



Accessing Medi-Cal Coverage & Services for your Pregnancy

Medi-Cal covers nearly a third of all Californians and pays for almost half of the births in the state. This fact sheet provides an overview of Medi-Cal coverage options and how to protect your rights to access necessary care for your pregnancy.

Are there special programs under Medi-Cal if I'm pregnant?

Yes, Medi-Cal has multiple categories of coverage for pregnant individuals. If you already have full scope Medi-Cal and become pregnant, all of your pregnancy and non-pregnancy related services should be covered. If you do not have coverage and apply for Medi-Cal while you are pregnant, you can potentially qualify for both full scope Medi-Cal coverage or coverage that is limited to pregnancy related services. The table to the right highlights the most common pregnancy related eligibility categories. The other side of this flier describes covered pregnancy related services.

How do I apply for Medi-Cal?

You can apply for Medi-Cal online, in-person, the mail, and potentially through your doctor's office.

- Apply for Medi-Cal online through Covered California's website.
- To apply in person, find your local county Medi-Cal eligibility office or a local enrollment assistance program.
- Download the application to submit by mail.
- Ask your doctor or clinic if they offer Presumptive Eligibility for Pregnant Women or check the list of providers.

Medi-Cal's Pregnancy Related Categories

| Medi-Cal Type | Income Limits | Scope of Coverage and other notes |
|--|---|--|
| Adult Expansion (19-64) | 0-138% of the poverty level (e.g. \$1,677/month for household of 1) | Full scope comprehensive coverage (not limited to pregnant individuals), including pregnancy related services. |
| Pregnancy-Related | 139%-213% of poverty level (e.g. up to \$2,588/month for household of 1) | Comprehensive coverage of medically necessary services |
| Presumptive Eligibility for Pregnant Women | 0% to 213% of poverty level (e.g. up to \$2,588/month for household of 1) | Covered outpatient prenatal services. Applications processed through qualified provider's office. |
| Medi-Cal Access Program (MCAP, formerly AIM) | 214% to 322% of the poverty level (e.g. up to \$3,913/month for household of 1) | Covers most medically necessary services, including inpatient and outpatient, prenatal, labor and delivery, and medications. |



Scan the above QR code or go to healthconsumer.org to find the 2023 Federal Poverty Level Chart to identify the income limits for your household size.

What if I'm denied or told I don't qualify for Medi-Cal to cover my pregnancy related services?

If your application for Medi-Cal is delayed or denied you should get a notice telling you the reason. You have the right to request a hearing to review and dispute the denial or delay of your application. You should file your request for hearing as soon as you learn of the denial or delay of your application. You can request a hearing by calling 1-800-952-5253.

You may be able to get free help to resolve your issue before the hearing or help at the hearing from an HCA partner in your area. Call the number below to ask for help. See also our HCA Fact Sheet or visit DHCS' website for more information.



Under Full Scope and Pregnancy Related Coverage (e.g. Adult Expansion, Pregnancy Related, etc.)

All medically necessary services during the pregnancy and postpartum period are covered (e.g. medications and over-the-counter prenatal vitamins, dental, behavioral health, etc.)

Under Presumptive Eligibility for Pregnant Women or PEPW

Presumptive Eligibility for Pregnant Women covers outpatient prenatal services, including dental and abortions. However, it does not cover labor and delivery, family planning, or any inpatient services.

Under Medi-Cal Access Program or MCAP

MCAP provides comprehensive coverage, including hospital inpatient, 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.

- MCAP does not cover dental.

Medi-Cal Rx: Prenatal vitamins and smoking cessation aids

- Medi-Cal covers prenatal vitamins and supplements for pregnant individuals
- Coverage for prescription and over-the-counter vitamins is also provided for children up to age 5
- Medi-Cal will cover both prescription and over-the-counter smoking cessation products for pregnant individuals

Who can you call for help?

- If you're in a Medi-Cal managed care plan, call your member services and if denied a service request an appeal and/or file a grievance.
- If you're in a fee for service Medi-Cal (e.g. MCAP), call the DHCS help line at 800-541-5555.
- If you need help or additional information contact your local Health Consumer Alliance partner today.

What if the state or your Medi-Cal managed care plan says "No" or denies a medically necessary service?

Most Medi-Cal beneficiaries are enrolled into managed care plans (HMOs). When a plan denies treatment because it is not medically necessary or delays services:

- **Step 1:** File a plan appeal. Most are resolved within 30 days, but urgent appeals must be resolved within 72 hours.
- **Step 2:** If the plan still denies treatment, patients in certain counties can file an external appeal with the Department of Managed Health Care (DMHC). DMHC appeals are resolved within 30-45 days, but urgent DMHC appeals should be resolved within 5-7 days. Plans must follow the DMHC decision and promptly approve the services.
- **Step 3:** In all counties, Medi-Cal members may file a State Fair Hearing with an administrative judge within 90 days of the Medi-Cal or plan denial.

Where available, it is important to ask for the DMHC IMR before filing for a State Fair Hearing, otherwise the IMR process may not be available.

Access to Family Planning Services - FamilyPACT

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.