



TOBY DOUGLAS  
Director

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
Governor

Date: February 15, 2013

TO: ALL COUNTY WELFARE DIRECTORS Letter No. 13-05  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: Presumptive Eligibility for Pregnant Women (PE) Program

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide counties with current information on the PE program and forms. This letter supersedes and obsoletes all previously issued directions given through ACWDLs 92-82, 93-78, 94-103, 95-25, 95-31, 95-42, 95-74, 02-12, 08-27, and 08-27E.

### Background

In November 1993, Assembly Bill 501 (Chapter 1127, Statutes of 1992) implemented the PE program. Welfare and Institutions Code 14148.7 authorized the Department of Health Care Services (DHCS) to provide PE benefits to pregnant women as allowed in Section 1920 of the Social Security Act.

### PE Services

**Covered Services:** PE provides temporary and immediate prenatal health care to low-income women in California. PE benefits for pregnant women cover most ambulatory prenatal services. For example, coverage includes prenatal services provided on an outpatient basis at a hospital emergency room for vaginal bleeding, prescription needs, dental benefits, and laboratory services that are determined by the physician to be pregnancy related. Therapeutic abortion or termination of pregnancy is also an included service.

**Non-Covered Services:** PE does not cover services such as sterilization, family planning, hospitalization (i.e., inpatient services), labor and delivery, some laboratory services, and medical and dental services that are not pregnancy related.

## **PE Enrollment by Qualified Providers**

Enrollment into the PE program is through a participating Qualified Provider (QP). QPs enroll patients into the program using the PE for Pregnancy (MC 263) enrollment package. This package was last updated September 2011. A sample of the form includes the following:

- Provider Instructions Presumptive Eligibility for Pregnant Women Program (PE for Pregnancy – Proof of Eligibility)
- Application for Presumptive Eligibility Only (PE for Pregnancy – Application)
- Application for Medi-Cal Program Only (PE for Pregnancy – Medi-Cal Application)

## **PE Application Process for Medi-Cal**

As part of the PE application process, the patient completes the PE for Pregnancy Medi-Cal application. At the QPs option, the provider may offer to fax this completed application directly to the county using the fax numbers provided by the county and listed on the PE for Pregnant Women website. Counties can update their fax number by emailing PE@dhcs.ca.gov. The county may also receive PE for Pregnancy - Medi-Cal applications by mail or in-person delivery. The county eligibility worker should use the information on this application to preserve the patient's application date and send out a Medi-Cal application.

## **PE Coverage Period**

A woman enrolled in the PE program is eligible for coverage for the month of the PE application and through the last day of the following month. This eligibility period is the "first good through" period on the Proof of Eligibility card. The patient is required to apply for Medi-Cal before her "first good through" date expires. If before or during the PE period the patient submits an application for Medi-Cal, she is eligible for extensions in coverage under the PE program until there is a Medi-Cal determination.

If the patient does not apply for Medi-Cal or does not cooperate with the determination process, the patient cannot receive extensions or apply for the PE program again with the same pregnancy. If she is determined not eligible for Medi-Cal, her PE benefits continue only through the end of the "final good through" period on her PE Proof of Eligibility card. If she is determined eligible for Medi-Cal, she should use the plastic Benefits Identification Card as soon as she receives it for all services instead of the PE Proof of Eligibility card.

## **Retroactive Coverage**

Some beneficiaries may have received health care services not covered under the PE program or prior to their application for PE or Medi-Cal. Counties should ask if applicants need retroactive coverage to cover medical bills in the three months prior to the application date.

## **General Information about the PE program**

Counties can refer pregnant women to the DHCS website for information on the PE program. Pregnant women can find out how to enroll as a patient to obtain immediate prenatal care coverage.

Information for providers, including the Qualified Provider Application for Presumptive Eligibility Participation, county fax numbers, Federal Poverty Level charts, links to the PE Manual, and how to order forms are also found on the website shown below.

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

Forms used in the program enrollment process are available on the internet at the following websites.

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

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

MC 263-SR – Statement of California Residency  
MC 264 – Patient Fact Sheet  
MC 265 – Patient Directions for Presumptive Eligibility  
MC 266 – Directions to Apply for Medi-Cal  
MC 267 – Explanation of Ineligibility  
MC 283 – Weekly Enrollment Summary  
MC 285 – Forms Order  
MC 286 – Provider Fact Sheet  
MC 311 - Qualified Provider Application

Attachment:  
County Fax Numbers

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If you have any questions regarding this letter, please contact Ms. Cynthia Cannon at (916) 552-9499 or by email at [cynthia.cannon@dhcs.ca.gov](mailto:cynthia.cannon@dhcs.ca.gov)

**Original Signed By**

Azadeh Fares, Chief (Acting)  
Medi-Cal Eligibility Division

Attachment

## Presumptive Eligibility for Pregnant Women Program

Use these fax numbers to fax the Medi-Cal application contained in the MC 263 PE for Pregnancy Application Package. **DO NOT USE THIS NUMBER TO FAX OTHER ITEMS TO THE COUNTY.**

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

County	Fax
Placer	(916) 784-6100
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 (Vallejo and Benicia)	(707) 553-5408
Solano (All other Areas)	(707) 421-4748
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