

To:
Family Planning
Clinics
Federally Qualified
Health Centers
Inpatient Hospital
Providers
Nurse Midwives
Nurse
Practitioners
Outpatient
Hospital
Providers
Physician
Assistants
Physician Clinics
Physicians
Prenatal Care
Coordination
Providers
Rural Health
Clinics
HMOs and Other
Managed Care
Programs

Wisconsin Medicaid revises Newborn Report form

Wisconsin Medicaid has revised the Newborn Report form. Providers are encouraged to discontinue using the old version of the form and begin using the revised form, HCF 1165, dated 01/03.

Revised Newborn Report form

Wisconsin Medicaid has revised the Newborn Report form. The basic information requested on the form has not changed; only the format of the form has changed.

Wisconsin Medicaid encourages providers to discontinue using old versions of the Newborn Report form and begin using the revised form, HCF 1165, dated 01/03. The new form, which may be photocopied for future use, is in the Attachment of this *Wisconsin Medicaid and BadgerCare Update*.

Reporting newborns

Hospitals, Medicaid HMOs, physicians, nurse practitioners, and nurse midwives may report babies born to Medicaid recipients by submitting a Wisconsin Medicaid Newborn Report form to Wisconsin Medicaid. Providers may use another form, developed by the provider, that contains the same information as the Newborn Report.

Responsibility for reporting

Physicians, nurse practitioners, and nurse midwives should submit a Newborn Report *only* if the mother is *not* enrolled in a Medicaid HMO and the birth occurs *outside* a hospital setting. Otherwise, the hospital or Medicaid HMO completes the form. If a mother is enrolled in a Medicaid HMO but has her baby outside the HMO network, the HMO is responsible for reporting the birth to Wisconsin Medicaid.

The Newborn Report form should be submitted to Wisconsin Medicaid even in instances in which the baby is born alive but does not survive.

If the mother was *not* covered by Wisconsin Medicaid when the baby was born, she can apply for Medicaid retroactively. If her dates of eligibility include the date of the baby's birth, her baby can also receive retroactive and continuous eligibility for the first year of life.

Providers should submit the Newborn Report form to Wisconsin Medicaid by mail or fax:

Wisconsin Medicaid
PO Box 6470
Madison WI 53716
Fax: (608) 224-6318

Obtaining copies of the Newborn Report form

The revised Newborn Report form is also available in a fillable Portable Document Format (PDF) from the forms section of the Wisconsin Medicaid Web site. To get to this section, go to www.dhfs.state.wi.us/medicaid/. Choose “Providers” from the options listed in the Wisconsin Medicaid main menu. Then choose “Provider Forms” from the “Provider Publications and Forms” topic area.

The fillable PDF may be accessed using Adobe Acrobat Reader®* and completed electronically and printed. To use the fillable PDF, click on the dash-outlined boxes to enter information. Press the “Tab” key to move from one box to the next.

Those providers without Internet access should call Provider Services at (800) 947-9627 or (608) 221-9883 to request a paper copy of the form. Questions about the form may also be directed to Provider Services at the telephone numbers above.

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

*The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site at www.adobe.com/. Adobe Acrobat Reader® does not allow users to save completed fillable PDFs to their computer. Refer to the Adobe® Web site for more information on fillable PDFs.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT

Newborn Report

(A copy of the "Newborn Report" form is located on the following page.)

WISCONSIN MEDICAID NEWBORN REPORT

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form.

INSTRUCTIONS

1. Type or print clearly.
2. All requested information must be provided.
3. In multiple birth situations, a separate Newborn Report must be filled out for each birth.
4. For more information on newborn reporting, contact Wisconsin Medicaid Provider Services at (800) 947-9627 or (608) 221-9883. Mail or fax completed forms to:

Wisconsin Medicaid
PO Box 6470
Madison WI 53716
Fax (608) 224-6318

SECTION I — HOSPITAL (OR OTHER PROVIDER) INFORMATION

Name — Hospital (or Other Provider)	Wisconsin Medicaid Provider Number (eight digits)
Name — Contact Person	Telephone Number — Contact Person ()

SECTION II — NEWBORN INFORMATION

Name — Newborn (First, Middle Initial, Last)	Date of Birth (MM/DD/YYYY)
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Death, if applicable (MM/DD/YYYY)
Multiple Births <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete a form for each birth.	

SECTION III — MOTHER INFORMATION

Name — Mother	Address (Street, City, State, and Zip Code)
Medicaid Identification Number — Mother	
Medicaid Identification Number — Case Head	

SECTION IV — AUTHORIZATION

This information is accurate to the best of my knowledge.	
SIGNATURE — Hospital (or Other Provider) Representative	Date Signed