Newborn children may become Medicaid beneficiaries effective on his/her date of birth.

Newborn to a Medicaid-eligible Mother

A child born to a Medicaid-eligible mother may automatically be eligible for Medicaid coverage for one year, provided the newborn continues to live with the mother. Following the birth of a child of a Medicaid beneficiary and before the mother is discharged from the birthing facility, hospitals must complete the Request for Newborn Health Benefits Identification Number form. This form authorizes the hospital to release information to the Division of Medicaid (DOM). The completed form should be faxed to the appropriate Medicaid Regional Office that serves the county where the mother and baby will reside. The Medicaid Regional Office will process the newborn information and assign a permanent Medicaid ID number within 7-10 days of receipt and fax the form back to the birthing facility initiating the form.

NOTE: Newborns adopted at birth are not automatically entitled to the one-year eligibility period. An application for the newborn must be filed with the appropriate certifying agency.

A hospital can verify eligibility through the AVRS line at 1-800-884-3222 for any Medicaid beneficiary.

Newborn Who Is Not Medicaid-eligible at the Time of Birth

Eligibility is established by submitting an application to the appropriate Medicaid Regional Office. Application forms are available at some hospitals, federally qualified health centers, health departments, and other provider offices as well as Medicaid regional offices. If eligibility criteria are met and there are unpaid bills, eligibility may be established for as much as three months prior to the date of application as described in Section 3.03 in this manual.

REQUEST FOR NEWBORN HEALTH BENEFITS IDENTIFICATION NUMBER

Regional Medicaid Office _____ Hospital _____

Fax _____

I. RELEASE OF INFORMATION – TO BE COMPLETED BY PARENT

I, _____, hereby authorize _____
(Name of Parent) (Name of Hospital)

to release to the Mississippi Division of Medicaid information regarding my newborn child,

_____ for purposes of enrolling my child in Medicaid or the
(Name of Child As It Appears on Birth Certificate)

Children's Health Insurance Program (CHIP).

Signature of Parent_____Date_____

II. IDENTIFYING INFORMATION – TO BE COMPLETED BY HOSPITAL

Newborn's Date of Birth _____ Sex _____ Race _____

- ❑ Single Birth
- ❑ Multiple Births How many? _____

Name and Address of Mother _____

_____

Mother's Medicaid ID# _____ Mother's SSN _____

Were parental rights terminated? No ❑ Yes ❑

Hospital Representative Furnishing Information _____

Telephone # _____ Date _____

III. HEALTH BENEFITS INFORMATION – TO BE COMPLETED BY MEDICAID REGIONAL OFFICE

Newborn is eligible for ❑ Medicaid ❑ Children's Health Insurance

Health Benefits ID# _____ Effective Date _____

DOM Worker _____ Date _____