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State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

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Index: Gateway

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS, STATE CHILDREN'S
MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE
STAFF

SUBJECT: CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
GATEWAY

I. BACKGROUND

In the Spring of 2002, the Administration proposed restructuring of the CHDP Program for use as a Gateway for enrollment in Medi-Cal and Healthy Families (HF). During the past year, Children's Medical Services (CMS) Branch has worked with Medi-Cal, the Department of Health Services, Information Technology Services Division and Payment Systems Division, Electronic Data Systems Corporations, the Managed Risk Medical Insurance Board, and an ad hoc advisory group of CHDP stakeholders to create a system that provides electronic pre-enrollment into temporary Medi-Cal at the CHDP provider's office when a child receives a CHDP health assessment. The Gateway was successfully implemented on July 1, 2003, with over 50,000 children pre-enrolled to date.

The Gateway Process

At the time of the CHDP health assessment, CHDP providers pre-enroll children previously eligible for state-funded CHDP services into temporary full-scope, no share of cost Medi-Cal for the month of service and the subsequent month. Children determined to be enrolled in limited scope Medi-Cal during this process remain eligible for state-funded CHDP services.



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The target population of children eligible for CHDP services remains the same under the Gateway:

- Up to 19 years of age
- Family income at or below 200 percent of the federal poverty level
- California resident

Families are given a one-page Pre-Enrollment Application at the time of the CHDP health assessment. The application requests identifying information, family size and income, and demographic data, and provides the family an opportunity to request a joint Medi-Cal/HF application. This is a self certification process. No questions are asked about the child's immigration status.

Provider staff enter the information obtained on the application through either the Medi-Cal Point of Service (POS) system or the Internet (through the Medi-Cal website). The information is electronically transmitted to Medi-Cal Eligibility Data System (MEDS) and within seconds the child's eligibility for services is determined. If the child is found eligible one of the following aid codes is assigned.

8W CHDP GATEWAY MEDI-CAL Provides for the pre-enrollment of children into the Medi-Cal Program, who are screened as probable no-cost Medi-Cal eligibles. Provides temporary, full-scope Medi-cal benefits with no share-of-cost (SOC). Federal financial participation is available under Title XIX.

8X CHDP GATEWAY HF Provides for the pre-enrollment of children into the Medi-Cal Program, who are screened as probable HF eligibles. Provides temporary, full-scope Medi-Cal benefits with no SOC. Federal financial participation for these benefits is available under Title XXI.

8Y CHDP Provides eligibility in the CHDP Program for children, who are known to MEDS in a different aid code linked to undocumented immigration status. This aid category is not eligible for federal financial participation and allows solely State only funding.

Children assigned to aid code 8W or 8X are not enrolled in a Medi-Cal managed care plan during the temporary pre-enrollment period. These children have access to the entire range of **fee-for-service** Medi-Cal benefits, even if they live in a county with a County Organized Health System Medi-Cal Managed Care Plan.

Children with full-scope Medi-Cal with a share of cost can also be pre-enrolled through the Gateway. If the share of cost has already been met for the month of service, families have the option to complete a pre-enrollment application and the child will have no share of cost, full-scope Medi-Cal for the following month only; the family can also request a joint Medi-Cal/HF application for continuing health care coverage through HF. If a share of cost has **not** been met for the month of service, families are required to complete the pre-enrollment application for the child in order for the child to receive CHDP health assessment services. The child will be pre-enrolled in full scope no share of cost Medi-Cal for the month of service and the following month.

When a child without a benefits identification card (BIC) is pre-enrolled through the Gateway, a BIC is mailed to the child within five working days. The child receives an "immediate need eligibility document" at the time of pre-enrollment. The family can immediately use this document for verification of the child's eligibility for access to additional services.

Families who indicate an interest in continuing health care coverage for their child through Medi-Cal or HF when they completed the DHS 4073 will receive a joint Medi-Cal/HF application in the mail within two weeks of the CHDP visit.

If the joint Medi-Cal/HF application is completed and submitted before the end of the pre-enrollment period, temporary Medi-Cal eligibility will be extended until a final eligibility decision is made.

If the joint Medi-Cal/HF application is completed and submitted after the end of the pre-enrollment period, the application will be screened for eligibility by the Single Point of Entry just like any other mail-in application.

If the application indicates that the child appears to be eligible for HF, the application will be referred to HF for determination of eligibility.

If the application indicates that the child appears to be eligible for Medi-Cal, the application will be forwarded to the appropriated county welfare department for Medi-Cal eligibility determination.

II. POLICY/POLICY IMPLEMENTATION

Children pre-enrolled in Medi-Cal through the Gateway have eligibility for full-scope, no share-of-cost Medi-Cal, for up to a 60-day period. This eligibility starts the month of the

CHDP health assessment and extends through the end of the following month. It is extended if the family completes and submits the joint Medi-Cal/HF application. The impact on CCS case management responsibilities is as follows:

A. Current CCS-only clients

1. When CCS Program staff review provider claims for CCS-only clients, they must check MEDS to determine if the child has been pre-enrolled into temporary Medi-Cal.
2. Services authorized for the child and rendered with dates of service concurrent with the child's temporary Medi-Cal eligibility must be billed with a Medi-Cal provider number.

If temporary pre-enrollment in Medi-Cal is identified, the family should be contacted to encourage completion and submission of the joint Medi-Cal/HF application. If the family did not request a joint application, the program can either supply the application or advise the family to call 1-888-747-1222 to receive an application. A Medi-Cal/HF application, regardless of source, received during the pre-enrollment period will extend the period of temporary enrollment until a final eligibility decision is made.

B. New Referrals

1. Children with temporary Medi-Cal eligibility linked to aid codes 8X or 8W.
 - a. If the child is determined to have a CCS-eligible medical condition, medically necessary services shall be authorized for the period of temporary eligibility.
 - b. The CCS financial and residential eligibility process shall be completed to ensure continuation of care after the period of temporary Medi-Cal enrollment.
 - c. CCS staff will work with and encourage the family to complete the joint Medi-Cal/HF application. The submission of the joint application and completion of all of the application requirements shall be considered to constitute compliance with the requirement for "referral to Medi-Cal".

- d. If the CCS Program determines that the family is not financially or residentially eligible for CCS, CCS will continue to provide case management and authorization of services on behalf of Medi-Cal during the temporary eligibility period. If the child is not determined to be eligible for regular Medi-Cal or enrolled in HF, no further services will be authorized.
 - e. When CCS Program staff review provider claims, they must check MEDS to determine if pre-enrollment eligibility is present for the month of service.
 - f. Services authorized for the child and rendered with dates of service concurrent with the child's temporary Medi-Cal eligibility must be billed with a Medi-Cal provider number.
2. Children identified with aid code 8Y
- a. The CCS Program shall determine CCS medical, financial, and residential eligibility for these children.
 - b. These children shall not be referred to Medi-Cal or HF if it is confirmed in MEDS that they concurrently have Medi-Cal eligibility linked to any aid code, including limited scope aid codes restricted to emergency and pregnancy related services.

As questions arise during the next few months, please contact your Regional Office Administrative Consultant.

Original Signed by Maridee Gregory, M.D.

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