



New Mexico Human Services Department

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Medical Assistance Division
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DEPARTMENTAL MEMORANDUM

MAD-MR: 09-05

DATE: February 10, 2009

TO: INCOME SUPPORT DIVISION AND MEDICAL ASSISTANCE DIVISION
STAFF

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION
HELEN NELSON, DEPUTY DIRECTOR, INCOME SUPPORT DIVISION

THROUGH: ROY BURT, BUREAU CHIEF, CLIENT SERVICES BUREAU

BY: DINA LOPEZ, MANAGEMENT ANALYST, CLIENT SERVICES BUREAU

SUBJECT: REVISED MAD 313-NOTIFICATION OF BIRTH

GENERAL INFORMATION

The MAD 313, Notification of Birth form has been updated 12/2008 to reflect Blue Cross Blue Shield (BC/BS) of New Mexico, as a new Managed Care Organization (MCO) choice.

The forms manual in each Income Support Division (ISD) Office should contain the most current versions of the MAD 313.

Please address questions concerning this form to dinam.lopez@state.nm.us or call (505) 476-6821.

Attachment



Notification of Birth

Medical Assistance Division

Section I – Hospital/Medical Provider Information	
Hospital or Medical Provider Name:	
Address:	P.O. Box/Street Address
	City State Zip

Section II – Certification of Birth	
Child's Name:	Last First Middle
Date of Birth:	____/____/____ <input type="checkbox"/> Female <input type="checkbox"/> Male
Certified by:	
Signature:	Telephone Number Date: ____/____/____
Has the application for a Social Security card for the child been made? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section III – Parent Information	
Mother's Name:	Last First Middle Social Security Number ____-____-____
Mother's Maiden Name:	
Address:	P.O. Box/Street Address
	City State Zip
Father's Name:	Last First Middle
Address:	P.O. Box/Street Address
	City State Zip
Has Paternity Been Established?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section IV - Mother's Medicaid Information	
Medicaid Number (from Medicaid ID card):	
Managed Care Status (please check one):	<input type="checkbox"/> Exempt <input type="checkbox"/> PHP <input type="checkbox"/> LCHP <input type="checkbox"/> MHCP <input type="checkbox"/> BCBSNM

When completed, this form meets the initial verification of U.S. citizenship as required by the New Mexico Medical Assistance Division. Submission of this form demonstrates a request to enroll the child named above in the Managed Care Organization of the mother. Medicaid eligibility for the above named child is for twelve months. After the twelve months, a new application may be needed for medical coverage in another category of eligibility.

Section V - ISD Office Use Only		
Temp ID#	<input type="checkbox"/> Child is Ineligible for Medical Assistance	Date Issued: ____/____/____
ISD Worker:	Print Name	Signature

INSTRUCTIONS FOR FORM MAD 313 NOTIFICATION OF BIRTH

PURPOSE

The Notification of Birth form (MAD 313) is for hospitals or medical providers to notify the County Income Support Division (ISD) Office of the birth of a child to a New Mexico Medicaid eligible mother. The ISD Office will use the form to determine a child's Medicaid eligibility and temporary identification number.

INSTRUCTIONS

When a child is born to a Medicaid eligible mother, hospitals or medical providers should:

- Complete Sections I through IV.
- Fax the completed form to the County ISD Office where the mother resides.
- If the mother's is enrolled in a MCO, fax a copy of the completed form to the MCO as noted in Section IV.

Upon receipt of the form, the ISD caseworker:

- Determines the child's eligibility.
- Completes Section V.
- Files in the case record.

FORM RETENTION

Permanent