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## **Alert!: Being Switched During Pregnancy to Medi-Cal Managed Care on January 1, 2024: How to Keep Your Current Providers and Birthing Facility**

**What's happening?** Undocumented adults ages 26 through 49 in either “restricted” or “pregnancy” Medi-Cal will become eligible for Full Scope Medi-Cal starting January 1, 2024. Those already in Medi-Cal as of December 31, 2023 will be moved out of regular Medi-Cal (also known as “fee for service” (FFS)) into Medi-Cal managed care plans. **This transition includes all pregnant undocumented adults with income at or below 213% of poverty.** See [ACL 23-08](#).

Also on January 1, 2024, people already enrolled in a managed care plan in 21 counties will be moved to a different plan. To see if a person is in one of the 21 affected counties, check the [Medi-Cal Plan Transition Tool](#) or the [Transitions by County Chart](#).

**What's the issue?** Pregnant undocumented Medi-Cal beneficiaries currently receive their care in FFS but not all Medi-Cal FFS providers participate in managed care. And in the 21 counties where current Medi-Cal plan members will have to move to a different plan, a person's current providers may not have a contract with the new plan.

So, when the managed care switches take place on January 1, 2024, there's a risk that a pregnant person could lose access to their current prenatal care providers, perinatal specialists, and/or the hospital or birthing center where they've been planning to have the baby. **Losing access to existing providers can be harmful to the pregnant person and newborn.**

**Is there any way to keep current Medi-Cal providers until after the baby is born?**  
Yes. The pregnant person's current provider(s) can ask the plan to agree to [Continuity of Care](#).

In addition, the person can make a “**Medical Exemption Request**” (MER). If the MER is approved, the person can receive services outside of a managed care plan until the end of their pregnancy plus 60-90 days after the pregnancy ends. Use this [MER Form](#) or call Health Care Options at 1-800-430-4263 to submit a MER.

The state's policy is to approve a MER for a pregnant person if the person:

- has already been seen by a Medi-Cal provider who isn't in a plan available to the person;
- has not been in a Medi-Cal plan continuously for over 90 days; AND
- is in the third trimester OR the pregnancy has a complication.

**IMPORTANT NOTE:** Being pregnant in ANY trimester should qualify for a MER. If you or someone you know has been denied a MER during any trimester of pregnancy for any reason, please contact [lucyqmas@gmail.com](mailto:lucyqmas@gmail.com) or [lynnk@mchaccess.org](mailto:lynnk@mchaccess.org).