

## **The Presumptive Eligibility for Pregnant Women Program**

The Presumptive Eligibility (PE) for Pregnant Women Program was created to allow Qualified Providers to grant immediate, temporary Medi-Cal coverage for ambulatory prenatal care and prescription drugs related to pregnancy to low-income patients, pending their formal Medi-Cal 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. Patients can only be enrolled into the program through a Medi-Cal provider who becomes a Qualified Provider (QP) through the PE for Pregnant Women program.

### **PE FOR PREGNANT WOMEN PROGRAM COVERAGE**

PE for Pregnant Women only pays for the services listed in the Provider Manual (pharmacy services for prenatal health care are not listed, but are covered). Any non-PE for Pregnant Women pregnancy-related services received during the PE period may be covered once the patient is determined eligible for Medi-Cal by the county and the patient requests retroactive Medi-Cal coverage. 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 as soon as PE for Pregnant Women benefits are approved.

### **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. 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 at 1-800-824-0088.

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 pharmacies and laboratories.

Patients who are enrolled in the program must apply for Medi-Cal at the county social services office, by mail, by phone or on-line. If they need an extension for the PE period, they must provide proof of Medi-Cal application to their enrolling provider before the expiration of the first good through date on the Proof of Eligibility card. Providers may also contact the PE for Pregnant Women staff to verify a Medi-Cal application has been completed. To calculate the first through date for the PE Proof of Eligibility card, take the date the patient is enrolled in PE for Pregnant Women and go to the end of the month, and then add another month.

**Example:** Mary Dowing is enrolled into PE for Pregnant Women on Jan 15<sup>th</sup>. Her first good through date would be at the end of the following month, Feb 28<sup>th</sup>. The patient must provide proof of applying for Medi-Cal by that date to get a PE for Pregnant Women extension.

### **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. These forms can be ordered by fax at 916 364-6612 or email [medpublicationorders@maximus.com](mailto:medpublicationorders@maximus.com)

## 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 website. If you are unable to access the websites, contact PE for Pregnant Women Support and an original will be faxed or mailed to you for reproduction at your convenience.

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 for Medi-Cal Application

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

DHCS website.

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

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

Medi-Cal website

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

## PUB 68 – Medi-Cal: What it Means to You

This publication can be ordered by

Fax - 916 364-6612

Email - [medpublicationsorder@maximus.com](mailto:medpublicationsorder@maximus.com)

## **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**

To continue to receive PE for Pregnant Women services, patients must provide proof of Medi-Cal application. Enrollment in the PE for Pregnant Women program is not enrollment into the Medi-Cal program. A patient who has already been determined eligible for Medi-Cal cannot be enrolled into the PE for Pregnant Women program.

If a patient applying for the PE for Pregnant Women program states on their application that they have insurance or other medical coverage, the provider should request a copy of the patient's insurance card. If a patient reports having insurance with a high deductible, the provider can enroll the patient into PE for Pregnant Women. However, 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**

At the provider option, Qualified Providers may offer to fax the completed PE for Pregnancy – Medi-Cal Application directly to the county for the patient using the fax numbers listed on the PE for Pregnant Women website. Providers should retain a copy of the fax confirmation in the patient's file and provide a copy to the patient as proof of Medi-Cal application.

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, Mail, email or fax the summary to DHCS. For audit and review purposes, you must retain a copy of this information for three years

### **Mail, fax, or email the completed form to:**

PE for Pregnant Women Support Unit

P.O. Box 997413

Sacramento, CA 95899

Fax 916 440-5666

[PE@dhcs.ca.gov](mailto:PE@dhcs.ca.gov)

### **Eligibility Extensions:**

If the patient's PE period is near the expiration date and her Medi-Cal eligibility has not been determined by the county and the patient can provide proof of Medi-Cal application, the enrolling Provider can extend her PE period for an additional 60 days. The original enrolling provider is responsible for the extension even if the patient no longer receives services from them.

**Example:** Mary Dowling returns to her enrolling provider and brings proof of Medi-Cal application on Feb 27<sup>th</sup>, even though she is receiving services from *another* provider. The enrolling provider can give her a PE for Pregnant Women extension (2<sup>nd</sup> good through date) through April 30<sup>th</sup>. Further extensions can be approved if the patient has a pending Medi-Cal application that has not been adjudicated (approved or denied).

### **Provider Record Retention Requirements:**

Providers are required to retain the PE for Pregnant Women Application in their office for three years. **The PE Proof of Eligibility and two copies of the Medi-Cal application are given to the patient.**

## **INTERNET/WEBSITES**

Presumptive Eligibility for Pregnant Women Provider Manual

[http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part2/presum\\_m00o03p00.doc](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](http://www.medi-cal.ca.gov) Click on the link under Programs.

On-line applications for Medi-Cal

[www.benefitscal.org/BenefitsPortal/landing.html](http://www.benefitscal.org/BenefitsPortal/landing.html)

[www.healthapp.net](http://www.healthapp.net)

## **PROVIDER BULLETINS**

[http://files.medi-cal.ca.gov/pubsdoco/bulletins\\_menu.asp](http://files.medi-cal.ca.gov/pubsdoco/bulletins_menu.asp)

## **PROGRAM CONTACT INFORMATION**

Cynthia Cannon, Analyst

[Cynthia.Cannon@dhcs.ca.gov](mailto:Cynthia.Cannon@dhcs.ca.gov)

(916) 552-9499

(916) 440-5701 Fax

Hope Padilla

Program Support

[Hope.padilla@dhcs.ca.gov](mailto:Hope.padilla@dhcs.ca.gov)

(916) 552-9530(916) 440-5700 Fax

Email: [PE@dhcs.ca.gov](mailto:PE@dhcs.ca.gov)

Fax: (916) 440-5666

PE for Pregnant Women Support (Messages only) 1 (800) 824-0088

## FLOW CHART

The PE for Pregnant Women Flow Chart explains the flow of PE for Pregnant Women services from patient application to the program through provider continuing services.

