1184 New Born Processing - eMedicaid -

Department of Health & Mental Hygiene
Office of Eligibility Services (OES)
April 2012
Table of Contents

• Introduction 3
• eMedicaid 4
• Newborn Enrollment – Hospital 8
  – Sample Enrollment 1 (Single Child)
  – Sample Enrollment 2 (Multiple Children)
  – Sample Inquiry
  – Logging Out
• Inquiry (Medical Care Organizations – MCO Local Health Dept - LHD) 28
  – Sample Inquiry
  – Exporting to Excel
  – Logging Out
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 citizenship 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: jan.smith@maryland.gov 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.
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.
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.

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

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

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 for your records. If indicated on the page, fax a copy of your license to 410-333-2241.

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 again, the Administrator can change the password. DHMH cannot provide this password to you.

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.
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........
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)

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

Data blocked for confidentiality
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.

```
<table>
<thead>
<tr>
<th>SECTION 1 (REQUIRED): MOTHER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother's Name:</td>
<td>Last:</td>
</tr>
<tr>
<td></td>
<td>First:</td>
</tr>
<tr>
<td>Mother's DOB (mm/dd/yyyy):</td>
<td></td>
</tr>
<tr>
<td>Mother's Medical Assistance Number (11 digits):</td>
<td></td>
</tr>
<tr>
<td>Mother's Address:</td>
<td>Address line 1:</td>
</tr>
<tr>
<td></td>
<td>Address line 2:</td>
</tr>
<tr>
<td></td>
<td>City:</td>
</tr>
<tr>
<td></td>
<td>State:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 2 (REQUIRED): NEWBORN(S)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Newborn:</td>
<td>Last:</td>
</tr>
<tr>
<td></td>
<td>First:</td>
</tr>
<tr>
<td></td>
<td>Middle:</td>
</tr>
<tr>
<td>Newborn DOB (mm/dd/yyyy):</td>
<td></td>
</tr>
<tr>
<td>Newborn Birth Weight:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 3 (REQUIRED): HOSPITAL INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete name of Hospital:</td>
<td>JOHN HOPKINS HOSPITAL</td>
</tr>
<tr>
<td>Hospital Address:</td>
<td>600 N WOLFE STREET</td>
</tr>
</tbody>
</table>
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 (to be entered in grams) is blank.*
Sections 1 and 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)

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.
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)

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 .......

Transaction Confirmation
Please print this page for your records.

Transaction Confirmation Number: 120460000001 Newborn Application ID: 120460000001

**Transaction Summary**
Transaction Type: NEW ENROLLMENT | Transaction Status: PENDING | Transaction Submitted By: 0000000000001 | Transaction Submitted Date: 02/15/2012 12:07:14 PM

**SECTION 1: MOTHER**
Mother’s Name:

Mother’s DOB (mm/dd/yyyy):

Mother’s Medical Assistance Number (2 digits):

Mother’s Address: 208 W. PRESTON ST. BALTIMORE, MD 21201

Name of Mother’s HCO:

Mother’s Managing Care Type:

**SECTION 2: NEWBORN**
Newborn’s Name:

Newborn DOB (mm/dd/yyyy):

Sex/W/F:

Birth Weight:

**SECTION 3: HOSPITAL INFORMATION**
Complete Name of Hospital:

Hospital Address: 630 N WOLFE STREET BALTIMORE, MD 21205

Telephone: 410-111-2333

**SECTION 4: DISCHARGE INFORMATION**
Will the baby be discharged to the mother?

Care Taker’s Name:

Mother’s Relationship to Care Taker:

Address of Care Taker:

Phone Number of Care Taker:

**SECTION 5: PEDIATRICIAN INFORMATION**
Has the parent selected a pediatrician for ongoing care after discharge?

Name of Pediatrician:

Practice Name:

Practice Address:

[Newborn Home | Services Home]
Newborn Enrollment – Sample Enrollment 1
(Single Child)

3) There are two (2) navigation options:
Newborn Home – will return the user to ......
Services Home – will return the user to ......
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)*

```markdown
This is the resultant display after the “Add Another Child” option had been selected.
```
Newborn Enrollment – *Sample Enrollment 2 (Multiple Children)*

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)

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.
This is the display screen indicating an "Approved" enrollment.
When the user wants to exit or sign out of the 1184 process, select the “Sign Out” option and the following display will appear......
Logging Out - Hospital

Welcome to our site!
If you are not a healthcare professional, please visit our homepage.

Healthcare Professionals:
This site provides secure on-line services for Maryland Medicaid Providers.

Step 1: Apply to participate in Maryland's Medicaid Program as a Medical Care Provider.

Step 2: If you already have a Medicaid Provider Number, Register to use this site.

Step 3: Sign in
Web Services User's guide
EVS Help
eClaim Overview
eClaim Tutorial
New Password Info

For best results when using this site, do not use your browser's "Back" button for navigation.
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;
Newborn 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

Data blocked for confidentiality
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

Selecting “Back to Search” -

Selecting “Newborn Home” -

Selecting “Services Home” -
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:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data blocked for confidentiality</td>
<td>Data blocked for confidentiality</td>
<td>Data blocked for confidentiality</td>
<td>Data blocked for confidentiality</td>
</tr>
</tbody>
</table>
Similar dialog boxes will appear allowing the MCO or LHD user to save the information in Excel format.
This message will appear if the user does not have any activity for a period of time.