

February 1, 2008

IMPORTANT INFORMATION:

Notification of Birth Form and Process – M.A.D. 313 Form for Salud eligible newborns

Dear Healthcare Professional:

Presbyterian Health Plan (PHP) is committed to ensuring that our practitioners and providers are kept apprised of changes that affect the way in which health care is administered. We're also dedicated to ensuring that you have the information you need for correct claims submission and payment for the excellent care you provide to our members.

The Human Services Department (HSD), Medical Assistance Division (MAD) and Income Support Division (ISD) have developed a form that serves as an official notice of the birth of a newborn to a Medicaid eligible mother. Presbyterian has always worked with contracted facilities to obtain birth and Medicaid information that may have been made available to hospitals, and with the newborn's mother to underscore the importance of completing the Medicaid application for their newborns. Despite these best efforts, some newborns are never enrolled in Medicaid due to a failure of following through with the application process by the parent/guardian. Therefore, we would like to enlist your collaboration in completing and submitting the Notice of Birth Form to the appropriate ISD office as Presbyterian desires to provide covered services to enrolled newborns and issue payment to providers for rendering covered services. The latter, however, is dependent upon the newborn being enrolled in Presbyterian Salud; therefore, your assistance in this effort is invaluable.

The form is intended to facilitate enrollment of the newborn into Medicaid by the ISD Case Worker. The process for use of the form is as follows:

When a child is born to a Presbyterian Salud enrolled mother:

- 1) The Hospital/Medical Provider completes the Notification of Birth (NOB) Form (attached).
- 2) The Hospital/Medical Provider faxes the completed NOB Form to the appropriate County ISD office where the mother resides, and to Presbyterian Salud.
- 3) ISD Case Worker enters the newborn into the ISD system and issues a temporary Medicaid Number.

The form (MAD-MR: 07-15 Notification of Birth MAD 313 Form) and instructions are posted on the HSD/MAD website at the link below.

http://www.hsd.state.nm.us/mad/pdf_files/Registers/REG_MR_07_15_313_form.pdf

[PPC010812]

*Services are funded in part under contract with the State of New Mexico
Presbyterian serves to improve the health of individuals, families and communities.*

Upon receipt of the Notification of Birth, PHP will enter the newborn's information into our system, pending receipt of the Medicaid number. Presbyterian Salud is not responsible for payment for newborns that are not officially enrolled in Presbyterian Salud through the ISD office. Therefore, if the NOB Form process is not followed, your claims may be affected. In order to simplify the payment process, and reduce potential confusion regarding your billing of newborn services, we strongly encourage your active participation in completing the Notification of Birth Form and sending the completed form to the appropriate ISD office during the mother's stay or during her discharge process.

If you have any questions regarding this notification, please contact your Provider Services Coordinator me by e-mail or by telephone, Monday through Friday, 8:00 a.m. to 5 p.m. We appreciate your commitment to providing excellent care and service to our members. As always, thank you for partnering with us to improve the health of individuals, families, and communities.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Sanchez".

Mark Sanchez
Training Specialist, Provider Services
(505) 923-8066
msanchez@phs.org



Notification of Birth

Medical Assistance Division

Section I – Hospital/Medical Provider Information			
Hospital or Medical Provider Name:			
Address:	P.O. Box/Street Address		
	City	State	Zip
Section II – Certification of Birth			
Childs Name:	Last	First	Middle
Date of Birth:	___/___/___	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Certified by:			
Signature:			Telephone Number
			Date: ___/___/___
Has the application for a Social Security card for the child been made?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Section III – Parent Information			
Mother's Name:	Last	First	Middle
			Social Security Number ___-___-___
Mother's Maiden Name:			
Address:	P.O. Box/Street Address		
	City	State	Zip
Father's Name:	Last	First	Middle
Address:	P.O. Box/Street Address		
	City	State	Zip
Has Paternity Been Established?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Section IV- Mother's Medicaid Information			
Medicaid Number (from Medicaid ID card):			
Managed Care Status (please check one):	<input type="checkbox"/> Exempt <input type="checkbox"/> PHP <input type="checkbox"/> LCHP <input type="checkbox"/> MHCP		

*When completed, this form meets the initial verification of U.S. citizenship as required by the New Mexico Medical Assistance Division.
Submission of this form demonstrates a request to enroll the above named child in the Managed Care Organization of the mother.
Medicaid eligibility for the above named child is for 12 months. After the 12 months, a new application may be needed for medical coverage in another category of eligibility.*

Section V - ISD Office Use Only		
Temp ID#	<input type="checkbox"/> Child is Ineligible for Medical Assistance	Date Issued: ___/___/___
ISD Worker:	Print Name	Signature