

Notification of Birth

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:	DOB	Female Male	Native American: Yes No
	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?			Yes No

Section III – Parent Information			
Mother's Name:	Last	First	Middle Social Security Number
Mother's Maiden Name:			
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?	Yes	No	

Section IV- Mother's Medicaid Information or Application Status
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