



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



DATE February 24, 2022

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

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) errata is to correct previous guidance provided in MEDIL I 21-13 and provide additional information on the implementation of the Postpartum Care Extension (PCE) under the provisions of the American Rescue Plan Act.

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.

Summary of Changes

Updates to MEDIL I 21-13 pages 2 through 7 are recorded using the following:

- ~~strike-through~~ for deleted language; and
- **underline and bold** for adding new language

Additional scenarios have been added.

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Aid Codes

Medi-Cal individuals who are pregnant or in their postpartum period will remain in their full-scope **or pregnancy** aid code for the duration of pregnancy and 365-day postpartum period. If an individual **is not in a pregnancy aid** does not have full-scope, is losing their coverage in a full-scope aid code, **or the aid code does not provide the full breadth of medically necessary services**, the individual should be transitioned to

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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
<p>Any (MAGI or Non-MAGI, including cash-based) Medi-Cal full scope aid code with zero SOC and no premiums and <u>Any MAGI pregnancy aid code M7, M9, M8 and M0</u></p>	<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 <u>Non full scope or Non-MAGI pregnancy</u> 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 3. Client request 4. Supplemental Security Income (SSI) 	<p>Aid code 76 in tandem with the current aid code</p>

5. Eligible to another case (CalWORKs)	
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***Aid code 76 will take precedence when there is more than one aid code.**

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Notices of Action/Snippets

The following CalSAWS notices **have been** updated to show the extension of the postpartum period from 60-day postpartum to 365-day postpartum.

MC_AP_POST_PARTUM_APPROVED_M141_
MC_AP_RESTRICT_MC_WITH_SOC_M130

The following CalWIN notices **have been** updated to show the extension of the postpartum period from 60-day postpartum to 365-day postpartum

MC 239 P (7/19)-Yng Adlt Expsn
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.

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Alerts

The following MEDS Alerts replace the MEDS Alerts provided in MEDIL I 21-13. A new MEDS Alert will be created to provide more detail for when redetermination is due..

Priority Alert 9592 should be sent when the Medi-Cal individual is nearing the end of their PCE period (at the 9th and 10th month)

- **9592 POSTPARTUM PERIOD EXPIRING – REVIEW NEEDED**

Priority Alert 9594 should be sent to MAXIMUS when the MCAP individual is nearing the end of their PCE period (at the 9th and 10th month)

- **9594 ARPA PCE EXTENSION EXPIRING – REEVALUATION NEEDED**

Priority Alert 9504 should be sent when the Medi-Cal individual is in the 11th month of PCE

- **9504 ELIGIBILITY REDETERMINATION DUE**

Priority Alert 9593 should be sent when Medi-Cal individual is in the 12th month of PCE

- **9593 - POSTPARTUM EXPIRED - EVALUATION FOR ONGOING ELIG OVERDUE**

Priority Alert 9595 should be sent to MAXIMUS when the MCAP individuals is in the 12th month of PCE

- **9595 - POSTPARTUM EXCEEDED TWELVE MONTHS - ELIG TERMINATED BY MEDS**

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Comprehensive Perinatal Services Program (CPSP)

CPSP provides individuals with obstetric, psychosocial, nutrition, and health education services, and related case coordination by or under the personal supervision of a physician during pregnancy and the postpartum period. The 60 day postpartum period will be expanded under ARPA to 365 days following the end of the pregnancy.

Retroactive Eligibility

Beneficiaries in pregnancy or a 60 day postpartum period on April 1, 2022 are eligible for the 365 day postpartum expansion. The 365 days should be calculated from the end of pregnancy. A report will be run to provide this benefit automatically. Individuals applying for eligibility in April 2022 can request retroactive coverage for the previous three months (January, February, and March). Individuals found eligible for retroactive coverage will be eligible for the 365 day postpartum period if their pregnancy ended in those three months.

Redetermination

If at redetermination (after April 1, 2022), a beneficiary informs the county that they had been pregnant, in the previous 365 days, the county should calculate the 365 day postpartum period from the end of pregnancy and extend coverage to the beneficiary for any remaining days left in the 365 day period.

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Batch Run

Counties should do a batch run on March 31, 2022 to locate individuals who are pregnant or in a 60-day postpartum period and recalculate the postpartum period to the end of the month in which the 365th day falls after the end of pregnancy.

Scenarios

Scenario 15 - Pregnant beneficiary in aid code M8 or M0 as of March 1, 2022 with a due date of September 3, 2022. On March 31, 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 or M0 and receive the full breadth of medically necessary services for the duration of the pregnancy and postpartum period.

Scenario 16 – Beneficiary is in aid code- M1. Pregnancy ended January 1, 2022 and 60 day postpartum ended March 31, 2022. On April 1, 2022, County will grant beneficiary an additional 10 months of postpartum coverage in aid code 76. The postpartum period will end on January 31, 2023.

Scenario 17 – Beneficiary is pregnant with a due date of May 1, 2022. On April 1, 2022, beneficiary is determined ineligible for aid code M4. County places beneficiary in aid code 76 for the remainder of the pregnancy and postpartum period through May 31, 2023.

Scenario 18 – Beneficiary's pregnancy ended June 1, 2021 and currently does not have Medi-Cal coverage. Beneficiary contacts county regarding postpartum care. Beneficiary is determined eligible for postpartum under aid code 76 through June 30, 2022.

Scenario 19 – Beneficiary applies for Medi-Cal in April 2022 and is granted eligibility in aid code M7. The individual requests retroactive coverage back to January 2022 when the baby was born. The beneficiary is granted 365 days of postpartum beginning February 2022 because they received retroactive eligibility in the month of birth, they are eligible to receive the full 365 postpartum period, including February and March as their first 2 months of postpartum.

Scenario 20 - Beneficiary applies for Medi-Cal in April 2022 and baby was born in January 2022. Beneficiary does not request retroactive coverage. Because the beneficiary did not have Medi-Cal coverage in January (date of birth) the county should not provide 365 days of postpartum.

Scenario 21 – Beneficiary in their 365 day postpartum period request to be disenrolled from Medi-Cal in May 2022, the first month of postpartum. In September 2022, the individual reapplies. Because the individual is still within the 365 day postpartum period timeline, the county should grant eligibility in the previous aid code for the remaining postpartum through May 2023.

Scenario 22 – Beneficiary is in aid code M7 and reports birth of newborn on January 21, 2022 (birth date January 1, 2022). 60-day postpartum end date is March 31, 2022. On March 31, 2022, counties should do a batch run to capture any beneficiary in pregnancy or postpartum coverage. The postpartum period should be recalculated to the end of the month in which the 365th day occurs after the end of pregnancy. This beneficiary's postpartum end date will be recalculated to January 31, 2023.

Pregnancy Web Page

DHCS has created a new web page dedicated to providing pregnancy program information. Updates, frequently asked questions and links to the ARPA PCE outreach flyer are located here: Medi-Cal: Pregnancy

Postpartum Care Expansion for Medi-Cal and the Medi-Cal Access Program Flyer

The ARPA PCE outreach flyer provides information for providers and beneficiaries. County Eligibility Workers should provide a copy of this flyer with notifications sent to any beneficiary who is eligible for full-scope or pregnancy benefits at application or during redetermination or renewal. The flyer will be posted to the Pregnancy web page in English and threshold languages. A copy is attached.

If you have any questions, or if we can provide further information, please contact Ms. Cynthia Cannon by email at Pregnancy@dhcs.ca.gov.

Sincerely,

Original Signed By

Yingjia Huang
Assistant Deputy Director
Health Care Benefits and Eligibility