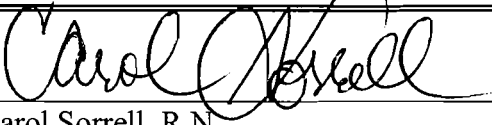
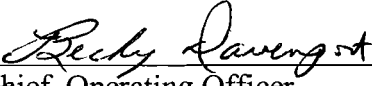
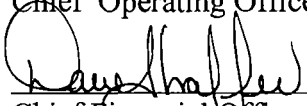
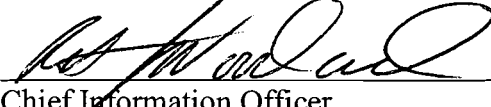

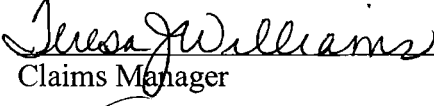



**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Additions of Newborns to Eligibility File (Medi-Cal Product)			INDEX NUMBER 7.17-I		Page 1 of 3		
SECTION: Management Information Systems			RESPONSIBLE DEPARTMENT HEAD: Corporate and Member Services Manager				
Review Date		06/2006					
Effective Date	10/2000	07/16/06					
Revision Date	10/2000	2006-07					

Approved		Date	7/16/06
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	7-14-06
	Becky Saveng Chief Operating Officer		
Approved		Date	7-11-06
	David Hall Chief Financial Officer		
Approved		Date	7-11-06
	Pat Woodard Chief Information Officer		
Approved		Date	7/10/06
	Cathy Garvanetti Utilization Management Manager		
Approved		Date	7-8-06
	Irene Williams Claims Manager		
Approved		Date	7/7/06
	Susan M. McKenna Corporate and Members Services Manager		

POLICY¹:

Newborns of eligible members shall be added to the eligibility file in the CSC System within 48 hours of notification of birth. Newborns are eligible for coverage during the birth month and the following month without capitation compensation from the Department of Health Services.

PURPOSE:

To establish procedure for enrolling and disenrolling newborns so that services provided during the eligibility period can be properly captured and paid.

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

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PROCEDURE:

1.0 ELIGIBILITY

Kern Health Systems is responsible for medical coverage of infants born to KHS Medi-Cal eligible mothers during the month of their birth and the following month. If the mother is not eligible until the month following the birth, the infant is only eligible for the month following the birth. If the mother disenrolls the following month, the newborn is also disenrolled.

After this time period, infants are no longer eligible KHS members and must be disenrolled even if the mother is still a KHS Plan member.

2.0 ENROLLMENT OF ELIGIBLE NEWBORNS

KHS staff enter the above described infants as eligible member within 48 hours of notification of birth.

Upon notification, the KHS Utilization Department and Member Services Department forward applicable information regarding all births to the Member Services Service Coordinator. The Claims Department notifies the Member Services Service Coordinator of newborns for which claims have been received but have not been entered as eligible.

2.1 Data Entry

The Member Services Service Coordinator enters the newborn within 48 hours of notification and assigns "NO PCP" as the newborn's Primary Care Provider.

Infants eligible per the guidelines of this policy are entered with the mother's last name and a first name of baby boy/girl. All newborns are manually assigned to group 999*99 and the mother's case number. The effective date of the child is its date of birth (DOB) unless the mother is not eligible until the month immediately following the birth of the child. If the mother is not eligible until the month following the birth, the child's effective date will be the same as the mother's.

2.1.1 Exception

No additions are allowed during capitation processing, group billing processing, or membership updates. Additions resume after these processes are complete.

2.2 Monitoring of Information

The Member Services Service Coordinator monitors the DHS eligibility information to avoid having duplicate member files created for the newborn.

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

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3.0 DISENROLLMENT OF NEWBORNS

The Member Services Service Coordinator disenrolls newborns effective the end of the month subsequent to the month of birth.

¹ **Revision 2006-07:** Reviewed by MIS Manager, no revision currently needed. Not reviewed by AIS Department.