

Additional Guidance to Presumptive Eligibility (PE) for Coronavirus (COVID-19) Application Step-by-Step Guide for Qualified Providers

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Attachment 1 – Response Messages

Attachment 2 – Secure Email to DHCS

Overview for Presumptive Eligibility for COVID-19

Objective

The purpose of this Additional Guidance to Presumptive Eligibility (PE) for Coronavirus (COVID-19) Application Step-by-Step Guide for Qualified Providers is to provide further instructions on processing applications for individuals requesting the necessary diagnostic testing, testing-related services, and treatment services, including all medically necessary care for the individual associated with COVID-19, who do not meet the eligibility requirements for the other PE programs.

Introduction

On March 18, 2020, House Resolution (H.R.) 6201 (Families First Coronavirus Response Act, Section 6004) authorized State Medicaid Programs to provide access to COVID-19 diagnostic testing and testing-related services at no cost to the individual.

As of April 8, 2020, PE for COVID-19 has been implemented. The PE period for this program is date specific. The Qualified Provider (QP) will enroll the individual on the date of application. This program will be available to individuals with no insurance; who currently have private insurance that does not cover COVID-19 diagnostic testing, testing-related services, and treatment services; who do not qualify for any Medi-Cal programs (with the exception of individuals who have not met a Medi-Cal Share of Cost obligation); and is a California resident. This new aid code will provide access to COVID-19 diagnostic testing, testing-related services, and treatment services, including all medically necessary care for COVID-19, such as the associated office, clinic or emergency room visit, without regard to immigration status, income, or resources.

To prevent barriers to care, DHCS is instructing Qualified Providers (QPs) to send application referrals directly to DHCS for individuals requesting COVID-19 diagnostic testing, testing-related services, and treatment services, as outlined in this document, **for all individuals who currently do not meet the eligibility requirements for the other PE programs.**

Additional Guidance for PE for COVID-19 Application Process

Objective

In this section, you will learn how to process an application for individuals who request diagnostic testing, testing-related services, and treatment services, including all medically necessary care associated with COVID-19, and does not meet the eligibility requirements for other PE programs.

Application Processing

The PE for COVID-19 will utilize existing QPs allowed under California's existing State Plan for PE programs. When an individual requests diagnostic testing, testing-related services, and treatment services, including all medically necessary care associated with COVID-19, the QP must complete the following steps:

Step	Action
Step 1	<p>The QP will inform the individual requesting COVID-19 diagnostic testing, testing-related services, and treatment services, including all medically necessary care, to complete the application for the appropriate PE program overseen by the QP, and use the existing PE business processes for evaluation.</p> <ul style="list-style-type: none"> • For Hospital Presumptive Eligibility (HPE), use the HPE Application (DHCS 7022) • For Child Health and Disability Prevention (CHDP) Gateway Program, use the Pre-Enrollment Application (DHCS 4073, rev. 10/13) • Presumptive Eligibility for Pregnant Women (PE4PW), use Presumptive Eligibility for Pregnant Women Program Application (MC 263P) <p>Go to Step 2</p>
Step 2	<p>Once the application is complete, the QP will review the application using the existing PE business process to determine if the individual meets the requirements for HPE, PE4PW, or CHDP Gateway eligibility.</p> <p>Go to Step 3.</p>

Step	Action
Step 3	<p>If the individual does not meet the eligibility requirements for HPE, PE4PW, or CHDP Gateway, and if the individual is not enrolled in any other coverage under the Medi-Cal Program (with the exception of a Medi-Cal Program with an uncertified SOC), the individual will be enrolled into PE for COVID-19.</p> <p>Note: The QP will not be able to process this application through the Medi-Cal Provider website because the individual does not meet the eligibility requirements.</p> <p>Go to Step 4</p>
Step 4	<p>Since the individual is applying for PE for COVID-19, the QP should not inform the individual that they do not meet the eligibility requirements for HPE, PE4PW, or CHDP Gateway.</p> <p>The QP should verbally inform the individual with the following message:</p> <p>“You have been granted temporary, limited Medi-Cal coverage effective today under the Presumptive Eligibility for COVID-19 Program. Under this program, diagnostic testing testing-related, and treatment services for COVID-19, including the associated office, clinic or emergency room visit, are covered at no cost. Use this Confirmation Document to get your COVID-19 diagnostic testing, testing-related services, and treatment services including all medically necessary care related to COVID-19. Your eligibility will end on the last calendar day of the 12th month from the date of your application or until the COVID-19 public health emergency ends, whichever comes first.”</p> <p><u>And</u></p> <p>The QP will manually generate an approval response message and provide a copy of the response to the individual with the following message:</p> <p>“You have been granted temporary, limited Medi-Cal coverage effective today under the Presumptive Eligibility for COVID-19 Program. Under this program, diagnostic testing testing-related, and treatment services for COVID-19, including the associated office, clinic or emergency room visit, are covered at no cost. Use this Confirmation Document to get your COVID-19 diagnostic testing, testing-related services, and treatment services including all medically necessary care related to COVID-19. Your eligibility will end on the last calendar day of the 12th month from the date of your application or until the COVID-19 public health emergency ends, whichever comes first.”</p> <p>Please see also Attachment 1, regarding Response Messages.</p> <p>Go to Step 5.</p>

Step	Action
Step 5	<p>The QP must contact DHCS via secure email to the following email inbox, COVID19Apps@dhcs.ca.gov. Please also add "PE COVID-19 Application" in the subject line.</p> <p>Go to Step 6.</p>
Step 6	<p>In the email body of the secure email to DHCS, please include the pre-screening questions and the following required information regarding the applicant by using the example email in Attachment 2, Secure Email to DHCS of this guide.</p> <ul style="list-style-type: none"> • Date of Application (MM/DD/YYYY) • Last Name • First Name • Middle Name (if applicable) • Suffix (if applicable) • Birthdate • SSN or pseudo SSN (If none, you must write 'None') • CIN (please input the "beneficiary ID", if applicable) • Gender (Male or Female) • Ethnicity – optional, if known • Spoken Language – optional, if known • Phone Number • Is the individual living in California? (Yes/No) • If yes, what County is the individual living in? • If "Safe At Home" participant, check the box and answer the questions below. <ul style="list-style-type: none"> a) What is your P.O. Box address, if known b) What if your Safe at Home • Is the individual homeless? (Yes/No) • Residence Address • Residence Address City • Residence Address State • Residence Address Zip Code • Residence Address County Code – optional, if known • Mailing Address – optional, if known • Mailing Address City – optional, if known • Mailing Address State – optional, if known • Mailing Address Zip Code – optional, if known <p>DHCS will not be able to process an incomplete application.</p> <p><u>Note: Applications received after 3:00 p.m. will be processed the next business day. However, due to the volume of applications received, there may be a delay in the application processing time. By sending the applicant</u></p>

Step	Action
	<p><u>information to DHCS, the QP is acknowledging that they have accepted the self-attestation that the individual is a California resident, the individual is currently not insured or currently has private insurance that does not cover COVID-19 diagnostic testing, testing-related services, and treatment services, and the QP is unable to complete the evaluation for HPE, PE4PW, or CHDP Gateway because the applicant does not meet the eligibility requirements for these PE programs. Please also leave your contact information in the email should DHCS need to contact you.</u></p> <p>Go to Step 7.</p>
Step 7	<p>The QP will receive an automatic email confirmation from DHCS regarding the submitted COVID-19 application. If an email confirmation is not received, the QP should send a separate email to follow-up with DHCS at COVID19Apps@dhcs.ca.gov.</p>
Step 8	<p>DHCS will process the completed application, and the QP should be able to review the eligibility for the beneficiary by the next business day in the Point of Service (POS) system.</p> <p>IMPORTANT: Providers are to render the COVID-19 diagnostic testing, testing-related services, and treatment services, including all medically necessary care for the individual at the time of the individual's visit to the office, clinic, or hospital. DHCS will process the email application referrals so providers can be paid for the services rendered for COVID-19 diagnostic testing, testing-related services, and treatment services to individuals, including all medically necessary care such as the associated office, clinic or emergency room visit.</p>

Contact Information

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

If there are any questions or concerns, please call the Telephone Service Center (TSC) at 1-800-541-5555. The TSC is available 8 a.m. to 5 p.m., Monday through Friday, except holidays (border providers and out-of-state billers billing for in-state providers, call [916] 636-1200).

Response Messages

As stated in Step 4, the QP should **not** inform the individual that they do not meet the eligibility requirements for HPE, PE4PW, or CHDP Gateway since the individual is applying for COVID-19.

The QP should verbally inform the individual with the following message:

“You have been granted temporary, limited Medi-Cal coverage effective today under the Presumptive Eligibility (PE) for COVID-19 Program. Under this program, diagnostic testing testing-related, and treatment services for COVID-19, including the associated office, clinic or emergency room visit, are covered at no cost. Use this Confirmation Document to get your COVID-19 diagnostic testing, testing-related services, and treatment services including all medically necessary care related to COVID-19. Your eligibility will end on the last calendar day of the 12th month from the date of your application or until the COVID-19 public health emergency ends, whichever comes first.”

And

The QP will manually generate an approval response message and provide a copy of the response to the individual with the following message:

“You have been granted temporary, limited Medi-Cal coverage effective today under the Presumptive Eligibility (PE) for COVID-19 Program. Under this program, diagnostic testing testing-related, and treatment services for COVID-19, including the associated office, clinic or emergency room visit, are covered at no cost. Use this Confirmation Document to get your COVID-19 diagnostic testing, testing-related services, and treatment services including all medically necessary care related to COVID-19. Your eligibility will end on the last calendar day of the 12th month from the date of your application or until the COVID-19 public health emergency ends, whichever comes first.”

Providers are to render the COVID-19 diagnostic testing, testing-related services, and treatment services, including all medically necessary care related to COVID-19 for the individual at the time of the individual’s visit to the office, clinic or hospital. DHCS will process the email application referrals so providers can be paid for the services rendered for COVID-19 diagnostic testing, testing-related services, and treatment services to individuals, including all medically necessary care such as the associated office, clinic, or emergency room visit.

**State of California Department of Health Care Services
Presumptive Eligibility (PE) for Coronavirus (COVID-19)
Application Information and Instructions for Providers**

***FOR PROVIDER/OFFICE USE ONLY* (Rev. 07/2020)**

This checklist is to assist Hospital Presumptive Eligibility (HPE), Child Health and Disability Prevention (CHDP) Gateway, and Presumptive Eligibility for Pregnant Women (PE4PW) Providers in determining if an individual is eligible to submit an application for the PE for COVID-19 program.

Pre-Screening Questions

1.	Is the individual a California Resident with the intent to reside?	<input type="checkbox"/> Yes If 'Yes', please proceed to number 2.	<input type="checkbox"/> No If 'No', please STOP here . The individual does not meet the program requirements to apply. DO NOT submit this referral.
2.	Does the individual have private health insurance?	<input type="checkbox"/> Yes If 'Yes', please proceed to number 3.	<input type="checkbox"/> No If 'No', please proceed to number 4.
3.	Does the individual's private health insurance cover COVID-19 diagnostic testing, testing-related services, and treatment services at no cost to them?	<input type="checkbox"/> Yes If 'Yes', please STOP here . The individual does not meet the program requirements to apply. DO NOT submit this referral.	<input type="checkbox"/> No If 'No', please proceed to number 4.
4.	Did you check the Automated Eligibility Verification System (AVES) to see if the individual is currently enrolled in a Medi-Cal program?	<input type="checkbox"/> Yes If 'Yes', please proceed to number 5.	<input type="checkbox"/> No If 'No', please check AVES first before proceeding to number 5.
5.	Is the individual currently enrolled in a Medi-Cal program?	<input type="checkbox"/> Yes If 'Yes', please proceed to number 6.	<input type="checkbox"/> No If 'No', please proceed to number 8.
6.	Is the individual enrolled in a Medi-Cal program with a Share of Cost (SOC)?	<input type="checkbox"/> Yes If 'Yes', please proceed to number 7.	<input type="checkbox"/> No If, 'No' then STOP here . COVID-19 services are covered under the Medi-Cal program. DO NOT submit this referral.

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<p>7. If 'Yes', has the SOC been met/certified?</p>	<p><input type="checkbox"/> Yes</p> <p>If, 'Yes' then STOP here. COVID-19 services are covered under the Medi-Cal program. DO NOT submit this referral.</p>	<p><input type="checkbox"/> No</p> <p>If 'No', please proceed to number 8.</p>
<p>8. Were you able to evaluate the individual for the HPE, PE4PW, or CHDP Gateway program through the Medi-Cal Provider website?</p>	<p><input type="checkbox"/> Yes</p> <p>If, 'Yes' then STOP here. Follow the Presumptive Eligibility (PE) for Coronavirus (COVID-19) Application Step-by-Step Guide for Qualified Providers on how to process the PE for COVID-19 application through the Medi-Cal Provider website. DO NOT submit this referral.</p>	<p><input type="checkbox"/> No</p> <p>If 'No', please proceed to the application.</p>

*****Only submit an application if the applicant meets the program requirements from Questions 1 – 8 and the step directs you to proceed to the application. Otherwise DO NOT submit this referral. Incomplete applications will not be processed.*****

Important information about PE for COVID-19

All applications submitted to the Department of Health Care Services (DHCS) are considered for Federally-funded PE benefits. These benefits are temporary and date specific. COVID-19 Uninsured benefits are approved until the end on the last calendar day of the 12th month from the date of the application or until the public health emergency ends, whichever comes first.

If the applicant is approved for PE for COVID-19, inform them that they can get immediate care by using their confirmation document.

- Inform the applicant that benefits will terminate last calendar day of the 12th month from the date of the PE application or until the public health emergency ends, whichever comes first.
- Inform the applicant that they are not guaranteed for COVID-19 benefits until the final determination is processed.

Note: *If you have any questions or require corrections to the application after submitting, please contact DHCS via email (COVID19Apps@dhcs.ca.gov). Do not submit multiple applications for the same person, unless DHCS staff has instructed you to do so.*

**State of California Department of Health Care Services
Presumptive Eligibility (PE) for Coronavirus (COVID-19) Application Referral Form**

I am a Medi-Cal Qualified Provider (QP), and I am submitting the following applicant information for evaluation to the Presumptive Eligibility (PE) for Coronavirus (COVID-19) Program. I acknowledge that I accepted the applicant's self-attestation of California residency, uninsured status or insured under a policy that does not cover diagnostic testing, testing related services and treatment services related to COVID-19, and that the applicant does not meet the eligibility requirements for the following PE programs: Hospital Presumptive Eligibility (HPE), Presumptive Eligibility for Pregnant Women (PE4PW), or the Child Health and Disability Prevention (CHDP) Gateway Program.

Qualified Provider's (QPs) Contact Information

Agency Name	
NPI Number	
Name	
Email	
Phone Number	

- I confirm that the applicant is not currently enrolled in any full or limited scope Medi-Cal program
- I confirm that the applicant does not have private insurance that covers COVID related services
- I confirm that the applicant does not receive Supplemental Social Security Benefits

Applicant Information

1. Date of Application (MM/DD/YYYY)	
2. Last Name	
3. First Name	
4. Middle Name (if applicable)	
5. Suffix (if applicable)	
6. Birthdate	
7. SSN or pseudo SSN (If none, you must write in 'None')	
8. CIN (please input the "beneficiary ID" number if applicable)	
9. Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
10. Ethnicity (optional)	
11. Spoken Language (optional)	
12. Phone Number	
13. Is the individual living in California?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. If yes, what County is the individual living in?	
15. <input type="checkbox"/> If "Safe at Home" participant, check the box and answer the questions below.	
a) What is your P.O. Box address, if known? _____	
b) What is your Safe at Home Participant ID, if known? _____	

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16.	Is the individual homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Residence Address		
18.	Residence Address City		
19.	Residence Address State		
20.	Residence Address Zip Code		
21.	Residence County Code (optional)		
22.	Mailing Address (optional)		
23.	Mailing Address City (optional)		
24.	Mailing Address State (optional)		
25.	Mailing Address Zip Code (optional)		

Certification

By signing, I certify that I have read and understand this form. I declare that the information provided is true, correct, and complete.

Telephonic Signatures

In order to accept a telephonic signature, the following procedure must be followed by QPs:

1. Read the consent language aloud to the individual/Authorized Representative as it is stated on the signature page of the PE for COVID-19 Application:

By signing, I declare that what I say below is true and correct.

- I have read and understood this PE for COVID-19 Medi-Cal Application.
- The information I provided is true, correct, and complete.

2. Ask that the individual/Authorized Representative verbally acknowledge their consent

3. In the signature line, write "Verbal consent – COVID-19"

4. Be sure to document and keep documentation for all verbal consent obtained

Signature	Relationship to Applicant	Date