

# JUST THE FAX

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#### THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING: COUNTIES:

COUNTIES

- ☑ Imperial☑ Riverside/San Bernardino
- ☑ Los Angeles
- ⊠ Sacramento
- 🛛 San Diego

### LINES OF BUSINESS:

- 🛛 Molina Medi-Cal
- Managed Care ☐ Molina Medicare
- Molina Marketplace (Covered CA)

### **PROVIDER TYPES:**

- Medical Group/ IPA/MSO
- Primary Care ⊠ IPA/MSO
- ⊠ IPA/MSC ⊠ Directs

### Specialists

- ⊠ Directs
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### ⊠ Hospitals

- Ancillary
- □ SNF/LTC □ DME
- □ DME □ Home Health

# Full Breadth Medi-Cal Pregnancy Coverage

This is an advisory notification to Molina Healthcare of California (MHC) network providers to remind Medi-Cal, Full-Scope and Restricted, and Medi-Cal Access Program (MCAP) beneficiaries that they qualify 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.

# What you need to know:

The coverage is the same as Full-Scope Medi-Cal. Immigration status does <u>not</u> matter. It also does not 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.

- <u>Report the pregnancy or when it ended!</u>
  - 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. 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 will not ask for it.
  - Reporting is especially important for these two groups:
    - Immigrants with Medi-Cal who have not 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 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-19 continuous eligibility protection has ended does not ask if the person was pregnant within the past year. Beneficiaries will likely not know they need to tell the county.

## When this is happening:

It is important to report to MCAP the birth of the child or end of pregnancy **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, and the infant does not have employer-sponsored coverage. Follow the instructions on the Department of Health Care Services (DHCS) website to register a child under the MCAP: <u>https://www.dhcs.ca.gov/services/medi-cal/eligibility/MCAP/Pages/RegisterYourbaby-MCAP.aspx</u>.

### What you need to do:

- How can pregnancy care providers and others help?
  - If a person's Medi-Cal file does not already show full breadth coverage during pregnancy and 365 days after, medical providers, maternity hospitals, and others should help beneficiaries tell the county about the pregnancy or when it ended.
  - 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.
  - Newborns can enroll for the first year without a Medi-Cal application (unless the mother's Medi-Cal was Minor Consent).
  - If the pregnancy was not reported until after the birth or other end of pregnancy, the 365day 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.
- 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.
  - Visit the Medi-Cal Access Program landing page to learn more: <u>https://www.dhcs.ca.gov/services/medi-cal/eligibility/MCAP/Pages/Medi-CalAccessProgram.aspx</u>.

# What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below:

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