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Important Updates for Pregnancy - Medi-Cal and Medi-Cal Access Program June 24, 2020

We wish you all the very best during these challenging times.

Here are several important updates about Medi-Cal and MCAP, especially as they relate to pregnancy, during the COVID-19 pandemic and the links to the policy. Please contact lynnk@mchaccess.org or lucyqmas@gmail.com if you have questions.

- **Discontinuances from Medi-Cal and MCAP suspended**
 - **Medi-Cal's and MCAP's maternal mental health eligibility expansion set to launch July 1**
 - **Flexibilities in applying for Medi-Cal or MCAP**
 - **Minor Consent Medi-Cal— Apply and re-certify over the phone instead of at the county**
 - **Phone applications and telemedicine for EWC, BCCTP, FamPACT, PE4PW and Medi-Cal telemed**
 - **PE4PW and new PE for COVID-19 program**
 - **PE for COVID-19**
 - **Emergency Medi-Cal and coverage for medically necessary services related to COVID-19**
 - **Relief from Premiums in MCAP, Medi-Cal and C-CHIPs**
 - **Midwifery services**
 - **APL 20-004 (REVISED): Emergency Guidance for Medi-Cal Managed Care Health Plans In Response to COVID-19**
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- **Discontinuances from ALL Medi-Cal or MCAP suspended:** The state has suspended all discontinuances from Medi-Cal and MCAP as of March 1 (except for PE4PW and in the case of death or people moving out of state or by request). The suspension will last at least until August 31, including for postpartum periods that might otherwise end earlier. This policy was adopted so that people won't lose coverage during the pandemic and so that the counties and the state can dedicate their resources to enrolling new applicants to promote access to medical care. You'll find the new policy here extending to end of August: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/MEDIL/2020/I20-14.pdf>

Anyone on Medi-Cal or MCAP who was discontinued on or after March 1 should contact the program right away to get reinstated.

Note: Medi-Cal “redetermination packets” are still going out, and they indicate a person could lose Medi-Cal if they don't respond. This is creating a lot of confusion, and it is also clogging county phone lines and increasing drop-ins at county offices by worried consumers. Beneficiaries will not be discontinued from Medi-Cal if they do not respond to the redetermination packet or other county requests for information. Advocates have asked the state to stop sending the redetermination packets, or to at least include a clarification that no one will lose coverage if they do not respond. **Stay tuned.**

- **Medi-Cal’s and MCAP’s maternal mental health eligibility expansion set to launch July 1.** Many women lose eligibility after the postpartum period, since the income limits for Medi-Cal for adults during pregnancy (213% of poverty) and MCAP (322%) are higher than the limit for adults outside of pregnancy (138%).

Starting July 1, 2020, eligibility will be extended, except for women in PE4PW, for a total of 12 months following the end of the pregnancy, for any Medi-Cal beneficiary diagnosed with a mental health condition during pregnancy, the postpartum period, or up to 90 days after. This new policy was enacted last year, with and appropriation in the Budget Act of 2019 and implementing health trailer bill, SB 104, § 6. But DHCS postponed implementation to July 1.

To have eligibility extended, the woman will need her prenatal or mental health provider to fill out a simple Medi-Cal form certifying that she has a mental health condition. We will make that form and the state’s instructions and notice to beneficiaries about the program available as soon as we have the final versions.

Note: Because all discontinuances from Medi-Cal and MCAP have been suspended as of March 1, 2020 (see above), many women needing mental health services will still have their coverage even after the postpartum period ends. The maternal mental health certification process will become necessary only after the moratorium on discontinuances ends on June 17, or later if the Governor’s declaration of emergency continues.

- **Flexibilities for people applying for Medi-Cal or MCAP**

- **Telephone or drop box:** Of particular significance for people who do not have Internet access to apply on-line, Medi-Cal and MCAP are accepting applications over the phone, including with a “telephonic” signature. Counties must also accept paper applications for Medi-Cal, and should have a drop-off box to promote physical distancing. (Maximus does not accept paper applications for MCAP.) Telephone applications and signatures are discussed here:

<https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/MEDIL/2020/120-07.pdf>
<https://www.dhcs.ca.gov/Documents/COVID-19/MEDIL-I-20-12.pdf>

- **Self-attestation, including for income:** The links above also briefly mention using “self-attestation”, including for income. A new Medi-Cal Eligibility Division Information Letter (MEDIL) with the details is expected very soon. In the meantime, here is how we believe self-attestation should work.

- Both the counties and Maximus should be directly enrolling applicants based on the information “attested to” as part of the telephone, online, or, for Medi-Cal, paper application. The county/Maximus should not require proof of income, such as a copy of a recent pay stub or layoff notice, at the time of application.
- In other words, the person should be enrolled right away if eligible based on the self-attestation on the application.
- But if copies of proof, such as pay stubs or lay off notices, are available, it may be helpful to submit them with the application to avoid back and forth with the county or Maximus later on if, during the e-verification process, the self-attested income doesn’t match up; mismatches often happen because the databases are usually out-of-date.
- Check back soon for more information when the new MEDIL comes out.

- **Minor Consent Medi-Cal— Apply and re-certify over the phone instead of at the county.** The Minor Consent program allows young people (to age 21) to apply for sensitive services, such as reproductive health care and mental health services, on their own, confidentially. Applicants are usually required to apply in person at the county and, for most services, to re-certify in-person every month. Advocates have long demanded that the state remove these significant barriers to enrollment and retention.
 - **New:** Now, due to the COVID-19 crisis, DHCS is allowing youth to enroll telephonically, and they will be given their Medi-Cal numbers over the phone. Re-certification will also be done over the phone every month.
 - MCHA has asked the state to drop the monthly requirement, and also to make the telephonic application and re-certification process permanent. **Stay tuned.**
 - Meanwhile, you will find the new procedures for Minor Consent included at pp. 4-5 here, in the reference to the “Article 4V” program. If you need to see how implemented in Los Angeles, please let MCHA know:
<https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/MEDIL/2020/I20-08.pdf>

- **Phone applications and telemedicine for EWC, BCCTP, FamPACT, PE4PW, and Medi-Cal telemed:** You will find the key policies at the links below. We are eager to hear from you how this is working, including in the context of prenatal care and “social determinants of health” services under Medi-Cal’s Comprehensive Perinatal Services Program (CPSP).

EWC: <https://www.dhcs.ca.gov/Documents/COVID-19/EWC-Primary-Care-Provider-COVID-19-Notice.pdf>

BCCTP: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/BCCTP-PE-COVID19.aspx>

FamPACT: https://familypact.org/wp-content/uploads/2020/04/FPACT-ClientFAQ_COVID_19_EQ.pdf

PE4PW: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE.aspx>

Medi-Cal and Telehealth: https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19_Medi-Cal_Services_and_Telehealth_Notice.pdf

Medi-Cal plans and telehealth services: <https://www.dhcs.ca.gov/Documents/COVID-19/APL19-009-Supplement-Telehealth-031820.pdf>

Fee-for-service and managed care: https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth_Other_Virtual_Telephonic_Communications_V4.0.pdf

Behavioral Health: <https://www.dhcs.ca.gov/Documents/COVID-19/IN-20-009-Guidance-on-COVID-19-for-Behavioral-Health.pdf>

- **PE4PW and new PE for COVID-19 program.** Presumptive Eligibility for Pregnant Women (PE4PW) provides immediate Medi-Cal coverage for women with income at or below 213% of poverty after a short application screen by a provider. The program is limited to “ambulatory”, that is, outpatient care.
 - **New:** Women enrolling in PE4PW can now also be enrolled by the same PE provider into a new state program, called PE for COVID-19. This new program covers both ambulatory and in-patient care, and provides “COVID-19 diagnostic testing, testing-related services, and treatment services, including all medically necessary care related to COVID-19”regardless of income!
 - The woman would have two Medi-Cal PE aid codes at the same time, one for PE4PW (aid code 7F) and the other for PE for COVID-19 (V2).
 - http://files.medi-cal.ca.gov/pubsdoco/presumptive_eligibility/articles/PEnews_30401_01.asp

- **PE for COVID-19** is for uninsured people who are not eligible for Medi-Cal (other than PE4PW), there is no income limit, and immigration status is not a barrier.
http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30394Rev1.asp

In addition to PE4PW providers (see above), CHDP Gateway and Hospital PE providers can also enroll patients into PE for COVID-19.

- **Newest:** As of May 4, clinics have a process for enrolling patients in PE for COVID-19 regardless of whether the person also qualifies for PE4PW or the CHDP GW:
http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_52.asp
- **Emergency Medi-Cal and coverage for medically necessary services related to COVID-19:**
Undocumented adults who are not pregnant may qualify only for Emergency Medi-Cal, with income to 138% of poverty. The state has clarified that all medically necessary testing and services related to COVID-19 will essentially be considered “emergency services” and can be covered. See the state’s policy here: http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_29.asp
- **Relief from Premiums in MCAP, C-CHIPs, and Children’s Medi-Cal:** Pregnant women in MCAP, kids in County CHIP programs, and some in Children’s Medi-Cal pay premiums. Whenever income drops, the family can get their premiums lowered by asking. The state recently sent notice to families that they can ask to have their premiums reduced for March, April and May, with the phone number to call for each program. Though the notice links the waiver to anything related to COVID-19, remember that family’s losing income for other reasons may also have their premiums reduced.
- **Midwifery services:** You may have heard that the number of certified nurse midwives (CNMs) that a physician can supervise at a time has been temporarily increased:
https://www.dca.ca.gov/licensees/dca_waivers.shtml. However, this is only for the narrow purpose of prescriptions, which has no real effect in the hospital setting. A better solution would be - ask the Gov to issue an Executive Order to remove physician supervision, as CNMs have requested, and support [SB 1237](#) (Dodd-Burke) to eliminate the physician supervision requirement for CNM, improving access to freestanding birth centers for women with Medi-Cal or MCAP. Midwives, including nurse midwives, are licensed to assist with low-risk pregnancies, and many studies have shown that birth outcomes significantly improve with midwifery services. See the Leg Analyst’s analysis of the supervision requirement: <https://lao.ca.gov/Publications/Report/4197>
- **APL 20-004 (REVISED): Emergency Guidance for Medi-Cal Managed Care Health Plans In Response to COVID-19:** Among other requirements, plan must waive prior authorization requirements for services related to COVID-19, including screening and testing and are also “strongly encouraged to implement expedited authorization procedures for other services during the COVID-19 public health emergency” (at page 3); must have provider networks adequate to meet increased cases due to the pandemic, whether that means in- or out-of-network (p. 5); must have their plan providers see all beneficiaries who are “on hold” status with the plan in fee-for-service (pp. 7-8); and, unfortunately, suspends all Initial Health Assessments until the public health emergency is over, though IHAs will have to be completed by or after that point, so hopefully at least some IHAs will occur during the emergency (p. 8). <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-004.pdf>.