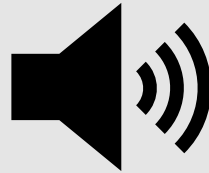


Presumptive Eligibility for Pregnant Women Program

Welcome! The webinar will begin momentarily.



Your camera and mic will be automatically disabled during this event.



Turn up your audio,



Use Chat to share feedback or ask questions.

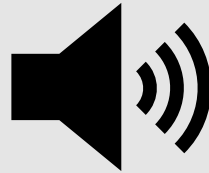
This session will be recorded and captioned. Recording will be posted on Medi-Cal Learning Portal (MLP) within 7-10 days.

Presumptive Eligibility for Pregnant Women Program

Welcome! The webinar will begin momentarily.



Your camera and mic will be automatically disabled during this event.



Turn up your audio,



Use Chat to share feedback or ask questions.

Presumptive Eligibility for Pregnant Women (PE4PW) Program

Purpose

The purpose of this training is to provide participants with an overview of the Presumptive Eligibility for Pregnant Women (PE4PW) program.

Objectives

- Review how to become a PE4PW Qualified Provider (QP)
- Provide step-by-step guidance for the PE4PW patient online enrollment process
- Highlight PE4PW eligibility criteria
- Review PE4PW program benefits

Acronyms

A list of current acronyms are located in the Appendix section of each complete workbook.

Description

The PE4PW program allows Qualified Providers (QP) to grant immediate, temporary Medi-Cal coverage for ambulatory prenatal care and prescription drugs to low-income pregnant individuals for conditions related to pregnancy.

Coverage is granted pending their submission of a *Single Streamlined Application* (SSApp). The PE4PW program is designed for California residents who believe they are pregnant and who appear eligible for and do not have Medi-Cal coverage for prenatal care.

Provider Qualifications




Provider Qualifications

Providers interested in applying to participate in the Department of Health Care Services (DHCS) automated PE4PW program must:

- Be an enrolled Medi-Cal provider in good standing
- Be authorized to render prenatal services
- Have a National Provider Identifier (NPI) number
- Provide a Federal Employer ID number (EIN) or Taxpayer Identification Number (TIN)
- Possess a Medi-Cal Provider Identification Number (PIN)

Qualified Provider(QP) Application and Agreement for Participation in the PE4PW Program Form

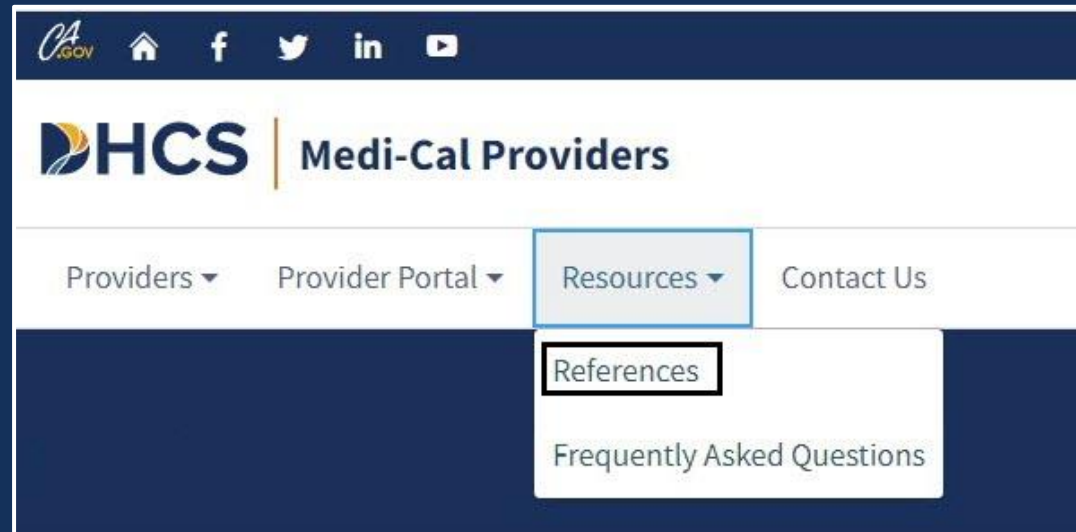
The image features a light blue background with a white-to-blue gradient. At the bottom, there are two decorative wavy lines: a dark blue line on top and a lighter blue line below it, both curving across the width of the page.

QP Application Submission Process

Form Requirements

- Providers must complete and sign the *Qualified Provider Application and Agreement for Participation in the Presumptive Eligibility for Pregnant Women (PE4PW) Program* (MC 311) form.
- QP form is available for download from the Providers tab on the Medi-Cal Provider website (mcweb.apps.prd.cammis.medical.ca.gov).

QP Application Submission Process



Home
Resources

Looking for something specific?

Select from one of the topics or use the search bar to search all resources.

References **■** FAQs **?**

Topics

- Rates
- Billing
- Forms
- HIPAA
- Policy
- Programs
- Provider Enrollment
- Provider Portal
- Provider Portal
- Provider Portal
- Provider Portal
- Additional References

Rates

- [Medi-Cal Rates](#)

Billing

- [APR-DRG](#) **↗**
- [Billing Tips](#)
- [CMC Submission Instructions](#)
- [CMC Technical Manual and Technical Publications](#)
- [Erroneous Payment Corrections \(EPC\) Letters](#)
- [National Correct Coding Initiative \(NCCI\)](#)
- [National Drug Codes \(NDC\)](#)
- [National Provider Identifier \(NPI\)](#)
- [Ordering, Referring and Prescribing \(ORP\)](#)
- [Remittance Advice Details \(RAD\) Code Repository](#) **■**
- [User Guides](#)

Forms

- [Forms](#)

Forms

- Billing (CMC, EFT Payments, Hardcopy & POS) ▾
- California Children's Services (CCS) ▾
- Community-Based Adult Services (CBAS) ▾
- Consent Forms ▾
- Every Woman Counts ▾
- Family PACT ▾
- Facilities & Hospitals ▾
- Hospital Presumptive Eligibility (HPE) ▾
- Medi-Cal Tuberculosis Program ▾
- Presumptive Eligibility for Pregnant Women ▴

Presumptive Eligibility

- [Qualified Provider Application for Presumptive Eligibility Participation](#) 📄 (MC 311) ←
- [Presumptive Eligibility for Pregnant Women Program Patient Fact Sheet](#) 📄 (MC 264)
- [Presumptive Eligibility for Pregnant Women Program Patient Fact Sheet \(Armenian\)](#) 📄 (MC 264 (AM))
- [Presumptive Eligibility for Pregnant Women Program Patient Fact Sheet \(Arabic\)](#) 📄 (MC 264 (AR))
- [Presumptive Eligibility for Pregnant Women Program Patient Fact Sheet \(Cambodian\)](#) 📄 (MC 264 (CA))
- [Presumptive Eligibility for Pregnant Women Program Patient Fact Sheet \(Chinese\)](#) 📄 (MC 264 (CH))
- [Presumptive Eligibility for Pregnant Women Program Patient Fact Sheet \(Farsi\)](#) 📄 (MC 264 (FA))
- [Presumptive Eligibility for Pregnant Women Program Patient Fact Sheet \(Hmong\)](#) 📄 (MC 264 (HM))
- [Presumptive Eligibility for Pregnant Women Program Patient Fact Sheet \(Korean\)](#) 📄 (MC 264 (KR))
- [Presumptive Eligibility for Pregnant Women Program Patient Fact Sheet \(Russian\)](#) 📄 (MC 264 (RS))
- [Presumptive Eligibility for Pregnant Women Program Patient Fact Sheet \(Spanish\)](#) 📄 (MC 264 (SP))
- [Presumptive Eligibility for Pregnant Women Program Patient Fact Sheet \(Tagalog\)](#) 📄 (MC 264 (TG))
- [Presumptive Eligibility for Pregnant Women Program Patient Fact Sheet \(Vietnamese\)](#) 📄 (MC 264 (VT))
- [Medi-Cal Order Form](#) 📄 (MC 0026)

Qualified Provider Application and Agreement for Participation in the Presumptive Eligibility for Pregnant Women (PE4PW) Program

Thank you for your interest in participating as a provider in the Department of Health Care Services (DHCS) automated Presumptive Eligibility for Pregnant Women (PE4PW) Program. The Qualified Provider (QP) Application and Agreement for Participation in the Presumptive Eligibility for Pregnant Women (PE4PW) Program (MC 311) is for California Medi-Cal providers applying to be a QP for PE4PW.

Please carefully read all information and instructions and complete each item requested. Applicants will be contacted of their determination by phone and by written notification, within fifteen (15) business days from the application receipt date. If you have questions concerning your application, please contact the Medi-Cal Telephone Service Center at the number provided below and follow the prompts.

PE4PW Program Mailing Address and Contact Information

Mail the completed PE4PW Provider Application and Agreement form to: DHCS PE4PW Program Attn: DHCS Fiscal Intermediary P.O. Box 15508 Sacramento, CA 95852-1508	Medi-Cal Telephone Service Center: 1-800-541-5555 <ul style="list-style-type: none">Select the language option (English or Spanish)Option 1 for providerOption 4 for the Technical Help DeskOption 2 for PE for Pregnant Women
--	--

PE4PW Program Provider Requirements

- 1) **Must already be an enrolled Medi-Cal provider.**
- 2) **Must have a National Provider Identifier (NPI) number.**
- 3) **Must provide a Federal Employer ID Number (EIN) or Taxpayer Identification Number (TIN).**
- 4) **Must have a Medi-Cal Provider Identification Number (PIN).**
- 5) **Must have on file a Medi-Cal POS Network/Internet Agreement form.**

Application Submission Checklist

- ✓ Ensure all requirements above are complete before submitting the QP Application and Agreement for Participation in the PE4PW Program. Ensure the QP Application and Agreement for Participation in the PE4PW Program is complete and signed.
- ✓ Mail the original signed QP Application and Agreement for Participation in the PE4PW Program to the address above.

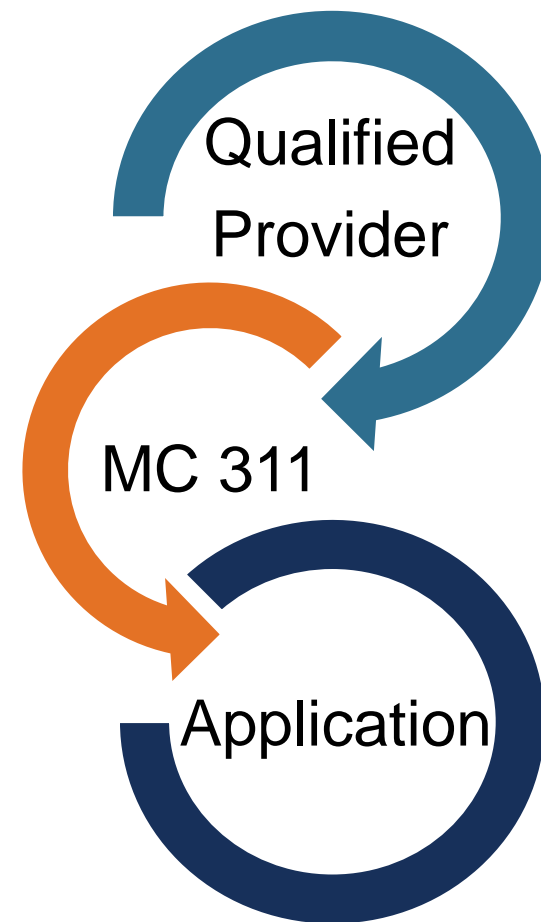
PE4PW Program Provider Notification Overview

PE4PW Program Eligibility Notification Timeline:

- Applying providers will be notified of the status of the application by phone and in writing, within fifteen (15) business days of receipt of the QP Application and Agreement for Participation in the PE4PW Program.

Approval Overview:

- Step 1. Applying Provider Receives a Notice of Contingent Approval**
Providers that meet the PE4PW Program QP requirements will receive a contingent Notice of Approval letter, indicating that the provider will be fully approved upon successful completion of the required online PE4PW Provider Computer Based Training (CBT).
- Step 2. PE4PW Providers/Employees Complete the Required PE4PW Provider CBT**
PE4PW Providers are required to ensure that all employees have completed the required self-guided PE4PW Provider CBT, before assisting PE4PW applicants and submitting PE4PW Application Web Portal eligibility transactions. The contingent approval letter provides detailed instructions on how to register and access the PE4PW Provider CBT.



Forms Processing

Mail the completed PE4PW Provider Application & Agreement (MC 311) form to:



DHCS PE4PW Program

Attn: DHCS Fiscal Intermediary

P.O. Box 15508

Sacramento, CA 95852-1508



QP Approval Notification

Applying providers will be notified of their application status by phone and in writing within 15 business days of the receipt of the ***Qualified Provider Application and Agreement for Participation in the PE4PW Program (MC 311)*** form.

- Providers who meet the requirements will receive a Notice of Contingent Approval letter
- Providers are required to complete and pass the PE4PW Provider Computer-Based Training (CBT) in the Medi-Cal Learning Portal (MLP)

QP Approval Notification

Upon successful completion of the training, the contingent approval letter will provide instructions on how to complete the training in addition to logging into the Medi-Cal Provider website to access the PE4PW portal.

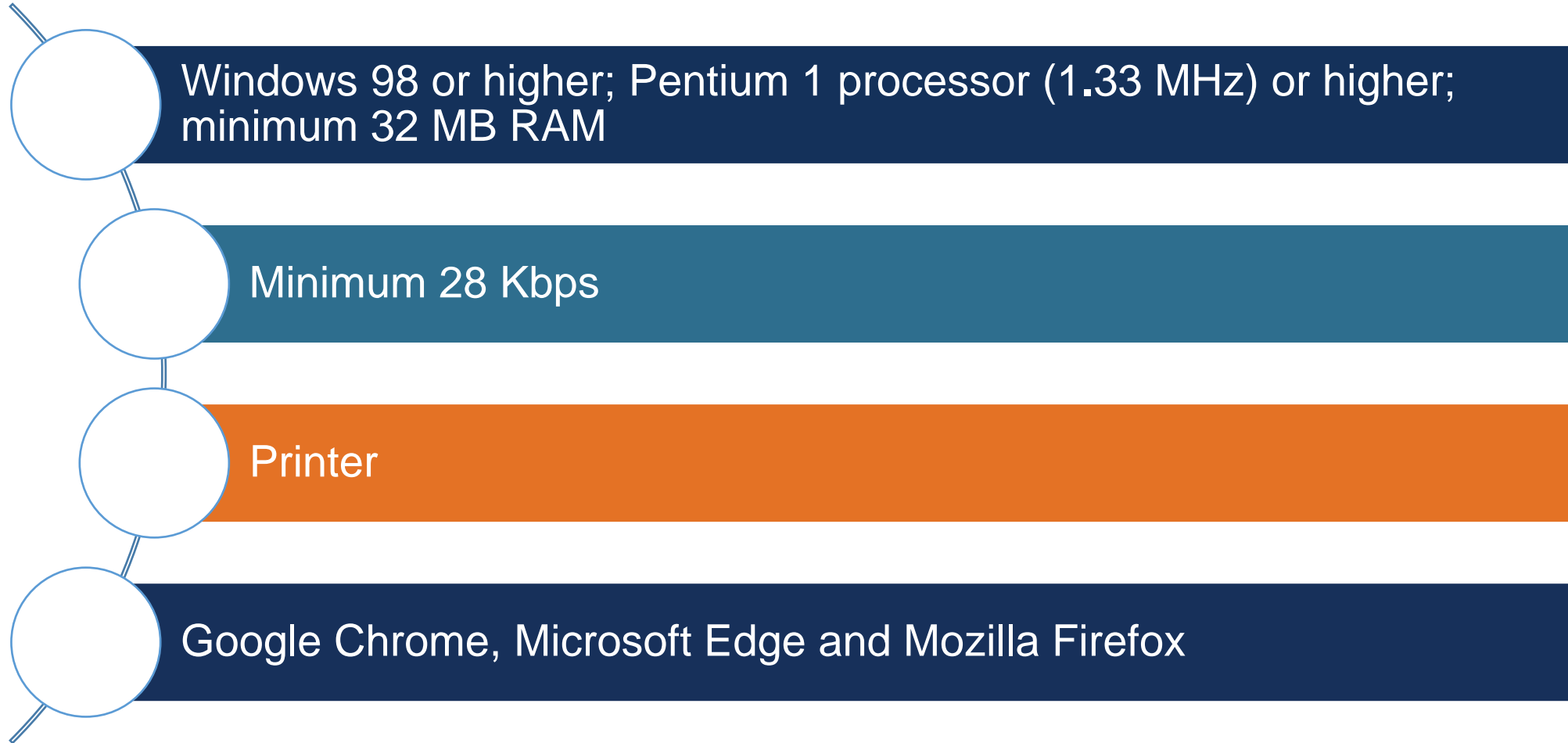
Current PE4PW providers are required to ensure that all employees have completed the required self-guided PE4PW Provider CBT before assisting PE4PW applicants and submitting PE4PW Application Web Portal eligibility transactions.



PE4PW Online Application Preparation



Confirming System Requirements



Windows 98 or higher; Pentium 1 processor (1.33 MHz) or higher; minimum 32 MB RAM

Minimum 28 Kbps

Printer

Google Chrome, Microsoft Edge and Mozilla Firefox

Medi-Cal Learning Portal – Multiple NPIs

Medi-Cal Learning Portal (MLP) users registering for the first time will have the option to add up to five affiliated National Provider Identifiers (NPIs) to one user's profile. The NPIs will be numbered as follows: NPI1, NPI2, NPI3, NPI4 and NPI5.



Medi-Cal Learning Portal – Multiple NPIs

NPI	PE Course Sub-Catalog Name	HPE Code	PE4PW Code
NPI-1	Presumptive Eligibility Certification – 1	PE101-1	HAPE100-1
NPI-2	Presumptive Eligibility Certification – 2	PE101-2	HAPE100-2
NPI-3	Presumptive Eligibility Certification – 3	PE101-3	HAPE100-3
NPI-4	Presumptive Eligibility Certification – 4	PE101-4	HAPE100-4
NPI-5	Presumptive Eligibility Certification – 5	PE101-5	HAPE100-5

CREATE AN ACCOUNT

NPI1: Healthcare Providers, Provider Staff or staff working for Healthcare Providers are required to enter a 10-digit National Provider Identifier (NPI). Valid NPI is a 10-digit number and starts with 0, 1 or 2.

NPI2: Enter second NPI here if you are a 'Healthcare Provider' or a 'Provider Staff' and supporting multiple NPIs. Valid NPI is a 10-digit number and starts with 0, 1 or 2.

NPI3: Enter third NPI here if you are a 'Healthcare Provider' or a 'Provider Staff' and supporting multiple NPIs. Valid NPI is a 10-digit number and starts with 0, 1 or 2.

NPI4: Enter fourth NPI here if you are a 'Healthcare Provider' or a 'Provider Staff' and supporting multiple NPIs. Valid NPI is a 10-digit number and starts with 0, 1 or 2.

NPI5: Enter fifth NPI here if you are a 'Healthcare Provider' or a 'Provider Staff' and supporting multiple NPIs. Valid NPI is a 10-digit number and starts with 0, 1 or 2.

User Agreement:

This system is for use by authorized users and is subject to being monitored and/or restricted at any time. Unauthorized or improper use of this system may result in administrative disciplinary action and/or civil and criminal penalties. By using this system you indicate your awareness of and explicit consent to these [Conditions of Use](#) and [Privacy Policy](#).

Check this box to indicate your awareness of and explicit consent to the [Conditions of Use](#) and [Privacy Policy](#).

I agree.

Create Account

MLP Criteria

10

Must 10 digits

#

Must contain numeric only

1

2

Must begin with a one(1) or two(2)



**PE4PW
Program
Application
(MC 263- P)**

PE4PW Program Application (MC 263P)

Qualified Providers (QPs) have **two Options** to complete the application process.

1. Access the application through the PE4PW Application Web Portal and complete field by field based on the applicant's verbal answers; or
2. Download/print **Hardcopy** PE4PW program application (MC 263P) in English/Spanish for applicant to fill out and then enter the applicant's answers in the online application.

PE4PW Enrollment Reminders

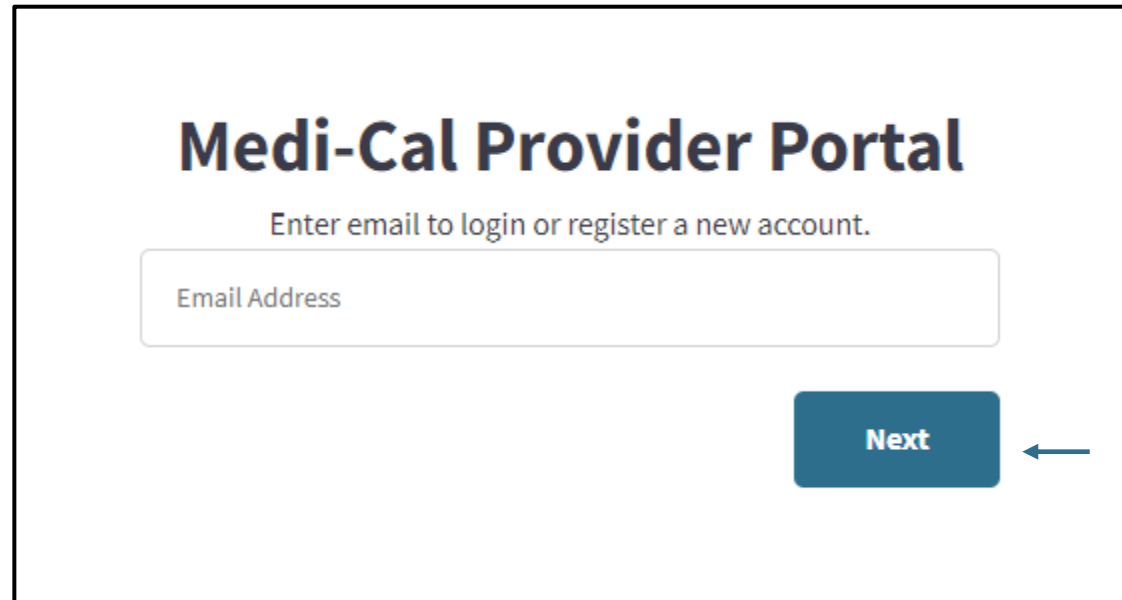
Presumptive
Eligibility
determinations
occur in real time

Program benefits
are limited to one
PE enrollment
period per
pregnancy

PE eligibility cannot
be backdated

Must print the
eligibility response
message screen
twice

Online PE4PW Enrollment Applications



Medi-Cal Provider Portal

Enter email to login or register a new account.

Email Address

Next ←


The image shows a screenshot of the Medi-Cal Provider Portal login page. It features a title 'Medi-Cal Provider Portal' in bold black text. Below the title is a subtitle 'Enter email to login or register a new account.' followed by a text input field labeled 'Email Address'. To the right of the input field is a dark blue button with the word 'Next' in white text. A small blue arrow points to the right side of the 'Next' button.

<https://provider-portal.apps.prd.cammis.medi-cal.ca.gov/>

Online PE4PW Enrollment Applications

Provider Portal Login

Enter an email and password to login.

[Forgot password?](#) 

If you have an invitation or you are provisioned by your organization, select
Join Medi-Cal Provider Portal.

Online PE4PW Enrollment Applications

System Use Notification

Welcome to the Medi-Cal Provider Portal. Please read and agree to the Terms and Conditions to proceed to the portal.

WARNING: This computer system is for official use by authorized users and may be monitored and/or restricted at any time. Confidential information may not be accessed or used without authorization. Unauthorized or improper use of this system may result in administrative discipline, civil and/or criminal penalties. By using this system, you are acknowledging and consenting to these terms and conditions.

LOG OFF IMMEDIATELY if you are not an authorized user or do not agree to the conditions in this warning.

I confirm that I have read and agree to the above

[Sign Out](#)

[Next](#)



Online PE4PW Enrollment Applications


Select an organization

Account
[Redacted]

Frequent Organizations Show 5 Show 10

M [Redacted] **H** [Redacted] **M** [Redacted]

Provider Submitter

Search By
NPI Search 

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z # &

H

H [Redacted]

M

M [Redacted] **M** [Redacted]

My Profile and Preferences [Edit](#)

Name: [Redacted]
Organization: [Redacted]
Role: [Redacted]
Email: [Redacted]
Business Phone: [Redacted]
Mobile Phone: [Redacted]

Transaction Center

Select an NPI

Choose an NPI

Get Started ←

Administration [Manage Users](#)

27 Users
17 Org Admins

+ ADD A USER

Tip: Add users to your organizations account and manage their permissions.
[Dismiss](#)

Submitter Management [View All](#)

No new requests

0 Pending Requests

Notifications [View All](#)

Transaction Services Login Credential Alert
2 notification(s) >

User "Esther Cruz" has completed their registration to the Medi-Cal Provider Portal >

Reminder: User "Esther Cruz" has not registered for the Medi-Cal Provider Portal >

NPI Agreements and Settings

PIN Management >

835 Receiver Management >

Transactions Available >

Presumptive Eligibility Provider Agreements >

Communication Center [View](#)

Search for Correspondence

New Correspondence

Recent Searches

Provider Welcome Letter

Tax Documents

Go Paperless

Online PE4PW Enrollment Applications

Transaction Center

Select an NPI

Get Started ←

Select an NPI

XXXXXXXXXX-XXXX-XX / ...

Favorites ★

Recents ●

PE4PW

[Help and Resources](#)

[Take a tour](#)

Search transactions



Claims

Appeal Status Inquiry ★

Check an appeal status

Blood Factor Rates ★

Check the quarterly blood factor rates

Claim Status Inquiry ★

Check the status of a specific claim by CCN or Member

Medical Supply Code Inquiry ★

Check a Medical Supply Code

Procedure Code Inquiry ★

Check a Procedure Code

National Drug Code Inquiry ★

Check a NDC code

Current Remittance Advice Detail ★

Download Current Remittance Advice Detail

Historical Remittance Advice Detail ★

Download Historical Remittance Advice Detail

Provider Checkwrite Inquiry ★

Access weekly checkwrite information

EDI Transactions

Claim Status Request (276) ★

Upload a 276 Claim Status Request

Claim Status Response (277) ★

Download a 277 Claim Status Response

Eligibility Benefit Testing (270) ★

Test 270 Eligibility Benefit Inquiry File Format

Electronic Treatment Authorization Request

eTAR ★

Submit a medical services eTAR

eTAR Inquiry ★

Check on an eTAR

Medical Services Reservation ★

Submit a Medi-Services Reservation

TAR 3 Attachment Form ★

Print a TAR 3 Attachment Form

Eligibility

Multiple Subscribers ★

Submit a batch of up to 99 eligibility checks

Share of Cost ★

Submit a Spend Down Clearance or Reversal

Single Subscriber ★

Submit an eligibility check with a real-time response

Enrollment

Presumptive Eligibility for Pregnant Women ★

Submit a PE4PW Presumptive Eligibility transaction



Online PE4PW Enrollment Applications

<p>NPI</p> <p>XXXXXXXXXXXXXXXXXXXX</p>	<p>Medi-Cal Learning Portal Information ⚠</p> <p>Please enter the email address that you used to complete the Medi-Cal Learning Program (MLP) for Provider/Employee Training. Then select your service location from the drop-down list below.</p> <p>MLP User ID</p> <p>Insert <input type="button" value="Save"/> ←</p>
<p>Available Presumptive Eligibility Programs</p> <p>Presumptive Eligibility for Pregnant Women ⚠</p> <p>Hospital Presumptive Eligibility ⚠</p>	

My Profile and Preferences [Edit](#)

Name: [Redacted]
Organization: [Redacted]
Role: [Redacted]
Email: [Redacted]
Business Phone: [Redacted]
Mobile Phone: [Redacted]

Transaction Center

Select an NPI
[Redacted] ▾

Get Started

Administration [Manage Users](#)

6 Users **6** Org Admins

+ ADD A USER

Tip: Add users to your organizations account and manage their permissions.
[Dismiss](#)

Submitter Management [View All](#)

No new requests

0 Pending Requests

Notifications [View All](#)

User "Russell Test" has completed their registration to the Medi-Cal Provider Portal >

Reminder: User "Leda Lafler" has not registered for the Medi-Cal Provider Portal >

NPI Agreements and Settings

- [PIN Management >](#)
- [835 Receiver Management >](#)
- [Transactions Available >](#)
- [Presumptive Eligibility Provider Agreements >](#)

Communication Center [View](#)

- [Search for Correspondence](#)
- [New Correspondence](#)
- [Recent Searches](#)
- [Provider Welcome Letter](#)
- [Tax Documents](#)

Go Paperless

Online PE4PW Enrollment Applications

* Indicates required field

Presumptive Eligibility for Pregnant Women Provider Application and Agreement

By signing this participation agreement, [redacted] elects to participate as a qualified entity in Medi-Cal PE4PW and agrees to comply with all applicable requirements and policies of PE4PW. PE4PW provides temporary Medi-Cal coverage to low-income individuals.

Before you proceed to sign the authorization and attest, please confirm if the following information is correct for your selected NPI.

→ **NPI** [redacted]

NPI Legal Name:	[redacted]	Organization Name:	[redacted]
Contact Information:	[redacted]	Service Locations:	[redacted]

Thank you for your interest in participating as a provider in the Department of Health Care Services' (DHCS) Presumptive Eligibility for Pregnant Women (PE4PW). The Presumptive Eligibility for Pregnant Women Provider Application and Agreement (MC 311) is for California Medi-Cal providers applying to be a qualified PE4PW Provider. Please carefully read all information and instructions and complete each item requested. Applicants will be contacted of their determination in real-time. If you have questions concerning your application or the application process, please contact the Medi-Cal Telephone Service Center at the number provided below and follow the prompts.

PE4PW Contact Information

Medi-Cal Telephone Service Center: 1-800-541-5555

- Option 1 for Provider
- Option 9 for Other calls
- Option English or Spanish

• Option 4 for Technical Help Desk

Online PE4PW Enrollment Application Continued

I am authorized to attest and agree to all of the terms and conditions of this agreement.

When conducting presumptive eligibility determinations, the PE4PW Provider Enrollee will comply with all state, federal, and Department rules and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

I, _____, agree to cooperate with DHCS in complying with the PE4PW Provider responsibilities. I am aware that if I do not comply with these responsibilities and the PE guidelines as outlined in PE4PW provider instructions and PE4PW regulations, I may lose status as a Qualified PE4PW Provider. I agree to notify the DHCS in writing of any changes in application information at least 20 days prior to the effective date of the change.

The PE4PW Provider Enrollee agrees to be bound by all governing Federal and State laws and regulations. Any provision of this election which is in conflict with current or future applicable Federal or State law or regulation will be amended to conform to the provisions of those laws and regulations. Due to the scope and complexity of this program, the PE4PW Provider Enrollee further acknowledges that the terms and conditions of this election are subject to change by DHCS. Any amendment of this election shall be effective as of the effective date of the applicable statute, regulation, term, or condition and shall be binding on the enrollee even though such amendment may not have been reduced to writing and formally agreed upon and executed by the Enrollee. The PE4PW Provider Enrollee hereby agrees to execute such documents, amendments, or agreements as necessary to affect its continued election, if so required by law or regulatory authority or requested by DHCS.

By signing below, I represent that I have the authority to bind the provider stated below to this election.

Signature *

First And Last Name

Title *

Select

Electronic Signature: _____

Cancel

Submit

Online PE4PW Enrollment Applications

- If the *MC 263-P-Application* is used, it is not complete without a valid signature
- Once the PE4PW QP confirms the application data is complete, the provider prints two copies of the printed applications prior to completing the online submission. The applicant signs both copies
- QP **must** ensure the application is complete and that the applicant has signed both of the printed applications prior to completing the online submission.

Online PE4PW Enrollment Applications

The QP submits the application and receives an eligibility determination message in real time, which identifies one of the following responses:

- Application is **approved** and the pregnant recipient will receive temporary PE4PW services with no-cost Medi-Cal eligibility.
- Application is approved and the individual is granted PE4PW coverage for that day's doctor visit and pregnancy test only.
- Application is **denied** for PE4PW and the denial reason is provided. Refer to the Presumptive Eligibility for *Pregnant Women (PE4PW) Application Web Portal User Guide* for denial reasons and messages.

Presumptive Eligibility for Pregnant Women (PE4PW) - Response

Application Response

View response message in larger font

Presumptive Eligibility for Pregnant Women Medi-Cal Application Response

Application Date/Time: 3/29/2022 11:50:30 AM

Provider Number: _____

Individual's Name: _____

Date of Birth: _____

BIC ID: _____

BIC Issue Date: 03/29/2022

Good Thru Date: 04/30/2022

Important Notice: The PE Period End Date in the response below can change if the client submits an insurance affordability application, as the PE Period ends on the determination date (approved or denied). Providers, please verify eligibility.

Response: You are granted Presumptive Eligibility for Pregnant Women (PE4PW) temporary, ambulatory prenatal Medi-Cal until your PE Period end date on 04/30/2022. Use this document to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application.

Client Signature: Sue Jones



Next Application

Print

PE4PW Hard Copy Application (MC 263P)

APPLICANT INFORMATION			
Last Name	First Name	Middle Name	Date of Birth (mm/dd/yyyy)
Social Security Number (optional)			
Live in California? <input type="checkbox"/> Yes <input type="checkbox"/> No		County you live in?	
Home Address Number and Street		City	State Zip Code
Mailing address (if different) Number and Street		City	State Zip Code
Phone Number	Other phone number	Email address	
<input type="checkbox"/> If homeless, check the box and indicate (above) where to send any written correspondence.		<input type="checkbox"/> If "Safe at Home" participant, check the box and answer the questions below.	
What language do you speak best?		1. What is your P.O. Box address, if known?	
What language do you read best?		2. What is your Safe at Home Participant ID, if known?	
MEDI-CAL			
Do you have a Benefits Identification Card (BIC)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the identification number on the card?			
Have you received presumptive eligibility services during this current pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
FAMILY MEMBERS			
Please list all family members below (Include: your spouse and any children under age 21 living with you).			
Last Name	First Name	Middle Initial	Relationship to you
			Self
No need to list names of unborn child/ren			If expecting multiple births, how many children are you expecting?
			Spouse

PE4PW Application Downloads

Presumptive Eligibility for Pregnant Women (PE4PW) - Form Downloads

PE for Pregnant Women Downloads

[Presumptive Eligibility for Pregnant Women Program Application \(English\)](#) 

[Presumptive Eligibility for Pregnant Women Program Application \(Spanish\)](#) 

[Insurance Affordability Application](#) 

The Presumptive Eligibility for Pregnant Women Application Form requires the Acrobat Reader. If you do not have this plug In go to the [Web Tool Box](#) to download the software.

Continuation of Benefits – Enrollment Period

The enrollment period **begins** on the day in which the individual is determined eligible for the PE4PW program and **ends** when the individual:

1. Does not submit an insurance affordability application prior to the PE4PW end date. PE4PW benefits will end on the last day of the following month in which the individual was determined eligible for PE4PW.

Example:

Eligibility is determined on **January 2, 2023**, PE4PW coverage ends on **February 28, 2023**.

OR

Continuation of Benefits – Example

2. Submits an insurance affordability application prior to the PE4PW end date, PE4PW coverage ends on the day in which the eligibility determination is made based on the insurance affordability application (approved or denied).

Example 1: Eligibility was determined on **January 3, 2023**, and submitted an insurance affordability application prior to the PE4PW end date of **February 28, 2023**, the determination was made on **February 21, 2023**, PE4PW coverage ends on **February 21, 2023**.

Transitioning to Medi-Cal or Other Health Insurance Affordability Programs

For continued coverage beyond the PE4PW end date, QPs are required to provide and assist applicants in completing the *Single Streamlined Application* (SSApp) in English or Spanish if requested by:

- Providing the toll-free telephone number where the individual can apply over the phone
- Assisting the individual with filling out the online or printed application
- Providing website information (www.CoveredCA.com) to apply online or obtain list of locations to apply in person

Reasons for PE4PW Denial

A pregnant recipient can be denied PE4PW enrollment if they:

- Have income above the monthly limit for household size
- Are not a California resident
- Are currently receiving coverage through Medi-Cal or
- Have already received the maximum PE enrollment period benefits from a Medi-Cal PE Program for the current pregnancy



Denial Application Response


Application Response

View response message in larger font

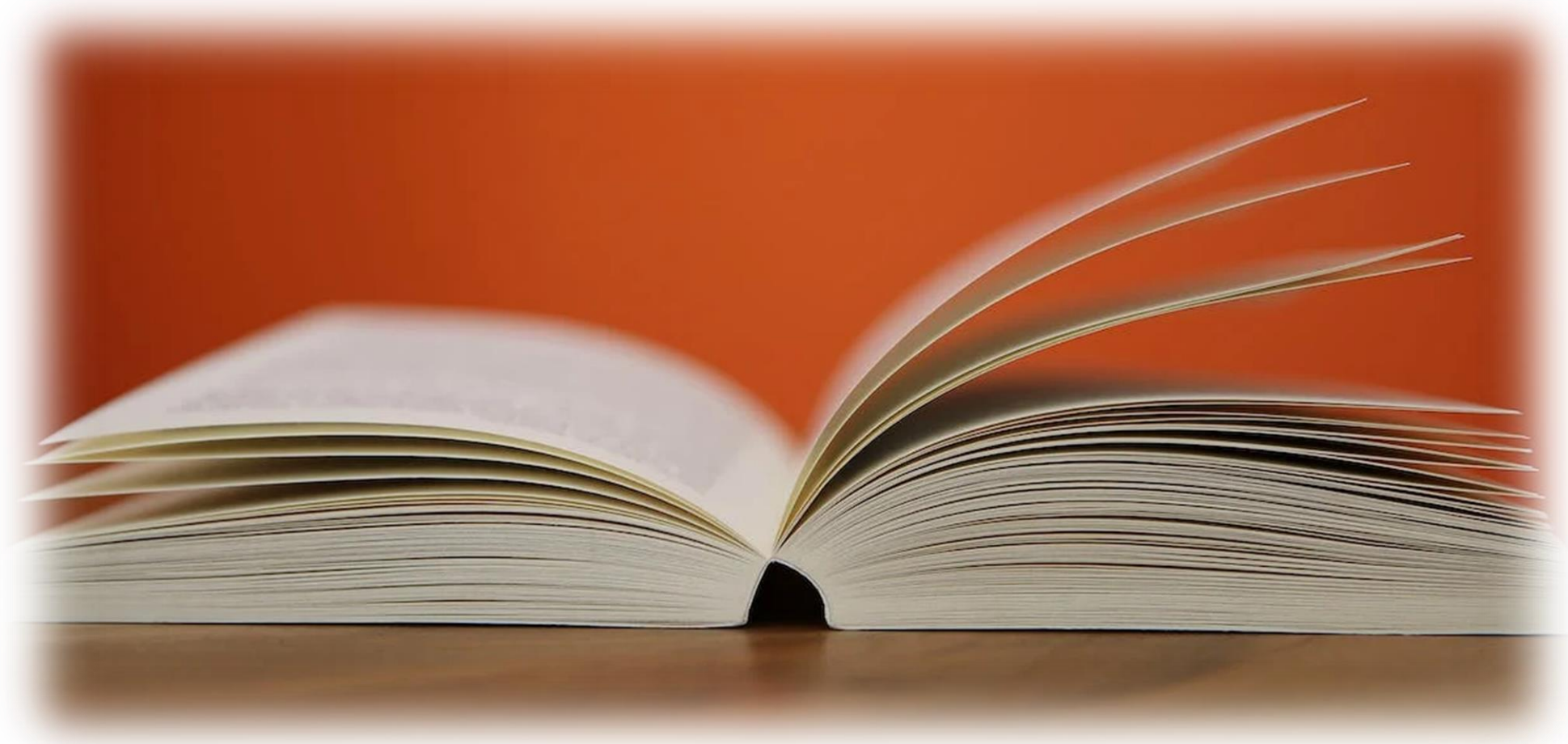
Presumptive Eligibility for Pregnant Women Medi-Cal Application Response
Application Date/Time: 1/6/2022 2:47:16 PM

Provider Number:
Individual's Name:
Date of Birth: 01/01/1988
BIC ID:
BIC Issue Date:

Response: You are not eligible for Presumptive Eligibility for Pregnant Women (PE4PW) because you indicated that you do not live in California. PE4PW is only available to California residents.



[Next Application](#) [Print](#)



Knowledge Review

Knowledge Review

1. Assisting the applicant in completing the *Presumptive Eligibility for Pregnant Women Medi-Cal Application* (MC 263) is optional for providers.

True False

2. The PE4PW Application Web Portal transaction is the only means to submit *Presumptive Eligibility for Pregnant Women Medi-Cal Applications* (MC 263).

True False

Knowledge Review

3. The recipient is eligible for PE4PW services until a full eligibility determination is made.

True


False

4. If the applicant is deemed not eligible for PE4PW, are they required to sign the *Immediate Need Eligibility Document*?

Yes

No

Eligibility Qualifications

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PE4PW Eligibility Qualifications

The individual believes they are pregnant and does not have Medi-Cal coverage for prenatal care. There is one PE period per pregnancy and can also be HPE and CHDP and does not have to be PE4PW.

The individual meets the self-attestation of income, household size and California Residency provided on the *Presumptive Eligibility for Pregnant Women Medi-Cal Application* (MC 263) form.

PE4PW Eligibility Qualifications

1. **“Family Income”** includes recipients over 21 years of age.

Unmarried

- Living on their own, only their income is counted
- Living with parents, individual’s income and the parent’s income is counted

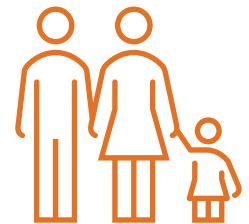
Married

- Individual and the spouse’s income
- Married and living with parents, individual, spouse’s and the parents’ income is counted

PE4PW Eligibility Qualifications

2. **“Family Members”** that are counted in individual’s household are:

- The Spouse of the individual
- Any natural, adopted, stepchildren or an unborn child are counted as members of the family
- Parents of the individual if she is under 21 years of age, unmarried and living with parents



Amy's Eligibility Scenario



Is Amy Eligible for PE4PW?

Amy is divorced and is pregnant expecting twins. Amy has a 6-year-old child Julia, from her previous marriage. Julia is currently living with her dad for the summer on the day Amy applies for the PE4PW program. Amy's fiancé Robert and his nine-year-old son Jack, lives with Amy.

Amy has a **gross monthly income** of **\$2,500** that includes child support and alimony. Amy's fiancé Robert receives **\$1,200** in disability every month. Amy's elderly grandmother has temporarily moved in with Amy while she is recuperating from knee surgery and receives **\$1,000** a month in Social Security (SSI).

Income Eligibility Guidelines

Note: The 2024 FPL dollar values are rounded up to the next higher dollar amount. The 2024 FPL dollar values are valid through December 31, 2024 and are updated annually in January.

Household Size	213 Percent Monthly	213 Percent Annually
2	\$3,630	\$43,538
3	\$4,584	\$54,997
4	\$5,538	\$66,456
5	\$6,495	\$77,916
6	\$7,449	\$89,375
7	\$8,403	\$100,835
8	\$9,360	\$112,294
9	\$10,314	\$123,753
10	\$11,268	\$135,213
11	\$12,225	\$146,672
12	\$13,179	\$158,132
Each additional person in family household size	\$957	\$11,460



Knowledge Review

Knowledge Review

1. Since Julia is living with her dad on the day Amy applies for PE4PW, will Amy need to include Julia in Amy's household size?

Yes No

2. How many people would be counted in Amy's household?

Three

Knowledge Review

3. Will Amy need to count her grandmother's \$1,000 SSI and Robert's \$1,200 disability in her monthly household income?

Yes

No

4. According to PE4PW eligibility guidelines, is Amy eligible for PE?

Yes

No

Pregnancy Testing

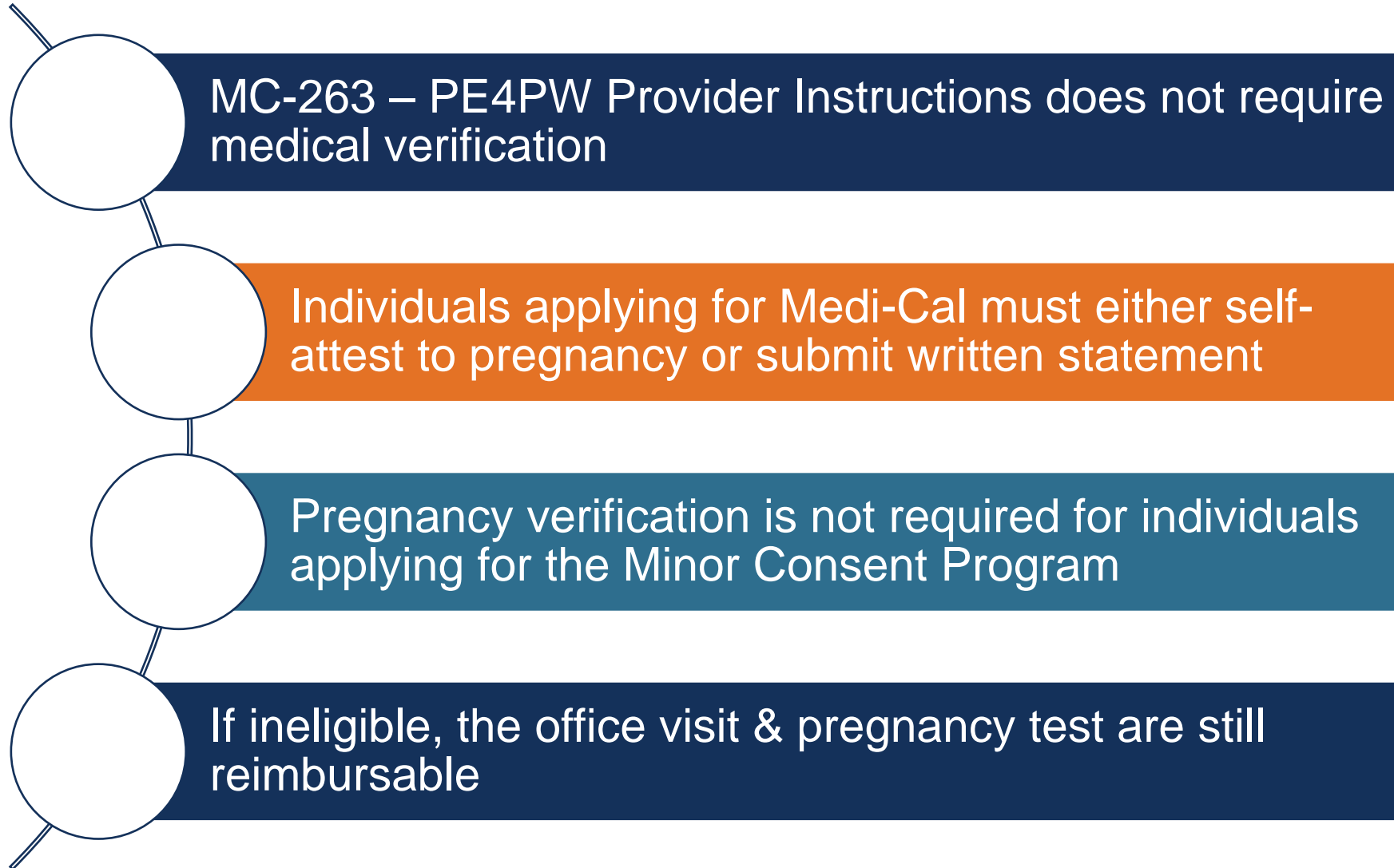
If the individual meets the income criteria for PE4PW, the QP may conduct a pregnancy test **only** if the patient requests one.

If a pregnancy test is conducted and it is negative, use **CPT codes:**

- **99202 (new patient)**
- **99211 (established patient)**
- **81025 (pregnancy test)**

NOTE: The CPT codes listed are the only reimbursable codes when the pregnancy test is negative.

Medical Verification



Eligibility Limitations

The PE4PW enrollment period is one PE enrollment period, per pregnancy. If PE4PW services are granted to a patient and she is deemed not eligible for Medi-Cal, she should not be re-evaluated for any program for that pregnancy.

However, if the pregnant woman has a new pregnancy, she may qualify for PE4PW or other PE programs within the same 12-month period.

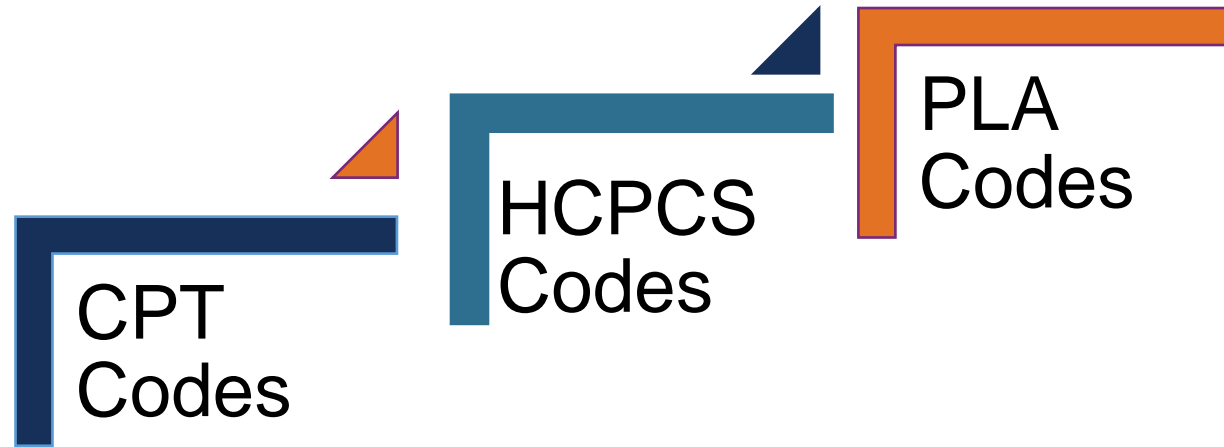
Gender is No Barrier to Pregnancy Services

All persons, regardless of gender identity, may request eligibility for pregnancy services when applying for Medi-Cal or other health insurance affordability programs.

A doctor must submit a *Treatment Authorization Request (TAR)* explaining that the services requested are medically necessary.

The TAR overrides gender limitations on procedure codes and allows a person with a gender other than female, who is reporting a pregnancy, to receive pregnancy services.

Scope of Coverage



Reminder: Prescription drugs for conditions related to pregnancy are also reimbursable. Pharmacy services for prenatal care are not listed but are covered and some dental services are also covered.

Note: Medication to treat the H1N1 virus is a benefit of PE4PW.

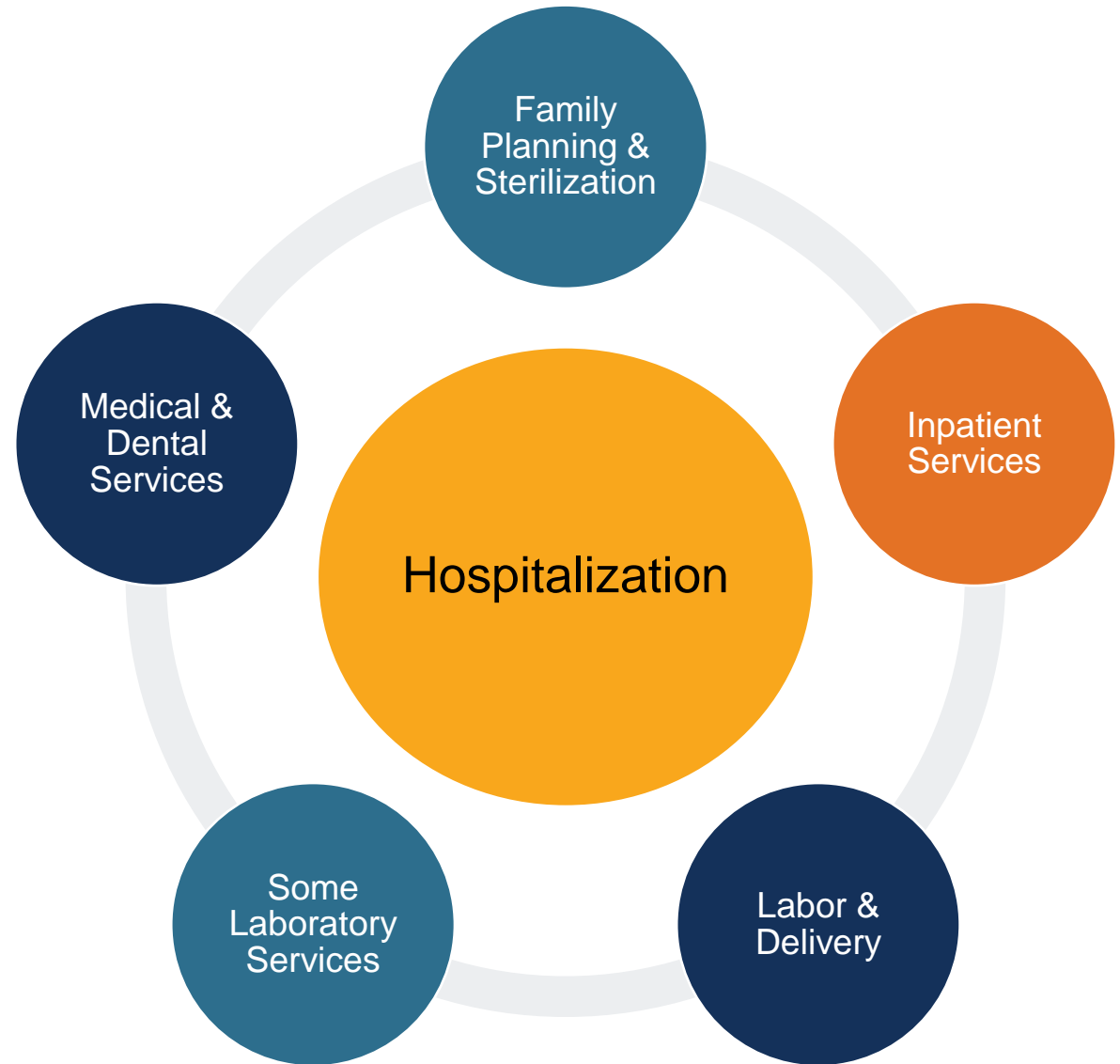
Scope of Coverage

As of April 2022, if a beneficiary applies for and is found eligible for Medi-Cal or the Medi-Cal Access Program (MCAP) after their PE4PW period ends, they may also be eligible for a full year (365 days) of coverage after the pregnancy ends. The postpartum coverage is available regardless of immigration status or how the pregnancy ends. For more information see the Pregnancy web page on the Medi-Cal Provider website.

Effective retroactively for dates of service on or after respective dates for each approved COVID-19 vaccine, providers working with individuals in the PE4PW program may receive reimbursement for administration of the coronavirus disease 2019 (COVID-19) vaccines. Refer to the individual's vaccine webpages for billing guidance and effective dates.

Non-Benefits

PE4PW does not cover services such as sterilization, family planning, hospitalization (for example, in-patient services, labor and delivery), as well as some laboratory services and medical and dental services that are not pregnancy related.

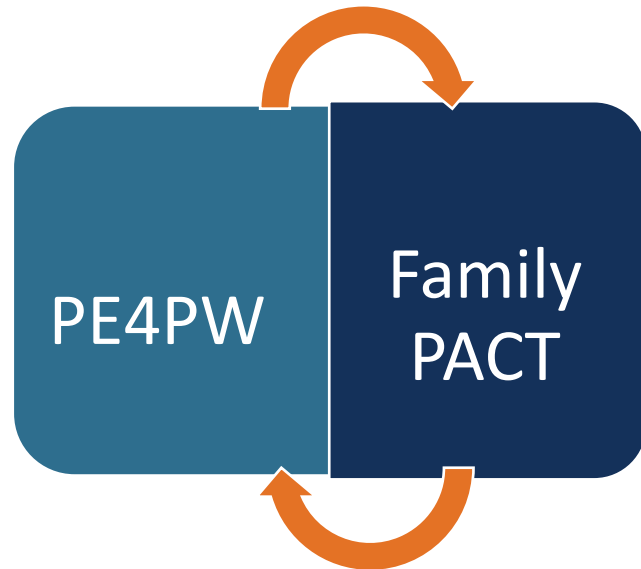


Non-Benefits

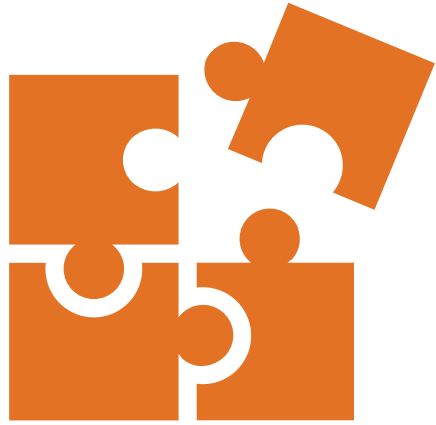
Services not covered by the PE4PW program, may be reimbursed by Medi-Cal. Individual can apply for retroactive Medi-Cal within 3 months of the date of service (DOS), not the date of the bill. Individuals should answer **“Yes” on the Single Streamlined Application (SSApp)** to the question about having medical expenses in the last three months, even if they have not received any bills yet.

Have you lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you, your spouse, or an unmarried dependent child an honorably discharged veteran or active-duty member of the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive Medicare benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have a medical expense in the last 3 months that you need help paying for? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you live with any children under the age of 19? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, do you take care of the child or children?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 to 20 years old and a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 to 26 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, were you in foster care in any state on your 18th birthday?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years old or younger? <input type="checkbox"/> Yes <input type="checkbox"/> No How many parents live with you? _____	
Are you temporarily living out of state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you would like to choose a health insurance plan now, check here <input type="checkbox"/> and fill out Attachment D on page 25.	

Supplemental Information Program Benefits Comparison



PE4PW	Family PACT Program
No charge	No charge
Eligibility self-declared – no proof	Eligibility self-declared – no proof
Income: 213 percent of Federal Poverty Guidelines (FPG) – family of two	Income: 200 percent of Federal Poverty Guidelines (FPG) – family of one
Electronic enrollment – temporary PE4PW services no-cost Medi-Cal Immediate need paper ID card	Electronic enrollment – plastic card
Individual is eligible: If a Medi-Cal application is submitted, until a determination is made on the Medi-Cal application, approved or denied. or If no Medi-Cal application is submitted, until the end of the month following the month of application.	12-month eligibility with annual renewal
No confidentiality for minors	Confidentiality
Pregnancy test upon request and visit	Pregnancy test and <u>visit</u> ; as clinically needed
Sexually transmitted infection (STI) testing and treatment	STI testing and treatment
HIV testing	HIV <u>testing</u> ; as clinically indicated when provided in conjunction with a family planning visit
PAP testing	PAP testing and treatment of cervical abnormalities
OB prenatal care	No OB care
Pregnancy termination benefits	No termination benefits
Psychosocial, health education and nutrition counseling (CPSP only)	Family planning counseling
No delivery, hospitalization or postpartum services	Family planning supplies
Electronic pharmacy billing	Refer to the Medi-Cal Rx website



Resource Information

Provider Manual Reference

Part 2

Presumptive Eligibility for Pregnant Women (presum)

Presumptive Eligibility for Pregnant Women Process (presum proc)

Presumptive Eligibility for Pregnant Women Provider Enrollment Checklist (presum prov enroll frm)

Presumptive Eligibility for Pregnant Women Provider Fact Sheet

(presum bprv fact)

Presumptive Eligibility for Pregnant Women Provider Enrollment Instruction (presum prov)

Presumptive Eligibility for Pregnant Women: Billing Codes (presum bill)

Other References

PE4PW Landing page on the Medi-Cal website:

- QPs are encouraged to check the PE4PW page periodically for the latest program information, such as the following:
 - **User Guides**
 - **Articles**
 - **Frequently Asked Questions (FAQ's)**
 - **Qualified Provider Enrollment Forms**
- PE4PW Support
 - General questions contact PE4PW Support Unit at PE4PW@dhcs.ca.gov

Acronyms

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Acronyms & Descriptions

Acronym	Description
AEVS	Automated Eligibility Verification System
AGOG	American Congress of Obstetricians and Gynecologists
APCC	Affiliate Primary Care Clinics
B&P	California Business and Professions code
BCCTP	Breast and Cervical Cancer Treatment Program
BIC	Benefits Identification Card
CDC	Centers for Disease Control and Prevention
CE	Childbirth Educator
CEC	Client Eligibility Certification
CDF	Clinic Dispensing Fee
CDPH	California Department of Public Health
CHDP	Child Health and Disability Prevention
CNM	Certified Nurse Midwife
CNP	Certified Nurse Practitioner
COS	Category of Service
CPHW	Comprehensive Perinatal Health Worker
CPSP	Comprehensive Perinatal Services Program
DHCS	Department of Health Care Services
DOS	Date of Service
E&C	Education & Counseling
E&M	Evaluation and Management
EDD	Expected Date of Delivery
EIN	Employer Identification Number
EPT	Expedited Partner Therapy
ETAR	Electronic Treatment Authorization Request

FAM	Fertility Awareness Method
FDA	Food and Drug Administration
FI	Fiscal Intermediary; contractor for DHCS responsible for claims processing, provider services, and other fiscal operations of the Medi-Cal program
FIG	Federal Income Guidelines
FPACT	Family Planning, Access, Care and Treatment
FPG	Federal Poverty Guidelines
FPL	Federal Poverty Limit
FQHC	Federally Qualified Health Centers
HAP	Health Access Program
HCPCS	Healthcare Procedure Coding System
HE	Health Educator
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HPV	Human Papilloma Virus
ICP	Individualized Care Plan
IHS-MOA	Indian Health Services Memorandum of Agreement
IUC	Intrauterine Contraceptive
LAM	Lactational Amenorrhea Method
LCSW	Licensed Clinical Social Worker
LMP	Last Menstrual Period
LMS	Learning Management System
LVN	Licensed Vocational Nurse
MFCC	Marriage, Family and Child Counselor
MFT	Marriage Family Therapist
NDC	National Drug Code
NFP	Natural Family Planning
NMP	Non-Physician Medical Practitioner
NP	Nurse Practitioner

NPI	National Provider Identifier
OB	Obstetrics
OC	Oral Contraceptives
OFP	Office of Family Planning
OHC	Other Health Coverage
PA	Physician Assistant
PACT	Planning, Access, Care and Treatment
PCC	Primary Care Clinics
PE4PW	Presumptive Eligibility for Pregnant Women
PE	Presumptive Eligibility
PID	Pelvic Inflammatory Disease
POS	Point of Service
PPBI	Policies, Procedures and Billing Instructions
PSC	Perinatal Services Coordinator
QP	Qualified Provider
RAD	Remittance Advice Details
RD	Registered Dietician
REC	Retroactive Eligibility Certification
RHC	Rural Health Clinics
RN	Registered Nurse
SOC	Share of Cost
SOGI	Sexual Orientation Gender Identity
SSApp	Single Streamlined Application
SSI	Social Security Insurance
SSN	Social Security Number
STI	Sexually Transmitted Infection
TAR	Treatment Authorization Request
TCN	TAR Control Number
TIN	Taxpayer Identification Number

TSC	Telephone Service Center
UTI	Urinary Tract Infection
W&I Code	Welfare and Institutions Code

Resources

- Medi-Cal provider website (mcweb.apps.prd.cammis.medi-cal.ca.gov)
 - Provider Manuals
 - Provider Bulletins
 - Medi-Cal Subscription Service(MCSS)
 - Medi-Cal Learning Portal
- Telephone Services Center (TSC): 1-800-541-5555
- Provider Field Representatives
- Small Provider Billing Assistance and Training 1-916-636-1275

Objectives Met

- Reviewed how to become a PE4PW Qualified Provider (QP)
- Provided step-by-step guidance for the PE4PW online enrollment process
- Highlighted the PE4PW eligibility criteria
- Reviewed program benefits

Presumptive Eligibility for Pregnant Women (PE4PW) Program