State of California
Department of Health Care Services

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

California Medicaid Management Information System

V 2.1

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CPE Transaction Overview

Introduction

Presumptive Eligibility

The Children's Presumptive Eligibility (CPE) transaction allows CPE Qualified Providers to presumptively enroll eligible children and youth into temporary, full-scope coverage based on self-attested information for up to two months. Eligibility determinations are conducted by the Qualified Provider in real-time and outcomes communicated in writing.

Deemed Infant Enrollment into Medi-Cal

The CPE transaction process also allows the same transaction to automatically enroll eligible infants under one year of age into Medi-Cal without their parent(s) having to complete a *Single Streamlined Application* (CCFRM604). Deemed eligible infants are those whose mothers had Medi-Cal eligibility at the time of delivery and continue to reside in California. Eligible infants receive full-scope, no-cost Medi-Cal until their first birthday.

Process Background

The *Children's Presumptive Eligibility Pre-Enrollment Worksheet* (DHCS 4073, Rev 11/2024) acts as a paper version of the CPE application located online in the Medi-Cal Provider Portal. The worksheet is used as a resource to collect information needed for the online application. It may also be used when there is a portal outage, and the provider cannot submit the application via the CPE Portal. In this instance, providers should have the applicant complete and sign the form and submit it, along with verification of the outage, to the CPE email for DHCS staff to make a manual determination.

Paper versions of the worksheet are available under the "Supplemental Materials" section of the new CPE page of the Medi-Cal Providers website.

When completing the CPE application, providers have the following options:

- Reference the hardcopy worksheet:
  - Download, print and assist the applicant with the completion then enter all information exactly as written into the online application.
- Document verbal responses. As each question from the online application and enter the responses exactly as communicated.

Once the online application is complete, it will generate an auto-populated **Application Summary** that must be reviewed and signed by the applicant, parent, legal guardian or authorized representative prior to submission. Print two (2) copies of the Application Summary**,** one for the applicant and one for the applicants file. The Application Summary is not complete without a valid signature and a signature confirms all information submitted on the enrollment transaction has been reviewed and is correct.

After the submission of the CPE online application, a new web page displays a response message indicating the applicant's eligibility determination results. Providers must print two (2) copies of the eligibility response message. One (1) copy is given to the applicant and one (1) copy is kept in the applicant's file. If the applicant is determined eligible by the response message, the applicant uses the printout as an *Immediate Need Eligibility Document* for services. The applicant, spouse, parent/legal guardian or authorized representative must sign the *Immediate Need Eligibility Document* on the client signature line.

Signatures

Acceptable signatures include a physical signature, electronic signature or a verbal/telephonic signature.

- Verbal signatures can be taken if the applicant or their parent or authorized representative is physically unable to sign.

In order to accept a verbal signature, the following procedure must be followed:

1. Read the consent language aloud to the individual/Authorized Representative as it is stated on the signature page of the Presumptive Eligibility (PE) Application:
   a. **By signing, I declare that what I say below is true and correct**.
      i. I have read and understood this CPE Medi-Cal Application.
      ii. The information I provided is true, correct, and complete.
      iii. 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.
      iv. I have received the insurance affordability application.
2. Ask that the individual/Authorized Representative verbally acknowledge their consent.
3. In the signature line of the application, type “Verbal consent-[date].”
4. Be sure to document and keep documentation for all verbal consent obtained.

Technical Assistance

If you have any questions or concerns regarding Medi-Cal transactions, please call the Telephone Service Center (TSC) at 1-800-541-5555 and follow the prompts for the POS/Internet Help desk.

They are available Monday through Friday, between 8 a.m. and 5 p.m., excluding weekends and holidays.

Required Training Course

First time CPE providers or users must meet all of the following qualifications to access the CPE application and enroll children:

- Complete registration and affiliation in the Medi-Cal Provider Portal and have received a Medi-Cal provider number or National Provider Identifier (NPI).
  - If you have not registered for the Provider Portal, please refer to the Provider Portal FAQ's on the Medi-Cal Provider Portal FAQ web page.
- Complete the required Children's Presumptive Eligibility (CPE) 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 TSC at 1-800-541-5555.

Access the CPE Application

Follow these steps to access the CPE online application located in the Transaction Center of the Provider Portal.

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.

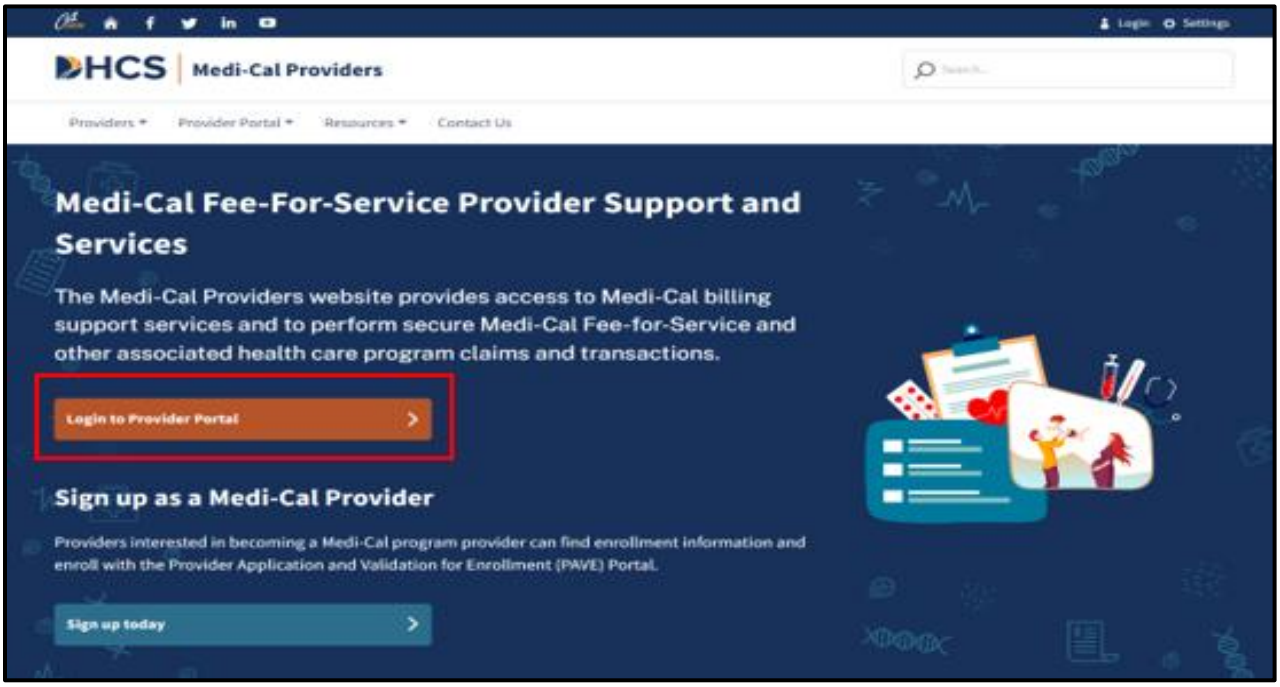


Figure 1.1: Medi-Cal Providers website.

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

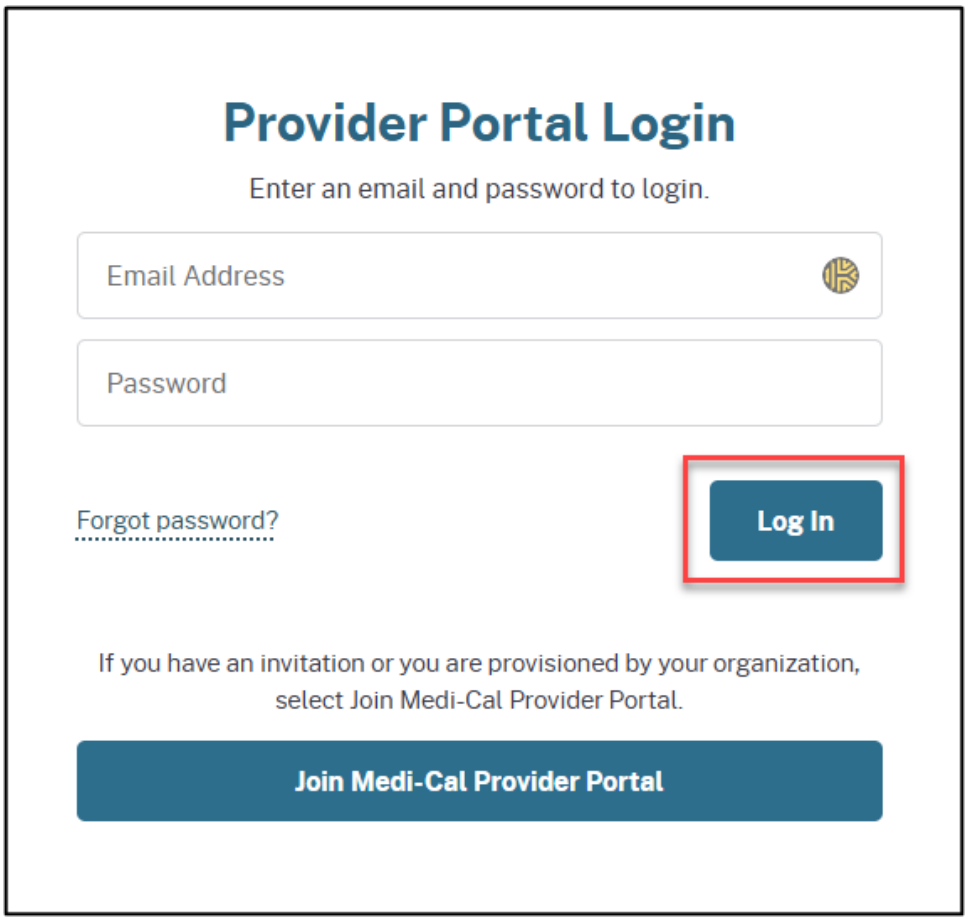


Figure 1.2: Medi-Cal Provider Portal

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

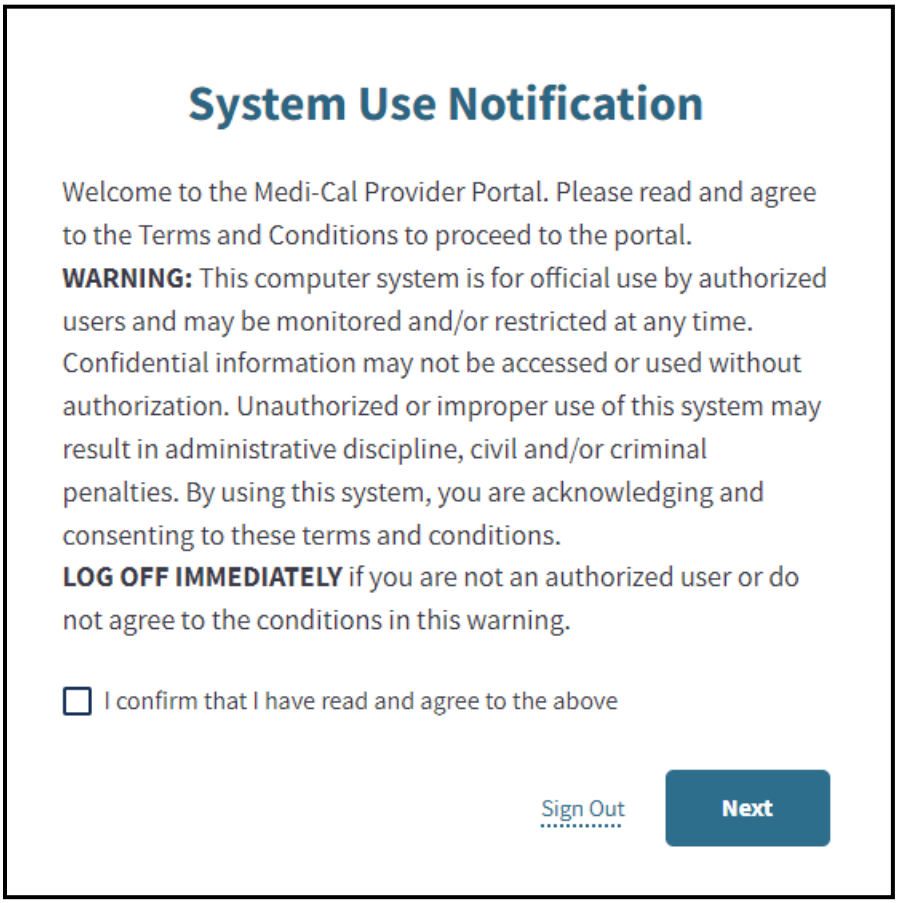


Figure 1.3: System Use Notification.

Administrator Role

Assign Staff (Processor) Roles

In order for a staff (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 the Organization page, use the drop down to select the option to search by NPI or organization name. Enter the NPI or organization's name and click **Search**.

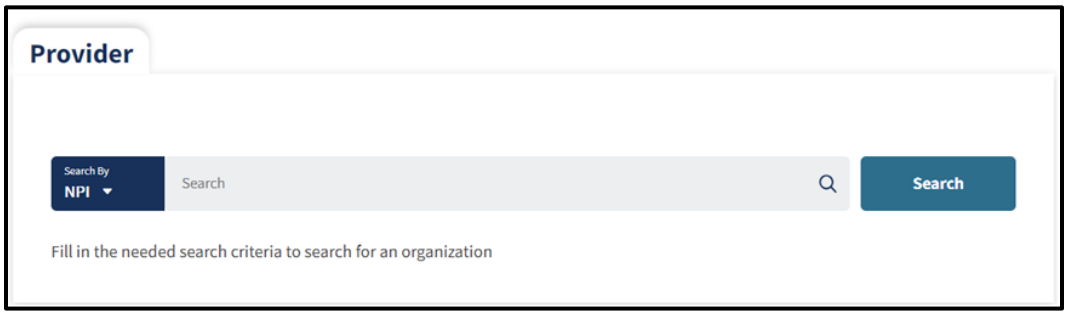


Figure 1.4: Search an organization.

2. Select the desired organization from the search.

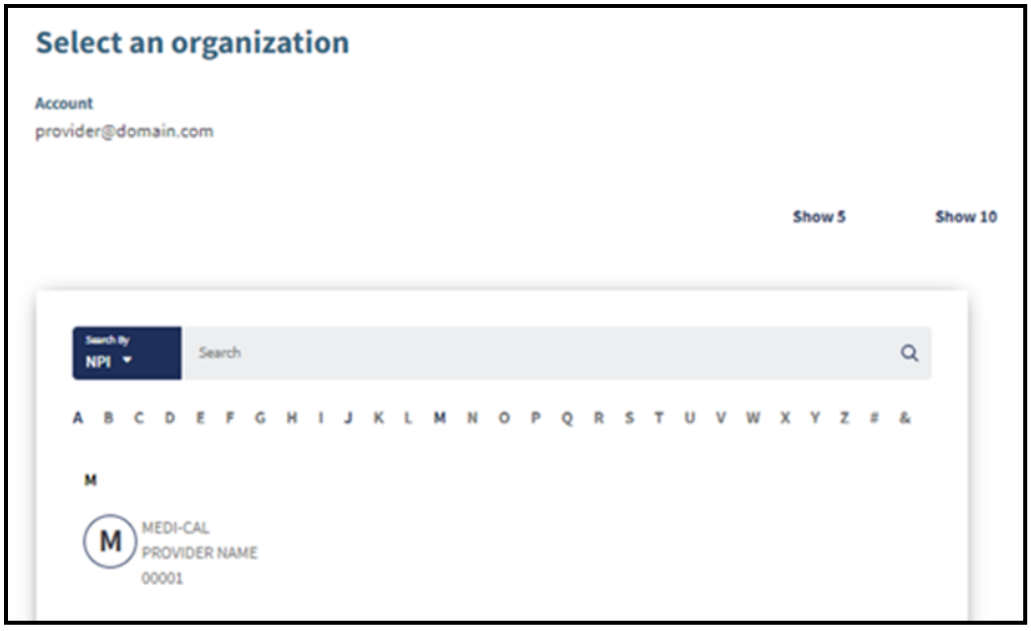


Figure 1.5: Select an organization.

3. Select the **Provider Portal** menu.

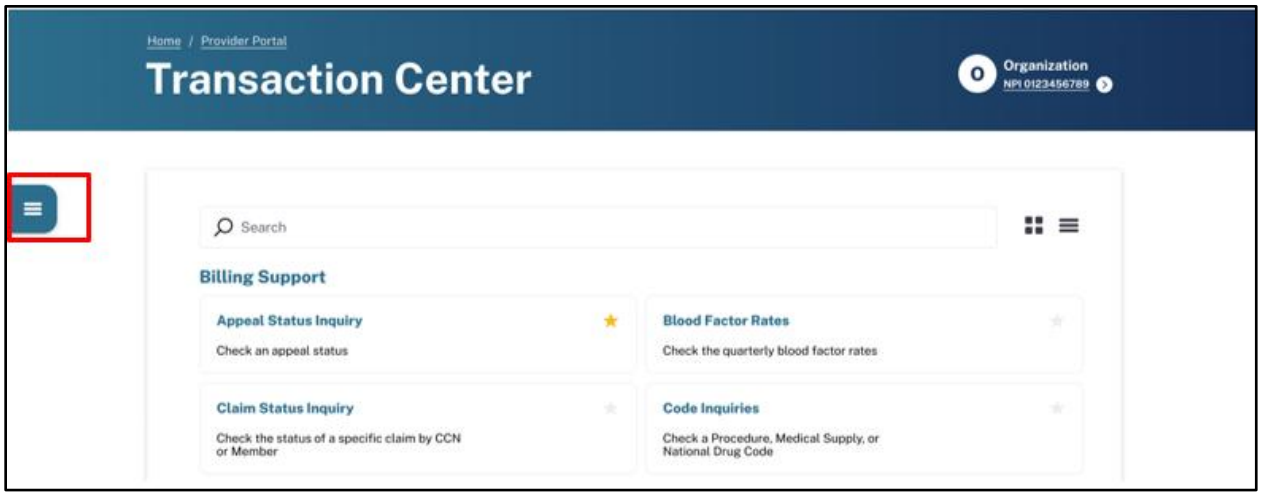


Figure 1.6: Transaction Center.

4. Click **Manage Organization**.

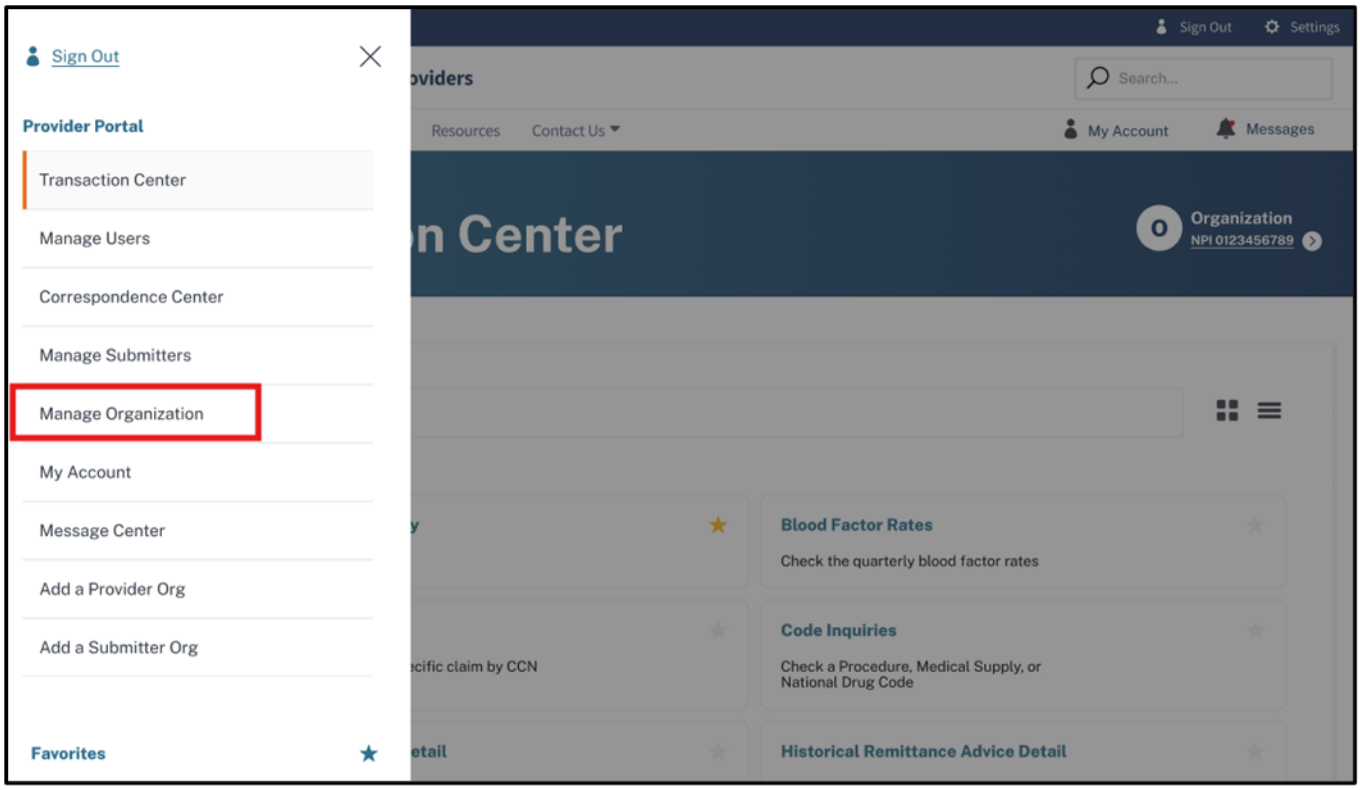


Figure 1.7: Provider Portal Menu

5. Select **Presumptive Eligibility Provider Agreements.**

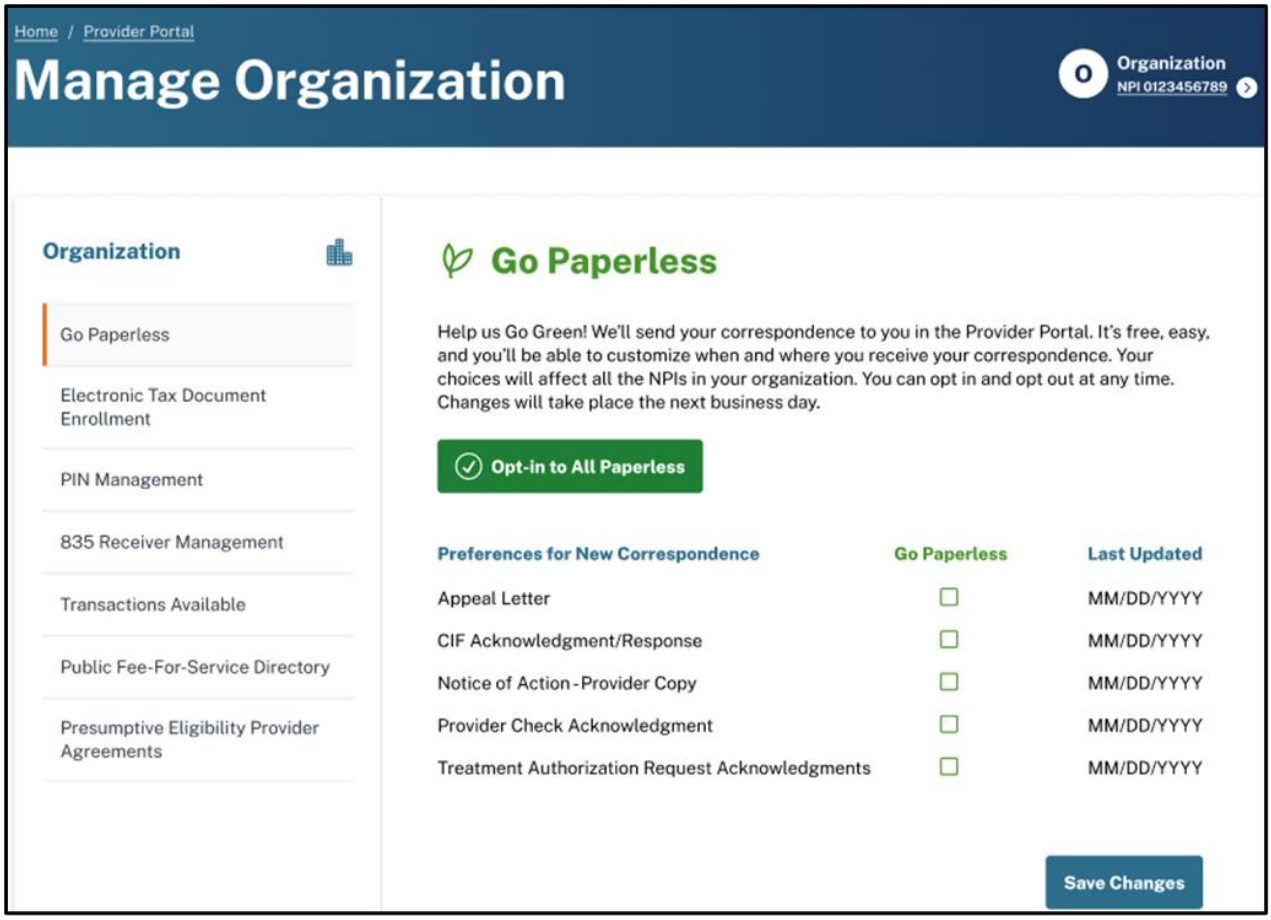


Figure 1.8: Manage Organization.

6. From the **Select Program Type** dropdown menu, select **Children's Presumptive Eligibility.**

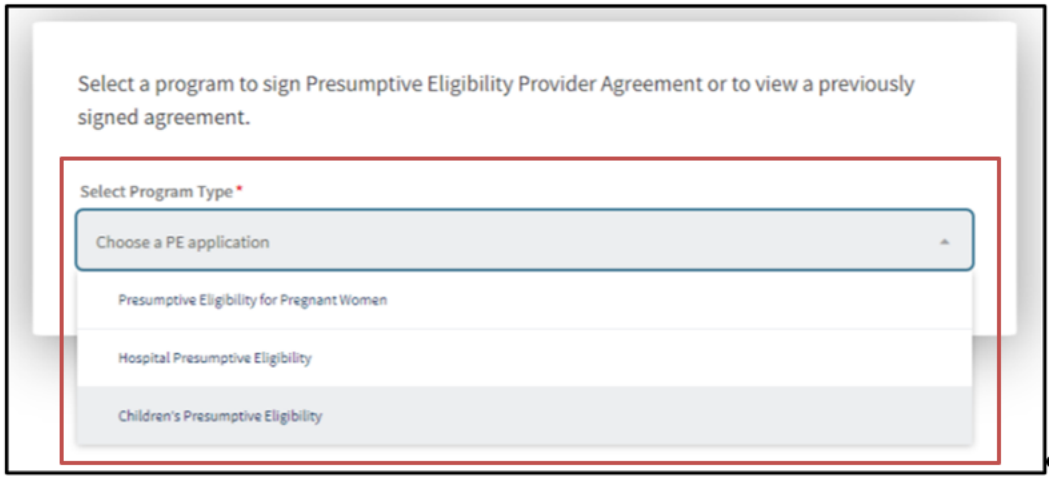


Figure 1.9: Select Program Type.

7. Click **Sign** to complete a provider agreement for the selected NPI.

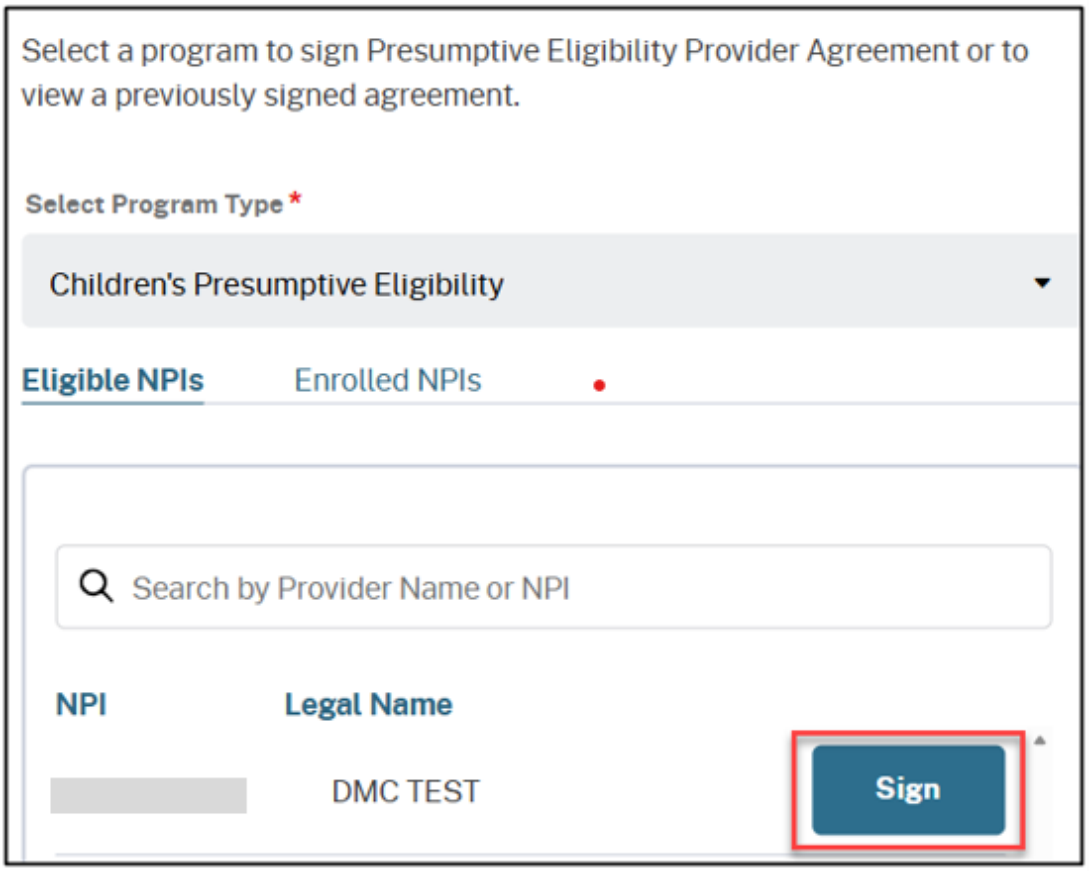


Figure 1.10: Select and NPI to sign a CPE agreement.

8. Read the agreement and check the box to authorize to attest and agree to all the terms and conditions. Once complete, sign the agreement and click **Submit.**

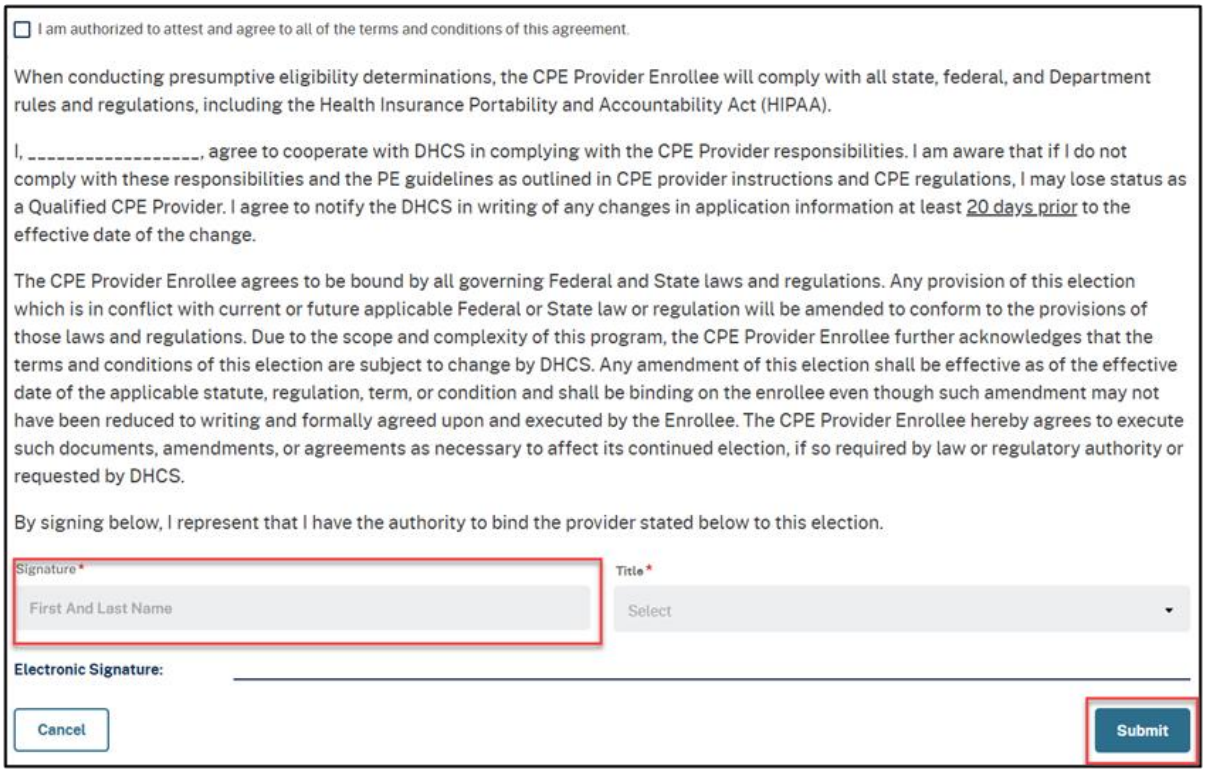


Figure 1.11: Sign Provider Agreement.

9. After submitting the provider agreement, a confirmation message will appear and providers can view the agreement in the Enrolled NPI tab by clicking View next to the NPI.

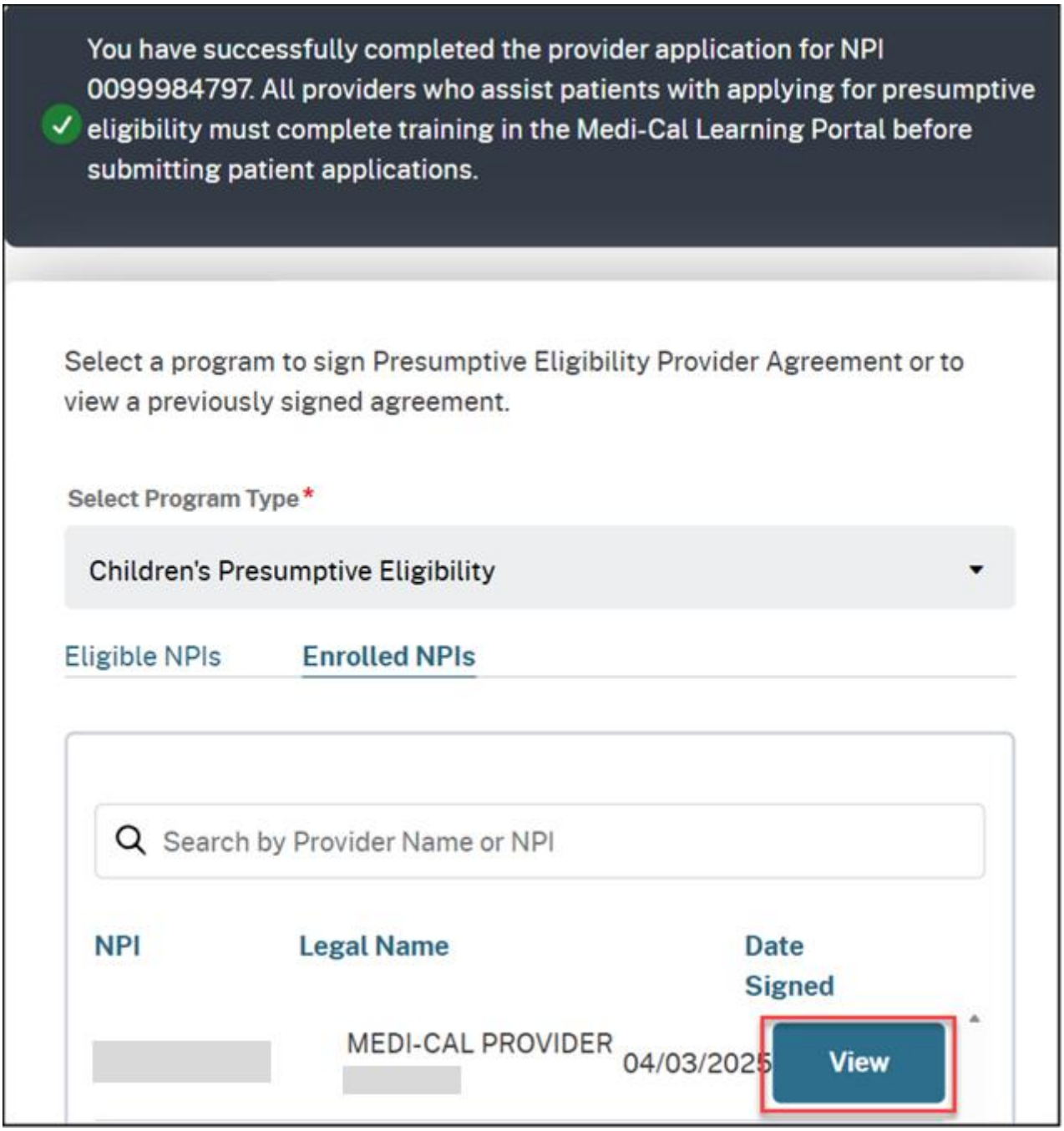


Figure 1.12: Agreement Confirmation.

10. A copy of the agreement .Click **Print**

Figure 1.13: Agreement.

11. 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.

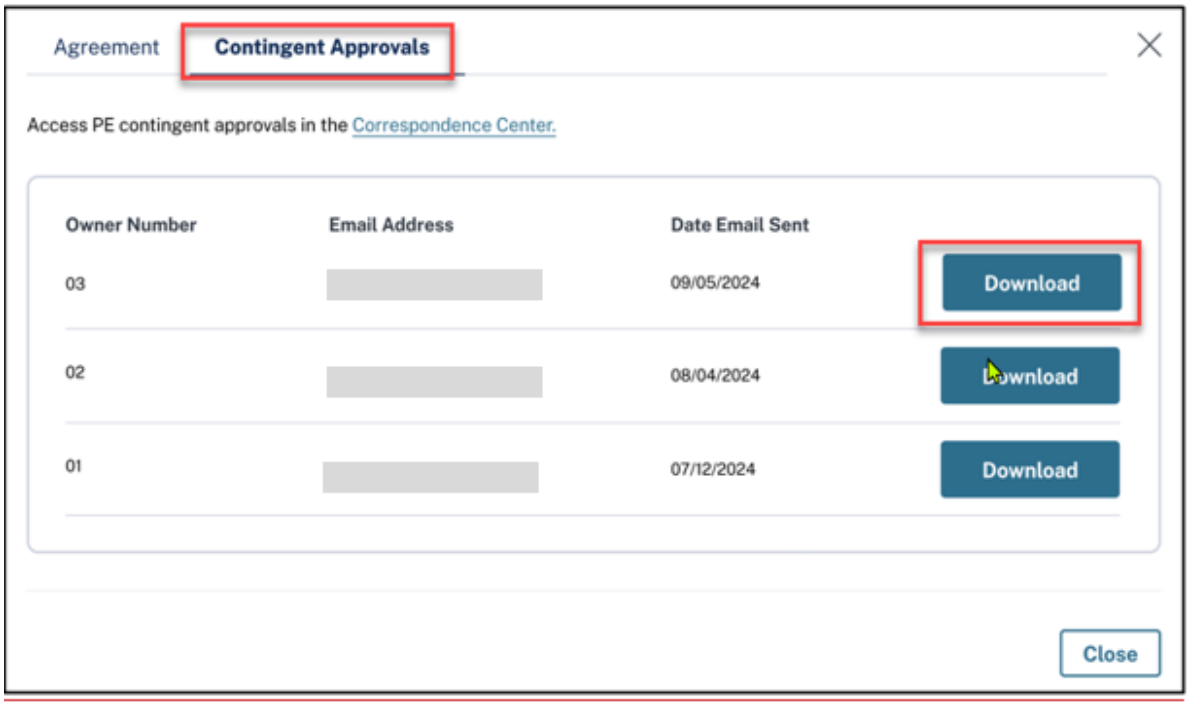


Figure 1.14: Download Contingent Approvals

12. A screen to enter Medi-Cal Learning Portal (MLP) information will appear. Enter an MLP User ID to complete the required CPE and Newborn Gateway CBT courses and click **Continue**.

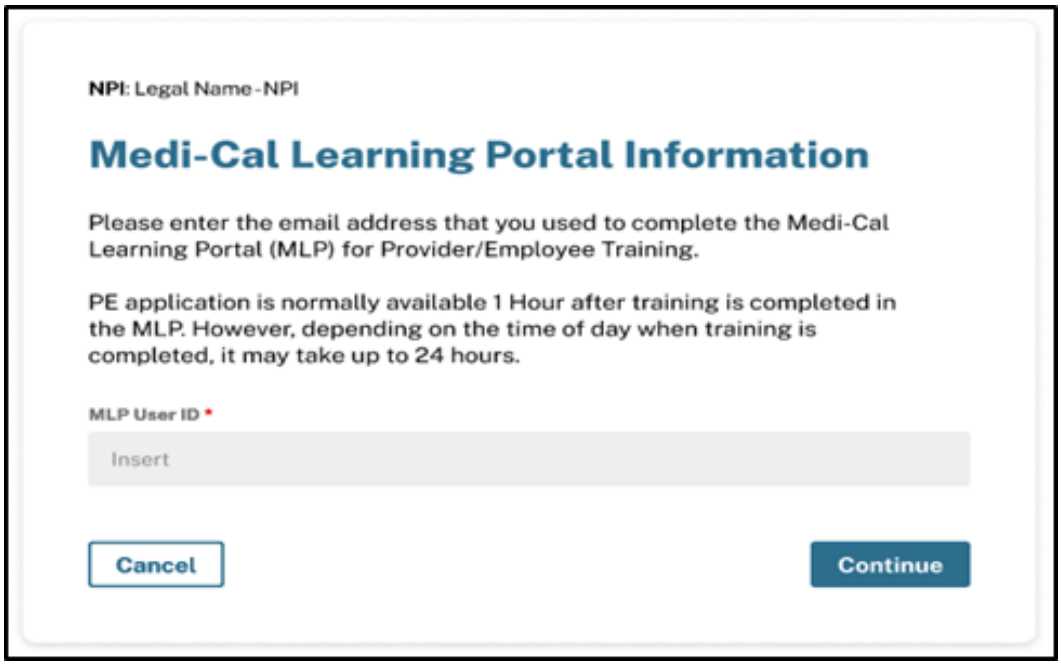


Figure 1.15 Medi-Cal Learning Portal Information.

Upon completion of the CPE and Newborn Gateway CBT courses, return to the Provider Portal to complete the CPE enrollment application form. To start the enrollment application process, follow the steps for Processor role below.

Note: Once the training courses are complete, wait between one hour to 24 hours to access the CPE enrollment application.

Processor Role

Complete the Application Enrollment Transaction Sections:

This section describes how to perform a CPE enrollment transaction within the Provider Portal. The CPE enrollment transaction is the CPE online application which consists of several sections that must be completed based on the applicant's responses. Field specifications are listed within these sections containing more details of the values entered.

Note: Each screen contains fields to complete. Instructions for completing the fields are contained in this guide. Required fields are indicated by an asterisk (*) on the transaction. Fields without the asterisk are optional.

1. In the Transaction Center, under the **Enrollment** section, click **Children's Presumptive Eligibility**. If the CPE and Newborn Gateway CBT courses are complete, skip steps 2 and 3.

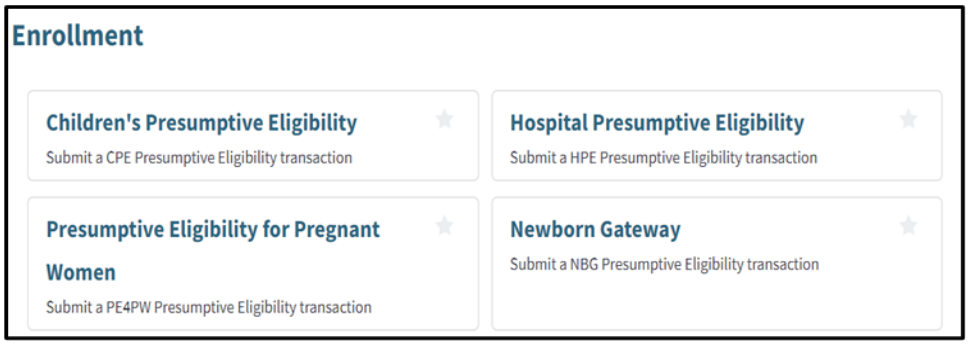


Figure 2.1: The Enrollment Section

2. Insert MLP User ID and click **Continue**. Use the MLP User ID that was assigned when you completed the training courses. The MLP User ID is a one-time entry when saved.

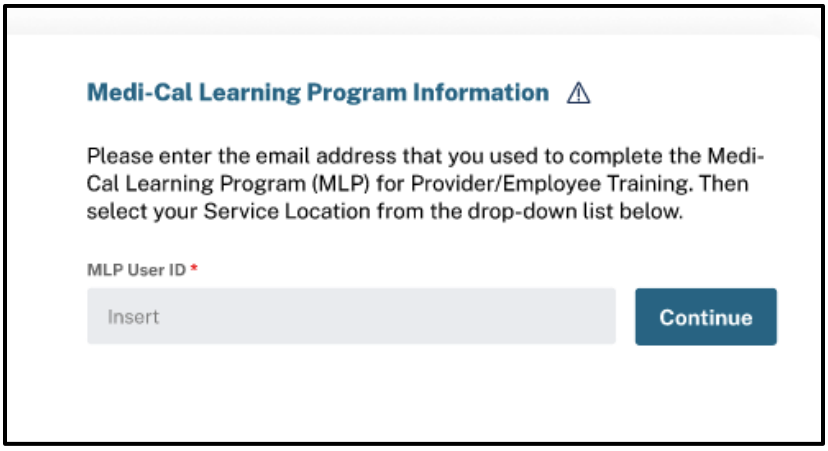


Figure 2.2: Insert MLP User ID.

Note: Use the MLP User ID that was assigned when you completed the training courses. The MLP User ID is a one-time entry when saved. Once training is completed, return to the Provider Portal to access the Transaction Center.

3. On the Service Location Page, click the **Need Help?** drawer to do the following:
   - Access downloadable forms and other supplemental resources on the Children's Presumptive Eligibility resources page.
   - Access the CPE FAQs.
4. Once complete, use the drop-down to select a service location (street address, city, state and zip code) and click Next to proceed to the Verification page.

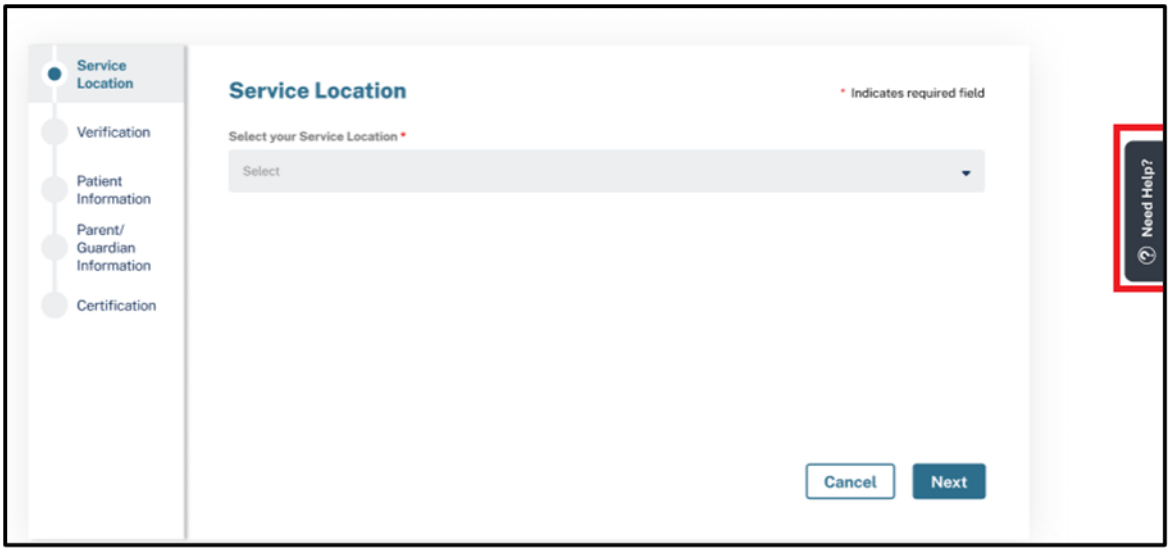


Figure 2.3: CPE Service Location page.

5. On the Verification page, complete the required fields and click **Next** to process to the Applicant Information page or click **Cancel** to cancel the transaction.

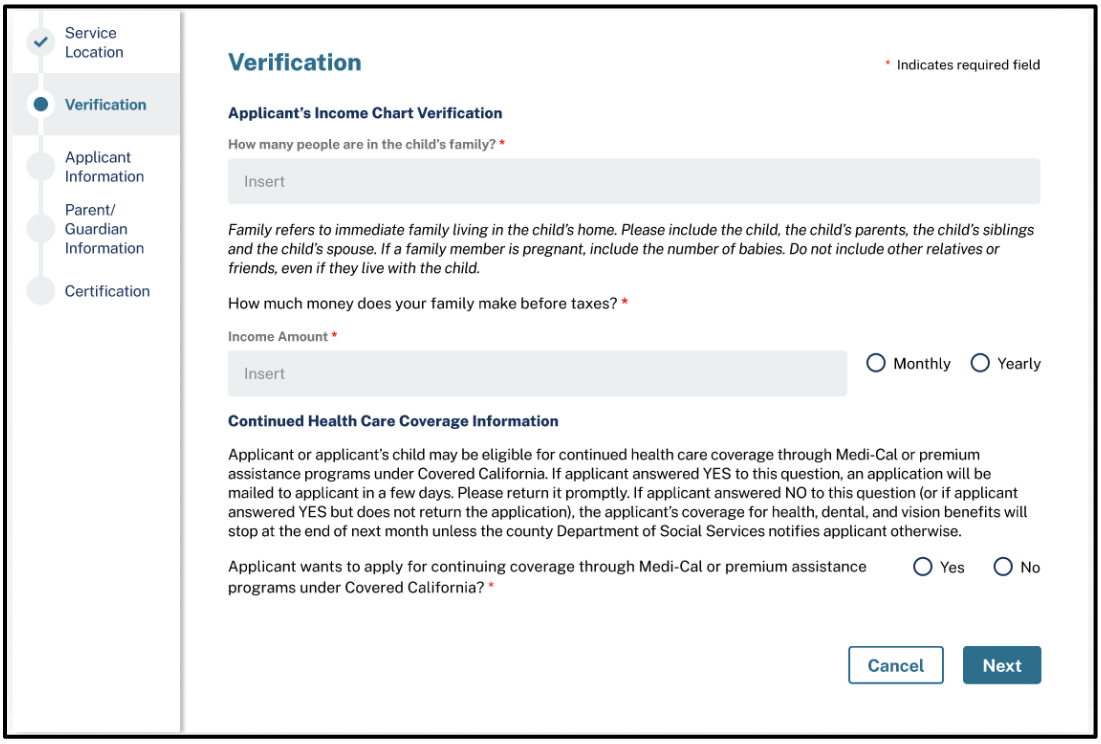


Figure 2.4: Applicant Verification.

Verification Data Field Names and Specifications Table

Field	Details
How many people are in the child's family?	Enter the number of people in the child's family. If the child has no family, enter "1" for the child.
How much money does your family make before taxes?	Enter the gross monthly or yearly income of the family and check an appropriate radio button. Use whole dollars only. You may enter both income amounts, but only one is required.
Applicant wants to apply for continuing coverage through Medi-Cal or premium assistance programs under Covered California?	Select yes/no radio button.

The family size includes the applicant/applicants and any immediate family who live with them.

When a parent/guardian is completing the application on behalf of a minor applicant, they must include themselves, their spouse and any of their children under the age of 19 living in their home in the family size. Any unborn children of a household member should also be counted as the number of expected babies counts towards household size. They should not list other relatives or friends, even if they live with them.

Review the information underneath the “Continued Health Care Coverage Information” heading. Review the completed *Children’s Presumptive Eligibility Pre-Enrollment Worksheet* (DHCS 4073, Rev 11/2024) to appropriately attest to the following:

- Applicant wants to apply for continuing coverage through Medi-Cal or premium assistance programs under Covered California.
- Select “Yes,” if the applicant wants to apply for continuing coverage through the Medi-Cal program.
- Select “No,” if the applicant does not wish to apply.
- If the applicant indicated “Yes,” they would receive a Single Streamlined Application (CCFRM604) form from Medi-Cal within 10 business days.

6. On the Applicant Information page, complete the required fields and click **Next** to go to the Parent/Guardian Information page or click **Cancel** to cancel the transaction.

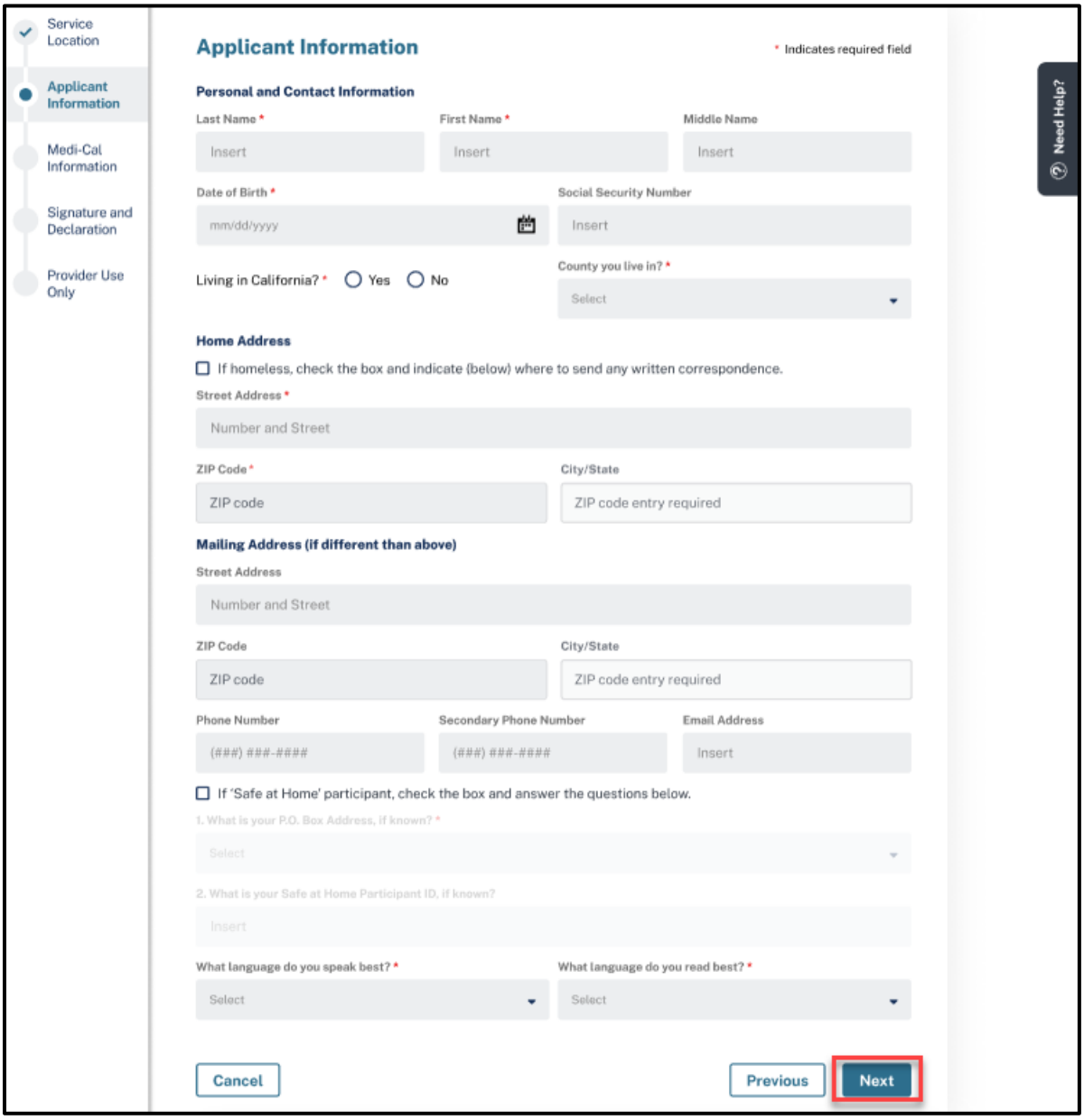


Figure 2.5: Applicant Information.

Applicant Information Data Field Names and Specifications Table

Field Name	Specifications
Does the Applicant have a State of California Benefits Identification Card	Select yes/no radio button.
BIC Card Number	Valid Characters 0-9, A-Z
Applicant's Last Name	Valid characters: A – Z, space, dash (-), apostrophe (') Only A – Z allowed as the first character. The words "SAME" or "NONE" is not allowed in this field.
Applicant's First Name	Valid characters: A – Z, space, dash (-), apostrophe (') Only A – Z allowed as the first character. The words "SAME" and "NONE" are not allowed in this field. Enter pound sign (#) in First Name field to indicate the absence of First Name.
Applicant's Middle Initial	Valid characters: A – Z
Applicant's Date of Birth	Valid Characters 0-9
Social Security Number	Valid characters: 0 – 9
Homeless Indicator	Check box if applicable
Home Street Address	Valid characters: A – Z, 0 – 9, space, period (.), dash (-), ampersand (&), slash (/), number sign (#) The word "SAME" or "NONE" is not allowed in this field. Parentheses characters are not allowed in this field. Only A – Z or 0 – 9 allowed as the first character. Residence address cannot be a general delivery or P.O. box.

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

Field Name	Specifications
Home Zip Code	Valid characters: 0 – 9
Living in California	Select yes/no radio button.
County of Residence	Select from drop down.
Mailing Street Address	Valid characters: A – Z, 0 – 9, space, period (.), dash (-), ampersand (&), slash (/), number sign (#) The word “SAME” or “NONE” is not allowed in this field. Parentheses characters are not allowed in this field. Only A – Z or 0 – 9 allowed as the first character.
Mailing Zip Code	Valid characters: 0 – 9
Mother’s Last Name	Valid characters: A – Z, space, dash (-), apostrophe (‘) Only A – Z allowed as the first character. Minimum of one (1) character required. The words “SAME” and “NONE” are not allowed in this field.
Mother’s First Name	Valid characters: A – Z, space, dash (-), apostrophe (‘) Only A – Z allowed as the first character. Minimum of one (1) character required. The words “SAME” and “NONE” are not allowed in this field.
Mother’s Middle Initial	Valid characters: A – Z, space Only A – Z allowed as the first character.

For Applicants under One Year of Age

This section allows the system to check for Deemed Infant eligibility. The mother's date of birth and BIC/Medi-Cal or Social Security Number are not required for the Child's Presumptive Eligibility application. Fill in details if the information is provided by the applicant.

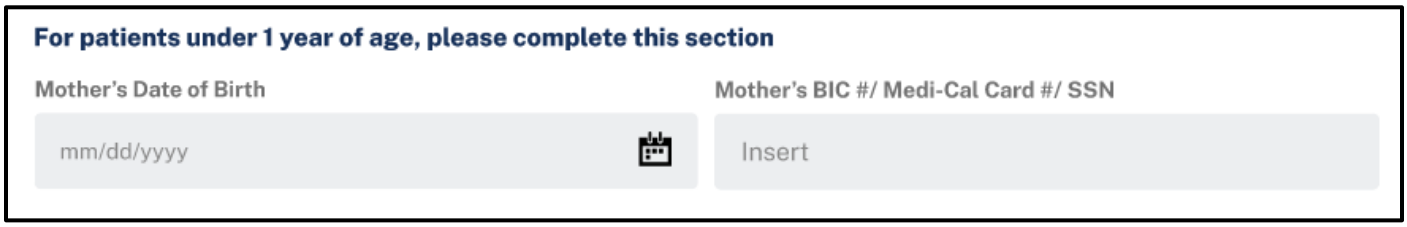


Figure 2.6: For Patients Under Age One (1) section.

Data Field Names and Specifications Table

Field	Details
Optional: Mother's Date of Birth	• If applicant is less than one year of age, enter the mother's date of birth if provided. • Valid Characters 0-9.
Optional: Mother's BIC #/Medi-Cal Card #/SSN	If applicant is less than one year of age, enter the mother's BIC number, Medi-Cal card number or Social Security Number (SSN). Valid Characters 0-9, A-Z.

7. On the Parent/Guardian Information page, complete the required fields and click **Next** to go to the Certification page or click the Cancel button to cancel the transaction.

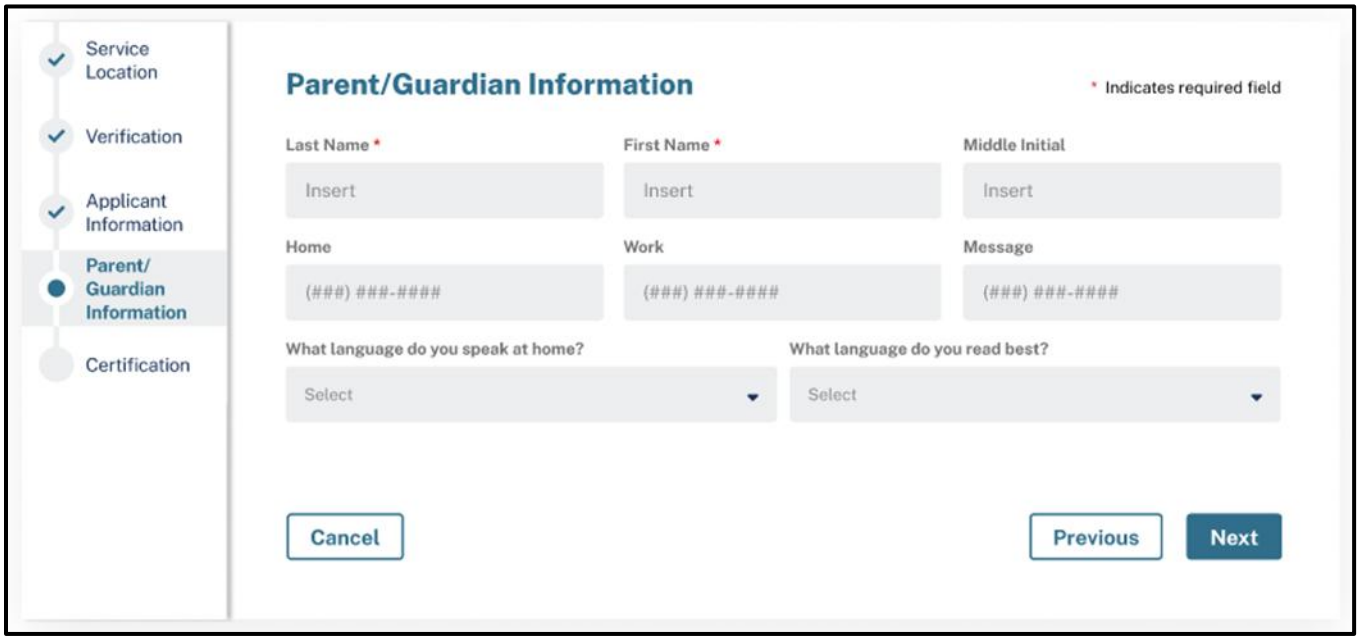


Figure 2.7: Parent/Guardian Information.

Parent/Legal Guardian Data Field Names and Specifications Table

Field Name	Specifications
Guardian's First Name	Valid characters: A – Z, space, dash (-), apostrophe (') Only A – Z allowed as the first character. The words "SAME" and "NONE" are not allowed in this field. Enter pound sign (#) in First Name field to indicate the absence of first name.
Guardian's Last Name	Valid characters: A – Z, space, dash (-), apostrophe (') Only A – Z or allowed as the first character. The words "SAME" and "NONE" are not allowed in this field.
Guardian's Middle Initial	Valid characters: A – Z

Parent/Legal Guardian Data Field Names and Specifications Table (continued)

Field Name	Specifications
Home telephone number	Valid characters: 0 – 9
Work telephone number	Valid characters: 0 – 9
Message telephone number	Valid characters: 0 – 9
What Language do you speak at home?	Select the applicant's primary spoken language from the drop-down menu. If the applicant has not indicated a language or has indicated a language that is not on the menu, select "Other." Applicants who wish to continue coverage in Medi- Cal should receive a Single Streamlined Application (CCFRM604) in the applicant's best-read language.
What Language do you read best?	Select the applicant's best-read language from the drop-down menu. If the applicant has not indicated a language or has indicated a language that is not on the menu, select "Other." Applicants who wish to continue coverage in Medi-Cal should receive a Single Streamlined Application (CCFRM604) in the applicant's best-read language.

8. On the Certification page, complete the required fields and click **Next** to go to the Application Summary page or click **Cancel** to cancel the transaction.

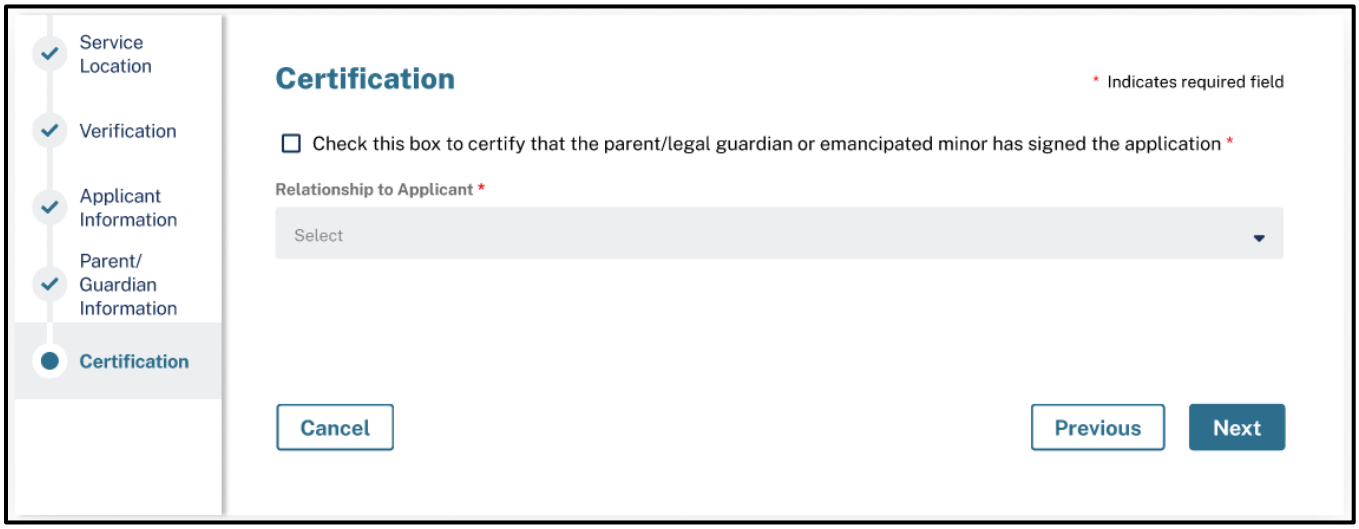


Figure 2.8: Certification Screen.

9. On the Application Summary page, view your entries to confirm that the information entered is accurate and no keying errors were made.
10. Prior to submitting the transaction, click **Print** 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 the Application Summary and electronically submit. One copy is for the patient and the other copy for the patient file.

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

11. If edits are needed on the applicant's review, click **Previous** to revisit the previous entries and make amendments.
12. Click **Cancel** to cancel the entries.
13. Obtain signatures on both copies of the updated Application Summary and click **Submit** to submit the transaction.
14. 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 page to print.

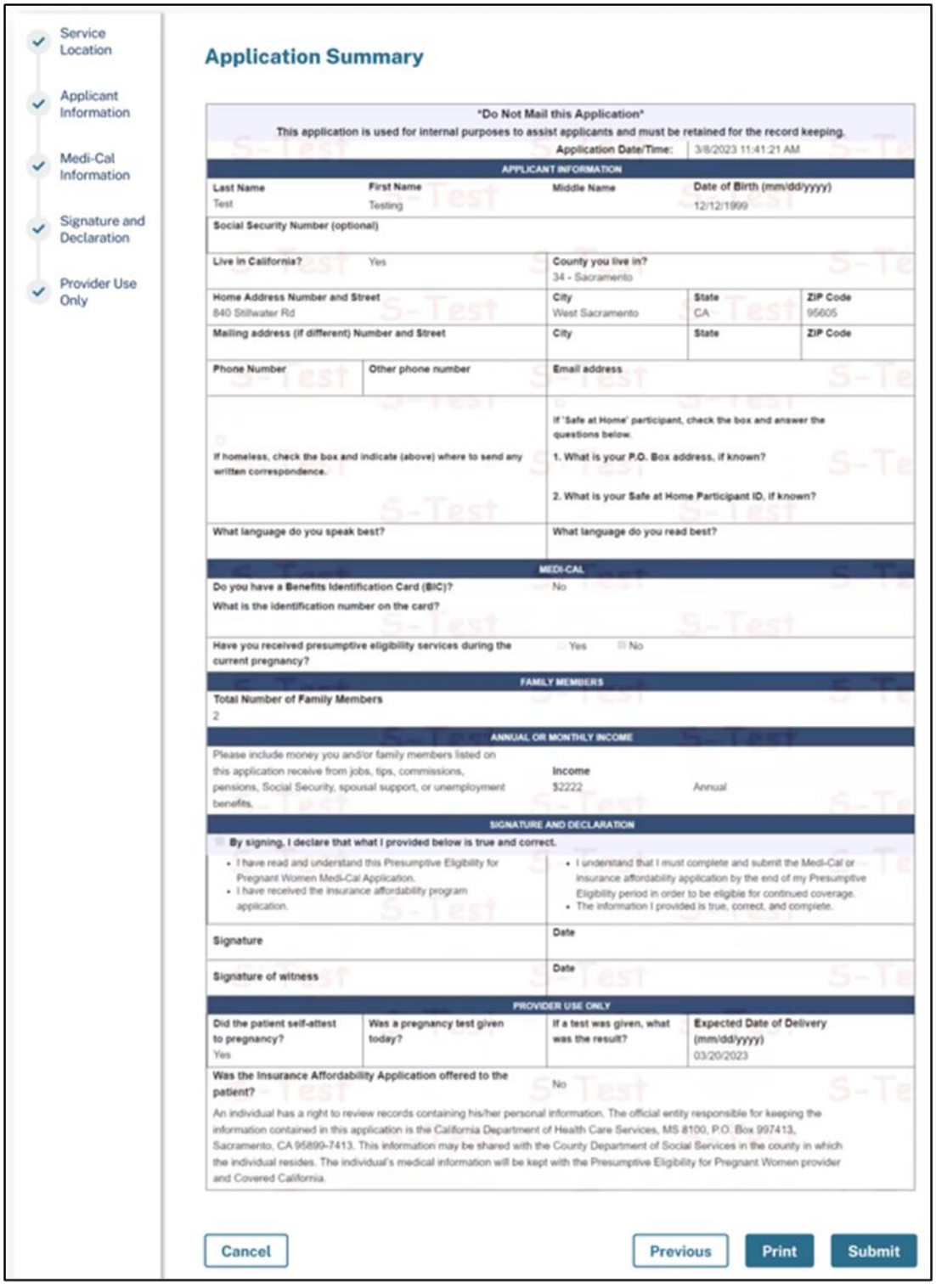


Figure 2.9: CPE Application Summary.

15. Once you have confirmed that you want to submit the application, the CPE Application is sent to the Medi-Cal Eligibility Data System (MEDS), which determines the individual's CPE eligibility and returns a real-time application response.
16. 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 file.
17. Click the **Next Application** button to start a new application.

Figure 2.10: Print or Next Application buttons.

18. Click the **checkbox** to view the response message in a larger font.

Figure 2.11: Response message in a larger font

19. Click the **Home** button to return to the Provider Portal dashboard.

Confirm Eligibility

Before exiting, providers should confirm the services the applicant is eligible by performing an Eligibility Inquiry. The Eligibility Inquiry is the only way providers will receive the Eligibility Verification Confirmation (EVC) number that provides proof of eligibility on the date of service and shows the services for which the applicant is eligible. Upon completion of the Eligibility Inquiry, the system will provide an Eligibility Inquiry Response. Providers should retain a copy of this document for their records.

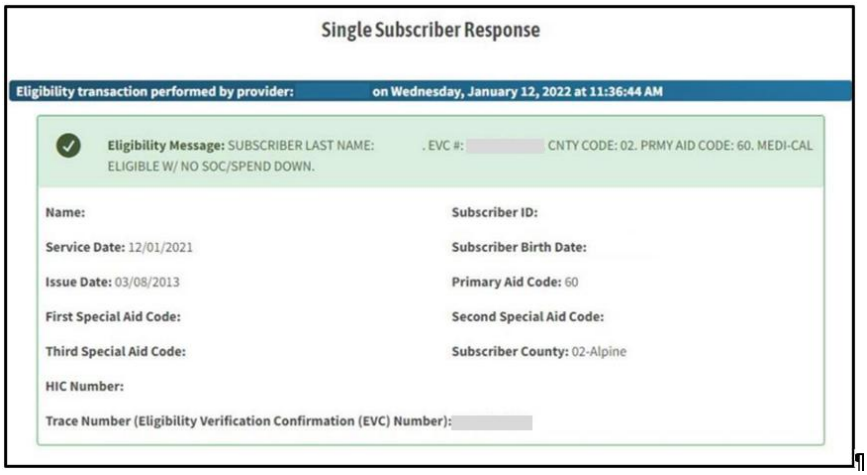


Figure 3.1: Eligibility Verification Confirmation.

Response from Medi-Cal Eligibility Data System

If there are no technical problems with the CPE enrollment transaction, MEDS returns a response in real-time.

Note that the response message images located in the “Response Messages” section of this user guide are merely examples and the types of responses generated may vary from applicant to applicant. See the “Response Messages” section of this user guide for more responses, as well as detailed instructions for providers and applicants when a response is received.

Response Messages Overview

After submitting the electronic application, the CPE enrollment transaction is sent to MEDS, which determines the applicant's Presumptive Eligibility. After a short period of time, MEDS returns a response message that will appear on screen. The parent, legal guardian or emancipated minor and provider must read the response message carefully for important information.

The response message will indicate one of the following:

- The establishment of temporary Medi-Cal or CPE eligibility
- The establishment of full scope, no cost Medi-Cal eligibility
- The program for which the applicant is currently eligible (Medi-Cal)
- A denial reason

Providers must print the response message screen twice. Give one copy to the parent, legal guardian or emancipated minor and keep the other for the applicant's file. Providers should also retain the Application Summary signed by the parent, legal guardian or emancipated minor in the applicant's file. To print the Response Message, click **Print** in the lower right corner of the screen.

Figure 3.2: Print Response Message.

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* until a Benefits Identification Card (BIC) is received. The parent, legal guardian or emancipated minor must sign the *Immediate Need Eligibility Document* on the client signature line. The applicant uses the signed printout as a temporary BIC until a permanent BIC is received in the mail.

Figure 3.3: CPE Enrollment Response with Client Signature line.

- Applicants 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.
- Applicants do not sign the response printout if they are denied or if they already have a BIC.

If necessary, the applicant can use this *Immediate Need Eligibility Document* through the expiration date printed on the response. The applicant should discontinue using the *Immediate Need Eligibility Document* when a permanent BIC is received in the mail.

Refer to the following pages for examples of response messages.

CPE Approved Response Message

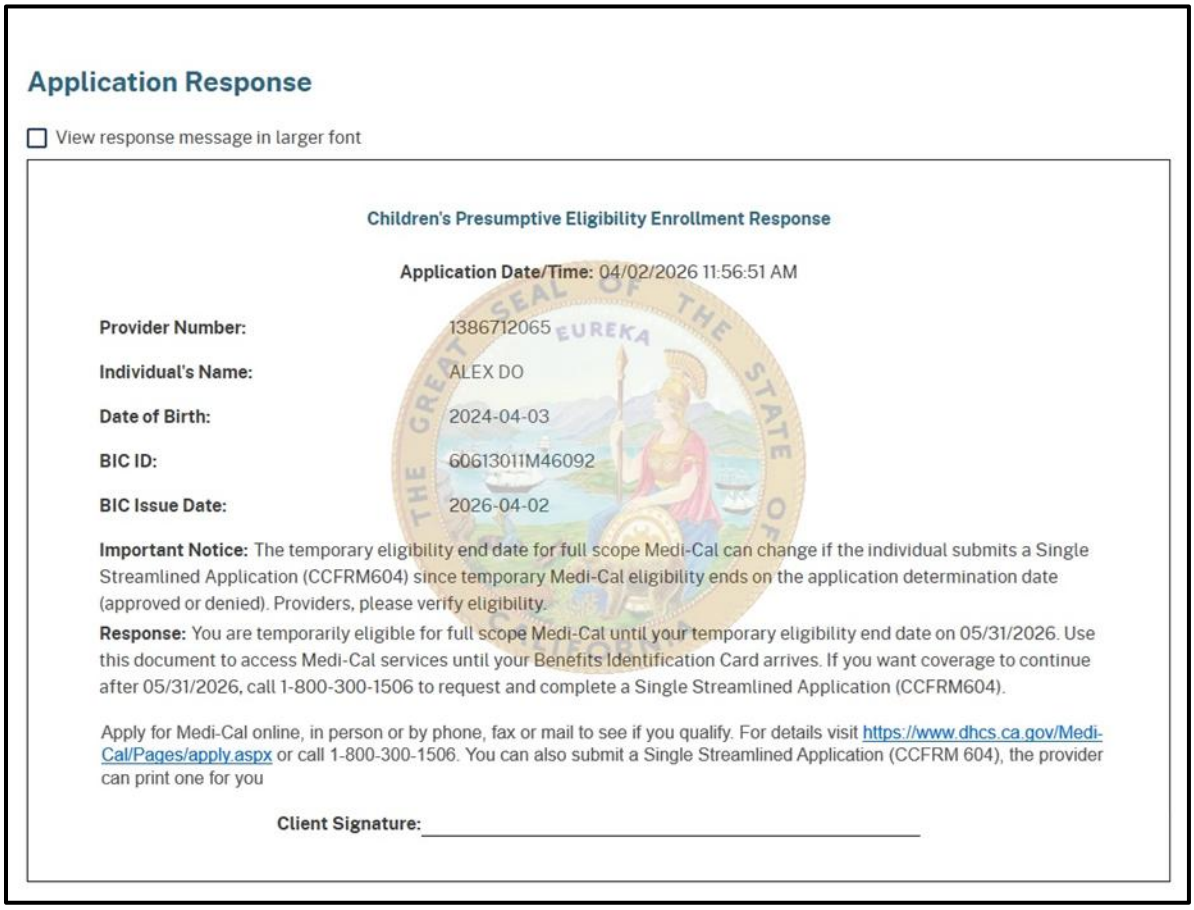


Figure 3.4: Approved Response Message

CPE Denial Response Message

If the applicant's eligibility is denied, the response message will indicate a denial reason (for example, no residency or over age) including denial due existing eligibility.

Figure 3.5: CPE denied due to existing Medi-Cal eligibility.

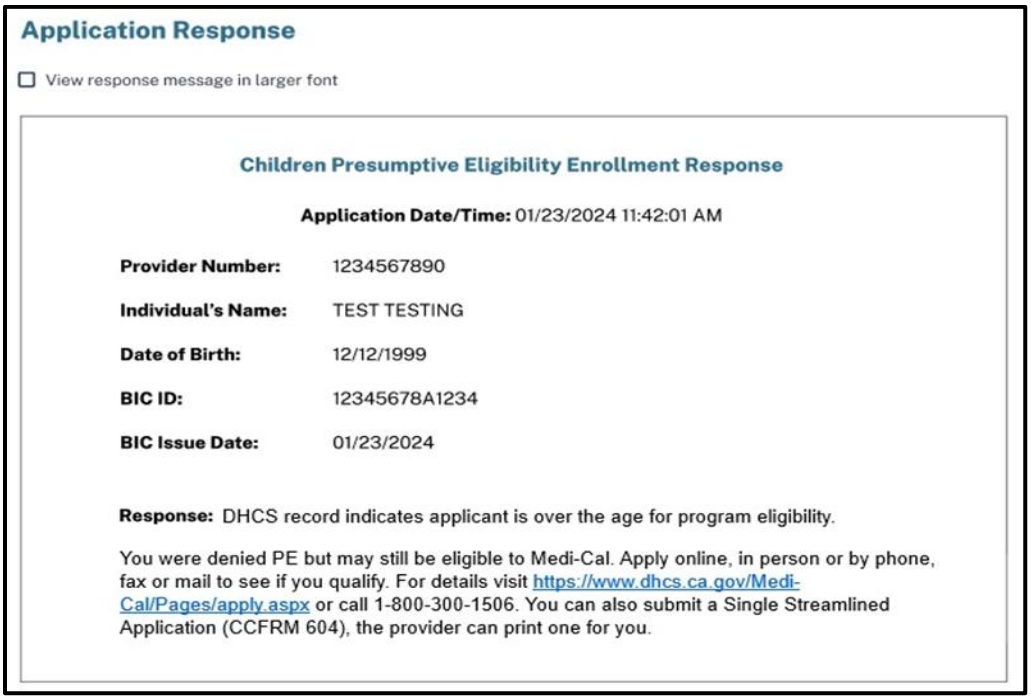


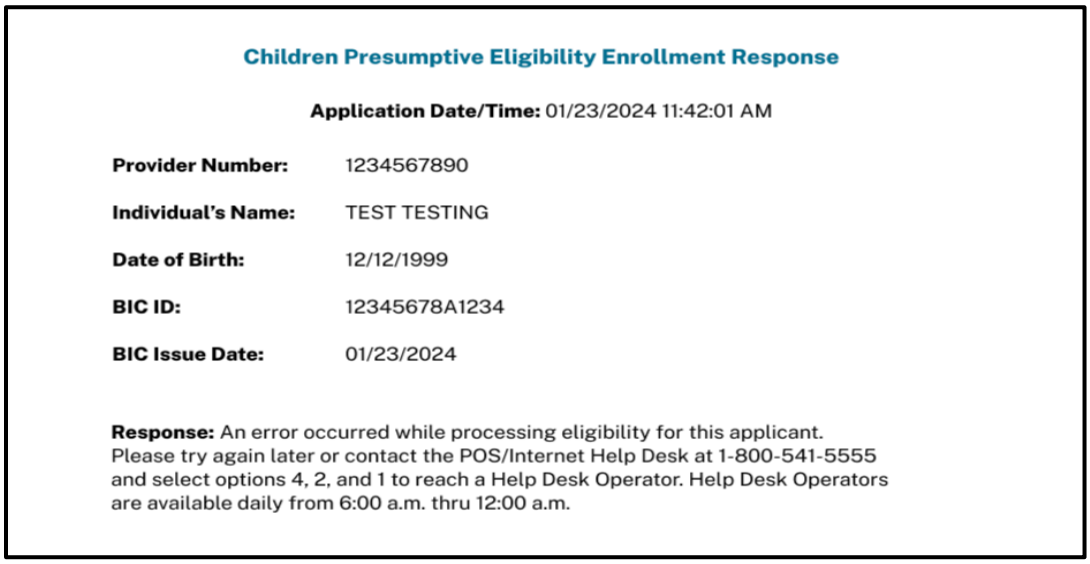
Figure 3.6: Denial Response Message.

CPE Failed Response Message

If a problem occurs in the Medi-Cal system while sending the transaction information, one of the following message screens will appear. If one of these screens is received, a new transaction must be completed as the information submitted has not been saved.

If the error persists, please contact TSC at 1-800-541-5555 and follow the prompts for the POS/Internet Help Desk to report the issue.

The following response message example shows types of error you may receive.



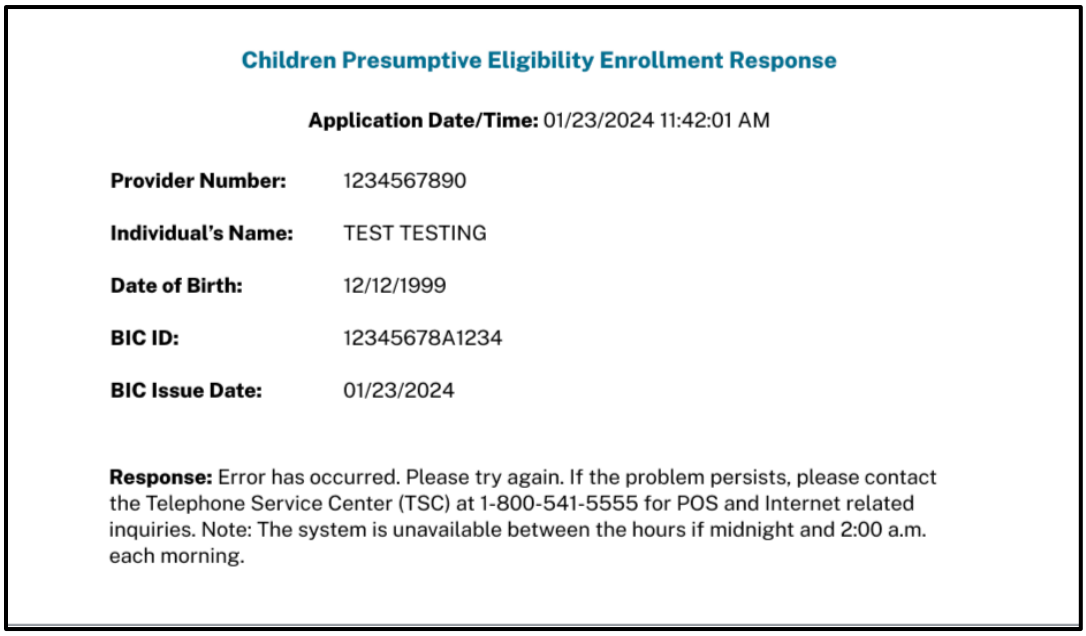
Children Presumptive Eligibility Enrollment Response

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

Provider Number:	1234567890
Individual's Name:	TEST TESTING
Date of Birth:	12/12/1999
BIC ID:	12345678A1234
BIC Issue Date:	01/23/2024

Response: An error occurred while processing eligibility for this applicant. Please try again later or contact the POS/Internet 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 6:00 a.m. thru 12:00 a.m.

Figure 3.7: Error Response Message.



Children Presumptive Eligibility Enrollment Response

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

Provider Number:	1234567890
Individual's Name:	TEST TESTING
Date of Birth:	12/12/1999
BIC ID:	12345678A1234
BIC Issue Date:	01/23/2024

Response: Error has occurred. Please try again. If the problem persists, please contact the Telephone Service Center (TSC) at 1-800-541-5555 for POS and Internet related inquiries. Note: The system is unavailable between the hours if midnight and 2:00 a.m. each morning.

Figure 3.8: Error Response Message.

Response Messages Reference Guide

After submitting a CPE application, one of the following response messages may be received. The following information describes the meaning of each response message and the appropriate steps to take.

CPE Response Messages Table

Message	Meaning	Next Steps
You currently have full scope Medi-Cal eligibility. Use your Benefits Identification Card to access Medi-Cal services.	This means that the applicant: • Is known to the Medi-Cal system. • Is a full-scope Medi-Cal recipient. • Has a BIC.	• Check the child/youth's eligibility. Enter the BIC number located on the recipient's BIC card to find out the services for which the child/youth is eligible.
You currently have full scope Medi-Cal eligibility. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. Note: This response requires a Client Signature.	This means that the applicant: • Is known to the Medi-Cal system. • Is a full-scope Medi-Cal recipient. • Does not have a BIC.	• Have the parent/guardian or emancipated minor sign two copies of the printout. • Keep a copy of your files and give a copy to the parent/guardian or emancipated minor. • Check the child/youth's eligibility. Enter the BIC number located on the bottom of the Immediate Need Eligibility Document to find out the services the child/youth is eligible to.

CPE Response Messages Table (continued)

Message	Meaning	Next Steps
You are temporarily eligible for full scope Medi-Cal until your temporary eligibility end date on “MM/DD/CCYY.” Use your Benefits Identification Card to access Medi-Cal services. To continue your coverage, you must return a completed Single Streamlined Application (CCFRM604) before “MM/DD/CCYY". If you do not receive the application in the mail within 10 days, call 1-800-300-1506.	This means that the applicant: • Met the eligibility requirements for CPE • Has a BIC • Elected to apply for continuing coverage from Medi-Cal or premium assistance programs under Covered California.	• Print two copies the printout. • Keep a copy of your files and give a copy to the parent/guardian or emancipated minor. • Encourage parent/guardian or emancipated minor to fill out the Single Streamlined Application (CCFRM604). The application may be sent in by mail before the end of the next month (expiration of CPE eligibility). • Check the child/youth’s eligibility. Enter the BIC number located on the bottom of the Immediate Need Eligibility Document to find out the services the child/youth is eligible to.

CPE Response Messages Table (continued)

Message	Meaning	Next Steps
You are temporarily eligible for full scope Medi-Cal until your temporary eligibility end date on “MM/DD/CCYY.” Use this document to access Medi-Cal services until your Benefits Identification Card arrives. If you want coverage to continue after “MM/DD/CCYY,” call 1-800-300-1506 to request and complete a Single Streamlined Application (CCFRM604). Note: This response requires a Client Signature.	This means that the applicant: • Met the eligibility requirement for CPE. • Does not have a BIC. • Declined to apply for continuing coverage from Medi-Cal or premium assistance programs under Covered California.	• Have the parent/guardian or emancipated minor sign two copies the printout. • Keep a copy of your files and give a copy to the parent/guardian or emancipated minor. • Encourage parent/guardian or emancipated minor to fill out the Single Streamlined Application (CCFRM604). The application may be sent in by mail before the end of the next month (expiration of CPE eligibility). • Check the child/youth’s eligibility. Enter the BIC number located on the bottom of the Immediate Need Eligibility Document to find out the services the child/youth is eligible to.

CPE Response Messages Table (continued)

Message	Meaning	Next Steps
You are temporarily eligible for full scope Medi-Cal until your temporary eligibility end date on “MM/DD/CCYY.” Use your Benefits Identification Card to access Medi-Cal services. If you want coverage to continue after "MM/DD/CCYY," call 1-800-300-1506 to request and complete a Single Streamlined Application (CCFRM604).	This means that the applicant: • Met the eligibility requirements for CPE. • Has a BIC. • Declined to apply for continuing coverage from Medi-Cal or premium assistance programs under Covered California.	• Print two copies the printout. • Keep a copy of your files and give a copy to the parent/guardian or emancipated minor. • Encourage parent/guardian or emancipated minor to fill out the Single Streamlined Application (CCFRM604). The application may be sent in by mail before the end of the next month (expiration of CPE eligibility). • Check the child/youth’s eligibility. Enter the BIC number located on the bottom of the Immediate Need Eligibility Document to find out the services the child/youth is eligible to.

CPE Response Messages Table (continued)

Message	Meaning	Next Steps
You are temporarily eligible for full scope Medi-Cal until your temporary eligibility end date on “MM/DD/CCYY.”. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. If you want coverage to continue after “MM/DD/CCYY”, call 1-800-300-1506 to request and complete a Single Streamlined Application (CCFRM604). Note: This response requires a Client Signature.	This means that the applicant: • Met the eligibility requirements for CPE. • Does not have a BIC. • Declined to apply for continuing coverage from Medi-Cal or premium assistance programs under Covered California.	• Have the parent/guardian or emancipated minor sign two copies the printout. • Keep a copy of your files and give a copy to the parent/guardian or emancipated minor. • Encourage parent/guardian or emancipated minor to fill out the Single Streamlined Application (CCFRM604). The application may be sent in by mail before the end of the next month (expiration of CPE eligibility). • Check the child/youth’s eligibility. Enter the BIC number located on the bottom of the Immediate Need Eligibility Document to find out the services the child/youth is eligible to.
Your infant is eligible for full-scope, no-cost Medi-Cal back to the date of birth. No Single Streamlined Application (CCFRM604) is needed. You will receive additional information from your county. Use your infant’s Benefits Identification Card to access Medi-Cal services.	This means the applicant: • Met the eligibility requirements for full-scope, no-cost Medi-Cal back to the date of birth. • Has a BIC. • No Single Streamlined Application (CCFRM604) is needed.	• Print two copies the printout. • Keep a copy of your files and give a copy to the parent/guardian or emancipated minor. • Refer the applicant and family to their local social services agency with questions.

CPE Response Messages Table (continued)

Message	Meaning	Next Steps
Your infant is eligible for full-scope, no-cost Medi-Cal back to the date of birth. No Single Streamlined Application (CCFRM604) is needed. You will receive additional information from your county. Use this document to access Medi-Cal services until the infant's Benefits Identification Card arrives. Note: This Response requires a Client Signature.	This means the applicant: • Met the eligibility requirements for full-scope, no-cost Medi-Cal back to the date of birth. • Does not have a BIC. • No Single Streamlined Application (CCFRM604) is needed.	• Have the parent/guardian or emancipated minor sign two copies the printout. • Keep a copy of your files and give a copy to the parent/guardian or emancipated minor. • Refer the applicant and family to their local social services agency with questions.
DHCS record indicates applicant is over the age for program eligibility.	This means that the applicant was denied CPE because they were 19 years of age or older at time of application.	• Print two copies the printout. • Keep a copy of your files and give a copy to the parent/guardian or emancipated minor. • Provide the applicant a Single Streamlined Application (CCFRM604) and refer them to their local social services agency with questions.

CPE Response Messages Table (continued)

Message	Meaning	Next Steps
Applicant reported residency outside of California.	This means that the applicant is not eligible for CPE because they marked “no” to Living in California question.	• Print two copies the printout. • Keep a copy of your files and give a copy to the parent/guardian or emancipated minor. • Refer the applicant and family to their state’s local social services agency.
Applicant over income for Program Eligibility.	This means that the applicant is not eligible for CPE due to income.	• Print two copies the printout. • Keep a copy of your files and give a copy to the parent/guardian or emancipated minor. • Refer the applicant and family to their local social services agency.
Applicant over income for Children's Presumptive Eligibility. Due to mother’s MCAP eligibility, infant should have eligibility under the Medi-Cal Access Infant Program (MCAIP). Complete the MCAP Infant Registration Form to register your infant for MCAIP. Call 1-800-433-2611 for more information	This means that the applicant is not eligible for CPE due to income. However, because the mother was eligible for coverage under the Medi-Cal Access Program in the month the applicant was born, the applicant qualifies for full-scope coverage under Medi-Cal Access Infant Program and must summit an application.	• Print two copies the printout. • Keep a copy of your files and give a copy to the parent/guardian or emancipated minor. • Encourage parent to call the toll-free number or visit the MCAP website listed in order to report their infant and obtain coverage under Medi-Cal Access Infant Program.

CPE Response Messages Table (continued)

Message	Meaning	Next Steps
You are not eligible for PE because you have already received 2 PE enrollments within the past 12 months.	This means that the applicant is not eligible for CPE because they have exceeded the allowable Presumptive Eligibility enrollment in a 12-month period. Children under 19 years old are limited to two PE enrollments per 12 months.	• Print two copies the printout. • Keep a copy of your files and give a copy to the parent/guardian or emancipated minor. • Refer the applicant and family to their local social services agency.
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. **Also includes the original response message.**	This means the applicant already submitted a CPE application today.	• Print two copies the printout. • Keep a copy of your files and give a copy to the parent/guardian or emancipated minor.
The following message may appear with other messages: Applicant approved but did not provide a valid address. Refer the patient/family to their social services agency for BIC card. Print and issue Single Streamlined Application (CCFRM604).	This means that the applicant is eligible for CPE but did not provide a full address where documents can be mailed.	Provide the applicant a Single Streamlined Application (CCFRM604) and refer them to their local social services agency to update their address and order a plastic BIC.

CPE Response Messages Table (continued)

Message	Meaning	Next Steps
The following message will appear with denial messages: You were denied for PE but may still be eligible for Medi-Cal. Apply online, in person or by phone, fax or mail to see if you qualify. For details visit https://www.dhcs.ca.gov/Medi-Cal/Pages/apply.aspx or call 1-800-300-1506. You can also submit a Single Streamlined Application (CCFRM 604), the provider can print one for you..	This means that the applicant is not eligible for CPE and has no existing Medi-Cal eligibility.	Provide the applicant a Single Streamlined Application (CCFRM604) and refer them to their local social services agency with questions.
The following message may appear with other messages: Apply for Medi-Cal online, in person or by phone, fax or mail to see if you qualify. For details visit https://www.dhcs.ca.gov/Medi-Cal/Pages/apply.aspx or call 1-800-300-1506. You can also submit a Single Streamlined Application (CCFRM 604), the provider can print one for you.	This means the applicant was approved for CPE, and this message explains the ways to apply for Medi-Cal	Provide the applicant a Single Streamlined Application (CCFRM604) and refer them to their local social services agency with questions.

CPE Response Messages Table (continued)

Message	Meaning	Next Steps
An error occurred while processing eligibility for this applicant. Please try again later or contact the POS/Internet Help Desk at 1-800-541-5555 and select options 1, 9, 1, 4 and 2 to reach a Help Desk Operator. Help Desk Operators are available M-F from 8:00 a.m. to 5:00 p.m., except holidays.	This means the transaction failed.	Follow message instructions.
Currently, the system is not available. Please try again later or contact the POS/Internet Help Desk at 1-800-541-5555 and select options 1, 9, 1, 4 and 2 to reach a Help Desk Operator. Help Desk Operators are available M-F from 8:00 a.m. to 5:00 p.m., except holidays.	This means the transaction failed.	Follow message instructions.

Conclude the Enrollment Transaction

Conclude the enrollment transaction by initiating another transaction or by closing the browser screen.

To initiate another transaction, click **Next Application** in the Response Message screen to load a new blank CPE enrollment transaction.

Note: You cannot initiate another transaction until you have submitted the previous one and have received a response message.

Figure 4.1: Next Application.

If the transaction is completed and submitted, the browser can be closed.

Important Reminder

Providers must advise applicants or families of ways in which they can apply for Medi-Cal, regardless of the CPE application outcome.

- Individuals can apply for Medi-Cal online, in person, via phone or through mail. Information on ways to apply can be found on the Apply for Medi-Cal page of the DHCS website.
- Individuals may complete an application via phone and sign using a telephonic signature by contacting their county Medi-Cal office.
- Office information can be found on the County Offices page of the DHCS website.
- Always provide the applicant or family a Medi-Cal application (CCFRM604) prior to leaving the office.
  - The application can be printed from the CPE Downloads section or located online by searching the form number.
  - The application includes different modalities to apply for Medi-Cal and Covered California contact details.

CPE FAQs

FAQs are available for reference within the CPE section of the portal.

Change Summary

Version Number	Date	Description	Notes/Comments
1.0	June 2024	SDN 22024	New user guide
1.1	July 2024	SDN 20015B	Update steps to align with the changes in the Provider Portal.
1.2	August 2024	SDN 22024	Keep the revision date of 02/2024 on the Children's Presumptive Eligibility Pre-Enrollment Worksheet.
1.3	August 2024	SDN 22024	Update the link for the Children's Presumptive Eligibility Pre-Enrollment Worksheet
1.4	August 2025	OIL 002-25	Signature to summary page added in the Provider Portal.
1.5	October 2025	User Guide Template update.	Removed "Page Updated: Month Year" on each page. Changed CA-MMIS to California Medicaid Management Information System.
1.6	January 2026	Updated screen shots and directions	Updates

Version Number	Date	Description	Notes/Comments
1.7	March 2026	Updated service location screenshot.	Updated “Resources tab” references to “Need Help? drawer”.
1.8	April 2026	Updated screenshots	Dashboard changed to Transaction Center
1.9	June 2026	Updated screenshots	Eligibility information updated
2.0	June 2026	Updated screenshots	Go paperless update
2.1	September 2026	Updated screenshot and updated the applicant information data field names and specifications table.	N/A