



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

Medi-Cal Management Information System

CA-MMIS V 1.3 August 2024

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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.

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Process Background

The *Children's Presumptive Eligibility Pre-Enrollment Worksheet* (DHCS 4073, Rev 02/2024) 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. 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 issue a paper version of the [Children's Presumptive Eligibility Pre-Enrollment Worksheet](#) (DHCS 4073, Rev 02/2024).
 - Assist the applicant, their parent, legal guardian or authorized representative with completion of the worksheet.
 - Enter the worksheet's information directly into the online application fields. The provider is required to enter all the information and answers from the worksheet into the online application as they appear.
- Document verbal responses:
 - Ask the applicant, their parent, legal guardian or authorized representative each question from the online application and enter their verbal responses into the online application fields.
 - The provider is required to enter all the information and responses into the online application fields exactly as is communicated to them.

Once the online application has been filled out, it will generate an auto-populated application which needs to be reviewed and signed by the applicant, parent, legal guardian or authorized representative prior to submission. Print two (2) copies of the completed online application, known as the Application Summary, and obtain a signature on both printouts. One (1) copy is given to the applicant and one (1) copy is kept in the applicant's file. The application is not complete without a valid signature and a signature confirms the application has been reviewed.

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 adult applicant 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) 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.
- 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.

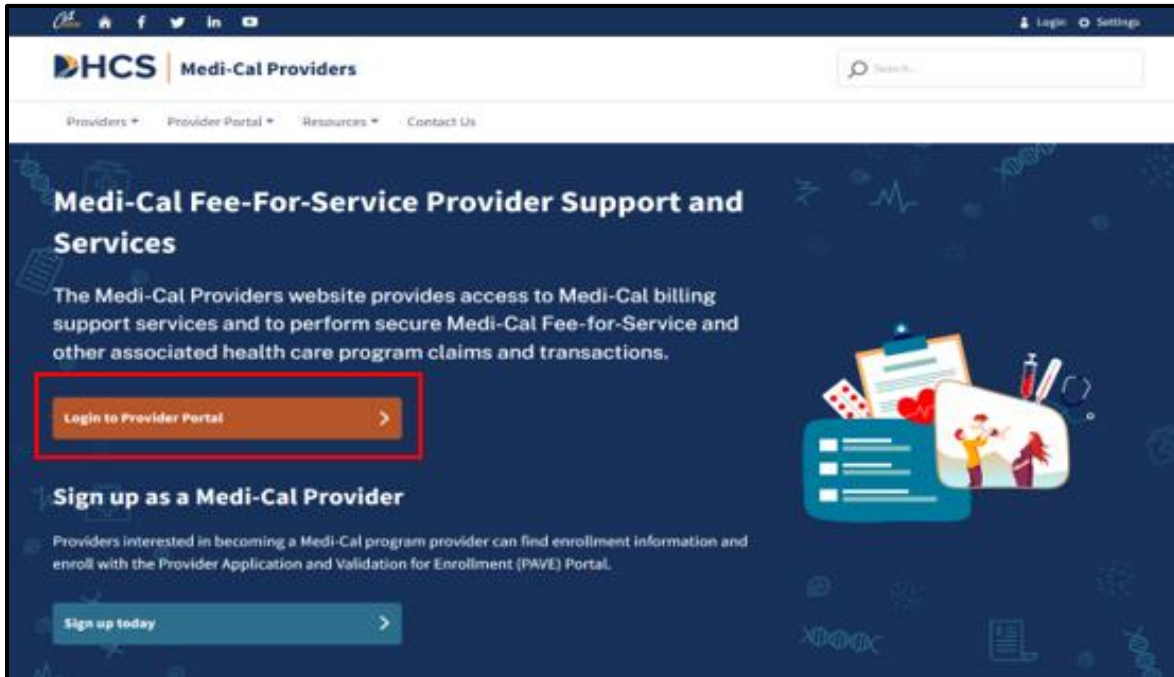


Figure 1.1: Medi-Cal Providers Website.

2. Enter the email address and click **Next**.

A screenshot of the Medi-Cal Provider Portal login/register form. The title 'Medi-Cal Provider Portal' is displayed in large, bold, dark blue font. Below the title, the instruction 'Enter email to login or register a new account.' is shown. A white text input field with a blue border contains the placeholder text 'Email Address'. To the right of the input field is a teal button with the word 'Next' in white text.

Figure 1.2: Enter email address to login or register.

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

System Use Notification

Welcome to the Medi-Cal Provider Portal. Please read and agree to the Terms and Conditions to proceed to the portal.

WARNING: This computer system is for official use by authorized users and may be monitored and/or restricted at any time. Confidential information may not be accessed or used without authorization. Unauthorized or improper use of this system may result in administrative discipline, civil and/or criminal penalties. By using this system, you are acknowledging and consenting to these terms and conditions.

LOG OFF IMMEDIATELY if you are not an authorized user or do not agree to the conditions in this warning.

I confirm that I have read and agree to the above

[Sign Out](#) Next

Figure 1.3: System Use Notification.

Administrator Role

Assign Staff (Processor) Roles

In order for a staff (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**.

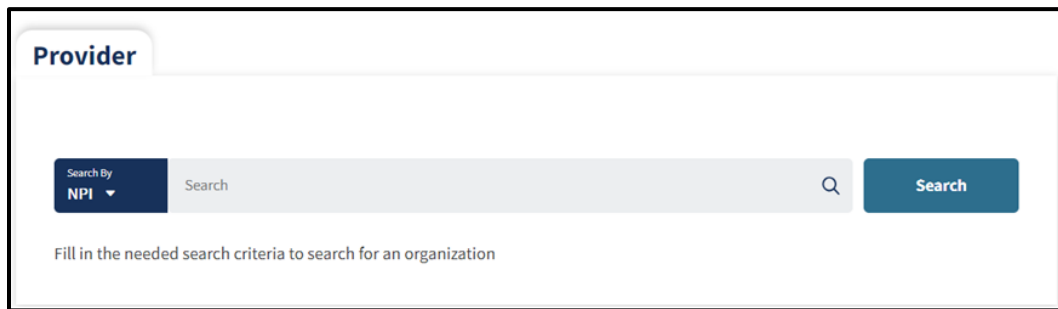


Figure 1.4: Search an organization.

2. Select the desired organization from the search.



Figure 1.5: Select an organization.

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

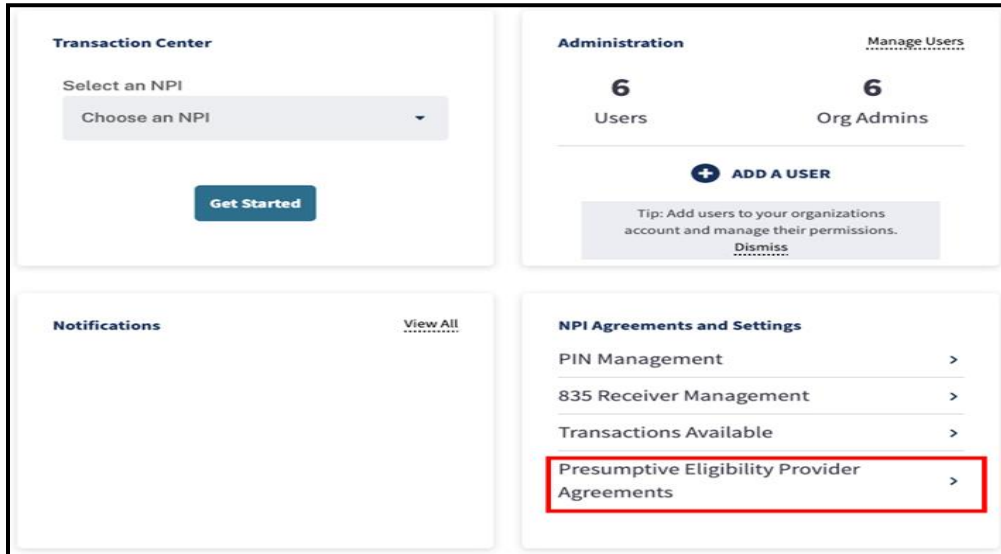


Figure 1.6: NPI Agreement and Settings tile.

4. On the Presumptive Eligibility Agreement page, use the drop down to select Children's Presumptive Eligibility.

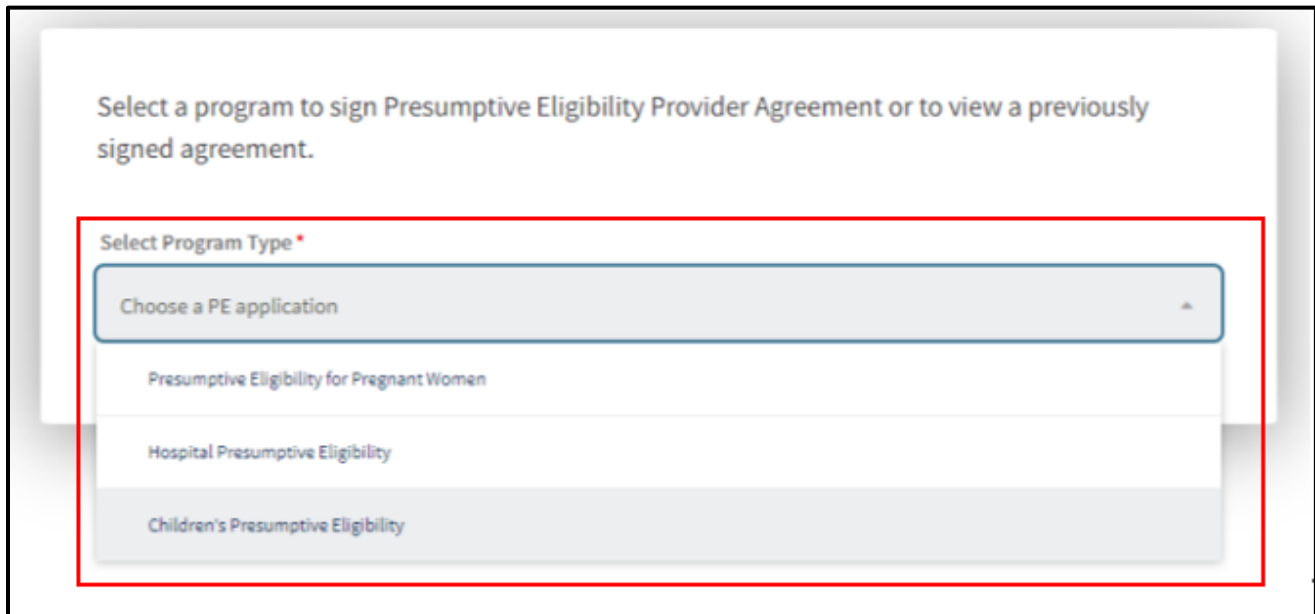


Figure 1.7: Select Program Type.

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

The screenshot shows a web interface for selecting a program type. At the top, a dropdown menu is set to 'Presumptive Eligibility for Pregnant Women'. Below this are two tabs: 'Eligible NPIs' (which is active) and 'Enrolled NPIs'. A search bar with a magnifying glass icon and the text 'Search by Provider Name or NPI' is present. Below the search bar, there are two columns: 'NPI' and 'Legal Name'. The 'NPI' column contains a redacted black box. A blue 'Sign' button is located at the bottom right of the interface.

Figure 1.8: Eligible or Enrolled NPIs.

6. 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**.

The screenshot displays an agreement screen. At the top, a checkbox is checked with the text 'I am authorized to attest and agree to all of the terms and conditions of this agreement.' Below this is a paragraph of text regarding presumptive eligibility determinations and HIPAA compliance. A second paragraph states that the user agrees to cooperate with DHCS and that non-compliance could result in losing status as a Qualified PE4PW Provider. A third paragraph details the legal binding nature of the election. Below the text, a line reads 'By signing below, I represent that I have the authority to bind the provider stated below to this election.' There are two input fields: 'Signature *' (containing 'First And Last Name') and 'Title *' (a dropdown menu with 'Select' as the current selection). At the bottom, there is an 'Electronic Signature:' label followed by a horizontal line, a 'Cancel' button, and a 'Submit' button.

Figure 1.9: Sign Agreement.

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7. After the agreement is submitted, a confirmation message will appear at the top of the page.

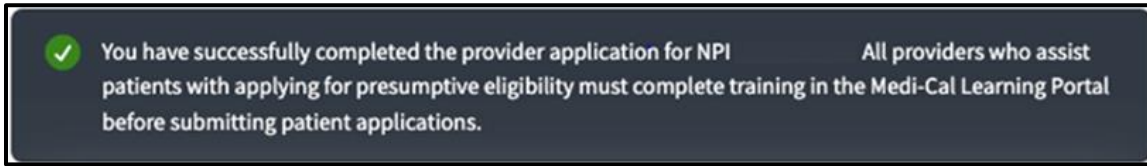


Figure 1.10: Agreement Confirmation.

Note: When the agreement is signed, a contingent approval letter is sent to the email address on file. Print a copy of the letter for safe keeping.

8. Once the confirmation is received, a screen to enter Medi-Cal Learning Portal (MLP) Information will appear. Enter a MLP User ID to complete the required CPE and Newborn Gateway CBT courses and click **Continue**.

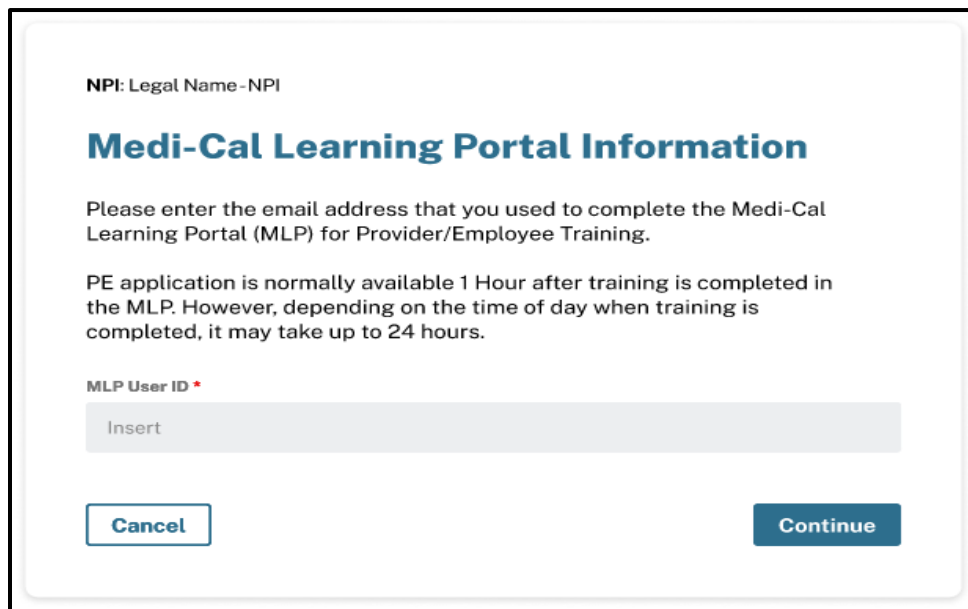
A white rectangular form with a thin black border. At the top left, it says "NPI: Legal Name - NPI". Below that is the title "Medi-Cal Learning Portal Information" in bold blue text. The main text reads: "Please enter the email address that you used to complete the Medi-Cal Learning Portal (MLP) for Provider/Employee Training." Below this is another line of text: "PE application is normally available 1 Hour after training is completed in the MLP. However, depending on the time of day when training is completed, it may take up to 24 hours." There is a label "MLP User ID *" followed by a text input field containing the placeholder text "Insert". At the bottom left is a "Cancel" button and at the bottom right is a "Continue" button.

Figure 1.11: Medi-Cal Learning Portal Information.

Upon completion of the CPE and Newborn Gateway CBT courses, return to the Provider Portal to access the Transaction Center 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 1 hour to 24 hours to access the CPE enrollment application. Users can also refer to the [Provider Portal User Guide: Provider Organization](#) for further instructions about registering an organization and managing user accounts.

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

1. On the dashboard of the Provider Portal, within the Transaction Center tile, select an NPI from the drop-down list and click **Get Started**.
2. Scroll down to the Enrollment section and click on **Children's Presumptive Eligibility** to access the Service Location Page. If the CPE and Newborn Gateway CBT courses are complete, skip steps 3 and 4.

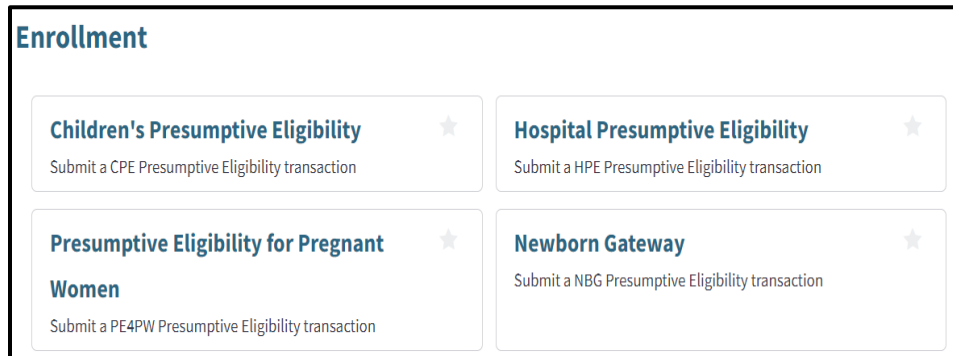


Figure 1.12: Enrollment Section of the Transaction Center.

3. If the trainings are not complete, a message will appear to complete training. Click **Complete Training** to be redirected to the MLP Portal.

Note: If training has been successfully completed, this message will no longer appear. Proceed to complete the CPE enrollment form.

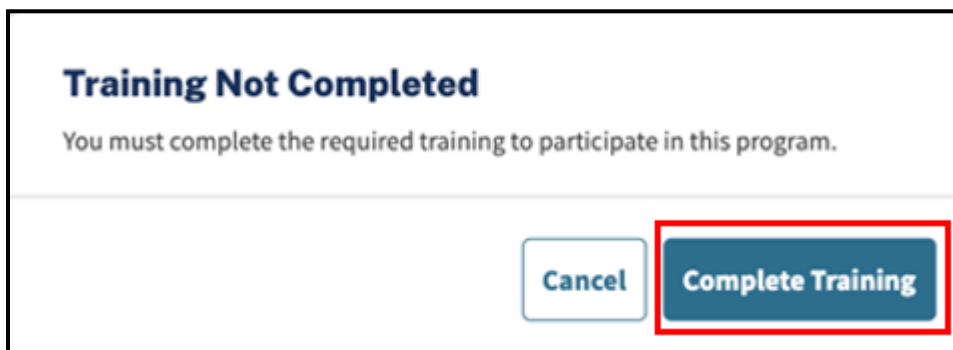
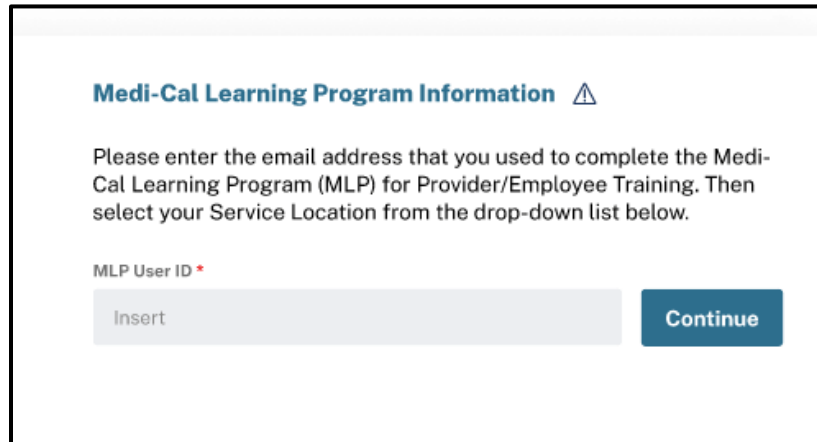


Figure 1.13: Training Not Completed.

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4. Insert MLP User ID and click **Continue**.

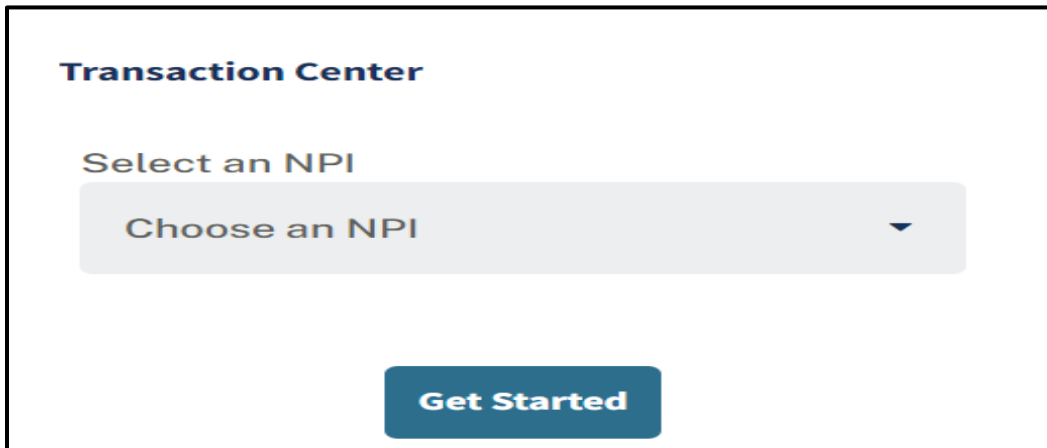


The screenshot shows a web form titled "Medi-Cal Learning Program Information" with a warning icon. Below the title, there is a paragraph of instructions: "Please enter the email address that you used to complete the Medi-Cal Learning Program (MLP) for Provider/Employee Training. Then select your Service Location from the drop-down list below." Below this text, there is a label "MLP User ID *" followed by a text input field containing the placeholder text "Insert". To the right of the input field is a blue button labeled "Continue".

Figure 1.14: 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.

5. Once training is completed, return to the Provider Portal to access the Transaction Center. Select an NPI from the drop down and click **Get Started**.



The screenshot shows a "Transaction Center" tile. At the top, the title "Transaction Center" is displayed in blue. Below the title, the text "Select an NPI" is shown above a dropdown menu. The dropdown menu currently displays "Choose an NPI" and has a downward-pointing arrow on the right side. Below the dropdown menu is a blue button labeled "Get Started".

Figure 1.15: Transaction Center tile.

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6. On the Service Location Page, click the **Resources** tab to do the following:
 - a. Download and print a copy of the *Children’s Presumptive Eligibility Pre-Enrollment Worksheet* (DHCS 4073, Rev 02/2024), available in English or Spanish.
 - b. Download and print a copy of the Affordability application.
 - c. Access to the CPE FAQs.
7. 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.

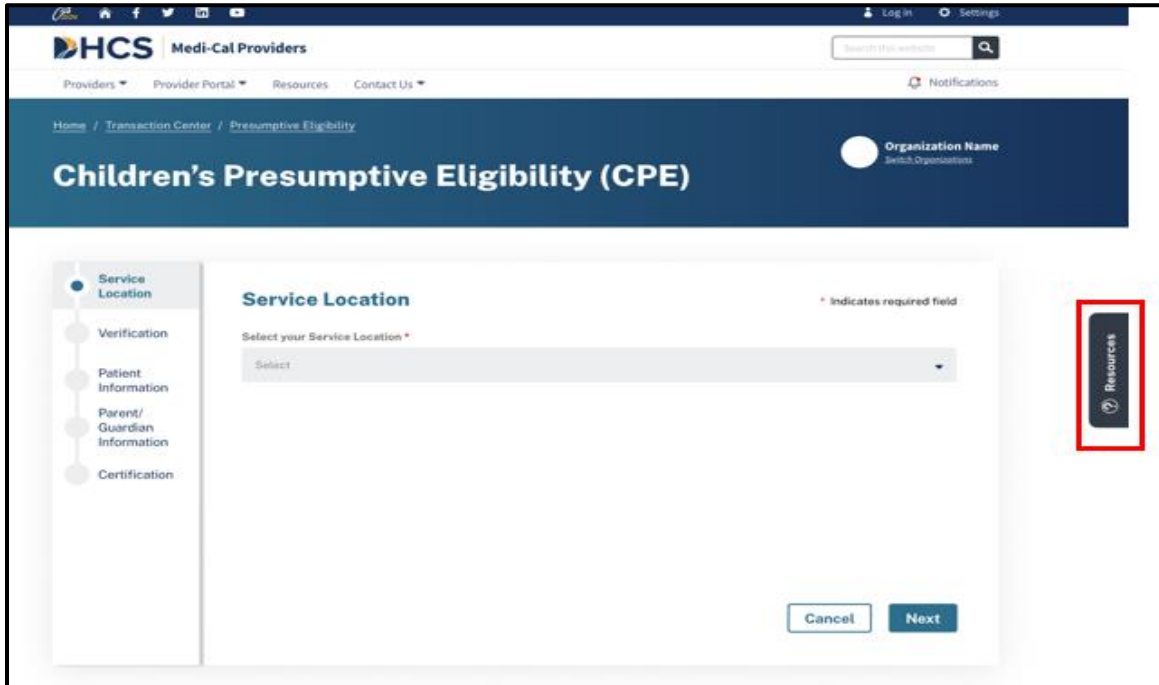


Figure 1.16: CPE Service Location page.

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- 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 1.17: 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. |

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Family refers to immediate family living in the child's home. Please include the child, the child's parents, the child's siblings and the child's spouse. If a family member is pregnant, include the number of babies. Do not include other relatives or friends, even if they live with the child.

Review the information underneath the "Continued Health Care Coverage Information" heading. Review the completed *Children's Presumptive Eligibility Pre-Enrollment Worksheet* (DHCS 4073, Rev 02/2024) 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.

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- 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.

Applicant Information * Indicates required field

Medi-Cal

Do you have a Benefits Identification Card (BIC)? * Yes No

BIC Number
What is the identification number on your card (if available)?

Last Name * First Name * Middle Name

Date of Birth * Gender * Male Female Social Security Number

Home Address

If homeless, check the box and indicate (below) where to send any written correspondence.

Street Address

City State ZIP Code

Living in California? * Yes No County of Residence? *

Mailing Address (if different than above)

Street Address

City State ZIP Code

Mother's Information

Last Name * First Name * Middle Initial

For applicants under 1 year of age, please complete this section

Mother's Date of Birth Mother's BIC #/ Medi-Cal Card #/ SSN

Figure 1.18: Applicant Information.

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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 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. |

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

| Field Name | Specifications |
|--------------------------------|--|
| Home City | Valid characters: A – Z, space Only A – Z allowed as the first character. The word “SAME” or “NONE” is not allowed in this field. |
| Home State | Select from drop down. |
| 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 not allowed in this field. Only A – Z or 0 – 9 allowed as the first character. |
| Mailing City | Valid characters: A – Z, space Only A – Z allowed as the first character. The word “SAME” or “NONE” is not allowed in this field. |
| Mailing State | Select from drop down. |
| 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. |

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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.

For patients under 1 year of age, please complete this section


| | |
|---|---|
| Mother's Date of Birth | Mother's BIC #/ Medi-Cal Card #/ SSN |
| <input type="text" value="mm/dd/yyyy"/>  | <input type="text" value="Insert"/> |

Figure 1.19: For Patients Under Age One (1) section.

Data Field Names and Specifications Table

| Field | Details |
|---|--|
| Optional: Mother's Date of Birth | <ul style="list-style-type: none">• 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. |

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- 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 1.19: 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 |

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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. |

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11. 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.

The screenshot shows the 'Certification' screen. On the left, a sidebar lists the application steps: Service Location, Verification, Applicant Information, Parent/Guardian Information, and Certification. The 'Certification' step is currently active. The main area contains the title 'Certification' and a legend: '* Indicates required field'. Below the title is a checkbox with the text: 'Check this box to certify that the parent/legal guardian or emancipated minor has signed the application *'. Underneath is a dropdown menu labeled 'Relationship to Applicant *' with 'Select' as the chosen option. At the bottom of the screen, there are three buttons: 'Cancel', 'Previous', and 'Next'.

Figure 1.20: Certification Screen.

12. On the Application Summary page, view your entries to confirm that the information entered is accurate and no keying errors were made.
13. 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.
14. If edits are needed on the applicant's review, click **Previous** to revisit the previous entries and make amendments.
15. Click **Cancel** to cancel the entries.
16. Obtain signatures on both copies of the updated Application Summary and click **Submit** to submit the transaction.
17. 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.

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| CHILDREN'S PRESUMPTIVE ELIGIBILITY APPLICATION | | | |
|--|------------------------------------|---|-------------------|
| Application Date/Time: 01/23/2024 11:42:01 AM | | | |
| VERIFICATION INFORMATION | | | |
| Family Members | Family Income before taxes | Continuing coverage through Medi-Cal? Yes | |
| PATIENT INFORMATION | | | |
| Patient has a BIC Card? N | | Patient's BIC # | |
| Patient's Name – Last Nameexample | | First Nameexample | Middle Initial |
| Date of birth (month/day/year) 11/23/2023 | Gender Female | Patient's Social Security Number (000) 000-0000 | |
| <input type="checkbox"/> If homeless, check the box and indicate (below) where to send any written correspondence. | | | |
| Living in California? Yes | | County of Residence Los Angeles | |
| Home Address Number and Street 1234 Street Name | | City | State ZIP Code |
| Mailing Address (if different) Number and Street | | City | State ZIP Code |
| Mother's Last Name Nameexample | Mother's First Name Nameexample | Mother's Middle Initial | |
| FOR PATIENTS UNDER 1 YEAR OF AGE, PLEASE COMPLETE THIS SECTION | | | |
| Mother's date of birth (month/day/year) 03/12/1991 | | Mother's BIC or Medi-Cal card number or social security number 111-11-1111 | |

Figure 1.21: CPE Application Summary.

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18. 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.
19. 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. The other copy, place it in the patient file.
20. Click the **Next Application** button to start a new application.

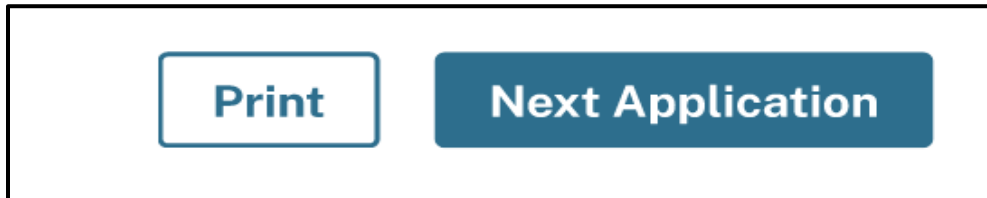
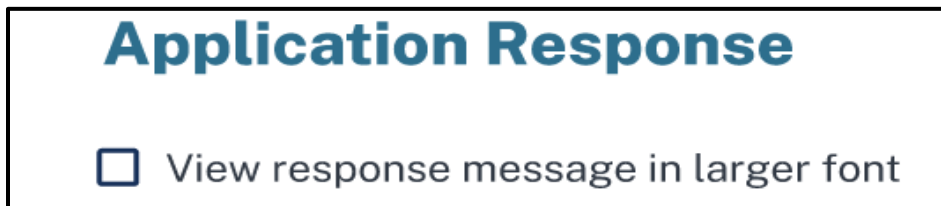


Figure 1.22: Print or Next Application buttons.

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



22. 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.

Single Subscriber Response

Eligibility transaction performed by provider: on Wednesday, January 12, 2022 at 11:36:44 AM

 **Eligibility Message:** SUBSCRIBER LAST NAME: . EVC #: 901J9V7MM9. CNTY CODE: 02. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN.

| | |
|--|-------------------------------------|
| Name: | Subscriber ID: |
| Service Date: 12/01/2021 | Subscriber Birth Date: |
| Issue Date: 03/08/2013 | Primary Aid Code: 60 |
| First Special Aid Code: | Second Special Aid Code: |
| Third Special Aid Code: | Subscriber County: 02-Alpine |
| HIC Number: | |
| Trace Number (Eligibility Verification Confirmation (EVC) Number): 901J9V7MM9 | |

Figure 2.1: 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.

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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.

The screenshot displays the 'Application Response' interface. At the top, there is a title 'Application Response' and a checkbox labeled 'View response message in larger font'. Below this is a large white box containing the response details. The title inside is 'Children Presumptive Eligibility Enrollment Response'. The application date/time is '01/23/2024 11:42:01 AM'. A table lists the following information: Provider Number: 1234567890; Individual's Name: TEST TESTING; Date of Birth: 12/12/1999; BIC ID: 12345678A1234; BIC Issue Date: 01/23/2024; Good Thru Date: 02/23/2024. A response message states: 'Response: You currently have full scope Medi-Cal eligibility. Use your Benefits Identification Card to access Medi-Cal services.' Below this is a 'Client Signature:' field with a horizontal line. At the bottom of the screen, there are three buttons: 'Back to Dashboard', 'Print' (highlighted with a red box), and 'Next Application'.

| | |
|---------------------------|---------------|
| Provider Number: | 1234567890 |
| Individual's Name: | TEST TESTING |
| Date of Birth: | 12/12/1999 |
| BIC ID: | 12345678A1234 |
| BIC Issue Date: | 01/23/2024 |
| Good Thru Date: | 02/23/2024 |

Response: You currently have full scope Medi-Cal eligibility. Use your Benefits Identification Card to access Medi-Cal services.

Client Signature: _____

Figure 3.1: Print Response Message.

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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 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.

The screenshot displays a web interface for an "Application Response". At the top, there is a checkbox labeled "View response message in larger font". Below this is a large white box containing the response details. The title is "Children Presumptive Eligibility Enrollment Response". The application date and time are "01/23/2024 11:42:01 AM". A list of fields includes: Provider Number (1234567890), Individual's Name (TEST TESTING), Date of Birth (12/12/1999), BIC ID (12345678A1234), BIC Issue Date (01/23/2024), and Good Thru Date (02/23/2024). A response message states: "You currently have full scope Medi-Cal eligibility. Use your Benefits Identification Card to access Medi-Cal services." Below the message is a red-bordered box labeled "Client Signature:" with a horizontal line for a signature. At the bottom of the form are three buttons: "Back to Dashboard", "Print", and "Next Application".

Figure 3.2: CPE Enrollment Response with Client Signature line.

- Applicants 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.
- 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.

Refer to the following pages for examples of response messages.

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CPE Approved 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 |
| Good Thru Date: | 02/29/2024 |

Important Notice: The temporary eligibility end date for full scope Medi-Cal can change if the individual submits a Single Streamlined Application (CCFRM604) since temporary Medi-Cal eligibility ends on the application determination date (approved or denied). Providers, please verify eligibility.

Response: You are temporarily eligible for full scope Medi-Cal until your temporary eligibility end date on 02/29/2024. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. To continue your coverage, you must return a completed Single Streamlined Application (CCFRM604) before 02/29/2024. If you do not receive the application in the mail within 10 days, call 1-800-300-1506

Figure 3.3: Approved Response Message for a child under one year of age.

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 |
| Good Thru Date: | 02/23/2024 |

Response: You currently have full scope Medi-Cal eligibility. Use your Benefits Identification Card to access Medi-Cal services.

Client Signature: _____

Figure 3.4: Approved Response Message indication eligible program.

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CPE Denial Response Message

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

The following response message example shows a denial of CPE due to existing Medi-Cal eligibility:

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: DHCS record indicates applicant is over age for program eligibility. You were denied for PE but may still be eligible for Medi-Cal. Submit a Single Streamlined Application (CCFRM 604) or call 1-800-300-1506 to find out if you qualify for Medi-Cal. The provider can print you a Single Streamlined Application.

Figure 3.5: Denial Response Message.

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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 are 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 3.6: 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 of midnight and 2:00 a.m. each morning.

Figure 3.7: Error Response Message.

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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 |
|---|---|---|
| <p>You currently have full scope Medi-Cal eligibility. Use your Benefits Identification Card to access Medi-Cal services.</p> | <p>This means that the applicant:</p> <ul style="list-style-type: none"> • Is known to the Medi-Cal system. • Is a full-scope Medi-Cal recipient. • Has a BIC. | <ul style="list-style-type: none"> • 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. |
| <p>You currently have full scope Medi-Cal eligibility. Use this document to access Medi-Cal services until your Benefits Identification Card arrives.</p> <p>Note: This response requires a Client Signature.</p> | <p>This means that the applicant:</p> <ul style="list-style-type: none"> • Is known to the Medi-Cal system. • Is a full-scope Medi-Cal recipient. • Does not have a BIC. | <ul style="list-style-type: none"> • 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. |

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CPE Response Messages Table (continued)

| Message | Meaning | Next Steps |
|--|--|---|
| <p>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.</p> | <p>This means that the applicant:</p> <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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. |

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CPE Response Messages Table (continued)

| Message | Meaning | Next Steps |
|---|--|--|
| <p>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).</p> <p>Note: This response requires a Client Signature.</p> | <p>This means that the applicant:</p> <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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. |

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CPE Response Messages Table (continued)

| Message | Meaning | Next Steps |
|---|---|---|
| <p>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).</p> | <p>This means that the applicant:</p> <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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. |

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CPE Response Messages Table (continued)

| Message | Meaning | Next Steps |
|--|--|--|
| <p>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).</p> <p>Note: This response requires a Client Signature.</p> | <p>This means that the applicant:</p> <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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. |
| <p>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.</p> | <p>This means the applicant:</p> <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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. |

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CPE Response Messages Table (continued)

| Message | Meaning | Next Steps |
|---|--|--|
| <p>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.</p> <p>Note: This Response requires a Client Signature.</p> | <p>This means the applicant:</p> <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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. |
| <p>DHCS record indicates applicant is over the age for program eligibility.</p> | <p>This means that the applicant was denied CPE because they were 19 years of age or older at time of application.</p> | <ul style="list-style-type: none"> • 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. |

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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. | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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. |
| <p>Infant is not eligible for CPE due to mother’s MCAP eligibility. Infant should have eligibility under the Medi-Cal Access Infant Program (MCAIP).</p> <p>Please complete MCAP Infant Registration Form to register your infant for MCAIP. Call 1-800-433-2611 for more information.</p> | This means that the applicant is not eligible for CPE because their mother was eligible for coverage under the Medi-Cal Access Program in the month of the applicant’s birth. The applicant will be eligible to full-scope coverage under Medi-Cal Access Infant Program and must apply. | <ul style="list-style-type: none"> • 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. |

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CPE Response Messages Table (continued)

| Message | Meaning | Next Steps |
|---|---|---|
| <p>You are not eligible for PE because you have already received 2 PE enrollments within the past 12 months.</p> | <p>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.</p> | <ul style="list-style-type: none"> • 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. |
| <p>Duplicate Eligibility Response:</p> <p>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.</p> <p>Also includes the original response message.</p> | <p>This means the applicant already submitted a CPE application today.</p> | <ul style="list-style-type: none"> • Print two copies the printout. • Keep a copy of your files and give a copy to the parent/guardian or emancipated minor. |
| <p>The following message may appear with other messages:</p> <p>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).</p> | <p>This means that the applicant is eligible for CPE but did not provide a full address where documents can be mailed.</p> | <p>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.</p> |

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CPE Response Messages Table (continued)

| Message | Meaning | Next Steps |
|--|---|--|
| <p>The following message will appear with denial messages:</p> <p>You were denied for PE but may still be eligible for Medi-Cal. Submit a Single Streamlined Application (CCFRM604) or call 1-800-300-1506 to find out if you qualify for Medi-Cal. The provider can print you a Single Streamlined Application.</p> | <p>This means that the applicant is not eligible for CPE and has no existing Medi-Cal eligibility.</p> | <p>Provide the applicant a Single Streamlined Application (CCFRM604) and refer them to their local social services agency with questions.</p> |
| <p>The following message may appear with other messages:</p> <p>Attention: Your baby already may be eligible for Medi-Cal. Contact your worker or your County Department of Social Services before you complete the application.</p> | <p>The applicant is 12 months old or younger and may already be eligible Medi-Cal.</p> | <p>Refer the applicant and family to their local social services agency.</p> |
| <p>The following message may appear with other messages:</p> <p>Important Notice: The temporary eligibility end date for full scope Medi-Cal can change if the individual submits a Single Streamlined Application (CCFRM604) since temporary Medi-Cal eligibility ends on the application determination date (approved or denied). Providers, please verify eligibility.</p> | <p>This means the CPE eligibility period may change if a Single Streamlined Application is submitted.</p> | <p>Explain that the CPE period listed on the <i>Immediate Need Eligibility</i> document may change if a Single Streamlined Application is submitted. Eligibility ends on the day a determination is made on the application.</p> |

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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.

Application Response

View response message in larger font

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 |
| Good Thru Date: | 02/23/2024 |

Response: You currently have full scope Medi-Cal eligibility. Use your Benefits Identification Card to access Medi-Cal services.

Client Signature: _____

[Back to Dashboard](#) [Print](#) [Next Application](#)

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.

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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 |