



## Health Coverage Options for Low-Income Pregnant Women in California

Prepared By: [Amy Chen](#)  
Date: December 16, 2016

### Introduction

Pregnancy is a critical stage in life for obtaining proper health services. Early and regular prenatal care is critical to ensuring the health of both mother and fetus.<sup>1</sup> Women who do not have adequate prenatal care during their pregnancies are more likely to suffer, and even die, from pregnancy-related complications.<sup>2</sup> Babies born to mothers who lacked prenatal care are more likely to have poor health outcomes, including preterm birth and low birth weight, than babies born to mothers who received adequate prenatal care.<sup>3</sup> For this reason, eligibility for health coverage for pregnant women has often been more expansive than for other groups of individuals.

Moreover, studies estimate that up to half of all pregnancies are unplanned.<sup>4</sup> Many of these pregnancies occur for younger people, who may not have anticipated or planned to get pregnant. These young people also may not have health insurance coverage, in spite of the Affordable Care Act's individual mandate.<sup>5</sup>

Last, these women are often eligible for many of the health coverage options discussed below during their pregnancy and a specified postpartum period. Given that their pregnancy is the underlying factor making them eligible for that coverage, after the end

---

<sup>1</sup> CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR). RECOMMENDATIONS TO IMPROVE PRECONCEPTION HEALTH AND HEALTH CARE—UNITED STATES: A REPORT OF THE CDC/ATSDR PRECONCEPTION CARE WORK GROUP AND THE SELECT PANEL ON PRECONCEPTION CARE (Apr. 21, 2006), <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>.

<sup>2</sup> Harper MA et al., *Pregnancy-related death and health care services*, 102 OBSTETRICS & GYNECOLOGY 273 (Aug. 2003).

<sup>3</sup> Herbst MA et al., *Relationship of prenatal care and perinatal morbidity in low-birth-weight infants*, 189 AM. J. OF OBSTETRICS AND GYNECOLOGY 930 (October 2003).

<sup>4</sup> Lawrence B. Finer & Mia R. Zolna, *Declines in unintended pregnancy in the United States, 2008–2011*, 374 NEW ENG. J. OF MED. 843 (2016); Lawrence B. Finer & Mia R. Zolna, *Unintended Pregnancy in the United States: Incidence and Disparities, 2006*, 84 *Contraception* 478 (2011).

<sup>5</sup> SUSAN R. TODD & BENJAMIN D. SOMMERS, U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES, OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION, OVERVIEW OF THE UNINSURED IN THE UNITED STATES: A SUMMARY OF THE 2012 CURRENT POPULATION SURVEY REPORT (Sept. 12, 2012), <https://aspe.hhs.gov/basic-report/overview-uninsured-united-states-summary-2012-current-population-survey-report>.

of the pregnancy and the postpartum period women often must transition to some other coverage.

## 1. Coverage Programs

There are several health coverage programs for low-income women who are pregnant, including Medi-Cal, Medi-Cal Access Program, and Covered California.

### a. Medi-Cal Programs

Medi-Cal, California's Medicaid program, provides health coverage for low-income individuals and families, including pregnant women. Medi-Cal is funded by both state and federal dollars. While it is administered by the California Department of Health Care Services (DHCS), individual eligibility is determined by the counties.

As of July 2016, Medi-Cal covered 12.2 million Californians, just over 30% of the state's population.<sup>6</sup> The program also pays for almost half of all births in the state.<sup>7</sup> It is a critical source of health coverage for pregnant women in California.

#### i. Full-scope Medi-Cal

As of August 1, 2015, pregnant women with household incomes from 0% up to and including 138% of the federal poverty level (FPL) are eligible for full-scope Medi-Cal.<sup>8</sup> Pregnant youth up to and including 18 years of age are eligible for full-scope Medi-Cal up to 266% FPL.

For all Medi-Cal programs, the family size of a pregnant woman includes herself plus the number of children she is expected to deliver, and anyone else in her MAGI

---

<sup>6</sup> CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS), MEDICAID & CHIP JUNE & JULY 2016 MONTHLY ENROLLMENT TABLE 1A (Sep. 2016), <https://www.medicaid.gov/medicaid/program-information/downloads/updated-july-2016-enrollment-data.pdf>.

<sup>7</sup> KAISER FAMILY FOUNDATION, BIRTHS FINANCED BY MEDICAID (2010), <http://kff.org/medicaid/state-indicator/births-financed-by-medicaid>.

<sup>8</sup> CAL. WELF. & INST. CODE §§ 14005.22, 14005.225; DEPARTMENT OF HEALTH CARE SERVICES (DHCS), ALL COUNTY WELFARE DIRECTORS LETTER NO. 15-35 ON FULL-SCOPE MEDI-CAL EXPANSION FOR PREGNANT WOMEN (Nov. 12, 2015), <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/ACWDL2015/ACWDL15-35.pdf>. Previously, pregnant women were only eligible for full-scope Medi-Cal with incomes up to and including 60% FPL, or 109% FPL if they had other children. However, California Senate Bill 857, passed in 2014, authorized expansion of full-scope Medi-Cal coverage to pregnant women up to and including 138% FPL. S.B. 857, 2014 Leg., Reg. Sess. (Cal. 2014). In July 2015, Centers for Medicare and Medicaid Services (CMS) approved California's request to expand full-scope Medi-Cal coverage to this population up to and including 138% FPL. CMS, Letter to Chief Deputy Director, Health Care Programs on California State Plan Amendment 14-0021-MM1, [http://www.dhcs.ca.gov/formsandpubs/laws/Documents/14-0021\\_Approved%20Package.pdf](http://www.dhcs.ca.gov/formsandpubs/laws/Documents/14-0021_Approved%20Package.pdf). This change aligned full-scope Medi-Cal coverage for pregnant women with the broader Medi-Cal expansion for low-income adults, which was effective as of January 1, 2014. Pregnant women had been explicitly excluded from coverage under the Medi-Cal expansion program. However, if a woman was already enrolled in the Medi-Cal expansion program and then became pregnant, she was allowed to remain in the program.

household.<sup>9</sup> Thus, a woman with a singleton pregnancy would count as two towards her total household size, a woman with a twin pregnancy would count as three, etc.

To qualify for full-scope Medi-Cal, a pregnant woman aged 19 and above must be a U.S. citizen or qualified immigrant.<sup>10</sup> Additionally, as of May 2016, all children, including pregnant youth, up to and including 18 years of age and with household incomes from 0% FPL up to and including 266% FPL, are eligible for full-scope Medi-Cal, regardless of immigration status.<sup>11</sup> Other Medi-Cal programs that provide health coverage for undocumented pregnant women aged 19 and above are discussed later in this issue brief.

Full-scope Medi-Cal provides comprehensive health coverage for enrollees, including inpatient and outpatient hospital services, mental health and substance use disorder services, laboratory services, prescription drugs, prenatal and postpartum care, abortions, sterilization, limited infertility services, and family planning services.<sup>12</sup> In addition, no premiums or cost sharing are required.<sup>13</sup>

Pregnant women in full-scope Medi-Cal are often enrolled in Medi-Cal managed care plans, where they must typically obtain services from a specific network of providers and obtain a referral from their primary care provider before seeking services from a specialist. However, women do not need to obtain a referral or prior authorization to obtain obstetrical or gynecological care, including care such as family planning services, abortion services, and visits with a woman's health specialist.<sup>14</sup> Pregnant women who were previously receiving fee-for-service Medi-Cal treatment or services for their pregnancies may be eligible for a medical exemption from Medi-Cal managed care enrollment for a period of up to 90 days postpartum.<sup>15</sup>

For abortion and family planning services, Medi-Cal managed care enrollees may also see any Medi-Cal provider of their choice, without prior authorization or medical justification. This applies whether that provider is in or out-of-network, is an individual provider, or a health clinic.<sup>16</sup>

While many women choose to receive their prenatal care, labor and delivery, and postpartum care, in a hospital setting, from an OB/GYN, Medi-Cal also covers access to certified nurse midwife services, as well as freestanding birth centers.<sup>17</sup> This also

---

<sup>9</sup> 42 C.F.R. § 435.603(b).

<sup>10</sup> CAL. WELF. & INST. CODE § 14011.2.

<sup>11</sup> S.B. 75, 2015 Leg., Reg. Sess. (Cal. 2015).

<sup>12</sup> CAL. WELF. & INST. CODE §§ 14132, 14132.4, 14021.4; CAL. CODE REGS. tit. 22, §§ 51341.1, 51309(a).

<sup>13</sup> DHCS, MEDI-CAL PROVIDER MANUAL, PROVIDER REGULATIONS CH. at 9, [http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/provreg\\_z01.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/provreg_z01.doc).

<sup>14</sup> CAL. HEALTH & SAFETY CODE § 1367.695(c).

<sup>15</sup> CAL. CODE REGS. tit. 22, §§ 53887(a)(2)(A)(1).

<sup>16</sup> *Id.*; DHCS, ALL PLAN LETTER NO. 15-020 TO ALL MEDI-CAL MANAGED CARE PLANS ON ABORTION SERVICES (Sept. 30, 2015), <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-020.pdf>.

<sup>17</sup> 42 U.S.C. § 1396d (l)(3)(C).

applies to Medi-Cal managed care plans. If there are no certified nurse midwives in the Medi-Cal managed care plan's provider network, the plan must reimburse an out-of-network certified nurse midwife at a rate at least as high as the Medi-Cal fee-for-service rate. Similarly, if no birthing centers are available in-network, the plan must reimburse an out-of-network birthing center at a rate at least as high as the Medi-Cal fee-for-service rate.<sup>18</sup>

Individuals can apply for Medi-Cal:

- Online at <http://www.coveredca.com> or [benefitscal.com](http://www.benefitscal.com).
- In person by going to a social services agency in the county you live in. A list of agencies by county can be found on the DHCS website at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.
- By mail, by downloading a Single Streamlined Application (good for Medi-Cal, Covered California, and MCAP) online at <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SingleStreamApps.aspx>. The application is available in multiple languages. Print out the application, complete it, and mail it to Covered California, P.O. Box 989725, West Sacramento, CA 95798.
- By phone, by calling the social services agency in the county you live in. A list of agencies by county can be found on the DHCS website at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

Many hospitals and community health clinics also have social workers, patient navigators, or other staff who can help people apply for Medi-Cal coverage.

## ii. Pregnancy-related Medi-Cal

Women aged 19 and older, with incomes from 138% up to and including 213% FPL, are eligible for pregnancy-related Medi-Cal.<sup>19</sup> There is no immigration requirement for pregnancy-related Medi-Cal. Women who are undocumented are also eligible.<sup>20</sup>

Pregnancy-related Medi-Cal is not identical to full-scope Medi-Cal, but it does provide comprehensive coverage.<sup>21</sup> DHCS has confirmed with advocates that all medically necessary services during the pregnancy and postpartum period are covered, and that there are no excluded services. This means that it covers all medically necessary benefits and services during the pregnancy and postpartum period, and is not restricted merely to services related to pregnancy, such as prenatal care, labor and delivery, and

---

<sup>18</sup> DHCS, ALL PLAN LETTER NO. 15-017 TO ALL MEDI-CAL MANAGED CARE PLANS ON PROVISION OF CERTIFIED NURSE MIDWIFE AND ALTERNATIVE BIRTH CENTER FACILITY SERVICES (June 30, 2015), <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-017.pdf>.

<sup>19</sup> CAL. WELF. & INST. CODE §§ 14005.64(c)(3)(A); DHCS, *supra* note 8.

<sup>20</sup> CAL. WELF. & INST. CODE §§ 14007.5, 14007.7.

<sup>21</sup> CMS has stated that "because it is difficult to identify what is 'pregnancy related' and because the health of a pregnant woman is intertwined with the health of her expected child, the scope of such services is necessarily comprehensive." 77 Fed. Reg. 57, 17148-49 (March 23, 2012).

postpartum care.<sup>22</sup> However, some enrollees and providers remain confused about the scope of coverage under pregnancy-related Medi-Cal.<sup>23</sup> Advocates should advise their clients who are on pregnancy-related Medi-Cal, and the providers they see, that the program is not limited to services directly related to pregnancy.

Pregnancy-related Medi-Cal enrollees receive their benefits through fee-for-service Medi-Cal, rather than through managed care plans.<sup>24</sup> This means that enrollees are able to go to a Medi-Cal provider of their choice, rather than having to see a provider within the managed care network.

The application process for pregnancy-related Medi-Cal is identical to that for full-scope Medi-Cal for pregnant women. Women will be enrolled in one program or the other based on their income level and immigration status.

### iii. Presumptive Eligibility for Pregnant Women

Medi-Cal has a program called Presumptive Eligibility (PE) for Pregnant Women to provide immediate, temporary coverage for low-income pregnant women.<sup>25</sup> Under this program, registered PE clinics and hospitals can issue a temporary Medi-Cal card that provides immediate, same day coverage for patients while their regular Medi-Cal application is being processed.<sup>26</sup> For pregnant women the income eligibility is from 0% FPL up to and including 213% FPL.<sup>27</sup>

There is no immigration requirement for presumptive eligibility for pregnant women. Women who are undocumented are also eligible.

---

<sup>22</sup> Letter from Vikki Wachino, Dir., CMS to Mari Cantwell, Chief Deputy Dir., Health Care Programs, DHCS on Designation of Minimum Essential Coverage (Feb. 12, 2016) (stating that California's pregnancy related Medi-Cal program "consists of the same medically necessary benefits and services" available to categorically needy pregnant beneficiaries with full-scope Medi-Cal.).

<sup>23</sup> For example, Maternal Child and Health Access has documented instances of women being unable to access coverage for such issues as broken bones, osteomyelitis, brain tumors, heart disease, or physical therapy. MATERNAL AND CHILD HEALTH ACCESS SPECIAL SESSION ALERT (July 23, 2013), <http://www.mchaccess.org/pdfs/alerts/Regular%20Session%20Memo%20July%2023%202013.pdf>.

<sup>24</sup> DHCS, ALL COUNTY WELFARE DIRECTORS LETTER NO. 11-39 ON MEDI-CAL MANAGED CARE PLAN ENROLLMENT – EXEMPTION FOR PREGNANT WOMEN (Nov. 9, 2011), <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/c11-39.pdf>.

<sup>25</sup> 42 C.F.R. § 435.1110; CAL. WELF. & INST. CODE § 14011.66; DHCS, MEDI-CAL PROVIDER MANUAL, PRESUMPTIVE ELIGIBILITY CH. at 1, [http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/presum\\_m00o03p00.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/presum_m00o03p00.doc); DHCS, MEDI-CAL PROVIDER MANUAL, HOSPITAL PRESUMPTIVE ELIGIBILITY PROGRAM PROCESS CH. at 1, [http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/hospitalpresum\\_i00.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/hospitalpresum_i00.doc); DHCS, *Hospital Presumptive Eligibility Program Frequently Asked Questions*, [http://files.medi-cal.ca.gov/pubsdoco/aca/aca\\_HPE\\_faq.asp](http://files.medi-cal.ca.gov/pubsdoco/aca/aca_HPE_faq.asp).

<sup>26</sup> DHCS, *Information for Women Interested In Presumptive Eligibility (PE) For Pregnant Women*, [http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE\\_Info\\_women.aspx](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE_Info_women.aspx).

<sup>27</sup> DHCS, MEDI-CAL PROVIDER MANUAL, PRESUMPTIVE ELIGIBILITY CH, *supra* note 25 at 7; DHCS, ATTACHMENT B: HOSPITAL PRESUMPTIVE ELIGIBILITY AID CODE TABLE, <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/HPE/HospitalPEAidCodeTable.pdf>.



While presumptive eligibility for pregnant women covers abortions as well as most ambulatory outpatient prenatal care, including dental services, it does not cover family planning services, labor and delivery, or any inpatient care.<sup>28</sup> Thus, it is important that a woman on presumptive eligibility complete and follow up on the status of her Medi-Cal application.

To apply, a woman must seek services at either a clinic or hospital that is registered with the state as a Medi-Cal presumptive eligibility provider. The clinic or hospital will ask the woman for a self-attestation of income, her household size, and confirm that she is a resident of California.<sup>29</sup> Medical verification of pregnancy is not required to enroll or to remain in the program.<sup>30</sup> A woman can be enrolled in the program and begin receiving services that same day.<sup>31</sup>

The initial period of presumptive eligibility lasts until the end of the month following the month of the PE application.<sup>32</sup> During that time, women should complete a full Medi-Cal application and follow up on the status of their eligibility with their local county social services agency. In the meantime, the woman's medical provider should extend presumptive eligibility until a final determination of Medi-Cal eligibility is made.<sup>33</sup> In doing so, a provider must accept a woman's self-attestation that she has submitted a full Medi-Cal application.<sup>34</sup>

A list of clinics that are qualified presumptive eligibility providers can be found at <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Find-a-Qualified-Provider-to-Enroll.aspx>. A list of hospitals that are qualified as presumptive eligibility providers can be found at <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/HospitalPE.aspx>. More information can be obtained by calling the presumptive eligibility support unit at 1-800-824-0088.

## **b. Other Health Coverage Programs**

### **i. MCAP (Medi-Cal Access Program)**

MCAP stands for the Medi-Cal Access Program. This program was previously known as AIM, or Access for Infants and Mothers. As of December 2016, it remains a separate public health coverage program for pregnant women whose household income is too high to qualify for Medi-Cal. However, DHCS is in the process of integrating some parts

---

<sup>28</sup> 42 U.S.C. § 1396r-1(a); CAL. WELF. & INST. CODE § 14148.7; DHCS, *supra* note 26; DHCS, MEDI-CAL PROVIDER MANUAL, PRESUMPTIVE ELIGIBILITY CH., *supra* note 25 at 19, 28-29.

<sup>29</sup> DHCS, MEDI-CAL PROVIDER MANUAL, PRESUMPTIVE ELIGIBILITY CH., *supra* note 25 at 1-7.

<sup>30</sup> DHCS, *Presumptive Eligibility for Pregnant Women*, <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE.aspx>.

<sup>31</sup> 42 U.S.C. § 1396r-1(b)(1)(A); CAL. WELF. & INST. CODE § 14148.7.

<sup>32</sup> DHCS, MEDI-CAL PROVIDER MANUAL, PRESUMPTIVE ELIGIBILITY CH., *supra* note 25 at 10; 42 U.S.C. § 1396r-1(b)(1)(B)(ii); CAL. WELF. & INST. CODE § 14148.7.

<sup>33</sup> DHCS, *supra* note 30.

<sup>34</sup> *Id.*

of the MCAP program with Medi-Cal. MCAP covers women during their pregnancy and postpartum period.<sup>35</sup>

A woman is eligible for MCAP if she has an income above 213% up to and including 322% FPL, and she does not have any other health coverage that covers her pregnancy, or has health coverage with a costly maternity-only deductible or copayment (where “costly” is defined as greater than \$500).<sup>36</sup>

Like Medi-Cal, for MCAP eligibility, the family size of a pregnant woman includes herself plus the number of children she is expected to deliver and anyone else in her MAGI household.

MCAP does not have any copayments, coinsurance, or deductibles. However, there is a cost to enroll in MCAP, which is 1.5% of the woman’s modified adjusted gross income.<sup>37</sup> This is not considered a monthly premium, but rather a total cost for the duration of enrollment in the program. A woman has the option of either paying the 1.5% as a lump sum when she submits her application, in which case she will get a \$50 discount, or she can break up the 1.5% total cost into twelve monthly payments.<sup>38</sup>

There is no immigration requirement for MCAP.<sup>39</sup> Women who are undocumented are also eligible.

MCAP provides comprehensive coverage, including doctor visits, hospital inpatient and outpatient services, preventive care, maternity care, prescription drugs, mental health care, alcohol and drug abuse treatment, and family planning services including abortion, sterilization, and FDA-approved contraception.<sup>40</sup> As of December 2016, it does not provide dental coverage. For a detailed list of the services covered under MCAP, please see the MCAP website at <http://mcap.dhcs.ca.gov/Services>.

Most MCAP enrollees receive their services through a single contracted managed health care plan in their county. A small number of counties have more than one MCAP health plan, in which case enrollees can choose which plan to enroll in. For a list of the MCAP health plans available in each county, please see the MCAP website at [http://mcap.dhcs.ca.gov/plans\\_providers/Health\\_Plans.aspx](http://mcap.dhcs.ca.gov/plans_providers/Health_Plans.aspx).

---

<sup>35</sup> CAL. WELF. & INST. CODE § 15840(a).

<sup>36</sup> CAL. WELF. & INST. CODE § 15832(a)(1)(B) (taking into account 5% income disregard brings figures to 214% and 322%); CAL. CODE OF REGS. tit. 10, § 2699.200; DHCS, MEDI-CAL ACCESS PROGRAM UNIT, MEDI-CAL ACCESS PROGRAM HANDBOOK, 10 (2015), [http://mcap.dhcs.ca.gov/Publications/MCAP\\_Handbook\\_en.pdf](http://mcap.dhcs.ca.gov/Publications/MCAP_Handbook_en.pdf).

<sup>37</sup> DHCS, *supra* note 36 at 15.

<sup>38</sup> *Id.*

<sup>39</sup> CAL. WELF. & INST. CODE §§ 15832(a)(1)(A); CAL. CODE REGS. tit. 10, §§ 2699.200(b)(1)(B).

<sup>40</sup> DHCS, *supra* note 36 at 4-7; CAL. CODE REGS. tit., 10 § 2699.300.

A woman can apply for MCAP at any time during her pregnancy online at <http://www.coveredca.com>.<sup>41</sup>

## ii. Covered California

Covered California is the state's health insurance exchange, or Marketplace. It is a virtual health insurance marketplace where people can go to research, compare, and purchase health insurance coverage for themselves and their families. A single application submitted via the Covered California website at [www.coveredca.com](http://www.coveredca.com) is an application for all insurance affordability programs, including Medi-Cal, MCAP, and Covered California health plans.

As noted above, pregnant women who are citizens or qualified immigrants with household incomes from 0% FPL up to and including 138% FPL qualify for free full-scope Medi-Cal. Those above 138% FPL up to and including 213% FPL qualify for free pregnancy-related Medi-Cal. Those with incomes above 213% FPL up to and including 322% FPL qualify for relatively affordable coverage through MCAP. These programs will meet the needs of many low-income pregnant women.

However, some higher-income women may still not be eligible for any of these programs. Women with incomes up to 400% FPL, who purchase insurance on Covered California, may be eligible for advanced premium tax credits (APTCs) and cost-sharing reductions to help bring down the cost of their health insurance coverage.<sup>42</sup> The tax credits are paid directly to the health plan and go towards reducing the cost of the individual's monthly premiums. Women with incomes above 400% FPL may buy unsubsidized coverage from Covered California.

Unlike Medi-Cal and MCAP, Covered California counts a pregnant woman as a household of one. This is the case regardless of how many children she is expected to deliver. Once the child or children are born, they are counted as part of the MAGI household.

The Covered California immigration rules are slightly different from Medi-Cal's. Anyone who is "lawfully present" can buy health insurance through Covered California. For a full list of the groups considered to be lawfully present, please see <https://www.healthcare.gov/immigrants/immigration-status>. Undocumented immigrants are not eligible for APTCs and also cannot apply for coverage on Covered California.<sup>43</sup>

---

<sup>41</sup> If she is income eligible for MCAP, a pregnant woman who applies through <http://www.coveredca.com> will be enrolled in MCAP. However, she can choose to switch to Covered California.

<sup>42</sup> 26 U.S.C. §§ 36B(a), (b)(3)(A)(i); 42 U.S.C. §§ 18071(a), (c)(1)(A).

<sup>43</sup> Covered California has submitted an ACA Section 1332 waiver, seeking permission from the federal government to allow immigrants who are not lawfully present to buy unsubsidized health insurance through Covered California. Covered California is waiting for the waiver approval process to proceed. [http://hbex.coveredca.com/stakeholders/Covered%20California%201332%20Waiver/Covered%20California%201332%20Application\\_Finalcombined\\_093016.pdf](http://hbex.coveredca.com/stakeholders/Covered%20California%201332%20Waiver/Covered%20California%201332%20Application_Finalcombined_093016.pdf). (Sept. 30, 2016).



The Affordable Care Act requires that all plans offered through Covered California include a comprehensive set of health services, known as essential health benefits.<sup>44</sup> Maternity and newborn care is one of these essential benefits.<sup>45</sup> As such, all Covered California health plans include maternity and newborn care. However, depending on the specific plan chosen, deductibles and co-payments associated with maternity and newborn care will vary.<sup>46</sup>

A woman can apply for coverage online on the Covered California website at <http://www.coveredca.com>, or by calling the Covered California Service Center at 1-800-300-1506. However, note that someone can only enroll in Covered California during the open enrollment period, which typically runs for three months from the beginning of November to the end of January. To enroll outside the open enrollment period a person must have a qualifying life event that triggers a special enrollment period.

Pregnancy is not a qualifying life event for special enrollment in Covered California. However, where a child is born, adopted, or received into foster care, if he/she qualifies for a special enrollment period, then the entire household can use that special enrollment period to enroll in coverage. Other examples of circumstances that qualify for special enrollment include loss of other minimum essential coverage, getting married or divorced, and becoming a citizen. There are many more qualifying events. For a full list, see the Covered California website at <http://www.coveredca.com/individuals-and-families/getting-covered/special-enrollment/qualifying-life-events>. Also, note that a woman can apply for Medi-Cal and MCAP at any time during the year and does not need a special enrollment period to apply for these programs.

### iii. FamilyPACT

Contraception coverage is an important consideration for many women, especially those who have just had a baby. Contraception for women is a required covered service under Medi-Cal and private health plans, included Covered California plans.

For individuals who have no family planning coverage, or who are unable to access their coverage or have confidentiality concerns, FamilyPACT (Planning, Access, Care, and Treatment) may be available. FamilyPACT provides free comprehensive family planning services to both women and men whose income is from 0% FPL up to and including 200% FPL.<sup>47</sup> There is no age restriction.<sup>48</sup> Individuals qualify if they do not have other family planning coverage, or have a barrier to using their health insurance

---

<sup>44</sup> 42 U.S.C. §§ 18022(a)(1), (b); CAL. HEALTH & SAFETY CODE, § 1367.005(a)(1); CAL. INS. CODE, § 10112.27(a)(1).

<sup>45</sup> 42 U.S.C. § 18022(b)(1)(D); CAL. HEALTH & SAFETY CODE, § 1367.005(a)(1); CAL. INS. CODE, § 10112.27(a)(1).

<sup>46</sup> 42 U.S.C. § 18022(d).

<sup>47</sup> CAL. WELF. & INST. CODE § 24003; DHCS, STATE PLAN AMEND. 10-014 ATTACHMENTS. 3.1-A, 2.2-A (July 1, 2010), <http://www.dhcs.ca.gov/formsandpubs/laws/Documents/10-014%20Recent%20Amendment.pdf>.

<sup>48</sup> CMS, LETTER SMDL #10-013 TO STATE HEALTH OFFICIALS ON FAMILY PLANNING SERVICES OPTION AND NEW BENEFIT RULES FOR BENCHMARK PLANS, 2 (July 2, 2010), <http://www.medicaid.gov/federal-policy-guidance/downloads/smd10013.pdf>.

coverage to access family planning services.<sup>49</sup> A typical barrier arises when an individual wishes to keep family planning services confidential, but they are not otherwise able to access those services through their other health insurance coverage without their spouse, partner, or parents being notified or informed. There is no immigration requirement for FamilyPACT. Individuals who are undocumented are also eligible.

The services available through FamilyPACT are limited to specific reproductive health services for women, men, and adolescents. All FDA-approved prescription contraceptive drugs and devices are covered, including intrauterine devices, oral contraceptives, prescriptions, and subdermal implants.<sup>50</sup> Emergency contraception is also covered, as is pregnancy testing, Pap smears, sterilization, and preventive health services such as HIV-testing and breast and cervical exams.<sup>51</sup> FamilyPACT does not cover abortions, prenatal services, or labor and delivery.

An individual can sign up for FamilyPACT with specific health providers and clinics that are registered as FamilyPACT providers. For a list of FamilyPACT providers, visit <http://www.familypact.org> or call 800-942-1054.

FamilyPACT enrollees have coverage for one full year, and must reapply again on a yearly basis.<sup>52</sup> Enrollees may receive retroactive reimbursement for family planning services received up to three months prior to enrollment in the program.<sup>53</sup>

## 2. Special Considerations

There are some special considerations that pregnant women must understand when learning about what health coverage is best for them.

### a. Transitions Between Programs

Given that both Medi-Cal and MCAP include in the household calculation for pregnant women the number of children she is expected to deliver, there are often circumstances where a woman has additional health coverage options once she becomes pregnant. If a woman is pregnant at the time that she is applying for coverage, and she is income eligible for full-scope Medi-Cal (from 0% FPL up to and including 138% FPL) or pregnancy-related Medi-Cal (above 138% FPL up to and including 213% FPL), she will be enrolled in one of those programs. She will not be eligible for Covered California with APTCs.<sup>54</sup>

---

<sup>49</sup> CAL. WELF. & INST. CODE § 24003(a)(3); DHCS, MEDI-CAL PROVIDER MANUAL, FAMILY PACT POLICIES, PROCEDURES AND BILLING INSTRUCTIONS MANUAL, CLIENT ELIGIBILITY DETERMINATION CH. at 3, [http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/fpact/clienteligdet\\_f00.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/fpact/clienteligdet_f00.doc).

<sup>50</sup> CAL. WELF. & INST. CODE § 14132(aa)(8).

<sup>51</sup> CAL. WELF. & INST. CODE § 14132(aa)(8).

<sup>52</sup> DHCS, *supra* note 49 at 1.

<sup>53</sup> *Id.*

<sup>54</sup> 26 U.S.C. § 36B(c)(2)(B)(i).

A woman who becomes pregnant while enrolled in a Covered California health plan is not obligated to report her pregnancy because her household size has not changed under Covered California's eligibility rules. However, if she reports her pregnancy, and if, based on the new information, she is newly eligible for Medi-Cal, then she has a choice whether to enroll in Medi-Cal or to stay in her Covered California health plan.<sup>55</sup>

Since full-scope Medi-Cal for pregnant women and pregnancy-related Medi-Cal have no premiums, co-pays, or deductibles, those programs may be more desirable options for many women than remaining in their Covered California health plan. However, women who prefer to continue seeing the same providers in their existing health plan may wish to remain in Covered California.

All of the health coverage programs described above cover women during the pregnancy and postpartum period. The postpartum period lasts until the last day of the month in which the 60th day following the end of pregnancy occurs. At that point, women might need to transition to other health insurance coverage. Depending on their income level, this coverage could be Medi-Cal or Covered California.<sup>56</sup> Women on Medi-Cal whose income is above 138% FPL and who are no longer eligible for Medi-Cal or MCAP coverage may qualify for Covered California. They could enroll outside of open enrollment through a special enrollment period due to the "loss of minimum essential coverage" qualifying life event.<sup>57</sup>

## **b. Abortion Access**

All Medi-Cal programs discussed above cover abortions, as do MCAP and most Covered California health plans.<sup>58</sup>

Medi-Cal managed care enrollees can go to any Medi-Cal provider of their choice for abortion services, at any time and for any reason, regardless of whether the provider is in-network or out-of-network.<sup>59</sup> In addition, Medi-Cal managed care plans are not

---

<sup>55</sup> The IRS has issued guidance indicating that where a QHP enrollee becomes eligible for pregnancy based Medi-Cal that is considered MEC, it will only be considered MEC if the individual actually enrolls in that coverage. Thus, pregnant women already enrolled in a QHP, who subsequently become eligible for pregnancy related Medi-Cal, can keep their QHP subsidies, rather than losing those subsidies and having to enroll in Medi-Cal. I.R.S., NOTICE 2014-71, 2-3 (Nov. 7, 2014), <https://www.irs.gov/pub/irs-drop/n-14-71.pdf>.

<sup>56</sup> Where a new baby is eligible for Covered California coverage, his/her birth qualifies the entire family for a special enrollment period. The household can apply for Covered California coverage for the new baby and any other family members at this time.

<sup>57</sup> 45 C.F.R. § 155.420(d)(1)(i), (iii); 10 CCR § 6504(a)(1)(C)-(D).

<sup>58</sup> The multi-state plans offered through Covered California cover abortion only in cases of rape, incest, or when a pregnancy threatens the life of a woman. 42 U.S.C. § 18054(a)(6); U.S. OFFICE OF PERS. & MGMT., LETTER NO. 2015-001 TO MULTI-STATE PLAN PROGRAM ISSUERS ON MULTI-STATE PLAN PROGRAM CALL LETTER FOR PLAN YEAR 2016 (2015), [http://www.opm.gov/media/4949664/msp\\_call\\_letter\\_2016.pdf](http://www.opm.gov/media/4949664/msp_call_letter_2016.pdf).

<sup>59</sup> DHCS, ALL PLAN LETTER NO. 15-020 TO ALL MEDI-CAL MANAGED CARE PLANS ON ABORTION SERVICES (Sept. 30, 2015), <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-020.pdf>.

allowed to require either medical justification or prior authorization for outpatient abortion services.<sup>60</sup>

### **c. Health Coverage for a Newborn**

The Affordable Care Act requires that most individuals, including children, have health insurance coverage or face a penalty. This means that parents must make arrangements for health coverage for their newborns.

If a woman is enrolled in Medi-Cal – including full-scope Medi-Cal, pregnancy-related Medi-Cal, or presumptive eligibility – at the time she gives birth to her baby, then she does not need to submit a brand new Medi-Cal application for her baby. She must notify the county social services agency of her baby’s birth, and the county should enroll the baby in free full-scope Medi-Cal. The baby will remain eligible for Medi-Cal until his/her first birthday, regardless of any change in household income during that time. This is called “deemed eligibility” for newborns.

Babies born to mothers on MCAP are also eligible for enrollment into full-scope Medi-Cal for their first year of life regardless of income.<sup>61</sup> Similarly, women must notify the program of their baby’s birth to activate coverage.<sup>62</sup> Newborns born to mothers on MCAP are eligible to remain on Medi-Cal up to the age of two, with family incomes up to 322% FPL.<sup>63</sup>

Families on Covered California must report a new baby to Covered California within 30 days so that they can add the baby to their health plan.<sup>64</sup> Where a new baby is eligible for Covered California coverage, his/her birth qualifies the entire family for a special enrollment period. The household can apply for Covered California coverage for the new baby and any other family members at that time. The new coverage can be effective back to the baby’s birth or a date of their choosing after birth.<sup>65</sup> If a woman is already enrolled in a Covered California health plan at the time she gives birth, her baby will be automatically covered by her health plan during the first month after birth. After that, she must affirmatively enroll her baby in coverage.

### **d. Undocumented Immigrants**

There are no immigration requirements for pregnancy-related Medi-Cal, presumptive eligibility for pregnant women, MCAP, or FamilyPACT. Undocumented women are eligible for these programs without restriction.

---

<sup>60</sup> *Id.*

<sup>61</sup> CAL. WELF. & INST. CODE §§ 15832(a)(3)(A), 15840(a); DHCS, *supra* note 36 at 2.

<sup>62</sup> DHCS, *supra* note 36 at 3.

<sup>63</sup> CAL. WELF. & INST. CODE §§ 15832(a)(3)(B)(i) (taking into account 5% income disregard brings figure to 322%).

<sup>64</sup> Covered California, *Reporting a Change*, <http://www.coveredca.com/members/reporting-a-change>.

<sup>65</sup> CAL. CODE REGS. tit. 10, § 6504; 45 C.F.R. § 155.420.

Beginning May 1, 2016 Medi-Cal expanded full-scope Medi-Cal eligibility to all undocumented children, up to and including age 18, with household incomes from 0% FPL up to and including 266% FPL.<sup>66</sup> There are an estimated 170,000 undocumented children across the state newly eligible for this program. Pregnant youth up to and including 18 years of age are also eligible for this Medi-Cal expansion.

Children born in the United States are natural born U.S. citizens, regardless of the citizenship and immigration status of their parents. They are eligible for all public benefits, including CalWORKS, CalFresh, SSI, and Medi-Cal, if they meet other income and eligibility requirements.

#### **e. Pregnant and Parenting Teens**

Pregnant and parenting teens may have unique health coverage concerns, both due to their age and to the fact that they may prefer to keep their health services confidential from their parents or adult guardians.

If a teen is covered by her parents' health insurance, she can use it. Under the ACA, dependents are now permitted to stay on their parents' plans up to the age of 26.<sup>67</sup> If a pregnant or parenting teen is opting to use her parents' health insurance, but would like to keep her health services confidential, she can submit a Confidential Communication Request to the health plan, which requires the plan to keep confidential any health care services she receives while using that health insurance coverage.<sup>68</sup> This allows a teen to keep confidential either sensitive services – such as sexual and reproductive health services, sexual assault services, and drug treatment – or any services that she believes could lead to harm or harassment if the primary policy holder on the plan found out about it. This option is available to all individuals insured under another person's health plan, such as a child covered by a parent's plan, or someone covered by their spouse's plan.

After submitting a Confidential Communications Request, the health plan is required to send any communications related to the health treatment, including billing communication, to the specific mailing address or alternate contact (such as an email address) that the requestor provides. A teen must affirmatively request the confidential services, either verbally by phone or in writing, using a generic or health plan specific form. For more information about keeping information about health services confidential and how to submit a Confidential Communication Request, please see the website <http://myhealthmyinfo.org>.

Additionally, some community health clinics and Planned Parenthood clinics will see teens confidentially and charge what she is able to pay, without taking into consideration her parents' income.

---

<sup>66</sup> S.B. 75, 2015 Leg., Reg. Sess. (Cal. 2015).

<sup>67</sup> 42 U.S.C. § 300gg-14.

<sup>68</sup> S.B. 75, 2014 Leg., Reg. Sess. (Cal. 2014).



A pregnant youth applying for Medi-Cal, who lives in the same household as her parents, will typically have to get consent from her parents and include her parent's income. However, Medi-Cal has a special income disregard program to help higher income pregnant minors qualify for health coverage. If a pregnant minor's family/household income exceeds the income limit for Medi-Cal coverage, she must be screened again for eligibility while disregarding all parental income. Only the minor's personal income – if the minor has her own income – should be considered.

To qualify for the income-disregard, eligible minors must either be:

- under 21, living with their parent(s), and not filing a tax return for the taxable year; *or*
- under 21, and being claimed as a tax dependent by their parent(s), even if not living with them.<sup>69</sup>

In addition, pregnant teens who wish to receive services related to their pregnancy without parental consent have the option to enroll in minor consent Medi-Cal, a program which provides confidential sensitive health services to teens.<sup>70</sup> Minors are eligible if they are under 21, living in their parent's home, and are California residents.<sup>71</sup> There is no immigration requirement. Services can be obtained without parental consent, and eligibility is determined based on the minor's income alone, if the minor has income.<sup>72</sup> For minors with their own income, the income limit to qualify for minor consent Medi-Cal is from 0% FPL up to and including 138% FPL.<sup>73</sup> Teens getting services through the minor consent program must re-certify their need for services each month.<sup>74</sup>

Minor consent Medi-Cal is not full health insurance coverage, like regular Medi-Cal. It covers a limited range of services, including:<sup>75</sup>

- Contraception including emergency birth control
- STD/STI testing and treatment
- Abortions
- Pregnancy services including

---

<sup>69</sup> 42 C.F.R. § 435.222; CMS, APPROVED CALIFORNIA STATE PLAN AMENDMENT 13-029, (Jan. 14, 2015), <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CA/CA-13-029.pdf>.

<sup>70</sup> CAL. FAM. CODE § 6925(a); CAL. WELF. & INST. CODE § 14010. Note that there are some very limited circumstances involving mental health and substance abuse treatment, in which a provider could involve the parent. NATIONAL CENTER FOR YOUTH LAW, CALIFORNIA CONFIDENTIALITY LAW: WHEN PARENTS MAY ACCESS ADOLESCENT MEDICAL RECORDS (2006), <http://teenhealthlaw.org/wp-content/uploads/2015/05/California-ParentAccessRules.pdf>.

<sup>71</sup> CAL. DEP'T OF HEALTH SERVS., LETTER NO. 183 TO ALL HOLDERS OF MEDI-CAL ELIGIBILITY PROCEDURES MANUAL ON MINOR CONSENT MEDI-CAL CHANGES, 4V-1 TO 4V-3 (Aug. 12, 1997), <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/c183.pdf>.

<sup>72</sup> DHCS, MEDI-CAL PROVIDER MANUAL, MINOR CONSENT PROGRAM CH. at 1, [http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/minor\\_m00i00o03v00.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/minor_m00i00o03v00.doc).

<sup>73</sup> CAL. WELF. & INST. CODE § 14005.4.

<sup>74</sup> DHCS, MEDI-CAL PROVIDER MANUAL, ELIGIBILITY RECIPIENT IDENTIFICATION CARDS CH. at 4, [http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/eligreccrd\\_z01.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/eligreccrd_z01.doc); CAL. DEP'T OF HEALTH SERVS., *supra* note 71 at 4V-3.

<sup>75</sup> DHCS, *supra* note 72 at 3-5.

- Pregnancy testing
- Prenatal care
- Labor and delivery
- Postpartum care
- Mental health services
- Drug and alcohol treatment services

Pregnant teens who do not want their parents to know about the health services they are receiving can apply for minor consent Medi-Cal either at their local county social services office or community health clinic.

## **Conclusion**

Pregnancy is an important time for women to obtain proper health services. Public health coverage programs acknowledge this by providing more generous income limits for pregnant women and specific programs aimed at covering women during the pregnancy and postpartum periods. However, challenges remain for pregnant and postpartum women transitioning between programs, undocumented immigrants, and pregnant and parenting teens. Pregnant women also continue to face barriers in accessing specific services such as abortions. Advocates must remain vigilant to ensure that all pregnant and postpartum women enrolled in Medi-Cal and other health coverage programs are able to seamlessly obtain and retain comprehensive coverage and services that meets their needs.