



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

November 9, 2011

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 11-39
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: MEDI-CAL MANAGED CARE ENROLLMENT – EXEMPTION FOR
PREGNANT WOMEN TRANSITIONED FROM AID CODE 44
(RESTRICTED SERVICES) TO AID CODE 3N (FULL-SCOPE SERVICES)
DURING THE LAST TRIMESTER OF PREGNANCY.

The purpose of this letter is to provide counties with the new informing requirements for pregnant women transitioned from fee-for-service (FFS) aid code 44 to managed care mandatory enrollment aid code 3N in the last trimester of pregnancy.

BACKGROUND:

Pregnant women with no other linkage are eligible for Section 1931(b) Medi-Cal only in their last trimester. Most pregnant women in this situation have eligibility established under the 200 Percent Federal Poverty Level program (aid code 44, restricted to pregnancy-related services only) in the early part of their pregnancy. Some of these women in their last trimester become eligible for the Section 1931(b) program (aid code 3N, a full-scope benefits aid code).

Because aid code 44 is a restricted services aid code, women in this aid code get their prenatal care under FFS. The Section 1931(b) program (3N aid code) is a full-scope coverage aid code and requires mandatory enrollment in a Medi-Cal managed care plan. For many of these women, the change in the aid code during their pregnancy could mean a provider change. Changing providers may result in disruption to the continuity of their pregnancy-related care.

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The Medi-Cal managed care enrollment/disenrollment has a medical exemption process in place to allow pregnant women to remain with their current provider even if they become eligible for full-scope benefits under the Section 1931(b) program. However, these women may not be adequately informed of their rights to continue their prenatal care, including labor and delivery, under FFS when they become eligible for full-scope benefits under the Section 1931(b) program. Most beneficiaries in full-scope, no share-of-cost aid codes are required to choose a health plan and enroll into the plan within a specified timeframe. If they do not choose a plan, they are automatically defaulted into a managed care health plan.

INSTRUCTIONS

Counties are required to use all of the language in the enclosed flyer to notify beneficiaries in aid code 44 who are transitioning to aid code 3N about their medical exemption from Medi-Cal Managed Care enrollment until 60 days post-partum. Because counties are organized in ways to meet their unique needs, we do not wish to specify a single method of notification. Counties may choose to notify this population via a Notice of Action with the attached language or by sending the beneficiary the informational flyer.

Counties must begin notification of this population upon receipt of this letter. Pending county computer programming, counties must develop an interim process to ensure notification occurs.

If you have questions about this letter, please contact Rose Pankratz at (916) 327-0422 or by email at rose.pankratz@dhcs.ca.gov.

Original signed by:

René Mollow, MSN, RN, Chief
Medi-Cal Eligibility Division

Enclosure

IMPORTANT INFORMATION:
Changes to your Medi-Cal coverage
during your pregnancy and after you give birth

You now have Medi-Cal benefits for pregnancy-related and emergency services only. When you are six months pregnant, you will get full Medi-Cal benefits.

With this change to full benefits, you must join a Medi-Cal Managed Care Health Plan (Managed Care Plan), with a few exceptions. Because you are pregnant, if your doctor is not part of a Managed Care Plan in your county, you can ask for a delay in joining a health plan until 60 days after you give birth.

Health Care Options (HCO) will send you a packet about the health plans in your county. If you want to keep your current doctor, ask them if they are part of a Managed Care Plan or call the health plans in your county directly before making a choice.

To join a Managed Care Plan, ask for a delay in joining, or to get more information about a Managed Care Plan, call HCO at their toll free number, between the hours of 8:00 AM and 5:00 PM, Monday through Friday.

Health Care Options: 1-800-430-4263

Before you call HCO, you will need to know the name of your doctor. If you want help in person, your packet includes a list of locations and times where you can get assistance.

If you cannot get a delay from joining a health plan, you must choose a Managed Care Plan or one will be chosen for you.