

# PROVIDER BULLETIN **No. 12-44**

Date: August 8, 2012

TO: Physical Health Providers

FROM: Vivianne M. Chaumont, Director   
Division of Medicaid & Long-Term Care

BY: Medicaid & Long-Term Care Policy Staff

RE: 599 CHIP sample Medicaid card

Effective July 19, 2012, a pregnant woman who is not otherwise eligible for Medicaid may apply to have her unborn child's eligibility reviewed under 599 Children's Health Insurance Program (599 CHIP).

During the initial implementation period, a Medicaid card will not be issued for the eligible unborn child. The pregnant woman will receive a paper notice that will serve as the unborn's Medicaid ID. Please accept this paper notice as you would a regular Medicaid card. The notice does not guarantee coverage rather it provides the Medicaid ID# to be used for billing purposes. Providers should verify current coverage through the Nebraska Medicaid Eligibility System (NMES) at 1-800-642-6092.

For your convenience a copy of the 599 CHIP Notice of Action has been attached to this bulletin.

If you have questions regarding this bulletin please contact the following individuals: For physician services: Margaret Brockman at 402-471-9368 or [Margaret.brockman@nebraska.gov](mailto:Margaret.brockman@nebraska.gov). For hospital services: Flora Coan at 402-471-1649 or [Flora.coan@nebraska.gov](mailto:Flora.coan@nebraska.gov). For Medicaid eligibility policies: Margaret Ahola at 402-471-1689 or [Margaret.Ahola@nebraska.gov](mailto:Margaret.Ahola@nebraska.gov).

## NOTICE OF ACTION

Eligibility for medical coverage for \_\_ (pregnant woman's name) \_\_ unborn child has been reviewed under the 599 Children's Health Insurance Program (599 CHIP). \_\_ (pregnant woman's name) \_\_ unborn child has been determined eligible for medical coverage beginning \_\_ (date of eligibility begins) \_\_ through birth/end of pregnancy. Your unborn's 599 CHIP coverage will end when the birth/end of pregnancy occurs which is in the month of \_\_ (month baby is due) \_\_ based on the due date provided.

The purpose of this program is to allow medical coverage for the unborn child, including prenatal care, labor and delivery. Postpartum and any other care past the birth/end of pregnancy is not a covered service under 599 CHIP.

- You must report to the Agency within ten days all changes in your status, including the birth of your newborn or end of your pregnancy (477 NAC 1-006).
- If your anticipated due date changes, you will be required to report your new due date before any adjustment in medical coverage will be made for the unborn.

AT THIS TIME A MEDICAID CARD WILL NOT BE ISSUED FOR THE UNBORN; THIS NOTICE OF ACTION WILL SERVE AS THE UNBORN'S MEDICAID ID#. PLEASE PRESENT THIS NOTICE TO THE MEDICAL PROVIDER(S). THE CURRENT MEDICAID ID# IS: \_\_\_\_\_.

Providers: Please accept this notice as you would a regular Medicaid card. This notice does not guarantee coverage; rather it provides the MED ID# to be used for billing purposes. You will need to verify current coverage through the Nebraska Medicaid Eligibility System (NMES).

Coverage is limited to care solely for the unborn child, including prenatal care, professional fees for labor and delivery, live birth, fetal death, miscarriage and ectopic pregnancy. Services not covered under 599 CHIP include postpartum care, medical issues separate to the pregnant woman and unrelated to the pregnancy and any services to the newborn child following the end of the pregnancy. See applicable provider bulletin(s) for specifics.

Approval for 599 CHIP is based on Legislative Bill (LB) 599 which requires Nebraska to establish a separate program as allowed under Title XXI of the federal Social Security Act, as amended and 42 C.F.R. 457.10. LB 599 amend section 68-915, reissue Revised Statutes of Nebraska, section 4-110, Revised Statutes Cumulative Supplement, 2010, and section 68-901, Revised Statutes Supplement, 2011. This program is solely for the unborn children of pregnant women who are otherwise ineligible for coverage under Title XIX of the federal Social Security Act.