



April 1, 2014

Issues for Pregnancy Coverage in 2014 – Medi-Cal, Covered California and AIM

Health coverage can be confusing, and during pregnancy it is important that all necessary medical and other services be provided without delay. We hope this information helps clarify some of the current confusion and questions that exist; please let us know if you are experiencing problems with access to care for your pregnant patients or clients.

- Pregnant women with income up to 213% of poverty can enroll into **Medi-Cal for their pregnancy coverage, including pregnancy dental benefits, at no cost.** This coverage must include not only prenatal care and labor and delivery services, but **also services for conditions other than pregnancy that might complicate the pregnancy.**
- Many pregnant women who are eligible for Medi-Cal also qualify for Covered California with subsidies, called Advanced Premium Tax Credits, or APTCs, and Cost-Sharing Reductions, or CSRs. But even with subsidies, Covered California can be expensive for low-income women.
- **Pregnant women eligible for Medi-Cal may think they have to enroll in Covered California :**
 - The Covered California application process has been navigating Medi-Cal-eligible pregnant applicants toward Covered California plans and instructing them to pay premiums before their health insurance will start. This is confusing. We are trying to get the on-line “Eligibility Results” messages clarified.
 - Women may have been told that pregnancy-related Medi-Cal isn’t enough to comply with the law that everyone must have comprehensive health insurance, but in 2014, pregnancy-related Medi-Cal counts (see below).
- **Pregnant women who are eligible for Medi-Cal do not have to enroll in Covered California.** Eligible women can enroll in either Covered California or Medi-Cal or both. But a woman may decide that enrolling only in Medi-Cal for pregnancy coverage is best for her because:
 - The clinic or OB a woman wants may accept Medi-Cal but not Covered California.
 - She may not be able to afford Covered California premiums.
 - If a Medi-Cal-eligible pregnant woman enrolls in Covered California, she will not be able to use free Medi-Cal for maternity services, unless her Medi-Cal provider is also in her Covered California plan’s network.
 - While Covered California does not have copayments or similar charges for prenatal care,

women must pay copayments for hospital labor and delivery services and many other services. These can be substantial and vary from plan to plan.

- According to the IRS, **there is no tax penalty in 2014 for the time a woman is enrolled in Medi-Cal for her pregnancy, postpartum or family planning services.** See p. 3 of www.irs.gov/pub/irs-drop/n-14-10.pdf . We don't know yet what the rule will be for 2015.
- A woman who is no longer eligible for Medi-Cal after her 60-day post-partum period can enroll in Covered California at that time. This is so even if the "open enrollment" period is over, because losing Medi-Cal eligibility at any time qualifies for "special enrollment".
- **Other Medi-Cal programs, such as Presumptive Eligibility (PE), Minor Consent, and the Parental Income Disregard Program for Pregnant Teens, still exist to 213% of poverty** and can be very helpful. In addition, Medi-Cal for children, called the Targeted Low Income Children's Program (TLICP), goes up to 266% of poverty for kids under 19; it covers pregnancy.
- **PE for Pregnant Women can be renewed as long as necessary**, so long as the full application has been submitted before the PE ends. See the MCHA fact sheet and state billing document [here](#), and on our MCHA website. NO physical proof is needed that a woman applied – see the "[News Flash](#)" under Medi-Cal.ca.gov. PE for pregnant women does not cover hospitalization, so pregnant women with PE should apply for Medi-Cal before the baby is born, or they will have to get retroactive Medi-Cal to cover labor and delivery services.
- **The Access for Infants and Mothers (AIM) program** covers women with income over 213%, up to 322% of poverty. There are no citizenship or immigration status requirements. Women may also qualify if they have private insurance that charges a "maternity-only" copayment, deductible, or coinsurance of \$500 or more. Covered California plans won't count for AIM eligibility unless the cost-sharing exceeding \$500 is limited to maternity services. The AIM application can be accessed [here](#) (AIM website: aim.ca.gov/Downloads/) and eventually through the Exchange computer.
- AIM premiums are much lower than Covered California's, and AIM has no copayments, deductibles, or coinsurance; in addition, the infant is automatically eligible for Medi-Cal at birth and, during the second year, with family income up to 322%. But if the woman enrolls in AIM instead of Covered California, it won't count for her for the individual mandate. We are waiting for clarification that women enrolling in federally-funded comprehensive insurance programs during pregnancy, like AIM, are exempt from tax penalties, but no decision has been made yet.

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For assistance with an issue of application, eligibility, or access, contact
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