

**H-3010 CHILDREN UNDER AGE 19 GROUP - DEEMED NEWBORN CHILDREN****H-3011 GENERAL INFORMATION**

A child born to a woman determined eligible for Medicaid benefits in any category on the date the child is born shall be deemed Medicaid eligible for up to one year.

This includes a child \*\* born to a woman who is determined retroactively eligible for the date the child was born or to a non-citizen mother eligible for emergency services only.

**Exceptions:**

- Do not deem the newborn if the mother is certified for Qualified Medicare Beneficiary (QMB)-only, Specified Low-Income Medicare Beneficiary (SLMB)-only, Qualified Disabled and Working Individuals (QDWI) or Qualifying Individuals Program (QI).
- Do not deem the newborn if the mother is certified for a state-funded program only. (Refer to \*\* E-330 Category I.) Consider eligibility in another program.

An application for assistance or financial eligibility determination is not required for the deemed newborn.

Under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), the deemed newborn's eligibility is no longer dependent on:

- The newborn coming home from the hospital to live with the mother,
- The newborn remaining in the mother's household, or
- The mother remaining Medicaid eligible (or would be eligible if still pregnant).

The Patient Protection and Affordable Care Act of 2010 \*\* (ACA) combines all mandatory and optional eligibility groups for individuals under age 19 into one coverage group. The Children Under Age 19 Group includes those newborns covered under Deemed Newborn Children.

**H-3012 Coverage**

A deemed newborn is eligible for the full range of Medicaid covered services for the first year of life.

Prior to closure of the deemed newborn's coverage, eligibility in other programs must be explored.

**H-3013 ELIGIBILITY DETERMINATION PROCESS**

Determine eligibility by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously.

**H-3013.1 Reserved****H-3013.2 Establish Categorical Requirement**

Verify that the newborn has not reached their first birthday and that the mother was eligible on the date of birth.

**H-3013.3 Establish Non-Financial Eligibility**

The mother must be Medicaid eligible at the time of the newborn's birth. This includes a mother who is determined retroactively eligible for the date of the newborn's birth. See [I-1200 Mother's Medicaid Eligibility](#).

Enumeration for deemed newborns \*\* is accomplished by filing for a birth certificate.

**Note:**

Support Enforcement Services (SES) referral is not an eligibility factor for deemed newborns.

**H-3013.4 Reserved**

**H-3013.5 Eligibility Decision**

Evaluate all eligibility requirements and verifications received to determine if the newborn is eligible to be deemed.

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**H-3013.6 Certification Period**

The certification period cannot extend past the month of the newborn's first birthday.

**H-3013.7 Notice of Decision**

Send appropriate notice of decision to the applicant/enrollee.

Medical Providers are notified through the Provider Portal on the Louisiana Medicaid Eligibility Determination System (LaMEDS).