



STATE OF NEW YORK

DEPARTMENT OF HEALTH

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TRANSMITTAL: 01 OMM/ADM-5

TO: **Commissioners of
Social Services**

DIVISION: Office of
Medicaid
Management

DATE: October 25, 2001

SUBJECT: Automatic Medicaid Enrollment for Newborns (Chapter 412 of the Laws of 1999)

**SUGGESTED
DISTRIBUTION:**

Local District Commissioners
Medical Assistance Staff
Managed Care Staff
Temporary Assistance Staff
Staff Development Coordinators
WMS Coordinators

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ATTACHMENTS:

None

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
01 ADM-04 00 OMM/INF-			366(4) (1)-(n)	MRG pg.44 PASB XII-	OMMGIS01-MA- 005

01		366(g)	E-1.1,1.2	00 OMLCM-3
95	ADM-21	OBRA 90	FSSB VI-B	OMMGIS00-MA-
93	ADM-29	62.5(b)	2.1 AND	020
90	ADM-30		2.2	GIS94MA/035
90				95 LCM-52
				92 LCM-154
				92 LCM-62
				GIS92MA/042
				GIS91MA/007

I. PURPOSE

The purpose of this Administrative Directive (ADM) is to update districts on the status of implementation of Chapter 412 of the Laws of 1999. Chapter 412 mandates timeframes for establishing Medicaid eligibility for newborns. Since July 1, 2000, the State Department of Health (SDOH) and local districts have been manually processing hospital reports of births to women in receipt of Medicaid. However, SDOH will now be performing most of this processing through automated computer systems, including the Welfare Management System (WMS). This ADM describes that new process, identifies any substantive changes which result from that process, and identifies any changes in local district responsibilities or actions that will be required because of the move to an automated process.

This ADM is not intended to reiterate existing Medicaid policy as it relates to the provision of eligibility for newborns (this information is contained in 00 OMM/INF-01, dated March 23, 2000, "Medicaid Coverage for Newborns"). It is intended to update districts on the procedures established by SDOH to implement Chapter 412, and to describe the responsibilities of local districts, SDOH and hospitals with respect to on-going Chapter 412 operations, including any modifications to existing processes.

The most significant changes are as follows.

- Implementation of an automated process which will update unborns on a woman's case with newborn demographics when there is a "match" on the mother's Client Identification Number (CIN) or a match on a combination of demographic data such as name, Social Security Number, and date of birth. Where there is a match, the automated process will also add a newborn to a case or open an MA-Only case (where appropriate). Both of these functions previously had been performed manually by State or local district staff.
- Provision to districts of a new report on the results of the newborn matching process via the Benefit Issuance Control System (BICS).
- An automated client notice will be generated for most upstate recipients.

Note: The provisions of this Administrative Directive only apply to districts outside of New York City. New York City birth reports will continue to be processed manually, as per LCM 00 OMM/LCM-3.

II. BACKGROUND

Chapter 412 of the Laws of 1999 added Section 366(g) of the Social Services Law which identifies requirements for timely authorization of Medicaid for eligible newborns. The law mandates that SDOH, or its designee, enroll infants born to women who are receiving Medicaid into the Medicaid program, assign a CIN, and issue an active Medicaid identification card as soon as possible, but no later than ten (10) business days from SDOH receipt of notification of the birth by the hospital.

Note: Women who are in receipt of Family Health Plus at the time they give birth are to be treated in the same manner as women in receipt of Medicaid for purposes of hospital reporting and the infant's Medicaid eligibility.

Hospitals must report live births to women in receipt of Medicaid/Family Health Plus to SDOH, or its designee, within five (5) business days of the birth. Hospitals may face a financial penalty of up to \$3,500 per occurrence for each birth it fails to report within the established timeframes. Hospitals also must notify each mother, in writing upon discharge, that her newborn is deemed to be enrolled in the Medicaid program and that she may access care, services, and supplies available under the Medicaid program for her baby, provided that she was in receipt of Medicaid or Family Health Plus at the time of the birth. Infants born to women in receipt of Family Health Plus are also entitled to one year of "automatic" Medicaid eligibility. A revised letter to hospitals on this matter is forthcoming under separate cover.

Since July 1, 2000, births have been reported by hospitals through an Electronic Birth Certificate (EBC) process. This information has been used to create a hardcopy report, the Newborn Input Form (NIF), to manually update WMS, and to return information to the local departments of social services (LDSS) and hospitals about the results of the updating process. The manual processing has been performed by the SDOH Interim Newborn Enrollment Process (INEP) units, located in Albany and in New York City.

III. PROGRAM IMPLICATIONS

DOH has made system changes that permit most of the newborn cases previously processed manually to be updated through automated systems. When a match based on the mother's CIN or demographic information is found, the new automated process will convert an existing unborn on a woman's case to a newborn, add a newborn to a woman's case if there is no unborn, or open a new MA-Only case for the newborn.

There will be instances in which there is a match on the mother, but WMS will not be updated, e.g., if the newborn is already on the mother's case. Cases which do not "match" through the automated process, will be reported back to the hospitals as "no match", and this information will not be passed on to the district (except in circumstances such as a New York City CIN coming through upstate WMS and vice versa).

Once the case is processed through the automated system, districts will be notified of any actions taken by SDOH. Districts also will be notified if they must take action, e.g., the mother's case is in error status, etc. (LDSS required actions on reports are described in Section IV.B of this ADM.) Data also will be provided to districts for informational purposes; districts will not be required to act on this information, but it may prove helpful.

Now that the "matching" process is automated, districts will receive automated BICS reports rather than hard copy NIFs, except in those instances in which cases are processed manually by the SDOH. For example, if a birth to a woman with a New York City CIN is reported by a non-New York City (but still within New York State) hospital, that case will be processed manually.

When the system determines that a mother is in receipt of Medicaid or Family Health Plus, it will then determine if there is an unborn already on the woman's case (please note that, if the woman is in a Case Type 24, which signifies a Family Health Plus case, there will be no unborn on that case). If so, WMS will be updated with the infant's demographics: the correct date of birth (DOB), sex, and, if available, the infant's first name (converting the "unborn" to a newborn). If there is evidence through a comparison of demographic data that the newborn has already been added, no action will be taken and a report will be sent to the district.

WMS eligibility information will be updated to create coverage for the newborn beginning with the first day of the month of birth through the WMS "Authorization TO-Date". Coverage codes, categorical codes and other necessary data will be created for the infant from system defaults using information on the mother which is already in WMS. (Please note that a separate WMS/CNS Coordinator Letter will be issued on automatic newborn enrollment which will detail data created for the infant.)

If a match is found for a woman who is not currently in receipt of Medicaid or Family Health Plus, but who was in receipt of such assistance within three (3) months prior to the date of birth, a new Medicaid-only case for the infant will be created.

Under automated processing, when the infant is added to the WMS case, or an unborn is converted to a newborn, or a new case for the newborn is created, a Medicaid card will be sent to the appropriate address, as discussed in the next section, and an automated notice to the mother will be generated using the Client Notice System (CNS).

IV. REQUIRED ACTION

DISTRICT RESPONSIBILITIES

A. CREATION OF A SEPARATE MA-ONLY CASE FOR AN INFANT

In most instances in which there is a match for the mother and the infant is not on WMS (as an unborn or a newborn), the automated system will add the infant to the mother's case. However, there are certain instances in which a new, MA-Only case will be created. (These actions are consistent with the manual processing currently in place.)

In any instance in which a new MA-Only case is created for the newborn, the case will be opened in the district in which the mother was last in receipt of Medicaid/Family Health Plus, using the address provided by the hospital, even if that address is in another district. Under Social Services Law 62.5(b), the district in which the mother was last determined eligible is the district of fiscal responsibility. The Medicaid card for the newborn will be sent to the address provided by the hospital, while fiscal responsibility will reside with the district in which the mother was last in receipt of Medicaid/Family Health Plus. This may lead to instances in which fiscal responsibility remains with the district in which the mother was last determined eligible, although the infant now resides in a different district.

Note: A new case will not be opened if the address from the hospital is not a New York State address.

Situations in which a new MA-Only case will be created are identified below.

1. If the mother's case is still open, but is in "clockdown" status.
2. If there is a match on WMS for a woman who is no longer in receipt of Medicaid/Family Health Plus, but who was in receipt of Medicaid or Family Health Plus within the three (3) months immediately preceding the birth.

The creation of the new case will be reported to the district. When a district receives this report it should review its records to determine why the woman is no longer in receipt of Medicaid/Family Health Plus or was closed (because a pregnant woman who is receiving Medicaid/Family Health Plus is entitled to Medicaid/Family Health Plus through at least her 60th post-partum day, despite any changes in circumstances). If the mother was closed inappropriately, her Medicaid or Family Health Plus

eligibility should be reinstated. If the mother was in managed care, plan re-enrollment should take place if she was closed within 90 days. The newborn should be enrolled in the same plan as the mother, unless an exception applies. (See Section IV.C of this ADM for information on managed care enrollment and enrollment exceptions for newborns.)

3. If a woman is in receipt of SSI (Case Type 22).
4. If the mother is in foster care (Upstate Case Type 13).
5. If the mother is in receipt of Family Health Plus in a Case Type 24. It should be noted that, if the district has been notified of the pregnancy and the mother has opted to remain in Family Health Plus, she should be in a Case Type 20.
6. If the mother's case has the maximum number of people on the case.
7. If the mother's case is active but the "Authorization TO-Date" has expired (lapsed).
8. If the mother's case is active in the Office of Mental Health (OMH) or the Office of Mental Retardation and Developmental Disabilities (OMRDD).

The opening of a new case will be reported to the district along with information that will allow the district to identify the mother. Upon receipt of the report, the district must review its records to determine whether a separate case for an unborn was previously created. If so, the district will need to determine whether to update the unborn demographics and close the newborn's case, or whether it is more appropriate to close the unborn case.

When a new MA-Only case is created upstate, a State-assigned case number will be generated. The district can change this case number while the case is in pending status, which allows the district one (1) day to assign a case number that is consistent with those used by that district.

B. REPORTING

When there is an automated match on the mother, districts will be informed about the addition to a case, conversion of an unborn or opening of new MA-Only cases for newborns via a new BICS report. Some of the data will be primarily informational; however, some of the reports will require follow-up action(s) by the district. The report will include "alerts" that the LDSS should review and act upon, as appropriate. For example, an unborn to newborn conversion may occur with an "alert" that the infant was reported as weighing less than 1200 grams. Information on these alerts is found in Section V. System Implications of this ADM. (A separate WMS/CNS Coordinator Letter will be issued on automatic newborn enrollment which will detail the report.)

The information identified in the BICS report provided to districts, as well as expected district action(s), are identified below. This information will take the form of an alert on the report.

1. **Errored and Pended Cases** - If a match is found, but the case is in "errored" or "pended" status, WMS will not be updated. Cases found in errored or pended status will be reported to the district. The district will need to review the case, correct the error or the pend, and add the newborn or open a new MA-Only case for the infant as appropriate.

Please note: the term "errored" or "pended" status does not refer to cases in application status. The automated system will not be able to identify these cases and will not match or update these cases.

2. **Match Found, Infant Deceased** - No action will be taken, but information on the case will be provided to the district. The district should "add/delete" to the mother's case or "open/close" an MA-Only case for the newborn to cover the costs of the delivery, and the LDSS is to notify the mother that this action has been taken. The date of death may not be received by WMS, so the date that the record was submitted by the hospital is the date that should be used for closing the case. This date will appear on the report as the date of death.
3. **Match found, Mother Recorded as Deceased on WMS Prior to Infant's Date of Birth** - No action will be taken, but information on the case will be provided to the district for further investigation.
4. **Match found, Sex Not Female** - When there is a match made on the mother, but the gender of the person matched is either "male" or "u" (which signifies "unborn": in this instance the CIN submitted by the hospital as the mother's corresponds to that of an "unborn" on WMS), the district will be notified. While the newborn will be added to the case, the district is to review the WMS record to determine the reason for the discrepancy and make corrections as necessary.
5. **Case Opened for Infant, Address from Hospital Used** - When a MA-Only case for the newborn is opened, the district will be alerted that the address received from the hospital was used. If this is because the mother was closed within the last three months or is in "clockdown", the district should then review the closing of the mother's case, since she was pregnant at the time of the closing (as discussed in Section IV.A.2 of this ADM), to determine why the woman is no longer in receipt of Medicaid/Family Health Plus or is being closed, and take the appropriate action.
6. **Case Opened for Newborn, Mother on SSI** - When the mother is in

receipt of SSI, a new case will be opened for the infant. The report to districts will contain information to link the newborn with the mother. The district should take appropriate action if there also is a case for the unborn, or a separate case for the newborn's siblings. Note: if the mother is in a Temporary Assistance case, and is also active on a Case Type 22, then the newborn will be added to the Temporary Assistance case as MA-Only.

7. **Case Opened for Newborn, Mother in Foster Care** - If the mother is on a Case Type 13 (foster care), a new case (Case Type 20) will be opened for the infant. This is not an alert: the BICS report will identify the case types of the mother and the infant.
8. **Case Opened for Newborn, Mother in Family Health Plus** - If the mother is on a Case Type 24 (Family Health Plus), a new case (Case Type 20) will be opened for the infant. This is not an alert: the BICS report will identify the case types of the mother and the infant.
9. **Additional Alerts** - Additional information that will be included in the automated newborn report is listed below. These alerts are primarily informational, although there may be instances in which the district will need to take action.
 - Match found, but newborn was previously added.
 - Match found, newborn added to mother's case.
 - Match found, unborn converted to newborn.
 - Match found, mother in lockdown status.
 - Match found, mother's case closed in last three (3) months.
 - Match found, mother's "Authorization TO-Date" has expired.
 - Match found, mother's "Authorization TO-Date" will expire within three months of the infant's birth. In this instance, the district will need to act expeditiously to ensure that the infant will get twelve (12) full months of coverage.
 - Match found, maximum number of people in case.
 - Match found, Medicaid case re-opened. This is done only in an instance in which the mother's MA-Only case (CT 20) was closed within the last three months; the system will re-open the old case for the infant only so that the district's case number can be used.
 - Match found, baby weighs less than 1200 grams. There will be an indicator from the hospital if the infant weighs less than 1200 grams. If mother is in managed care, such an infant will not be enrolled in her plan; fee-for-service eligibility will be established for the child. Upon review of the district report, the district should follow-up to determine whether the infant should be referred for a Supplemental Security Income (SSI) and/or Medicaid disability determination.

Please note: Some infants will not be enrolled in the mother's managed care plan because the mother is in a special needs plan, or is in a Family Health Plus plan with no Medicaid equivalent, as described in the next section.

C. MANAGED CARE IMPLICATIONS

In most instances, if a woman is enrolled in a Medicaid Managed Care Plan (MCP) or a Family Health Plus plan that is participating in both Medicaid and Family Health Plus, the matching process will recognize the enrollment and add the newborn to the mother's Medicaid MCP or the Medicaid equivalent of her Family Health Plus plan.

There is an exception to this policy if a newborn is of very small birth weight. Specifically, if an infant weighs less than 2 lbs. 10 ounces (1200 grams), the infant is excluded from Medicaid managed care for the first six (6) months of life. Information on the weight of the newborn provided through the hospital reports will allow the systems interface to "recognize" such newborns and prevent their enrollment in managed care. These newborns will receive full, fee-for-service, Medicaid coverage.

There are some Medicaid MCPs that are specifically for recipients with special needs, such as the mental health or AIDS special needs programs. In addition, partial capitation plans are often targeted for adults, and are not appropriate for newborn enrollment. Newborns whose mothers are enrolled in such plans will not be enrolled in the mother's plan. Instead, these newborns will receive full, fee-for-service, Medicaid coverage. However, in some cases, enrolled mothers may elect to have their newborns enrolled in their plan. These newborn enrollments will be processed by the district like any other voluntary enrollment based on a request by the mother subsequent to completion of the SDOH "matching" process. Additionally, if the mother is in Family Health Plus and her MCP does not participate in Medicaid, the infant will receive full, fee-for-service Medicaid.

Finally, a woman may have completed the enrollment process for a Medicaid or Family Health Plus MCP, but her enrollment date is in the future. In such instances, the newborn will be covered under fee-for-service Medicaid.

Infants who are enrolled in a MCP via this process will be reported to Medicaid MCPs and districts by means of an electronic bulletin board. The bulletin board will be updated daily. This report will include the newborn's case number, CIN, name, date of birth, sex, benefit package code, reason code for enrollment ("07") and enrollment effective date, and will be sorted by plan. These reports also will be available to districts via BICS. (See Section V, Systems Implications, for report specifications.)

D. HOSPITAL CONTACTS

Hospitals will continue to receive information on the results of the matching process via hard copy NIFs. (There are plans to automate hospital reports in the future.) If a hospital receives a report that a WMS match was unable to be made for a woman identified by that hospital as being in receipt of Medicaid or Family Health Plus, it is the responsibility of the hospital to determine the accuracy of the information submitted. If the hospital determines that the mother was

in receipt of Medicaid or Family Health Plus at the time of the birth, despite SDOH inability to find a match, the hospital will need to work with the district in which the mother resides to expeditiously enroll the newborn into Medicaid. Districts must have procedures in place to facilitate this process.

E. OTHER LOCAL DISTRICT ISSUES

There may be instances in which the infant is incorrectly added to a recipient's case, or a new case is opened incorrectly, based on an incorrect match. Should a district become aware of such an instance, the case should be closed or the infant deleted, as appropriate, and the appropriate client notice should be sent, as discussed in Section V.D. of this Administrative Directive. Additionally, there may be instances in which the mother does not want Medicaid for her baby, and requests that the baby be taken off Medicaid. **The intent is to provide Medicaid coverage for eligible infants; therefore districts must exercise caution in deciding to end Medicaid coverage for an infant. Districts also are reminded that the infant's Medicaid eligibility is not contingent upon provision of documentation which may be required for Temporary Assistance (TA) or Food Stamp (FS) purposes.**

Please note that infants will continue to be added as MA-Only. If the case involves TA and/or food stamps, there will be no impact on those existing budgets in WMS. However, a notification to the district of the child's birth should trigger the appropriate actions for recipients in receipt of TA and/or food stamps.

It is a local district option to contact the mother and request verification of the birth data to be sure that it is correct. **However, districts may not require such contact or verification of the birth for Medicaid purposes.** The addition (or new case generation) of an infant through SDOH processing constitutes documentation of the birth; therefore, no additional verification of birth may be required upon recertification for Medicaid purposes (although existing documentation requirements remain for TA).

For a complete description of existing eligibility policies regarding newborns and unborers, refer to 00 OMM/INF-01. For information on manual processing of newborn enrollments, refer to 00 OMM/LCM-3.

F. NOTICES

Currently, SDOH INEP staff manually send a client notice of eligibility and Fair Hearing rights. With the implementation of the automated matching system, automated notices will be generated through the CNS for cases processed through an automated computer system match.

For more information on notices, refer to Section V., Systems Implications.

G. TEMPORARY ASSISTANCE AND FOOD STAMPS

1. Temporary Assistance (TA)

A newborn child is automatically eligible for Medicaid if the mother was in receipt of Medicaid or Family Health Plus at the time of the birth. However, for TA, a notification to the district of the child's birth should trigger the appropriate action. That action may be to request necessary information about individuals who may now have to be included in the assistance unit, or to request verification that the child is living with the mother, or that an application for a social security number (SSN) for the infant has been made. The mother should also be informed about IV-D (child support) requirements, as appropriate. Please see PASB XII - E-1.2 and 1.2. When a mother fails without good cause to cooperate with child support, the penalty for non-cooperation (25% reduction in the needs) must be imposed.

If verification necessary for determining continuing eligibility for the TA household is not received, that may result in closing of the TA case. The newborn (and any other Medicaid eligible case members) must be continued on Medicaid.

Generally, a determination about the eligibility of a new household member should be made within 30 days of the notification that the individual joined the household. However, as long as the case remains otherwise eligible for TA, the benefits for the infant must go back to the child's date of birth if the mother has provided the necessary documentation within six months of the birth or by the next recertification, whichever is later (Vega v. Perales).

Districts were informed about "TANF Reportable Individuals" in October 8, 1999 and January 7, 2000 "Dear IM Director" letters and 01 ADM-04. A child who is on the TA or Child Assistance Program (CAP) case for MA-Only (Individual Categorical Codes 40 or 41) must be coded with individual status code "07 - Active" and MA coverage code "01 - Full Coverage" rather than "08", "04". The Individual Categorical Codes of 40 or 41 will be the indicator that the child is not actually receiving TA.

TA Budget Edit: Upstate ABEL has an edit that requires an unborn on the DSS-3209 when the TA budget contains a pregnancy allowance. Effective May 1, 2000, that edit was "relaxed" so that unborns being converted to newborns for MA-Only (individual categorical code 40 or 41) will not pass through the edit.

2. Food Stamps

For Food Stamps, the timeframe for the addition of a newborn is the same as for the addition of any household member. See FSSB VI-B-2.1 for timeframes when verification is requested and received within ten days after the change is reported. See FSSB VI-B-2.2 for timeframes when verification is received more than ten days after the request for verification.

If, for any reason, the child will not be added to the TA case, it is important to remember to include the child in the food unit for Food Stamps when appropriate.

We recommend that districts develop procedures to provide that the reports received as part of the automatic enrollment process be shared with the Food Stamps unit as appropriate.

V. SYSTEM IMPLICATIONS

The automated newborn eligibility processing will match a mother's CIN (received from hospitals) against CINs on WMS to determine if the mother is active on Medicaid or Family Health Plus or was eligible in any of the last three (3) months. If not, it will attempt a demographic match using a modified clearance process. The automated processing will determine if the mother meets the above criteria. If there is not a match, in most instances a report will be sent to the hospital that no match was found. The district will not be notified of these circumstances.

A. WMS PROCESSING LOGIC

1. If there is a match on WMS based on information received via the EBC, there will be a determination as to whether there is an active Medicaid/Family Health Plus record for the mother. Active is defined as newborn's DOB within the mother's MA Coverage period and/or the Individual Status Code is 07 (active) or 10 (sanctioned).
2. If there is an active Medicaid eligibility record, a second level check will be made to determine if an unborn or newborn is already included on the case. The latter will be determined by the newborn's sex and DOB.

3. If there is an unborn on the mother's WMS case, the existing WMS record for the unborn will be updated with newborn demographics.
4. If there is no unborn record on the mother's WMS case, in most instances the newborn will be added to the WMS case using newborn demographics.
5. If the mother's case was closed within three (3) months prior to the birth month, the newborn will be opened on a new WMS case using newborn demographics. When opening a case for the newborn, the address received from the hospital will be used, which may differ from the address on WMS. Fiscal responsibility will be given to the closed case county, so the case will be opened in the closed case county using the address provided by the hospital.
6. If the mother's case is MA SSI (Case Type 22), Foster Care (Case Type 13), or Family Health Plus (Case Type 24), the newborn will be opened on a new WMS Case Type 20 using newborn demographics and the address from the hospital. If the mother is in a Temporary Assistance case, and is also active on a Case Type 22, then the newborn will be added to the Temporary Assistance case as MA-Only.
7. If the mother's case is in "clockdown" closing status and there is a match, the newborn will be opened on a new MA Case Type 20 using newborn demographics and the address from the hospital.
8. If the mother's "Authorization TO-Date" has expired, the newborn will be opened on a new MA Case Type 20 using newborn demographics and the address from the hospital.
9. If the maximum number of people are already in the mother's case, the newborn will be opened on a new MA Case Type 20 using newborn demographics and the address from the hospital.
10. If the mother is inactive on an active case and there is a match, the newborn will be added to the current active case.
11. If there is a CIN match and the newborn demographics indicate that the newborn is deceased, a report to the district will be generated via BICS.
12. If the mother's case is in error or pending status it will not be processed; the district will be notified of this in the BICS report.

B. DISTRICT ALERTS

The following processing codes will be provided on the BICS reports.

- WMS NOT UPDATED (2)
- WMS UPDATED (1)

MOTHER'S ALERTS

01	Mother inactive - closed in less than 3 months	WMS Updated
02	Mother in clockdown status	WMS Updated
03	Mother on SSI	WMS Updated
04	Mother CIN matches, sex is M on WMS	WMS Updated
05	Mother CIN matches, sex is "u" on WMS	WMS Updated
06	Expired Auth	WMS Updated
07	Maximum number of people in case	WMS Updated
08	Authorization expires within 3 months	WMS Updated
09	Case Pending/Error	WMS Not Updated
10	Mother deceased prior to infant's DOB	WMS Not Updated

INFANT'S ALERT CODES

20	Open Case/DOH Address	WMS Updated
21	MA Case Re-opened	WMS Updated
22	Unborn Converted	WMS Updated
23	Added to Case	WMS Updated
24	Infant less than 1200 grams	WMS Updated
25	Match found, newborn previously added	WMS Not Updated
26	Baby Deceased	WMS Not Updated

C. MANAGED CARE REPORT SPECIFICATIONS

- The file name for the BICS Newborn Managed Care Enrollment report for local districts is "001-X-99*PCPNWBRNU-99" (99 is the specific county code).
- The file name for the Bulletin Board Newborn Managed Care Enrollment report for managed care plans as well as local districts is: Upstate-mpcna999.txt (999 is the day of the year)
- Results of newborn processing also go through the same process as enrollments (e.g., Maximus enrollments) received through EMEVS. These newborns will be included on enrollment reports. The file name for the Bulletin Board EMEVS Enrollment reports is: Upstate Bulletin Board-mpcea999.txt (999 is the day of the year)

The file name for the BICS EMEVS Enrollment report is 001-X-99*PCPEMEVSU-99., (99 is the county code).

D. CLIENT NOTICES

The following CNS client notices will be system-generated when the matching process is automated.

- Newborn on WMS as unborn and a name conversion performed.
- Newborn added to case.
- New MA-Only case opened for newborn.

The following new client notices have been added. These will not be generated as a result of the automated process.

- Closed newborn case; opened in error.
- Delete newborn from case; added in error.
- Newborn deceased.

A separate WMS/CNS Coordinator Letter will be issued on automated newborn enrollment which will detail the new CNS notices, both those generated by the actions of the automated system, and those for district use.

E. CARD GENERATION

The newborn's new Medicaid Card will be generated through the normal card generation process.

VI. EFFECTIVE DATE

The changes described in this Administrative Directive will be effective as of October 29, 2001.

Kathryn Kuhmerker
Deputy Commissioner
Office of Medicaid Management