



## How can you help pregnant women in California?

### Inform women and help them navigate the maze of coverage NOW

Pregnant women with income up to 213% of poverty may be eligible for both Medi-Cal and Covered CA during pregnancy and immediate postpartum. The state's computer, CalHEERs will assign them to Covered CA and also send the application to Medi-Cal in their county. Women have the choice to enroll in both, or in just Medi-Cal or in just Covered CA.

Before paying the Covered CA premium, which starts enrollment there, help women consider their current options:

- Pregnant women can start seeing a doctor, nurse midwife or other provider with Medi-Cal Presumptive Eligibility (PE) before Medi-Cal starts. The PE Support Unit is at 1-800-824-0088 <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE.aspx>
- Free Medi-Cal maternity benefits like the Comprehensive Perinatal Services Program can't be used if a woman is in both Covered CA and Medi-Cal, unless the provider takes both insurances
- If enrolled in both, women will have to pay a portion of the Covered CA premiums.
- Covered CA charges co-pays for hospital labor and delivery services. Medi-Cal does not.
- There is no tax penalty if women are in Medi-Cal for pregnancy-related care alone.
- After pregnancy, women can enroll in Covered CA, or stay in Medi-Cal, depending on income.

**AIM/MAP** - Learn about Access for Infants and Mothers, now called the Medi-Cal Access Program (MAP), but still sometimes referred to as AIM: [www.aim.ca.gov](http://www.aim.ca.gov).

If income is over the Medi-Cal limit, a pregnant woman may be eligible for the MAP up to 322% of poverty. If the woman applies on line, the state's computer will put her in Covered CA and also send the application to MAP. MAP will then contact the woman. It is easier to call MAP directly to enroll; the toll free # is **1-800-433-2611**. Pregnant women can only be Covered CA or MAP, not both. Here are some key points to consider before paying Covered CA premium, which starts enrollment there:

- MAP premiums would be less expensive than Covered CA, and MAP has no co-pays.
- MAP covers the baby under Medi-Cal for the first year of life, and the second year if income stays under a certain level
- There was a 30-week (gestation) limit for enrollment; the limit no longer exists.
- There is no tax penalty if women are in MAP.
- After pregnancy ends, women can enroll in Covered CA, or Medi-Cal depending on income.

SB 857, passed as part of the state budget in June, 2014, established a process for implementing Premium Assistance for pregnant women and newly qualified immigrants, and the increase of full-scope Medi-Cal for pregnant women to 138% from 60%. As part of that process, monthly meetings are held in Sacramento, with webinar presentations and the ability to follow and ask questions by phone.

Next call or meeting in person in Sacramento: Friday, January 23, 2015. Dates and times:

<http://www.dhcs.ca.gov/services/medi-cal/Pages/Affordability-and-Benefit-Program.aspx>



- **What to do?**  
Urge your representatives to demand that DHCS:
- Let all beneficiaries complete prenatal care and deliver their babies with current providers if they want to when the expansion to 138% is implemented in February;
- Protect access to CPSP during open enrollment for Covered CA; and
- Oppose the Governor's budget proposal to cut AIM.

## **Pregnant Women on Medi-Cal Receive All Adult Dental Benefits!**

- **Women enrolled in pregnancy-only Medi-Cal have the adult dental benefits that were partially restored to the Medi-Cal program** (as of May 1, 2014 Denti-Cal Bulletin Vol 30, #8 and Vol. 30, #17, 2014 – see [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov) under “publications” tab). These include coverage for fillings, full sets of dentures (partials are NOT covered); and anterior root canals (for front teeth only), added to the benefits already provided to pregnant women of exams, cleanings and gum treatment.
- It is key to note that gum treatment is an EXISTING benefit for pregnant women, as it is one of the important benefits not being restored to most adults.
- Research shows that dental disease is linked to premature births and, therefore, low birthweight births, which, combined, are the second leading cause of infant death in the United States. Preterm deliveries also put the mother’s health at risk. Dental services during pregnancy are both necessary and safe, according to the American College of Obstetricians-Gynecologists and the American Dental Association.
- Help MCHA monitor the implementation of the partial restoration AND work with all of you **for full restoration of and better access to Medi-Cal’s adult dental benefits, including for pregnant women.**
- **What to do?**
- If your organization assists pregnant women please inform them of dental benefits so they can get their dental needs met during pregnancy
- Order educational posters from MCHA (call or email – see our website) and place the posters in high traffic areas
- If pregnant women are denied treatment with a provider, email or fax (to the provider) the provider bulletin that lists the benefits that ALL pregnant women are eligible for all adult dental benefits through Medi-Cal
- Download and print the Oral Health during Pregnancy guidelines and share within your professional networks, and with reluctant dental providers. These guidelines were published jointly by the CDA and ACOG, and are an evidence-based report. [http://www.cdafoundation.org/Portals/0/pdfs/poh\\_guidelines.pdf](http://www.cdafoundation.org/Portals/0/pdfs/poh_guidelines.pdf)