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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 Medically Indigent or 138% FPL Medi-Cal programs due to excess income.

What is the income limit?

- 213% of the Federal Poverty Level

Use until 12/31/17

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 \$ 2,883
3	At or below \$ 3,625
4	At or below \$ 4,367
5	At or below \$ 5,109
6	At or below \$ 5,851

For each additional person add \$742

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 for this program, however if a pregnant woman wishes to be evaluated for benefits under a full scope program she must submit proof of pregnancy within 60 days.

Where can people apply for Medi-Cal and how long does it take to get approved?

- Anyone can apply on line or by mail. People may also apply at County Welfare offices, and, in some counties, at community clinics, county clinics and hospitals. If applying by mail, use the new Single Streamlined Medi-Cal and Covered California paper application and send it locally in lieu of sending it to Sacramento. Sending this application to Sacramento will delay the enrollment process because the application is re-routed back to the local county for processing. If you live in Los Angeles use Your Benefits Now, Los Angeles Department of Public Social Services web based application. It will send the Medi-Cal application directly to the county for processing.
- 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.
- 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. Women remain eligible for the 213% program through the post-partum period (the last day of the month in which the 60th day falls after birth).

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. Some women may transition into a full scope Medi-Cal program during the third trimester. 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**