



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE

NEWBORN PRESUMPTIVE ELIGIBILITY FORM

If you don't have TennCare, use this page to apply for TennCare for your newborn baby

Mother's Name _____
First Middle Last

SSN _____ **Date of Birth** _____
(not required)

Address _____, **TN** _____
Street City Zip Code

Phone Number _____ **or** _____

Baby's Name _____
First Middle Last

SSN _____ **Date of Birth** _____
(not required)

Baby's Sex _____ **County you live in** _____

Is your new baby a U.S. citizen or eligible immigrant? Yes or No

How many people live in your household? (include you, your spouse, your baby and any other children) _____

What is your family's monthly income before taxes? (include wages, salaries, self-employment income, unemployment, alimony and SSDI payments. Do **not** include SSI or child support)
\$ _____ per month

Health Plan (Choose one) **BlueCare** **AmeriGroup** **United Health Care (UHC)**

APPLICANT: I want to apply for Medicaid for my baby based on TennCare's rules for newborns. I understand that TennCare is using **only** the facts on this page to decide if my baby can get TennCare. I know that if I lie on purpose to get TennCare for my baby, I could be fined or go to jail. I know I must apply for TennCare at www.healthcare.gov by the end of next month or my baby will lose coverage. If my baby is not eligible, I know I can still apply for TennCare and other programs at www.healthcare.gov. By signing below, I agree that this information is true and correct based on my knowledge.

Applicant Signature

Date

HOSPITAL OR BIRTHING CENTER: By signing, you are attesting that you have accurately recorded the information provided by the applicant and made a determination based on that information. You have also told applicant of your determination. If approved, you have told the applicant to apply for TennCare at www.healthcare.gov by the end next month; if they do not apply by this time, the baby may lose eligibility. If denied, you have explained that the applicant can also apply at www.healthcare.gov for TennCare and other programs. Whether approved or denied, you have given them an application form.

Employee Signature **and** Name of Hospital or Birthing Center

Date

How to Apply for TennCare for Your Newborn

This page tells you how to apply for TennCare for your new baby if you (the mother) do not already have TennCare. TennCare will enroll your baby if:

1. Your family lives in Tennessee;
2. Your baby is a U.S. citizen or eligible immigrant*;
3. Your baby is younger than 12 months old; and
4. Your family's income is at or below the limits in this table:

TennCare Income Limit for Pregnant Women/Newborns (2016)

Household Size	Annual Income	Monthly Income
2	\$ 32,040	\$ 2,670
3	\$ 40,320	\$ 3,360
4	\$ 48,600	\$ 4,050
5	\$ 56,880	\$ 4,740
6	\$ 65,160	\$ 5,430
7	\$ 73,460	\$ 6,122
8	\$ 81,780	\$ 6,815

*Ask the hospital or birthing center to explain to you which immigrants may be eligible.

Note: Is your income too high for TennCare? You may qualify for other health insurance. You can apply at www.healthcare.gov. Ask the hospital or birthing center to help you.

If you want to apply for TennCare for your baby, fill out this page. **Make sure to sign and date it.** Then give it to the staff at the hospital or birthing center. Here are a few other tips:

Social Security Number (SSN)	<i>Optional:</i> Include SSNs for your baby and the mother if you have them.
Household Size	Tell us the total number of people in your family who live with you. Count your spouse, your new baby, and any other children.
Monthly Income	Tell us your family's total monthly income before taxes. Include wages, salaries, and self-employed income. Also include unemployment, alimony received and SSDI. Do not include SSI or child support.
Health Plan	Choose a health plan (AmeriGroup, BlueCare, or United Health Care).

If your baby is eligible for TennCare the new health plan will send you a card for your baby.

Notice to Hospitals and Birthing Centers:

A trained employee (but not contractor) of qualified hospitals and birthing centers may help applicants to complete this form. However, **the applicant must sign and date the form** before the employee makes a determination. The employee shall determine newborn presumptive eligibility by comparing household size and household income to see whether the newborn is at or below the TennCare income limit in the table above. After explaining the determination and next steps to the applicant, **the employee shall sign the form**. Qualified hospitals and birthing centers shall transmit approvals within five (5) days in the manner and format required by the State. Visit the providers tab at www.tn.gov/tenncare for more information. Qualified hospitals and birthing centers shall retain this form for seven (7) years.