



Weekly Provider News

August 26, 2015

Expansion of Pregnant Member Benefits

On August 1, 2015, the Centers for Medicare and Medicaid Services (CMS) approved California State Plan Amendment (SPA) 14-0021-MMI, which authorizes the Department of Health Care Services (DHCS) to expand full-scope Medi-Cal benefits to low-income pregnant women with incomes above 60% of the Federal Poverty Level (FPL), up to and including 109% of the FPL.

Also approved was an amendment to California's Medicaid Section 1115 Demonstration Waiver, authorizing the State to allow pregnant women with incomes up to and including 138% of the FPL to enroll in a Medi-Cal Managed Care Plan, where available.

Currently enrolled pregnant women receiving limited scope benefits through Fee-For-Service (FFS) Medi-Cal will be given the option to:

1. Stay in limited scope FFS Medi-Cal for the remainder of their pregnancy and post-partum period, or
2. Choose to move into a Medi-Cal managed care plan and receive full scope Medi-Cal benefits.

Any new pregnant Medi-Cal beneficiary within the above income limits will be granted full scope benefits and mandatorily enrolled in a managed care plan.

Plans will not see these women in their enrollment until September 1, 2015, and there will be no retroactive enrollment. DHCS is working with county partners, health plans and stakeholders on a notice to inform pregnant women in these income limits who are currently receiving pregnancy-only Medi-Cal benefits.

The Alliance will keep providers posted with any relevant updates.

Questions?

Contact your Provider Services Representative or call Provider Services at (800) 700-3874 ext. 5504