



TOBY DOUGLAS
Director

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



EDMUND G. BROWN JR.
Governor

February 10, 2012

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 11-39E
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: ERRATA TO ALL COUNTY WELFARE DIRECTORS' LETTER 11-39.
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.
(Reference: All County Welfare Directors' Letter (ACWDL) 11-39)

The purpose of this letter is to provide counties with the updated flyer language to reflect a word change in regard to the informing requirements for pregnant women transitioned from fee-for-service aid code 44 to managed care mandatory enrollment aid code 3N in the last trimester of pregnancy. These requirements apply to only managed care counties operating under Two-Plan or Geographic Managed Care (GMC) models.

There is a change in the original language “when you are six months pregnant, you ~~will~~ get full Medi-Cal benefits” to “when you are six months pregnant, you may get full Medi-Cal benefits.” This change is needed for accuracy since there is a possibility some women may not be eligible to transition to full Medi-Cal benefits.

If you have questions about this letter, please contact Ann Silvia at (916) 327-0420 or by email at ann.silvia@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 may 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.