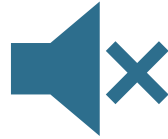


# Ambassador's Meeting: Children's Presumptive Eligibility and Newborn Gateway

# Webinar Tips

- » Please use either a computer or phone for audio connection.
- » Attendees can **listen to the webinar in English or Spanish** with the WebEx translation channels. Simply click the globe icon in the bottom left corner to select your preferred language.
- » When asking a question in the chat, please include your name and email address so we can follow up and include it in our FAQ sheet.
- » If you experience technical difficulties, please try leaving the webinar and rejoining. If the problem continues, send us a message.
- » For questions or comments, email:  
[Ambassadors@dhcs.ca.gov](mailto:Ambassadors@dhcs.ca.gov).



# Introduction

- » The Department of Health Care Services will launch Children's Presumptive Eligibility and the Newborn Gateway on July 1, 2024.
- » These are eligibility portals that hospitals, clinics and birthing centers use to ensure that children get coverage as quickly as possible.
- » Our presentation today provides background on each project

# Children's Presumptive Eligibility

# CHDP Background

- » The Child Health and Disability Prevention (CHDP) Program provides preventive health, vision, dental screens, and care coordination to children and youth under the age of 21 who were enrolled in Fee-For-Service Medi-Cal.
- » The CHDP Program uses the "CHDP Gateway," an automated pre-enrollment process to enroll eligible children into temporary coverage for up to 60 days while families apply for ongoing coverage.
- » This temporary coverage is also known as Presumptive Eligibility.

# Children's Presumptive Eligibility Background

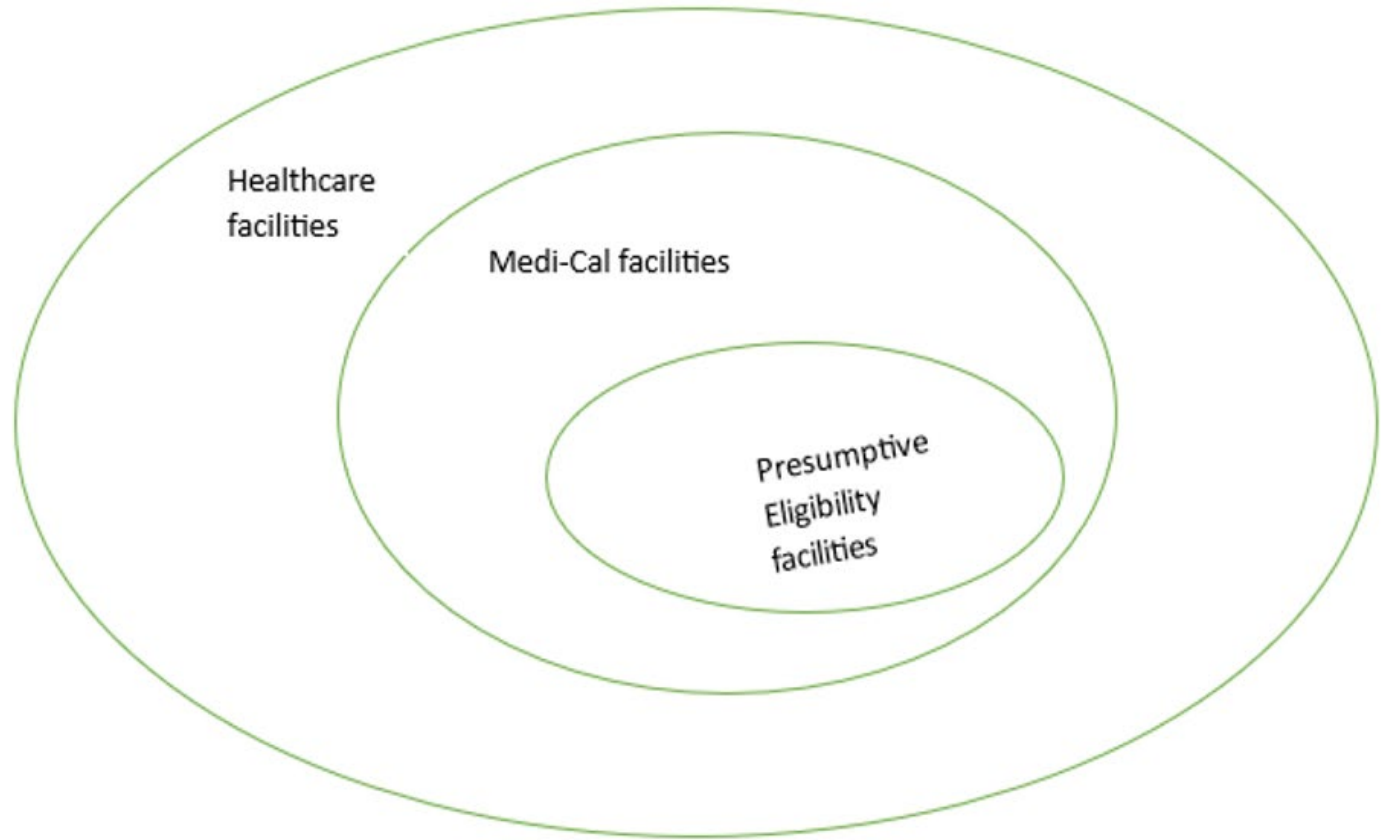
- » Senate Bill 184 (Chapter 47, Statutes of 2022) sunsets the CHDP Program & rebrands the CHDP Gateway as the Children's Presumptive Eligibility portal

# What is Presumptive Eligibility?

- » Children's Presumptive Eligibility provides **immediate temporary, full-scope benefits** for up to 60 days for those who qualify.
- » Children's Presumptive Eligibility allows certain health care providers to approve temporary health coverage for eligible applicants using an electronic application.
- » Children's Presumptive Eligibility determinations are based on the family's self-attestation of facts and no other forms of proof are required.

# Conceptualizing Presumptive Eligibility Providers

- » Presumptive Eligibility providers, known as Qualified Providers (QPs), are a subset of Medi-Cal providers.
- » Not all Medi-Cal providers are QPs





# Children's Presumptive Eligibility Requirements

- » Children's Presumptive Eligibility retains the same eligibility criteria and benefits as the CHDP Gateway.
- » The Children's Presumptive Eligibility portal will continue to assign:
  - Presumptive Eligibility for up 60 days or
  - Deemed Infant Medi-Cal eligibility until the child's first birthday.
- » To families, there will be no difference in the application process, coverage period or benefits received.

# Eligibility Criteria

- » Applicants are potentially eligible to Children's Presumptive Eligibility if they are:
  - Under the age of 19
  - A California resident
  - Not receiving Medi-Cal
  - Within the income limits for their household size
  - Have not exceeded two PE enrollment periods in the last 12 months

# Children's Presumptive Eligibility Application

- » The *Children's Presumptive Eligibility Pre-Enrollment Worksheet* will be almost identical to the CHDP Gateway Application used today except for two edits:
- We have added "Living in California" (yes/no)
    - To allow more address options, residency can only be denied if the applicant marks "no" to this question
  - We have removed "Is the patient less than 19 years of age?" (yes/no)
    - To reduce keying errors, the system will check the DOB to determine if the child is under 19 years of age

# Children's Presumptive Eligibility Application (Continued)

- » The Children's Presumptive Eligibility application asks about:
  - The child's details: name, date of birth, gender and Social Security Number and BIC Number, if available
  - General residency
  - Contact details- address and phone numbers
  - Language preferences
  - Family details- household size and monthly or yearly income
  - Mother's full name
  - Interest in apply for continued coverage

# Children's Presumptive Eligibility Application (Continued)

- » The Children's Presumptive Eligibility application also asks for additional details about the mother in the "For applicants under one year of age" section:
  - Mother's date of birth
  - Mother's Benefits Identification Card (BIC) or Medi-Cal Card Number or SSN
- » This section allows the system to check if the mother was active on Medi-Cal at the time of birth and, if so, approve the child for Medi-Cal under Deemed Infant until their 1st birthday.
- » This section is optional but highly encouraged.
- » Ambassadors can assist by encouraging families to bring this information to all health care visits and provide it to their doctor.

# Who Provides Children's Presumptive Eligibility

- » Only Qualified Providers (QPs) who participate in Children's Presumptive Eligibility can establish eligibility.
- » All QPs enrolled in the CHDP Program as of June 30, 2024, will be grandfathered into Children's Presumptive Eligibility with the need for any additional enrollment paperwork.
- » As of July 1, 2024, provider participation in Children's Presumptive Eligibility is being expanded. Most Medi-Cal and Fee-For-Service Medi-Cal Dental provider types can apply to participate as QPs.
- » Both grandfathered CHDP and new Children's Presumptive Eligibility QPs will need to complete and pass the Children's Presumptive Eligibility and Newborn Gateway certification trainings. This ensures all staff have the same understanding of their responsibilities and expectations.

# Who Provides Children's Presumptive Eligibility

- » A list of QPs will be published and updated periodically on the Children's Presumptive Eligibility landing page.
  - To avoid confusion, this page will not be available until July 1, 2024.
- » Not every staff member on the QP list is trained to submit a Children's Presumptive Eligibility application.
  - Participation in Presumptive Eligibility is voluntary and based on the availability of trained staff onsite.
  - If trained staff are not available during the time of the visit, the family should apply for health coverage programs and complete the application process the same month as the visit to see if the visit will be covered.
  - Presumptive Eligibility is temporary and participation voluntary. Ambassadors can support families by communicating the importance of applying for health coverage programs and completing the application process.

# Children's Presumptive Eligibility is Not For Long-term Health Coverage

- » **Children's Presumptive Eligibility** is right when a child needs health coverage during a doctor's visit, or needs coverage approved temporarily to cover a service that is needed right away.
  - Children's Presumptive Eligibility provides coverage for **Fee-For-Service** care, which means the child is not enrolled in a health care plan.
  - To avoid paying out-of-pocket for health care services, parents should ask the doctor if they take Fee-For-Service Medi-Cal before scheduling visits.



# Children's Presumptive Eligibility is Not For Long-term Health Coverage (Continued)

- » Medi-Cal provides ongoing health coverage and access to a health plan (for most members).
- » Families should apply for health coverage programs and complete the application process to find a long-term health insurance program that fits their needs.

# The Newborn Gateway

# Newborn Gateway Background

- » Effective July 1, 2024, the Newborn Gateway (Assembly Bill 118, Chapter 42, Statutes of 2023) will standardize the reporting of births of infants with linkage to Medi-Cal and the Medi-Cal Access Infant Program (MCAIP).
- » Qualified Providers participating in Presumptive Eligibility are required to report births of newborns with linkage to Medi-Cal and Medi-Cal Access Infant Program (MCAIP) born in their facilities within 72 hours after birth or 24 hours after discharge, whichever is sooner.

# What the Newborn Gateway Does

- » The Newborn Gateway is an electronic application that:
  - Establishes eligibility in real-time.
  - Assigns a unique Client Index Number (CIN).
  - Generates a temporary Immediate Need card.
  - Mails a State of California Benefits Identification Card (BIC).
  - Notifies the case management entity, the County or MAXIMUS, of the birth.

# How Ambassadors Can Help

- » All active QPs participating in Presumptive Eligibility programs are required to report births in the Newborn Gateway.
- » If parents are unsure if their baby has been enrolled via Newborn Gateway, they should report the birth of their infant:
  - To the County for families with Medi-Cal coverage
  - To MAXIMUS for families with MCAP/MCAIP coverage

# Families Can Access Care Right Away

- » Once eligibility through the Newborn Gateway is established, families can use the Immediate Need card, or BIC ID located on it, to seek services right away.
- » A plastic BIC card will arrive in the mail in 10 business days

**Newborn Gateway Eligibility Response**

**Application Date/Time:** 01/23/2024 11:42:01 AM

<b>Provider Number:</b>	001234567890
<b>Patient's Name:</b>	TEST TESTING
<b>Date of Birth:</b>	12/12/1999
<b>BIC ID#:</b>	12345678A12345
<b>BIC Issue Date:</b>	01/23/2024
<b>Good Thru Date:</b>	02/23/2024

**Response:** Your infant is eligible for full-scope, no-cost MCAIP back to the date of birth. MAXIMUS will contact you for additional information. Use this document to access services until the infant's Benefits Identification Card arrives.

**Client Signature:** \_\_\_\_\_

# Children Will Be Enrolled in Ongoing Medi-Cal or CHIP

- » The case management entity, either the County or MAXIMUS, will be notified of the newborn's birth.
- » They will follow their existing processes for establishing eligibility on the mother's case and will mail an approval letter to the family once their process is complete.

# Forms



# Children's Presumptive Eligibility Pre-Enrollment Worksheet

- » Form: *The Children's Presumptive Eligibility Pre-Enrollment Worksheet (DHCS 4073)* will replace the existing CHDP Gateway Application.
- » Use: Available July 1, 2024
- » Languages: 19 languages and large font English
- » Submission: Only by a Children's Presumptive Eligibility QP in the Children's Presumptive Eligibility portal

State of California-Health and Human Services Agency Department of Health Care Services  
Children's Presumptive Eligibility Pre-Enrollment Worksheet

Instructions to the Parent or Applicant:

In order to receive a health examination today at no charge, you must provide the information required on this form. The information you give is confidential. This is a voluntary program.

How many people are in the child's family? \_\_\_\_\_

- Family refers to immediate family living in the child's home. Please include the child, the child's parents, the child's siblings and the child's spouse. If a family member is pregnant, include the number of expected babies. Do not include other relatives or friends, even if they live with the child.

How much money does your family make before taxes? \$ \_\_\_\_\_ Or \$ \_\_\_\_\_  
Monthly Yearly

You or your child may be eligible for continued health care coverage through Medi-Cal or premium assistance programs under Covered California.

I want to apply for continuing coverage through Medi-Cal or premium assistance programs under Covered California. Yes ☐ No ☐

- If you answered yes to this question, an application will be mailed to you in a few days. Please fill it out and return it promptly.
- If you answered no to this question (or if you answered yes but do not return the application), the applicant's coverage for health, dental, and vision benefits will stop at the end of next month unless the county Department of Social Services notifies you otherwise.

**Attention:** Medi-Cal applications can be submitted online, by mail, over the phone or in person. Applicants can sign an application over the phone using a telephonic signature by calling their county Medi-Cal office.

- County contact information can be found at: <https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>
- Information on ways to apply can be found at: <https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>
- The outcome of the Children's Presumptive Eligibility (CPE) application does not impact you or your family's ability to apply for Medi-Cal. You can apply for Medi-Cal at any time.

Applicant Information

Does the applicant have a State of California Benefits Identification Card (BIC) or Medi-Cal card?

☐ Yes ☐ No

If yes, what is the identification number on the BIC card (if available)? \_\_\_\_\_

State of California-Health and Human Services Agency Department of Health Care Services  
Children's Presumptive Eligibility Pre-Enrollment Worksheet

Applicant's name—Last First Middle Name

Date of Birth (MM/DD/YYYY) Gender ☐ Male ☐ Female Applicant's Social Security Number (SSN) (optional)

If you are homeless, check here ☐

Home address Apartment number City State ZIP Code

County of Residence Living in California? ☐ Yes ☐ No

Mailing address (if different) Apartment number City State ZIP Code

Mother's name—Last First Middle Initial

For Applicants Under One Year of Age, Please Complete this Section.

Mother's Date of Birth (MM/DD/YYYY) Mother's BIC or Medi-Cal Card Number or SSN

Parent/Legal Guardian Information

Name of parent/legal guardian or emancipated minor patient—Last First Middle Initial

Home telephone number Work telephone number Message telephone number

What language do you speak at home? What language do you read best?

Certification

I am requesting Children's Presumptive Eligibility today. I certify that I have read and understand this form. I declare that the information I have provided is true, correct, and complete.

Signature of Parent/Guardian or Emancipated Minor Relationship to Applicant Date

An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information is the Department of Health Care Services, MS 8100, P.O. Box 907413, Sacramento, CA 95890-7413. 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 CPE provider.

## Children's Presumptive Eligibility Pre-Enrollment Worksheet

### Instructions to the Parent or Applicant:

In order to receive a health examination today at no charge, you must provide the information required on this form. The information you give is confidential. This is a voluntary program.

How many people are in the child's family? \_\_\_\_\_

- Family refers to immediate family living in the child's home. Please include the child, the child's parents, the child's siblings and the child's spouse . If a family member is pregnant, include the number of expected babies. Do not include other relatives or friends, even if they live with the child.

How much money does your family make before taxes? \$ \_\_\_\_\_ Or \$ \_\_\_\_\_  
Monthly Yearly

You or your child may be eligible for continued health care coverage through Medi-Cal or premium assistance programs under Covered California.

I want to apply for continuing coverage through Medi-Cal or premium assistance programs under Covered California. Yes ☐ No ☐

- If you answered *yes* to this question, an application will be mailed to you in a few days. Please fill it out and return it promptly.
- If you answered *no* to this question (or if you answered *yes* but do not return the application), the applicant's coverage for health, dental, and vision benefits will stop at the end of next month unless the county Department of Social Services notifies you otherwise.

and County Department of Social Services notifies you otherwise.

**Attention:** Medi-Cal applications can be submitted online, by mail, over the phone or in person. Applicants can sign an application over the phone using a telephonic signature by calling their county Medi-Cal office.

- County contact information can be found at: <https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>
- Information on ways to apply can be found at: <https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>
- The outcome of the Children's Presumptive Eligibility (CPE) application does not impact you or your family's ability to apply for Medi-Cal. You can apply for Medi-Cal at any time.

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### **Applicant Information**

Does the applicant have a State of California Benefits Identification Card (BIC) or Medi-Cal card?

☐ Yes      ☐ No

If yes, what is the identification number on the BIC card (if available)? \_\_\_\_\_

Applicant's name—Last		First	Middle Name	
Date of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Applicant's Social Security Number (SSN) ( <i>optional</i> )	
If you are homeless, check here <input type="checkbox"/>				
Home address		Apartment number	City	State    ZIP Code
County of Residence		Living in California? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing address (if different)		Apartment number	City	State    ZIP Code
Mother's name—Last		First	Middle Initial	

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**For Applicants Under One Year of Age, Please Complete this Section.**

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Mother's Date of Birth (MM/DD/YYYY)

Mother's BIC or Medi-Cal Card Number or SSN

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**Parent/Legal Guardian Information**

Name of parent/legal guardian or emancipated minor patient—Last

First

Middle Initial

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Home telephone number

Work telephone number

Message telephone number

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What language do you speak at home?

What language do you read best?

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**Certification**

I am requesting Children's Presumptive Eligibility today. I certify that I have read and understand this form. I declare that the information I have provided is true, correct, and complete.

Signature of Parent/Guardian or Emancipated Minor

Relationship to Applicant

Date

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An individual has a right to review records containing [his/her](#) 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 CPE provider.

# Newborn Gateway Application

- » Form: Newborn Gateway Application (DHCS 4072)
- » Use: Available July 1, 2024
- » Languages: 19 languages and large font English
- » Submission: Only by a QPs in the Newborn Gateway portal

State of California—Department of Health Care Services Medi-Cal Eligibility Division

### 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 (MCAIP) 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.

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**Newborn Patient Information**

Patient's name—Last		First	Middle	Suffix (Jr, Sr, III, etc.)	
Date of birth (MM/DD/YYYY)		Gender			
		Male <input type="checkbox"/>	Female <input type="checkbox"/>		

☐ If the patient is homeless, check here. Enter the general location in the "Home address" section and complete the "Mailing address" section.

Home address		Apartment number	City	State	ZIP Code
County of residence					
Mailing address (if different)		Apartment number	City	State	ZIP Code

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**For Newborn Patients, please complete this section with mother's details.**

Mother's name—Last		First	Middle initial
Mother's date of birth (MM/DD/YYYY)		Mother's SIC or Medi-Cal card number or Social Security number	
Home telephone number ( )	Work telephone number ( )	Message/telephone number ( )	
What language do you speak at home?		What language do you read best?	

Provider: Did you issue an insurance affordability application? ☐ Yes ☐ No

**Certification:**

The newborn will be evaluated for eligibility to Medi-Cal or MCAIP. I declare that the information provided above is correct to the best of my knowledge.

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 parent/guardian (Optional)	Relationship to newborn patient	Date
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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.

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**Newborn Patient Information**

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Patient's name—Last	First	Middle	Suffix (Jr. Sr. II. etc.)
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Date of birth (MM/DD/YYYY)
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Gender
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Female <input type="checkbox"/>
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Male <input type="checkbox"/>
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<input type="checkbox"/> If the patient is homeless, check here. Enter the general location in the “Home address” section and complete the “Mailing address” section.
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Home address
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Apt #
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City
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State
-------

ZIP Code
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County of residence
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---

Mailing address (if different)
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Apt #
-------

City
------

State
-------

ZIP Code
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**For Newborn Patients, please complete this section with mother's details.**

Mother's name—Last			First	Middle initial
Mother's Date of Birth MM/DD/YYYY			Mother's BIC or Medi-Cal card number or Social Security number	
Home telephone number	Work telephone number	Message telephone number		



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What language do you speak at home?	What language do you read best?
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Provider: Did you issue an insurance affordability application? ☐ Yes ☐ No

**Certification:**

The newborn will be evaluated for eligibility to Medi-Cal or MCAIP. I declare that the information provided above is correct to the best of my knowledge.

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

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

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# Newborn Referral Form

- » Form: *Newborn Referral* (MC 330)
- » Use: Available today.
  - Redeveloped version show here
- » Languages: 19 languages and large font English
- » Submission:
  - Today: optional for all providers
  - July 1: optional for Medi-Cal and non-Medi-Cal providers. Cannot be used by QP in lieu of Newborn Gateway Application
  - Submit via fax or mail to County Medi-Cal office

State of California—Health and Human Services Agency

Department of Health Care Services

## NEWBORN REFERRAL

The Newborn Referral Form is used to assist a Medi-Cal eligible parent to report the birth of their child(ren) to Medi-Cal. By completing the information on this form, you help the county confirm the eligibility of the newborn so that the newborn can begin receiving Medi-Cal services. Mail or fax this form to the county. County information is located on the back of this form. Any changes to the household must be reported to the county; please turn in this information quickly. The parent may also report the birth by phone to their eligibility worker. If you are acting on behalf of the parent, and are not a spouse, relative, or guardian, then your signature and identifying information is required in Section C. If applicable, enter the Benefits Identification Card (BIC) number assigned to the infant (*optional*).

**SECTION A** *The parent's Medi-Cal card can be used during the birth month and the month following for services and billing for the newborn.*

Parent's name (first, MI, last)	Parent's date of birth	BIC or SSN	
Mailing address (number and street) or location		County	
City	State	ZIP code	Telephone number/ Email address

**SECTION B** *Reminder: A child born to a parent with restricted benefits is eligible for full-scope benefits.*

Newborn name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—BIC number
Newborn 2 name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—BIC number
Newborn 3 name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—BIC number
Newborn 4 name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—BIC number
Newborn 5 name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—BIC number

Where born (hospital name, clinic name, etc.)

Address (number and street, if available)	City	State	ZIP code
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*I hereby authorize release of this information to the County Department of Social Services/county welfare department.*

Date of request	Parent/Relative/Guardian (of the infant) signature ☞
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## NEWBORN REFERRAL

The Newborn Referral Form is used to assist a Medi-Cal eligible parent to report the birth of their child(ren) to Medi-Cal. By completing the information on this form, you help the county confirm the eligibility of the newborn so that the newborn can begin receiving Medi-Cal services. Mail or fax this form to the county. County information is located on the back of this form. Any changes to the household must be reported to the county; please turn in this information quickly. The parent may also report the birth by phone to their eligibility worker. If you are acting on behalf of the parent, and are not a spouse, relative, or guardian, then your signature and identifying information is required in Section C. If applicable, enter the Benefits Identification Card (BIC) number assigned to the infant **(optional)**.

---

**SECTION A** *The parent's Medi-Cal card can be used during the birth month and the month following for services and billing for the newborn.*

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Parent's name (first, MI, last)		Parent's date of birth	BIC or SSN
Mailing address (number and street) or location			County
City	State	ZIP code	Telephone number/ Email address

---


**SECTION B** *Reminder: A child born to a parent with restricted benefits is eligible for full-scope benefits.*

Newborn name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<i>Optional</i> —BIC number
Newborn <b>2</b> name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<i>Optional</i> —BIC number
Newborn <b>3</b> name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<i>Optional</i> —BIC number
Newborn <b>4</b> name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<i>Optional</i> —BIC number
Newborn <b>5</b> name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<i>Optional</i> —BIC number

Where born (hospital name, clinic name, etc.)

Address (number and street, if available)	City	State	ZIP code
---	------	-------	----------

*I hereby authorize release of this information to the County Department of Social Services/county welfare department.*

Date of request	Parent/Relative/Guardian (of the infant) signature 
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**SECTION C** *(Fill in this section if form was completed by person other than parent, relative, or guardian.)*

Completed by (PLEASE PRINT)	Agency/Title
National Provider Identifier (NPI) Number (If Medi-Cal provider/hospital/clinic/group, etc.)	Telephone number/Email address

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

Signature (person other than parent, relative, or guardian) 	Date completed
--	----------------

For provider billing inquiries or concerns on how to bill for infants, call the Telephone Service Center at 1-800-541-5555.

**Scan below to find your county's Medi-Cal office contact information:**



# Medi-Cal Access Infant Program- Infant Registration

- » Form: *Medi-Cal Access Infant Program- Infant Registration*
- » Use: Available today
- » Languages: English and Spanish online; Chinese upon request
- » Submission: Only by parents to MAXIMUS. Parents may also call to report a birth

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

## Medi-Cal Access Infant Program - Infant Registration

**After your baby is born and within 30 days of birth, please complete, mail, or fax this form. Your baby's coverage will not begin unless we receive this form with your signature indicating you want to register your infant into the Medi-Cal Access Infant Program's Medi-Cal Managed Care health delivery system. If your family income has gone down, your baby may qualify for free Medi-Cal.**

Subscriber Name \_\_\_\_\_ Subscriber Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Medi-Cal Access Family Member Number \_\_\_\_\_

Residence Address \_\_\_\_\_

☐ I do not want to register my Infant into the Medi-Cal Access Infant Program

### Infant Information

Is this infant enrolled currently in employer-sponsored insurance? ☐ Yes ☐ No

If yes, provide the infant's effective date of coverage: \_\_\_\_\_ (mm/dd/yyyy)

**Note: If you answered yes, your infant is not eligible for enrollment in Public Coverage.**

Infant's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: ☐ Male ☐ Female Birth Date: \_\_\_\_\_ Birth Weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces

SSN: \_\_\_\_\_ If no SSN, have you applied for an SSN ☐ Yes ☐ No

☐ American Indian/Alaska Native

Primary Care Provider optional: \_\_\_\_\_

Your Address/Phone Number, if it has changed \_\_\_\_\_

### I declare that each person I am enrolling:

- Is a US Citizen
- Is a resident of California
- Is a US National
- Is not eligible for Medicare Part A and Part B

### I further declare that:

- All individuals listed on this form will abide by the rules of participation, the utilization review, and the dispute resolution process of the participating plans in which the individual is enrolled.
- I understand the Medi-Cal Access Program Handbook. I understand what it says about each health, dental, and vision benefits through the Medi-Cal Managed Care health care delivery system.
- I give permission to check my family income, health coverage, immigration status of the people I am enrolling and all other facts on this form.
- I agree to notify the Medi-Cal Access Program within 30 days of any change of address of any person enrolled into the Program and any change in the applicant's billing address.
- I understand that if my pregnancy ends after my effective date, I will be disenrolled on the last day of the month following the 365th day after the end of my pregnancy. The Medi-Cal Access Program will not cover any medical services I receive after the disenrollment date.

**I also certify** that the information I have given on this form is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fax this completed form to 1-888-889-9238, or send to: Medi-Cal Access Infant Program, P.O. Box 15559, Sacramento, CA 95852.**

**If you have any questions, please call the Medi-Cal Access Infant Program at 1-800-880-5305, Monday through Friday, 8:00 a.m. to 7:00 p.m., and Saturday 8:00 a.m. to 12:00 p.m.**

Subscriber Name \_\_\_\_\_ Subscriber Date of Birth: \_\_\_\_\_(mm/dd/yyyy)

Medi-Cal Access Family Member Number \_\_\_\_\_

Residence Address \_\_\_\_\_

☐ I do not want to register my Infant into the Medi-Cal Access Infant Program

### Infant Information

Is this infant enrolled currently in employer-sponsored insurance? ☐ Yes ☐ No

If yes, provide the infant's effective date of coverage: \_\_\_\_\_ (mm/dd/yyyy)

**Note: If you answered yes, your infant is not eligible for enrollment in Public Coverage.**

Infant's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: ☐ Male ☐ Female Birth Date: \_\_\_\_\_ Birth Weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces

SSN: \_\_\_\_\_ If no SSN, have you applied for an SSN ☐ Yes ☐ No

☐ American Indian/Alaska Native

Primary Care Provider *optional*: \_\_\_\_\_

Your Address/Phone Number, if it has changed \_\_\_\_\_

### I declare that each person I am enrolling:

- Is a US Citizen
- Is a resident of California
- Is a US National
- Is not eligible for Medicare Part A and Part B

### I further declare that:

- All individuals listed on this form will abide by the rules of participation, the utilization review, and the dispute resolution process of the participating plans in which the individual is enrolled.
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**I also certify** that the information I have given on this form is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fax this completed form to 1-888-889-9238, or send to: Medi-Cal Access Infant Program,  
P.O. Box 15559, Sacramento, CA 95852.**



# Resources

# Public Facing Landing Pages

- » The Newborn Gateway Public Facing Landing page is posted today at [The-Newborn-Gateway \(ca.gov\)](https://www.the-newborn-gateway.ca.gov).
  - Coming soon items will be available July 1.
- » The Children's Presumptive Eligibility Public Facing Landing page will not be available until July 1.
  - The existing CHDP Gateway landing page will remain live until July 1.

# Contact

- » Questions about Children's Presumptive Eligibility can be sent to [\*\*ChildrenPE@dhcs.ca.gov\*\*](mailto:ChildrenPE@dhcs.ca.gov)
- » Questions about Newborn Gateway can be sent to [\*\*NewbornGateway@dhcs.ca.gov\*\*](mailto:NewbornGateway@dhcs.ca.gov)



**Questions?**

**Thank you!**

