
Percent Programs

Page updated: April 2022

This section describes the eligibility requirements for programs offering benefits to children and pregnant women. Refer to the *Aid Codes Master Chart* section in this manual for code definitions and restrictions.

185 and 200 Percent Programs

Introduction

Medi-Cal offers the 185 and 200 percent programs for perinatal services without a Share of Cost (SOC) for pregnant women and full-scope or emergency services for infants through 12 months old.

185 Percent Program

This program receives state and federal funding. It requires pregnant women and infants to meet all other program eligibility criteria. The family's income must not exceed 185 percent of the federal poverty level.

200 Percent Program

This program receives only state funding. It requires pregnant women and infants to meet all other program eligibility criteria. The family's income must not exceed 200 percent of the federal poverty level.

Coverage

Specifically, both the 185 and 200 percent programs provide:

- «Pregnancy-related services to pregnant women (see definition on a following page) regardless of their non-citizen status, and
- Full-scope Medi-Cal benefits or emergency services only, depending upon non-citizen status, for infants until their first birthday.»

Medicare/Medi-Cal Crossovers

Medicare crossover benefits are reimbursable for full-scope 185 and 200 percent program to infant recipients (aid codes 47 or 79).

Payment of crossover benefits for limited-scope 185 and 200 percent program recipients is restricted to emergency or pregnancy-related services (aid codes 07, 44, 48, 69, 70 or 75).

Aid Codes

The Department of Health Care Services (DHCS) has assigned the following aid codes to identify the various types of recipients under these programs. These codes are defined as follows:

«185 and 200 Percent Aid Codes Table»

185 Percent Aid Codes	200 Percent Aid Codes	Recipient Type	Response from the Medi-Cal Eligibility Verification System
NA	44, 48, 70, 75	Pregnant Woman (limited-scope)	Eligible for pregnancy and postpartum services only
47	79	Infant through 12 months old (full scope)	Eligible for Medi-Cal
69	07	Infant through 12 months old (limited scope)	Eligible for emergency services only

Infant: Continuous Inpatient Care Beyond First Birthday

An infant with aid code 07, 47, 69 or 79 who is an inpatient receiving medical services during a continuous period, which began before and continues beyond his or her first birthday, will continue to be eligible until the end of the continuous stay.

Billing Newborn on Mother's ID

A mother's Medi-Cal Benefits Identification Card (BIC), whether for restricted or full-scope benefits, can be used to bill full-scope medical services rendered to her newborn during the month of delivery and the following month.

Dual Eligibility and Share of Cost

Pregnant women who qualify for these programs also may be eligible to receive full-scope or restricted services after meeting their Share of Cost under another Medi-Cal program. This means the Medi-Cal eligibility verification system may return two eligibility messages. The first eligibility message states that the recipient has an unmet SOC. The second message states that the recipient is eligible for emergency or pregnancy-related services and gives an Eligibility Verification Confirmation (EVC) number. Emergency or pregnancy-related services may be provided without collecting or obligating a SOC. The recipient must pay for non-emergency or non-pregnancy-related services until her SOC has been met. At that time, she is fully eligible for all Medi-Cal services.

Pregnancy-Related Services

“Pregnancy-related services” are services required to assure the health of the pregnant woman and the fetus. These services include prenatal care, services for complications of pregnancy, labor, delivery, postpartum care and family planning services. Pregnancy-related services may be provided prenatally from the day that pregnancy is medically established and postnatally to the end of the month in which the 60th day following delivery occurs. The message returned from the Medi-Cal eligibility verification system for these recipients will state, “Valid for pregnancy and postpartum services only.”

Emergency Services for Infants with Aid Codes 69 and 07

The definition of emergency services for infants with aid code 69 (185 Percent Program) and aid code 07 (200 Percent Program) is the same definition for applicable aid codes published in the Federal Omnibus Budget Reconciliation Act of 1986 (OBRA) & Immigration Reform and Control Act of 1986 (IRCA). (For additional information, refer to the *OBRA and IRCA* section in this manual.)

133 Percent Program

Introduction

The Medi-Cal 133 Percent Program, mandated by the Federal Omnibus Budget Reconciliation Act (OBRA) of 1989, provides, depending upon immigration status, full scope of Medi-Cal services or emergency services only to children age 1 through 6 years old.

Eligibility Requirements

Eligibility for this program requires children age 1 through 6 years old to meet all other program eligibility criteria except property limits and have family incomes not in excess of 133 percent of the federal poverty level.

Ineligible Children

«Some children who are not citizens and some amnesty non-citizens are eligible only for restricted services.»

Medicare/Medi-Cal Crossovers

Medicare crossover benefits are payable for full-scope program recipients (aid codes 72 and 8P).

Payment of crossover benefits for limited-scope program recipients is restricted to emergency services (aid codes 74 and 8N).

Aid Codes

The following aid codes identify recipients eligible for the 133 Percent Program.

133 Percent Program Eligibility Table

Aid Codes	Recipient Type	Response from Host
72	Child age 1 through 6 years old (full scope)	Recipient Medi-Cal eligible with no Share of Cost
74	Child age 1 through 6 years old (restricted scope)	Medi-Cal eligible for emergency services with no Share of Cost
8N	Child age 1 through 6 years old (restricted scope)	Medi-Cal eligible for emergency services with no Share of Cost
8P	Child age 1 through 6 years old (full scope)	Medi-Cal eligible with no Share of Cost

Child: Continuous Inpatient care Beyond Sixth Birthday

A child with these aid codes who is an inpatient receiving medical services during a continuous period which began before and continues beyond his or her sixth birthday will continue to be eligible until the end of the continuous stay.

Emergency Services for Children with Aid Codes 74 and 8N

For aid codes 74 and 8N recipients who are limited to emergency services, the following are covered when ordered by the primary provider: pharmacy, radiology, laboratory, dialysis, dialysis-related, and kidney transplant services. (Refer to the *OBRA and IRCA* section in this manual for the definition of emergency services.)

Non-Covered Services

Non-covered services will be denied reimbursement with Remittance Advice Details (RAD) code 374 "Non-emergency services are not payable for limited service 133% recipients."

Note: 133 Percent Program recipients are not covered under Medi-Cal County Health Systems or other prepaid health care contracts. All claims for these recipients must be submitted to the California MMIS Fiscal Intermediary.

100 Percent Program

Introduction

The 100 Percent Program covers children age 6 through 19 years old whose family income does not exceed 100 percent of the federal poverty level.

Eligibility Requirements Family Income

To be eligible for this program, the child must meet all other program eligibility criteria, except property limits, and reside in a family whose income does not exceed 100 percent of the federal poverty level.

Ineligible Children

«Some children who are not citizens and some amnesty non-citizens are only eligible for restricted services.»

Medicare/Medi-Cal Crossovers

Medicare crossover benefits for limited-scope 100 Percent Program recipients is restricted to emergency or pregnancy-related services (aid codes 7C and 8T).

Aid Codes

The following aid codes identify recipients eligible for the 100 Percent Program.

100 Percent Program Eligibility Table

Aid Codes	Recipient Type	Response from Host
7A	Child age 6 through 19 (full scope)	Recipient Medi-Cal eligible with no Share of Cost
7C	Child age 6 through 19 (restricted scope)	Medi-Cal eligible for emergency and pregnancy-related services with no Share of Cost
8R	Child age 6 through 19 (full scope)	Recipient Medi-Cal eligible with no Share of Cost
8T	Child age 6 through 19 (restricted scope)	Medi-Cal eligible for emergency and pregnancy-related services with no Share of Cost

Child: Continuous Inpatient Care Beyond 19th Birthday

A child with these aid codes who is in an inpatient status during a continuous period that begins before and continues beyond his or her 19th birthday will continue to be eligible for Medi-Cal benefits until the end of the continuous stay.

Emergency Services for Children with Aid Codes 7C and 8T

For aid codes 7C and 8T recipients who are limited to emergency services, the following services are covered when ordered by the primary provider: pharmacy, radiology, laboratory, dialysis, dialysis-related and kidney transplants. (Refer to the *OBRA and IRCA* section in this manual for the definition of emergency services.)

Non-Covered Services

Non-covered services will be denied payment with RAD code 086 or 624.

Note: 100 Percent Program recipients are not covered under Medi-Cal County Health Systems or other prepaid health care contracts. All claims for these recipients must be submitted to the FI.

Continued Eligibility Program

Introduction

Effective January 1, 1991, the Federal Omnibus Budget Reconciliation Act (OBRA) of 1990 required all states to adopt Section 1902 (e) (6) of the Social Security Act and provide a Continued Eligibility program for pregnant women and their infants (through 12 months old). Medi-Cal will disregard (for eligibility and Share of Cost purposes) increases of income for Medi-Cal eligible pregnant women until the end of the 60-day postpartum period and for their infants through 12 months old. DHCS implemented this program on October 1, 1991, with eligibility retroactive to January 1, 1991.

The following explains the coverage guidelines for recipients of this program.

Coverage for Pregnant Women

Regardless of any increase in family income, pregnant women previously determined to be Medi-Cal eligible will remain eligible for pregnancy-related services throughout their pregnancy and until the end of the 60-day postpartum period. Following are two examples of Share of Cost (SOC) situations.

- If a pregnant woman has little or no income without a SOC but receives an increase in her income that would normally create a SOC, Medi-Cal would ignore the income increase and her SOC would remain at the zero level until the end of the 60-day postpartum period.
- If a pregnant woman has a SOC and her income increases, Medi-Cal will ignore the increase and her SOC will remain at the original level until the end of the 60-day postpartum period.

Coverage for Infants

The infants of Medi-Cal eligible women also are eligible for up to one year at the same SOC level as the mother during pregnancy, regardless of any increase in family income.

The infant has Continued Eligibility only for as long as he/she lives with the mother and only as long as the mother remains Medi-Cal eligible based on the same criteria as if she were still pregnant. If the mother continues to meet other Medi-Cal eligibility criteria, the infant has Continued Eligibility for one year.

Aid Codes

There are no new aid codes for the Continued Eligibility Program. Most pregnant women and infants eligible for Continued Eligibility benefits are covered by either the 185 or 200 percent program and are assigned those aid codes. This program also affects pregnant women or infants who receive Aid to Families with Dependent Children (AFDC)/Public Assistance-based Medi-Cal without a SOC or those with a SOC and a full-scope card. Recipients will keep the aid codes for these programs as well.

Infant's Card

As soon as possible after birth, an infant is issued a Medi-Cal card with the appropriate aid code. Until the infant receives the card, the mother's BIC, whether for restricted or full-scope benefits, can be used to bill full-scope medical services rendered to her newborn during the month of delivery and the following month.

Families with a Share of Cost

A pregnant woman or infant who currently has a SOC for full-scope services will continue at that SOC level regardless of an income increase. However, the rest of the family's SOC will increase. In this situation, the family is shown to be in two SOC cases. One case lists the pregnant woman and infant as eligible for the lower SOC, and the other family members are listed as ineligible. The other case lists the other family members as eligible for the higher SOC, and the pregnant woman and infant are listed as ineligible. Since all family members are listed in both cases, the medical expenses should be spent down simultaneously for both cases.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.