

Child Health and Disability Prevention Program Director/Deputy Director Training - Section IV

CHDP Program Eligibility

ELIGIBILITY CATEGORIES

Two Categories of CHDP Eligibility

- Full-scope, no Share of Cost Medi-Cal
 - CHDP is a well child program for children on
 - full-scope, no Share of Cost Medi-Cal
 - Children covered to age 21 years
- Income Eligible
 - Other children may be eligible for CHDP services if they are income-eligible
 - Eligibility determined via “Gateway”
 - Children covered to age 19 years

CHDP GATEWAY



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- The CHDP Gateway is based on federal law found in Titles XIX and XXI of the Social Security Act that allows states to establish presumptive eligibility programs for children/youth.
 - Is a process to connect children with publicly funded health care and insurance
 - An electronic transaction between a CHDP provider and State's fiscal intermediary
 - Gateway is not an insurance plan
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Goals of the Gateway

- To provide a mechanism for uninsured or underinsured children to receive a CHDP well-child examination

- To expedite enrollment of income eligible children into Medi-Cal and Covered California if they are not already enrolled

Gateway Eligibility

- California residents under 19 years of age, without full-scope Medi-Cal
 - No proof of residency is required
 - No questions are asked about the child's immigration status

and

- Family income at or below 266% of Federal Income Guidelines for those who are uninsured or without health insurance coverage for well-child care
 - Current income guidelines can be found in the [CHDP Provider Manual](#) “elig chdp”
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Children with the following coverage are also eligible to enter the Gateway, provided they meet the income guidelines:

- Children with Share of Cost (SOC) Medi-Cal
- Children with limited scope Medi-Cal
 - Emergency only Medi-Cal
 - Pregnancy only Medi-Cal
- Children who have private insurance which does not cover well-child exams

The following children are not eligible for the Gateway:

- Children already enrolled in Full-Scope, no Share of Cost Medi-Cal Children covered by Medi-Cal Managed Care plans
 - Children 19 years and older
 - Children under the age of 18 years who do not have a parent or legal guardian present to sign the pre-enrollment application
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Annual Income Guidelines- Example

Number of Persons in the Household	Monthly Income	Annual Income
1	<u>\$2,610</u>	<u>\$31,309</u>
2	<u>\$3,532</u>	<u>\$42,374</u>
3	<u>\$4,454</u>	<u>\$53,440</u>
4	<u>\$5,376</u>	<u>\$64,505</u>
5	<u>\$6,298</u>	<u>\$75,571</u>
6	<u>\$7,220</u>	<u>\$86,637</u>
7	<u>\$8,142</u>	<u>\$97,702</u>
8	<u>\$9,064</u>	<u>\$108,768</u>
9	<u>\$9,987</u>	<u>\$119,833</u>
10	<u>\$10,909</u>	<u>\$130,899</u>
For households of more than 10 persons, for each additional person, add:	<u>\$923</u>	<u>\$11,066</u>

For current guidelines, see [Provider Manual “elig chdp”](#)

Foster Care Children and the Gateway

- Children in foster care are eligible for full-scope Medi-Cal. Enrollment should be expedited upon placement into foster care.
- The Gateway is not the preferred method to help foster care children connect with Medi-Cal benefits.
- If there are difficulties getting Medi-Cal for a foster child, refer to [ACWD Letter 01-41](#) or contact the Foster Care Ombudsman at 877-846-1602.

Gateway Process

Pre-enrollment Application

- Provider gives the family Pre Visit Flyer explaining the Gateway process
 - Available in Spanish and English on CHDP website, Local Programs, Publications, Brochures, Pre Visit Flyer.
 - Legal guardian completes and signs Pre-enrollment Application
 - No proof of income is required
 - Application is a legal document and must be maintained in patient's medical record
 - Available in multiple languages on CHDP website, Local CHDP Programs, Forms, Pre-enrollment Application DHCS 4073
 - CHDP Provider sends information from Pre-enrollment Application to Fiscal Intermediary (FI) electronically via Gateway transaction
 - Gateway transaction must be done on the same day the CHDP exam is provided
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Gateway Process

Determination of Eligibility

- The fiscal intermediary checks for Medi-Cal enrollment electronically via the Medi-Cal Eligibility Data System (MEDS).
- The fiscal intermediary determines eligibility based on:
 - Age
 - Income
 - Periodicity
 - Existing coverage through Medi-Cal

The fiscal intermediary sends eligibility “response message” back to provider within seconds. Response may indicate:

- ❑ CHDP examination and temporary Medi-Cal
- ❑ CHDP examination only
- ❑ CHDP exam & one year of Medi-Cal (Deemed Eligible Infant)
- ❑ Eligibility Denied
 - ❑ Covered by full-scope, no cost Medi-Cal, or Medi-Cal Managed Care
 - ❑ Income too high
 - ❑ 19 years or older
 - ❑ Not yet due for an exam per periodicity chart
 - ❑ Applicant resides outside California
 - ❑ Exceeded two eligibility enrollments within last 12 months. (See PIN 15- 03)

The “response message” is proof of eligibility and must be given to the patient and copied to the patient record.

GATEWAY AID CODES

With pre-enrollment all eligible children will receive an aid code:

- 8U (CHDP exam and full year Medi-Cal)
- 8V (CHDP exam and full year Medi-Cal)
- 8W (CHDP exam and temporary Medi-Cal)
- 8X (CHDP exam and temporary Medi-Cal)
- 8Y (CHDP exam only)

DEEMED ELIGIBLE INFANT (8U & 8V)

- ❑ An infant with 8U or 8V aid code is automatically linked to the mother's case and Medi-Cal eligibility is established without the family having to complete the Single Streamlined Application (CCSFRM 604). This full-scope, fee-for-service Medi-Cal will remain in place until the county welfare department makes a determination for continued coverage.
 - ❑ Provider should print the response message which also serves as an “Immediate Needs Document” for the child. This can be used to access medical care until the child's Medi-Cal card comes in the mail.
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Deemed Eligible Infant (8U)

- ❑ Mother had no Share of Cost Medi-Cal in the month of the infant's birth (includes pregnancy only Medi-Cal)
- ❑ Baby born in California, went home with mom, still lives with mom, and is under one year of age
- ❑ Mother had Share of Cost (SOC) Medi-Cal in the month of the infant's birth, and SOC was met
- ❑ Baby will have same SOC and might be eligible for Targeted Low Income Children's Program (TLICP)

TEMPORARY MEDI-CAL (8W & 8X)

Temporary Medi-Cal (8W)

Income shows child probably eligible for no Share of Cost Medi-Cal. Child is:

- Eligible for CHDP exam
- Provided with temporary, full-scope, fee-for-service Medi-Cal coverage, valid from date of service and following month
 - Use this temporary coverage to access preventive care and treatment services!
 - Provider should print the response message which also serves as an “Immediate Needs Document” for the child. This can be used to access medical care until the child’s Medi-Cal card comes in the mail.

Temporary Medi-Cal (8X)

Income shows child probably eligible for the Targeted Low Income Children's Program. Child is:

- ❑ Eligible for CHDP exam
- ❑ Provided with temporary, full-scope, fee-for-service Medi-Cal coverage, valid from date of service and following month
 - ❑ Use this temporary coverage to access preventive care and treatment services
 - ❑ Provider should print the response message which also serves as an "Immediate Needs Document" for the child. This can be used to access medical care until the child's Medi-Cal card comes in the mail.

If the Single Streamlined Application (CCSFRM 604) is completed and returned to the Single Point of Entry (SPE) before the last day of the second month:

- Temporary full-scope Medi-Cal benefits are extended until a final eligibility determination is made.

- Children determined eligible for “Emergency Only” Medi-Cal, who continue to show this eligibility at the time of subsequent Gateway transactions, will not be eligible for temporary Medi-Cal. However, they may still be eligible for CHDP examinations.

- Children found ineligible for Medi-Cal may have their temporary Medi-Cal terminated before the end of the second month.

If the Single Streamlined Application (CCSFRM 604) is not completed and returned before the last day of the second month:

- Temporary full-scope Medi-Cal will end on the last day of the second month.

Although the intent of the Gateway is to help children connect with Medi-Cal benefits, the families can choose to decline the Single Streamlined Application (CCSFRM 604). In this case the child:

- ❑ Will still get the CHDP exam and the temporary Medi-Cal, but the coverage will terminate at the end of the second month or sooner if final determination of ineligibility is made.
- ❑ Can go through the Gateway and obtain temporary Medi-Cal coverage again when it is time for the next well-child visit. Not to exceed two PE enrollments in a 12-month period.

CHDP ONLY (8Y)

A child already known to Medi-Cal with an aid code that is linked to undocumented immigration status (emergency only, etc):

- Is eligible for CHDP exam
- Does not get temporary Medi-Cal coverage

NOTE: Under a new law [\(SB75\)](#) that will be implemented no sooner than May 1, 2016, children under 19 years of age are eligible for full-scope Medi-Cal benefits regardless of immigration status, as long as they meet all other eligibility requirements ([Welfare and Institutions Code section 14007.8](#))

- Treatment for conditions diagnosed during CHDP exam may be available through:
- ❑ California Children's Services if medically and financially eligible
 - ❑ Local Healthy Kids Programs if available
 - ❑ Other county-specific resources

LOCAL CHDP PROGRAM ROLE

- Offer trainings to CHDP Providers on Eligibility and Gateway.
 - Locate Power Point Trainings that have already been developed (ask other Deputy Directors or CHDP State Staff).
 - Local Fiscal Intermediary representative may also be available to do training for your providers. To find contact information, go to the [Medi-Cal Learning Portal](#)
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- Direct providers to self-guided tutorial modules available on the [CHDP Website](#)
- Select CHDP Provider Manual under the Providers and Partners column
 - Find the section entitled CHDP Gateway Transaction User Guides and select the publication for Internet transactions or POS transactions

Technical support for providers

- Answer provider questions using available resources:
 - Provider Manual, “gate trans” section
 - CHDP State Staff
 - Answers may also be available directly to providers via the Medi-Cal Telephone Service Center at 1-800-541-5555. The provider can also call this number for questions about procuring or using internet access or POS device.
 - Fiscal Intermediary [TSC Main Menu Prompt Options](#), [AEVS Main Menu Prompt Options](#) and the [Provider Telecommunications Network \(PTN\) Main Menu Prompt Options](#) can be helpful. The [Medi-Cal contact services](#) are also available.

OPTIONAL ACTIVITIES TO IMPROVE HEALTHCARE ACCESS

Use It Before They Lose It

Link 8W and 8X children with diagnostic and treatment services during temporary Medi-Cal coverage:

- Encourage providers to expedite referrals.
 - Encourage providers to Fax PM160 to CHDP program if new condition is discovered during the well child exam so that care coordination can begin immediately.
 - Encourage providers to give Post Visit Flyer to family to explain Medi-Cal coverage is only temporary.
 - Available in Spanish and English on CHDP website, Local Programs, Publications, Brochures, Post Visit Flyer.
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- Link 8W and 8X children with preventive dental, vision and other appointments during temporary Medi-Cal coverage.

- Encourage all families to apply and maintain health care coverage.



- May use Business Objects Gateway Report #300 (CHDP Gateway Pre-Enrolled Children Report) to identify Gateway enrollees and contact them soon after enrollment.
 - CHDP Care Coordinator can then help them get dental, vision and other appointments while Medi-Cal card is still valid.
 - Let vision provider know that eyeglasses must be delivered prior to Medi-Cal expiration in order for Medi-Cal to pay. Date of service for claim is date glasses are delivered to patient.

Promote Medi-Cal Enrollment

- ❑ Provide information for applying for health care coverage and access points.

- ❑ To access applications (available in numerous languages) use the [Single Streamlined Application \(CCSFRM 604\)](#).



Increase Enrollment of Deemed Eligible Infants

There are ways other than the Gateway to enroll children in Deemed Eligible Infant coverage:

- ❑ Parents can notify eligibility worker by phone of infant's birth.
- ❑ Newborn Referral Form can be completed by anyone and sent to county. This form is available on the CHDP Website in the Local CHDP Programs column under Forms.
- ❑ Local programs can help get the word out about Deemed Eligible Infant coverage by outreach to hospitals, public, and training of CHDP providers.