

**Affected Programs:** BadgerCare Plus, Medicaid

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

## Changes to the Newborn Report Form

ForwardHealth has revised the Newborn Report, F-1165, (05/09), to include a checkbox for providers to check if a baby is born with a birth weight less than 1200 grams. The revised form is available on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) for providers to download. See the Attachment of this *Update* for a copy of the Newborn Report for providers to photocopy. Providers may still use the old version of the Newborn Report form.

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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**ATTACHMENT**  
**Newborn Report**  
**(For Providers to Photocopy)**

(A copy of the “Newborn Report” is on the following page.)

## FORWARDHEALTH NEWBORN REPORT

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

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

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth 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 PA or payment for the service.

The use of this form is mandatory when notifying ForwardHealth of a newborn born to a Medicaid or BadgerCare Plus member.

### INSTRUCTIONS

Type or print clearly. All requested information must be provided.

In multiple birth situations, a separate Newborn Report must be filled out for each birth. For more information on newborn reporting, contact Provider Services at (800) 947-9627. Submit completed forms via fax at (608) 224-6318 or by mail to the following address:

ForwardHealth  
PO Box 6470  
Madison WI 53716

### SECTION I — HOSPITAL (OR OTHER PROVIDER) INFORMATION

Name — Hospital (or Other Provider)

Hospital's National Provider Identifier	Taxonomy Code	Practice Location ZIP+4 Code
Name — Contact Person		Telephone Number — Contact Person

### SECTION II — NEWBORN INFORMATION

Name — Newborn (First, Middle Initial, Last)

Gender

Date of Birth (MM/DD/CCYY)	Date of Death, if applicable (MM/DD/CCYY)
Multiple Births (If yes, complete a form for each birth.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Newborn Weight is Less Than 1200 Grams <input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION III — MOTHER INFORMATION

Name — Mother

Member ID — Mother

Address (Street, City, State, and ZIP Code)

Member ID — Case Head

### SECTION IV — AUTHORIZATION

This information is accurate to the best of my knowledge.

**SIGNATURE** — Hospital (or Other Provider) Representative

Date Signed

