

Medi-Cal Program Guide Letter (MPG) # 778

March 27, 2013

Subject **PRESUMPTIVE ELIGIBILITY (PE) FOR PREGNANT WOMEN PROGRAM**

Effective Upon Receipt

Reference ACWDL 13-05

Purpose The purpose of this letter is to:

- provide current information on the PE program and forms
- provide infomapped section of MPG Article 5, Section 16
- remove obsolete MPG sections

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.

Highlighted Changes The following items in Article 5, Section 16 were revised:

Item	Change
MEDS Interface	PE is not reported to MEDS. The PE card (MC 263 PREMEDCARD) issued by the provider is acceptable proof for PE services.
Replacement PE Card	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.

The following items in Article 5, Section 16 were removed as they are obsolete:

Item	Reason
Aid Codes	Aid Codes 7F and 7G are no longer used to report PE

	to MEDS.
<ul style="list-style-type: none"> • Discontinuance of PE After Medi-Cal Determination • Automatic Discontinuance 60 Days After Filing an Application for Medi-Cal or CalWORKs • Automatic Discontinuance One Month After Estimated Date of Confinement (E.D.C.) • Rescission • MEDS Alerts 	These sections referenced the use of a 14-28 MEDS Online Request form to update, terminate or report PE in MEDS. Since PE is no longer reported to MEDS, online transactions are not required for PE.

Forms Impact No Impact

Required Action No worker action required

Automation Impact No Impact.

ACCESS Impact Providers may fax the Application for Medi-Cal Only (MC 263 PREMED 2) form to ACCESS. The application will be processed as follows:

Step	Action
1	Clear the referral
2	Register an application in CalWIN preserving the application date on the MC 263 PREMED 2
3	Mail a Medi-Cal application packet to the applicant

Imaging Impact No Impact.

PA (CalFresh or CalWORKs) Program Impact No Impact.

Quality Control (QC) Impact

No Impact.

Summary of Changes

The table below shows the changes made in the MPG cites.

Section	Summary of Change
Article 5, Section 16	Updated with current PE information

Approval for Release

Arthur, Sup. Director 4-15-13

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Article 5, Section 16 – Presumptive Eligibility Program

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Resources

RESOURCE	TITLE
Desk Aid	PE Sample Forms: <ul style="list-style-type: none"> • MC 263 S-R (09/2011) Statement of California Residency • MC 264 (09/11) Presumptive Eligibility Patient Fact Sheet • MC 263 PREMEDCARD (05/07) Medi-Cal Identification Card Presumptive Eligibility • MC 263 PREMED 1 (05/2007) Application for Presumptive Eligibility Only • MC 263 PREMED 2 (05/2007) Application for Medi-Cal Program Only • MC 267 (09/2011) Explanation of Ineligibility for the Presumptive Eligibility for Pregnant Women Program

05-16-01 Overview

A. 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.

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B. Eligibility

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

- Criteria**
- Income must not exceed 200% of the Federal Poverty Level
 - She must be a California resident
 - She must have a confirmed pregnancy
-

C. PE Coverage Period

Patients enrolled in the PE program are eligible for coverage for the month of the PE application and 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 patient is required to apply for Medi-Cal or CalWORKs before this period expires.

Patients that fail to apply or are determined ineligible to Medi-Cal during the “First Good Thru” period will only receive PE benefits through the end of this period.

Patients 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.

05-16-02 Qualified Providers

A. Criteria for 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
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B. Provider Responsibility

Qualified Providers are responsible for the following:

1	Offering the PE program to pregnant patients who do not have Medi-Cal or adequate other health coverage. The MC 264 – Presumptive Eligibility Patient Fact Sheet should be given to the applicant for information.
2	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.

3	<p>Conducting an income screening on interested applicants for PE by having the applicant complete the MC 263 PREMED 1 - Application for Presumptive Eligibility Only.</p> <ul style="list-style-type: none"> • 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.
4	<p>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.</p>
5	<p>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.</p>
6	<p>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.</p>
7	<p>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.</p>
8	<p>Notify DHCS within 5 working days of those applicants eligible for PE.</p>
9	<p>Maintain records of PE applications and provide these records to DHCS upon request.</p>

**C.
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.

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05-16-03 County Responsibility

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 offer to fax the MC 263 PREMED 2 - Application for Medi-Cal Program Only to ACCESS.

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.

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B. Retroactive Coverage

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.

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E. Applications in Counties

If the PE recipient applies in a county other than the county of residency, the receiving county shall accept the application, make the

Other than the County of Residency 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 our county, follow the procedures outlined in [Article 3, Section 2](#) to process an intercounty transfer via an eICT.
