Medicaid Eligibility for Newborn Babies

A baby is presumed eligible for Medicaid for 12 months when born to a mother eligible for Medicaid on the date of the baby's birth. This includes a mother on Emergency Medicaid for Aliens (MLA, MLS), or if eligible as Medically Needy and meets her share of cost on or before the date of birth, but does not include a mother only eligible as a Presumptively Eligible Pregnant Woman (MU) or under Family Planning (FP).

Unborn Activation Process

In an effort to expedite the process of adding a baby to the Florida Medicaid system, a pregnant mother may obtain a Medicaid identification number and gold card for her unborn baby. Providers can use the gold card to inquire about the unborn baby's eligibility with the card control number. However, the baby's Medicaid number will not be active until after the baby is born. Activation of the baby's Medicaid coverage can be done by providers through the following steps:

- Using the card control number, look up the baby's eligibility record using the Web portal, MEVS, FaxBack, or AVRS.
- If the message tells you that the baby is eligible, no further action is needed.
- If the baby's number is inactive, verify the mother was eligible for full Medicaid on the baby's date of birth by using the Web portal, MEVS, FaxBack, or AVRS. The Medicaid fiscal agent will not activate the baby's coverage if the mother is not Medicaid eligible.
- Complete an Unborn Activation Form. This form and instructions can be found at http://ahca.myflorida.com/medicaid/newborn/index.shtml. Fill out the form completely as incomplete forms will be returned to you. Photocopies of this form are acceptable.
- Completed forms can be faxed to the Medicaid fiscal agent, HP Enterprise Services, at 1-877-231-2170.
- Forms can also be mailed to: HP Enterprise Services, Recipient Support Contact Center, P.O. Box 7090, Tallahassee, Florida 32314-7090.
- Within 2 working days of receiving the completed form, HP will update the baby's information and activate the coverage. A new Medicaid gold card will be issued with the updated name.

Enrollment in a Managed Medical Assistance (MMA) Plan

- MMA plans are responsible for the coverage and payment of services provided to the baby ***from the date of birth***.
- Most Medicaid services are covered by the MMA plan, but a few, such as newborn hearing screening, are fee for service, and should be submitted for payment to the Medicaid fiscal agent.
- Claims should not be submitted to HP for services covered by the MMA plans. Providers should submit claims for payment of MMA covered Medicaid services to the baby's MMA plan.

Enrollment in an MMA Specialty Plan

If the mother is enrolled in an MMA plan, the baby will automatically be enrolled in the mother's plan retroactively back to the date of birth, unless the mother is enrolled in an MMA specialty plan. If the mother is in an MMA specialty plan, the baby will be fee for service initially. The baby will then be mandatorily assigned to an MMA plan unless a voluntary choice is made, and the assignment will begin the first of the next month. Providers should always check the baby's eligibility and MMA plan enrollment for the specific date of service.

Voluntary Change of MMA Plan for Baby

The mother can also choose a different MMA plan than her plan for the baby. If the mother chooses a different MMA plan, the baby is retroactively enrolled in the same plan as the mother back to the first of the month of birth, and the voluntary assignment will begin the first of the next month. Providers should always check the baby's eligibility and MMA plan enrollment for the specific date of service.

Not Enrolled in MMA Plan

If the mother has full Medicaid coverage but is not enrolled in any MMA plan, the Unborn Activation Process is the same. But providers should submit claims to the Medicaid fiscal agent directly for payment of covered Medicaid services until the baby is enrolled in an MMA plan in a future month. Providers should always check the baby's eligibility and MMA plan enrollment for the specific date of service.

Unborn Does Not Have a Medicaid Number

- If the pregnant mother is Medicaid eligible but her unborn baby does not have a Medicaid number, providers may request eligibility for the baby by emailing a completed and password protected "Master Unborn Provider Spreadsheet" to the Department of Children and Families at SR_CCC_Babies@dcf.state.fl.us.
- The spreadsheet and instructions can be found at http://ahca.myflorida.com/medicaid/Newborn/index.shtml.

Need Help?

- If you have a complaint about not getting reimbursed by an MMA plan for services provided to a baby, or about the baby not getting retroactively enrolled to the mother's plan back to the date of birth, you may report your complaint to the Agency for Health Care Administration (AHCA) through the Florida Statewide Medicaid Managed Care Program Complaint Form, which can be found at https://apps.ahca.myflorida.com/smmc_cirts/. Your issue will be reviewed by AHCA staff and you will be contacted to assist you with resolving your concerns.
- You can also contact a Medicaid representative by phone at 1-877-254-1055 (8:00 am ET – 5:00 pm ET).

Newborn Frequently Asked Questions

1) The baby is seen by the provider for the initial visit after delivery. Provider checks the baby's eligibility on the date of service and the eligibility is not active.

   Suggestion: Provide services to the baby. If the mother has Medicaid eligibility then the baby is presumptively eligible. The unborn activation may not have processed yet as it takes two *working* days after receiving the completed Unborn Activation Form for the fiscal agent to update and activate the coverage. Get details from the mother of her Medicaid eligibility, MMA plan enrollment, and all details required for the Unborn Activation Form. Check the baby's eligibility again in about a week. If still not showing, complete and submit an Unborn Activation Form to the Medicaid fiscal agent.

2) The baby is active on Medicaid but does not get added to an MMA plan until about the 4th visit.

   Suggestion: If the mother is in an MMA plan, the baby will be retroactively enrolled in the same plan as the mother, *back to the date of birth*. Claims for services from the date of birth should be sent to the baby's plan for payment. This issue should be resolved by following the guidance in #1 above.

3) The mother never visits the pediatric provider after the birth. Care was only provided in the hospital.

   Suggestion: Obtain the mother's Medicaid ID and MMA plan information at the time of service. Contact the mother's MMA plan for more information regarding the baby's Medicaid ID for billing purposes.

4) The provider is the only doctor the baby has seen since birth but the provider is not listed as the PCP.

   Suggestion: Work with the mother to have the baby's PCP assignment changed to the rendering provider. She can do this by contacting her plan's customer service number.

5) The provider sees the baby as a walk-in but the mother then decides to go to a different provider.

   Suggestion: Follow the guidance in #1 above.

6) The mother never calls to activate the baby's eligibility, or the fax is never received by the Medicaid fiscal agent, therefore the eligibility is never activated.

   Suggestion: Complete and submit an Unborn Activation Form to the Medicaid fiscal agent.

7) The mother changes the baby's MMA plan.

   Suggestion: Look up the baby's eligibility record using the Web portal, MEVS, FaxBack, or AVRS to obtain eligibility and MMA plan assignment. Submit claims to the plan listed for the specific date of service.

8) The provider is not in the baby's MMA plan's network.

Suggestion: Contact the baby's MMA plan to request an out-of-network agreement. If desired, also request provider contracting and credentialing requirements.

9) The mother has no Medicaid eligibility.

Suggestion: Verify the baby's Medicaid eligibility. If the baby does not have Medicaid or other health insurance coverage, provide information to the ACCESS Florida website for Medicaid eligibility determination, and to the healthcare.gov website. Rendering services and payment arrangements when there is no Medicaid or other health insurance coverage are up to the provider's and patient's discretion.