

**DEPARTMENTAL MEMORANDUM**  
**MAD-MR: 19-04**  
**DATE: April 17, 2019**

**TO: MEDICAL PROVIDERS, ISD AND MAD STAFF**

**FROM: NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION**  
**KARMELA MARTINEZ, ACTING DIRECTOR, INCOME SUPPORT DIVISION**

**THROUGH: ROY BURT, ELIGIBILITY BUREAU CHIEF**

**BY: JORDAN BARELA, ELIGIBILITY BUREAU**

**SUBJECT: MAD 313, NOTIFICATION OF BIRTH FORM REVISIONS**

*KLA for NC*  
*(Signature)*

**GENERAL INFORMATION**

The MAD 313, Notification of Birth form has been revised to clarify information regarding the managed care enrollment of a child born to a Medicaid eligible mother who is enrolled in a managed care organization (MCO) at the time of the child's birth. The revisions include additional instructions on the instructions page to assist hospitals and medical providers on how to complete the form accurately.

The reason for these changes is to remind providers of the policy regarding MCO's auto-assignment of the newborn to the mother's MCO. Instructional changes give more clarification on the correct procedures to complete and submit the form after the child's birth.

**FILING INSTRUCTIONS**

1. Remove all previous versions from inventory:  
Notification of Birth, MAD 313 REVISED 6/16/14
2. Replace with revised form:  
Notification of Birth, MAD 313 REVISED 1/28/19

If you have any questions regarding this MR, please contact Jacinta Narvaiz at (505) 476-6873 or by e-mail at [Jacinta.Narvaiz@state.nm.us](mailto:Jacinta.Narvaiz@state.nm.us).

Attachments

# Notification of Birth

<b>Section I – Hospital/Medical Provider Information</b>	
<b>Hospital or Medical Provider Name:</b>	
<b>Address:</b>	P.O. Box/Street Address
	City <span style="margin-left: 150px;">State</span> <span style="margin-left: 150px;">Zip</span>

<b>Section II – Certification of Birth</b>			
<b>Child's Name:</b>	Last	First	Middle
<b>Date of Birth:</b>	____ / ____ / ____ mm    dd    yyyy	<input type="checkbox"/> Female <input type="checkbox"/> Male	Native American: Yes <input type="checkbox"/> No <input type="checkbox"/> Tribal Affiliation:
<b>Hospital or Medical Provider certifying child's birth (print)</b>			
<b>Hospital or Medical Provider certifying child's birth (signature)</b>		Telephone Number	Date: ____ / ____ / ____
Has an application for a Social Security card for the child been made?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Section III – Parent Information</b>			
<b>Mother's Name:</b>	Last	First	Middle
	Social Security Number - - - - -		
<b>Mother's Maiden Name:</b>			
<b>Mother's Address:</b>	P.O. Box/Street Address		
	City	State	Zip
<b>Father/Parent's Name:</b>	Last	First	Middle
<b>Father/Parent's Address:</b>	P.O. Box/Street Address		
	City	State	Zip
<b>Has Paternity Been Established?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Section IV- Mother's Medicaid Information or Application Status</b>
Enter the mother's Medicaid ID # OR the date an application was submitted to ISD (if known)

**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 FORM MAD 313 NOTIFICATION OF BIRTH

## PURPOSE

The Notification of Birth form (MAD 313) is 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 the form to add the newborn to the mother's existing case or to provide verification of the child's birth for a mother who is applying for 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 Centennial Care 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 the County ISD Central ASPEN Scanning Area (CASA) at 1-855-804-8960.
- If the mother is enrolled with an MCO, fax a copy of the completed form to the MCO.

Upon receipt of the form, **the ISD caseworker will:**

- Verify the mother's eligibility.
- Add the Notification of Birth form to the ASPEN Electronic Case File (ECF).

## FORM RETENTION

Permanent