



Lessons from California:

Medi-Cal Coverage Expanded for Pregnant Women

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THE ISSUE:

Until recently, pregnant women in California with incomes up to and including 60% of the federal poverty level (FPL) were eligible for full-scope Medi-Cal, while pregnant women with incomes between 61% FPL to 213% FPL were only eligible for pregnancy-related Medi-Cal. In July, the Centers for Medicare and Medicaid Services (CMS) approved California's request to expand full-scope Medi-Cal coverage to pregnant women up to and including 138% FPL, thereby matching the income level for California's Medicaid expansion to non-pregnant adults. Women with incomes from 139% FPL to 213% FPL are eligible for pregnancy-related Medi-Cal coverage, which the state did not want to call full-scope coverage. CMS evaluated California's "pregnancy-related" Medi-Cal coverage to determine whether to designate it as "minimum essential coverage" (MEC). CMS considers coverage MEC only if it is determined equivalent to the full Medicaid benefits provided to other categorically needy pregnant beneficiaries.

STRATEGY AND ACTIONS:

NHeLP and other advocates strongly advocated with CMS not to designate "pregnancy-related" coverage as MEC until the state agreed to cover all medically necessary services. California agreed and confirmed this coverage is no longer limited to prenatal and hospital and delivery services. It instead provides all medically necessary Medi-Cal services, including dental and family planning services, as determined by the treating provider during the pregnancy and the 60-day postpartum period. The California Department of Health Care Services (DHCS) mailed letters to pregnant enrollees with incomes between 61% FPL to 138% FPL, giving them the choice to stay in their existing Medi-Cal coverage or to move to full-scope Medi-Cal coverage in a managed care plan, which could create disruptions in continuity of care. Advocates worked with DHCS to review notices to consumers, instructions for providers, and proposed policy guidance to counties. As part of that effort, advocates helped to properly define pregnancy-related services to make sure consumer and provider materials clearly state that women in pregnancy-related Medi-Cal are eligible for all medically necessary care during their pregnancies and postpartum periods, and that there will be no excluded services. This was critical both to ensure that enrollees are aware they can seek broader health services and providers are aware they will be reimbursed when providing such services.

ADDITIONAL RESOURCES

[Letter from CMS approving California's request to expand full-scope coverage to 138% FPL](#)

[DHCS website for biweekly Pregnancy Workgroup with key stakeholders](#)

[CMS Guidance on Minimum Essential Coverage](#)