



# Eligibility for Newborns: What Providers Need to Know

## Eligibility Requirements for Newborns

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 newborn is “deemed eligible” based on the mother’s Medicaid coverage. The certification period is through the end of the month the child turns 1 year of age

A child whose mother is not covered by Medicaid for the birth of the child may be eligible for Medicaid or NC Health Choice for Children. An application must be submitted for the child and the child must meet all eligibility requirements, including income. The local county department of social services determines eligibility the same as for any Medicaid applicant.

All information contained in this document is dependent upon the actual NC Medicaid or NC Health Choice status and managed care status of the newborn. Nothing in this document supersedes the newborn’s actual official status according to the records of the NC Department of Health and Human Services, Division of Health Benefits.

### NEWBORN PLAN ASSIGNMENT

If on the date she gives birth, the mother is covered by...	Newborn is covered by...
Medicaid Direct	Managed Care Health Plan
Medicaid Managed Care Health Plan	Managed Care Health Plan

### NEWBORN ENROLLMENT AND TRANSITION OF CARE

**Q:** What data will health plans receive to support newborn enrollment and when will they receive it? What Transition of Care supports are required?

**A:** Health plans will receive newborn enrollment information once the county DSS enters the newborn’s eligibility in NC FAST. The health plans receive enrollment information daily. If the newborn moves between Managed Care Health Plans, encounter data, open prior authorizations and care planning material related to the

newborn’s care will also be transferred. If the newborn member is eligible for care management, the care manager will provide additional assistance through the transition.

### NCTRACKS INFORMATION ON NEWBORNS FOR PROVIDERS

**Q:** What will a provider see regarding a newborn in NCTracks?

**A:** In NCTracks, the provider will be able to verify eligibility and Managed Care enrollment through the Provider Portal.

## BILLING CONSIDERATIONS

**Q:** How does a provider know who to bill for newborn care services?

**A:** The provider should use the NCTracks provider portal to verify enrollment information of the newborn and bill the appropriate entity.

## HOW WILL NEWBORN CLAIMS BE HANDLED IN THE HOSPITAL IF THE ATTENDING PEDIATRICIAN DOES NOT PARTICIPATE IN THE NEWBORN'S HEALTH PLAN?

**Answer:** If the attending pediatrician is a participating provider for the newborn's Medicaid Managed Care health plan, then their services would be considered in-network. If the attending pediatrician does not participate in the newborn's Medicaid Managed Care health plan, then the pediatrician's services would be considered out-of-network. The services would be subject to that plan's out-of-network service process (including any applicable prior approval requirements), and the pediatrician would receive no more than 90% of the Medicaid Direct fee-for-service rate for those services.

## WHAT IF THE MOTHER IS ELIGIBLE ONLY FOR EMERGENCY PREGNANCY MEDICAID COVERAGE?

**Answer:** If the mother is authorized as emergency for labor and delivery as of the newborn's date of birth, the newborn is automatically eligible. Newborn coverage is authorized at the same time as the mother's Medicaid.

## WHAT IF THE MOTHER IS NOT ELIGIBLE FOR MEDICAID? CAN THE NEWBORN RECEIVE MEDICAID?

**Answer:** A newborn whose mother does not qualify for Medicaid may still qualify independently. In this situation, an [application](#) for Medicaid coverage must be submitted for the newborn with the appropriate DSS office.

## HOW ARE NEWBORNS ASSIGNED TO A MEDICAID MANAGED CARE HEALTH PLAN? WHEN IS COVERAGE FOR ELIGIBLE NEWBORNS EFFECTIVE?

**Answer:** Enrollment with a health plan will be retroactive to the first day of the month of birth. Health plan assignment will be based on the mother's choice or the auto assignment algorithm. If the mother is enrolled with a health plan, the newborn would be assigned to the mother's plan. If the mother is Medicaid Direct, and no choice is made, the newborn would be auto-assigned to the health plan of the closest family member or other parameters in the auto assignment algorithm. Auto-assignment is based on 1) where the beneficiary lives, 2) whether he or she is a member of a special population, 3) historical provider-beneficiary relationship, 4) health plan assignments of other family members, and 5) previous health plan enrollment within the past 12 months.

Fact Sheets will be updated periodically with new information. Created October 2019.  
For more information, please visit <https://www.ncdhhs.gov/assistance/medicaid-transformation>