

Job Aid

Submitting a Newborn Enrollment

Complete the following steps to create a newborn application:

1. Log into the portal and select the **Eligibility** tab.

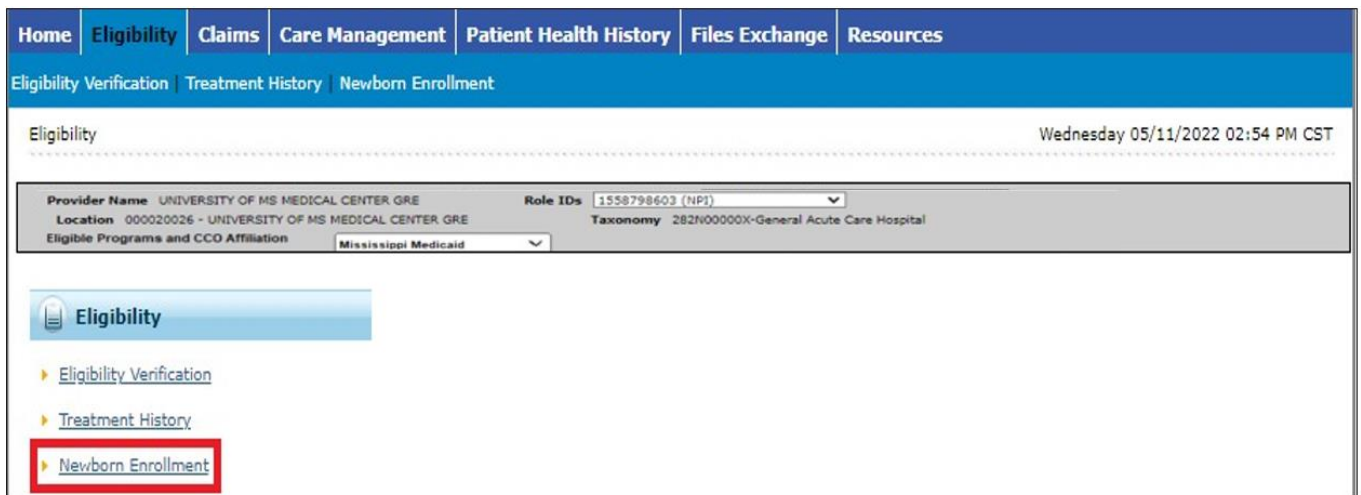
Figure 1: Eligibility Tab



The screenshot shows the Medicaid portal's Eligibility tab. The navigation bar includes Home, Eligibility (highlighted with a red box), Claims, Care Management, Patient Health History, Files Exchange, and Resources. The user is logged in as a provider for the University of Mississippi Medical Center. The page features a 'Welcome Health Care Professional!' message and a 'MESA' logo. On the right, there are links for 'Sign Up to Receive News', 'Secure Correspondence', and 'Latest News'. The 'Latest News' section includes links for 'Late Breaking News', 'Provider Bulletins', 'UM/QIO', and 'Report Fraud'.

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

Figure 2: Start Newborn Enrollment



The screenshot shows the Medicaid portal's Eligibility page. The navigation bar includes Home, Eligibility (highlighted with a red box), Claims, Care Management, Patient Health History, Files Exchange, and Resources. Below the navigation bar, there are links for 'Eligibility Verification', 'Treatment History', and 'Newborn Enrollment' (highlighted with a red box). The page also displays the user's provider information and the 'MESA' logo.

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: Enter the Mother’s Information

The screenshot shows a web application interface for Medicaid Newborn Enrollment. At the top, there is a navigation bar with tabs: Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, Resources, and Contact Us. Below this is a sub-navigation bar with: Eligibility Verification, Treatment History, and Newborn Enrollment. The main content area is titled 'Eligibility > Newborn Enrollment'. A header for the form reads 'Newborn Enrollment Form 12/01/2015'. A note states: '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.' Below this is a question: '*Do you want to Submit' with two radio buttons: 'New Form' (selected) and 'Updated Form'. The 'Mother's Information' section contains the following fields: Member ID (375860620), First Name (GARFIELD), Last Name (HARRIS), SSN (427773950), Birth Date (05/27/1994), Address (5701 E 8TH AVE), Address Line 2 (APT D3), City (JACKSON), State (Mississippi), and Zip Code (39216-3971).

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

Figure 4: Enter Newborn Information

The screenshot shows the 'Newborn Information' form. It contains the following fields: *First Name, Middle Name, *Last Name, *Date of Birth (with a calendar icon), Time of Birth (with a clock icon), *Gender (radio buttons for Male and Female), Birth Order, if multiple, Check if parental rights terminated (checkbox), and *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

The screenshot shows the 'CONTINUE ENTERING MOTHER/CHILD INFORMATION BELOW' section. It contains the following fields: Hospital Name (UNIVERSITY OF MS MEDICAL CENTER GRE), Medicaid Provider ID (000020026), *Contact Name (Bob Smith), *Email (bsmith@UMMC.org), *Phone (6015556549), Ext (123), *Fax Number (6015556544), and Date (05/11/2022).

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="12/15/2021"/>
*Delivery Type	<input type="text" value="Cesarean"/>
*Scheduled Delivery?	<input type="text" value="No"/>
*Gestational Age (Weeks)	<input type="text" value="42"/>
*Gestational Age (Days)	<input type="text" value="1"/>
*Birth Weight (Lbs)	<input type="text" value="8.13"/>
*Birth Weight (Grams)	<input type="text" value="4000.00"/>
*Apgar Score (1min)	<input type="text" value="2"/>
*Apgar Score (5min)	<input type="text" value="2"/>
*Birth Status	<input type="text" value="Healthy/Adopted or Foster Care"/>
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="Rachel Jones"/>
*Delivering Physician's NPI/TIN	<input type="text" value="1821032392"/>
Pediatrician Name	<input type="text"/>
Pediatrician NPI/TIN	<input type="text"/>

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

If transported to another facility, Facility Name	<input type="text"/>
Delivering Physician's Name	<input type="text" value="Rachel Jones"/>
Delivering Physician's NPI/TIN	<input type="text" value="1821032392"/>
Pediatrician Name	<input type="text"/>
Pediatrician NPI/TIN	<input type="text"/>

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

Figure 8: CTN Confirmation

Mother's Information	<table border="1"> <tr> <td>*Member ID</td> <td><input type="text"/></td> </tr> <tr> <td>First Name</td> <td><input type="text"/></td> </tr> <tr> <td>SSN</td> <td><input type="text"/></td> </tr> <tr> <td>Birth Date</td> <td><input type="text"/></td> </tr> </table>	*Member ID	<input type="text"/>	First Name	<input type="text"/>	SSN	<input type="text"/>	Birth Date	<input type="text"/>
*Member ID	<input type="text"/>								
First Name	<input type="text"/>								
SSN	<input type="text"/>								
Birth Date	<input type="text"/>								

Confirmation

Your request has been submitted. Your confirmation # is CTN 10000041

Note: When the enrollment is completed, the Mississippi Division of Medicaid (DOM) will fax a copy of the application with the newly assigned Medicaid ID to the contact's fax number that was listed on the form.

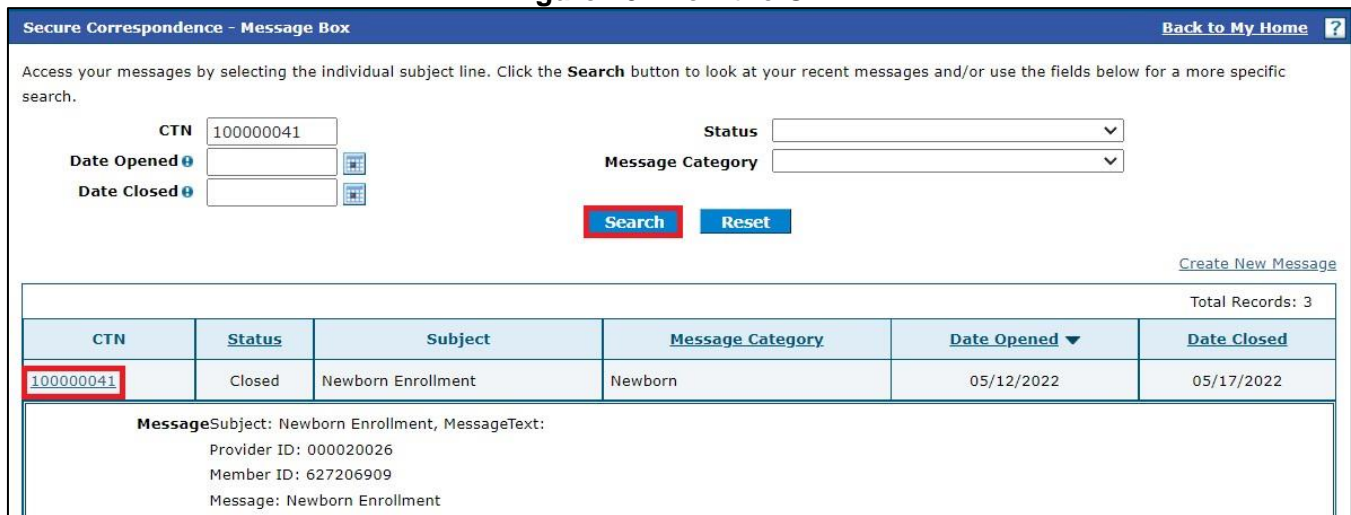
- To view details for a submitted application, return to the Home page of the portal and click the **Secure Correspondence** link.

Figure 9: Navigate to Secure Correspondence



- In the **CTN** field, enter the CTN for the application and click **Search** (see Figure 17: 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



Change History

The following change history log contains a record of changes made to this document:

Version #	Published/Revised	Author	Section/Nature of Change
0.1	10/11/2022	Gainwell	Initial Submission
0.2	05/30/2023	Gainwell	Updated screenshots per CR1925