July 8, 2005

CHDP Provider Information Notice No.: 05-08

TO: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM PROVIDERS

SUBJECT: REVIEW OF AUTOMATIC MEDI-CAL ENROLLMENT FOR INFANTS THROUGH THE CHDP GATEWAY AND REMINDER TO USE CHDP GATEWAY TO ENROLL INFANTS UP TO ONE YEAR OF AGE

The purpose of this notice is to review the first year of implementation of the automatic Medi-Cal enrollment for infants through the CHDP Gateway and to remind CHDP providers and their staff of the tremendous opportunity to assist families to obtain full scope, no cost Medi-Cal for their infants up to one year of age at the time of the infant health assessment visit.

Effective June 1, 2004, enhancements to the CHDP Gateway automatically allowed enrollment of eligible infants under one year of age into Medi-Cal, without requiring their parent(s) to complete a joint Healthy Families (HF)/Medi-Cal application (MC 321). Through a single CHDP Gateway transaction in the provider’s office, eligible infants are able to be enrolled in full-scope, no-cost Medi-Cal. These infants remain eligible until their first birthday as long as they continue to meet eligibility requirements.

During the first year of operation, the CHDP Gateway has deemed 59,699 infants eligible for full-scope, no-cost Medi-Cal. This is a positive beginning which can be improved since there were also during this same time period approximately 156,947 infants up to one year of age that were pre-enrolled with temporary Medi-Cal eligibility established in aid codes 8W or 8X.
Eligible infants for deeming are those under one year of age whose mothers had Medi-Cal eligibility at the time of delivery, who lived with the mother during the month of birth, and continue to reside with the mother in California. These eligible include infants whose mothers were enrolled in a Medi-Cal Managed Care plan, as well as those whose mothers had Medi-Cal with a Share of Cost (SOC) that was met at the time of birth.

**CHDP Gateway Pre-Enrollment Application**

In order to link the infant with the mother whose delivery was covered by Medi-Cal, three data fields on the CHDP Gateway Pre-Enrollment Application (DHS 4073, revised 06/04) must be completed in the “For Patients Under One Year of Age. Please Complete this Section” area of the DHS 4073. The three fields are:

- If younger than one year of age, did the infant live with the mother in the month of birth?
- Mother’s Date of Birth.
- Mother’s Benefits Identification Card (BIC) ID number or Social Security Number.

An “infant enrollment” flyer explaining this automatic enrollment process is available in English and Spanish for distribution to parents of infants younger than one year of age. The provider’s office should give this notice, along with a DHS 4073 (revised 06/04) to families of infants younger than one year of age who have no other health insurance coverage at the time of a CHDP health assessment. The flyers are available to download from either the CHDP or Medi-Cal website.

To maximize successful enrollment of eligible infants into full-scope, no-cost Medi-Cal, provider staff are reminded to ask parents of infants younger than one year of age to complete the three data fields described above. Providers may obtain copies of the revised DHS 4073 form from their local CHDP program or download the form from the CHDP Website, [www.dhs.ca.gov/chdp](http://www.dhs.ca.gov/chdp) or Medi-Cal Website, [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).

**Transaction Messages and Immediate Need Eligibility Document**

If the transaction successfully links the infant with the mother who was Medi-Cal eligible at the time of delivery, one of the following messages will appear on the Immediate Need Eligibility Document:
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<th>Message</th>
<th>Meaning</th>
<th>Next Steps</th>
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| Your infant is eligible for full-scope, no-cost Medi-Cal back to the date of birth. No Medi-Cal application is needed. You will receive additional information from your county. Use your infant’s Benefits Identification Card (BIC) to access Medi-Cal services. | The infant met the eligibility requirement for full-scope, no-cost Medi-Cal back to the date of birth. No joint HF/Medi-Cal application was mailed. The pre-enrollment application indicates the applicant already has a BIC. | 1. Keep a copy for your files, staple the printout to the “Infant Enrollment” flyer and give it to the parent/guardian.  
2. Complete the second step and check the infant’s eligibility. Enter the BIC located on the bottom of the Gateway response to see the services for which the infant is eligible. |
| Your infant is eligible for full-scope, no-cost Medi-Cal back to the date of birth. No Medi-Cal application 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 (BIC) arrives. | The infant met the eligibility requirement for full-scope, no-cost Medi-Cal back to the date of birth. No joint HF/Medi-Cal application was mailed. The pre-enrollment application indicates the applicant does not have a BIC. | 1. Have the parent or guardian sign the printout.  
2. Keep a copy for your files, staple the printout with the original signature to the “Infant Enrollment” flyer and give it to the parent or guardian.  
3. Complete the second step and check the infant’s eligibility. Enter the BIC located on the bottom of the Immediate Need Eligibility document to find out the services for which the infant is eligible. |
Your infant is eligible for full-scope Medi-Cal. No other application is required. Your infant has a Share of Cost from birth month through last month. You will receive a request for income verification and more information from your county. Beginning this month and until the county can verify your income, your infant has no share of cost. Use the infant’s Benefits Identification Card (BIC) to access services.

The infant met the eligibility requirement for full-scope SOC Medi-Cal back to the date of birth through last month. The county will request income verification and other additional information. No joint HF/Medi-Cal application was mailed. The pre-enrollment application indicated that the applicant does have a BIC card.

1. Keep a copy for your files, staple the printout to the “Infant Enrollment” flyer and give it to the parent or guardian.
2. Complete the second step and check the infant’s eligibility. Enter the BIC ID number located on the bottom of the Gateway response to find out the services for which the infant is eligible.

Your infant is eligible for full-scope Medi-Cal. No other application is required. Your infant has a Share of Cost from birth month through last month. You will receive a request for income verification and more information from your county. Beginning this month and until the county can verify your income, your infant has no Share of Cost. Use this document to access services until the Infant’s Benefits Identification Card (BIC) arrives.

The infant met the eligibility requirement for full-scope SOC Medi-Cal back to the date of birth through last month. The county will request income verification and other additional information. No joint HF/Medi-Cal application was mailed. The pre-enrollment application indicated that the applicant does not have a BIC.

1. Have the parent or guardian sign the printout.
2. Keep a copy for your files, staple the printout with the original signature to the “Infant Enrollment” flyer and give it to the parent or guardian.
3. Complete the second step and check the infant’s eligibility. Enter the BIC ID number located on the bottom of the Immediate Need Eligibility document to find out the services for which the infant is eligible.
If the transaction does not link the infant with the mother, the Medi-Cal eligibility verification system will determine the infant's pre-enrollment eligibility, returning a message indicating one of the following:

- The establishment of temporary Medi-Cal.
- The establishment of CHDP eligibility.
- The program for which patient is currently eligible (Medi-Cal or Health Families).
- A denial reason.

Reminders:

- Before submitting any Gateway transaction, review all data entered for accuracy and make any necessary corrections.
- If the error is identified after the transaction has already been submitted, do not submit a second transaction in an attempt to correct an error.
- After the Gateway transaction is completed, it is necessary to do an eligibility verification check to determine the range of services for which the infant is eligible.
- Providers are reminded to use the infant's BIC number that appears on the Immediate Need Eligibility document for billing purposes, along with the assigned Gateway Aid Code and county code. This BIC number may also be used to bill the Medi-Cal fee-for-services program for subsequent medically necessary services.

Additional information about the CHDP Gateway is available in the CHDP Provider Manual and on the CHDP Website, www.dhs.ca.gov/chdp. Your continuing participation in the CHDP program is greatly appreciated. If you have any questions, contact your local CHDP office.

Original signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Acting Chief
Children’s Medical Services Branch

Enclosure