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

Newborn to a Medicaid-eligible Mother

~~The child born to a mother who is a Medicaid beneficiary at the time of the child's birth may automatically be eligible for coverage under the Medicaid program for one year, provided the newborn lives with the mother. The newborn receives this automatic one-year of eligibility only if/when a claim is filed on the mother's ID number using the "k" suffix. This results in a temporary "200" series ID number being placed on file. In order for a permanent Medicaid ID number to be assigned to the child and a card issued with the child's ID number, the mother must apply for the child at the appropriate certifying agency (i.e., DHS, SSA, DOM) and provide the necessary information to complete the application.~~

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 regarding the birth to the Division of Medicaid. 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.

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

~~Eligibility is established by submitting an application to the county DHS office or other designated site using the short eligibility form. These forms are available at some hospitals, federally qualified health centers, health departments, and other provider offices as well as regional Medicaid 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.~~

Eligibility is established by submitting an application with 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 regional Medicaid 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.