



## Louisiana Department of Health and Hospitals BAYOU HEALTH Informational Bulletin 12-5 February 16, 2012

### Issue: Newborns

#### Newborn Enrollment into a BAYOU HEALTH Plan

- A woman whose basis of Medicaid eligibility is pregnancy (LaMoms) is a mandatory enrollee in the BAYOU HEALTH Program unless she is in the LaHIPP Program, whereby DHH pays the employee's share of her premium for employer- sponsored commercial insurance. Recipients of LaHIPP are excluded from BAYOU HEALTH.
- When a pregnant woman chooses a BAYOU HEALTH Plan, she will be advised by the Enrollment Center that her newborn will be enrolled in that same Health Plan for—at a minimum—the month of birth.
- A pregnant woman may enroll in any of the five BAYOU HEALTH Plans.
- Following birth, the mother has the option to choose a **different** Health Plan for her baby. When this happens, enrollment in the new Plan will be effective the 1<sup>st</sup> day of the month after she chooses the new Plan if the choice is made on or before the third to last working day of the month.
- Hospitals will continue to reports births to DHH via the Request for Newborn ID (152N) web-based form. Within three business days, DHH will assign the newborn a 13 Digit Medicaid ID# and add the baby to the Medicaid eligibility file.
- On the night that the newborn is added to the Medicaid eligibility file, the member information will be sent to the Enrollment Center. The Enrollment Center will include the newborn on the next Daily Enrollment file to the mother's Health Plan and the Health Plan will add the newborn to their Member File. Enrollment of newborns shall be retroactive to the date of the birth.
- The Enrollment Center will generate a Confirmation Letter to the mother indicating that the baby has been enrolled in the Health Plan in which she is enrolled and giving her 90 days from the date of the letter to select a different Plan for the baby if she chooses to do so.

## **Selection or Assignment of a BAYOU HEALTH Primary Care Provider (PCP) for Newborns**

- PCP assignment is made by the Health Plan and not by DHH or the Enrollment Center.
- The Health Plan is responsible for contacting expectant mothers prior to the expected date of delivery to encourage the mother to choose a Primary Care Provider (PCP) for her newborn. The member can inform the Health Plan of her preferred PCP from among those participating in the Plan's provider network.
- When the Health Plan assists the expectant mother with hospital preregistration, she should indicate her preferred PCP from the Health Plan's network to examine the newborn in the hospital.
- If the member makes a network PCP selection during the hospital stay and one was not already identified, this information should be reported to the Plan's Member Services.
- In the event that the pregnant member does not select a PCP, the Health Plan shall allow the member a minimum of fourteen (14) days after birth to select a PCP prior to automatically assigning a PCP.
- **The Health Plan is responsible for covering all newborn care rendered by contracted network providers within the first 30 days of birth regardless if provided by the designated PCP or another network provider.**