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213% Medi-Cal Program For Pregnant Women

Who is eligible?

- Pregnant Women who are not eligible for Medi-Cal under the 138% FPL Medi-Cal program due to excess income.

What is the income limit?

- 213% of the Federal Poverty Level

Use until 12/31/2021

HOW MANY PEOPLE ARE IN YOUR FAMILY?	GROSS MONTHLY INCOME LIMITS FOR 213% MEDI-CAL FOR PREGNANT WOMEN
2 (pregnant women count as two)	At or below \$ 3,093
3	At or below \$ 3,898
4	At or below \$ 4,704
5	At or below \$ 5,510
6	At or below \$ 6,316

For each additional person add \$806

What does it cost?

- If the pregnant woman qualifies, there is no share of cost with this program.

What is the resource limit?

- Resources are not counted in this program.

Does immigration status matter?

- No. All beneficiaries, regardless of immigration status or citizenship receive pregnancy related and emergency services only.

What papers are needed to apply?

- Proof of income, identification, and California residency. Proof of pregnancy is not required.

Where can people apply for Medi-Cal?

- You can apply in the following ways:
 - Online through Covered California. However, we recommend applying online through your County Social Services office's on-line website such as Your Benefits Now! (YBN),

CalWIN or C4Yourself. To find your local county office website, visit:
<http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>

- By mail
- In person at a County Social Services office, and, in some counties, at community clinics, county clinics and hospitals.
- Pregnant women can get immediate, temporary pre-natal care through the Presumptive Eligibility for Pregnant Women (P.E.) program while they are waiting for their Medi-Cal application to be processed. For more information on P.E. see Maternal and Child Health Access's P.E. fact sheet.

How long does it take to get approved?

- It can take up to 45 days to get Medi-Cal. However, many counties try to process pregnant women's applications in 10 days. In an urgent situation an advocate can ask for expedited processing. Medi-Cal beneficiaries are entitled to services from the date on the application, or they can apply for "retroactive" services for up to three months before the date they apply.

What services are covered?

- The 213% program covers pregnancy related and emergency services. However, in February 2016, The Centers for Medicaid and Medicare Services declared that "Pregnancy related" Medi-Cal is Minimal Essential Coverage (MEC) and must therefore cover all medically necessary services. Pregnant women are also entitled to certain dental benefits including cleanings and treatment for gingivitis. Prior to August 1, 2020 women remained eligible for the 213% program through the post-partum period (the last day of the month in which the 60th day falls after birth) but after August 1, 2020, individuals who would lose Medi-Cal coverage after the end of their 60-day postpartum period and who return the [MC61](#) indicating a maternal mental health diagnosis during pregnancy, postpartum, or 90-day cure period, are eligible for 10 additional months of Medi-Cal coverage under [Provisional Postpartum Care Extension \(PPCE\)](#). For more information [click here](#).

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How do people get services?

- Services under the 213% program are provided through fee-for-service (regular) Medi-Cal. Beneficiaries are not required to choose a managed care health plan under this program. They may elect to remain on fee-for-service Medi-Cal through the post-partum period. Call Maternal and Child Health Access if you have questions or problems (213) 749-4261.

Does getting Medi-Cal hurt someone's chances of adjusting their immigration status?

- No, using Medi-Cal or other health services should not affect the family member's or the family's immigration status unless they use Medi-Cal to pay for long-term care (nursing home or other institutionalized care). Health care is not considered a "public charge".
- For more information, call a community immigrants' rights group or other advocacy organization.

What can someone do if they have a problem getting services in Medi-Cal?

- All Medi-Cal beneficiaries have a right to a fair hearing if a health service they want or need is denied, reduced, delayed or stopped. They have a right to continue receiving services while waiting for a hearing but they must file for a hearing before the change in services is scheduled

to occur. Families may file for a hearing by calling the state at 1-800-952-8349 (toll free). Families may also call the Health Consumer Center of Los Angeles at **1-800-896-3202**