
AUTO NEWBORN

REVISED 12/03/18 – CHANGE NO. 03-18

[Current Change Notice: 03-18](#)

- MA-3230 Eligibility of Individuals Under 21, pages 1-32, has been removed.
- MA-3230 Newborns, pages 1-5, has been added.
- References to the Eligibility Information System (EIS) and the appropriate NC FAST language.

I. INTRODUCTION

A child born to a woman receiving Medicaid that covers labor and delivery on the date of the child's birth, is automatically eligible for Medicaid. The certification period is through the end of the month the child turns 1 year of age.

A. The Newborn

1. Is not required to meet the regulations for the M-AF or M-IC aid program/category nor is the child required to provide U.S. citizenship and identity documentation.
2. Is deemed to have filed an application for assistance and been found eligible for Medicaid if:
 - a. Born to a woman who is eligible for Medicaid on the date of birth or who is later approved for Medicaid with an authorization effective no later than the child's date of birth, and
 - b. Lives in North Carolina or is temporarily absent. Refer to [MA-3335](#), State Residence.
3. The child continues to be authorized as a newborn through the month the child turns 1 year of age as long the child continues to live in North Carolina or is temporarily absent.

B. Determining Whether Automatic Newborn Coverage Applies

1. Newborn Coverage Applies
 - a. If the mother is authorized for Medicaid on the date of birth, complete the newborn's authorization within 5 business days of report of the child's

birth. This includes infants born to aliens authorized for coverage of emergency medical services including labor and delivery.

- b. If the mother is approved after the child's birth and her Medicaid authorization is effective no later than the date of birth. Authorize the newborn at the same time the mother is authorized.
- c. If the mother ceases to be authorized for Medicaid upon or after the birth of the newborn, auto newborn eligibility applies from the child's month of birth through the month the child turns age one.

2. Automatic Newborn Coverage Does Not Apply

Do not authorize a newborn for automatic coverage when:

- a. The mother is authorized for presumptive eligibility only.
- b. The mother is authorized in error on the date of birth. If the child has already been approved for automatic newborn coverage, evaluate the child for all Medicaid programs, send a [DSS 8110](#), Your Benefits are Changing.
 - If the child is eligible under Medicaid eligibility rules, the child will receive 12 months of coverage.
- c. The mother is authorized for Medicaid under a category/program that does not cover the birth of the child, such as Family Planning Program and MQB.
- d. The mother specifically requests in writing that the newborn not be covered. File the written request in the case. The case must include documentation that the mother understood that the newborn may be eligible for Medicaid and the mother chose for the baby not to be covered.

C. Procedures

1. For Automatic Newborn Coverage, document that the Child:
 - a. Was born to a mother who is an authorized Medicaid beneficiary on the date of birth or whose application is later approved for coverage on that date, and
 - b. Lives in Lives in North Carolina, or is temporarily absent, and
 - c. Is less than 1 year of age. (The child may remain eligible under automatic newborn coverage through the month in which the child turns one year of age.)

2. Documentation of automatic newborn eligibility verifies identity and that the child is a U.S. citizen. No further verification of citizenship and identity is needed at the end of the automatic newborn coverage. See [MA-3332](#), US Citizenship Requirements, for documentation procedures.
3. When Notification of Birth is Given:
 - a. Obtain the newborn's name, sex, and date of birth in order to authorize,
 - b. Use the race of the mother for the race of the newborn unless it is reported to be different from hers.
4. Do Not Authorize a Newborn Until the child Has A Name, unless the child dies at birth.
 - a. Request the newborn's name as soon as possible. Medicaid cannot be authorized until a name is provided, except in case of death.
 - b. If no name is indicated when notification of the birth is received, contact the parent and the person/agency that provided the notification and document the contact in the case.
 - c. If the newborn died shortly after birth, contact the hospital and ask for the name the hospital will use to submit claims. Enter that name in NC FAST.
 - d. Authorize the newborn within 5 work days of receipt of the name and document in NC FAST the date the name is received.
5. Sources of Notification of The Newborn's Birth Include, But Are Not Limited To:
 - a. A verbal or written statement from any person who has knowledge of the newborn's birth, including parent(s), doctors, nurses, Maternity Care Coordinators, social workers, relatives, etc., or
 - b. A copy of the [DHS-1201](#), Certification of Live Birth, or
 - c. The [DMA-5020](#), Notification of Case Status/Referral for Inpatient Hospital Services. If the DMA-5020 is used by the hospital, the reverse side must be completed within the 15-day time standard stated on the form. Return the form to the referral source. Include the newborn's Medicaid identification number on the form.

D. Instructions for Authorization

1. A signed application is not required.
2. Authorize automatic newborn coverage for a child born to a mother who was covered by Medicaid for the delivery through the month the newborn turns age one when the newborn lives in North Carolina or is temporarily absent.
3. When adding the newborn to an existing Medicaid case, Refer to NC FAST Job Aid: [Newborn Medical Assistance](#).
4. Certification/authorization begins with the newborn's month of birth and continues through the month the child turns age 1.

E. Automatic Newborn Protection Ends

1. All Cases
 - a. When automatic newborn coverage ends, complete an ex-parte to evaluate the child for ongoing eligibility in all other aid programs/categories. The recertification of Medicaid eligibility should be completed no later than the end of the month the child turns age one. Do not require further citizenship and identity verification of children born in U.S. hospitals whose delivery was covered by Medicaid. See [MA-3332](#), US Citizenship Requirements section, for documentation procedures.
 - b. All other eligibility requirements, such as enumeration must be met.
 - c. If the recertification is not completed by the end of the month of the first birthday, extend the certification period for an additional month until the recertification is completed. Refer to [MA-3421](#), MAGI Recertification.
2. Do not terminate Medicaid until it is determined that the child is ineligible under all other aid program/categories.