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Maternal and Child Health Access

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**Infants Now Receiving Medi-Cal for the First Year of Life
Through the CHDP Gateway, *Without Having to Submit An Application—***

Over 40,500 infants enrolled so far!

Starting June 1, 2004, the State Department of Health Services (DHS) at long last began asking the simple questions necessary to identify “deemed eligible” infants under age one year when they begin Medi-Cal coverage through the CHDP Gateway. As a result, an average of over **4,500 infants each month** coming through the Gateway are getting Medi-Cal for the entire first year of life *without having to submit a regular Medi-Cal application, a birth certificate, a Social Security Number (SSN), or any documentation.*

In contrast, other children applying through the CHDP Gateway lose their benefits in a maximum of two months if they do not submit a regular Medi-Cal or Healthy Families application with documentation of income and other items.

“Deemed eligible” infants’ eligibility is being established retroactively to the birth month: this means that the family will have a payment source for back bills for the infants’ medical care. For example, an infant born in January who does not go through the Gateway until August will get a Medi-Cal number and card that can be used for bills incurred back to January and forward through December. (Some special rules apply for the few babies whose mothers had Medi-Cal with a share of cost for pregnancy-related care; for more information about these special rules, please contact MCHA.

“Deemed eligible” infants are those whose mothers had Medi-Cal during the birth month and lived with the mother during the birth month. For more information about “deemed eligibility” generally, please contact MCHA for a copy of our **Newborn Enrollment Fact Sheet.**

Other Ways of Enrolling “Deemed Eligible” Infants Stay In Effect

The CHDP Gateway is just one of several ways for enrolling “deemed eligible” infants into Medi-Cal for the first year of life without an application or documentation. The other ways are:

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- ✓ Faxing or mailing to the county the one-page Newborn Referral Form. Copies are available at www.dhs.ca.gov/publications/forms/pdf/mc330.pdf (English) and [www.dhs.ca.gov/publications/forms/pdf/mc330\(sp\).pdf](http://www.dhs.ca.gov/publications/forms/pdf/mc330(sp).pdf) (Spanish).
- ✓ Telephoning or meeting with the mother's Medi-Cal caseworker.

Reminder: **No application, birth certificate, SSN or other documentation is required** to enroll a “deemed eligible” infant into Medi-Cal for the entire first year of life.

Anyone with the parent's permission may submit the Newborn Referral Form or otherwise contact the county to enroll the infant without an application; this includes hospitals, clinics, public health nurses, outreach assistance, friends, etc.

When the **Newborn Hospital Gateway** (adopted under SB 24 in 2003) is implemented, families will also be able to enroll their “deemed eligible” newborns over the Internet with an electronic referral form. For more information about how you can **help to speed up the implementation**, please contact Lucy@Quacinella.com.

Which Enrollment Method Should Be Used For A “Deemed Eligible” Infant?

It depends on what's most accessible to the mother and her family.

If the infant has not had a CHDP visit before, he or she can qualify for such a visit at any time during the first year. So if it is convenient for the family to take the baby for a CHDP exam, the family can accomplish two things at once: get the baby the medical exam *and* enroll him or her into Medi-Cal.

But if it is more convenient for the family to use the Newborn Referral Form or to contact the county directly before taking the baby in for the medical exam, the family has those options, too. A family does **not** have to use the Gateway—the family can get the infant enrolled before taking the infant to a CHDP visit by using the Newborn Referral Form or contacting the county at any time during the first year of life.

What if a “deemed eligible” infant comes to the Gateway during the time it is covered under the mom's Medi-Cal number?

This question comes up, mostly from providers, because babies whose mother's had Medi-Cal for the delivery are automatically covered under the mother's Medi-Cal number during the birth month and the month after.

Families who want their newborns enrolled in Medi-Cal for the entire first year of life should act as soon as they can; they should **not wait** until after coverage

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under the mother's number is over. If the family takes the newborn for a CHDP visit during the first two months of life, the provider should enroll the infant into Medi-Cal with a number of its own the same day.

Doctors or clinics may have questions about how they should bill for service to a "deemed eligible" newborn if the infant is enrolled through the Gateway during the first two months of life and the mother was or is in a Medi-Cal managed care plan: should they bill the mother's plan or the infant's new Medi-Cal number? Providers should contact the Children's Medi-Cal Services Branch at the State Department of Health Services for clarification.

What if there's a problem enrolling the infant into Medi-Cal through the CHDP Gateway?

What if you know the mother had Medi-Cal for the delivery, but the Gateway is telling you that the infant's coverage will end unless the family submits a regular Medi-Cal application before the end of the month following the CHDP visit?

Check to make sure that the provider is using the **new** Gateway application form, the one effective June 1, 2004 that asks for information about the mother's Medi-Cal. A copy of the new form is attached.

Also check to make sure the correct date of birth and Medi-Cal or Social Security Number (optional) for the mother was entered into the Gateway.

Ask if the family has already tried to enroll the infant into Medi-Cal some other way. For example, if the family has already sent in a regular Medi-Cal application for the infant and the county has already acted on that application (by either granting or denying the infant's Medi-Cal), the Gateway will not identify the infant as being eligible for "deemed eligibility." However, the Gateway will identify and grant Medi-Cal for infants with regular Medi-Cal applications pending who have "accelerated enrollment." See All County Letter (ACL) No. 05-02 (February 17, 2005), page 10, available at:

www.dhs.gov/mcs/mcpd/MEB/ACLs/PDFs/ACWDLs/2005ACLS/01thru09/c05-02.pdf.

Still having problems? Contact the CHDP Director for your county, and please let MCHA what the issues are by contacting Lucy@Quacinella.com.

How does the infant's case get to the county? Or into Medi-Cal managed care?

Usually, it's the county that enrolls a person into Medi-Cal, and Medi-Cal beneficiaries usually have a case file with the local county department of social services. So the question comes up: if an infant is enrolled into Medi-Cal by the

CHDP Gateway instead of the county, how does the infant’s case get into the county’s Medi-Cal database and filing system?

State DHS recently issued instructions for this process in ACL No. 05-02 (link provided above). Basically, the state regularly sends the counties a data file that includes all the “deemed eligible” infants living in the county who have been enrolled into Medi-Cal for the year through the CHDP Gateway. The counties then use this information to add the infant’s case to the local Medi-Cal database, regardless of whether the mother’s Medi-Cal case has already been closed. The county will send a notice to the family when the county acts on the infant’s case.

It is important to remember that the infants have and keep their Medi-Cal throughout the transfer process and beyond. This coverage is in “fee-for-service,” even in managed care counties.

The infants get enrolled into managed care plans (in those counties with Medi-Cal managed care) *after* they have been added to the local county caseload, and this managed care enrollment occurs through the usual process that the county uses for all Medi-Cal beneficiaries.

If you are in a Medi-Cal managed care county and know of families who are having trouble getting their infants medical services while the infant is in “fee-for-service”, please contact Lucy@Quacinella.com right away.

Recommendations for Further Improvements

1. **Provider training:** Providers haven’t been trained by the state yet on the new procedures for identifying “deemed eligible” (DE) infants through the CHDP Gateway. Provider trainings are urgently needed.
2. **Provider prompts:** To help ensure that providers are filling out the section for infants under age one year that collects information about the mother’s Medi-Cal status in the birth month, the Gateway’s electronic application should:
 - a. Use a “yes/no” format for gathering the information, and prevent the screen from moving forward until there are answers about the mother’s Medi-Cal; or
 - b. Add a “pop-up” reminder question when the lines about the mother’s Medi-Cal are left blank and the child is under age one year, to make sure that the provider has asked the family for the missing information.
3. **Ensuring correct numbers are provided:** Similarly, to help ensure that the correct DOB and BIC/SSN are given for the mother, a “pop-up” should

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be added, asking the provider to double check these numbers before the screen moves on.

4. **Nested cases:** The state should clarify whether the Gateway has a mechanism for ensuring that, if a teen mom is part of her mother's Medi-Cal case, the teen's infant will be recognized as DE, and what that mechanism is.
5. **Data:** The state has distributed a data sheet showing total numbers of: children pre-enrolling through the Gateway, requesting a joint application, receiving "extended eligibility," being identified as DE (i.e., Aid Codes 8U and 8V), and other items. This information should be updated monthly and made available to the public on the CHDP program website. County breakdowns and breakdowns of all data items for infants under age one year should also be included.