



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:	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	Native American: Yes <input type="checkbox"/> No <input type="checkbox"/>
	MM/DD/YYYY		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 _____
	MM/DD/YYYY		
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 Health Care Authority.

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 Health Care Authority's (HCA) 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/HCA 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