State of California
Department of Health Care Services

Newborn Gateway User Guide

California Medicaid Management Information System

V 1.7

September 2026

Table of Contents

Table of Contents i
Overview 3
Enrollment into Medi-Cal or Medi-Cal Access Infant Program 4
Technical Assistance 5
Obtaining Information Necessary for the Newborn Gateway Enrollment Transaction 6
Unknown Names 6
Required Training Course 8
Administrator and Processor Role 9
Administrator Role 9
Processor Role 9
Start the Application Enrollment Transaction 9
Log onto the Provider Portal 10
Complete the Newborn Gateway Enrollment Transaction 12
Service Location Section 12
Newborn Patient Information Section 13
Mother's Information Section 17
Contact Information Section 19
Certification Section 21
Application Summary Screen 23
Methods for Review of the Application Summary Screen 24
Signatures 25
Enrollment Transaction Errors 26
Incomplete Transaction 26
Approval Response 27
Provider Communication 28
Confirm Eligibility 29
Response Message Overview 30
Immediate Need Document 31
Response Message and Immediate Need Document Actions 32
Parent Present During Enrollment Transaction 32
Parent Absent During Enrollment Transaction 32
Examples of Response Messages and Immediate Need Documents 33
Response Message Reference Guide 35

Appendix: 35
Tips 49
Newborn Gateway FAQs 49
Change Summary 50

Overview

The purpose of this Newborn Gateway User Guide is to provide instructions for performing a Newborn Gateway enrollment transaction.

All Qualified Providers participating in Children's Presumptive Eligibility (CPE), Hospital Presumptive Eligibility (HPE) and Presumptive Eligibility for Pregnant Women (PE4PW) programs are required to use the Newborn Gateway to report the births of newborns with linkage, born in their facilities, including hospitals, birthing centers, or other birthing settings, within 72 hours after the birth, or one business day after discharge, whichever is sooner.

- The Newborn Gateway will be used to report births of newborns deemed eligible to Medi-Cal or the Medi-Cal Access Infant Program (MCAIP).
- The newborn's eligibility is based on their mother's eligibility to Medi-Cal or Medi-Cal Access Program (MCAP).

While participation in Presumptive Eligibility is voluntary, participation in the Newborn Gateway is required by law.

Enrollment into Medi-Cal or Medi-Cal Access Infant Program

The Newborn Gateway enrollment transaction allows provider staff to automatically enroll eligible newborns into Medi-Cal or MCAIP coverage without their parent(s) having to complete *a Single Streamlined Application* (CCFRM604) or *Infant Registration Form* (DHCS 4070).

Parents are not required to complete or sign the Newborn Gateway application. Provider staff *may* have the family complete the application when available, but provider staff must complete and submit the application details in their absence.

Newborns with linkage are those whose mothers had Medi-Cal or MCAP eligibility at the time of birth.

- Medi-Cal deemed eligible newborns receive full-scope, no-cost Medi-Cal until their first birthday. The Newborn Gateway will assign aid code 8U.

Important: If the newborn is not eligible for coverage through the Newborn Gateway, the provider staff *may* collect and submit a HPE or CPE application through the Portal. Both HPE and CPE applications require a parent/guardian signature and eligibility will begin the date the presumptive eligibility application is approved. Eligibility for HPE and CPE cannot be backdated.

- MCAIP eligible newborns receive full-scope, no-cost Medi-Cal until their first birthday, or until MAXIMUS makes a final eligibility determination, whichever is sooner. The Newborn Gateway will assign aid code E8.

Technical Assistance

If you have any questions or concerns regarding a Newborn Gateway transaction, call the Telephone Service Center (TSC) at 1-800-541-5555 and follow the prompts for the Provider Portal.

The Helpdesk is available Monday through Friday, between 8 a.m. and 5 p.m., excluding weekends and holidays, to help you with:

- Provider Portal
- Medi-Cal Providers website
- Telephone Provider Telecommunications Network (PTN) and Automated Eligibility Verification System (AEVS)
- Medi-Cal billing policies and procedures

Other services are described on the Contact Us page on the Medi-Cal Providers website.

Obtaining Information Necessary for the Newborn Gateway Enrollment Transaction

The Presumptive Eligibility facility is required to act diligently to ensure the enrollment transaction is complete before submission. Failure to correctly list mother's information (i.e., full name, date of birth [DOB], social security number [SSN]/Benefits Identification Card [BIC] number/Medi-Cal number) can cause erroneous denials as the system will not have what's necessary to verify linkage for the newborn.

Provider staff may obtain the necessary information for the Newborn Gateway enrollment transaction directly from the parent/guardian when they are present by verbally asking the necessary questions or having them complete a paper copy of the *Newborn Gateway Application* (DHCS 4072).

If the parent/guardian is absent, provider staff will review patient records (i.e., the mother's and the newborn's) as well as the mother's record in the Medi-Cal Eligibility Data System (MEDS) and on AEVS to get the information necessary for enrollment through the Newborn Gateway.

Unknown Names

First and Last name fields are required variables for the enrollment transaction. In the event the family has not decided on a name within the Newborn Gateway timeframe, provider staff will need to submit the transaction with placeholder information.

Note: When the newborn's first name is unknown at the time of enrollment, the provider staff may put "Baby Girl" or "Baby Boy" in the First Name field. When the newborn's last name is undecided, provider staff may use the mother's last name in the Last Name field.

Whenever an enrollment transaction is submitted with placeholder details, provider staff must contact the family directly and let them know they will need to provide verification of the name (i.e. birth certificate, SSN, or other acceptable verification) to either their local County Social Services agency, or the Medi-Cal Access Program so staff can amend the record and issue a corrected BIC.

Providers should ensure sufficient information is communicated directly to the family, whether they are present during the Newborn Gateway enrollment transaction or not. Information that must be communicated to the family includes but is not limited to the following:

- A copy of the Immediate Need document which includes the BIC ID and
- A copy of the Newborn Gateway application.

If the family is absent during the enrollment transaction, the above documents must be mailed along with a written explanation of the information below:

- The outcome of the Newborn Gateway application (i.e. approved or denied).
- Reason for denial, if applicable, and ability to still submit an insurance affordability application.

Depending on an eligibility outcome, the family should contact either their local County Social Services agency or Maximus. The County case manages 8U Medi-Cal eligibility while MAXIMUS case manages Medi-Cal Access Infant Program E8 eligibility.

Required Training Course

First time NBG providers/employee users must meet all of the following qualifications to access the NBG application:

- Register in the Provider Portal. You must have completed registration in the Medi-Cal Provider Portal. and have received a Medi-Cal provider number or National Provider Identifier (NPI) and Medi-Cal Provider Identification Number (PIN).
  - If you have not registered for the Provider Portal, please refer to the Provider Portal FAQ's on the Medi-Cal Provider Portal FAQ web page.

Note: For assistance, call the TSC at 1-800-541-5555.

- An Administrator:
  - Needs to electronically sign the agreement for participation in either Presumptive Eligibility for Pregnant Women (PE4PW), Hospital Presumptive Eligibility (HPE) or Children's Presumptive Eligibility (CPE) program on behalf of the enrolling NPI. Refer to the Provider Agreements Guide section for instructions.
  - Complete the required training courses on the Medi-Cal Learning Portal (MLP) and pass with at least an 80 percent score. Required trainings:
    - Newborn Gateway Program Provider Training Course; and
    - Hospital PE Program Provider Employee Certification; and/or
    - Presumptive Eligibility for Pregnant Women (PE4PW) Certification; and/or
    - Children's Presumptive Eligibility Certification.
- If you have questions regarding the MLP, please contact the MLP support team by emailing CAMMISAccountTraining@gainwelltechnologies.com or call the TSC at 1-800-541-5555.

Administrator and Processor Role

Administrator Role

The Administrator must have signed the respective PE application and agreement form, completed the respective PE training and the one-time NBG training.

You can also refer to the Provider Portal User Guide: Provider Organization for further resources on tasks like registering an organization and managing user accounts, including adding, reactivating, and deactivating users.

Processor Role

Processor must complete both the respective PE and the Newborn Gateway training. The Administrator must have set provisions for the processor in order for them to access the enrollment applications after the training.

Start the Application Enrollment Transaction

The Newborn Gateway enrollment transaction consists of the following application screens: Service Location, Newborn Patient Information, Mother's Information, Contact Information and Certification. Once complete, you can view a summary of your entries in the Application Summary page prior to submission. The Application Summary stands as the official application and the final version must be saved in patient records.

Instructions for completing these screens are contained in this section. All fields on the enrollment transaction are required unless otherwise indicated.

The Newborn Gateway Applications in all threshold languages are also available for download from the Medi-Cal Providers on the Newborn Gateway web page.

Note: In the event of a Portal outage, provider staff should save a paper copy of the completed Newborn Gateway application and resubmit the transaction within the 72-hour timeframe.

Log onto the Provider Portal

Follow the below steps to log onto the Provider Portal:

1. From the Medi-Cal Providers website, select **Login to Provider Portal**.

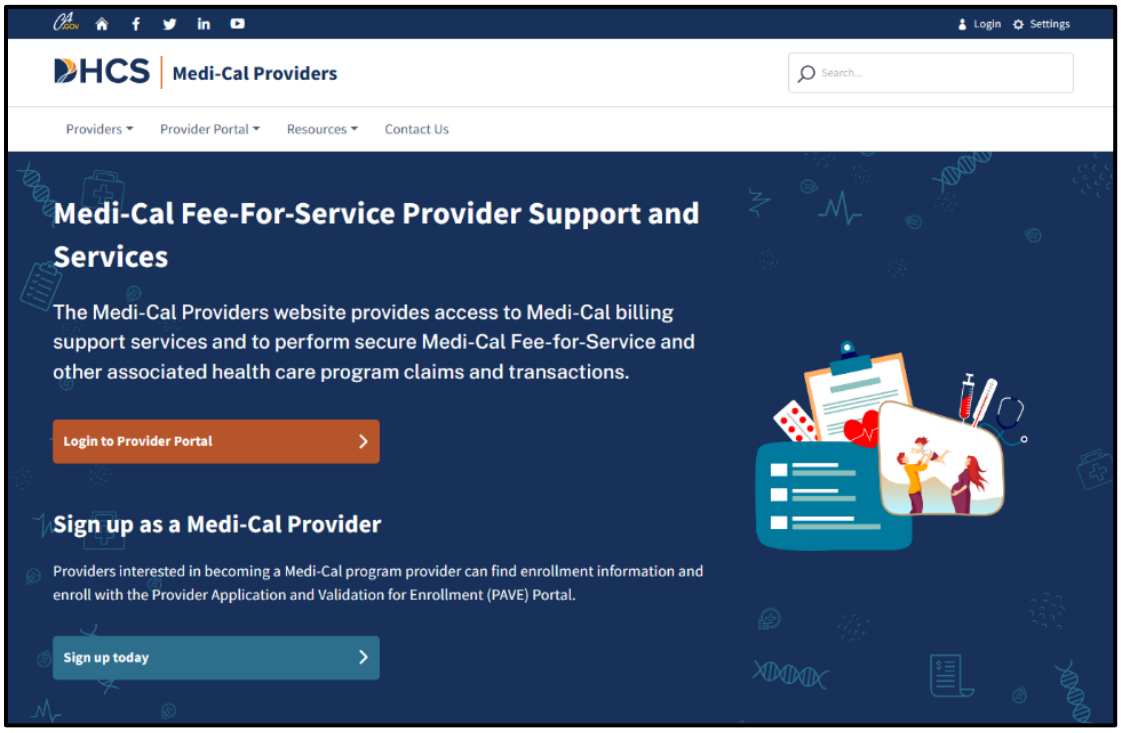


Figure 1.1: Medi-Cal Provider Portal.

2. In the Transaction Center, select **Newborn Gateway**.

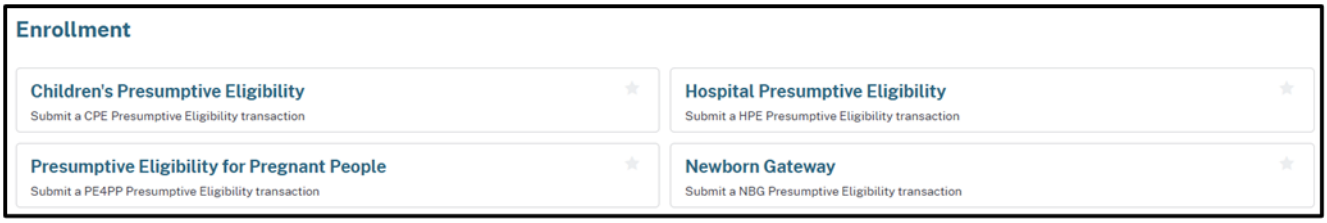


Figure 1.2: Newborn Gateway Link

Complete the Newborn Gateway Enrollment Transaction

Service Location Section

If necessary, click the **Need Help?** drawer to access downloadable forms, supplemental resources, and FAQs.

Select a service location from the drop-down list and click **Next**.

Figure 2.1: Service Location Screen.

Newborn Patient Information Section

In the Newborn Patient information page, complete the required fields and click **Next**.

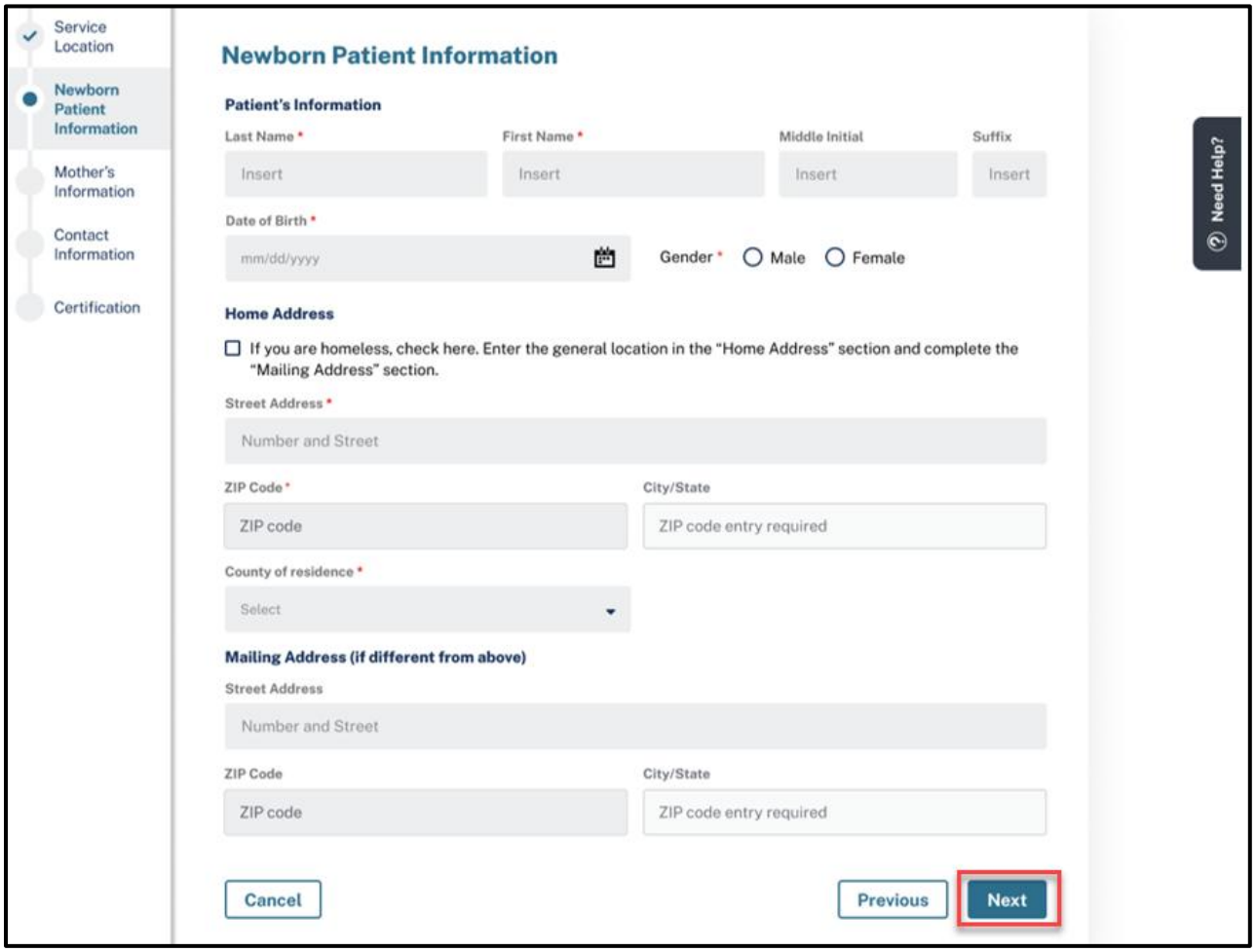


Figure 2.2: Newborn Patient Information Screen.

Data Field Specifications Table

Field Name	Specifications
Newborn Patient's Last Name	• Required field • Valid characters: A thru Z, space, dash (-), apostrophe (') • Only A – Z allowed as the first character • The words "SAME" and "NONE" are not allowed in this field • If there is no last name, enter Mother's last name
Newborn Patient's First Name	• Required field • Valid characters: A thru Z, space, dash (-), apostrophe (') • Only A thru Z allowed as the first character • The words "SAME" or "NONE" are not allowed in this field • Enter "Baby Girl" or "Baby Boy" in First Name field to indicate the absence of First Name when the first name is unknown at the time of submission
Newborn Patient's Middle Name	• Optional field • Valid characters: A thru Z
Newborn Patient's Suffix (Jr. Sr. II. Etc.)	• Optional field • Select from drop-down list
Newborn Patient's Date of Birth	• Required field • Valid characters: 0 thru 9 • Dash (-) and slash (/) characters not allowed in this field
Newborn Patient's Gender	• Required field • Radio button • Only one of the two options (Male or Female) can be selected • Select the gender at birth

Data Field Specifications Table (continued)

Field Name	Specifications
Homeless Indicator	• Optional field • Check the box if family is currently homeless • Provide general location in “Home Address” section and complete the “Mailing Address” section
Home Address Street	• Required field • Valid characters: A thru Z, 0 thru 9, space, period (.), dash (-), ampersand (&), slash (/), number sign (#) • The word “SAME” not allowed in this field • Parentheses characters not allowed in this field • Only A thru Z or 0 thru 9 allowed as the first character • Home address cannot be a General Delivery or P.O. Box • Exception: If homeless box is checked, enter a General Delivery address in the “Home Address” section

Data Field Specifications Table (continued)

Field Name	Specifications
Home Address Zip code	• Required field • Valid characters: 0 thru 9
Mailing Address Street	• Optional field • Required if “Homeless” box is checked • Valid characters: A thru Z, 0 thru 9, space, period (.), dash (-), ampersand (&), slash (/), number sign (#) • Parentheses characters are not allowed in this field. • The word “SAME” not allowed in this field. • Only A thru Z or 0 thru 9 are allowed as the first character.
Mailing Address Zip code	• Optional field • Required if “Homeless” box is checked • Valid characters: 0 thru 9
Continued Health Care Coverage information	• Required field. • Radio button (Yes or No)

Mother’s Information Section

In the Mother’s Information page, complete the required field and click **Next**.

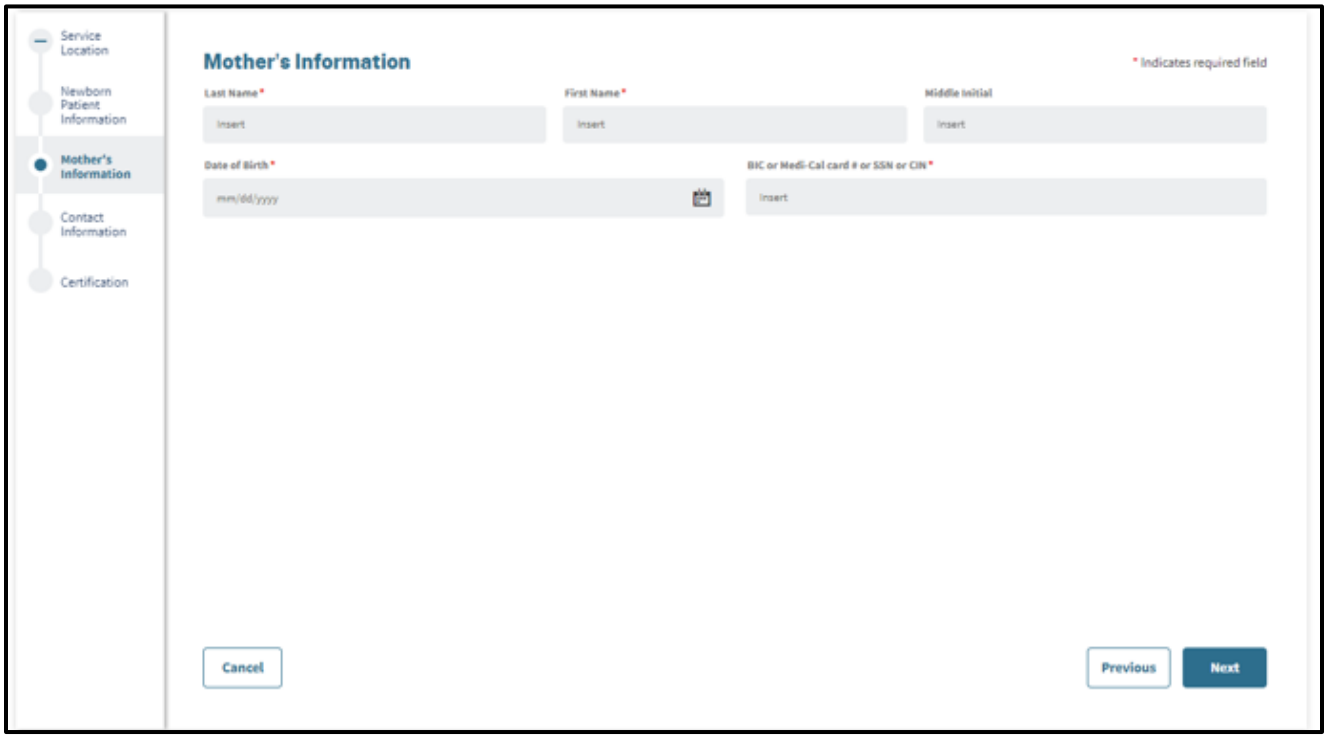


Figure 2.3: Mother’s Information Screen.

Data Field Specifications Table

Field Name	Specifications
Mother's Last Name	• Required field • Valid characters: A thru Z, space, dash (-), apostrophe (') • Only A thru Z allowed as the first character • The words "SAME" and "NONE" are not allowed in this field
Mother's First Name	• Required field • Valid characters: A thru Z, space, dash (-), apostrophe (') • Only A thru Z allowed as the first character • The words "SAME" and "NONE" are not allowed in this field
Mother's Middle Initial	• Optional field • Valid characters: A thru Z
Mother's Date of Birth	• Required field • Valid characters: 0 thru 9 • Dash (-) and slash (/) characters not allowed in this field
Mother's BIC #/Medi-Cal Card #/SSN/CIN	• Required field • Valid characters: A thru Z, 0 thru 9 • Dash (-) characters not allowed in this field • Only numeric value 0 thru 9 is allowed as the first character

Contact Information Section

In the Contact Information Page, complete the required fields and click **Next**.

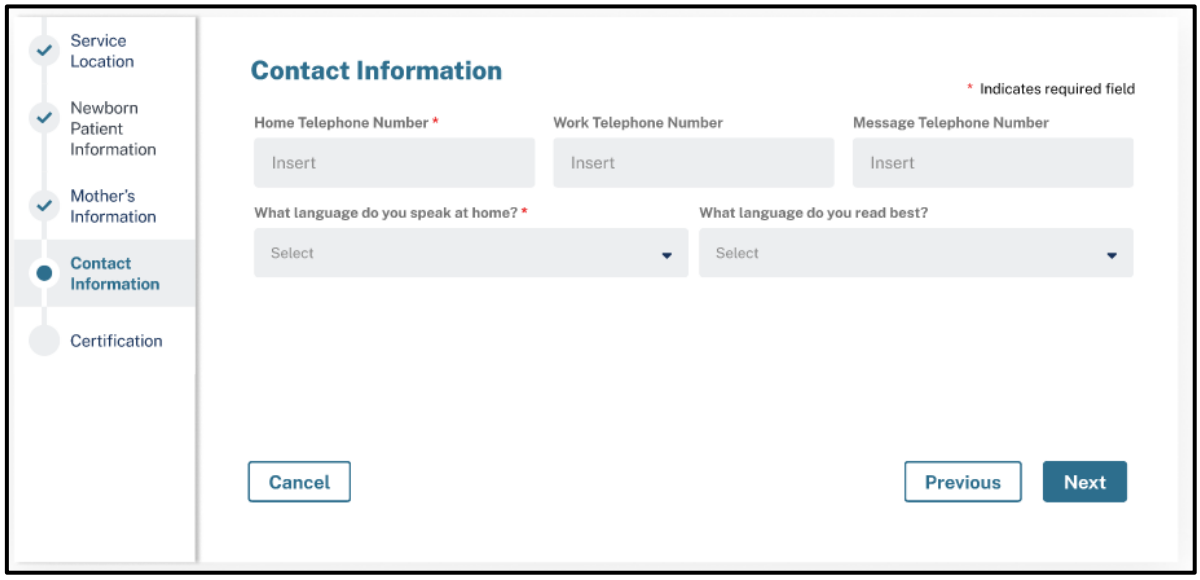


Figure 2.4: Contact Information Screen.

Data Field Specifications Table

Field Name	Specifications
Home Telephone Number	• Required field • Valid characters: 0 thru 9 • Dash (-), slash (/) and number sign (#) characters not allowed in this field • Parentheses characters not allowed in this field
Work Telephone Number	• Optional field • Valid characters: 0 thru 9 • Dash (-), slash (/) and number sign (#) characters not allowed in this field • Parentheses characters not allowed in this field
Message Telephone Number	• Optional field • Valid characters: 0 thru 9 • Dash (-), slash (/) and number sign (#) characters not allowed in this field • Parentheses characters not allowed in this field
What Language do you speak at home?	• Required field • Select the patient's primary spoken language from the drop-down menu. If the patient has not indicated a language or has indicated a language that is not on the menu, select "Other."
What Language do you read best?	• Optional field • Select the patient's best-read language from the drop-down menu. If the patient has not indicated a language or has indicated a language that is not on the menu, select "Other."

Certification Section

On the Certification page, complete the required fields and click **Next**.

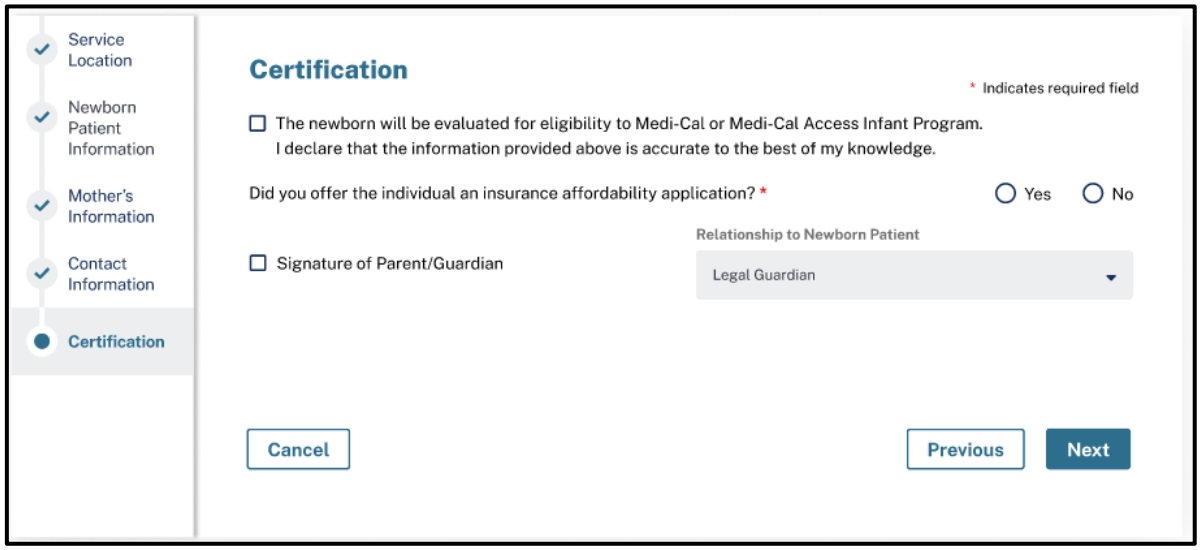


Figure 2.5: Certification Screen.

Data Fields Specifications Table

Field Name	Specifications
Certification	• Required field • Check the box to certify the purpose and scope of the enrollment transaction
Did you offer the individual an insurance affordability application?	• Required field • Radio button. Only one of the two options (Yes or No) can be selected • Provider staff can indicate with a “yes” response that a Single Streamlined Application (CCFRM 604) was printed and provided the family • Provider staff can indicate with a “no” response that a Single Streamlined Application (CCFRM 604) was not printed and provided the family
Signature of Parent/Guardian	• Required field • Check the box if the Newborn Gateway application was signed by the parent/guardian
Relationship to Newborn Patient	• Required field • Select the relationship of the person who completed the Newborn Gateway Application from the drop-down menu • When the application was completed on behalf of the newborn without parent/guardian input, select “provider staff”

Application Summary Screen

The Application Summary stands as the official application. Before submitting the enrollment transaction, provider staff should review the electronic entries on the Application Summary to confirm the information is accurate and no keying errors were made. This will ensure that the enrollment transaction is processed accurately and without delay. If the application is missing required fields, an error message informing you to complete the missing fields will appear.

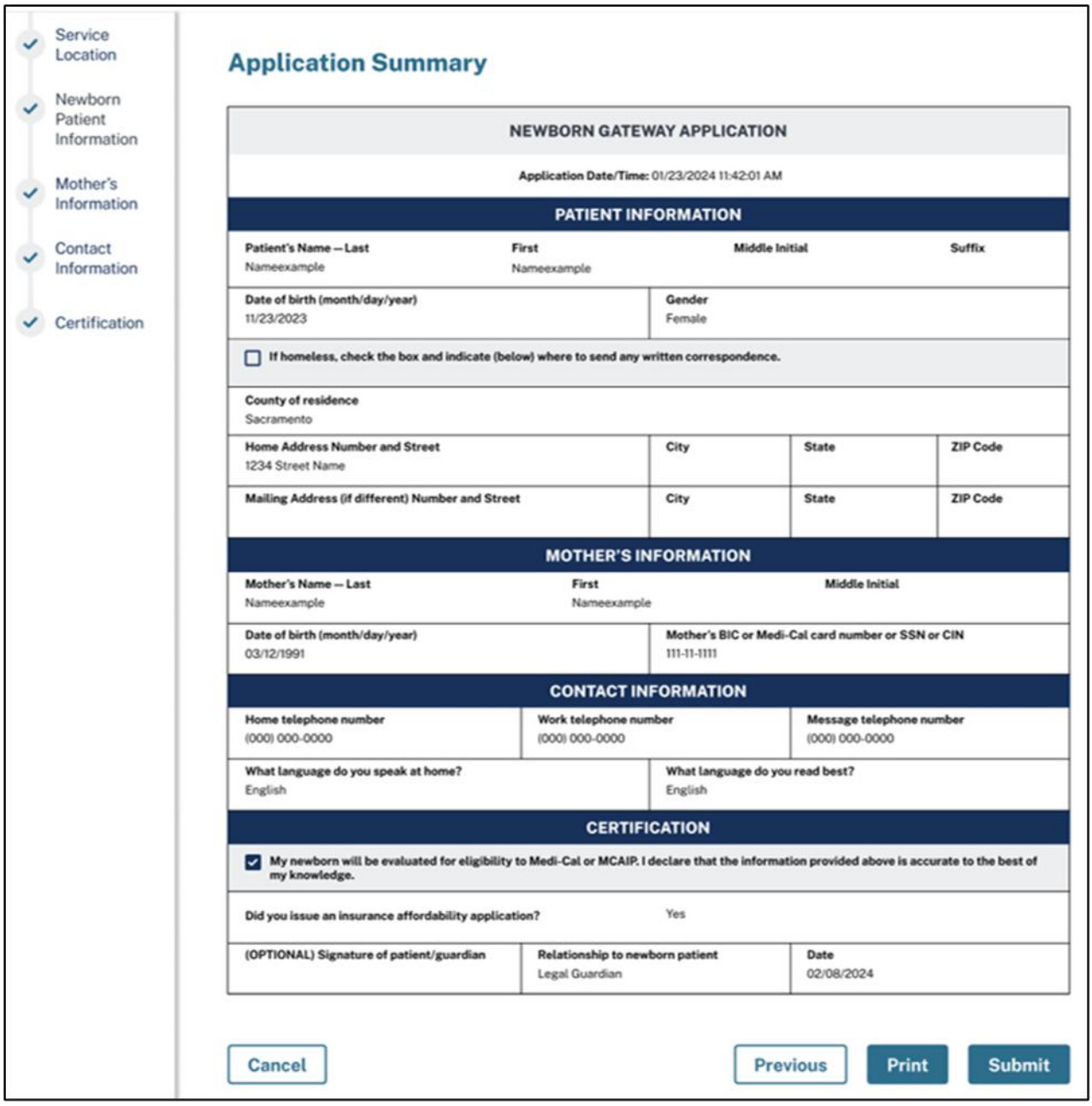


Figure 2.6: Application Summary.

Methods for Review of the Application Summary Screen

There are two methods to review the entries made on the Newborn Gateway enrollment transaction.

1. To review entries on the screen, simply revisit each section of the application and modify entries that contain errors. To review your entries on screen, use the **previous** or **next** buttons at the bottom of each screen. Modify entries that contain errors.
2. To review entries on a hard copy printout, click **Print** in the Application Summary screen. It is required that provider staff always print an Application Summary for the patient's file.
   - However, if reviewing the transaction on a hard copy printout, note the following: Your session will have a 20-minute time-out if no activity is taken. To ensure that progress isn't lost, it is recommended that you review the printout in a timely fashion.
   - If you notice an error on the hard copy file, use the **Previous** button to return to the application or click on the section links and correct the erroneous field.

Once the review is complete, ensure you print two copies of the application summary, one copy for the patient, and the second copy is for the patient file.

Click **Submit** to submit the application. If you click the **Submit** button prior to printing copies, a pop-up appears asking if you have verified and printed the application information.

Signatures

The Newborn Gateway application does not require a parent/guardian signature to be considered complete and ready for submission.

- If the parent/guardian is present, provider staff can have them review and sign the application.
  - Provide the parent/guardian with a signed copy of the application and keep a signed copy in the patient's records.
- If the parent/guardian is absent, provider staff should indicate this by putting "N/A" on the application signature line to indicate the application was submitted on behalf of the parent/guardian and newborn.
  - Keep a copy of the completed application with "N/A" in the signature area in the patient's records and mail a copy to the family.

Enrollment Transaction Errors

Incomplete Transaction

If a problem occurs in the Medi-Cal system while you are sending the transaction information, the following message screen will appear. If you receive this screen, you must begin a new transaction. The information you have submitted has not been saved.

Newborn Gateway Eligibility Response

Application Date/Time: 01/23/2024 11:42:01 AM

Provider Number: [redacted]

Patient's Name: [redacted]

Date of Birth: [redacted]

BIC ID#: 12345678A12345

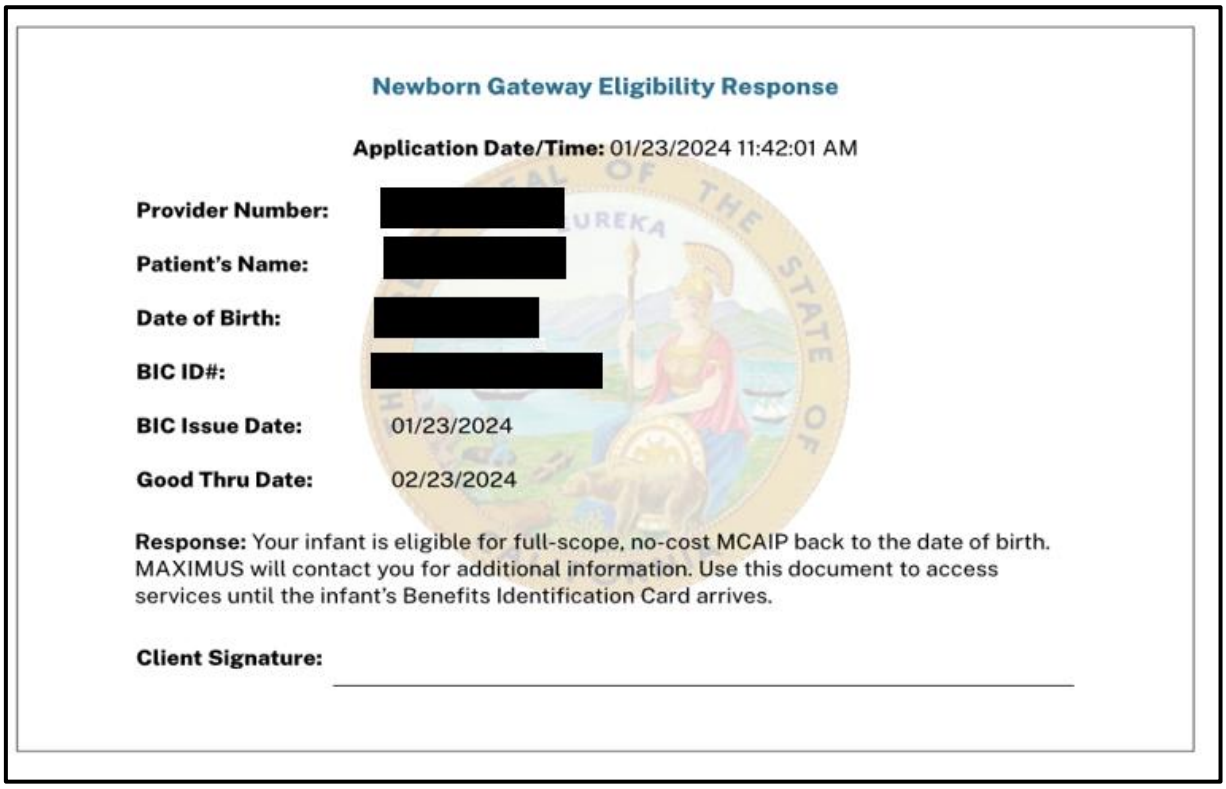
BIC Issue Date: 01/23/2024

Response: 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 1, 9, 1, 4 and 2 to reach a Help Desk Operator. Help Desk Operators are available M-F from 8:00 a.m. to 5:00 p.m., except holidays.

Figure 3.1: Incomplete Transaction.

Approval Response

A response will be returned in real-time by the MEDS. This is an example of a newborn gateway approval response.



Newborn Gateway Eligibility Response

Application Date/Time: 01/23/2024 11:42:01 AM

Provider Number: [redacted]

Patient's Name: [redacted]

Date of Birth: [redacted]

BIC ID#: [redacted]

BIC Issue Date: 01/23/2024

Good Thru Date: 02/23/2024

Response: Your infant is eligible for full-scope, no-cost MCAIP back to the date of birth. MAXIMUS will contact you for additional information. Use this document to access services until the infant's Benefits Identification Card arrives.

Client Signature: _____

Figure 3.2: Example of a Response Message.

Provider Communication

The Newborn Gateway certification training communicates the steps provider staff must take to document and explain the response outcome both when the parent/family is present and when they are absent. However, provider organizations have flexibility to develop workflows to explain the outcome in the parent/family's absence.

Workflows should ensure sufficient information is communicated directly to the family, whether present or in writing, including but not limited to:

- The outcome (i.e., approved or denied),
- Reason for denial, if applicable, and ability to apply for Medi-Cal,
- If approved, the BIC number and explanation of the ability to use the BIC number to seek services immediately, and
- Which entity to contact with questions (i.e., the County or MAXIMUS).

Confirm Eligibility

Before exiting the Newborn Gateway enrollment transaction, provider staff should confirm the services for which the patient is eligible by performing an Eligibility Inquiry. The Eligibility Inquiry is the only way provider staff will receive the Eligibility Verification Confirmation (EVC) number that provides proof of eligibility on the date of service and shows the services for which the patient is eligible. Upon completion of the Eligibility Inquiry, the system will provide an Eligibility Inquiry Response. Provider staff should retain a copy of this document for their records.

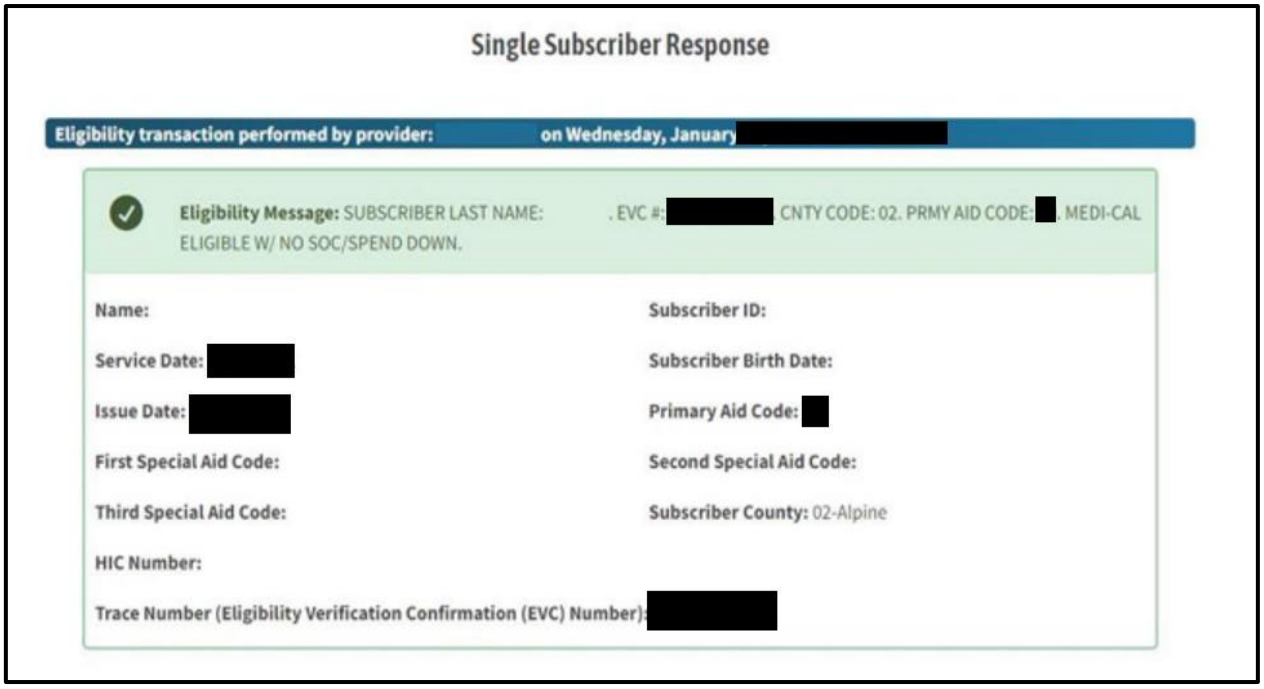


Figure 4.1: Example of an Eligibility Inquire Document.

Response Message Overview

After submitting the electronic application, the Newborn Gateway enrollment transaction is sent to the MEDS, which determines the newborn's eligibility. After a short period of time, MEDS returns a Response Message that appears on the screen.

The response message will indicate one of the following:

- The establishment of full scope, no cost Medi-Cal Access Infant Program (MCAIP) eligibility.
- The establishment of full scope, no cost Medi-Cal eligibility.
- A denial and its reason.

To print the Response Message screen, click **Print** in the lower right corner of the screen. An approved response will generate an Immediate Need Document that will have a signature line. A denied response will not have a signature line.

If approved, when the response message is printed it becomes an Immediate Need Eligibility document which can be used to obtain services right away. The parent should sign on the signature line before use. If the parent/family is absent when the newborn is approved, provide the family with the BIC number on the Immediate Need Eligibility document and explain they can use it right away to obtain services.

Immediate Need Document

The Immediate Need Eligibility document communicates an approval of the Newborn Gateway enrollment transaction and includes a BIC number which can be billed for the newborn's services.

The parent/guardian can use the document to get services for their child until a plastic BIC card arrives at their listed mailing address. If necessary, the document can be used past the expiration date listed as the BIC number should not change.

Reminder: An Immediate Need Eligibility document or plastic BIC card is not proof of eligibility on its own. Provider staff should always use the AEVS to verify patient eligibility and scope of coverage on the date of service.

Response Message and Immediate Need Document Actions

Parent Present During Enrollment Transaction

If the parent/guardian is present, explain the response message outcome and do the following:

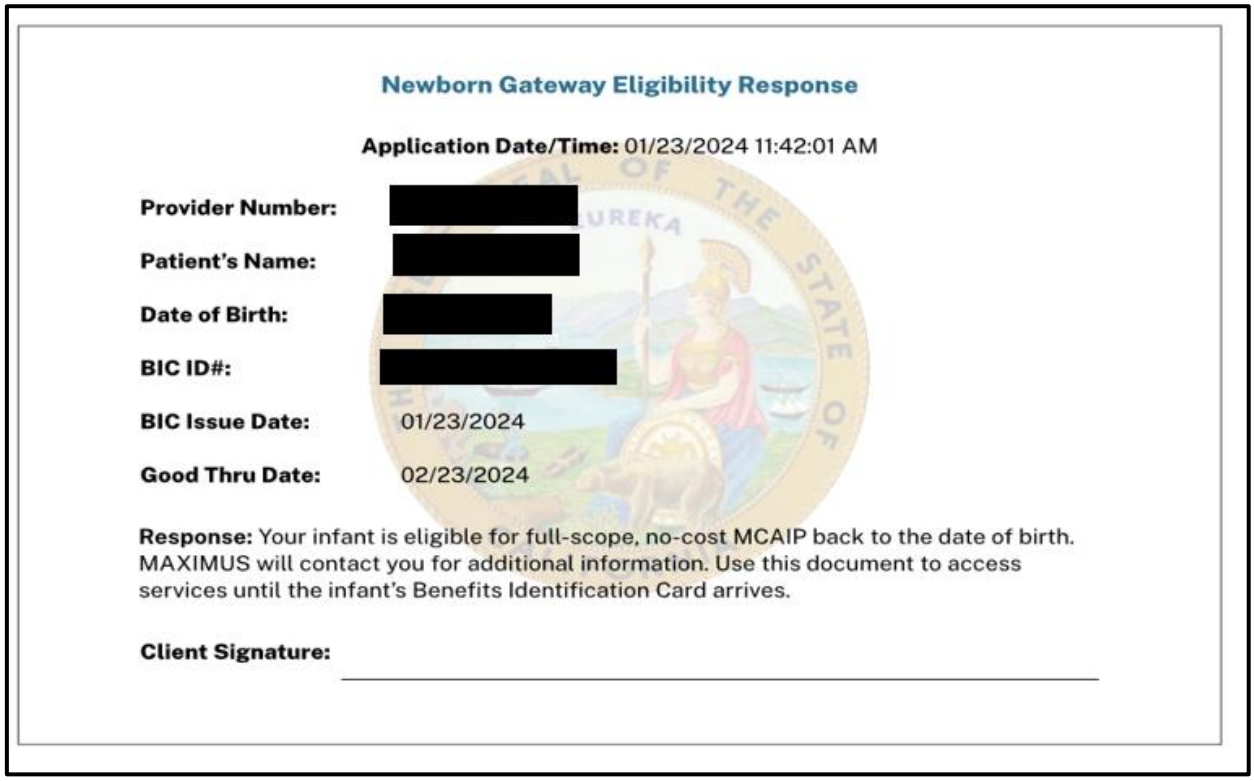
- If eligibility is approved, print the Immediate Need document, have them sign it and make a second copy. Give the parent/guardian a copy of the document and keep the other copy in the patient's file.
- If eligibility is denied, print two copies of the Response Message. Give the parent/guardian a copy of the document and keep the other copy in the patient's file.

Parent Absent During Enrollment Transaction

If the parent/guardian is absent, provider staff will do the following:

- If eligibility is approved, print the Immediate Need document, put "N/A" on the signature line and keep a copy in the patient's file. Follow your organization's established workflows to provide the family with pertinent information including the BIC number on the Immediate Need Eligibility document and inform them they can use it right away to obtain services.
- If eligibility is denied, print the Response Message and keep a copy in the patient's file. Follow your organization's established workflows to provide the family with the outcome and next steps.

Examples of Response Messages and Immediate Need Documents



Newborn Gateway Eligibility Response

Application Date/Time: 01/23/2024 11:42:01 AM

Provider Number: [redacted]

Patient's Name: [redacted]

Date of Birth: [redacted]

BIC ID#: [redacted]

BIC Issue Date: 01/23/2024

Good Thru Date: 02/23/2024

Response: Your infant is eligible for full-scope, no-cost MCAIP back to the date of birth. MAXIMUS will contact you for additional information. Use this document to access services until the infant's Benefits Identification Card arrives.

Client Signature: _____

Figure 5.1: Example of an Immediate Need Document Approval for E8.

Newborn Gateway Eligibility Response

Application Date/Time: 01/23/2024 11:42:01 AM

Provider Number: [redacted]

Patient's Name: [redacted]

Date of Birth: [redacted]

BIC ID#: [redacted]

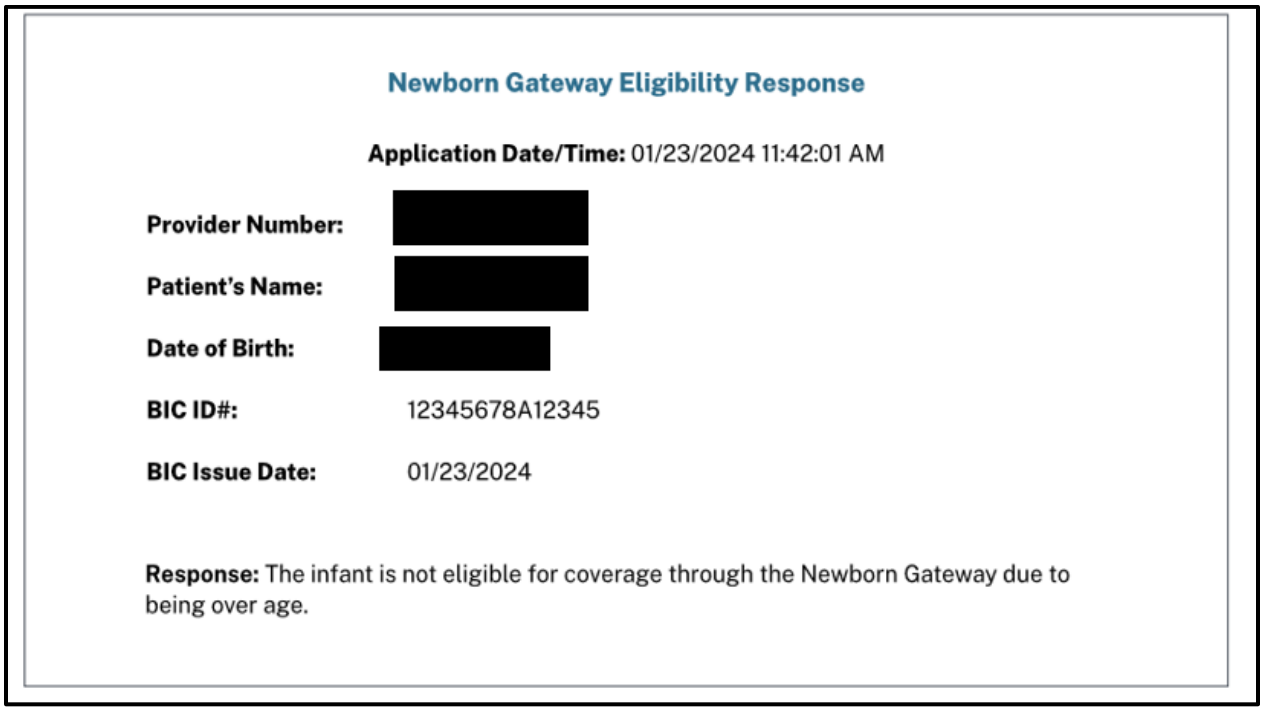
BIC Issue Date: 01/23/2024

Good Thru Date: 02/23/2024

Response: Your infant is eligible for full-scope, no-cost Medi-Cal back to the date of birth. No Single Streamlined Application (CCFRM604) is needed. You will receive additional information from your county. Use this document to access Medi-Cal services until the infant's Benefits Identification Card arrives.

Client Signature: _____

Figure 5.2: Example of an Immediate Need Document Approval for 8U.



Newborn Gateway Eligibility Response

Application Date/Time: 01/23/2024 11:42:01 AM

Provider Number: [redacted]

Patient's Name: [redacted]

Date of Birth: [redacted]

BIC ID#: 12345678A12345

BIC Issue Date: 01/23/2024

Response: The infant is not eligible for coverage through the Newborn Gateway due to being over age.

Figure 5.3: Example of an Eligibility Response Denied Eligibility Due to Age.

Response Message Reference Guide

After submitting an enrollment transaction through the Newborn Gateway, provider staff will receive one of the following response messages.

The following information describes the meaning of each response message and the appropriate steps to take. While “Next Steps” provide a rule of thumb for you to reference, please follow your organization’s established workflows when informing families of the outcome, especially in their absence.

Appendix:

Response Code Descriptions Table

Response Code	Message	Meaning	Next Steps
6202	Your newborn is eligible for full-scope, no-cost Medi-Cal back to the date of birth. No Single Streamlined Application (CCFRM604) is needed. You will receive additional information from your county. Use this document to access Medi-Cal services until the newborn’s Benefits Identification Card arrives. Client Signature:	The newborn met the eligibility requirements for full-scope, no-cost Medi-Cal back to the date of birth. No Single Streamlined Application (CCFRM604) is needed.	1. If the parent/guardian is present during enrollment transaction, explain the eligibility determination and obtain a signature on the Immediate Need Eligibility Document and Newborn Gateway application.

Response Code Descriptions Table (continued)

Response Code	Message	Meaning	Next Steps
6202 (continued)	Your newborn is eligible for full-scope, no-cost Medi-Cal back to the date of birth. No Single Streamlined Application (CCFRM604) is needed. You will receive additional information from your county. Use this document to access Medi-Cal services until the newborn's Benefits Identification Card arrives. Client Signature:	The newborn met the eligibility requirements for full-scope, no-cost Medi-Cal back to the date of birth. No Single Streamlined Application (CCFRM604) is needed.	2. If the parent/guardian is present during enrollment transaction, provide a copy of the signed Immediate Need Eligibility Document and Newborn Gateway application. If the parent/guardian is absent during the enrollment transaction, keep a copy of the Immediate Need Eligibility Document and Newborn Gateway application. Then follow your organization's established workflow for informing the family of the approval and Client Identification Number. 3. Provider to keep a copy of the Immediate Need Eligibility Document and application and in case records. 4. Refer the newborn's family to their local County social services agency for any questions.

Response Code Descriptions Table (continued)

Response Code	Message	Meaning	Next Steps
6201	Your newborn is eligible for full-scope, no-cost MCAIP back to the date of birth. MAXIMUS will contact you for additional information. Use this document to access services until the newborn's Benefits Identification Card arrives. Client Signature:	This means the newborn has linkage to Medi-Cal Access Infant Program (MCAIP) based on their mother's MCAP status. The newborn will be eligible to coverage until MAXIMUS makes a final eligibility determination.	1. If the parent/guardian is present during enrollment transaction, explain the eligibility determination and obtain a signature on the Immediate Need Eligibility Document and Newborn Gateway application. 2. If the parent/guardian is present during enrollment transaction, provide a copy of the signed Immediate Need Eligibility Document and Newborn Gateway application. If the parent/guardian is absent during the enrollment transaction, keep a copy of the Immediate Need Eligibility Document and Newborn Gateway application.

Response Code Descriptions Table (continued)

Response Code	Message	Meaning	Next Steps
6201 (continued)	Your newborn is eligible for full-scope, no-cost MCAIP back to the date of birth. MAXIMUS will contact you for additional information. Use this document to access services until the newborn's Benefits Identification Card arrives. Client Signature:	This means the newborn has linkage to Medi-Cal Access Infant Program (MCAIP) based on their mother's MCAP status. The newborn will be eligible to coverage until MAXIMUS makes a final eligibility determination.	Then follow your organization's established workflow for informing the family of the approval and Client Identification Number. 3. Provider to keep a copy of the Immediate Need Eligibility Document and application and in case records. 4. Refer the newborn's family to MAXIMUS for any questions. Call 1-800-433-2611.
6102	The newborn is not eligible for coverage through Newborn Gateway due to no program linkage found.	This means the system could not locate Medi-Cal or Medi-Cal Access Program (MCAP) eligibility for the newborn's mother. Deemed eligibility cannot be established.	1. If the parent/guardian is present during enrollment transaction, explain the eligibility determination and provide denial response message and Newborn Gateway application.

Response Code Descriptions Table (continued)

Response Code	Message	Meaning	Next Steps
6102 (continued)	The newborn is not eligible for coverage through Newborn Gateway due to no program linkage found.	If you submitted the Newborn Gateway Application in error, please collect the Presumptive Eligibility application and submit it through the correct portal (i.e., Hospital Presumptive Eligibility or Children's Presumptive Eligibility).	2. If the parent/guardian is present during enrollment transaction, provide a copy of the denial response and signed application to the parent/guardian. If the parent/guardian is absent during the enrollment transaction, keep a copy of the denial response message and Newborn Gateway application. Then follow your organization's established workflow for informing the family of the denial and next steps.

Response Code Descriptions Table (continued)

Response Code	Message	Meaning	Next Steps
6102 (continued)	The newborn is not eligible for coverage through Newborn Gateway due to no program linkage found.	If you submitted the Newborn Gateway Application in error, please collect the Presumptive Eligibility application and submit it through the correct portal (i.e., Hospital Presumptive Eligibility or Children's Presumptive Eligibility).	3. Provider to keep a copy of the denial response message and application in case records. 4. If participating in CPE or HPE and the parent is present, collect and submit a PE application in the CPE or HPE Portal to evaluate for Presumptive Eligibility. (Optional). 5. Issue or mail a single streamlined application (CCFRM 604) and offer assistance completing. 6. Refer the patient and family to their local County social services agency.

Response Code Descriptions Table (continued)

Response Code	Message	Meaning	Next Steps
6101	The newborn is not eligible for coverage through the Newborn Gateway due to being over age.	This means the system could not establish Medi-Cal or MCAIP eligibility through the Newborn Gateway due to the child applicant being over age one (1).	1. If the parent/guardian is present during enrollment transaction, explain the eligibility determination and provide denial response message and Newborn Gateway application. 2. If the parent/guardian is present during enrollment transaction, provide a copy of the denial response and signed application to the parent/guardian. If the parent/guardian is absent during the enrollment transaction, keep a copy of the denial response message and Newborn Gateway application. Then follow your organization's established workflow for informing the family of the denial and next steps.

Response Code Descriptions Table (continued)

Response Code	Message	Meaning	Next Steps
6101 (continued)	The newborn is not eligible for coverage through the Newborn Gateway due to being over age.	This means the system could not establish Medi-Cal or MCAIP eligibility through the Newborn Gateway due to the child applicant being over age one (1).	3. Provider to keep a copy of the denial response message and application in case records. 4. If participating in CPE or HPE and the parent is present, collect and submit a PE application in the CPE or HPE Portal to evaluate for Presumptive Eligibility. (Optional). 5. Issue or mail a single streamlined application (CCFRM 604) and offer assistance completing. 6. Refer the patient and family to their local County social services agency.

Response Code Descriptions Table (continued)

Response Code	Message	Meaning	Next Steps
N/A	Duplicate Eligibility Response: Your eligibility was already determined today and is below. If you were denied Newborn Gateway Eligibility, you can still apply for Presumptive Eligibility today. + the original response message.	This means a Newborn Gateway application was already submitted for the newborn today. If the newborn was approved, please use that eligibility to bill for services. If Newborn Gateway eligibility was denied, the provider may collect and submit a presumptive eligibility application though the Children's Presumptive Eligibility or Hospital Presumptive Eligibility Portal **Important**: If you made an error on the Newborn Gateway application, you may correct and resubmit it through the Newborn Gateway the following day. In this instance, DO NOT submit a presumptive eligibility application.	1. If the parent/guardian is present during enrollment transaction, explain the eligibility determination and provide denial response message and Newborn Gateway application. 2. If the parent/guardian is present during enrollment transaction, provide a copy of the denial response and signed application to the parent/guardian. If the parent/guardian is absent during the enrollment transaction, keep a copy of the response message/Immediate Need Document and Newborn Gateway application. Then follow your organization’s established workflow for informing the family of the outcome and next steps.

Response Code Descriptions Table (continued)

Response Code	Message	Meaning	Next Steps
N/A (continued)	Duplicate Eligibility Response: Your eligibility was already determined today and is below. If you were denied Newborn Gateway Eligibility, you can still apply for Presumptive Eligibility today. + the original response message.	This means a Newborn Gateway application was already submitted for the newborn today. If the newborn was approved, please use that eligibility to bill for services. If Newborn Gateway eligibility was denied, the provider may collect and submit a presumptive eligibility application though the Children's Presumptive Eligibility or Hospital Presumptive Eligibility Portal **Important**: If you made an error on the Newborn Gateway application, you may correct and resubmit it through the Newborn Gateway the following day. In this instance, DO NOT submit a presumptive eligibility application.	3. Provider to keep a copy of the response message and application case records. 4. If the provider realizes a keying error was made, resubmit a corrected application through the Newborn Gateway the following day. 5. If no keying error was made and the provider is participating in CPE or HPE and the parent is present, collect and submit a PE application in the CPE or HPE Portal to evaluate for Presumptive Eligibility. (Optional). 6. Issue a single streamlined application (CCFRM 604) and offer assistance completing.

Response Code Descriptions Table (continued)

Response Code	Message	Meaning	Next Steps
N/A (continued)	Duplicate Eligibility Response: Your eligibility was already determined today and is below. If you were denied Newborn Gateway Eligibility, you can still apply for Presumptive Eligibility today. + the original response message.	This means a Newborn Gateway application was already submitted for the newborn today. If the newborn was approved, please use that eligibility to bill for services. If Newborn Gateway eligibility was denied, the provider may collect and submit a presumptive eligibility application though the Children's Presumptive Eligibility or Hospital Presumptive Eligibility Portal **Important**: If you made an error on the Newborn Gateway application, you may correct and resubmit it through the Newborn Gateway the following day. In this instance, DO NOT submit a presumptive eligibility application.	7. Refer the patient and family to their local County social services agency or to MAXIMUS for any questions. To contact MAXIMUS call 1-800-433-2611.
1012	You currently have full scope Medi-Cal eligibility. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. Client Signature:	This means the Newborn Gateway application is denied because the system located active, full scope eligibility for the applicant.	1. If the parent/guardian is present during enrollment transaction, explain the eligibility determination and provide denial response message and Newborn Gateway application.

Response Code Descriptions Table (continued)

Response Code	Message	Meaning	Next Steps
1012 (continued)	You currently have full scope Medi-Cal eligibility. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. Client Signature:	This means the Newborn Gateway application is denied because the system located active, full scope eligibility for the applicant.	2. If the parent/guardian is present during enrollment transaction, provide a copy of the denial response and signed application to the parent/guardian. If the parent/guardian is absent during the enrollment transaction, keep a copy of the denial response message and Newborn Gateway application. Then follow your organization's established workflow for informing the family of the denial and next steps. 3. Provider to keep a copy of the denial response message and application in case records.

Response Code Descriptions Table (continued)

Response Code	Message	Meaning	Next Steps
1012 (continued)	You currently have full scope Medi-Cal eligibility. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. Client Signature:	This means the Newborn Gateway application is denied because the system located active, full scope eligibility for the applicant.	4. Refer the patient and family to their local County social services agency for questions about their eligibility.
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 1, 9, 1, 4 and 2 to reach a Help Desk Operator. Help Desk Operators are available M-F from 8:00 a.m. to 5:00 p.m., except holidays.	This means the transaction failed due to the system being down. Please try again later or call the Help Desk for assistance.	Follow message instructions.

Response Code Descriptions Table (continued)

Response Code	Message	Meaning	Next Steps
9998	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 1, 9, 1, 4 and 2 to reach a Help Desk Operator. Help Desk Operators are available M-F from 8:00 a.m. to 5:00 p.m., except holidays.	This means the transaction failed. Please try again later or call the Help Desk for assistance.	Follow message instructions.

Tips

- Utilize the AEVS to check the mother's eligibility. If an active Medi-Cal aid code or Medi-Cal Access Program aid code (i.e. 0E) is found, submit the Newborn Gateway enrollment transaction.
- Refer any parent/guardian questions you are unable to answer to the appropriate entity. The County for 8U eligibility or MAXIMUS for E8 eligibility.
- County Contact information can be located on the County Offices page on the DHCS website.
- MAXIMUS handles Medi-Cal Access Program and Medi-Cal Access Infant Program. Information on these programs can be found on the Medi-Cal Access Program page on the DHCS website. The contact number for MAXIMUS is: 1-800-433-2611.
- If the newborn is approved for eligibility through the Newborn Gateway, the County or MAXIMUS will be notified of the birth and the family will receive follow-up paperwork.
  - The County will issue the newborn's formal approval notice.
  - MAXMIUS may call the family for additional facts and will send a formal outcome notice once their review of ongoing eligibility is complete.
- Once the Newborn Gateway enrollment transaction is submitted, any corrections to newborn's name, date of birth or gender must be made directly with the entity managing the newborn's eligibility, either County or MAXIMUS

Newborn Gateway FAQs

Newborn Gateway FAQs are available for reference on the Medi-Cal Providers website and in the Provider Portal.

Change Summary

Version Number	Date	Description	Notes/Comments
1.0	May 2024	User Guide template created	Sample text
1.1	June 2024	SDN 22024	
1.2	October 2024	DHCS request for user guide update	Updated user guide per DHCS request and applied transparent edits.
1.3	September 2025	Title Update	None
1.4	October 2025	User Guide Template update.	Removed “Page Updated: Month Year” on each page. Changed CA-MMIS to California Medicaid Management Information System.
1.5	March 2026	Content updated	Updated screenshots and applied minor edits.
1.6	April 2026	Content updated	Updated screenshots and applied edits to “Log Onto the Provider Portal” section.
1.7	September 2026	Screenshot and table updates.	N/A