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350 S. Bixel Suite 150
Los Angeles, CA 90017-1800
Tel 213. 749.4261
Fax 213. 745.1040
info@mchaccess.org
www.mchaccess.org

Alert – Medi-Cal Plan Enrollment for Newborns

The following article was published by state DHCS on December 3, 2024: **Medi-Cal News: Update: Change in Procedure for Infants Enrolled Through the Newborn Gateway:**

<https://mcweb.apps.prd.cammis.medi-cal.ca.gov/news/32590.13#msdynttrid=azjmNrpWHvS8NYW1spfka8Yd9XjivREmu9i3nr0yhC0>

The article states that as of November 24, 2024, newborns whose mothers had Medi-Cal or MCAP for the delivery (making the newborn “deemed eligible”, or DE) and who are enrolled into Med-Cal with a separate number of their own through the Newborn Gateway (NG) will be **automatically defaulted into the mother’s plan. These newborns will not have a primary care provider (PCP) when the default into the mother’s plan occurs.**

Neither the state nor the plan informs the family about any of this; families find out only after the newborn has been defaulted into the mother’s plan.

This process, referred to as “B1”, is also in place for DE newborns enrolling at the county. Advocates and providers have raised concerns about B1 multiple times in recent years. It is alarming that B1 has now been extended to the NG.

Why newborns need a PCP and/or may need to get out of the mother’s plan:

- Families aren’t being informed that they will have to act immediately after the birth to choose a PCP for the newborn or request a plan change if one is needed. This is especially dangerous for newborns with high-risk conditions or those who need specialty care.
- Until the family chooses a PCP for the newborn, clinics and other providers often refuse visits.
- Even if a provider is willing to see a newborn before the family chooses a PCP, the newborn may miss out on continuity of care for developmental screens and other essential primary care.
- Only a PCP can make a referral to specialty care. The wait until the family chooses a PCP for the newborn will delay access to that time-sensitive type of care as well.
- The pediatrician who cared for the newborn in the hospital may not be networked with the mother’s plan. The disruption in continuity is especially dangerous for newborns with complications, including those who must be admitted to a neonatal intensive care unit (NICU).
- A separate risk is that the NICU where the newborn needs to be treated may not be networked with the mother’s plan.
- The mother’s plan’s network may not have the non-NICU pediatric specialists that the newborn needs to see.
- Parents with other children who are enrolled in a Medi-Cal plan that is different from the mother’s may also wish to enroll their newborn in the same plan as the siblings’ plan and with the same pediatricians, for comprehensive family history, continuity of care, and/or to make travel times and locations less burdensome.
- The family may have already built trust with a pediatrician or pediatric practice that is not in the mother’s plan’s network. This is a particular concern for especially vulnerable families, such as

those experiencing homelessness, mental health crisis, or substance abuse disorder. This kind of trust between the parent and pediatrician cannot easily be replicated in a different plan with different providers.

How to protect newborns:

- **PCP:** Help the family contact the mother's plan right away to **get the PCP of the family's choice assigned to the newborn.**
- **Plan change:** If the newborn needs to change from the mother's plan to another plan, help the family **contact Medi-Cal Managed Care Health Care Options to ask for the plan change.** You can make the change online at <https://www.healthcareoptions.dhcs.ca.gov/en/enroll> or by **calling 1 (800) 430-4263**, Monday through Friday, 8 a.m. to 6 p.m. If the request is made **on or before the 19th of the month**, the change in the newborn's plan enrollment should take effect by the first of the next month. If the request is made on or after the 20th, the change will be delayed at least a month.

If the newborn's plan change cannot wait until the first of the following month or even later when the baby is born after the 20th of the month:

- File an "Emergency Complaint" against the plan with the state Department of Managed Health Care for violating the infant's rights under the timely access to care standard. The best way to file a complaint is online: <https://www.dmhc.ca.gov/FileaComplaint.aspx#imr-process> (scroll down the page to "File an IMR/Complaint with the DMHC). Be sure to mark it "**Emergency**". The result of the complaint should be that the plan covers the newborn's care out-of-network until the change to the new plan takes effect. You can contact the Health Consumer Alliance for free assistance with filing a DMHC complaint – (888) 804-3536.
- **MER-- Getting into fee-for-service for "continuity of care":** A newborn may need to be disenrolled from Medi-Cal managed care and receive Medi-Cal in fee-for-service for a time instead. This can happen, for example, when the pediatrician who treated the newborn in the hospital is not networked with the mother's plan or any other Medi-Cal plan where the family lives. In these situations:
 - Help the family get approval for a Medical Exemption Request (MER) **as soon as possible**. The MER form and instructions are here: https://www.healthcareoptions.dhcs.ca.gov/content/dam/digital/united-states/california/ca-hco/documents/english/download-forms/request-for-medical-exemption-from-plan-enrollment/MU_0003383_ENG_TempMedExemptionWEB.pdf. If the MER is approved, the newborn can receive Medi-Cal in fee-for-service from any willing provider anywhere in the state. You can contact the Health Consumer Alliance for free assistance with the MER process – (888) 804-3536. In Los Angeles County, you can contact MCHA at (213) 749-4261.
 - If the MER is denied, you can appeal the denial through a state fair hearing. You can contact the Health Consumer Alliance for free assistance with a hearing – (888) 804-3536.