### GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 16-14

TO:

All District of Columbia Hospital Medicaid Providers

FROM:

Claudia Schlosberg, JD

Senior Deputy Director and State Medicaid Director

DATE:

May 23, 2016

SUBJECT:

New Policies and Processes for Newborns Enrollment into D.C. Medicaid

The Department of Health Care Finance, in collaboration with the Department of Human Services Economic Security Administration (ESA), is changing its policies and procedures to improve our agencies' ability to effectively enroll and track newborns eligible for Medicaid. This transmittal provides new policy and procedural guidance to D.C. Medicaid hospital providers on the submission and enrollment process for newborn babies born to Medicaid fee-for-service mothers. Previously, both hospitals and managed care organizations (MCOs) were submitting enrollment information to ESA when they became aware of a newborn birth. However, this policy resulted in duplicate and delayed enrollments and created challenges with tracking the enrollment status for newborns.

Effective May 1, 2016, all District Medicaid provider hospitals and birthing centers will be required to submit the attached Newborn Enrollment Form to document the request for newborn enrollment. For babies born to mothers enrolled in fee-for-service Medicaid, this form must be submitted to the Economic Security Administration (ESA); for babies born to mothers enrolled in Medicaid MCOs, the hospitals will notify the mother's MCO. MCOs will submit all applications for newborn enrollment directly to ESA. Both hospitals and MCOs must use the Citrix server as the only method to submit newborn enrollment information to ESA.

Hospitals will also need to fill out and submit the Newborn Enrollment Log along with their Newborn Enrollment Form through Citrix. Both documents will be available on the DHCF website under forms. All fields on the Newborn Enrollment Log must be complete before submission to ESA. ESA will have ten (10) calendar days to review and enroll Medicaid eligible newborns into D.C. Medicaid.

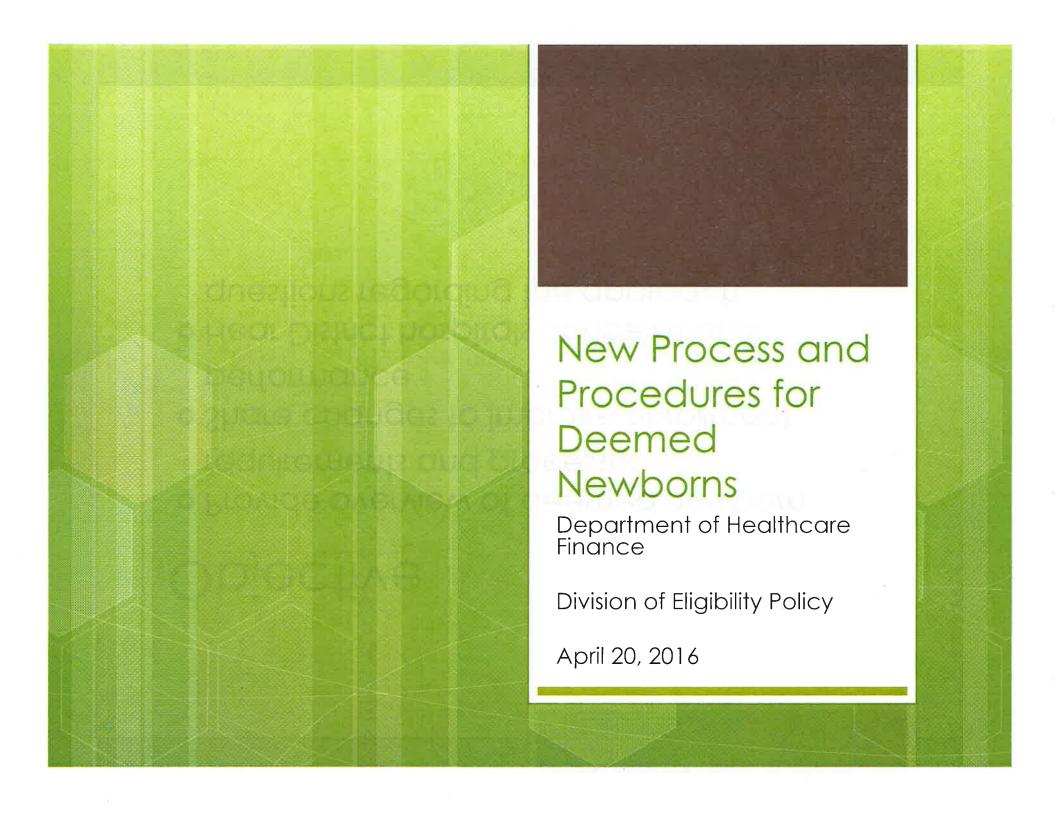
Hospital staff will need to upload the Newborn Enrollment Log and Newborn Enrollment Form to the folder entitled "Birth Notifications" in the Citrix Server. Upon receiving notification, ESA

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will process the birth verifications. Once a newborn is added to DC Medicaid, ESA will use secure email to send the corresponding hospital their updated Newborn Enrollment Log including the enrollment completion date, the baby's Medicaid ID number and any additional comments if necessary. Only birth notifications submitted through Citrix will be reviewed and processed by ESA.

If you have any questions about this transmittal please contact Program Analyst, Krysta' Lynn Ricard via email at <a href="mailto:Krysta-lynn.Ricard@dc.gov">Krysta-lynn.Ricard@dc.gov</a> or by phone at 202-442-9475. You can also contact the Associate Director, Division of Eligibility Policy, Danielle Lewis via email at <a href="mailto:Danielle.Lewis@dc.gov">Danielle.Lewis@dc.gov</a> or by phone at 202-442-9052.

Hospital:	2	
Submission Date:	Ä.	
	REQUEST TO ADD NEWBORNS	TO D.C. MEDICAID ROLLS
forms will not be processed. Please ty		our Medicaid rolls as soon as possible please complete all fields. <b>Incomplete</b> by be completed if the mother is currently enrolled in DC Medicaid as Fee-Forat information in the address field.
Mother's First Name:		Last Name:
Mother's Date of Birth:		Mother's Medicaid Number:
Mother's Address:		Mother's Telephone Number:
Alternative Mailing Address:		
Mother's Eligibility Period:		
Newborn's First Name:	Middle Name:	Last Name:
Newborn's Sex:		Newborns Date of Birth:
( ) Male ( ) Female  Hospital of Birth:		
I hereby request that child,		, be added to Medicaid.
I,Hospital Representative	hereby certify that the above infor	mation is the same as reflected on our Medical records.
Hospital Representative:		



# Objective

- Provide overview of deemed newborn requirements and processes
- Share changes to improve enrollment performance
- Hear District hospitals concerns and questions regarding the approach

## Who are Deemed Newborns?

#### • Federal Medicaid Guidance:

"Babies born to mothers covered under the Medicaid state plan for benefits on the date of birth, including during a period of retroactive eligibility, [are]... automatically deemed eligible for Medicaid for one year from birth"

42 CFR 435,117

## Current Eligibility Processing of Deemed Newborns

Hospitals and MCO's submit birth notifications to Medicaid (ESA) via Citrix Server

ESA has 10 calendar days to process all birth notifications

Hospitals and MCO's access Interactive Voice Response (IVR) or Ominicaid to verify processing of birth submissions

# Current Issues with Deemed Newborn Processing

- Multiple submissions for the same baby from various sources
- Processing Time
- Provider Follow Up

### New Processing for Deemed Newborns:

### Changes:

- Submit only babies born to Fee-For-Service(FFS)
   Mothers to ESA via Citrix. Managed Care
   babies should be submitted to the MCO.
- All information must be reported on the signed, scanned Newborn Enrollment Form, as well as the electronic Hospital Add Newborn Log
- ESA will report back to Hospital's and MCO's the processing completion date and the baby's Medicaid ID Number via the Log

#### • Remaining the same:

- ESA will process deemed newborn Medicaid eligibility in 10 days
- Hospitals must only submit deemed newborn enrollment information via Citrix

## Hospital Add Newborn Log (to be submitted electronically in Citrix)

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		This log must be submitted and uploaded with the Newborn Enrol	iment Form. Please type in all intol	mation, this tog:	should only be completed if the fr	iother is currently				
d Newbo	rns Log	enrolled in DC Medicaid as Fee-For-Service, and is a DC resident.								ı
HOSPITAL COMPLETES										
g Source	Submitting Entity	Hospital/ MCO Representative's Name, Email, Phone Number	Mom's Last Name, First Name	Mom's MA#	Baby's Last Name, First Name	Baby's Date of Birth	Submission Date	Hospital Account Number	Hospital Comments	l

# Newborn Enrollment Form (to be signed and scanned into Citrix)

Hospital:

Submission Date:

#### REQUEST TO ADD NEWBORNS TO D.C. MEDICAID ROLLS

To enable the Economic Security Administration to add all eligible newborns to our Medicaid rolls as soon as possible please complete all fields. Incomplete forms will not be processed. Please type in all information. This form should only be completed if the mother is currently enrolled in DC Medicaid as Fee-For-Service, and is a DC resident. For beneficiaries who are homeless, please indicate that information in the address field.

Iother's First Name:		Last Name:			
Jother's Date of Birth:		Mother's Medicaid Number:			
lother's Address:		Mother's Telephone Number:			
Alternative Mailing Address:					
Mother's Eligibility Period:					
Newborn's First Name:	Middle Name:	Last Name:			
Newborn's Sex:		Newborns Date of Birth:			
Tospital of Birth:					
I hereby request that child,		, be added to Medicaid.			
Hospital Representative	hereby certify that the above information is the same as reflected on our Medical records.				
4					
Hospital Representative:					

# Takeaways

- Process will improve communication and timeliness, as well as provide a new tracking mechanism
- Hospital participation is critical for our mutual success
- DHCF and ESA are open to feedback and ideas on improving the process and performance

Questions/Comments?

# MCO Contacts for Birth Submissions

#### AmeriHealthDC:

Amanda Dorman

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E-mail: adorman@amerihealthcaritas.com

OR

Jodie Felder:

Phone & Fax same as above

E-mail: ifelder@amerihealthcaritas.com

#### Trusted Health Plan:

Mary Spivey

Phone: 202-821-1095 Fax: 202-821-1098

Mspivey@trustedhp.com

#### **Medstar Family Choice:**

Margie Hillenburg

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Fax: 410-933-2274

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OR

Tim Sullivan

Phone: 202-243-2523

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# **ESA** Contacts

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## **DHCF** Contacts

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