User Guide

Newborn Reporting

March 11, 2024

WISCONSIN DEPARTMENT *of* **HEALTH SERVICES**

Table of Contents

1 Introduction

This user guide is for providers and BadgerCare Plus or Medicaid HMOs to submit information about newborns who are born to mothers enrolled in BadgerCare Plus or Wisconsin Medicaid at the time of birth. Note: For the purposes of this user guide, "mother" is defined as the person who gave birth to the newborn. Timely reporting of newborns helps ensure there will be no delay in reimbursement for services.

Note: This newborn enrollment wizard is **only** applicable for newborns born to a mother enrolled in BadgerCare Plus or a Medicaid HMO. If a mother is enrolled in BadgerCare Plus or a Medicaid HMO but did not give birth to the newborn, that newborn should **not** be reported using the newborn enrollment wizard.

The online Newborn Reporting form receives and validates newborn eligibility from hospitals and HMOs in real-time. Alternately, users may use the Newborn Reporting form, F-01165.

Physicians, nurse practitioners, nurse midwives, and licensed midwives should report newborns **only** if the mother is **not** enrolled in a BadgerCare Plus HMO and the birth occurs outside a hospital setting. Otherwise, the hospital **or** BadgerCare Plus HMO should report the birth. If a mother is enrolled in a BadgerCare Plus HMO but has their newborn outside the HMO network, the hospital provider or HMO is responsible for reporting the birth to ForwardHealth.

Hospitals, providers, or HMOs should complete and submit **one** newborn report per newborn, depending on the enrollment status of the mother. For example, if the mother is enrolled in an HMO, the HMO **or** the hospital should report the newborn. Providers should not submit reports as long as the HMO or the hospital is reporting the newborn.

Newborns should be reported to ForwardHealth even in instances in which the newborn is born alive but does not survive or if the newborn is not staying with the mother after birth.

2 Access the Newborn Reporting Wizard

The Newborn Reporting Wizard on the Portal allows authorized users to access information and enroll newborns born to mothers enrolled in BadgerCare Plus or Wisconsin Medicaid at the time of birth. To access the Newborn Enrollment Wizard on the Portal, complete the following steps:

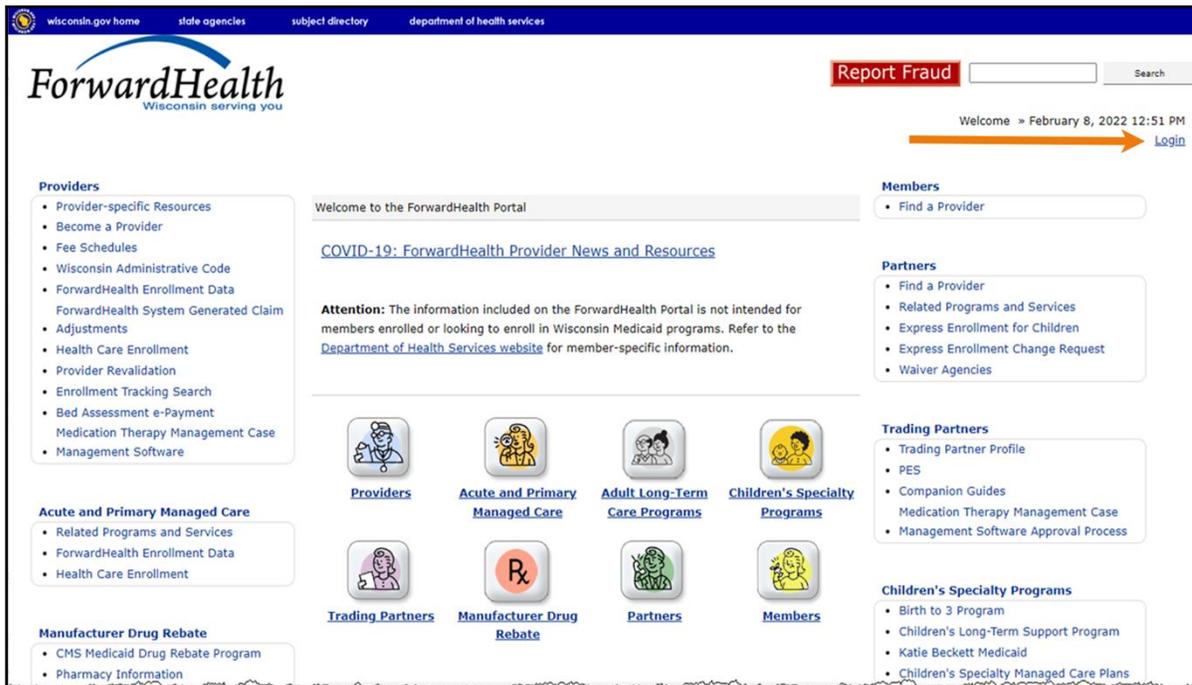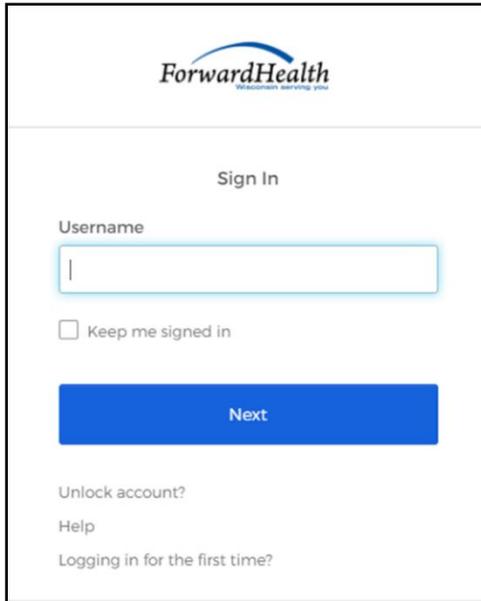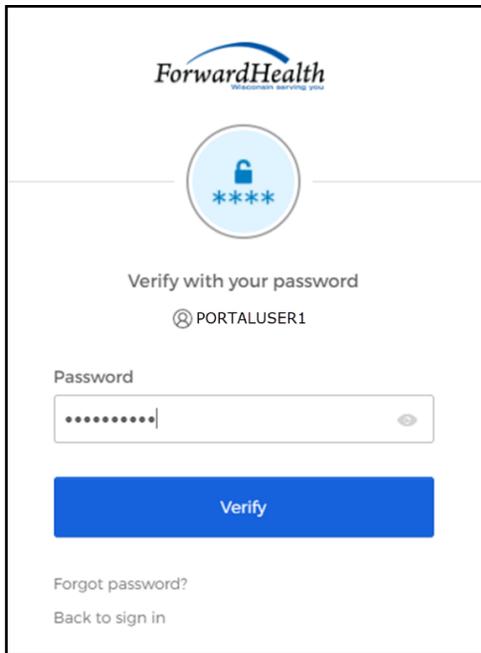1. Access the ForwardHealth Portal at https://www.forwardhealth.wi.gov/.

Figure 1 ForwardHealth Portal Page

2. Click **Login**. A Sign In box will be displayed.

Figure 2 Sign In Box

3. Enter the user's username.

4. Click **Next**. A Verify with your password box will be displayed.

Figure 3 Verify With Your Password Box

5. Enter the user's password.

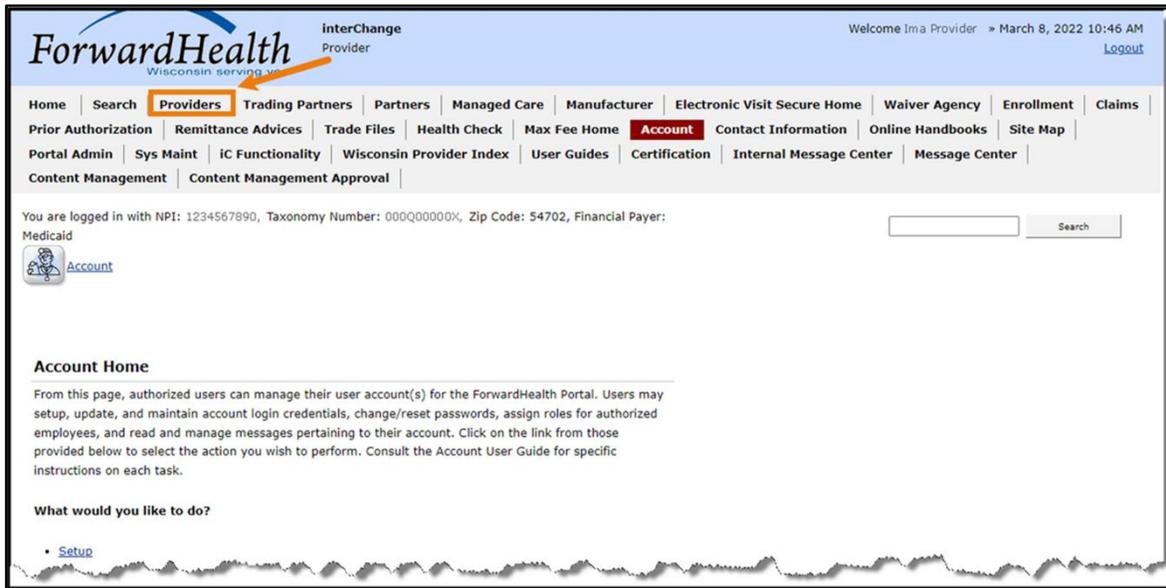6. Click **Verify.** The Secure Provider page will be displayed.

Figure 4 Secure Provider Page

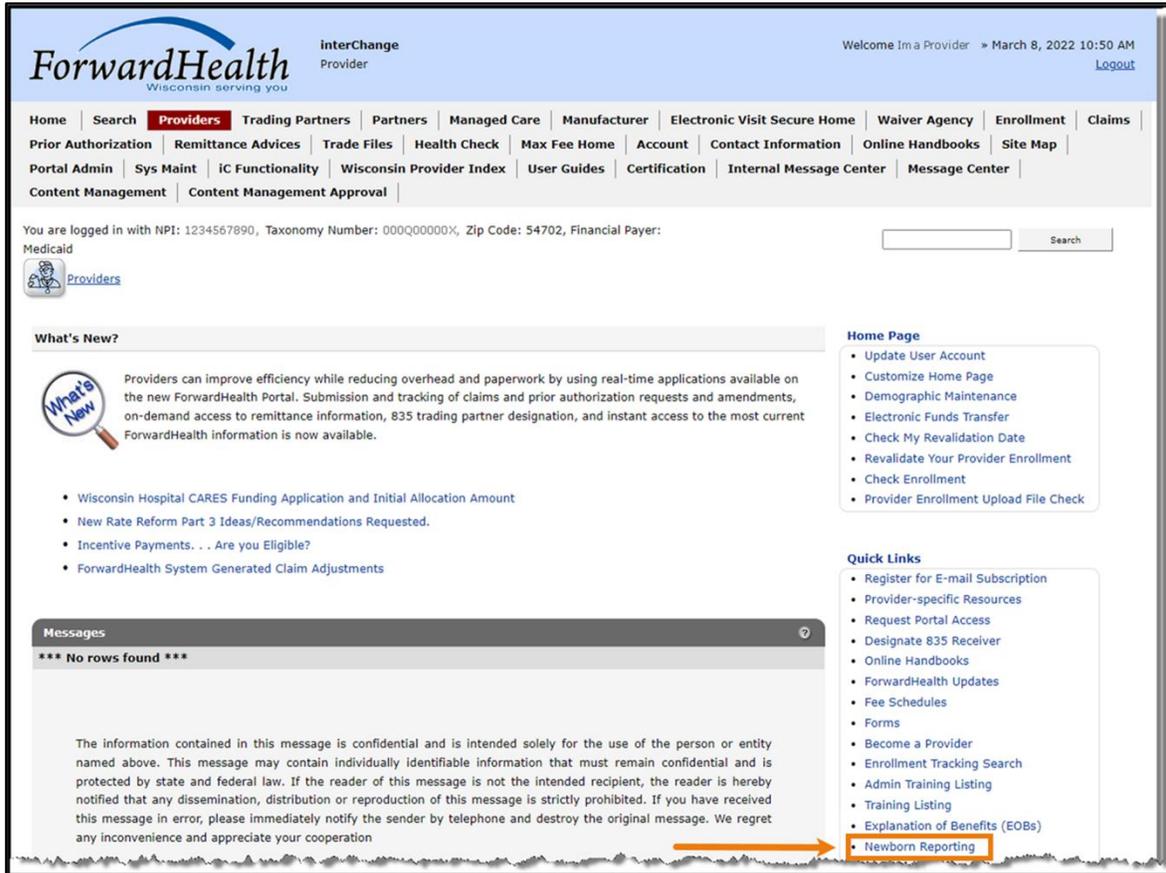7. Click **Providers** on the main menu at the top of the page. The Providers page will be displayed.

Figure 5 Providers Page

8. Click **Newborn Reporting** located in the Quick Links menu. The Mother Information Search Panel will be displayed.

3 Mother Information Search

Note: For the purposes of this user guide, "mother" is defined as the person who gave birth to the newborn.

Figure 1 Mother Information Search Panel

1. Enter one of the following search criteria for the mother:

    - Member ID

    - Social Security number (SSN) and date of birth (dd/mm/yyyy) (Note: **Do not** include dashes in the SSN.)

    - Member first name, last name, and date of birth (dd/mm/yyyy)

Figure 2 Mother Information Search Criteria

2. Click **Search**. The Mother Information panel will be displayed.

Figure 3 Mother Information Panel

3. The following information may be displayed in the Mother Information panel:

*   First name

*   Middle initial

*   Last name

*   Member ID

*   SSN

*   Date of birth (mm/dd/yyyy)

*   Address line 1

*   Address line 2

*   City

*   State/zip code

*   Multiple birth

The information displayed on the Mother Information panel reflects the current information on file for the mother. If a user notices information is not up to date, the mother will need to update their address with their certifying agency (for example, the Income Maintenance Agency or the Social Security Administration) or update their information online through their ACCESS account.

Note: The user can click **Previous** to return to the Mother Information Search page. Click **Exit** to return to the Providers page.

4 Newborn Enrollment

The newborn enrollment functionality allows users to submit information for a single birth or multiple births.

4.1 Single Birth

1. Click the **No** radio button for the Multiple Birth on the Mother Information panel.

Figure 4 Mother Information Panel With Multiple Birth Radio Button

2. Click **Next**. The Newborn Information panel will be displayed.

3. Enter or select the following information for the newborn. Note: Items marked with an asterisk (*) are mandatory.

   - First name (If not available, enter **Boy** or **Girl**.)

   - Middle initial (if applicable)

   - Last name

   - Suffix (if applicable)

   - Gender (female/male)

   - Date of birth (dd/mm/yyyy)

   - Date of death (dd/mm/yyyy [if applicable])

   - SSN (**Do not** include dashes.)

Figure 5 Newborn Information Panel

4. Choose **No** or **Yes** next to Is Newborn going to Foster Care/Adoption/Safe Haven.

   a. If **No** is selected, continue to Step 5.

   b. If **Yes** is selected, enter or select the following information for the newborn:

   - Address

   - City

   - State/zip code

   - County

   - Phone number (**Do not** include dashes.) (Note: If a phone type is selected from the drop-down menu, the phone number must be entered or an error message will be generated.)

   - Phone type

   - **No** or **Yes** next to Newborn weight Less than 1200 grams

   - Weight (grams)

   - Gestational age (weeks)

Figure 6 Newborn Information Panel—Newborn Going to Foster Care/Adoption/Safe Haven

5. Choose **No** or **Yes** next to Is Newborn's address different from Mother's address.

   a. If **No** is selected, continue to [Step 6](#).

   b. If **Yes** is selected, enter or select the following information for the newborn:

   - Address (Note: The newborn's address submitted with the newborn report does not update the mother's information.)

   - City

   - State/zip code

   - County

   - Phone number (**Do not** include dashes.) (Note: If a phone type is selected from the drop-down menu, the phone number must be entered or an error message will be generated.)

   - Phone type

   - **No** or **Yes** next to Newborn weight Less than 1200 grams

   - Weight (grams)

   - Gestational age (weeks)

Figure 7 Newborn Information Panel—Newborn Address Different From Mother's Address

6. Enter or select the following information for the newborn:

- Phone number (**Do not** include dashes.) (Note: If a phone type is selected from the drop-down menu, the phone number must be entered or an error message will be generated.)

- Phone type

- **No** or **Yes** next to Newborn weight Less than 1200 grams

- Weight (grams)

- Gestational age (weeks)

Figure 8 Newborn Information Panel

7. Once all required information is entered, click **Next**.

Figure 9 Newborn Information Panel—Next

8. A Summary panel with mother information and newborn information will be displayed.

Figure 10 Summary Panel

9. Verify all information is entered correctly.

   Note: If changes need to be made, click **Previous** to go back and enter correct information.

10. Once the user has verified all information, check the box next to This information is accurate to the best of my knowledge.

11. Click **Submit**.

Figure 11 Summary Panel—Submit

12. A message will be displayed indicating the newborn request has been submitted.

Figure 12 Complete Panel
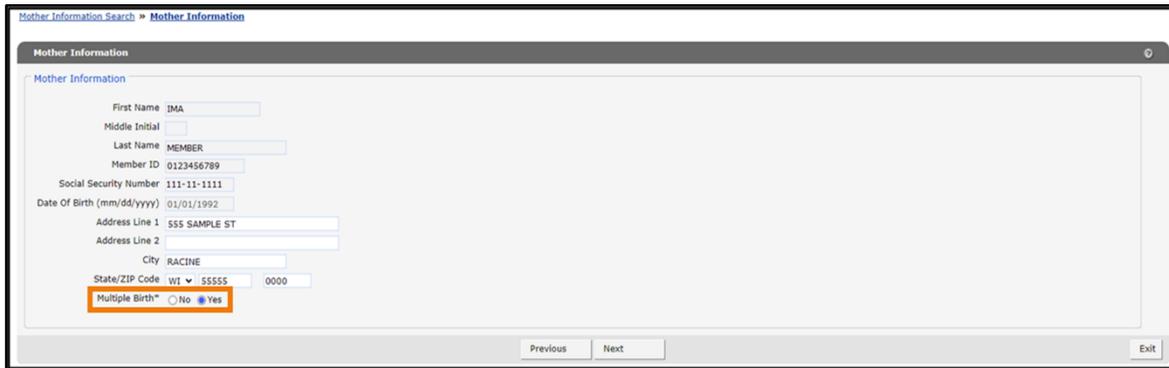
13. Users may click **View Your Request** (refer to Section 5), **Start a New Request**, or **Exit** to go back to the Providers Page.

4.2 Multiple Births

1. Click the **Yes** radio button to the right of the Multiple Birth field.

Figure 13 Mother Information Panel With Multiple Birth Radio Button

2. The Number of Births drop-down menu will be displayed.
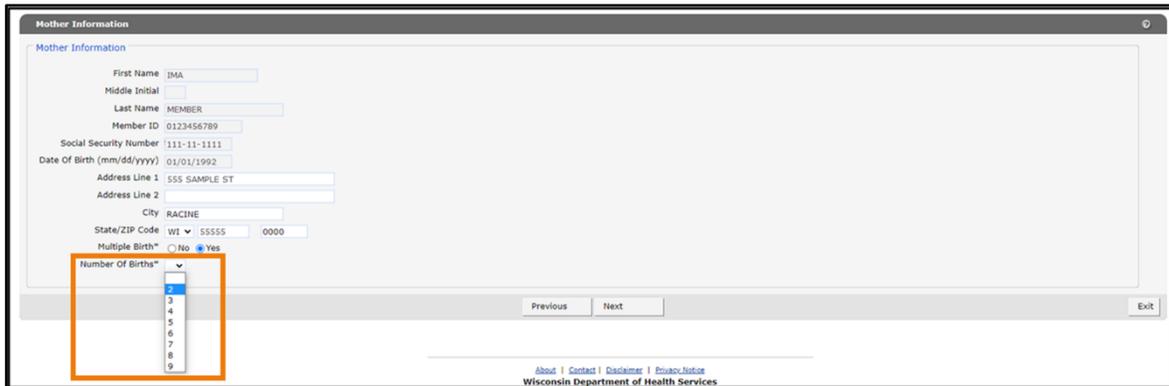
Figure 14 Mother Information Panel With Number of Births Drop-Down Menu

3. Select the number of births from the drop-down menu. Up to nine multiple births may be selected.

4. Click **Next**. The Newborn Information panel will be displayed.

Figure 15 Newborn Information Panel

5. Click **Add**

Figure 16 Newborn Information Panel—Add

6. Enter or select the following information for the first newborn. Note: Items marked with an asterisk (*) are mandatory.

- First name (If not available, enter **Boy** or **Girl**.)

- Middle initial (if applicable)

- Last name

- Suffix (if applicable)

- Gender (Female/Male)

- Date of birth (dd/mm/yyyy)

- Date of death (dd/mm/yyyy [if applicable])

- SSN (**Do not** include dashes.)

7. Choose **No** or **Yes** next to Is Newborn going to Foster Care/Adoption/Safe Haven.

   a. If **No** is selected, continue to [Step 8](#).

   b. If **Yes** is selected, enter or select the following information for the newborn:

      - Address

      - City

      - State/zip code

      - County

      - Phone number (**Do not** include dashes.) (Note: if a phone type is selected from the drop-down menu, the phone number must be entered or an error message will be generated.)

      - Phone type

      - **No** or **Yes** next to Newborn weight Less than 1200 grams

      - Weight (grams)

      - Gestational age (weeks)

Figure 17 Newborn Information Panel—Newborn Going to Foster Care/Adoption/Safe Haven

8. Choose **No** or **Yes** next to Is Newborn's address different from Mother's address.

   a. If **No** is selected, continue to [Step 9](#).

   b. If **Yes** is selected, enter or select the following information for the newborn:

   - Address (Note: The newborn's address submitted with the newborn report does not update the mother's information.)

   - City

   - State/zip code

   - County

   - Phone number (**Do not** include dashes.) (Note: If a phone type is selected from the drop-down menu, the phone number must be entered or an error message will be generated.)

   - Phone type

   - **No** or **Yes** next to Newborn weight Less than 1200 grams

   - Weight (grams)

   - Gestational age (weeks)

Figure 18 Newborn Information Panel—Newborn Address Different From Mother's Address

9. Enter or select the following information:

- Phone number (**Do not** include dashes.) (Note: If a phone type is selected from the drop-down menu, the phone number must be entered or an error message will be generated.)

- Phone type

- **No** or **Yes** next to Newborn weight Less than 1200 grams

- Weight (grams)

- Gestational age (weeks)

Figure 19 Newborn Information Panel

10. Once all required information is entered for the first newborn, click **Add.**

Figure 20 Newborn Information Panel—Add

11. The newborn last name, first name, middle initial, gender, date of birth, and county will be displayed at the top of the panel. The newborn information form will be refreshed for the next newborn information.

Figure 21 Newborn Information Panel—Add Additional Newborn Panel

12. Repeat Steps 6 through 9 for all newborns in the multiple birth.

    Note: The user will only be able to add as many newborn records as were selected in the Multiple Births drop-down menu (refer to Figure 18). If additional newborns need to be added to the multiple birth, click **Previous** to return to the Mother Information panel.

13. If the user needs to change information for one of the newborns, click the newborn's name listed at the top of the panel to access the newborn record.

14. Once information for all newborns is entered, click **Next**.

15. A summary panel with mother information and newborn information will be displayed.

Figure 22 Summary Panel

16. Verify all information is entered correctly.

    Note: If changes need to be made, click **Previous** to go back to the Newborn Information panel. Click **Previous** again to go back to the Mother Information panel.

17. Once the user has verified all information, check the box next to This information is accurate to the best of my knowledge.

18. Click **Submit**.

Figure 23 Summary Panel — Submit

19. A message will be displayed indicating the newborn request has been submitted.

Figure 24 Complete Panel

20. User may click **View Your Request** (refer to Section 5), **Start a New Request**, or **Exit** to go back to the Providers page.

5 View Your Request

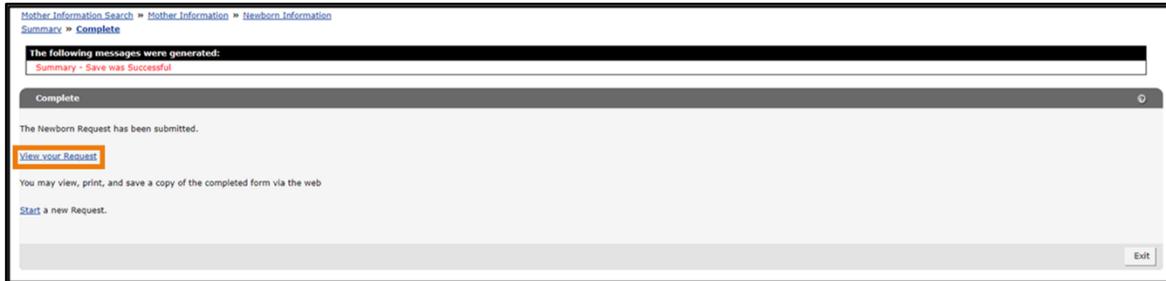1. On the Complete Panel, click View your Request

Figure 25 Complete Panel—View Your Request

2. A copy of the request will be displayed in a separate window. User may view, print, or save a copy of the completed form.

SECTION I - REPORTING PROVIDER INFORMATION

Name - Hospital, HMO, or Individual Provider (Required)

THOMAS, GEORGE

Hospital's National Provider Identifier	Taxonomy Code	Practice Location ZIP+4 Code
987654321	99999999X	53719

Name and Telephone Number - Contact Person (Required) | Fax Number (If form is to be returned.)

MR BURNS 6085555555

SECTION II - MOTHER INFORMATION

First Name (Required)	Middle Initial	Last Name (Required)	Member ID (Required)
IMA		MEMBER	0123456789

Social Security Number (Required)	Date of Birth (MM/DD/YYYY) (Required)
111-11-1111	01/01/1992

Multiple Birth (Required)	Number of Births (Required)
X No ☐ Yes	1

Address (Street 1) (Required) | Address (Street 2)

555 SAMPLE ST

City (Required)	State (Required)	ZIP Code (Required)
RACINE	WI	55555-0000

SECTION III - NEWBORN INFORMATION

First Name (Required)	Middle Initial	Last Name (Required)	Name Suffix	Gender (Required)
JANE		DOE		☐ Male X Female

Date of Birth (MM/DD/YYYY) (Required)	Date of Death, if applicable (MM/DD/YYYY)	Was This a Live Birth? (Required)
01/01/2022		☐ No X Yes

Social Security Number	Is Newborn Going Into Foster Care/ Adoption/ Safe Haven (Required)	Is Newborn address different from Mother's address (Required)
999-99-9999	X No ☐ Yes	☐ No X Yes

Address (Street 1) (Required)	Address (Street 2)	City (Required)
555 SAMPLE ST		RACINE

State (Required)	ZIP Code (Required)	County (Required)	Phone Number	Phone Type
WI	55555-0000	Racine	(608) 123-4567	Home

Newborn Weight Less than 1200 grams (Required)	Newborn Weight (Grams)	Gestational Age (Weeks)
X No ☐ Yes	1500	40

SECTION IV - AUTHORIZATION

This information is accurate to the best of my knowledge.

F-1165

Figure 26 Request Document Example