State of California – Health and Human Services Agency Department of Health Care Services

Newborn Gateway Application

Instructions to the provider:

- Presumptive Eligibility providers must report the births of infants with Medi-Cal or Medi-Cal Access Infant Program (MCAIP) linkage born in their facilities within 72 hours of birth or one business day after discharge, whichever is sooner.
 - Facilities include hospitals, birthing centers, or other birthing settings.
 - Parents or guardians are **not** required to complete or sign the application. If the parents or guardians are not available, submit the application through the Newborn Gateway section of the Children's Presumptive Eligibility portal.
 - An application is needed for each infant.
- Newborns born to Medi-Cal or Medi-Cal Access Program (MCAP) mothers qualify for medical coverage when the birth is reported through the Newborn Gateway.
 Complete and submit the information below to enroll the newborn into coverage.
- Regardless of whether the newborn is approved or denied for coverage, the provider must issue an insurance affordability application to the family and let them know it

can be used to apply for health insurance coverage for anyone who does not have it. The insurance affordability application, sometimes referred to as a Single Streamlined Application, is available to print from the resource section of the portal.

Newborn Patient Information								
Patient's name—								
Last	First	M	1iddle	Su	ffix			
					(Jr. Sr. II. etc.)			
Date of birth (MM	/DD/YYYY)	Ge	nder					
•	,		nale □	Male □				
☐ If the patient location in th "Mailing add	e "Home ac	ddre			•			
Home address	Apt N	lum	City	State	ZIP Code			
County of resider	nce			1	1			
Mailing address (if different)	Apt N	um	City	State	ZIP Code			
For Newborn Parmother's details	· •	se d	complet	e this se	ction with			
Mother's name—	Last	Fire		Middle initia				
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Mother's Date of Birth MM/DD/YYYY		Mother's BIC or Medi-Cal card number or Social Security number		
Home telephone number	Work numb	•	Message telepho number	
What language do you speak at home?			What language do you read best?	
Provider: Did you iss application?		n insu No	irance affo	ordability
Certification:				
The newborn will be MCAIP. I declare that correct to the best of	it the	infor	mation pro	

Providers: A parent/guardian signature is not required for Newborn Gateway. If you did not get a signature, put N/A and the date.

Signature of	Relationship to	Date
parent/guardian (Optional)	newborn patient	

An individual has a right to review records containing their personal information. The official entity responsible for keeping the information is the Department of Health Care Services, MS 8100, P.O. Box 997413, Sacramento, CA 95899-7413. A copy of this information may be shared with

the county Department of Social Services in the county in which you reside and will be kept with your child's medical record by your child's provider.