

DEPARTMENT OF HEALTH SERVICES

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February 10, 1993

MEDI-CAL ELIGIBILITY MANUAL LETTER NO. 109

TO: Holders of the Medi-Cal Eligibility Manual
 All County Welfare Directors
 All County Administrative Officers
 All County Medi-Cal Program Specialists/Liaisons

Enclosed is the procedures portion of the Medi-Cal Eligibility Manual for Article 5G - The 60-Day Postpartum Program. These procedures supersede All County Welfare Directors Letters 87-80, 88-18 and 88-51.

	<u>Procedure Revision</u>	<u>Description</u>
1.	Article - 5G	60-Day Postpartum Program procedures - ACWD Letters 87-80, 88-18 and 88-51 have been combined in procedure format and may now be discarded.

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If you have any questions on these revisions, please contact Marge Buzdas of my staff at (916) 657-0726, CALNET 437-0726.

Sincerely,

Original signed by

Frank S. Martucci, Chief
 Medi-Cal Eligibility Branch

Enclosure

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1. The first part of the document is a list of names and titles, including the names of the authors and the titles of their works. This list is organized in a structured manner, likely serving as a table of contents or a reference list for the document.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

5G – THE 60-DAY POSTPARTUM PROGRAM

A. BACKGROUND

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, extended Medicaid eligibility to provide needed postpartum care for certain eligible pregnant women. Specifically, those women who have applied for, who are eligible for, and who have received Medi-Cal benefits on their last day of pregnancy shall continue to be eligible to receive pregnancy-related and postpartum services for a minimum of 60 additional days beginning on the last day of pregnancy. **(NOTE: Any woman who applies for retroactive Medi-Cal coverage for the month pregnancy ends under Title 22, California Code of Regulations, Section 50710, or who has a share of cost (SOC) which is not met and who does not receive a Medi-Cal card for the month pregnancy ends, is not eligible for the 60-Day Postpartum Program.)** Women who receive no-SOC Medi-Cal for full-scope benefits (or restricted benefits depending upon alien status or if in a poverty level program for pregnant women) during the 60-day period do not need to be covered under this program, since their regular card already covers pregnancy-related and postpartum services at no SOC. The restricted Medi-Cal eligibility period shall begin on the first day of the month following the month pregnancy ends, and shall end on the last day of the month in which the 60th day occurs. Services shall be restricted to pregnancy-related and postpartum services only.

B. PREGNANCY-RELATED AND POSTPARTUM SERVICES

The determination of what constitutes pregnancy-related and postpartum services is made by the Medi-Cal provider. However, the following is provided for your information.

Pregnancy-related and postpartum services include all antepartum (prenatal) care during labor and delivery; and postpartum care of the pregnant woman. For example, this includes all care normally provided during pregnancy (examinations, routine urinalysis, evaluations, counseling, and treatment) and initial postpartum care (hospital and scheduled office visits and, as appropriate, contraceptive counseling).

Services during the postpartum period for conditions not related to the diagnosis of pregnancy (e.g., respiratory infection, hepatitis, preexisting hypertension, appendicitis, etc.) are not available under the 60-Day Postpartum Program. As previously stated, the distinction of whether or not a service is pregnancy-related, however, will be made by the attending physician on a case-by-case basis.

C. AFFECTED GROUPS

The following groups of pregnant women will be affected by this program:

1. The Medically Indigent (MI) woman whose eligibility is based solely on pregnancy will be provided with 60 days of extended no-SOC benefits which are restricted to pregnancy-related and postpartum services only. The restricted benefits begin on the first day of the month following the month pregnancy ends, and end on the last day of the month in which the 60th day occurs. These extended pregnancy-related and postpartum services shall be provided to the MI woman, regardless of whether other conditions of eligibility continue to be met.
2. The Medically Needy (MN) woman whose eligibility normally continues after pregnancy ends, but who has a SOC, will be provided with 60 days extended no-SOC benefits which are restricted to pregnancy-related and postpartum services only. The restricted benefits begin on the first day of the month following the month pregnancy ends, and end on the last day of the month in which the 60th day occurs. These extended pregnancy-related and postpartum services shall be provided to the MN woman, regardless of whether other conditions of eligibility continue to be met. As described below, should this woman meet her SOC in a postpartum month, she will receive two cards, i.e., one for MN/SOC coverage and the other for the 60-Day Postpartum Program.

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3. The Public Assistance (PA)/Other-PA recipient or the MN woman who, due to a change in circumstances, loses her Medi-Cal eligibility, at any time during the 60-day period beginning on the last day of pregnancy will be provided restricted benefits under the no-SOC 60-Day Postpartum Program. Since this woman received regular Medi-Cal until the change in circumstances occurred, coverage under the 60-Day Postpartum Program begins on the first day of the first month in which Medi-Cal ineligibility occurs and ends on the last day of the month in which the 60th day occurs.

D. AID CODE AND TRANSACTION SCREEN

Aid Code 76 was established to designate those beneficiaries who are determined eligible for the restricted 60-Day Postpartum Program. In addition, transaction screen, EW15 will allow you to create a 60-Day Postpartum Program card.

A restricted services message "Valid For Pregnancy and Postpartum Services Only" will appear on the card. If the "County-ID-Per-MEDS" aid code is 76, the "MEDS-ID" must currently exist on MEDS. A new record cannot be established using aid code 76.

If the beneficiary has a SOC and the SOC is met, a regular Medi-Cal card is issued. This may occur in both months of the 60-day postpartum eligibility period.

For immediate need card issuance, if the aid code 76 card is other than current month, MEDS must show qualifying eligibility in the month prior to the month of the 76 card.

If the beneficiary is enrolled in a prepaid health plan (PHP), or a primary care case management (PCCM) plan, she will receive a fee for service Medi-Cal ID card with aid code 76 and the restricted postpartum message, and she will remain a PHP/PCCM hold status for the postpartum months. If Medi-Cal eligibility in a covered aid code is not reestablished within a three-month period, the beneficiary will be disenrolled following the second month of PHP/PCCM hold status.

If the beneficiary has a limited or restricted service status, the restriction code will appear in the restricted field on the labels as before, but the message area will contain the postpartum message. Therefore, it is up to the provider to check for any restriction codes prior to rendering services or prescribing drugs.

As with other special program aid codes, aid code 76 is not included in MEDS reconciliation. Aid Code 76 will appear on either the INQ1 or INQ2 special program screen under the category PREGNT.

E. COUNTY ACTION:

The following actions assume that in the month pregnancy ends, the county knows the otherwise eligible pregnant woman met her SOC if any. However, in many instances, the county will not know until a subsequent month that the SOC was met in the month pregnancy ends. In this situation, once the county finally determines the woman is to receive a Medi-Cal card for the month pregnancy ends, the county shall issue a Notice of Action informing her of the 60-Day Postpartum Program and take the appropriate action for her to receive 60-Day Postpartum benefits for the entire period as appropriate. **(NOTE: A woman who receives Medi-Cal in the month pregnancy ends, as part of the three-month retroactive coverage is not eligible for the 60-Day Postpartum Program. Additionally, a woman who does not meet any SOC she may have and who does not receive a Medi-Cal card for the month pregnancy ends is not eligible for the 60-Day Postpartum Program.)**

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

In administering the 60-Day Postpartum Program, counties shall take the following actions:

1. For the Medically Indigent (MI) woman:

a. Send a timely and adequate Notice of Action, either in the month in which pregnancy ends or in the month following, as appropriate, to the eligible MI pregnant woman, notifying her of the termination of MI status (based on pregnancy) and of her eligibility for extended restricted benefits under the no-SOC 60-Day Postpartum Program.

b. If the 60th day after the termination of pregnancy ends in midmonth, eligibility will continue through the last day of the month (Title 22, CCR, Section 50703). During the last month of the 60-Day Postpartum Program, the county must reevaluate the woman's eligibility for any other Medi-Cal program. If eligibility exists, an interprogram status change shall be initiated (Title 22, CCR, Section 50183). If eligibility does not exist, adequate and timely notice of Medi-Cal discontinuance must be issued (Title 22, CCR, Section 50179).

2. For the Medically Needy (MN) woman whose eligibility continues with a SOC after pregnancy ends:

a. Send a timely and adequate Notice of Action, either in the month in which pregnancy ends or in the month following, as appropriate, to the eligible MN pregnant woman, whose eligibility continues with a SOC, notifying her of her eligibility for extended restricted benefits under the 60-Day Postpartum Program.

b. If the MN woman meets her SOC under the MN program for one of the 60-day postpartum months, MEDS will also issue a Medi-Cal card under the appropriate SOC aid code. This means that the MN woman with a SOC would have two Medi-Cal cards (MN/SOC and Postpartum/No SOC) during that month.

3. For the Public Assistance (PA)/Other-PA or the MN woman whose change in circumstances means Medi-Cal eligibility ends during the 60-day period beginning on the last day of pregnancy:

a. Send a timely and adequate Notice of Action to the PA/Other-PA/MN woman who will not be receiving no-SOC Medi-Cal under another category, notifying her of the termination of program status and of her eligibility for extended restricted benefits under the no-SOC 60-Day Postpartum Program.

b. If the 60th day after the termination of pregnancy ends in midmonth, eligibility will continue through the last day of that month (Title 22, CCR, Section 50703). During the last month of the 60-Day Postpartum Program, the county must reevaluate the woman's eligibility for any other Medi-Cal program. If eligibility exists, an interprogram status change shall be initiated (Title 22, CCR, Section 50179).

4. For the Public Assistance (PA)/Other-PA or MN woman who does not have a SOC in the month pregnancy ends, but who has a change in circumstances resulting in eligibility continuing with a SOC during the 60-day postpartum period:

a. Send a timely and adequate Notice of Action to the PA/Other-PA/MN woman, notifying her of her eligibility for extended restricted benefits under the no-SOC 60-Day Postpartum Program.

b. If this woman meets her SOC, MEDS will also issue a Medi-Cal card under the appropriate SOC aid code. This means that she would have two Medi-Cal cards during that one month.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

F. EXAMPLES

1. No SOC -- Aid Code 86 -- Medically Indigent: Gina delivers her baby on October 5, 1988. She continues to be eligible for regular Medi-Cal coverage for the entire month, i.e., until October 31, 1988, and is issued a regular Medi-Cal card. Assuming the 10-day Notice of Action is sent timely, her MI eligibility is terminated and eligibility for the no-SOC postpartum program begins on November 1, 1988, by which date 28 days of the federal program have already elapsed (the 60 days begin on the last day of pregnancy). As the 60th day from the last day of pregnancy falls on December 3, 1988, her eligibility for pregnancy-related and postpartum services ends December 31, 1988. During this time she is issued a no-SOC aid code 76 Medi-Cal card. If she had delivered on October 2, 1988, the 60th day from the last day of pregnancy would have fallen on November 30, 1988, and her no-SOC postpartum eligibility would have ended on the same date.
2. SOC -- Aid Code 87 -- Medically Indigent: Mary delivers her baby on October 25, 1988 and meets her SOC in October. The Notice of Action is sent on October 28, but due to the 10-day notice requirement, her eligibility for regular Medi-Cal coverage with a SOC continues until November 30, 1988. She does not meet her SOC in November and is not issued the regular Medi-Cal card; however, she is still entitled to receive postpartum coverage and is issued a no-SOC aid code "76" Medi-Cal card for November. As the last day of pregnancy is October 25, and the 60th day following is December 23, her no-SOC postpartum eligibility ends on December 31, 1988.
3. Loss of Eligibility During the 60-Day Period: Shirley is four months pregnant. She, her husband, and their two children are on AFDC cash assistance with cash-based Medi-Cal. On March 30, 1988, she suffers a miscarriage. On April 15, her husband wins \$500,000 in the State lottery. The family is discontinued from AFDC cash assistance and denied eligibility for Medi-Cal only due to excess property, effective May 1, 1988. However, she is eligible for the 60-day Postpartum Program because she applied for, was eligible for, and received Medi-Cal services on the last day of pregnancy. This eligibility continues regardless of whether other conditions of eligibility are met during the 60-day period. As the 60th day from the last day of her pregnancy falls on May 28, 1988, she is issued a no-SOC aid code "76" Medi-Cal card for the month of May.
4. Leap Year Disadvantage: Linda delivers her baby on January 1, 1988. Her eligibility for full coverage continues through January 31, 1988. As the 60th day from the last day of pregnancy falls on February 29, 1988, her eligibility for the postpartum program begins February 1 and ends February 29, 1988. The leap year works to Linda's disadvantage. If she had delivered on January 1 in a non-leap year, when February has 28 days, the 60th day would have fallen on March 1, and she would have had an additional month of the postpartum program eligibility, i.e., until March 31.

G. MINOR CONSENT SERVICES -- PREGNANCY-RELATED AND POSTPARTUM SERVICES

For your information, there is no change in the Minor Consent Services Program. If there is no SOC, pregnancy-related and postpartum complications that affect recipients of Minor Consent Services are covered under Minor Consent Service Indicator L-8 (services related to pregnancy or family planning), not under the 60-Day Postpartum Program. If there is a SOC, the minor who meets the SOC in the month pregnancy ends will receive the aid code 76 card. The minor must request the card each month during the 60-day period, as she will not receive it automatically.

H. QUESTIONS AND ANSWERS

Question One: What is the appropriate regulation section of Title 22, California Code of Regulations (CCR), for the 60-Day Postpartum Program?

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

Answer: Section 50260, Title 22, CCR is the regulation which defines the 60-Day Postpartum Program.

Question Two: Exactly when does coverage under the 60-Day Postpartum Program begin and end?

Answer: Coverage under the 60-Day Postpartum Program always begins on the last day of pregnancy and ends on the last day of the month in which the 60th day after pregnancy ends. However, the woman who is eligible for the postpartum program is not to receive an aid code 76 during the month in which her pregnancy ends, because that month is covered under her regular Medi-Cal card. Furthermore, any woman who is to receive a regular Medi-Cal card with no SOC on the first day of a month included in the 60-day period should not receive an aid code 76 card for that month. For example, consider the Medically Indigent (MI) woman whose eligibility for regular Medi-Cal ceases after the month pregnancy ends. If, however, she is to receive a no-SOC full-scope benefits card solely because of the timely Notice of Action requirement, you would not issue her an aid code 76 card. Eligibility for the aid code 76 card, regardless of the month in which it is actually issued, ends on the last day of the month in which the 60th day after pregnancy occurs.

Question Three: Is the MI child eligible for the 60-Day Postpartum Program, and if she has a SOC, does she receive an aid code 76 card?

Answer: Yes. Any female, regardless of age, who has applied for, who is eligible for, and who receives Medi-Cal benefits on the last day of pregnancy is eligible for the 60-Day Postpartum Program. If she would otherwise be discontinued from Medi-Cal or have a SOC, she receives an aid code 76 card. If not, her pregnancy-related and postpartum medical expenses are covered under her no-SOC card.

Question Four: Does the minor who is eligible for Minor Consent Services, who has a SOC and who meets the SOC in the month pregnancy ends, receive the aid code 76 card?

Answer: Yes. The minor who is eligible for Minor Consent Services, who has a SOC, and who meets the SOC in the month pregnancy ends, receives the aid code 76 card. However, the minor must request the card each month during the 60-day period, as she will not receive it automatically. For the minor who has no SOC, pregnancy-related and postpartum services are covered under Minor Consent Services Indicator L-8 (services related to pregnancy or family planning).

Question Five: Is the Supplemental Security Income (SSI) woman eligible for the postpartum program? If so, and if she loses her SSI eligibility during the 60-day period, who issues the aid code 76 card, the Social Security Administration (SSA) or the county welfare department?

Answer: Yes. The SSI woman is eligible for the postpartum program. When the woman who has been discontinued from the SSI program applies for Medi-Cal only (pursuant to the RAMOS process) and the county determines that she applied for, was eligible for, and received Medi-Cal benefits under the SSI program on the last day of pregnancy, MEDS will issue her the aid code 76 card.

Question Six: If the Notice of Action which informs the postpartum beneficiary that she is no longer eligible to receive the aid code 76 card is not sent timely, does the county continue to issue the postpartum card?

Answer: No. If the Notice of Action which informs the postpartum beneficiary that she is no longer eligible to receive the aid code 76 card is not sent timely, the county nonetheless discontinues issuance of the postpartum card. The postpartum program is restricted as to benefits and duration of benefits; therefore, the initial Notice of Action, which informs the beneficiary that she is eligible for the postpartum program, should specify that her "eligibility for this program begins on (DATE) and ends on (DATE)". (Reevaluation of eligibility under another program for the postpartum eligible woman at the end of the 60-day period is discussed in question 15).

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Question Seven: Is a Medi-Cal beneficiary eligible for the postpartum program if she reports a pregnancy only after the month in which it ends? For example, in April 1992, the woman reports on her March MC-176-SAQ, Medi-Cal Status Report (Quarterly), that she miscarried in March. In March, her aid code status was 37 (AFDC-MN-SOC).

Answer: Yes. The woman who is a Medi-Cal beneficiary, who reports a pregnancy only after the month in which it ends, and who meets her SOC, if any, in the month pregnancy ends, is eligible for the postpartum program. The date her pregnancy ends establishes the beginning date of her 60-day eligibility period.

Question Eight: Does the county accept the client's verbal statement regarding the date pregnancy ends, or should it request medical verification?

Answer: The county should request reasonable medical verification regarding the date the pregnancy ends. This is especially true when the pregnancy is reported after the month in which it ends, and ends without delivery of a newborn. In the case in which the client cannot produce reasonable medical verification (e.g., a miscarriage early in the pregnancy), and in conformance with the requirement for a "diligent search to obtain documentation to verify" a client's claim to Medi-Cal eligibility (Title 22, CCR, Section 50167(c)), the county shall obtain a signed and dated affidavit from the client under penalty of perjury that states the date pregnancy ends.

Question Nine: What happens to the Medically Indigent (MI) woman who applies for Medi-Cal before her pregnancy ends, but whose pregnancy ends before eligibility is established? Is she eligible for the 60-Day Postpartum Program? For example, some counties have eligibility workers who take the Medi-Cal application in the hospital from the MI woman who is in labor and ready to deliver.

Answer: The MI woman who applies for Medi-Cal before her pregnancy ends, but whose pregnancy ends before her eligibility is established, is eligible for the 60-Day Postpartum Program, as long as the SOC, if any, for that month is met. Once Medi-Cal eligibility for the last month of pregnancy has been established, the MI woman will have met the criteria for the postpartum program, i.e., that she applied for, was eligible for, and received Medi-Cal benefits on the last day of pregnancy. This also includes a woman who must complete the CA-6 process to establish Medi-Cal eligibility in the month pregnancy ends.

Question Ten: Does a woman continue to be eligible for the 60-Day Postpartum Program even if she is receiving restricted benefits as an undocumented alien?

Answer: Yes. Once a woman is determined eligible for the 60-Day Postpartum Program because she applied for, was eligible for, and received Medi-Cal benefits on the last day of pregnancy, changes in eligibility status, including those relating to citizenship and alienage, do not affect eligibility for this program.

Question Eleven: Which county has responsibility for issuance of the aid code 76 card to the woman who is eligible for the postpartum program and who moves from one county to another during the 60-day program period?

Answer: When the woman who is eligible for the postpartum program moves to a new county during the 60-day program period, she remains the responsibility of the old county until the last day of the month in which her eligibility for the aid code 76 card ends. The designation of county of responsibility is consistent with that which has been made for the four-month and Transitional Medi-Cal (TMC) categories (Title 22, CCR, Section 50137 (a)(2)). Counties can mutually agree to affect an intercounty transfer by establishing a different effective date of discontinuance.

Question Twelve: Especially with regard to the newborn whose Medically Indigent (MI) mother has her Medi-Cal eligibility based solely on pregnancy, may the newborn be covered for the month following the month of birth under the aid code 76 card?

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Answer: Yes. The mother's card (whether for restricted or full-scope services) can be used to bill for medical services furnished to the newborn during the month of delivery and the month following.

Question Thirteen: If the MI woman who has given birth is discontinued from regular Medi-Cal at the end of the month of delivery and receives an aid code 76 card in the following month, must a new application be made to aid her newborn? If so, when must the application be made?

Answer: No application is needed to aid the newborn during the 60-day postpartum period, even if he/she is issued his/her own card. In addition, as of October 1, 1991, even if there will not be other family members on Medi-Cal besides the newborn after the 60-day postpartum period, no application is required for the infant through his/her first year of life. Instead the infant will remain Medi-Cal eligible for a period of one year at zero, or the original SOC, so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal, or would have remained eligible if she were still pregnant. Counties need only copy the original MC 210 and add the infant's name to establish a case in this situation. There is no change in current policy as it pertains to other family members on Medi-Cal, such as other children. The newborn is added to the case without the necessity of a new application or MC-210.

Question Fourteen: If the woman who is eligible for the 60-Day Postpartum Program and who has given birth remains eligible for full-scope benefits with a SOC, must a new application be made to aid her newborn?

Answer: No. As stated in the previous answer, as of October 1, 1991, infants born to women eligible for and receiving Medi-Cal are deemed eligible without the need for an MC 210 or Social Security Number until age one as long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal or would have remained eligible if she were still pregnant. No new application need be made to aid these newborns.

Question Fifteen: Must an MI woman be reevaluated for Medi-Cal before the end of the 60-day postpartum period?

Answer: Yes. An MI woman must be reevaluated for Medi-Cal before the end of the 60-day postpartum period, even if her prior eligibility had been based solely on pregnancy. This reevaluation enables the county to follow-up quickly on any change in the MI woman's eligibility status. In order for the county to obtain information needed to reevaluate the mother's eligibility, the MI woman should be sent an MC-176, Medi-Cal Status Report.

Question Sixteen: If, during the 60-day postpartum period, an MI woman, who was discontinued from regular Medi-Cal at the end of the month in which her pregnancy ends, once again becomes eligible for regular Medi-Cal, should a new CA-1, Application for Public Assistance, be completed?

Answer: No. If, during the 60-day postpartum period, an MI woman is again eligible for regular Medi-Cal, the county should initiate either an interprogram status change or an intraprogram status change, as appropriate. In either case, a new application form is not required.

Question Seventeen: Can a woman who was enrolled in a prepaid health plan or primary care case management plan in the month her pregnancy ended use her aid code 76 Medi-Cal card at the same plan for 60-Day Postpartum Program services?

Answer: At the current time, none of the prepaid health plans or primary care case management plans will accept the aid code 76 card.

Question Eighteen: How will the 60-Day Postpartum Program be administered in Santa Barbara and San Mateo counties?

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Answer: In Santa Barbara County, the beneficiary will receive postpartum care through the Santa Barbara Health Initiative, and in San Mateo County, the beneficiary will receive postpartum care through the Health Plan of San Mateo. The beneficiary will receive a Medi-Cal card indicating aid code 76 and the Health Initiative or Health Plan's name.

Question Nineteen: When is the aid code 76 eligibility established for the woman who has a SOC for the month pregnancy ends?

Answer: The aid code 76 eligibility is established as soon as the county determines that the woman applied for, was eligible for, and received Medi-Cal benefits in the month pregnancy ends. The woman who has a SOC for the month in which her pregnancy ends must first meet that SOC before she is considered eligible for the postpartum program. Therefore, initial aid code 76 eligibility should not be reported until the SOC for the month in which the pregnancy ends is certified by the county or the State and a certification date appears on MEDS.

Question Twenty: Should the aid code 76 card reflect the code for Other Health Coverage?

Answer: Yes. As does the regular Medi-Cal card, the aid code 76 card should reflect the code for Other Health Coverage.