

The Presumptive Eligibility for Pregnant Women Program

The Presumptive Eligibility (PE) for Pregnant Women Program was created to allow Medi-Cal Providers to grant immediate, temporary Medi-Cal coverage for ambulatory prenatal care and prescription drugs related to pregnancy to low-income patients, pending their Medi-Cal or health insurance affordability program application. It is called PE because it is “presumed” the patient, after qualifying for PE for Pregnant Women benefits (based on family size and income), will apply and be determined eligible for Medi-Cal. PE for Pregnant Women benefits are paid by Medi-Cal, but the patient is not Medi-Cal eligible. Only Medi-Cal providers who have applied to be a Qualified Provider (QP) can enroll patients into the program. Application is through the Qualified Provider Application for Presumptive Eligibility Participation (MC 311).

PE FOR PREGNANT WOMEN PROGRAM COVERAGE

PE for Pregnant Women only pays for the services listed in the Provider Manual (pharmacy and dental services for prenatal health care are not listed, but are covered). Any non-PE for Pregnant Women pregnancy-related service received during the PE period may be covered if the patient is determined eligible for Medi-Cal and the patient requests retroactive Medi-Cal coverage. There is no retroactive coverage available for other health insurance affordability programs. PE for Pregnant Women does not cover sterilization, family planning, hospitalization, or labor and delivery. Providers should encourage PE for Pregnant Women patients to apply for Medi-Cal and health insurance affordability programs as soon as PE for Pregnant Women benefits are approved. Providers have the option of faxing the Medi-Cal application contained in the PE for Pregnancy (MC 263) enrollment packet directly to the counties using the fax numbers listed on the PE for Pregnancy web page. If the patient has already applied for Medi-Cal or other health insurance affordability programs, but has not had a determination, she is eligible to apply for PE for Pregnant Women.

PATIENT ENROLLMENT

The PE for Pregnant Women Application packets (MC 263) are controlled forms and should be treated like “personal checks”. These forms are printed for individual providers at specific sites and cannot be shared with other sites or providers. Each site must enroll separately. Administrative personnel in provider offices should monitor these forms and report any problems or fraudulent use to the Department of Health Care Services (DHCS), PE for Pregnant Women Program Support by email at PE@dhcs.ca.gov.

The temporary PE for Pregnancy - Proof of Eligibility card is Universal. Once a patient is enrolled in the program, the Proof of Eligibility card can be used to obtain services from any Medi-Cal provider where patient needs prenatal services, including dentists, pharmacies and laboratories.

PE enrolled patients must apply for health coverage to get ongoing coverage. The patient will remain on PE until she notifies the provider that she has been approved or denied for Medi-Cal or has obtained coverage through a Qualified Health Plan (QHP).

Example: Karen Smith is enrolled into PE for Pregnant Women on Jan 15th. The patient must apply for Medi-Cal and other health insurance affordability programs. The patient notifies her QP that she has Medi-Cal or a QHP on April 1st. The QP will immediately discontinue use of the PE identification and begin using the Benefits Identification Card (Medi-Cal) or QHP insurance card for new services.

Example: Barbara Jones is also enrolled into PE for Pregnant Women on Jan 15th. The patient must apply for Medi-Cal and other health insurance affordability programs. The patient notifies her QP that

she has been denied Medi-Cal on April 2nd. The QP will continue using the PE identification until the end of the month. Her PE will end on April 30th. .

PE FOR PREGNANT WOMEN FORMS

MC 263 - Presumptive Eligibility for Pregnant Women Application Packet

These forms are used to enroll eligible patients into the PE for Pregnant Women Program and they are printed by DHCS with provider specific information and shipped directly to you. Order these forms from DHCS's vendor by fax at 916 364-6612 or email to medpublicationorders@maximus.com using the Forms Order (MC 285) form.

PE for Pregnant Women Program Supplemental Forms

The following forms are used to determine your patient's eligibility, report eligible patients to DHCS and provide information to your patients and staff. These forms are available for download from the DHCS website or Medi-Cal web page links below. If you are unable to access the forms, contact PE for Pregnant Women Support at PE@dhcs.ca.gov

MC 263 S-R Statement of California Residency

MC 264 PE Patient Fact Sheet

MC 265 Patient Directions for PE for Pregnant Women Application

MC 266 Directions to Apply for Health Insurance Affordability Programs, Including Medi-Cal

MC 267 Explanation of Ineligibility for PE for Pregnant Women

MC 283 Weekly PE for Pregnant Women Enrollment Summary

MC 285 PE for Pregnant Women Forms Order

MC 286 PE for Pregnant Women Provider Fact Sheet

Websites for Forms:

<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/Index.aspx>

<http://files.medi-cal.ca.gov/pubsdoco/forms.asp>

BILLING

The PE for Pregnant Women program currently does not allow for electronic claims submission. Providers must complete the manual paper claim forms: CMS-1500 or UB-04 for reimbursement for all services rendered.

PATIENT RESPONSIBILITIES

Enrollment in the PE for Pregnant Women program is not enrollment into the Medi-Cal program. Patients should be encouraged to apply for Medi-Cal and other insurance affordability programs. The PE Proof of Eligibility and Directions to Apply for Health Insurance Affordability Programs, Including Medi-Cal should be given to the patient.

A patient who has already had a determination on a Medi-Cal application for this pregnancy cannot be enrolled into the PE for Pregnant Women program. A beneficiary who has Medi-Cal is also not eligible for the PE for Pregnant Women program. It does not matter if the beneficiary has a share of cost (SOC). The beneficiary should use their BIC card for services and inform the county of their change in circumstance (pregnancy) which may change her Medi-Cal eligibility status.

If a patient indicates they may have or had been considered for Medi-Cal, the provider should verify this information through the Point of Service (POS) device, Automated Eligibility Verification System (AVES), by contacting the county or PE for Pregnant Women Program Support at DHCS.

PROVIDER RESPONSIBILITIES

The provider must record each patient's enrollment on the Weekly Presumptive Eligibility (PE) Enrollment Summary (MC 283) and within five days of patient enrollment, fax or email the summary to DHCS. For audit and review purposes, you must retain a copy of this information for three years

Fax or email the completed form to:

PE for Pregnant Women Program

Fax 916 440-5666

PE@dhcs.ca.gov

Provider Record Retention Requirements:

Providers are required to retain the PE for Pregnant Women Application, copies of the Weekly Presumptive Eligibility Enrollment Summaries and any fax cover sheet used to forward a beneficiary's Medi-Cal application to the county in their office for three years.

INTERNET / WEBSITES

Presumptive Eligibility for Pregnant Women

<http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE.aspx>

Presumptive Eligibility for Pregnant Women Provider Manual

http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part2/presum_m00o03p00.doc

Information for Patients on the Medi-Cal Website

www.medi-cal.ca.gov Click on the link under Programs.

PROVIDER BULLETINS

http://files.medi-cal.ca.gov/pubsdoco/bulletins_menu.asp

Covered California

www.CoveredCA.com

PROGRAM CONTACT INFORMATION

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PE for Pregnant Women Program Flow Chart

