



Medi-Cal Access Program (MCAP)

MCAP is a state insurance program for pregnant women and their newborns who are over income for Medi-Cal. MCAP was formerly called Access for Infants and Mothers (AIM). Despite its name, MCAP is NOT a Medi-Cal program. It is funded by the federal Children’s Health Insurance Program (CHIP).

Who is eligible?

Pregnant women who are uninsured or responsible for \$500 or more only for maternity coverage under a private health insurance policy, and who meet the income requirements.

The newborn of an MCAP participant qualifies for Medi-Cal for the first year. It may be free or require premiums depending on the pregnant woman’s income level at application. The infant will qualify after the first year if income remains under the MCAP 322% FPL limit; see section titled, “How do infants get enrolled in Medi-Cal” for more information.

What is the income limit?

- MCAP uses the “Federal Poverty Level” (FPL) to see if the family’s income meets the program eligibility limits.
- Pregnant women with income over 213% up to 322% of the FPL are eligible.

MCAP uses the same Modified Adjusted Gross income (MAGI) income methodology as Medi-Cal.

• Family Size	MAGI Monthly Family Income	Total Cost of Payments (1.5% of your MAGI Monthly Income x 12)	12 Monthly
• *2*	\$3,062 - \$4,627	\$552 - \$833	\$46- \$70
• 3	\$3,857 - \$5,829	\$695 - \$1050	\$58 - \$88
• 4	\$4,652 - \$7,031	\$838 - \$1,270	\$70 - \$106
• 5	\$5,447 - \$8,233	\$981 - \$1,482	\$82 - \$124
• 6	\$6,242 - \$9,435	\$1,124 - \$1,699	\$94 - \$142
• * A pregnant woman counts as one PLUS the number of expected child(ren).			

What does it cost?

MCAP charges 1.5% of the family’s annual income. This can be paid up front or over 12 consecutive months. If the applicant pays up front there is a \$50 discount. There are no co-payments or deductibles in MCAP. Once eligibility is determined and coverage begins, the applicant is responsible for the full payment, unless the pregnancy ends during the first trimester or if the household income has changed.

Important:

If the applicant's pregnancy ends during the first trimester, she may have her contribution reduced to one-third of the original cost. To qualify for the cost reduction, the applicant must notify the MCAP Program within 30 days of the date the pregnancy ended. This can be done in either of two ways:

1. Complete the Early End of Pregnancy Form that comes with the MCAP "Welcome letter" notifying of eligibility, or
2. Send a letter to the MCAP program from a doctor or other licensed or certified health care professional as long as it contains the same information as the Early End of Pregnancy form.

If the pregnant women's household income has decreased since she was enrolled into MCAP she can submit a Contribution Re-Evaluation Form to see if she qualifies to lower or waive her monthly contribution. The form can be downloaded @:
http://mcap.dhcs.ca.gov/Downloads/MCAP_Contribution_Re-Evaluation_Form.aspx She may also choose to enroll in Medi-Cal.

Mail or fax the form, proof of income and or proof of deductions to:

Medi-Cal Access Program
PO Box 15559
Sacramento, CA 95852-0559

Fax: 1-888-889-9238

What is the resource limit? (What if the woman has a car/house/bank account?)

- Resources do not count in this program.

Does immigration status matter?

- No. But the applicant must be a current resident of California, no matter what her immigration status is.

Where can women apply?

To apply for the Medi-Cal Access Program go to www.Coveredca.com.

The MCAP application has been programmed into Covered California /CalHEERS, the state's enrollment computer.

What papers are needed to apply?

- Income will be electronically verified with the IRS through the "federal hub". If the income reported on the application does not match the income information in the "hub", then MCAP will ask for other proof of income, such as: a letter from the current employer, paycheck stubs from the last 45 days, or, if self-employed, a three month profit and loss statement.

How long does it take to get?

The MCAP program has up to 10 days to approve an application.

- Membership cards and an evidence of coverage booklet should be received within 10 additional days.
- All start dates for MCAP will be reflected as the 1st of each month in which eligibility has been determined. Although the eligibility determination date could be later in the month, the Welcome Letter will now reflect the 1st of the month during which the eligibility date is determined as the start date of coverage.
- Medi-Cal Benefits Identification Card (BIC) will be mailed to the pregnant woman and she will use her BIC for health care services through Medi-Cal FFS Medi-Cal providers.
- Retroactive services are covered up to a cost of \$125, if the woman received services no more than 40 days before her completed application was submitted, and if she submits a request for payment within 90 days of submitting her application.

What benefits are covered for pregnant women?

- Under MCAP, in addition to maternity care, pregnant women may receive a pregnancy termination and are covered for a miscarriage. MCAP covers all medically necessary medical services, including hospitalization, dental (through Denti-Cal) and vision from the time health insurance begins until the post-partum period ends at the end of the second month after birth. **Example:** Mom delivers on February 13; her coverage will end on April 30th.

What happens when the baby is born?

- **Mom needs to report the birth within 30 days** so MCAP can accurately determine the last valid day of eligible benefits. She must report the birth to MCAP, not to her plan. Her provider does not do this for her. This is very important because if she access services after her eligible period she will be **liable for all costs**. To report the birth call: **1-800-433-2611**
- Mom should be evaluated for ongoing health coverage through **Medi-Cal** or **Covered California** depending on her income.
- The newborn can receive all infant care checkups, and sick-child care, including hospitalization, during the birth month and the month after under the mother's MCAP managed care plan. To continue the infant's benefits beyond that, the infant must get enrolled into Medi-Cal.

How do infants get enrolled in Medi-Cal?

Children born to women on MCAP will be enrolled into Medi-Cal for the first 12 months regardless of income. For their second year they are eligible with income up to 322% FPL.

- No-cost Medi-Cal for infants and children 0 up to 2 years of age with family income (at the time the pregnant woman applied) above 213% and up to 266% of FPL.
- \$13.00 monthly premium for infants and children 0 up to 2 years of age with family income (at the time the pregnant woman applied) above 266% FPL. Any decrease in income should be reported as it may eliminate the premium. Contact your local county Department of Public Social Services. Or call Medi-Cal for Families at **1-800-880-5305** and **request the Premium Re-Evaluation Form**.

Please Note: The Medi-Cal Premium Payment Section will notify the county when premiums have not been paid for 90 days and there is no response to the nonpayment notice mailed to the beneficiary. The county must first screen the infant/child for all Medi-Cal programs, as outlined in the SB87 process, before the county issues a Notice of Action to terminate benefits for the infant/child. For premium payment information call 1-800-880-5305.

MCAP will mail an Infant Registration Form 30 days before the expected due date. The Infant Registration form can also be downloaded at:

http://www.aim.ca.gov/Downloads/Infant_Registration.aspx

The Infant Registration Form asks for the following information:

1. First, middle, and last name of your baby
2. Date of birth
3. Gender (sex)
4. Weight at birth

How and where do women and children get services?

As of July 1, 2017, MCAP eligible pregnant women will be enrolled using the Medi-Cal Managed Care process and will receive full-scope services through the Medi-Cal Managed Care delivery system until the end of the post-partum period.

All MCAP beneficiaries will remain in their aid code and delivery system through the end of their post-partum eligibility period to maintain continuity of care.

What if a woman has health insurance?

Pregnant women are not eligible for the MCAP program if they are eligible for no-cost Medi-Cal or Medicare at the time of application.

- Pregnant women may have private or employer-paid insurance and still be eligible for MCAP, if: They have a high deductible or co-payment of \$500 or more which is specific to maternity care.

Please Note: Pregnant women **CANNOT** have both MCAP and Covered California.

- MCAP-linked infants can have employer-sponsored insurance and Medi-Cal (employer insurance will be primary).

What do women do if they have a problem getting services covered by MCAP?

Contact their health plan's member services department

Contact Maternal and Child Health Access: 1-213-749-4261.

Contact the Health Consumer Center of Los Angeles: 1-800-896-3202