



Michelle Lujan Grisham, Governor
Kari Armijo, Acting Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Acting Deputy Secretary
Lorelei Kellogg, Acting Medicaid Director

DEPARTMENTAL MEMORANDUM
MAD-MR: 23-04
DATE: August 16, 2023

TO: ISD AND MAD STAFF

FROM: LORELEI KELLOGG, ACTING MEDICAID DIRECTOR ~~✍~~

THROUGH: ROY BURT, BUREAU CHIEF, ELIGIBILITY BUREAU

BY: JOSEPH MIRABAL, MANAGEMENT ANALYST, ELIGIBILITY BUREAU

SUBJECT: MAD 313, NOTIFICATION OF BIRTH FORM

GENERAL INFORMATION

The MAD 313 NOTIFICATION OF BIRTH form has been updated with minor edits to improve clarity.

FILING INSTRUCTIONS

Please add the MAD 313 to the Medical Assistance Forms Manual and the Medical Assistance Eligibility Manual:

DELETE MAD 313 dated 2/4/2019
INSERT MAD 313 dated 7/14/2023

Please address any questions regarding this MR to Joseph Mirabal at joseph.mirabal@hsd.nm.gov or (505) 709-5408.

Attachments:
MAD 313

Notification of Birth

MAD 313

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:	____/____/_____ mm dd y y y y	<input type="checkbox"/> Female <input type="checkbox"/> Male	Native American: Yes <input type="checkbox"/> No <input type="checkbox"/> Tribal Affiliation:
Hospital or Medical Provider certifying child's birth (print)			
Hospital or Medical Provider certifying child's birth (signature)		Telephone Number	Date: _ _ / _ _ / _ _ _ _
Has an 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:			Mother's Full Date of Birth _ _ / _ _ / _ _ _ _
Mother's Address:	P.O. Box/Street Address		
	City State Zip		
Father/Parent's Name:	Last	First	Middle
Father/Parent's 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 or Application Status
Enter the mother's Medicaid ID #, Case #, or Application Status:

When filled in by an authorized hospital representative or medical provider, this form serves to prove U.S. citizenship. This is required by the New Mexico Human Services Department.

When a child is born to a Medicaid eligible mother, the child will be enrolled in the mother's MCO. If the mother is exempt from managed care on the date of birth, the child will be exempt too. Coverage will be through Fee for Service Medicaid.

Instructions for: Notification of Birth MAD 313

PURPOSE

The Notification of Birth (NOB) MAD 313 form is to be used by hospitals and medical providers to notify the Human Services Department's (HSD) Income Support Division (ISD) of the birth of a child to a New Mexico Medicaid eligible mother or a mother applying for Medicaid. The ISD office will use this form to add the newborn to the mother's existing case or as verification of the child's birth for a mother who is applying for Medicaid coverage.

INSTRUCTIONS

When a child is born to a Medicaid eligible mother or a mother applying for Medicaid, **hospitals or medical providers will:**

- Complete Sections I through IV.
- **If the mother has an active case**, inform the mother that her child will automatically be enrolled with her current Managed Care Organization (MCO). The mother will receive an MCO enrollment letter for her child that explains how to change her child's MCO for prospective months.
 - Note: If the mother is exempt from managed care on the date of birth, the child will also be exempt, and coverage will be through Fee for Service Medicaid.
- Fax the completed form to ISD Central ASPEN Scanning Area (CASA) at 1-855-804-8960.
- Note***: The sooner the NOB is submitted to CASA/HSD the faster eligibility may be entered and claims processed.

The ISD caseworker will:

- Verify the mother's eligibility.
- Add the Notification of Birth form to the ASPEN Electronic Case File (ECF).
- Add the newborn beginning the birth month to the mother's case or create a new case for the newborn (with the mother listed as the head of household) if the mother is on a standalone case.

FORM RETENTION

Permanent