

State of California
Department of Health Care Services



Hospital Presumptive Eligibility (HPE) User Guide

California Medicaid Management Information System

V 2.1

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Overview

Objectives

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.

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Introduction

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
Hospital PE – Parents and caretaker relatives	1 PE enrollment period
Hospital PE – Adults 19 years of age and older, who are not pregnant, 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

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To begin the 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 completed HPE Medi-Cal Application via the HPE Application.
7. Receive real-time eligibility response message.
 - If eligibility response is accepted, print two (2) copies of the accepted 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 response is denied, the provider and/or representative provide the applicant an explanation and a copy of the denial response.

Note: The HPE **Application Summary** is not complete without a valid signature.

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.

- Option 1 for provider
- Option 9 for all other calls
- Option 1 for English
- Option 4 for Technical Helpdesk
- Option 2 for HPE

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 HPE online application located in the Transaction Center.

1. Navigate to the [Medi-Cal Providers website](#) and click the **Login to Provider Portal** link or select from the drop-down Provider Portal tab.

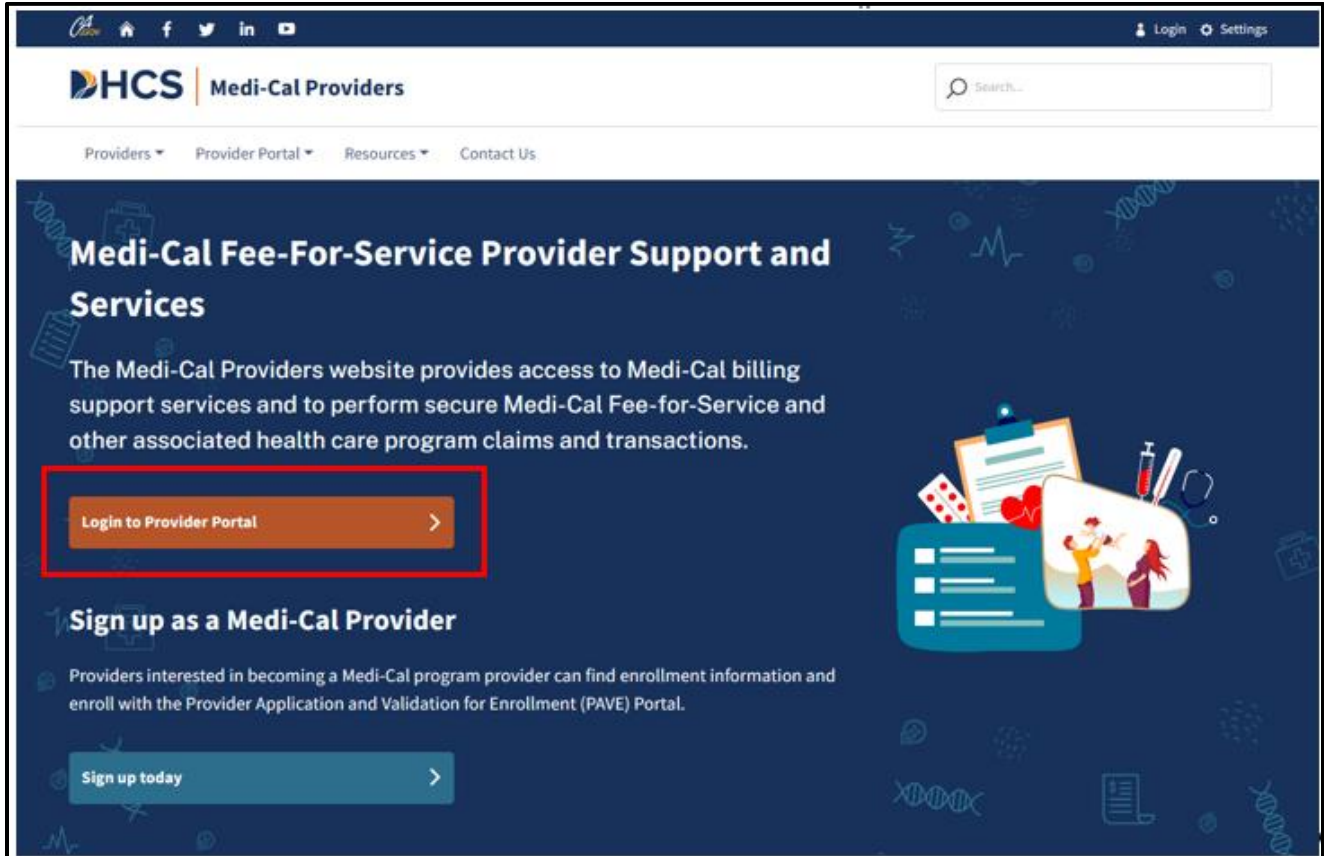



Figure 1.1: Medi-Cal Providers website.

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

Provider Portal Login

Enter an email and password to login.

Email Address 

Password

[Forgot password?](#)

Log In

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

Join Medi-Cal Provider Portal

Figure 1.2: Medi-Cal Provider Portal.

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3. Read the System Use Notification prompt, check the box to confirm and click **Next**.

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

Figure 1.3: System Use Notification.

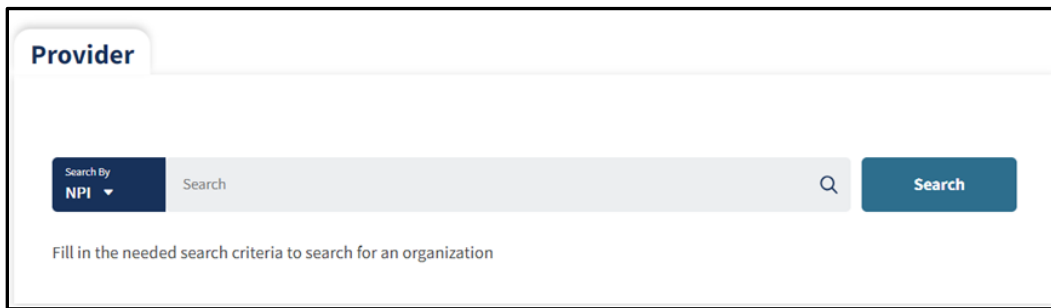
Administrator Role:

Assign Staff (Processor) Roles

In order for a staff member (processor) to submit the enrollment application form, the admin must assign the provisions for the staff and the staff must have completed the respective Presumptive Eligibility and one-time Newborn Gateway training. For more details on the admin assigning the staff provisions, see [Provider Portal User Guide: Provider Organization](#).

Sign a Provider Application and Agreement

1. On the Select an Organization webpage, your account is displayed. Use the drop down to select the option to enter the NPI or organization's name. Then enter the NPI or organization's name and click **Search**.



The screenshot shows a web interface titled "Provider". Below the title is a search bar. On the left of the search bar is a "Search By" dropdown menu with "NPI" selected. To the right of the dropdown is a text input field with the placeholder text "Search" and a magnifying glass icon. To the right of the input field is a blue "Search" button. Below the search bar is a line of text: "Fill in the needed search criteria to search for an organization".

Figure 2.1: Select the Organization Webpage.

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2. Click the desired organization from the search.



Figure 2.2: Click Organization.

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- 3, Within the NPI agreements and settings tile on the Provider Portal Dashboard, click **Presumptive Eligibility Provider Agreements**.

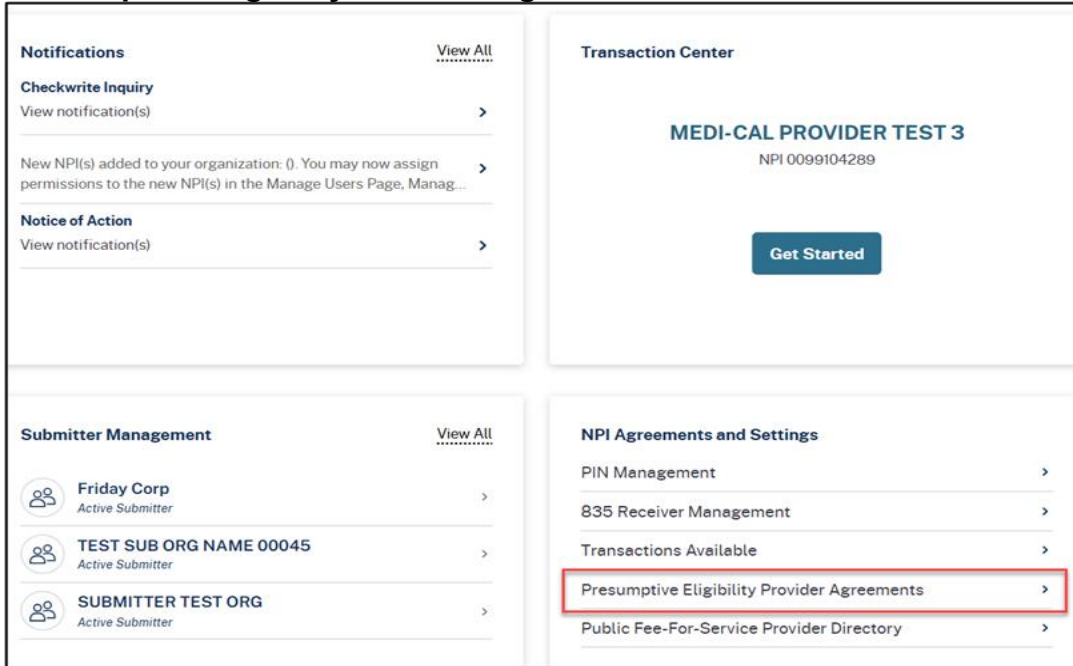


Figure 2.3: Presumptive Eligibility Provider Agreements.

4. On the Presumptive Eligibility Agreement page, use the drop down to select Hospital Presumptive Eligibility.

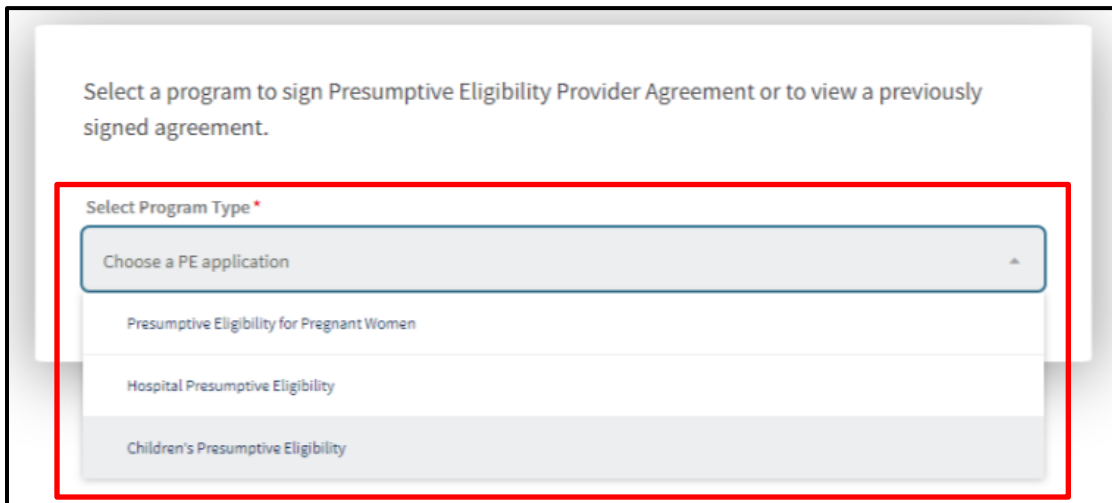
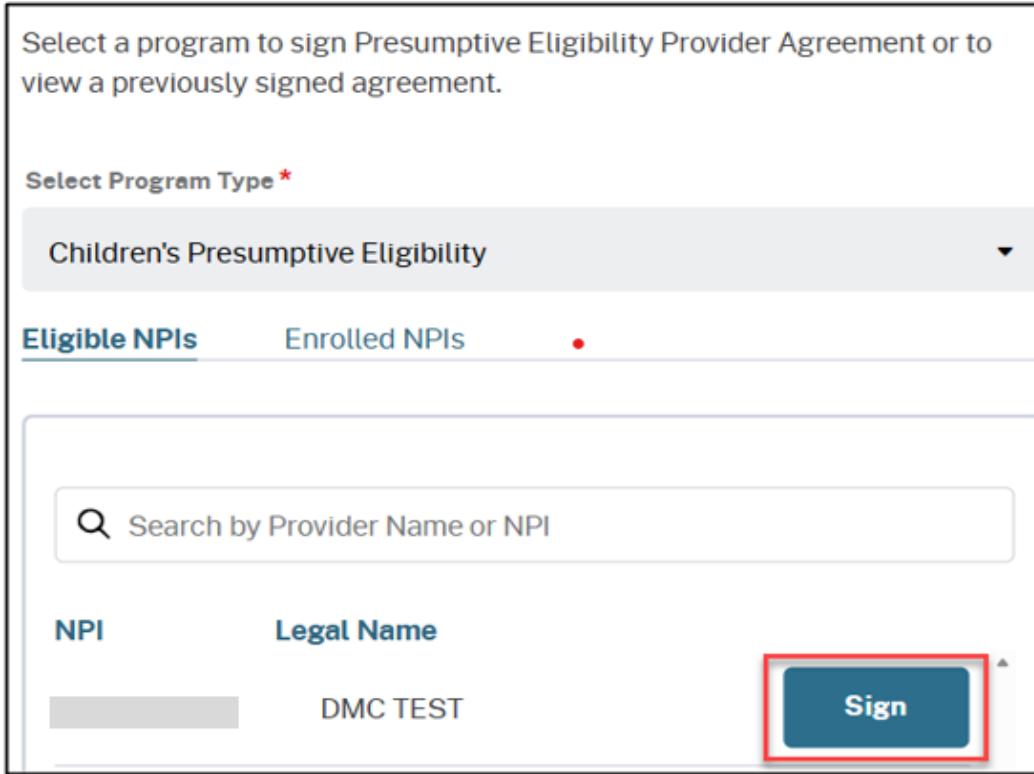


Figure 2.4: Select Hospital Presumptive Eligibility.

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



Select a program to sign Presumptive Eligibility Provider Agreement or to view a previously signed agreement.

Select Program Type *

Children's Presumptive Eligibility

Eligible NPIs Enrolled NPIs

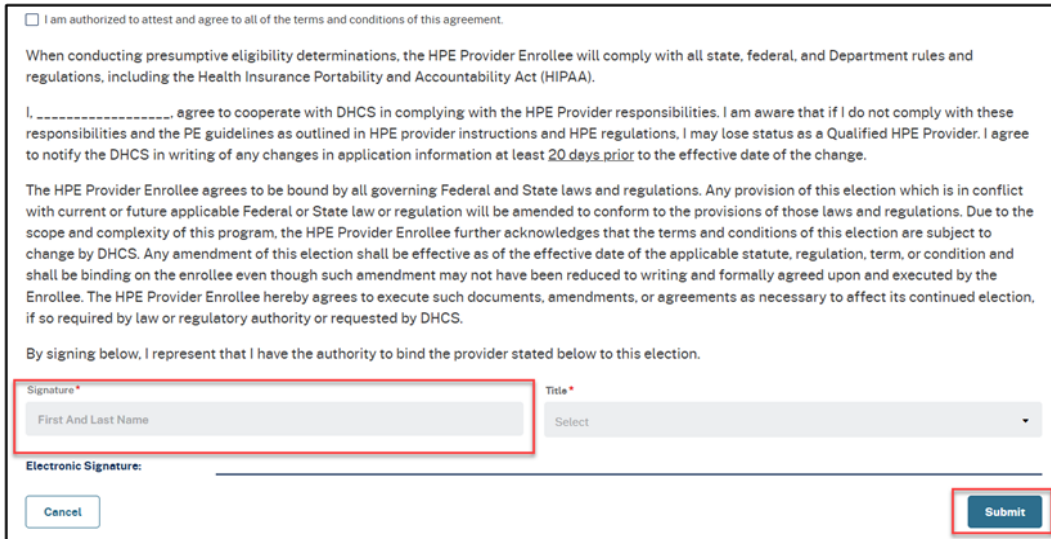
Search by Provider Name or NPI

NPI	Legal Name
	DMC TEST

Sign

Figure 2.5: Click Sign to Complete the Agreement on the Eligible NPI.

6. On the Agreement webpage, make sure you read, check the boxes, and certify it with a signature and click the **Submit** button.



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

When conducting presumptive eligibility determinations, the HPE 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 HPE Provider responsibilities. I am aware that if I do not comply with these responsibilities and the PE guidelines as outlined in HPE provider instructions and HPE regulations, I may lose status as a Qualified HPE 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 HPE 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 HPE 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 HPE 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 * Title *

First And Last Name Select

Electronic Signature: _____

Cancel **Submit**

Figure 2.6: The Agreement Webpage.

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7. 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 .

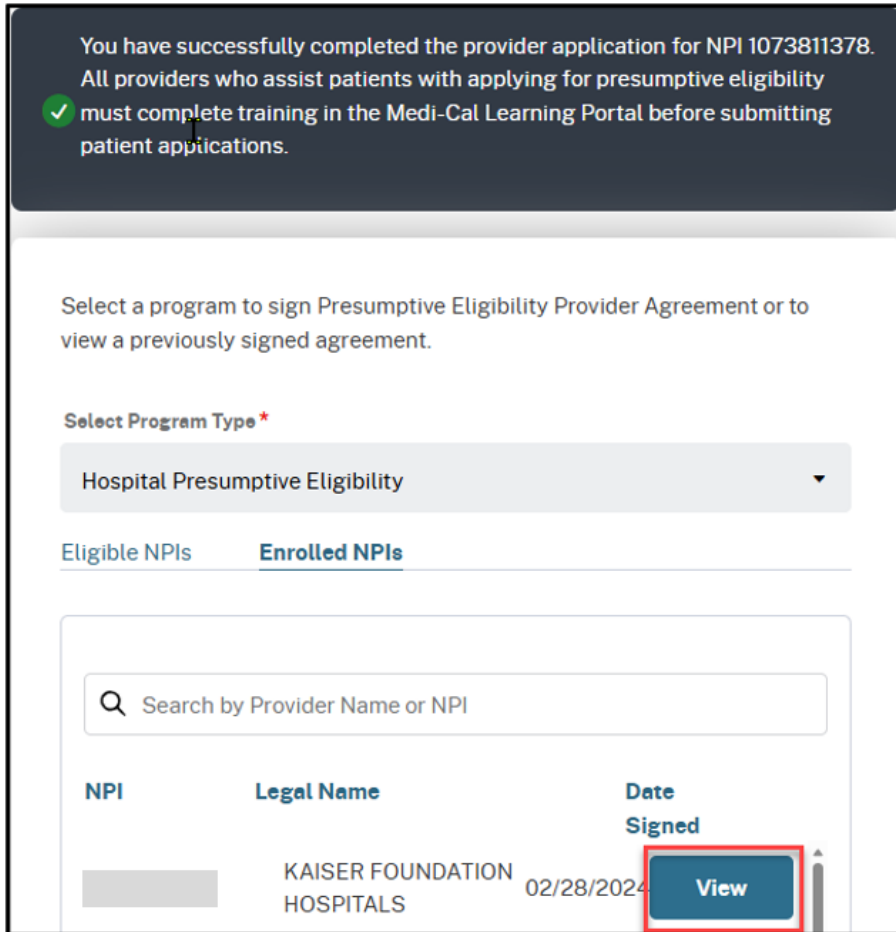


Figure 2.7: The Confirmation Message.

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

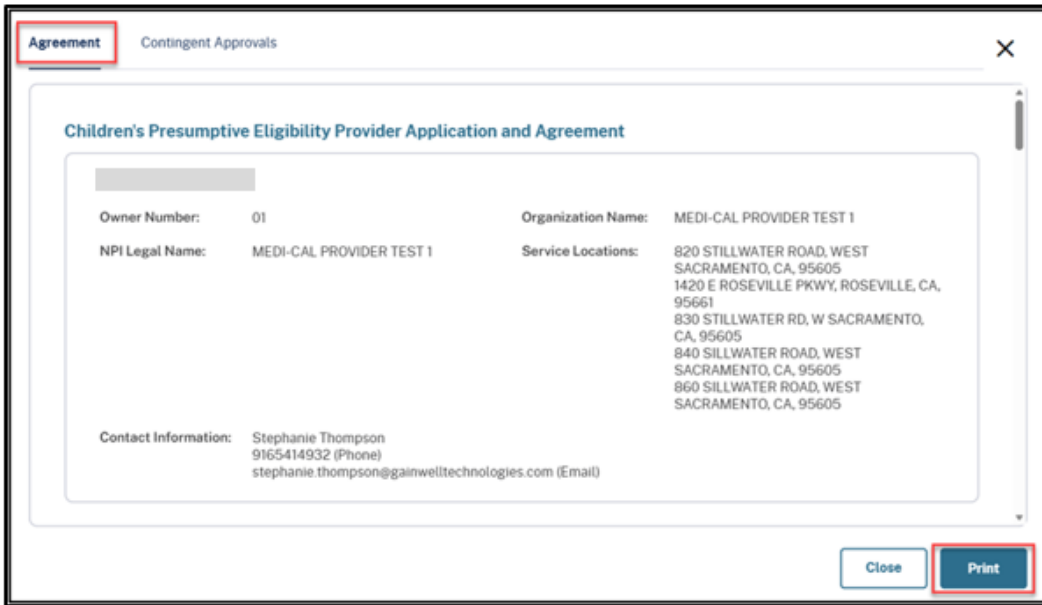


Figure 2.8: Agreement.

- 9. 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

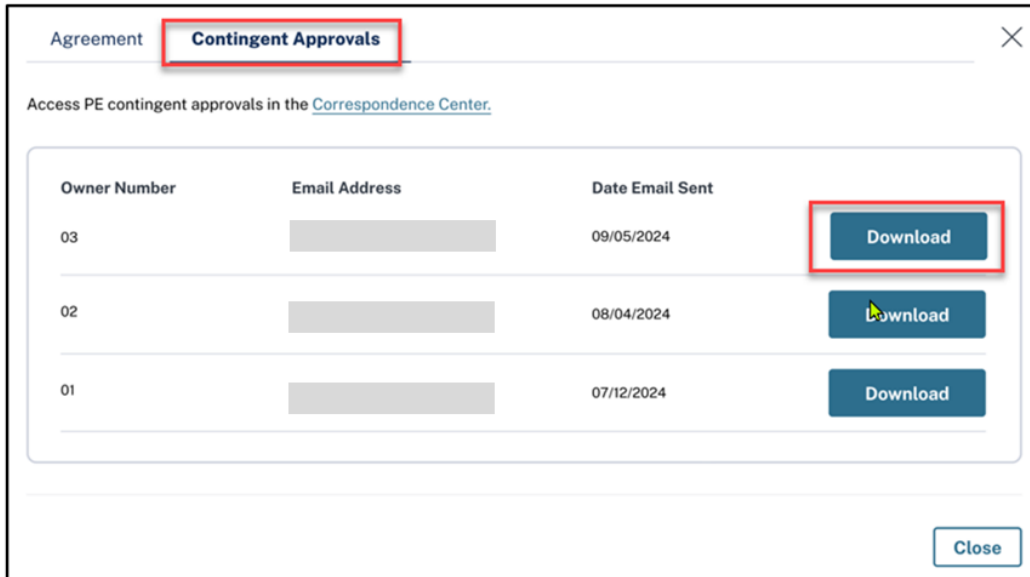


Figure 2.9: Download Contingent Approvals.

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10. Once you receive the confirmation in Step 7, the system will redirect you to the Medi-Cal Learning Portal, read the instructions and enter an MLP User ID to register and click **Continue**.

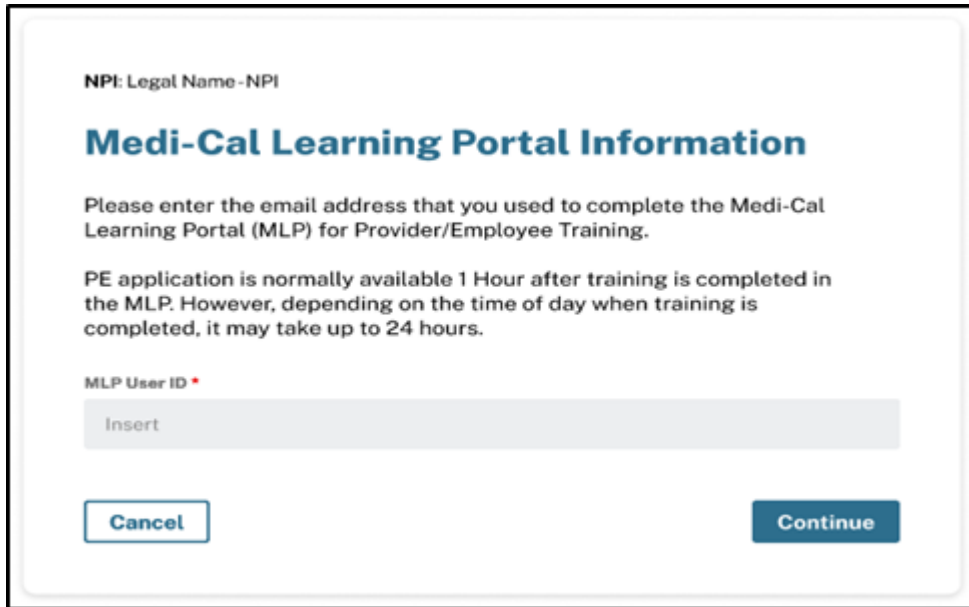


Figure 2.10: Medi-Cal Learning Portal.

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

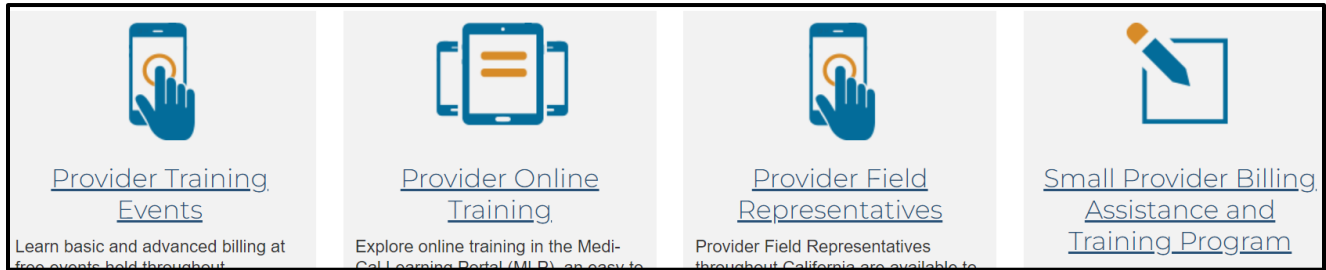


Figure 2.11: The Provider Online Training Selection

12. Top right-hand corner, click the **Log In** button to create an account and register

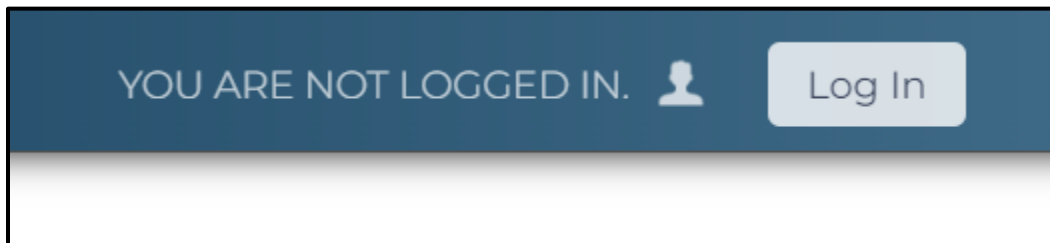
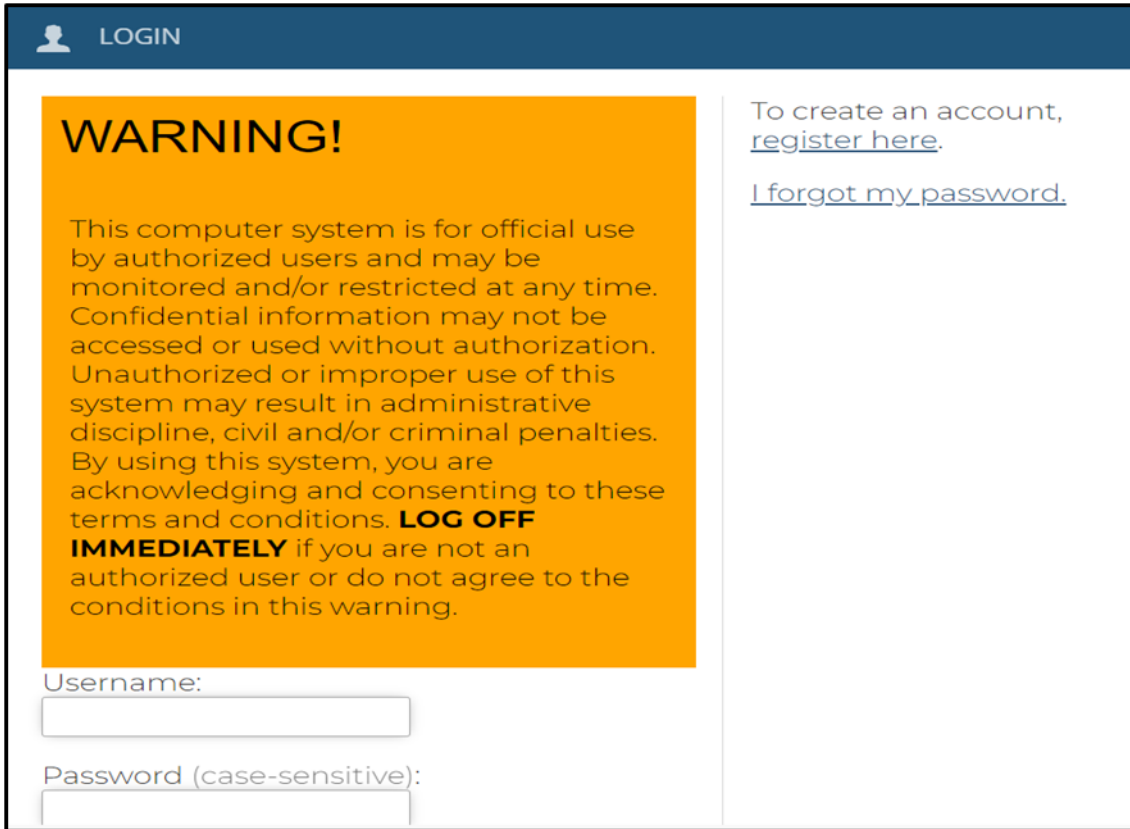


Figure 2.12: The Log In Button.

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13. In the Login screen, enter “Username” and “Password” and click the “Register here” link



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.

Username:

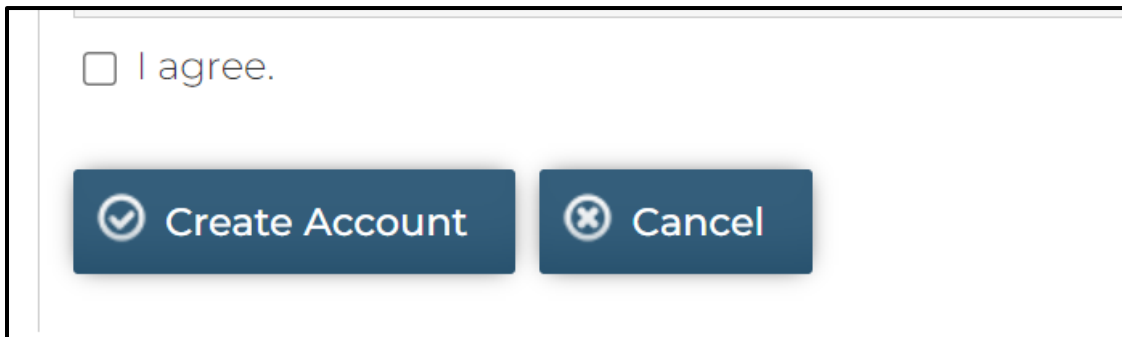
Password (case-sensitive):

To create an account, [register here](#).

[I forgot my password.](#)

Figure 2.13: The Username” and “Password” Screen

14. In the Create an Account page, complete the required fields and click the “**Create Account**” button.



I agree.

Figure 2.14: The Create and Account Page.

- 15 Once the account has been created, select the “**My Account**” (top left corner), various PE training courses will be made available. Select the respective training courses you wish to complete.

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16. Upon completion of the training courses, return to the Provider Portal to access the Transaction Center and complete the HPE enrollment application form. To start the enrollment application process, follow the steps for the Processor role below.

Note: Once the training courses are complete, wait between 1 hour to 24 hours to access the HPE enrollment application. Users can also refer to the [Provider Portal User Guide: Provider Organization](#) for further instructions about registering an organization and managing user accounts.

Processor Role

Complete the Application Enrollment Transaction Sections

This section describes how to perform a HPE enrollment transaction within the portal. The HPE enrollment transaction is the HPE online application which consists of the several sections that must be completed based on the applicant's responses. Field specifications are contained within these sections letting you know what values can be entered.

Required fields are indicated by an asterisk (*). Fields without an asterisk are optional.

1. In the Transaction Center tile click **Get Started**
2. Click **Hospital Presumptive Eligibility**

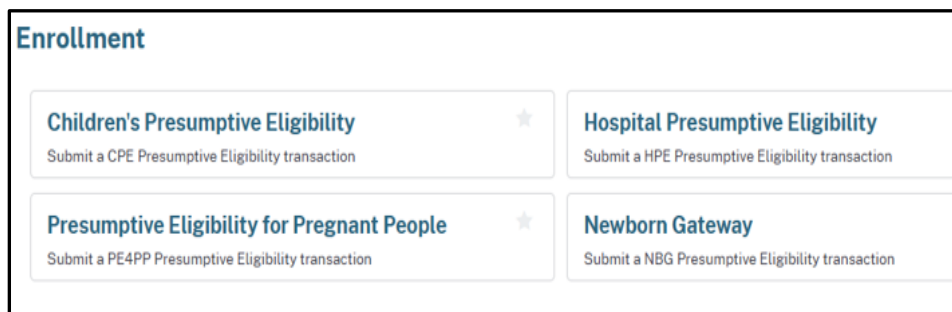


Figure 3.1: The Enrollment Section.

If you click on an HPE link without completing the training, a message will appear prompting you to complete training. Click the Complete Training button and it will redirect you to the MLP Portal where you can complete the training.

Note: If training has been successfully completed and the MLP username matches the completed training in the MLP system, this message will no longer be displayed, and you can proceed to complete the HPE enrollment form.

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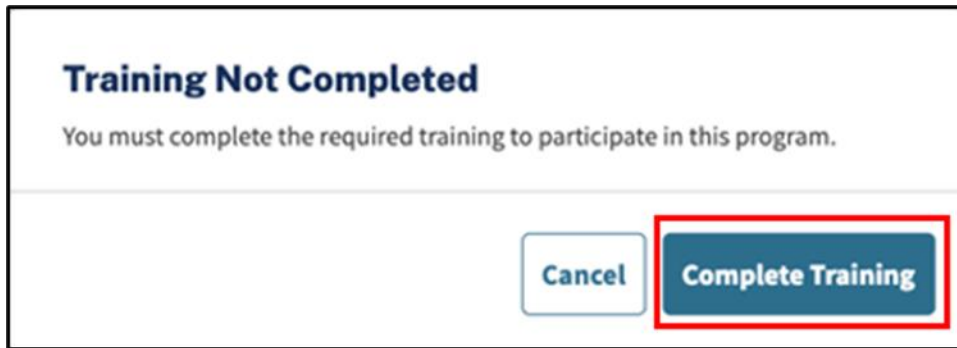


Figure 3.2: Training Not Completed Page.

3. Enter Medi-Cal Learning Portal Username and click **Continue**. Follow steps 8 through 14 of the Provider Admin Process.

Note: Use the MLP User ID that was assigned after completing the training courses. The MLP User ID is a one-time entry when saved.

4. Once training is completed, log back to the Transaction Center of the Provider Portal Dashboard, select an NPI from the drop-down and click **Get Started**.

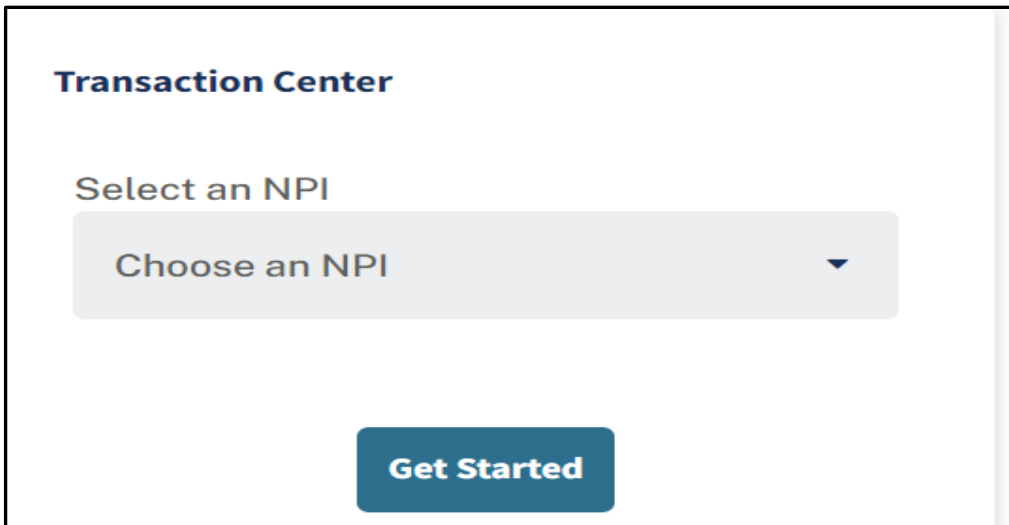


Figure 3.3: Transaction Center.

5. In the Service Location Page, select the **Need Help?** drawer to do the following:
 - a. Access downloadable forms and other supplemental resources on the Hospital Presumptive Eligibility resources page.
 - b. Access the HPE FAQs.
6. Once step 5 is completed, in the Service Location, use the drop-down to select a service location (street address, city, state and zip code) and click **Next** to proceed to the Application Information page.

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The screenshot displays the 'Service Location' page in the HPE User Guide. On the left, a vertical sidebar lists five steps: 'Service Location' (highlighted with a blue dot), 'Applicant Information', 'Medi-Cal Information', 'Household and Income Details', and 'Signature and Declaration'. The main content area is titled 'Service Location' and includes a dropdown menu for 'Select your Service Location *'. The dropdown menu currently shows 'Select'. A red asterisk next to the text '* Indicates required field' is positioned to the right of the dropdown. On the far right, a dark button labeled 'Need Help?' is highlighted with a red rectangular border.

Figure 3.4: Hospital Presumptive Eligibility (HPE) page.

7. On the Applicant Information page, complete the required fields and click **Next** to go to the Medi-Cal Information page or click **Cancel** to cancel the transaction.

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Service Location

Applicant Information

Medi-Cal Information

Household and Income Details

Signature and Declaration

Applicant Information * Indicates required field

Personal and Contact Information

Last Name * First Name * Middle Name Suffix

Date of Birth * Social Security Number Gender * Male Female

Home Address

If "Safe at Home" participant, check the box and answer the questions below.

1. What is your P.O. Box Address, if known?

2. What is your Safe at Home Participant ID, if known?

If homeless, enter the general street location here and complete the "mailing address"

Street Address *

City * State * ZIP Code *

Mailing Address (if different than above)

Street Address

City State ZIP Code

Living in California? * Yes No County you live in? *

Contact Information

Best Contact Phone Number Other Phone Number Email Address

What language do you speak best? * What language do you read best? *

Figure 3.5: Applicant Information Webpage.

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Applicant Info Data Field Names and Specifications Table

Data Field Name	Data Field Specifications
Last Name	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Optional field. • Valid characters: A thru Z, upper and lower case, space
Date of Birth	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

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

Data Field Name	Data Field Specifications
Gender	<ul style="list-style-type: none"> • Required field. • Select Male or Female.
Safe at Home Participant	<ul style="list-style-type: none"> • Optional field.
Safe at Home P.O. Box Address	<ul style="list-style-type: none"> • Required field if <i>Safe at Home</i> is checked.
Safe at Home Participant ID	<ul style="list-style-type: none"> • Optional field. • Valid characters: 0 thru 9.
Home Address	<ul style="list-style-type: none"> • Required field if <i>Safe at Home</i> and <i>Homeless</i> 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 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 <i>Safe at Home</i> box is checked, the field is disabled.
City	<ul style="list-style-type: none"> • Required field if <i>Home Address</i> is entered. • Valid characters: A thru Z space, period (.) • Only A thru Z are allowed as the first character. • The word “same” is not allowed in this field. • If the <i>Safe at Home</i> box is checked, the field is disabled.
State	<ul style="list-style-type: none"> • Required field if <i>Home Address</i> is entered. • If <i>Live in California?</i> field is Yes, this field defaults to “California” and the field is disabled. • If <i>Live in California?</i> field is No, select state from the dropdown list. “California” should not be selected. • If the <i>Safe at Home</i> box is checked, the field is disabled.

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

Data Field Name	Data Field Specifications
ZIP code	<ul style="list-style-type: none"> • Required field if <i>Home Address</i> is entered. • Valid characters: 0 thru 9. • If the <i>Safe at Home</i> box is checked, the field is disabled.
Mailing Address (if different)	<ul style="list-style-type: none"> • Required field if <i>Homeless</i> 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 <i>Safe at Home</i> box is checked, the field is disabled.
City	<ul style="list-style-type: none"> • Required field if <i>Mailing Address</i> is entered. • Valid characters: A thru Z, space, period (.) • Only A thru Z allowed as the first character. • The word "same" is not allowed in this field. • If the <i>Safe at Home</i> box is checked, the field is disabled.
State	<ul style="list-style-type: none"> • Required field if <i>Mailing Address</i> is entered. • Select state from the dropdown list, if available. • If the <i>Safe at Home</i> box is checked, the field is disabled.
ZIP code	<ul style="list-style-type: none"> • Required field if <i>Mailing Address</i> is entered. • Valid characters: 0 thru 9. • If the <i>Safe at Home</i> box is checked, the field is disabled.

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

Data Field Name	Data Field Specifications
Live in California?	<ul style="list-style-type: none"> • Required field. • Select Yes or No.
County you live in?	<ul style="list-style-type: none"> • Required field. • If “Yes” is selected for the <i>Live in California?</i> 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 <i>Live in California?</i> field, the field defaults to “99 – Outside of California” and the field is disabled. • If <i>Safe at Home</i> box is checked, the field defaults to “34 – Sacramento” and the field is disabled.
Best Contact Phone Number	<ul style="list-style-type: none"> • Optional field. • Valid characters: 0 thru 9
Other Phone Number	<ul style="list-style-type: none"> • Optional field. • Valid characters: 0 thru 9
Email Address	<ul style="list-style-type: none"> • Optional field.
Language Spoken	<ul style="list-style-type: none"> • Required field.
Language Read	<ul style="list-style-type: none"> • Required field.

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- On the Medi-Cal Information webpage, complete the required fields and click **Next** to go to the Household and Income Details webpage or click **Cancel** to cancel the transaction.

The screenshot displays the 'Medi-Cal Information' section of a web application. On the left is a vertical navigation menu with five items: 'Service Location', 'Applicant Information', 'Medi-Cal Information' (highlighted with a blue circle), 'Household and Income Details', and 'Signature and Declaration'. The main content area is titled 'Medi-Cal Information' and includes a legend: '* Indicates required field'. The form contains six numbered questions, each with 'Yes' and 'No' radio button options. Question 1 asks about enrollment in Medi-Cal through Presumptive Eligibility (PE) in the past 12 months, with checkboxes for HPE, CPE, and BCCTIP, and a 'Number of Enrollments' input field. Question 2 asks about a State of California Benefits Identification Card (BIC), with a 'BIC Number' input field. Question 3 asks about Foster Care between ages 18-25. Question 4 asks about being a parent or caretaker relative. Question 5 asks about pregnancy, with a 'Number of Babies' input field. Question 6 asks about enrollment during the current pregnancy. At the bottom are 'Cancel', 'Previous', and 'Next' buttons.

Medi-Cal Information * Indicates required field

	Yes	No
1. Have you been enrolled in Medi-Cal through Presumptive Eligibility (PE) in the past 12 months? *	<input type="radio"/>	<input type="radio"/>
If yes, select the PE program(s) <input type="checkbox"/> HPE <input type="checkbox"/> CPE <input type="checkbox"/> BCCTIP		
Number of Enrollments		
If under age 19, how many times it was received?	<input type="text" value="Insert"/>	
2. Do you have a State of California Benefits Identification Card (BIC), also known as a Medi-Cal Card? *	<input type="radio"/>	<input type="radio"/>
BIC Number		
If yes, what is the identification number on the card, (if available)?	<input type="text" value="Insert"/>	
3. Are you between the ages of 18 - 25 and had Foster Care the month of his/her 18th Birthday? *	<input type="radio"/>	<input type="radio"/>
4. Are you a parent of a child or caretaker relative of a child that lives with the patient? *	<input type="radio"/>	<input type="radio"/>
5. Are you pregnant? *	<input type="radio"/>	<input type="radio"/>
Number of Babies		
How many babies expected, if known?	<input type="text" value="Insert"/>	
<i>Enter the number of unborn babies expected, if known. If unknown, put 1. The number of unborn babies expected counts towards your family size. Include this number in the family size section on the next page.</i>		
Note: If the applicant is pregnant, services are limited to ambulatory prenatal services.		
6. If you are pregnant, have you been enrolled in Medi-Cal through Presumptive Eligibility during this current pregnancy? *	<input type="radio"/>	<input type="radio"/>

Figure 3.6: Medi-Cal Information Webpage.

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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?	<ul style="list-style-type: none"> • Required field. • Select Yes or No.
If yes, name the PE program(s)	<ul style="list-style-type: none"> • Required field. • Select HPE, CPE or BCCTP
If under age 19, how many times it was received?	<ul style="list-style-type: none"> • 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?	<ul style="list-style-type: none"> • Required field. • Select Yes or No.
If yes, what is the identification number on the card, (if available)?	<ul style="list-style-type: none"> • 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 <i>“Do you have a State of California Benefits Identification Card (BIC), also known as a Medi-Cal Card?”</i> is “No,” the field is disabled.
Are you between the ages of 18-25 and had Foster Care the month of his/her 18th Birthday?	<ul style="list-style-type: none"> • Required field. • Select Yes or No.

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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?	<ul style="list-style-type: none"> • Required field. • Select Yes or No.
Are you pregnant?	<ul style="list-style-type: none"> • Required field. • Select Yes or No.
Number of Babies	<ul style="list-style-type: none"> • 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?	<ul style="list-style-type: none"> • Required field. • Select Yes or No.

9. On the Household and Income Details page, complete the required fields and click **Next** to go to the Signature and Declaration page or click **Cancel** to cancel the transaction.

Figure 3.7: Household and Income Details Webpage.

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Household and Income Details Data Field Names and Specifications Table

Data Field Name	Data Field Specifications
How many family members live in your household?	<ul style="list-style-type: none">• Optional field.• Valid characters: 0 thru 9.
How much is your household income before taxes?	<ul style="list-style-type: none">• Required field.• Select Monthly or Yearly options

10. On the Signature and Declaration page, complete the required fields and click **Next** to go to the Application Summary webpage or click **Cancel** to cancel the transaction.

Signature and Declaration

By signing, I declare that what I provide below is true and correct *

- I have read and understand this HPE Medi-Cal Application.
- The information I provided is true, correct, and complete.
- I understand that I must complete and submit the insurance affordability application by the end of my PE period in order to be eligible for continued coverage.
- I have received the insurance affordability application.

Did you offer the individual an insurance affordability application? * Yes No

Relationship to the applicant (if applicable)

Figure 3.8: Signature and Declaration Webpage.

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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.	<ul style="list-style-type: none"> • Required field.
Did you offer the individual an insurance affordability application?	<ul style="list-style-type: none"> • Required field. • Select Yes or No.
Relationship to the applicant (if applicable)	<ul style="list-style-type: none"> • Optional field.

11. On the Application Summary webpage, view your entries to confirm that the information entered is accurate and no keying errors were made. Then click **Submit**.
12. Prior to submitting the transaction, click 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.
13. If edits are needed use the **Previous** button to revisit the previous entries and make amendments.
14. Use the **Cancel** button to cancel the application.
15. Obtain a signature on the updated Application Summary and click the **Submit** button to submit the transaction.
16. If the **Submit** button is clicked prior to **Print**, a prompt is displayed asking you to confirm that you want to submit before print. Click **Yes**, to proceed with Submit or click **Cancel** to go back to the Summary webpage to Print.

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.

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Application Summary			
Print			
Do Not Mail this Application			
This application is used for internal purposes to assist applicants and must be retained for the record keeping.			
			Application Date/Time: 02/27/2024 10:13:22 AM
Section 1. Tell us about yourself. Personal Contact Information			
Last Name Smith	First Name Kelly	Middle Name Adam	(Jr.Sr.II.etc.)
Date of Birth 01/01/1990	Social Security Number	Gender Female	
<input type="checkbox"/> If homeless, check the box and tell us where we can reach you in the mailing address field below.			
<input type="checkbox"/> If 'Safe at Home' participant, check the box and provide the P.O Box address and Partipant ID if known.		P.O. Box Address	Participant ID
Home Address (number and street) 1234 Jefferson Street	City Sacramento	State CA	Zip Code 95892
Mailing Address(if different than above)	City	State	Zip Code
Live in California? Yes	County you live in? Calaveras		
Best Contact Phone Number	Other Phone Number	Email Address	
What language fo you speak best? Russian		What language do you read best? English	

Figure 3.9: Application Summary Webpage.

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17. 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.
18. Click the **Print** button to print two (2) copies of the approval 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.
19. Click the **Next Application** button to start a new application.

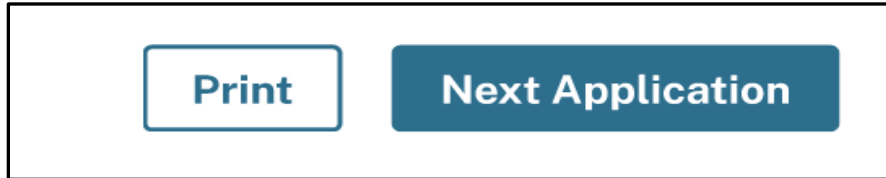


Figure 3.10: Next Application Button.

20. Use the **checkbox** to view the response message in a larger font.

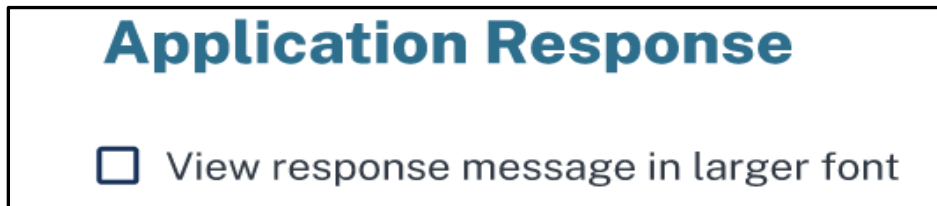


Figure 3.11: Application Response Button.

21. Click the **Home** to return to the Provider Portal dashboard.

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. The individual and the provider must each obtain a printout of the response message screen. To print the Response Message screen, click **Print**. 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 Messages

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 4.1: HPE Approved Response Messages page.

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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 User Guide
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 User Guide

HPE Denial Response Messages

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 4.2: HPE Denial Response Messages page.

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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.

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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	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