

SPECIFICS OF THE MATCHING AND UPDATING PROCESS

Match and Update Process

When SDOH determines that a new mother is in receipt of Medicaid, it will then determine whether the newborn has already been added, by comparing the Date of Birth (DOB) and the gender of the newborn with information on WMS. If the newborn has already been added to the case, a report will be sent to the district for informational purposes only. If there is an unborn already on the case, SDOH will take no action, but we will send a report of the birth to the district to take action, if appropriate.

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 the purpose of providing Medicaid coverage for the newborn.**

It is important to note that the addition of the newborn through the new process or the report to the district (in the case of an unborn whose case was not updated) serves as verification of the birth. **Therefore, the district may not require a birth certificate at recertification for Medicaid purposes.**

Woman Eligible in the Previous Three Months; or in "Clockdown" Status

In instances in which there is a match on WMS with a woman who is no longer in receipt of Medicaid, but who was in receipt of Medicaid within the three (3) months immediately preceding the birth, we will create a new case for the infant. A new case also will be opened for the infant if the mother's case is still open, but is in "clockdown" status.

When a new case is created, 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 or has been closed, as Medicaid policy requires that a pregnant woman who is determined eligible for Medicaid is entitled to Medicaid through her 60th post-partum day, despite any changes in circumstances.

If a new case is opened for the infant because the mother was in receipt of Medicaid within the last three (3) months, the Medicaid card will be sent to the address reported by the hospital if it is different from that on WMS (because the address received from the hospital is considered more likely to be current). Under Social Services Law 62.5(b), the district in which the mother was last determined eligible is the district of fiscal responsibility; the new case for the infant will be opened in this district, even if the address is not in that district. The district of fiscal responsibility will be made aware of these cases through reporting by SDOH. This district should follow-up with the new district of residence to clarify and, if needed, resolve issues of responsibility.

Women on Supplemental Security Income (SSI)

If a woman is in receipt of SSI and gives birth, we will open a new case for the infant.

This will be reported to the district with information that will allow the district to identify the mother (upstate only). 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 and close the newborn's case, or whether it is more appropriate to close the unborn case.

Managed Care Implications

In most instances, if a woman is enrolled in a Medicaid Managed Care Plan (MCP), we will add the newborn to the mother's Medicaid MCP.

An exception to this policy will occur if the newborn weighs less than 2 lbs. 10 ounces (1,200 grams). These infants are excluded from Medicaid managed care for the first six (6) months of life. Information on the weight of the baby will be obtained through the hospital reports.

Districts will be notified of additions/new cases for newborns for infants that weigh less than 2 lbs. 10 ounces. The report will alert the district that, even if the mother is in a Medicaid MCP, the infant was not enrolled in Medicaid managed care, and was provided with full fee-for-service (FFS) Medicaid coverage. Upon review of the report, the district should determine whether the infant should be considered for a referral for a Supplemental Security Income (SSI) and/or Medicaid disability determination.

There are some Medicaid MCPs that are specifically for recipients with special needs, such as mental health or AIDS. In addition, some partial capitation plans are targeted for adults, and are not appropriate for newborn enrollment. Infants whose mothers are enrolled in such plans will not be automatically enrolled in the mother's plan. Instead, these infants will be put up with full FFS, Medicaid coverage. In some cases, enrolled mothers subsequently may elect to have their newborns enrolled in their plan. These newborn enrollments will be processed like any other voluntary enrollments.

Finally, there may be instances in which a woman has completed the enrollment process for a Medicaid managed care plan, but her enrollment date is in the future. In such instances, the newborn also will be enrolled in the mother's managed care plan, with the same effective date as the mother. Until that date, the newborn will be covered under fee-for-service Medicaid.

Attachment 2

Match Criteria

- The first match will be on the Mother's CIN, if it is provided by the hospital.
- If there isn't a match or the CIN was not provided, the following is the hierarchy of mother's demographics from the hospital data that will be matched on WMS:
 - Complete name, DOB, SSN, sex code
 - Complete name, SSN
 - Last name, SSN, YYYY of DOB
 - DOB, SSN
 - Complete name, DOB, sex code