1184 New Born Processing
- eMedicaid -

Department of Health & Mental Hygiene

Office of Eligibility Services (OES)

April 2012

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Introduction

Background

In 2009, Congress pass the Children's Health Insurance Program Reauthorization Act (CHIPRA), providing the funding for the Children's Health Insurance Program (CHIP) to continue through FFY 2013. Certain provisions involve Medicaid coverage for newborns and their mothers. These provisions:

1. **Allow more children born to Medicaid-eligible mothers to qualify for coverage as "deemed newborns."** The new law eliminated the requirement that, in order to receive Medicaid coverage, newborns coming home from the hospital must live with the mother, remain a member of the mother's household, and that the mother remain eligible for Medicaid. **There is a new section #4** on the 1184 that must be completed if the newborn does not go home with the mother.
2. **Eliminate the need for future documentation of citizenship and identify for deemed newborns.** Children who are initially eligible for Medicaid as "deemed newborns," that is, children born in the US to mothers eligible for Medicaid, will not have to furnish citizenship and identify verification at subsequent eligibility determinations. The 1184 completed by the hospital is the required documentation for citizen ship and identify for the newborns.
3. **Open Medicaid eligibility to newborns of all Maryland Medicaid eligible mothers.** This includes recipients active in the Primary Adult Care Program (PAC), Employed Individuals with Disabilities (EID) and the Maryland Children's Health Program-Premium (MCHP Premium). These newborns will be given an MCT span or will be enrolled in the Health Choice equivalent of the mother's MCO.

Effective April 2012, The Department of Health and Mental Hygiene (DHMH), Medical Assistance Program (the "*Program*") will start the online enrollment of newborns (*1184 Process*) via the Program's eMedicaid application on the Internet.
This document will instruct the hospital user community on the updated 1184 process for enrolling / inquiring information on newborns .
This document will instruct other user communities on the procedures for inquiring information on "*enrolled*" newborns.

Please contact Janet Smith at 410-767-5377 or send an e-mail to: SmithJ@dhmh.state.md.us if there are any questions or problems with the 1184 process. If there are any Troubleshooting problems, please call 410-767-5503. For Provider Application & Password Support, call 410-767-5340.

eMedicaid
(1 of 2)

eMedicaid

- Lets you apply online to become a Medicaid Provider and responds immediately to your application.
- Provides online registration and allows access to eMedicaid services from anywhere, anytime.
- Gives you a fast, easy way to verify a Medicaid recipient's eligibility, which is required before you render services. Web-based Recipient Eligibility Verification validates current dates of service and past eligibility up to one year. eMedicaid will indicate if the recipient is enrolled with a Managed Care Organization (MCO) or has third party insurance.
- Allows multiple users from the same office to access Medicaid payment information. With turnover, vacations, and sick leave, it's nice to be able to cross-train your staff.
- Gives you immediate access to your Remittance Advice for up to two years.

Tips for registering:

- Have your Medicaid Provider Number handy
- Have the Provider's Social Security and/or Federal Employer ID Number (FEIN) available
- Read the recommended documents provided online
  - Provider Handbook
  - Eligibility Verification System (EVS) User Guide
  - Explanation of Benefits (EOB) Codes
  - Provider Fee Manual Physician Services
  - CMS-1500 - Physician Claims
  - CMS-1500 - Billing Instructions

For more information, visit us online at

www.emdhealthchoice.org

Or call Monday through Friday

8:00 a.m. to 5:00 p.m.

General Questions and Troubleshooting:
410-767-5503

Provider Application & Password Support:
410-767-5340

Maryland Medical Care Programs

Maryland Department of Health and Mental Hygiene

Medicaid Program

Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
Joshua M. Sharfstein, M.D., Secretary

The services and facilities of the Maryland Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provision of employment and granting of advantages, privileges, and accommodations.

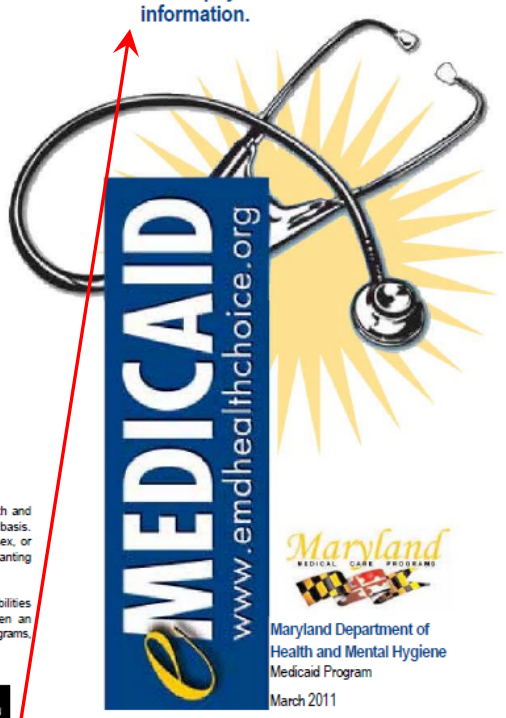
The Department, in compliance with the Americans With Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.

eMedicaid is hosted and secured by ISS Towson University

Medicaid Providers
State of Maryland

Now eMedicaid offers you a secure online access to:

- enroll as a Medicaid Provider;
- verify recipient eligibility; and
- obtain payment information.



Maryland Medical Care Programs

Maryland Department of Health and Mental Hygiene
Medicaid Program
March 2011

Any user wishing to utilize the 1184 function must first be registered for eMedicaid. This brochure will guide the user in enrolling for eMedicaid.
This brochure is located on the following Web Site:
https://encrypt.emdhealthchoice.org/emedicaid/eDocs/eMedicaid_web.pdf

eMedicaid
(2 of 2 – Getting Started)

Getting Started

Browse to http://www.emdhealthchoice.org

If You ARE NOT Already a Participating Medicaid Provider...

Complete the initial Provider Enrollment and Provider Type information and follow these key steps to apply to be a Medicaid Provider:

1. **Accept the terms of the Electronic Signature Agreement.** Check the box to agree, and continue.
2. **Read the Provider Agreement.** Check the box to agree to the terms, and continue.

STOP!
If you are a Personal Care Aid, please contact your local Health Department.

3. **Complete the Provider Information**, including Federal Employer ID and/or Social Security number.
4. **Verify Step 3 information.** Check the box to agree, and continue.
5. **Give details for the Practice Location** you are enrolling, including the Practice Address and information from the Provider's Medical and Laboratory License, as applicable.

Tip: *If you are part of a group, have the Maryland Provider Number of each group for which you render services at this Practice Location. Specify the effective date of your membership with each group.*

6. **Verify Step 5 information.** Check the box to agree, and submit.

Important! *Print out the Transaction Confirmation page for your records. If indicated on the page, fax a copy of your license to 410-333-5341.*

If You ARE Already Enrolled as a Participating Medicaid Provider...

Follow these instructions for eMedicaid Provider Registration:

1. **Decide who will act as Administrator for the site.** Only one person in your organization can take this role; typically it is the Office Manager. The Administrator is the only person authorized to set up individual Users, designate which services each User has access to, and delete Users.

Tip: *Only authorized Users can access the Recipient Eligibility Verification or Remittance Advice. Administrators who want access to these services must add themselves as a User.*

2. **Complete the Provider Information.** Enter the first 7 digits of your Medicaid Provider Number, your Social Security and/or Federal Employer ID, your email, and website address. Check the box to agree, and continue.
3. **Supply your Personal Information.** As the person completing the form, you must enter this information and designate your relationship to the Provider.
4. **Set your password.** Your password must be at least 6 characters and is case-sensitive. After sign-in, the Administrator can change the password. DHMH cannot provide this password to you.
5. **Accept the terms of the Electronic Signature Agreement.** Check the box to agree, and continue.
6. **Verify all information you entered,** check the box to agree, and submit.

Important! *Print out the confirmation page with your User ID for signing in to the site.*

Now You Can Sign In!

Administrators Can:

- Add/Delete Users.
- Manage Users profile.
- View transaction logs for all Users.

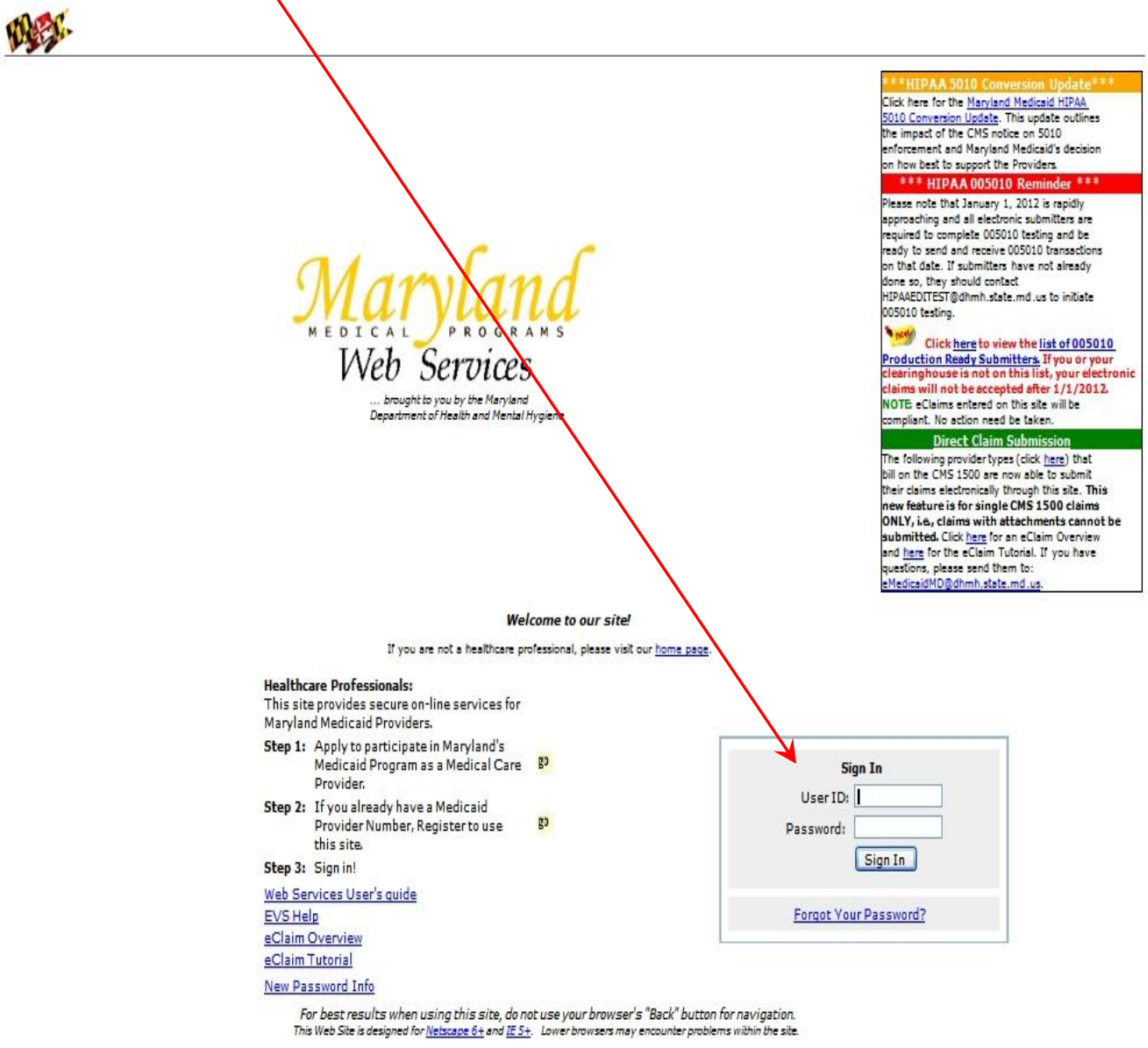
Tip: *If you need to access Recipient Eligibility Verification or Remittance Advice, add yourself as a User.*

Users Can:

- Verify Recipient Eligibility.
- View Remittance Advice for the Provider locations they are authorized to view.
- Access Remittance Advice on Monday.
- View archival Remittance Advice for up to two years.

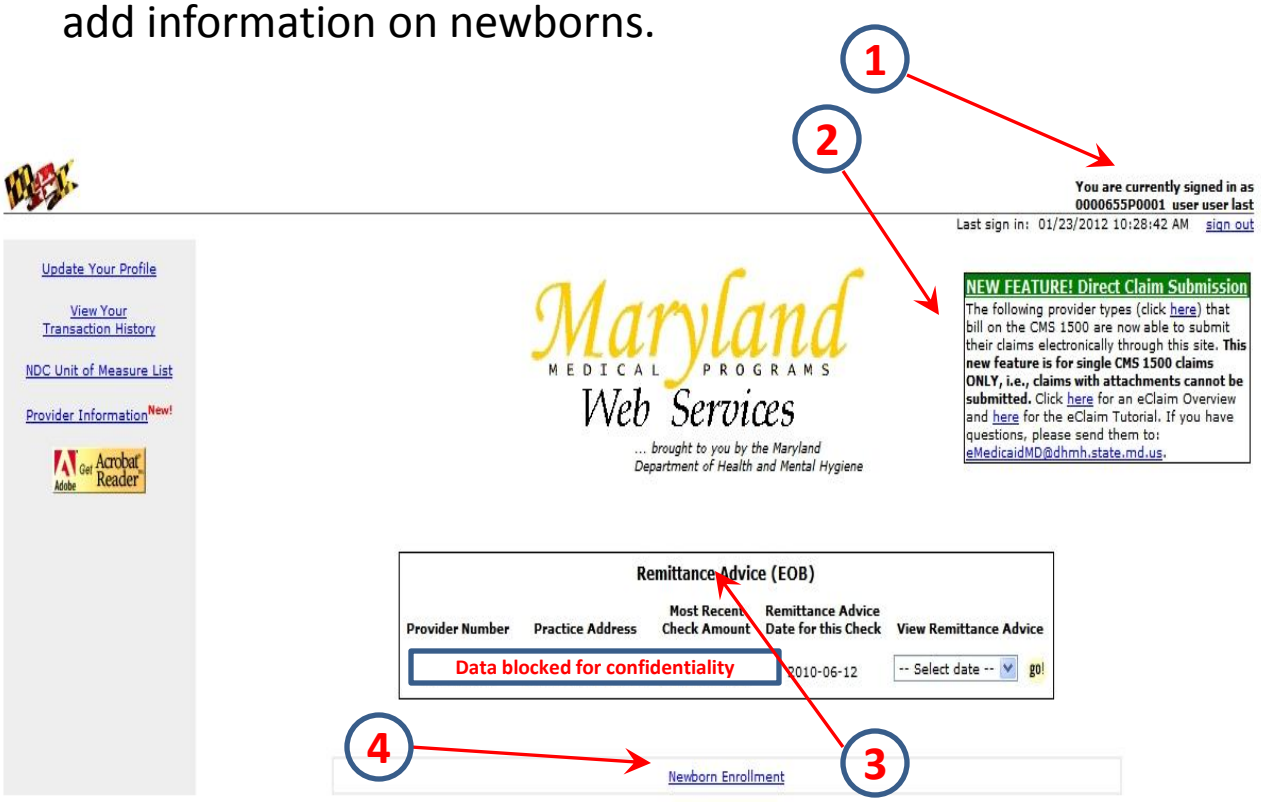
eMedicaid - Home Page

This is the “Home Page” of the DHMH eMedicaid Internet site. Subscribers to this site must have a previously assigned User ID and Password to access the site.



Web Services – Hospital

The following screen display will appear for those hospital users who have the responsibility to enter or add information on newborns.



Information contained on this display include:

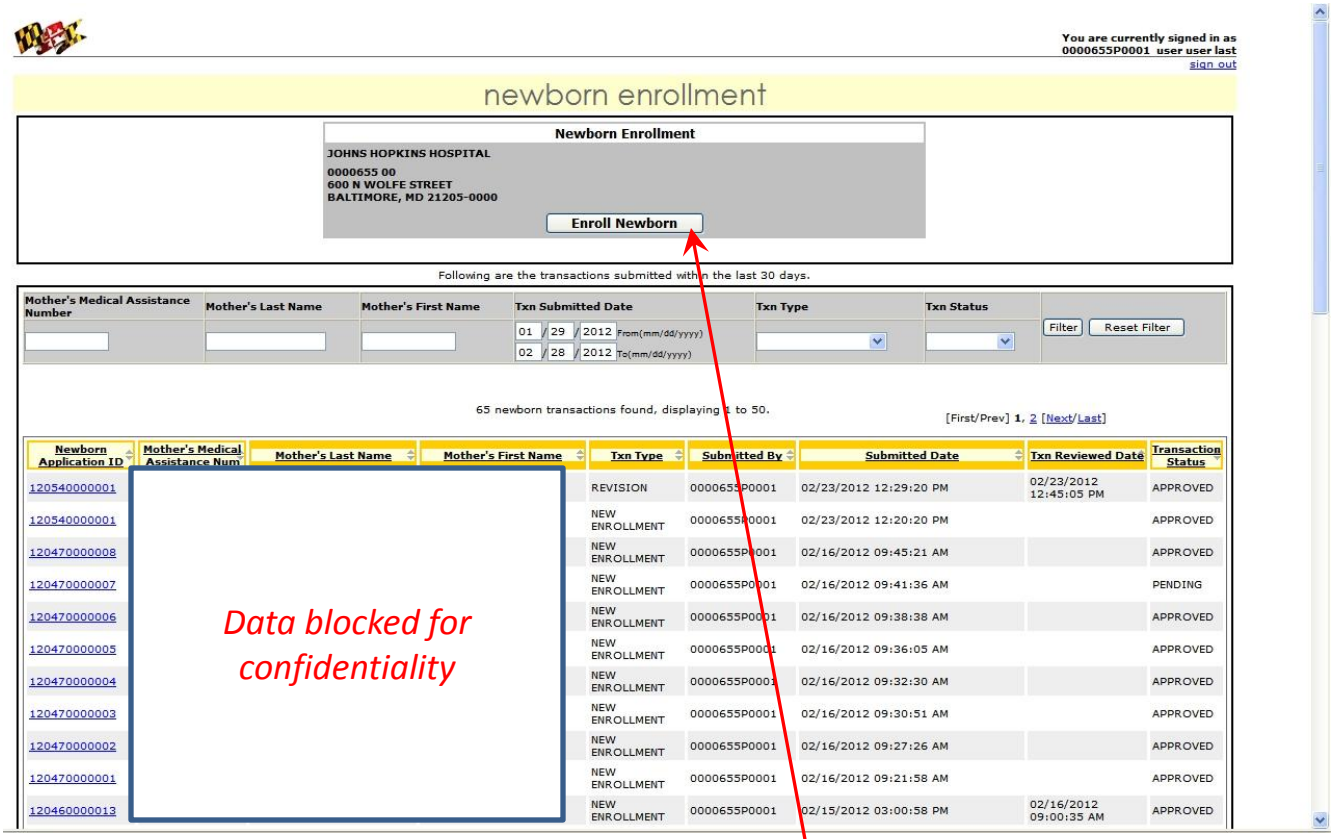
1 – Display of *"logged on"* User information

2 – *"Newsletter"* information that will vary from time to time.

3 – Allows for Remittance Advice information / selection

4 – The selection option of *"Newborn Enrollment"* - When this option is selected the following display will appear……

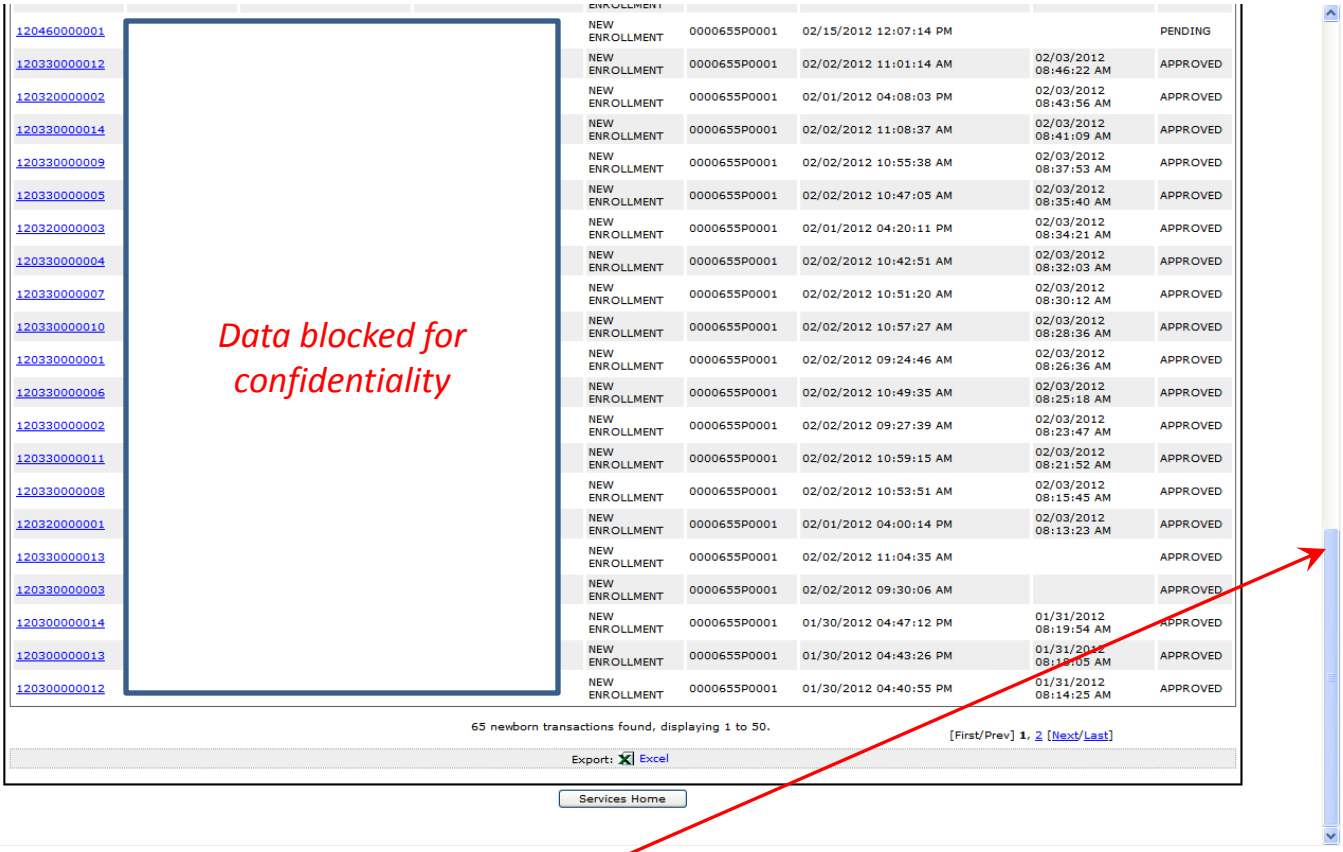
Newborn Enrollment – Hospital (1 of 2)



When the *"Newborn Enrollment"* option is selected from the previous display screen, the above display will appear. This display will give the user the ability to either enter new born information or inquire on previously entered newborn information.

To enter newborn information select the *"Enroll Newborn"* option.

Newborn Enrollment – Hospital (2 of 2)



120460000001	NEW ENROLLMENT	0000655P0001	02/15/2012 12:07:14 PM		PENDING
120330000012	NEW ENROLLMENT	0000655P0001	02/02/2012 11:01:14 AM	02/03/2012 08:46:22 AM	APPROVED
120320000002	NEW ENROLLMENT	0000655P0001	02/01/2012 04:08:03 PM	02/03/2012 08:43:56 AM	APPROVED
120330000014	NEW ENROLLMENT	0000655P0001	02/02/2012 11:08:37 AM	02/03/2012 08:41:09 AM	APPROVED
120330000009	NEW ENROLLMENT	0000655P0001	02/02/2012 10:55:38 AM	02/03/2012 08:37:53 AM	APPROVED
120330000005	NEW ENROLLMENT	0000655P0001	02/02/2012 10:47:05 AM	02/03/2012 08:35:40 AM	APPROVED
120320000003	NEW ENROLLMENT	0000655P0001	02/01/2012 04:20:11 PM	02/03/2012 08:34:21 AM	APPROVED
120330000004	NEW ENROLLMENT	0000655P0001	02/02/2012 10:42:51 AM	02/03/2012 08:32:03 AM	APPROVED
120330000007	NEW ENROLLMENT	0000655P0001	02/02/2012 10:51:20 AM	02/03/2012 08:30:12 AM	APPROVED
120330000010	NEW ENROLLMENT	0000655P0001	02/02/2012 10:57:27 AM	02/03/2012 08:28:36 AM	APPROVED
120330000001	NEW ENROLLMENT	0000655P0001	02/02/2012 09:24:46 AM	02/03/2012 08:26:36 AM	APPROVED
120330000006	NEW ENROLLMENT	0000655P0001	02/02/2012 10:49:35 AM	02/03/2012 08:25:18 AM	APPROVED
120330000002	NEW ENROLLMENT	0000655P0001	02/02/2012 09:27:39 AM	02/03/2012 08:23:47 AM	APPROVED
120330000011	NEW ENROLLMENT	0000655P0001	02/02/2012 10:59:15 AM	02/03/2012 08:21:52 AM	APPROVED
120330000008	NEW ENROLLMENT	0000655P0001	02/02/2012 10:53:51 AM	02/03/2012 08:15:45 AM	APPROVED
120320000001	NEW ENROLLMENT	0000655P0001	02/01/2012 04:00:14 PM	02/03/2012 08:13:23 AM	APPROVED
120330000013	NEW ENROLLMENT	0000655P0001	02/02/2012 11:04:35 AM		APPROVED
120330000003	NEW ENROLLMENT	0000655P0001	02/02/2012 09:30:06 AM		APPROVED
120300000014	NEW ENROLLMENT	0000655P0001	01/30/2012 04:47:12 PM	01/31/2012 08:19:54 AM	APPROVED
120300000013	NEW ENROLLMENT	0000655P0001	01/30/2012 04:43:26 PM	01/31/2012 08:19:05 AM	APPROVED
120300000012	NEW ENROLLMENT	0000655P0001	01/30/2012 04:40:55 PM	01/31/2012 08:14:25 AM	APPROVED

Data blocked for confidentiality

65 newborn transactions found, displaying 1 to 50.

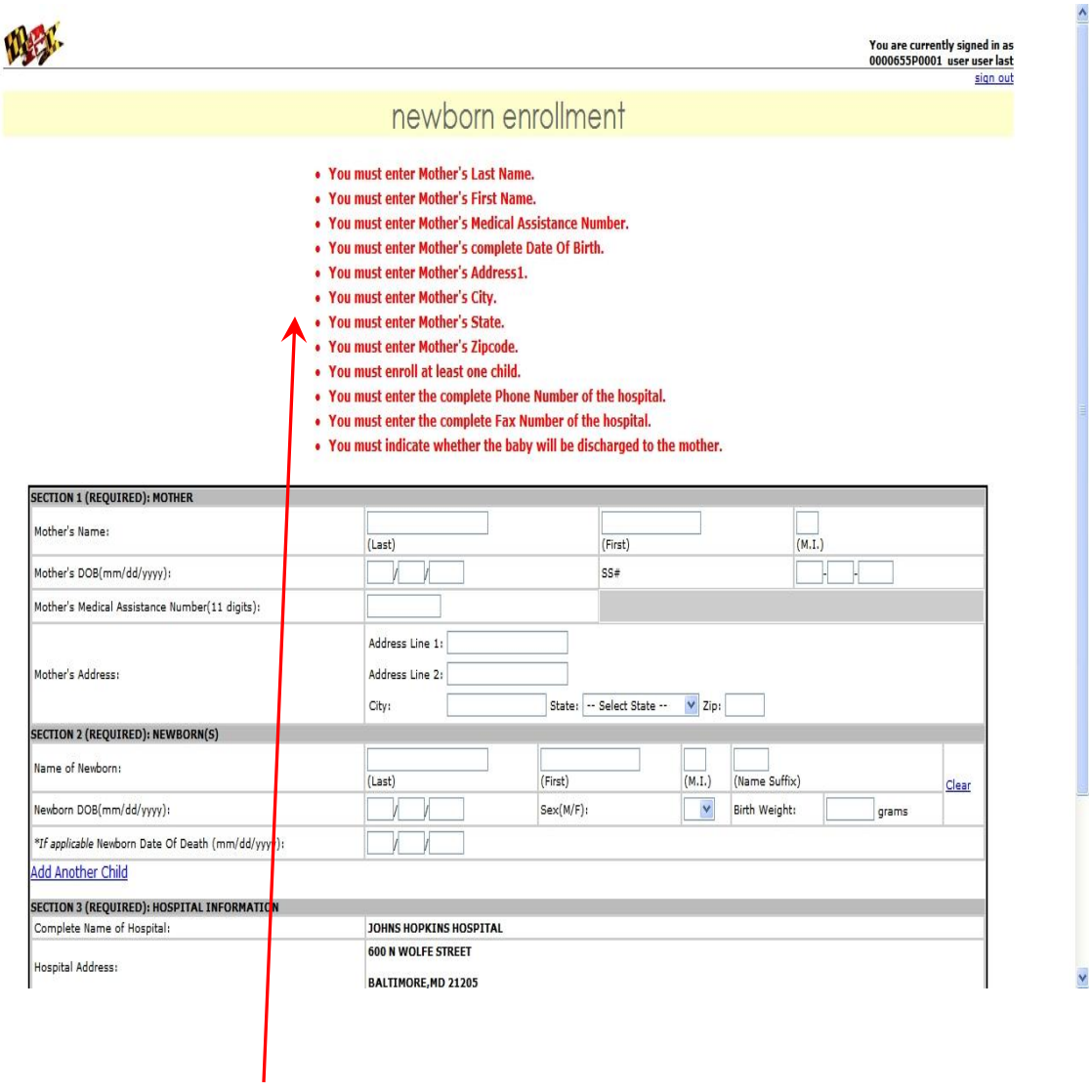
[First/Prev] 1, 2 [Next/Last]

Export: Excel

Services Home

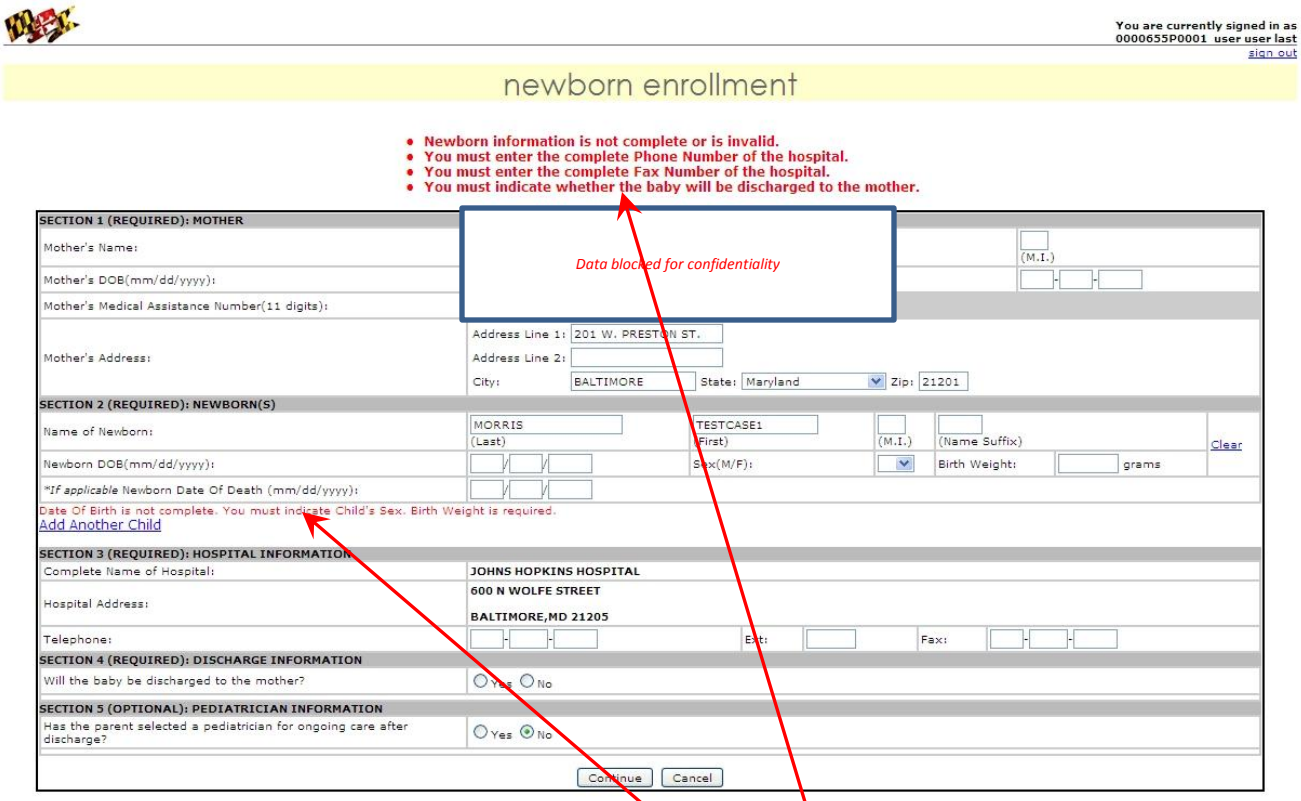
This display is just the continuation *(utilization of the slide bar)* of the previously entered newborn selections.

Newborn Enrollment – *Required Fields*



These are the "*required*" fields for completion of the enrollment display. If any of the *"required"* fields is/are left blank, a similar error message as indicated above will appear.

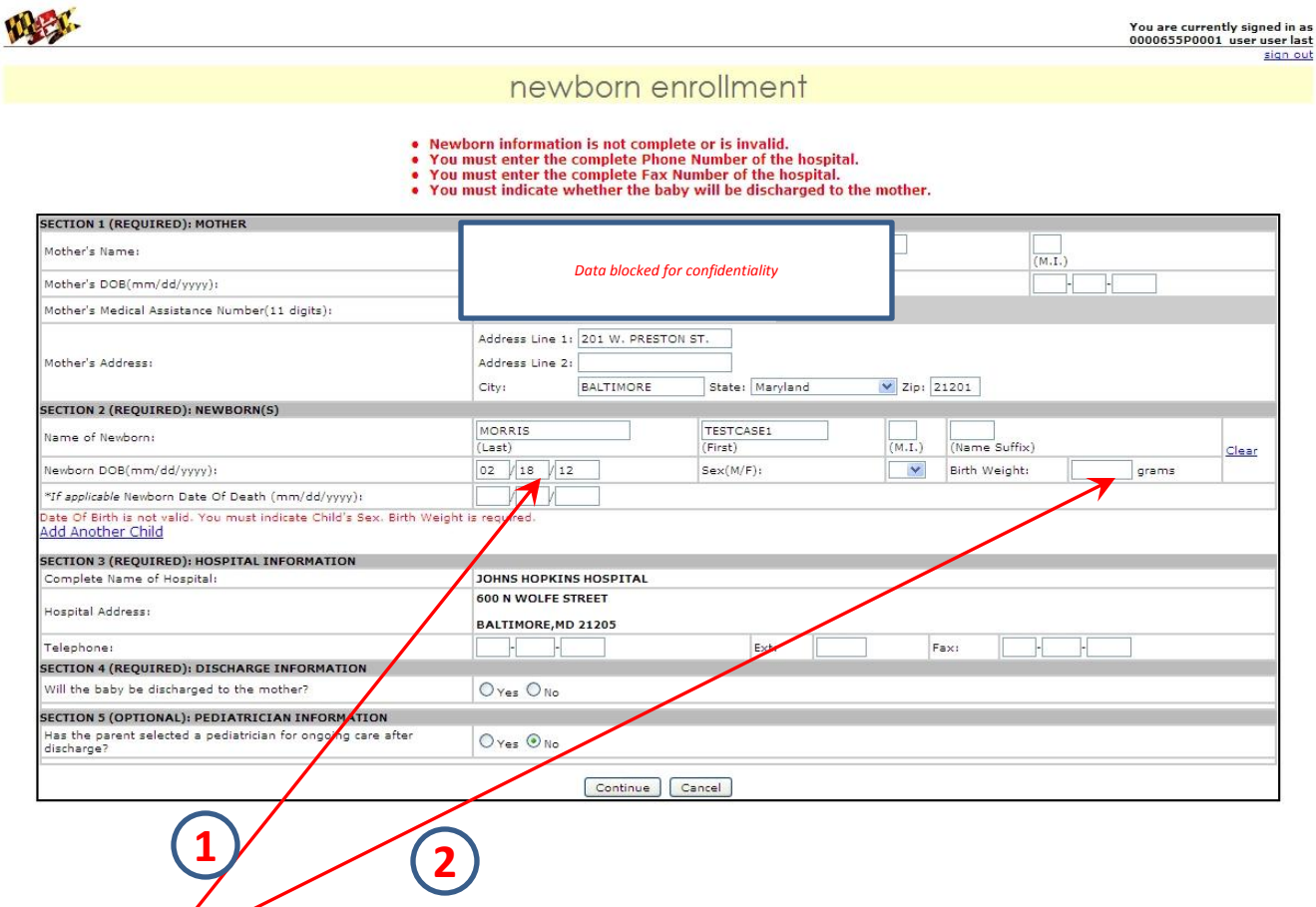
Newborn Enrollment – *Sample Enrollment 1 (Single Child)*



This is a sample enrollment of a single child birth.

Section 1 information is correct, but there are errors or omissions in Section 2 as indicated by the red lettering.

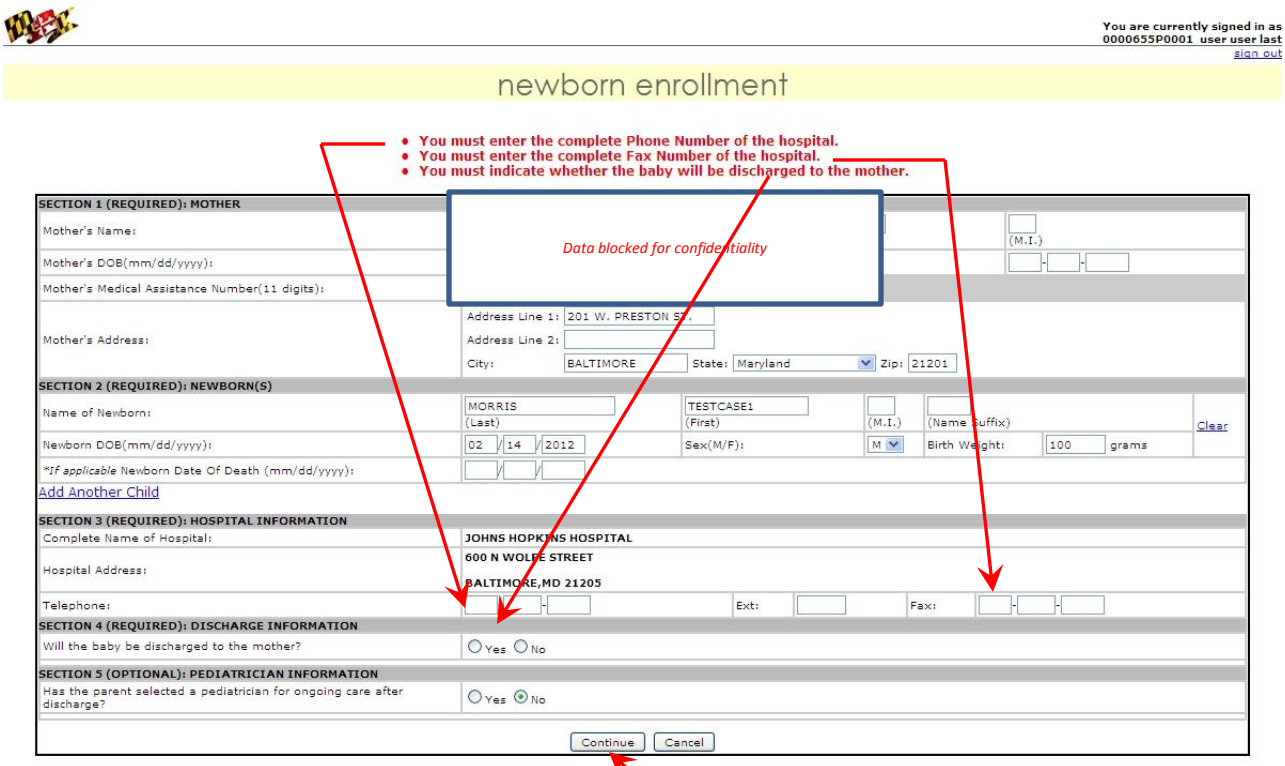
Newborn Enrollment – *Sample Enrollment 1 (Single Child)*



Section 1 information is correct *(per the "required" fields),* but there are errors / omissions in Section 2.

1) Date of Birth is greater than current date (02/15/12).
2) Birth Weight (<u>to be entered in grams</u>) is blank.

Newborn Enrollment – *Sample Enrollment 1 (Single Child)*

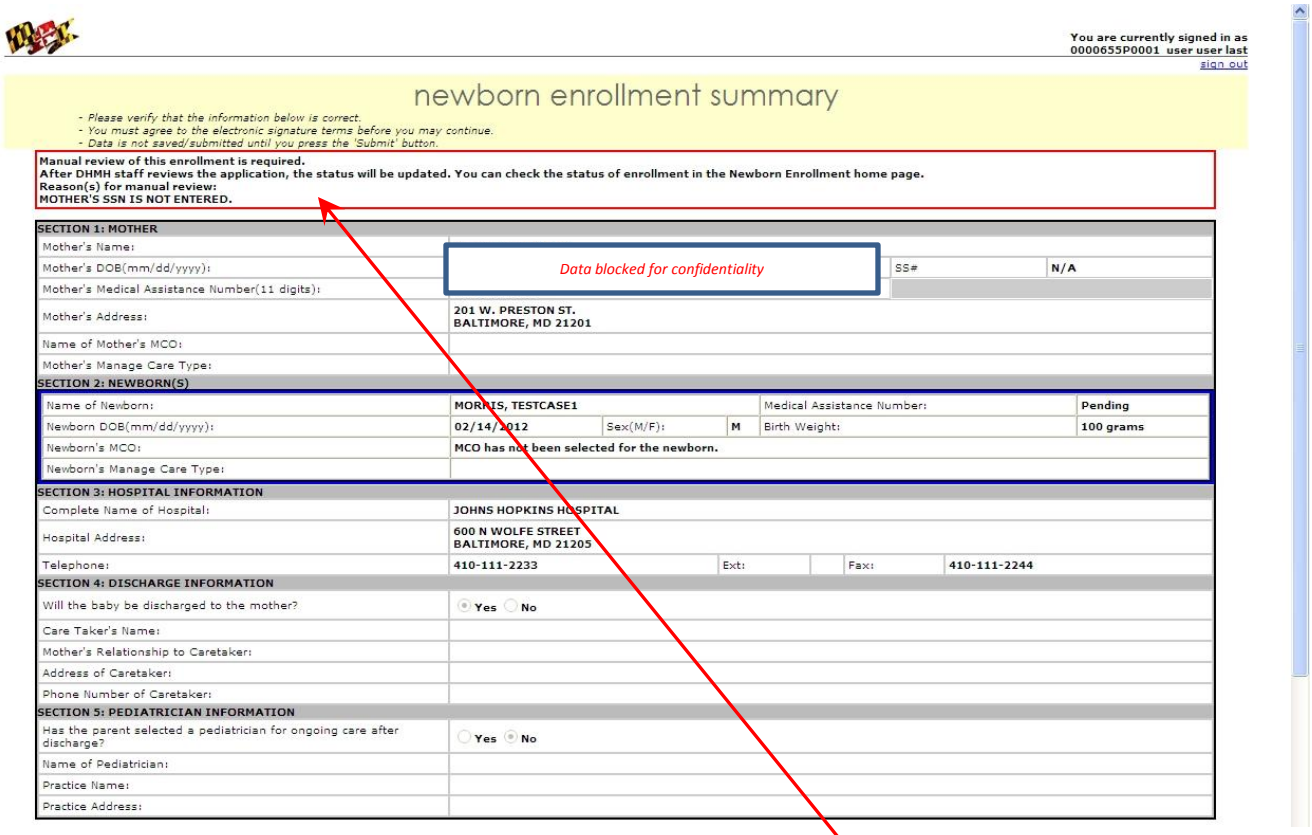


Sections 1and 2 information is correct, but there are errors/ omissions in Section 3 and Section 4.

1) Section 3 - Hospital information is missing *(phone #, FAX #).*
2) Section 4 – Baby discharged w/mother entry is blank.

Once the information is corrected *(or entered),* the "*Continue*" button is pressed.

Newborn Enrollment – *Sample Enrollment 1 (Single Child)*



You are currently signed in as 0000655P0001 user user last
sign out

newborn enrollment summary

- *Please verify that the information below is correct.*
- *You must agree to the electronic signature terms before you may continue.*
- *Data is not saved/submitted until you press the 'Submit' button.*

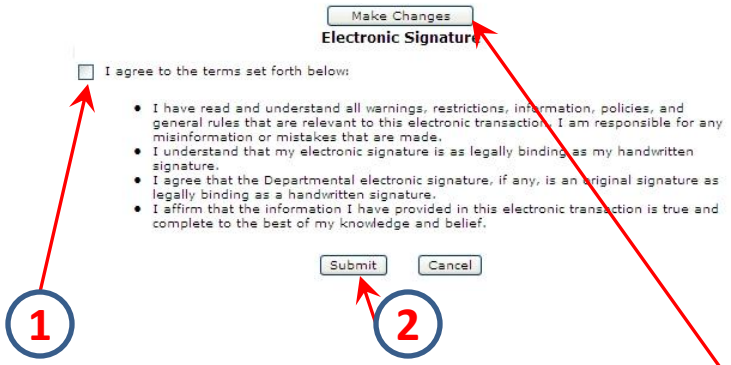
Manual review of this enrollment is required.
After DHMH staff reviews the application, the status will be updated. You can check the status of enrollment in the Newborn Enrollment home page.
Reason(s) for manual review:
MOTHER'S SSN IS NOT ENTERED.

SECTION 1: MOTHER					
Mother's Name:					
Mother's DOB(mm/dd/yyyy):	*Data blocked for confidentiality*			SS#	N/A
Mother's Medical Assistance Number(11 digits):					
Mother's Address:	201 W. PRESTON ST. BALTIMORE, MD 21201				
Name of Mother's MCO:					
Mother's Manage Care Type:					
SECTION 2: NEWBORN(S)					
Name of Newborn:	MORRIS, TESTCASE1			Medical Assistance Number:	Pending
Newborn DOB(mm/dd/yyyy):	02/14/2012	Sex(M/F):	M	Birth Weight:	100 grams
Newborn's MCO:	MCO has not been selected for the newborn.				
Newborn's Manage Care Type:					
SECTION 3: HOSPITAL INFORMATION					
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL				
Hospital Address:	600 N WOLFE STREET BALTIMORE, MD 21205				
Telephone:	410-111-2233	Ext:		Fax:	410-111-2244
SECTION 4: DISCHARGE INFORMATION					
Will the baby be discharged to the mother?	(•) Yes ( ) No				
Care Taker's Name:					
Mother's Relationship to Caretaker:					
Address of Caretaker:					
Phone Number of Caretaker:					
SECTION 5: PEDIATRICIAN INFORMATION					
Has the parent selected a pediatrician for ongoing care after discharge?	( ) Yes (•) No				
Name of Pediatrician:					
Practice Name:					
Practice Address:					

This is the resultant display after the "*Submit*" button was selected. The area in red displays the next actions to be taken by DHMH after the user performs the actions on the next display screen.

Newborn Enrollment – *Sample Enrollment 1 (Single Child)*

Mother's Name:	*Data blocked for confidentiality*				
Mother's DOB(mm/dd/yyyy):				SS#	N/A
Mother's Medical Assistance Number(11 digits):					
Mother's Address:	201 W. PRESTON ST. BALTIMORE, MD 21201				
Name of Mother's MCO:					
Mother's Manage Care Type:					
SECTION 2: NEWBORN(S)					
Name of Newborn:	MORRIS, TESTCASE1			Medical Assistance Number:	Pending
Newborn DOB(mm/dd/yyyy):	02/14/2012	Sex(M/F):	M	Birth Weight:	100 grams
Newborn's MCO:	MCO has not been selected for the newborn.				
Newborn's Manage Care Type:					
SECTION 3: HOSPITAL INFORMATION					
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL				
Hospital Address:	600 N WOLFE STREET BALTIMORE, MD 21205				
Telephone:	410-111-2233	Ext:		Fax:	410-111-2244
SECTION 4: DISCHARGE INFORMATION					
Will the baby be discharged to the mother?	(•) Yes ( ) No				
Care Taker's Name:					
Mother's Relationship to Caretaker:					
Address of Caretaker:					
Phone Number of Caretaker:					
SECTION 5: PEDIATRICIAN INFORMATION					
Has the parent selected a pediatrician for ongoing care after discharge?	( ) Yes (•) No				
Name of Pediatrician:					
Practice Name:					
Practice Address:					



In order to complete the enrollment process, the user must follow the above instructions if there are no changes to be made to the previously entered information. If changes are to be made, select the *"Make Changes"* button. If no changes are to be made, the user would…….

1) Check the agreement selection to the *"terms".*
2) Select the *"Submit"* button or the *"Cancel"* button to either continue with the transaction or to cancel the transaction.

Newborn Enrollment – *Sample Enrollment 1 (Single Child)*

Transaction Confirmation
Please print this page for your records.

Transaction Confirmation Number: 120460000001 Newborn Appplication ID: 120460000001

Manual review of this transaction is required.
After DHMH staff reviews the transaction, the status will be updated. You can check the transaction status in the Newborn Enrollment home page.
Reason(s) for manual review:
MOTHER'S SSN IS NOT ENTERED.

TRANSACTION SUMMARY							
Transaction Type:	NEW ENROLLMENT	Transaction Status:	PENDING	Transaction Submitted By:	0000655P0001	Transaction Submitted Date:	02/15/2012 12:07:14 PM

SECTION 1: MOTHER			
Mother's Name:	*Data blocked for confidentiality*		
Mother's DOB(mm/dd/yyyy):		SS#	N/A
Mother's Medical Assistance Number(12 digits):			
Mother's Address:	201 W. PRESTON ST. BALTIMORE, MD 21201		
Name of Mother's MCO:			
Mother's Manage Care Type:			

SECTION 2: NEWBORN(S)					
Name of Newborn:	MORRIS, TESTCASE1			Medical Assistance Number:	Pending
Newborn DOB(mm/dd/yyyy):	02/14/2012	Sex(M/F):	M	Birth Weight:	100 grams
Newborn's MCO:	MCO has not been selected for the newborn.				
Newborn's Manage Care Type:					

SECTION 3: HOSPITAL INFORMATION					
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL				
Hospital Address:	600 N WOLFE STREET BALTIMORE, MD 21205				
Telephone:	410-111-2233	Ext:		Fax:	410-111-2244

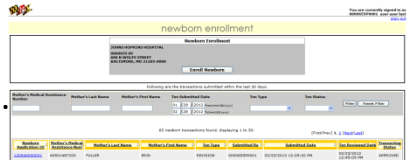
SECTION 4: DISCHARGE INFORMATION	
Will the baby be discharged to the mother?	(•) Yes ( ) No
Care Taker's Name:	
Mother's Relationship to Caretaker:	
Address of Caretaker:	
Phone Number of Caretaker:	

SECTION 5: PEDIATRICIAN INFORMATION	
Has the parent selected a pediatrician for ongoing care after discharge?	( ) Yes (•) No
Name of Pediatrician:	
Practice Name:	
Practice Address:	

Newborn Home | Services Home

1) The enrollment has now been assigned a Transaction Confirmation Number and Newborn Application ID.
2) In this case, there is a note as to why there is going to be a manual review of the enrollment.
3) There are two (2) navigation options:

Newborn Home – will return the user to ……



Services Home – will return the user to …….

Newborn Enrollment – *Sample Enrollment 1 (Single Child)*

Transaction Confirmation

Please print this page for your records.

Transaction Confirmation Number: 120460000001 Newborn Appplication ID: 120460000001

Manual review of this transaction is required.
After DHMH staff reviews the transaction, the status will be updated. You can check the transaction status in the Newborn Enrollment home page.
Reason(s) for manual review:
MOTHER'S SSN IS NOT ENTERED.

TRANSACTION SUMMARY							
Transaction Type:	NEW ENROLLMENT	Transaction Status:	PENDING	Transaction Submitted By:	0000655P0001	Transaction Submitted Date:	02/15/2012 12:07:14 PM

SECTION 1: MOTHER					
Mother's Name:	*Data blocked for confidentiality*				
Mother's DOB(mm/dd/yyyy):					N/A
Mother's Medical Assistance Number(11 digits):					
Mother's Address:	201 W. PRESTON ST. BALTIMORE, MD 21201				
Name of Mother's MCO:					
Mother's Manage Care Type:					

SECTION 2: NEWBORN(S)					
Name of Newborn:	MORRIS, TESTCASE1			Medical Assistance Number:	Pending
Newborn DOB(mm/dd/yyyy):	02/14/2012	Sex(M/F):	M	Birth Weight:	100 grams
Newborn's MCO:	MCO has not been selected for the newborn.				
Newborn's Manage Care Type:					

SECTION 3: HOSPITAL INFORMATION					
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL				
Hospital Address:	600 N WOLFE STREET BALTIMORE, MD 21205				
Telephone:	410-111-2233	Ext:		Fax:	410-111-2244

SECTION 4: DISCHARGE INFORMATION	
Will the baby be discharged to the mother?	(•) Yes ( ) No
Care Taker's Name:	
Mother's Relationship to Caretaker:	
Address of Caretaker:	
Phone Number of Caretaker:	

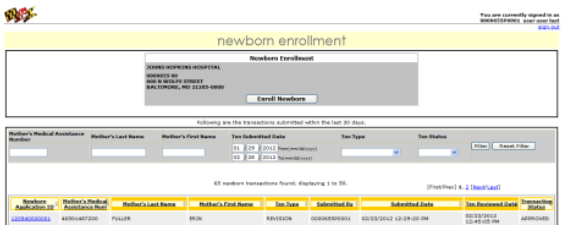
SECTION 5: PEDIATRICIAN INFORMATION	
Has the parent selected a pediatrician for ongoing care after discharge?	( ) Yes (•) No
Name of Pediatrician:	
Practice Name:	
Practice Address:	

Newborn Home | Services Home

3

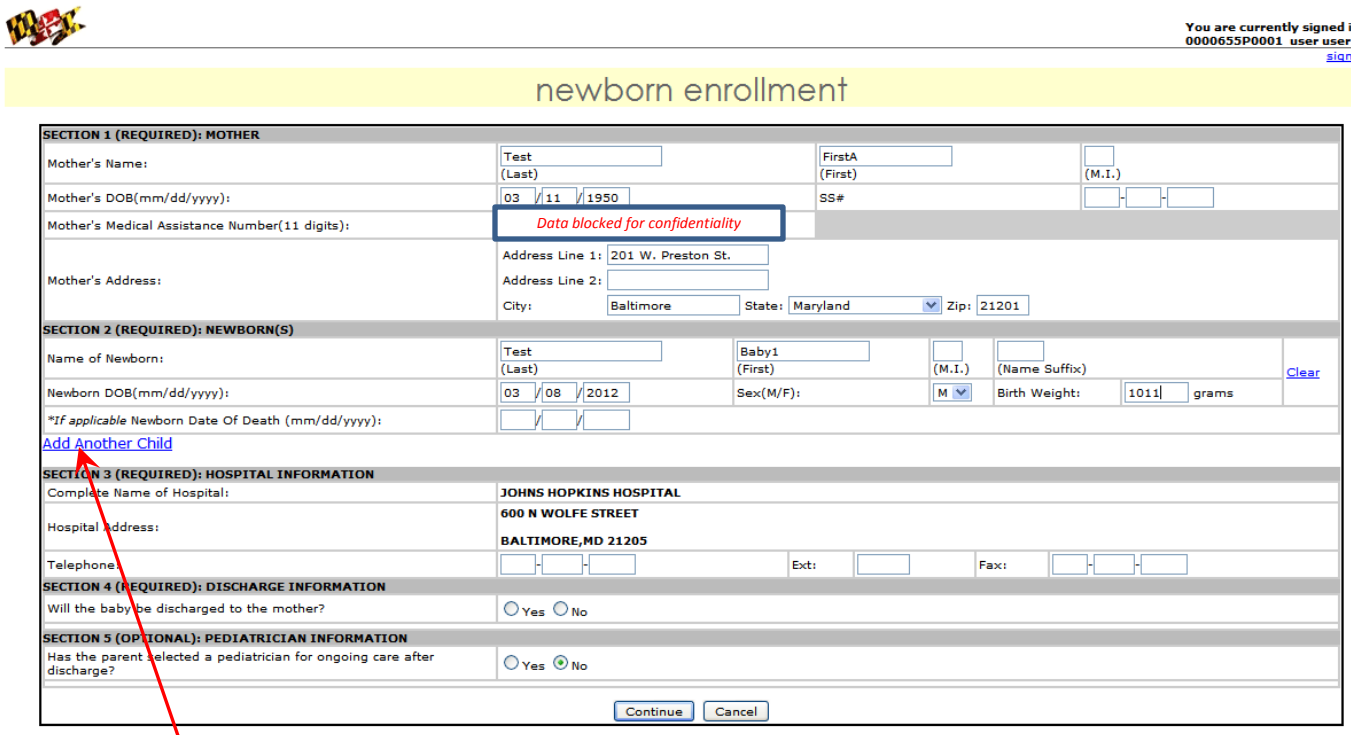
3) There are two (2) navigation options:

Newborn Home – will return the user to ……



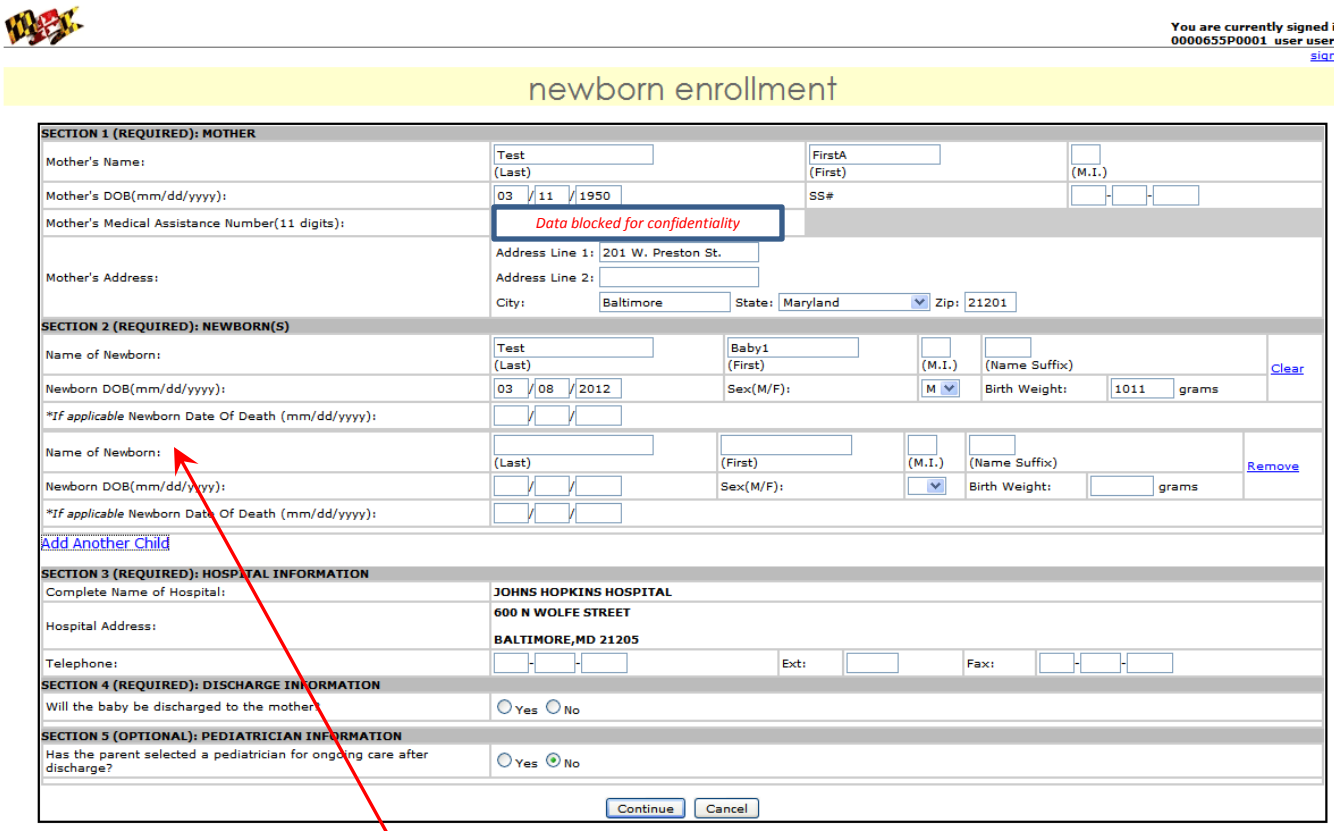
Services Home – will return the user to …….

Newborn Enrollment – *Sample Enrollment 2 (Multiple Children)*



This is an example of an enrollment for a *"multiple"* birth enrollment. After the information has been entered for the first birth baby, select the *"Add Another Child"* option.

Newborn Enrollment – *Sample Enrollment 2 (Multiple Children)*



You are currently signed in as 0000655P0001 user user last
sign out

newborn enrollment

SECTION 1 (REQUIRED): MOTHER

Mother's Name:	Test (Last)	FirstA (First)	(M.I.)
Mother's DOB(mm/dd/yyyy):	03 / 11 / 1950	SS#	- -
Mother's Medical Assistance Number(11 digits):	*Data blocked for confidentiality*		
Mother's Address:	Address Line 1: 201 W. Preston St. Address Line 2: City: Baltimore State: Maryland Zip: 21201		

SECTION 2 (REQUIRED): NEWBORN(S)

Name of Newborn:	Test (Last)	Baby1 (First)	(M.I.)	(Name Suffix)		Clear
Newborn DOB(mm/dd/yyyy):	03 / 08 / 2012	Sex(M/F):	M	Birth Weight:	1011 grams	
**If applicable* Newborn Date Of Death (mm/dd/yyyy):	/ /					
Name of Newborn:	(Last)	(First)	(M.I.)	(Name Suffix)		Remove
Newborn DOB(mm/dd/yyyy):	/ /	Sex(M/F):		Birth Weight:	grams	
**If applicable* Newborn Date Of Death (mm/dd/yyyy):	/ /					

Add Another Child

SECTION 3 (REQUIRED): HOSPITAL INFORMATION

Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL				
Hospital Address:	600 N WOLFE STREET BALTIMORE,MD 21205				
Telephone:	- -	Ext:		Fax:	- -

SECTION 4 (REQUIRED): DISCHARGE INFORMATION

Will the baby be discharged to the mother?	Yes No

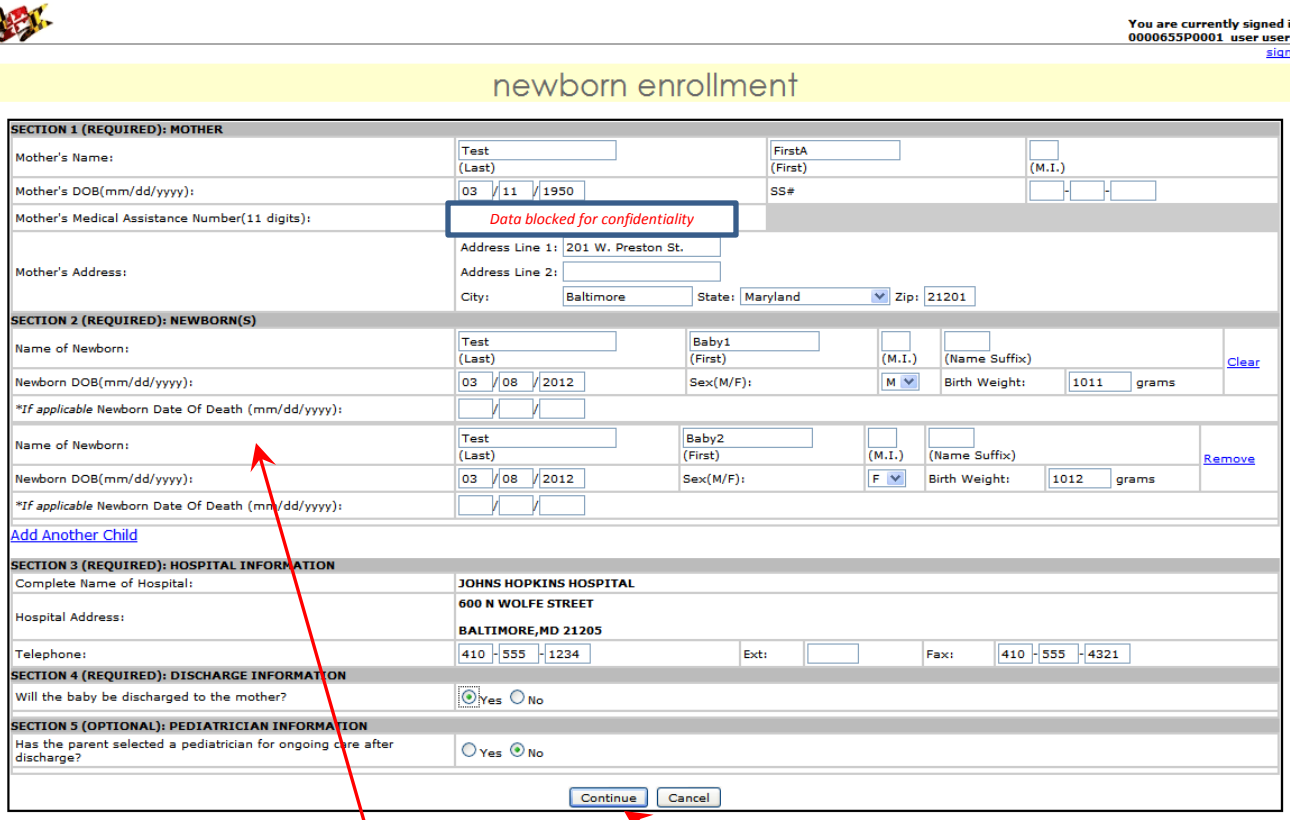
SECTION 5 (OPTIONAL): PEDIATRICIAN INFORMATION

Has the parent selected a pediatrician for ongoing care after discharge?	Yes No

Continue Cancel

This is the resultant display after the *"Add Another Child"* option had been selected.

Newborn Enrollment – *Sample Enrollment 2 (Multiple Children)*



You are currently signed in as 0000655P0001 user user last
sign out

newborn enrollment

SECTION 1 (REQUIRED): MOTHER

Mother's Name:	Test (Last)	FirstA (First)	(M.I.)
Mother's DOB(mm/dd/yyyy):	03 / 11 / 1950	SS#	- -
Mother's Medical Assistance Number(11 digits):	*Data blocked for confidentiality*		
Mother's Address:	Address Line 1: 201 W. Preston St. Address Line 2: City: Baltimore State: Maryland Zip: 21201		

SECTION 2 (REQUIRED): NEWBORN(S)

Name of Newborn:	Test (Last)	Baby1 (First)	(M.I.)	(Name Suffix)		Clear
Newborn DOB(mm/dd/yyyy):	03 / 08 / 2012	Sex(M/F):	M	Birth Weight:	1011 grams	
**If applicable* Newborn Date Of Death (mm/dd/yyyy):	/ /					
Name of Newborn:	Test (Last)	Baby2 (First)	(M.I.)	(Name Suffix)		Remove
Newborn DOB(mm/dd/yyyy):	03 / 08 / 2012	Sex(M/F):	F	Birth Weight:	1012 grams	
**If applicable* Newborn Date Of Death (mm/dd/yyyy):	/ /					

Add Another Child

SECTION 3 (REQUIRED): HOSPITAL INFORMATION

Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL				
Hospital Address:	600 N WOLFE STREET BALTIMORE,MD 21205				
Telephone:	410 - 555 - 1234	Ext:		Fax:	410 - 555 - 4321

SECTION 4 (REQUIRED): DISCHARGE INFORMATION

Will the baby be discharged to the mother? (•) Yes ( ) No

SECTION 5 (OPTIONAL): PEDIATRICIAN INFORMATION

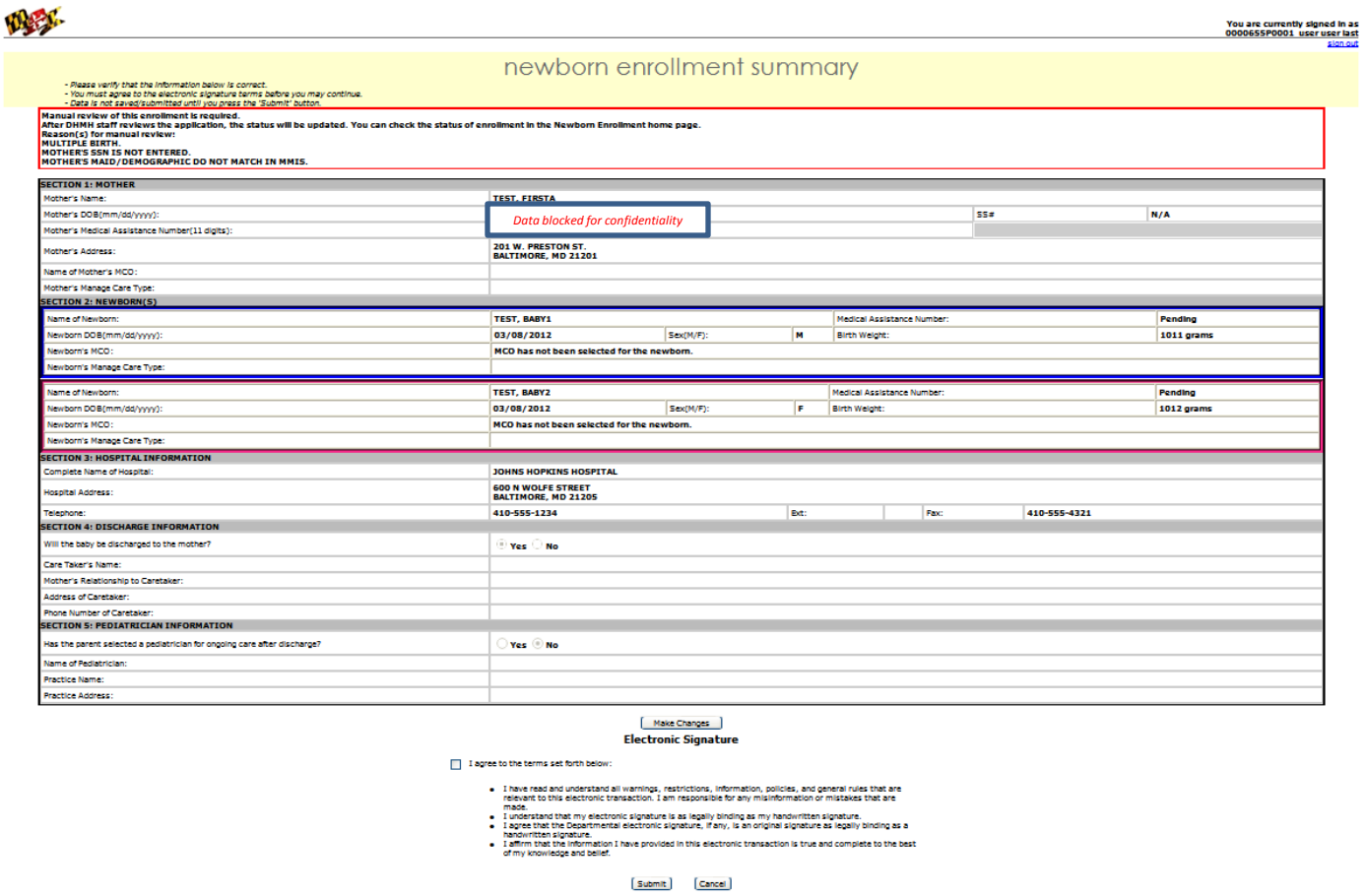
Has the parent selected a pediatrician for ongoing care after discharge? ( ) Yes (•) No

Continue Cancel

The user would enter the required information for the second birth baby. This process would continue for each of the *"multiple"* births *(if necessary)*.

When the *"multiple"* births have been entered, select the *"Continue"* button.

Newborn Enrollment – *Sample Enrollment 2 (Multiple Children)*



You are currently signed in as 0000655P0001 user user last
sign out

newborn enrollment summary

- Please verify that the information below is correct.
- You must agree to the electronic signature terms before you may continue.
- Data is not saved/submitted until you press the 'Submit' button.

Manual review of this enrollment is required.
After DHMH staff reviews the application, the status will be updated. You can check the status of enrollment in the Newborn Enrollment home page.
Reason(s) for manual review:
MULTIPLE BIRTH.
MOTHER'S SSN IS NOT ENTERED.
MOTHER'S MAID/DEMOGRAPHIC DO NOT MATCH IN MMIS.

SECTION 1: MOTHER			
Mother's Name:	TEST, FIRSTA		
Mother's DOB(mm/dd/yyyy):	Data blocked for confidentiality	SS#	N/A
Mother's Medical Assistance Number(11 digits):			
Mother's Address:	201 W. PRESTON ST. BALTIMORE, MD 21201		
Name of Mother's MCO:			
Mother's Manage Care Type:			

SECTION 2: NEWBORN(S)					
Name of Newborn:	TEST, BABY1			Medical Assistance Number:	Pending
Newborn DOB(mm/dd/yyyy):	03/08/2012	Sex(M/F):	M	Birth Weight:	1011 grams
Newborn's MCO:	MCO has not been selected for the newborn.				
Newborn's Manage Care Type:					
Name of Newborn:	TEST, BABY2			Medical Assistance Number:	Pending
Newborn DOB(mm/dd/yyyy):	03/08/2012	Sex(M/F):	F	Birth Weight:	1012 grams
Newborn's MCO:	MCO has not been selected for the newborn.				
Newborn's Manage Care Type:					

SECTION 3: HOSPITAL INFORMATION					
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL				
Hospital Address:	600 N WOLFE STREET BALTIMORE, MD 21205				
Telephone:	410-555-1234	Ext:		Fax:	410-555-4321

SECTION 4: DISCHARGE INFORMATION	
Will the baby be discharged to the mother?	Yes No
Care Taker's Name:	
Mother's Relationship to Caretaker:	
Address of Caretaker:	
Phone Number of Caretaker:	

SECTION 5: PEDIATRICIAN INFORMATION	
Has the parent selected a pediatrician for ongoing care after discharge?	Yes No
Name of Pediatrician:	
Practice Name:	
Practice Address:	

Make Changes

Electronic Signature

I agree to the terms set forth below:

- I have read and understand all warnings, restrictions, information, policies, and general rules that are relevant to this electronic transaction. I am responsible for any misinformation or mistakes that are made.
- I understand that my electronic signature is as legally binding as my handwritten signature.
- I agree that the Departmental electronic signature, if any, is an original signature as legally binding as a handwritten signature.
- I affirm that the information I have provided in this electronic transaction is true and complete to the best of my knowledge and belief.

Submit Cancel

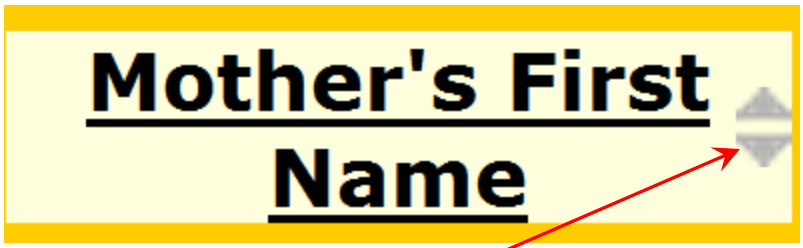
This is the resultant display after the *"Continue"* option had been selected. The user would proceed with either making changes (if necessary) or submitting the information for further processing as shown for sample 1.

Newborn Inquiry - *Hospital*

There are various categories of information available to the user for inquiry into previously entered newborn enrollments that had been entered within the last thirty (30) days.

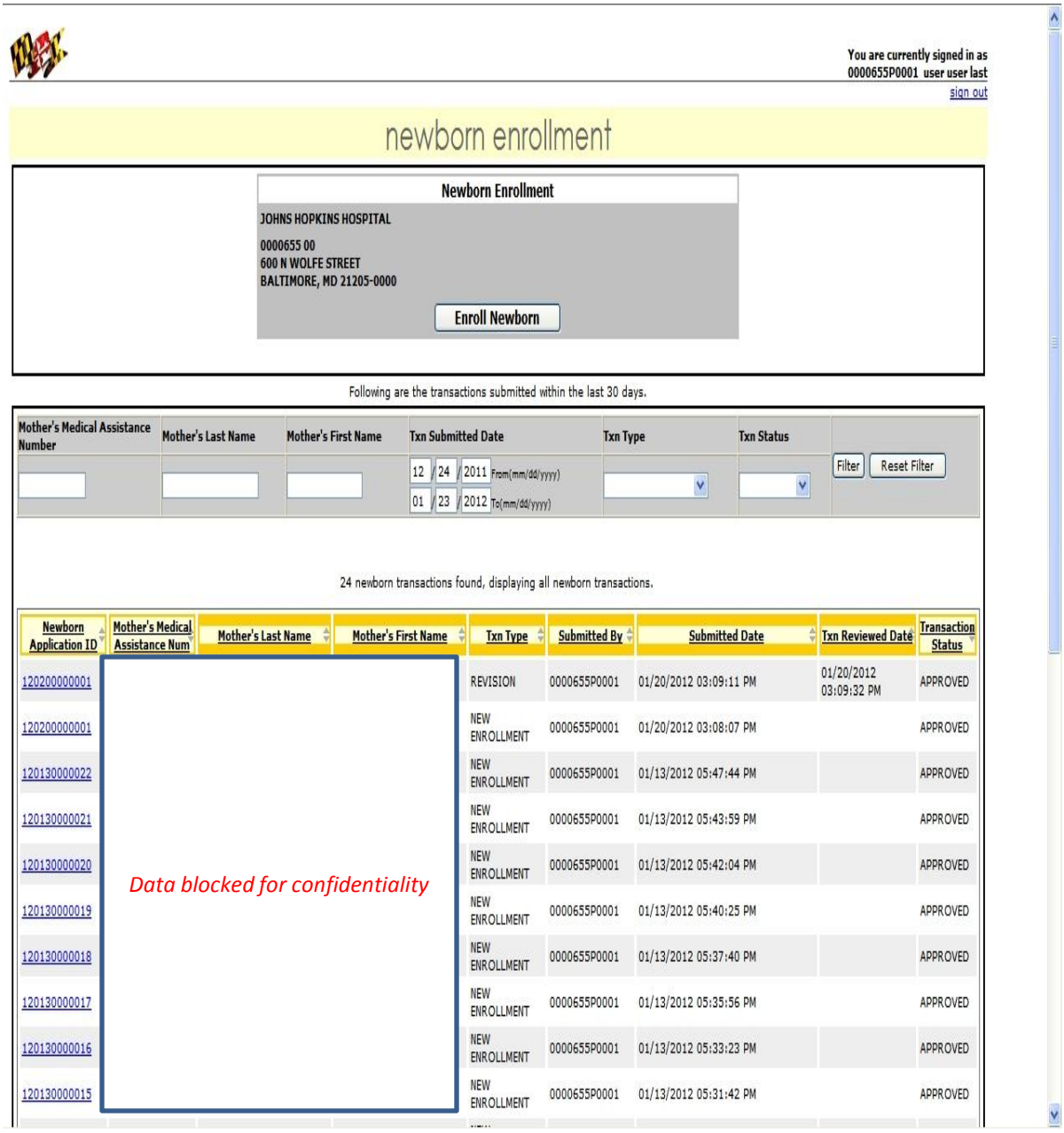
Inquiry by Medical Assistance Number *(MA);*
Inquiry by Mother's Last Name;
Inquiry by Mother's First Name;
Inquiry by Transaction Type *(New Enrollment, Revision, Cancellation);*
Inquiry by Transaction Status *(Pending, Approved, Denied).*

Each of the above categories has the ability to be sorted in either ascending or descending order *(i.e. sorting Mother's First Name)*



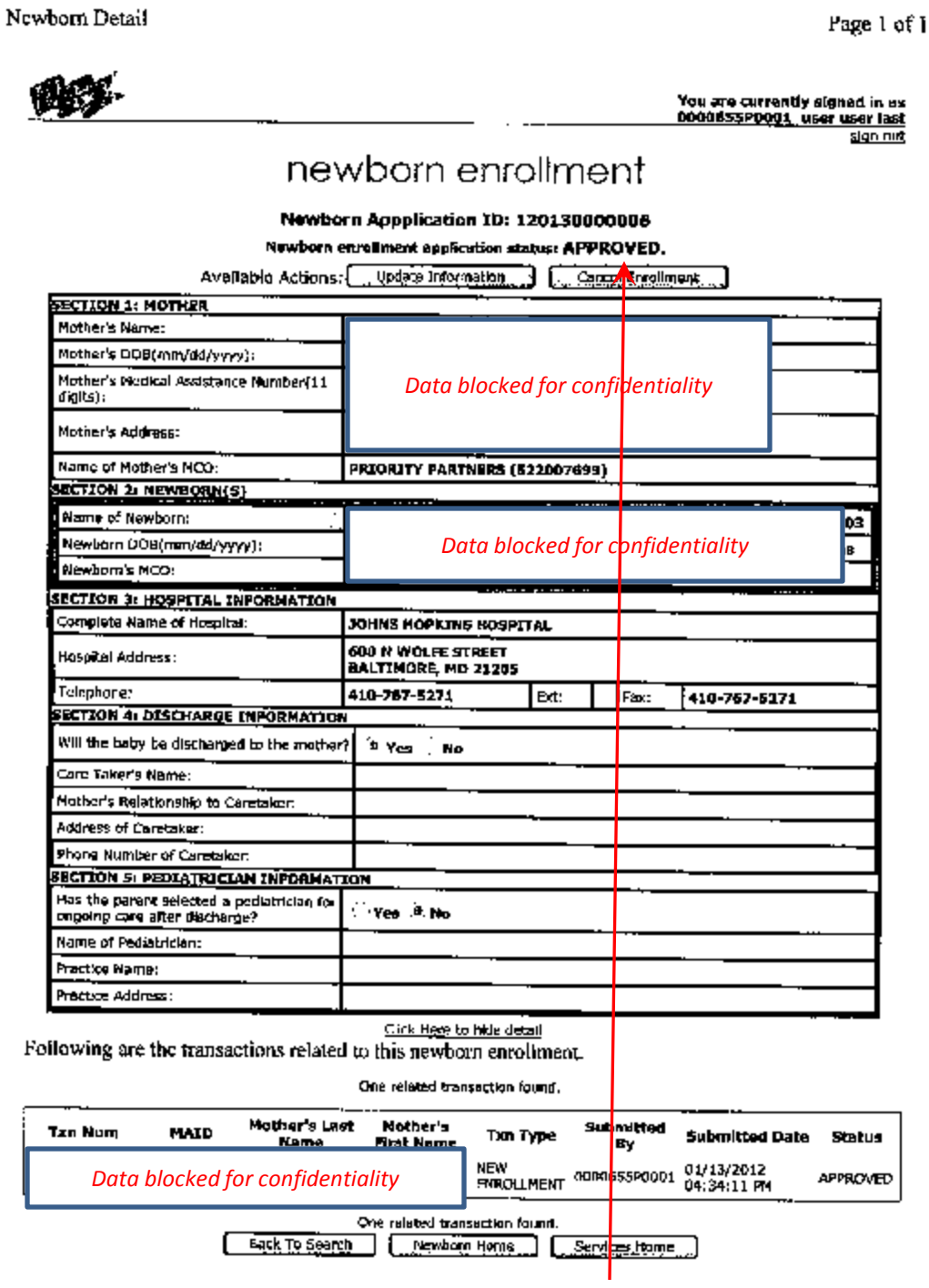
Selecting the up/down arrows will sort the names in ascending / descending order.

Newborn Inquiry - *Hospital*



This is the display screen whereby the various categories are available to the user for inquiry into previously entered newborn enrollments.

Newborn Inquiry - *Hospital*



Newborn Detail

Page 1 of 1

You are currently signed in as 0000855P0001, user user last
sign out

newborn enrollment

Newborn Application ID: 120130000008

Newborn enrollment application status: APPROVED.

Available Actions: Update Information | Cancel Enrollment

SECTION 1: MOTHER	
Mother's Name:	*Data blocked for confidentiality*
Mother's DOB(mm/dd/yyyy):	
Mother's Medical Assistance Number(11 digits):	
Mother's Address:	
Name of Mother's MCO:	PRIORITY PARTNERS (522007699)

SECTION 2: NEWBORN(S)	
Name of Newborn:	*Data blocked for confidentiality*
Newborn DOB(mm/dd/yyyy):	
Newborn's MCO:	

SECTION 3: HOSPITAL INFORMATION				
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL			
Hospital Address:	600 N WOLFE STREET BALTIMORE, MD 21205			
Telephone:	410-787-5271	Ext:	Fax:	410-787-5171

SECTION 4: DISCHARGE INFORMATION	
Will the baby be discharged to the mother?	Yes No
Care Taker's Name:	
Mother's Relationship to Caretaker:	
Address of Caretaker:	
Phone Number of Caretaker:	

SECTION 5: PEDIATRICIAN INFORMATION	
Has the parent selected a pediatrician for ongoing care after discharge?	Yes No
Name of Pediatrician:	
Practice Name:	
Practice Address:	

Click Here to Hide detail

Following are the transactions related to this newborn enrollment.

One related transaction found.

Txn Num	MAID	Mother's Last Name	Mother's First Name	Txn Type	Submitted By	Submitted Date	Status
Data blocked for confidentiality				NEW ENROLLMENT	0000855P0001	01/13/2012 04:34:11 PM	APPROVED

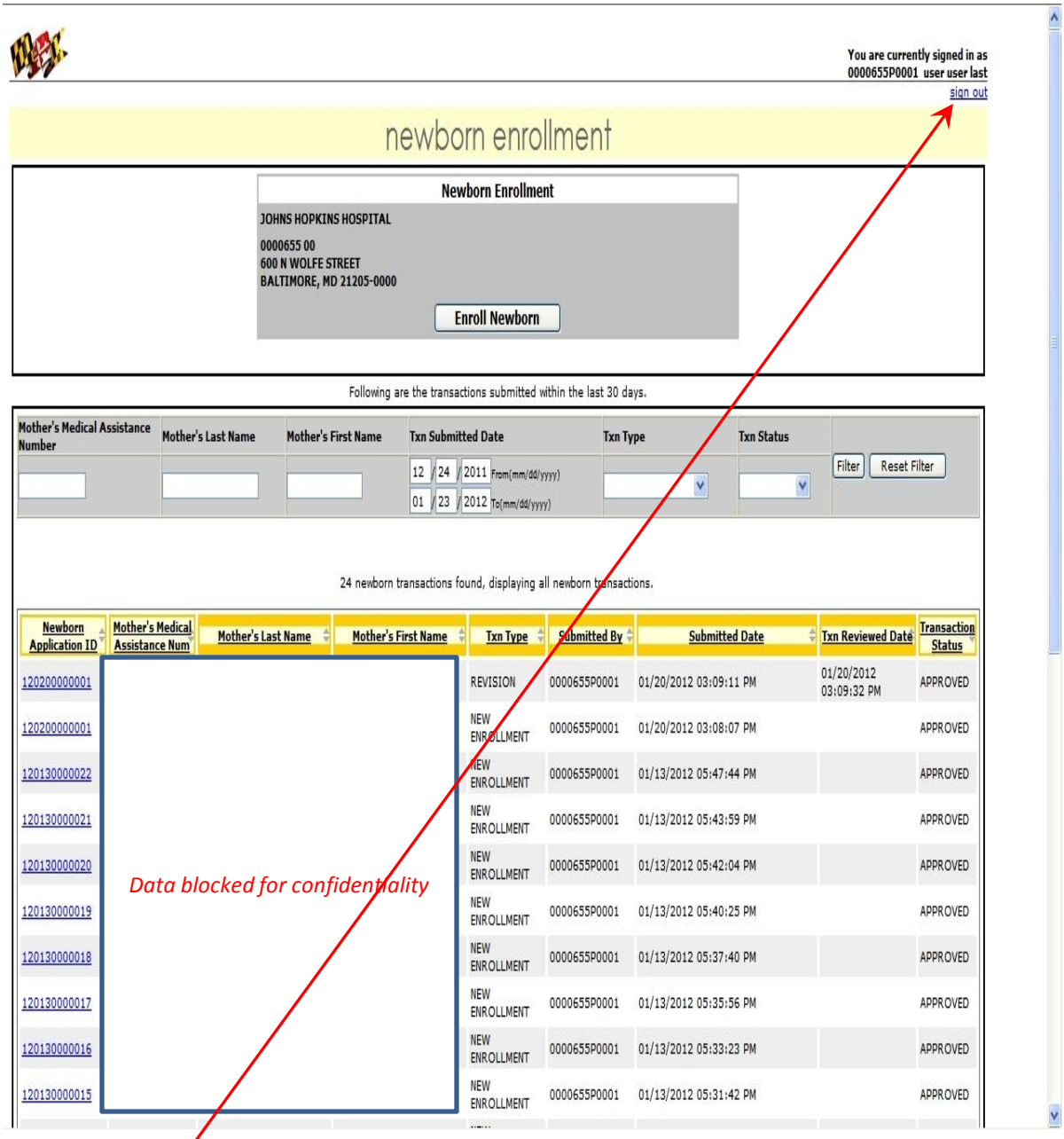
One related transaction found.

Back To Search | Newborn Home | Services Home

https://emedtest.dhmh.state.md.us/emedicaid/webservices?submit=View Newborn Detail 1/13/2012

This is the a display screen indicating an "**Approved**" enrollment

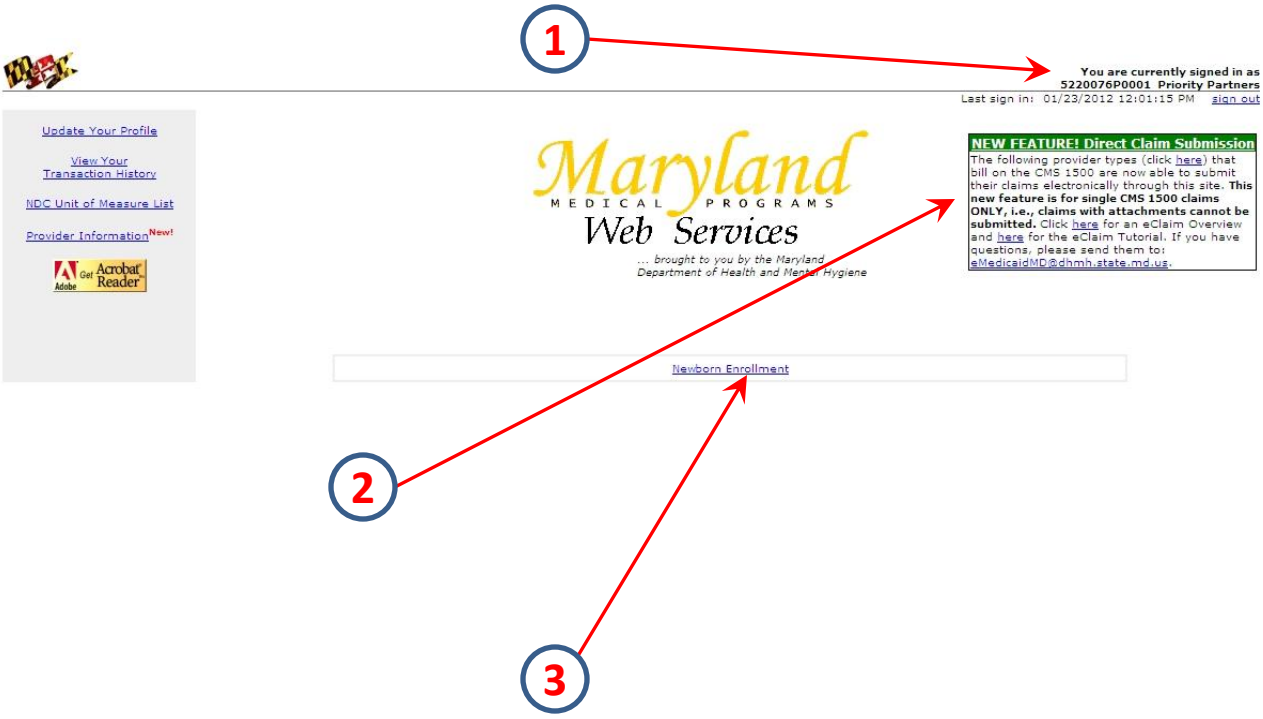
Logging Out- *Hospital*



When the user want to exit or sign out of the 1184 process, select the "Sign Out" option and the following display will appear……

Logging Out- *Hospital*

Web Services – *MCO / LHD*



Information contained on this display include:

1 – Display of *"logged on"* User information

2 – *"Newsletter"* information that will vary from time to time.

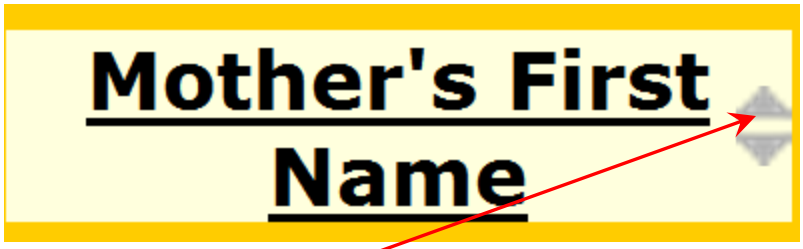
3 – The selection option of *"Newborn Enrollment"* - When this option is selected the user will be able to inquire into previously entered Newborn enrollments

Newborn Inquiry – *MCO / LHD*

There are various categories of information available to the MCO or LHD user for inquiry into previously entered newborn enrollments that had been entered within the last thirty (30) days.

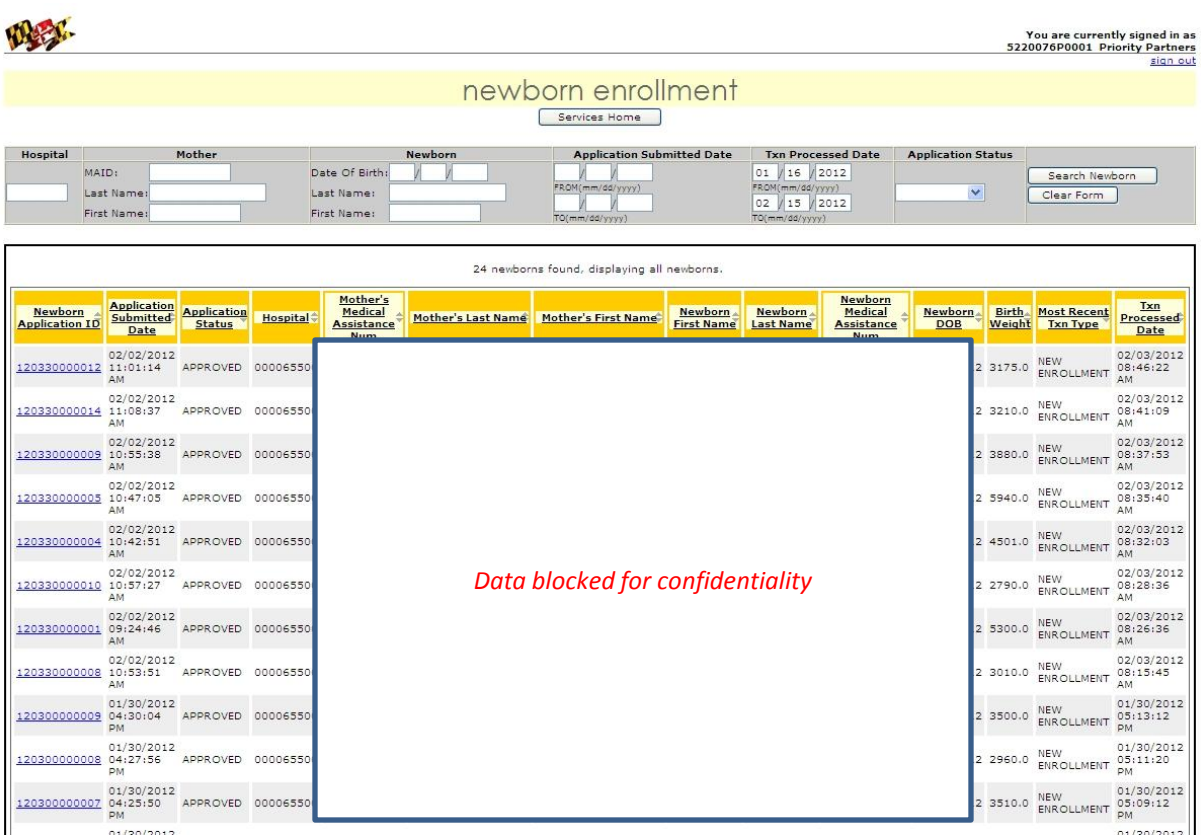
Inquiry by Hospital *(via MA Provider ID);*
Inquiry by Medical Assistance Number *(MAID);*
Inquiry by Mother's Last Name;
Inquiry by Mother's First Name;
Newborn Date of Birth;
New born Last Name;
Newborn First Name;
Application Submission Date *(range of from / to);*
Transaction Processed Date*;*
Inquiry by Transaction Status *(Pending, Approved, Cancelled, Denied).*

Each of the above categories has the ability to be sorted in either ascending or descending order *(i.e. sorting Mother's First Name)*



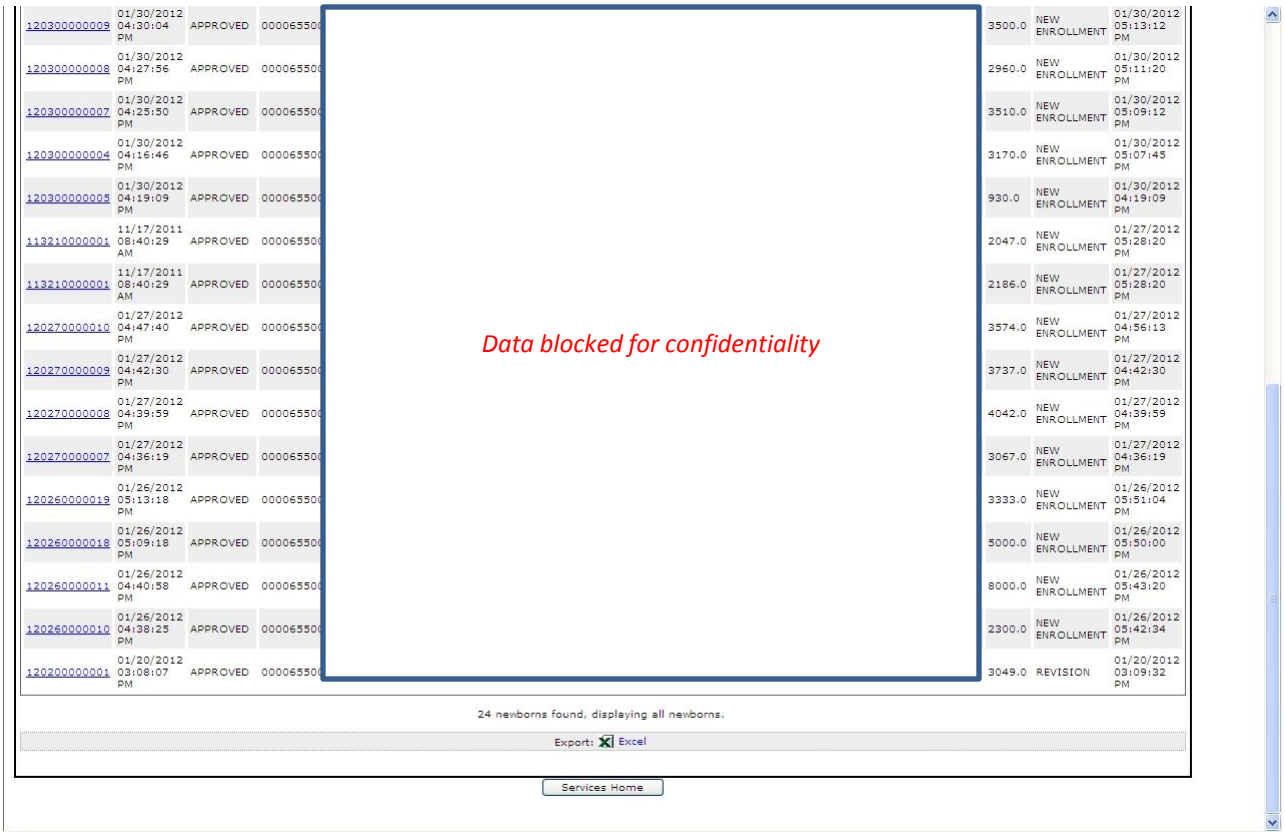
Selecting the up/down arrows will sort the names in ascending / descending order.

Newborn Inquiry – *MCO*

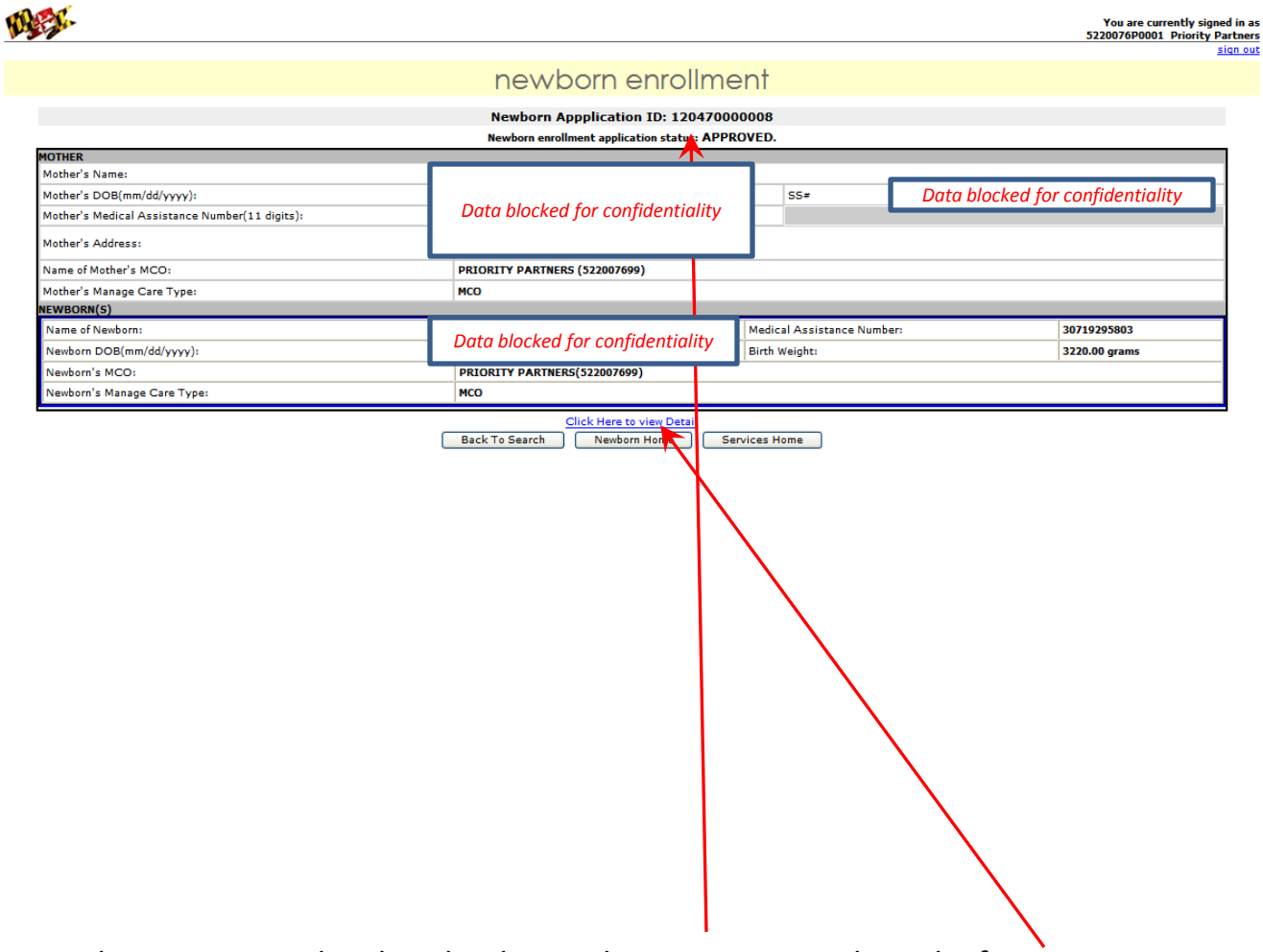


This is the display screen whereby the various categories are available to the MCO or LHD user for inquiry into previously entered newborn enrollments.

Newborn Inquiry – *MCO / LHD*

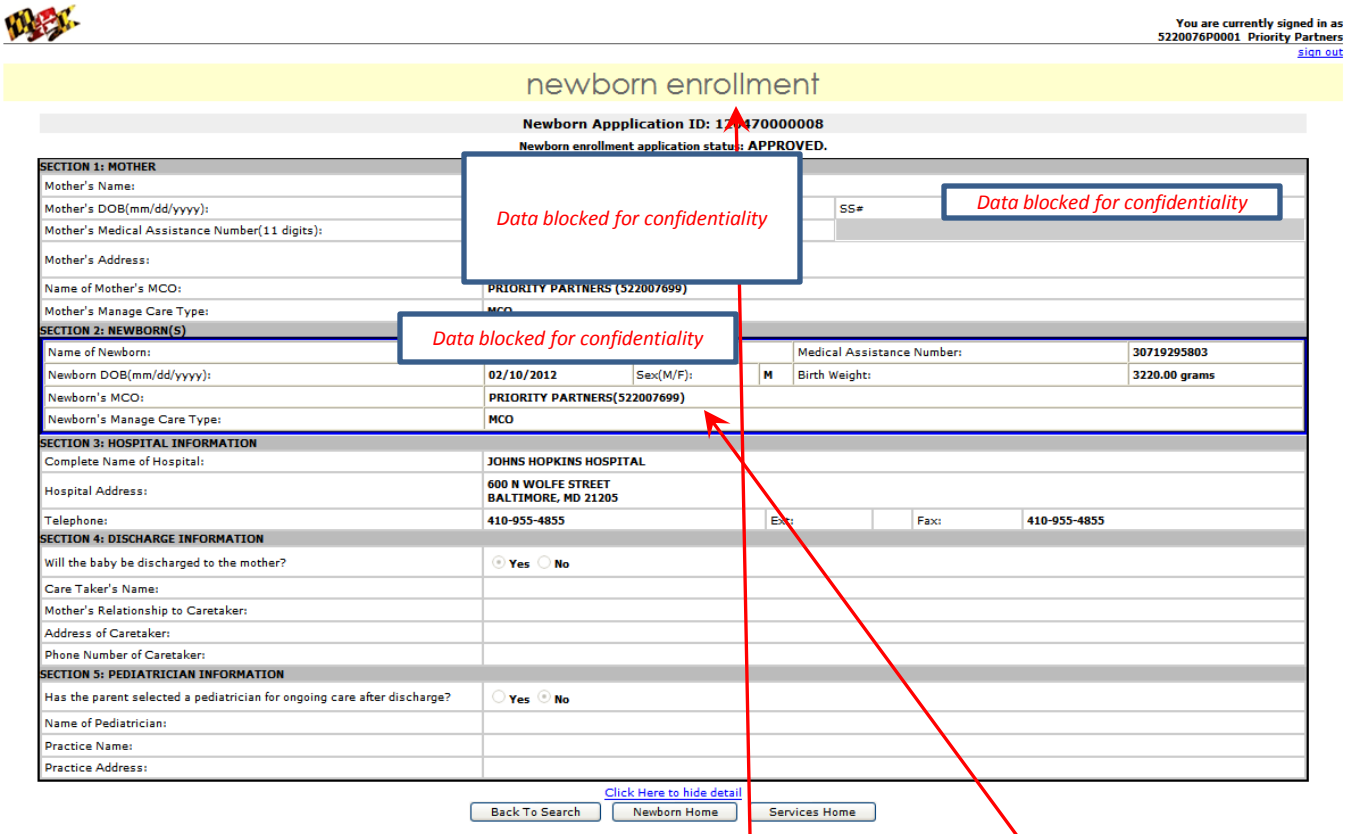


Newborn Inquiry – *MCO / LHD*



This is an example whereby the Application ID was selected. If more detailed information is required, select the *"Click Here to view Detail"* option to see the following…….

Newborn Inquiry – *MCO / LHD*



This is the resultant display when the *"Click Here to view Detail"* option is selected.

Newborn Inquiry – *MCO / LHD*

You are currently signed in as
5220076P0001 Priority Partners
sign out

newborn enrollment

Newborn Appplication ID: 120470000008

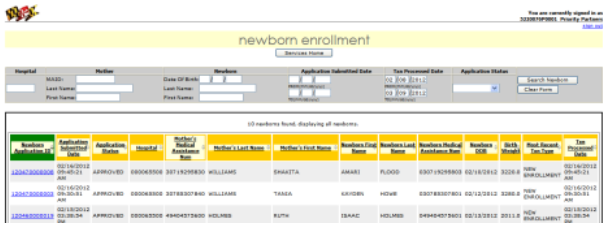
Newborn enrollment application status: APPROVED.

SECTION 1: MOTHER			
Mother's Name:	*Data blocked for confidentiality*		
Mother's DOB(mm/dd/yyyy):		SS#	*Data blocked for confidentiality*
Mother's Medical Assistance Number(11 digits):			
Mother's Address:			
Name of Mother's MCO:	**PRIORITY PARTNERS (522007699)**		
Mother's Manage Care Type:	**MCO**		
SECTION 2: NEWBORN(S)			
Name of Newborn:	*Data blocked for confidentiality*	Medical Assistance Number:	*Data blocked for confidentiality*
Newborn DOB(mm/dd/yyyy):		Birth Weight:	**3220.00 grams**
Newborn's MCO:	**PRIORITY PARTNERS(522007699)**		
Newborn's Manage Care Type:	**MCO**		
SECTION 3: HOSPITAL INFORMATION			
Complete Name of Hospital:	**JOHNS HOPKINS HOSPITAL**		
Hospital Address:	**600 N WOLFE STREET BALTIMORE, MD 21205**		
Telephone:	**410-955-4855**	Ext:	Fax: **410-955-4855**
SECTION 4: DISCHARGE INFORMATION			
Will the baby be discharged to the mother?	(•) Yes ( ) No		
Care Taker's Name:			
Mother's Relationship to Caretaker:			
Address of Caretaker:			
Phone Number of Caretaker:			
SECTION 5: PEDIATRICIAN INFORMATION			
Has the parent selected a pediatrician for ongoing care after discharge?	( ) Yes (•) No		
Name of Pediatrician:			
Practice Name:			
Practice Address:			

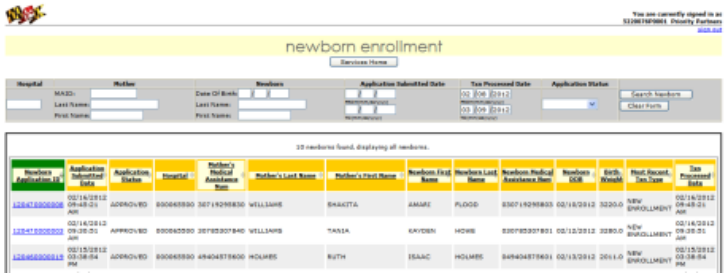
Click Here to hide detail

Back To Search | Newborn Home | Services Home

Selecting *"Back to Search"* -

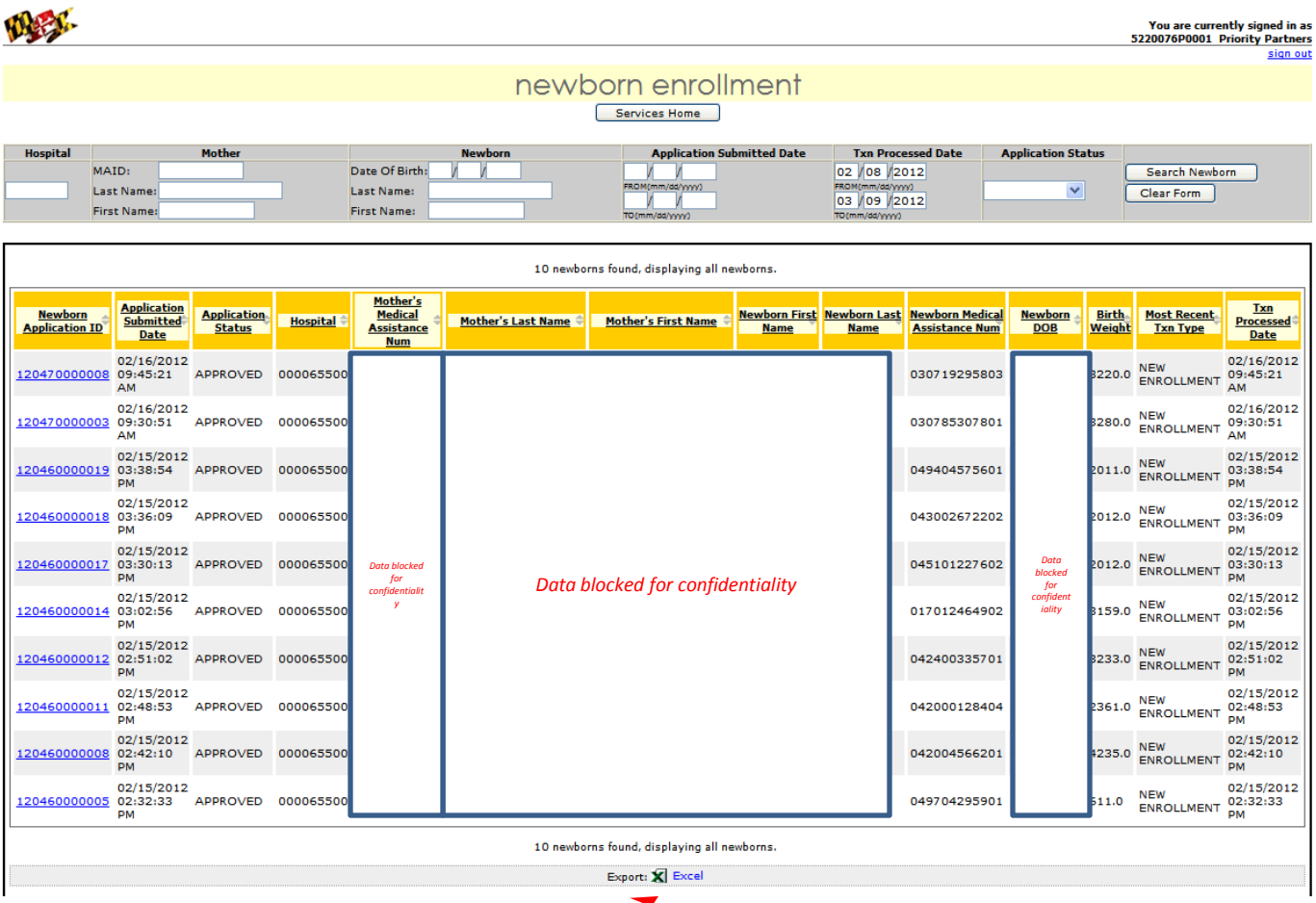


Selecting *"Newborn Home"* -



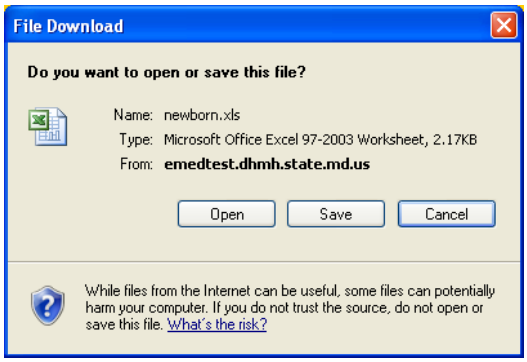
Selecting *"Services Home"* -

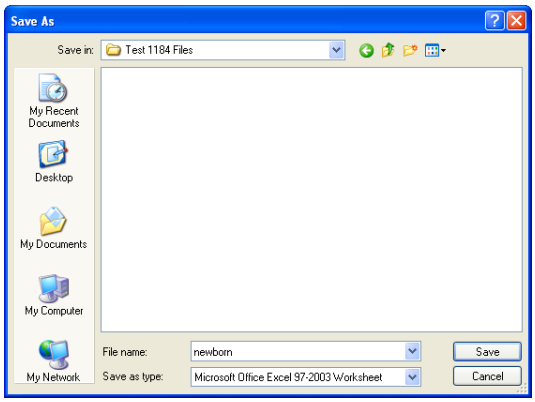
Newborn Inquiry – *MCO / LHD (Exporting to Excel)*

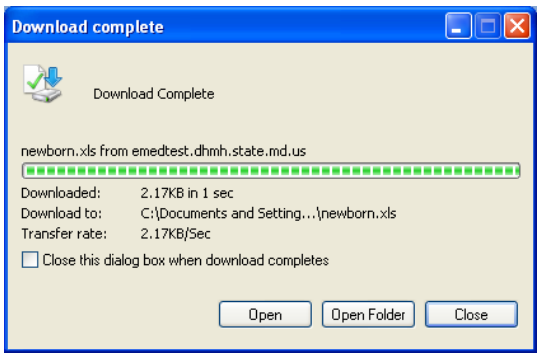


When the MCO or LHD user is in the Newborn Home display, there is the ability to export the information as shown *(by column)* to a Microsoft Excel file. Select the *"Export: Excel"* option to see the following……

Newborn Inquiry – *MCO / LHD (Exporting to Excel)*







Similar dialog boxes will appear allowing the MCO or LHD user to save the information in Excel format.

Web Services – *Time Out*

Maryland
MEDICAL PROGRAMS
Web Services
... brought to you by the Maryland Department of Health and Mental Hygiene

Sorry,
your session time has expired.
Please start again!

Home

Medical Care For You and Your Family • About Our Programs • Services for Medical Care Providers
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Terms of Use and Privacy Policy

This message will appear if the user does not have any activity for a period of time.