The following information is given as a guideline only. Eligibility for Medicaid is determined through the local department of social services (DSS) in your locality.

The Newborn Child Under Age One covered group is for children born to a woman who was eligible for Medicaid coverage at the time of the child's birth. Eligibility continues for the child to age one year without the need for a Medicaid application.

When a woman with Medicaid coverage delivers a baby, the local DSS needs the following information as soon as possible after the delivery to enroll the baby:

- the child’s name,
- birth date, and
- sex.

The child’s parent or hospital staff may contact the local DSS by telephone, mail or fax to report the birth.

When the child reaches one year of age, coverage may continue if an application is filed and the child is determined to be eligible. Shortly before the child’s first birthday, the local DSS will send the Health Insurance for Children and Pregnant Women application form. The application must be completed and returned to the local DSS before the child’s first birthday for coverage to continue without any interruption.

If the application is not returned by the child’s first birthday, the child’s coverage will be cancelled, and the parent or guardian will receive a written notice. If the child’s coverage is cancelled, the parent or guardian may reapply, but the child’s coverage may be interrupted.