CHDP Gateway Internet Step-by-Step User Guide

Contents

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 *Medi-Cal/Healthy Families Application* (MC321). 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.12/09). 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.

The TSC is available Monday through Friday, between 8 a.m. and 5 p.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. 12/09) 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. 12/09)

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.12/09)

- 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 home page, click the **Web Tool Box** link. 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. 12/09) or to perform a CHDP Gateway Internet transaction. The Web Tool Box screen is shown below.

WEB TOOL BOX
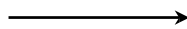

Web Tool Box link
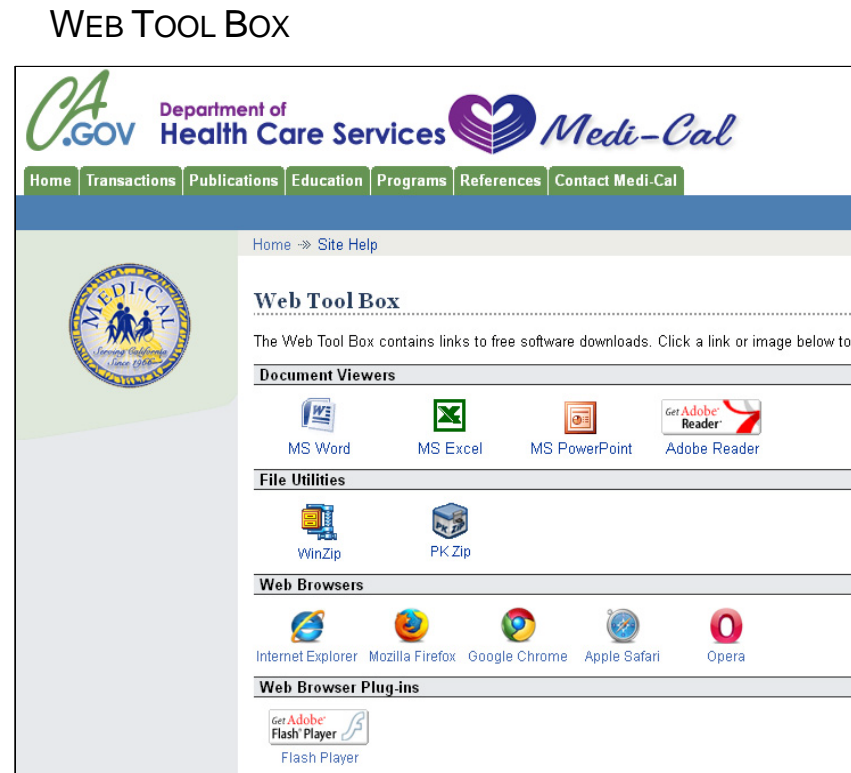
CHDP Gateway Help

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. A separate screen will open and display Help messages. Close or minimize the Application Help screen to return to your transaction.

APPLICATION HELP SCREEN

Application Help link

Medi-Cal Web Site 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, then press **ENTER** to open the Medi-Cal home page.

2 Click the **Transactions** tab to open the Login page.

3 Enter your Medi-Cal provider number or National Provider Identifier (NPI) in the *User ID* field and 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 which contain all of the transactions available to you. Click each tab to locate specific services.

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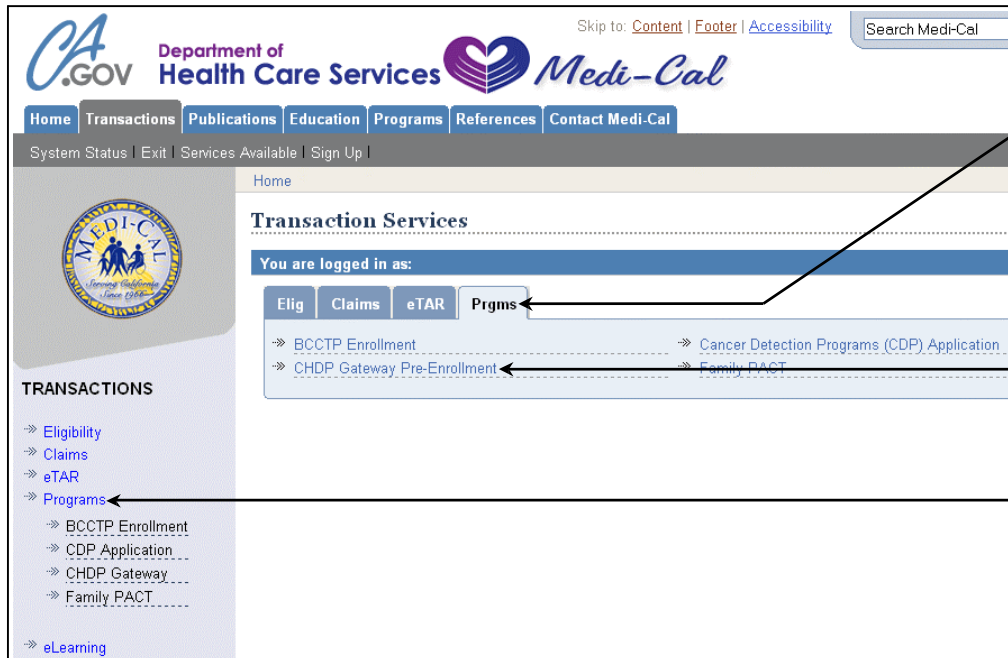
4 Click the Prgms (Programs) tab or select Programs from the menu in the left column. The programs will display that are available to you.

5 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. 12/09) when they visit a CHDP provider. To download the form from the Medi-Cal website, follow the steps below.

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.
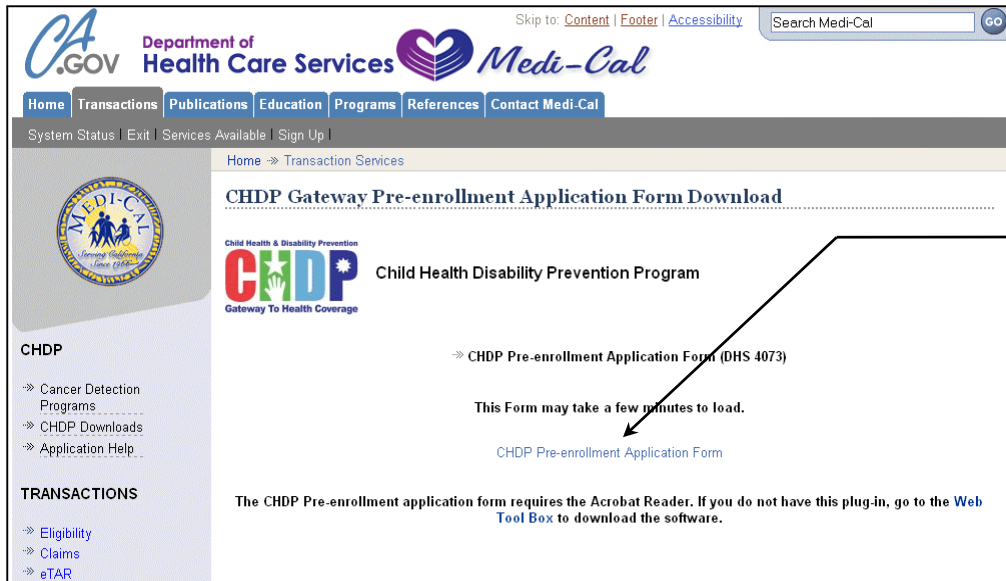
2 Click **CHDP Pre-enrollment Application Form**.
Acrobat Reader will launch in the browser window and display the form.
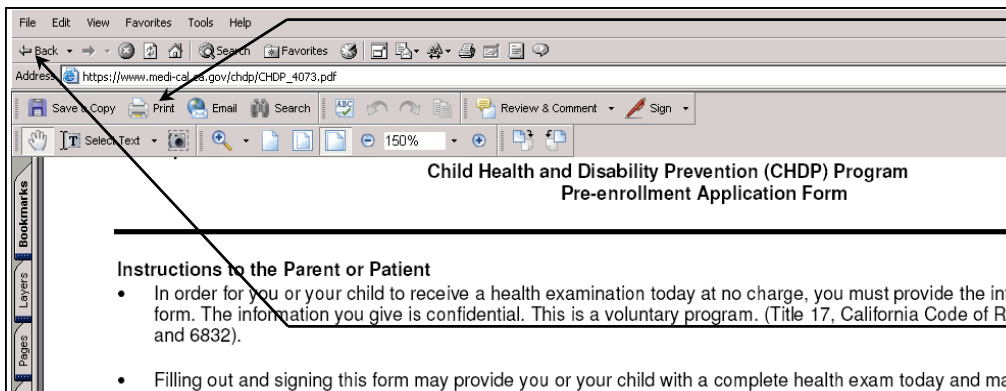
3 To print the pre-enrollment application, click the **Print** icon on the toolbar of Acrobat Reader (do not click the browser's Print icon).

If you access the form often, you may wish to save the form to your computer for faster retrieval and printing. To do so, click the **Save** icon on the toolbar of Acrobat Reader and save the form to your computer.

4 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:

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 *Medi-Cal/Healthy Families Application* (MC 321) form within 10 business days.

5 Click **Next**.

After you click Next, 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 message that the patient's income is too high for program eligibility.

APPLICATION SCREEN (TOP THIRD SHOWN):

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):

7   Select this box if the patient is homeless.

8   Select the patient's residence county from the drop-down menu.

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

If homeless, check here. ☐   * County of Residence   [▼]

* Street [   ]

* City [   ]   * State   CA   Zip Code [   ]

Mailing Address (Leave blank if same as residence address)

Street [   ]

City [   ]   State [▼] Zip Code [   ]

Mother's Information

         Last   First   MI

* Mother's Name: [   ] [   ] [ ]

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.

APPLICATION SCREEN (MIDDLE THIRD CONTINUED):

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

If less than 1 year of age, did the infant live with the mother in the month of birth?   ⦿Yes○No

Mother's Date of Birth   [   ]   mm/dd/ccyy

Mother's BIC # / Medi-Cal Card # / SSN   [   ]

12 Select "Yes" if the patient is less than 1 year of age and lived with the mother in the month of birth. Otherwise, select "No."

13 If the answer to question 12 is "Yes," enter the mother's date of birth and BIC number, Medi-Cal card number or Social Security Number (SSN).

APPLICATION SCREEN (BOTTOM THIRD CONTINUED):

14 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.

15 Telephone information is optional. Enter the patient's home, work and/or message number.

16 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 Medi-Cal will receive a *Medi-Cal/Healthy Families Application* (MC 321) in the patient's read-best language.

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
Select the reason for the visit.   Select One

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

* Signator's relationship to Patient
View Summary   Submit Application

17 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 18. If you select "No," Step 18 does not display; skip to Step 19.

18 This question only displays if you selected "Yes" in Step 17. Select the type of screen performed (the reason for the visit) from the drop-down menu.

19 Select this box to certify that the parent/legal guardian or emancipated minor has signed the pre-enrollment application.

20 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.

Application Summary Screen ⟶

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.

Submit the Transaction

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

1

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.

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, 0 – 9, space, period (.), dash (-), apostrophe (')
		Only A – Z allowed as the first character.
		The word "SAME" not allowed in this field.
	First Name	Valid characters: A – Z, 0 – 9, space, period (.), dash (-), apostrophe (')
		Only A – Z allowed as the first character.
		The word "SAME" not allowed in this field. Enter word "None" if patient doesn't have 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, period (.)
		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, 0 – 9, space, period (.), dash (-), apostrophe (')
		Only A – Z allowed as the first character.
		Minimum of one (1) character required.
		The word "SAME" not allowed in this field.
	First Name	Valid characters: A – Z, 0 – 9, space, period (.), dash (-), apostrophe (')
		Only A – Z allowed as the first character.
		Minimum of one (1) character required.
		The word "SAME" 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, period (.)
		Only A – Z allowed as the first character.
		The word "SAME" not allowed in this field.
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.		
Guardian's Name	First Name	Valid characters: A – Z, 0 – 9, space, period (.), dash (-), apostrophe (')
		Only A – Z allowed as the first character.
		The word "SAME" not allowed in this field.
	Last Name	Valid characters: A – Z, 0 – 9, space, period (.), dash (-), apostrophe (')
		Only A – Z or allowed as the first character.
		The word "SAME" 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.
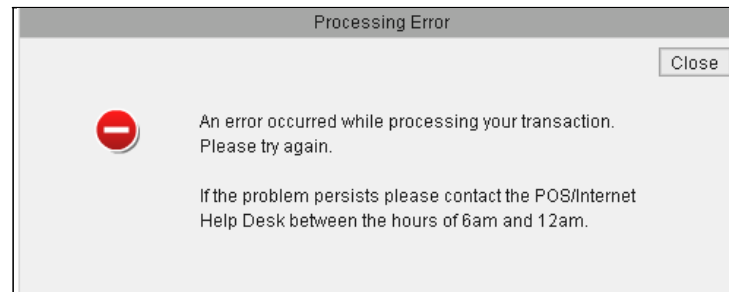
Problems Establishing Eligibility

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.
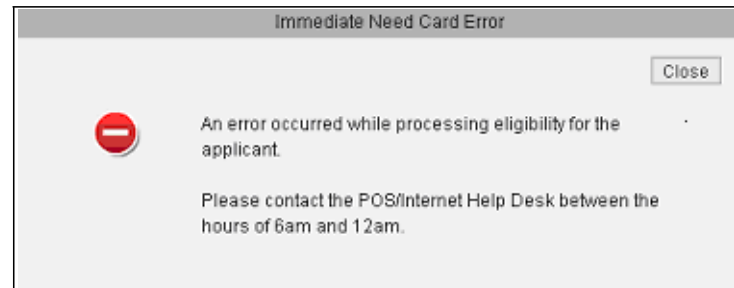
Confirm Eligibility

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

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.
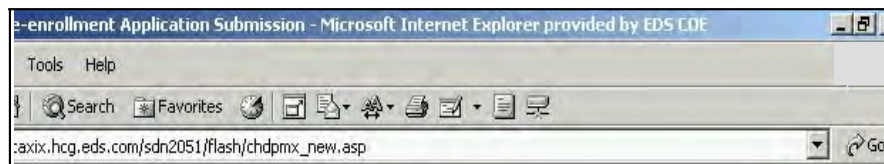
2 When you are finished submitting transactions, you can close the browser screen by clicking the ☒ icon in the browser's upper right corner.

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.

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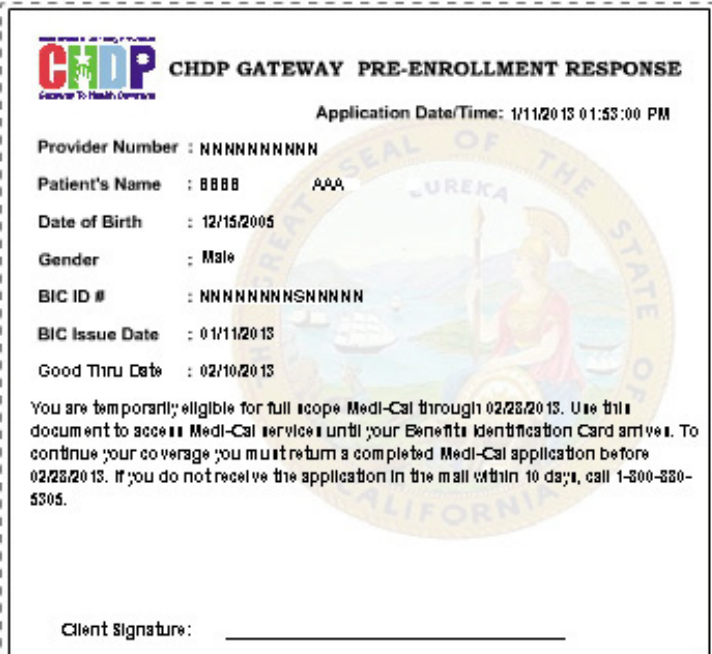
If necessary, the patient can use this Immediate Need Eligibility Document through the expiration date printed on the response. The patient should discontinue using the Immediate Need Eligibility Document when a permanent BIC is received.

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:

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.**

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:

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.**

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

Message Approving Infant Pre-Enrollment

The following example screen shows a response message that approves infant enrollment:

Example: Response message approving infant's enrollment. This message requires the signature of the parent or legal guardian. **This document is an Immediate Need Eligibility Document.**

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
You currently have full scope Medi-Cal eligibility. Use your Benefits Identification Card to access Medi-Cal services.	This means that the patient is known to the Medi-Cal system, is a full-scope Medi-Cal recipient and currently has a BIC.	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.
You currently have full scope Medi-Cal eligibility. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. *Client Signature:* _____	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.	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 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 Immediate Need Eligibility Document to find out the services for which the child/youth is eligible.
You currently have CHDP coverage. Use your Benefits Identification Card to access CHDP and emergency Medi-Cal services.	This means that the patient currently has a BIC and 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.	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
You currently have CHDP coverage. Use this document to access CHDP and emergency Medi-Cal services until your Benefits Identification Card arrives. *Client Signature:* _____	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.	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 Immediate Need Eligibility Document to find out the services for which the child/youth is eligible.
You are currently enrolled in Healthy Families. Contact your Healthy Families health plan provider or call 1-866-848-9166 if you need assistance.	This means that the patient is known to the Medi-Cal system and is currently enrolled in Healthy Families.	Refer the child/youth to their existing health plan for screening.
You are temporarily eligible for full scope Medi-Cal through MM/DD/CCYY. Use your BIC to access Medi-Cal services. To continue your coverage, you must return a completed __Medi-Cal__ application before MM/DD/CCYY. If you do not receive the application in the mail within 10 days, call 1-800-880-5305.	This means that the patient met the eligibility requirements for pre-enrollment through the CHDP Gateway, already has a BIC and elected to apply for continuing coverage from **Medi-Cal**.	1. Encourage parent/guardian or emancipated minor to fill out the joint application that will be sent with them and mail in 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
*You are temporarily eligible for full scope Medi-Cal through 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 **Medi-Cal** application before MM/DD/CCYY. If you do not receive the application within 10 days, call 1-800-880-5305.* *Client Signature:* _____	This means that the patient met the eligibility requirements for pre-enrollment through the CHDP Gateway, does not already have a BIC and elected to apply for continuing coverage from **Medi-Cal**.	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 **application** that will be sent with 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 Immediate Need Eligibility Document to find out the services for which the child/youth is eligible.
You are temporarily eligible for CHDP services through MM/DD/CCYY. Use your Benefits Identification Card to access CHDP and emergency Medi-Cal services.	This means that the patient met the eligibility requirements for CHDP services only through the CHDP Gateway, already has a BIC, and can only access CHDP and emergency Medi-Cal services.	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.
You are temporarily eligible for CHDP services through MM/DD/CCYY. Use this document to access CHDP and emergency Medi-Cal services until your Benefits Identification Card arrives. *Client Signature:* _____	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.	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 Immediate Need Eligibility Document to find out the services for which the child/youth is eligible.

Message	Meaning	Next Steps
*You are temporarily eligible for full scope Medi-Cal through MM/DD/CCYY. Use your Benefits Identification Card to access Medi-Cal services. If you want coverage to continue after MM/DD/CCYY, call 1-800-880-5305 and request a **Medi-Cal** application.*	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**.	1. Encourage parent/guardian or emancipated minor to call the toll-free number, request an **application** 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.
*You are temporarily eligible for full scope Medi-Cal through MM/DD/CCYY. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. If you want coverage to continue after MM/DD/CCYY, call 1-800-880-5305 and request a **Medi-Cal** application.* *Client Signature:* _____	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**.	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 call the toll-free number, request a joint application and mail it in before the end of the next 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 Immediate Need Eligibility Document to find out the services for which the child/youth is eligible.
DHCS record indicates applicant is over the age for program eligibility.	This means that the patient was denied service through the CHDP Gateway because the patient was 19 years of age or older.	1. The patient can be referred to the local health and welfare agency. 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 to have the information changed.

Message	Meaning	Next Steps
Applicant is not yet due for health assessment per CHDP periodicity schedule.	This means that the patient is currently known to the Medi-Cal system, but is not eligible for services according to CHDP periodicity.	1. The child/youth must wait to be seen until either the next scheduled periodicity checkup or until he/she has an appropriate MNIHA. 2. If an error was made and the patient needs a MNHIA, 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 *Medi-Cal/ Healthy Families Application* (MC 321) if one is available.
Postal records indicate applicant residence address is outside of California.	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 health and welfare agency.
The following message may appear with other messages: *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.*	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 health and welfare agency to find out about available services for the baby.	Refer the child/youth to their worker or local health and welfare agency for continued service.
Your infant is eligible for full-scope, no-cost Medi-Cal back to the date of birth. No Medi-Cal application is needed. You will receive additional information from your county. Use your infant's __Benefits Identification Card__ to access Medi-Cal services.	The infant met the eligibility requirements for full-scope, no-cost Medi-Cal back to the date of birth. No Healthy Families/Medi-Cal application is needed. The pre-enrollment application indicated that the applicant already has a BIC.	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.

Message	Meaning	Next Steps
*Your infant is eligible for full-scope, no-cost Medi-Cal back to the date of birth. No Medi-Cal application 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.* *Client Signature:* _____	The infant met the eligibility requirements for full-scope, no-cost Medi-Cal back to the date of birth. No **Healthy Families/Medi-Cal** application is needed. The pre-enrollment application indicated that the applicant does not have a BIC.	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 Immediate Need Eligibility Document to find out the services for which the infant is eligible.
Your infant is eligible for full-scope Medi-Cal. No other application is required. Your infant has a share of cost from birth month through last month. You will receive a request for income verification and more information from your county. Beginning this month and until the county can verify your income, your infant has no share of cost. Use the infant's benefits identification card to access services.	The infant met the eligibility requirements for full-scope, Medi-Cal with Share of Cost (SOC) back to the date of birth through last month. The county will request income verification and other additional information. No **Healthy Families/Medi-Cal application** is needed. The pre-enrollment application indicated that the applicant does have a BIC.	1. Keep a copy for your files. 2. Staple the printout to the infant enrollment flyer and give it to the parent/guardian. 3. Complete the second step and 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.
Your infant is eligible for full-scope Medi-Cal. No application is required. Your infant has a share of cost from birth month through last month. You will receive a request for income verification and more information from your county. Beginning this month and until the county can verify your income, your infant has no share of cost. Use this document to access services until the infant's benefits identification card arrives. *Client Signature:* _____	The infant met the eligibility requirements for full-scope Medi-Cal with Share of Cost (SOC) back to the date of birth through last month. The county will request income verification and other additional information. No **Healthy Families/Medi-Cal** application is needed. The pre-enrollment application indicated that the applicant does not have a BIC.	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 or emancipated minor. 4. Complete the second step and check the infant's eligibility. Enter the BIC **number** located on the bottom of the Immediate Need Eligibility Document to find out the services for which the infant is eligible.