NEWBORN ELIGIBILITY FORM INSTRUCTIONS

WHEN COMPLETING THIS FORM, REMOVE THIS SHEET AND FOLLOW THE INSTRUCTIONS LISTED.

IMMEDIATELY AFTER THE BIRTH OF A CHILD TO A MOTHER WHO HAS VALID MEDICAL ASSISTANCE COVERAGE, NOTIFY THE COUNTY ASSISTANCE OFFICE (CAO) CONTACT PERSON LOCATED IN THE MOTHER'S COUNTY OF RESIDENCE BY TELEPHONE OR FAX. FOLLOW-UP THE INITIAL CONTACT WITHIN THREE (3) WORKING DAYS OF THE CHILD'S BIRTH BY COMPLETING THIS FORM AND SUBMITTING IT TO THE APPROPRIATE CAO/DISTRICT OFFICE.

PROVIDER INFORMATION

IMMEDIATELY AFTER THE BIRTH OF A CHILD TO A MOTHER WHO HAS VALID MEDICAL ASSISTANCE COVERAGE, NOTIFY THE COUNTY ASSISTANCE OFFICE (CAO) CONTACT PERSON LOCATED IN THE MOTHER'S COUNTY OF RESIDENCE BY TELEPHONE OR FAX. FOLLOW-UP THE INITIAL CONTACT WITHIN THREE (3) WORKING DAYS OF THE CHILD'S BIRTH BY COMPLETING THIS FORM AND SUBMITTING IT TO THE APPROPRIATE CAO/DISTRICT OFFICE.

IMPORTANT

BEFORE THE BABY'S DISCHARGE BE SURE TO:
1. COMPLETE THIS FORM WITH THE ASSISTANCE OF THE BABY'S MOTHER OR AUTHORIZED REPRESENTATIVE.
2. COMPLETE THE "TEMPORARY NEWBORN ELIGIBILITY CARD" (MA 467) AND PRESENT IT TO THE MOTHER IN ORDER FOR HER TO OBTAIN MEDICAL SERVICES FOR HER NEWBORN PRIOR TO RECEIVING THE NEWBORN'S MEDICAL ASSISTANCE ACCESS CARD.
3. INSTRUCT THE BABY'S MOTHER OR AUTHORIZED REPRESENTATIVE TO CONTACT THE APPROPRIATE MANAGED CARE ORGANIZATION FOR ASSISTANCE IN CHOOSING A PRIMARY CARE CASE MANAGER WHO WILL PROVIDE MEDICAL CARE FOR THE BABY AND SCHEDULE APPOINTMENTS FOR THE BABY'S EPSDT SCREENING, IMMUNIZATIONS AND FOLLOW-UP CARE.

PROVIDER INSTRUCTIONS FOR BILLING

BILL MEDICAL ASSISTANCE IMMEDIATELY AFTER YOU CONTACT THE CAO AND SUBMIT THE MA 112 TO THE CAO.

IT IS NO LONGER NECESSARY TO WAIT FOR THE MA 112 TO BE RETURNED TO YOU BEFORE SUBMITTING YOUR INVOICE.

WHEN YOU SUBMIT YOUR INVOICE TO MEDICAL ASSISTANCE PRIOR TO RECEIVING THE NEWBORN'S RECIPIENT NUMBER, YOU MUST BILL AS FOLLOWS:

- ON THE UB-04 INVOICE, USE THE MOTHER'S RECIPIENT NUMBER AND CONDITION CODE "Y0" WHICH INDICATES THAT THIS IS A NEWBORN BILLING.
- IN THE "REMARKS SECTION" OF THE INVOICE, PLACE THE MOTHER'S NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER.
- ON THE CMS-1500, USE THE MOTHER'S RECIPIENT NUMBER AND ATTACHMENT TYPE "26" TO INDICATE THAT THIS IS A NEWBORN BILLING. ALSO, USE ATTACHMENT CODE "99" AND ON A SEPARATE SHEET ATTACH REMARKS - INCLUDE THE MOTHER'S NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER.

PROVIDER INSTRUCTIONS FOR COMPLETING THE MA 112

PROVIDERS MUST COMPLETE THE UNSHADED AREAS OF THE FORM TO SUPPLY REQUESTED INFORMATION TO THE APPROPRIATE COUNTY ASSISTANCE OFFICE (CAO). THE SHADED AREAS ARE FOR USE BY THE CAO.

AFTER COMPLETING THE REQUIRED INFORMATION, MAIL THE FORM TO THE APPROPRIATE COUNTY ASSISTANCE OFFICE.

PROVIDER INSTRUCTIONS FOR BILLING

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IT IS NO LONGER NECESSARY TO WAIT FOR THE MA 112 TO BE RETURNED TO YOU BEFORE SUBMITTING YOUR INVOICE.

WHEN YOU SUBMIT YOUR INVOICE TO MEDICAL ASSISTANCE PRIOR TO RECEIVING THE NEWBORN'S RECIPIENT NUMBER, YOU MUST BILL AS FOLLOWS:

- ON THE UB-04 INVOICE, USE THE MOTHER'S RECIPIENT NUMBER AND CONDITION CODE "Y0" WHICH INDICATES THAT THIS IS A NEWBORN BILLING.
- IN THE "REMARKS SECTION" OF THE INVOICE, PLACE THE MOTHER'S NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER.
- ON THE CMS-1500, USE THE MOTHER'S RECIPIENT NUMBER AND ATTACHMENT TYPE "26" TO INDICATE THAT THIS IS A NEWBORN BILLING. ALSO, USE ATTACHMENT CODE "99" AND ON A SEPARATE SHEET ATTACH REMARKS - INCLUDE THE MOTHER'S NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER.

IF THIS FORM IS RETURNED TO YOU PRIOR TO BILLING, CHECK ITEM 3 FOR CAO ELIGIBILITY DETERMINATION. IF THE NEWBORN IS ELIGIBLE, BE SURE TO USE THE 10 DIGIT RECIPIENT NUMBER SHOWN IN ITEM 17 TO BILL FOR THE BABY'S CARE.

THE BABY WILL HAVE MEDICAL ASSISTANCE COVERAGE UNDER THE 10 DIGIT RECIPIENT NUMBER FOR ONE (1) YEAR FOLLOWING THE BABY'S BIRTH. CASH ASSISTANCE FOR THE BABY WILL BEGIN WITH THE BABY'S BIRTHDATE AND END ON THE FIRST DAY OF THE SECOND MONTH FOLLOWING THE BIRTH OR UPON THE MOTHER'S RELEASE FROM THE HOSPITAL, WHICHEVER IS LATER. CASH COVERAGE WILL BE DESIGNATED BY THE RECORD AND CATEGORY NUMBER ASSIGNED BY THE COUNTY ASSISTANCE OFFICE.

IF THE COUNTY ACTION INDICATES "INELIGIBLE" IN ITEM 3, THE INDIVIDUAL IDENTIFIED BY THE RECIPIENT NUMBER SHOWN IN ITEM 12 WAS NOT ELIGIBLE FOR MEDICAL ASSISTANCE OR CASH ASSISTANCE ON THE NEWBORN'S DATE OF BIRTH.

QUESTIONS REGARDING COUNTY ASSISTANCE OFFICE ACTION MAY BE DIRECTED TO THE CAO CONTACT PERSON DESIGNATED ON ITEM 33.

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**SPECIFIC INSTRUCTIONS FOR COMPLETING EACH QUESTION ARE AS FOLLOWS:**

1. **MA FEE FOR SERVICE**
   - Identify whether the recipient is covered by regular medical assistance by checking this block.

2. **HMO/HIO**
   - Identify whether the recipient is covered by an HMO/HIO by checking the appropriate block.

3. **CAO DETERMINATION**
   - CAO Completion

4. **PAYMENT NAME**
   - Enter the payment name shown on the mother's access card.

5. **TELEPHONE NUMBER**
   - Enter the area code and telephone number of payment name (home or other).

6. **CIVIL SUB DIVISION**
   - CAO Completion

7. **SCHOOL DISTRICT**
   - CAO Completion

8. **MAILING ADDRESS**
   - Enter the mailing address of payment name obtained from mother.

9. **EFFECTIVE DATE**
   - CAO Completion

10. **CLOSING DATE**
    - CAO Completion

11. **MOTHER'S NAME**
    - Enter the mother's name

12. **MOTHER'S RECIPIENT NO.**
    - Enter the mother's 10 digit recipient number as shown on her access card or through accessing EVS.

13. **MOTHER'S SSN**
    - Enter the social security number of the mother.

14. **MOTHER'S BIRTHDATE**
    - Enter the birthdate of mother.

15. **MOTHER'S TELEPHONE NO.**
    - Enter the telephone number of the mother.

16. **LINE NUMBER**
    - CAO Completion

17. **NEWBORN'S RECIPIENT NO.**
    - CAO Completion

18. **NEWBORN'S NAME**
    - Enter the last name, first name and middle initial of the newborn. (If child is not named, enter last name and either "baby girl" or "baby boy" as appropriate). If more than three babies, complete a second form.

19. **BIRTHDATE**
    - Enter the birthdate of the newborn in six (6) digit format (mm/dd/yy).

20. **SEX**
    - Enter the sex of the newborn.

21. **RACE**
    - Enter the race of newborn using the codes below the item.

22. **PROVIDER APPLIED FOR SS# (EAB-ENUMERATION AT BIRTH)**
    - Checkmark appropriate block (yes or no) to indicate if a social security application (EAB) was filed and complete item 43.

23. **RELATIONSHIP TO HEAD OF HOUSEHOLD**
    - CAO Completion

24. **ASSISTANCE STATUS**
    - CAO Completion

25. **MEDICAL RESOURCE CODE(S)**
    - Enter the mother's medical resource code(s) obtained from the eligibility verification system (EVS).

**THE FOLLOWING ARE CAO COMPLETED QUESTIONS**

26. **COUNTY**
    - 27. **RECORD NUMBER**

28. **CATEGORY**
    - 29. **CONTROL DIGIT**

30. **MA FEE FOR SERVICE**
    - 31. **HMO/HIO PLAN NAME**

32. **PLAN CODE (HMO/HIO)**
    - 33. **COUNTY ASSISTANCE OFFICE**

34. **THIRD PARTY LIABILITY RESOURCES**
    - Only complete this section if there are resources available towards the baby's stay which are not shown in item 25. For example, if the child's father has insurance which would cover the baby's medical expenses, complete as much of the information as possible.

35. **SIGNATURE OF MOTHER OR AUTHORIZED REPRESENTATIVE**
    - Have the mother or authorized representative for the newborn sign here.

36. **DATE**
    - Enter the date the application was signed.

37. **PROVIDER'S NAME**
    - Enter the name of hospital, birth center or nurse midwife submitting the application.

38. **PROVIDER'S NUMBER**
    - Enter your medical assistance provider ID no.

39. **TELEPHONE NUMBER**
    - Enter the area code and phone number of the hospital or birth center contact person, or the nurse midwife.

40. **PROVIDER'S ADDRESS**
    - Enter the address of the hospital, birth center, or nurse midwife submitting the application.

41. **PROVIDER'S CONTACT PERSON**
    - Enter the name of the nurse midwife, or the contact person in the hospital or birth center.

42. **PROVIDER'S COMPLETION DATE**
    - Enter the date the hospital, birth center, or nurse midwife completed the application.

43. **CERTIFICATION OF THE PERSON COMPLETING THIS ITEM MUST HAVE DIRECT KNOWLEDGE THAT THE ENUMERATION AT BIRTH (EAB) WAS COMPLETED. IF EAB INFORMATION IS NOT AVAILABLE, DO NOT DELAY SUBMISSION OF THE MA 112 TO CAO.**
NEWBORN ELIGIBILITY FORM

THIS FORM ESTABLISHES AUTOMATIC MEDICAL ASSISTANCE ELIGIBILITY FOR NEWBORNS. IF THE MOTHER IS CURRENTLY RECEIVING CASH ASSISTANCE AND/OR SNAP BENEFITS, THIS FORM WILL ALSO ADD THE NEWBORN TO THESE BENEFITS. IF THE MOTHER WISHES CASH ASSISTANCE BENEFITS FOR THE CHILD TO CONTINUE, SHE MUST CONTACT THE COUNTY ASSISTANCE OFFICE TO ESTABLISH ELIGIBILITY.

NEWBORN DATA

16. LINE NO. 17. NEWBORN'S RECIPIENT NO. 18. LAST NAME 19. FIRST NAME 20. MIDDLE INITIAL 21. BIRTHDATE (MM DD YY) 22. SEX 23. RACE (1. BLACK (NOT HISPANIC ORIGIN); 2. HISPANIC; 3. NORTH AMERICAN INDIAN OR ALASKAN NATIVE; 4. ASIAN OR PACIFIC ISLANDER; 5. WHITE (NOT OF HISPANIC ORIGIN); 6. OTHER) 24. PROVIDER APPLIED FOR SS NUMBER (YES/NO) 25. RELATIONSHIP TO HEAD OF HOUSEHOLD 26. ASSISTANCE STATUS 27. MEDICAL RESOURCES CODE (S)

33. COUNTY ASSISTANCE OFFICE

CAO NAME

CAO CONTACT PERSON NAME

CAO CONTACT PERSON SIGNATURE

DATE

TELEPHONE NUMBER

COMMENTS

36. SIGNATURE OF MOTHER OR AUTHORIZED REPRESENTATIVE

37. PROVIDER’S NAME

38. PROVIDER’S NUMBER

39. TELEPHONE NUMBER

40. PROVIDER’S ADDRESS

41. PROVIDER’S CONTACT PERSON

42. PROVIDER’S COMPLETION DATE

34. THIRD PARTY LIABILITY RESOURCES

TYPE INSURANCE (DED/PP)

NAME OF INSURANCE CARRIER

CLAIMS OFFICE ADDRESS (Include city, state and zip code)

GRP/CONTRACT/POLICY NUMBER

GROUP NAME/GROUP NUMBER

DATES OF CONTRACT

From To

POLICY HOLDER’S NAME (If not mother)

POLICY HOLDER’S S.S. NUMBER

POLICY HOLDER’S ADDRESS (If not mother)

EMPOWER’S NAME

TELEPHONE NUMBER

ADDRESS (Include city, state and zip code)

43. CERTIFICATION OF ENUMERATION

I certify that an application(s) was made for a Social Security Number(s) for the above listed newborn(s) on [date].

Signature of Provider’s Representative

IMPORTANT NOTICE

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