

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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HOS-IP-IMD 08-0
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State Children's Health Insurance Program (SCHIP) Bulletin

TO: Hospital Providers

SUBJECT: Infants Born to Minors Eligible for South Carolina Healthy Connections Kids

On April 1, 2008, the South Carolina Department of Health and Human Services (SCDHHS) began accepting applications for Healthy Connections Kids (HCK), which is a separate State Children's Health Insurance Program (SCHIP). This coverage is **not** the same coverage provided by regular Medicaid. Children who are approved for this coverage will receive health insurance coverage that is equivalent to the State Health Plan offered to South Carolina State employees. These individuals will be enrolled with a Managed Care Organization (MCO) that offers an approved plan in the child's county of residence.

Federal regulations governing the administration of this program do not allow deeming of infants born to mothers who are eligible for Healthy Connections Kids. This means that a baby born to a minor eligible for HCK is not automatically eligible for Medicaid for 12 months. If a pregnant minor presents for delivery and is covered by HCK, an application must be completed for coverage of the newborn. The enclosed DHHS Form 1716-A, SCHIP/Medicaid Application for a Newborn, can be completed while the mother is in the hospital. A hospital representative or sponsored eligibility worker can assist the mother in filling out the application and then submit it to the local eligibility office located in the mother's county of residence. It will be determined if the baby is eligible for Medicaid or SCHIP coverage.

In addition, because the newborn cannot be deemed eligible, his/her citizenship and identity must be verified before the application is approved. One of the approved methods for documenting citizenship is an extract from the hospital record. The record extract must be on hospital letterhead and detail the name, date, place of birth, and any other identifying information concerning the child. In order for the mother to verify the child's identity she may complete the enclosed DHHS Form 3298, Statement of Child's Identity. If this information is supplied with the application to the eligibility office, it will allow for faster processing and eligibility for the child.

Fraud & Abuse Hotline 1-888-364-3224

Questions regarding this bulletin may be directed to the SCDHHS Division of Policy and Planning at (803) 898-2635.

/s/

Emma Forkner
Director

EF/mjr

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.

To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>