

## Office of Temporary and Disability Assistance

ANDREW M. CUOMO Governor MICHAEL P. HEIN Commissioner BARBARA C. GUINN Executive Deputy Commissioner

## General Information System (GIS) Message

Section 1	
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То:	Subscribers
Suggested Distribution:	Commissioners, TA Directors, WMS Coordinators and Medicaid Directors
From:	Jeffrey Gaskell, Deputy Commissioner Employment and Income Support Programs
Subject:	Timely Medicaid Eligibility Enrollment for Newborns on Temporary Assistance Cases
Effective Date:	Immediately
Contact Information:	Temporary Assistance (TA) Questions – TA Bureau 518-474-9344 <u>otda.sm.cees.tabureau@otda.ny.gov</u> Medicaid (MA) Questions – MA Local District Liaison Upstate – 518- 474-8887; New York City – 212-417-4500 or <u>Idr@health.ny.gov</u>

## **Section 2**

The purpose of this General Information System (GIS) message is to provide direction to social services districts (districts) regarding the proper addition of Medicaid coverage for eligible newborns to Temporary Assistance (TA) cases.

A recent Medicaid audit conducted by the Office of the State Comptroller found that Medicaid eligible newborns who were enrolled manually by the local districts, rather than through the automated newborn process, were not promptly enrolled in Medicaid or into the mother's Medicaid managed care plan for their month of birth. This includes newborns that were added to Temporary Assistance (TA) cases.

Social Services Law 366(g), and 1902(e)(4) require that newborns be in receipt of Medicaid within ten days of notice of the birth and be enrolled in coverage that mirrors their mother's coverage. The Department of Health (DOH) provided initial guidance in 2000 in <u>00 OMM/INF-01</u> "Medicaid Coverage for Newborns" for the implementation of the new legislation in Chapter 412 of the Laws of 1999. The infant must be enrolled in the mother's Medicaid managed care plan within the 10-day timeframe and coverage must go back to the infant's newborn's date of birth. When a delay in managed care enrollment occurs, hospitals improperly bill newborn services to Medicaid as fee-for-service when the mother's managed care plan should pay the claim.

In order to ensure that Medicaid eligible newborns are enrolled into their mothers' Medicaid managed care plan timely, district staff are reminded that the following Medicaid policies must be adhered to:

- A newborn is automatically eligible for Medicaid if the mother was in receipt of Medicaid at the time of birth or in the three months prior to birth.
- A social security number or proof of birth, such as hospital records or a birth certificate, is not required to establish Medicaid for the infant.
- Districts must enroll the newborn in the mother's Medicaid managed care plan as soon as the district is notified of the birth. Districts cannot wait for verification to be received for other program purposes, such as enrollment in TA or Supplemental Nutrition Assistance Program (SNAP). It is the district's responsibility to contact the mother and request verification of the birth data if needed for services other than Medicaid; however, Medicaid coverage must not be delayed while awaiting this documentation.
- In districts that utilize NY Medicaid Choice for managed care enrollment, newborns who are manually added by the district must not be sent for enrollment because NY Medicaid Choice is unable to retroactively enroll the newborn back to the month of birth.

There are exceptions to enrolling an infant into a mother's Medicaid managed care plan for the month of birth. For example, when the mother has managed care through Third Party Health Insurance and Medicaid fee-for-service (FFS), the infant would receive Medicaid FFS. Additionally, when a mother is enrolled in a Health and Recovery Plan (HARP) managed care plan, the infant is enrolled in the HARP's "sister" managed care plan (same Managed Care Organization, different plan ID). Information on the automated enrollment process was provided to districts through <u>01 OMM/ADM-5</u> "Automatic Medicaid Enrollment for Newborns". TA staff can obtain additional information on the automated newborn enrollment process on page 18 of that Administrative Directive.