

**County of San Diego, Health and Human Services Agency (HHS)A)
Medi-Cal Program Guide Letter**

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Issue Date:

04/11/2016

Effective Date:

December 31, 2014

Purpose:

The purpose of this letter is to provide:

- Current information on the Presumptive Eligibility (PE) program

Background:

Welfare and Institution Code 14148.8 authorized the Department of Health Care Services (DHCS) to provide PE benefits to pregnant women as allowed in Section 1920 of the Social Security Act. The PE program was implemented in November 1993 as part of Assembly Bill 501. The PE program allows qualified Medi-Cal providers throughout the state to provide their low-income pregnant patients immediate, temporary Medi-Cal coverage for prenatal care. These patients must then apply formally for Medi-Cal or CalWORKs by the end of the month following the month in which PE began. The PE program became effective November 1, 1993.

Policy Change:

- Pregnant women enrolled in the PE program are eligible for coverage on the day in which the PE coverage determination is approved and may go through the last day of the following month.
- PE is limited to once per pregnancy

Summary of Changes:

- PE Coverage Period and Limitation section has been updated to reflect policy changes

Impacts:

Automation

No impact.

Forms and Document Capture

No impact.

Programs Affected

No impact to other programs

Quality Control

QC will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

Management Reporting

No impact.

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References:

MEM 5M
ACWDL 13-05
MEDIL I 15-26
MEDIL I 15-31
Desk Aid 30 – PE Example Forms

Sunset Date:

This policy will be reviewed for continuance by 04/30/2019.

Approval for Release:



Rick Wanne, Director
Eligibility Operations

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Background:

In 1992 the Legislature passed AB 501, which required the Department of Health Care Services (DHCS) to implement the federal option of Presumptive Eligibility (PE) for pregnant women as described in Section 1920 of the Social Security Act. The PE program allows qualified Medi-Cal providers throughout the state to provide their low-income pregnant patients immediate, temporary Medi-Cal coverage for prenatal care. These patients must then apply formally for Medi-Cal or CalWORKs by the end of the month following the month in which PE began. The PE program became effective November 1, 1993.

Policy:

Eligibility Criteria:

Applicants must meet the following eligibility criteria to qualify for PE:

- Income must not exceed 213% of the Federal Poverty Level (FPL)
- Must be a California resident
- Must attest to being pregnant

PE Coverage Period and Limitation:

Pregnant women:

- Are permitted one PE period per pregnancy.
- Enrolled in the PE program are eligible for coverage on the day in which PE coverage determination is approved and may go through the last day of the following month. This is referred to as the “First Good Thru” period on the Proof of Eligibility Card (MC 263 PREMEDCARD). The pregnant woman is required to apply for Medi-Cal or CalWORKs before this period expires.
- That fail to apply for Medi-Cal will discontinue from PE through the end of the “First Good Thru” period will only receive PE benefits through the end of this period.
- That apply for Medi-Cal or CalWORKs before or during the “First Good Thru” period are eligible for extensions in coverage under the PE program until a Medi-Cal determination is made. The provider approves the extension by updating the MC 263 PREMEDCARD with a “Second Good Thru” date. If a Medi-Cal application is submitted prior to the last day of the PE period, PE will continue until a final Medi-Cal determination is completed.

Example: If approved for PE coverage on July 13th, and the Medi-Cal eligibility determination was made on July 29th, PE coverage ends on July 29th.

Criteria for Qualified Providers

In order to become a Qualified Provider for the PE program, providers are required to:

- Currently be enrolled as a Medi-Cal provider in good standing; AND
- Provide perinatal services

Qualified Provider Responsibility

Qualified providers are responsible for the following:

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- Offering the PE program to pregnant patients who do not have Medi-Cal or other adequate health coverage. The MC 264 – Presumptive Eligibility Patient Fact Sheet should be given to the applicant for information.
- Asking the applicant to complete the MC 263 S-R Statement of California Residency form.
 - NOTE: The applicant is not eligible to PE if she refuses to complete or sign the form or declares she is not a California resident.
- Conducting an income screening on interested applicants for PE by having the applicant complete the MC 263 PREDED 1 – Application for Presumptive Eligibility Only.
 - The PE applicant’s total family income (obtained from the “Provider Use Only” section of the MC 263 PREMED 1 form) must be compared with the appropriate line on the most current FEDERAL POVERTY LEVEL CHART FOR PRESUMPTIVE ELIGIBILITY (PE) chart.
 - The unborn child is counted as a member of the family and is included in the person count.
- Inform the applicant at the time of the PE determination that she must file her Medi-Cal application within a specified time (before the end of the month following the month of the PE application) in order for her PE to continue.
- Assist the applicant in completing her application for Medi-Cal if needed (MC 263 PREMED 2 - Application for Medi-Cal Program Only, and provide information on where to file her Medi-Cal application.
- Notify the applicant in writing if she is determined ineligible for PE and that she may still file an application for Medi-Cal with the County. This notice is the MC 267- Explanation of Ineligibility for Presumptive Eligibility.
- Issue the paper MC 263 PREMEDCARD card and instruct PE patients to use this card until the Medi-Cal or CalWORKs determination is made and the Benefits Identification Card (BIC) is received, or their PE eligibility ends.
- Notify DHCS within 5 working days of those applicants eligible for PE.
- Maintain records of PE applications and provide these records to DHCS upon request.

Replacement PE Cards

The County is not responsible for issuing a replacement PE card. The qualified provider who initially determined PE is responsible for issuing a replacement for a lost, stolen or destroyed PE card.

Procedure:

A. Medi-Cal Application Process

Women enrolled in the PE program must apply for Medi-Cal or CalWORKs. Applicants can apply for Medi-Cal by phone, mail, electronically, or in person at a Family Resource Center (FRC).

Providers may fax the MC 263 PREMED 2 – Application for Medi-Cal Program Only to the DPC.

Staff must follow application processing procedures outlined in MPG Article 4, Section 2 to evaluate the applicant for Medi-Cal and CPG 40-100 E. to evaluate for CalWORKs.

B. Retroactive Coverage

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Some PE beneficiaries may have received health care services not covered under the PE program or prior to their application for PE or Medi-Cal. Eligibility staff shall ask if the applicant needs retroactive coverage for past medical services.

C. Minor Consent Eligibles

If a minor applies for PE, she must provide the total family income to the best of her knowledge. If an applicant does not want her parents to know that she is applying for Medi-Cal, or is not able to provide her family income, the provider cannot offer PE services. The applicant will be referred to apply for Medi-Cal under the Minor Consent program instead.

D. MEDS Interface

PE is not reported to MEDS. PE information is not available through the Point of Services (POS) network or Automated Eligibility Verification System (AEVS).

The PE card (MC 263 PREMEDCARD) issued by the provider is considered acceptable proof of eligibility for PE services.

Staff will not process 14-28 MEDS Online Request transactions to report, terminate or update PE in MEDS.

E. Applications in Counties Other Than the County of Residence

If the PE recipient applies in a county other than the county of residency, the receiving county shall accept the application, make the initial eligibility determination and forward to the appropriate county of residency. Refer to Article 3, Section 1 for information on Courtesy Application Processing.

If the applicant is approved Medi-Cal benefits in San Diego County, follow the procedures outlined in Article 3, Section 2 to process an intercounty transfer via an eICT.

Other Program Impacts:

None

References:

- MEM 5M
- ACWDL 13-05
- MEDIL I 15-26
- MEDIL I 15-31
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