



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

August 31, 2021

Medi-Cal Eligibility Division Information Letter No.: I 21-13

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY MEDS LIAISONS
ALL CONSORTIA/SAWS PROJECT MANAGERS

SUBJECT: POSTPARTUM CARE EXTENSION IMPLEMENTATION

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide implementation instructions to counties for Medi-Cal policy on the Postpartum Care Extension (PCE) under the provisions of the American Rescue Plan Act. This MEDIL provides updated information to All County Welfare Directors Letter 21-15.

Under provisions of H.R. 1319, the American Rescue Plan Act of the 117th Congress 2021-2022 (ARPA) (Pub. Law 117-2), effective April 1, 2022, California's Department of Health Care Services (DHCS) is opting to broaden the scope of coverage for currently eligible and newly eligible pregnant individuals, to the full breadth of medically necessary services during both the pregnancy and postpartum periods, and extend the postpartum period to provide an additional ten months of coverage following the current 60-day postpartum period, for a total of 12 months.

Medi-Cal Postpartum Care Extension under the Provisions of ARPA

Effective April 1, 2022, the Medi-Cal postpartum coverage period will be extended from 60 days to 12 months. The 12-month postpartum coverage period for Medi-Cal eligible pregnant individuals will begin on the day following the last day of the pregnancy and will end on the last day of the month in which the 365th day occurs. Individuals will maintain coverage through their pregnancy and 12-month extended postpartum coverage period regardless of income changes, citizenship or immigration status.

Medi-Cal Access Program (MCAP) Postpartum Care Extension under Health Services Initiative (HSI)

MCAP pregnant and postpartum individuals, through a HSI, will also have their postpartum period extended to 12 months.

Aid Codes

Medi-Cal individuals who are pregnant or in their postpartum period will remain in their full-scope aid code for the duration of pregnancy and 365-day postpartum period. If an individual does not have full-scope or is losing their coverage in a full-scope aid code, individuals may be transitioned to aid code 76 or have aid code 76 run concurrently with other aid codes as a means to protect the pregnancy and postpartum eligibility. Aid code 76 will provide the full breadth of medically necessary services during the pregnancy and/or postpartum period. Please see the chart below as reference.

Current Aid Code	Policy under APRA (effective April 1, 2022): Aid code during pregnancy and 365 days postpartum
Any (MAGI or Non-MAGI, including cash-based) Medi-Cal full scope aid code with zero SOC and no premiums	<p>For MAGI Medi-Cal - Remain in MAGI aid code for duration of pregnancy and 365 days postpartum</p> <p>For Non-MAGI Medi-Cal - Remain in Non-MAGI aid code for duration of pregnancy and 365 days postpartum (to the extent possible, if not possible, use aid code 76 in tandem with the Non-MAGI aid code)</p>
<p>Any NON full scope aid code (restricted scope) that includes postpartum services (Please note: Minor Consent and PE4PW excluded because they do not include postpartum services, and are not covered under ARPA)</p> <p>OR</p> <p>Any full scope aid code in which the individual lost coverage during pregnancy or the postpartum period.</p> <p>NOTE: The only allowable reasons for a PCE protected individual to lose coverage are:</p> <ol style="list-style-type: none"> 1. Deceased 2. Loss of California residency 	<p>Aid code 76 in tandem with the current aid code</p>

3. Client request 4. Supplemental Security Income (SSI) 5. Eligible to another case (CalWORKs)	
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Notices of Action/Snippets

The following CalSAWS notices are to be updated to show the extension of the postpartum period from 60-day postpartum to 365-day postpartum.

MC_AP_POST_PARTUM_APPROVED_M141_EN.xdp (6566)
MC_AP_RESTRICT_MC_NO_SOC_M129 (6559)
MC_AP_RESTRICT_MC_WITH_SOC_M130_EN.xdp (6560)

The following CalWIN notices are to be updated to show the extension of the postpartum period from 60-day postpartum to 365-day postpartum

MC 239 B-1 (07/02)	MC 239 B-4
MC 239 B-1 (07/02)	MC 239 P (04/01)
MC 239 B-1 (07/02)	MC 239 P (7/19)-Yng Adlt Expsn
MC 239 B-1 (07/02)	MC 239 S (07/02)
MC 239 B-3	MC 239 S (7/19)-Yng Adlt Expsn

The above notices are provided to the beneficiary upon initial approval for pregnancy aid codes. For the one-time batch run during April 2022 to reset all current postpartum eligibility from 60 days to 365 days, a one-time NOA to inform the beneficiary of the change must be sent.

Renewals

Changes in family circumstances do not affect the PCE individual's eligibility. Counties must complete a redetermination when the PCE individual approaches the final month of PCE eligibility to evaluate the individual for all Medi-Cal programs,

including non-MAGI eligibility categories as required by [ACWDL17-03](#). Counties must utilize the Medi-Cal Annual Redetermination Process for MAGI Beneficiaries guidance as outlined in [ACWDL 14-32](#) to determine ongoing Medi-Cal eligibility for the PCE individual at the end of their extended postpartum coverage period.

Individuals in their PCE period are protected from being terminated before the end of their 12-month postpartum period. Household redeterminations that occur during the PCE period shall not affect PCE eligibility. Once the PCE period ends, the PCE individual's redetermination date should be aligned with their Medi-Cal household circumstances. If the family members do not cooperate with the redetermination process and are discontinued as a result, the PCE individual remains eligible through the end of the postpartum period.

Negative Actions

The only negative action reasons allowed for the discontinuance of a PCE-eligible beneficiary during the pregnancy or postpartum period are:

1. Deceased
2. Loss of California residency
3. Client request
4. SSI
5. Eligible to another case/program (CalWORKs)

Soft Pause

Counties are to continue to use soft pause functionality with CalHEERS as the mechanism to provide the 365-day postpartum extension in coverage for individuals in a full-scope MAGI Medi-Cal aid code, until the necessary system programming can be completed.

Continuous Eligibility for Pregnancy (CEP)

Individuals who may lose coverage due to an increase in income during their pregnancy or 365-day postpartum period are protected under CEP. Individuals should continue in their current full scope aid code for the duration of pregnancy and 365-day postpartum period.

Share of Cost (SOC)

Individuals in Medi-Cal with a SOC may be eligible for the 365-day postpartum extension. Individuals must meet their SOC in at least one month during pregnancy, and be eligible for Medi-Cal on the last day of pregnancy, in order to be eligible for the 365-day postpartum period. If the individual meets the SOC during the pregnancy, CEP does lock the individual in the lowest SOC for the rest of pregnancy and postpartum period.

Alerts

The following MEDS alerts will be sent to counties at the end of the PCE period to indicate a reevaluation is necessary:

Priority Alert 9562 should be sent when the individual is nearing the end of their PCE period (at the 60 and 30 day point prior to PCE ending).

- 9562 TRANSITION PERIOD EXPIRING - MEDI-CAL REEVALUATION NEEDED

Priority Alert 9561 should be sent in the 11th month of PCE.

- 9561 Transition Period Expiring- Medi-Cal Reevaluation Needed

Priority Alert 9065 should be sent following the end of the PCE period.

- 9065 TRANSITION PERIOD EXPIRED - MEDI-CAL REEVALUATION OVERDUE

Scenarios

Scenario 1 – Beneficiary is in aid code M7 in their pregnancy period with a due date of April 1, 2022. Beneficiary was previously provided a notice with a 60-day postpartum period. Beneficiary reports birth of April 2, 2022. Beneficiary is entitled to the 365-day postpartum period and will remain in aid code M7 through April 2023.

Scenario 2 – On April 1, 2022, beneficiary in aid code M7 in their 60-day postpartum period (pregnancy ended February 1, 2022) which ends April 30, 2022. Beneficiary is entitled to 365-day postpartum period and will remain in aid code M7 through February 2023.

Scenario 3 – Beneficiary applies for Medi-Cal and reports a pregnancy on April 1, 2022 with a due date of June 30, 2022. Beneficiary is approved and placed in aid code M7. Beneficiary is entitled to 365-day postpartum period and will remain in aid code M7 through the postpartum period.

Scenario 4 – Beneficiary in aid code M1 reports a pregnancy on June 1, 2022, with a due date of December 15, 2022. Beneficiary is entitled to 365-day postpartum period. Pregnancy unexpectedly terminates June 30, 2022. The beneficiary will remain protected in aid code M1 for the full 365-day postpartum period, through June 2023, regardless of eligibility changes.

Scenario 5 – Beneficiary in aid code M7 is in 365-day postpartum period scheduled to end June 30, 2023 and reports an increase in income that would place them over the 213 percent of the Federal Poverty Limit (FPL) on July 1, 2022. Beneficiary is eligible for CEP and would remain in postpartum coverage in aid code M7 until June 30, 2023.

Scenario 6 – Beneficiary in aid code 87 with a SOC and a due date of June 1, 2022. Beneficiary reports a decrease in income to under 138 percent of the FPL on May 1, 2022. The county will process the change and redetermine the beneficiary's eligibility to aid code M1 effective May 1, 2022. The beneficiary is now locked-in at \$0 SOC under M1 for the remainder of the pregnancy and the 365-day postpartum period, per the provisions of CEP.

Scenario 7 – Beneficiary in aid code M2 reports a pregnancy on May 1, 2022 with a due date of December 25, 2022. The individual will remain in aid code M2 via CalHEERS soft pause functionality. The county must evaluate for aid code 76 in SAWS to provide full breadth of medically necessary services through the pregnancy and 365-day postpartum period.

Scenario 8 – Beneficiary has full-scope Medi-Cal through a cash aid program in aid code 30. Beneficiary reports a pregnancy with a due date of May 8, 2022. Beneficiary loses eligibility to cash aid during the postpartum period on June 1, 2022. According to Medi-Cal policy, the beneficiary is transitioned to aid code 38. If upon redetermination out of aid code 38 the beneficiary does not qualify for any other full scope no SOC aid code, then the county shall place the beneficiary in aid code 76 for the remainder of the 365-day postpartum period.

Scenario 9 - Beneficiary in aid code M4 has a spouse and 3-year-old child. On April 2, 2022 beneficiary reports a pregnancy with a due date of December 12, 2022. CalHEERS retains the pregnant individual in aid code M4, and aid code 76 is added by the county to run concurrently to provide the full breadth of medically necessary services during pregnancy and postpartum.

Scenario 10 - Beneficiary in aid code M3 has a spouse and 3-year-old child. On April 2, 2022 beneficiary reports a pregnancy with a due date of December 1, 2022. Beneficiary reports birth of November 30, 2022 and the 365-day postpartum period begins. On March 3, 2023, the household reports an increase in household income to 200 percent of the Federal Poverty Level. Beneficiary will be retained in aid code M3 until the end of postpartum period on November 30, 2023, at which point a redetermination of eligibility will be performed to assess ongoing Medi-Cal eligibility beyond the PCE.

Scenario 11 - Beneficiary in aid code M2 reports a pregnancy on May 1, 2022 with a due date of February 1, 2023. Aid code 76 is added to run concurrently with aid code M2 during pregnancy and postpartum period. On June 1, 2022, the pregnancy ends unexpectedly. The beneficiary remains in M2 and 76 for the duration of the 365-day postpartum period through June 2023.

Scenario 12 - Pregnant beneficiary in aid code M8 as of March 1, 2022 with a due date of September 3, 2022. On April 1, 2022 a PCE batch is run and the beneficiary is eligible for the 365-day postpartum period. The beneficiary will remain in aid code M8 and the county will add aid code 76 in SAWS, running concurrently with M8 to provide the full breadth of medically necessary services for the duration of pregnancy and postpartum period.

Scenario 13 - Beneficiary applies on May 10, 2022 for Medi-Cal while pregnant. Beneficiary is approved and receives aid code M9. Due date is October 5, 2022. Birth is reported on November 1, 2022. The beneficiary will remain in aid code M9 for the duration of pregnancy and postpartum period through November 2023.

Scenario 14 - Beneficiary in aid code 87 with a SOC is pregnant with a due date of August 1, 2022. Beneficiary did not meet their SOC during the pregnancy and is therefore not eligible for postpartum coverage.

Scenario 15 - Beneficiary in aid code 87 with a SOC is pregnant with a due date of May 1, 2022. Beneficiary met their SOC on April 4, 2022, and is therefore eligible for 365-day postpartum coverage.

Claiming

Pregnant and postpartum individuals will be afforded the breadth of medically necessary services during both the pregnancy and postpartum periods. Claims for individuals in PCE will not require a pregnancy diagnosis code. Claims for individuals that have another aid code running concurrently with aid code 76 will be paid under aid code 76.

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If you have any questions, or if we can provide further information, please contact Ms. Cynthia Cannon by phone at (916) 345-8090 or by email at Pregnancy@dhcs.ca.gov.

Sincerely,

Original Signed By

Sandra Williams, Chief
Medi-Cal Eligibility Division