

DEPARTMENT OF HEALTH SERVICES

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October 27, 1993

MEDI-CAL ELIGIBILITY MANUAL LETTER NO.: 122

TO: All Holders of the Medi-Cal Eligibility Manual
 All County Welfare Directors
 All County Administrative Officers
 All County Medi-Cal Program Specialists/Liaisons

Enclosed are revisions to the Procedures portion of the Medi-Cal Eligibility Manual. Specifically, Article 5M, "The Presumptive Eligibility Program", is provided to counties for use during the implementation of this program. These procedures supersede All County Welfare Directors Letter 92-82 and Electronic Mail Message No. 92124 and No. 93125.

Procedures RevisionDescription

1. Article 5M

Presumptive Eligibility
 Program Procedures.
 ACWDL 92-82 and Electronic
 Mail Message No. 92124 and
 No. 93125 may now be discarded.

Filing InstructionsRemove PagesInsert Pages

Procedures Table of Contents/
 PTC-6

Procedures Table of Contents/
 PCT-6

Article 5 Table of Contents,
 Fifth and sixth page

Article 5 Table of Contents,
 Fifth and sixth page

Nothing removed, new information

5M-1 through 5M-14

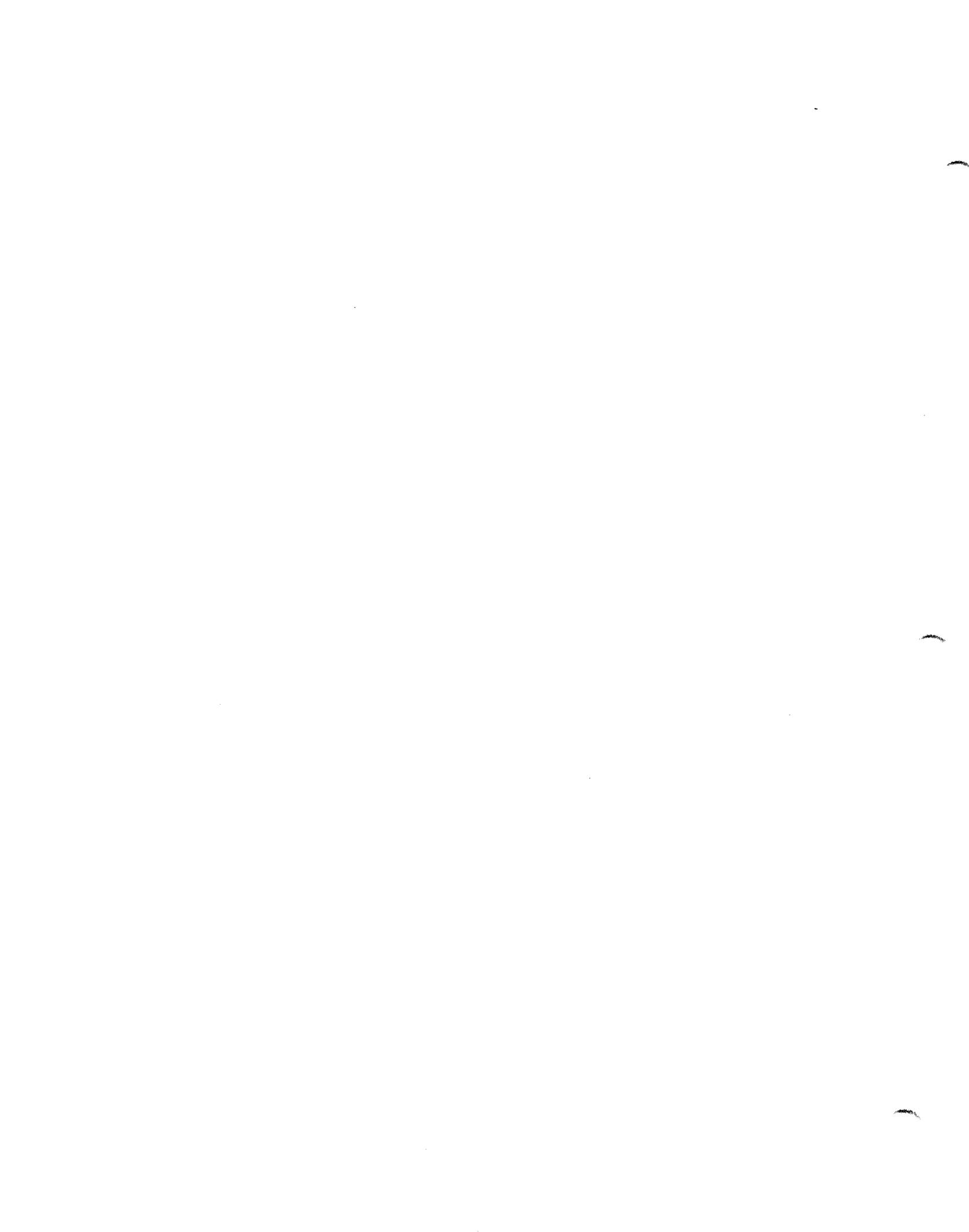
If you have any questions on these procedures, please contact Ms. Lisa Reagan of my staff at (916) 657-3719 CALNET 437-3719.

Sincerely,

Original signed by

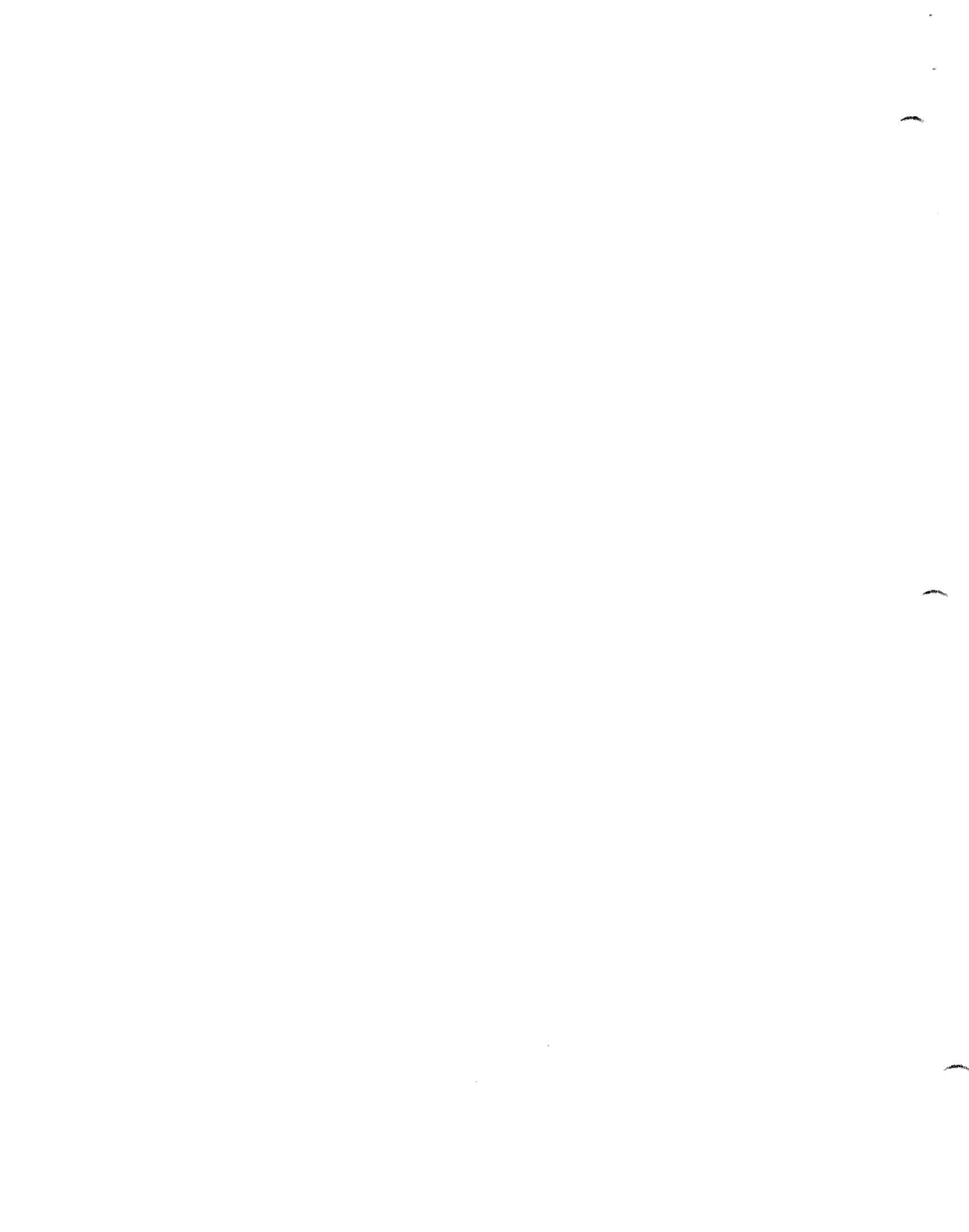
Medi-Cal Eligibility Branch

Enclosure



MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

- Article 5 -- MEDI-CAL PROGRAMS
- 5A -- AID CODES
 - 5B -- FOUR MONTH AND NINE MONTH CONTINUING ELIGIBILITY
 - 5C -- DEPRIVATION--LINKAGE TO AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)
 - 5D -- MEDI-CAL ELIGIBILITY FOR NONFEDERAL AFDC CASH ASSISTANCE RECEIPIENTS
 - 5E -- RAMOS V. MYERS PROCEDURES
 - 5F -- 200 PERCENT ASSET WAIVER PROVISION PROCEDURES
 - 5G -- 60-DAY POSTPARTUM PROGRAM PROCEDURES
 - 5H -- CONTINUED ELIGIBILITY PROGRAM PROCEDURES
 - 5I -- QUALIFIED DISABLED WORKING INDIVIDUAL
 - 5J -- SPECIFIED LOW-INCOME MEDICARE BENEFICIARY
 - 5K -- MEDI-CAL PERCENT PROGRAMS FOR WOMEN, INFANTS, AND CHILDREN
 - 5L -- QUALIFIED MEDICARE BENEFICIARY PROGRAM
 - 5M -- PRESUMPTIVE ELIGIBILITY (PE) PROGRAM



MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

5J continued

- F. Retroactive Benefits
- G. Medi-cal Card
- H. Aid Code
- I. Buy-In of Medicare Part B
- J. Charts
- K. Forms

5K -- MEDI-CAL PERCENT PROGRAMS FOR PREGNANT WOMEN, INFANTS AND CHILDREN

- A. Background
- B. Implementation Date, Aid Cods, Benefits
- C. Period of Eligibility
- D. Eligibility Determination
- E. Medi-Cal Family Budget Unit
- F. Retroactive Repayment of Share of Cost '52
- G. MEDS Alerts
- H. Questions and Answers
- I. Notices
- J. Worksheet

5L -- QUALIFIED MEDICARE BENEFICIARY PROGRAM (To be released)

5M -- PRESUMPTIVE ELIGIBILITY (PE) PROGRAM

1. BACKGROUND
2. CRITERIA FOR DETERMINING PE
3. QUALIFIED PROVIDERS
4. PE APPLICATION PROCESS; QUALIFIED PROVIDER RESPONSIBILITIES

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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5. MINOR CONSENT ELIGIBLES
6. DEPARTMENT RESPONSIBILITIES
7. COUNTY RESPONSIBILITIES
8. PE TERMINATION
9. AID CODES
10. MEDS INTERFACE
11. MEDI-CAL DETERMINATION PROCESS FOR PE PARTICIPANTS
12. MEDS ALERTS
13. LANGUAGE FOR PE NOTICES

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

5M -- PRESUMPTIVE ELIGIBILITY PROGRAM FOR PREGNANT WOMEN

1. BACKGROUND

At the end of the 1992 California Legislative Session, the Legislature passed AB 501, which requires the Department of Health Services 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 providers throughout the state to provide their low-income, pregnant patients with immediate, temporary Medi-Cal coverage for prenatal care services. These patients then must apply formally for Medi-Cal (or AFDC) at their local County Welfare Department (CWD), or outstationed clinic site, by the end of the month following the month in which their PE began. Implementation of this program will begin November 1, 1993.

NOTE. A patient must enroll in PE through a perinatal provider approved to participate in this program. PE benefits are available only through participating Medi-Cal providers.

2. CRITERIA FOR DETERMINING PE

Applicants must meet the following criteria to qualify for PE:

- a. her self-reported family income must not exceed 200 percent of the Federal Poverty Level (FPL); and
- b. her pregnancy must be confirmed.

3. QUALIFIED PROVIDERS

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

- a. currently be enrolled as a Medi-Cal provider in good standing; and
- b. provide perinatal services.

Phase One of the PE program will begin with the Comprehensive Perinatal Services Program (CPSP) providers. Phase Two will include the remaining perinatal providers interested in participating in this program. If counties are contacted by providers wishing to become PE "Qualified Providers" they should refer them to their Provider Manual (Section 200-92), for Presumptive Eligibility - Qualified Provider application procedures.

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4. PE APPLICATION PROCESS: QUALIFIED PROVIDER RESPONSIBILITIES

Qualified Providers are responsible for the following:

- a. Offer the PE program to pregnant applicants who do not have Medi-Cal or adequate other health coverage. The Patient Fact Sheet (see Exhibit 1), should be given to the applicant for information;
- b. Conduct an income screening on interested applicants for PE by having the applicant complete the Application for Presumptive Eligibility (PREMED 1, see Exhibit 2) (If under 21 years of age, see number 5.. Minor Consent Eligibles, below.);
- c. Inform the applicant at the time of the PE determination that she must file her Medi-Cal or AFDC 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;
- d. 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 Explanation of Ineligibility for Presumptive Eligibility - (Exhibit 3);
- e. Assist the applicant in completing her application for Medi-Cal if needed (Application for Medi-Cal Only/PREMED 2, see Exhibit 4), and provide information on where to file her Medi-Cal or AFDC application;
- f. Notify the Department within 3 working days of those applicants eligible for PE;
- g. Inform the Department immediately if the applicant is in need of immediate services;
- h. Issue a temporary proof of eligibility card for PE (PREMEDCARD - Exhibit 5);
- i. Inform the applicant that she will receive her official Medi-Cal card for ambulatory prenatal care services only (Exhibit 6), in the mail within approximately 5 days;
- j. Maintain records of PE applications and provide these records to the Department upon request; and
- k. Attend PE training when possible, and keep informed on changes affecting PE through provider bulletins, notices and/or further training.

5. MINOR CONSENT ELIGIBLES

If a minor under 21 years of age applies for PE, she must provide information on her total family income, to the best of her knowledge. If the minor does not want her parents to know she is applying for Medi-Cal, or is not able to provide her family income, the provider cannot offer her PE. Instead, the provider will refer her to the CWD (or outstationed clinic site) to apply for Medi-Cal under the Minor Consent Program.

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6. DEPARTMENT RESPONSIBILITIES

The Department shall be responsible for the following:

- a. Receive and evaluate applications from providers wishing to participate in the PE program:
- b. Collect information on PE applicants from Qualified Providers:
- c. Input information on PE applicants onto MEDS:
- d. Order forms for Qualified Providers:
- e. Perform Quality Control functions on provider records for program evaluation purposes:
- f. Send out Medi-Cal cards for ambulatory prenatal care services only, to applicants within 5 working days; and
- g. Answer provider questions on PE (either via OB Hotline or Toll Free number).

7. COUNTY RESPONSIBILITIES

If the pregnant woman visits the CWD and presents her completed Medi-Cal application (PREMED 2) form before the expiration of her PE period, the county will:

- a. Check MEDS to verify if applicant is currently on PE:
- b. Update MEDS through new application transaction, to indicate the applicant has filed for Medi-Cal or AFDC (see numbers 10 and 11):
- c. Accept PREMED 2, issue MC 210 (or AFDC forms) and schedule interview:
- d. Complete the Medi-Cal/AFDC determination. If the county determines the applicant is Medi-Cal eligible without a Share of Cost (SOC), the eligibility worker (EW) or county MEDS person reports via transaction to MEDS through standard procedures. PE stops effective the date Medi-Cal eligibility begins (i.e., the county action to report a Medi-Cal eligible will override PE information on MEDS). If the county determines the applicant is eligible with a SOC, or is ineligible for Medi-Cal, PE stops at the end of the current eligibility month.

8. PE TERMINATION

- a. If the applicant does not visit the CWD before the expiration of her PE period:
 - 1) PE stops (end of month following the month of PE application);
 - 2) MEDS will show an end date for PE billing; and

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- 3) An edit is established on the FAME file that will not allow EDS to pay bills past the end date.
- b. If the applicant visits the CWD before the expiration of her PE period and applies for Medi-Cal or AFDC, PE shall continue for a 60 day period. This 60 day period is established by MEDS when the county updates the application information via EW 34 transaction when inserting an application date. If a Medi-Cal determination has not been made during this period it is the county's responsibility to continue PE past this point (see number 11, a. 6).
- c. If the CWD determines the applicant is ineligible for Medi-Cal, PE stops effective the end of that month. Applicant is still allowed PE coverage through end date of the card.

NOTE: If ineligibility is determined after renewal, a PE card will be issued for the next month.

9. AID CODES

<u>PE Beneficiaries-200% Program</u>	
<u>Aid Code</u>	<u>Benefits</u>
7F	Pregnancy Test Only (All Alienage Categories)
7G	Ambulatory Prenatal Care Services Only. (All Alienage Categories)

10. MEDS INTERFACE

- a. 14-Digit ID Number - (58-7G-Z123412-3-45)

When an applicant is determined eligible for PE by a Qualified Provider, she will be issued a PE identification number. The breakdown is as follows:

- Two digits for county ID (determined by location of provider's office - see number 11 below for more information),
- Aid Code (see number 9 above),
- Z for placeholder,
- Four digit provider PE ID number, and
- Five digits randomly assigned.

This number will appear on her temporary PE card (PREMED CARD) and the pregnancy verification (lower portion of the PREMED 2). After determining eligibility, the Qualified Provider will report this number to the Department via the 800 number or FAX number for input onto MEDS. The aid code reported to MEDS by the Qualified Provider for PE will be aid code 7G (200% ambulatory prenatal care-see number 9 above).

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b. MEDS record update for PE

1) Pending applications recorded on MEDS

MEDS has been updated to accept pending application information from the counties for all programs. For PE purposes, recording a pending Medi-Cal or AFDC application will initiate production of the next PE card and begin the 60 day limit for PE Medi-Cal applications pending with the county.

2) Denials

MEDS has been updated to accept denial information from counties on Medi-Cal records. An EW 34 shall be used for this purpose.

11. MEDI-CAL DETERMINATION PROCESS OF PE PARTICIPANTS

The counties shall develop a Medi-Cal determination process for streamlining PE applicants that reflects established county promptness requirements and incorporates the goal of streamlining the eligibility process for pregnant women. The following describes county responsibilities for PE.

a. Reporting PE application updates to MEDS

1) Locating the PE record on MEDS using the 14-digit PE ID number (see number 10 which discusses the 14-digit number.)

- a) If the SSN is known to MEDS on the PE record, the county may submit either an online or batch transaction to record the pending Medi-Cal or AFDC application on MEDS, produce further PE cards, and overlay the PE record. Counties may use an EW 20 with an ESAC of P or an EW 34. If an online transaction is used, counties shall submit an EW 34.
- b) If the SSN was not reported to MEDS at the time of PE application, check MEDS for other records. If prior records exist, counties will need to join these records by the EW 11 online transaction. If the SSN is not known to MEDS at the time of PE application, a pseudo ID will be assigned by MEDS. If the county obtains the SSN information, the county shall use the EW 10 online/batch transaction to change the information on MEDS. If the PE record has a pseudo number and there are no prior records for the applicant on MEDS, assure that the same pseudo number is reported when the Medi-Cal application is approved or denied.

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2) Applications in Counties other than the County of Residence

Counties that accept courtesy applications:

If a PE applicant applies for Medi-Cal or AFDC in a county other than the county of residence, the receiving county shall accept the application and submit an online transaction to update MEDS, which will initiate production of the continuing PE cards (as described in 1) above. The receiving county should then send the information to the PE applicant's county of residence for Medi-Cal determination.

3) Medi-Cal Intake

Issue the applicant the MC 210 and follow established county policy for setting up the interview. See number 13 for suggested language for a notice to PE applicants whose Medi-Cal applications are approved or denied.

4) AFDC Intake

Upon receipt by the CWD of the PREMED2, counties shall issue correct AFDC forms (SAWS 1 and JA2 or SAWS 2) and complete the intake process as per current county policy.

Referral of AFDC denials to Medi-Cal:

If the beneficiary is ineligible for AFDC, a referral to Medi-Cal intake shall be made as per current county policy.

5) Discontinuance of PE after Medi-Cal determination

- a) If Medi-Cal or AFDC is approved, PE will discontinue effective the date of the approval.
- b) If eligible for Medi-Cal or AFDC, the temporary or Medi-Cal PE card would become ineffective upon receipt of the full scope or restricted services Medi-Cal card.
- c) If Medi-Cal is denied or the county determines that the MFBU has a SOC, PE will discontinue at the end of the current eligibility month for those records where the county submits the information to MEDS prior to cutoff. PE will end at the end of the next month for those records where the information is submitted to MEDS after cut off.

6) Automatic discontinuance 60 days after filing of application for Medi-Cal or AFDC

PE will discontinue 60 days after the date the woman files an application for Medi-Cal or AFDC with the CWD; receipt of the Medi-Cal or AFDC application (PREMED 2 or SAWS 1) in the CWD is the date of application. If, as a result of delays in the intake process, 60 days have nearly elapsed since application, the county must submit a MEDS transaction (EW 30) to ensure the continued issuance

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of the PE card pending Medi-Cal. The county is also responsible for discontinuing the PE record once a Medi-Cal determination has been made. This will happen either automatically once a positive Medi-Cal or AFDC determination is made or through sending a transaction indicating that the applicant was denied eligibility.

7) Automatic discontinuance one month after Estimated Date of Confinement (E.D.C)

MEDS will automatically discontinue PE one month after the woman's E.D.C. regardless of whether she has applied for Medi-Cal or AFDC.

8) Immediate Need and Replacement for Lost, Stolen or Destroyed PE Cards

When a PE participant requests an immediate need card, or a replacement for a lost, stolen or destroyed PE card, the county shall be responsible for issuing a Medi-Cal card restricted to ambulatory prenatal care services only (see Exhibit 6) if the applicant provides the 14-digit ID number

9) Recision

In cases where Medi-Cal is denied and the case is subsequently reopened, counties shall submit an online transaction (EW 30) to MEDS to reactivate the record.

10) MEDS record change

If a county submits an EW 34 transaction with a valid SSN to update a PE record with a pseudo MEDS-ID, the transaction will reject (MEDS-ID/County ID conflict). The county must first submit an EW 10 (MEDS ID change). Then submit an EW 34 transaction using the valid SSN and the assigned County ID. The County ID will then overlay the current PE record with the new county ID

11) PE County ID number change

Counties will be given the capability of overriding the County ID number on the PE record if the woman's county of residence differs. This will be accomplished on the EW 34 screen.

b. MEDS Recipient Inquiry Screen for PE

For your information, a number of new fields will be in use on the PE Recipient Inquiry screen. Please note that the E.D.C. has been added to this screen. (This screen is located on the Special Programs segment of the Recipient Inquiry screen.) The structure of these screens is scheduled to change. Please reference the MEDS Manual, Chapters 10 and 13 for the final screens.

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12. MEDS ALERTS

A number of worker alerts and reports will be available for pending PE files that the county records.

- An alert will be produced at 30 and 45 days.
- A second alert will be produced warning the worker that the card will be discontinued 60 days after the pending application has been recorded.
- A report listing PE cards that have been automatically discontinued after 60 days will be sent to county Medi-Cal program management and Department staff.

13. LANGUAGE FOR PE NOTICES

There are no Notice of Action requirements for the PE program. We have developed the following language for counties to use for the PE applicant once her Medi-Cal eligibility has been determined.

Approval, no SOC

"You are now eligible to receive full pregnancy related services through the use of your regular Medi-Cal card, Pregnancy Related Services Only card, or your Restricted Benefits card. Please destroy your PE card once you receive one of the cards listed above in the mail. It will no longer be valid.

If you have questions about your Medi-Cal application or how to use your Medi-Cal card, contact your local County Welfare Department at the number listed on your Notice of Action."

Denial or Approval with an SOC

"Your eligibility for PE will end on the last day of this month. You may use your PE card to obtain prenatal care services until then.

If you have questions about your Medi-Cal application or how to use your PE card, contact your local County Welfare Department at the number listed on your Notice of Action."

**PRESUMPTIVE ELIGIBILITY
PATIENT FACT SHEET**



What is Presumptive Eligibility?

Presumptive Eligibility (PE) is a Medi-Cal program designed to provide immediate, temporary coverage for prenatal care to low-income pregnant women.

Who is eligible for PE?

Any woman who thinks she is pregnant and whose family income is under a certain amount is eligible for PE, however she must seek this care through a participating provider. Ask your provider if he/she offers this coverage and how you can apply.

Will PE pay for the pregnancy test?

Yes, if you are eligible, PE will pay your provider for the cost of the pregnancy test.

How long will I be eligible for PE?

You will be eligible for PE until your eligibility for Medi-Cal (or AFDC) is determined. If you fail to apply for Medi-Cal, your eligibility for PE will end at the end of the month following the month in which you first apply for PE.

Will I still be able to get PE while the County Welfare Department is processing my Medi-Cal or AFDC application?

Yes, you will continue to be eligible for PE after you apply for regular Medi-Cal (or AFDC) at your local County Welfare Department until your eligibility for these programs has been determined.

What services does PE cover?

PE covers all walk-in prenatal care services except for delivery, family planning or abortion procedures.

***IF YOU HAVE QUESTIONS OR YOU WOULD LIKE TO
APPLY FOR PE BENEFITS, ASK YOUR PROVIDER.***

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Provider Name:
Provider Address:

Provider Telephone Number:
Patient Name:
Patient Address:

Date:

EXPLANATION OF INELIGIBILITY FOR PRESUMPTIVE ELIGIBILITY

This is to advise you that, based on the information you provided, you are not eligible for the Presumptive Eligibility Program for Pregnant Women because of the reason checked below:

- Your total family income is more than 200% of the Federal Poverty level for your family size.
- You are not pregnant.

Signature	Name of Person Completing Determination	Title
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NOTICE: You may be eligible for the regular Medi-Cal program or other county medical programs. To get more information about who qualifies and how to apply, please call the number in the County Government section of your Telephone Directory for the County Welfare Department nearest where you live.

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STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

APPLICATION FOR MEDI-CAL PROGRAM ONLY

If you are applying for the Medi-Cal Program only, please complete this form. If you wish to apply for other programs such as AFDC, do not complete this form; take this form to the County Welfare Department and tell the receptionist you wish to apply for these programs. NOTE: You must return this form (PREMED 2) to your County Welfare Department by the end of next month in order for PE coverage to continue. Please complete items 1 through 8 and sign the Certification and Perjury Statement below.

Home Address (Number/Street/City/Zip Code)	COUNTY USE ONLY
Mailing Address if Different (Number/Street/City/Zip Code)	COUNTY OF APPLICATION:
2. Telephone number(s) Home/Work/Message	Co. of Residence (if Diff)
3. If no permanent address, tell us where you can be reached	Date Received
4. Please read "WHAT WE MEAN WHEN WE SAY ON THE FORM" on the attached coversheet before answering this question. DO NOT ANSWER THIS QUESTION IF YOU ARE APPLYING FOR RESTRICTED MEDICAL BENEFITS Social Security Number	Case Name
5. How much liquid resources does everyone, including children, have? <input type="checkbox"/> Cash, uncashed checks or money orders \$ _____ <input type="checkbox"/> Checking/savings or credit union account(s) \$ _____ <input type="checkbox"/> Trust deeds, notes receivable, stocks or bonds \$ _____ <input type="checkbox"/> Other \$ _____ explain: _____	Case Number
6. Has anyone 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: _____	TYPE OF APPLICATION <input type="checkbox"/> Full <input type="checkbox"/> Restricted
7. Does anyone have a personal emergency? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what kind? <input type="checkbox"/> Medical <input type="checkbox"/> Pregnancy <input type="checkbox"/> Child Abuse <input type="checkbox"/> Spousal Abuse <input type="checkbox"/> Other Do you have another kind of emergency which threatens your health or safety? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain: _____	<input type="checkbox"/> MEDS CDB cleared <input type="checkbox"/> IEVS initiated <input type="checkbox"/> CWD records cleared
8. The law says we must get your ethnic group and primary language. If you don't want to complete these items, the county will do it for you. This won't affect your eligibility.	Ethnic Group
Ethnic Group: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Pacific Islander (specify): _____ Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Lao <input type="checkbox"/> Tagalog <input type="checkbox"/> American Sign <input type="checkbox"/> Spanish <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other(Specify): _____	Primary Language
CERTIFICATION AND PERJURY STATEMENT	
* I certify that I understand and agree that I have to comply with eligibility rules. I understand that the statements I have made on this form may be checked and verified. * I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.	
Signature for Maker of Applicant or Authorized Representative	Date Signed
Signature of Witness to Maker or Interpreter	Date Signed
FOR PROVIDER USE ONLY - PREGNANCY VERIFICATION	
NAME: _____ DOB (MM/DD/YY): _____ MEDI-CAL ID: _____ VAL (MM/YY): _____ PE Provider Signature: _____ Pregnancy Test Results? <input type="checkbox"/> Positive <input type="checkbox"/> Negative PE Provider Title: _____ Date: _____ E.D.C. _____	

PREMED 2 (1/8/93) (REQUIRED FORM - NO SUBSTITUTIONS PERMITTED)

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**STATE ISSUED
PRESUMPTIVE ELIGIBILITY MEDI-CAL CARD**

SIGNATURE/PRINT		DATE/PCMA	
VAL JUN93 XX/XX/XXX F MEDSID XXXXXXXXX X	XXXXXXXXXX	4 0693	F9XX
VALID ONLY FOR AMBULATORY PRENATAL CARE SERVICES	LAST NAME		FIRST
.....	XX-XX	CC	XXXXXXXXXX
.....	XXXXXXXXXX	4 0693	F9XX
.....	LAST NAME		FIRST
.....	XX-XX	CC	XXXXXXXXXX
FIRST NAME	LAST NAME	XXXXXXXXXX	F9XX
ADDRESS LINE 1		LAST NAME	FIRST
BOX # 000		XX-XX	
CITY/TOWN	STATE		XXXXXXXXXX
ZIP CODE - 0000		XXXXXXXXXX	F9XX
		LAST NAME	FIRST
		XX-XX	
01-70-200466-7-10	001 EW01	CC	XXXXXXXXXX

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER
MEDI-CAL SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION