

User Guide

Newborn Reporting

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WISCONSIN DEPARTMENT
of HEALTH SERVICES

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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/>.

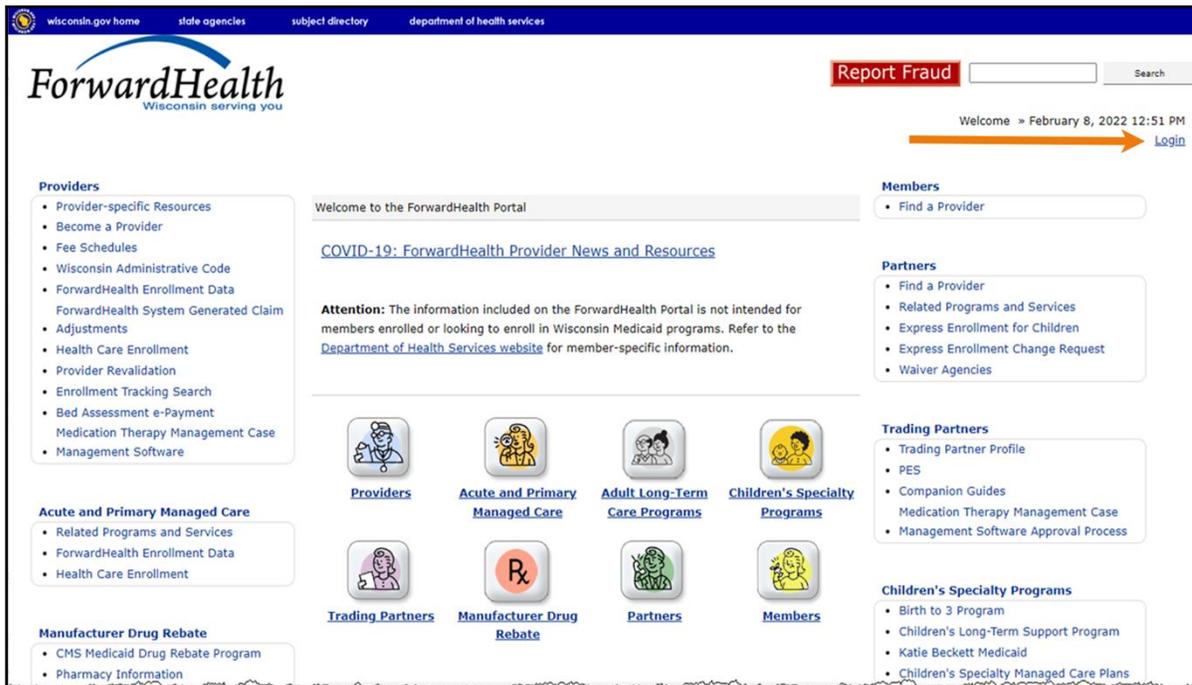
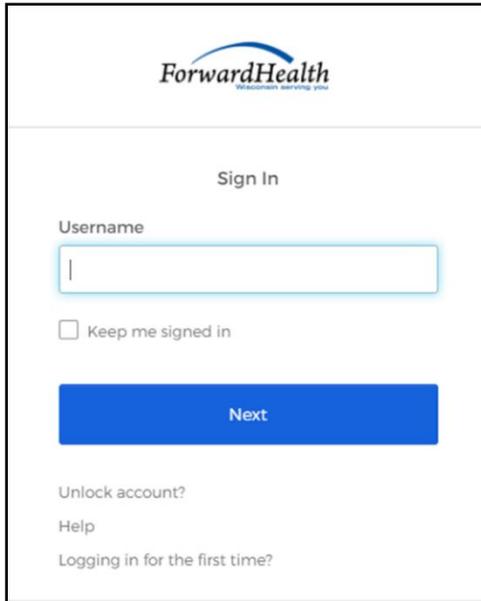


Figure 1 ForwardHealth Portal Page

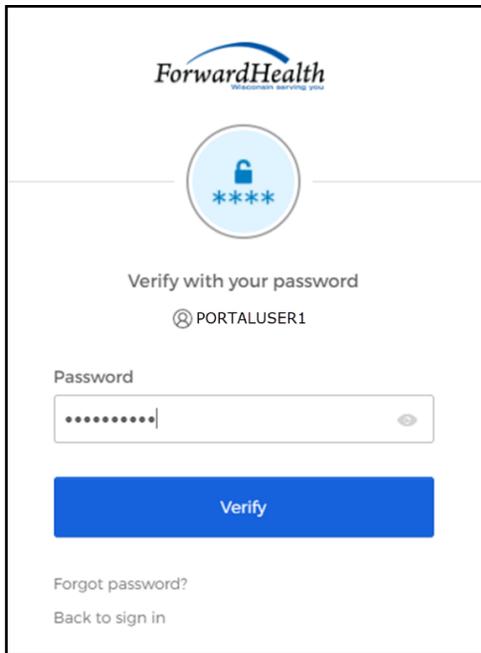
2. Click **Login**. A Sign In box will be displayed.



The screenshot shows the ForwardHealth Sign In page. At the top is the ForwardHealth logo with the tagline "Welcome serving you". Below the logo is the heading "Sign In". There is a text input field for "Username" with a cursor inside. Below the input field is a checkbox labeled "Keep me signed in". A blue button labeled "Next" is positioned below the checkbox. At the bottom of the page, there are three links: "Unlock account?", "Help", and "Logging in for the first time?".

Figure 2 Sign In Box

3. Enter the user's username.
4. Click **Next**. A Verify with your password box will be displayed.



The screenshot shows the ForwardHealth Verify with your password page. At the top is the ForwardHealth logo with the tagline "Welcome serving you". Below the logo is a circular icon containing a padlock and the text "****". Below the icon is the heading "Verify with your password". There is a text input field for the username containing "@PORTALUSER1". Below the input field is a text input field for "Password" with masked characters "*****" and a toggle icon. A blue button labeled "Verify" is positioned below the password input field. At the bottom of the page, there are two links: "Forgot password?" and "Back to sign in".

Figure 3 Verify With Your Password Box

5. Enter the user's password.

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

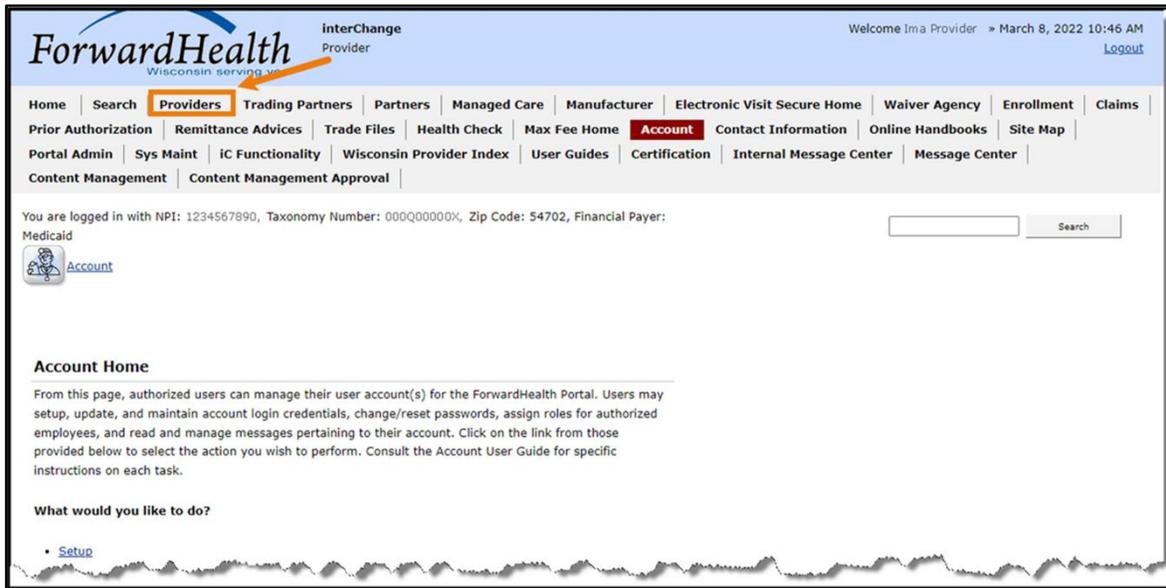


Figure 4 Secure Provider Page

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

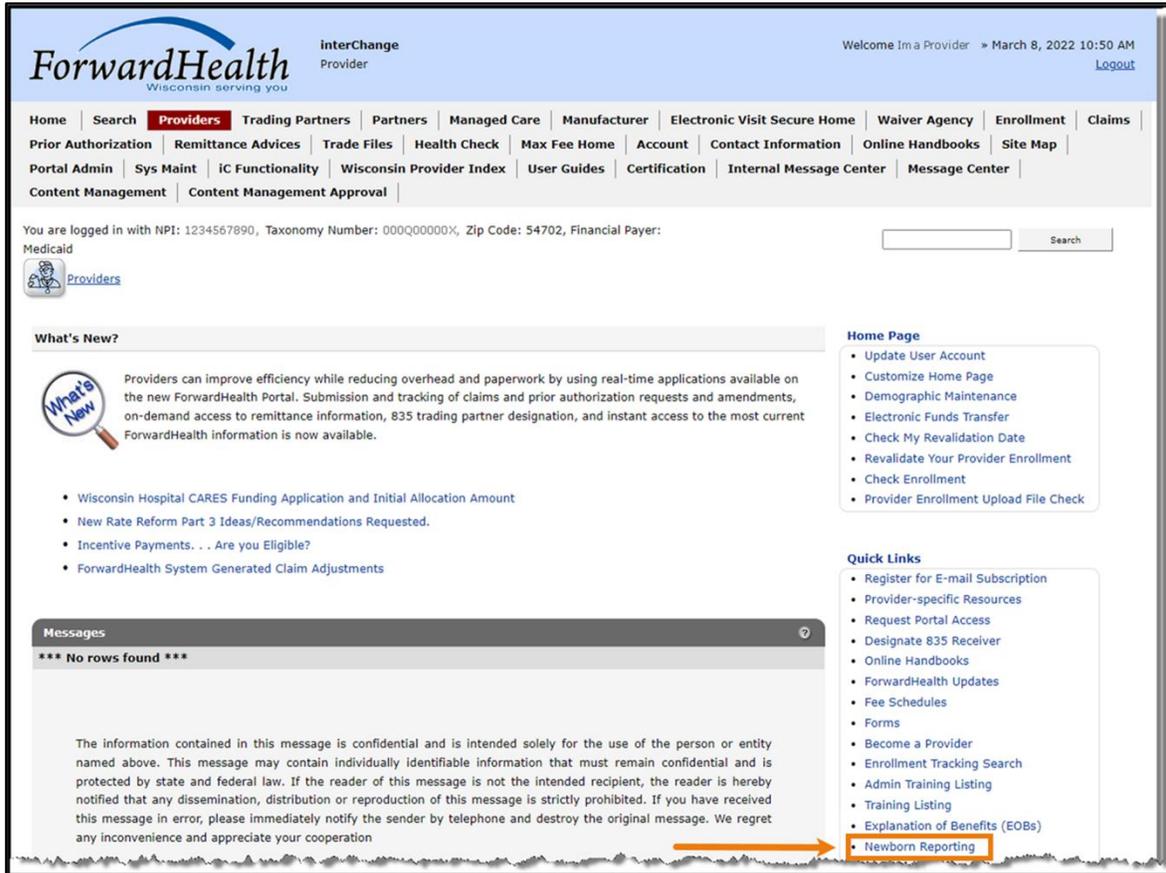


Figure 5 Providers Page

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.



The screenshot shows the 'Mother Information Search' panel in the Newborn Reporting system. The panel has a title bar with the system logo and name. Below the title bar, there is a list of search criteria: 'One of the following is required:' followed by three options: 'Member ID', 'Social Security Number and Date of Birth', and 'Member First Name, Last Name, and Date of Birth'. Below these options are input fields for 'Member ID', 'Social Security Number', 'Last Name', 'Date of Birth', and 'First Name'. At the bottom right of the panel are three buttons: 'search', 'clear', and 'Exit'.

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)



This screenshot shows the same 'Mother Information Search' panel as Figure 1, but with an orange arrow pointing to the 'search' button. The input fields are now populated with example data: 'Member ID' is empty, 'Social Security Number' is '999999999', 'Last Name' is empty, 'Date of Birth' is '01/01/1992', and 'First Name' is empty.

Figure 2 Mother Information Search Criteria

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

Mother Information Search » Mother Information

Mother Information

First Name IMA

Middle Initial

Last Name MEMBER

Member ID 0123456789

Social Security Number 111-11-1111

Date Of Birth (mm/dd/yyyy) 01/01/1992

Address Line 1 555 SAMPLE ST

Address Line 2

City RACINE

State/ZIP Code WI 55555 0000

Multiple Birth* No Yes

Previous Next Exit

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.



The screenshot shows a web-based form titled "Mother Information". The form includes the following fields and values:

- First Name: JMA
- Middle Initial: [empty]
- Last Name: MEMBER
- Member ID: 0123456789
- Social Security Number: 111-11-1111
- Date Of Birth (mm/dd/yyyy): 01/01/1992
- Address Line 1: 555 SAMPLE ST
- Address Line 2: [empty]
- City: RACINE
- State/ZIP Code: WI 55555 0000
- Multiple Birth*: No Yes

At the bottom of the form, there are "Previous", "Next", and "Exit" buttons. The "Next" button is highlighted, indicating it is the next step in the process.

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.)

Newborn Information

• Enter newborn's first name if available or enter 'Boy' or 'Girl' if first name is not available.

Newborn Information

First Name*

Middle Initial

Last Name*

Suffix

Gender* Female Male

Date of Birth*

Date of Death (if applicable)

Social Security Number

Is Newborn going to Foster Care/Adoption/Safe Haven* No Yes

Phone Number

Phone Type

Newborn weight Less than 1200 grams* No Yes

Newborn Weight grams

Gestational Age weeks

Cancel Add

Previous Next Exit

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)

Newborn Information

• Enter newborn's first name if available or enter 'Boy' or 'Girl' if first name is not available.

Newborn Information

First Name* JANE
 Middle Initial
 Last Name* DOE
 Suffix
 Gender* Female Male
 Date of Birth* 01/01/2022
 Date of Death (if applicable)
 Social Security Number 999-99-9999
 Is Newborn going to Foster Care/Adoption/Safe Haven* No Yes

Newborn's Address

Address Line 1 313 BLETTNER BLVD
 Address Line 2
 City MADISON
 State/ZIP Code WI 53784
 County 13 Dane
 Phone Number (608)123-4567
 Phone Type Home
 Newborn weight Less than 1200 grams* No Yes
 Newborn Weight 1500 grams
 Gestational Age 40 weeks

Cancel Add

Previous Next Exit

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)

The screenshot shows a web form titled "Newborn Information" with a sub-section "Newborn's Address" highlighted by an orange border. The form contains the following fields and options:

- First Name*: JANE
- Middle Initial: [empty]
- Last Name*: DOE
- Suffix*: [empty]
- Gender*: Female Male
- Date of Birth*: 01/01/2022
- Date of Death (if applicable): [empty]
- Social Security Number: 999-99-9999
- Is Newborn going to Foster Care/Adoption/Safe Haven*: No Yes
- Is Newborn's address different from Mother's address*: No Yes
- Newborn's Address** (highlighted):
 - Address Line 1*: 313 BLETTNER BLVD
 - Address Line 2: [empty]
 - City*: MADISON
 - State/ZIP Code*: WI [empty]
 - County*: 13 Dane
 - Phone Number: (608)123-4567
 - Phone Type: Home
 - Newborn weight Less than 1200 grams*: No Yes
 - Newborn Weight: 1,500 grams
 - Gestational Age: 40 weeks

Buttons at the bottom: Previous, Next, Cancel, Add, Exit.

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)

The screenshot shows a web form titled "Newborn Information" with a sub-header "Newborn Information". The form contains several input fields and radio buttons. A red rectangular box highlights the following fields: "Phone Number" (with value (608)123-4567), "Phone Type" (Home), "Newborn weight Less than 1200 grams" (No), "Newborn Weight" (1500 grams), and "Gestational Age" (40 weeks). Other fields include "First Name" (JANE), "Last Name" (DOE), "Date of Birth" (01/01/2022), "Gender" (Female), "Social Security Number" (999-99-9999), and two "Is Newborn's address different from Mother's address" questions (both No). At the bottom, there are "Previous", "Next", "Cancel", and "Add" buttons.

Figure 8 Newborn Information Panel

This screenshot is identical to Figure 8, showing the "Newborn Information" form. An orange arrow points from the center of the form down to the "Next" button at the bottom. The "Next" button is highlighted, indicating the next step in the process.

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

Figure 9 Newborn Information Panel—Next

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

Summary

Mother Information

First Name JMA
Middle Initial
Last Name MEMBER
Member ID 0123456789
Social Security Number
Date of Birth 01/01/1992
Address Line 1 555 SAMPLE ST
Address Line 2
City RACINE
State/ZIP Code WI 55555 0000

Newborn Information

First Name JANE
Middle Initial
Last Name DOE
Suffix
Gender Female Male
Date of Birth 01/01/2022
Date of Death (if applicable)
Social Security Number 999-99-9999
Is Newborn going to Foster Care/Adoption/Safe Haven No Yes
Is Newborn's address different from Mother's address No Yes
Phone Number (608)123-4567
Phone Type Home
Newborn weight Less than 1200 grams No Yes
Newborn Weight 1500
Gestational Age 40

This information is accurate to the best of my knowledge.

Previous Submit Exit

Figure 10 Summary Panel

- Verify all information is entered correctly.

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

- 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**.

The screenshot shows a 'Summary' panel with two main sections: 'Mother Information' and 'Newborn Information'.
Mother Information: First Name: JMA, Middle Initial: [blank], Last Name: MEMBER, Member ID: 0123456789, Social Security Number: [blank], Date of Birth: 01/01/1992, Address Line 1: 555 SAMPLE ST, Address Line 2: [blank], City: RACINE, State/ZIP Code: WI 55555 0000.
Newborn Information: First Name: JANE, Middle Initial: [blank], Last Name: DOE, Suffix: [blank], Gender: Female (selected), Male, Date of Birth: 01/01/2022, Date of Death (if applicable): [blank], Social Security Number: 999-99-9999, Is Newborn going to Foster Care/Adoption/Safe Haven: No (selected), Yes, Is Newborn's address different from Mother's address: No (selected), Yes, Phone Number: (608)123-4567, Phone Type: Home (selected), Newborn weight Less than 1200 grams: No (selected), Yes, Newborn Weight: 1500, Gestational Age: 40.
 At the bottom, there is a checkbox labeled 'This information is accurate to the best of my knowledge.' which is checked. To the right of this checkbox is an orange arrow pointing to the 'Submit' button. Below the checkbox are 'Previous', 'Submit', and 'Exit' buttons.

Figure 11 Summary Panel—Submit

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

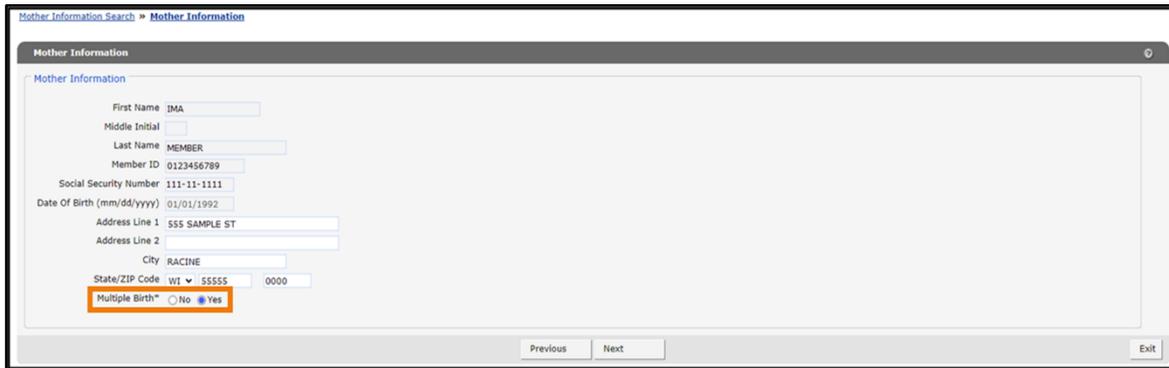
The screenshot shows the 'Complete' panel. At the top, there is a breadcrumb trail: 'Mother Information Search > Mother Information > Newborn Information'. Below this is a 'Summary > Complete' link. A message box states: 'The following messages were generated: Summary - Save was Successful'. Below the message box is a 'Complete' header. The main content area contains: 'The Newborn Request has been submitted.', a 'View your Request' link, and instructions: 'You may view, print, and save a copy of the completed form via the web.' and 'Start a new Request.' with a 'Start a new Request' link. An 'Exit' button is located at the bottom right.

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

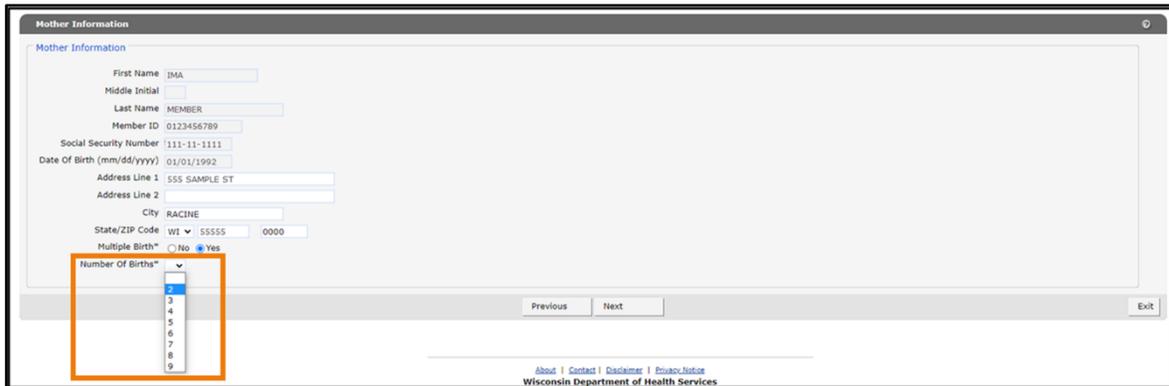
1. Click the **Yes** radio button to the right of the Multiple Birth field.



The screenshot shows a web form titled "Mother Information" with a breadcrumb "Mother Information Search > Mother Information". The form contains several input fields: First Name (JMA), Middle Initial, Last Name (MEMBER), Member ID (0123456789), Social Security Number (111-11-1111), Date of Birth (01/01/1992), Address Line 1 (555 SAMPLE ST), Address Line 2, City (RACINE), and State/ZIP Code (WI 55555 0000). At the bottom of the form, there is a "Multiple Birth*" field with two radio buttons: "No" and "Yes". The "Yes" radio button is selected and highlighted with an orange box. Navigation buttons "Previous", "Next", and "Exit" are located at the bottom right of the form.

Figure 13 Mother Information Panel With Multiple Birth Radio Button

2. The Number of Births drop-down menu will be displayed.



This screenshot is identical to Figure 13, but the "Multiple Birth*" field now has a drop-down menu open. The menu is titled "Number Of Births*" and lists the numbers 2, 3, 4, 5, 6, 7, 8, and 9. The number 2 is currently selected and highlighted with an orange box. The "Yes" radio button remains selected. The "Previous", "Next", and "Exit" buttons are still visible at the bottom right. At the very bottom of the page, there is a footer with links for "About", "Contact", "Disclaimer", and "Privacy Notice", and the text "Wisconsin Department of Health Services".

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.

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

Figure 15 Newborn Information Panel

- Click **Add**

Figure 16 Newborn Information Panel—Add

- 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)

Newborn Information

• Enter newborn's first name if available or enter 'Boy' or 'Girl' if first name is not available.

Newborns

Last Name	First Name	Middle Initial	Gender	Date of Birth	County
DOE	JANE		Female	01/01/2022	13 Dane

Newborn Information

First Name* JANE
 Middle Initial
 Last Name* DOE
 Suffix
 Gender* Female Male
 Date of Birth* 01/01/2022
 Date of Death (if applicable)
 Social Security Number

Is Newborn going to Foster Care/Adoption/Safe Haven* No Yes

Newborn's Address

Address Line 1 313 BLETTNER BLVD
 Address Line 2
 City MADISON
 State/ZIP Code WI 53784
 County 13 Dane
 Phone Number
 Phone Type No Phone

Newborn weight Less than 1200 grams* No Yes
 Newborn Weight 0 grams
 Gestational Age 0 weeks

Cancel Add

Previous Next Exit

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)

Newborn Information
 • Enter newborn's first name if available or enter 'Boy' or 'Girl' if first name is not available.

Newborns

Last Name	First Name	Middle Initial	Gender	Date of Birth	County
DOE	JANE		Female	01/01/2022	13 Dane

Newborn Information

First Name* JANE
 Middle Initial
 Last Name* DOE
 Suffix
 Gender* Female Male
 Date of Birth* 01/01/2022
 Date of Death (if applicable)
 Social Security Number
 Is Newborn going to Foster Care/Adoption/Safe Haven* No Yes
 Is Newborn's address different from Mother's address* No Yes

Phone Number (608)123-4567
 Phone Type No Phone
 Newborn weight Less than 1200 grams* No Yes
 Newborn Weight 1,500 grams
 Gestational Age 40 weeks

Cancel Add
 Previous Next Exit

Figure 19 Newborn Information Panel

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

Newborn Information
 • Enter newborn's first name if available or enter 'Boy' or 'Girl' if first name is not available.

Newborns

Last Name	First Name	Middle Initial	Gender	Date of Birth	County
DOE	JANE		Female	01/01/2022	13 Dane

Newborn Information

First Name* JANE
 Middle Initial
 Last Name* DOE
 Suffix
 Gender* Female Male
 Date of Birth* 01/01/2022
 Date of Death (if applicable)
 Social Security Number
 Is Newborn going to Foster Care/Adoption/Safe Haven* No Yes
 Is Newborn's address different from Mother's address* No Yes

Phone Number (608)123-4567
 Phone Type No Phone
 Newborn weight Less than 1200 grams* No Yes
 Newborn Weight 1,500 grams
 Gestational Age 40 weeks

Cancel Add
 Previous Next Exit

Figure 20 Newborn Information Panel—Add

- 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.

The screenshot shows a software interface titled "Newborn Information". At the top, there is a instruction: "Enter newborn's first name if available or enter 'Boy' or 'Girl' if first name is not available." Below this is a table with the following data:

Last Name	First Name	Middle Initial	Gender	Date of Birth	County
DOE	JANE		Female	01/01/2022	13 Dane

Below the table is a form titled "Newborn Information" with the following fields:

- First Name*
- Middle Initial
- Last Name*
- Suffix
- Gender* Female Male
- Date of Birth*
- Date of Death (if applicable)
- Social Security Number
- Is Newborn going to Foster Care/Adoption/Safe Haven* No Yes
- Phone Number
- Phone Type No Phone
- Newborn weight Less than 1200 grams* No Yes
- Newborn Weight 0 grams
- Gestational Age 0 weeks

At the bottom right of the form are "Cancel" and "Add" buttons. At the bottom of the panel are "Previous", "Next", and "Exit" buttons.

Figure 21 Newborn Information Panel—Add Additional Newborn Panel

- 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.

- 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.
- 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**.

Summary

Mother Information

First Name: JMA
 Middle Initial:
 Last Name: MEMBER
 Member ID: 0123456789
 Social Security Number: 111-11-1111
 Date of Birth: 01/01/1992
 Address Line 1: 555 SAMPLE ST
 Address Line 2:
 City: RACINE
 State/ZIP Code: WI 55555 0000
 Multiple Birth: No Yes
 Number Of Births: 2

Newborns

Last Name	First Name	Middle Initial	Gender	Date of Birth	County
DOE	JOHN		Male	01/01/2022	51 Racine
DOE	JANE		Female	01/01/2022	51 Racine

Newborn Information

First Name: JOHN
 Middle Initial:
 Last Name: DOE
 Suffix:
 Gender: Female Male
 Date of Birth: 01/01/2022
 Date of Death (if applicable):
 Social Security Number:
 Is Newborn going to Foster Care/Adoption/Safe Haven: No Yes
 Is Newborn's address different from Mother's address: No Yes
 Phone Number:
 Phone Type: No Phone
 Newborn weight Less than 1200 grams: No Yes
 Newborn Weight: 0
 Gestational Age: 0

This information is accurate to the best of my knowledge.

Previous Submit Exit

Figure 23 Summary Panel — Submit

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

Mother Information Search » Mother Information » Newborn Information
 Summary » **Complete**

The following messages were generated:
 Summary - Save was Successful

Complete

The Newborn Request has been submitted.

[View your Request](#)

You may view, print, and save a copy of the completed form via the web

[Start](#) a new Request.

Exit

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

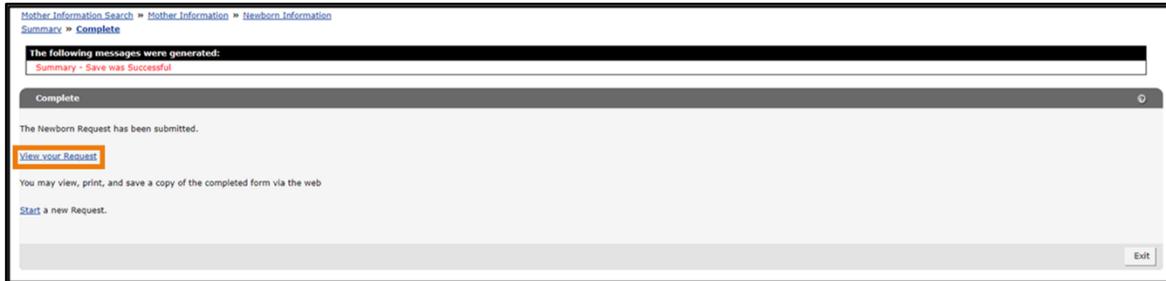


Figure 25 Complete Panel—View Your Request

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) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			Number of Births (Required)		
			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		<input type="checkbox"/> Male <input checked="" type="checkbox"/> 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				<input type="checkbox"/> No <input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Newborn Weight (Grams)		Gestational Age (Weeks)	
		1500		40	
SECTION IV - AUTHORIZATION					
This information is accurate to the best of my knowledge.					



F-1165

Figure 26 Request Document Example