State of California
Department of Health Care Services

Hospital Presumptive Eligibility (HPE) User Guide

California Medicaid Management Information System

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Table of Contents

Table of Contents i
Overview 1
HPE Application Process 2
Reporting Problems 3
Qualifications for Accessing the HPE Application 3
Access the Provider Portal 4
Administrator Role 7
Assign Processor Role to Staff Who will Submit HPE Applications 7
Sign a Provider Application and Agreement 7
Complete HPE Provider Certification Training 12
Processor Role 14
Complete the Hospital Presumptive Eligibility Transaction 14
HPE Determination Response Messages Overview 27
HPE Approved Response Message 28
HPE Denial Response Message 31
HPE Denial Response Messages 32
HPE Denial Response Messages (cont.) 33
HPE System Failure Response Messages 34
Change Summary 35

Overview

The purpose of this Hospital Presumptive Eligibility (HPE) User Guide is to provide HPE approved users with step-by-step instructions to complete HPE applications in the Medi-Cal Provider Portal. The HPE Program does not permit the submission of paper HPE applications through the mail; therefore, the Provider Portal HPE Application is the only means to enroll individuals. The purpose of the *Hospital Presumptive Eligibility Medi-Cal Application* (DHCS 7022) download is to assist patients in the HPE Application process only, because submission via mail is not acceptable under any circumstances.

The Hospital PE program allows an individual to apply for temporary, no share-of-cost Medi-Cal benefits. Hospital PE providers submit the Provider Portal HPE Application and find out eligibility in real-time. The Hospital PE enrollment period begins on the date that the individual is determined eligible for HPE, which is the day the HPE Application is submitted. HPE can no longer be backdated for any reason. To obtain coverage prior to the HPE start date, the individual must apply for full-scope Medi-Cal and mark the box that indicates the individual has medical expenses in the last three months and needs help to pay.

The number of PE enrollment periods an individual may receive will be limited. PE enrollment periods received from any PE program listed below are limited to the past 12 months prior to applying for HPE (except for PE for pregnant people). These PE enrollment periods are as indicated in the table below:

Medi-Cal PE Programs	PE Enrollment Period Permitted
Hospital PE – Individuals 18 through 25 years of age who were in foster care at 18 years of age (no income limit)	1 PE enrollment period
Hospital PE – Children under 19 years of age	2 PE enrollment periods per 12 month period
Hospital PE – Parents and caretaker relatives	1 PE enrollment period
Hospital PE – Adults between the ages of 19 to 64 years of age who are not pregnant, not enrolled in Medicare Part A or B and not eligible for any other group stated above.	1 PE enrollment period
Hospital PE – Pregnant people	1 PE enrollment period, per pregnancy
Children's Presumptive Eligibility (CPE)	2 PE enrollment per 12-month period
Presumptive Eligibility for Pregnant People	1 PE enrollment period, per pregnancy

HPE Application Process

1. The organization/provider must be enrolled by completing a *Hospital Presumptive Eligibility Provider Application and Agreement* form in the Provider Portal.
    - An administrator needs to electronically sign the agreement for participation in the program on behalf of the enrolling provider. Refer to the Provider Agreements Guide section for instructions.
2. All representatives of the organization who will submit applications must take the required HPE and Newborn Gateway training courses through the Medi-Cal Learning Portal (MLP). The training must be completed successfully prior to submitting an HPE application.
3. When the provider application and agreement and the training courses are completed, the qualified provider and members may access the Provider Portal HPE Application.
4. Qualified HPE providers and representatives are required to assist the applicant in completing the application by one of the following methods:
    - Downloading and printing a hardcopy DHCS 7022 for the individual to complete.
        - The qualified HPE provider and/or representative enter all required information taken from the completed hardcopy DHCS 7022 into the Provider Portal HPE application.
    - Verbally assisting the individual and entering the individual's information directly into the HPE Application in the Provider Portal.
5. Print a copy of the **Application Summary** and allow the applicant to review the information and confirm it is correct.
6. Upon confirmation that the applicant's information is correct, print two (2) copies of the completed online **Application Summary** and obtain the applicant's signature on both printouts prior to submitting the HPE Application. The HPE **Application Summary** is not complete without a valid signature.
7. Receive real-time eligibility response message.
    - If eligibility is approved, print two (2) copies of the approval response. One (1) copy is given to the individual to use as an Immediate Need Eligibility Document for Medi-Cal covered prenatal services and one (1) copy is kept in the individual's file.
    - If eligibility is denied, the provider and/or representative provide the applicant an explanation and a copy of the denial response.

Reporting Problems

Report problems to the Telephone Service Center (TSC) at 1-800-541-5555 (Monday to Friday, 8 a.m. to 5 p.m.). Hospitals are encouraged to print the TSC Main Menu Prompt Options and keep it near their phones for faster access to TSC resources.

Qualifications for Accessing the HPE Application

First time HPE providers/employee users must complete the required HPE and the Newborn Gateway Program Provider Training Course on the Medi-Cal Learning Portal (MLP) and pass with at least an 80 percent score. If you have questions regarding the MLP, please contact the MLP support team by emailing CAMMISAccountTraining@gainwelltechnologies.com or call the Telephone Service Center at 1-800-541-5555.

Access the Provider Portal

Follow these steps to access the Provider Portal HPE application:

1. From the Medi-Cal Providers website, select **Login to Provider Portal** or select the **Provider Portal** tab.

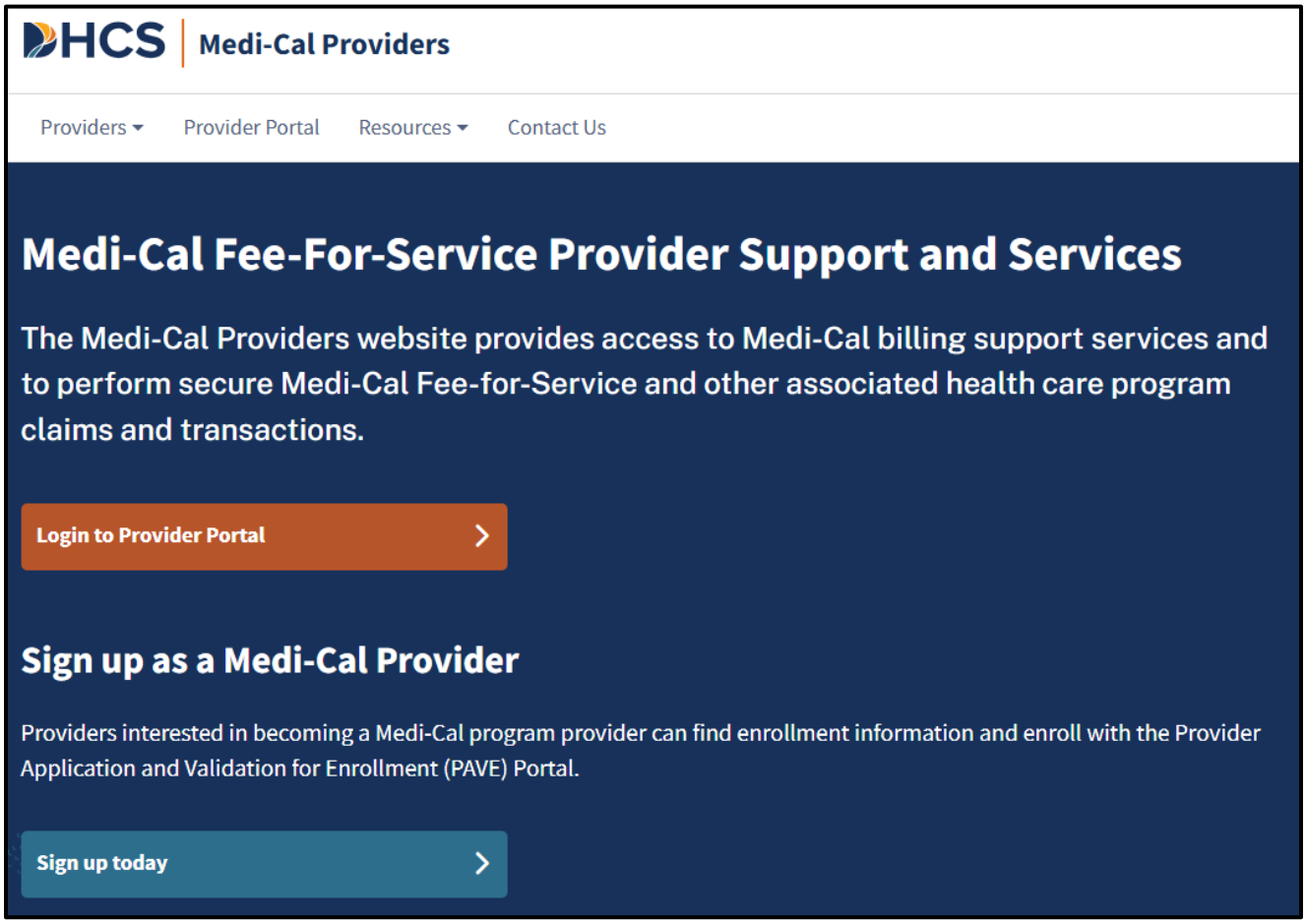


Figure 1.1: Medi-Cal Provider Portal Link.

2. Enter the Email Address and Password and click **Next**.

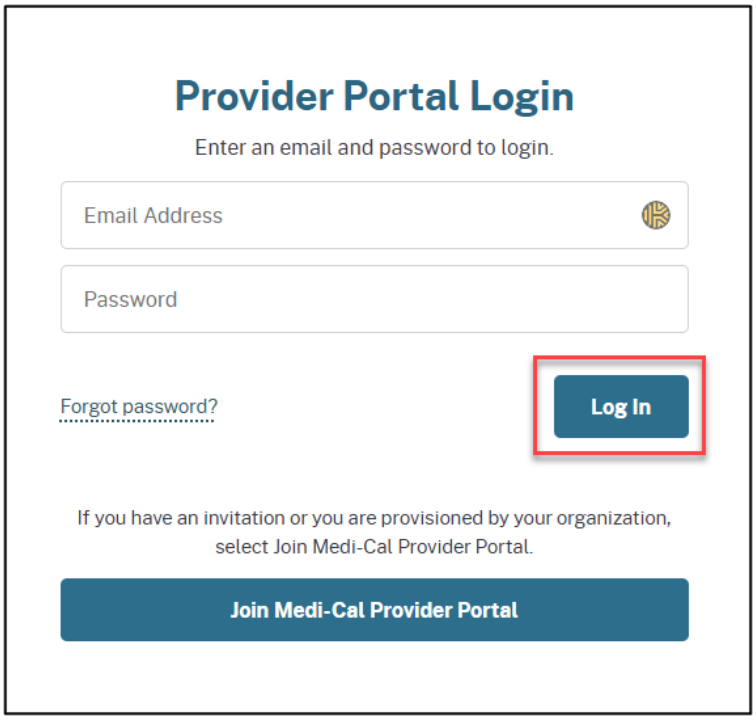


Figure 1.2: Provider Portal Login.

3. Read the System Use Notification prompt, select the checkbox to confirm and click **Next.**

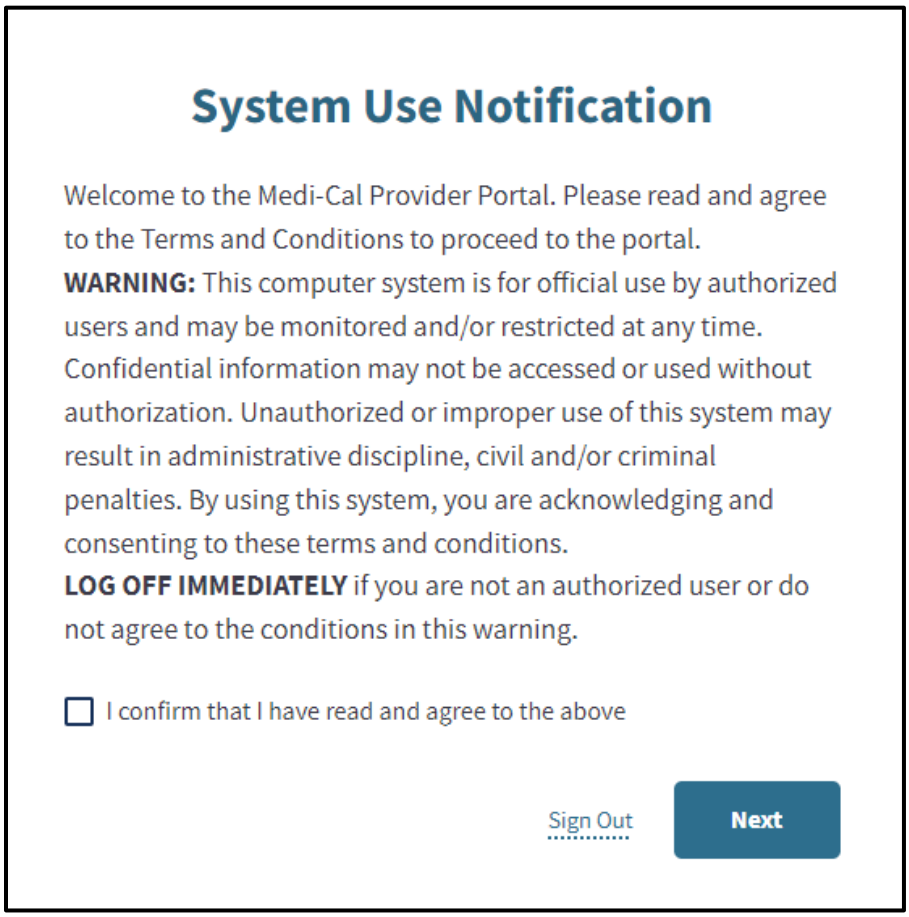


Figure 1.3: System Use Notification.

Administrator Role

Assign Processor Role to Staff Who will Submit HPE Applications

In order for staff to submit HPE transactions in the Provider Portal, a Provider Portal administrator must add staff to the Portal and assign them as a Processor. The Processor must also complete the *Hospital Presumptive Eligibility (HPE) Provider Certification Training* and the *Newborn Gateway PE Provider Certification*. For more information about adding users to the Provider Portal, refer to the *Add a User* section in the Provider Portal: Provider Organization User Guide.

Sign a Provider Application and Agreement

The organization/provider must be enrolled by completing a *Hospital Presumptive Eligibility Provider Application and Agreement* form in the Provider Portal. An administrator needs to electronically sign the agreement on behalf of the enrolling provider.

1. From the **Provider Portal menu**, select **Manage Organization**.

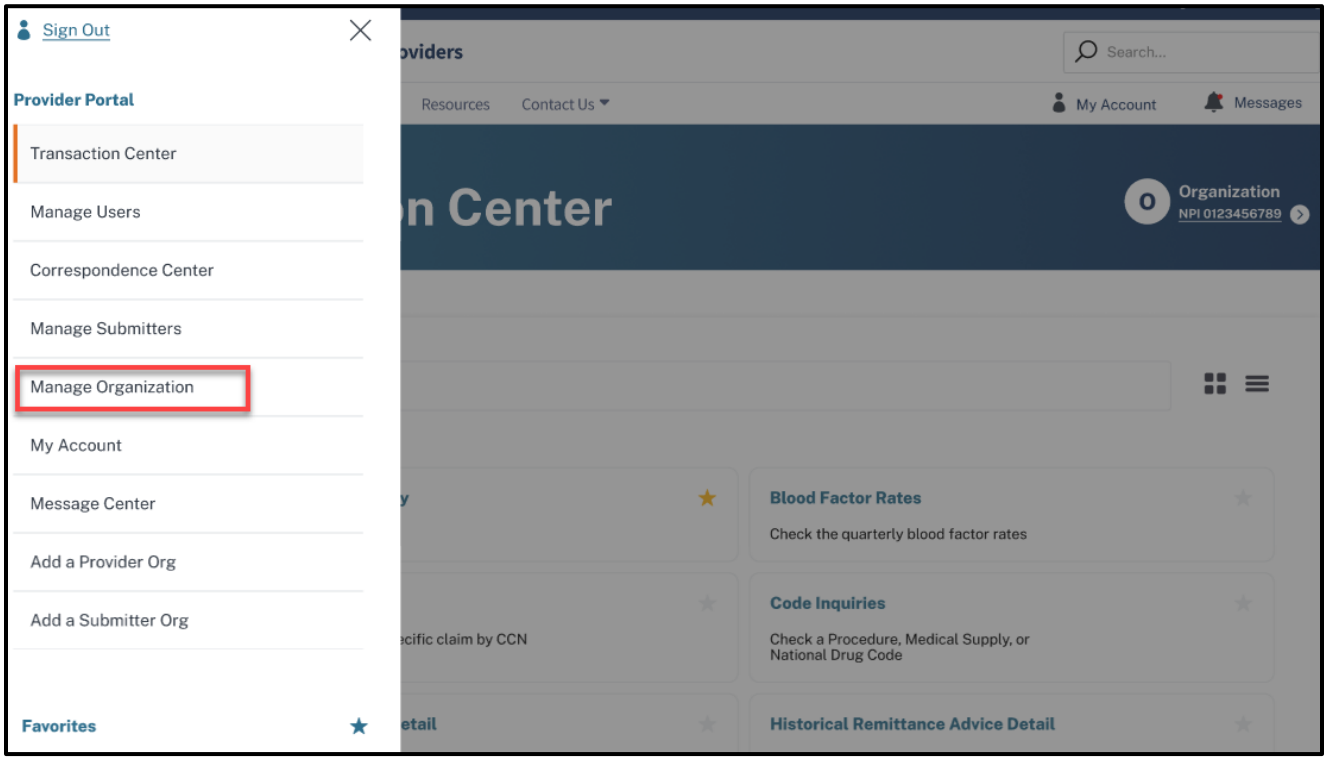


Figure 2.1: Provider Portal Menu.

2. Select **Presumptive Eligibility Provider Agreements**.

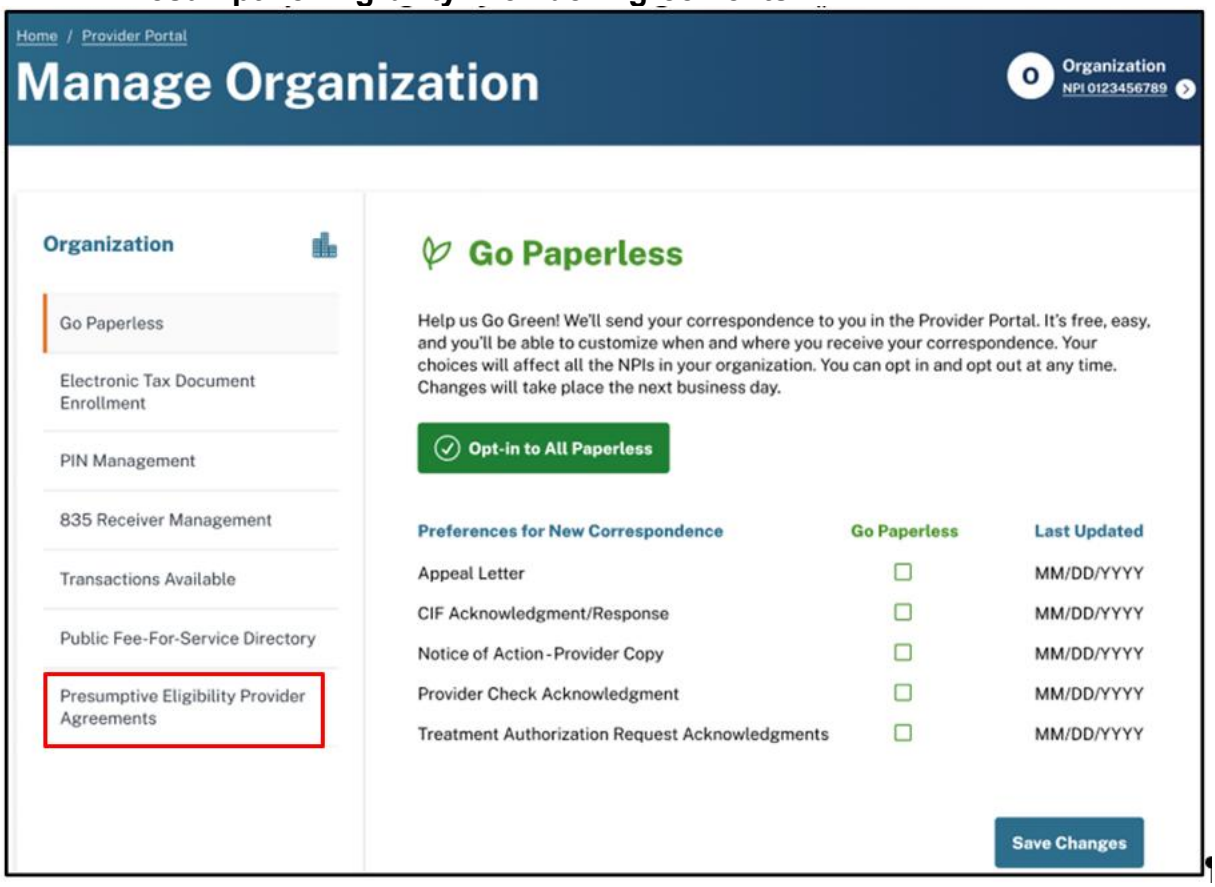


Figure 2.2: Presumptive Eligibility Provider Agreements.

3. From the **Select Program Type** dropdown menu, select **Hospital Presumptive Eligibility**.

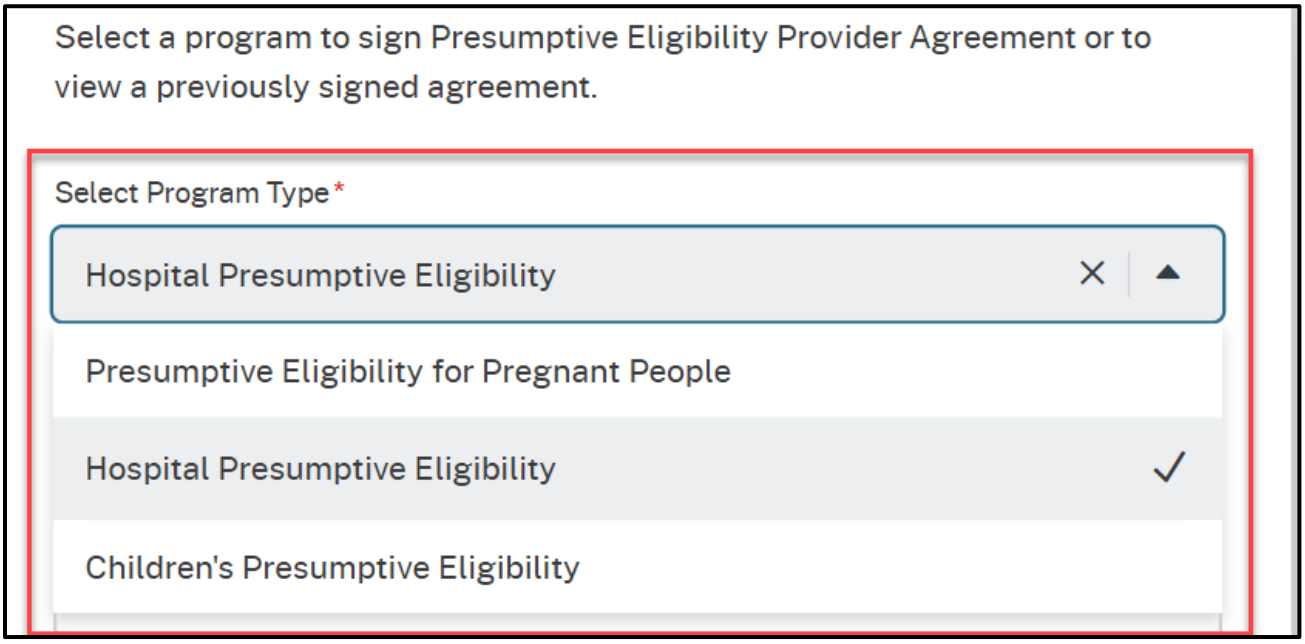


Figure 2.3: Select Hospital Presumptive Eligibility.

4. Click **Sign** to complete the agreement for the selected NPI.

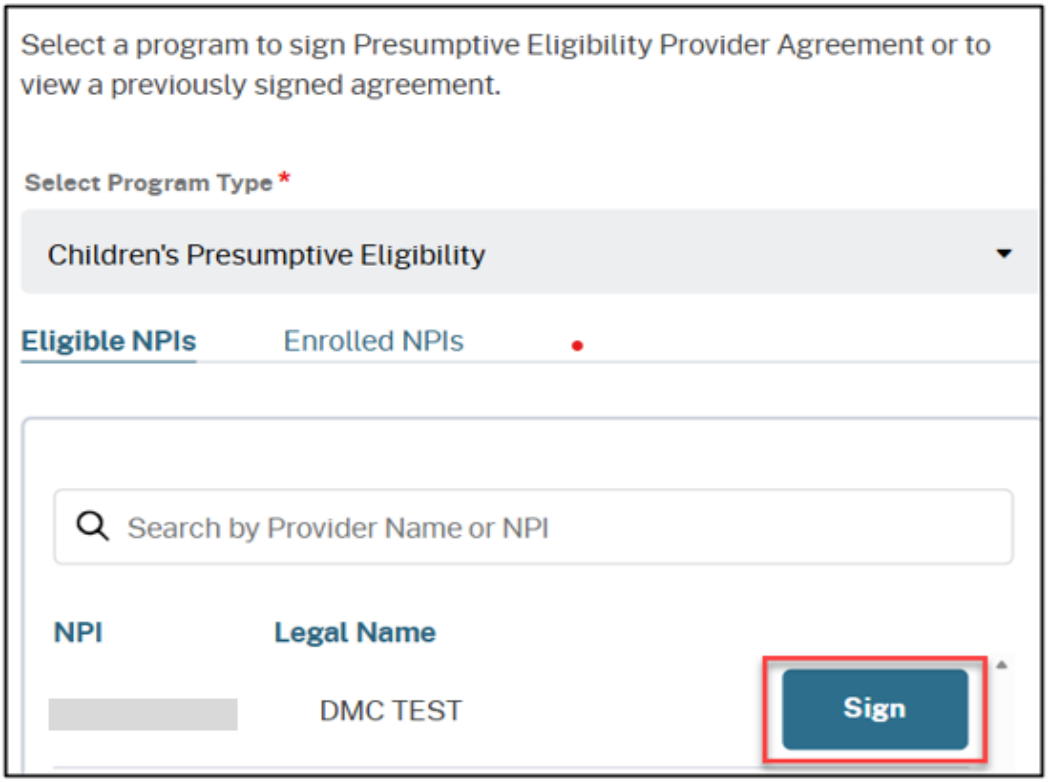


Figure 2.4: Complete the Agreement for the Eligible NPI.

5. Read the Agreement webpage, check the boxes, certify it with a signature and click the **Submit** button.

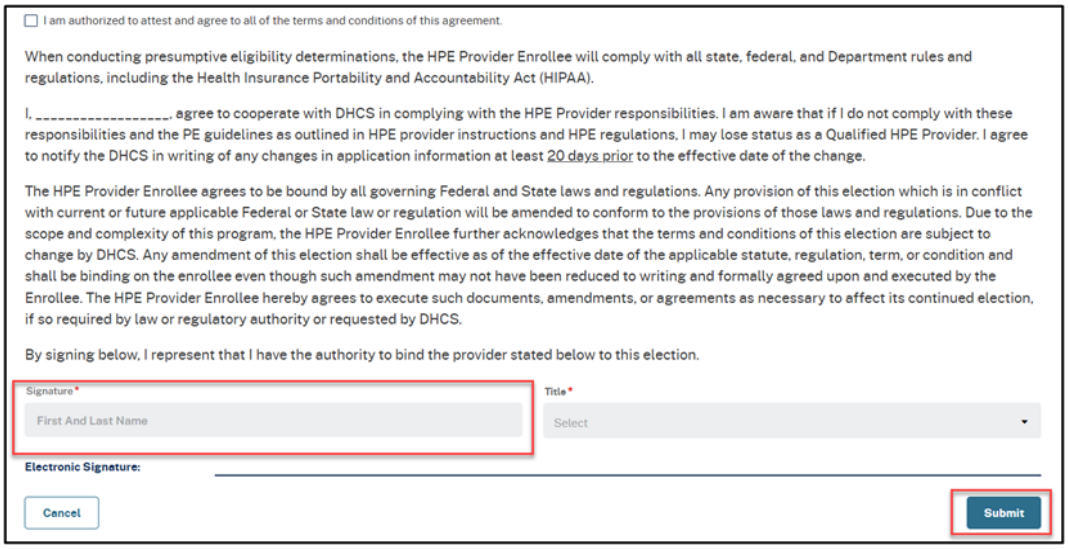


Figure 2.5: The Agreement Webpage.

6. After submitting the agreement, a confirmation message will appear and providers can click **View** under the **Enrolled NPIs** tab to access their agreement details and contingent approval letter.

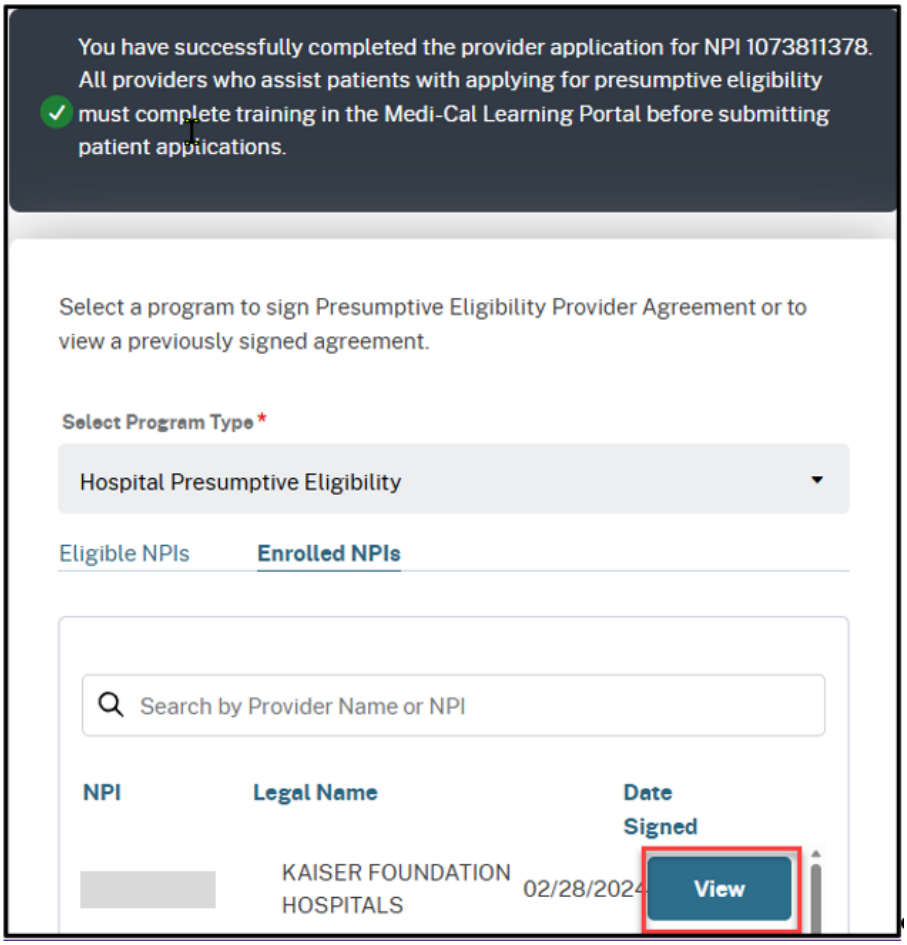


Figure 2.6: The Confirmation Message.

7. A copy of the agreement is displayed and can be printed by clicking **Print** on the lower right hand side of the screen.

Figure 2.7: Agreement

8. Click the Contingent Approvals tab to download a PDF of the Contingent Approval letter. Contingent Approval letters are also available for download in the Correspondence Center.

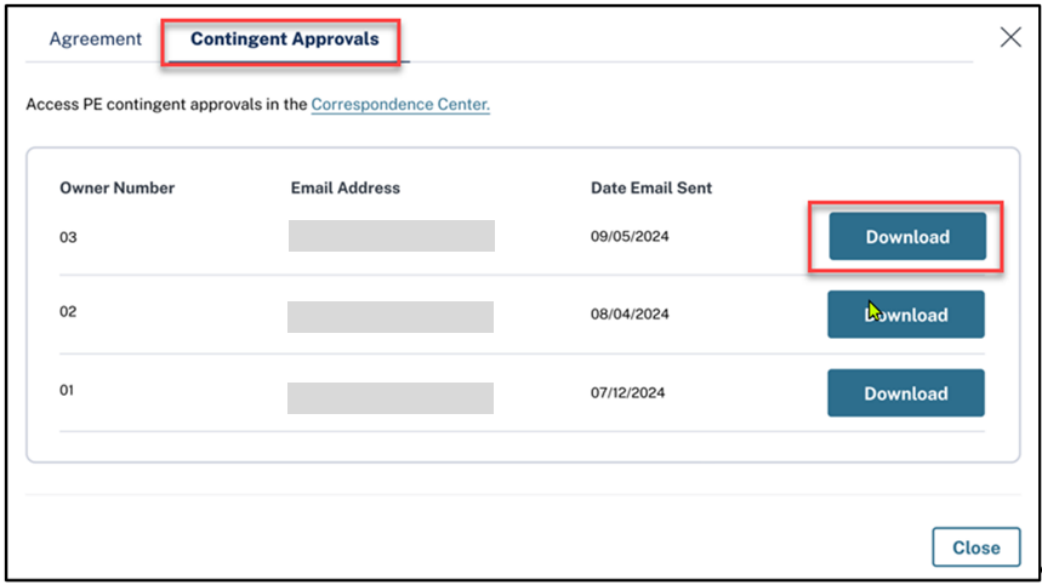


Figure 2.8: Download Contingent Approvals.

Complete HPE Provider Certification Training

1. In the DHCS/Medi-Cal Learning Portal, select **Provider Online Training**.

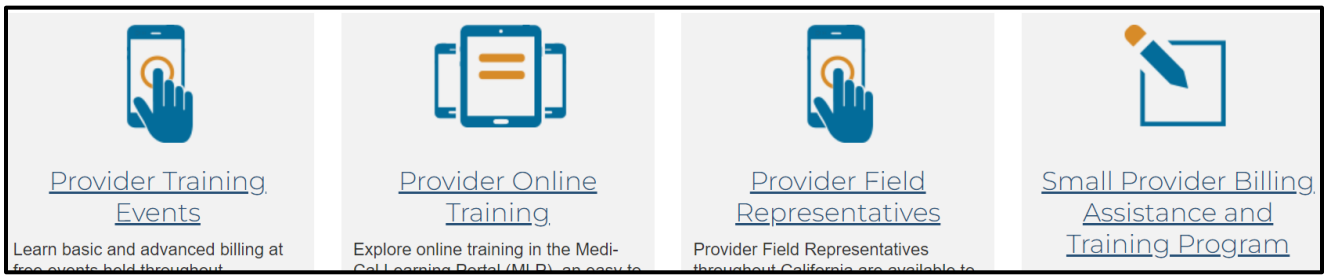


Figure 3.1: The Provider Online Training Link.

2. Select **Log In** to create an account and register.

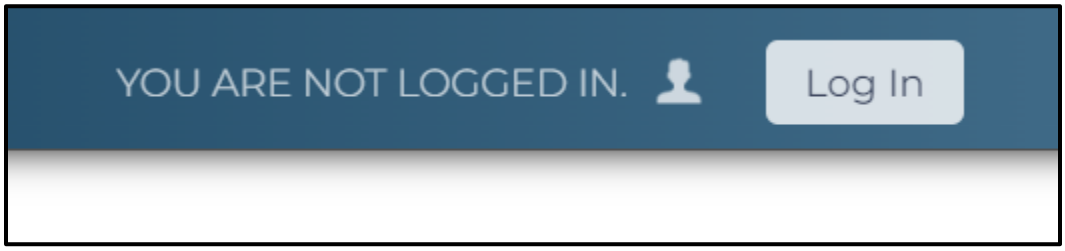


Figure 3.2: Log In to Create an Account.

3. In the Login screen, enter **Username** and **Password**, or click **Register Here** to create an account.

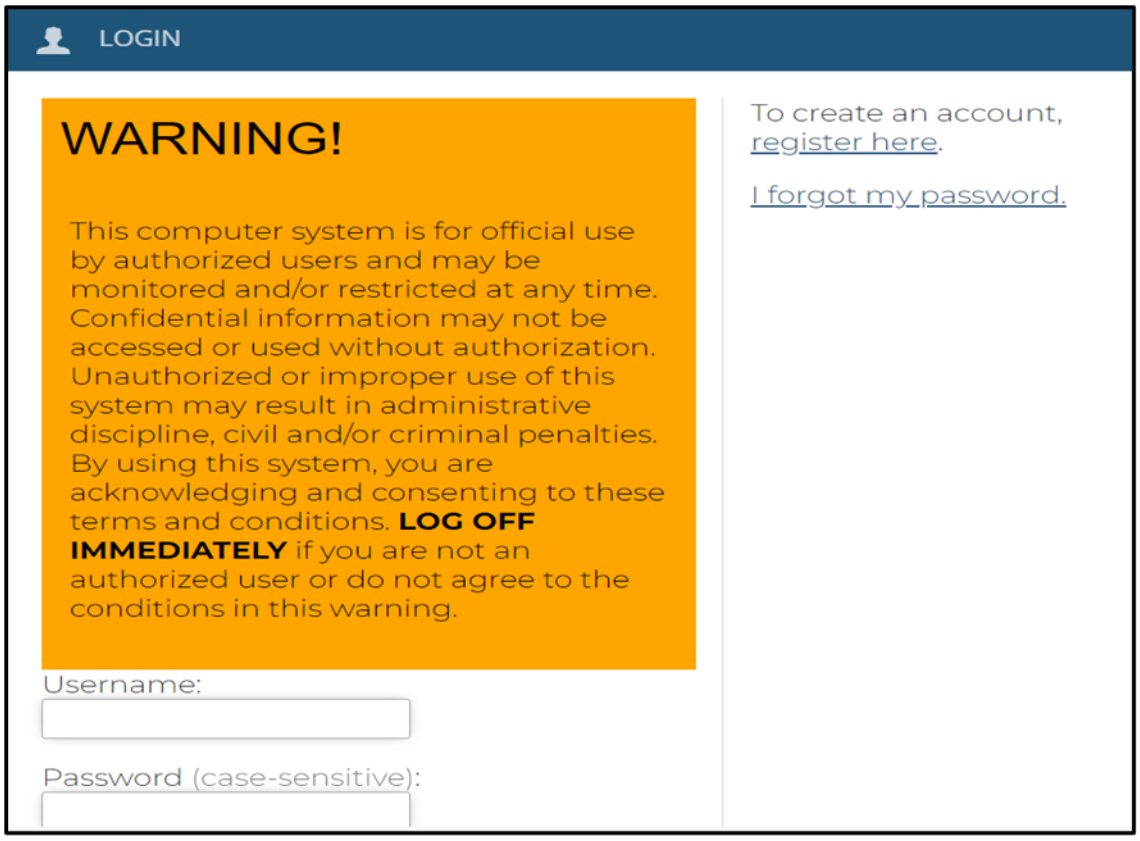


Figure 3.3: The MLP Log In Screen

4. In the Create an Account page, complete the required fields and click **Create Account**.

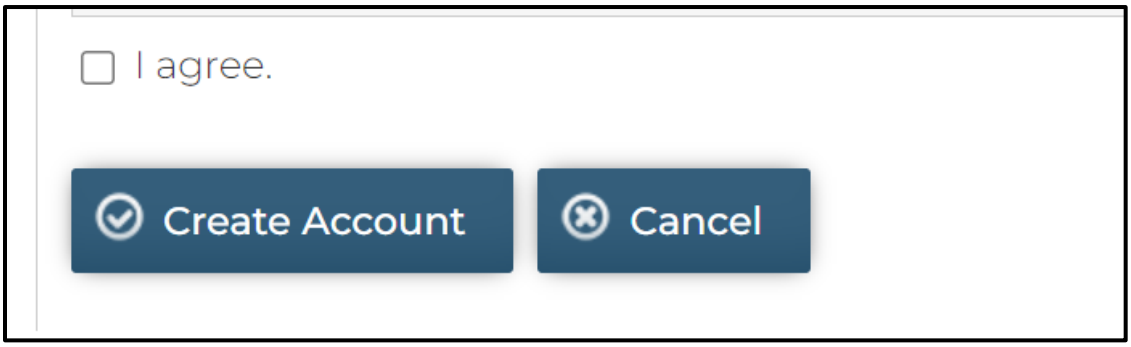


Figure 3.4: Create an Account.

5. Once the account has been created, click **My Account** (top left corner) and various PE training courses will be made available. Complete the *Hospital Presumptive Eligibility (HPE) Provider Certification Training* and the *Newborn Gateway PE Provider Certification Training*.

6. After completing the certification courses, return to the Provider Portal. Follow the steps for the Processor role below to begin an HPE transaction.

Processor Role

Complete the Hospital Presumptive Eligibility Transaction

1. From the **Transaction Center**, select **Hospital Presumptive Eligibility.**

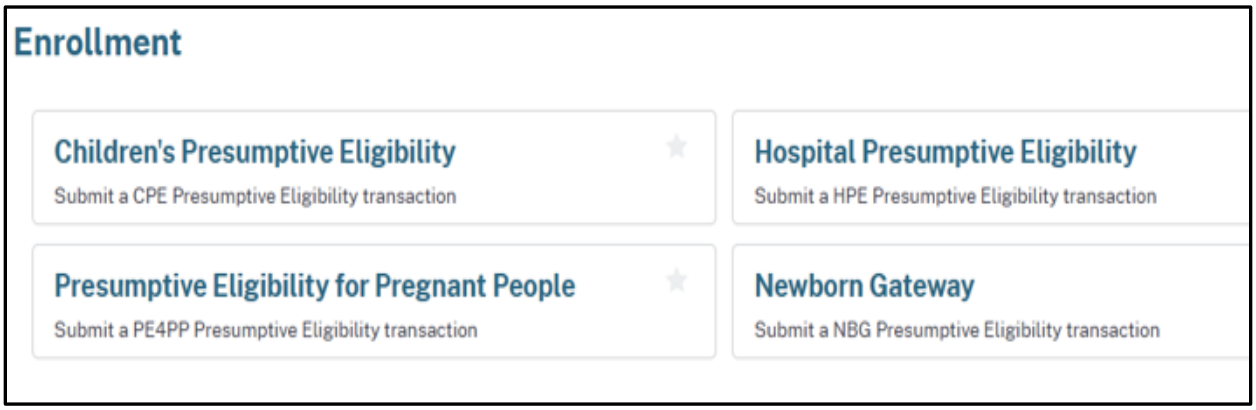


Figure 4.1: Hospital Presumptive Eligibility Link.

2. If training certification has been successfully completed, enter the Medi-Cal Learning Portal User ID and click **Continue**.

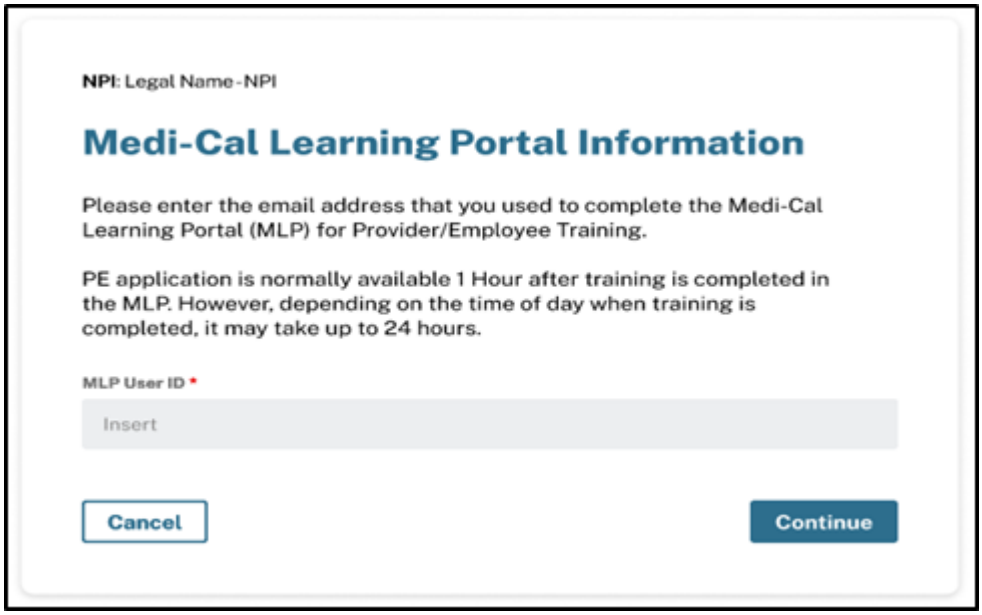


Figure 4.2: Enter MLP User ID.

3. In the **Select your Service Location** dropdown menu, select a service location and click **Next**.

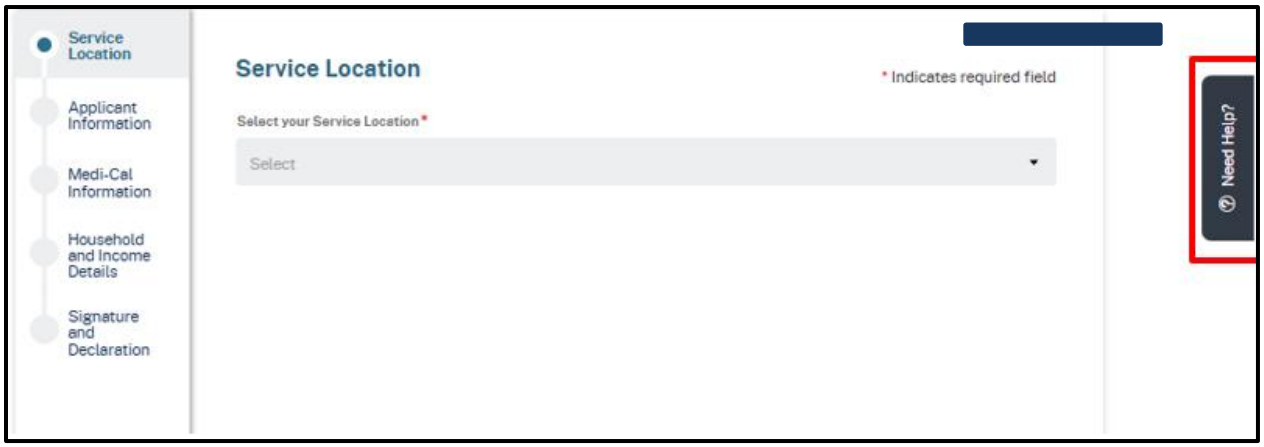


Figure 4.3: HPE Service Location.

4. On the Applicant Information page, complete the required fields and click **Next**.

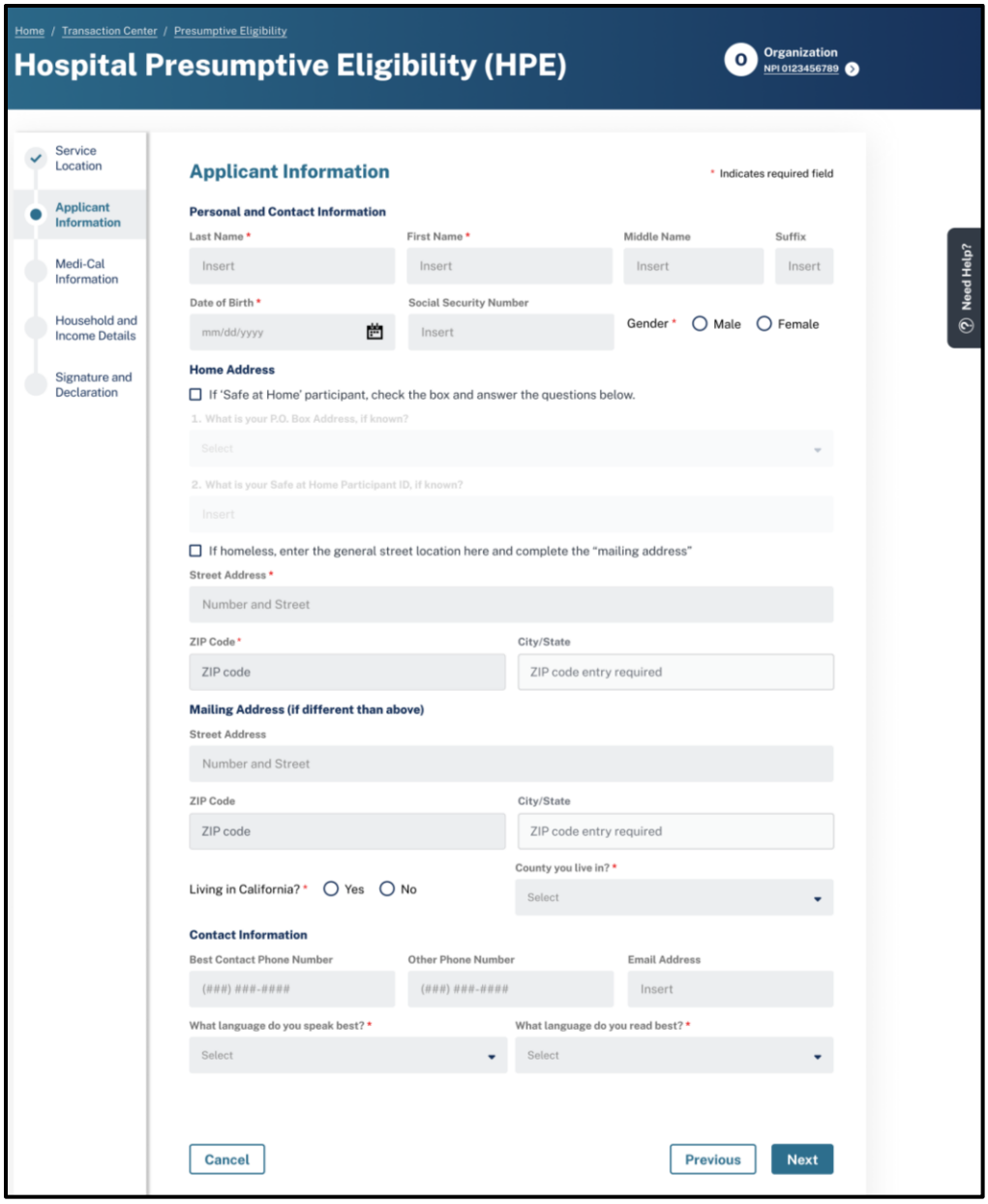


Figure 4.4: Applicant Information Webpage.

Applicant Info Data Field Names and Specifications Table

Data Field Name	Data Field Specifications
Last Name	• Required field. • Valid characters: A thru Z, upper and lower case, space, dash (-), apostrophe (‘) • Only alphabetic characters are allowed as the first character. • The words “same” and “none” are not allowed in this field.
First Name	• Required field. • Valid characters: A thru Z, upper and lower case, space, dash (-), apostrophe (') • Only alphabetic characters are allowed as the first character. • The words “Same” and “none” are not allowed in this field.
Middle Name	• Optional field. • Valid characters: A thru Z, upper and lower case, space • Only alphabetic characters are allowed as the first character. • The words “same” and “none” are not allowed in this field.
Suffix	• Optional field. • Valid characters: A thru Z, upper and lower case, space
Date of Birth	• Required field. • Age cannot exceed 99 years. • Date entered cannot be a future date. • If user enters 10 characters, two of them must be forward slashes (/) in the correct places.
Social Security Number	• Optional field. • Valid characters: 0 thru 9. • The first three numbers of the SSN cannot be 000, 666 or 900 through 999. • The middle two numbers of the SSN cannot be 00. • The last four numbers of the SSN cannot be 0000.

Applicant Info Data Field Names and Specifications Table (cont.)

Data Field Name	Data Field Specifications
Gender	• Required field. • Select Male or Female.
Safe at Home Participant	• Optional field.
Safe at Home P.O. Box Address	• Required field if *Safe at Home* is checked.
Safe at Home Participant ID	• Optional field. • Valid characters: 0 thru 9.
Home Address	• Required field if *Safe at Home* and *Homeless* boxes are not checked. • Valid characters: A thru Z, 0 thru 9, space, period (.), dash (-), ampersand (&), slash (/), number sign (#) • Only A thru Z or 0 thru 9 are allowed as the first character. • Format should include number and street. • The word “same” is not allowed in this field. • Home address cannot be a general delivery or P.O. Box. • If the *Safe at Home* box is checked, the field is disabled.

Applicant Info Data Field Names and Specifications Table (cont.)

Data Field Name	Data Field Specifications
ZIP code	• Required field if *Home Address* is entered. • Valid characters: 0 thru 9. • If the *Safe at Home* box is checked, the field is disabled.
Mailing Address ***(if different)***	• Required field if *Homeless* box is checked, or if applicant's mailing address is different from their home address. • Valid characters: A thru Z, 0 thru 9, space, period (.), dash (-), ampersand (&), slash (/), number sign (#) • The word "same" is not allowed in this field. • If the *Safe at Home* box is checked, the field is disabled.
ZIP code	• Required field if *Mailing Address* is entered. • Valid characters: 0 thru 9. • If the *Safe at Home* box is checked, the field is disabled.

Applicant Info Data Field Names and Specifications Table (cont.)

Data Field Name	Data Field Specifications
Live in California?	• Required field. • Select Yes or No.
County you live in?	• Required field. • If "Yes" is selected for the *Live in California?* field, select one of the 58 counties from the dropdown list. "99 – Outside of California" should not be selected. • If "No" is selected for the *Live in California?* field, the field defaults to "99 – Outside of California" and the field is disabled. • If *Safe at Home* box is checked, the field defaults to "34 – Sacramento" and the field is disabled.
Best Contact Phone Number	• Optional field. • Valid characters: 0 thru 9
Other Phone Number	• Optional field. • Valid characters: 0 thru 9
Email Address	• Optional field.
Language Spoken	• Required field.
Language Read	• Required field.

5. On the Medi-Cal Information webpage, complete the required fields and click **Next**.

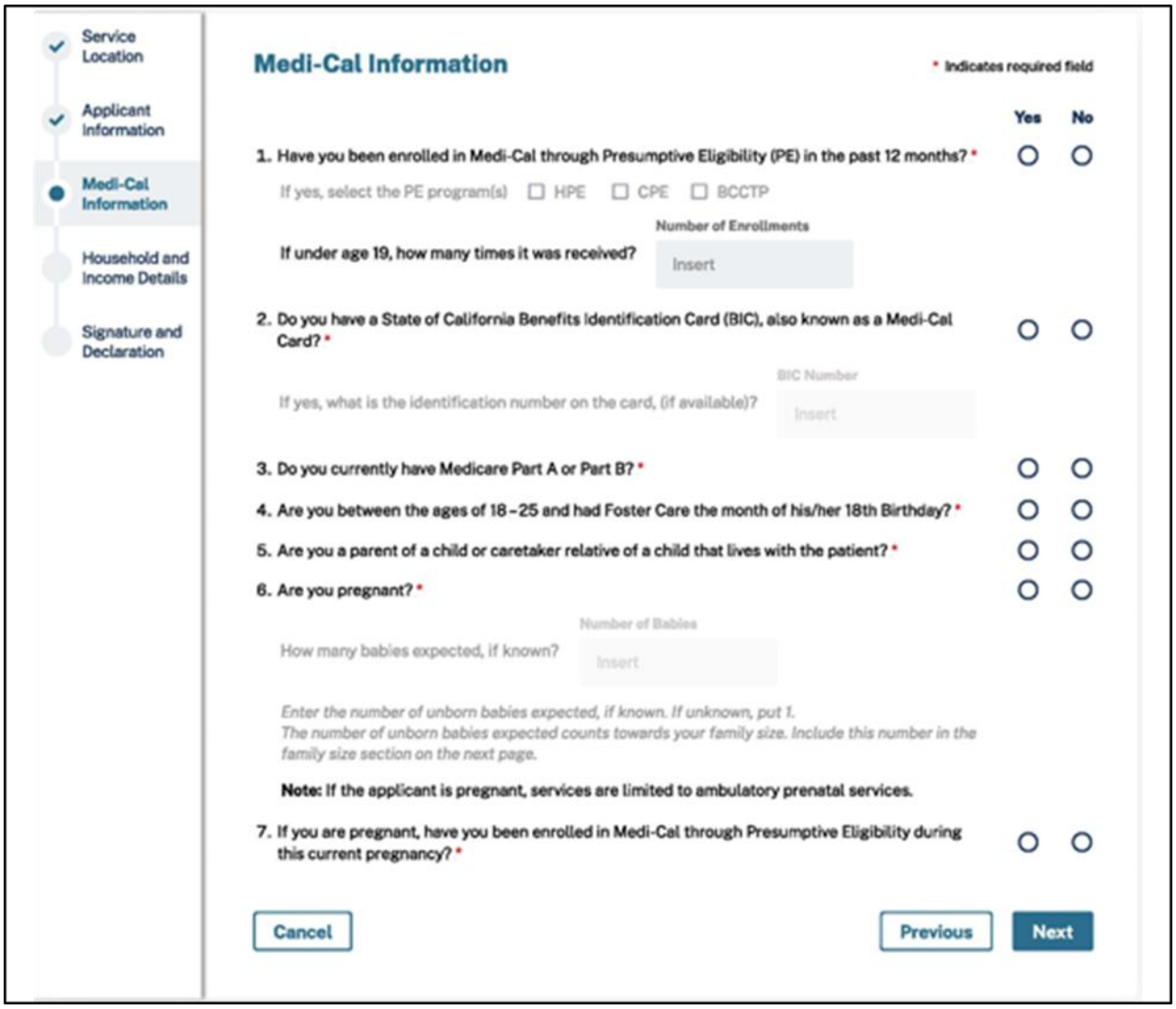


Figure 4.5: Medi-Cal Information Webpage.

Medi-Cal Info Data Field Names and Specifications Table

Data Field Name	Data Field Specifications
Have you been enrolled in Medi-Cal through Presumptive Eligibility (PE) in the past 12 months?	• Required field. • Select Yes or No.
If yes, name the PE program(s)	• Required field. • Select HPE, CPE or BCCTP
If under age 19, how many times it was received?	• Optional field. • Valid characters: 0 thru 9.
Do you have a State of California Benefits Identification Card (BIC), also known as a Medi-Cal Card?	• Required field. • Select Yes or No.
If yes, what is the identification number on the card, (if available)?	• Optional field. • Valid values: first to eighth character must be 0 thru 9, ninth character must be A thru Z, tenth to fourteenth character must be 0 thru 9. • Entry must be 14 digits long. • If "*Do you have a State of California Benefits Identification Card (BIC), also known as a Medi-Cal Card?* is "No," the field is disabled.
Do you currently have Medicare Part A or Part B?	• Required field. • Select Yes or No
Are you between the ages of 18-25 and had Foster Care the month of his/her 18th Birthday?	• Required field. • Select Yes or No.

Medi-Cal Info Data Field Names and Specifications Table (cont.)

Data Field Name	Data Field Specifications
Are you a parent of a child or caretaker relative of a child that lives with the patient?	• Required field. • Select Yes or No.
Are you pregnant?	• Required field. • Select Yes or No.
Number of Babies	• Optional field • Required if, “Are you Pregnant?” is Yes • Valid characters: 0 thru 9
If you are pregnant, have you been enrolled in Medi-Cal through Presumptive Eligibility during this current pregnancy?	• Required field. • Select Yes or No.

6. On the Household and Income Details page, complete the required fields and click **Next**.

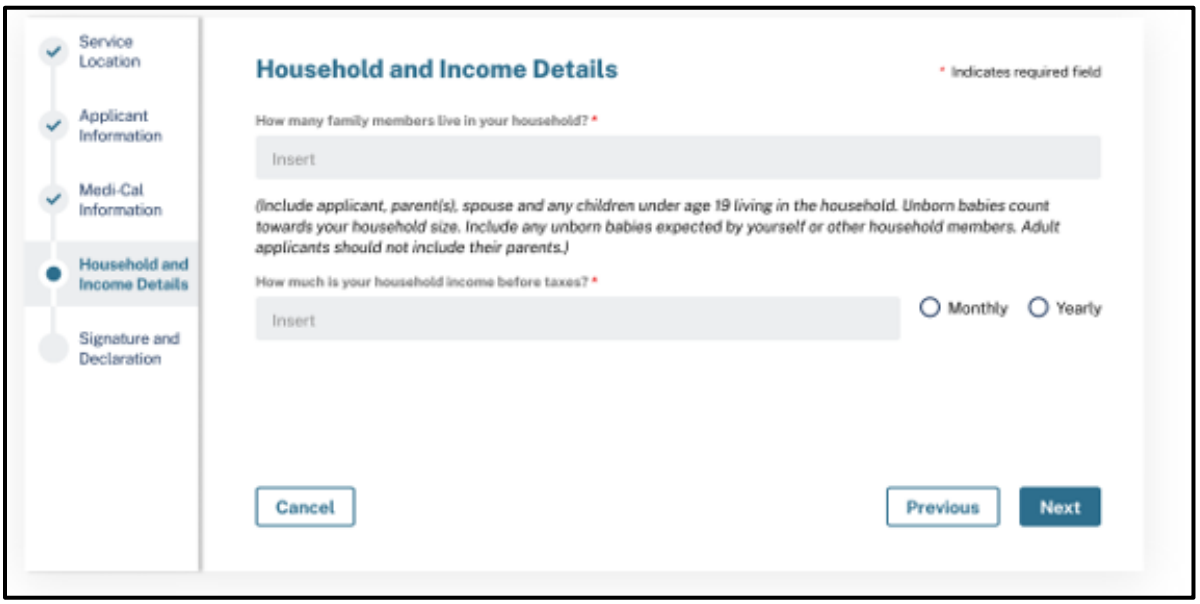


Figure 4.6: Household and Income Details Webpage.

Household and Income Details Data Field Names and Specifications Table

Data Field Name	Data Field Specifications
How many family members live in your household?	• Optional field. • Valid characters: 0 thru 9.
How much is your household income before taxes?	• Required field. • Select Monthly or Yearly options

7. On the Signature and Declaration page, complete the required fields and click **Next**.

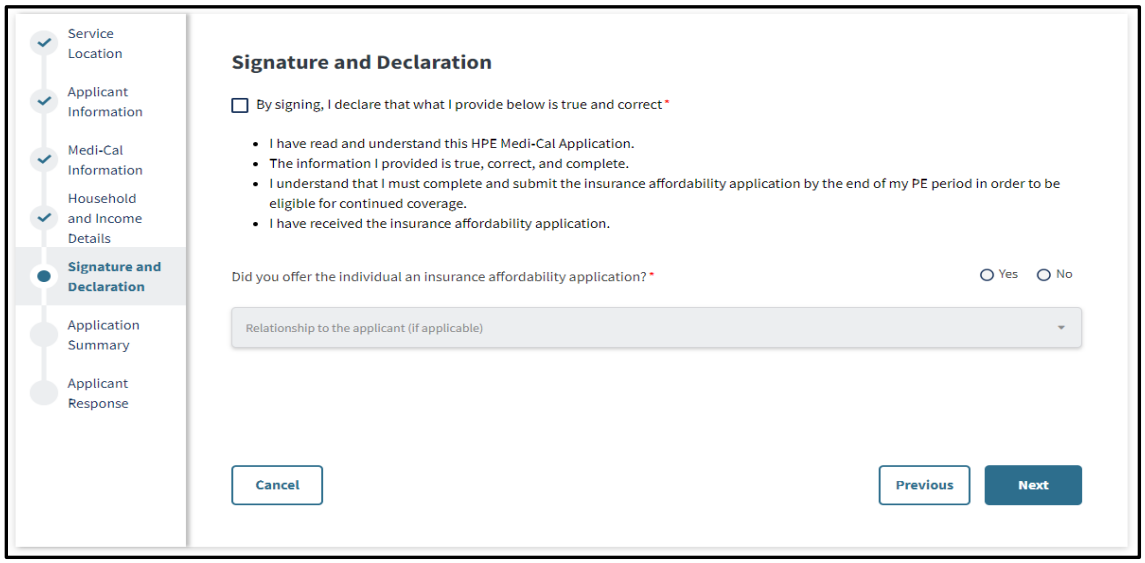


Figure 4.7: Signature and Declaration Webpage.

Signature and Declaration Data Field Names and Specifications Table

Data Field Name	Data Field Specifications
By signing, I declare that what I say below is true and correct.	• Required field.
Did you offer the individual an insurance affordability application?	• Required field. • Select Yes or No.
Relationship to the applicant (if applicable)	• Optional field.

8. On the Application Summary webpage, view your entries to confirm that the information entered is accurate and no keying errors were made. Prior to submitting the transaction, select the **Print** button to print two (2) copies of the Application Summary page. Have the applicant or their representative review to confirm the information is accurate and complete. If accurate and complete, obtain a signature on both copies of the Application Summary and electronically submit. Give one copy to the patient and retain the other for the patient file. Then click **Submit**.

Note: Your session will have a 20-minute time-out if no activity is taken. To ensure that progress isn't lost, it is recommended that you review the printout in a timely fashion.

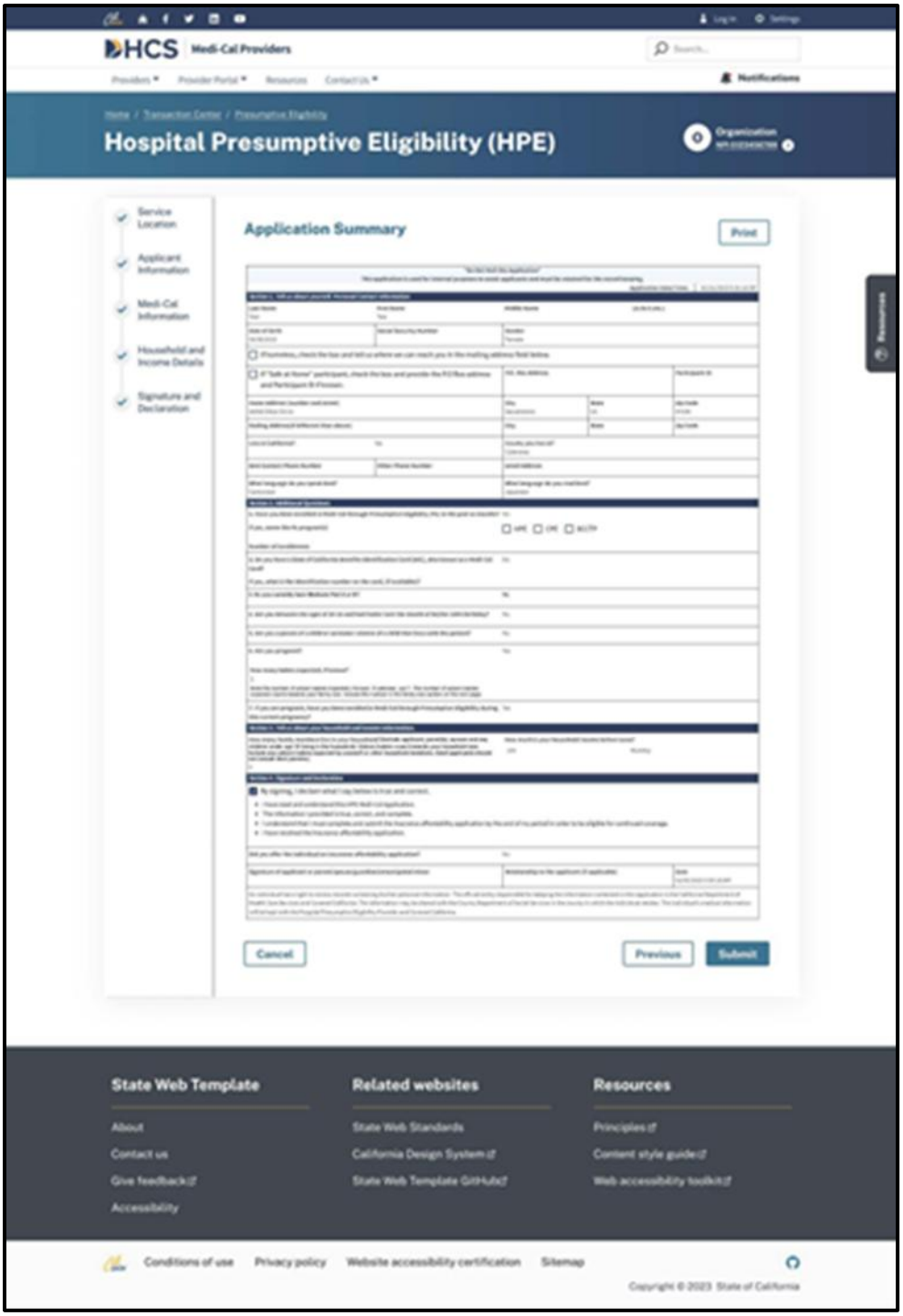


Figure 4.8: Application Summary Webpage.

9. Once you have confirmed that you want to submit the application, the Hospital PE Application is sent to the Medi-Cal Eligibility Data System (MEDS), which determines the individual's Hospital PE eligibility and returns a real-time Application Response.
10. Click the **Print** button to print two (2) copies of the determination response. Give one to the applicant for immediate use until a BIC is received through the mail. Place the other copy into the patient's file.

HPE Determination Response Messages Overview

The individual and provider must read the response message carefully because it contains important information.

The response message will indicate one of the following:

- Temporary Medi-Cal eligibility is approved or denied.
- Eligibility for full-scope or limited-scope, no cost Medi-Cal eligibility.
- The program for which the individual is currently eligible (Medi-Cal).
- If denied, the denial reason.

Reminder: HPE providers must print the response message screen twice. One printout is given to the applicant and the other is retained in the provider's file.

Important:

If the client signature line appears in the response message, the response message must be printed and used as an *Immediate Need Eligibility Document*. The individual must sign the *Immediate Need Eligibility Document* on the client signature line. The individual uses the signed printout as a temporary BIC until a permanent BIC is received in the mail, if continuing Medi-Cal benefits are approved after the individual submits an application for insurance affordability programs.

- Individuals **sign** the *Immediate Need Eligibility Document* if they are approved and do not have a BIC or if they are already in a program and do not have a BIC.
- Individuals **do not sign** the response printout if they are denied service through the Hospital PE Program or if they already have a BIC.

If necessary, the individual can use this *Immediate Need Eligibility Document* through the expiration date printed on the response.

HPE Approved Response Message

Hospital Presumptive Eligibility (PE) Eligibility Response

Application Date/Time: 11/23/2024 11:42:01 AM

Provider Number:	001234567890
Individual's Name:	TEST TESTING
Date of Birth:	12/12/1999
BIC ID:	12345678A12345
BIC Issue Date:	01/23/2024

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 Hospital Presumptive Eligibility (PE) temporary, full scope Medi-Cal until your PE Period end date on 01/23/2024. Use this document to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application, prior to your PE Period end date 01/23/2024.

Client Signature: _____

Figure 5.1: HPE Approved Response Messages page.

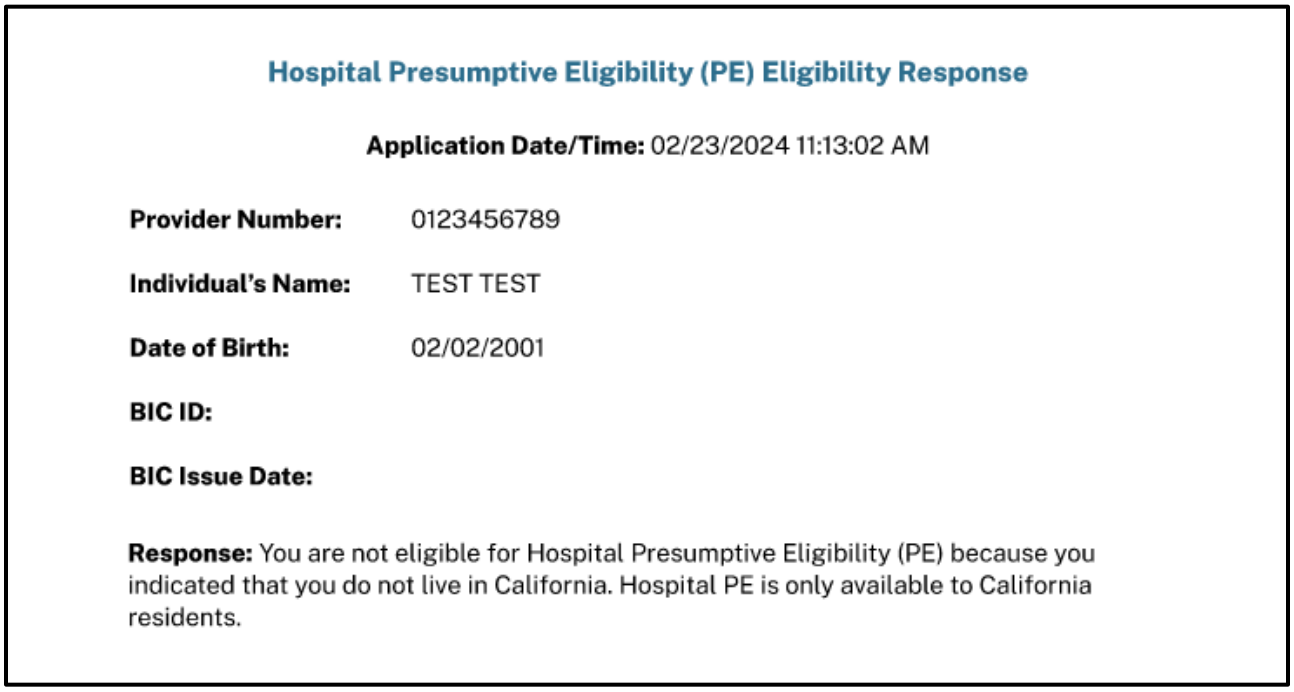
HPE Approved Response Messages

Status	Code	Reason Description	Response Message (To applicant)
Approved	2200	Applicant was approved for a full-scope Hospital PE Aid Code. The application indicated that the applicant has a BIC.	Important Notice: The PE Period End Date in the response below can change if the client submits a Single Streamlined Application (CCFRM604) since the PE Period ends on the determination date (approved or denied). Providers, please verify eligibility. You are granted Hospital Presumptive Eligibility (PE) temporary, full scope Medi-Cal until your PE Period end date on mm/dd/yyyy. Use your Benefits Identification Card to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application prior to your PE Period end date mm/dd/yyyy.
Approved	2201	Applicant was approved for full-scope Hospital PE Aid Code. The application indicated that the applicant does NOT have a BIC.	Important Notice: The PE Period End Date in the response below can change if the client submits a Single Streamlined Application (CCFRM604) since the PE Period ends on the determination date (approved or denied). Providers, please verify eligibility. You are granted Hospital Presumptive Eligibility (PE) temporary, full scope Medi-Cal until your PE Period end date on mm/dd/yyyy. Use this document to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application, prior to your PE Period end date mm/dd/yyyy.

HPE Approved Response Messages (cont.)

Status	Code	Reason Description	Response Message (To applicant)
Approved	2202	Applicant was assigned Aid Code P4 (Hospital PE for Pregnant People). The application indicated that the applicant has a BIC.	Important Notice: The PE Period End Date in the response below can change if the client submits a Single Streamlined Application (CCFRM604) since the PE Period ends on the determination date (approved or denied). Providers, please verify eligibility. You are granted Hospital Presumptive Eligibility (PE) temporary, limited scope Medi-Cal services until your PE Period end date on mm/dd/yyyy. Your coverage is limited to ambulatory prenatal services. Use your Benefits Identification Card to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application prior to your PE Period end date mm/dd/yyyy.
Approved	2203	Applicant was assigned Aid Code P4. The application indicated that the applicant does NOT have a BIC.	Important Notice: The PE Period End Date in the response below can change if the client submits a Single Streamlined Application (CCFRM604) since the PE Period ends on the determination date (approved or denied). Providers, please verify eligibility. You are granted Hospital Presumptive Eligibility (PE) temporary, limited scope Medi-Cal services through your PE Period end date on mm/dd/yyyy. Your coverage is limited to ambulatory prenatal services. Use this document to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application prior to your PE Period end date mm/dd/yyyy.

HPE Denial Response Message



Hospital Presumptive Eligibility (PE) Eligibility Response

Application Date/Time: 02/23/2024 11:13:02 AM

Provider Number: 0123456789

Individual's Name: TEST TEST

Date of Birth: 02/02/2001

BIC ID:

BIC Issue Date:

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

Figure 5.2: HPE Denial Response Messages page.

HPE Denial Response Messages

Status	Code	Reason Description	Response Message (To applicant)
Denied	2001	Applicant is not a California resident. Applicant responded "No" to the "Living in California" question.	You are not eligible for Hospital Presumptive Eligibility (PE) because you indicated that you do not live in California. Hospital PE is only available to California residents.
Denied	2002	Applicant previously received PE for current pregnancy. Applicant indicated they were pregnant and answered "Yes" to the question "If pregnant, has the patient received presumptive eligibility services during this current pregnancy?"	You are not eligible for Hospital Presumptive Eligibility (PE) because you already received PE Enrollment for this current pregnancy. Pregnancy PE Enrollment is limited to one per pregnancy. However, you may apply for Medi-Cal at www.CoveredCA.com or the Medi-Cal Access Program by calling 1-800-433-2611 or visit the Medi-Cal Access Program webpage on the DHCS website.
Denied	2100	PE is not allowed more than once per 12-month period for non-pregnant applicant. Applicant has a hospital PE Aid Code within the past 12 months and is not currently pregnant.	You are not eligible for Presumptive Eligibility (PE) because you have already received PE Enrollment within the past 12 months. Individuals are limited to one PE Enrollment within the past 12 months of applying.
Denied	2101	Applicant currently has existing Medi-Cal eligibility. The application indicated that the applicant has a BIC.	You currently have Medi-Cal eligibility. Use your Benefits Identification Card to access Medi-Cal services.
Denied	2102	Applicant currently has existing Medi-Cal eligibility. The application indicated that the applicant does NOT have a BIC.	You currently have Medi-Cal eligibility. Use this document to access Medi-Cal services today. Contact your local county Medi-Cal office to get a replacement plastic BIC card.

HPE Denial Response Messages (cont.)

Status	Code	Reason Description	Response Message (To applicant)
Denied	2104	Income exceeds allowed limit for coverage group.	You are not eligible for Hospital Presumptive Eligibility because your income exceeds the allowed limits.
Denied	2105	Applicant is aged 65 or older	You are not eligible for Hospital Presumptive Eligibility because you are over the age limit
Denied	2106	Applicant checked yes to Medicare question, and is between the ages of 19-64	You are not eligible for Hospital Presumptive Eligibility (PE) because you currently receive Medicare services.
Denied	2107	Applicant checked previous PE in the past 12 months. (CPE or HPE Children are under 19 years old.)	You are not eligible for Presumptive Eligibility (PE) because you have already received two PE Enrollments within the past 12 months. Children under 19 years old are limited to two PE Enrollments within the past 12 months.

HPE System Failure Response Messages

Status	Code	Reason Description	Response Message (To applicant)
Failed	9998	System Processing Error	An error occurred while processing eligibility for this applicant. Please try again later or contact the Help Desk at 1-800-541-5555 and select options 4, 2, and 1 to reach a Help Desk Operator. Help Desk Operators are available daily from 8 a.m. through 5 p.m.
Failed	9999	System Not Available	Currently, the system is not available. Please try again later or contact the Help Desk at 1-800-541-5555 and select options 4, 2, and 1 to reach a Help Desk Operator. Help Desk Operators are available daily from 8 a.m. through 5 p.m.
Failed	8888	Provider has submitted one or more PE applications for eligibility on the same day. Only one application can be submitted per day.	Duplicate Eligibility Response: Your eligibility was already determined today and is below. If you were denied PE and your circumstances have changed, you can reapply for PE on another day Original response message included.

Change Summary

Version Number	Date	Description	Notes/Comments
1.1	June 2022	SDN 20040	Format and Screen Shot Update
1.2	April 2024	SDN 20015B; SDN 23036	Document updated to reflect the Provider Portal and the updated logo changes
1.3	June 2024	SDN 22024	CHDP name change to CPE
1.4	July 2024	SDN 20015B	Update screenshots and steps to align with Provider Portal changes.
1.5	September 2024	Non-SDN update	Remove bullet from Date of Birth data field specification table
1.6	October 2024	Provider Portal	Screenshot update
1.7	June 2025	OIL 227-24	Document updated to reflect the changes from the OIL and with screenshot updates for Provider Portal
1.8	September 2025	Title Update	None
1.9	October 2025	User Guide Template update.	Removed “Page Updated: Month Year” on each page. Changed CA-MMIS to California Medicaid Management Information System.
2.0	January 2026	Update content and screen shots	Update content and screen shots
2.1	March 2026	Updated Content	Update content and screenshots
2.2	April 2026	Updated content, screenshots and bullet points	Updated content, screenshots and bullet points
2.3	May 2026	New and updated content, screenshots and content	Eligibility content new and updated
2.4	June 2026	New screenshot paperless	Paperless screen shot update
2.5	September 2026	Updated screen shot and tables.	N/A