

# NEWBORNS

**Policy Number:** ADMINISTRATIVE 036.15 T0

**Effective Date:** April 1, 2018

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Related Policies
None

## INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

## APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership including Oxford USA membership.

**Note:** Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable. If there is a difference between this policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

## PURPOSE

This policy outlines the applicable state regulations impacting Oxford's processes for the enrollment and coverage of newborns.

## POLICY

Services for newborns are reimbursed in accordance with standard processing rules. Preexisting condition limitations do not apply to newborns.

### **Dependent of a Dependent**

Oxford does not provide coverage for the newborn of an enrolled dependent.\*

### **\*Notes:**

- Some plans and products may offer coverage for Dependents of Dependents. Refer to the Member specific benefit plan document to determine if this coverage is available.
- For New York (NY) plans and products Oxford will provide limited coverage for newborn services of an enrolled dependent. This coverage is limited to 48/96 hours of newborn nursery care under the mother's benefit. The child cannot be enrolled.

**Important Reminders**

When calculating any of the time frames below, the newborn's date of birth (DOB) is considered day zero.

Under federal law, Oxford may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, Oxford may pay for a shorter stay if the attending provider (e.g., member's physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

**Connecticut (CT) Plans**

- A newborn child of the Member or the Member's spouse will automatically be covered for the first 61 days after birth whether or not the child is enrolled. Failure to furnish notification or payment of premium shall not affect any claim for the first 61 days.
- This also applies to newly born adopted children if the Member takes physical custody of the child upon its release from the Hospital and files a petition within 61 days of birth, and provided no notice of revocation has been filed and consent for the adoption has not been revoked.
- If the member:
  - **Does not have** family coverage or is not maintaining parent/children coverage, the child must be enrolled within the initial 61-day period in order for coverage to continue beyond the 61 days.
  - **Does have** family coverage or is maintaining a parent/children coverage, the child is automatically enrolled. The member must provide Oxford with the newborn's name, gender, DOB, Social Security number (SSN), and selected Pediatrician either verbally or in writing.

**New Jersey (NJ) Plans**

A newborn including a newly born adopted child of the Member or the Member's spouse is automatically covered for the first 60 days whether or not the child is enrolled. No premium will be required for the first 60 days. Failure to furnish notification or payment of premium shall not affect any claim for the first 60 days. If the member:

- **Does not have** family coverage or is not maintaining parent/children coverage, the child must be enrolled within the initial 60-day period in order for coverage to continue beyond the 60 days.
- **Does have** family coverage or is maintaining a parent/children coverage, the child is automatically enrolled. The member must provide Oxford with the newborn's name, gender, DOB, SSN, and selected Pediatrician either verbally or in writing.

**New York (NY) Plans**

Enrollment rules in NY vary based upon the product and plan type. A newborn child of the Member or the Member's spouse will be covered based on the guidelines outlined in the grid below.

**Note:** The below guidelines also apply to newly born adopted children if:

- The Member takes physical custody of the child upon its release from the Hospital **and**
- Files a petition pursuant to section 115-c of the domestic relations law within 30 days of birth; **and**
- No notice of revocation has been filed and/or consent for the adoption has not been revoked.

The child does not need to be present, in the Service Area, when it is placed in the physical custody of the Member in order for coverage to begin. However, if the Member takes custody outside of the Service Area, coverage may be limited to emergency and urgent care unless:

- They have access to an extended network of participating providers, **or**
- The Member's plan has out-of-network coverage.

What Plan Does the Member Have?	Is Family Plan or Parent/Children Plan in Place? (Y/N)	Is Max Premium Being Paid? (Y/N)	Is Newborn Automatically Covered as of DOB (Y/N)	What Must the Member Provide to Us?
<b>OHP</b>	Y	Y	Y	The member must submit all of the following (either verbally or in writing): <ul style="list-style-type: none"> <li>• Newborn's name</li> <li>• Gender</li> <li>• DOB</li> <li>• SSN</li> <li>• Selected pediatrician</li> </ul>

What Plan Does the Member Have?	Is Family Plan or Parent/Children Plan in Place? (Y/N)	Is Max Premium Being Paid? (Y/N)	Is Newborn Automatically Covered as of DOB (Y/N)	What Must the Member Provide to Us?
<b>OHP</b>	N	N	N	Within 31 days of the date of birth the member must submit: <ul style="list-style-type: none"> <li>The required proof specifically adding the newborn child, <b>and</b></li> <li>Required premium (in order for the newborn to be covered from the moment of birth).</li> </ul>
<b>OHI</b>	Y	Y	N	
	N	N	N	
<b>Oxford USA</b>	Y	Y	Y – for the first 31 days <b>only</b>	Within the first 31 days, the member must submit the required proof specifically adding the newborn.
	N	N		

## REFERENCES

CT Gen Stat § 38a-516 (2013).

Insurance Law §§ 3221(k)(5)(A)(i).

Insurance Law §§ 4304(d)(1), New York Insurance Department Opinion of Counsel, April 8, 2008. Available at: <http://www.dfs.ny.gov/insurance/ogco2008/rq080415.htm>. Accessed 08/09/2017.

New York Insurance Law §4235(f)(2)(2012).

NJ A-2665, (2018).

NJ Rev Stat § NJ 17B: 27-30 (2013).

NY Insurance Law §§ 3216(c)(4)(C) and (h)(10)(A)(i).

Oxford Certificates of Coverage.

## POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
04/01/2018	<ul style="list-style-type: none"> <li>Revised procedures and responsibilities: <ul style="list-style-type: none"> <li>Updated language pertaining to <b>New Jersey (NJ)</b> plan members: <ul style="list-style-type: none"> <li>Changed timeframe for automatic newborn/newly born adopted child coverage with no premium requirement from “first <b>31</b> days” to “first <b>60</b> days”</li> <li>Changed enrollment period for a newborn/newly born adopted child for members without family or parent/child coverage from “initial <b>31</b> day period in order for coverage to continue beyond the <b>31</b> days” to “initial <b>60</b> day period in order for coverage to continue beyond the <b>60</b> days”</li> </ul> </li> <li>Updated language pertaining to <b>New York (NY)</b> members on OHP and OHI plans when a newborn is not automatically covered as of their date of birth; replaced language indicating “the member must submit the required proof specifically adding the newborn child and the required premium within <b>30</b> days of the date of birth” with “the member must submit the required proof specifically adding the newborn child and the required premium within <b>31</b> days of the date of birth”</li> </ul> </li> <li>Updated supporting information to reflect the most current references</li> <li>Archived previous policy version ADMINISTRATIVE 036.14 T0</li> </ul>