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Accessing Medi-Cal and MCAP for Pregnant Individuals During and After the COVID Public Health Emergency (PHE)

Full coverage *beyond* the usual 60-day post-pregnancy period until PHE ends.

- Restricted Medi-Cal (emergency and pregnancy services only) and Pregnancy-Related Medi-Cal both cover what the state refers to as “the full breadth of Medi-Cal services” during pregnancy and after a birth, a miscarriage, or abortion.
 - This includes medical, mental health, vision, and dental care, among other services.
- Full services are also covered under both Medi-Cal and the Medi-Cal Access Program (MCAP) beyond 60 days post-pregnancy during the PHE, which will last at least until July 16, 2022. **No one should lose their Medi-Cal or MCAP during the PHE with a few exceptions.**
- Restricted and Pregnancy-Related Medi-Cal and MCAP can also be used to pay bills for full services back to April 2020 (when the PHE started) if the person was enrolled *or their Medi-Cal should have been extended because of the PHE* when the service was received.
- **Immigration status is not a barrier.**
- State policy on this was published in Provider Bulletin No. 569 (November 2021), <https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/ob202111.aspx>

“... Beneficiaries in pregnancy related aid codes continue to remain **eligible for non-pregnancy related services** during this health crisis, beyond the end of their pregnancy through the duration of the PHE. . **No claim will be denied for medically necessary services that are not pregnancy related.**”
- Please contact pregnancy@dhcs.ca.gov or MCH Access for help during pregnancy or post to:
 - access services that full Medi-Cal and MCAP cover, including mental health, vision, and dental care, regardless of the person’s eligibility aid code; or
 - cover billing while Medi-Cal or MCAP was active during the PHE, back to April 2020.

**Important heads up for people in Restricted or Full Scope Medi-Cal:
Report the pregnancy now, if you haven’t, to continue coverage
12-months post-pregnancy even *after* the PHE is over!**

As noted, Medi-Cal has been continued for most people since April 2020 because of the COVID PHE. This is expected to end around July 16, 2022, with eligibility redeterminations starting in October.

- If the county knows a person in Restricted or Full Scope Medi-Cal is pregnant now, or was pregnant at any time during the last 12 months of the PHE, the person will automatically keep their Medi-Cal for a year following the end of the pregnancy even *after* the PHE is lifted.
 - Increases in income during pregnancy or during the 12 months after don't matter.
 - How the pregnancy ends doesn't matter – birth, miscarriage or abortion
- **To avoid missing out, people in Restricted/Emergency or Full Scope Medi-Cal should let the county know as soon as possible about the pregnancy or when it ended.**
- **Ways to inform the county about pregnancy are on the next page.**

**The PHE addresses past and current pregnancy-related bills
and coverage until the end of the pandemic.**

**On April 1, 2022, the American Rescue Plan Act (ARPA) extended
Medi-Cal and MCAP for 12 full months post-pregnancy!**

- Starting **April 1, 2022**, the post-pregnancy period for Medi-Cal and MCAP went from 60 to 365 days under ARPA. This 12-month post-pregnancy coverage is for pregnant and post-pregnancy people who are already enrolled in Medi-Cal or MCAP as well as new applicants.
- **What is covered?** “The full breadth of medically necessary services” is how the state describes the scope of benefits under ARPA.

For more information, see All County Letter 21-15 <https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/21-15.pdf> and Medi-Cal Eligibility Division Information Letters I21-13 <https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/I21-13.pdf> and I21-13E Errata <https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/I21-13E.pdf>.

The state has also created flyers, which are posted in 15 languages, and Frequently Asked Questions: https://files.medi-cal.ca.gov/pubsdoco/preg/pregnancy_landing.aspx

Again, whether in Restricted or Full Scope Medi-Cal, make sure DPSS knows about the pregnancy! Here's how you can report it:

- Call the county's Customer Service Line. In Los Angeles, that number is **866-613-3777**.
- In other counties: <https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>
- Report directly to an online Medi-Cal account. Help is available to set up an online account for Medi-Cal recipients who don't already have one.
- Report to Covered California, even if the person didn't apply there: **<https://www.coveredca.com>**: the button for “sign in” is where they create an account.
- **Reporting the birth of the baby** should also work to get the post-pregnancy coverage. In Los Angeles, call **833-735-9359** to report the birth and enroll the infant into Medi-Cal with their own

numbers. For MCAP, call **800-433-2611** statewide.

Questions? Please contact MCHA at info@mchaccess.org

A Word About AEVS Messages New Since April 1, 2022 Compared to Aid Code Names and Descriptions That Still Need Updating

The messages for some, but not all, of the relevant eligibility aid codes that providers see at the point of service in the Automated Eligibility Verification System (AEVS) changed as of April 1.

But many of the aid code names and descriptions in Medi-Cal's Master Aid Code list still use the old "Restricted" or "Limited" terminology, which is very confusing: <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/Part1/aidcodes.pdf>" <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/Part1/aidcodes.pdf>

Reminder: Regardless of the terminology, every pregnant and postpartum person is covered for full Medi-Cal services: 1) during the PHE; and 2) even after the PHE ends, for 12 months after a pregnancy ends if the pregnancy is reported.

Examples

M2: AEVS still restricted so far as we know. Still "Restricted" in the Master Aid Code list.	M7: Has always been a Full scope aid code for pregnant people.
M4 and M8. The new AEVS message is: "Medi-Cal with no share of cost/spend down". But in the Master Aid Code list, M4 and M8 are still "Restricted".	M9: The AEVS message is: "Medi-Cal with no share of cost/spend down." And the Master Aid Code list has been updated from "Limited" to "Full" for M9.
M0. The new AEVS message is: "Medi-Cal with no share of cost/spend down." But in the Master Aid Code list M0 is "Limited".	
76: Aid code 76 will be added to run concurrently with a "Restricted" aid code for certain people when a pregnancy is reported. If the two conflict, 76 is supposed to take precedence. The AEVS message for 76 is now: "Medi-Cal with no share of cost/spend down." In the Master Aid Code list, the new name for benefits under 76 is: "Restricted to the full breadth of medically necessary services." The new description for 76 is: "365-Day Postpartum Program. Provides Medi-Cal at no SOC to individuals who, while pregnant, received active eligibility under Medi-Cal. They continue to be eligible for the full breadth of medically necessary services throughout the pregnancy and postpartum period. This coverage ends the last day of the month in which the 365th day occurs."	