

**California Department of Health Care Services  
Proposed Trailer Bill Language**

**Newborn Hospital Gateway**

**FACT SHEET**

**Issue Title: Newborn Hospital Gateway.** The Department of Health Care Services (DHCS) proposes to require all qualified Medi-Cal providers participating in presumptive eligibility (PE) programs to report the births of any Medi-Cal eligible infant born in their facilities, including hospitals and birthing centers or other birthing settings, within 24 hours after birth through the Newborn Hospital Gateway.

**Background:** Existing law allows infants born to individuals eligible for and receiving Medi-Cal at the time of birth to be automatically deemed eligible for one year without a separate Medi-Cal application or Social Security Number, and may be reported directly to Medi-Cal by the facility in which they are born (Title 42, United States Code, Section 1396a(e)(4), and Welfare & Institution Code Section 14148.04). Today, providers currently report infants through the Child Health and Disability Prevention (CHDP) Gateway, or the Newborn Referral Form (MC 330). This is a voluntary process with no requirement that facilities refer an infant born to a Medi-Cal enrolled individual to the county, creating inconsistent processes for establishing eligibility for deemed infants.

**Justification for the Change:** DHCS proposes to require all qualified and participating Medi-Cal PE providers who have access to the CHDP Gateway, Hospital Presumptive Eligibility (HPE) and Presumptive Eligibility for Pregnancy (PE4PW) online portals, to register deemed infants who are born in the provider's facility, or with the provider's supervision outside of the traditional hospital or birthing center setting within 24 hours after birth through the Newborn Hospital Gateway, in order to properly establish Medi-Cal eligibility and obviate any coverage gaps or delays in care when accessing coverage benefits for which these infants are entitled (W&I Code Section 14148.04(a) and (b)). This requirement will result in more expeditious eligibility activation for Medi-Cal newborns, instead of waiting for the parents to report the birth to the county. This will help to mitigate any issues at the provider level regarding eligibility of the newborn when covered services are being accessed.

DHCS also proposes a technical change to remove outdated language, which required the implementation of the Newborn Hospital Gateway within 12 months of funding as the Gateway Fund referenced in the original text was abolished in 2012 (W&I Code Section 14148.04(d) and (e)).

Lastly, the CHDP will sunset June 30, 2024. To preserve the existing CHDP Gateway newborn referral process, the CHDP Gateway online portal functionality, including the Newborn Hospital Gateway process, will transition and be renamed to the Children's Presumptive Eligibility (CPE) online portal effective July 1, 2024. Additionally, DHCS will be programming the Newborn Hospital Gateway functionality into the HPE and PE4PW

online portals to open up more pathways for qualified PE providers to report the birth of Medi-Cal infants for whom they assist. Following the CHDP sunset, all qualified Medi-Cal PE providers will then have the ability to enroll newborns through the CPE, HPE, and PE4PW online portals.

This proposed requirement to report Medi-Cal infant births within 24 hours through the automated PE portals, pertains to all birthing facility-based PE providers, including those working outside the traditional hospital or birthing center setting. This is a cost neutral proposal. The CHDP sunset was authorized in SB 184 (Committee on Budget and Fiscal Review, Chapter 47, Statutes of 2022).

**Summary of Arguments in Support:**

- Requiring all qualified PE Providers to report deemed infants born in their facilities, including hospitals, birthing centers, and other birthing settings, would help improve access for eligible infants to receive the full 12 months of deemed eligibility to which they are entitled.
- The proposal will reduce delays in establishing the infant's eligibility and expedite access to Medi-Cal benefits and necessary medical care.