State of California
Department of Health Care Services

Presumptive Eligibility for Pregnant People (PE4PP) Application User Guide

Department of Health Care Services (DHCS)

CA-MMIS

V 1.1

April 2025

Table of Contents

Contents

Overview

Objectives

The purpose of this Presumptive Eligibility for Pregnant People (PE4PP) Application User Guide is to provide PE4PP approved users with step-by-step instructions to perform PE4PP Application transactions in the Medi-Cal Provider Portal. The purpose of the PE4PP Application (MC 263-P) PDF download is to assist patients in the PE4PP Application process and to maintain in-file records, as submission via mail is not acceptable under any circumstances.

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 19 years of age or younger	2 PE enrollment periods
Hospital PE – Parents and caretaker relatives	1 PE enrollment period
Hospital PE – Adults 19 through 64 years of age, who are not pregnant, not enrolled in Medicare and not eligible for any other group stated above.	1 PE enrollment period
Hospital PE – Pregnant People	1 PE enrollment period, per pregnancy
Hospital PE – Adults aged 65 years or older, who are not pregnant, not enrolled in Medicare and not eligible for any other group stated above. *	2 PE enrollment periods
Children's Presumptive Eligibility (CPE)	2 PE enrollment periods
Breast and Cervical Cancer Treatment Program (BCCTP) (BCCTP Overview)	1 PE enrollment period
Presumptive Eligibility for Pregnant People Presumptive Eligibility for Pregnant People Program Application Medi-Cal: Presumptive Eligibility for Pregnant People	1 PE enrollment period, per pregnancy

PE4PP Application Provider Portal User Guide
Page updated: April 2025

To begin the PE4PP Application process:

1. The organization/provider must be enrolled by submitting an agreement form through the Provider Portal.

    a. 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, or provider, that will submit applications must register and attend a required PE4PP and Newborn Gateway training course through the Medi-Cal Learning Portal (MLP). The training must be completed successfully prior to conducting the transaction.

3. When the provider agreement and training courses are completed, the qualified provider and members access the PE4PP Application (MC 263) through the Provider Portal.

4. Qualified PE4PP providers and representatives are required to assist the applicant in completing the application by:

    a. Downloading and printing a hardcopy MC 263-P for the individual to complete, or

    b. Verbally assisting the individual and entering the individual's information directly into the PE4PP Application (MC 263) through the Provider Portal.

5. The qualified PE4PP provider and/or representative enters all required information taken from the completed hardcopy MC 263-P into the Provider Portal.

6. Upon completion of the MC 263 through the Provider Portal, print two (2) copies of the summary page and obtain the applicant's or authorized representative's signature on both printouts.

7. Receive real-time eligibility response message.

    a. If eligibility response is accepted, print two (2) copies of the accepted response. Give (1) copy to the individual to use as an Immediate Need Eligibility Document for Medi-Cal covered prenatal services and keep one (1) copy in the individual's file.

    b. If eligibility response is not accepted, provide the applicant an explanation and a copy of the denial application response.

Note: The PE4PP Medi-Cal Application is not complete without a valid signature. In addition to a physical, "wet ink" signature, an electronic signature will also be accepted. For applicants who are physically unable to sign, verbal consent/signature may be obtained.

Qualifications for Accessing the Application

First time PE4PP providers/employee users must meet all of the following qualifications to access the PE4PP application:

- You must have completed registration and affiliation in the Provider Portal and have received a Medi-Cal provider number or National Provider Identifier (NPI) and Medi-Cal Provider Identification Number (PIN).

    - 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.

- An Administrator needs to electronically sign the agreement for participation in the program on behalf of the enrolling NPI. Refer to the Provider Agreements Guide section for instructions.

- Completed the required Presumptive Eligibility for Pregnant People (PE4PP) Training Course on the Medi-Cal Learning Portal (MLP) and passed 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.

Provider Application and Agreement

An administrator must complete a Presumptive Eligibility Provider Agreement for a selected NPI.

1. Go to the Provider Portal Dashboard.

2. Click on **Presumptive Eligibility Provider Agreements** link in the NPI Agreement and Settings tile.

Figure 1.1: NPI Agreement and Settings Tile of the Dashboard.
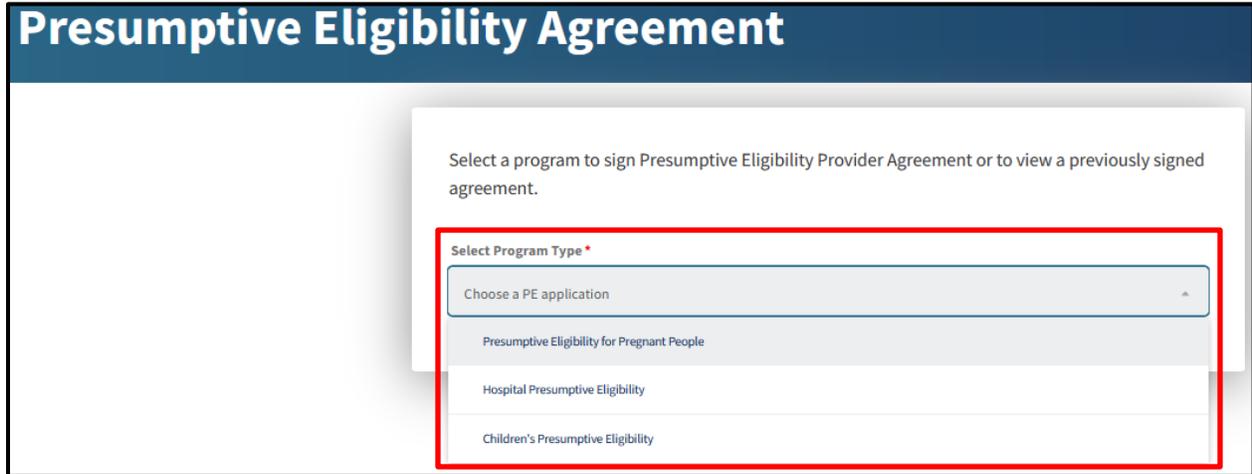
3. Select Program Type.

Figure 1.2: Select a Program Type drop-down menu.

4. **Eligible NPIs** and **Enrolled NPIs** tabs will be visible. The **Eligible NPIs** tab will display all NPIs that haven't completed and signed the agreement yet. To complete the agreement for the selected NPI, click **Sign**.
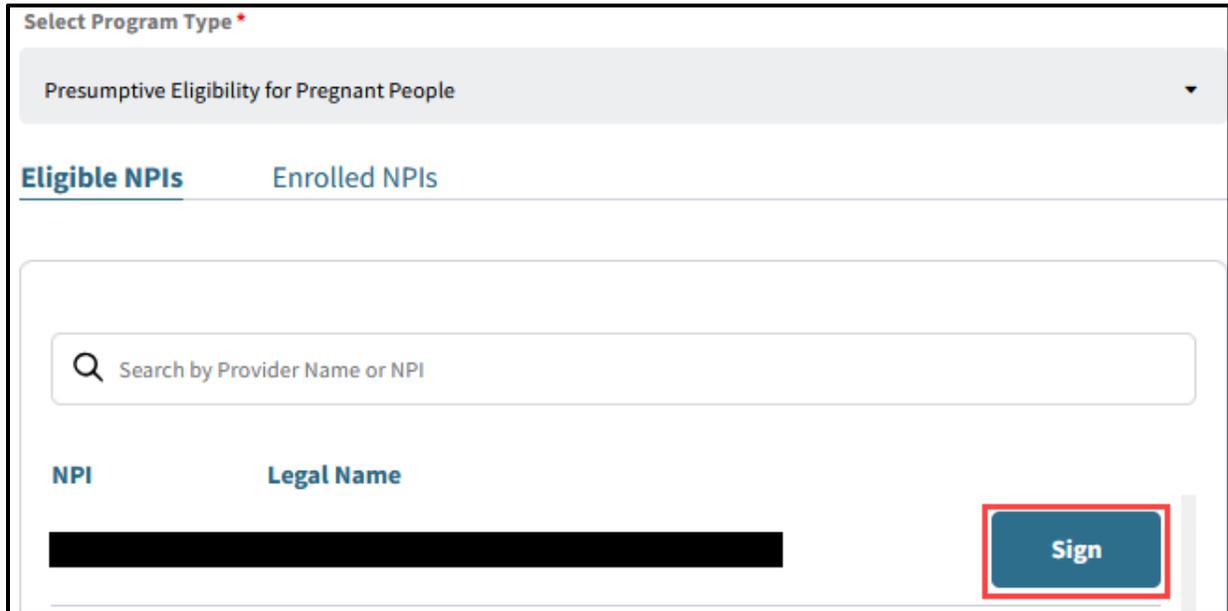
Figure 1.3: Eligible NPIs screen.

5. After clicking **Sign,** the PE4PP agreement will appear. The user must thoroughly examine all terms and conditions, provide first and last name, and select the appropriate title before clicking **Submit**.

Note: When a user enters a first and last name into the **Signature field**, the name will automatically be entered in the second paragraph.

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

When conducting presumptive eligibility determinations, the PE4PP 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 PE4PP Provider responsibilities. I am aware that if I do not comply with these responsibilities and the PE guidelines as outlined in PE4PP provider instructions and PE4PP regulations, I may lose status as a Qualified PE4PP 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 PE4PP 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 PE4PP 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 PE4PP 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 1.4: Presumptive Eligibility for Pregnant People Agreement.

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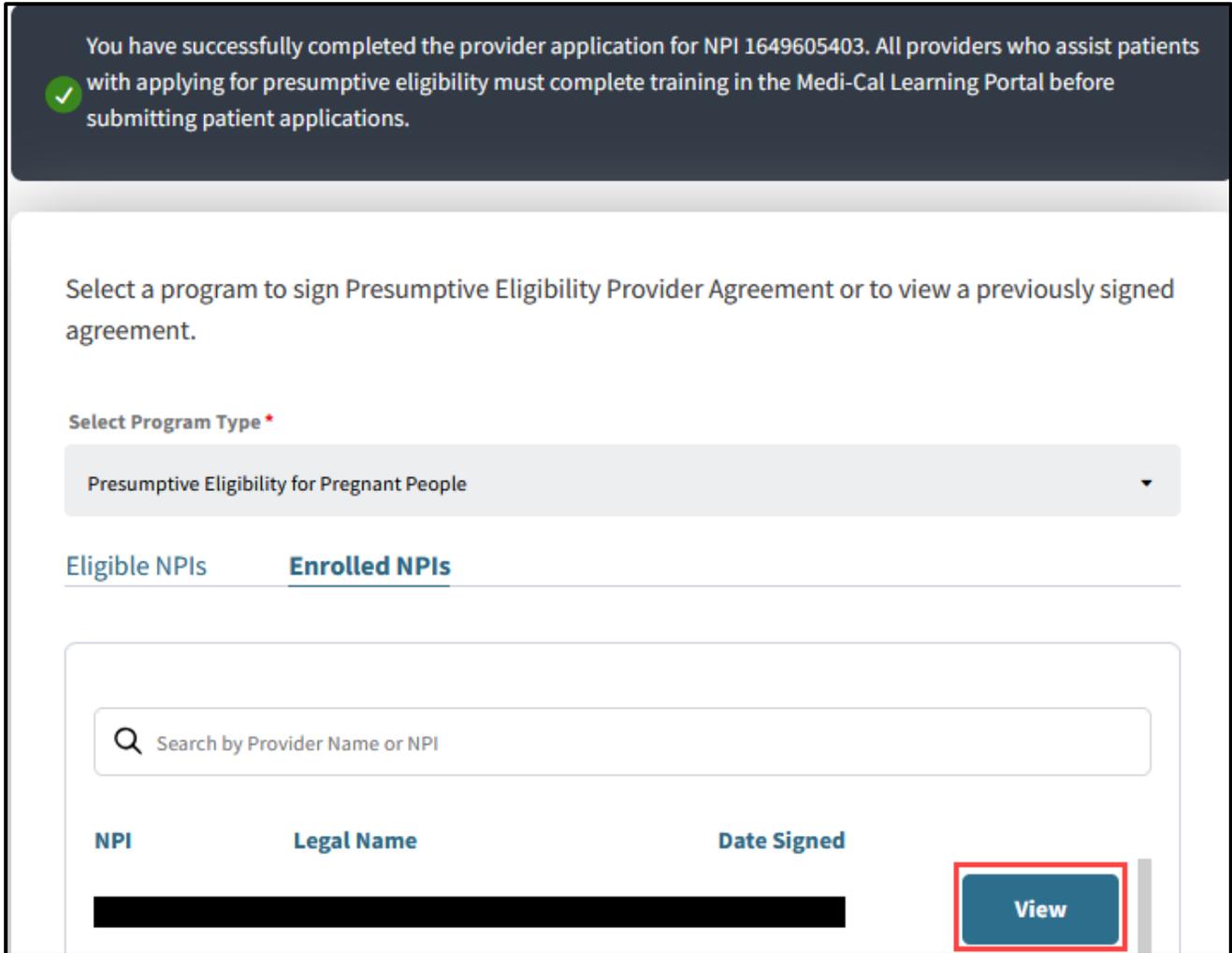

Figure 1.5: Enrolled NPIs screen.

7. Additionally, the user can download a PDF version of this agreement or contingent approval letter.

Figure 1.6: Agreement and Contingent Approvals Tabs

Download the PE4PP Program Application (MC 263) PDF

The provider must assist the individual in completing a *Presumptive Eligibility for Pregnant People Program Application.* Providers access the application through the Transaction Center of the Provider Portal and complete it field-by-field based on the applicant's verbal answers. Alternatively, the provider can download and print the *Presumptive Eligibility for Pregnant People Program Application* (MC 263-P) PDF in English or Spanish for the applicant to fill out on paper. Then, the provider can enter the answers in the Provider Portal application.

Note: The MC 263-P PDF is an option to obtain applicants' information and for record retention purposes only. Submission of the paper application via mail is not permitted and will not be accepted.

To download the MC 263-P in English or Spanish or the Insurance Affordability Application, follow the steps below:

1. From the PE4PP area in the Transaction Center, click the **Resources** link in the right side of the page.
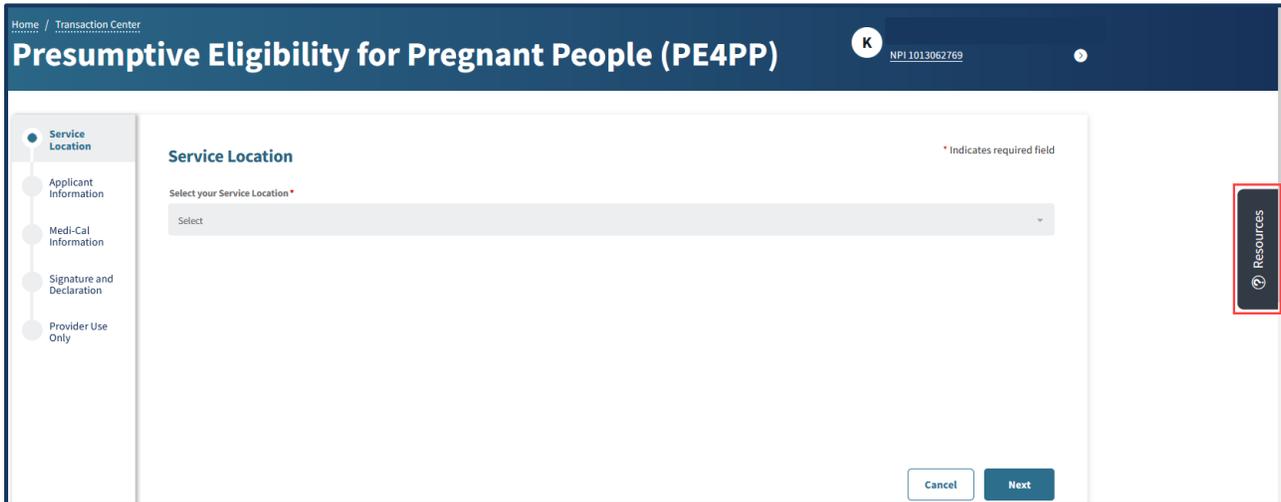
Figure 1.7: Resources tab.

2. Click on **Downloads.**

3. The Presumptive Eligibility for Pregnant People (PE4PP) Form Downloads panel opens. From there, click **Presumptive Eligibility for Pregnant People Program Application (English)** or **Presumptive Eligibility for Pregnant People Program Application (Spanish)** to download the form in the applicant's preferred language. Adobe Acrobat Reader launches in the browser window and the form displays.

   Requirement: Click the **Insurance Affordability Application** (IAA) link, download the application form and confirm if an IAA was offered to the patient.
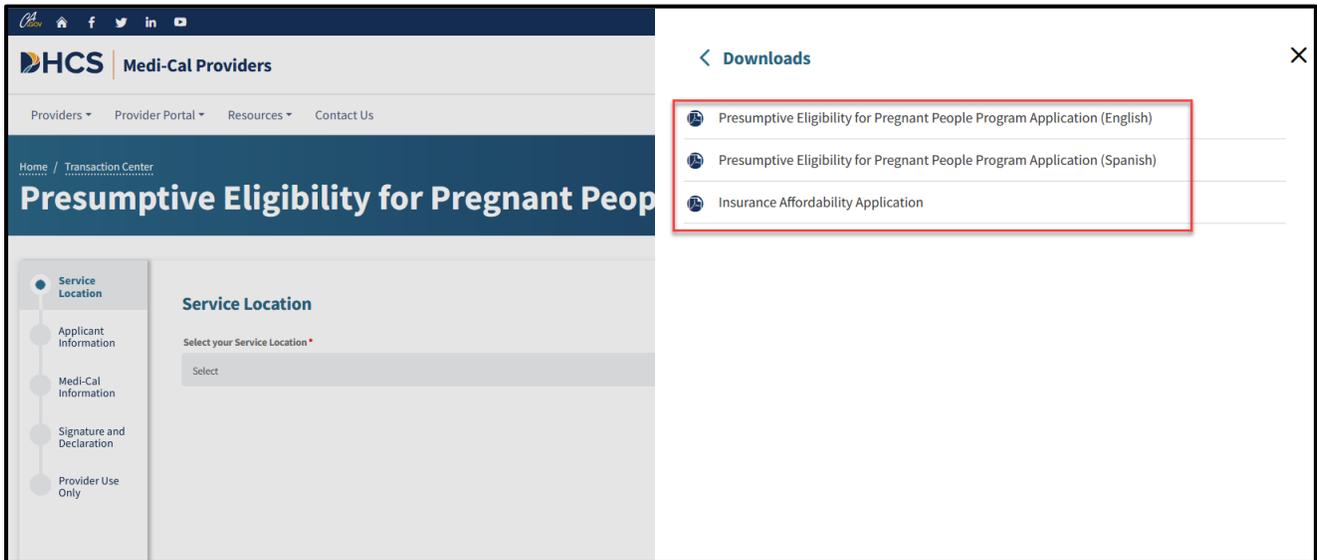
Figure 1.8: Downloads screen.

4. To print the application form, click the **Print** icon on the Adobe Acrobat Reader toolbar.
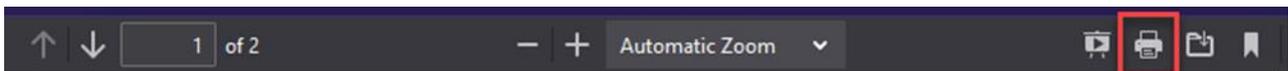
Figure 1.9: Print Icon on Adobe Acrobat Reader Toolbar.

Note: If you access the form often, you may wish to save the form to your computer for faster retrieval and printing. To do this, once the form is displayed, click **File** from the menu bar and click the **Save** option.

Access the PE4PP Application

Follow these steps to access the PE4PP application web portal:

1. Go to the Medi-Cal Providers website.
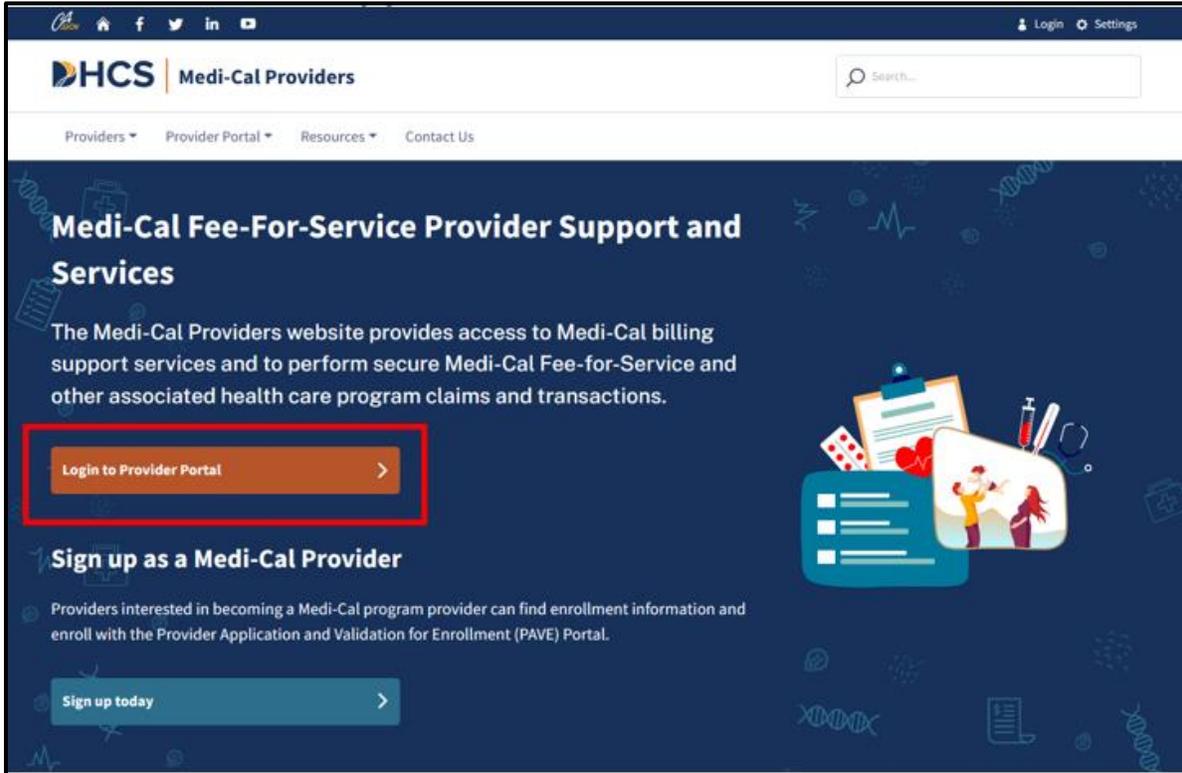
Figure 1.10: Login to Provider Portal option on the Medi-Cal Providers website.

2. Click the **Login to Provider Portal** link.

3. On the Dashboard, in the upper right corner, select the chevron to display the list of NPIs and click **Get Started.**
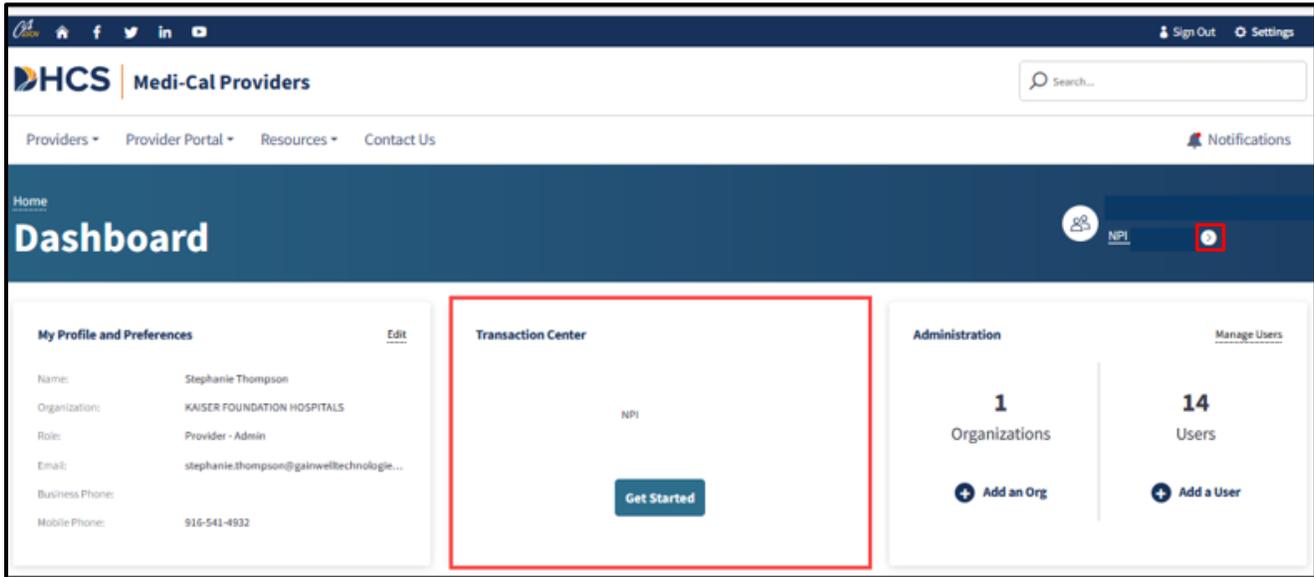
Figure 1.11: Transaction Center Tile on the Dashboard.

4. Scroll down to the **Enrollment** section and click on Presumptive Eligibility for Pregnant People link.
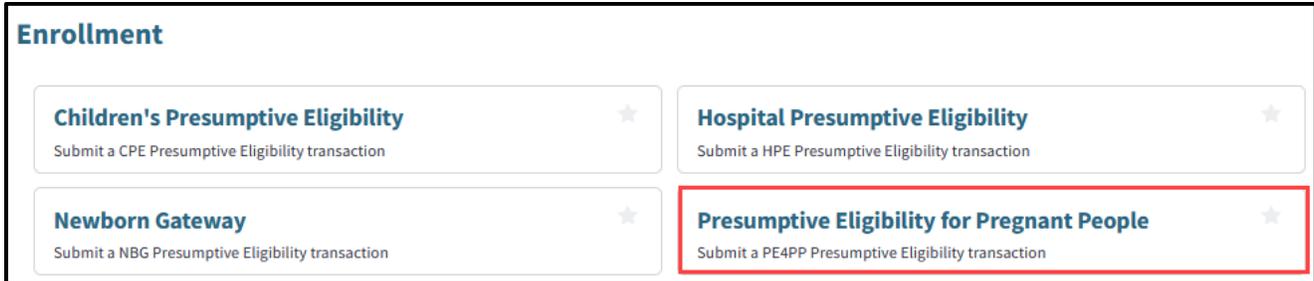
Figure 1.12: Presumptive Eligibility for Pregnant People transaction link.

Presumptive Eligibility Applicant Enrollment

Completing the Presumptive Eligibility application.

1. Enter a MLP username in the Medi-Cal Learning Program Information tile.

    Note: The MLP username is a one-time entry when saved.
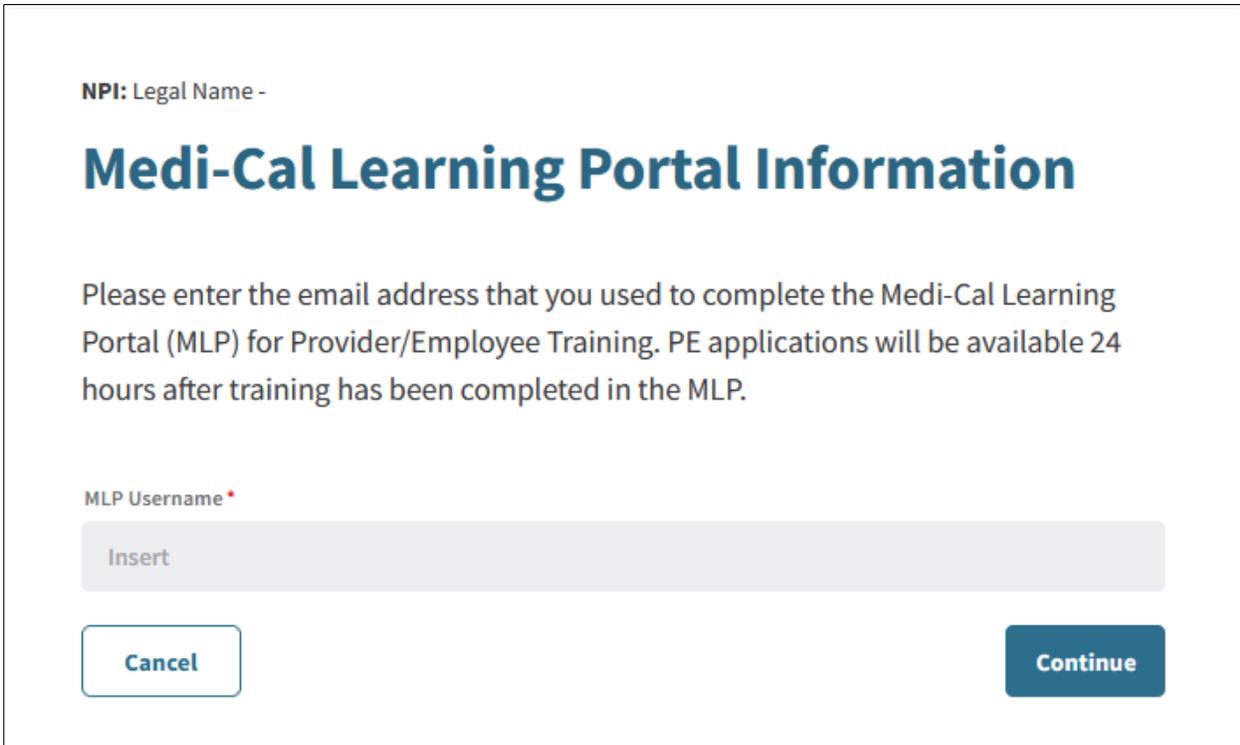
NPI: Legal Name -

Medi-Cal Learning Portal Information

Please enter the email address that you used to complete the Medi-Cal Learning Portal (MLP) for Provider/Employee Training. PE applications will be available 24 hours after training has been completed in the MLP.

MLP Username *

Insert

Cancel   Continue

Figure 1.13: Medi-Cal Learning Portal Information.

If the MLP User ID entered is not recognized, the **Complete Training Requirements** message will appear prompting the user to complete training. Click the **Complete Training** button and it will redirect the user to the MLP where training can be completed.
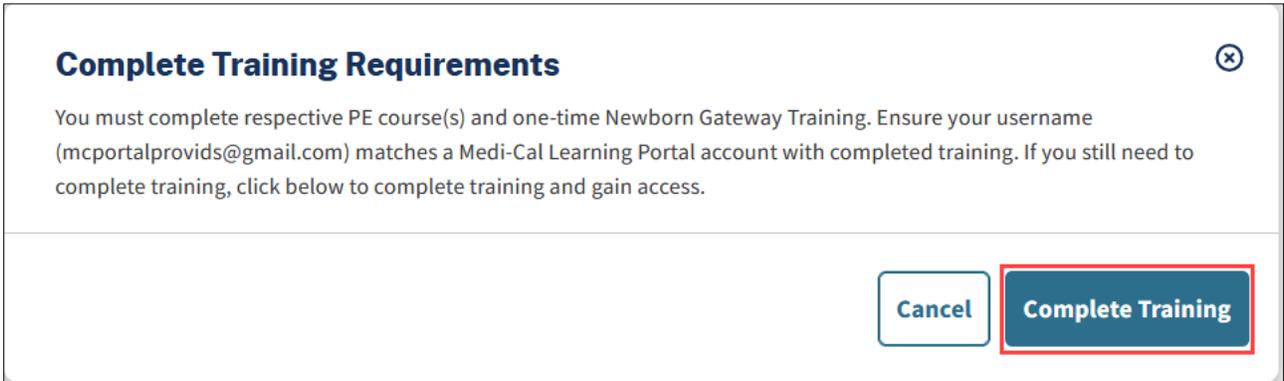
Figure 1.14: Complete Training Requirements Message.

2. 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.

3. If the agreement has not been completed by an administrator, the **Provider Agreement Incomplete** message will appear prompting the user to complete the agreement. Click the **Complete Agreement** button and it will redirect you to the Presumptive Eligibility Agreement page.
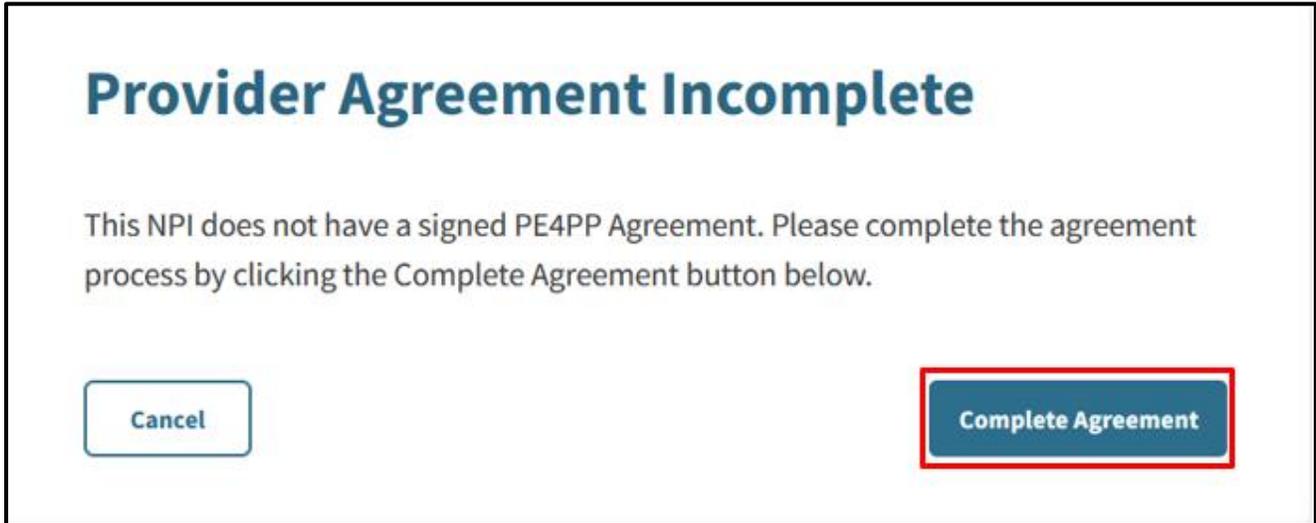
Figure 1.15: Provider Agreement Incomplete Message.

PE4PP Application Guidelines

The Provider Portal Presumptive Eligibility for Pregnant People (PE4PP) Application contains six pages:

1. Service Location
2. Applicant Information
3. Medi-Cal Information
4. Signature & Declaration
5. Provider Use Only
6. Application Summary

Each page contains data entry fields. The following sections document each of these pages in detail including a screenshot of the page and when applicable, a table containing the Data Field Name in the left column and the Data Field Specifications in the right column. These specifications indicate whether the field is required or optional and indicate valid values for that field.

1. Service Location

Service Location is a list of addresses where the service is performed. Select a location from the drop-down list and click **Next** to enter Application information.

Figure 2.1: Service Location.

2. Applicant Information

Applicant Information contains required contact and identifying information about the PE4PP applicant. Once all required fields are populated correctly, click **Next** to enter Medi-Cal info.

Figure 2.2: PE4PP Applicant Information.

Applicant Info Data Field Names and Specifications Table

Data Field Name	Data Field Specifications
Last Name	• Required field. • Valid characters: A thru Z, upper and lower case, space, dash (-), apostrophe (') • Only alphabetic characters are allowed as the first character. • The words "same" and "none" are not allowed in this field.
First Name	• Required field. • Valid characters: A thru Z, upper and lower case, space, dash (-), apostrophe (') • Only alphabetic characters are allowed as the first character. • The words "Same" and "None" are not allowed in this field.
Middle Name	• Optional field. • Valid characters: A thru Z, upper and lower case, space • Only alphabetic characters are allowed as the first character. • The words "same" and "none" are not allowed in this field.
Date of Birth	• Required field. • Age cannot exceed 99 years. • Date entered cannot be a future date. • Date entered cannot be the current date. • If user enters 10 characters, two of them must be forward slashes (/) in the correct places.
Social Security Number	• Optional field. • Valid characters: 0 thru 9. • The first three numbers of the SSN cannot be 000, 666 or 900 through 999. • The middle two numbers of the SSN cannot be 00. • The last four numbers of the SSN cannot be 0000.
Live in California?	• Required field. • Select Yes or No.

Applicant Info Data Field Names and Specifications Table (continued)

Data Field Name	Data Field Specifications
County you live in?	• Required field. • If "Yes" is selected for the *Live in California?* field, select one of the 58 counties from the dropdown list. "99 – Outside of California" should not be selected. • If "No" is selected for the *Live in California?* field, the field defaults to "99 – Outside of California" and the field is disabled. • If *Safe at Home* box is checked, the field defaults to "34 – Sacramento" and the field is disabled.
Home Address	• Required field if *Safe at Home* and *Homeless* boxes are not checked. • Valid characters: A thru Z, 0 thru 9, space, period (.), dash (-), ampersand (&), slash (/), number sign (#) • Only A thru Z or 0 thru 9 allowed as the first character. • Format should include number and street. • The word "same" is not allowed in this field. • Home address cannot be a general delivery or P.O. Box. • If the *Safe at Home* box is checked, the field is disabled.
City	• Required field if *Home Address* 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 *Safe at Home* box is checked, the field is disabled.
State	• Required field if *Home Address* is entered. • If *Live in California?* field is Yes, this field defaults to "California" and the field is disabled. • If *Live in California?* field is No, select state from the dropdown list. "California" should not be selected. • If the *Safe at Home* box is checked, the field is disabled.

Applicant Info Data Field Names and Specifications Table (continued)

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

3. Medi-Cal Information

Medi-Cal Information contains the applicant's Medi-Cal membership information. Once all required fields are populated correctly, click **Next** to enter Signature & Declaration.

Figure 2.3: Medi-Cal Information.

Medi-Cal Info Data Field Names and Specifications Table

Data Field Name	Data Field Specifications
Do you have a Benefits Identification Card (BIC)?	• Required field. • Select Yes or No.
What is the identification number on the card?	• Required field if answer to *Do you have a Benefits Identification Card (BIC)* is "Yes". • Valid values: first to eighth character must be 0 thru 9, ninth character must be A thru Z, tenth to fourteenth character must be 0 thru 9. • Entry must be 14 digits long. • If *Do you have a Benefits Identification Card (BIC)?* is "No," the field is disabled.
Total Number of Family Members	• Required field. • Valid values: 0 thru 9. • Entry must be greater than 0. Double digits are allowed. • Total number of family members includes self, spouse and any children under the age of 21 living with applicant. • If the Provider Use Only portion of the application indicates a pregnancy test was given today, with pregnancy test result marked as "Positive" or the applicant self-attested to pregnancy, the number of family members in the applicant's household should be greater than or equal to two.
Income	• Required field. • Valid values: 0 thru 9. • Select "Annual" or "Monthly". • If "Monthly" is selected, income value must not exceed five digits. • If "Annual" is selected, income value must not exceed six digits. • Enter 0 if applicant's household has no income.

4. Signature & Declaration

The Signature & Declaration page contains a checkbox to attest that the information provided in Applicant Info and Medi-Cal Info sections of the application are true and correct.

This field is required. By clicking the box **By signing, I declare that what I provided below is true and correct**, the applicant is attesting to the following:

- I have read and understand this Presumptive Eligibility for Pregnant People Medi-Cal Application.

- I have received the insurance affordability program application.

- I understand that I must complete and submit the Medi-Cal or insurance affordability application by the end of my Presumptive Eligibility period in order to be eligible for continued coverage.

- The information I provided is true, correct, and complete.

Once the box is checked, click **Next** to enter the Provider Use Only section.

Figure 2.4: Signature and Declaration.

5. Provider Use Only

This section is to be filled out by the provider. Complete all required fields and click **Next** to view the Application Summary.

Figure 2.5: Provider Use Only.

Page updated: April 2025

Provider Use Only Data Field Names and Specifications Table

Data Field Name	Data Field Specifications
Did the patient self-attest to pregnancy?	• Required field. • Select Yes or No.
Was a pregnancy test given today?	• Required field if response to *Did the patient self-attest to pregnancy?* is "No". • Select Yes or No. • If response to *Did the patient self-attest to pregnancy?* is "Yes," the field is disabled.
If a test was given, what was the result	• Required field if response to *Was a pregnancy test given today?* is "Yes". • Select Positive or Negative. • If response to *Did the patient self-attest to pregnancy?* is "Yes," the field is disabled. • **If response to *Did the patient self-attest to pregnancy?* is "No" and the response to *If a test was given, what was the result?* is "Negative," the applicant is ineligible to enroll in the PE4PP program.**
Expected Date of Delivery	• Required field if applicant self-attested to pregnancy or the pregnancy test result was positive. • Date entered cannot be in the past. • Date entered cannot be the current date. • If user enters 10 characters, two of them must be forward slashes (/) in the correct places. • If the answer to the question *If a test was given, what was the result?* is "Negative", the field is disabled. • If the answer to the question *Did the patient self-attest to pregnancy?* is "No" and the answer to the question *Was a pregnancy test given today?* is "No", the field is disabled.
Was the Insurance Affordability Application offered to the Patient	• Required field. • Select Yes or No.

6. Application Summary

The Application Summary displays a summary of the data previously entered for the applicant.

Figure 2.6: Application Summary.

To submit the information, follow these steps:

1. Verify the summary page, ensuring all data entered is as expected. If a correction is required, click the **Previous** button at the bottom of the page to edit the information or correct any errors entered on a previous page, as shown in the screen shot below, prior to selecting **Print**. Ensure all required fields are complete to avoid an unexpected transaction response. If you click the **Cancel** button, it will prompt an option to discard or continue editing. **Discard** will take you back to the PE transaction screen. **Continue editing** will allow you to edit the current application.

2. Click **Print** at the top of the screen **twice** to print **two (2)** copies of the application summaries.

3. Click the **Submit** button. Prior to printing, a prompt appears asking to review and print the application information; or asking to submit without printing.

4. Have the applicant sign both copies and provide one copy to the applicant and place a second copy into the individual's file.

5. Click **Submit** at the bottom of the page to submit the application.

Figure 2.7: Application Summary Continued.

6. Once the PE4PP application is submitted, the transaction is processed, and one of the following real-time response messages are displayed.

PE4PP Application Message Response

Once the application is submitted, the PE4PP Application is sent to the Medi-Cal Eligibility Data System (MEDS), which determines the individual's PE4PP eligibility. After a short period of time, the MEDS returns a response message that appears in the browser. 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 no-cost Medi-Cal coverage for ambulatory prenatal care and prescription drugs for conditions related to pregnancy.
- The program for which the individual is currently eligible (Medi-Cal).
- If denied, the denial reason.
- A system error message while processing transaction.

Important:

If the client signature line appears in the response message, the response message must be printed and can be 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 they receive a permanent BIC in the mail (if continuing Medi-Cal benefits are approved after the individual applies for insurance affordability programs).

- Individuals **do** 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 PE4PP 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 or later if there is a pending Medi-Cal application.

Note: If the application is missing information, you will receive an error message asking you to complete the required fields before sending. Refer to the response messages later in this user guide for response message examples or contact Medi-Cal using the information in the "Reporting Problems" section of this guide.

PE4PP Approved Response Message

Figure 2.8: Approved Application Response.

PE4PP Approved Response Messages

Status	Code	Reason Description	Response Message (To applicant)
Approved	3202	Applicant previously received Presumptive Eligibility under aid code 7F. If pregnant, the applicant should be granted eligibility under aid code 7G.	You are granted Presumptive Eligibility for Pregnant People (PE4PP) temporary, ambulatory prenatal, 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.
Approved	3201	Applicant was approved for aid code 7F and the applicant indicated they are not pregnant after a pregnancy test.	You are granted Presumptive Eligibility for Pregnant People (PE4PP) coverage for today's doctor visit and pregnancy test only. Your PE Period End Date is mm/dd/yyyy. To see if you qualify for permanent coverage, submit a completed insurance affordability application.
Approved	3203	Applicant was approved for aid code 7G and the application indicated that the applicant has a BIC.	You are granted Presumptive Eligibility for Pregnant People (PE4PP) temporary, ambulatory prenatal 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.

PE4PP Denied Response Message

Figure 2.9: Denied Application Response.

PE4PP Denial Response Messages

Status	Code	Reason Description	Response Message (To applicant)
Denied	3001	Applicant is not a California resident. Applicant responded "No" to the "Live in California" question.	You are not eligible for Presumptive Eligibility for Pregnant People (PE4PP) because you indicated that you do not live in California. PE4PP is only available to California residents.
Denied	3002	Applicant previously received Presumptive Eligibility for current pregnancy. Applicant indicated they were pregnant and answered "Yes" to the question "If pregnant, has the individual received presumptive eligibility services during this current pregnancy?"	You are not eligible for Presumptive Eligibility for Pregnant People (PE4PP) because you already received PE Enrollment for this current pregnancy. Pregnancy PE Enrollment is limited to one, per pregnancy.
Denied	3101	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	3102	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 BIC.
Denied	3104	Income exceeds allowed limit for coverage group.	You are not eligible for Presumptive Eligibility for Pregnant People (PE4PP) because your income exceeds the allowed limits.
Denied	3105	Applicant is over the age of 65 (one month after 65th birthday or later).	You are not eligible for Presumptive Eligibility for Pregnant People (PE4PP) because you are over the age limit.

PE4PP Failed 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 contact the Help Desk between the hours of 6 a.m. and 12 a.m. at 1-800-541-5555.
Failed	9999	System Not Available	System is not available. Try again later.
Failed	8888	Provider has submitted one or more PE applications for eligibility determination for the same applicant on the same day. Only one application can be submitted per day.	A Presumptive Eligibility application for this applicant has already been submitted today. Only one application can be submitted per day. Please re-submit your application on the following business day.

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.
‡	References: 1) The 2014 ERS/ATS (European Respiratory Society/ American Thoracic Society) Task Force Report Guidelines on Severe Asthma and 2) The 2007 NAEPP (National Asthma Education and Prevention Program) Expert Panel Report 3, U.S. Department of Health and Human Services National Institutes of Health.
*	Temporary aid code only to be used for the duration of the COVID-19 Public Health Emergency

Change Summary

Version Number	Date	Description	Notes/Comments
1.1	April 2025	Provider Portal	PE4PP rebranding and Provider Portal screenshot updates