Make sure people get *"full breadth"* Medi-Cal during pregnancy and *for the year after*.

"Full breadth" coverage during pregnancy and for the year after! Everyone who has Medi-Cal, whether Full-Scope or Restricted, or the Medi-Cal Access Program (MCAP) qualifies for the "full breadth" of medically necessary services during both pregnancy and the year after, **even if income increases.** This eligibility lasts until the end of the month in which the 365th day post-pregnancy occurs.

The coverage is the same as Full-Scope Medi-Cal. Immigration status does not matter. It also doesn't matter how the pregnancy ends. The only exceptions are if the Medi-Cal was Presumptive Eligibility or Minor Consent or if the person moves out of California. A new Provider Bulletin is expected soon.

- **Report the pregnancy or when it ended!** In order for this full, extended coverage to show up in the Medi-Cal eligibility system, **the county needs to know that the person is pregnant or was pregnant within the past year.** So, people with Medi-Cal need to report pregnancy (or its end) to the county as soon as possible. Documentation of the pregnancy is not required, and the county isn't supposed to ask for it.

  Reporting is especially important for these two groups:

  - Immigrants with Medi-Cal who haven't already told the county about the pregnancy (for example, at application).
    - For some immigrants, including those in aid code M2 or M4, among others, the county is supposed to add a dual aid code, 76, to their Medi-Cal files when the report is made.
  - People with Full Scope Medi-Cal who would lose it but for their one-year of post-pregnancy eligibility.
    - This can come up when income increases. The county might move the person to a different aid code.

- **NOTE: The Redetermination Form being sent to beneficiaries now that the COVID continuous eligibility protection has ended does not ask if the person was pregnant within the past year. Beneficiaries likely won't know they need to tell the county.**

  If a person's Medi-Cal file doesn't already show full breadth coverage during pregnancy and 365 days after, **medical providers, maternity hospitals, public health departments, and others should help consumers tell the county about the pregnancy or when it ended.**

- **How can pregnancy care providers and others help?** Ask the county to provide a direct phone and/or fax number for accepting and processing reports of pregnancy with the expected due date, birth of a newborn, or other end of pregnancy and date.

    - This approach is already in place and working well in some counties.
    - **Newborns** would get enrolled for the first year without a Medi-Cal application (unless the mother's Medi-Cal was Minor Consent).
    - If the pregnancy wasn't reported until after the birth or other end of pregnancy, the 365-day post-pregnancy coverage will go back to the date the pregnancy ended. If the beneficiary had any bills during the gap, they can use their Medi-Cal to pay.

- **Why not just instruct Medi-Cal beneficiaries to report to the county on their own?** People will struggle with this due to extremely long call wait times, no Internet access, language barriers, and other obstacles.

- **Why is reporting the pregnancy to the county for Medi-Cal even necessary?** MCHA has repeatedly recommended to the state ways for implementing this coverage seamlessly. Your institutions or organizations pressing for a simpler process could really help.

- **What about the Medi-Cal Access Program?** MCAP is only for people who are pregnant when they apply for coverage. All MCAP enrollees are automatically covered for the year after the pregnancy ends. But the actual date when the 365-day post-pregnancy period ends might change based on the actual date the pregnancy is over.

  It is important to report to MCAP the birth of the child (here's how) or other end of pregnancy (FAX 1-888-889-9238, mail to MCAP, P.O. Box 15559, Sacramento, CA 95852-0559, or phone 1-800-433-2611) as soon as possible. After the report, MCAP-linked newborns get Medi-Cal from the date of birth and continuously for the first year. Their coverage can continue for a second year if the family income remains within the MCAP limit (322% FPL), which is a lot higher than the limit for Children's Medi-Cal (266% FPL), and the infant doesn't have employer-sponsored coverage.

More information? Contact lucyqmas@gmail.com. **5/8/2023**