



**State of New Jersey**

**DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

ADMINISTRATIVE OFFICES  
QUAKERBRIDGE PLAZA—BUILDING 5 & 7 & 12  
QUAKERBRIDGE ROAD  
TRENTON, NEW JERSEY 08619

ADDRESS REPLY TO:  
CN-712  
TRENTON, NEW JERSEY 08625

**MEDICAID COMMUNICATION NO: 89-21**

**Date: September 11, 1989**

**TO:** County Welfare Agency Directors  
Medically Needy/New Jersey Care Units

**SUBJECT:** Medicaid Eligibility for Newborns

In response to numerous provider and recipient comments and concerns, as well as changes in federal requirements concerning the expeditious eligibility processing and payment of claims for services provided to newborns, the Division has modified its policies concerning the payments of such claims, as well as the process for adding these children to the Medicaid case.

As you are aware, expenses incurred for newborns in the hospital of delivery during the mother's confinement (except inpatient hospital expenses for Medically Needy newborns) are payable under the mother's Medicaid identification number and person number. However, in the past, when the mother was discharged from the hospital, eligibility could not be established for the child until the mother reported the birth to the CWA and provided the necessary documentation to add the child to the case.

In instances where the infant remained hospitalized after the mother's discharge, or needed to be transferred to another medical facility, payments to providers have been delayed if the mother was slow in reporting the child's birth or providing the necessary information. Occasionally, such payments are denied altogether if a critically ill child never left the hospital to join the household and the mother did not report the birth. This has created serious problems for neonatal providers and facilities which handle the most seriously ill newborns requiring the most costly, intensive care.

Under the provisions of federal law, any child who is born to a woman who is receiving Medicaid at the time of delivery is deemed to have applied for, and is eligible for Medicaid for up to one year from the date of birth, unless the mother ceases to be eligible or the child does not reside with her. Federal law also confers continued eligibility to the mother, regardless of income or resources, for 60 days after the birth of a child, even if she would have been otherwise ineligible. Such eligibility continues to the end of the month during which the 60th day occurs. Because the newborn child's eligibility is linked to the mother's at this point, and because the mother generally cannot be ineligible during that 60-day

extension, the child is eligible for a minimum of 60 days, so long as he or she resides with the mother. For purposes of this communication, a child is considered to be residing with the mother, even if he or she remains hospitalized, unless the mother has relinquished custody.

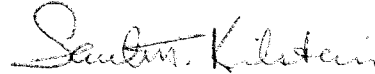
Newborns may now be added to the Medicaid record, even if the mother postpones or fails altogether to notify the CWA of the birth. Consequently, receipt of a PA-1C from a hospital will be sufficient to add a newborn child to the Medicaid eligibility record. Attached is a copy of the PA-1C, revised to include information on newborns. Upon receipt of such notification from a provider, the CWA must: 1) assign the child a person number; 2) accrete the child to the Medicaid Eligibility File effective with the date of the child's birth, and terminating with the end of the post-partum eligibility period, as defined for the mother. The Medicaid eligibility record may be established without a Social Security number for the infant; however, every effort should be made to have the mother obtain a SSN for the child as soon as possible. Depending upon the date of notification, a temporary card may be issued to include the newborn with any other individuals in the case. The mother should be advised to report the child's Medicaid number to all providers.

A Medically Needy or New Jersey Care pregnant woman, who is not otherwise eligible will lose eligibility after the 60-day post-partum period. In these cases, the newborn's eligibility will not extend beyond the mother's eligibility period unless she has contacted the agency, submitted an application on behalf of the child, and the child is found eligible beyond the post-partum period. However, even if the mother establishes continued eligibility for herself under another program, in no event can the child's eligibility continue beyond the end of the month during which the child's first birthday occurs, unless the mother applies separately to establish the child's eligibility.

Since eligibility for the post-partum period is limited to individuals who apply and are eligible to receive benefits upon the birth of the child, a woman who applies for retroactive Medicaid after the birth of a child, is not eligible for the 60-day post-partum continuation of Medicaid, nor is the child automatically eligible. If the mother is found eligible for Medicaid as a pregnant woman during the retroactive period, such eligibility cannot continue beyond the month of delivery. All applicable eligibility guidelines must have been met during the retroactive period. For Medically Needy cases, prospective eligibility for the child may be determined when the mother applies for retroactive benefits at the county agency. For New Jersey Care cases, because retroactive eligibility is determined at the Division, prospective eligibility for the child must be determined separately. However, the mother may only be eligible following the birth of the child if she meets the requirements of another eligibility category.

Any questions concerning this communication should be referred to the field service staff assigned to your county.

Sincerely,

A handwritten signature in cursive script, appearing to read "Saul M. Kilstein".

Saul M. Kilstein  
Director

SMK:PSd  
Attachment

cc: Marion E. Reitz, Director  
Division of Economic Assistance

William Waldman, Director  
Division of Youth and Family Services

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
**PUBLIC ASSISTANCE INQUIRY**

Referral for: ☐ SSI ☐ New Jersey Care ☐ Medicaid Only ☐ AFDC ☐ Newborn (complete items 1,2,4,11a,15 only)

TO:

FROM:

(SSA / DO)

(County Welfare Agency)

Hospital

Date:

Sex ☐ M  
☐ F

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)

(For newborn referral, enter name and sex of parent.)

2. Social Security Account Number: \_\_\_\_\_

3. Permanent Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

4. Marital Status: (Check one) Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Unknown ☐

5. Date of Admission: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

6. Address From Which Admitted: \_\_\_\_\_ Telephone: \_\_\_\_\_

7. Diagnosis: \_\_\_\_\_

8. Prognosis: \_\_\_\_\_

(For SSI disability-blindness and AFDC incapacity)

9. Referring Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

10. Spouse: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

11. Minor Children (First Names and Ages): \_\_\_\_\_

(a) Newborn Data: Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex ☐ M  
☐ F

Mother's HSP (Medicaid) Case No.: \_\_\_\_\_

12. Next of Kin (If other than Spouse or Children): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

13. Gross Monthly Income of Patient: \_\_\_\_\_ Source: \_\_\_\_\_

14. Gross Monthly Income of Family Members: \_\_\_\_\_

15. Hospital Insurance: Blue Cross ☐ I.D. No.: \_\_\_\_\_ Medicare ☐ H.I.C. No.: \_\_\_\_\_

(a) Applicable to Newborn? Yes ☐ No ☐

Other ☐ Carrier Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

16. Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_

17. Name of Spouse's Employer: \_\_\_\_\_ Address: \_\_\_\_\_

18. What inquiries have been made regarding financial responsibility for the hospital bill?

What were the results?

19. Does patient, patient's authorized agent, or relatives know that an inquiry is being made for the previously checked program?

Yes ☐ No ☐

20. Whereabouts:

Is client still in hospital? Yes ☐ No ☐

If YES, anticipated address upon discharge:

If NO, date of discharge:

Present address if known:

21. Other Comments:

22. The above patient is being cared for in the hospital since \_\_\_\_\_ on a ward service or general service

Date

basis as to professional and other personal services and I believe that such a patient may be eligible for the previously checked program.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

23. Signature of Patient or Relative: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I understand that I must furnish certain information to the SSA/DO or the County Welfare Agency to establish eligibility and extent of need for Supplemental Security Income Benefits or public assistance, and that the appropriate agency will help to secure this information and verify it. I will supply complete and accurate information, within my knowledge, to representatives of the SSA/DO or the County Welfare Agency. I hereby authorize and direct my relatives, physician, hospital, employers, bankers, and any other person having information concerning the persons named above to furnish complete details to the appropriate agency investigating my application for such assistance. I understand that the information obtained will be used only in connection with the application for or receipt of assistance.

"I further authorize the Social Security Administration to release benefit information and entitlement dates to the hospital whose name appears on the reverse of this form. I understand the hospital will only use this information for purposes of establishing my eligibility to Medicaid."

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

IF NOT SIGNED BY PATIENT, EXPLAIN WHY: \_\_\_\_\_

NOTICE TO THE SSA/DO OR CWA INITIALLY RECEIVING THIS INQUIRY. WHEN IT IS NECESSARY TO REFER THE APPLICANT TO ANOTHER PUBLIC ASSISTANCE AGENCY, INCLUDE AT LEAST A COPY OF THIS PA-1C FORM.