

Newborn Gateway – A New Way to Enroll Qualifying Medi-Cal Members

Question (Q): How long does the Newborn Gateway coverage last?

Answer (A): For mothers active on Medi-Cal, a newborn will be deemed eligible for Medi-Cal until their 1st birthday. For mothers active on the Medi-Cal Access Program (MCAP), a newborn will be enrolled in Medi-Cal Access Infant Program (MCAIP) until their 1st birthday. Maximus will evaluate the newborn for ongoing eligibility on the appropriate aid code.

Q: Does the Newborn Gateway automatically enroll newborns in the Medi-Cal Access Infant Program (MCAIP), eliminating the need for families to contact them directly?

A: Yes, Maximus will receive reports of newborns reported through the Newborn Gateway. Once Maximus gets the report of an infant's birth, internal processes will be followed to determine ongoing eligibility.

Q: Does completing the Newborn Gateway automatically notify the county about a birth?

A: Yes, counties will be notified.

Q: Where can we find the Newborn Gateway application and information about how to apply? Is it available online and on paper?

A: The Newborn Gateway Application ([DHCS 4072](#)) is distinct from all Presumptive Eligibility and Medi-Cal applications. It will be located in the downloads section of the [Newborn Gateway](#) and does not require parent/guardian/authorized representative input or signature to be valid. It will only be available for online submission through the

provider portal. For more information, please visit the [DHCS website](#).

Q: For the aid code 8U, will the newborn's approved eligibility period be for one year (from the child's date of birth)?

A: Yes, aid code 8U provides Medi-Cal benefits for infants born to mothers enrolled in Medi-Cal with no share of the cost in the month of the infant's birth. Children deemed eligible will remain eligible until they turn one year old without any additional verification.

Q: How can providers get access to presumptive eligibility?

A: All providers wishing to participate in presumptive eligibility must submit relevant forms through the provider portal. For the Hospital Presumptive Eligibility (HPE) program, providers must submit the HPE Provider Application and Agreement. For the Presumptive Eligibility for Pregnant Women program, providers must submit the Presumptive Eligibility for Pregnant Women Provider Application and Agreement. For Children's Presumptive Eligibility (CPE), providers must submit the CPE Provider Application and Agreement. For information about registering in the provider portal, refer to the [Medi-Cal Provider Portal User Guide: Provider Organization](#) located on the Electronic Services Transition page on the Medi-Cal provider [website](#).

Assisting Medi-Cal members to navigate coverage.

Q: Our enrollment center helps with benefit renewals but has difficulty linking cases. This requires us to refer members to the county regardless of our efforts, which can be overwhelming. How can we address this issue?

A: Navigating [BenefitsCal](#) can be a complex process, but there are resources to make it easier, such as the Quick Guide: [Link to Case](#). Medi-Cal members can upload their documents directly through BenefitsCal using their case number and other identifying information. Additionally, county offices can assist with the application and renewal process. To find an office near you or find additional assistance, including FAQs, learning tools, and how-to-videos, please visit the [BenefitsCal Help Center](#).

Q: Are the webinars recorded?

A: Yes, but the primary purpose of recording the webinars is to take notes and follow up on some of the task items that come from the meetings. Depending on the material,

sometimes we will make the recordings available. To review past webinar materials, please refer to the [DHCS website](#).

Q. As a provider, I'm encountering retroactive coverage issues for new Medi-Cal applicants and benefit reinstatement applications. The county start dates often don't reflect the submission date, even when verification is provided. Is there a way to streamline the process for faster coverage?

A: We understand that you might be facing some difficulties. To provide the most relevant assistance, please securely share a brief case example along with the applicable county to which this example applies. You can email us directly at ambassadors@dhcs.ca.gov.

Q. Will you be turning the Income video into an FAQ document?

A: We have created a two-page [income explainer](#) that addresses common income terms found on Medi-Cal renewal and application forms.

Q. Can you elaborate on the specific information members must provide for their renewal? Is there a checklist?

A: A person's local Medi-Cal office will ask for what they need. The Medi-Cal member will get a yellow envelope with a pre-populated renewal form in the mail asking for more information.

They must complete the renewal form and provide the requested information. Further details are available on the [FAQs page](#) on the DHCS website.

Q. Can you describe what a coverage ambassador is?

A: The DHCS Coverage Ambassadors are trusted messengers of diverse organizations that can reach beneficiaries in culturally and linguistically appropriate ways. DHCS Coverage Ambassadors also connect with Medi-Cal members at the local level through targeted and impactful communication.

Q. Can I request print materials for the Medicaid continuous coverage and unwinding now? If so, how?

A: We are no longer accepting requests for printed unwinding materials. If you would like assistance finding specific materials to download and print yourself, please email Ambassadors@dhcs.ca.gov.

Q. How can Coverage Ambassadors be better supported in building relationships with county representatives? Our organization works with three-plus counties, and they all have different protocols, even though we were informed they have standardized procedures. The renewal process is just one example.

A: Community-based organizations that have good relationships with counties may be able to share their best practices and insights. Coverage Ambassadors are encouraged to contact county directors or other program managers to address specific topics and issues.

Q. Are members required to submit bank statements or Social Security award letters to renew Medi-Cal?

A: Medi-Cal members may be required to submit documents as proof of a member's income. This could include Social Security award letters or bank statements.

For more information, please refer to the "[What is Income](#)" information video or visit [Medi-Cal.dhcs.ca.gov](https://www.Medi-Cal.dhcs.ca.gov).

Q. Why do updates to Medi-Cal member information sometimes not reflect on the DHCS eligibility verification website, even after receiving confirmation from the health plan and making multiple calls requesting the changes? Is there a specific DHCS resource available to assist with resolving these discrepancies?

A: Members and medical providers may seek assistance through the Medi-Cal member helpline. You may reach the helpline at (800) 541-5555 or <https://www.healthcareoptions.dhcs.ca.gov/en/contact-us> or by contacting Medi-Cal Managed Care Office of the Ombudsman. You may reach the ombudsman at (888) 452-8609 or MMCDOmbudsmanOffice@dhcs.ca.gov.

Q. County-specific questions: how can I best assist clients recently released from prison in updating their Medi-Cal in Sacramento County? Many face challenges: being turned away from welfare offices, difficulty reaching representatives by phone, and lack of renewal information. Additionally, the county seems to assume

ongoing incarceration based on outdated records, potentially leading to automatic termination after a year. Is there a streamlined process for these situations, or specific resources available to ensure uninterrupted coverage?

A: For inquiries about Medi-Cal eligibility, you may contact mciep@dhcs.ca.gov. California statute mandates that all counties implement pre-release Medi-Cal application processes to ensure all eligible individuals who are released from county jails receive timely access to Medi-Cal services. Application assisters may contact county office eligibility departments to assist with troubleshooting application questions and sending follow-up requested information. Sacramento County created this specific resource link: [Reentry Page* New one | 211 Sacramento](#).

Q. Would it be possible to implement a dedicated CBO line in all counties? This would allow us to discuss multiple cases and expedite assistance for our clients.

A: Counties create their own business processes, including the use of a CBO line if they have capacity. They are not required to have an established line.

Q. Other than the DHCS or CalOptima website, are there other platforms members in Orange County can use to view updates? We submitted applications back in January and are unable to see if their application was approved. Additionally, patients still haven't received any status on their application.

A: The quickest and easiest way to view updates is for the member to log in or create an account on BenefitsCal.com.

Q. When calling DPSS, can I assist multiple members at once? Maybe set a limit of three members per call?

A: Please check with your local office since this is a county-specific process.