Newborn Coverage Tips

Guidelines regarding the automated Newborn Enrollment Process

Policy: [Michigan Medicaid Provider Manual](#) Chapters Beneficiary Eligibility Section 7 and Billing &Reimbursement for Institutional Providers.

Generally, Michigan Medicaid automatically covers a child born to a woman eligible for and receiving Medicaid at the time of the birth. The mother is required to notify the local the Michigan Department of Health and Human Services (MDHHS) office of the birth within ten days and if the mother is enrolled in a Medicaid Health Plan (MHP) at the time of delivery, the newborn's services will be the responsibility of the MHP unless the child is placed in foster care. Where this automated process is delayed the provider may notify the local MDHHS office via form [MSA-2565-C](#). Hospital providers must not bill a claim until the eligibility response from CHAMPS shows the newborn's ID#, date of birth, and gender.

1. **What is the process that Michigan Medicaid uses to add a newborn (NB) onto the mother's Medicaid Health Plan (MHP)?**
    MDHHS has an automated system in place where once the NB information has been sent to Vital Records from the hospital and is in Vital Records (Michigan Birth Registry) the system will look for a match to the mother on our enrollment files. Next, it will run a process to attempt to create the NB's Beneficiary ID #, add a Medicaid benefit plan and add the baby to the Mother's Health plan.

2. **What is the usual time frame for this to occur?**
    The automated process takes anywhere from 30 to 45 days. Any delay made by the hospitals in reporting their new births to Vital Records will delay the process.

3. **What are the possible exceptions to this process that holds up the retroactive enrollments of the child?**
    The reason NBs fall out of the normal process could be due to several variables such as the mother having SSI, the child is in Foster Care or the mother's case is currently pending updates. The system cannot automatically add NBs to those cases; therefore, they must be entered manually. The Enrollment Services Section within the MSA receives reports of the NBs that "fall out" and are tasked to add coverage time segments to the Bridges eligibility system retroactively. If the mother contacts their caseworker once the baby is born the caseworker will add that NB to the mothers' case and establish the NBs beneficiary ID #. At that point per the MHP contract with the State of Michigan (SOM), the MHP is responsible to add that baby to the Mother's Medicaid Health Plan. The MHP's should have a process in place to look for NBs that they are supposed to have on the enrollment files they receive from the SOM. If the NB is not on their enrollment files within two months from their date

of birth the MHP must send an electronic service request to the SOM within six months of the child's birth. If the MHP does not send the service request in a timely fashion the request is denied. The NB will remain fee for service.

Providers may contact the MSA Contract Management at (517) 284-1162 to obtain additional support. Providers should keep track of all communication with the MHP to provide proof if the issue needs escalation to be resolved.

4. **Can I see an example of the contract that is used between the SOM and the Contracted Medicaid Health Plans?**
   Yes, an example contract is on the Medicaid Health Plans webpage: http://www.michigan.gov/documents/contract_7696_7.pdf page 22 for the section regarding Newborn Enrollment.

5. **Is there a special area to contact if a newborn can't be found in CHAMPS 45 days or more after the birthdate?**
   Yes, emails go to MSA-ESS@michigan.gov. When submitting a request please include all the following information:
   - Newborn's name (last, first, middle initial)
   - Newborn's gender
   - Newborn's DOB
   - Mother's name (last, first, middle initial)
   - Mother's Medicaid ID number
   - Requesting person's name and telephone number

Hospital Claim Requirements for Newborns

Providers are required to adhere to NUBC guidelines for reporting newborn priority (*type of*) admission or visit, newborn birth weight, and cesarean sections/inductions related to gestational age. MDHHS requires providers to follow all NUBC coding guidelines and does not use program-specific modifications of these guidelines. Providers should fully review all NUBC guidelines, especially for newborns, before submitting a claim.

NUBC guidelines state a newborn admission should be reported as a type of admission of "4" (***newborn admission type 4 can only be used once***). When billing with the type of admission of "4," providers must report special point of origin code "5" (*born inside this hospital*) or "6" (*born outside of this hospital*).

NUBC value code "54" (*newborn birth weight in grams)* is required on all claims with the type of admission of "4." Birth weight should be reported as a whole number.
   For example, if the birth weight is 2764.5 grams, then value code "54" amount should be reported as "2765."

Additional Resources

- Policy Information:
  - o MSA 14-34 Inpatient Hospital Claim Requirements for Newborns: https://www.michigan.gov/documents/mdch/MSA-14-34_466654_7.pdf
  - o MSA 20-45 Neonatal Intensive Care Unit (NICU) Reimbursement Methodology Update: https://www.michigan.gov/documents/mdhhs/MSA_20-45_692899_7.pdf
  - o Medicaid Provider Manual: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-87572--,00.html

- CHAMPS webpage: https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460---,00.html

- Contact Provider Support: https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460-480640--,00.html

- Medicaid Health Plans webpage: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42544_42644-150910--,00.html

- MDHHS Vital Records webpage: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_4645---,00.html