



Update

April 2011

No. 2011-26

Affected Programs: BadgerCare Plus, Medicaid

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

Changes to Newborn Reporting

This *ForwardHealth Update* describes changes to newborn reporting.

Effective for newborn reports received on and after May 1, 2011, providers are required to include the information specified in this *ForwardHealth Update*. Information in this *Update* replaces the revised Newborn Report form information issued in the January 2011 *Update* (2011-05), titled "Changes to Newborn Reporting."

Providers are encouraged to submit a newborn report soon after a baby is born to avoid a delay in establishing the baby's enrollment in BadgerCare Plus or the mother's BadgerCare Plus HMO. Before completing a newborn report, providers should verify that the baby has not already been enrolled. This verification could save time and avoid the possibility of the baby having multiple records.

Newborn Report Changes

Format

Providers may report the birth of a baby by submitting the Newborn Report form, F-1165 (04/11) or submitting the information in another format, as long as all information required on the Newborn Report form is provided. Providers may refer to the Attachment of this *Update* or to the ForwardHealth Portal at www.forwardhealth.wi.gov/ for the revised Newborn Report form.

Providers are reminded to report each baby separately.

Form Fields

The following fields on the Newborn Report form have been changed:

- The field detailing why the baby's first name was not included on the form has been deleted.
- A field has been added for providers to specify the newborn's exact weight in grams.
- A field has been added for providers to specify gestational age in weeks.

Required Information

The following information is required on all newborn reports, regardless of format:

- Provider's name.
- Contact name and telephone number.
- Baby's last name.
- Baby's gender.
- Baby's date of birth (in MM/DD/CCYY format).
- Indication if newborn weight is less than 1200 grams.
- Mother's full name.
- Mother's member identification number.
- Mother's full address.
- Provider representative signature.
- Date the report was completed.

If incomplete information is provided or if multiple babies are listed on one newborn report, the report will be returned to the contact person indicated on the report in the manner in which it was submitted.

Newborn's Name

Although the baby's first name may not be available at the time the newborn report is ready to be submitted, *every* effort should be made to provide the first name. The first name is important in order to prevent assigning multiple ID numbers to the same baby.

Providers are required to indicate the baby's last name on the report.

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/.

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ATTACHMENT

Newborn Report

(A copy of the “Newborn Report” is located 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 optional when notifying ForwardHealth of a newborn born to a BadgerCare Plus or Medicaid member. Reporting providers may use this or another reporting method as long as all the required information is provided and each baby is reported individually, including multiple births. Reports submitted listing multiple babies will be returned.

INSTRUCTIONS

Type or print clearly. Complete all required fields. Reports may be returned to you if all required information is not provided or is not legible.

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 — REPORTING PROVIDER INFORMATION

Name — Hospital, HMO, or Individual Provider (Required)

Hospital's National Provider Identifier	Taxonomy Code	Practice Location ZIP+4 Code
Name and Telephone Number — Contact Person (Required)		Fax Number (If form is to be returned.)

SECTION II — NEWBORN INFORMATION

Name — Newborn (Last name required. Provide first name and middle initial, if available.)		Gender (Required)	
Date of Birth (MM/DD/CCYY) (Required)	Date of Death, if applicable (MM/DD/CCYY)	Baby Going into Foster Care / Adoption <input type="checkbox"/> Yes <input type="checkbox"/> No	
Multiple Birth <input type="checkbox"/> Yes <input type="checkbox"/> No	Newborn Weight Is Less Than 1200 Grams (Required) <input type="checkbox"/> Yes <input type="checkbox"/> No	Newborn Weight* _____ Grams	Gestational Age* _____ Weeks

SECTION III — MOTHER INFORMATION

Name — Mother (First, Last) (Required)	Member ID — Mother (Required)
Address (Street, City, State, and ZIP Code) (Required)	

SECTION IV — AUTHORIZATION

This information is accurate to the best of my knowledge.

SIGNATURE or NAME — Provider Representative (Required)	Date (Required)
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* Newborn weight and gestational age are required for babies born in Milwaukee, Waukesha, Washington, Ozaukee, Kenosha, and Racine.

