



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

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

Dennis P. Whalen
Executive Deputy Commissioner

May 1, 2006

Dear Chief Executive Officer:

On August 9, 1999, Governor Pataki signed legislation (Chapter 412 of the Laws of 1999) requiring that the Department of Health (Department) ensure the timely enrollment of infants, whose mother is in receipt of Medicaid, into the Medicaid program. The statute took effect July 1, 2000.

This statute mandates that hospitals report live births for women in receipt of Medicaid, Family Health Plus, and the Prenatal Care Assistance Program to the Department, or its designee, within five (5) business days of the birth. For hospitals in all regions of the state, excluding New York City, the mechanism to report live births is through the Statewide Perinatal Data System (SPDS). Hospitals located in the five boroughs of New York City report live births to the New York City Department of Health and Mental Hygiene. Through a cooperative agreement, information about Medicaid eligible infants is electronically submitted to the Department's Medicaid Program.

Furthermore, New York State Public Health Law, Section 4130.5, states that when a birth occurs in a hospital, the person in charge of such hospital or his designated representative shall obtain the personal data, prepare the certificate, secure the signatures required by the certificate, and file it with the registrar. The physician in attendance or a physician acting on his behalf shall certify to the facts of birth and provide the medical information required by the certificate within five days after birth.

Hospitals may face a financial penalty if they fail to comply with this provision. The Department will be issuing Statements of Deficiencies to late and non-reporting hospitals as a pre-cursor to financial penalties of \$3,500 per instance of non-compliance.

Hospitals are required to comply with the following:

- The hospital must confirm that a mother presenting a Common Benefit Identification Card (CBIC) is actually Medicaid eligible. The CBIC card is also used for people who are eligible for other programs such as Food Stamps.

The verification process through the Medicaid Eligibility Verification System (MEVS) must be completed to determine the recipient's eligibility for Medicaid services and

supplies. When a provider does not verify eligibility prior to providing service, there is a risk of non-payment for those services.

Please note that hospitals are still required to report births of babies born to women pending Medicaid coverage.

- The birth hospital must report even if the infant is transferred soon after the birth.

When a newborn is transferred to another medical facility, it remains the responsibility of the hospital where the birth occurred to report the birth within the required timeframes to ensure medical coverage of the newborn.

- Providers must also check the woman's Medicaid managed care status, since many managed care plans serve Medicaid as well as non-Medicaid enrollees.

Health Plan member identification cards issued after October 1, 2004, include the Client Identification Number (CIN) for persons in receipt of Medicaid or Family Health Plus. In most instances, an infant born to a woman who is enrolled in a managed care plan is considered enrolled in the same plan from date of birth, even if the managed care enrollment is not yet reflected in the system. Provider must not bill Medicaid fee-for-service, but rather must bill the managed care plan for the infant's hospital stay. Babies weighing less than 1200 grams at birth will not be enrolled in a managed care health plan, but rather, receive fee-for -service Medicaid.

In New York State, an infant whose mother is in receipt of Medicaid at the time of the infant's birth is entitled to Medicaid for at least the first 12 months from the date of birth. Therefore, if a woman with an infant in need of care presents with her active Medicaid card, providers should assume that the child is also eligible, even though the child may not yet have a Medicaid card.

The Department continues to strive for full compliance in reporting for newborns and ensuring medical coverage for these newborns. Additionally, the Department remains committed to assisting facilities in fulfilling their reporting responsibilities so that all eligible infants have access to medical care in New York State.

Thank you for your assistance in ensuring that newborns receive quality care while their formal Medicaid eligibility is being processed. Should you have any questions about Medicaid requirements, please contact Donna Scocco Mazzeo at 518-474-8887.

Sincerely,



Martin J. Conroy
Director
Bureau of Hospital & Primary Care Services