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Updated 3/8/16 -- Changes to Eligibility and Enrollment for Pregnant Women

1) Pregnant Applicants with income to 138% of poverty are eligible for Full-Scope Medi-Cal.

As of last August, pregnant applicants who are citizens or lawfully present immigrants are eligible for Full-Scope Medi-Cal with household income through 138% of poverty. As with other full scope enrollees, they receive their Medi-Cal through managed care instead of regular (i.e., “fee for service”) Medi-Cal.

What about women who were enrolled in Pregnancy-Related Medi-Cal before August 1, 2015? They were sent notice last fall about their options. These women can either keep their Pregnancy-Related Medi-Cal coverage and providers, or they can switch to Full-Scope Medi-Cal if they prefer. Most women will have made their selection by now, although they may still ask the county to switch them any time before the end of the postpartum period. Women who stay in Pregnancy-Related Medi-Cal should be getting basically the same coverage as they would in Full-Scope—see 2), below.

2) CMS rules that Pregnancy-Related Medi-Cal must provide “the same medically necessary benefits and services provided” to women with Full-Scope Medi-Cal during pregnancy.

Women with income over 138% through 213% of poverty and all undocumented women with income through 213% are eligible for Pregnancy-Related Medi-Cal during pregnancy.

On February 12, 2016, the federal agency that oversees Medi-Cal, CMS,¹ wrote to the state that it will treat Pregnancy-Related Medi-Cal as Minimum Essential Coverage (MEC) (see letter [here](#)). This is because the state has assured CMS that Pregnancy-Related Medical “consists of the same medically necessary benefits and services provided to” pregnant women with Full-Scope Medi-Cal, not just a narrow set of prenatal and hospital labor and delivery services.

CMS’ website also confirms that Pregnancy-Related Medi-Cal must provide all medically necessary care: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/minimum-essential-coverage.html>

The federal decision covering all medically necessary care applies to all women in Pregnancy-Related Medi-Cal, including undocumented women, and including during the postpartum period.

Services in Pregnancy-Related Medi-Cal continue to be delivered in fee-for-service (or “regular” Medi-Cal), not managed care plans.

¹Centers for Medicare and Medicaid Services (CMS).

Note: CalHEERS, the state's eligibility and enrollment system, has been programmed since October 12, 2015 to treat Pregnancy-Related Medi-Cal as MEC. So since that time, CalHEERS has not been enrolling pregnant applicants with income through 213% in Covered California. Some women, however, did have both Medi-Cal and Covered California during their pregnancies either because they enrolled before October 12, 2015 or had a fair hearing decision affirming the right to dual enrollment. As of February 12, 2016, however, dual enrollment is no longer an option.

Women in Pregnancy-Related Medi-Cal are not subject to ACA tax penalties. This was so even before the MEC decision. However, when the state mailed out the 1095-B tax forms in early 2016, it mistakenly notified some people that their Medi-Cal would not count as MEC and that they may have a tax penalty. Corrected notices are supposed to go out before April 15, 2016 when tax returns are due. But there may be confusion.

3) 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 and keep their providers and subsidies.

- The simplest way to stay in Covered California is to not report the pregnancy. Women in Covered California do not have to report that they have become pregnant.
- **IMPORTANT:** Unfortunately, if the woman reports the pregnancy, the computer will automatically move her to Medi-Cal. The computers won't be fixed to stop this until late 2016 at earliest.
 - In the meantime, to get back to Covered California, the woman will have to call the Covered California Service Center at 1-800-300-1506 and/or her county Medi-Cal program.
 - Her Covered California coverage will also be restored retroactively, that is, back to the date the computer automatically switched her to Medi-Cal, if she pays the premiums for those past months.
 - If you need help with this, contact MCHA.

Option 2: A woman's other option is to switch to Medi-Cal, which doesn't charge premiums or hospital copays for labor and delivery services, and should provide Comprehensive Perinatal Services (CPSP) – enhanced nutrition, psychosocial, health education, and other services. Newborns born to women with Medi-Cal are eligible from the date of birth to the first birthday for Medi-Cal coverage using a simple “registration” form, regardless of family income.

- Women who want 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.

4) 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.

MCAP premiums are 1.5% of the household's annual income, which is much lower than Covered California's, and MCAP has no copays or deductibles for any services. Newborns whose moms had MCAP are eligible from the date of birth to the first birthday for Medi-Cal coverage using a simple "registration" form, regardless of family income, though the usual children's Medi-Cal premiums may apply. During the second year, these MCAP-linked infants remain eligible for Medi-Cal so long as family income is at or below 322% of poverty.

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. For help getting a copy of the paper application, contact MCHA (contact info is below).

What eligibility choices does a pregnant woman have when her income is over 213% of poverty (the Medi-Cal limit) and at or below 312%?

- She will be enrolled in MCAP when she applies. But she can switch to Covered California at any time (unless she is undocumented).

What happens if a woman enrolled in Covered California with income to 322% reports a pregnancy?

- The computer will leave her in Covered California. But she can switch to MCAP at any time during the pregnancy or postpartum period.
- The transition from Covered California to MCAP may not be smooth and simple at this point.

Note: In both of the above situations, women are informed at their on-line "Eligibility Results" page and with a written notice that they can switch to the other program if they prefer, with the phone number to call if a woman wants to make the switch in either direction.

Keeping the woman in Covered CA protects continuity of care for the Covered California enrollees while also giving women the option to change coverages if they prefer. Informing women of their choices provides new applicants with the lowest cost option for coverage during pregnancy.

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