

Job Aid

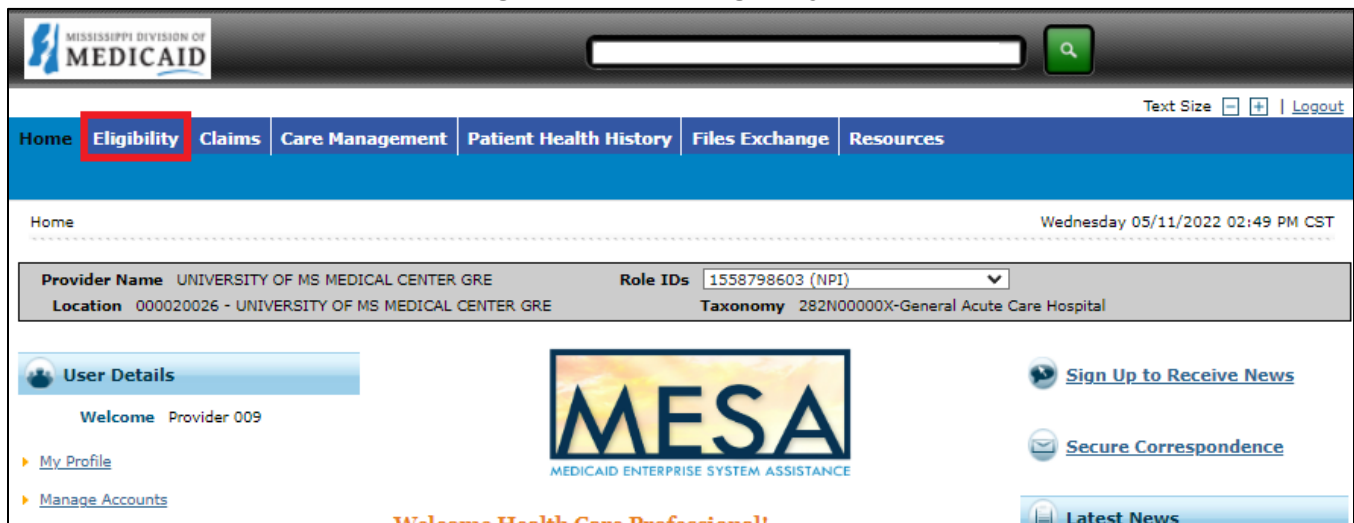
Create a Newborn Enrollment in the Provider Portal

Before you begin testing the newborn enrollment, you must go into the provider portal and create applications to test. You will need a hospital provider portal account, a member ID, and a provider ID for the delivering physician to complete the form.

Complete the following steps to record a newborn application:

1. Log into the portal with a test account and select the **Eligibility** tab.

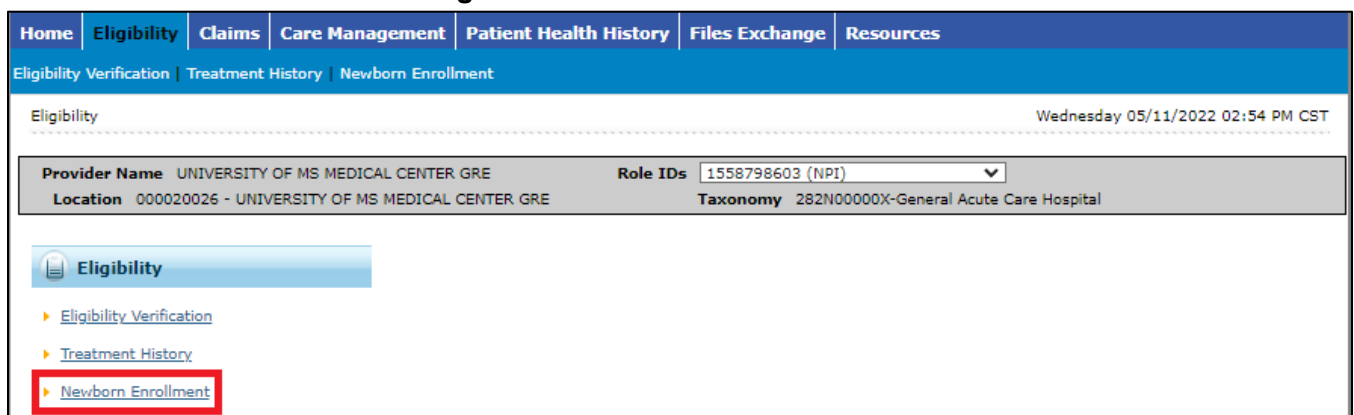
Figure 1: Select Eligibility Tab



The screenshot shows the Mississippi Medicaid Provider Portal home page. The navigation menu at the top includes Home, Eligibility (highlighted with a red box), Claims, Care Management, Patient Health History, Files Exchange, and Resources. The page displays user details for 'Provider 009' and the MESA logo. The date and time are Wednesday 05/11/2022 02:49 PM CST.

2. At the **Eligibility** page, click the **Newborn Enrollment** link.

Figure 2: Start Newborn Enrollment



The screenshot shows the Mississippi Medicaid Provider Portal Eligibility page. The navigation menu at the top includes Home, Eligibility (selected), Claims, Care Management, Patient Health History, Files Exchange, and Resources. The page displays user details for 'Provider 009' and the MESA logo. The date and time are Wednesday 05/11/2022 02:54 PM CST. The left-hand menu includes Eligibility, Eligibility Verification, Treatment History, and Newborn Enrollment (highlighted with a red box).

3. Select the **New Form** radio button to indicate this is a new enrollment.

4. Enter the mother's member ID in the **Member ID** field and tab to the next field. The system populates the member's information.

Figure 3: Mother's Information

Newborn Enrollment Form

* Indicates a required field.

Newborn Enrollment Form 12/01/2015

This form is to be used by birth hospitals to enroll all deemed eligible newborns in Medicaid. All information must be completed by the birth hospital to obtain a Medicaid Identification Number for the newborn. Please complete this on-line form and return by email to newborn@medicaid.ms.gov by selecting the submit button at the end of the form.

*Do you want to Submit New Form Updated Form

Mother's Information

*Member ID

First Name Last Name

SSN

Birth Date

Address

Address Line 2

City

State

Zip Code

5. Enter the newborn's information along with father's name.

Figure 4: Enter Newborn Information

Newborn Information

*First Name

Middle Name

*Last Name

*Date of Birth

Time of Birth

*Gender Male Female

Birth Order, if multiple

Check if parental rights terminated

*Father's Name

6. Skip to the section below the red text that says, "CONTINUE ENTERING MOTHER/CHILD INFORMATION BELOW". Enter contact information for the hospital representative who can answer questions regarding this application.

Figure 5: Enter Hospital Contact Information

CONTINUE ENTERING MOTHER/CHILD INFORMATION BELOW

Hospital Name Medicaid Provider ID

*Contact Name *Email

*Phone Ext

*Fax Number Date

7. Enter all the data related to the infant, including the delivering physician's name and National Provider Identifier (NPI) or Tax Identification Number (TIN).
8. When you're finished, click **Submit**.

Figure 6: Enter Delivery Data

*Mother's Date of Last Menstrual Period	<input type="text" value="08/05/2021"/>	
*Delivery Type	<input type="text" value="Vaginal"/>	
*Scheduled Delivery?	<input type="text" value="No"/>	
*Gestational Age (Weeks)	<input type="text" value="3,9"/>	* (Days)
		<input type="text" value="3,"/>
*Birth Weight (Lbs)	<input type="text" value="8.40"/>	* (Grams)
		<input type="text" value="3742.13"/>
*Apgar Score (1min)	<input type="text" value="8"/>	* (5min)
		<input type="text" value="9"/>
*Birth Status	<input type="text" value="Healthy/Discharged home with mother"/>	
Admission Date, If Applicable	<input type="text"/>	
Discharge Date, If Applicable	<input type="text"/>	
If transported to another facility, Facility Name	<input type="text"/>	
*Delivering Physician's Name	<input type="text" value="Dr. Rachel Jones"/>	
*Delivering Physician's NPI/TIN	<input type="text" value="009430792"/>	
Pediatrician Name	<input type="text"/>	
Pediatrician NPI/TIN	<input type="text"/>	
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

9. The system closes all fields, and you can review the application before submitting it. If you see an error, click **Cancel** and start again. If everything is correct, click **Confirm**.

Note: Click only once. If you click **Confirm** multiple times while it's processing, the system will create multiple applications.

Figure 7: Confirm Application

Delivering Physician's Name	Dr Rachel Jones
Delivering Physician's NPI/TIN	009430792
Pediatrician Name	--
Pediatrician NPI/TIN	--
<input type="button" value="Confirm"/> <input type="button" value="Cancel"/>	

10. The system responds with a Contact Tracking Number (CTN) for future reference.

Figure 8: CTN Confirmation

Mother's Information	<div style="border: 1px solid black; padding: 5px;"> <p>Confirmation</p> <p>Your request has been submitted. Your confirmation # is CTN 10000041</p> <p><input type="button" value="OK"/></p> </div>
*Member ID	<input type="text"/>
First Name	--
SSN	--
Birth Date	--

- To view details for a submitted application, return to the Home page of the portal and click the **Secure Correspondence** link.

Figure 9: Navigate to Secure Correspondence



- In the **CTN** field, enter the CTN for the application and click **Search** (see Figure 10: View the CTN).
- The status of the request appears in the search results row. Click the CTN link to open the message contents.

Figure 10: View the CTN

