
Children's Presumptive Eligibility (CPE) Process

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This section provides an overview of the Children's Presumptive Eligibility (CPE) process and includes information about the population of children and youth eligible for enrollment into temporary full-scope Medi-Cal using the Medi-Cal Provider Portal CPE Application and explains which providers may pre-enroll children and youth in Medi-Cal.

CPE Enrollment

Pre-Enrollment in Medi-Cal

CPE Qualified Providers (QPs) use the Medi-Cal Provider Portal CPE Application to temporarily pre-enroll CPE-eligible children and youth in fee-for-service, full-scope Medi-Cal at the time of a scheduled CPE health assessment visit. Eligibility is based on age, household composition and family income. Services are available beginning on the date eligibility is determined.

As part of the pre-enrollment process, a family may choose to receive the *Single Streamlined Application* (CCFRM604). This will ensure continuing health care coverage beyond the pre-enrollment period. The pre-enrollment period will be extended if the family completes and submits the application prior to the termination of pre-enrollment eligibility. The extension of benefits continues until a decision is made about eligibility for Medi-Cal.

Obtaining the Pre-Enrollment Worksheet (DHCS 4073)

Providers may obtain copies of the *Children's Presumptive Eligibility Pre-Enrollment Worksheet* (DHCS 4073) from either the "Downloads" section in the CPE Application or the "Resources/Reference/Program" area within the Medi-Cal Provider Portal or the "forms" section of the Department of Health Care Services (DHCS) website.

Eligibility

Non-Medi-Cal children and youth who meet the following criteria are eligible for pre-enrollment through the Medi-Cal Provider Portal:

Criteria

Non-Medi-Cal children and youth who meet the following criteria are eligible for pre-enrollment through the Medi-Cal Provider Portal CPE Application:

- Residents of California.
- Younger than 19 years of age.
- Members of a family whose income is at or below 266 percent of the federal poverty guidelines.
- Those with a Share of Cost (SOC), regardless of whether the SOC has been obligated for the month of service.

Note: Enrollment in Medi-Cal through the Medi-Cal Provider Portal CPE Application for children and youth younger than 19 years of age is limited to two (2) Presumptive Eligibility (PE) enrollment periods in a 12-month period. Pregnant women are exempted and can be enrolled into PE once per pregnancy regardless of the 12-month period.

Share of Cost

Families in which an SOC has not been obligated for the month of service may receive full-scope Medi-Cal benefits for the month of service and the subsequent month upon completion of a DHCS 4073 form and submission of the form through the Medi-Cal Provider Portal Transaction Center.

Frequency of Applying for Pre-Enrollment

Children and youth who meet the preceding eligibility criteria can pre-enroll through the Medi-Cal Provider Portal two (2) times every 12 months.

After the initial period of pre-enrollment eligibility has expired, a patient/family may pre-enroll through the Medi-Cal Provider Portal if:

- No *Single Streamlined Application* (CCFRM604) was submitted.
- The child or youth was determined ineligible for Medi-Cal.
- Medi-Cal eligibility was not maintained.

Note: Medi-Cal eligibility should be verified at the time of each visit. As long as the Medi-Cal eligibility verification system shows eligibility for the date of service, it is not necessary to complete a pre-enrollment worksheet or CPE transaction.

Ineligible Children and Youth

Children and youth are not eligible for pre-enrollment through the Medi-Cal Provider Portal for CPE if they are:

- Not residents of California.
- 19 years of age or older.
- Members of a family whose income is greater than 266 percent of the federal poverty guidelines.
- Medi-Cal recipients with full-scope benefits and no SOC.

Note: Providers must verify eligibility through the Medi-Cal eligibility verification system at each visit.

Families With Incomes Over 266 Percent of Federal Poverty Guidelines

Children and youth whose family incomes are over 266 percent of the federal poverty guidelines are not eligible for services through CPE. However, they may be eligible for Share of Cost Medi-Cal programs. Providers may keep a supply of the *Single Streamlined Application* (CCFRM604) forms to give to families.

For more information, families may contact their local county Medi-Cal office or Covered California at 1-800-300-1506.

Benefits During Pre-Enrollment Period

Children and youth are eligible to receive the complete range of Medi-Cal fee-for-service benefits during the pre-enrollment period. Benefits include traditional Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services as well as any service that is a covered benefit of Medi-Cal.

Continuation of Benefits

To receive continuing health care coverage through Medi-Cal, a family must complete and submit a *Single Streamlined Application* (CCFRM604) before the end of the pre-enrollment period.

Pre-Enrollment Period

Providers submit a DHCS 4073 form (CPE Application) through the Medi-Cal Provider Portal Transaction Center to pre-enroll eligible children and youth into temporary fee-for-service, full-scope Medi-Cal for up to two (2) months, starting from the date the Pre-Enrollment Worksheet is submitted. If an insurance affordability application is not submitted, services continue until the last day of the month following the month eligibility was determined. If an insurance affordability application is submitted, services continue until a determination is made on the insurance affordability application (for example, approved or denied).

To begin the pre-enrollment process, the parent, legal guardian or emancipated minor completes a DHCS 4073 form at the time of a visit. Providers enter the information from the patient's completed hard copy DHCS 4073 into the Medi-Cal Provider Portal Transaction Center. The Application Response page displays a response message in real time indicating whether the patient is eligible for presumptive eligibility or deemed to Medi-Cal until their first birthday.

Provider Information

Participating Providers

CPE participation has been expanded to allow most Medi-Cal and Medi-Cal Dental fee-for-service provider types to participate in PE programs. The following provider types cannot participate:

- Assistive Device and Sick Room Supply Dealers
- Medicare Crossover Provider Only
- Licensed Building Contractors
- Employment Agency
- Out of State

Infant Enrollment in Medi-Cal

The Medi-Cal Provider Portal Newborn Gateway process enables PE QPs to directly enroll infants (children younger than one year of age) into full-scope, no Share of Cost Medi-Cal at the time of the visit.

Infants born to mothers who had Medi-Cal coverage at the time of delivery and continue to reside in California are automatically eligible for full-scope, no Share of Cost Medi-Cal. This process applies to infants whose mothers were in a Medi-Cal managed care plan, as well as those whose mothers had Medi-Cal with a Share of Cost (SOC) that was met at the time of birth.

The Medi-Cal Provider Portal Newborn Gateway process can automatically link the infant to the mother's case and establish Medi-Cal eligibility without the family having to complete the *Single Streamlined Application* (CCFRM604). The infant will remain on full-scope, no Share of Cost Medi-Cal until the child's first birthday.

There are two (2) data fields used to collect additional information about infants for the purpose of linking the child with the mother whose delivery was covered by Medi-Cal. This linkage allows automatic enrollment into Medi-Cal at the time of the visit. Providers should encourage families with infants younger than one (1) year of age to complete the "For Patients Under One Year of Age, Please Complete this Section" area on the DHCS 4073.

Infant Enrollment Response Message

For infant enrollment, a real-time response message is returned that indicates one of the following:

- The establishment of full-scope, no Share of Cost Medi-Cal eligibility (8U).
- The establishment of temporary Medi-Cal eligibility (8W, 8X).
- A denial reason.
- An approval of eligibility.

Benefits for Infants Enrolled in Medi-Cal

Infants who are automatically enrolled in Medi-Cal through the Medi-Cal Provider Portal Newborn Gateway process are eligible for the complete range of Medi-Cal fee-for-service benefits.

Infants who are found to be not eligible for “Infant Enrollment” will be pre-enrolled into Medi-Cal, if they meet Medi-Cal enrollment eligibility criteria.

Pre-Enrollment

For pre-enrollment eligibility, a real-time response message is returned that indicates one of the following:

- The establishment of temporary Medi-Cal eligibility through PE.
- The establishment of Deemed Infant Medi-Cal eligibility.
- The program for which the patient is currently eligible (Medi-Cal).
- A denial reason.
- An approval of eligibility.

Note: A listing of the full response messages can be found in the *Children’s Presumptive Eligibility (CPE) Step-by-Step User Guide*.

Children's Presumptive Eligibility Pre-Enrollment Worksheet (DHCS 4073)

A *Children's Presumptive Eligibility Pre-Enrollment Worksheet* (DHCS 4073) should be given to each patient/family who has no health insurance coverage for children and youth that may be eligible to receive the complete range of Medi-Cal fee-for-service benefits.

Pre-Enrollment Worksheet Completion

The patient or family completes the DHCS 4073. Information on the form should be legible and complete. Providers submit a CPE transaction through the Medi-Cal Provider Portal to initiate the pre-enrollment process.

Providers are encouraged to complete transactions in a quiet environment to ensure patient confidentiality.

Application for Continuing Health Care Coverage

For children and youth to have comprehensive health insurance coverage beyond the pre-enrollment period, parents or legal guardians must complete the *Single Streamlined Application* (CCFRM604) for enrollment in Medi-Cal.

Providers should ask the parents or legal guardians whether they wish to receive a follow-up application. Providers are also encouraged to recommend that patients/families complete the follow-up application to ensure they receive full health care benefits.

If a patient/family wishes to apply for continuing health care coverage, providers must verify that the Yes box on the DHCS 4073 is checked.

The *Single Streamlined Application* (CCFRM604) will be sent to the family at the address indicated on the DHCS 4073 only if:

- The family requests one at the time the CPE transaction is submitted, and
- The child or youth is pre-enrolled in temporary fee-for-service, full-scope Medi-Cal.

The application that is sent to families is accompanied by a *Welcome Letter* that explains the need for completing and mailing the application in a timely manner. If the application is not received by the beginning of the second month of temporary Medi-Cal eligibility, the family will receive a *15-Day Reminder Notice* encouraging them to complete and mail in the application prior to the end of the pre-enrollment period.

The two (2) letters will be sent in the language that the family indicates as “best read” on the DHCS 4073.

When the family submits the application prior to the end of the pre-enrollment period, the temporary Medi-Cal enrollment is extended until a decision is made about Medi-Cal eligibility.

Note: Families of infants who are automatically enrolled in full-scope, no Share of Cost Medi-Cal as the result of a Medi-Cal Provider Portal CPE transaction will not receive a *Single Streamlined Application* (CCFRM604) even if they indicated “yes” on the DHCS 4073, as they are already enrolled in Medi-Cal.

If the family does not provide a full address on the DHCS 4073, the above letters and *Single Streamlined Application* (CCFRM604) cannot be mailed. Providers are required to print and provide the *Single Streamlined Application* (CCFRM604) to any applicant who does not provide a full mailing address or whenever asked.

Provider Review of Application

The provider must review the DHCS 4073 after the parent, legal guardian or patient completes it to determine eligibility for pre-enrollment through the CPE Application within the Medi-Cal Provider Portal. The provider is not responsible for assuring the accuracy of the information given by the parent, legal guardian or patient. The provider is only responsible for assuring that the parent, legal guardian or patient understand the questions and that the application is completed and signed.

Providers must verify that the information pertaining to family income and size indicate that the family is eligible for CPE by using the following “Income Eligibility Guidelines.” The chart is intended for provider use only and is not to be shared with the patient/family.

Income Eligibility Guidelines

The following chart is used to determine whether a CPE applicant's gross family income is at or below the Medi-Cal program's income limits. "Gross income" refers to income before taxes and other deductions. This chart is updated annually.

266 percent of the 2024 Federal Poverty Level (FPL) guidelines effective January 1, 2024, through December 31, 2024 (for determinations of CPE aid codes 8W and 8X only).

CPE FPL Chart – 2024 Income Eligibility Guidelines

Number of Persons in the Household	266 Percent Monthly Income	266 Percent Annual Income
1	\$3,339	\$40,060
2	\$4,533	\$54,371
3	\$5,725	\$68,682
4	\$6,916	\$82,992
5	\$8,111	\$97,303
6	\$9,303	\$111,614
7	\$10,494	\$125,925
8	\$11,689	\$140,236
9	\$12,880	\$154,546
10	\$14,072	\$168,857
11	\$15,266	\$183,168
12	\$16,458	\$197,479
For households of more than 12 persons, for each additional person, add:	\$1,195	\$14,311

Note: Annual FPL figures updated in the Federal Register by the U.S. Department of Health and Human Services.

Certifying the Application

The parent, legal guardian or emancipated minor who completes the DHCS 4073 form must sign the document prior to submitting the CPE transaction through the Medi-Cal Provider Portal. The application is not complete without a valid signature. Valid signatures include a wet ink, telephonic or electronic signature. The signed DHCS 4073 must be retained in patient files.

CPE Transactions

Providers enter the information from the patient's completed hard copy Pre-Enrollment Worksheet into the CPE Application, submit the transaction for processing and receive a real-time eligibility determination response message.

Refer to the *Children's Presumptive Eligibility (CPE) Step-by-Step User Guide* for general information and complete instructions for submitting transactions through the Medi-Cal Provider Portal.

Immediate Need

Following completion of the CPE enrollment transaction, approved individuals receive a copy of the Eligibility Approval response message for Immediate Need services and should be given an insurance affordability application to apply for healthcare coverage beyond their temporary Medi-Cal enrollment period.

Providers must print two (2) copies of the Eligibility Approval response message and give one (1) copy to the parent, legal guardian or emancipated minor and retain the other copy in the patient's records. The document will include a Client Signature Line if the child or youth does not have a Benefits Identification Card (BIC). If there is a signature line, the parent, legal guardian or emancipated minor must sign the printout to use as an *Immediate Need Document*, or temporary BIC.

After receiving the Eligibility Approval response message and printing copies of the response message, the provider must enter the BIC number in the Medi-Cal eligibility verification system to determine the range of services for which the individual is eligible. The response from the verification system must also be kept in the patient's medical records.

The Eligibility Approval response message may be used by recipients through the expiration date printed on the message until they receive a permanent BIC in the mail. If the applicant is approved for CPE and provided the wrong address on the *Children's Presumptive Eligibility Pre-Enrollment Worksheet* (DHCS 4073), the provider must refer the applicant/family to contact their county Medi-Cal office to request a BIC.

Benefits Identification Card (BIC) Number

CPE providers use the BIC number on the printed out Eligibility Approval response message to bill for services during the period of full-scope fee-for-service Medi-Cal eligibility.

Children's Presumptive Eligibility (CPE) Step-By-Step User Guide

For additional information about Medi-Cal Provider Portal CPE transactions, providers may refer to the *Children's Presumptive Eligibility (CPE) Step-by-Step User Guide*. The user guide may be downloaded from the Medi-Cal Providers website.

Legend

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

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