

Pregnancy Related Coverage

Medi-Cal for Pregnant Women

Who is this program for?

This program provides pregnant women with medical services during pregnancy and for 60 days postpartum.

What are the eligibility requirements?

Pregnant women who are California residents with family incomes at or below 200% FIG are eligible to receive services at no cost.

How does immigration status affect eligibility?

Satisfactory immigration status or verified U. S. citizenship is not required to receive services.

What benefits are covered?

Women with satisfactory immigration status or verified U. S. citizenship are eligible for comprehensive medical services. Women without satisfactory immigration status or verified U.S. citizenship are eligible for pregnancy-related services only.

A California law signed on October 7, 2005 expanded eligibility for preventive dental benefits to women with pregnancy-only Medi-Cal coverage, including women who are on Presumptive Eligibility Medi-Cal (see page 6-2) or Minor Consent Medi-Cal (see page 5-7). Therefore, all pregnant women are now eligible for preventive dental care regardless of their Medi-Cal aid codes. All pregnant women also qualify for emergency dental services.

The following pregnant women are eligible to receive Medi-Cal for 60 days following birth under the 60-Day Postpartum Program:

- Those who had a share of cost when they were pregnant
- Those who were no longer eligible for benefits when their pregnancies ended
- Those who had no other basis for Medi-Cal eligibility when their pregnancies ended

How are services delivered?

Pregnant women with full-scope Medi-Cal will enroll in managed care health plans and receive services from Medi-Cal providers under those plans. Pregnant women who are eligible for pregnancy-related services only will receive services under fee-for-service Medi-Cal (see page 2-4 for more details on fee-for-service and managed care delivery methods).

What is the cost?

Pregnant women with family incomes at or below 200% FIG can receive services at no cost. Pregnant women with incomes above 200% FIG will have a share of cost under Medi-Cal. Also, if their incomes are between 200% and 300% FIG, they may be eligible for the Access for Infants and Mothers (AIM) program described on page 6-4.

What happens when the baby is born?

Babies born to women under Medi-Cal are automatically deemed eligible and qualify for full-scope Medi-Cal up to their first birthday. If the family does not complete their Annual Redetermination prior to the child's first birthday, the family must fill out the Annual Redetermination paperwork at the child's first birthday to determine whether the child is still eligible for no-cost Medi-Cal. If the family fails to comply with the Annual Redetermination for

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their coverage prior to the child's first birthday

Are there resource limits?

No, resources are not counted to receive pregnancy related only services.

How to apply:

Interested applicants can find district DPSS offices in their areas by looking in their local white pages under County Government to request mail-in applications, apply by phone or make appointments. For a list of local DPSS offices or an application visit: <http://dpss.lacounty.gov>. They may also apply online: <https://www.dpss.lacounty.gov>. In order to avoid delaying care, they may want to locate a Presumptive Eligibility Provider (see Assistor Tips below) or ask about applying for Medi-Cal at the clinics or hospitals where they are seeking care.

Contact Information:

For more information or to receive an application for Medi-Cal, call 1-888-747-1222. Call the Medi-Cal Health and Nutrition hotline at 1-877-597-4777, visit <http://dpss.lacounty.gov> or visit a local Department of Public Social Services office or visit www.medi-cal.ca.gov for more information on Medi-Cal programs.



Assistor Tips!!!

- **Presumptive Eligibility (PE)**: PE provides temporary, immediate Medi-Cal coverage to low-income pregnant women who have no health insurance or Medi-Cal coverage. PE providers will provide pregnancy-related care during the month a woman applies for PE through the end of the following month. To continue coverage, the woman must apply for Medi-Cal. Eligibility will continue once she has applied and until Medi-Cal makes an eligibility determination. Women with family income at or below 200% FIG who believe they are pregnant are eligible for PE.

Many Medi-Cal providers are also PE providers. A pregnant woman may contact Medi-Cal providers to determine if they are PE providers or to get a referral to a PE provider in her area. Whether or not the woman's Medi-Cal application is approved, providers are reimbursed for services provided. However, PE does not pay for labor and delivery.

The following are some services covered under PE:	The following are not covered by PE:
<ul style="list-style-type: none">➤ Specific ambulatory walk-in prenatal care➤ Prescription drugs for conditions related to pregnancy➤ Outpatient abortion procedures➤ Limited preventive dental services	<ul style="list-style-type: none">➤ Labor and delivery➤ Inpatient care (i.e. hospitalization)➤ Family planning services