

Hospital Presumptive Eligibility (PE) Application Web Portal User Guide

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OVERVIEW

Objectives

The purpose of this *Hospital Presumptive Eligibility (PE) Application Web Portal User Guide* is to provide Hospital PE approved users with step-by-step instructions to perform Hospital PE Application Web Portal transactions. The Hospital PE Program does not permit Hospital PE applications via mail; therefore, the Hospital PE Application Web Portal transaction is the only means to submit Hospital PE applications. The purpose of the *Hospital Presumptive Eligibility Medi-Cal Application (DHCS 7022)* download is to assist patients in the Hospital PE Application process and to maintain in-file records, as submission via mail is not acceptable under any circumstances.

Introduction

The Hospital PE program allows individuals to apply for temporary, no share-of-cost Medi-Cal benefits. Hospital PE providers assist individuals via the Hospital PE Medi-Cal Application Web Portal and find out eligibility in real-time. The Hospital PE enrollment period begins on the date the individual is determined eligible for Hospital PE, which is the day the *Hospital Presumptive Eligibility (PE) Medi-Cal Application (DHCS 7022)* is submitted in the Hospital PE Application Web Portal. Hospital PE can no longer be back-dated for any reason. To obtain coverage prior to the PE start date, individuals must apply for full-scope Medi-Cal and mark the box that indicates the individual has medical expenses in the last three months and needs help to pay.

The number of PE enrollment periods an individual may receive will be limited. PE enrollment periods received from any PE program listed below are limited to the past 12 months prior to applying for Hospital PE (except for PE for pregnant women). These PE enrollment periods are as indicated in the table below:

<u>Medi-Cal PE Programs</u>	<u>PE Enrollment Period Permitted</u>
<u>Hospital PE – Individuals 18 through 25 years of age who were in foster care at 18 years of age (no income limit)</u>	<u>1 PE enrollment period</u>
<u>Hospital PE – Children 19 years of age or younger</u>	<u>2 PE enrollment periods</u>
<u>Hospital PE – Parents and caretaker relatives</u>	<u>1 PE enrollment period</u>
<u>Hospital PE – Adults 19 through 64 years of age, who are not pregnant, not enrolled in Medicare and not eligible for any other group stated above.</u>	<u>1 PE enrollment period</u>
<u>Hospital PE – Pregnant Women</u>	<u>1 PE enrollment period, per pregnancy</u>
<u>Child Health and Disability Prevention (CHDP) Gateway</u>	<u>2 PE enrollment periods</u>
<u>Breast and Cervical Cancer Treatment Program (BCCTP)</u>	<u>1 PE enrollment period</u>
<u>PE for Pregnant Women</u>	<u>1 PE enrollment period, per pregnancy</u>

To begin the Hospital PE Application process, access the Hospital PE Application Web Portal. Hospital PE providers are required to assist the applicant in completing the application. Approved and trained Hospital PE providers have the option to assist the applicant by downloading and printing a hardcopy *Hospital Presumptive Eligibility Medi-Cal Application* (DHCS 7022) for the individual to complete or by verbally assisting the individual and entering the individual's information directly into the Hospital PE Application Web Portal. The Hospital PE provider is required to enter all information from the hardcopy *Hospital Presumptive Eligibility Medi-Cal Application* into the Hospital PE Medi-Cal Application Web Portal.

Additionally, if Hospital PE providers choose to use third party vendors, contractors or subcontractors, the Hospital PE providers must complete the [Hospital Presumptive Eligibility \(PE\) Provider Intake Advisor Verification Form](#) (DHCS 7011) and keep it on file. Hospital PE providers may use third party vendors, contractors or subcontractors, to staff their in-hospital PE operations, by staffing welcome desks, meeting with applicants and help them complete the paper version of the *Hospital Presumptive Eligibility Medi-Cal Application* (DHCS 7022). However, third party vendors, contractors or subcontractors are not permitted to make the PE determinations or use the Hospital PE Application Web Portal.

The Hospital PE provider must ensure that the applicant, spouse, parent/legal guardian or authorized representative has completed and signed the application prior to online submission. The Hospital PE Medi-Cal Application is not complete without a valid signature.

Upon confirmation of the applicant's information, print two (2) copies of the completed online application and obtain the applicant's signature on both printouts prior to submitting the completed Hospital PE Medi-Cal Application via the Hospital PE Application Web Portal.

After submission of the Hospital PE Application Web Portal transaction, a new web page displays a response message indicating the individual's eligibility determination results. Hospital PE providers must print two (2) copies of the eligibility response message. One (1) copy is given to the individual and one (1) copy is kept in the individual's file. If the individual is determined eligible by the response message, the individual uses the printout as an *Immediate Need Eligibility Document* for Medi-Cal covered medical services. The individual must sign the *Immediate Need Eligibility Document* on the client signature line.

Reporting Problems

Report problems to the Telephone Service Center at 1-800-541-5555 (Monday – Friday 8 a.m. – 5 p.m.)

Hospitals are encouraged to print the [TSC Main Menu Prompt Options](#) and keep it near their phones for faster access to TSC resources.

- Select the language option (English or Spanish)
- Option 1 for provider
- Option 4 for the Technical Help Desk
- Option 2 for Hospital PE

Internet Transaction Equipment and Software

The following equipment and software are required for downloading the *Hospital Presumptive Eligibility Medi-Cal Application* (DHCS 7022) and for performing the Hospital PE Application Web Portal 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: Google Chrome, Internet Explorer 7 and above, Firefox 3.6 and above, Safari 5 and above
- Adobe Acrobat Reader version 4.0 or higher for downloading and printing the *Hospital Presumptive Eligibility Medi-Cal Application* (DHCS 7022)

Note: The latest version of the software and browsers can be downloaded for free on the [Web Tool Box](#) page of the Medi-Cal website.

PERFORMING HOSPITAL PE APPLICATION WEB PORTAL TRANSACTIONS

Objectives

In this section, you will learn how to:

- Access the Hospital PE Application Web Portal from the Medi-Cal website
- Download the *Hospital Presumptive Eligibility Medi-Cal Application* (DHCS 7022)
- Complete the Hospital PE Application Web Portal transaction data fields
- Confirm the individual's information is correct
- Print the individual's Hospital PE application summary for their signature
- Print the insurance affordability application for all individuals and explain the application process
- Submit the Hospital PE Application Web Portal transaction for real-time eligibility determination
- Print the individual's Hospital PE eligibility determination and explain eligibility determination
- If approved, have the individual sign their paper *Benefits Identification Card* (BIC)

Web Tool Box

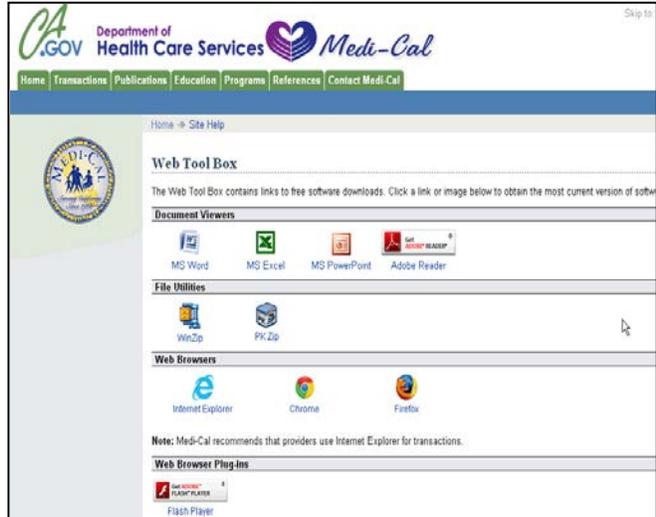
Before beginning a Hospital PE Application Web Portal transaction, you should know how to access the Web Tool Box for the appropriate software applications needed to perform the Internet downloads and transactions. From the Medi-Cal home page, click the **Web Tool Box** link at the bottom of the page. A separate screen will open and display all of the tools you need to access the *Hospital Presumptive Eligibility Medi-Cal Application (DHCS 7022)* or perform a Hospital PE *Hospital Presumptive Eligibility Medi-Cal Application (DHCS 7022)* Application Web Portal transaction.

The Web Tool Box screen is below.

Web Tool Box



Web Tool Box link



Tips for First-Time Users

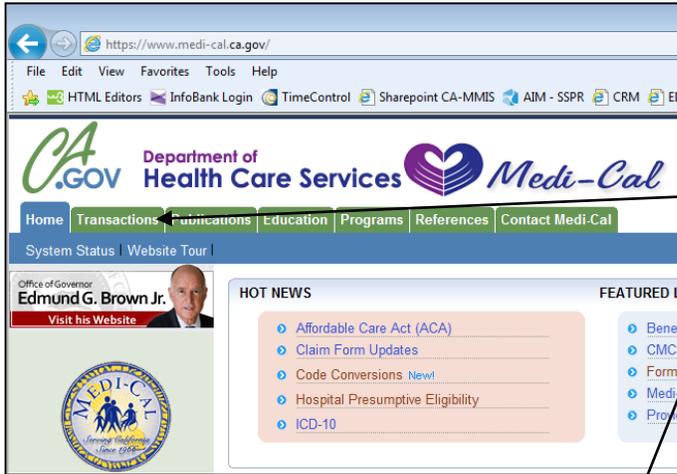
First-time Hospital PE providers/employee users must complete all the steps identified below to access the Hospital PE Application Web Portal.

1. Have a completed/approved [Medi-Cal Point of Service \(POS\) Network/Internet Agreement](#) on file and have received a Medi-Cal provider number and PIN.
2. Have a completed/approved [Hospital Presumptive Eligibility \(PE\) Program Election Form and Agreement](#) (DHCS 7012) on file.
3. Registered for and complete the required Hospital PE training on the [Medi-Cal Learning Portal](#) (MLP). Upon registration, each Hospital PE provider/employee user receives a unique MLP user ID. If you have questions regarding the Medi-Cal Learning Portal you may email Operations Training by logging in, then selecting “Contact Operations Training” under the Support section on the Home page of the MLP.



4. Upon successful completion of the Hospital PE training, Hospital PE provider/employee users are granted access to the Hospital PE Medi-Cal Application Web Portal by using their unique MLP user ID.

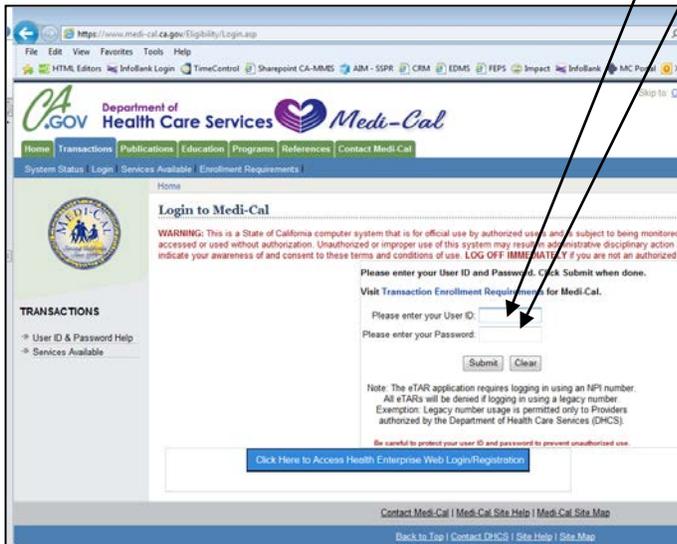
ACCESS THE HOSPITAL PE APPLICATION WEB PORTAL VIA THE TRANSACTIONS PAGE



1. Type **www.medi-cal.ca.gov** in the address bar of your browser, and then press ENTER on your keyboard to open the Medi-Cal home page.
2. Click the Transactions tab to open the Login to Medi-Cal page.
3. Enter your Medi-Cal provider number or National Provider Identifier (NPI) in the *User ID* field.

Enter your seven-digit Provider Identification Number (PIN) in the *Password* field and click **Submit**. You are now logged on.

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



IMPORTANT REMINDER:

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



4. Click the Programs tab or select Programs from the menu in the left column. The programs that are available to you will appear.
5. Click the Hospital Presumptive Eligibility (PE) link. (This link is only visible to authorized providers.)
6. Enter your MLP User ID (see note below) and select your Service Location. Then click **Continue**.

Note: The MLP User ID is the User ID you created on the Medi-Cal Learning Portal to take the Hospital PE training.

Download the *Hospital Presumptive Eligibility Medi-Cal Application (DHCS 7022)*

To begin a Hospital PE Application Web Portal transaction, the provider must assist the individual in completing the English version of the *Hospital Presumptive Eligibility Medi-Cal Application (DHCS 7022)*. Hospital PE providers may complete the Hospital PE application online with the individual using the Hospital PE Application Web Portal or may download and print the application for the individual to complete ahead of time. The Hospital PE Application downloads is an option to use to assist applicants with their information and for records purposes only, as application submission via mail is not permitted and will not be accepted.

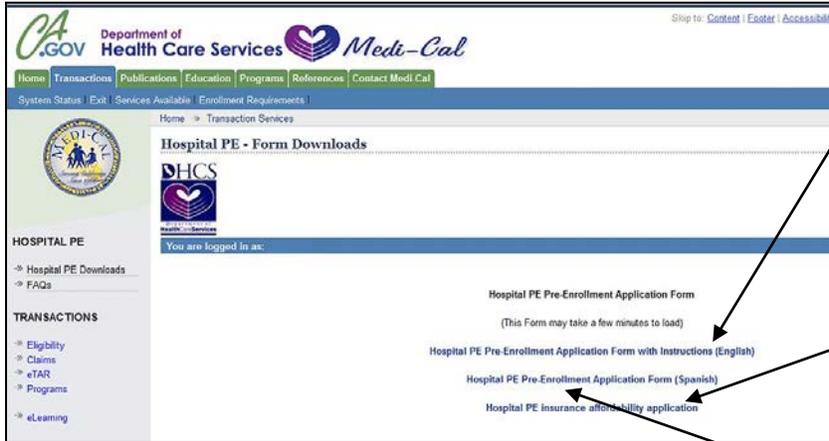
Additionally, if Hospital PE providers choose to use third party vendors, contractors or subcontractors, the Hospital PE providers must complete the [Hospital Presumptive Eligibility \(PE\) Provider Intake Advisor Verification Form \(DHCS 7011\)](#) and keep it on file. Hospital PE providers may use third party vendors, contractors or subcontractors, to staff their in-hospital PE operations, by staffing welcome desks, meeting with applicants and help them complete the paper version of the *Hospital Presumptive Eligibility Medi-Cal Application (DHCS 7022)*. However, third party vendors, contractors or subcontractors are not permitted to make the PE determinations or use the Hospital PE Application Web Portal.

Hospital PE providers are required to enter all information from the hardcopy *Hospital Presumptive Eligibility Medi-Cal Application (DHCS 7022)* into the Hospital PE Medi-Cal Application Web Portal. To download the English version DHCS 7022, follow the steps below:

Hospital PE – Enrollment Application Screen

1. Select Hospital PE Downloads from the menu in the left column of any Hospital PE Program Transaction Services screen. The Hospital PE – Form Downloads page will open.

Hospital PE - Form Downloads Screen



2. Click the **Hospital PE Application Form (English)** link.

Adobe Acrobat Reader will launch in the browser window and the form will be displayed.

3. **Requirement:** Click the **Hospital PE insurance affordability application** link, print for the applicant and explain the process.

4. Click the **Hospital PE Application Form (Spanish)** link.

The Spanish version of the Hospital PE Application Form opens and is ready to download or print.



HPE.English.pdf - Adobe Reader
File Edit View Document Tools Window Help

State of California - Health and Human Services

Hospital Presumptive Eligibility (HPE) Medi-Cal Application


Department of Health Care Services

Complete this application with a Qualified HPE Provider to find out in real-time if you qualify for the Hospital Presumptive Eligibility (HPE) Program. The HPE Program offers qualified individuals (such as patients and family members) immediate access to temporary Medi-Cal while applying for permanent Medi-Cal coverage or other health coverage.

WHO CAN QUALIFY FOR HPE?

To qualify for HPE, individuals must meet the rules below.

- Have income below the monthly limit for household size.
- Be a California resident.
- Not already have Medi-Cal.
- If not pregnant, have not received PE Enrollment Period benefits from any Medi-Cal PE Program, up to the maximum limitation allowed within the past 12 months of applying. The Medi-Cal PE Programs are identified in the chart in Section 2. of the instructions.
- If pregnant, have not had a PE Enrollment Period during this pregnancy.
- And**, be eligible in one of the following HPE groups below:

HPE GROUPS	Total PE Enrollment Periods Permitted within the Past 12 Months
> Individuals between the ages 18-25 who were in foster care at age 18 (no income limit)	1 PE Enrollment Period
> Children under 19 years old	2 PE Enrollment Periods
> Parents and Caretaker Relatives	1 PE Enrollment Period
> Adults between the ages 19-64, not pregnant, not enrolled in Medicare, and not eligible for any other group stated above.	1 PE Enrollment Period
> Pregnant Women	1 PE Enrollment Period, Per Pregnancy

IF YOU QUALIFY FOR HPE - WHAT HAPPENS NEXT?

- On the day you are approved for HPE, the hospital will give you a temporary paper benefits identification card (BIC) to sign and use immediately to receive temporary covered Medi-Cal services such as, doctor visits, hospital care, and some prescription drugs.
- If you are pregnant, you can get care at outpatient clinics or other places in the community. HPE will not cover the cost if you are admitted to the hospital and that's why it is important to apply for Medi-Cal. Limited-scope pregnancy only Medi-Cal programs may cover your pregnancy, labor and delivery related hospitalization. Medi-Cal or other health coverage may cover additional hospital services. You may apply for the Medi-Cal Access Program by calling 1-800-433-2611 or visit the website at <http://mcap.dhcs.ca.gov/Home/default.aspx>
- The hospital will give you an insurance affordability application to apply for Medi-Cal or other health coverage. If you do not fill out the insurance affordability application, your PE Enrollment Period will end on the last day of the following month in which you were approved for PE.
 - For example, if approved for PE coverage on July 3, PE coverage ends on the last day of August.
- If you do fill out the insurance affordability application, your PE Enrollment Period for Medi-Cal coverage will end on the day in which the eligibility determination was made (approved or denied).
 - For example, if approved for PE coverage on July 3, and the insurance affordability application eligibility determination was made on August 25, PE coverage ends on August 25.

INDIVIDUALS CAN APPLY FOR MEDI-CAL AND OTHER HEALTH COVERAGE

If you prefer to file online or by phone you may do so at:

Covered California

- Online: <https://www.coveredca.com/>
- English: (800) 300-1506 | TTY: (888) 889-4500
- Español: (800) 300-0213

IF YOU DO NOT QUALIFY FOR HPE - WHAT HAPPENS NEXT?

If you do not qualify for the HPE Program, you cannot appeal the PE eligibility decision, BUT you can still apply for Medi-Cal or other health insurance by completing the insurance affordability application. If there are errors or corrections needed due to system issues, individuals may call the Telephone Service Center at 1-800-541-5555 Monday through Friday, between 8 a.m. and 5 p.m.

DHCS 7022 (rev 4/15) Page 1 of 4

5. To print the application, click the **Print** icon on the toolbar of Adobe Reader (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 this, users can click the **Save** icon on the toolbar of Acrobat Reader and save the form to your computer.

When are finished, click **Back** on the Forms Download page or click the back button on your browser.

State of California - Health and Human Services

Department of Health Care Services

Hospital Presumptive Eligibility (HPE) Medi-Cal Application

Do Not Mail this Application

This application is used for internal purposes to assist applicants and retain for record keeping.

Section 1. Tell us about yourself. Personal and Contact Information

Last Name	First Name	Middle Name	(Jr. Sr. II. etc.)
Date of birth (mm/dd/yyyy) / /		Social Security Number (optional) - -	
		Male	Female
<input type="checkbox"/> If homeless, check the box and tell us where we can reach you in the home address field below.		<input type="checkbox"/> If "Safe At Home" participant, check the box and answer the questions below.	
		1. What is your P.O. Box address, if known? _____ 2. What is your Safe At Home Participant ID, if known? _____	
Home Address (number & street)		City	State ZIP Code
Mailing Address (if different than above)		City	State ZIP Code
Living in California? <input type="checkbox"/> Yes <input type="checkbox"/> No		County living in?	
Best contact phone number		Other phone number	Email address
What language do you speak best?		What language do you read best?	

Section 2. Additional Questions

	Yes	No
1. Have you been enrolled in Medi-Cal through Presumptive Eligibility (PE) in the past 12 months? If yes, name the PE program(s) _____ and if under age 19 how many times it was received? _____		
2. Do you currently have Medicare?		
3. Do you have a State of California Benefits Identification Card (BIC), also known as a Medi-Cal Card? If yes, what is the identification number on the card, (if available)? _____		
4. Are you between the ages of 18 – 25 and had Foster Care the month of his/her 18th Birthday?		
5. Are you a parent of a child or caretaker relative of a child that lives with the patient?		
6. Are you pregnant? If yes, what is the expected due date (mm/dd/yyyy)? _____ How many babies expected, if known? _____ <i>Note: If the individual is pregnant, services received are limited to ambulatory prenatal services.</i>		
7. If you are pregnant, have you been enrolled in Medi-Cal through Presumptive Eligibility during this current pregnancy?		

Section 3. Tell us about your household and income information.

How many family members live in your household? _____ <i>(Include parent, spouse, and any children under age 21 living in the household)</i>	How much is your household income before taxes? \$ _____ Monthly or \$ _____ Yearly
---	--

Section 4. Signature and Declaration

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

- I have read and understand this HPE Medi-Cal Application.
- The information I provided is true, correct, and complete.
- 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.
- I have received the insurance affordability application.

Signature of applicant or parent/s/pouse/guardian/lemancipated minor	Relationship to the applicant (if applicable)	Date (mm/dd/yyyy)
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An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information contained in this application is the California Department of Health Care Services and Covered California. This information may be shared with the County Department of Social Services in the county in which the individual resides. The individual's medical information will be kept with the Hospital Presumptive Eligibility Provider and Covered California.

INSTRUCTIONS
Hospital Presumptive Eligibility (HPE) Medi-Cal Application
 (Page 1 of 2)

Section 1. Tell us about yourself. Personal and Contact Information

Personal Information

- Enter your Last Name, First Name, Middle Name and Jr., Sr., II, if indicated, otherwise leave blank.
- Enter your date of birth (month/date/full year). (Example: 07/07/2014)
- Enter your Social Security Number, if available. Enter a check mark to indicate your gender.

Homeless Question

- Check the box if you are homeless. All applicants should complete the home address or mailing address field.

Safe At Home Questions

- Check the box if you are a "Safe At Home" participant.
 1. Enter your P.O. Box, if available. Otherwise, select "Unknown".
 2. Enter the Safe At Home Participant ID, if available.

Important - Safe At Home program is California's confidential address program, which helps victims of violence by providing a free post office box mail service. HPE applicants, who are Safe At Home participants, are allowed to provide their Safe at Home P.O. Box address instead of providing their residence address. Safe At Home participants have a participant ID card.

Address and Contact Information

- Enter your home address. (If homeless, enter an alternative address or location).
- Enter your mailing address if different from the home address.
- Check Yes or No you are living in California.
- Enter the name of the County where you are living. (If homeless, your designated County general area)
- Enter your phone numbers with area code, if available.
- Enter your email address, if available.

Section 2. Additional Questions

1. Check Yes or No if you have been enrolled in Medi-Cal through PE in the past 12 months. If yes, name the PE program(s) and if under age 19 how many times it was received? The Medi-Cal PE Programs are listed in the chart below.
 Note: PE Enrollment benefits received from any PE program are limited to the past 12 months prior to applying for HPE as indicated below.

	Medi-Cal PE Programs	Total PE Enrollment Periods Permitted
1	HPE - Individuals between the ages 18-25 who were in foster care at age 18	1 PE Enrollment Period
2	HPE - Children under 19 years old	2 PE Enrollment Periods
3	HPE - Parents and Caretaker Relatives	1 PE Enrollment Period
4	HPE - Adults between the ages 19-64	1 PE Enrollment Period
5	HPE - Pregnant Women	1 PE Enrollment Period, Per Pregnancy
6	Children Health and Disability Prevention (CHDP) Gateway	2 PE Enrollment Periods
7	Breast and Cervical Cancer Treatment Program (BCCTP)	1 PE Enrollment Period
8	PE for Pregnant Women	1 PE Enrollment Period, Per Pregnancy

2. Check Yes or No if you currently have Medicare. Note: Individuals eligible for the Adult group and currently have Medicare are not permitted to receive PE.
3. Check Yes or No if you have a BIC. If yes, enter the card number, if available.
4. Check Yes or No if you are between the ages of 18 – 25 and had Foster Care the month of your 18th Birthday.

INSTRUCTIONS
Hospital Presumptive Eligibility Medi-Cal Application
(Page 2 of 2)

5. Check Yes or No if you are a parent of a child (under the age 18) or 18 and a full-time student, or caretaker relative of a child that lives with the individual.
6. Check Yes or No if you are pregnant.
 - If pregnant, enter the expected due date, if available.
 - Enter the number of babies expected, if available.
7. Check Yes or No if you are pregnant and you have been enrolled in Medi-Cal through PE during this current pregnancy.
Note: PE Enrollment Periods for pregnant women are limited to (1) PE Enrollment Period, per pregnancy.

Section 3.**Tell us about your household and income Information.**

- Enter the total number of family members living in your household. Family members include you, your parents if you are under 21 living in the home, your spouse, and any children under age 21 living in the household.
- Enter your total income received in your household before taxes, either monthly income or yearly income.

Section 4.**Signature and Declaration**

- State and federal laws require the individual's signature. The signature indicates that the declarations and answers are truthful and correct. If you cannot sign the application, a family member may sign the application on your behalf.

Steps to Begin the Hospital PE Application Web Portal Transaction

1. Access the Hospital PE – Enrollment Application screen and enter all of the applicant’s information into the data fields as shown in the screen shot below.
2. Click **Yes**, as circled in the screen shot below to indicate that you have printed the required insurance affordability application and explained the process to the applicant. If not, the insurance affordability application is located in the Hospital PE Form Downloads screen, shown on the previous page.
3. Click **Continue**, as circled in the screen shot below after entering all of the applicant’s information into the data fields.

Hospital PE Enrollment Home Application Screen

CA .GOV Department of Health Care Services Medi-Cal

Home Transactions Publications Education Programs References Contact Medi-Cal

System Status | Exit | Services Available | Enrollment Requirements |

Home -> Transaction Services

HOSPITAL PE

- Hospital PE Downloads
- FAQs

TRANSACTIONS

- Eligibility
- Claims
- eTAR
- Programs
- eLearning

Hospital PE - Enrollment Application

You are logged in as [Name]

Section 1. Tell us about yourself, Personal and Contact Information

*Last Name First Name Middle Name (Jr./Sr./ etc.)

*Date of birth (mm/dd/yyyy) Social Security Number *Gender
 Male Female

If homeless, check the box and tell us where we can reach you in the home address field below.
 If "Safe At Home" participant, check the box and provide the P.O. Box address and Participant ID if known.

Home Address (number & street) P.O. Box address Participant ID
 City State Select ZIP Code
 City State Select ZIP Code

Mailing Address (if different than above) City State Select ZIP Code

*Living in California? Yes No *County living in?
 Select

Best contact phone number Other phone number Email address

What language do you speak best? What language do you read best?
 Select Select

Section 2. Additional Questions

*1. Have you been enrolled in Medi-Cal through Presumptive Eligibility (PE) in the past 12 months?
 Yes No
 If yes, name the PE program(s) and if under age 19 how many times it was received?
 HPE CHDP BCCTP

*2. Do you currently have Medicare? Yes No

*3. Do you have a State of California Benefits Identification Card (BIC), also known as a Medi-Cal Card?
 Yes No
 If yes, what is the identification number on the card, (if available)?
 Identification Number

*4. Are you between the ages of 18 – 25 and had Foster Care the month of his/her 18th Birthday? Yes No

*5. Are you a parent of a child or caretaker relative of a child that lives with the patient? Yes No

*6. Are you pregnant?
 Yes No
 If yes, what is the expected due date (mm/dd/yyyy)?
 How many babies expected, if known?

Note: If the individual is pregnant, services received are limited to ambulatory prenatal services.
 *7. If you are pregnant, have you been enrolled in Medi-Cal through Presumptive Eligibility during this current pregnancy?
 Yes No

Section 3. Tell us about your household and income information.

*How many family members live in your household? (Include parent, spouse, and any children under age 21 living in the household)

*How much is your household income before taxes?
 \$ Monthly Yearly

Section 4. Signature and Declaration

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

- I have read and understand this HPE Medi-Cal Application.
- The information I provided is true, correct, and complete.
- 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.
- I have received the insurance affordability application.

*Did you offer the individual an insurance affordability application?
 Yes No
 Relationship to the applicant (if applicable)
 Select

Continue

Data Field Specifications

The table below provides *Data Field Name* details for characters and information that are valid and invalid entries.

Data Field Name		Specifications
Individual's Name	Last Name	Valid characters: A – Z upper and lower case, 0 – 9, space, period (.), dash (-), apostrophe ('). Only A – Z allowed as the first character. The word "None" is allowed if individual doesn't have a last name. The word "SAME" not allowed in this field.
	First Name	Valid characters: A – Z, upper and lower case, 0 – 9, space, period (.), dash (-), apostrophe ('). Only A – Z allowed as the first character. <u>The word "SAME" is not allowed in this field.</u>
	Middle Name	Valid characters: A – Z, upper and lower case. <u>The word "SAME" is not allowed in this field.</u>
	Jr. Sr. II. Etc.	Valid characters: A – Z, 0 – 9, space, period (.), comma (,), dash (-), and apostrophe (').
Date of Birth (<i>mm/dd/yyyy</i>)		If user enters 10 characters, two of them must be forward slashes (/) in the correct places. Age cannot exceed 120 years. Cannot be a future date.
Social Security Number (<i>optional</i>)		Valid characters: 0 – 9. The first three numbers cannot be 000, 666, or 900 – 999. The middle two numbers cannot be 00. The last four numbers cannot be 0000.
Male <u>or</u> Female		Radio button. If Male is selected, Female cannot be selected.
<u>Homeless</u>		<u>Check the box if individual is currently homeless. Provide contact information in the address field.</u> <u>Either the <i>Homeless</i> box or the <i>Safe at Home</i> box can be selected.</u>
<u>Safe at Home</u>		<u>Check the box if individual is a "Safe at Home" participant.</u> <u>Select P.O. Box from drop down list, if available.</u> <u>Otherwise select "Unknown".</u> <u>Enter the <i>Safe at Home Participant ID</i>, if available.</u> <u>Either the <i>Homeless</i> box or <i>Safe at Home</i> box can be selected.</u>
<u>P.O. Box</u>		<u>If the <i>Safe at Home</i> box is not checked, field will be disabled.</u>
<u>Participant ID</u>		<u>If the <i>Safe at Home</i> box is not checked, field will be disabled.</u>

Data Field Name	Specifications
<u>Home Address (number and street)</u>	<p><u>Valid characters: A – Z, 0 – 9, space, period (.), dash (-), ampersand (&), slash (/), number sign (#).</u> <u>Only A – Z or 0 – 9 allowed as the first character.</u> <u>The word “SAME” is not allowed in this field.</u> <u>Parentheses characters not allowed in this field.</u> <u>Home address cannot be a general delivery or P.O. Box.</u> <u>When the <i>Safe at Home</i> box is unselected, all the above validations will be enforced on this field.</u> <u>When the <i>Safe at Home</i> box is checked, field will be disabled.</u></p>
<u>City</u>	<p><u>Valid characters: A – Z, space, period (.).</u> <u>Only A – Z allowed as the first character.</u> <u>The word “SAME” not allowed in this field.</u> <u>Parentheses characters not allowed in this field.</u> <u>When <i>Home Address</i> is entered, the above validations will be enforced on this field.</u> <u>When the <i>Safe at Home</i> box is checked, field will be disabled.</u></p>
<u>State</u>	<p><u>When <i>Home Address</i> is entered, this field is required.</u> <u>Select a state from drop down list, if available.</u> <u>When the <i>Safe at Home</i> box is checked, field will be disabled.</u></p>
<u>ZIP Code</u>	<p><u>Valid characters: 0 – 9.</u> <u>When <i>Home Address</i> is entered, this field is required.</u> <u>When the <i>Safe at Home</i> box is checked, field will be disabled.</u></p>
<u>Mailing Address (if different than above)</u>	<p><u>Valid characters: A – Z, 0 – 9, space, period (.), dash (-), ampersand (&), slash (/), number sign (#).</u> <u>Only A – Z or 0 – 9 allowed as the first character.</u> <u>The word “SAME” is not allowed in this field.</u> <u>When the <i>Homeless</i> box is checked, all the above validations will be enforced on this field.</u> <u>When the <i>Safe at Home</i> box is checked, field will be disabled.</u></p>
<u>City</u>	<p><u>Valid characters: A – Z, space, period (.).</u> <u>Only A – Z allowed as the first character.</u> <u>The word “SAME” is not allowed in this field.</u> <u>When <i>Mailing Address</i> is entered, the above validations will be enforced on this field.</u> <u>When the <i>Safe at Home</i> box is checked, field will be disabled.</u></p>
<u>State</u>	<p><u>When <i>Mailing Address</i> is entered, this field is required. Select a state from drop down list, if available.</u> <u>When the <i>Safe at Home</i> box is checked, field will be disabled.</u></p>
<u>ZIP Code</u>	<p><u>Valid characters: 0 – 9.</u> <u>When <i>Mailing Address</i> is entered, this field is required.</u> <u>When the <i>Safe at Home</i> box is checked, field will be disabled.</u></p>

Data Field Name	Specifications
<u>Living in California</u>	Yes or No <u>radio buttons. Response required.</u>
<u>County living in</u>	Response required when user selects “Yes” to <i>Living in California</i>. Select one of the 58 counties from the dropdown box. When the user selects “No” to the <i>Living in California</i> field, the <i>County Living In</i> field is set by default and the field is disabled. When the <i>Safe at Home</i> box is checked, “County living in” is defaulted to “34- Sacramento” and the field is disabled.
Best <u>contact</u> phone number	Valid characters 0 – 9, <u>including area code, if available.</u>
Other phone number	Valid characters 0 – 9, <u>including area code, if available.</u>
Email address	Must have an @ sign and a (.) after the @ sign, <u>if available.</u>
What language does the individual speak best?	Dropdown box containing languages and “other.” <u>Select one from the dropdown box.</u>
What language does the individual read best?	Dropdown box containing languages and “other.” <u>Select one from the dropdown box.</u>
<u>Has the individual been enrolled in Medi-Cal through Presumptive Eligibility (PE) in past 12 months?</u>	Yes or No radio buttons. Response required. If “No” is selected, the PE programs checkboxes will be disabled. If “No” is selected, the <i>If Under Age 19 How Many Times it was Received</i> field will be disabled.
<u>PE programs</u>	HPE, CHDP, and BCCTP checkboxes. Conditionally required if “Yes” is selected for the <i>Presumptive Eligibility Enrollment in Past 12 Months</i> field.
<u>If under age 19 how many times it was received</u>	Valid characters 1-99. Conditionally required if “Yes” is selected for the <i>Presumptive Eligibility Enrollment in Past 12 Months</i> field.
<u>Does the individual currently have Medicare?</u>	Yes or No radio buttons. Response required.
<u>Does the individual have a State of California Benefits Identification Card (BIC), also known as a Medi-Cal Card?</u>	Yes or No radio button. If “Yes” is selected, field must contain a valid BIC ID. If “Yes” is selected, enter the BIC ID 14 alpha-numeric characters: <ul style="list-style-type: none"> • 1st – 8th numeric; • 9th alpha; • 10th – 14th numeric.

Data Field Name	Specifications
<u>Is the individual between the ages of 18 – 25 and had Foster Care on his/her 18th Birthday?</u>	Yes or No radio button. <u>Select “Yes” if the individual is 18 to 25 years of age and was in Foster Care the month of his/her 18th birthday.</u>
<u>Is the individual a parent of a child or caretaker relative of a child that lives with the patient?</u>	Yes or No radio button. <u>Select “Yes” if the individual is a parent of a child (under 18 years of age) or 18 years of age and a full-time student or caretaker relative of a child that lives with the individual.</u>
<u>Is the individual pregnant?</u>	Yes or No radio button. <u>If “Yes” is selected, enter the expected due date in MM/DD/YYYY format. The expected due date should not be more than 10 months in the future. If user enters 10 characters, two of them must be forward slashes (/) in the correct places. Additionally, enter the number of expected babies, valid values are 0 – 9.</u>
<u>If pregnant, has the individual been enrolled in Medi-Cal through Presumptive Eligibility during this current pregnancy?</u>	Yes or No radio button. <u>Select “Yes” if the individual is pregnant and has been enrolled in Medi-Cal through PE during this current pregnancy. Note: PE enrollment periods for pregnant women are limited to one (1) PE enrollment period, per pregnancy.</u>
<u>How many family members live in the individual’s household (include parent, spouse and any children under age 21 living in the household)</u>	Valid values <u>1 – 9. Enter the total number of family members in your household. Family members include you, your spouse, your parents, and any children under age 21 living in the household.</u>
<u>How much is the individual’s household income before taxes?</u>	Monthly or Yearly <u>radio button. Household Income field must contain a numeric value. Valid values 0 – 9. If the user selects the monthly button, a 5-character maximum monthly individual’s household income is allowed. If the user selects the yearly button, a 6-character maximum yearly individual’s household income is allowed.</u>
Signature of <u>applicant</u> or parent/spouse/guardian/emancipated minor.	Disabled in online form. Only available for a signature on the printed form.
<u>Relationship to applicant (if applicable)</u>	<u>Select the relationship to the applicant from the dropdown box containing 35 relationships.</u>
Date <u>(mm/dd/yyyy)</u>	Disabled in online form. Only available for a date on the printed form <u>in MM/DD/YYYY format.</u>

Frequently Asked Questions

Answers to frequently asked questions (FAQs) about the Hospital PE application process can be found by clicking the link on the Hospital PE – Enrollment Application page.

Steps to Edit and Submit a Hospital PE Application Web Portal Transaction

The Hospital PE – Enrollment Summary Screen (shown below) displays all the applicant's data you entered along with any errors. To submit the information, follow the steps below.

1. To edit the information or correct any errors entered on a previous page, click **Back** at the bottom of the page, shown in the screen shot below. This will increase the chances of the transaction being processed without delay. You can view an application summary in your browser window or by printing the page.
2. Click **Print** at the bottom of the screen twice to print **two (2)** application summaries.
3. Have the applicant sign both copies, and provide one (1) copy to the individual and submit one (1) copy into your individual's file.
4. Click **Submit** at the bottom of the screen.
5. After you click **Submit**, a prompt will appear asking if you have reviewed and printed the application information. Be sure you have **printed two (2) copies** of the application summary.
6. If you click **Yes**, the transaction will be submitted and you will be unable to change any information for that application.
7. If you click **No**, you will be allowed to enter back into the transaction screens to make edits.

Hospital PE – Enrollment Summary Screen



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Hospital PE - Enrollment Summary

You are logged in as:

"Do Not Mail this Application"

This application is used for internal purposes to assist applicants and must be retained for the record keeping.

Application Date/Time: 6/16/2015 3:12:53 PM

Section 1. Tell us about yourself. Personal and Contact Information

Last Name DEV616	First Name FIRST USER	Middle Name MIDDLE	(Jr/Sr. etc.) Jr
Date of birth 01/01/2000	Social Security Number 123456785	Gender Female	

If homeless, check the box and tell us where we can reach you in the home address field below.

If "Safe At Home" participant, check the box and provide the P.O. Box address and Participant ID if known.

Home Address (number & street) 840 Stillwater road	City West Sacramento	State California	ZIP Code 95605
Mailing Address (if different than above) 840 Stillwater Road	City West Sacramento	State California	ZIP Code 95605

Living in California? Yes

County living in?
Yolo

Best contact phone number 9163753682	Other phone number 9163753682	Email Address shibu@us.ibm.com
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What language do you speak best?
English

What language do you read best?
Spanish

Section 2. Additional Questions

1. Have you been enrolled in Medi-Cal through Presumptive Eligibility (PE) in the past 12 months?
No
If yes, name the PE program(s) and if under age 19 how many times it was received?
 HPE CHDP BCCTP

2. Do you currently have Medicare?
No

3. Do you have a State of California Benefits Identification Card (BIC), also known as a Medi-Cal Card?
No
If yes, what is the identification number on the card, (if available)?

4. Are you between the ages of 18 – 25 and had Foster Care the month of his/her 18th Birthday?
No

5. Are you a parent of a child or caretaker relative of a child that lives with the patient?
No

6. Are you pregnant?
No
If yes, what is the expected due date?
How many babies expected, if known?

Note: If the individual is pregnant, services received are limited to ambulatory prenatal services.

7. If you are pregnant, have you been enrolled in Medi-Cal through Presumptive Eligibility during this current pregnancy?
No

Section 3. Tell us about your household and income information.

How many family members live in your household? (Include parent, spouse, and any children under age 21 living in the household)
1

How much is your household income before taxes?
\$1500 Monthly

Section 4. Signature and Declaration

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

- I have read and understand this HPE Medi-Cal Application.
- The information I provided is true, correct, and complete.
- 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.
- I have received the insurance affordability application.

Did you offer the individual an insurance affordability application? Yes

Signature of applicant or parent/spouse/guardian/emancipated minor	Relationship to the applicant (if applicable) Aunt/Uncle	Date
--	---	------

An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information contained in this application is the California Department of Health Care Services and Covered California. This information may be shared with the County Department of Social Services in the county in which the individual resides. The individual's medical information will be kept with the Hospital Presumptive Eligibility Provider and Covered California.

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Hospital PE Application Web Portal Transaction Message Response

After clicking **Yes** from the Submit Application prompt, the Hospital PE Application Web Portal transaction is sent to the Medi-Cal Eligibility Data System (MEDS), which determines the individual's Hospital PE eligibility and returns a response to the browser screen. There will be a pause for real-time Hospital PE eligibility determination.

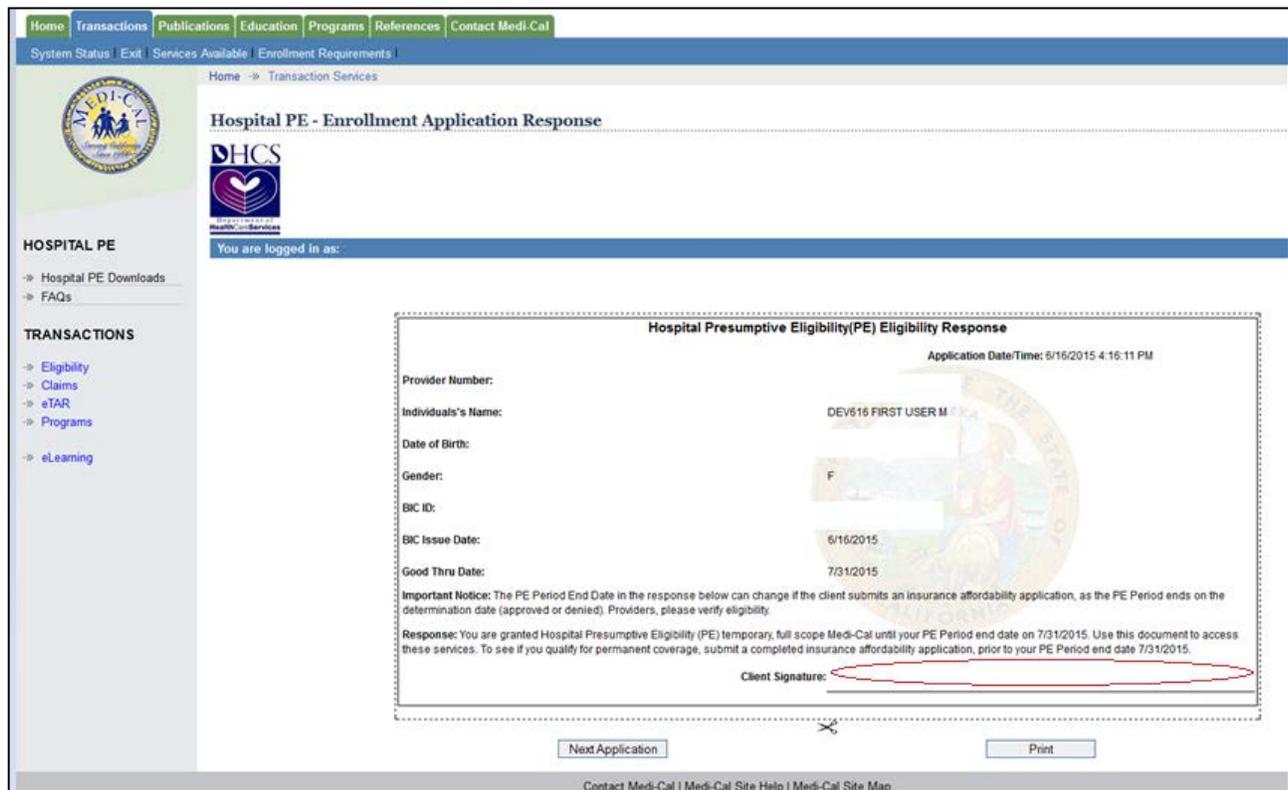
Note: If the application is missing information, you will receive an error message asking you to complete the required fields before sending. Refer to the "Response Messages" section of this user guide for response message examples or contact Medi-Cal using the information in the "Reporting Problems"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

Conclude the Hospital PE Application Web Portal Eligibility Determination Transaction

Indicated below are examples of an approved and a denied, Hospital PE eligibility determination response message.

Hospital PE Approved Response Message:

1. Explain the applicant's eligibility determination.
2. Print out (2) copies of the *Immediate Need Eligibility Document* by clicking **Print** twice (image below).
3. Have the applicant sign both copies of the *Immediate Need Eligibility Document* (circled below).
4. Retain the original signed document for your files and provide the signed copy to the applicant.



Hospital PE Denied Response Message

1. Explain the applicant's eligibility determination.
2. Click **Print** twice at the bottom of the page.
3. Retain the original for your files, and provide the copy to the applicant.
4. Denied applicants do not sign the documents.

The screenshot shows the 'Hospital PE - Enrollment Application Response' page. The page includes a navigation menu at the top with links for Home, Transactions, Publications, Education, Programs, References, and Contact Medi-Cal. Below the navigation menu, there is a header for 'Hospital PE - Enrollment Application Response' and a sub-header 'Hospital Presumptive Eligibility(PE) Eligibility Response'. The page displays the following information:

Hospital Presumptive Eligibility(PE) Eligibility Response	
Application Date/Time:	6/15/2015 4:12:11 PM
Provider Number:	
Individual's Name:	DEV7012015 USER M
Date of Birth:	1/24/2000
Gender:	M
BIC ID:	
BIC Issue Date:	
Response: You are not eligible for Hospital Presumptive Eligibility because your income exceeds the allowed limits for your family size.	

At the bottom of the response area, there are two buttons: 'Next Application' and 'Print'. An arrow points to the 'Next Application' button.

Users may begin processing another application by clicking **Next Application**.

HOSPITAL PE ELIGIBILITY DETERMINATION RESPONSE MESSAGES

Hospital PE Eligibility Determination Response Messages Overview

After submitting the online application, the Hospital PE Web Portal Application transaction is sent to the Medi-Cal Eligibility Data System (MEDS), which determines the individual's eligibility. After a short period of time, the MEDS returns a response message that appears on your screen. The individual and provider must read the response message carefully because it contains important information.

The response message will indicate one of the following:

- Temporary Medi-Cal eligibility is approved or denied.
- Eligibility for full-scope or limited-scope, no cost Medi-Cal eligibility.
- The program for which the individual is currently eligible (Medi-Cal).
- If denied, the denial reason.

Reminder: Hospital PE providers must print the response message screen twice. The individual 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 individual and keep the other for the individual'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*. The individual must sign the *Immediate Need Eligibility Document* on the client signature line. The individual uses the signed printout as a temporary BIC until a permanent BIC is received in the mail if continuing Medi-Cal benefits are approved after the individual submits an application for insurance affordability programs.

- Individuals **do** sign the *Immediate Need Eligibility Document* if they are approved and do not have a BIC or if they are already in a program and do not have a BIC.
- Individuals **do not** sign the response printout if they are denied service through the Hospital PE Program or if they already have a BIC.

If necessary, the individual can use this *Immediate Need Eligibility Document* through the expiration date printed on the response.

Hospital PE Program – Approved and Denied Eligibility Determination Response Messages Chart

Status	Reason Description	Response Message (To applicant)
Denied	Applicant is not a California resident. Applicant responded "No" to the "Living in California" question.	You are not eligible for Hospital Presumptive Eligibility because you indicated that you do not live in California. Hospital Presumptive Eligibility is only available to California residents.
Denied	Applicant previously received Presumptive Eligibility for current pregnancy. Applicant indicated they were pregnant and answered "Yes" to the question "If pregnant, has the individual received presumptive eligibility services during this current pregnancy?"	You are not eligible for Hospital Presumptive Eligibility because you already received Hospital Presumptive Eligibility for this current pregnancy. Presumptive Eligibility is only allowed once per pregnancy. However, you may apply for the Medi-Cal Access Program by calling 1-800-433-2611 or visit the website at http://mcap.dhcs.ca.gov/Home/default.aspx.
Denied	Hospital PE is not allowed more than once per 12 month period for non-pregnant applicant. Applicant has a Hospital PE aid code within the past 12 months and is not currently pregnant.	You are not eligible for Hospital Presumptive Eligibility (PE) because you have already received PE Enrollment within the past 12 months. Individuals are limited to one PE Enrollment within the past 12 months of applying.
Denied	Applicant currently has existing Medi-Cal eligibility. The application indicated that the applicant has a BIC.	You currently have Medi-Cal eligibility. Use your <i>Benefits Identification Card</i> to access Medi-Cal services.
Denied	Applicant currently has existing Medi-Cal eligibility. The application indicated that the applicant does NOT have a BIC.	You currently have Medi-Cal eligibility. Use this document to access Medi-Cal services today. Contact your local county Medi-Cal office to get a replacement plastic BIC card.
Denied	Income exceeds allowed limit for coverage group.	You are not eligible for Hospital Presumptive Eligibility because your income exceeds the allowed limits.
Denied	Applicant is over 64 years of age (month after 65th birthday or later), and is not a Parent-Caretaker Relative of Child or pregnant. Age exceeds allowed limit for Hospital PE adult aid code.	You are not eligible for Hospital Presumptive Eligibility because you are over the age limit.
Denied	<u>Applicant indicated they receive Medicare and answered "Yes" to the question, "Does the individual applying, currently have Medicare?" (Applicant is in the Adult Group between ages 19 – 64.)</u>	<u>You are not eligible for Hospital Presumptive Eligibility (PE) because you currently receive Medicare services.</u>
Denied	<u>Applicant answered check box, CHDP and 2 PE Periods within the past 12 mos. (CHDP Gateway or HPE Children, are under 19 years old.)</u>	<u>You are not eligible for Hospital Presumptive Eligibility (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 of applying.</u>

Status	Reason Description	Response Message (To applicant)
Approved	Applicant was approved for a Full Scope Hospital PE aid code. The application indicated that the applicant has a BIC.	<u>You are granted Hospital Presumptive Eligibility (PE) temporary, full scope Medi-Cal until your PE Period end date on MM/DD/CCYY. Use your Benefits Identification Card to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application, prior to your PE Period end date MM/DD/CCYY.</u>
Approved	Applicant was approved for Full Scope Hospital PE aid code. The application indicated that the applicant does NOT have a BIC.	<u>You are granted Hospital Presumptive Eligibility (PE) temporary, full scope Medi-Cal until your PE Period end date on MM/DD/CCYY. Use this document to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application, prior to your PE Period end date MM/DD/CCYY.</u>
Approved	Applicant was assigned Aid Code P4 (Hospital PE for Pregnant Women). The application indicated that the applicant has a BIC.	<u>You are granted Hospital Presumptive Eligibility (PE) temporary, limited scope Medi-Cal services through your PE Period end date on MM/DD/CCYY. Your coverage is limited to ambulatory prenatal services. Use this document to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application prior to your PE Period end date MM/DD/CCYY.</u>
Failed	System Processing Error	An error occurred while processing eligibility for this applicant. Please contact the POS/Internet Help Desk between the hours of 6AM and 12AM at 1-800-541-5555.
Failed	System Not Available	System is not available. Try again later <u>or contact the POS/Internet Help Desk at 1-800-541-5555 and select options 4, 2, and 2 to reach a Help Desk Operator. Help Desk Operators are available daily from 6:00 a.m. thru 12:00 a.m.</u>
<u>Failed</u>	<u>Provider has submitted one or more PE applications for eligibility on the same day. Only one application can be submitted per day.</u>	<u>A Hospital PE application for this applicant has already been submitted today. Only one application can be submitted per day. Please re-submit your application on the following business day.</u>