

**Coronavirus (COVID-19) Uninsured Group Application Web Portal User Guide
May 2021**

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OVERVIEW

The purpose of this Coronavirus (COVID-19) Uninsured Group Application Web Portal User Guide is to provide web users step-by-step instructions to perform COVID-19 Uninsured Group enrollment transactions for individuals requesting the necessary diagnostic testing, testing-related services, and treatment services, including all medically necessary care for the individual associated with COVID-19. Qualified Providers or users who already have access to any one of the Presumptive Eligibility (PE) enrollment applications such as HPE, CHDP, BCCTP and PE4PW will be granted access to the COVID-19 Uninsured Group Application Web Portal.

INTRODUCTION

On March 18, 2020, House Resolution 6201 (Families First Coronavirus Response Act, Section 6004) authorized State Medicaid Programs to provide access to COVID-19 diagnostic testing and testing-related services at no cost to the individual.

This program will be available to individuals with no insurance; who currently have private insurance that does not cover COVID-19 diagnostic testing, testing-related services, and treatment services; who do not qualify for any Medi-Cal programs (with the exception of individuals who have not met a Medi-Cal Share of Cost obligation); and who are a California resident.

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To begin the COVID-19 Uninsured Group Application process, access the COVID-19 Uninsured Group Application Web Portal. Qualified providers are required to assist the applicant in completing the application. Approved and trained qualified providers have the option to assist the applicant by downloading and entering the individual's information directly into the COVID-19 Uninsured Group Application Web Portal. The qualified provider is required to enter all information from verbal answers into the COVID-19 Uninsured Group Application Web Portal.

Reporting Problems

Report problems to the Telephone Service Center at 1-800-541-5555 (Monday through Friday 8 a.m. through 5 p.m.).

Qualified Providers are encouraged to print the [TSC Main Menu Prompt Options](#) and keep it near their telephones for faster access to TSC resources.

- Select the language option (English or Spanish)
- Option 1 for provider
- Option 4 for the Technical Help Desk

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Internet Transactions Equipment and Software

The following equipment and software are required for downloading and for performing the COVID-19 Uninsured Group Application Web Portal 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: Google Chrome, Internet Explorer 7 and above, Firefox 3.6 and above, Safari 5 and above

Note: The latest version of the software and browsers can be downloaded for free on the [Web Tool Box Web](#) page of the Medi-Cal website.

PERFORMING COVID-19 UNINSURED GROUP APPLICATION WEB PORTAL TRANSACTIONS

Objectives

In this section, you will learn how to process an application for individuals who request diagnostic testing, testing-related services, and treatment services, including all medically necessary care associated with COVID-19.

In this section, you will learn how to:

- Access the COVID-19 Uninsured Group Application Web Portal from the Medi-Cal website
- Complete the COVID-19 Uninsured Group Application Web Portal transaction data fields
- Confirm the individual's information is correct
- Submit the COVID-19 Uninsured Group Application Web Portal transaction for real-time eligibility determination
- If approved, have the individual sign their paper Immediate Need Eligibility Card, also known as a temporary Benefits Identification Card (BIC)

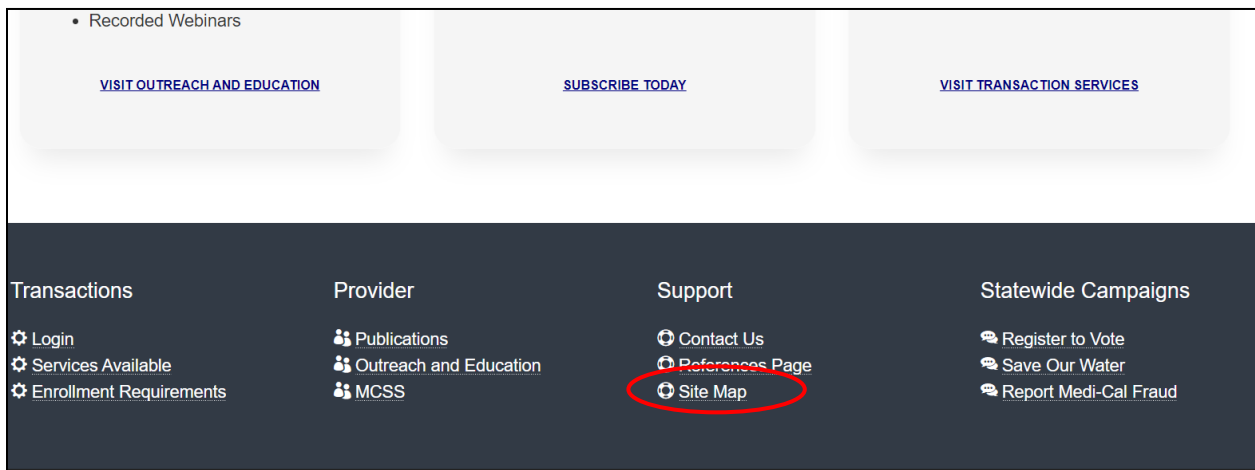
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Web Tool Box

Before beginning a COVID-19 Uninsured Group Application Web Portal transaction, you should know how to access the Web Tool Box for the appropriate software applications needed to perform the Internet downloads and transactions.

From the Medi-Cal homepage, click on the **Site Map** link at the bottom of the page. On the Site Map page, click on the **Web Tool Box** link in the site information section. A separate screen will open and display all the tools you need to access or perform a COVID-19 Uninsured Group Application Web Portal transaction.

The **Web Tool Box** screen is below.



Web Tool Box link



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Web Tool Box

The screenshot shows the Medi-Cal Providers website interface. At the top, there is a dark blue navigation bar with the CA.GOV logo, social media icons for home, Facebook, Twitter, LinkedIn, and YouTube, and links for Settings and Login. Below this is a white header with the Medi-Cal Providers logo and navigation links for Providers, Beneficiaries, Resources, Related, Contact Us, and Search. The main content area has a breadcrumb trail 'Home -> SiteHelp' and a large heading 'Web Tool Box'. A descriptive paragraph states: 'The Web Tool Box contains links to free software downloads. Click a link or image below to obtain the most current version of software from the vendor's website.' The page is organized into five sections, each with a grey header bar: 'Document Viewers' (MS Word, MS Excel, MS PowerPoint, Adobe Reader), 'File Utilities' (WinZip, PK Zip), 'Web Browsers' (Internet Explorer, Chrome, Firefox), 'Web Browser Plug-ins' (Flash Player), and a 'Note' section stating 'Medi-Cal recommends that providers use Internet Explorer for transactions.'

CA.GOV Home f t in y Settings Login

Medi-Cal Providers Providers Beneficiaries Resources Related Contact Us Search

Home -> SiteHelp

Web Tool Box

The Web Tool Box contains links to free software downloads. Click a link or image below to obtain the most current version of software from the vendor's website.

Document Viewers

[MS Word](#) [MS Excel](#) [MS PowerPoint](#) [Adobe Reader](#)

File Utilities

[WinZip](#) [PK Zip](#)

Web Browsers

[Internet Explorer](#) [Chrome](#) [Firefox](#)

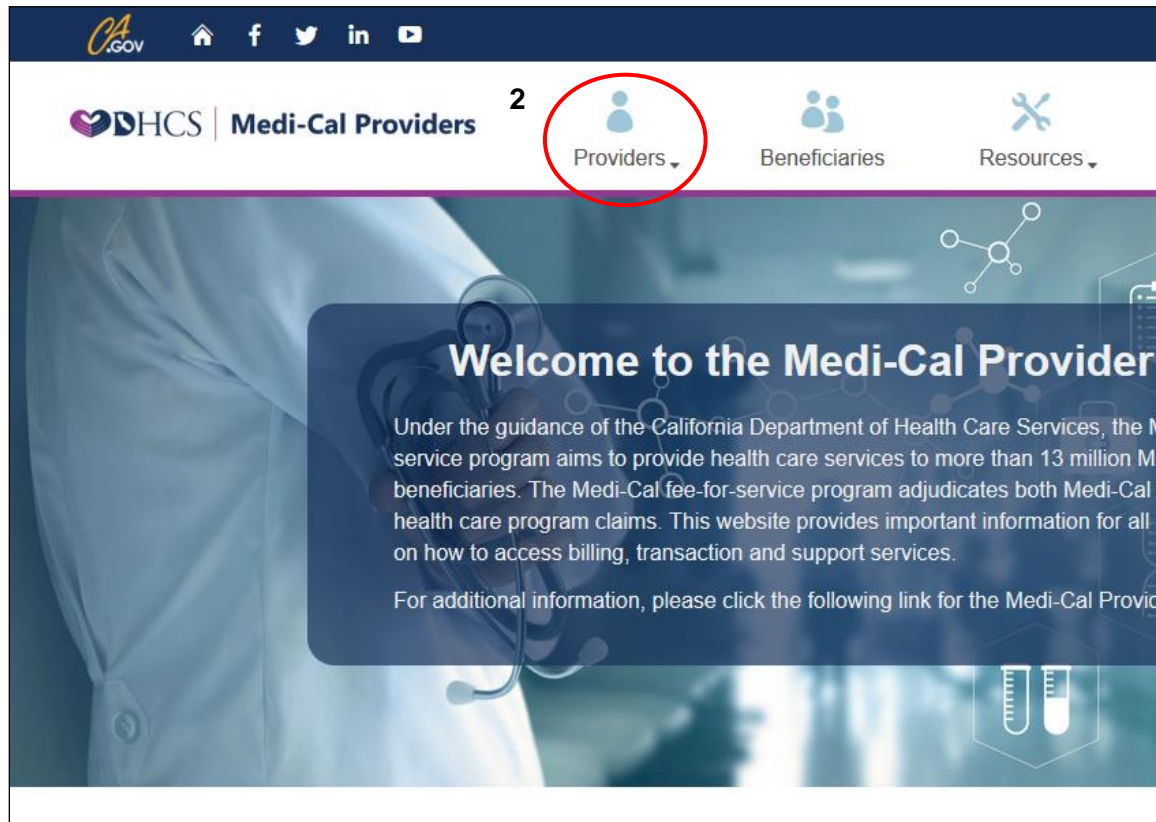
Note: Medi-Cal recommends that providers use Internet Explorer for transactions.

Web Browser Plug-ins

[Flash Player](#)

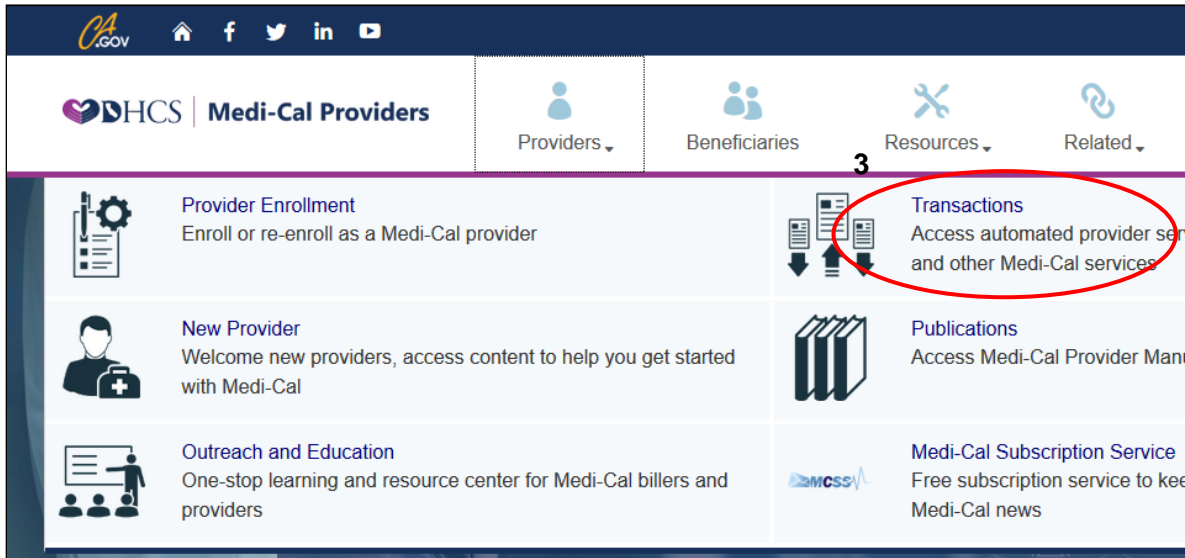
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ACCESS THE COVID-19 UNINSURED GROUP APPLICATION WEB PORTAL VIA THE TRANSACTIONS PAGE



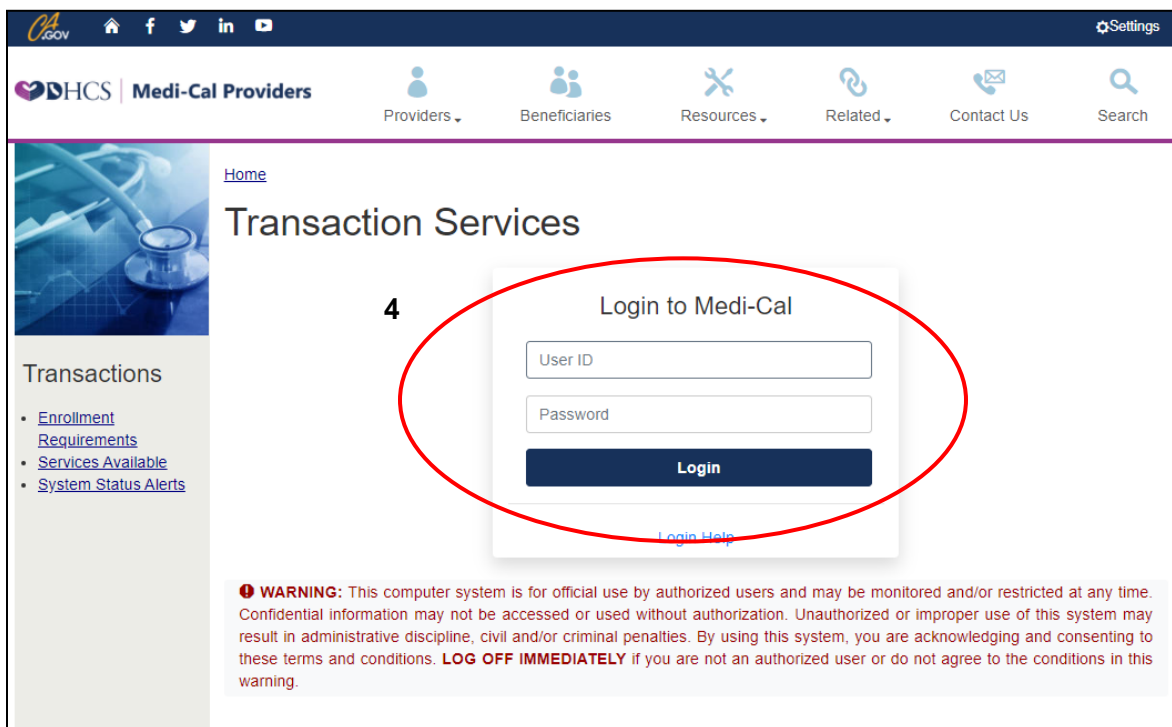
1. Type **www.medi-cal.ca.gov** in the address bar of your browser, and then press ENTER on your keyboard to open the Medi-Cal home page.
2. Click the **Providers** tab to open the dropdown menu.

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3. Click the **Transactions** link to open the Login to Medi-Cal page.

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4. Enter your Medi-Cal provider number or National Provider Identifier (NPI) in the User ID field.

Enter 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 that contain all of the transactions available to you. Click each tab to locate specific services.

IMPORTANT REMINDER:

After you log on, you will be timed out if you are idle on any screen for longer than 20 minutes. Any information you have entered will not be saved. If you are timed out, you must log on again and repeat the previous steps.

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Transaction Services **5**

You are logged in as:

Elig Claims eTAR **Prgms** Other

→ PE for Pregnant Women Program → Hospital Presumptive Eligibility (PE)

→ COVID-19 Uninsured Group Eligibility

Transactions

- Eligibility
- Claims
- eTAR
- Programs
- Other
- Logout

5. Click the **Prgms** tab or select Programs from the menu in the left column. The programs that are available to you will appear.

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COVID-19 UNINSURED GROUP – ENROLLMENT APPLICATION SCREEN

CA.GOV
Settings Logout

DHCS | Medi-Cal Providers

Providers Beneficiaries Resources Related Contact Us Search

[Home](#) → [Transaction Services](#)

You are logged in as: _____

* Indicates Required Field

Application for Coverage of Coronavirus (COVID-19) Testing Costs

Complete this application to get help paying for certain coronavirus (COVID-19) testing, testing-related, and treatment costs. The health coverage you will get if you are found eligible using this application will only pay for medical tests for coronavirus.

To see if you are eligible for other health care benefits and services through Medi-Cal or Covered California, you should complete a full application at www.coveredca.com.

* Service Location:

Tell us about yourself. Personal and Contact Information

* First Name	Middle Name	* Last Name	Suffix (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Gender	* Date of Birth (mm/dd/yyyy)		
<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>		
* Living in California?	* County living in?		
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>		

Logout

If homeless, check the box and tell us where we can reach you in the mailing address field below

Home Address (Number & Street)	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different from home address)	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Best Contact Number	Other phone number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

What language do you speak best?

What language do you read best?

Social Security Number

If you have a Social Security number (SSN) you must provide it when you are applying for health coverage for yourself. We use Social Security numbers (SSNs) to check your income and other information to see if you are eligible to get help paying for health coverage. If you are applying for coverage and do not have a SSN and would like help getting one, visit www.ssa.gov. You may be eligible for some coverage even if you do not have an SSN. For more information call the Medi-Cal helpline, at (800) 541-5555.

* Are you a US Citizen or National? Yes No

* Do you currently have Medicare? Yes No

* Do you currently have other health insurance? Yes No

YOUR RIGHTS AND RESPONSIBILITIES

- I know that under federal law, DHCS does not unlawfully discriminate on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, or any other basis protected by federal or State civil rights laws.
- Complaints may be filed by calling the Office of Civil Rights, Department of Health Care Services at (916) 440-7370 or by written correspondence to PO Box 997413, MS 0009, Sacramento, CA 95899-7413, or by email addressed to CivilRights@dhcs.ca.gov

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COVID-19 UNINSURED GROUP – ENROLLMENT APPLICATION SCREEN

(CONTINUED)

	<ul style="list-style-type: none"> I have the right to know how my protected health information may be used and disclosed, and what my privacy rights are. The Notice of Privacy Practices (NPP) provides this information and is available at https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx.
	PRIVACY STATEMENT
	<ul style="list-style-type: none"> This application is for the COVID-19 Uninsured Group program administered by the Department of Health Care Services (DHCS). The personal and medical information you provide on it is private and confidential. DHCS needs it to identify you and to administer the COVID-19 Uninsured Group program. We will share your information with other state, federal, and local agencies, contractors, health plans, and programs only to enroll you in a plan or program or to administer programs, and as described in the Notice of Privacy Practices. You must answer all of the questions on this application unless they are marked "optional". If your application is missing anything that we require, we will contact you to get it. If you do not provide it, we will not be able to make a decision on your application. You may have to submit a new application, or your application for COVID-19 Uninsured Group benefits may be denied. For more information or to see Department of Health Care Services records, contact the Information Protection Unit at P.O. Box 997413, MS 4721 Sacramento, CA 95899-7413 Phone: 1-866-866-0602 TTY: 1-877-735-2929. These state and federal laws give us the right to collect and keep the information on the application: DHCS: CA Welfare and Institutions. Code § 14011 and Article 3, Chapters 5 and 7, Parts 2 and 3, Division 9; Covered CA: 42 U.S.C. § 18031; CA Government Code §§ 100502(k) and 100503(a).
	WHAT SHOULD I DO IF I THINK MY ELIGIBILITY NOTICE IS WRONG?
	<ul style="list-style-type: none"> If I think the Medi-Cal program has made a mistake, I can appeal the decision. To appeal means to tell someone at the Medi-Cal program that I think the decision is wrong and ask for a fair review of the action. I know that I can find out how to request an appeal, including an expedited appeal, by calling 1-800-743-8525 (TTY: 1-800-952-8349) for the Medi-Cal program. I know that I must file an appeal within 90 days of the decision notice. I know that I can represent myself or have someone else represent me in my appeal, such as an authorized representative, a friend, a relative or a lawyer. I know that all hearings will be conducted by telephone or video conference unless I request an in-person hearing. I know that if I need help the Medi-Cal program can explain my case to me. I know that someone at the Medi-Cal program can explain the circumstances when my eligibility may be maintained or reinstated pending an appeal decision.

	<ul style="list-style-type: none"> If I think the Medi-Cal program has made a mistake, I can appeal the decision. To appeal means to tell someone at the Medi-Cal program that I think the decision is wrong and ask for a fair review of the action. I know that I can find out how to request an appeal, including an expedited appeal, by calling 1-800-743-8525 (TTY: 1-800-952-8349) for the Medi-Cal program. I know that I must file an appeal within 90 days of the decision notice. I know that I can represent myself or have someone else represent me in my appeal, such as an authorized representative, a friend, a relative or a lawyer. I know that all hearings will be conducted by telephone or video conference unless I request an in-person hearing. I know that if I need help the Medi-Cal program can explain my case to me. I know that someone at the Medi-Cal program can explain the circumstances when my eligibility may be maintained or reinstated pending an appeal decision.
	Signature
	<input checked="" type="checkbox"/> By signing, I declare that what I say below is true, complete, and correct. <ul style="list-style-type: none"> I have read and understand this application. I understand that this application is only to get help paying for certain coronavirus (COVID-19) testing, testing-related, and treatment costs. To see if I am eligible for other health care benefits and services through Medi-Cal or Covered California, I should complete a full application at www.coveredca.com.
	<p>An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information contained in this application is the California Department of Health Care Services and Covered California. This information may be shared with the County Department of Social Services in the county in which the individual resides. The individual's medical information will be kept with the COVID 19 Presumptive Eligibility Provider and Covered California.</p>
	<input type="button" value="Print"/> <input type="button" value="Back"/> <input type="button" value="Submit"/>

1. Select COVID-19 Uninsured Group from the menu in the left column of Transaction Services screen. The Application for Coverage of Coronavirus (COVID-19) Testing Costs page will open.

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Steps to Begin the COVID-19 Uninsured Group Application Web Portal Transaction

1. Access the COVID-19 Uninsured Group Eligibility Application screen and enter all of the applicant's information into the data fields as shown in the screen shot below.
2. Click **Yes**, as circled in the screen shot below to indicate that you have printed the required Insurance Affordability Application and explained the process to the applicant.
3. Click **Continue**, as circled in the screen shot below after entering all of the applicant's information into the data fields.

COVID-19 Uninsured Group – Enrollment Application Screen

CA.GOV Home f t in v Settings Logout

HCS | Medi-Cal Providers Providers Beneficiaries Resources Related Contact Us Search

Home » Transaction Services

You are logged in as: * Indicates Required Field

Application for Coverage of Coronavirus (COVID-19) Testing Costs

Complete this application to get help paying for certain coronavirus (COVID-19) testing, testing-related, and treatment costs. The health coverage you will get if you are found eligible using this application will only pay for medical tests for coronavirus.

To see if you are eligible for other health care benefits and services through Medi-Cal or Covered California, you should complete a full application at www.coveredca.com.

* Service Location: Select

Tell us about yourself. Personal and Contact Information

* First Name	Middle Name	* Last Name	Suffix (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Gender	* Date of Birth (mm/dd/yyyy)		
<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>		
* Living in California?	* County living in?		
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>		

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COVID-19 UNINSURED GROUP – Enrollment Application Screen (Continued)

[Logout](#)

If homeless, check the box and tell us where we can reach you in the mailing address field below

Home Address (Number & Street) City State ZIP Code

Mailing Address (if different from home address) City State ZIP Code

Best Contact Number Other phone number Email address

What language do you speak best? What language do you read best?

Social Security Number

If you have a Social Security number (SSN) you must provide it when you are applying for health coverage for yourself. We use Social Security numbers (SSNs) to check your income and other information to see if you are eligible to get help paying for health coverage. If you are applying for coverage and do not have a SSN and would like help getting one, visit www.ssa.gov. You may be eligible for some coverage even if you do not have an SSN. For more information call the Medi-Cal helpline, at (800) 541-5555.

* Are you a US Citizen or National? Yes No

* Do you currently have Medicare? Yes No

* Do you currently have other health insurance? Yes No

YOUR RIGHTS AND RESPONSIBILITIES

- I know that under federal law, DHCS does not unlawfully discriminate on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, or any other basis protected by federal or State civil rights laws.
- Complaints may be filed by calling the Office of Civil Rights, Department of Health Care Services at (916) 440-7370 or by written correspondence to PO Box 997413, MS 0009, Sacramento, CA 95899-7413, or by email addressed to CivilRights@dncs.ca.gov
- I know that information on this form will be used to determine eligibility for health coverage, help paying for coverage, and for lawful purposes of programs that help pay for coverage.
- If anyone on this application is eligible for Medi-Cal, I grant to the California Department of Health Care Services our rights to pursue and get any money from other health insurance, legal settlements, or other third parties.
- We need the information on this application to check your eligibility for help paying for coverage of COVID-19 testing, testing-related, and treatment costs. We'll check your answers using information in our electronic databases and databases from Social Security, and the Department of Homeland Security. If the information doesn't match, we may ask you to send us more information.
- I have the right to know how my protected health information may be used and disclosed, and what my privacy rights are. The Notice of Privacy Practices (NPP) provides this information and is available at <https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx>.

PRIVACY STATEMENT

- This application is for the COVID-19 Uninsured Group program administered by the Department of Health Care Services (DHCS). The personal and medical information you provide on it is private and confidential. DHCS needs it to identify you and to administer the COVID-19 Uninsured Group program.
- We will share your information with other state, federal, and local agencies, contractors, health plans, and programs only to enroll you in a plan or program or to administer programs, and as described in the Notice of Privacy Practices.
- You must answer all of the questions on this application unless they are marked "optional". If your application is missing anything that we require, we will contact you to get it. If you do not provide it, we will not be able to make a decision on your application. You may have to submit a new application, or your application for COVID-19 Uninsured Group benefits may be denied.
- For more information or to see Department of Health Care Services records, contact the Information Protection Unit at P.O. Box 997413, MS 4721 Sacramento, CA 95899-7413 Phone: 1-866-866-0602 TTY: 1-877-735-2929.
- These state and federal laws give us the right to collect and keep the information on the application: DHCS: CA Welfare and Institutions, Code § 14011 and Article 3, Chapters 5 and 7, Parts 2 and 3, Division 9; Covered CA: 42 U.S.C. § 18031; CA Government Code §§ 100502(k) and 100503(a).

WHAT SHOULD I DO IF I THINK MY ELIGIBILITY NOTICE IS WRONG?

- If I think the Medi-Cal program has made a mistake, I can appeal the decision. To appeal means to tell someone at the Medi-Cal program that I think the decision is wrong and ask for a fair review of the action.
- I know that I can find out how to request an appeal, including an expedited appeal, by calling 1-800-743-8525 (TTY: 1-800-952-8349) for the Medi-Cal program.
- I know that I must file an appeal within 90 days of the decision notice.

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- I know that I must file an appeal within 90 days of the decision notice.
- I know that I can represent myself or have someone else represent me in my appeal, such as an authorized representative, a friend, a relative or a lawyer.
- I know that all hearings will be conducted by telephone or video conference unless I request an in-person hearing.
- I know that if I need help the Medi-Cal program can explain my case to me.
- I know that someone at the Medi-Cal program can explain the circumstances when my eligibility may be maintained or reinstated pending an appeal decision.

Signature

By signing, I declare that what I say below is true, complete, and correct.

- I have read and understand this application.
- I understand that this application is only to get help paying for certain coronavirus (COVID-19) testing, testing-related, and treatment costs. To see if I am eligible for other health care benefits and services through Medi-Cal or Covered California, I should complete a full application at www.coveredca.com.

Continue

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COVID-19 UNINSURED GROUP – Application Summary

The COVID-19 Uninsured Group Application – Summary screen (shown below) displays all the applicant's data you entered along with any errors.

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YouTube

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Beneficiaries
Resources
Related
Contact Us
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COVID-19 Uninsured Group

- [COVID-19 Downloads](#)
- [FAQs](#)

Transactions

- ▶ [Eligibility](#)
- ▶ [Claims](#)
- ▶ [eTAR](#)
- ▶ [Programs](#)
- ▶ [Other](#)
- [Logout](#)

COVID-19 Uninsured Group Application - Summary

You are logged in as:

Do Not Mail this Application

This application is used for internal purposes to assist applicants and must be retained for the record keeping.

Application Date/Time: 3/23/2021 11:17:12 AM

Tell us about yourself. Personal and Contact Information

Last Name	First Name	Middle Name	(Jr.Sr.II. etc.)
Aghar	John		
Gender	Date of Birth		
F	12/12/2008		
Living in California?	No	County living in? 99 – Outside California	
<input type="checkbox"/> If homeless, check the box and tell us where we can reach you in the mailing address field below			
Home Address (Number & Street)		City	State
4495 Golden Elm St		Sacramento	CA
		ZIP Code	95834
Mailing Address (if different from home address)		City	State
			ZIP Code

Best Contact Number	Other Phone Number	Email Address
What language do you speak best?		What language do you read best?
Social Security Number		
<p>If you have a Social Security number (SSN) you must provide it when you are applying for health coverage for yourself. We use Social Security numbers (SSNs) to check your income and other information to see if you are eligible to get help paying for health coverage. If you are applying for coverage and do not have a SSN and would like help getting one, visit www.ssa.gov. You may be eligible for some coverage even if you do not have an SSN. For more information call the Medi-Cal helpline, at (800) 541-5555.</p>		
Are you a US Citizen or National?		No
If you aren't a US Citizen or National, do you have eligible immigration status?		No
Do you currently have Medicare?		No
Do you currently have other health insurance?		No
YOUR RIGHTS AND RESPONSIBILITIES		
<ul style="list-style-type: none"> I know that under federal law, DHCS does not unlawfully discriminate on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, or any other basis protected by federal or State civil rights laws. Complaints may be filed by calling the Office of Civil Rights, Department of Health Care Services at (916) 440-7370 or by written correspondence to PO Box 997413, MS 0009, Sacramento, CA 95899-7413, or by email addressed to CivilRights@dhcs.ca.gov. I know that information on this form will be used to determine eligibility for health coverage, help paying for coverage, and for lawful purposes of programs that help pay for coverage. If anyone on this application is eligible for Medi-Cal, I grant to the California Department of Health Care Services our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. We need the information on this application to check your eligibility for help paying for coverage of COVID-19 testing, testing-related, and treatment costs. We'll check your answers using information in our electronic databases and databases from Social Security, and the Department of Homeland Security. If the information doesn't match, we may ask you to send us more information. I have the right to know how my protected health information may be used and disclosed, and what my privacy rights are. The Notice of Privacy Practices (NPP) provides this information and is available at 		

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COVID-19 UNINSURED GROUP – Application Summary (Continued)

	<ul style="list-style-type: none"> I have the right to know how my protected health information may be used and disclosed, and what my privacy rights are. The Notice of Privacy Practices (NPP) provides this information and is available at https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx.
	<p>PRIVACY STATEMENT</p> <ul style="list-style-type: none"> This application is for the COVID-19 Uninsured Group program administered by the Department of Health Care Services (DHCS). The personal and medical information you provide on it is private and confidential. DHCS needs it to identify you and to administer the COVID-19 Uninsured Group program. We will share your information with other state, federal, and local agencies, contractors, health plans, and programs only to enroll you in a plan or program or to administer programs, and as described in the Notice of Privacy Practices. You must answer all of the questions on this application unless they are marked "optional". If your application is missing anything that we require, we will contact you to get it. If you do not provide it, we will not be able to make a decision on your application. You may have to submit a new application, or your application for COVID-19 Uninsured Group benefits may be denied. For more information or to see Department of Health Care Services records, contact the Information Protection Unit at P.O. Box 997413, MS 4721 Sacramento, CA 95899-7413 Phone: 1-866-866-0602 TTY: 1-877-735-2929. These state and federal laws give us the right to collect and keep the information on the application: DHCS: CA Welfare and Institutions. Code § 14011 and Article 3, Chapters 5 and 7, Parts 2 and 3, Division 9; Covered CA: 42 U.S.C. § 18031; CA Government Code §§ 100502(k) and 100503(a).
	<p>WHAT SHOULD I DO IF I THINK MY ELIGIBILITY NOTICE IS WRONG?</p> <ul style="list-style-type: none"> If I think the Medi-Cal program has made a mistake, I can appeal the decision. To appeal means to tell someone at the Medi-Cal program that I think the decision is wrong and ask for a fair review of the action. I know that I can find out how to request an appeal, including an expedited appeal, by calling 1-800-743-8525 (TTY: 1-800-952-8349) for the Medi-Cal program. I know that I must file an appeal within 90 days of the decision notice. I know that I can represent myself or have someone else represent me in my appeal, such as an authorized representative, a friend, a relative or a lawyer. I know that all hearings will be conducted by telephone or video conference unless I request an in-person hearing. I know that if I need help the Medi-Cal program can explain my case to me. I know that someone at the Medi-Cal program can explain the circumstances when my eligibility may be maintained or reinstated pending an appeal decision.
	<ul style="list-style-type: none"> If I think the Medi-Cal program has made a mistake, I can appeal the decision. To appeal means to tell someone at the Medi-Cal program that I think the decision is wrong and ask for a fair review of the action. I know that I can find out how to request an appeal, including an expedited appeal, by calling 1-800-743-8525 (TTY: 1-800-952-8349) for the Medi-Cal program. I know that I must file an appeal within 90 days of the decision notice. I know that I can represent myself or have someone else represent me in my appeal, such as an authorized representative, a friend, a relative or a lawyer. I know that all hearings will be conducted by telephone or video conference unless I request an in-person hearing. I know that if I need help the Medi-Cal program can explain my case to me. I know that someone at the Medi-Cal program can explain the circumstances when my eligibility may be maintained or reinstated pending an appeal decision.
	<p>Signature</p> <p><input checked="" type="checkbox"/> By signing, I declare that what I say below is true, complete, and correct.</p> <ul style="list-style-type: none"> I have read and understand this application. I understand that this application is only to get help paying for certain coronavirus (COVID-19) testing, testing-related, and treatment costs. To see if I am eligible for other health care benefits and services through Medi-Cal or Covered California, I should complete a full application at www.coveredca.com. <p>An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information contained in this application is the California Department of Health Care Services and Covered California. This information may be shared with the County Department of Social Services in the county in which the individual resides. The individual's medical information will be kept with the COVID 19 Presumptive Eligibility Provider and Covered California.</p>
	<p>Print Back Submit</p>

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COVID-19 Uninsured Group Medi-Cal Application Response

Once you submit the application, the COVID-19 Uninsured Group Application Web Portal transaction is sent to the Medi-Cal Eligibility Data System (MEDS), which determines the individual's COVID-19 Uninsured Group eligibility and returns a response to the browser screen.

Below is an example of an approved eligibility determination printout. This document is an Immediate Need Eligibility Document, also known as a temporary Benefits Identification Card (BIC).

The screenshot shows a web portal interface for Medi-Cal Providers. The main content area displays a 'COVID-19 Uninsured Group Application Response' printout. The printout includes the following information:

COVID-19 Uninsured Group Application Response	
Application Date/Time:	4/16/2021 2:56:42 PM
Provider Number:	1506051280
Patient's Name:	
Date of Birth:	12/12/2010
BIC ID#:	
BIC Issue Date:	

Response: You are not eligible for the Coronavirus (COVID-19) Uninsured Group because you indicated that you do not live in California. The COVID-19 Uninsured Group is only available to California residents. 22 CCR §§ 50320 is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" <https://www.cdss.ca.gov/cdssweb/entres/forms/English/NABACK9.PDF> to learn how to appeal. You normally have only 90 days to ask for a hearing. DHCS received federal approval to temporarily extend the 90 days to up to an additional 120, for a total of up to 210 days after the date of this notice. This temporary extension is effective March 1, 2020 and will terminate upon termination of the COVID-19 public health emergency.

Buttons at the bottom of the printout include 'Next Application' and 'Print'.

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Data Field Specifications

The table below provides *Data Field Name* details for characters and information that are valid and invalid entries.

Data Field Name	Specifications
Last Name	<ul style="list-style-type: none"> • Required field • Valid characters: A thru Z, upper and lower case, space, dash (-), apostrophe (') • Only alphabetic characters are allowed as the first character • The words "Same" or "None" are not allowed in this field
First Name	<ul style="list-style-type: none"> • Required field • Valid characters: A thru Z, upper and lower case, space, dash (-), apostrophe (') • Only alphabetic characters are allowed as the first character • The words "Same" or "None" are not allowed in this field
Middle Name	<ul style="list-style-type: none"> • Valid characters: A thru Z, upper and lower case, space • Only alphabetic characters are allowed as the first character
Gender	<ul style="list-style-type: none"> • Required field • "Male" or "Female" must be selected
Date of Birth (mm/dd/yyyy)	<ul style="list-style-type: none"> • Required field • <i>Date of Birth</i> cannot be a future date • <i>Date of Birth</i> cannot be a current date <p>If user enters 10 characters, two of them must be forward slashes (/) in the correct places</p>
Social Security Number (optional)	<ul style="list-style-type: none"> • Valid characters: 0 thru 9 • The first three numbers of an SSN cannot be 000, 666, or 900 through 999 • The middle two numbers of the SSN cannot be 00. • The last four numbers of the SSN cannot be 0000.
Live in California?	Yes or No radio buttons. Response required.

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Data Field Name	Specifications
County you live in?	<ul style="list-style-type: none"> • Response required when user selects “Yes” to Live in California, the user must select one of the 58 counties from the dropdown box. • When the user selects “Yes” to Live in California field, the County you live in field selected should not be “99 – Outside of California”. • When the user selects “No” to the Live in California field, the County you live in field defaults to “99 – Outside of California” and the field is disabled.
Home Address (number and street)	<ul style="list-style-type: none"> • Required if the <i>Homeless</i> box is selected • Valid characters: A thru Z, 0 thru 9, space, period (.), dash (-), ampersand (&), slash (/), number sign (#). • Only A thru Z or 0 thru 9 allowed as the first character. • The word “SAME” is not allowed in this field. • Address will be checked against USPS records. If there is a mismatch, confirmation will be required. • Home address cannot be a general delivery or P.O. Box.
City	<ul style="list-style-type: none"> • Required if the <i>Mailing Address</i> is entered. • Valid characters: A thru Z, space, period (.). • Only A thru Z allowed as the first character. • The word “SAME” not allowed in this field.
State	<ul style="list-style-type: none"> • Required if the <i>Mailing Address</i> is entered. • Select a state from drop down list, if available.
ZIP Code	<ul style="list-style-type: none"> • Required if the <i>Mailing Address</i> is entered. • Valid characters: 0 thru 9.
Best Contact Number	Valid characters 0 thru 9, including area code, if available.
Other Phone Number	Valid characters 0 thru 9, including area code, if available.

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Data Field Name	Specifications
Email Address	<p>Valid Values:</p> <ul style="list-style-type: none"> • Uppercase and lowercase English letters (a-z, A-Z) • Digits 0 to 9 • Characters: period (.), Ampersand (&), dash (-), slash (/), comma (,), percent (%), number sign (#), apostrophe ('), underscore (_) At sign (@) <p>Character: period (.), provided that it is not the first or last character, and provided also that it does not appear two or more times consecutively.</p>
Homeless	<ul style="list-style-type: none"> • Check the box if individual is currently homeless. • Provide contact information in the Home address field. • Provide mailing information in the Mailing address field.
What language do you speak best?	Dropdown box containing languages. Select one from the dropdown box.
What language do you read best?	Dropdown box containing languages. Select one from the dropdown box.
Are you a US Citizen or National?	<ul style="list-style-type: none"> • Required field
Are you a naturalized or derived citizen?	<ul style="list-style-type: none"> • If yes, user will be prompted to complete fields: • <i>Alien/USCIS Number</i> • <i>Naturalization/Citizenship Number</i>
Do you currently have other health insurance?	<ul style="list-style-type: none"> • Required field

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Data Field Name	Specifications
Do you currently have Medicare?	<ul style="list-style-type: none">• Required field
By signing, I declare that what I provided below is true and correct	The user must check the box besides “By signing, I declare that what I provided below is true and correct.” Is required.
Signature	Display blank <i>Date</i> field on the Summary page.
Signature of witness	Display blank <i>Date</i> field on the Summary page.
Date (mm/dd/yyyy)	Disabled online. Only available on the Summary page printed form.

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Frequently Asked Questions

Answers to frequently asked questions (FAQs) about the COVID-19 Uninsured Group application process can be found by clicking the link on the Application for Coverage of Coronavirus (COVID-19) Testing Costs page, as circled below.

The screenshot shows the Medi-Cal Providers portal interface. At the top, there are navigation links for Home, Facebook, Twitter, LinkedIn, and YouTube, along with Settings and Logout options. Below this is a navigation bar with icons for Providers, Beneficiaries, Resources, Related, Contact Us, and Search. The main content area features a breadcrumb trail: Home » Transaction Services. A dark blue bar indicates the user is logged in. A red asterisk indicates required fields. The main heading is "Application for Coverage of Coronavirus (COVID-19) Testing Costs". Below this, there is a brief description of the application and a link to the full application at www.coveredca.com. A dropdown menu for "Service Location" is visible. The "Tell us about yourself. Personal and Contact Information" section includes fields for First Name, Middle Name, Last Name, and Suffix, as well as radio buttons for Gender (Male/Female) and Living in California (Yes/No), and a dropdown for County living in. In the left sidebar, under "COVID-19 Uninsured Group", the "FAQs" link is circled in red.

The screenshot shows the "COVID-19 Uninsured Group Program" page on the DHCS website. The top navigation bar includes Home, About DHCS, and Translate. Below this is a navigation bar with icons for Services, Individuals, Providers & Partners, Laws & Regulations, Data & Statistics, Forms & Publications, and Search. The main heading is "COVID-19 Uninsured Group Program". The text explains that as of March 18, 2020, House Resolution (H.R.) 6201, the Families First Coronavirus Response Act, Section 6004, authorized state Medicaid programs to provide access to coverage for medically necessary coronavirus (COVID-19) diagnostic testing, testing-related services, and treatment at no cost to the individual. It also states that the new COVID-19 Uninsured Group program was implemented by the Department of Health Care Services (DHCS) on August 28, 2020, and covers COVID-19 diagnostic testing, testing-related services, and treatment services, including hospitalization and all medically necessary care, at no cost to the individual, for up to 12 months or the end of the public health emergency, whichever comes first. Below this, there is a list of resources:

- Provider NewsFlash and instructions
- Frequently Asked Questions
- MC-374 COVID-19 Uninsured Group Program Application
 - Other Languages: [Arabic](#), [Armenian](#), [Cambodian](#), [Chinese](#), [Farsi](#), [Hindi](#), [Hmong](#), [Japanese](#), [Korean](#), [Laotian](#), [Mien](#), [Punjabi](#), [Russian](#), [Spanish](#), [Tagalog](#), [Thai](#), [Ukrainian](#), [Vietnamese](#)

Further down, it mentions that upon implementation of the COVID-19 Uninsured Group Application Portal, DHCS will decommission the Presumptive Eligibility (PE) for COVID-19 application process implemented on April 8, 2020. It also states that per federal guidance, applications for the COVID-19 Uninsured Group can be retroactive to April 8, 2020. Qualified providers can submit retroactive applications to COVID19Apps@dhcs.ca.gov for review and processing. The page concludes with a "Questions" section, stating that please email COVID19Apps@dhcs.ca.gov if you have questions about the COVID-19 Uninsured Group or COVID-19 aid code.

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Steps to Edit and Submit a COVID-19 Uninsured Group Application Web Portal Transaction

COVID-19 Uninsured Group Eligibility screen (shown below) displays the applicant's data you entered along with any errors, if applicable. To submit the information, follow the steps below.

1. To edit the information or correct any errors entered on a previous page, click **Back** at the bottom of the page, shown in the screen shot below. This will increase the chances of the transaction being processed without delay. You can view an application summary in your browser window or by printing the page.
2. Click **Submit** at the bottom of the screen.
3. After you click **Submit**, a prompt will appear asking if you have reviewed and printed the application information.
4. If you click **OK**, the transaction will be submitted and you will be unable to change any information for that application.
5. If you click **Cancel**, you will be allowed to enter back into the transaction screens to make edits, by clicking the Back Button on the summary page.

COVID-19 Uninsured Group Eligibility – Application Summary Screen

	<ul style="list-style-type: none">• If I think the Medi-Cal program has made a mistake, I can appeal the decision. To appeal means to tell someone at the Medi-Cal program that I think the decision is wrong and ask for a fair review of the action.• I know that I can find out how to request an appeal, including an expedited appeal, by calling 1-800-743-8525 (TTY: 1-800-952-8349) for the Medi-Cal program.• I know that I must file an appeal within 90 days of the decision notice.• I know that I can represent myself or have someone else represent me in my appeal, such as an authorized representative, a friend, a relative or a lawyer.• I know that all hearings will be conducted by telephone or video conference unless I request an in-person hearing.• I know that if I need help the Medi-Cal program can explain my case to me.• I know that someone at the Medi-Cal program can explain the circumstances when my eligibility may be maintained or reinstated pending an appeal decision.
	Signature
	<input checked="" type="checkbox"/> By signing, I declare that what I say below is true, complete, and correct.
	<ul style="list-style-type: none">• I have read and understand this application.• I understand that this application is only to get help paying for certain coronavirus (COVID-19) testing, testing-related, and treatment costs. To see if I am eligible for other health care benefits and services through Medi-Cal or Covered California, I should complete a full application at www.coveredca.com.
	<small>An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information contained in this application is the California Department of Health Care Services and Covered California. This information may be shared with the County Department of Social Services in the county in which the individual resides. The individual's medical information will be kept with the COVID 19 Presumptive Eligibility Provider and Covered California.</small>
	<input type="button" value="Print"/> <input type="button" value="Back"/> <input type="button" value="Submit"/>

COVID-19 Uninsured Group Application Web Portal Transaction Message Response

After clicking **Yes** from the Submit Application prompt, the COVID-19 Uninsured Group Application Web Portal transaction is sent to Medi-Cal Eligibility Data System (MEDS) which determines the individual's eligibility and returns a response to the browser screen. There will be a pause for real-time COVID-19 Uninsured Group eligibility determination.

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 response message examples or contact Medi-Cal using the information in the "Reporting Problems" section of this guide.

Conclude the COVID-19 Uninsured Group Application Web Portal Eligibility Determination Transaction

Indicated below are examples of an approved and a denied, COVID-19 Uninsured Group eligibility determination response message.

COVID-19 Uninsured Group Approved Response Message:

1. Explain the applicant's eligibility determination.
2. Print out (2) copies of the Immediate Need Eligibility Document by clicking **Print twice** (image below). There is an option to print the approval in a different language.
3. Have the applicant sign both copies of the Immediate Need Eligibility Document (circled below).
4. Retain the original signed document for your files and provide the signed copy to the applicant.

COVID-19 Uninsured Group Denied Response Message

1. Explain the applicant's eligibility determination.
2. Click **Print** twice at the bottom of the page. There is an option to print the denial in a different language.
3. Retain the original for your files, and provide the copy to the applicant.
4. Denied applicants do not sign the documents, unless the denial is because the individual has Medi-Cal eligibility, but does not have a BIC. (If the denial is because they have Medi-Cal already, but do not have a BIC, the Immediate Need card would need to be signed according to the section below.)

The screenshot displays the 'COVID-19 Uninsured Group' interface. On the left, there is a navigation menu with options like 'COVID-19 Downloads', 'FAQs', 'Transactions', 'Eligibility', 'Claims', 'eTAB', 'Programs', 'Other', and 'Logout'. The main content area shows a 'COVID-19 Uninsured Group Application Response' with the following details:

COVID-19 Uninsured Group Application Response	
Application Date/Time:	4/16/2021 2:56:42 PM
Provider Number:	1506851288
Patient's Name:	
Date of Birth:	12/12/2010
BIC ID#:	
BIC Issue Date:	

Response: You are not eligible for the Coronavirus (COVID-19) Uninsured Group because you indicated that you do not live in California. The COVID-19 Uninsured Group is only available to California residents. 22 CCR § 50320 is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" <https://www.cdss.ca.gov/cdssweb/entres/forms/English/NABACKS.PDF> to learn how to appeal. You normally have only 90 days to ask for a hearing. DHCS received federal approval to temporarily extend the 90 days to up to an additional 120, for a total of up to 210 days after the date of this notice. This temporary extension is effective March 1, 2020 and will terminate upon termination of the COVID-19 public health emergency.

At the bottom of the response box, there are two buttons: 'Next Application' and 'Print'.

Users may begin processing another application by clicking **Next Application**.

COVID-19 UNINSURED GROUP ELIGIBILITY DETERMINATION RESPONSE MESSAGES

COVID-19 Uninsured Group Eligibility Determination Response Messages Overview

After submitting the online application, the COVID-19 Uninsured Group Web Portal Application transaction is sent to the MEDS, which determines the individual's eligibility. After a short period of time, the MEDS returns a response message that appears on your screen. The individual and provider must read the response message carefully because it contains important information.

The response message will indicate one of the following:

- Temporary Medi-Cal eligibility is approved or denied.
- The program for which the individual is currently eligible (Medi-Cal).
- If denied, the denial reason.

Reminder: Qualified providers must print the response message screen twice. The individual 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 individual and keep the other for the individual'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. The individual must sign the Immediate Need Eligibility Document on the client signature line. The individual uses the signed printout as a temporary BIC until a permanent BIC is received in the mail if continuing Medi-Cal benefits are approved after the individual submits an application for insurance affordability programs.

- Individuals **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.
- Individuals **do not** sign the response printout if they are denied service through the COVID-19 Uninsured Group program or if they already have a BIC.

If necessary, the individual can use this *Immediate Need Eligibility Document* through the expiration date printed on the response or later if there is a pending Medi-Cal application.

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COVID-19 Uninsured Group Program – Approved and Denied Eligibility Determination Response Messages Chart

Status	Reason Description	Response Message (To applicant)
Approved	Applicant was approved for COVID-19 Uninsured Group V2 aid code.	You have been granted temporary, limited coverage effective today under the Coronavirus (COVID-19) Uninsured Group. Under this program, diagnostic testing, testing-related services, and treatment services for COVID-19, including the associated office, clinic or emergency room visit or hospitalization/inpatient care are covered at no cost. Use this Confirmation Document to get your COVID-19 diagnostic testing, testing-related services, and treatment services, including all medically necessary care related to COVID-19. Your eligibility will end on the last calendar day of the 12th month from the date of your application or until the COVID-19 public health emergency ends, whichever comes first.
Approved	COVID-19 Uninsured Group applicant is approved for COVID-19 Uninsured Group V2 aid code.	You have been granted temporary, limited coverage effective today under the Coronavirus (COVID-19) Uninsured Group. Under this program, diagnostic testing, testing-related services, and treatment services for COVID-19, including the associated office, clinic or emergency room visit, are covered at no cost. Use this Confirmation Document to get your COVID-19 diagnostic testing, testing-related services, and treatment services, including all medically necessary care related to COVID-19. Your eligibility will end on the last calendar day of the month of your application.

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COVID-19 Uninsured Group Program – Approved and Denied Eligibility Determination Response Messages Chart (Continued)

Status	Reason Description	Response Message (To applicant)
Denied	COVID-19 Uninsured Group applicant currently has existing Medi-Cal Eligibility.	<p>You are not eligible for the Coronavirus (COVID-19) Uninsured Group because you currently have Medi-Cal eligibility. Use this document to access Medi-Cal services today.</p> <p>Section 1902 (§§) of the Social Security Act is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" https://www.cdss.ca.gov/cdssweb/entres/forms/English/NABACK9.PDF to learn how to appeal. You normally have only 90 days to ask for a hearing. DHCS received federal approval to temporarily extend the 90 days to up to an additional 120, for a total of up to 210 days after the date of this notice. This temporary extension is effective March 1, 2020 and will terminate upon termination of the COVID-19 public health emergency.</p>

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COVID-19 Uninsured Group Program – Approved and Denied Eligibility Determination Response Messages Chart (Continued)

Status	Reason Description	Response Message (To applicant)
Denied	COVID-19 Uninsured Group applicant currently has Medicare.	<p>You are not eligible for the Coronavirus (COVID-19) Uninsured Group because you have Medicare. Section 1902 (§§) of the Social Security Act is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights"</p> <p>https://www.cdss.ca.gov/cdssweb/entres/forms/English/NABACK9.PDF to learn how to appeal. You normally have only 90 days to ask for a hearing. DHCS received federal approval to temporarily extend the 90 days to up to an additional 120, for a total of up to 210 days after the date of this notice. This temporary extension is effective March 1, 2020 and will terminate upon termination of the COVID-19 public health emergency.</p> <p>Applicant can still apply for full-scope Medi-Cal through CoveredCA.com, their provider's eligibility/billing office or their county.</p>

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COVID-19 Uninsured Group Program – Approved and Denied Eligibility Determination Response Messages Chart (Continued)

Status	Reason Description	Response Message (To applicant)
Denied	COVID-19 Uninsured Group applicant is not a resident of California.	<p>You are not eligible for the Coronavirus (COVID-19) Uninsured Group because you indicated that you do not live in California. The COVID-19 Uninsured Group is only available to California residents.</p> <p>22 CCR §§ 50320 is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" https://www.cdss.ca.gov/cdssweb/entres/forms/English/NABACK9.PDF to learn how to appeal. You normally have only 90 days to ask for a hearing. DHCS received federal approval to temporarily extend the 90 days to up to an additional 120, for a total of up to 210 days after the date of this notice. This temporary extension is effective March 1, 2020 and will terminate upon termination of the COVID-19 public health emergency.</p>
Failed	Message Code 9998	<p>An error occurred while processing eligibility for this applicant. Please try again later or contact the POS/Internet Help Desk at 1-800-541-5555 and select options 4, 2, and 2 to reach a Help Desk Operator. Help Desk Operators are available daily from 6:00 a.m. thru 12:00 a.m.</p>

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COVID-19 Uninsured Group Program – Approved and Denied Eligibility Determination Response Messages Chart (Continued)

Status	Reason Description	Response Message (To applicant)
Failed	Message Code 9999	Currently, the system is not available. Please try again later or contact the POS/Internet Help Desk at 1-800-541-5555 and select options 4, 2, and 2 to reach a Help Desk Operator. Help Desk Operators are available daily from 6:00 a.m. thru 12:00 a.m.
Duplicate Eligibility Response	Provider has submitted one or more PE applications for eligibility on the same day. Only one application can be submitted per day.	Your eligibility was already determined today and is below. If you were denied PE and your circumstances have changed, you can reapply for PE on another day. You are not eligible for the Coronavirus (COVID-19) Uninsured Group because you indicated that you do not live in California. The COVID-19 Uninsured Group is only available to California residents.22 CCR §§ 50320 is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See “Your Hearing Rights” https://www.cdss.ca.gov/cdssweb/entres/forms/English/NABACK9.PDF to learn how to appeal. You normally have only 90 days to ask for a hearing. DHCS received federal approval to temporarily extend the 90 days to up to an additional 120, for a total of up to 210 days after the date of this notice. This temporary extension is effective March 1, 2020 and will terminate upon termination of the COVID-19 public health emergency.

APPLICATION RESPONSE LANGUAGE OPTIONS

The screenshot shows the Medi-Cal Providers portal interface. At the top, there is a navigation bar with 'DHCS | Medi-Cal Providers' and icons for Providers, Beneficiaries, Resources, Related, Contact Us, and Search. Below this is a 'You are logged in as:' banner. The main content area features a dropdown menu for 'Additional Response Language:' with options: Select, Arabic, Cambodian, Farsi, Hindi, Hmong, Japanese, Korean, Lao, Mien, Other Chinese Languages, Punjabi, Russian, Spanish, Tagalog, Thai, Ukrainian, and Vietnamese. A checkbox for 'View response message in larger font' is also present. The response content is partially visible, showing 'COVID-19 Uninsured Group' and a 'Response' section with a timestamp of '3/23/2021 11:23:05 AM'. The response text includes: 'Response: You are not eligible for... uninsured group because you indicated that you do not live in... uninsured group is only available to California residents. 22 CCR §§ 50320 is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights".'

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DOWNLOAD AND PRINT SCREEN

To download and print the COVID-19 Uninsured Group application form, navigate COVID-19 Downloads link on the left side of the screen.

The screenshot displays the Medi-Cal Providers website interface. At the top, there is a navigation bar with the CA.gov logo, social media icons, and user options like Settings and Logout. Below this is a secondary navigation bar with icons for Providers, Beneficiaries, Resources, Related, Contact Us, and Search. The main content area is titled "COVID-19 Uninsured Group Eligibility - Documents Download Page". A sidebar on the left contains a "COVID-19 Uninsured Group" section with links for "COVID-19 Downloads" and "FAQs", and a "Transactions" section with links for "Eligibility", "Claims", "eTAR", "Programs", "Other", and "Logout". The main content area shows "You are logged in as:" followed by "COVID-19 Uninsured Group Eligibility Application Form (This download may take a few minutes to load)". Below this is a list of language options: English, Spanish, Arabic, Farsi, Hmong, Korean, Mien, Russian, Thai, Vietnamese, English (Large Font), Chinese, Cambodian, Hindi, Japanese, Laotian, Punjabi, Tagalog, Ukrainian, and Armenian. Below the language options is a print preview of the application response form. The form includes fields for "Provider Number:", "Patient's Name:", "Date of Birth:" (12/12/2008), "BIC ID:", and "BIC Issue Date:". The response text states: "Response: You are not eligible for the Coronavirus (COVID-19) Uninsured Group because you indicated that you do not live in California. The COVID-19 Uninsured Group is only available to California residents. 22 CCR § 50320 is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See 'Your Hearing Rights' https://www.cdss.ca.gov/cdssweb/entres/forms/EnglishNABACK9.PDF to learn how to appeal. You normally have only 90 days to ask for a hearing. DHCS received federal approval to temporarily extend the 90 days to up to an additional 120, for a total of up to 210 days after the date of this notice. This temporary extension is effective March 1, 2020 and will terminate upon termination of the COVID-19 public health emergency." To the right of the print preview is a print settings panel with options for "Destination" (Save as PDF), "Pages" (All), "Pages per sheet" (1), "Margins" (Default), and "Options" (Headers and foot, Background graph). A "Save" button is located at the bottom right of the print preview area.