal provider is also networked with her Covered California plan. To dually enroll, a woman can report the pregnancy to Covered California and appeal the Medi-Cal denial; or, after the baby is born, she can request retroactive Medi-Cal within three months and appeal the denial then. Once CMS issues the MEC decision, these options will no longer be available.

6) AIM/MCAP for pregnant women with income over 213% through 322%

Pregnant women with income over 213% through 322% of poverty are eligible, without regard to immigration status, for comprehensive coverage under the Access for Infants and Mothers (AIM) Program.

AIM is now confusingly called the Medi-Cal Access Program (MCAP), but it does not provide access to Medi-Cal.

Back in 2013, the state left out AIM from the Single Streamlined Application for insurance affordability programs.

As of October 12, 2015, pregnant applicants eligible for AIM/MCAP are being identified and enrolled in MCAP when they apply through either the Covered California or the county. For a few more months, women can also use the paper application to enroll in MCAP, try calling MCAP at **1-800-433-2611** for a copy.

Other major improvements for the eligibility and enrollment process for AIM/MCAP include:

- No more 30-week exclusion
- If income drops, AIM/MCAP payments can be lowered or, if the woman switches to Medi-Cal, eliminated. Apply for an adjustment using the form found here:
http://mcap.dhcs.ca.gov/Downloads/MCAP_Contribution_Re-Evaluation_Form.aspx
- AIM/MCAP will no longer chase women to collect the full subscriber amount after enrollment ends.
- AIM/MCAP is ending retroactive disenrollments when a miscarriage or pregnancy has not been reported by the end of the 60-day postpartum period.

Questions? Please contact Lynn Kersey at lynnk@mchaccess.org or Lucy Quacinella at lucyqmas@gmail.com. MCHA can help problem-solve applications and cases.