

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

References

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

Provider Manual Reference

Part 2: *Presumptive Eligibility* section (presum)

Other References

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

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 designed for California residents who believe they are pregnant and who do not have health insurance or Medi-Cal coverage for prenatal care.

Provider Qualifications

Providers wishing to apply for participation 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

AB 2307, effective July 1, 2005, 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 will receive 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 will be automatically sent to the provider.

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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)

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Sample: Qualified Provider Application for Presumptive Eligibility Participation

May 2009

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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

Form Acquisition Procedures

- Include the National Provider Identifier (NPI) number and PE provider number on the *Forms Order*.
- MC 263 – PE for Pregnancy packages are pre-numbered and cannot be copied. All other forms are available for downloading from the Medi-Cal website and may be photocopied.
- Providers may fax orders to 916 364-6612 or email to medpublicationorders@maximus.com.
- Allow six to eight 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 eight weeks for materials, there is most likely a problem with the order and the contact information given to PE for Pregnant Women Support. Providers should contact PE for Pregnant Women Support at 1-800-824-0088 for assistance.
- 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 contact:

Presumptive Eligibility for Pregnant Women Program Analyst
Cynthia Cannon
(916) 552-9499
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 toll-free at 1-800-824-0088, and a set of forms will be mailed to the provider's office.

Comment [AdS1]: Email address corrected. Replaced medpublicationsorders@maximus.com. There should not be an "s" after "publication."

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 286	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.

Sample: *Forms Order – Presumptive Eligibility (PE) for Pregnant Women*

Comment [AdS2]: Form updated to reflect correct email address.

Recipient Enrollment

Eligibility Criteria

Criteria 1: A patient believes she is pregnant.

- The patient has no _____ or _____.

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 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.

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.
 - _____ if she is under 21, unmarried and living with her parents.
 - _____ of the patient.

Answer Key: 1) health insurance, Medi-Cal coverage; 2) First form, not responsible, not; 3) 200 percent of the Federal poverty guidelines (FPG), her income; her and her parents' income are counted; her and her spouse's income; her, her spouse's and her parents' income; spouse; natural, adopted or step children; Parents of the patient; unborn child

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: The patient must formally apply for Medi-Cal or CalWORKs at the local county Social Services Department.

- Show proof of _____ - _____ before the "First Good-Thru" date expires for extended PE for Pregnant Women coverage.

Criteria 6: If the prospective PE for Pregnant Women client reports that she has private insurance but has a large deductible, the Qualified Provider is allowed to complete a PE for Pregnant Women determination.

Answer Key: 4) Minor Consent Program; pregnancy-related services; not; 5) Medi-Cal application

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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? <input type="checkbox"/> Yes, and I can prove this when I apply for Medi-Cal. <input type="checkbox"/> 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>I certify I have read and understand this form. I declare that the information I have given is true, correct, and complete.</i>		
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: <input type="checkbox"/> You said you do not live in California and do not plan to stay in this state, or <input type="checkbox"/> 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.healthapp.net		
Provider Signature	Provider Printed Name	Date

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

Sample: Statement of California Residency

January 2012

State of California—Health and Human Services Agency		Department of Health Care Services
DECLARACIÓN DE RESIDENCIA EN CALIFORNIA (Suplemento a la Solicitud para Establecer la Presunta Elegibilidad Únicamente - MC 263)		
1. Nombre	Fecha de Nacimiento	
2. ¿Vive usted en California y planea continuar viviendo aquí? <input type="checkbox"/> Sí, y puedo comprobarlo cuando solicite Medi-Cal. <input type="checkbox"/> No, no vivo en California y no planeo quedarme a vivir aquí. Si contestó "No" a la pregunta 2, o si no contestó nada en absoluto, Ud. no puede obtener beneficios por Presunta Elegibilidad.		
Declaro que he leído y entendido este formulario y que la información que he proporcionado es verídica, correcta y completa.		
Firma o seria del solicitante (o representante legal)	Fecha	
Firma del testigo de la seria del solicitante (o representante legal)	Fecha	
PARA USO DEL PROVEEDOR ÚNICAMENTE		
INSTRUCTIONS TO PROVIDER: <i>If your patient answers "Yes" (Sí) to question 2, you may proceed with the Presumptive Eligibility determination. You must attach this form to the Application for Presumptive Eligibility (MC 263 PREMED 1). If your patient answers "No" to question 2, or does not answer at all, you cannot offer Presumptive Eligibility to the patient. You must complete the section below and give a copy of this form to the patient.</i>		
RAZÓN POR LA CUAL NO PUEDE OBTENER BENEFICIOS POR PRESUNTA ELEGIBILIDAD (RESIDENCIA)		
Usted no puede obtener beneficios por Presunta Elegibilidad debido a que en la pregunta 2: <input type="checkbox"/> Usted contestó que no vive en California y que no planea permanecer en este estado, o <input type="checkbox"/> Usted no contestó en absoluto la pregunta 2.		
Aunque no puede obtener beneficios por no poder establecer su presunta elegibilidad, usted aún puede solicitar Medi-Cal en el departamento de asistencia pública local de su condado o en cualquier sitio donde se ubiquen trabajadores de elegibilidad, si usted considera que tiene derecho a recibir dichos beneficios.		
Firma del Proveedor	Nombre impreso del Proveedor	Fecha

MC 263 9-R (SP) (05/08)

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 child support and 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.

Federal Poverty Income Guidelines

200 Percent of Poverty by Family Size

Effective April 1, 2011 through March 31, 2012

Number of Persons	Gross Monthly Income	Gross Annual Income
2	\$ 2,452	\$ 29,420
3	\$ 3,089	\$ 37,060
4	\$ 3,725	\$ 44,700
5	\$ 4,362	\$ 52,320
6	\$ 4,999	\$ 59,980
7	\$ 5,635	\$ 67,620
8	\$ 6,272	\$ 75,260
9	\$ 6,910	\$ 82,900
10	\$ 7,548	\$ 90,540
For each additional person, add	\$ 638	\$ 7,640

Brainteaser

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

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

- 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?

- 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 she receives 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 PREMED 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 "First Good-Thru" date is the last day of the month following the month the patient was enrolled in the program (see below for example).

Example: Enrollment date: 7/7/11

"First Good-Thru" date: 8/31/11

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 must apply for Medi-Cal before the "First Good-Thru" date expires.

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.

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State of California – Health and Human Services Agency

Department of Health Care Services

APPLICATION FOR PRESUMPTIVE ELIGIBILITY ONLY

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 if you have one: _____ -- _____ -- _____			
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 OR OTHER HEALTH INSURANCE			
Do you have Medi-Cal or other health insurance now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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. <input type="checkbox"/>			
MONTHLY INCOME			
Please include money you or family members listed on this application get from jobs, tips, commissions, pensions, Social Security, child and/or spousal support, gifts, disability, VA, or unemployment benefits, etc.			\$ _____
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 ELIGIBILITY			
FOR PROVIDER USE ONLY			
Total Family Income: _____	Number in Family: _____	Income Eligible	<input type="checkbox"/> Yes <input type="checkbox"/> No
PE ID#: FIRST GOOD THRU DATE: SECOND GOOD THRU DATE: THIRD GOOD THRU DATE:			
PATIENT NAME: DOB (MM/DD/YYYY):			
PE Provider Name: _____	Pregnancy Test Results? <input type="checkbox"/> Positive <input type="checkbox"/> Negative		
PE Provider Signature: _____	Date: _____ E.D.C.: _____		
PE Provider Title: _____			

MC 263 PE FOR PREGNANCY - APPLICATION (09/2011)

Sample: Application for Presumptive Eligibility Only

January 2012

Pregnancy Testing

If the patient meets the income criteria for PE for Pregnant Women, the QP conducts the pregnancy test. This step is not necessary if the pregnancy test has already been completed by the Office of Family Planning or another doctor, or if physical examination is conclusive for pregnancy.

If the patient does not meet the income criteria, or 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.

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			
<p align="center">EXPLANATION OF INELIGIBILITY FOR THE PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN PROGRAM</p> <p>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:</p> <p><input type="checkbox"/> Your total family income is more than 200 percent of the Federal Poverty Level for your family size.</p> <p><input type="checkbox"/> You are not pregnant.</p>			
Signature			
Name of person completing determination		Title	
<p>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.healthapp.net.</p>			
MC 267 (09/2011) Explanation of Ineligibility			

Sample: Explanation of Ineligibility for Presumptive Eligibility

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.

Enrollment Approval

PE for Pregnant Women Card Issuance

- Patient's name, date of birth, valid month with year and "First Good-Thru" date must be completed on the Proof of Eligibility card.
- The "First Good-Thru" date is the last day of the month following the month in which PE for Pregnant Women is determined.
- Patients must be informed that the Proof of Eligibility 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)	
<div style="display: flex; justify-content: space-between;"> <div> PE ID# 12-7G-ZA34567-8-90 FIRST GOOD THRU DATE: 8/31/11 SECOND GOOD THRU DATE: THIRD GOOD THRU DATE: </div> <div style="border: 1px solid black; padding: 5px; width: 250px;"> PATIENT NAME JANE DOE DOB (MM/DD/YY) </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> PE Provider Name: _____ PE Provider Signature: _____ PE Provider Title: _____ </div> <div> Date: _____ </div> </div>	

Medi-Cal Identification Card Presumptive Eligibility

Example: Jane Doe calls in on July 7, 2011. 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.

In determining her first good thru date, you will count July (the month she is signing up for PE for Pregnant Women) and August. Her "First Good-Thru" date will be August 31, 2011 because that is the last day of the month following the month she was enrolled into PE for Pregnant Women.

Pregnancy Verification

Once the patient applies for Medi-Cal, her PE eligibility will continue 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 PROGRAM ONLY				
<p>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 can also apply by telephone at 1-800-880-5305 or on-line at http://www.benefitscal.org/BenefitsPortal/landing.html or www.healthapp.net</p> <p>Please complete items 1 through 9 and sign the Certification below.</p>				
1. Last name First Name Middle			2. Date of Birth	
3. Home address: (number/street/city/zip code)			COUNTY USE ONLY COUNTY OF APPLICATION Co. of Residence (If Different): Date Received: Case Name: Case Number: Type of Application <input type="checkbox"/> Full <input type="checkbox"/> Restricted <input type="checkbox"/> MEDS CDB cleared <input type="checkbox"/> IEVS initiated <input type="checkbox"/> CWD records cleared Ethnic Group: Primary Language:	
Mailing address, if different: (number/street/city/zip code)				
4. Telephone number(s): (home/work/message)				
5. If homeless, tell us how you can be reached:				
6. Social Security number (SSN) if you have one:				
7. Has anyone in your household ever asked for or gotten aid anywhere? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain: under what name, where, when, and type(s) of aid. If you need more space to answer, please write on the back of this form or a sheet of paper and check this box. <input type="checkbox"/>				
8. Does anyone in your household have a personal emergency? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what kind? <input type="checkbox"/> Medical <input type="checkbox"/> Child Abuse <input type="checkbox"/> Spousal Abuse <input type="checkbox"/> Other Is anyone pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", does she have Presumptive Eligibility for Pregnant Women benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have another kind of emergency which threatens your health or safety? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain:				
9. The law says we must get your ethnic group and primary language. This won't affect your eligibility. A. Ethnic Group (Everyone must also answer B) If you do not complete these items, the county will do it for you. Are you Hispanic or Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO B. Race / Ethnic Origin: Check all boxes that apply to you. <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian (If checked please select one or more of the following): <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (If checked please select one or more of the following): <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other (specify) _____ C. Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Lao <input type="checkbox"/> Tagalog <input type="checkbox"/> American Sign <input type="checkbox"/> Cantonese <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Russian <input type="checkbox"/> Other (specify) _____				
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 of mark or applicant or authorized representative			Date signed	
Signature of witness to mark or interpreter			Date signed	
MC 263 PE FOR PREGNANCY - MEDI-CAL APPLICATION (09/2011)				

Sample: Application for Medi-Cal Program Only

January 2012

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

PE Coverage **Duration**

- The patient must show proof of applying for Medi-Cal health care before the "First Good-Thru" date expires.
- Acceptable documents include:
 - Patient's copy of the *Application for Medi-Cal Program Only* date stamped by the county.
 - SAWS 1, *Application for Cash Aid, Food Stamps and/or Medical Assistance*, with the eligibility worker's signature and date.
- The "Second Good-Thru" date extends 60 days from the date stamped on the *Application for Medi-Cal Program Only* or SAWS 1 document.
- Providers must complete the "Second Good-Thru" date on the Proof of Eligibility card space provided.

Comment [SA3]: Previous page is new so page numbers from here forward will increase by one when compared to previously approved module.

NOTE

Further extension is performed using the same methodology if the application remains pending beyond the "Second Good-Thru" date.

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)	
<div style="display: flex; justify-content: space-between;"> <div> PE ID# 12-7G-ZA34567-8-90 FIRST GOOD THRU DATE: 8/31/11 SECOND GOOD THRU DATE: 10/31/11 THIRD GOOD THRU DATE: _____ </div> <div style="border: 1px solid black; padding: 5px; width: 30%;"> PATIENT NAME JANE DOE DOB (MM/DD/YY) _____ </div> </div>	
PE Provider Name: _____ PE Provider Signature: _____ PE Provider Title: _____ Date: _____	

Medi-Cal Identification Card
Presumptive Eligibility

Eligibility Delay

If a PE for Pregnant Women recipient has a good reason for not applying or following through with her application for Medi-Cal, the provider must contact PE for Pregnant Women Support toll-free at 1-800-824-0088. The PE for Pregnant Women Support staff will assess each situation individually and provide specific instructions to the provider about how to proceed.

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 her eligibility, then issue a new card with a new number.
- If the original PE for Pregnant Women "First Good-Thru" date has expired, the provider must ask if the patient has applied for Medi-Cal (no verification required).

NOTE

If the patient replies that she has applied for Medi-Cal, the provider may issue a replacement card with the current month as the valid (VAL) month.

- If the original PE for Pregnant Women "First Good-Thru" date has expired and the patient states that she has not applied for Medi-Cal, no replacement card can be issued.
- 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 write the word "Replacement" and 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 1-800-409-1498 or 916 440-5666, email 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
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
76801 *, 76802 *, 76805 *, 76810 *, 76811 *, 76812 *, 76813 *, 76814 *, 76815 *, 76816 *, 76817 *	Ultrasound
76825 *	Fetal echocardiography
80055	Obstetric panel
81025	Pregnancy test (urine)
82731 ***	Fetal fibronectin, cervicovaginal secretions, semi-quantitative

* 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.

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

Reimbursable CPT-4 Codes

CPT-4 Code	Description
82950	Glucose; quantitative post glucose dose
82951	tolerance test (GTT), three specimens (includes glucose)
82952	tolerance test, each additional beyond three specimens
84702 ****	Quantitative chorionic gonadotropin
84703 ****	Qualitative chorionic gonadotropin
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
86703	Antibody, HIV-1 and HIV-2, single assay
86762	Antibody; rubella
86850	Antibody screen, RBC, each serum technique
86900	ABO
86901	Rh (D)
87081	Culture, presumptive, pathogenic organisms, screening only
87086	Culture, bacterial; quantitative colony count, urine
87088	with isolation and presumptive identification of each isolate, urine
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)
87186	microdilution or agar dilution
87340	Infectious agent detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple-step method; hepatitis B surface antigen (HBsAg)

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

Reimbursable CPT-4 Codes

CPT-4 Code	Description
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87621 *****	Papillomavirus, human, amplified probe technique
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
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

**** Refer to the *Pathology: Surgical* section (path surg) in the appropriate Part 2 manual for specific billing information.

***** Refer to the *Pathology: Microbiology* section in the appropriate Part 2 manual for specific billing information.

Reimbursable CPT-4 Codes

CPT-4 Code	Description
90384	Rhogam injection, full dose
90385	Rhogam injection, mini dose
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
99201	Office visit – new patient (for confirmation of pregnancy; see the <i>Pregnancy: Early Care and Diagnostic Services</i> section in the appropriate Part 2 manual)
99211	Office visit – established patient (for confirmation of pregnancy; see the <i>Pregnancy: Early Care and Diagnostic Services</i> 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

NOTE

When the patient's pregnancy test is negative, use CPT-4 code 99201 or 99211 for the office visit and code 81025 for the pregnancy test. These are the only reimbursable codes when the pregnancy test is negative.

Reimbursable HCPCS Codes

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

HCPCS Code	Description
A4649 *	Surgical supply; miscellaneous
G0431	Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter
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
G0434	Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter.
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening
S0199*	Medical abortion
S3626	Maternal serum quadruple marker screen including Alpha-Fetoprotein (AFP), estriol, human Chorionic Gonadotropin (hCG) and Inhibin A
X7724 *	Mifepristone (RU-486)
X7726 *	Misoprostol
Z1030	Contraction stress test (non-oxytocin)
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

Comment [SA4]: Removed S0197 Prenatal Vitamins (Comprehensive Perinatal Services Program [CPSP] providers only)

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

Comment [SA5]: Moved to this page from previous page but no change in content.

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.

Special Appendix – HIPAA-Compliant HCPCS Codes

DHCS will discontinue the use of the following Medi-Cal interim codes: Z1030, Z1032, Z1034, Z6200 – Z6206 (CPSP Providers), Z6210 (CPSP Providers), Z6300, Z6302 (CPSP Providers), Z6304 (CPSP Providers), Z6306 (CPSP Providers), Z6400 (CPSP Providers), Z6402, Z6404 (CPSP Providers), Z6406 (CPSP Providers), Z6408 (CPSP Providers), Z6410 (CPSP Providers), Z6412 (CPSP Providers) and Z6500 (CPSP Providers)

The interim codes will be replaced by HIPAA-compliant CPT-4 and HCPCS codes and modifiers in order to comply with the provisions of HIPAA of 1996, Public Law 104-191, *Code of Federal Regulations*, Title 45, Part 162.1000.

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 1-800-409-1498 or 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)

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

January 2012

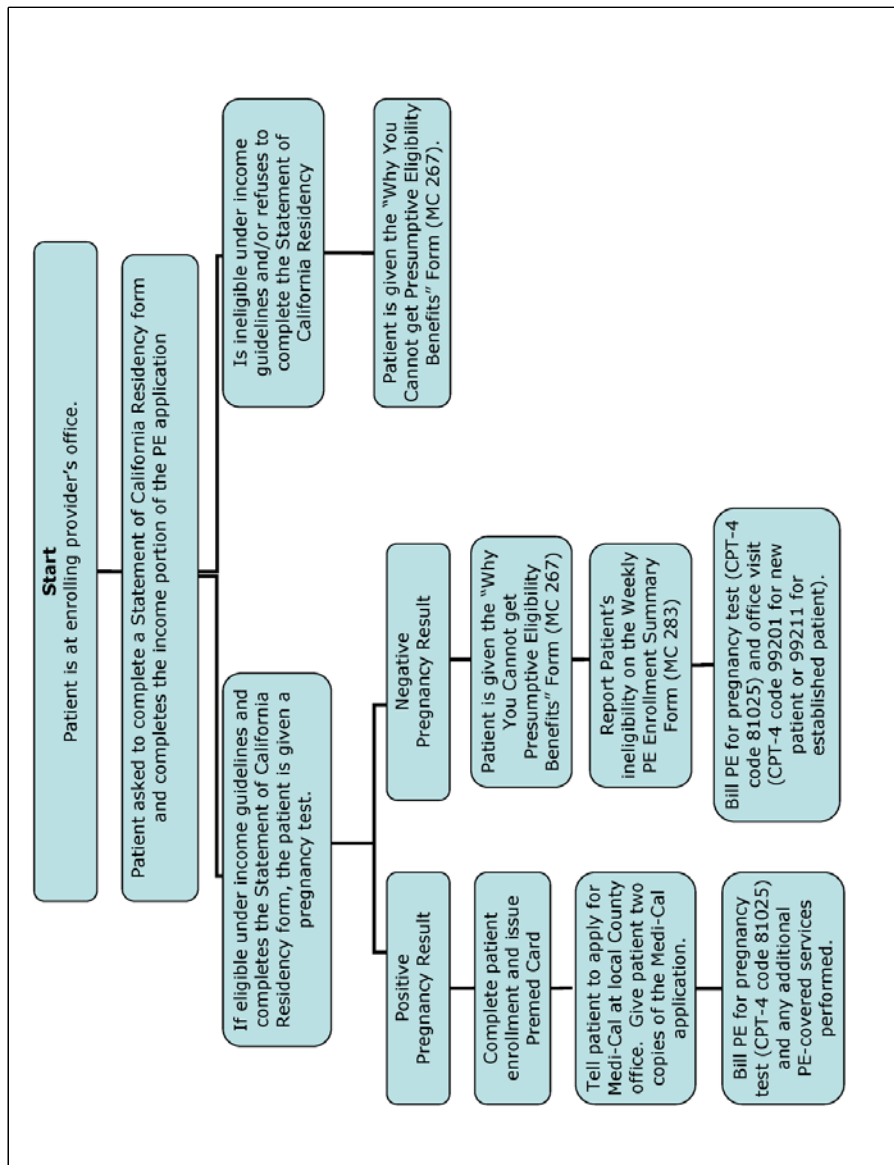
Presumptive Eligibility for Pregnant Women 27

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 Authorization Code (4 digits)		
Provider Telephone Number ()		Contact Person		Provider NPI Number			
<p>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.</p>							
PE Enrollment Date	Proof of Eligibility PE ID #*)	Patient's Name		Date of Birth	Social Security Number (Optional)	Test Results (EDC or NEG)	
Last	First						
	01/01/11	34-7G-ZA00101-2-50	Smith	Jane	01/01/76	123-45-6789	12/10/10
1	/ /				/ /		
2	/ /				/ /		
3	/ /				/ /		
4	/ /				/ /		
5	/ /				/ /		
6	/ /				/ /		
7	/ /				/ /		
8	/ /				/ /		
9	/ /				/ /		
10	/ /				/ /		
11	/ /				/ /		
12	/ /				/ /		
13	/ /				/ /		
14	/ /				/ /		
15	/ /				/ /		
16	/ /				/ /		
17	/ /				/ /		
18	/ /				/ /		
19	/ /				/ /		
20	/ /				/ /		
<p style="font-size: x-small;">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</p>							
MC 283 (09/2011) Weekly Enrollment Summary							

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

January 2012

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: 200 percent of Federal Poverty Guidelines (FPG) – family of two	Income: 200 percent of FPG – family of one
Paper enrollment – temporary Medi-Cal PE paper ID card	Electronic enrollment – plastic card
Two-month eligibility and extensions are available as long as the patient has a Medi-Cal application pending	12-month eligibility with annual renewal
No confidentiality for minors	Confidentiality
Pregnancy test and visit	Pregnancy test and visit
Sexually transmitted infection (STI) testing and treatment	STI testing and treatment
HIV testing	HIV testing
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