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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 [MCHA 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, “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.

**Please Note:** 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 60<sup>th</sup> 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 [MC 61](#) 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).

#### **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**