The Newborn Referral Form Instructions
(MC 330)

What is the Newborn Referral Form?

The Newborn Referral Form is a California State Department of Health Care Services form (Form number MC330) used to notify a local county Medi-Cal office that a baby has been born to a mother on Medi-Cal. It is very important for infants to have health coverage for everything they need in the first months of life. Sending the form will help insure that the infant has Medi-Cal at least until his/her first birthday, when Medi-Cal must be renewed. The mother or father may also call the mom's Eligibility Worker to start the baby's Medi-Cal, but you DON"T have to do both – either calling or sending the form is fine. Many doctor's offices and clinics that are part of the Child Health and Disability Prevention (CHDP) program can also start Medi-Cal when a baby or child comes for a visit. Again, only one of these methods is necessary.

Some questions you may have in helping the parent to fill out the form:

Section A:
This section asks for information about the mother; you will need her Benefits Identification Card (BIC) **or** Medi-Cal ID number **or** her Social Security Number. This information will enable the county to look up her case. The BIC number is the number on her Medi-Cal card. The Medi-Cal ID number is shown on paperwork that she receives from Medi-Cal. The numbers that are easiest and that you might are the BIC number or the Social Security number, if she has one that she used for HER Medi-Cal. Be sure she spells her name the same way she did for her Medi-Cal.

Section B:
This section is to gather information on the newborn. Be sure the baby's name is spelled exactly as they have spelled it for the hospital and birth certificate process.
If the newborn for some reason already visited a Child Health and Disability Prevention Program (CHDP) clinic or doctor, she or he will have a Gateway ID number the parents should have received on a slip of paper, much like a credit card slip. Include it if mom or dad has it. The CHDP Gateway is a program that allows families to start the Medi-Cal and Healthy Families enrollment process over the Internet when they take their children to a doctor or clinic for preventive health care services as part of CHDP. Listing the number assigned will help with possible duplicate applications.

The three questions at the bottom of this section are very important:

Will mother and baby live in the same household?
If no, has the mother given up rights to the child?
If yes, date child(ren) given up

These questions are used to determine if the newborn is "deemed eligible" for Medi-Cal; meaning the newborn must be treated as if she or he had already applied, until the baby's first birthday. If the baby and mother do not live in the same household and/or the mother has given up rights to the newborn, the baby may still be eligible for Medi-Cal but must apply using a Medi-Cal application.

The mother, other parent, relative, or guardian of the infant needs to sign the form to authorize the release of information. If someone other than the parent, relative, or guardian filled out the form, such as a nurse or clinic worker, his or her signature is required in Section C.

Note: The words, "This form does not start Medi-Cal, CalWORKs, or Food Stamp benefits" at the bottom of the page is confusing. The words mean that the form can't start Medi-Cal benefits for anyone other than a newborn, and can't start Food Stamps or cash aid for anyone. The form ***was created for the purpose of*** notifying Medi-Cal of the birth of a baby so the baby's benefits can start in his or her own name.

Section C:
Fill in this section if the form was completed by a person other than the parent or a relative, or guardian. A hospital or clinic worker should list the Medi-Cal number of the provider – find out what it is for your hospital or clinic from your supervisor or billing department.
Fax the form to **(213) 763-8666.**

That's it! Thank you for taking this step to make sure that babies have health coverage!

Resources – where do I get help?

Questions about filling out the form?

Maternal and Child Health Access (213) 749-4261
The Health Consumer Center of Los Angeles – (800) 896-3203

Need more forms?

Use the state ordering form in your agency's training packet. To get more order forms, call (916) 928-1326 and ask for form # DHS 2031 OR
Copy the one in your training packet; be sure and give the parent(s) a copy.
Download them from the internet and keep a good copy to copy additional forms
At http://www.dhs.ca.gov/publications/forms/Medi-Cal/eligibilitybynumber.htm
REMEMBER! The fax number for Los Angeles on the list of county Medi-Cal offices is incorrect on the Internet. The correct fax number is (213) 763-8666. The form on our website has the correct fax number printed on the top.
http://www.mchaccess.org/pdfs/newborn-updates/Newborn%20Enrollment%20Form%20English-Spanish.pdf

Problems with receipt of the form by the fax machine at the County?
Call Medi-Cal District # 89 (213) 763-7647

Do the parents have other Medi-Cal questions?
They should try to call their Medi-Cal worker. If they can't reach him/her or have other questions about health coverage for low-income people, they should call the Health Consumer Center at **(800) 896-3203** mornings. They have people who speak English, Spanish, Chinese, Armenian, and Korean and use a language line to accommodate other languages.