



STATE OF NEW YORK

DEPARTMENT OF HEALTH

Coming Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

INFORMATIONAL LETTER

TRANSMITTAL: 00 OMM/INF-01

TO: Commissioners of
Social Services

DIVISION: Office of
Medicaid
Management

DATE: 3/23/00

SUBJECT: Medicaid Coverage for Newborns

SUGGESTED

DISTRIBUTION: Local District Commissioners
Medical Assistance Staff
Public Assistance Staff
Staff Development Coordinators

CONTACT PERSON: Local District Liaison
Upstate: (518) 474-9130
New York City: (212) 613-4330
Upstate Systems: Robert Decker at 518-402-6682
NYC Systems: Kathleen Jackson at 212-268-6859

ATTACHMENTS: Attachment I, Notification of New Pregnancies
Attachment II, Notification of New Births

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
95 ADM-21 93 ADM-29 90 ADM-30 90 ADM-9 85 ADM-33		360-3.3(c)	366(4)(1) - (n) 366(g) OBRA 90	MRG pg. 44	GIS98MA/018 95 LCM-52 GIS94MA/035 92 LCM-154 GIS92MA/006 92 LCM-62 GIS92MA/042 GIS91MA/007

The purpose of this Informational Letter (INF) is to remind local districts of their continuing responsibility to ensure timely Medicaid coverage for infants under age one (1).

The need to ensure such coverage is particularly important in light of new legislation. This new statute, Chapter 412 of the Laws of 1999, added Section 366-g of the Social Services Law. It requires the State Department of Health to establish additional procedures to ensure Medicaid eligibility for newborns whose mothers are receiving Medicaid on the date of the birth. The legislation requires that such a newborn be assigned a client identification number (CIN) and issued an active Medicaid card no later than ten (10) business days from notification of the birth by a hospital. The new statute also imposes requirements on hospitals for notifying SDOH or its designee of births within five (5) business days of the births. These and related requirements will become effective July 1, 2000.

The Department is developing procedures to establish newborn eligibility as required under the new legislation. Instructions to districts related to implementation of processes/procedures for the new statute will be given in a forthcoming directive. However, it is critical that the local departments of social services (LDSS) are currently making every effort to ensure that all eligible infants receive Medicaid coverage as soon as they are born, in accordance with existing policy and procedures. Current policies for establishing eligibility for newborns and unborns are reiterated in this INF. It is essential that newborns be authorized for Medicaid as soon as the LDSS is notified of a birth, rather than awaiting verification to be received for other program purposes (e.g., Temporary Assistance or Food Stamps).
Note: This INF covers all Medicaid recipients, including those in receipt of Temporary Assistance.

It is essential that programs within the LDSS share information in order to expedite coverage and appropriate services for the unborn/newborn. If one program (for example, Temporary Assistance) in the LDSS is notified of a change of status (pregnancy, birth, change of address, etc.) that would affect the unborn/newborn's eligibility for benefits, that program must notify all other relevant programs within the LDSS, including managed care.

PREGNANT WOMEN

When the LDSS has received information about the pregnancy from one of the sources identified below, the unborn child must be added to the case immediately upon notification, assigned a CIN and issued a Medicaid card. If information regarding the birth is not received and/or the mother does not recertify, the unborn's Medicaid eligibility must still be continued for twelve (12) months from the EDC.

The LDSS must accept verbal (including telephone) or written notification from medical providers about a pregnancy. Notification received from a hospital, Prenatal Care Assistance Program (PCAP), Medicaid Obstetrical and Maternal Services (MOMS) provider, Managed Care Organization (MCO) or any other medical provider constitutes sufficient notification to add the unborn to the case. If the notification is verbal, an appropriate notation must be made in the case record with the name of the person contacting the agency, the medical provider that individual represents, and the date.

Note: For Temporary Assistance, written verification continues to be required to establish the appropriate TA (Family Assistance or Safety Net Assistance) eligibility for a pregnancy allowance, employment code, etc. However, even without that documentation, the unborn must be put on the case for Medicaid.

NEWBORNS

An infant born to a woman who is eligible for and receiving Medicaid on the date of the child's birth continues to be eligible for Medicaid until the end of the month of his or her first birthday. Verification of the infant's name, date of birth, Social Security Number (SSN) or other demographic data is not required to provide Medicaid coverage until the end of the month in which the child's first birthday occurs.

Notification by Medical Providers, whether or not there is an Unborn on the Case

Notification received from a hospital, PCAP provider, MOMS provider, MCO or any other medical provider constitutes sufficient notification to establish Medicaid eligibility and the one-year extension from the child's date of birth. If the notification is verbal, an appropriate notation must be made in the case record with the name of the person contacting the agency, the medical provider that individual represents, and the date.

Notification when there is an Unborn on the Case

Information about the birth may be received from the mother, as well as certain adult members of the newborn's family or household for an established case, provided that there is a medically verified unborn on the case. If the unborn is already on the case, any contact from the mother, child's father, grandparent, aunt, uncle, sibling over age 18, or an adult within the woman's household must be accepted as sufficient notification to establish Medicaid eligibility for the child with the one-year extension from the date of birth. This notification may be verbal (including telephone) or written notice, and is sufficient to establish Medicaid eligibility for the child and the one-year extension. If the notification is verbal, an appropriate notation must be made in the case record with name of the person contacting the agency, his/her relationship to the child, and the date.

Note: In exceptional circumstances, notification by an alternate reliable individual or agency is acceptable, with appropriate notation in the case record.

Any official government, medical or church record continues to be acceptable verification of birth, when verification is needed (i.e., there is no medical verification of either pregnancy or birth). The information provided in the notification should be adequate to link the newborn to the mother, and should include the mother's name, the newborn's name (at least last name and, if available, first name), gender and date of birth. (Optimally, the mother's CIN and/or SSN would be provided, but they are not necessary to establish eligibility for the infant.)

Note: When the first name is not available, a district may use the word "newborn" or if gender of the child is known, use either "female" or "male" instead of the first name.

Once the LDSS has this information (that is, the last name, sex, and date of birth of the newborn) from an appropriate source as described above, it must add the child to the mother's case, either as an update to the previously entered "unborn record" or as a new entry, and authorize Medicaid coverage until the end of the month in which the child's first birthday occurs.

When a new entry is made as the result of information received from a party other than the mother, the mother must be notified by LDSS that she should confirm/provide verification of the birth information to the LDSS as soon as possible if she is on cash assistance and/or food stamps.

The establishment of the child's eligibility and the associated one-year extension cannot be denied, delayed or discontinued for the parent's failure to comply with any non-financial requirements, such as child support enforcement requirements, or failure to recertify. If the mother is discontinued from either Medicaid or TA/MA, the child must be authorized for continuing Medicaid coverage until the end of the month in which the child's first birthday occurs, assuming the whereabouts of the child is known.

The following are the only exceptions to continuous eligibility coverage for children under age one:

- the child is not a resident of the state;
- a request has been made on behalf of the child by a custodial parent or legal guardian to terminate eligibility;
- the child is deceased;
- there are concurrent benefits, intra-state;
- there are concurrent benefits, interstate, or
- the child has been added to another TA/MA or Medicaid case. (In this instance, the infant is not losing eligibility; the child's eligibility is authorized in another case.)

Note: If a mother is granted Medicaid eligibility retroactively, and the child was born during the three-month retroactive period, the

infant receives the one-year extension from the date of birth if the mother was eligible during the month in which the birth occurred.

MANAGED CARE ENROLLEES

When the LDSS receives medical verification of a pregnancy, the LDSS must add the infant to the case as an unborn, assign a CIN, issue a Medicaid card, and enroll the unborn in the mother's MCO. (The MCO will be notified of the enrollment via the next Medicaid roster.)

Within thirty (30) days of knowledge of a pregnancy of an enrollee, the MCO must notify the LDSS of any enrolled client who is pregnant and the EDC of the recipient. If the notification is verbal, an appropriate notation must be made in the case record with the name of the person contacting the agency, the MCO that individual represents, and the date. Upon receipt of this notification, the LDSS must add the infant to the case as an unborn, assign a CIN, issue a Medicaid card, enroll the unborn into the mother's MCO, and notify the MCO of the enrollment.

When a Medicaid managed care enrollee has a delivery, the hospital must notify the MCO of the birth as soon as possible. The MCO is expected to notify the LDSS of the birth within five (5) days of knowledge of the birth, and send verification of the infant's demographic data to the district, including the mother's name and CIN, the newborn's name (including first name, if available), CIN (if available), gender, date of birth and weight (in grams).

If the infant was not pre-enrolled as an unborn and the mother was enrolled in the MCO on the date of the delivery, the local district will then retroactively enroll the eligible newborn in the appropriate MCO, back to the first day of the month of birth, and the newborn will appear on the roster the following month. When the newborn is retroactively enrolled, the MCO is responsible for all costs for Medicaid covered services provided by the MCO to the enrollee from the date of the child's birth.

Note: Infants weighing less than 1200 grams at birth are excluded from the Medicaid managed care program and should not be enrolled with an MCO.

Transmittal Forms

Local districts that have not developed a form for transmitting unborn/newborn information between MCOs and/or hospitals and the local district are advised to do so. Sample transmittal forms are included as Attachments I and II. These forms should be put on the appropriate letterhead. Forms must be submitted within the time requirements for notification.



Kathryn Kuhmerker
Deputy Commissioner
Office of Medicaid Management

Attachment I

Notification of New Pregnancies
Transmittal 1

TO: LDSS: _____
LDSS Contact Person: _____

FROM: Provider: _____
Provider Contact Person: _____

Transmittal Date: _____

<u>Mother's Name</u>	<u>Mother's CIN</u>	<u>EDC Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature/Title

Instructions: Fill out each line completely for each woman listed. Top section must be completed and form signed.

Attachment II

Notification of New Births
Transmittal 2

TO: LDSS: _____
LDSS Contact Person: _____

FROM: Provider: _____
Provider Contact Person: _____

Transmittal Date: _____

Mother's Name/CIN	Baby's Name/CIN	Gender	DOB	Weight (grams)
_____/_____	_____/_____	_____	_____	_____
_____/_____	_____/_____	_____	_____	_____
_____/_____	_____/_____	_____	_____	_____
_____/_____	_____/_____	_____	_____	_____
_____/_____	_____/_____	_____	_____	_____
_____/_____	_____/_____	_____	_____	_____
_____/_____	_____/_____	_____	_____	_____
_____/_____	_____/_____	_____	_____	_____

Signature/Title

Instructions: Please fill out each line completely.
Incomplete forms may not be accepted.
Top section must be completed and form signed.