STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
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August 11, 1998

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors

Letter No: 98-32

NEWBORN REFERRAL FORM

Senate Bill (SB) 391, (Chapter 294, Statutes of 1997), required the Department of Health Services (DHS) to develop a simple referral form for newborns of Medi-Cal eligible mothers. This referral form will facilitate the Medi-Cal enrollment of newborns who are eligible for one year of automatic and continuous Medi-Cal pursuant to Section 1902 (e)(4) of the Social Security Act.

Accordingly, DHS has developed a Newborn Referral form (see draft Enclosure 1) for use by hospitals, clinics, etc. As required by SB 391, DHS has sought input from beneficiary representatives and health care providers serving Medi-Cal eligible pregnant women when developing this form. Staff have also sought county input through the Medi-Cal Forms Committee, composed of state and county staff.

Background

Historically, county welfare department eligibility workers (EW) have relied on Medi-Cal recipients (or their family members) to report the birth of their child as soon as possible after delivery. The sooner the mother (or other family member) reports the birth, the sooner the EW can add the child to the mother's case and generate a card in the child's name. To compensate for this initial delay in establishing the infant's eligibility, Medi-Cal regulations (California Code of Regulations, Title 22, Section 50733(c)) permit services for the newborn child to be billed on the mother's Medi-Cal card for the month of birth and the following month. Despite this special provision, late reporting of births continues to cause temporary delays in Medi-Cal coverage for newborns. Such delays can cause significant problems for families (and providers) in cases of low birth weight or other neonatal problems which require continued high-cost hospitalization of the infant beyond the period covered by the mother's card. Instances such as these may cause an unnecessary transfer of care from one hospital to another for a high-risk infant.

Within recent years there have been discussions about standardizing the newborn reporting system, preferably via a system that would not rely solely on the Medi-Cal mother to timely report her infant's birth to the county worker. Through combined efforts of beneficiary and provider groups, as well as county and state health agencies, the concept of a newborn referral form/reporting system has gained nationwide support. As a result, many states currently use some type of newborn referral reporting.

Senate Bill 391

Signed by the Governor in 1997,SB 391 requires DHS to make certain improvements to the Medi-Cal program. Among these is a requirement to implement a "simple referral form to be used as proof of birth, in order to initiate Medi-Cal enrollment . . ." for infants born to Medi-Cal-eligible women. This requirement is codified in statute as Welfare and Institutions Code Section 14011.4.

Pursuant to Section 1902 (e)(4) of the Social Security Act, these infants are automatically eligible for one year of continuous Medi-Cal benefits without a Medi-Cal application or Social Security number (SSN), provided they continue to live with the mother. This mandatory federal Medicaid provision, known as "deemed eligibility," was implemented in California several years ago. This automatic Medi-Cal eligibility continues without regard to changes to family income or resources until the infant's first birthday. However, timely issuance of a card for the infant still requires timely reporting of the birth to the county welfare office.

Process/Procedures

A supply of newborn referral forms will be sent to Medi-Cal providers who serve Medi-Cal-eligible pregnant women. This includes the administration office of hospitals and urgent care centers, independent nurse-midwives, and others. When a child is delivered, they shall, with written consent of the infant's parent or guardian, complete and send this form to a centralized county location for processing. If the parent or guardian prefers, they may send the form directly to this central county location, or county EW, without going through their provider. Fortunately, the law specifically permits the forms to be faxed to the county office as an alternative to mailing. This will save mailing costs and help to maximize speed and efficiency. Faxing will allow providers to keep the original copy, which is signed by both the parent/guardian and the provider.

Through sampling, we know that Medi-Cal-eligible women do not always give birth in the county of their residence where their Medi-Cal case and EW are located. Therefore, we have determined that it will be necessary for each county to establish and utilize a central site for receiving the Newborn Referral forms. This centralized unit will distribute the incoming forms to the appropriate district office for association with the mother's case. With the establishment of the combined Healthy Families (HF) and Medi-Cal applications, counties already will have an established centralized receiving point. Therefore, instead of establishing a separate site to receive the Newborn Referral forms, the HF/Medi-Cal centralized unit may also be used to receive and distribute the Newborn Referral forms.

If this is not feasible, an alternate receiving point will need to be established for the Newborn Referral form.

County Process

When a county receives the Newborn Referral forms, they should perform the following:

1. Check ✔ to see if the mother's Medi-Cal ID or SSN is on the referral form. If so, use this number to check for an active Medi-Cal case.

2. Check ✔ your county system and the Medi-Cal Eligibility Data System (MEDS) for an active Medi-Cal case of the mother. If the case is active, the county can use the information from the form to add the infant (i.e., name, birth date, and gender) to the mother's case. Also, the county will send any of their standard reminder notices to the mother (e.g., reminders to go to the Social Security office to apply for an SSN before the child reaches age one).

3. If the Medi-Cal ID or the mother's SSN given on the Newborn Referral form results in a "**no record found**" on MEDS, the county should pend the case for 45 days. This could be a situation where the mother's Medi-Cal case is new and not yet entered onto MEDS. If the record still does not show an active Medi-Cal case after the 45-day pend, DHS *suggests that the county notify the parent(s) with a letter that no case was found (see Enclosure 2).* NOTE: This is not a requirement, just a suggestion. There could have been an error when completing the Newborn Referral form.

4. If there is no active Medi-Cal case, the county does not have to initiate a case for the child. The Newborn Referral form is not an application for Medi-Cal.

Counties should place these procedures into effect as soon as it is feasible. Hospitals, clinics, etc., should have a supply of these forms within the next few months. DHS will send an E-Mail to the counties when these forms are available at the DHS warehouse.

If you have any questions regarding these procedures, please contact Sherilyn Walden of my staff at (916) 657-3091.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosures

NEWBORN REFERRAL FORM
(NOT AN APPLICATION FOR MEDI-CAL)

(Please use ink and press firmly)

The information contained on this form is needed to continue benefits and establish an infant's eligibility for the State Medi-Cal program. If the mother of the child referred has an active Medi-Cal case, the county will add the child to the case.

SECTION A

MOTHER'S NAME: _____
First *MI* *Last Name*

_____ _____
Mother's Date of Birth *Mother's Social Security Number Medi-Cal ID Number or BIC*

MAILING ADDRESS: _____
Number and Street, or Location

_____
City *State* *Zip Code*

_____ ( ) _____
County *Area Code* *Telephone*

SECTION B

NEWBORN(S)	BIRTH DATE	GENDER
NAME: _____ *First MI Last Name*	*Mo./Day/Year*	*Male or Female*
NAME: _____ *First MI Last Name*	*Mo./Day/Year*	*Male or Female*
NAME: _____ *First MI Last Name*	*Mo./Day/Year*	*Male or Female*

Where Born: _____
Hospital, Clinic name, Home, etc. and address

Has the mother relinquished her rights to the newborn child? _____ *Yes* _____ *No*

If "Yes", provide date of relinquishment _____.

I hereby authorize release of this information to the County Department of Social Services/County Welfare Department.

DATE OF REQUEST: _____ **PARENT/RELATIVE/GUARDIAN SIGNATURE:** _____

Reminder: You are still required to report any changes to your eligibility worker within 10 days.

SECTION C *to be completed by provider*

COMPLETED BY: _____ **TITLE:** _____
Please Print

DATE COMPLETED: _____

PROVIDER NAME: _____ **TELEPHONE** (____) _____
Please Print

PROVIDER SIGNATURE: _____ **PROVIDER NO.** _____

By signing, I certify to the best of my knowledge that the information above is verified and accurate.

☐ White: County ☐ Yellow: Hospital ☐ Pink: Parent/Guardian

SAMPLE LETTER
SUGGESTED LANGUAGE

The (County Name) Alpine County Department of Social Services has received a newborn referral for JACKSON J. RABBIT, born on AUGUST 24, 1998. The referral form sent to our office shows a Medi-Cal ID/BIC or SSN of 123-45-6789 for the mother of the newborn. Our county system shows no case under that number. Because we cannot find a case for you, we cannot add your newborn. This means that your child will not receive Medi-Cal and you may be billed for hospital expenses. If you feel this is an error or if the number we have shown above is incorrect, please contact your worker immediately. Remember, any change to your household must be reported within 10 days to your eligibility worker. If you want to apply for Medi-Cal for your child, please contact your local county welfare department.