



**BLUE CROSS AND BLUE SHIELD OF ILLINOIS  
PROCEDURE**

<b>DEPARTMENT: Network Provider Performance</b>	<b>POLICY NUMBER: Administrative 31A</b>	<b>ORIGINAL EFFECTIVE DATE: 1/1/2005</b>
<b>POLICY TITLE: Newborn Claim Responsibility</b>		<b>EFFECTIVE DATE:04/01/2023</b>
		<b>LAST REVISION DATE: 04/01/2022</b>
<b>EXECUTIVE OWNER: DSVP, IL Health Care Delivery</b>	<b>BUSINESS OWNER: Executive Director, Network Performance</b>	<b>LAST REVIEW DATE: 04/01/2023</b>

**I. SCOPE**

This Procedure applies to the following lines of business and products:

Line of Business / Product Scope / Plan Scope/Contract Number (if applicable)	In Scope [x]
HMO Commercial	x
HMO Exchange	x
Health Care Delivery QI HMO Commercial	
Health Care Delivery QI PPO Commercial	
Health Care Delivery QI HMO Exchange	
Health Care Delivery QI PPO Exchange	

**II. PROCEDURE**

**Accountability and Payment Responsibilities**

- **Inpatient services** – the mother’s PCP/WPHCP IPA, at the time of delivery, is responsible for coordination and payment of authorized services from the date of birth through the date of discharge (and any immediate follow up outpatient care that is arranged prior to discharge). This includes professional and institutional services, and any transfer of the newborn to a tertiary or other facility (considered part of the initial hospital stay).
- **Outpatient services** – the Newborn’s IPA is responsible for coordination and payment of post discharge services that are authorized by the Newborn’s IPA.
- This includes professional and institutional services rendered subsequent to the initial discharge if the newborn is added to the HMO policy.

1. The mother’s PCP/WHCP IPA receives a higher capitation rate on all females of childbearing age to compensate for the newborns who are not assigned to the mom’s IPA. In the event a different IPA is selected for the newborn, the newborn will not appear on the mother’s IPA’s eligibility list. Therefore, the mother’s PCP/WHCP IPA is responsible for creating an eligibility record for the newborn for purposes of pre-certifying the delivery and/or authorizing and paying for services. If the mother changes to a new IPA prior to the newborn’s discharge, the mother’s original IPA (IPA at the time of delivery) remains responsible for the coordination and payment of the newborn’s services as cited in this policy.
2. When/if the newborn is added to the policy, the newborn’s eligibility will be retroactive to the date of birth. Retroactive capitation will be paid to the selected newborn IPA.
3. Additional procedures are outlined in the attached tables.

Attachment: Newborn Situation Charts

**III. CONTROLS/MONITORING**

Line of Business and/or Area	Control Requirements
HMO	Controls are detailed in the Policy itself

**IV. AUTHORITY AND RESPONSIBILITY**

HMO PNCs work with the HMO medical groups to ensure the newborn claims are appropriately adjudicated and HMO Service Centers are responsible for coordinating and maintaining newborn claim payment guidelines.

**V. IMPACTED BUSINESS AREAS**

- HMO Customer Assistant Unit
- HMO Network Operations/Provider Performance
- HMO Service Centers

**VI. IMPACTED EXTERNAL ENTITIES**

- HMO Medical Groups
- HMO Members

**VII. PROCEDURE REVIEWERS**

Person Responsible for Review	Title	Date of Review
Mary Ellen Merbeth	HMO Provider Network Consultant	March 2, 2022
Danielle Washington	Manager Professional Provider Performance	March 15, 2023

**VIII. PROCEDURE REVISION HISTORY**

Description of Changes	Revision Date

**IX. PROCEDURE APPROVALS**

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			3/24/2022
BCBSIL P&P			3/23/2023

**XIV. PROCEDURE ATTACHMENTS / ADDITIONAL INFORMATION**

<b>Newborn Situation-Family Policy</b>	<b>HMO will:</b>	<b>IPA will:</b>
<i>Prior to Newborn being added to policy:</i>		
<b>Inpatient Facility Bill:</b>	<b>Adjudicate Inpatient Facility for Date of Service (DOS) &lt;= 31 days; no payments made for &gt; 31 days until/if baby added</b>	<b>GA the Inpatient stay (1)</b>
<b>Inpatient Professional Claims*</b>	<b>Forward to mother's IPA</b>	<b>Adjudicate claims rec'd directly and forwarded by BCBS for DOS &lt;= 31 days; no payments made for DOS &gt;</b>

		31 days until/if Newborn added to the policy.
<b>Outpatient Professional Claims:</b>	<b>Forward to Newborn's IPA</b>	<b>Adjudicate claim to IPA provider indicating waiting for confirmation of eligibility and not to bill member; if not IPA provider then return to BCBSIL NGA</b>
<b>After Newborn added to policy:</b>		
<b>Inpatient Facility Bill:</b>	<b>Adjudicate Inpatient Facility</b>	<b>GA the Inpatient stay (1)</b>
<b>Inpatient Professional Claims*:</b>	<b>Forward to mother's IPA</b>	<b>Adjudicate claims; if not mother's site, return claim to BCBSIL "Non-Group Approved" (NGA) Mother's site liability"***</b>
<b>Outpatient Professional Claims:</b>	<b>Forward to Newborn's IPA</b>	<b>Adjudicate claims</b>

<b>Newborn Situation – Single Policy</b>	<b>HMO will:</b>	<b>IPA will:</b>
<b>Prior to Newborn being added to policy:</b>		
<b>Inpatient Facility Bill:</b>	<b>Adjudicate Inpatient Facility for DOS &lt;= mother's stay for Newborn; no payments made for DOS &gt; mother's stay until/if Newborn added to the policy</b>	<b>GA the Inpatient stay (1)</b>
<b>Inpatient Professional Claims*:</b>	<b>Forward to Mother's IPA</b>	<b>Adjudicate claims rec'd directly and forwarded by BCBS for DOS</b>

		<= mother's stay for Newborn; no payments made for DOS > mother's stay until/if newborn added to the policy
<b>Outpatient Professional Claims:</b>	<b>Deny the claim until/if Newborn added to the policy</b>	<b>Deny the claim to providers indicating claim will be paid if newborn added to policy, if newborn added pay claims according to Family Policy process</b>
<b>After Newborn added to policy: Refer to Family Policy table</b>		

(1) GA status for newborn should be provided when the Mother's IPA provided GA status for the maternity stay; only when the maternity stay was NGA would a NGA status on the newborn be appropriate; if GA provided on maternity stay HMO will assume GA for newborn.

\* This is for continuous hospitalization(s) from Date of Birth (DOB) and includes any post discharge lab, *misc.* provided by hospital as part of inpatient stay. If baby is not added to policy after 31 days from the DOB, claims will not be adjudicated until baby is added to the policy.

(\*\*) If no mother's site (i.e. added to dad's policy), HMO will pay Non-Group Approved (NGA) professional claims and *facility claims* until Newborn is discharged, after mother's insurer, if any, pays.

NOTE: Dependent of dependent (grandchild) handled same as Family policy when coverage for grandchildren is provided, otherwise handle as single policy. This also applies to adoption cases. Note: Coverage for grandchild is applicable when the HMO policy holder (subscriber) has legal guardianship of the grandchild/newborn.