Presumptive Eligibility for Pregnant Women

Introduction

Purpose

The purpose of this module is to provide participants with an overview of the Presumptive Eligibility (PE) for Pregnant Women program, including eligibility requirements, program benefits and program reporting requirements.

Module Objectives

- Provide an overview of PE for Pregnant Women
- Review how to become a PE for Pregnant Women Qualified Provider (QP)
- Explain the PE for Pregnant Women patient enrollment process
- Understand the PE for Pregnant Women program benefits
- Discuss PE for Pregnant Women reporting requirements

Resource Information

Medi-Cal Subscription Service (MCSS)

MCSS is a free subscription service that enables providers and others interested in Medi-Cal to receive subject-specific links to Medi-Cal news, *Medi-Cal Update* bulletins, urgent announcements and/or System Status Alerts via email. For more information and subscription instructions, visit the MCSS Subscriber Form at (*www.medi-cal.ca.gov/mcss*).

References

The following reference provides Medi-Cal program and eligibility information.

Provider Manual Reference

Part 2

Presumptive Eligibility (presum)

Other References

Medi-Cal website (*www.medi-cal.ca.gov*). Under the “Programs” tab, select the “Presumptive Eligibility” tab.

DHCS PE for Pregnant Women website (*www.dhcs.ca.gov/services/medi-cal/eligibility/pages/pe.aspx*)

Acronyms

A list of current acronyms is located in the *Appendix* section of this workbook.

Description

The PE for Pregnant Women program allows QPs to grant immediate, temporary Medi-Cal coverage for ambulatory prenatal care and prescription drugs for conditions related to pregnancy to low-income pregnant patients, pending their formal Medi-Cal application. The PE for Pregnant Women program is for California residents who believe they are pregnant and do not have Medi-Cal coverage for prenatal care.

NOTES

Provider Qualifications

Providers wishing to apply to participate as a QP, for the purpose of offering PE to pregnant patients, must be:

- A current Medi-Cal provider in good standing with the Department of Health Care Services (DHCS) Provider Enrollment Division and able to render prenatal services
- A Primary Care Clinic waiting to be approved as a Medi-Cal provider

NOTE

Assembly Bill (AB) 2307 allows Primary Care Clinics to apply for PE for Pregnant Women participation while waiting to be approved as a Medi-Cal provider. For more information regarding AB 2307, please refer to the “Programs” tab on the Medi-Cal website (*www.medi-cal.ca.gov*).

Application Process

Form Requirements

Providers must complete the following two-page form (MC 311):

- *Qualified Provider Application for Presumptive Eligibility Participation*
- *Presumptive Eligibility Qualified Provider Responsibilities and Agreement*

Form Processing

Mail, fax or email the application and responsibilities agreement to:

PE for Pregnant Women Support
Department of Health Care Services
Medi-Cal Eligibility Division, MS 4607
P.O. Box 997417
Sacramento, CA 95899-7417

Fax: (916) 440-5666 Email: PE@dhcs.ca.gov

Approval Notification

Once the provider’s application for PE for Pregnant Women has been approved, the provider receives a welcome letter and packet from PE Support containing the provider’s PE provider number. The welcome letter should be kept on file for reference when ordering additional forms. An initial shipment of program participation forms is automatically sent to the provider.

State of California—Health and Human Services Agency

Department of Health Care Services

QUALIFIED PROVIDER APPLICATION FOR PRESUMPTIVE ELIGIBILITY PARTICIPATION

Presumptive Eligibility Support Unit
MS 4607
P.O. Box 997417
Sacramento, CA 95899-7417
1-800-824-0088
1-800-409-1498 (FAX)

This is an application to become a Qualified Provider for Presumptive Eligibility participation for the purposes of offering Presumptive Eligibility (temporary Medi-Cal) to your pregnant patients. ***You must provide prenatal services to qualify for Presumptive Eligibility participation.*** Please complete, sign, and return this application to the Presumptive Eligibility Support Unit.

If you have questions about this application or the Presumptive Eligibility (PE) for pregnant women program, contact the PE Support Unit at: 1-800-824-0088. For general information about PE for pregnant women, visit the web site at www.medi-cal.ca.gov.

FOR OFFICIAL USE ONLY

Date Received: _____

PE Number: _____

Authorization Code:

PART I

***Check only one*:**

☐ **PRIMARY CARE CLINIC THAT IS NOT YET A MEDI-CAL PROVIDER:** AB 2307 (Chapter 1, Statutes of 2004 [effective July 1, 2005]) allows Primary Care Clinics to apply for Presumptive Eligibility participation while waiting to be determined as a Medi-Cal provider. No provider number is needed at the time of this application, or

☐ **MEDI-CAL PROVIDER:** When applying, you must include your provider number here:

***NOTE*:** This number must match the site applying for PE participation. The provider at this site must be a provider in good standing. If you do not have a provider number, contact the Department of Health Care Services Provider Enrollment Division at (916) 323-1945.

PART II

1. Name of provider

Other name (if any used for provider services) | 2. County

Telephone number ( ) | FAX number ( )

3. Mailing address (no P.O. Box) for Site | City | ZIP Code

4. Contact person

Telephone number ( ) | FAX number ( )

5. Please estimate the number of pregnant patients your practice sees each month that are not covered by health insurance or Medi-Cal at the time of their initial pregnancy visit. | Of this number, how many do you expect will need Spanish language forms?

PART III

1. Do you participate in the Comprehensive Perinatal Services Program (CPSP)? ☐ Yes ☐ No

   NOTE: If you are not currently a CPSP provider, you may get information on how to enroll by contacting the Department of Health Care Services, Maternal and Child Health Branch at (916) 650-0401.

2. Do you participate in the Family PACT (Planning, Access, Care, and Treatment) Program? ☐ Yes ☐ No

   NOTE: If you are not currently a Family PACT provider, you may get information on how to enroll by contacting the Department of Health Care Services at (800) 541-5555.

PART IV

CERTIFICATION

I hereby certify that all the above information is true and accurate to the best of my knowledge.

Signature | Title of Authorized Agent | Date

All information submitted with this application will be part of a file that is open for public inspection pursuant to the California Public Records Act, Government Code, Section 6250, et seq.

If you have questions about becoming a qualified provider for the PE pregnant women program, please contact the (PE) Support Unit at 1-800-824-0088.

MC 311 (10/07)

Page 1 of 2

Sample: ***Qualified Provider Application for Presumptive Eligibility Participation***

PRESUMPTIVE ELIGIBILITY
QUALIFIED PROVIDER RESPONSIBILITIES AND AGREEMENT

I understand that my responsibilities as a Qualified Provider include:

- Offering the Presumptive Eligibility (PE) program to my pregnant patients without health coverage or Medi-Cal;
- Screening interested patients for income eligibility via the prescribed PE forms and guidelines;
- Issuing eligible applicants a PE card and the one-page Medi-Cal application form, issuing replacement cards to recipients upon request;
- Renewing the PE card when the woman presents a copy of her timely application for Medi-Cal or California Work Opportunity and Responsibility to Kids (CalWORKs);
- Informing the pregnant patient at the time of the PE determination that she must file her Medi-Cal (or CalWORKs) application at her local county welfare office within a specified period of time in order for her PE to continue;
- Assisting the pregnant patient in completing her one-page Medi-Cal application if needed;
- Providing a written statement to the applicant if she is ineligible for PE, and informing her that she may still file for Medi-Cal (or CalWORKs) at the county welfare department;
- Notifying the Department of Health Care Services within five working days with the required information on those patients eligible for Presumptive Eligibility and those not eligible due to a negative pregnancy test;
- Maintaining organized records of PE applications for three years from the last date of billing, making these records available to the Department of Health Care Services upon request, and permitting periodic Department review of the records with adequate notice from the Department;
- Attending PE training and keeping current with changes affecting PE through provider bulletins, notices and/or further training.

I, (print name) _____, agree to cooperate with the Department of Health Care Services in complying with the above Qualified Provider responsibilities. I am aware that if I do not comply with these responsibilities and the PE guidelines as outlined in the Medi-Cal Provider Manual, I may lose my status as a Qualified Provider. I agree to notify the Department of Health Care Services in writing of any changes in my application information at least 10 days prior to the effective date of the change.

_____	_____	_____
Signature	Title of Authorized Agent	Date

MC 311 (10/07)

Page 2 of 2

Sample: ***Presumptive Eligibility Qualified Provider Responsibilities and Agreement***

Form Acquisition Procedures

- Include the National Provider Identifier (NPI) number and PE provider number on the MC 285 *Forms Order*.
- MC 263 – PE for Pregnancy packages are pre-numbered and cannot be copied. All other forms are available for download from the Medi-Cal website and may be photocopied.
- Providers may fax orders to (916) 364-6612 or email to medpublicationorders@maximus.com.
- Allow two to four weeks to receive PE for Pregnancy package orders. Providers should not call before the allotted time for the PE for Pregnancy packages to be printed.
- If a provider has waited longer than four weeks for materials, there is most likely a problem with the order and the contact information given to PE for Pregnant Women Support. For assistance providers should contact PE for Pregnant Women Support email PE@dhcs.ca.gov.
- Multiple calls to PE for Pregnant Women Support are unnecessary unless a provider has additional information.

  NOTE

  Providers who have issues requiring immediate assistance may email:

  Presumptive Eligibility for Pregnant Women Program Analyst
  Cynthia Cannon
  Cynthia.Cannon@dhcs.ca.gov

PE for Pregnant Women forms are available on the Medi-Cal website (*www.medi-cal.ca.gov*) by clicking the “Forms” link. Providers unable to access the Internet or download these forms may contact PE for Pregnant Women Support by calling (916) 552-9499. A set of forms is mailed to the provider’s office.

State of California—Health and Human Services Agency

Department of Health Care Services

FORMS ORDER
PRESUMPTIVE ELIGIBILITY (PE) FOR PREGNANT WOMEN PROGRAM

ORDER THE PE FOR PREGNANT WOMEN APPLICATION PACKAGE (MC 263) BY FAX OR EMAIL:

Fax: (916) 364-6612 or **EMAIL: medpublicationorders@maximus.com**

Provider Name	NPI Number			PE Provider Number
Office Name				
Shipping Address (Number, Street) (No P.O. Boxes)	City	State CA	County	Zip Code
Provider Telephone Number	Contact Person			

NOTE: Please remember, when indicating the number of MC 263 PE for Pregnant Women Application packages requested, that these packages are pre-numbered and ***cannot*** be photocopied.

	Quantity
English	
Spanish	

The following supplemental PE forms are available from the Medi-Cal or DHCS website:

MC 285	Forms Order – Presumptive Eligibility (PE)	MC 263–SR	Statement of Residency
MC 264	Patient Fact Sheet	MC 265	Directions for PE Application
MC 266	Directions for Medi-Cal Application	MC 267	Explanation of Ineligibility for PE
MC 283	Weekly PE Enrollment Summary	MC 286	Provider Fact Sheet for PE

Medi-Cal www.medi-cal-ca.gov DHCS www.dhcs.ca.gov

If you are unable to download the above forms from the websites, please call PE Support toll free at 1-800-824-0088, email at PE@dhcs.ca.gov, or fax (916) 440-5666 or 1-800-409-1498 for assistance.

MC 285 (02/2012) – Forms Order

Recipient Enrollment

Eligibility Criteria

Criteria 1: Patient believes she is pregnant.

- Patient does not have _____ _____ _____ _____ _____.

Criteria 2: The patient must complete the *Statement of California Residency* form declaring whether or not she is a resident of California and plans to continue to live in California.

- The patient must complete the _____ _____.
- The patient's declaration of California residency is all that is required. The PE for Pregnant Women provider is _____ _____ for verifying California residency. The county will require the PE for Pregnant Women recipient to establish her California residency when she formally applies for Medi-Cal.
- If the patient refuses to sign the *Statement of California Residency*, or declares she is not a resident, you may _____ offer her PE for Pregnant Women program benefits. Complete the bottom portion of the *Statement of California Residency*, titled "Why You Cannot Get Presumptive Eligibility Benefits (Residency)," and give a copy to the patient. Keep the original for your records.

Answer Key: 1) Medi-Cal coverage for prenatal care; 2) form first; not responsible; not

Criteria 3: The patient must meet the self-declared family size and income criteria.

- Income must be at or below _____ for the patient's declared family size.
- "Family Income" for patients younger than 21:
  - Unmarried and living on her own, only _____ is counted.
  - Unmarried and living with parents, _____ is counted.
  - Married, _____ is counted.
  - Married and living with her parents, _____ are counted.
- "Family Members" for persons living in the patient's household:
  - _____ of the patient.
  - _____, _____, or _____ of the patient.
  - The _____ _____ is counted as a member of the family.
  - _____ _____ _____ _____ if she is under 21, unmarried and living with her parents.

Criteria 4: A minor who is younger than 21, unmarried, and does not know her parents' income, or cannot obtain their income because she does not want them to know about her PE for Pregnant Women application, should not be enrolled in the PE for Pregnant Women program.

- Refer the minor to the _____ _____ _____.
- This program provides basic benefits, including _____-_____ _____based solely on her income.
- Minor's parents are _____ contacted or included in the determination of services.

Criteria 5: Proof of a full Medi-Cal application is not needed to get PE extensions. Self-attestations are accepted.

- Providers should accept the patient's self-attestation that she has submitted an application for _____ or _____ _____ _____.
- Qualified providers should extend the PE coverage until a _____ _____ _____ ___ _____.

Answer Key: **3)** 213 percent of the federal poverty guidelines (FPG); her income; her and her parents' income; her and her spouse's income; her, her spouse's and her parents' income; Spouse; Natural, adopted, stepchildren; unborn child; Parents of the patient; **4)** Minor Consent Program; pregnancy-related services; not; **5)** Medi-Cal, insurance affordability programs; full eligibility determination is made.

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

STATEMENT OF CALIFORNIA RESIDENCY

(Supplement to Application for Presumptive Eligibility Only—MC 263)

1. Name	Date of Birth

2. Do you now live in California and plan to continue living here?

☐ Yes, and I can prove this when I apply for Medi-Cal.

☐ No, I do not live in California and I do not plan to stay in California.

If you answered "No" to question 2, or did not answer at all, you cannot get Presumptive Eligibility for Pregnant Women program benefits.

I certify I have read and understand this form. I declare that the information I have given is true, correct, and complete.

Signature or mark of applicant (or legal guardian)	Date
Signature or witness to mark of applicant (or legal guardian)	Date

FOR PROVIDER USE ONLY

INSTRUCTIONS TO PROVIDER: *If your patient answers "Yes" to question 2, you may proceed with the Presumptive Eligibility for Pregnant Women program determination. You must attach this form to the Application for Presumptive Eligibility Only (MC 263 PE for Pregnancy).*

If your patient answers "No" to question 2, or does not answer at all, you cannot offer Presumptive Eligibility for Pregnant Women coverage to the patient.

You must complete the section below and give a copy of this form to the patient.

WHY YOU CANNOT GET PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN BENEFITS (RESIDENCY)

You cannot get Presumptive Eligibility benefits because when you were asked to answer question 2 above:

☐ You said you do not live in California and do not plan to stay in this state, or

☐ You did not answer question 2 at all.

Even though you cannot get Presumptive Eligibility for Pregnant Women benefits, you may still apply for Medi-Cal at your county social services office , by telephone at 1-800-880-5305 or on-line through http://www.benefitscal.org/BenefitsPortal/landing.html or www.healtheapp.net

Provider Signature	Provider Printed Name	Date

MC 263 S-R (9/2011) – Statement of California Residency

Sample: ***Statement of California Residency***

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

DECLARACIÓN DE RESIDENCIA EN CALIFORNIA

(Complemento de la Solicitud de Presumptive Eligibility Únicamente MC 263)

1. Nombre	Fecha de Nacimiento

2. ¿Vive actualmente en California y piensa seguir viviendo aquí?

- ❑ Sí, y puedo comprobar esto cuando solicite Medi-Cal.
- ❑ No, vivo en California y no pienso quedarme en California.

Si usted respondió que "No" a la pregunta 2 o no la contestó, no puede recibir los beneficios del programa Presumptive Eligibility for Pregnant Women.

Certifico que he leído y entiendo este formulario. Declaro que la información que he proporcionado es verdadera, correcta y completa.

Firma o marca del solicitante (o tutor)	Fecha
Firma del testigo de la marca del solicitante (o tutor)	Fecha

FOR PROVIDER USE ONLY

INSTRUCTIONS TO PROVIDER: *If your patient answers "Yes" (Sí) to question 2, you may proceed with the Presumptive Eligibility for Pregnant Women program determination. You must attach this form to the Application for Presumptive Eligibility Only (MC 263 PE for Pregnancy).*

If your patient answers "No" to question 2, or does not answer at all, you cannot offer Presumptive Eligibility for Pregnant Women coverage to the patient.

You must complete the section below and give a copy of this form to the patient.

POR QUÉ NO PUEDE RECIBIR USTED LOS BENEFICIOS DE ELEGIBILIDAD PRESUNTA PARA MUJERES EMBARAZADAS (RESIDENCIA)

Usted no puede recibir beneficios de Presumptive Eligibility porque cuando se le pidió responder la pregunta 2, más arriba:

- ❑ Usted dijo que no vivía en California y que no pensaba quedarse en este estado, o
- ❑ Usted no respondió la pregunta 2.

A pesar de que usted no puede recibir los beneficios de Presumptive Eligibility for Pregnant Women, podría aún solicitar Medi-Cal en la oficina de servicios sociales de su condado, por teléfono al 1-800-880-5305 o en línea a través de http://www.benefitscal.org/BenefitsPortal/landing.html o www.healtheapp.net

Provider Signature	Provider Printed Name	Date
		/ /

MC 263 S-R (09/2011) – Statement of California Residency (Spanish)

Sample: *Statement of California Residency* (Spanish Form)

Case Scenario

Susie is a single woman who is pregnant with twins and has two other children, Mary and Johnny, from a previous marriage. Johnny lives with his dad. Susie's gross monthly income is $2,100, which includes alimony from her previous marriage. Susie's live-in boyfriend, Tom, brings home $1,500 from his job. Susie's sister, Amanda, and her 21-year-old niece, Kimberly, recently moved into Susie's home. Amanda receives $550 a month from Social Security and Kimberly is currently unemployed.

2016 PE for Pregnant Women Income Eligibility Guidelines

213 Percent of the Federal Poverty Guidelines by Family Size

Effective January 1, 2016, through December 31, 2016

Number of Persons in the Family	Monthly Income	Annual Income
2	$2,844	$34,123
3	$3,579	$42,941
4	$4,314	$51,759
5	$5,049	$60,578
6	$5,783	$69,396
7	$6,520	$78,235
8	$7,258	$87,096
9	$7,997	$95,957
10	$8,735	$104,818
For each additional family member add:	$739	$8,861

NOTE

Income eligibility guidelines are adjusted on an annual basis.

Brainteaser

1. For PE for Pregnant Women purposes, how many people will be counted in Susie's household?

   _____

2. Is Tom, who is Susie's live-in boyfriend, counted in the family size? If not, why?

   _____

3. Does Susie need to include Amanda and niece Kimberly in her family size? What about Amanda's monthly $550 in Social Security? If not, why?

   _____

   _____

4. According to PE for Pregnant Women eligibility guidelines, is Susie eligible? *Yes or No?*

Answer Key: **1)** Four; **2)** No, boyfriends are not included in family size; **3)** No, Amanda and niece Kimberly are not counted as family members according to eligibility criteria nor is Amanda's income counted; **4)** Yes

Application Process

Forms and Documents

Documents are pre-printed with the QP's name, address and ID number, along with the patient ID number, on "carbonless copy" paper. The PE for Pregnancy package includes these documents:

PE for Pregnancy Package
Proof of Eligibility
PE for Pregnancy Application
Medi-Cal Application

Application for Presumptive Eligibility Only

- The Social Security Number (SSN) is optional.
- The signature of the applicant is required.
- The PE ID number is the patient's temporary ID number.
- The Qualified Providers should extend the PE coverage until a full eligibility determination is made.

Proof of Eligibility Card

- The Proof of Eligibility card is issued once PE for Pregnant Women eligibility is determined.
- The signature of the patient is required on the card.
- The patient is eligible for PE until a full eligibility determination is made.

Medi-Cal Application

- Providers should assist the patient, if requested. The patient has the responsibility of submitting a Medi-Cal application to their county Social Services Agency.
- Providers may fax the Medi-Cal application to the county where the patient resides using the fax number provided on the PE for Pregnant Women Web page. Only the Medi-Cal application should be faxed.

APPLICATION FOR PRESUMPTIVE ELIGIBLITY FOR PREGNANT WOMEN PROGRAM

If you need help filling out this form, please ask your provider for help.

APPLICANT INFORMATION

Last Name | First Name | Middle | Date of Birth

Your Social Security number (optional) _____ -- _____ -- _____

Living in California? Yes ☐ No ☐ | County living in?

Home address: Number Street City Zip Code

Mailing address (if different): Number Street City Zip Code

Telephone number(s): Home Work Message

If homeless, tell us where you can be reached:

MEDI-CAL

Do you have Medi-Cal now? ☐Yes ☐No If yes, provide your Benefits Identification Card number_____

FAMILY MEMBERS

Please list all family members below. (This includes your spouse and any children under age 21 living with you)

Name: Last, First, Middle Initial	Relationship
	Self
No need to list names for the unborn.	Unborn (If expecting multiple births, how many?)
	Spouse
	Child
	Child

If you need more space to answer, please write on the back of this form or a sheet of paper and check this box. ☐

MONTHLY INCOME

Please include money you or family members listed on this application get from jobs, tips, commissions, pensions, Social Security, spousal support, or unemployment benefits. $_____

I CERTIFY I HAVE READ AND UNDERSTOOD THIS FORM.
I DECLARE THAT THE INFORMATION I HAVE PROVIDED IS TRUE, CORRECT, AND COMPLETE.

Signature or mark of applicant (or legal guardian) | Date

Signature of witness to mark of applicant (or legal guardian) | Date

THIS COMPLETES YOUR APPLICATION FOR PRESUMPTIVE ELIGIBLITY

FOR PROVIDER USE ONLY

Total Family Income: _____ *Number in Family:* _____ *Income Eligible* ☐ *Yes* ☐ *No*

PE ID#:**12-7G-ZA34567-8-90**
GOOD THRU FULL APPLICATION DETERMINATION
PATIENT NAME:
DOB (MM/DD/YYYY):

PE Provider Name: _____
PE Provider Signature: _____
PE Provider Title: _____ Date: _____ E.D.C.: _____

MC 263 PE FOR PREGNANCY APPLICATION (06/2014)

Sample: ***Application for Presumptive Eligibility***

Pregnancy Testing

If the patient meets the income criteria for PE for Pregnant Women, the QP may conduct a pregnancy test only if the patient requests one.

Medical Verification of Pregnancy is not Necessary

The MC 263 – PE for Pregnancy Provider instructions does not require the provider to ask for medical verification of pregnancy for purposes of enrollment into the PE for Pregnant Women Program.

If the patient does not meet the income criteria, or if the pregnancy test is negative, she is ineligible for PE for Pregnant Woman, but the office visit and pregnancy test are still reimbursable. Issue the patient an *Explanation of Ineligibility for Presumptive Eligibility* form and report her ineligibility to DHCS to bill for the visit and pregnancy test.

Eligibility Limitations

Eligibility for PE for Pregnant Women is limited to one per pregnancy. If PE for Pregnant Women is granted to a patient and she is not eligible for Medi-Cal, she should not be re-evaluated for the PE for Pregnant Women program during that pregnancy. If her Medi-Cal application is denied, providers may arrange for private payments.

State of California – Health and Human Services Agency | Department of Health Care Services

Provider Name	Provider Telephone Number
Provider Address	
Patient Name	
Patient Address	
Date	

EXPLANATION OF INELIGIBILITY FOR THE PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN PROGRAM

This is to advise you that based on the information you provided, you are not eligible for the Presumptive Eligibility for Pregnant Women program because of the reason checked below:

- ☐ Your total family income is more than 200 percent of the Federal Poverty Level for your family size.
- ☐ You are not pregnant.

Signature	
Name of person completing determination	Title

NOTICE:
You may be eligible for the regular Medi-Cal program or other county medical programs. You may apply in person at the social services agency in your county, by telephone at 1-800-880-5305 or online at http://www.benefitscal.org/BenefitsPortal/landing.html or www.healtheapp.net.

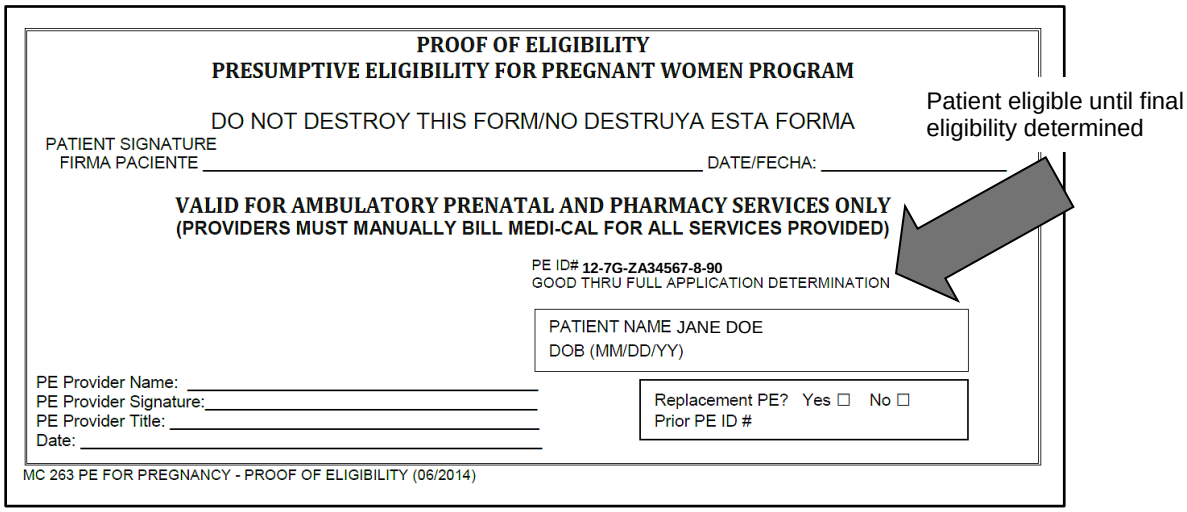
MC 267 (09/2011) Explanation of Ineligibility

Sample: ***Explanation of Ineligibility for Presumptive Eligibility***

Enrollment Approval

PE for Pregnant Women Card Issuance

- Patient's name, date of birth, valid month with year and "patient eligible until final eligibility is determined" must be completed on the Proof of Eligibility (PE ID) card.
- The "First Good-Thru" date is no longer entered on the PE ID card.
- Patients must be informed that the PE ID card can be used for ambulatory prenatal care and pharmacy services only.


PROOF OF ELIGIBILITY
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN PROGRAM

DO NOT DESTROY THIS FORM/NO DESTRUYA ESTA FORMA

PATIENT SIGNATURE
FIRMA PACIENTE _____ DATE/FECHA: _____

VALID FOR AMBULATORY PRENATAL AND PHARMACY SERVICES ONLY
(PROVIDERS MUST MANUALLY BILL MEDI-CAL FOR ALL SERVICES PROVIDED)

PE ID# 12-7G-ZA34567-8-90
GOOD THRU FULL APPLICATION DETERMINATION

PATIENT NAME JANE DOE
DOB (MM/DD/YY)

PE Provider Name: _____
PE Provider Signature: _____
PE Provider Title: _____
Date: _____

Replacement PE? Yes ☐ No ☐
Prior PE ID #

MC 263 PE FOR PREGNANCY - PROOF OF ELIGIBILITY (06/2014)

Medi-Cal Identification Card
Presumptive Eligibility

Example: Jane Doe calls in on January 7, 2016. She thinks she might be pregnant and you have an opening the same day. Jane comes in that afternoon. You do a pregnancy test and it's positive. She has no insurance and she meets all of the PE for Pregnant Women eligibility criteria.

Providers will no longer issue 1st, 2nd or 3rd good-thru dates on PE ID cards. In the space provided for your dates you instead write the following: **Patient eligible until final eligibility is determined**. PE coverage extends throughout pregnancy until the patient voluntarily tells the provider she has been approved for Medi-Cal, Covered California or has been denied coverage.

Medi-Cal Application

After the patient applies for Medi-Cal, her PE eligibility continues until the county determines if she is eligible for Medi-Cal.

State of California – Health and Human Services Agency | Department of Health Care Services

Application for Medi-Cal

You must apply for Medi-Cal by the end of the month after your PE starts in order for your PE for Pregnant Women to continue after that. Take this form to your local County Social Services Agency and tell the receptionist you wish to apply for Medi-Cal and retroactive coverage. You may also apply for Medi-Cal coverage by telephone at 1-800 -880-5305, on-line at www.CoveredCA.com or www.benfitscal.org

First name | Middle Name | Last name | Suffix (Sr, Jr, III, IV)

Are you ☐ Male ☐ Female

Are you pregnant? ☐ Yes ☐ No

Are you
☐ Single ☐ Never Married ☐ Married
☐ Divorced ☐ Registered domestic partner
☐ Separated ☐ Widowed

Home address: (number/street/city/zip code)

☐ Check here if you do not have a home address. You must give us a mailing address here. (number/street/city/zip code)

Best phone number to reach you ☐ Home ☐ Cell ☐ Work
Number: (____) _____-_____

Other Phone number ☐ Home ☐ Cell ☐ Work
Number (____) _____-_____

Social Security number (SSN)
_ _ _- _ _ - _ _ _ _

If you do not have an SSN, what is the reason?
☐ Adoption Taxpayer Identification Number (ATIN)
☐ Individual Taxpayer Identification Number (ITIN)
☐ Religious exemption ☐ I do not qualify for an SSN

Did you have any medical expenses in the last three months? ☐ Yes ☐ No

What language should we write to you in?

What language do you want us to speak to you in?

How would you like to get information about this application?
☐ Phone ☐ Mail ☐ Email Email address: _____

Tell us about your race. This information is confidential and will only be used to make sure that everyone has the same access to health care. It will not be used to decide which health insurance you qualify for.

What is your race (Optional)? Check all that applies.

☐ White
☐ Black or African American:
☐ American Indian or Alaskan Native
☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Filipino
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ Vietnamese
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other _____

Are you Hispanic, Latino, or Spanish origin: (optional)
☐ YES ☐ NO

If yes, check which ones:
☐ Mexican, Mexican American, Chicano
☐ Salvadoran ☐ Guatemalan
☐ Cuban ☐ Puerto Rican
☐ Other Hispanic, Latino or Spanish origin: _____

Declaration and signature

- I declare under penalty of perjury under the laws of the State of California that the answers I have given in this application and the documents given are correct and true to the best of my knowledge and belief.
- I declare that I have read and understand the application instructions, the declarations, and all information printed on this application.

Signature (or mark) of applicant or authorized representative _____ Date

Signature of witness to mark or interpreter: _____ Date

MC 263 PE FOR PREGNANCY - MEDI-CAL APPLICATION (06/2014)

Sample: ***Application for Medi-Cal Program***

Helping Patients Submit a Medi-Cal Application

Qualified provider (QPs) for the PE for Pregnant Women Program have the option of helping patients to complete and submit the short Medi-Cal application included as part of the MC 263 PE for Pregnancy Application Package. At the provider's option, patients may complete the Medi-Cal application and have the provider fax it directly to the recipient's Medi-Cal office using the fax numbers provided below. The fax numbers are specifically for the Medi-Cal application contained in the PE for Pregnancy Application Package.

County	Fax
Alameda	(510) 293-0265
Alpine	(530) 694-2252
Amador	(209) 257-0242
Butte	(530) 538-2164
Calaveras	(209) 754-4536
Colusa	(530) 458-0492
Contra Costa	(925) 706-4589
Del Norte	(707) 465-1783
El Dorado	(530) 295-2672
Fresno	(559) 453-4343
Glenn	(530) 934-6521
Humboldt	(530) 269-3598
Imperial	(760) 337-5716
Inyo	(760) 872-4950
Kern	(661) 631-6573
Kings	(559) 585-0346
Lake	(707) 995-4204
Lassen	(530) 251-8370
Los Angeles	(562) 908-0593
Madera	(559) 675-7983
Marin	(415) 473-3556
Mariposa	(209) 966-8251
Mendocino	(707) 463-7859
Merced	(209) 354-2505
Modoc	(530) 233-2136
Mono	(760) 924-5431
Monterey	(831) 755-8408
Napa	(707) 253-6095
Nevada	(530) 265-9860
Orange	(714) 435-4625
Placer	(916) 784-6100

County	Fax
Plumas CWD Office	(530) 283-6368
Riverside	(951) 413-5549
Sacramento	(916) 874-2729
San Benito County	(831) 637-9754
San Bernardino	(909) 475-8550
San Diego	(858) 467-9088
San Francisco	(415) 555-1977
San Joaquin	(209) 932-2662
San Luis Obispo	(805) 781-1944
San Mateo	(650) 622-9884
Santa Barbara	(805) 346-8366
Santa Clara	(408) 295-9248
Santa Cruz	(831) 786-7100
Shasta	(530) 225-5228
Sierra	(530) 993-6767
Siskiyou	(530) 843-2723
Solano	(707) 553-5408 (Vallejo and Benicia)
Solano	(707) 421-4748 (All other Areas)
Sonoma	(707) 565-3578
Stanislaus	(209) 558-2189
Sutter	(530) 822-7212
Tehama	(530) 527-5410
Trinity	(530) 623-1250
Tulare	(559) 713-5180
Tuolumne	(209) 533-5714
Ventura	(805) 658-4530
Yolo	(530) 661-2781
Yuba	(530) 749-6797

Faxing the Medi-Cal Application

For documentation purposes, the provider's fax receipt can be used as verification that the recipient has submitted a Medi-Cal application.

Replacement Card

If the patient loses her PE for Pregnant Women card, the following conditions apply:

- Providers must inform the patient to apply for a replacement card with the QP that initially determined her PE for Pregnant Women eligibility.
- The initial QP must check the patient's records to verify that she was determined eligible for PE for this pregnancy and then issue a new card with a new number.
- The patient may be instructed that she may apply for Medi-Cal at the county Social Services office and receive a Medi-Cal card once her Medi-Cal eligibility is determined.

Reminders

- Providers must check the *Replacement PE* box and write the original 14-digit ID number on the new card.
- Providers must report the replacement on the *Weekly Presumptive Eligibility (PE) for Pregnant Women Enrollment Summary* (MC 283) within 10 working days to PE for Pregnant Women Support by either faxing the form to (916) 440-5666, emailing to PE@dhcs.ca.gov or mailing to the following address:

  DHCS
  PE for Pregnant Women Support – MS 4607
  P.O. Box 997417
  Sacramento, CA 95899-7417
- Any claims submitted after the patient is issued a replacement card must be billed with the new 14-digit number.

Scope of Coverage

The tables below list the scope of coverage for Presumptive Eligibility for Pregnant Women. PE for Pregnant Women services follow Medi-Cal policy. Prescription drugs for conditions related to pregnancy are also reimbursable.

NOTE

Medication to treat the H1N1 virus is a benefit of PE for Pregnant Women.

Reimbursable CPT-4 Codes

CPT-4 Code	Description
01965 *, 01966 *	Anesthesia for abortion procedures
58301	Removal of intrauterine device (IUD)
59000 *	Amniocentesis
59012	Cordocentesis
59020	Fetal contraction stress test
59025	Fetal non-stress test
59812	Treatment of spontaneous abortion
59820, 59821	Treatment of missed abortion
59830	Treatment of septic abortion
59840 – 59857 †	Induced abortion
74712	Magnetic resonance imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
74713	each additional gestation
76801 *, 76802 *, 76805 *, 76810 – 76817 *	Ultrasound
76825 *	Fetal echocardiography
80055	Obstetric panel
80081	Obstetric panel (includes HIV testing)

* Medical justification is required for these codes. See the *Pregnancy: Early Care and Diagnostic Services* section (preg early) in the appropriate Part 2 manual for applicable policy and billing information.

† Refer to the *Abortions* section (abort) in the appropriate Part 2 manual for specific billing information.

Reimbursable CPT-4 Codes

CPT-4 Code	Description
80163	Digoxin; free
80165	Valproic acid; free
81025	Pregnancy test (urine)
81220 ‖	CFTR (cystic fibrosis transmembrane conductance regulator) gene analysis; common variants (eg, ACMG/ACOG guidelines)
81508 §	Fetal congenital abnormalities screening (first trimester)
81511 §	Fetal congenital abnormalities screening (second trimester)
82731 ‡	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
82950	Glucose; quantitative post glucose dose
82951	tolerance test (GTT), three specimens (includes glucose)
82952	tolerance test, each additional beyond three specimens
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)
83021	chromotography (eg, A2, S, C, and/or F)
84702 ***	Quantitative chorionic gonadotropin
84703 ***	Qualitative chorionic gonadotropin

‖ Refer to the *Genetic Counseling and Screening* (gene coun) section in the Part 2 manual for applicable policy and billing information.

§ Refer to the *Pathology: Molecular Pathology* (path molec) section in the Part 2 manual for applicable billing with an appropriate diagnosis code.

‡ Refer to the *Pregnancy: Early Care and Diagnostic Services* (preg early) section in the appropriate Part 2 manual for applicable diagnosis and frequency billing restrictions.

*** Refer to the *Pathology*: *Chemistry* section (path chem) in the Part 2 manual for specific billing information.

Reimbursable CPT-4 Codes

CPT-4 Code	Description
85004	Blood count; automated differential WBC count
85007	blood smear, microscopic examination with manual differential WBC count
85009	manual differential WBC count, buffy coat
85025	complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC count
85027	complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count)
86592	Syphilis test; qualitative (e.g., VRDL, RPR, ART)
86689	HTLV or HIV antibody, confirmatory test
86701	HIV-1
86702	HIV-2
86703	Antibody, HIV-1 and HIV-2, single assay
86762	Antibody; rubella
86850	Antibody screen, RBC, each serum technique
86900	Blood typing, serologic; ABO
86901	Rh (D)
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate

Reimbursable CPT-4 Codes

CPT-4 Code	Description
87081	Culture, presumptive, pathogenic organisms, screening only
87086	Culture, bacterial; quantitative colony count, urine
87088	with isolation and presumptive identification of each isolate, urine
87147	Culture typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)
87186	microdilution or agar dilution
87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple-step method; hepatitis B surface antigen (HBsAg)
87389	HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result
87490	Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87535	HIV-1, amplified probe technique, includes reverse transcription when performed
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87624 §	Human papillomavirus, high-risk types
87625 §	Human papillomavirus, types 16 and 18 only, includes type 45, if performed
87661	Trichomonas vaginalis, amplified probe technique
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87806	HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies

§ Refer to the *Pathology: Molecular Pathology* (path molec) section in the Part 2 manual for applicable billing with an appropriate diagnosis code.

Reimbursable CPT-4 Codes

CPT-4 Code	Description
88141	Cytopathology, cervical or vaginal, requiring interpretation by physician
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision (Thinprep)
88147	Cytopathology smears, cervical or vaginal, screening by automated system under physician supervision
88148	screening by automated system under manual rescreening physician supervision
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88174	Cytopathology, cervical or vaginal, collected in preservation fluid, automated thin layer preparation; screening by automated system, under physician supervision
88175	and manual rescreening or review, under physician supervision
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, one karyotype, with banding
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6 to 12 colonies, one karyotype, with banding
88300 §	Level I – Surgical pathology, gross examination only
88304 §	Level III – Surgical pathology, gross, and microscopic examination
88305 §	Level IV – Surgical pathology, gross, and microscopic examination
90384	Rho-D immune globulin injection, full dose
90385	Rho-D immune globulin injection, mini dose
90630	Influenza virus vaccine, quadrivalent, split virus, preservative free, for intradermal use

§ Refer to the *Pathology: Molecular Pathology* (path molec) section in the Part 2 manual for applicable billing with an appropriate diagnosis code.

Reimbursable CPT-4 Codes

CPT-4 Code	Description
90632 **	Hepatitis A vaccine, adult dosage, for intramuscular use
90636 **	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, intramuscular use
90654	Influenza virus vaccine, split virus, preservative-free, for intradermal use
90656	Influenza virus vaccine, trivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
90658	Influenza virus vaccine, trivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90661 **	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA, hemagglutinin protein only, preservative and antibiotic free, for intramuscular use
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
90688	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
90746	Hepatitis B vaccine, adult dosage (3 dose schedule), for intramuscular use
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	each additional hour
96374	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	each additional sequential intravenous push of a new substance/drug
99000	Handling and/or conveyance of specimen

** Refer to the *Immunizations* (immune) section in the appropriate Part 2 manual for specific billing information.

Reimbursable CPT-4 Codes

CPT-4 Code	Description
99201	Office visit – new patient (for confirmation of pregnancy; see the *Pregnancy: Early Care and Diagnostic Services* section in the appropriate Part 2 manual)
99211	Office visit – established patient (for confirmation of pregnancy; see the *Pregnancy: Early Care and Diagnostic Services* section in the appropriate Part 2 manual)
99281	Emergency department visit; self-limited or minor
99282	low to moderate severity
99283	moderate severity
99284	high severity
99285	high severity with immediate threat to life or physiologic function

Brainteaser

1. What diagnosis code is used for confirmation of pregnancy?
   _____.
2. When a patient's pregnancy test is negative what services can be billed?
   _____ and _____ or _____.
3. Do we pay for an ultrasound to determine the gender of a baby?
   Yes or *No*?

Answer Key: 1) N91.2 Amenorrhea, unspecified; 2) 81025 and 99201 or 99211; 3) No

Reimbursable HCPCS Codes

Please refer to the *Presumptive Eligibility* section (presum) in the Part 2 provider manual.

HCPCS Code	Description
A4649 †	Surgical supply; miscellaneous
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening
G0475 ††	HIV antigen/antibody, combination assay, screening
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service
G0478	any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service
G0479	any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry, includes sample validation when performed, per date of service
G0480	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays and enzymatic methods); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1 – 7 drug class(es), including metabolite(s) if performed
G0481	qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8 – 14 drug class(es), including metabolite(s) if performed
G0482	qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 15 – 21 drug class(es), including metabolite(s) if performed
G0483	qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed

† Refer to the *Abortions* (abort) section in the appropriate Part 2 provider manual for specific billing information.

†† Frequency limited to once per month.

Reimbursable HCPCS Codes

HCPCS Code	Description
J1725	Injection, hydroxyprogesterone caproate, 1 mg
S0190 †	Mifepristone, oral, 200 mg (RU-486)
S0191 †	Misoprostol, buccal, 200 mcg
S0197	Prenatal vitamins, 30-day supply
S0199 †	Medically induced abortion by oral ingestion of medication including all associated services and supplies except drugs
Z1032	Initial comprehensive pregnancy-related office visit
Z1034	Antepartum visit
Z6200 – Z6500 (excluding Z6208, Z6308 and Z6414)	CPSP services (CPSP providers only)
Z7500	Treatment room
Z7502	Use of emergency room

† Refer to the *Abortions* (abort) section in the appropriate Part 2 provider manual for specific billing information.

Non-Benefits

_____ _____, _____ _____ and _____ _____ _____ are not included in the scope of benefits for PE for Pregnant Women patients. If a patient needs a procedure that is not a PE for Pregnant Women benefit, she can apply for retroactive Medi-Cal benefits, which may cover those services if she is eligible.

HIPAA Code Conversion for Local Modifier ZS

Effective for dates of service on or after August 1, 2015, DHCS is discontinuing local modifier ZS. Modifier ZS designates both the professional (26) and technical (TC) components of a split-billable procedure on a claim or *Treatment Authorization Request* (TAR). When billing for both the professional and technical components, a modifier is neither required nor allowed. This change is to continue HIPAA compliance efforts and to align with the Centers for Medicare & Medicaid Services (CMS) guidelines.

Discontinuing local modifier ZS will affect claims and TARs for all split-billable procedures except for Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and Positron Emission Tomography (PET) procedures. See the relevant sections of the Part 2 Medi-Cal Billing and Policy manual for details pertaining to the use of modifiers for MRI, MRA and PET procedures.

Answer Key: Inpatient services; delivery services; family planning services

Reporting Requirements

Eligibility

Providers must report eligibility to DHCS by completing a photocopy of the *Weekly PE Enrollment Summary Form* (MC 283) and faxing the form to (916) 440-5666, emailing it to PE@dhcs.ca.gov, or mailing to the following address:

DHCS
PE Support
P.O. Box 997417
Sacramento, CA 95899-7417

NOTE
The completed *Weekly PE Enrollment Summary* form must be sent within five working days from the date the first patient on the list became eligible for PE for Pregnant Women.

Enrollment

When completing the *Weekly PE Enrollment Summary* (MC 283), ensure that the following information is provided for each patient:

- PE for Pregnant Women enrollment date
- Temporary Medi-Cal ID number (from Proof of Eligibility card)
- Patient's name
- Date of birth, SSN (optional)

State of California – health and Human Services Agency

Department of Health Care Services

WEEKLY PRESUMPTIVE ELIGIBILITY (PE) FOR PREGNANT WOMEN ENROLLMENT SUMMARY

Provider Name				Week Ending
Provider Address	City	State	Zip Code	PE Provider Number
Provider Telephone Number ( )	Contact Person			Provider NPI Number

INSTRUCTIONS: Patient enrollment into the PE for Pregnant Women program must be reported no later than five working days from the enrollment date of the first patient listed on the summary. Do not use this form to report multiple weeks or months of enrollments. For each patient enrolled in the PE for Pregnant Women program, complete the information below. The completed form must be sent to , the Department of Health Care Services, PE for Pregnant Women Support Unit by mail: MS 4607, P.O. Box 997417, Sacramento, CA 95899-7417, by fax: 1-916-440-5666 or 1-800-409-1498, or email: PE@dhcs.ca.gov. Do **not send other PE for Pregnant Women forms**. **Please print legibly in black or blue ink only.**

	PE Enrollment Date	Proof of Eligibility PE ID #*)	Patient's Name Last	First	Date of Birth	Social Security Number (Optional)	Test Results (EDC or NEG)
	01/01/12	34-7G-ZA00101-2-50	Smith	Jane	01/01/76	123-45-6789	07/01/12
1	/ /				/ /		
2	/ /				/ /		
3	/ /				/ /		
4	/ /				/ /		
5	/ /				/ /		
6	/ /				/ /		
7	/ /				/ /		
8	/ /				/ /		
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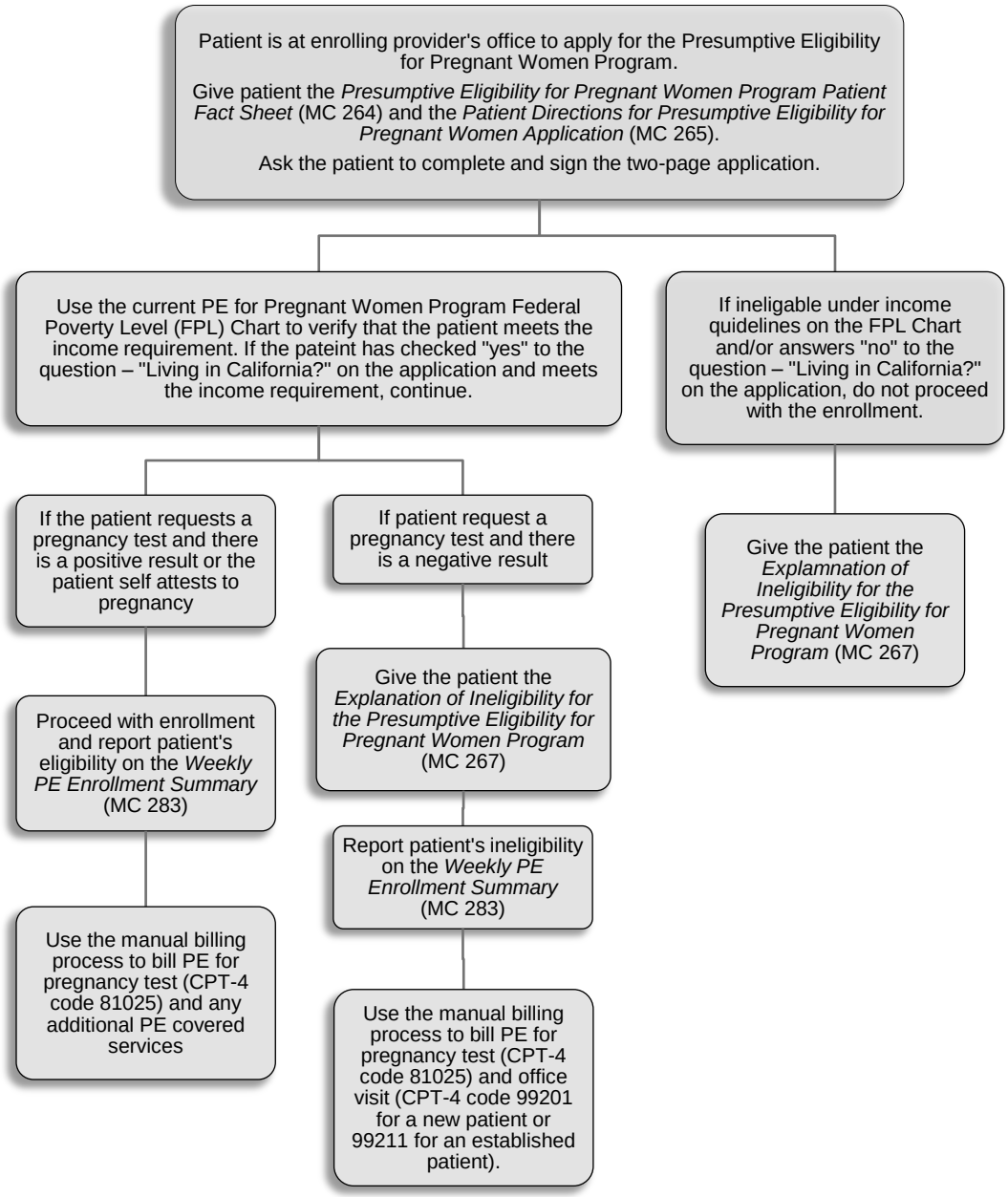
19	/ /				/ /		
20	/ /				/ /		

The MC 283 may be downloaded at http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBbyNumber.aspx
Visit the PE for Pregnant Women website at http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE.aspx

MC 283 (05/2012) Weekly Enrollment Summary

Sample: Weekly Presumptive Eligibility (PE) for Pregnant Women Enrollment Summary

Presumptive Eligibility Process Flowchart



Supplemental Information

Program Benefits Comparison	
Presumptive Eligibility Program	**Family PACT Program**
No charge	No charge
Eligibility self-declared – no proof	Eligibility self-declared – no proof
Income: 213 percent of Federal Poverty Guidelines (FPG) – family of two	Income: 200 percent of Federal Poverty Guidelines (FPG) – family of one
Paper enrollment – temporary Medi-Cal PE paper ID card	Electronic enrollment – plastic card
Patient is eligible until she states she has a Medi-Cal or Covered CA determination	12-month eligibility with annual renewal
No confidentiality for minors	Confidentiality
Pregnancy test upon request and visit	Pregnancy test and visit; as clinically needed
Sexually transmitted infection (STI) testing and treatment	STI testing and treatment
HIV testing	HIV testing; as clinically indicated when provided in conjunction with a family planning visit
PAP testing	PAP testing and treatment of cervical abnormalities
OB prenatal care	No OB care
Pregnancy termination benefits	No termination benefits
Psychosocial, health education and nutrition counseling (CPSP only)	Family planning counseling
No delivery, hospitalization or postpartum services	Family planning supplies
Hard copy pharmacy billing	Electronic pharmacy billing

Learning Activities

Learning Activity: Test Your Presumptive Eligibility IQ

1. PE for Pregnant Women will reimburse qualified providers for an office visit and a negative pregnancy test.

   True ☐ False ☐

2. The patient applying for PE for Pregnant Women does not have to show proof of California residency.

   True ☐ False ☐

3. A patient must show proof that she has already applied for Medi-Cal before she can be enrolled in PE for Pregnant Women.

   True ☐ False ☐

4. A patient is eligible for PE for Pregnant Women until Medi-Cal makes an eligibility determination.

   True ☐ False ☐

5. If the pregnant PE for Pregnant Women patient does not apply for Medi-Cal and her PE for Pregnant Women expires, she becomes a cash pay patient.

   True ☐ False ☐

6. All pregnancy-related medication is payable by PE for Pregnant Women.

   True ☐ False ☐

7. PE for Pregnant Women pays for inpatient, delivery, and family planning services.

   True ☐ False ☐

8. Providers may follow up on a denied claim that was billed with the PE for Pregnant Women – Proof of Eligibility ID number by using an Appeal only.

   True ☐ False ☐

9. CIF forms may not be used to follow up on a denied claim that was billed using the PE for Pregnant Women – Proof of Eligibility ID number.

   True ☐ False ☐

10. A patient may apply for PE for Pregnant Women as many times as she needs to during the same pregnancy.

    True ☐ False ☐

11. A provider may verify eligibility using the PE for Pregnant Women – Proof of Eligibility ID number in the POS network.

    True ☐ False ☐

Answer Key: 1) True; 2) True; 3) False; 4) True; 5) True; 6) True; 7) False; 8) True; 9) True; 10) False; 11) False