

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



November 12, 2015

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 15-35

ALL COUNTY ADMINISTRATIVE OFFICERS

ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

ALL COUNTY HEALTH EXECUTIVES

ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: Full-Scope Medi-Cal Expansion for Pregnant Women

The purpose of this letter is to provide information and direction on the new income guidelines for full-scope Medi-Cal for pregnant women.

Senate Bill 857 (Chapter 31, Statutes of 2014) added Welfare and Institutions Code Sections 14005.22 and 14005.225 to authorize the expansion of full-scope Medi-Cal coverage to pregnant women with incomes of zero up to and including 138 percent of the Federal Poverty Level (FPL). The full-scope income limit for pregnant women increased from 60 percent FPL to up to and including 138 percent FPL effective August 1, 2015. The new income range was approved by the Centers for Medicare and Medicaid Services and has been programmed into the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) effective August 1, 2015. This income range will be automatically applied for any eligibility determinations originating from both the CalHEERS and Statewide Automated Welfare Systems.

Impact on New Applicants

Full-Scope - As of August 1, 2015, the income eligibility requirement for pregnant women with incomes of "zero up to and including 138 percent FPL" and meet the full-scope requirements will be enrolled into full-scope Medi-Cal coverage.

Pregnancy-Related Services (included in limited-scope) - As of August 1, 2015, the income eligibility requirement for pregnancy-related Medi-Cal has changed from "above 60 percent FPL" to "above 138 percent FPL up to and including 213 percent FPL."

Pregnant women will be enrolled into one the following aid codes based on their income and citizenship/immigration status:

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• M7 – Income of zero up to and including 138 percent FPL with satisfactory immigration status

- M9 Income above 138 percent FPL up to and including 213 percent FPL with satisfactory immigration status (pregnancy-related services)
- M8 Income of zero up to and including 138 percent FPL without satisfactory immigration status (pregnancy-related services)
- M0 Income above 138 percent FPL up to and including 213 percent FPL without satisfactory immigration status (pregnancy-related services)

Impact on Current Beneficiaries

On September 14, 2015, the Department of Health Care Services (DHCS) sent A Notice of Change in Medi-Cal Benefits for Pregnant Women (enclosed) to current beneficiaries with satisfactory citizenship/immigration status who were approved and enrolled prior to August 1, 2015, in pregnancy-related Medi-Cal in aid code M9 and have incomes above 60 percent and up to and including 138 percent of the FPL. These beneficiaries were notified that they are now eligible for full-scope Medi-Cal coverage and informed of their choice of coverage options. The notice informed the existing pregnant women population in pregnancy-related Medi-Cal coverage that if they had questions about the Managed Care Plan (MCP) choices in their county, the plan's provider network, and the hospitals within the plan's network, they should contact Health Care Options at 1-800-430-4263. Those beneficiaries who live in counties with County Organized Health Systems will automatically be enrolled in their county's MCP.

Pregnant beneficiaries determined eligible for pregnancy-related services under aid code M9 before August 1, 2015, can remain in M9 coverage to maintain continuity of care with their current Medi-Cal fee-for-service providers for the remainder of their pregnancy/postpartum period. These beneficiaries are not required to make any change and were given the option to move to full-scope Med-Cal under aid code M7. To move to full-scope Medi-Cal, the beneficiary must contact her county eligibility worker (CEW). Before making the eligibility aid code change from M9 to M7, the CEW must inform the woman that the change:

- 1) Will require managed care enrollment, which could mean changing her current doctor, clinic, hospital or other providers; and
- 2) Could cause changes in coverage eligibility for other members of her household.

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 Existing pregnant beneficiaries in aid code M7 enrolled in a MCP are not affected by the expansion change. They continue to receive their coverage and benefits as they do today.

- Existing pregnant beneficiaries in aid code M9 with pregnancy-related Medi-Cal are not affected by the change. They continue to receive their coverage and benefits as they do today.
- Existing pregnant beneficiaries without satisfactory citizenship/immigration status in aid codes M0 and M8 will continue to receive pregnancy-related Medi-Cal coverage and will not be affected by this expansion change. They continue to receive their coverage and benefits as they do today.
- Beneficiaries in all other limited scope aid codes that become pregnant will be eligible for pregnancy related services.

The 2015 FPL Chart for income up to and including 138 percent FPL is below:

2015 138% FPL Chart		
Family Size	Annual	Monthly
1	\$16,243	\$1,354
2	\$21,984	\$1,832
3	\$27,725	\$2,311
4	\$33,465	\$2,789
5	\$39,206	\$3,268
6	\$44,947	\$3,746
7	\$50,688	\$4,224
8	\$56,429	\$4,703
Each additional	\$5,741	\$479

DHCS has also issued Provider Bulletins and Newsflashes to ensure that providers are aware of the changes and that these pregnant women are eligible for all medically necessary pregnancy-related Medi-Cal covered services during their pregnancy/postpartum period. The Bulletins also informed the providers on how to correctly bill Medi-Cal for their services to ensure reimbursement by including the pregnancy diagnosis on all claims that are submitted.

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If you have any questions or if we can provide further information, please contact Ms. Cynthia Cannon at 916 552-9499 or email Cynthia.Cannon@dhcs.ca.gov.

Original Signed By

Alice Mak, Chief (Acting) Medi-Cal Eligibility Division

Enclosure