

Newborn Gateway

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Welcome

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Education Department

California Hospital Association



Questions



Online Questions: At any time, submit your questions in the Q/A box at the bottom of your screen and press enter. We will take questions at the end of the presentation.



Robert Ducay

Mr. Ducay is responsible for developing, advocating, and executing public policies, legislation, and regulations on behalf of CHA member hospitals at the state and national levels. He serves as the issue manager for Medi-Cal financing and represents members' financial interests related to Medi-Cal, which includes the hospital fee and provides support on financial and reimbursement issues affecting California hospitals and health systems.

Presenters



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Newborn Gateway Background



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).
- » The Newborn Gateway will ensure a more expeditious enrollment of newborns into coverage and into a health care plan. It will also address federal findings related to mothers without satisfactory immigration status and incorrect claiming issues associated with the newborn.
- » The Newborn Gateway will leverage existing presumptive eligibility processes, providing hospitals the ability to establish eligibility for infants under expanded coverage groups.

Impact to Hospitals



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Impact to Hospitals

- » The Newborn Gateway will be nested within the Children's Presumptive Eligibility (CPE) Portal.
- » Hospital Presumptive Eligibility (HPE) providers will use their Provider Portal login credentials to access the CPE portal in the same way as the HPE Portal.
- » Existing HPE trained staff will only need to take and pass the Newborn Gateway Computer-Based Training (CBT) to access the Newborn Gateway section of the portal to submit transactions.
- » Hospital staff new to Presumptive Eligibility must take and pass both the HPE and Newborn Gateway CBTs to access the Newborn Gateway to submit transactions.

Why Newborn Gateway Requires the Hospital Presumptive Eligibility Training

Why Newborn Gateway Requires the Hospital Presumptive Eligibility Training

- » Since the general HPE requirements apply to Newborn Gateway, staff are required to take the HPE CBT even if only submitting Newborn Gateway transactions.
- » For the facility to maintain their Qualified Provider status for participation in the presumptive eligibility program, providers must follow the requirements of HPE such as helping with the application when asked, submitting a corrective action plan when found deficient in responsibilities, etc.
- » These requirements are documented within the larger HPE CBT. The Newborn Gateway CBT will be streamlined for ease of use.

Current Process



Current Process- Medi-Cal

- » The Child Health and Disability Prevention (CHDP) Gateway allows CHDP providers to enroll children into Presumptive Eligibility or a deemed infant aid code.
 - Infant with linkage to Medi-Cal based on their mother's Medi-Cal eligibility are deemed eligible for coverage until their 1st birthday, without the need for a Medi-Cal application. 8U represents deemed infant eligibility and is mandatory managed care.
 - There are no special billing processes for 8U infants.
- » HCP Status Code 'B1' indicates that the member is a recently born infant and will be covered under the mother's coverage until the infant has established coverage. 'B1' is considered to be active and eligible for coverage . Infants assigned 8U, but whose birth, eligibility and CIN were reported after a delay, will be flagged with a "B1" indicator where claim should be submitted under the mother's CIN for any B1 months.
- » Just like HPE, applicant eligibility is determined in real-time. The applicant is assigned their own Client Identification Number (CIN) which can be billed for services right away. A unique MEDS record is created to store eligibility and the county is notified of deemed infant births.

Current Process- Medi-Cal Infant Access Program

- » Today, mothers with Medi-Cal Access Program (MCAP) eligibility must report the birth of their infant(s) directly to the Department's administrative vendor, MAXIMUS.
- » Mother's must report to MAXIMUS via phone call or by submitting an Infant Registration Form.
- » MAXIMUS will then assign the infant a MCAIP aid code.
 - E6 and E7 represents MCAIP eligibility and are mandatory managed care

Anticipated Process



Anticipated Process

- » Effective July 1, 2024, the CPE Portal will replace the CHDP Gateway.
- » Effective July 1, 2024, legislation will require all facilities and providers participating in Presumptive Eligibility programs to report the births of infants with linkage to Medi-Cal or MCAIP within 72 hours after birth or 24 hours after discharge, whichever is sooner.
- » Providers and facilities participating in HPE, Presumptive Eligibility for Pregnant Women (PE₄PW) and CPE are required to participate in the Newborn Gateway.

Anticipated Process (Continued)

- » Presumptive Eligibility participation is voluntary and based on staffing availability. However, participation in Newborn Gateway is **mandatory** and staffing must be made available collect and submit enrollment transactions within the statute's timeframes.
- » Hospitals have flexibility in creating Newborn Gateway workflows as long as they comply with statute.

The Newborn Gateway Application



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The Newborn Gateway Application

- The Newborn Gateway Application will leverage the existing CHDP application (DHCS 4073) and Newborn Referral form (MC 330) for use in this new process.

- ... As a result, providers may already be familiar with many of questions required.
- ... DHCS intends to phase out the Newborn Referral Form in lieu of the Newborn Gateway application.
- ... The Newborn Gateway application will be multi-use. It can be used by non-Presumptive Eligibility providers and Medi-Cal members to report births directly to the county but outside the Newborn Gateway.
- ... The Newborn Gateway application cannot be used to report births to MAXIMUS outside of the portal.

The Newborn Gateway Application (Continued)

The Newborn Gateway Application (Continued)

- » If the parent/guardian is unavailable to complete the application, the provider is responsible for collecting and submitting the application using facts available to them through patient records and MEDS/AEVS.
- » The Newborn Gateway Application does not require parent/guardian input or signature to be valid.
- » NOTE: The Signature Flexibilities established by Hospital Presumptive Eligibility during COVID-19 are allowed for the Newborn Gateway. When parent/guardians are completing the Newborn Gateway application, providers may accept electronic and telephonic signatures in addition to the traditional physical signature.

Workflow Perspective



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Workflow Perspective

- » The Newborn Gateway interface will mirror existing PE Portals.
- » Since both the Newborn Gateway and CPE Portal are still in development, we do not have final screen shots. The next few slides contain mock-ups which are subject to change.

Workflow Perspective (Continued)

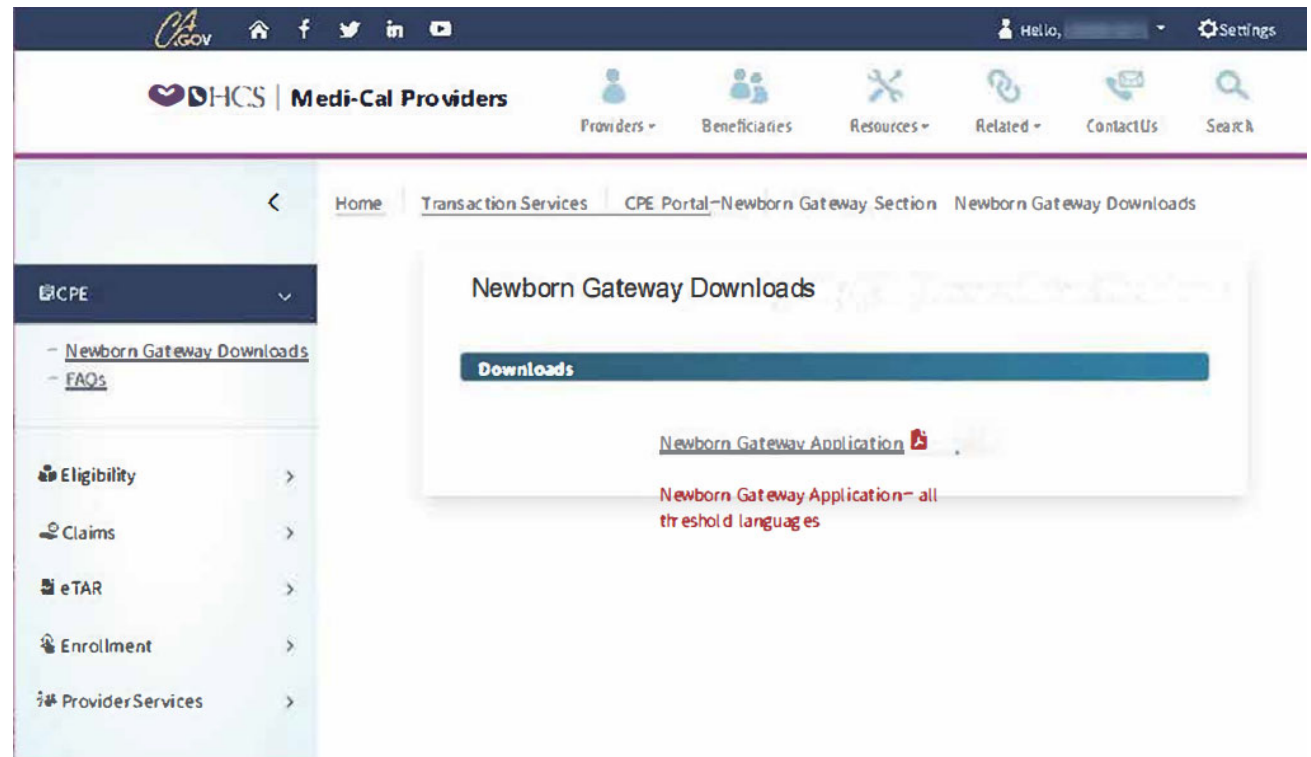
- Log into the CPE Portal through Transaction Services.
- Select the Children's Presumptive Eligibility link.

The screenshot displays the Medi-Cal Providers Transaction Services portal. The navigation bar includes the CA.GOV logo, social media icons, and user information. The main content area is titled "Medi-Cal Transaction Services" and features a yellow banner with the message: "Medi-Cal Rx is live on January 1, 2022. Please visit the Medi-Cal Rx site for additional information". Below the banner, there are several service categories and links:

- Eligibility**
 - Eligibility Benefit Inquiry (270) Single Subscriber
 - Eligibility Benefit Response (271) Share of Cost (SOC)/Spend Down Clearance
 - Multiple Subscribers
- Claims**
 - Appeal Status Inquiry
 - Claim Status Response (277)
 - Lab Services Reservation System
 - Claim Status Inquiry
 - Current Remittance Advice Detail
 - Medical Services Reservation
 - Claim Status Request (276)
 - Historical Remittance Advice Detail
- Electronic Treatment Authorization Request (eTAR)**
 - Inquire Only
 - TAR 3 Attachment Form
 - Medical Services
 - Pharmacy
- Enrollment**
 - Presumptive Eligibility for Pregnant Women
 - Children's Presumptive Eligibility**
- Provider Services**
 - Blood Factor Rates
 - Medical Supply Code Inquiry
 - Provider Checkwrite Inquiry
 - Case Status Inquiry
 - National Drug Code Inquiry
 - Continuing Care Inquiry
 - Procedure Code Inquiry

Workflow Perspective (Continued)

- Navigate to the Newborn Gateway section of the Portal and print the Newborn Gateway Application, if necessary.
- The Newborn Gateway Application is a tool to collect the necessary information before inputting it into the portal application. It does not need to be collected if the provider is verbally asking the questions, or if the provider is completing it with case information. However, a copy of the final application will need to be printed and stored in the case file.



Workflow Perspective (Continued)

- Navigate to the Newborn Gateway Transaction and input the application data into the portal.

The screenshot shows the DHCS Medi-Cal Providers portal. The top navigation bar includes the DHCS logo, social media icons, and user information (Helio). The main navigation menu has options for Providers, Beneficiaries, Resources, Related, CONTACTUS, and Search. The left sidebar contains a dropdown for CPE, followed by Newborn Gateway downloads, and a list of menu items: Eligibility, Claims, eFAR, Enrollment, and Provider Services. The main content area is titled "Newborn Gateway Application" and contains the following text:

All providers participating in Children's Presumptive Eligibility (CPE), Hospital Presumptive Eligibility (HPE) and Presumptive Eligibility for Pregnant Women (PE4PW) programs are required to use the Newborn Gateway to report the births of infants with linkage, born in their facilities, including hospitals, birthing centers, or other birthing settings, within 72 hours after the birth, or one business day after discharge, whichever is sooner.

- The Newborn Gateway will be used to report births of infants deemed eligible to Medi-Cal or the Medi-Cal Infant Access Program (MCAIP).
- The infant's eligibility based on their mother's linkage to Medi-Cal or Medi-Cal Access Program (MCAP)

Providers must submit a Newborn Gateway transaction for an infant whenever it is known or suspected that the mother is on a Medi-Cal or Medi-Cal Access Program (MCAP) aid code.

- Examples include:
 - The mother identifies themselves as a Medi-Cal or MCAP member.
 - A family member identifies the mother as a Medi-Cal or MCAP member.
 - AEVS or MEDS shows active eligibility.
 - A Benefits Identification Card is provided.
 - An affirmative is given to any Benefits Identification Card question

Continued Health Care Coverage Information

{Applicant or applicant's child may be eligible for continued health care coverage through Medi-Cal or premium assistance programs under Covered California. If applicant answered YES to this question, an application will be mailed to applicant in a few days. Please return promptly. If applicant answered NO to this question (or if applicant answered YES but does not return the application), the patient's coverage for health, dental, and vision benefits will stop at the end of next month unless the county Department of Social Services notifies applicant otherwise. Applicant or applicant's child will still be eligible for CHOP preventive services.}

* Applicant wants to apply for continuing coverage through Medi-Cal or premium assistance programs under Covered California. Yes No

Next

Workflow Perspective (Continued)

- Double check the inputted data and print the final application for the case record.

The screenshot displays the 'Newborn Gateway' web application interface. The top navigation bar includes the DHCS logo and 'Medi-Cal Providers' text, along with icons for Providers, Beneficiaries, Resources, Related, Contact Us, and Search. The main content area features a progress indicator with four steps: Verification, Patient Information (highlighted in orange), Parent/Guardian Information, and Screening/Certification. Below the progress bar, the 'Patient Information' section contains several form fields: a Social Security Number field, Last Name, First Name, Middle Initial, Date of Birth, Gender (Male/Female), and Social Security Number (with a 'California Resident' checkbox). The 'Home Address' section includes a checkbox for 'If you are homeless check here', and fields for Street Address, City, State (California), and ZIP Code. The 'Mailing Address' section has similar fields for Street Address, City, State, and ZIP Code. The 'Mother's Information' section includes fields for Last Name, First Name, and Middle Initial. At the bottom right, there are 'Previous' and 'Next' buttons.

Workflow Perspective (Continued)

Workflow Perspective (Continued)

- Submit the application and wait for the outcome response which will arrive in real-time.

Workflow Perspective (Continued)

- The Newborn Gateway CBT and User Guide will explain the necessary steps the provider must take to finalize the application, explain eligibility when applicable and what documents must be issued to the parent/guardian and stored in the case record.

C. Approved Eligibility Determination Process- parent present

- » Explain the approved eligibility decision.
- » Print **two (2) copies** of the Temporary BIC and have the parent sign both printouts on the client signature line.
- » Print **two (2) copies** of the Newborn Gateway application and have the parent sign both.
- » Provide the parent a copy of the signed BIC and application and retain the other signed copy in case records.
- » Explain the temporary BIC can be used immediately.
- » Inform the parent to present the temporary BIC to receive services for their infant until a plastic BIC card arrives.
- » Explain the Newborn Gateway Enrollment Period.

New Aid Code



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New Aid Code

- » Infants with linkage to the Medi-Cal Access Infant Program (MCAIP) due to their mother's MCAP eligibility, will be assigned a new aid code, E8.
- » E8 will work like 8U but will represent MCAIP's higher income standards.
- » E8 will be mandatory managed care and records will never include a B1 indicator.
- » MAXIMUS will process all E8 infants and review for ongoing eligibility.

The Recent Past: 8U Numbers By Year

The Recent Past: 8U Numbers By Year

- » Aid code 8U has been in use since April 1, 2002.
- » Between 2021-2023 there have been approximately 33,164 children in 8U each month, on average.
- » Between 2021-2023 there have been approximately 3,866 children newly enrolled in 8U each month, on average .

8U Forecasting



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8U Forecasting

- » We project that 8U enrollment numbers into will increase as:
 - Medi-Cal is expanded to additional populations who may give birth.
 - CPE is expanded to allow more provider to participate in CPE and enroll children into the 8U aid codes.
 - The Newborn Gateway statute requires PE Providers to submit electronic enrollments for probable deemed eligible infants born in their facilities.

Claiming



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Claiming

- » 8U and E8 will provide full-scope coverage with mandatory managed care plan enrollment.
- » When births are reported through the Newborn Gateway capitation for the infant would flow as it would for any other person.
- » Records for infants enrolled in 8U or E8 through the Newborn Gateway would not include a B1 indicator and providers would bill under the infant's CIN.
- » The B1 indicator will still be used but with less frequency. It will continue to be applied to 8U infants in the first two months of birth when the infant's eligibility is established after a delay.
 - Ex. 8U eligibility is established through the CPE Portal during a four month Well Baby visit. 8U will be established back to the date of birth and a B1 indicator applied for the first two months.

Claiming (cont.)

- There will be no double billing as claims would be submitted either under the mother's CIN for the mother's services or any services administered to the infant when a B1 indicator is present; or to the infant when 8U eligibility and CIN are established timely where no B1 indicator is triggered.
- » When births of infants are reported timely through the Newborn Gateway per statute, capitation will be paid for the mother as well as separate capitation for the infant.

Questions for Discussion

Questions for Discussion

- » What are the hospital processes for checking and confirming eligibility prior to a scheduled birth?
- » How is eligibility verified for patients who report they have Medi-Cal but don't have a social security number or Medi-Cal card?

Please put any responses in the chat, or e-mail them to our team at ChildrenPE@dhcs.ca.gov

Questions

Please submit your questions using the Q&A box (usually located at the bottom of your screen).

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Thank You



Thank you for participating in today's webinar.

For education questions, contact:
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