

## INTERPRETIVE MEMO

Rule Interpretation

Medicaid Procedural Instruction

This memo remains effective statewide until it is specifically superseded – either by a subsequent memo or by a contradictory rule with a later date.

Please file in your manual facing the page indicated below.

Facing page P-2401 P.1 Effective date of this memo 4/1/09 Page \_\_\_\_\_

This memo:  is new  Replaces one dated \_\_\_\_\_

### Newborns

As of 4/1/09 newborns are automatically eligible for health care coverage through their first birthday if their mother is on a state administered health care program, other than HVP, at the time of the birth.

Newborns remain eligible regardless of other factors such as non-cooperation or non-payment of premiums. Do not review their eligibility or close them for any reason during the 12-month period.

### ACCESS

1. Grant newborns from their date of birth:
  - a. Use an SC category code if the household income is at or below 185% FPL
  - b. Use an MC category code if the household income is above 185% FPL.
2. Give them a 12-month review.
  - a. After the 12-month period has elapsed, update their category code as needed and align their review date with other household members.
3. Enter a WARN message indicating: (Name) is a newborn and is eligible until (date). Do not review eligibility or close for any reason.