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# Newborn Gateway

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This section provides an overview of the Newborn Gateway requirements and process, including information about enrollment of infants into full-scope Medi-Cal.

## Newborn Gateway

### Background

Effective July 1, 2024, the Newborn Gateway program (Assembly Bill 118, Chapter 42, Statutes of 2023) requires all providers participating in Presumptive Eligibility (PE) to report the births of newborns with linkage to Medi-Cal or Medi-Cal Access Infant Program (MCAIP) 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 utilize the existing presumptive eligibility online portal for this requirement.

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

### 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 must complete and submit the application details even 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.
- 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.

## **Eligibility Criteria**

Newborns born to Medi-Cal or MCAP mothers are automatically eligible for medical coverage when the birth is reported.

- For mothers active on Medi-Cal: the newborn will be deemed eligible to Medi-Cal until their first birthday.
- For mothers active on MCAP: the newborn will be enrolled into aid code E8 until MAXIMUS evaluates the newborn for ongoing eligibility.
  - MAXIMUS will reach out to the parent with more questions.

Once the online application data is submitted, an eligibility determination message is provided in real-time, which identifies one of the following:

- The individual is approved to receive full-scope, no cost Medi-Cal eligibility as a deemed infant under aid code 8U,
- The individual is approved to receive full scope, no cost MCAIP eligibility under aid code E8, or
- The individual is denied due to no linkage to Medi-Cal or MCAP.

**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.

## **Providers**

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

This requirement applies to providers participating in:

- Hospital Presumptive Eligibility (HPE),
- «Presumptive Eligibility for Pregnant People (PE4PP), and»
- Children's Presumptive Eligibility (CPE).

**Note:** Dental providers are exempt from Newborn Gateway participation.

## **Denials**

The Newborn Gateway will deny an infant for aid code 8U or E8 eligibility when no linkage is found in the Medi-Cal Eligibility Data System (MEDS).

If the mother is not active on a Medi-Cal or MCAP aid code at the time of the newborn's birth, the system will deny Newborn Gateway eligibility.

As long as the mother's correct and complete information is entered on the Newborn Gateway transaction, a conclusive eligibility determination can be made.

If the parent is present during the denial, the provider should:

- Explain the denial reason.
- Issue a Single Streamlined Application or offer online application links ([www.coveredca.com](http://www.coveredca.com) or [www.benefitscal.com](http://www.benefitscal.com)) for parents to apply for Medi-Cal.
- Encourage the family to apply for Medi-Cal.
- HPE and CPE providers may offer and submit an application for PE for the infant when Newborn Gateway eligibility is denied.

If the newborn is not eligible for coverage through the Newborn Gateway, the provider staff may collect and submit an HPE or CPE application through the respective 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 is date specific and cannot be backdated.

## **Provider Information**

Providers must:

- Assist individuals with the application processes.
- Ensure that individuals understand the application questions.
- Ensure the application is complete before submission.
- Ensure an individual's confidentiality.

- Issue a copy of the application and approval/denial when the parent is present.
- Maintain a copy of the application and approval/denial in case records.
- Stay current on changes to their main PE program and Newborn Gateway.
- Furnish records to the Department of Health Care Services (DHCS) within the required timeframe when requested.
- Submit a corrective action plan if found deficient in acceptable PE participation.
- Develop workflows to explain the outcome of the application.

The Newborn Gateway certification training communicates the steps the provider organization should take to document and explain the application outcome both when the parent or family is present and when the parent or family is absent. However, provider organizations have flexibility to develop workflows to explain the outcome in the parent or family's absence. Workflows should ensure sufficient information is communicated, including but not limited to:

- The outcome (for example, approved or denied)
- Reason for denial, if applicable
- Upon approval, the Client Identification Number (CIN) and an explanation of the ability to use the CIN to seek services immediately, and
- Which entity to contact with questions (for example, the county or MAXIMUS).

## **Resources**

**Telephone Service Center (TSC):** 1-800-541-5555, Monday through Friday, between 8 a.m. and 5 p.m.

TSC provides assistance with the following:

- Medi-Cal billing and procedures
- Provider manual information
- Ordering forms and provider manuals
- Billing support
- Technical Assistance for:
  - Telephone Provider Telecommunications Network (PTN) and Automated Eligibility Verification System (AEVS)
  - Medi-Cal Providers website
  - eTars
  - «ASC X12N 837 Claims»

### **DHCS County Offices**

- Online: [County Offices](#) page of the DHCS website.

### **MAXIMUS - Medi-Cal Access Program (MCAP) and Medi-Cal Access Infant Program (MCAIP)**

- Phone: 1-800-433-2611
- Online: [Medi-Cal Access Program](#) page of the DHCS website.

## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.