
EPSDT/CHDP: Gateway

Page updated: September 2020

This section provides an overview of the Child Health and Disability Prevention (CHDP) Gateway process and includes information about the population of children and youth eligible for Gateway enrollment into temporary full-scope Medi-Cal and explains which providers may pre-enroll children and youth in Medi-Cal.

CHDP Gateway

Pre-Enrollment in Medi-Cal

CHDP providers use the CHDP Gateway process to temporarily pre-enroll CHDP-eligible children and youth in fee-for-service, full-scope Medi-Cal at the time of a scheduled CHDP health assessment visit. Eligibility is based on age, household composition and family income. Services are available beginning on the date eligibility is determined.

As part of the pre-enrollment process, a family may choose to receive the *Single Streamlined Application* (CCFRM604). This will ensure continuing health care coverage beyond the pre-enrollment period. The pre-enrollment period will be extended if the family completes and submits the application prior to the termination of pre-enrollment eligibility. The extension of benefits continues until a decision is made about eligibility for Medi-Cal.

Obtaining the Pre-Enrollment Application Form

Providers may obtain copies of the *Child Health and Disability Prevention (CHDP) Program: Pre-Enrollment Application* (DHCS 4073) from their local CHDP program or download the form from either the Child Health and Disability Prevention page of the Department of Health Care Services (DHCS) Program website (www.dhcs.ca.gov/services/chdp) or Medi-Cal website (www.medi-cal.ca.gov).

Gateway Eligibility

Non-Medi-Cal children and youth who meet the following criteria are eligible for pre-enrollment through the CHDP Gateway:

Criteria

Non-Medi-Cal children and youth who meet the following criteria are eligible for pre-enrollment through the CHDP Gateway:

- Residents of California
- Younger than 19 years of age
- Members of a family whose income is at or below 266 percent of the federal poverty guidelines
- Those with limited-scope Medi-Cal eligibility
- Those with a Share of Cost (SOC), regardless of whether the SOC has been obligated for the month of service

Note: Enrollment in Medi-Cal through the CHDP Gateway for children and youth younger than 20 years of age is limited to two Presumptive Eligibility (PE) program enrollment periods in a 12-month period. Pregnant women are exempted. Pregnant women can be enrolled into PE once per pregnancy regardless of the 12-month period.

Share of Cost

Families in which an SOC has not been obligated for the month of service may receive full-scope Medi-Cal benefits for the month of service and the subsequent month upon completion of a DHCS 4073 form and submission of a Gateway transaction.

Frequency of Applying for Pre-Enrollment

Children and youth who meet the preceding eligibility criteria can pre-enroll through the Gateway at a frequency that corresponds to the Bright Futures/American Academy of Pediatrics Periodicity Schedule.

After the initial period of pre-enrollment eligibility has expired, a patient/family may pre-enroll through the Gateway if:

- No *Single Streamlined Application* (CCFRM604) was submitted
- The child or youth was determined ineligible for Medi-Cal
- Medi-Cal eligibility was not maintained

Pre-enrollment may occur earlier than the next regularly scheduled CHDP health assessment if there is a reason for a Medically Necessary Interperiodic Health Assessment (MNIHA). MNIHAs are defined as follows:

- There is a need for a sports or camp physical examination
- The individual is in foster care or out-of-home placement
- There is a need for a school or preschool entrance examination
- There is a need for providing additional anticipatory guidance to the individual or the parent or legal guardian
- There is a history of perinatal problems
- There is evidence of significant developmental disability
- There is a need to complete health assessment requirements

The criteria for electing a MNIHA to complete a health assessment includes but is not limited to both of the following:

- There is a need for rechecking laboratory results performed during a previous complete CHDP health assessment or there is a need to bring a child up-to-date for immunizations
- The pre-enrollment period has expired (for a child not eligible for full-scope, no Share of Cost Medi-Cal)

Providers need to indicate the reason for the MNIHA at the time of submission of the Gateway electronic transmission.

Note: Medi-Cal eligibility should be verified at the time of each visit. As long as the Medi-Cal eligibility verification system shows eligibility for the date of service, it is not necessary to complete a pre-enrollment application form or the CHDP Gateway.

Ineligible Children and Youth

Children and youth are not eligible for pre-enrollment through the CHDP Gateway if they are:

- Not residents of California
- 19 years of age or older
- Members of a family whose income is greater than 266 percent of the federal poverty guidelines
- Medi-Cal recipients with full-scope benefits and no SOC

Note: Providers must verify eligibility through the Medi-Cal eligibility verification system at each visit.

Eligibility and POS Network/Internet Agreement Forms

To verify Medi-Cal eligibility and to pre-enroll eligible children and youth in Medi-Cal through the Gateway, CHDP providers must have valid *Medi-Cal Point of Service (POS) Network/Internet Agreement* form on file with DHCS.

Families With Incomes Over 266 Percent of Federal Poverty Guidelines

Children and youth whose family incomes are over 266 percent of the federal poverty guidelines are not eligible for services through the Gateway. However, they may be eligible for Share of Cost Medi-Cal programs. Providers may keep a supply of the *Single Streamlined Application* (CCFRM604) forms to give to families.

For more information, families may contact their local CHDP program or Covered California at 1-800-300-1506 or visit the Child Health and Disability Prevention Program page of the DHCS website at (www.dhcs.ca.gov/services/chdp).

Benefits During Pre-Enrollment Period

Children and youth are eligible to receive the complete range of Medi-Cal fee-for-service benefits during the pre-enrollment period.

Continuation of Benefits

To receive continuing health care coverage through Medi-Cal, a family must complete and submit a *Single Streamlined Application* (CCFRM604) before the end of the pre-enrollment period.

Pre-Enrollment Period

Providers submit a Gateway transaction to pre-enroll eligible children and youth into temporary fee-for-service, full-scope Medi-Cal for up to two months, starting from the date the Pre-Enrollment Application is submitted. If an insurance affordability application is not submitted, services continue until the last day of the month following the month eligibility was determined. If an insurance affordability application is submitted, services continue until a determination is made on the insurance affordability application.

To begin the pre-enrollment process, the parent, legal guardian or emancipated minor completes a *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHCS 4073) form at the time of a scheduled CHDP health assessment. Providers enter the information from the patient's completed hard copy DHCS 4073 form into the Gateway Internet format. The browser screen displays a response message indicating whether the patient is eligible for services.

Children and youth who are pre-enrolled through the Gateway and determined not to be eligible for temporary full-scope Medi-Cal will continue to be eligible for CHDP services from the date eligibility was determined, to the last day of the month following the month eligibility was determined.

Provider Information

Participating Providers

The following CHDP providers can enroll children and youth through the CHDP Gateway:

- Physicians
- Independent pediatric nurse practitioners
- Independent family nurse practitioners
- Medical groups
- Health clinics

Note: Laboratory providers may not perform Gateway transactions to pre-enroll eligible recipients into temporary Medi-Cal fee-for-service, full-scope Medi-Cal.

Provider Identification Number (PIN)

Health assessment providers must have a Provider Identification Number (PIN) to participate in the CHDP Gateway process. A PIN allows providers to submit Gateway transactions on the Internet.

Providers may contact the Telephone Service Center (TSC) at 1-800-541-5555, seven days a week, 6 a.m. to midnight, for instructions on obtaining a PIN.

Note: A dedicated telephone line is required to submit Gateway transactions using the Internet.

CHDP health assessment providers must participate in the CHDP Gateway to render CHDP health assessment services to low-income children without preventive health coverage and who are not already Medi-Cal recipients.

Automatic Enrollment Of Infants

Parents of children younger than 1 year of age should be given a copy of the *Important Information for Parents of Infants Under One Year of Age!* flyer that describes the process for automatic enrollment into full-scope, no Share of Cost Medi-Cal. The flyer is available on the DHCS website at www.dhcs.ca.gov.

Parent Material

Providers can obtain copies of all parent materials by contacting the local CHDP program.

Infant Enrollment In Medi-Cal

The Gateway process enables CHDP providers to directly enroll infants (children younger than 1 year of age) into full-scope, no Share of Cost Medi-Cal at the time of the CHDP health assessment.

Infants born to mothers who had Medi-Cal coverage at the time of delivery and continue to reside in California are automatically eligible for full-scope, no Share of Cost Medi-Cal. This process applies to infants whose mothers were in a Medi-Cal managed care plan, as well as those whose mothers had Medi-Cal with a Share of Cost (SOC) that was met at the time of birth.

The Gateway process can automatically link the infant to the mother's case and establish Medi-Cal eligibility without the family having to complete the *Single Streamlined Application* (CCFRM604). The infant will remain on full-scope, no Share of Cost Medi-Cal until the county welfare department makes a determination for continued coverage.

There are two data fields used to collect additional information about infants for the purpose of linking the child with the mother whose delivery was covered by Medi-Cal. This linkage allows automatic enrollment into Medi-Cal at the time of the CHDP health assessment. Providers should ensure that families with infants younger than 1 year of age complete the "For Patients Under One Year of Age, Please Complete this Section" area on the DHCS 4073.

Infant Enrollment Message

For infant enrollment, a message is returned that indicates one of the following:

- The establishment of full-scope, no Share of Cost Medi-Cal eligibility
- The establishment of temporary Medi-Cal eligibility
- The establishment of CHDP eligibility
- A denial reason

Upon confirmation that the infant is eligible for enrollment in Medi-Cal, the Internet returns an *Immediate Need Eligibility Document*.

Benefits for Infants Enrolled in Medi-Cal

Infants who are automatically enrolled in Medi-Cal through the Gateway process are eligible for the complete range of Medi-Cal fee-for-service benefits.

Infants who are found to be not eligible for “Infant Enrollment” will be pre-enrolled into Medi-Cal, if they meet Medi-Cal enrollment eligibility criteria.

Pre-Enrollment

For pre-enrollment eligibility, a message is returned that indicates one of the following:

- The establishment of temporary Medi-Cal eligibility
- The establishment of CHDP eligibility
- The program for which the patient is currently eligible (Medi-Cal)
- A denial reason

If the child or youth is eligible for pre-enrollment, the Internet returns an “approved” response message.

Note: A listing of the full response messages can be found in the *CHDP Gateway Internet Step-by-Step User Guide*.

CHDP Program Pre-Enrollment Application (DHCS 4073) Form

A *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHCS 4073) should be given to each patient/family who has no health insurance coverage for well-child care at the time of a health assessment visit.

Pre-Enrollment Application Form Completion

The patient or family completes the *CHDP Pre-Enrollment Application* (DHCS 4073). Information on the form should be legible and complete. Providers submit a Gateway transaction to initiate the pre-enrollment process and use the Internet.

Providers are encouraged to complete transactions in a quiet environment to ensure patient confidentiality. Providers may refer patients/families who have additional questions to local CHDP programs.

Application for Continuing Health Care Coverage

For children and youth to have comprehensive health insurance coverage beyond the pre-enrollment period, parents or legal guardians must complete the *Single Streamlined Application* (CCFRM604) for enrollment in Medi-Cal.

Providers should ask the parents or legal guardians whether they wish to receive a follow-up application. Providers are also encouraged to recommend that patients/families complete the follow-up application to ensure they receive full health care benefits.

If a patient/family wishes to apply for continuing health care coverage, providers must verify that the Yes box on the *CHDP Pre-Enrollment Application* (DHCS 4073) is checked.

The *Single Streamlined Application* (CCFRM604) will be sent to the family at the address indicated on the *CHDP Pre-Enrollment Application* (DHCS 4073) form only if:

- The family requests one at the time the Gateway transaction is submitted and
- The child or youth is pre-enrolled in temporary fee-for-service, full-scope Medi-Cal

The application that is sent to families is accompanied by a *Cover Letter* that explains the need for completing and mailing the application in a timely manner. If the application is not received by the beginning of the second month of temporary Medi-Cal eligibility, the family will receive a *15-Day Reminder Notice* encouraging them to complete and mail in the application prior to the end of the pre-enrollment period.

The two letters will be sent in the language that the family indicates as “best read” on the *CHDP Pre-Enrollment Application* (DHCS 4073) form.

When the family submits the application prior to the end of the pre-enrollment period, the temporary Medi-Cal enrollment is extended until a decision is made about Medi-Cal eligibility.

Note: Families of infants who are automatically enrolled in full-scope, no Share of Cost Medi-Cal as the result of a Gateway transaction will not receive a *Single Streamlined Application* (CCFRM604) even if they indicated “yes” on the *CHDP Pre-Enrollment Application* (DHCS 4073), as they are already enrolled in Medi-Cal.

Provider Review of Application

The provider must review the Pre-Enrollment Application after the parent, legal guardian or patient completes it to determine eligibility for pre-enrollment through the CHDP Gateway. The provider is not responsible for assuring the accuracy of the information given by the parent, legal guardian or patient. The provider is only responsible for assuring that the parent, legal guardian and/or patient understand the questions and that the application is completed and signed.

Providers must verify that the information pertaining to family income and size indicate that the family is eligible for the CHDP Gateway by using the following “Income Eligibility Guidelines”. The chart is intended for provider use only and is not to be shared with the patient/family.

Income Eligibility Guidelines

The following chart is used to determine whether a CHDP applicant's gross family income is at or below the Medi-Cal program's income limits. "Gross income" refers to income before taxes and other deductions. This chart is updated annually.

266 Percent of the 2020 Federal Poverty Guidelines Effective January 1, 2020, through December 31, 2020 (For determinations of CHDP Gateway aid codes 8W and 8X only)

Income Eligibility Guidelines

Number of Persons in the Household	Monthly Income	Annual Income
1	\$2,829	\$33,942
2	\$3,822	\$45,859
3	\$4,815	\$57,776
4	\$5,808	\$69,692
5	\$6,801	\$81,609
6	\$7,794	\$93,526
7	\$8,787	\$105,443
8	\$9,780	\$117,360
9	\$10,773	\$129,276
10	\$11,767	\$141,193
For households of more than 10 persons, for each additional person, add:	\$994	\$11,917

Note: Federal poverty guideline incomes are adjusted annually.

Certifying the Application

The parent/legal guardian or emancipated minor who completes the DHCS 4073 form must sign the document prior to submission of a Gateway transaction. The application is not complete without a valid signature. The signed *CHDP Pre-Enrollment Application* (DHCS 4073) form must be retained in patient files.

Gateway Transactions

Providers enter the information from the patient's completed hard copy Pre-Enrollment Application into the Gateway Internet format and submit it for processing.

After a Gateway transaction is submitted, the Medi-Cal eligibility verification system determines the patient's eligibility through an electronic review of the DHCS eligibility files to determine if the child or youth is currently known or has established eligibility with a DHCS health care program.

If the individual is not found to be eligible for services on the date of the visit, the individual's pre-enrollment in the Gateway is established if age and income requirements are met.

Refer to the *CHDP Gateway Internet Step-by-Step User Guide* for general information and complete instructions for submitting transactions through the Gateway.

Immediate Need

Following completion of the individual's CHDP enrollment application and submission of the individual's information through the Gateway Application Web Portal, approved individuals receive a copy of the *Immediate Need Eligibility Document* and should be given an insurance affordability application to apply for healthcare coverage beyond their temporary Medi-Cal enrollment period.

Providers must print the *Immediate Need Eligibility Document* twice and give one copy to the parent, legal guardian or emancipated minor and retain the other copy in the patient's records. The document will include a Client Signature Line if the child or youth does not have a Benefits Identification Card (BIC). If there is a signature line, the parent, legal guardian or emancipated minor must sign the printout to use as an *Immediate Need Document*, or temporary BIC.

After printing the *Immediate Need Eligibility Document*, the provider must enter the BIC number in the Medi-Cal eligibility verification system to determine the range of services for which the individual is eligible. The response from the verification system must also be kept in the patient's medical records.

The *Immediate Need Eligibility Document* may be used by recipients through the expiration date printed on the message and discontinue use when they receive a permanent BIC in the mail.

Benefits Identification Card (BIC) Number

CHDP providers such as pharmacists, dentists, optometrists and medical specialists use the BIC number on the *Immediate Need Eligibility Document* to bill for EPSDT/CHDP health assessment services and for subsequent access to medically necessary services during the period of full-scope fee-for-service Medi-Cal eligibility.

CHDP Gateway User Guide

For additional information about Gateway transactions, providers may refer to the *CHDP Gateway Internet Step-by-Step User Guide*. The user guide may be downloaded from the Medi-Cal website at www.medi-cal.ca.gov.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.