



## Tips for Navigating the Pregnancy Medicaid System

• To sign up for the pregnancy Medicaid, you will need the following (unless otherwise indicated by Department of Children and Families):

1. Complete one page application.
2. Proof of pregnancy from a health care provider.
3. Birth Certificate
4. Provide social security number and citizenship.
5. Household income (for eight weeks).

If you would like to check on the status of your application, you may call  
**1-866-762-2237.**

- Once approved, applicant will be notified by mail. If all requirements have been met, you will be placed in the “MMP”\* category. This is the full pregnancy Medicaid that will cover pre-natal care, labor and delivery (this includes hospital costs and doctors fees).
- If you are already receiving Medicaid benefits when you become pregnant, you must notify DCF so that you may be placed in the “MMP” category.
- If you apply for benefits for your family at the time you apply for yourself, you must ensure that you are placed in the “MMP” category” due to your pregnancy, while your family is placed in the category applicable to them.
- If at the time you apply for Medicaid benefits, you also apply for other DCF benefits, such as cash assistance, food stamps, etc., you must ensure that you are placed in the “MMP” category for your pregnancy.
- If at any time you receive a letter directing you to select an HMO (for example, Health Ease or United Health Care) for yourself, please call DCF to ensure that you are indeed in the “MMP” category and then call Medicaid Options Helpline **(1-888-367-6554)** to inform them that you will not be selecting an HMO because you are enrolled in “MMP” category.

This information is being offered to ensure that the recipient of Medicaid services understands the process that will enable them to receive health care coverage during their pregnancy. Please be advised that most private providers and all Health Departments only accept “MMP” pregnancy Medicaid. If you are placed in any other Medicaid category, the costs associated with your pregnancy may not be covered.

\*Another commonly used category is “MU”. The “MU” category only entitles the applicant to benefits on a temporary basis. The applicant is responsible for submitting all required documentation in order to be “MMP” eligible for the duration of the pregnancy.

*This information provided by The Healthy Start Coalitioin Flagler/Volusia and is available at <http://www.healthystartfv.org/MedicaidTips.pdf>*