



State of New Mexico
Medical Assistance Program Manual
Supplement



DATE: November 27, 2007

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TO: ALL HOSPITALS AND PRACTITIONERS PROVIDING SERVICES TO
MEDICAID NEWBORN RECIPIENTS

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION

BY: ROBERT STEVENS, BUREAU CHIEF, BENEFITS BUREAU

**SUBJECTS: USING THE “NOTIFICATION OF BIRTH” FORM TO EXPEDITE
PAYMENT FOR SERVICES TO NEWBORNS**

Attached is a “Notification of Birth Form” (form MAD 313) to be used to report the birth of an infant to a Medicaid-eligible mother. The hospital or the physician attending the mother should complete the form and follow the instructions below. Using the form will facilitate payment to providers for the services rendered to the newborn.

Background:

When a mother who is a Medicaid recipient gives birth to an infant, that infant is eligible for Medicaid benefits beginning at the time of birth. When the mother giving birth is a member of a SALUD! Medicaid managed care organization, the infant is also considered an enrolled member of the same SALUD! plan as the mother.

If the mother fails to report the birth in a timely manner to the county Income Support Division Office (ISD), the state agency that determines Medicaid eligibility for infants, payment to providers rendering services to the infant may be delayed.

These payment problems, which occur when there is a delay in establishing the infant’s Medicaid eligibility and enrollment into the appropriate SALUD! plan, can be time-consuming for the provider, the managed care organization, and the Medicaid program.

Use of the “Notification of Birth” form will significantly improve the ability of the Medicaid Program and the SALUD! Medicaid managed care organizations to complete the enrollment process and thereby enable and facilitate payment to providers of services.

Using the “Notification of Birth” Form:

Use of the “Notification of Birth” form only requires two steps.

- Send the form to the ISD Office - The physician or the hospital as part of its discharge planning process completes the form and faxes it or otherwise sends it to the appropriate county ISD office as identified on the attached ISD office list. The form should be sent to the county office that corresponds to the mother’s address.
- Also send the form to the mother’s SALUD! Medicaid managed care organization when the mother is a member of a SALUD! Medicaid managed care organization. The form should be sent by the physician or the hospital to the appropriate managed care organization using the following addresses:

Lovelace Health Plan: Lovelace Salud Enrollment
Fax: (505) 262-7543
Phone: 505-232-1937

Molina Health Plan: Molina Healthcare
Enrollment Department
Fax: (505) 342-4666
Phone: (505) 342-4660 or (800) 377-9594

Presbyterian Health Plan: Presbyterian Health Plan
Senior Government Programs Enrollment Specialist
Fax: (505) 923-6020
Phone: (505) 923-8899

You are welcome to copy this form. The form does not have to be an original one. The form can also be found on the HSD Medical Assistance Division website at:

<http://www.hsd.state.nm.us/mad/eligibility.html>

There cannot be a charge to the recipient for providing this service. You may not use this form to enroll a recipient in a SALUD! plan. It may only be used to register the infant with the same plan to which the mother belongs.

Should you have any questions on the coding requirements, please contact the appropriate managed care organization if the mother is enrolled in SALUD! If the mother is not enrolled in SALUD!, please contact the Medical Assistance Division at 1-888-997-2583.

Thank you. We appreciate your participation in the New Mexico Medicaid program.

Income Support Division County Office Contact Information

Bernalillo County (Albuquerque Area)

Northeast part of the County/City

4330 Cutler NE,
Albuquerque, NM 87176
P.O. Box 36090
Albuquerque, NM 87176
Phone: (505) 222-9200
Fax: (505) 222-9650

Southeast part of the County/City

1711 Randolph Rd SE
Albuquerque, NM 87103
P.O. Box 19310
Albuquerque, NM 87119
Phone: (505) 383-2600
Fax: (505) 383-2105, 383-2198

Northwest part of the County/City

1041 Lamberton Place NE
Albuquerque, NM 87125
P.O. Box 25287
Albuquerque, NM 87125
Phone: (505) 841-7700
Fax: (505) 841-7754, 841-7971

Southwest part of the County/City

1401 Old Coors Rd, SW
Albuquerque, NM 87195
P.O. Box 12355
Albuquerque, NM 87195
Phone: (505) 841-2300
Fax: (505) 841-2381

Catron County

1014 N. California Street
Socorro, NM 87801
P.O. Box LL
Socorro, NM 87801

Phone: (575) 835-0342
Fax: (575) 835-9478

Chaves County (Roswell Area)

1701 S. Sunset
Roswell, NM 88203

Phone: (575) 625-3000
Phone: (800) 824-8971
Fax: (575) 625-3010

Cibola County (Grants Area)

900 Mount Taylor Ave.
Grants, NM 87020

Phone: (505) 287-8836
Fax: (505) 285-6278

Colfax County (Raton Area)

1233 Wittier Street
Raton, NM 87740

Phone: (575) 445-2308
Fax: (575) 445-2218

Curry County (Clovis Area)

3316 North Main Street, Ste A
Clovis, NM 88101-3756

Phone: (575) 762-4751
Fax: (575) 763-0493

De Baca County

200 Lake Drive
Santa Rosa, NM 88435

Phone: (575) 472-3450
Fax: (575) 472-3425

Doña Ana County (Las Cruces/Anthony Area)

East-side of Las Cruces (East Doña Ana)

2121 Summit Court
Las Cruces, NM 88011-8238
Phone: (575) 524-6568
Fax: (575) 524-6510

Anthony Area

220 Crossett Lane
Anthony, NM 88021
P.O. Box 4130
Anthony, NM 88021
Phone: (575) 882-5781

West-side of Las Cruces (West Doña Ana)

655 Utah
Las Cruces, NM 88001-6006
Phone: (575) 524-6500
Fax: (575) 524-6509

Fax: (575) 882-4728

Eddy County (Artesia/Carlsbad Area)

Artesia Area

108 N. 16th
Artesia, NM 88210
Phone: (575) 748-3361
Fax: (575) 746-6123

Carlsbad Area

2324 West Pierce Street
Carlsbad, NM 88220
Phone: (575) 885-8815
Fax: (575) 887-0550

Grant County (Silver City Area)

| | |
|-----------------------|-----------------------|
| 3088 32nd Street | Phone: (575) 538-2948 |
| Bypass Road Ste A | Phone: (800) 331-7311 |
| Silver City, NM 88061 | Fax: (575) 538-0241 |

Guadalupe County (Santa Rosa Area)

| | |
|----------------------|-----------------------|
| 200 Lake Drive | Phone: (575) 472-3459 |
| Santa Rosa, NM 88435 | Phone: (800) 824-8971 |
| | Fax: (575) 472-3425 |

Harding County

| | |
|------------------------|-----------------------|
| 3112 Hot Springs Blvd. | Phone: (505) 425-6741 |
| Las Vegas, NM 87701 | Fax: (505) 454-0256 |

Hidalgo County (Lordsburg Area)

| | |
|---------------------|-----------------------|
| 109 Poplar St. | Phone: (575) 542-3562 |
| Lordsburg, NM 88045 | Phone: (800) 331-7311 |
| | Fax: (575) 542-3226 |

Lea County (Hobbs Area)

| | |
|--------------------|-----------------------|
| 2120 N. Alto Ste D | Phone: (575) 397-3400 |
| Hobbs, NM 88240 | Fax: (575) 393-2529 |

Lincoln County (Ruidoso Area)

| | |
|-------------------|-----------------------|
| 26387 Hwy 70 | Phone: (575) 378-1762 |
| Ruidoso, NM 88346 | Fax: (575) 378-2204 |
| P.O. Box 606 | |
| Ruidoso, NM 88346 | |

Luna County (Deming Area)

| | |
|------------------|-----------------------|
| 910 E. Pear | Phone: (575) 546-0467 |
| Deming, NM 88031 | Fax: (575) 546-6876 |
| P.O. Box 818 | |
| Deming, NM 88031 | |

McKinley County (Gallup Area)

2907 E. Aztec Avenue
Gallup, NM 87301

Phone: (505) 863-9545
Phone: (800) 825-7442
Fax: (505) 722-0991

Mora County

3113 Hot Springs Blvd.
Las Vegas, NM 87701
P.O. Box 1348
Las Vegas, NM 87701

Phone: (505) 425-6741
Fax: (505) 454-0256

Otero County (Alamogordo Area)

2000 Juniper Avenue
Alamogordo, NM 88310

Phone: (575) 437-9260
Phone: (800) 826-4468
Fax: (575) 437-3098

Quay County (Tucumcari Area)

421 W. Tucumcari Blvd.
Tucumcari, NM 88401

Phone: (575) 461-4627
Fax: (575) 461-2983

Rio Arriba and Los Alamos Counties

Española Area

228 Paseo de Oñate Street
Española, NM 87532
P.O. Box 2125
Española, NM 87532
Phone: (505) 753-2271
Fax: (505) 753-5826

Tierra Amarilla Area

17345 Chama Highway
Tierra Amarilla, NM 87575
P.O. Box 816
Tierra Amarilla, NM 87575
Phone: (575) 588-7103
Fax: (575) 882-7369

Roosevelt County (Portales Area)

1028 Community Way
Portales, NM 88130
P.O. Box 1090
Portales, NM 88130

Phone: (575) 356-4473
Fax: (575) 359-2142

Sandoval County (Rio Rancho/Bernalillo Area)

| | |
|-----------------------|-----------------------|
| 830 Camino Del Pueblo | Phone: (505) 867-3357 |
| Bernalillo, NM 87004 | Phone: (800) 926-9425 |
| P.O. Box 430 | Fax: (505) 867-9492 |
| Bernalillo, NM 87004 | |

San Juan County (Farmington Area)

| | |
|----------------------|-----------------------|
| 101 W. Animas | Phone: (505) 566-9600 |
| Farmington, NM 87499 | Phone: (800) 231-6667 |
| P.O. Box 5250 | Fax: (505) 566-9658 |
| Farmington, NM 87499 | |

San Miguel County (Las Vegas Area)

| | |
|------------------------|-----------------------|
| 3112 Hot Springs Blvd. | Phone: (505) 425-6741 |
| Las Vegas, NM 87701 | Fax: (505) 454-0256 |
| P.O. Box 1348 | |
| Las Vegas, NM 87701 | |

Santa Fe County (Santa Fe Area)

| | |
|---------------------|-----------------------|
| 2542 Cerrillos Road | Phone: (505) 827-1932 |
| Santa Fe, NM 87505 | Phone: (800) 231-8081 |
| | Fax: (505) 827-1940 |

Sierra County (T or C Area)

| | |
|-------------------|-----------------------|
| 102 Barton Street | Phone: (575) 894-3011 |
| T or C, NM 87901 | Phone: (800) 560-3011 |
| | Fax: (575) 894-1021 |

Socorro County (Socorro Area)

| | |
|------------------------|-----------------------|
| 1014 N. California St. | Phone: (575) 835-0342 |
| Socorro, NM 87801 | Phone: (800) 245-9571 |
| P.O. Box LL | Fax: (575) 835-9478 |
| Socorro, NM 87801 | |

Taos County (Taos Area)

| | |
|----------------|-----------------------|
| 145 Roy Road | Phone: (575) 758-8804 |
| Taos, NM 87571 | Fax: (575) 758-1012 |

Torrance County (Moriarty Area)

109 Tulane Ave
Moriarty, NM 87035

P.O. Box 400
Moriarty, NM 87035

Phone: (505) 832-5026
Phone: (800) 335-7293
Fax: (505) 832-4882

Union County (Clayton Area)

834 Main Street
Clayton, NM 88415

Phone: (575) 374-9401
Fax: (575) 374-2853

Valencia County (Belen/Los Lunas Area)

Belen Area

100 N. 5th Street
Belen, NM 87002

P.O. Box 259
Belen, NM 87002

Phone: (505) 864-5200
Fax: (505) 864-5247

Los Lunas Area

445 Camino Del Rey
Los Lunas, NM 87031

Phone: (505) 222-0800
Fax: (505) 222-0888



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 |

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 above named child in the Managed Care Organization of the mother. Medicaid eligibility for the above named child is for 12 months. After the 12 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 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