

CHDP Gateway Internet Step-by-Step User Guide

Contents

- CHDP GATEWAY INTERNET TRANSACTION OVERVIEW.....1**
 - Objectives.....1
 - Introduction.....1
 - Telephone Service Center: 1-800-541-5555.....3
 - Internet Transaction Equipment and Software.....3

- PERFORMING A CHDP GATEWAY INTERNET TRANSACTION4**
 - Objectives.....4
 - Web Tool Box.....5
 - CHDP Gateway Help.....6
 - Medi-Cal Web Site Transaction Services.....7
 - Download the CHDP Program Pre-Enrollment Application (DHCS 4073).....9
 - Complete the Internet Transaction Field11
 - Review and Edit a Transaction16
 - Submit the Transaction.....17
 - Field Specifications.....18
 - Incomplete Transaction20
 - Problems Establishing Eligibility20
 - Confirm Eligibility.....21
 - Conclude the Gateway Transaction.....22

- RESPONSE MESSAGES.....23**
 - Objectives.....23
 - Response Messages Overview24
 - Messages Approving Pre-Enrollment.....25
 - Messages Denying Pre-Enrollment.....26
 - Response Messages Reference Guide27

CHDP Gateway Internet Transaction Overview

Objectives

The purpose of this *Child Health and Disability Prevention (CHDP) Gateway Internet Step-by-Step User Guide* is to provide instructions for performing a CHDP Gateway Internet transaction. In this section you will learn:

- The benefits of using the CHDP Gateway
- Where to find help in order to perform a CHDP Gateway Internet transaction

Introduction

Pre-Enrollment

The CHDP Gateway allows eligible children and youth to receive up to two months of full-scope Medi-Cal pre-enrollment eligibility. CHDP providers can pre-enroll eligible patients into Medi-Cal using the CHDP Gateway Internet transaction.

Infant Enrollment

The CHDP Gateway process also allows the same CHDP Gateway transaction to automatically enroll eligible infants under 1 year of age into Medi-Cal without their parent(s) having to complete a *Single Streamlined Application* (CCFRM604). 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.

To begin the Gateway process, the parent, legal guardian or emancipated minor must complete and sign a *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHCS 4073, rev. 10/13). The English version of the form can be downloaded from the **CHDP Downloads** page after logging onto the Transaction Services area of the Medi-Cal website (www.medi-cal.ca.gov). Versions of the DHCS 4073 form in other languages can be downloaded from the Medi-Cal website by clicking the **Programs** tab, then the **CHDP Provider Manuals and Bulletins** link, and then selecting the **Appendix: Supplemental Materials** link or from the CHDP website at www.dhcs.ca.gov/services/chdp. The patient's information is written on the form. Then, the patient's information is entered into the fields of the CHDP Gateway Internet transaction.

After the CHDP Gateway Internet transaction is submitted, a response message displays, indicating the patient's eligibility for services. Providers print the response message twice: One copy is given to the parent, legal guardian or emancipated minor and the other copy is kept in the patient's file. If instructed to do so by the response message, the patient uses the printout as an *Immediate Need Eligibility Document* for CHDP services. The parent, legal guardian or emancipated minor must sign the Immediate Need Eligibility Document on the client signature line.

Telephone Service Center: 1-800-541-5555

If you have any questions or concerns regarding a CHDP Gateway Internet transaction, please call the Telephone Service Center (TSC) at 1-800-541-5555, and follow the prompts for the POS/Internet Helpdesk.

The TSC POS/Internet Helpdesk is available Monday through Friday, between 6 a.m. and 12 a.m., to help you with:

- Troubleshooting your computer to make sure it has the correct technical specifications
- Accessing the correct software and browser
- Accessing the CHDP Gateway Internet transaction

Internet Transaction Equipment and Software

The following equipment and software are required for downloading the *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHCS 4073, rev. 10/13) and for performing the CHDP Gateway Internet transaction:

- Computer: Windows 98 operating system or higher; Pentium I processor (1.33 MHz) or higher; minimum 32 MB RAM
- Modem Speed: Minimum 28 KBPS
- Printer
- Browser: Internet Explorer version 7.0 and higher, Mozilla Firefox version 4.0 and higher, Google Chrome, Safari version 5.0 and higher, or Opera 11
- Adobe Flash Player version 6 or higher
- Adobe Acrobat Reader version 4.0 or higher for downloading and printing the *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHCS 4073, rev. 10/13)

Note: The latest versions of the software and browsers can be downloaded for free on the Web Tool Box page of the Medi-Cal website at www.medi-cal.ca.gov/toolbox.asp.

Performing a CHDP Gateway Internet Transaction

Objectives

In this section you will learn:

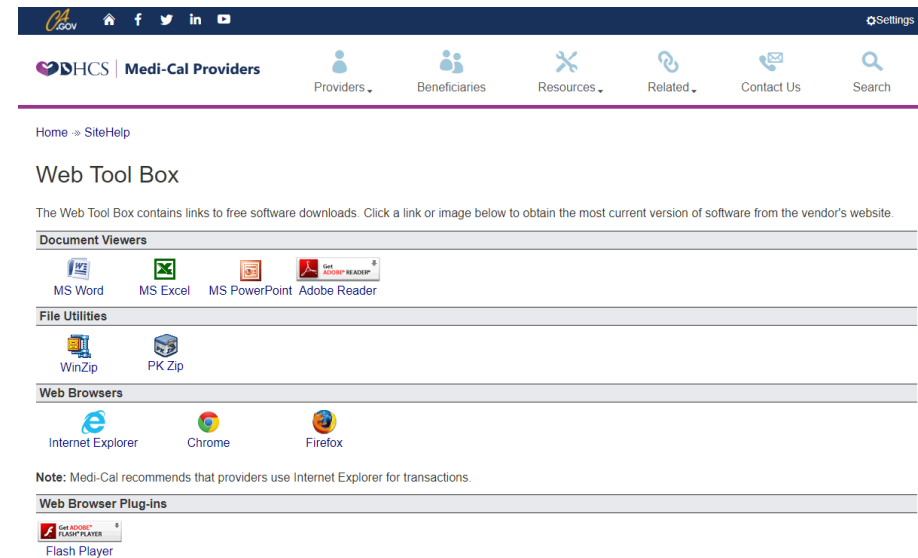
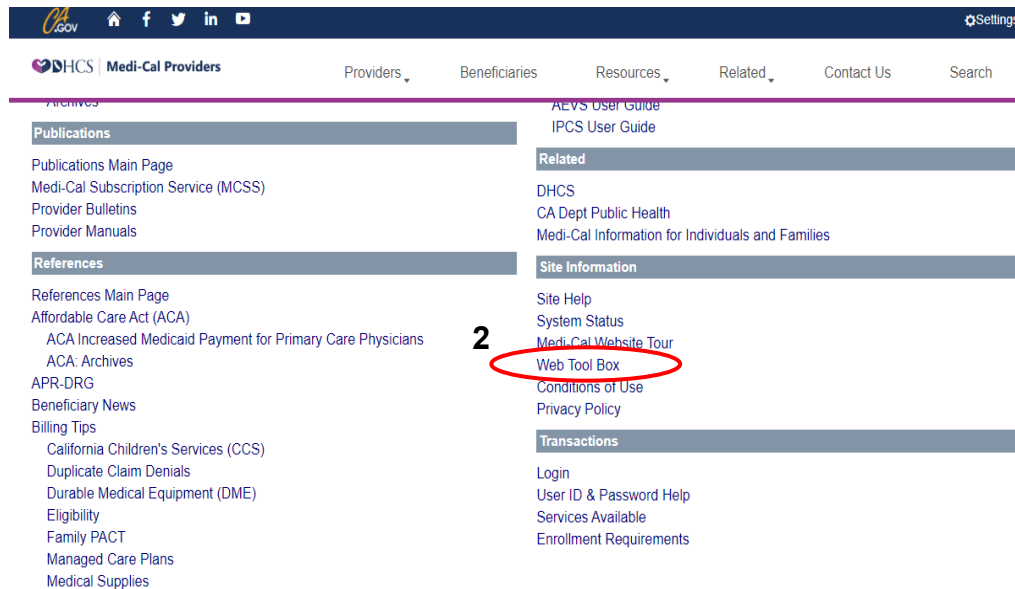
- How to access the CHDP Gateway from the Medi-Cal website
- How to download a *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHCS 4073, rev. 10/13)
- How to complete the CHDP Gateway Internet transaction fields
- How to confirm eligibility for Medi-Cal or CHDP services

Web Tool Box

Before beginning a Gateway Internet transaction, you should know how to access the Web Tool Box for the appropriate software applications to perform the Internet downloads and transactions. From the Medi-Cal Provider home page:

1. Click the **Site Map** link
2. Then select the **Web Tool Box** link.
3. A separate screen will open and display all of the tools you need to access the *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application (DHCS 4073, rev. 10/13)* or to perform a CHDP Gateway Internet transaction.

The Web Tool Box screen is shown below.



CHDP Gateway Help

Help messages are available for certain fields of the Gateway Internet transaction (only the fields listed in the Application Help screen below). For assistance with any of these fields, click the **Application Help** link seen below on the left menu. A separate screen will open and display Help messages. Close or minimize the Application Help screen to return to your transaction.

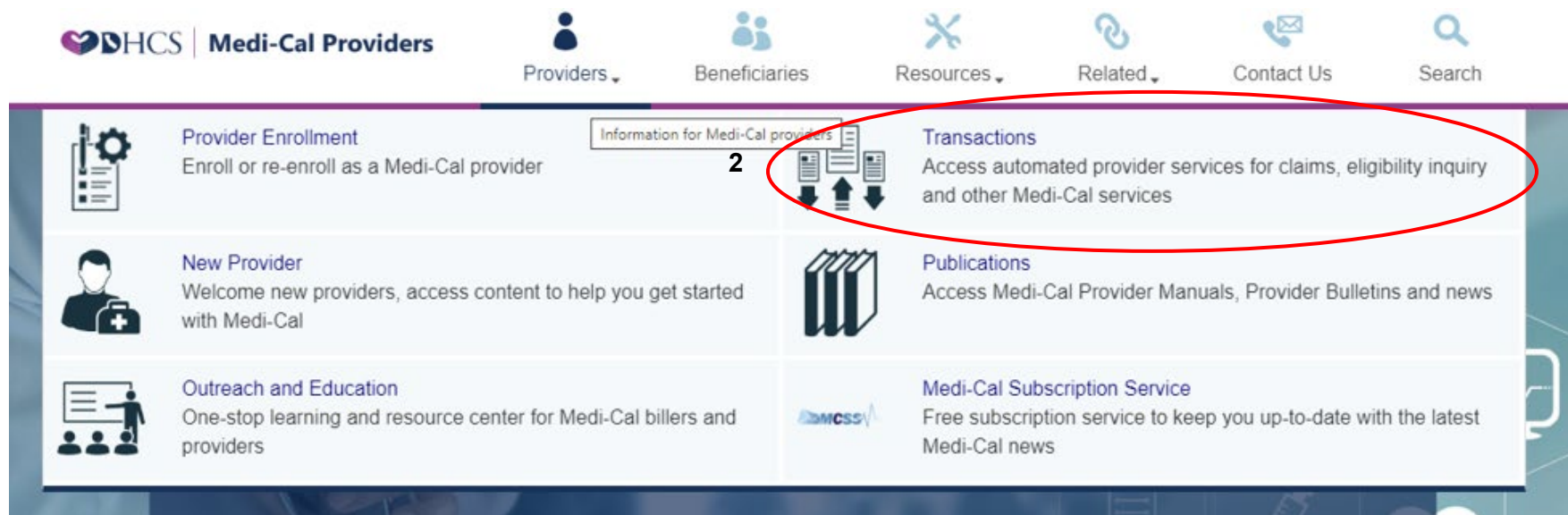
APPLICATION HELP SCREEN

The screenshot shows the CHDP Gateway Pre-enrollment Application interface. At the top, there is a navigation bar with the CA.GOV logo, social media icons, and a Settings icon. Below this is a secondary navigation bar with icons for Providers, Beneficiaries, Resources, Related, Contact Us, and Search. The main content area is titled "CHDP Gateway Pre-enrollment Application" and includes a "You are logged in a" notification bar. The left sidebar contains a "CHDP" section with a list of links: "CHDP Downloads" and "Application Help" (which is circled in red). Below this is a "Transactions" section with links for Eligibility, Claims, eTAR, Programs, Other, eLearning, and Exit. The main content area features a "Verification" section titled "Patient's Age and Income Chart Verification" with several required fields marked with an asterisk: "Is the patient: Less than 19 years of age?" (radio buttons for Yes/No), "How many people are in patient's family?" (text input), and "How much money does patient's family make before taxes?" (text inputs for Yearly and Monthly). A "Continued Health Care Coverage Information" section is also present with a detailed disclaimer.

Medi-Cal Provider Website Transaction Services

This section explains how to log on to the Medi-Cal website to access Transaction Services. The Transaction Services page contains links to program transactions such as the CHDP Gateway program. To access Transaction Services on the Medi-Cal website, follow the steps below.

1. Type www.medi-cal.ca.gov in the address bar of your browser, and then press **ENTER** to open the Medi-Cal home page
2. Click the Transactions tab to open the Login page.



3. After logging on, the Transaction Services screen opens, displaying one or more tabs which contain all the transactions available to you. Click each tab to locate specific services.

4. Once you are logged on, you will be timed out if you are idle on any screen for longer than 20 minutes (approximately). Any information you have entered will not be saved. If you are timed out, you must log on again and repeat the previous steps.

5. Click the Prgms (Programs) tab or select Programs from the menu in the left column. The programs will display that are available to you.

CA.GOV Home f t in v Settings

DHCS | Medi-Cal Providers Providers Beneficiaries Resources Related Contact Us Search

Home

Transaction Services

You are logged in as: [REDACTED]

Elig Claims eTAR Prgms Other 6

- » PE for Pregnant Women Program
- » CHDP Gateway Pre-Enrollment

Transactions

- » Eligibility
- » Claims
- » eTAR

6. Click the **CHDP Gateway Pre-Enrollment** link. (This link only displays for authorized CHDP providers.)

Download the CHDP Program Pre-Enrollment Application (DHCS 4073)

To begin a CHDP Gateway transaction on the Internet, the parent, legal guardian or emancipated minor must complete the *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHCS 4073, rev. 10/13) when they visit a CHDP provider. To download the form from the Medi-Cal Provider website, follow the steps below.

The screenshot shows the Medi-Cal Providers website interface. At the top, there is a dark blue navigation bar with social media icons and a 'Settings' link. Below this is a white navigation bar with 'Medi-Cal Providers' and several menu items: Providers, Beneficiaries, Resources, Related, Contact Us, and Search. The main content area has a breadcrumb trail 'Home » Transaction Services' and a title 'CHDP Gateway Pre-enrollment Application Form Download'. On the left, there is a sidebar with a 'CHDP' logo and a list of links: 'CHDP Downloads' (circled in red), 'Application Help', 'Transactions', 'Eligibility', 'Claims', 'eTAR', 'Programs', 'Other', 'eLearning', and 'Exit'. The main content area shows 'You are logged in as [redacted]' and a list of links: 'CHDP Pre-enrollment Application Form (DHS 4073)' (circled in red), 'This Form may take a few minutes to load.', and 'Back'. At the bottom, there is a note: 'The CHDP Pre-enrollment application form requires the Acrobat Reader. If you do not have this plug-in, go to the Web Tool Box to download the software.'

1 Select CHDP Downloads from the menu in the left column of any Gateway Internet transaction screen. The CHDP Gateway Pre-Enrollment Application Form Download Page will open.

2 Click **CHDP Pre-enrollment Application**

Form to open the application form.

CHDP_4073.pdf - Adobe Reader

File Edit View Window Help

Open

1 / 1 110%

3 4

State of California—Health and Human Services Agency

Department of Health Care Services
Children's Medical Services Branch

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM PRE-ENROLLMENT APPLICATION

Instructions to the Parent or Patient:

- In order to receive a health examination today at no charge, you must provide the information required on this form. The information you give is confidential. This is a voluntary program.

Is the patient less than 19 years of age? Yes No

How many people are in your family? _____

How much money does your family make before taxes? \$ _____ Or \$ _____
Monthly Yearly
- You or your child may be eligible for continued health care coverage through Medi-Cal or premium assistance programs under Covered California.

I want to apply for continuing coverage through Medi-Cal or premium assistance programs under Covered California. Yes No

If you answered *no* to this question (or if you answered *yes* but do not return the application), the patient's coverage for health, dental, and vision benefits will stop at the end of next month unless the county Department of Social Services notifies you otherwise.

Patient Information

- Acrobat Reader will launch from the browser window and display the PDF form. To print the pre-enrollment application from Adobe Reader, click the **Print** icon on the toolbar (do not click the browser's Print icon).
- If you access the form often, you may wish to save the form to your computer for faster retrieval and printing. To do so, click the **Save** icon on the toolbar of Acrobat Reader and save the form to your computer.
- When you are finished, click **Back** on the Forms Download page or click the **Back** button of the browser.

Complete the Internet Transaction Fields

This section describes how to perform a CHDP Gateway Internet transaction using the Medi-Cal website. The Gateway Internet transaction consists of the Verification and Application screens, each containing fields to complete. Instructions for completing these fields are contained in this section. Required fields are indicated by an asterisk (*). Fields without an asterisk are optional.

VERIFICATION SCREEN:

Home → Transaction Services

CHDP Gateway Pre-enrollment Application

Child Health & Disability Prevention
CHDP
 Gateway To Health Coverage

You are logged in as:

* Indicates required field

Verification

Patient's Age and Income Chart Verification

*Is the patient: Less than 19 years of age? ¹ Yes No

*How many people are in patient's family? ²

*How much money does patient's family make before taxes? ³ Yearly: \$ Monthly: \$

Continued Health Care Coverage Information

(Applicant or applicant's child may be eligible for continued health care coverage through Medi-Cal or premium assistance programs under Covered California. If applicant answered YES to this question, an application will be mailed to applicant in a few days. Please return it promptly. If applicant answered NO to this question (or if applicant answered YES but does not return the application), the patient's coverage for health, dental, and vision benefits will stop at the end of next month unless the county Department of Social Services notifies applicant otherwise. Applicant or applicant's child will still be eligible for CHDP preventive services.)

*Applicant wants to apply for continuing coverage through Medi-Cal or premium assistance programs under Covered California. ⁴ Yes No

⁵

1. Select "Yes" if the patient is younger than 19 years of age. If you select "No" you will receive a message that the patient is over age for program eligibility. If you select "No", verify the patient's age before proceeding.
2. Enter the number of people in the patient's family. If the patient has no family, enter "1" for the patient.
3. Enter the gross monthly or yearly income of the patient's family. Use whole dollars only. You may enter both income amounts, but only one is required.

4. Select “Yes” if the patient wants to apply for continuing coverage through the Medi-Cal program. Select “No” if the patient does not wish to apply. If the patient indicated “Yes”, he/she will receive a *Single Streamlined Application* (CCFRM604) form within 10 business days from Medi-Cal.

5. Click **Next**.

After you click the Next button, the message “Verifying eligibility, please wait...” appears. If the patient is eligible for the CHDP Gateway, you will advance to the Application screen. If the patient is not eligible, you will receive a response message stating a reason why the patient is not eligible.

APPLICATION SCREEN (TOP THIRD SHOWN):

*Indicates required field

Application

Patient Information

*Does patient have a State of California Benefits Identification Card? **1** Yes No

If so, what is the BIC # (if available)? **2**

Patient's Name **3**

Last *First MI

*Date of Birth **5** mm/dd/ccyy

4 *Gender Male Female

6 Patient's Social Security Number - - (Optional)

1. Select "Yes" if the patient has a Benefits Identification Card (BIC), whether active or inactive, or "No" if the patient does not have a BIC.
2. This field is optional. If the patient has a BIC, enter the ID number from the front of the BIC.
3. Enter the patient's last name, first name and middle initial. If the patient goes by a single name only, enter it in the Last Name field and enter the word 'None' in the First Name field.
4. Select "Male" or "Female."
5. Enter the patient's date of birth in the format "MM/DD/CCYY". Include forward slashes. If you do not enter the date in the proper format, you will be prompted to re-enter the date.
6. Social Security Number (SSN) information is optional.

APPLICATION SCREEN (MIDDLE THIRD SHOWN)

9

Home Address (If homeless, enter the general street location here and complete the "mailing address".)

If homeless, check here. 7

*County of Residence 8

*Street

*City *State Zip Code

CA

11

Mailing Address (Leave blank if same as residence address)

Street

City State Zip Code

10

Mother's Information

Mother's Name

*Last *First MI

7. Select this box if the patient is homeless.
8. Select the patient's residence county from the drop-down menu.
9. Enter the residence street, city and two-letter state abbreviation (only "CA" will be accepted). Entering the ZIP code is optional. If the patient is homeless, enter the general street location. **Note:** Residence address information is required even if the patient is homeless.
10. Enter the last name, first name and middle initial of the patient's mother.
11. If you indicated that the patient is homeless (Step 7) or if the patient's mailing and residence addresses are different, enter the patient's mailing street, city, state abbreviation and ZIP code (ZIP code is optional). Otherwise, leave the mailing address fields blank. **Note:** Mailing address information is required if the patient is homeless.

APPLICATION SCREEN (MIDDLE THIRD CONTINUED):

For patients under 1 year of age, please complete this section.	
Mother's Date of Birth <input type="text"/> mm/dd/ccyy	12
Mother's BIC # / Medi-Cal Card # / SSN <input type="text"/>	

12. If patient is less than 1 year of age, enter the mother's date of birth and BIC number, Medi-Cal card number or Social Security Number (SSN).

APPLICATION SCREEN (BOTTOM THIRD CONTINUED):

Parent/Legal Guardian of Patient Information

Name of Parent/Legal Guardian or Emancipated Minor **13**

*Last *First MI

Telephone Number **14**

Home Work Message

*What Language do you speak at home? **15**

What Language do you read best?

Screening Information

16 Is this a medically necessary interperiodic health assessment? Yes No **17**

Select the reason for the visit.

Certification

*Check this box to certify that the parent/legal guardian or emancipated minor has signed the application. **18**

*Signator's relationship to Patient

19

13. Enter the last name, first name and middle initial of the patient's parent or legal guardian. If the patient is an emancipated minor, enter the patient's information.
14. Telephone information is optional. Enter the patient's home, work and/or message number.
15. Select the patient's spoken and read-best languages from the drop-down menus. In either field, if the patient has not indicated a language or has indicated a language that is not on the menu, select "Other." Patients who wish to continue coverage in Medical should receive a Single Streamlined Application (CCFRM604) in the patient's read-best language.
16. Select "Yes" if the patient's visit is outside the CHDP periodicity schedule (the visit is for a Medically Necessary Interperiodic Health Assessment, or MNIHA). If you select "Yes," you must complete Step 17. If you select "No," Step 17 does not display; skip to Step 18.
17. This question only displays if you selected "Yes" in Step 16. Select the type of screen performed (the reason for the visit) from the drop-down menu.
18. Select this box to certify that the parent/legal guardian or emancipated minor has signed the pre-enrollment application.
19. Select the nature of the relationship between the patient and the person who signed the pre-enrollment application.

The CHDP Gateway Internet transaction is now complete.

Review and Edit a Transaction

Prior to submitting the transaction, it is recommended that you review your entries to confirm that the information is accurate and that no keying errors were made. This will ensure that the transaction is processed without delay. You can view an application summary either in your browser window or by making a printout.

1. To review your entries on screen, simply revisit each entry. Modify entries that contain errors. You can also review a summary of your entries during a transaction by clicking View Summary at the bottom of the screen. The Application Summary screen opens and displays a summary of your entries for review. Note any entry errors, then click Back to Application to revisit the transaction and make changes.
2. To review your entries on a hard copy printout, click Print in the Application Summary screen. It is recommended that you always print an application summary for the patient’s file. **Note:** If you edit an entry, re-open the Application Summary screen so that it captures the corrected entry.
3. When you are finished with the Application Summary screen, click Back to Application to return to the completed Gateway Internet transaction, which is now ready for submission.

Parent/Legal Guardian of Patient Information

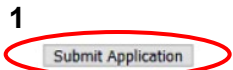
Name of Parent/Legal Guardian or Emancipated Minor
 *Last *First MI
 Telephone Number
 Home () - -
 Work () - -
 Message () - -
 *What Language do you speak at home?
 What Language do you read best?

Screening Information

Is this a medically necessary interperiodic health assessment? Yes No

Certification

*Check this box to certify that the parent/legal guardian or emancipated minor has signed the application.
 *Signator's relationship to Patient



Home -> Transaction Services
 Child Health & Disability Prevention
 Gateway To Health Coverage
 You are logged in as: CHDP Gateway Pre-enrollment Application Summary Application Date/Time: 4/29/2019 10:21:09 AM

Verification Information

Patient's age < 19 Years?	Family Members	Family Income before taxes	Continuing coverage through Medi-Cal?
Y	4	Monthly \$: Yearly \$:34000	Y

Patient Information

Patient has a BIC Card?	First Name	Middle Initial
Patient's BIC #		
Last Name		
Date of Birth	Gender	Patient's Social Security Number
		--

Home Address

Is patient Homeless?	County of Residence:
Street	
City	State CA Zip Code

Mailing Address

Street	
City	State Zip Code

Mother's Information

Last Name	First Name	Middle Initial

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

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

Parent / Legal Guardian of Patient or Emancipated Minor Information

Last Name	First Name	Middle Initial
Telephone Number Home	Work	Message
--	--	--

What Language do you speak at home?
 What Language do you read best?

Screening Information

This was a medically necessary interperiodic screen.

Certification

Parent/Legal guardian or emancipated minor has signed the application:
 Signator's relationship to Patient:

Contact Medi-Cal | Medi-Cal Site Help | Medi-Cal Site Map
 Back to Top | Contact Us | Site Help | Site Map



Submit the Transaction

After performing the recommended review of your entries (refer to the previous page), you are ready to submit the CHDP GatewayInternet transaction for processing.

To submit the CHDP Gateway Internet transaction, click **Submit Application** at the bottom of the screen.

After you click **Submit Application**, a prompt will appear asking if you have verified and printed the application information. If you click **Yes**, the transaction will be submitted and you will be unable to change any information for that application. If you click **No**, you will be allowed to enter back into the transaction screens to make edits.

After clicking **Yes** from the Submit Application prompt, the CHDP Gateway Internet transaction is sent to the Medi-Cal Eligibility Data System, which determines the patient’s pre-enrollment eligibility. After a short delay, the Medi-Cal Eligibility Data System returns a response to the browser screen.

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 section of this user guide for examples.

The screenshot shows a web form with three main sections: 'Parent/Legal Guardian of Patient Information', 'Screening Information', and 'Certification'. The 'Parent/Legal Guardian' section includes fields for Name (Last, First, MI), Telephone Number (Home, Work, Message), and language preferences. The 'Screening Information' section has a question about a medically necessary interperiodic health assessment with 'Yes' and 'No' radio buttons. The 'Certification' section has a checkbox for signing the application and a dropdown for the signator's relationship to the patient. At the bottom, there are two buttons: 'View Summary' and 'Submit Application', with the latter circled in red.

A confirmation dialog box with a blue header containing the word 'Confirmation'. The main text asks 'Have you verified the data and printed a copy?'. Below the text are two buttons: 'Yes' and 'No'.

Submit Application Prompt

Field Specifications

The following table provides information about the characters that are allowed in certain fields as well as invalid entries.

Field Name		Specifications
Patient's Name	Last 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.
	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.	
Middle Initial	Valid characters: A – Z	
Social Security Number		Valid characters: 0 – 9
Residence Street Address		Valid characters: A – Z, 0 – 9, space, period (.), dash (-), ampersand (&), slash (/), number sign (#)
		The word "SAME" 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.
Residence City		Valid characters: A – Z, space
		Only A – Z allowed as the first character.
		The word "SAME" not allowed in this field.
Mother's Name	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.
	First Name	Valid characters: A – Z, space, dash (-), apostrophe (')
		Only A – Z allowed as the first character.
		Enter pound sign (#) in First Name field to indicate the absence of first name.
		The words "SAME" and "NONE" are not allowed in this field.
	Middle Initial	Valid characters: A – Z

Field Name		Specifications
Mailing Street Address		Leave blank if mailing address is same as residence address.
		Valid characters: A – Z, 0 – 9, space, period (.), dash (-), ampersand (&), slash (/), number sign (#)
		Parentheses characters not allowed in this field.
		The word “SAME” 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” not allowed in this field.
<p>Note: Mailing address fields adhere to an all-or-none principle. If you complete one mailing address field, you must also complete all other mailing address fields. Otherwise, you will receive an error message indicating an incomplete mailing address.</p>		
Guardian's Name	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.
	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.
Middle Initial	Valid characters: A – Z	

Incomplete Transaction

If a problem occurs in the Medi-Cal system while you are sending the transaction information, the following message screen will appear. If you receive this screen, you must begin a new transaction. The information you have submitted has not been saved.

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 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.

NOTE: The system is unavailable between the hours of midnight and 2:00 am each morning.

Problems Establishing Eligibility

If the Medi-Cal system has problems establishing eligibility for the recipient, the following message screen will appear. The information you have submitted has not been saved. Please contact the Telephone Service Center at 1-800-541-5555 and follow the prompts for the POS/Internet Help Desk.

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.

NOTE: The system is unavailable between the hours of midnight and 2:00 am each morning.

Confirm Eligibility

Before exiting the Internet transaction, providers should confirm the services for which the patient 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 patient 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.**

Example of Eligibility Inquiry Document


Eligibility transaction performed by provider: CMM999998
on Thursday, June 03, 2004 at 1:59:10 PM



Name: PETER, JOHN		
Subscriber ID: 123456789		
Service Date: 06/03/2004	Subscriber Birth Date: 05/20/2004	Issue Date: 06/02/2004
Primary Aid Code:	First Special Aid Code: 8U	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 50 - Stanislaus	HIC Number:	
Trace Number (Eligibility Verification Confirmation (EVC) Number): 2081M5C4JT		
Eligibility Message: LAST NAME: PETER, EVC # 2081M5C4JT.CNTY CODE:50.1ST SPECIAL AID CODE:8U. MEDI-CAL ELIGIBLE W/ NO SOC.		

Conclude the Gateway Transaction

Conclude the Internet transaction by initiating another transaction or by closing the browser screen. To initiate another transaction, follow Step 1. To close the browser screen when you are finished submitting transactions, follow Step 2.

1. To initiate another transaction, click Next Application in the Response Message screen to load a new blank CHDP Gateway Internet transaction. **Note:** You cannot initiate another transaction until you have submitted the previous one and have received a response message.
2. When you are finished submitting transactions, you can close the browser screen by clicking the  icon in the browser's upper right corner.

CHDP GATEWAY PRE-ENROLLMENT RESPONSE

CHDP
Gateway To Health Coverage

Application Date/Time: 4/29/2019 10:26:26 AM

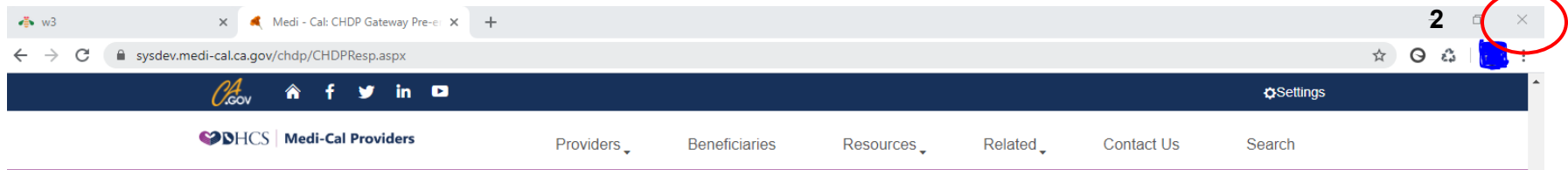
Provider Number : XXXXXX
 Patient's Name : XXXXXX
 Date of Birth : 01/01/2011
 Gender : M
 BIC ID# : XXXXXX
 BIC Issue Date : 05/10/2019
 Good Thru Date : 05/26/2019

Duplicate Eligibility Response: Your eligibility was already determined today and is below. If you were denied PE and your circumstances have changed, you can reapply for PE on another day.

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

Client Signature: _____

Next Application
Print



Response Messages

Objectives

In this section you will learn:

- How to understand pre-enrollment approval and denial messages that are returned by the Medi-Cal Eligibility Data System
- How to use an Immediate Need Eligibility Document
- How to take steps to complete a CHDP Gateway Internet transaction

Response Messages Overview

After submitting the application, the CHDP Gateway Internet transaction is sent to the Medi-Cal Eligibility Data System, which determines the patient's pre-enrollment eligibility. After a short period of time, the Medi-Cal Eligibility Data System returns a response message that appears on your screen. The parent, legal guardian or emancipated minor and provider must read the response message carefully because it contains important information.

The response message will indicate one of the following:

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

Providers must print the response message screen twice. The parent, legal guardian or emancipated minor and the provider must each obtain a printout of the response message screen. To print the Response Message screen, click **Print** in the lower right corner of the screen. Give one printout to the parent, legal guardian or emancipated minor and keep the other for the patient's file. Providers should also retain the original *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHCS 4073) signed by the parent, guardian or emancipated minor in the patient's file.

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 patient uses the signed printout as a temporary BIC until a permanent BIC is received in the mail.

- Patients **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.
- Patients **do not** sign the response printout if they are denied service through the CHDP Gateway or if they already have a BIC.

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

Refer to the following pages for examples of response messages.

Messages Approving Pre-Enrollment

The following two example screens show response messages that approve CHDP Gateway pre-enrollment:

Child Health & Disability Prevention
CHDP
 Gateway To Health Coverage

CHDP GATEWAY PRE-ENROLLMENT RESPONSE

Application Date/Time: 7/11/2019 1:42:00 PM

Provider Number : XXXXXXXX
 Patient's Name : XXXXXXXX
 Date of Birth : 02/27/2012
 Gender : Female
 BIC ID# : XXXXXXXX
 BIC Issue Date : 07/11/2019
 Good Thru Date : 08/10/2019

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 08/31/2019. 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 08/31/2019. If you do not receive the application in the mail within 10 days, call [1-800-300-1506](tel:1-800-300-1506).

Client Signature: _____

Next Application Print

Example: Response message indicating CHDP Gateway pre-enrollment eligibility for full-scope Medi-Cal services. This message requires the patient's signature. **This document is an Immediate Need Eligibility Document.**

Child Health & Disability Prev
CHDI
 Gateway To Health Cove

CHDP GATEWAY PRE-ENROLLMENT RESPONSE

Application Date/Time: 7/12/2019 10:45:38 AM

Provider Number : XXXXXXXX
 Patient's Name : XXXXXXXX
 Date of Birth : 07/06/2007
 Gender : Female
 BIC ID# : XXXXXXXX
 BIC Issue Date : 08/01/2019

Response: You currently have CHDP coverage. Use your Benefits Identification Card to access CHDP and emergency Medi-Cal services.

Next Application Print

Example: Response message indicating CHDP Gateway pre-enrollment eligibility for full-scope Medi-Cal services. This message does not require the patient's signature.

Messages Denying Pre-Enrollment

If the patient's pre-enrollment through the CHDP Gateway is not approved, the response message will indicate either a denial reason or it will indicate the program for which the patient **is** currently eligible.

The following two example screens show response messages that deny Gateway pre-enrollment:

Child Health & Disability Prevent
CHDP
 Gateway To Health Covers

CHDP GATEWAY PRE-ENROLLMENT
 RESPONSE

Application Date/Time: 7/11/2019 11:53:11 AM

Provider Number : xxxxxxxx
 Patient's Name : xxxxxxxx
 Date of Birth : 06/01/2018
 Gender : Male
 BIC ID# : xxxxxxxx
 BIC Issue Date : 08/10/2019
 Good Thru Date : 08/11/2019

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

Client Signature: _____

Next Application Print

Example: Response message indicating the program for which the patient is currently eligible. This message requires the recipient's signature. **This document is an Immediate Need Eligibility Document.**

Child Health & Disability Prevent
CHDP
 Gateway To Health Cove

CHDP GATEWAY PRE-ENROLLMENT
 RESPONSE

Application Date/Time: 7/11/2019 4:28:42 PM

Provider Number : xxxxxxxx
 Patient's Name : xxxxxxxx
 Date of Birth : 08/05/1997
 Gender : Male
 BIC ID# : xxxxxxxx
 BIC Issue Date : 07/04/2019

Response: DHCS record indicates applicant is over age for program eligibility.

Next Application Print

Example: Denial response message indicating the patient's ineligibility.

Response Messages Reference Guide

After submitting an application through the CHDP Gateway, you may receive one of the following response messages. The following information describes the meaning of each response message and the appropriate steps to take.

Message	Meaning	Next Steps
<p><i>You currently have full scope Medi-Cal eligibility. Use your Benefits Identification Card to access Medi-Cal services.</i></p>	<p>This means that the patient is known to the Medi-Cal system, is a full-scope Medi-Cal recipient and currently has a BIC.</p>	<p>Complete the second step to 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>
<p><i>You currently have full scope Medi-Cal eligibility. Use this document to access Medi-Cal services until your Benefits Identification Card arrives.</i></p> <p><i>Client Signature: _____</i></p>	<p>This means that the patient is known to the Medi-Cal system, is a full-scope Medi-Cal beneficiary and does not currently have a BIC.</p>	<ol style="list-style-type: none"> 1. Have the parent/guardian or emancipated minor sign the printout. 2. Keep a copy of your files, staple the printout with the original signature to the brochure and give it to the parent/guardian or emancipated minor. 3. Complete the second step and check the child/youth's eligibility. Enter the BIC number located on the bottom of the <i>Immediate Need Eligibility Document</i> to find out the services for which the child/youth is eligible.
<p><i>You currently have Medi-Cal coverage. Use your Benefits Identification Card to access EPSDT and other Medi-Cal services.</i></p>	<p>This means that the patient currently has a BIC and is known to the Medi-Cal system. This patient is eligible for EPSDT services as well as other Medi-Cal services.</p>	<p>Complete the second step to 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>

Message	Meaning	Next Steps
<p>You currently have Medi-Cal coverage. Use this document to access EPSDT and other Medi-Cal services until your Benefits Identification Card arrives.</p> <p>Client Signature: _____</p>	<p>This means that the patient does not currently have a BIC but is known to the Medi-Cal system. This patient is eligible for EPSDT services as well as other Medi-Cal services.</p>	<ol style="list-style-type: none"> 1. Have the parent/guardian or emancipated minor sign the printout. 2. Keep a copy for your files and give the printout with the original signature to the parent/guardian or emancipated minor. 3. Complete the second step and check the child/youth's eligibility. Enter the BIC number located on the bottom of the <i>Immediate Need Eligibility Document</i> to find out the services for which the child/youth is eligible. 4. Provide Access to a <i>Single Streamlined Application</i> (CCFRM604).
<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 <i>Single Streamlined Application</i> (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 patient met the eligibility for pre-enrollment through the CHDP Gateway, already has a BIC and elected to apply for continuing coverage from Medi-Cal or premium assistance programs under Covered California.</p>	<ol style="list-style-type: none"> 1. Encourage parent/guardian or emancipated minor to fill out the <i>Single Streamlined Application</i> (CCFRM604) that the provider will provide access to. The joint applications may be sent in by mail before the end of the next month (expiration of CHDP Gateway services). 2. Complete the second step to 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.

Message	Meaning	Next Steps
<p><i>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. 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.</i></p> <p>Client Signature: _____</p>	<p>This means that the patient met the eligibility for pre-enrollment through the CHDP Gateway, does not already have a BIC and elected to apply for continuing coverage from Medi-Cal or premium assistance programs under Covered California, and has access to a Single Streamlined Application (CCFRM604).</p>	<ol style="list-style-type: none"> 1. Have the parent/guardian or emancipated minor sign the printout. 2. Keep a copy for your files, staple the printout with the original signature to the brochure and give to the parent/guardian or emancipated minor. 3. Encourage parent/guardian or emancipated minor to fill out the <i>Single Streamlined Application</i> (CCFRM604) that will be sent to them, and mail in before the end of the next month (expiration of CHDP Gateway services). 4. Complete the second step and check the child/youth's eligibility. Enter the BIC number located on the bottom of the <i>Immediate Need Eligibility Document</i> to find out the services for which the child/youth is eligible.
<p><i>You are temporarily eligible for EPSDT services through MM/DD/CCYY. Use your Benefits Identification Card to access Medi-Cal services.</i></p>	<p>This means that the patient met the eligibility for CHDP services only through the CHDP Gateway, already has a BIC, and can only access CHDP and emergency Medi-Cal services.</p>	<ol style="list-style-type: none"> 1. Complete the second step to 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. 2. Complete the <i>Single Streamlined Application</i> (CCFRM604).
<p><i>You are temporarily eligible for EPSDT services through MM/DD/CCYY. Use this document to access EPSDT and other Medi-Cal services until your Benefits Identification Card arrives.</i></p> <p>Client Signature: _____</p>	<p>This means that the patient does not currently have a BIC but is known to the Medi-Cal system. This patient is eligible for CHDP services under the CHDP program as well as emergency Medi-Cal services.</p>	<ol style="list-style-type: none"> 1. Have the parent/guardian or emancipated minor sign the printout. 2. Keep a copy for your files and give the printout with the original signature to the parent/guardian or emancipated minor. 3. Complete the second step and check the child/youth's eligibility. Enter the BIC number located on the bottom of the <i>Immediate Need Eligibility Document</i> to find out the services for which the child/youth is eligible. 4. Complete the <i>Single Streamlined Application</i> (CCFRM604).

Message	Meaning	Next Steps
<p><i>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).</i></p>	<p>This means that the patient met the eligibility requirements for pre-enrollment through the CHDP Gateway, already has a BIC and did not elect to apply for continuing coverage from Medi-Cal or premium assistance programs under Covered California.</p>	<ol style="list-style-type: none"> 1. Encourage parent/guardian or emancipated minor to call the toll-free number, request a <i>Single Streamlined Application</i> (CCFRM604) and mail in before the end of the next month (expiration of CHDP Gateway services) to continue health coverage. 2. Complete the second step to check the child/youth's eligibility. Enter the recipient's BIC number to find out the services for which the child/youth is eligible.
<p><i>You are temporarily eligible for full scope Medi-Cal. 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).</i></p> <p><i>Client Signature: _____</i></p>	<p>This means that the child/youth met the eligibility requirements for pre-enrollment through the CHDP Gateway, did not already have a BIC, and did not elect to apply for continuing coverage from Medi-Cal or premium assistance programs under Covered California.</p>	<ol style="list-style-type: none"> 1. Have the parent/guardian or emancipated minor sign the printout. 2. Keep a copy for your files and give the printout with the original signature to the parent/guardian or emancipated minor. 3. Encourage parent/guardian or emancipated minor to call the toll-free number, request a <i>Single Streamlined Application</i> (CCGRM604) and mail it in before the end of the month (expiration of CHDP Gateway services) to continue health coverage. 4. Complete the second step and check the child/youth's eligibility. Enter the BIC number located on the bottom of the <i>Immediate Need Eligibility Document</i> to find out the services for which the child/youth is eligible.
<p><i>DHCS record indicates applicant is over the age for program eligibility.</i></p>	<p>This means that the patient was denied service through the CHDP Gateway because the patient was 19 years of age or older.</p>	<ol style="list-style-type: none"> 1. The patient can be referred to the local county health and social services agency, or provided a <i>Single Streamlined Application</i> (CCFRM604). 2. If the patient is younger than 19 years of age, this message indicates that the patient already has a record on the Medi-Cal system. The patient needs to go to an eligibility worker at their county social services agency to have the information changed.

Message	Meaning	Next Steps
<i>Applicant is not yet due for health assignment per CHDP periodicity schedule.</i>	This means that the patient is currently known to the Medi-Cal system, but is not eligible for services according to CHDP periodicity.	<ol style="list-style-type: none"> 1. The child/youth must wait to be seen until either the next scheduled periodicity check or until he/she has an appropriate MNIHA. 2. If an error was made and the patient needs a MNIHA, you can re-enter the application. 3. If no error was made, please inform the child/youth of the date of his/her next scheduled periodicity checkup. 4. You may also give them a <i>Single Streamlined Application</i> (CCFRM604) if one is available.
<i>Postal records indicate applicant residence address is outside of California.</i>	This means that the patient does not have a California residence and therefore is not eligible for the CHDP Gateway.	Refer the patient and family to their local social services agency.
<p><i>The following message may appear with other messages:</i></p> <p><i>Attn: Your baby already may be eligible for Medi-Cal. Contact your worker or your County Department of Social Services before you complete the application.</i></p>	Because the patient is 12 months old or younger, the baby may already be eligible for Medi-Cal and the parent/guardian should contact their worker or local social services agency to find out about available services for the baby.	Refer the child/youth to their social worker or local social services agency for continued service.
<p><u><i>Infant is not eligible for CHDP coverage due to mother's MCAP eligibility. Infant should have eligibility under the Medi-Cal Access Infant Program (MCAIP). Please complete MCAP Infant Registration Form to register your infant for MCAIP.</i></u></p> <p><u><i>Visit mcap.dhcs.ca.gov or call 1-800-433-2611 for more information</i></u></p>	<u><i>This means that the patient is an infant under one year of age whose mother was eligible under the Medi-Cal Access Program during the month of the infant's birth. Due to this, the patient is eligible for full scope coverage under MCAIP, and therefore is not eligible for CHDP coverage.</i></u>	<u><i>Encourage parent to call the toll-free number, or visit the MCAP website listed in order to report their infant and obtain coverage under MCAIP.</i></u>

Message	Meaning	Next Steps
<p><i>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.</i></p>	<p>The infant met the eligibility requirements for full-scope, no-cost Medi-Cal back to the date of birth. No <i>Single Streamlined Application</i> (CCFRM604) is needed. The pre-enrollment application indicated that the applicant already has a BIC.</p>	<ol style="list-style-type: none"> 1. Keep a copy for your files. 2. Staple the printout to the infant enrollment flyer and give it to the parent/guardian. 3. Check the infant's eligibility. Enter the BIC number located on the bottom of the Gateway response to find out the services for which the infant is eligible.
<p><i>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.</i></p> <p><i>Client Signature: _____</i></p>	<p>The infant met the eligibility requirements for full-scope, no-cost Medi-Cal back to the date of birth. No <i>Single Streamlined Application</i> (CCFRM604) is needed. The pre-enrollment application indicated that the applicant does not have a BIC.</p>	<ol style="list-style-type: none"> 1. Keep a copy for your files. 2. Have the parent/guardian sign the printout. 3. Staple the printout with the original signature to the infant enrollment flyer and give it to the parent/guardian. 4. Complete the second step and check the infant's eligibility. Enter the BIC number located on the bottom of the <i>Immediate Need Eligibility Document</i> to find out the services for which the infant is eligible.

Message	Meaning	Next Steps
<i>Applicant over income for Medi-Cal Program Eligibility.</i>	This means that the patient was denied service through the CHDP Gateway because the patient income exceeded the maximum amount allowed for the CHDP program.	Refer the patient and family to their local social services agency.
<i>You are not eligible for PE because you have already received 2 PE enrollments within the past 12 months. Children under 19 years old are limited to two PE enrollments within the past 12 months.</i>	This means that the patient was denied service through the CHDP Gateway because the patient has exceeded the allowable PE enrollment in a 12-month period.	Refer the patient and family to their local social services agency.
<p><i>The following message may appear with other messages:</i></p> <p><i>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.</i></p>	This means that the patient or the applicant files a full Medi-Cal application by the last day of the month following the month the PE is determined, the PE will continue until a full Medi-Cal determination is made. Once the determination is made PE eligibility will end.	<p>Encourage parent/guardian or emancipated minor to call the toll-free number, request a <i>Single Streamlined Application</i> (CCFRM604) form and mail in before the end of the next month (expiration of CHDP Gateway services) to continue health coverage.</p> <p>Check the child/youth's eligibility. Enter the subscriber's BIC number to find out the services for which the child/youth is eligible</p>