

# Denti-Cal Bulletin



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## NEW AID CODES 8W, 8X AND 8Y FOR THE CHILD HEALTH AND DISABILITY PREVENTION (CHDP) GATEWAY

On July 1, 2003, Child Health and Disability Prevention (CHDP) medical providers (not dental providers) began pre-enrolling eligible low-income children under 19 years of age into the new CHDP Gateway. CHDP Gateway providers encourage parents to apply for health care coverage for their children through Medi-Cal or Healthy Families. The children are eligible to receive **full-scope, fee-for-service Medi-Cal and Denti-Cal benefits** during the month of application and the following month, or until the processing of their application is complete. **Denti-Cal reimbursement rates for children eligible for this temporary coverage are the same as the usual Denti-Cal rates.** Children who are not eligible for either program will continue to receive CHDP services in accordance with the CHDP periodicity table. CHDP benefits do not include dental benefits. Aid codes 8W and 8X are eligible for full scope and 8Y is CHDP only, with no dental services available.

The CHDP Gateway was first described in Denti-Cal Bulletin Volume 19, Number 10 (March 2003). Please refer to that Bulletin for additional information about the Gateway. Since the Gateway began, several issues have arisen that may be of interest to Denti-Cal providers:

- Because some children may be eligible for only 1-2 months, it is very important for children with temporary Medi-Cal eligibility to be seen as quickly as possible. A number of offices and clinics have responded by setting aside a block of time to see these children.
- Children enrolled through the Gateway will ordinarily receive their BIC ID card within 10 days of enrollment. In the interim, they will have an “immediate eligibility document,” which will be either a copy of a printout from an Internet website or a Point of Service (POS) device receipt similar to a gas station pump receipt. This document will have the patient's BIC ID number on it, and **it is an acceptable form of identification that should be accepted** until the BIC ID card is received. In any event, regardless of whether the patient presents a BIC ID card or a paper immediate eligibility document, **you should always check a beneficiary's eligibility status at each visit.** Examples of the Internet and POS device documents are at the end of this bulletin.
- The immediate eligibility document can contain several different messages, so it is important to read the response messages carefully. You should **check eligibility for every patient at every visit**, regardless of what the response message says. Patients with messages that say, “You are temporarily eligible for full scope Medi-Cal through...” should be treated like any other full scope Medi-Cal patient (**but you should still check eligibility**).

For example, patients with messages that say, “You are temporarily eligible for CHDP services through...” do **not** have full scope Medi-Cal services. They are only eligible for

CHDP and emergency Medi-Cal services. Those with emergency Medi-Cal eligibility may be eligible for some dental benefits, which you can determine by checking their Aid Code and referring to your Denti-Cal Provider Manual. Those who are only eligible for CHDP services (i.e., those who are not eligible for full scope Medi-Cal or Healthy Families coverage) should be referred back to the local CHDP program (see below) to learn about other dental programs that may be available to them. ***Again, aid codes 8W and 8X are eligible for full scope and 8Y is CHDP only, with no dental services available.***

- Children who are determined ineligible for temporary Medi-Cal coverage through the Gateway may be assigned other emergency or pregnancy-related Medi-Cal Aid Codes. If a child must switch dentists because they were unable to complete treatment prior to termination of their temporary Medi-Cal coverage, we encourage you to provide the child's treatment plan and radiographs to their new dentist to prevent unnecessary duplication of costs.
- Because of the short period of eligibility for some children, it will be helpful if you allow your name and phone number to be distributed to CHDP medical providers. If you are willing to do this, please call your local CHDP office to be included on a referral list. You can find your local CHDP office at [www.dhs.ca.gov/pcfh/cms/chdp/directory.htm](http://www.dhs.ca.gov/pcfh/cms/chdp/directory.htm). Also, if you are able to accommodate children eligible for the Gateway on short notice, and there are CHDP medical providers you deal with routinely, it will help to let them know that you are willing to see these children relatively quickly. You may even wish to leave your business card with these providers as a reminder.

The Department of Health Services has designated the three new Aid Codes described below to implement the CHDP Gateway:

#### AID CODES MASTER CHART

Code	Benefits	SOC	Program/Description
8W	Full	No	CHDP Gateway Medi-Cal -Aid Code 8W provides for the pre-enrollment of children into the Medi-Cal program which will provide temporary, no share of cost (SOC), full-scope Denti-Cal benefits. Federal Financial Participation (FFP) for these benefits is available through Title XIX of the Social Security Act.
8X	Full	No	CHDP Gateway Healthy Families -Aid Code 8X provides pre-enrollment of children into the Medi-Cal program. Provides temporary, full-scope Denti-Cal benefits with no SOC until eligibility for the Healthy Families program can be determined. Federal financial participation for these benefits is available through Title XXI of the Social Security Act.
8Y	CHDP Only	No	CHDP -Aid Code 8Y provides eligibility to the CHDP ONLY program for children who are known to MEDS as not having satisfactory immigration status. There is no Federal financial participation for these benefits. This aid code is state funded only.

Example of an Immediate Eligibility Document from the Internet

CHDP Gateway Pre-enrollment Application Response

**CHDP** CHDP GATEWAY PRE-ENROLLMENT RESPONSE  
Delivering The Health & Disability Experience  
Delivering The Health & Coverage

Provider Number : zzzzzzzzzz      Application Date/Time: 07/01/2003 1:22:52 PM

Patient's Name : LAST NAME      FIRST NAME

Date of Birth : mm/dd/yyyy

Gender : Male

BIC ID # : 9999999999

BIC Issue Date : 07/01/2003

Good Thru Date : 08/31/2003

You are temporarily eligible for full scope Medi-Cal through 08/31/2003. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. To continue your coverage you must return a completed Joint Healthy Families/Medi-Cal application before 08/31/2003. If you do not receive the application within 10 days, call 1-800-880-5305.

Client Signature: \_\_\_\_\_

Next Application      Print

Example of an Immediate Eligibility Document from a POS Device

<Header Line #1>  
CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES  
MEDI-CAL POS NETWORK  
<Header Line #6>

12/19/2002 12:04:22

TERMINAL: V123456789  
SOFTWARE: ZZACH01

PROVIDER NUMBER:

**CHDP GATEWAY  
PRE-ENROLLMENT  
RESPONSE**

PATIENT NAME:  
FIRST NAME LAST NAME

DATE OF BIRTH:  
mm/dd/yyyy

GENDER:  
M

BIC ID#:  
9999999999

ISSUE DATE:  
2002-12-19

GOOD THRU DATE:  
2003-01-31

You are temporarily eligible for full scope Medi-Cal through 01/01/2003. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. To continue your coverage you must return a completed joint Healthy Families/Medi-Cal application before 01/01/2003. If you do not receive the application in the mail within 10 days, call 1-800-880-5305.

X \_\_\_\_\_  
CLIENT SIGNATURE

<<SYSTEM MESSAGE(S) FROM >>  
<< PROVIDER MAIL >>

THANK YOU!  
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