

# **1184 New Born Processing**

## **- eMedicaid -**



*Department of Health & Mental  
Hygiene*

*Office of Eligibility Services  
(OES)*

*April 2012*

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# 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 citizen ship 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](mailto: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.

# eMedicaid (1 of 2)

## eMedicaid

- Lets you apply online to become a Medicaid Provider and responds immediately to your application.
- Provides online registration and allows access to eMedicaid services from anywhere, anytime.
- Gives you a fast, easy way to verify a Medicaid recipient's eligibility, which is required before you render services. Web-based Recipient Eligibility Verification validates current dates of service and past eligibility up to one year. eMedicaid will indicate if the recipient is enrolled with a Managed Care Organization (MCO) or has third party insurance.
- Allows multiple users from the same office to access Medicaid payment information. With turnover, vacations, and sick leave, it's nice to be able to cross-train your staff.
- Gives you immediate access to your Remittance Advice for up to two years.

### Tips for registering:

- Have your Medicaid Provider Number handy 
- Have the Provider's Social Security and/or Federal Employer ID Number (FEIN) available
- Read the recommended documents provided online
  - Provider Handbook
  - Eligibility Verification System (EVS) User Guide
  - Explanation of Benefits (EOB) Codes
  - Provider Fee Manual Physician Services
  - CMS-1500 - Physician Claims
  - CMS-1500 - Billing Instructions

For more information, visit us online at

[www.emdhealthchoice.org](http://www.emdhealthchoice.org)

Or call Monday through Friday

8:00 a.m. to 5:00 p.m.

General Questions and Troubleshooting:

410-767-5503

Provider Application & Password Support:

410-767-5340



### Maryland Department of Health and Mental Hygiene Medicaid Program

Martin O'Malley, Governor  
Anthony G. Brown, Lt. Governor  
Joshua M. Sharfstein, M.D., Secretary

The services and facilities of the Maryland Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provision of employment and granting of advantages, privileges, and accommodations.

The Department, in compliance with the Americans With Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.

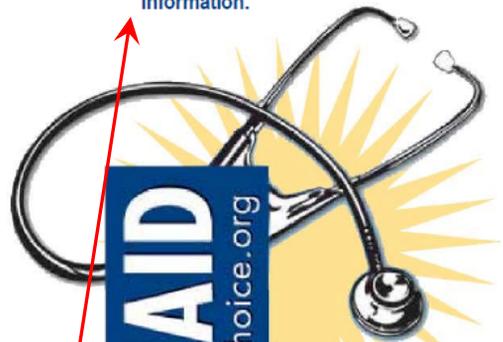
eMedicaid is hosted and secured by ISS



## Medicaid Providers State of Maryland

Now eMedicaid offers you  
a secure online access to:

- enroll as a Medicaid Provider;
- verify recipient eligibility; and
- obtain payment information.



Maryland Department of  
Health and Mental Hygiene  
Medicaid Program

March 2011

*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](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 this Practice Location. Specify the effective date of your membership with each group.

6. Verify Step 5 information. Check the box to agree, and submit.

**Important!** Print out the Transaction Confirmation page for your records. If indicated on the page, fax a copy of your license to 410-333-5341.

### 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 signing in, the Administrator can change the password. DHMH cannot provide this password to you.

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 with your User ID for signing in to the site.

### 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.



**\*\*\*HIPAA 5010 Conversion Update\*\*\***  
Click here for the [Maryland Medicaid HIPAA 5010 Conversion Update](#). This update outlines the impact of the CMS notice on 5010 enforcement and Maryland Medicaid's decision on how best to support the Providers.

**\*\*\* HIPAA 005010 Reminder \*\*\***

Please note that January 1, 2012 is rapidly approaching and all electronic submitters are required to complete 005010 testing and be ready to send and receive 005010 transactions on that date. If submitters have not already done so, they should contact [HIPAAEDITEST@dnhm.state.md.us](mailto:HIPAAEDITEST@dnhm.state.md.us) to initiate 005010 testing.

 [Click here to view the list of 005010 Production Ready Submitters](#). If you or your clearinghouse is not on this list, your electronic claims will not be accepted after 1/1/2012. **NOTE** eClaims entered on this site will be compliant. No action need be taken.

**Direct Claim Submission**

The following provider types (click [here](#)) that bill on the CMS 1500 are now able to submit their claims electronically through this site. This new feature is for single CMS 1500 claims ONLY, i.e., claims with attachments cannot be submitted. Click [here](#) for an eClaim Overview and [here](#) for the eClaim Tutorial. If you have questions, please send them to: [eMedicaidMD@dnhm.state.md.us](mailto:eMedicaidMD@dnhm.state.md.us).

Welcome to our site!

If you are not a healthcare professional, please visit our [home page](#).

**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. This Web Site is designed for [Netscape 6+](#) and [IE 5+](#). Lower browsers may encounter problems within the site.

**Sign In**

User ID:

Password:

[Forgot Your Password?](#)

# Web Services – Hospital

The following screen display will appear for those hospital users who have the responsibility to enter or add information on newborns.

You are currently signed in as 0000655P0001 user user last  
Last sign in: 01/23/2012 10:28:42 AM [sign out](#)

**NEW FEATURE! Direct Claim Submission**  
The following provider types (click [here](#)) that bill on the CMS 1500 are now able to submit their claims electronically through this site. **This new feature is for single CMS 1500 claims ONLY, i.e., claims with attachments cannot be submitted.** Click [here](#) for an eClaim Overview and [here](#) for the eClaim Tutorial. If you have questions, please send them to: [eMedicaidMD@dhhm.state.md.us](mailto:eMedicaidMD@dhhm.state.md.us).

Provider Number	Practice Address	Most Recent Check Amount	Remittance Advice Date for this Check	View Remittance Advice
Data blocked for confidentiality			2010-06-12	-- Select date -- go!

[Newborn Enrollment](#)

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.....

# Newborn Enrollment – Hospital (1 of 2)



You are currently signed in as  
0000655P0001 user user last  
[sign out](#)

## newborn enrollment

**Newborn Enrollment**

JOHNS HOPKINS HOSPITAL  
0000655 00  
600 N WOLFE STREET  
BALTIMORE, MD 21205-0000

Following are the transactions submitted within the last 30 days.

Mother's Medical Assistance Number	Mother's Last Name	Mother's First Name	Txn Submitted Date	Txn Type	Txn Status
			01 / 29 / 2012 From:(mm/dd/yyyy)		
			02 / 28 / 2012 To:(mm/dd/yyyy)		

Filter Reset Filter

65 newborn transactions found, displaying 1 to 50.

[First/Prev] 1, 2 [Next/Last]

Newborn Application ID	Mother's Medical Assistance Num	Mother's Last Name	Mother's First Name	Txn Type	Submitted By	Submitted Date	Txn Reviewed Date	Transaction Status
120540000001				REVISION	0000655P0001	02/23/2012 12:29:20 PM	02/23/2012 12:45:05 PM	APPROVED
120540000001				NEW ENROLLMENT	0000655P0001	02/23/2012 12:20:20 PM		APPROVED
120470000008				NEW ENROLLMENT	0000655P0001	02/16/2012 09:45:21 AM		APPROVED
120470000007				NEW ENROLLMENT	0000655P0001	02/16/2012 09:41:36 AM		PENDING
120470000006				NEW ENROLLMENT	0000655P0001	02/16/2012 09:38:38 AM		APPROVED
120470000005				NEW ENROLLMENT	0000655P0001	02/16/2012 09:36:05 AM		APPROVED
120470000004				NEW ENROLLMENT	0000655P0001	02/16/2012 09:32:30 AM		APPROVED
120470000003				NEW ENROLLMENT	0000655P0001	02/16/2012 09:30:51 AM		APPROVED
120470000002				NEW ENROLLMENT	0000655P0001	02/16/2012 09:27:26 AM		APPROVED
120470000001				NEW ENROLLMENT	0000655P0001	02/16/2012 09:21:58 AM		APPROVED
120460000013				NEW ENROLLMENT	0000655P0001	02/15/2012 03:00:58 PM	02/16/2012 09:00:35 AM	APPROVED

Data blocked for confidentiality

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)

120460000001	NEW ENROLLMENT	0000655P0001	02/15/2012 12:07:14 PM		PENDING
120330000012	NEW ENROLLMENT	0000655P0001	02/02/2012 11:01:14 AM	02/03/2012 08:46:22 AM	APPROVED
120320000002	NEW ENROLLMENT	0000655P0001	02/01/2012 04:08:03 PM	02/03/2012 08:43:56 AM	APPROVED
120330000014	NEW ENROLLMENT	0000655P0001	02/02/2012 11:08:37 AM	02/03/2012 08:41:09 AM	APPROVED
120330000009	NEW ENROLLMENT	0000655P0001	02/02/2012 10:55:38 AM	02/03/2012 08:37:53 AM	APPROVED
120330000005	NEW ENROLLMENT	0000655P0001	02/02/2012 10:47:05 AM	02/03/2012 08:35:40 AM	APPROVED
120320000003	NEW ENROLLMENT	0000655P0001	02/01/2012 04:20:11 PM	02/03/2012 08:34:21 AM	APPROVED
120330000004	NEW ENROLLMENT	0000655P0001	02/02/2012 10:42:51 AM	02/03/2012 08:32:03 AM	APPROVED
120330000007	NEW ENROLLMENT	0000655P0001	02/02/2012 10:51:20 AM	02/03/2012 08:30:12 AM	APPROVED
120330000010	NEW ENROLLMENT	0000655P0001	02/02/2012 10:57:27 AM	02/03/2012 08:28:36 AM	APPROVED
120330000001	NEW ENROLLMENT	0000655P0001	02/02/2012 09:24:46 AM	02/03/2012 08:26:36 AM	APPROVED
120330000006	NEW ENROLLMENT	0000655P0001	02/02/2012 10:49:35 AM	02/03/2012 08:25:18 AM	APPROVED
120330000002	NEW ENROLLMENT	0000655P0001	02/02/2012 09:27:39 AM	02/03/2012 08:23:47 AM	APPROVED
120330000011	NEW ENROLLMENT	0000655P0001	02/02/2012 10:59:15 AM	02/03/2012 08:21:52 AM	APPROVED
120330000008	NEW ENROLLMENT	0000655P0001	02/02/2012 10:53:51 AM	02/03/2012 08:15:45 AM	APPROVED
120320000001	NEW ENROLLMENT	0000655P0001	02/01/2012 04:00:14 PM	02/03/2012 08:13:23 AM	APPROVED
120330000013	NEW ENROLLMENT	0000655P0001	02/02/2012 11:04:35 AM		APPROVED
120330000003	NEW ENROLLMENT	0000655P0001	02/02/2012 09:30:06 AM		APPROVED
120300000014	NEW ENROLLMENT	0000655P0001	01/30/2012 04:47:12 PM	01/31/2012 08:19:54 AM	APPROVED
120300000013	NEW ENROLLMENT	0000655P0001	01/30/2012 04:43:26 PM	01/31/2012 08:15:05 AM	APPROVED
120300000012	NEW ENROLLMENT	0000655P0001	01/30/2012 04:40:55 PM	01/31/2012 08:14:23 AM	APPROVED

Data blocked for confidentiality

65 newborn transactions found, displaying 1 to 50. [First/Prev] 1, 2 [Next/Last]

Export:  Excel

[Services Home](#)

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

# Newborn Enrollment – *Required Fields*



You are currently signed in as  
0000655P0001 user user last  
[sign out](#)

## newborn enrollment

- You must enter Mother's Last Name.
- You must enter Mother's First Name.
- You must enter Mother's Medical Assistance Number.
- You must enter Mother's complete Date Of Birth.
- You must enter Mother's Address1.
- You must enter Mother's City.
- You must enter Mother's State.
- You must enter Mother's Zipcode.
- You must enroll at least one child.
- You must enter the complete Phone Number of the hospital.
- You must enter the complete Fax Number of the hospital.
- You must indicate whether the baby will be discharged to the mother.

SECTION 1 (REQUIRED): MOTHER				
Mother's Name:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	
	(Last)	(First)	(M.I.)	
Mother's DOB(mm/dd/yyyy):	<input type="text"/>	SS#	<input type="text"/>	<input type="text"/>
Mother's Medical Assistance Number(11 digits):	<input type="text"/>			
Mother's Address:	Address Line 1: <input type="text"/>			
	Address Line 2: <input type="text"/>			
	City: <input type="text"/>	State: -- Select State --	Zip: <input type="text"/>	
SECTION 2 (REQUIRED): NEWBORN(S)				
Name of Newborn:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Last)	(First)	(M.I.)	(Name Suffix)
Newborn DOB(mm/dd/yyyy):	<input type="text"/>	Sex(M/F):	<input type="text"/>	Birth Weight: <input type="text"/> grams
*If applicable Newborn Date Of Death (mm/dd/yyyy):	<input type="text"/>			
<a href="#">Add Another Child</a>				
SECTION 3 (REQUIRED): HOSPITAL INFORMATION				
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL			
Hospital Address:	600 N WOLFE STREET			
	BALTIMORE, MD 21205			

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.

# Newborn Enrollment – Sample Enrollment 1 (Single Child)



You are currently signed in as  
0000655P0001 user user last  
[sign out](#)

newborn enrollment

- Newborn information is not complete or is invalid.
- You must enter the complete Phone Number of the hospital.
- You must enter the complete Fax Number of the hospital.
- You must indicate whether the baby will be discharged to the mother.

<b>SECTION 1 (REQUIRED): MOTHER</b>	
Mother's Name:	<input type="text"/>
Mother's DOB(mm/dd/yyyy):	<input type="text"/>
Mother's Medical Assistance Number(11 digits):	<input type="text"/>
Mother's Address:	Address Line 1: <input type="text"/> 201 W. PRESTON ST. Address Line 2: <input type="text"/> City: <input type="text"/> BALTIMORE State: <input type="text"/> Maryland Zip: <input type="text"/> 21201
<b>SECTION 2 (REQUIRED): NEWBORN(S)</b>	
Name of Newborn:	<input type="text"/> MORRIS (Last) <input type="text"/> TESTCASE1 (First) <input type="text"/> (M.I.) <input type="text"/> (Name Suffix) <input type="button" value="Clear"/>
Newborn DOB(mm/dd/yyyy):	<input type="text"/> <input type="text"/> <input type="text"/> Sex(M/F): <input type="text"/> Birth Weight: <input type="text"/> grams
*If applicable Newborn Date Of Death (mm/dd/yyyy): <input type="text"/> <input type="text"/> <input type="text"/>	
Date Of Birth is not complete. You must indicate Child's Sex. Birth Weight is required. <a href="#">Add Another Child</a>	
<b>SECTION 3 (REQUIRED): HOSPITAL INFORMATION</b>	
Complete Name of Hospital:	<input type="text"/> JOHNS HOPKINS HOSPITAL
Hospital Address:	<input type="text"/> 600 N WOLFE STREET <input type="text"/> BALTIMORE, MD 21205
Telephone:	<input type="text"/> <input type="text"/> <input type="text"/> Ext: <input type="text"/> Fax: <input type="text"/> <input type="text"/> <input type="text"/>
<b>SECTION 4 (REQUIRED): DISCHARGE INFORMATION</b>	
Will the baby be discharged to the mother?	<input type="radio"/> Yes <input type="radio"/> No
<b>SECTION 5 (OPTIONAL): PEDIATRICIAN INFORMATION</b>	
Has the parent selected a pediatrician for ongoing care after discharge?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	

Data blocked for confidentiality

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)



You are currently signed in as  
0000655P0001 user user last  
[sign out](#)

## newborn enrollment

- Newborn information is not complete or is invalid.
- You must enter the complete Phone Number of the hospital.
- You must enter the complete Fax Number of the hospital.
- You must indicate whether the baby will be discharged to the mother.

<b>SECTION 1 (REQUIRED): MOTHER</b>	
Mother's Name:	<input type="text"/> <input type="text"/> (M.I.)
Mother's DOB(mm/dd/yyyy):	<input type="text"/>
Mother's Medical Assistance Number(11 digits):	<input type="text"/>
Mother's Address:	Address Line 1: 201 W. PRESTON ST. Address Line 2: <input type="text"/> City: BALTIMORE State: Maryland Zip: 21201
<b>SECTION 2 (REQUIRED): NEWBORN(S)</b>	
Name of Newborn:	MORRIS (Last) TESTCASE1 (First) (M.I.) (Name Suffix) <input type="text"/> Clear
Newborn DOB(mm/dd/yyyy):	02 / 18 / 12 Sex(M/F): <input type="text"/> Birth Weight: <input type="text"/> grams
*If applicable Newborn Date Of Death (mm/dd/yyyy): <input type="text"/> <input type="text"/> <input type="text"/> Date Of Birth is not valid. You must indicate Child's Sex. Birth Weight is required. <a href="#">Add Another Child</a>	
<b>SECTION 3 (REQUIRED): HOSPITAL INFORMATION</b>	
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL 600 N WOLFE STREET
Hospital Address:	BALTIMORE, MD 21205
Telephone:	<input type="text"/> <input type="text"/> <input type="text"/> Ext: <input type="text"/> Fax: <input type="text"/> <input type="text"/> <input type="text"/>
<b>SECTION 4 (REQUIRED): DISCHARGE INFORMATION</b>	
Will the baby be discharged to the mother?	<input type="radio"/> Yes <input type="radio"/> No
<b>SECTION 5 (OPTIONAL): PEDIATRICIAN INFORMATION</b>	
Has the parent selected a pediatrician for ongoing care after discharge?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	

1 2

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.

# Newborn Enrollment – Sample Enrollment 1 (Single Child)



You are currently signed in as  
0000655P0001 user user last  
[sign out](#)

newborn enrollment

- You must enter the complete Phone Number of the hospital.
- You must enter the complete Fax Number of the hospital.
- You must indicate whether the baby will be discharged to the mother.

The screenshot shows a web form for newborn enrollment. A blue box highlights the 'Mother's Name' field with the text 'Data blocked for confidentiality'. Red arrows point from the instructions above to the 'Telephone' and 'Fax' fields in Section 3, and to the 'Continue' button at the bottom. Section 4 shows 'Will the baby be discharged to the mother?' with 'Yes' selected. Section 5 shows 'Has the parent selected a pediatrician for ongoing care after discharge?' with 'No' selected.

<b>SECTION 1 (REQUIRED): MOTHER</b>	
Mother's Name:	<input type="text" value="Data blocked for confidentiality"/> (M.I.)
Mother's DOB(mm/dd/yyyy):	<input type="text"/>
Mother's Medical Assistance Number(11 digits):	<input type="text"/>
Mother's Address:	Address Line 1: 201 W. PRESTON ST. Address Line 2: <input type="text"/> City: BALTIMORE State: Maryland Zip: 21201
<b>SECTION 2 (REQUIRED): NEWBORN(S)</b>	
Name of Newborn:	MORRIS (Last) TESTCASE1 (First) (M.I.) (Name Suffix) <input type="button" value="Clear"/>
Newborn DOB(mm/dd/yyyy):	02 / 14 / 2012 Sex(M/F): M Birth Weight: 100 grams
*If applicable Newborn Date Of Death (mm/dd/yyyy):	<input type="text"/>
<a href="#">Add Another Child</a>	
<b>SECTION 3 (REQUIRED): HOSPITAL INFORMATION</b>	
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL
Hospital Address:	600 N WOLFE STREET BALTIMORE, MD 21205
Telephone:	<input type="text"/> Ext: <input type="text"/> Fax: <input type="text"/>
<b>SECTION 4 (REQUIRED): DISCHARGE INFORMATION</b>	
Will the baby be discharged to the mother?	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>SECTION 5 (OPTIONAL): PEDIATRICIAN INFORMATION</b>	
Has the parent selected a pediatrician for ongoing care after discharge?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	

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)



You are currently signed in as  
000655P0001 user user last  
[sign out](#)

## newborn enrollment summary

- Please verify that the information below is correct.
- You must agree to the electronic signature terms before you may continue.
- Data is not saved/submitted until you press the 'Submit' button.

**Manual review of this enrollment is required.**  
After DHMH staff reviews the application, the status will be updated. You can check the status of enrollment in the Newborn Enrollment home page.  
**Reason(s) for manual review:**  
**MOTHER'S SSN IS NOT ENTERED.**

SECTION 1: MOTHER			
Mother's Name:	Data blocked for confidentiality		SS#
Mother's DOB(mm/dd/yyyy):			N/A
Mother's Medical Assistance Number(11 digits):			
Mother's Address:	201 W. PRESTON ST. BALTIMORE, MD 21201		
Name of Mother's MCO:			
Mother's Manage Care Type:			
SECTION 2: NEWBORN(S)			
Name of Newborn:	MORRIS, TESTCASE1	Medical Assistance Number:	Pending
Newborn DOB(mm/dd/yyyy):	02/14/2012	Sex(M/F):	M Birth Weight: 100 grams
Newborn's MCO:	MCO has not been selected for the newborn.		
Newborn's Manage Care Type:			
SECTION 3: HOSPITAL INFORMATION			
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL		
Hospital Address:	600 N WOLFE STREET BALTIMORE, MD 21205		
Telephone:	410-111-2233	Ext:	Fax: 410-111-2244
SECTION 4: DISCHARGE INFORMATION			
Will the baby be discharged to the mother?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Care Taker's Name:			
Mother's Relationship to Caretaker:			
Address of Caretaker:			
Phone Number of Caretaker:			
SECTION 5: PEDIATRICIAN INFORMATION			
Has the parent selected a pediatrician for ongoing care after discharge?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Name of Pediatrician:			
Practice Name:			
Practice Address:			

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.

# Newborn Enrollment – Sample Enrollment 1 (Single Child)

Mother's Name:	Data blocked for confidentiality			SS#	N/A
Mother's DOB(mm/dd/yyyy):	Data blocked for confidentiality				
Mother's Medical Assistance Number(11 digits):	Data blocked for confidentiality				
Mother's Address:	201 W. PRESTON ST. BALTIMORE, MD 21201				
Name of Mother's MCO:					
Mother's Manage Care Type:					
<b>SECTION 2: NEWBORN(S)</b>					
Name of Newborn:	MORRIS, TESTCASE1	Medical Assistance Number:	Pending		
Newborn DOB(mm/dd/yyyy):	02/14/2012	Sex(M/F):	M	Birth Weight:	100 grams
Newborn's MCO:	MCO has not been selected for the newborn.				
Newborn's Manage Care Type:					
<b>SECTION 3: HOSPITAL INFORMATION</b>					
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL				
Hospital Address:	600 N WOLFE STREET BALTIMORE, MD 21205				
Telephone:	410-111-2233	Ext:		Fax:	410-111-2244
<b>SECTION 4: DISCHARGE INFORMATION</b>					
Will the baby be discharged to the mother?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Care Taker's Name:					
Mother's Relationship to Caretaker:					
Address of Caretaker:					
Phone Number of Caretaker:					
<b>SECTION 5: PEDIATRICIAN INFORMATION</b>					
Has the parent selected a pediatrician for ongoing care after discharge?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Name of Pediatrician:					
Practice Name:					
Practice Address:					

**Electronic Signature**

I agree to the terms set forth below:

- I have read and understand all warnings, restrictions, information, policies, and general rules that are relevant to this electronic transaction. I am responsible for any misinformation or mistakes that are made.
- I understand that my electronic signature is as legally binding as my handwritten signature.
- I agree that the Departmental electronic signature, if any, is an original signature as legally binding as a handwritten signature.
- I affirm that the information I have provided in this electronic transaction is true and complete to the best of my knowledge and belief.

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)

Transaction Confirmation  
Please print this page for your records.

Transaction Confirmation Number: 120460000001 Newborn Application ID: 120460000001

Manual review of this transaction is required.  
After DHMH staff reviews the transaction, the status will be updated. You can check the transaction status in the Newborn Enrollment home page.  
Reason(s) for manual review:  
**MOTHER'S SSN IS NOT ENTERED.**

TRANSACTION SUMMARY	Transaction Type: <b>NEW ENROLLMENT</b>	Transaction Status: <b>PENDING</b>	Transaction Submitted By: <b>0000655P0001</b>	Transaction Submitted Date: <b>02/15/2012 12:07:14 PM</b>
---------------------	---	------------------------------------	---	---

<b>SECTION 1: MOTHER</b>	
Mother's Name:	<i>Data blocked for confidentiality</i>
Mother's DOB(mm/dd/yyyy):	SS# <b>N/A</b>
Mother's Medical Assistance Number(1-9 digits):	
Mother's Address:	<b>201 W. PRESTON ST. BALTIMORE, MD 21201</b>
Name of Mother's MCO:	
Mother's Manage Care Type:	
<b>SECTION 2: NEWBORN(S)</b>	
Name of Newborn:	<b>MORRIS, TESTCASE1</b>
Newborn DOB(mm/dd/yyyy):	<b>02/14/2012</b> Sex(M/F): <b>M</b> Birth Weight: <b>100 grams</b>
Newborn's MCO:	<b>MCO has not been selected for the newborn.</b>
Newborn's Manage Care Type:	
<b>SECTION 3: HOSPITAL INFORMATION</b>	
Complete Name of Hospital:	<b>JOHNS HOPKINS HOSPITAL</b>
Hospital Address:	<b>600 N WOLFE STREET BALTIMORE, MD 21205</b>
Telephone:	<b>410-111-2233</b> Ext: Fax: <b>410-111-2244</b>
<b>SECTION 4: DISCHARGE INFORMATION</b>	
Will the baby be discharged to the mother?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Care Taker's Name:	
Mother's Relationship to Caretaker:	
Address of Caretaker:	
Phone Number of Caretaker:	
<b>SECTION 5: PEDIATRICIAN INFORMATION</b>	
Has the parent selected a pediatrician for ongoing care after discharge?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Name of Pediatrician:	
Practice Name:	
Practice Address:	

[Newborn Home](#) [Services Home](#)

2

3

1

- 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 .....



# Newborn Enrollment – Sample Enrollment 1 (Single Child)

Transaction Confirmation  
Please print this page for your records.

Transaction Confirmation Number: 12046000001 Newborn Application ID: 12046000001

Manual review of this transaction is required.  
After DHMW staff reviews the transaction, the status will be updated. You can check the transaction status in the Newborn Enrollment home page.  
Reason(s) for manual review:  
**MOTHER'S SSN IS NOT ENTERED.**

TRANSACTION SUMMARY							
Transaction Type:	NEW ENROLLMENT	Transaction Status:	PENDING	Transaction Submitted By:	0000655P0001	Transaction Submitted Date:	02/15/2012 12:07:14 PM

**SECTION 1: MOTHER**

Mother's Name: Data blocked for confidentiality

Mother's DOB(mm/dd/yyyy): Data blocked for confidentiality N/A

Mother's Medical Assistance Number(11 digits): Data blocked for confidentiality

Mother's Address: 201 W. PRESTON ST.  
BALTIMORE, MD 21201

Name of Mother's MCO:

Mother's Manage Care Type:

**SECTION 2: NEWBORN(S)**

Name of Newborn:	MORRIS, TESTCASE1	Medical Assistance Number:	Pending
Newborn DOB(mm/dd/yyyy):	02/14/2012	Sex(M/F):	M
Newborn's MCO:	MCO has not been selected for the newborn.		
Newborn's Manage Care Type:			
Birth Weight:	100 grams		

**SECTION 3: HOSPITAL INFORMATION**

Complete Name of Hospital: JOHNS HOPKINS HOSPITAL

Hospital Address: 600 N WOLFE STREET  
BALTIMORE, MD 21205

Telephone: 410-111-2233 Ext: Fax: 410-111-2244

**SECTION 4: DISCHARGE INFORMATION**

Will the baby be discharged to the mother?  Yes  No

Care Taker's Name:

Mother's Relationship to Caretaker:

Address of Caretaker:

Phone Number of Caretaker:

**SECTION 5: PEDIATRICIAN INFORMATION**

Has the parent selected a pediatrician for ongoing care after discharge?  Yes  No

Name of Pediatrician:

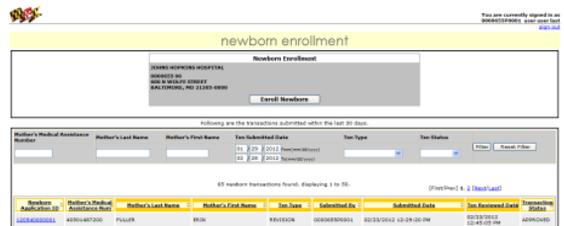
Practice Name:

Practice Address:

[Newborn Home](#) [Services Home](#)



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



**Services Home** – will return the user to .....



# Newborn Enrollment – Sample Enrollment 2 (Multiple Children)



You are currently signed in as  
0000655P0001 user user last  
[sign out](#)

## newborn enrollment

<b>SECTION 1 (REQUIRED): MOTHER</b>					
Mother's Name:	Test (Last)	FirstA (First)	<input type="checkbox"/>	<input type="checkbox"/>	(M.I.)
Mother's DOB(mm/dd/yyyy):	03 / 11 / 1950	SS#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother's Medical Assistance Number(11 digits):	<b>Data blocked for confidentiality</b>				
Mother's Address:	Address Line 1: 201 W. Preston St.				
	Address Line 2: <input type="text"/>				
	City: Baltimore	State: Maryland	Zip: 21201		
<b>SECTION 2 (REQUIRED): NEWBORN(S)</b>					
Name of Newborn:	Test (Last)	Baby1 (First)	<input type="checkbox"/>	<input type="checkbox"/>	(M.I.) (Name Suffix) <a href="#">Clear</a>
Newborn DOB(mm/dd/yyyy):	03 / 08 / 2012	Sex(M/F):	M	Birth Weight: 1011	grams
*If applicable Newborn Date Of Death (mm/dd/yyyy):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<a href="#">Add Another Child</a>					
<b>SECTION 3 (REQUIRED): HOSPITAL INFORMATION</b>					
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL				
Hospital Address:	600 N WOLFE STREET BALTIMORE, MD 21205				
Telephone:	<input type="text"/>	Ext: <input type="text"/>	Fax: <input type="text"/>		
<b>SECTION 4 (REQUIRED): DISCHARGE INFORMATION</b>					
Will the baby be discharged to the mother?	<input type="radio"/> Yes <input type="radio"/> No				
<b>SECTION 5 (OPTIONAL): PEDIATRICIAN INFORMATION</b>					
Has the parent selected a pediatrician for ongoing care after discharge?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>					

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)



You are currently signed in as  
0000655P0001 user user last  
[sign out](#)

## newborn enrollment

<b>SECTION 1 (REQUIRED): MOTHER</b>					
Mother's Name:	Test (Last)	FirstA (First)	(M.I.)		
Mother's DOB(mm/dd/yyyy):	03 / 11 / 1950	SS#			
Mother's Medical Assistance Number(11 digits):	Data blocked for confidentiality				
Mother's Address:	Address Line 1: 201 W. Preston St.				
	Address Line 2:				
	City: Baltimore	State: Maryland	Zip: 21201		
<b>SECTION 2 (REQUIRED): NEWBORN(S)</b>					
Name of Newborn:	Test (Last)	Baby1 (First)	(M.I.)	(Name Suffix)	Clear
Newborn DOB(mm/dd/yyyy):	03 / 08 / 2012	Sex(M/F):	M	Birth Weight: 1011 grams	
*If applicable Newborn Date Of Death (mm/dd/yyyy):					
Name of Newborn:	(Last)	(First)	(M.I.)	(Name Suffix)	Remove
Newborn DOB(mm/dd/yyyy):		Sex(M/F):		Birth Weight: grams	
*If applicable Newborn Date Of Death (mm/dd/yyyy):					
<a href="#">Add Another Child</a>					
<b>SECTION 3 (REQUIRED): HOSPITAL INFORMATION</b>					
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL				
Hospital Address:	600 N WOLFE STREET				
	BALTIMORE, MD 21205				
Telephone:		Ext:		Fax:	
<b>SECTION 4 (REQUIRED): DISCHARGE INFORMATION</b>					
Will the baby be discharged to the mother?	<input type="radio"/> Yes <input type="radio"/> No				
<b>SECTION 5 (OPTIONAL): PEDIATRICIAN INFORMATION</b>					
Has the parent selected a pediatrician for ongoing care after discharge?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>					

This is the resultant display after the "Add Another Child" option had been selected.

# Newborn Enrollment – Sample Enrollment 2 (Multiple Children)



You are currently signed in as  
0000655P0001 user user last  
[sign out](#)

## newborn enrollment

<b>SECTION 1 (REQUIRED): MOTHER</b>					
Mother's Name:	Test (Last)	FirstA (First)	(M.I.)		
Mother's DOB(mm/dd/yyyy):	03 / 11 / 1950	SS#			
Mother's Medical Assistance Number(11 digits):	Data blocked for confidentiality				
Mother's Address:	Address Line 1: 201 W. Preston St.				
	Address Line 2:				
	City: Baltimore	State: Maryland	Zip: 21201		
<b>SECTION 2 (REQUIRED): NEWBORN(S)</b>					
Name of Newborn:	Test (Last)	Baby1 (First)	(M.I.)	(Name Suffix)	Clear
Newborn DOB(mm/dd/yyyy):	03 / 08 / 2012	Sex(M/F):	M	Birth Weight: 1011 grams	
*If applicable Newborn Date Of Death (mm/dd/yyyy):					
Name of Newborn:	Test (Last)	Baby2 (First)	(M.I.)	(Name Suffix)	Remove
Newborn DOB(mm/dd/yyyy):	03 / 08 / 2012	Sex(M/F):	F	Birth Weight: 1012 grams	
*If applicable Newborn Date Of Death (mm/dd/yyyy):					
<a href="#">Add Another Child</a>					
<b>SECTION 3 (REQUIRED): HOSPITAL INFORMATION</b>					
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL				
Hospital Address:	600 N WOLFE STREET				
	BALTIMORE, MD 21205				
Telephone:	410 - 555 - 1234	Ext:		Fax: 410 - 555 - 4321	
<b>SECTION 4 (REQUIRED): DISCHARGE INFORMATION</b>					
Will the baby be discharged to the mother?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>SECTION 5 (OPTIONAL): PEDIATRICIAN INFORMATION</b>					
Has the parent selected a pediatrician for ongoing care after discharge?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>					

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)



You are currently signed in as 0000655P0001\_user user last

## newborn enrollment summary

Please verify that the information below is correct.  
You must agree to the electronic signature terms before you may continue.  
Data is not saved/submitted until you press the "Submit" button.

Manual review of this enrollment is required.  
After DHMH staff reviews the application, the status will be updated. You can check the status of enrollment in the Newborn Enrollment home page.  
Reason(s) for manual review:  
MULTIPLE BIRTH.  
MOTHER'S SSN IS NOT ENTERED.  
MOTHER'S MAID/DEMOGRAPHIC DO NOT MATCH IN MMIS.

<b>SECTION 1: MOTHER</b>			
Mother's Name:	TEST, FIRSTA		
Mother's DOB(mm/dd/yyyy):	Data blocked for confidentiality	SS#	N/A
Mother's Medical Assistance Number(11 digits):			
Mother's Address:	201 W. PRESTON ST. BALTIMORE, MD 21201		
Name of Mother's MCO:			
Mother's Manage Care Type:			
<b>SECTION 2: NEWBORN(S)</b>			
Name of Newborn:	TEST, BABY1	Medical Assistance Number:	Pending
Newborn DOB(mm/dd/yyyy):	03/08/2012	Sex(M/F):	M
Newborn's MCO:	MCO has not been selected for the newborn.		
Newborn's Manage Care Type:			
Name of Newborn:	TEST, BABY2	Medical Assistance Number:	Pending
Newborn DOB(mm/dd/yyyy):	03/08/2012	Sex(M/F):	F
Newborn's MCO:	MCO has not been selected for the newborn.		
Newborn's Manage Care Type:			
<b>SECTION 3: HOSPITAL INFORMATION</b>			
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL		
Hospital Address:	600 N WOLFE STREET BALTIMORE, MD 21205		
Telephone:	410-555-1234	Ext:	Fax: 410-555-4321
<b>SECTION 4: DISCHARGE INFORMATION</b>			
Will the baby be discharged to the mother?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Care Taker's Name:			
Mother's Relationship to Caretaker:			
Address of Caretaker:			
Phone Number of Caretaker:			
<b>SECTION 5: PEDIATRICIAN INFORMATION</b>			
Has the parent selected a pediatrician for ongoing care after discharge?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Name of Pediatrician:			
Practice Name:			
Practice Address:			

[Make Changes](#)

### Electronic Signature

I agree to the terms set forth below:

- I have read and understand all warnings, restrictions, information, policies, and general rules that are relevant to this electronic transaction. I am responsible for any misinformation or mistakes that are made.
- I understand that my electronic signature is as legally binding as my handwritten signature.
- I agree that the Departmental electronic signature, if any, is an original signature as legally binding as a handwritten signature.
- I affirm that the information I have provided in this electronic transaction is true and complete to the best of my knowledge and belief.

[Submit](#) [Cancel](#)

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



You are currently signed in as  
0000655P0001 user user last  
[sign out](#)

## newborn enrollment

**Newborn Enrollment**

JOHNS HOPKINS HOSPITAL  
 0000655 00  
 600 N WOLFE STREET  
 BALTIMORE, MD 21205-0000

Following are the transactions submitted within the last 30 days.

Mother's Medical Assistance Number	Mother's Last Name	Mother's First Name	Txn Submitted Date	Txn Type	Txn Status	
<input type="text"/>	<input type="text"/>	<input type="text"/>	12 / 24 / 2011 <small>From(mm/dd/yyyy)</small>	<input type="text"/>	<input type="text"/>	<input type="button" value="Filter"/> <input type="button" value="Reset Filter"/>
			01 / 23 / 2012 <small>To(mm/dd/yyyy)</small>	<input type="text"/>	<input type="text"/>	

24 newborn transactions found, displaying all newborn transactions.

Newborn Application ID	Mother's Medical Assistance Num	Mother's Last Name	Mother's First Name	Txn Type	Submitted By	Submitted Date	Txn Reviewed Date	Transaction Status
<a href="#">120200000001</a>				REVISION	0000655P0001	01/20/2012 03:09:11 PM	01/20/2012 03:09:32 PM	APPROVED
<a href="#">120200000001</a>				NEW ENROLLMENT	0000655P0001	01/20/2012 03:08:07 PM		APPROVED
<a href="#">120130000022</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:47:44 PM		APPROVED
<a href="#">120130000021</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:43:59 PM		APPROVED
<a href="#">120130000020</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:42:04 PM		APPROVED
<a href="#">120130000019</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:40:25 PM		APPROVED
<a href="#">120130000018</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:37:40 PM		APPROVED
<a href="#">120130000017</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:35:56 PM		APPROVED
<a href="#">120130000016</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:33:23 PM		APPROVED
<a href="#">120130000015</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:31:42 PM		APPROVED

Data blocked for confidentiality

This is the display screen whereby the various categories are available to the user for inquiry into previously entered newborn enrollments.

# Newborn Inquiry - Hospital



You are currently signed in as 0000655P0001 user user last sign out

## newborn enrollment

Newborn Application ID: 120130000006

Newborn enrollment application status: **APPROVED**.

Available Actions:

<b>SECTION 1: MOTHER</b>			
Mother's Name:	<i>Data blocked for confidentiality</i>		
Mother's DOB(mm/dd/yyyy):			
Mother's Medical Assistance Number(11 digits):			
Mother's Address:			
Name of Mother's MCO:	PRIORITY PARTNERS (822007699)		
<b>SECTION 2: NEWBORN(S)</b>			
Name of Newborn:	<i>Data blocked for confidentiality</i>		
Newborn DOB(mm/dd/yyyy):			
Newborn's MCO:			
<b>SECTION 3: HOSPITAL INFORMATION</b>			
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL		
Hospital Address:	600 N WOLFE STREET BALTIMORE, MD 21205		
Telephone:	410-767-5271	Ext:	Fax: 410-767-5271
<b>SECTION 4: DISCHARGE INFORMATION</b>			
Will the baby be discharged to the mother?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Care Taker's Name:			
Mother's Relationship to Caretaker:			
Address of Caretaker:			
Phone Number of Caretaker:			
<b>SECTION 5: PEDIATRICIAN INFORMATION</b>			
Has the parent selected a pediatrician for ongoing care after discharge?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Name of Pediatrician:			
Practice Name:			
Practice Address:			

[Click Here to hide detail](#)

Following are the transactions related to this newborn enrollment.

One related transaction found.

Txn Num	MAID	Mother's Last Name	Mother's First Name	Txn Type	Submitted By	Submitted Date	Status
<i>Data blocked for confidentiality</i>				NEW ENROLLMENT	0000655P0001	01/13/2012 04:24:11 PM	APPROVED

One related transaction found.

This is the a display screen indicating an "Approved" enrollment

# Logging Out- Hospital



You are currently signed in as  
0000655P0001 user user last  
[sign out](#)

## newborn enrollment

**Newborn Enrollment**

JOHNS HOPKINS HOSPITAL  
0000655 00  
600 N WOLFE STREET  
BALTIMORE, MD 21205-0000

Following are the transactions submitted within the last 30 days.

Mother's Medical Assistance Number	Mother's Last Name	Mother's First Name	Txn Submitted Date	Txn Type	Txn Status	Filter	Reset Filter
<input type="text"/>	<input type="text"/>	<input type="text"/>	12 / 24 / 2011 <small>From(mm/dd/yyyy)</small>	<input type="text"/>	<input type="text"/>	<input type="button" value="Filter"/>	<input type="button" value="Reset Filter"/>
			01 / 23 / 2012 <small>To(mm/dd/yyyy)</small>				

24 newborn transactions found, displaying all newborn transactions.

<a href="#">Newborn Application ID</a>	<a href="#">Mother's Medical Assistance Num</a>	<a href="#">Mother's Last Name</a>	<a href="#">Mother's First Name</a>	<a href="#">Txn Type</a>	<a href="#">Submitted By</a>	<a href="#">Submitted Date</a>	<a href="#">Txn Reviewed Date</a>	<a href="#">Transaction Status</a>
<a href="#">120200000001</a>				REVISION	0000655P0001	01/20/2012 03:09:11 PM	01/20/2012 03:09:32 PM	APPROVED
<a href="#">120200000001</a>				NEW ENROLLMENT	0000655P0001	01/20/2012 03:08:07 PM		APPROVED
<a href="#">120130000022</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:47:44 PM		APPROVED
<a href="#">120130000021</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:43:59 PM		APPROVED
<a href="#">120130000020</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:42:04 PM		APPROVED
<a href="#">120130000019</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:40:25 PM		APPROVED
<a href="#">120130000018</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:37:40 PM		APPROVED
<a href="#">120130000017</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:35:56 PM		APPROVED
<a href="#">120130000016</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:33:23 PM		APPROVED
<a href="#">120130000015</a>				NEW ENROLLMENT	0000655P0001	01/13/2012 05:31:42 PM		APPROVED

*Data blocked for confidentiality*

When the user want to exit or sign out of the 1184 process, select the "Sign Out" option and the following display will appear.....

# Logging Out- Hospital



### \*\*\*HIPAA 5010 Conversion Update\*\*\*

Click here for the [Maryland Medicaid HIPAA 5010 Conversion Update](#). This update outlines the impact of the CMS notice on 5010 enforcement and Maryland Medicaid's decision on how best to support the Providers.

### \*\*\* HIPAA 005010 Reminder \*\*\*

Please note that January 1, 2012 is rapidly approaching and all electronic submitters are required to complete 005010 testing and be ready to send and receive 005010 transactions on that date. If submitters have not already done so, they should contact HIPAAEDITEST@dhmh.state.md.us to initiate 005010 testing.

 Click [here](#) to view the list of 005010 Production Ready Submitters. If you or your clearinghouse is not on this list, your electronic claims will not be accepted after 1/1/2012. NOTE: eClaims entered on this site will be compliant. No action need be taken.

### Direct Claim Submission

The following provider types (click [here](#)) that bill on the CMS 1500 are now able to submit their claims electronically through this site. This new feature is for single CMS 1500 claims ONLY, i.e., claims with attachments cannot be submitted. Click [here](#) for an eClaim Overview and [here](#) for the eClaim Tutorial. If you have questions, please send them to: [eMedicaidMD@dhmh.state.md.us](mailto:eMedicaidMD@dhmh.state.md.us).

### Welcome to our site!

If you are not a healthcare professional, please visit our [home page](#).

#### 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](#)

**Sign In**

User ID:

Password:

[Forgot Your Password?](#)

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

# Web Services – MCO / LHD

The screenshot displays the Maryland Medical Programs Web Services interface. At the top left is the state of Maryland logo. The main header area contains the text "Maryland MEDICAL PROGRAMS Web Services" and "brought to you by the Maryland Department of Health and Mental Hygiene". In the top right corner, user information is displayed: "You are currently signed in as 5220076P0001 Priority Partners" and "Last sign in: 01/23/2012 12:01:15 PM" with a "sign out" link. A sidebar on the left lists navigation options: "Update Your Profile", "View Your Transaction History", "NDC Unit of Measure List", and "Provider Information <sup>New!</sup>", along with an "Adobe Acrobat Reader" icon. A central search bar contains the text "Newborn Enrollment". A green-bordered box on the right contains a "NEW FEATURE! Direct Claim Submission" announcement. Three red arrows with numbered callouts (1, 2, 3) point to the user information, the search bar, and the "Newborn Enrollment" link, respectively.

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;

New born 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



You are currently signed in as  
5220076P0001 Priority Partners  
[sign out](#)

## newborn enrollment

[Services Home](#)

Hospital	Mother	Newborn	Application Submitted Date	Txn Processed Date	Application Status
<input type="text"/>	MAID: <input type="text"/> Last Name: <input type="text"/> First Name: <input type="text"/>	Date Of Birth: <input type="text"/> Last Name: <input type="text"/> First Name: <input type="text"/>	<input type="text"/> FROM(mm/dd/yyyy) <input type="text"/> TO(mm/dd/yyyy)	01   16   2012 FROM(mm/dd/yyyy) 02   15   2012 TO(mm/dd/yyyy)	<input type="text"/>
					<input type="button" value="Search Newborn"/> <input type="button" value="Clear Form"/>

24 newborns found, displaying all newborns.

Newborn Application ID	Application Submitted Date	Application Status	Hospital	Mother's Medical Assistance Num.	Mother's Last Name	Mother's First Name	Newborn First Name	Newborn Last Name	Newborn Medical Assistance Num.	Newborn DOB	Birth Weight	Most Recent Txn Type	Txn Processed Date
<a href="#">120330000012</a>	02/02/2012 11:01:14 AM	APPROVED	00006550							2   3175.0	NEW ENROLLMENT	02/03/2012 08:46:22 AM	
<a href="#">120330000014</a>	02/02/2012 11:08:37 AM	APPROVED	00006550							2   3210.0	NEW ENROLLMENT	02/03/2012 08:41:09 AM	
<a href="#">120330000009</a>	02/02/2012 10:55:38 AM	APPROVED	00006550							2   3880.0	NEW ENROLLMENT	02/03/2012 08:37:53 AM	
<a href="#">120330000005</a>	02/02/2012 10:47:05 AM	APPROVED	00006550							2   5940.0	NEW ENROLLMENT	02/03/2012 08:35:40 AM	
<a href="#">120330000004</a>	02/02/2012 10:42:51 AM	APPROVED	00006550							2   4501.0	NEW ENROLLMENT	02/03/2012 08:32:03 AM	
<a href="#">120330000010</a>	02/02/2012 10:57:27 AM	APPROVED	00006550							2   2790.0	NEW ENROLLMENT	02/03/2012 08:28:36 AM	
<a href="#">120330000001</a>	02/02/2012 09:24:46 AM	APPROVED	00006550							2   5300.0	NEW ENROLLMENT	02/03/2012 08:26:36 AM	
<a href="#">120330000008</a>	02/02/2012 10:53:51 AM	APPROVED	00006550							2   3010.0	NEW ENROLLMENT	02/03/2012 08:15:45 AM	
<a href="#">120330000009</a>	01/30/2012 04:30:04 PM	APPROVED	00006550							2   3500.0	NEW ENROLLMENT	01/30/2012 05:13:12 PM	
<a href="#">120330000008</a>	01/30/2012 04:27:56 PM	APPROVED	00006550							2   2960.0	NEW ENROLLMENT	01/30/2012 05:11:20 PM	
<a href="#">120330000007</a>	01/30/2012 04:25:50 PM	APPROVED	00006550							2   3510.0	NEW ENROLLMENT	01/30/2012 05:09:12 PM	

*Data blocked for confidentiality*

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

<a href="#">120300000009</a>	01/30/2012 04:30:04 PM	APPROVED	000065500	<i>Data blocked for confidentiality</i>	3500.0	NEW ENROLLMENT	01/30/2012 05:13:12 PM
<a href="#">120300000008</a>	01/30/2012 04:27:56 PM	APPROVED	000065500		2960.0	NEW ENROLLMENT	01/30/2012 05:11:20 PM
<a href="#">120300000007</a>	01/30/2012 04:25:50 PM	APPROVED	000065500		3510.0	NEW ENROLLMENT	01/30/2012 05:09:12 PM
<a href="#">120300000004</a>	01/30/2012 04:16:46 PM	APPROVED	000065500		3170.0	NEW ENROLLMENT	01/30/2012 05:07:45 PM
<a href="#">120300000005</a>	01/30/2012 04:19:09 PM	APPROVED	000065500		930.0	NEW ENROLLMENT	01/30/2012 04:19:09 PM
<a href="#">113210000001</a>	11/17/2011 08:40:29 AM	APPROVED	000065500		2047.0	NEW ENROLLMENT	01/27/2012 05:28:20 PM
<a href="#">113210000001</a>	11/17/2011 08:40:29 AM	APPROVED	000065500		2186.0	NEW ENROLLMENT	01/27/2012 05:28:20 PM
<a href="#">120270000010</a>	01/27/2012 04:47:40 PM	APPROVED	000065500		3574.0	NEW ENROLLMENT	01/27/2012 04:56:13 PM
<a href="#">120270000009</a>	01/27/2012 04:42:30 PM	APPROVED	000065500		3737.0	NEW ENROLLMENT	01/27/2012 04:42:30 PM
<a href="#">120270000008</a>	01/27/2012 04:39:59 PM	APPROVED	000065500		4042.0	NEW ENROLLMENT	01/27/2012 04:39:59 PM
<a href="#">120270000007</a>	01/27/2012 04:36:19 PM	APPROVED	000065500		3067.0	NEW ENROLLMENT	01/27/2012 04:36:19 PM
<a href="#">120260000019</a>	01/26/2012 05:13:18 PM	APPROVED	000065500		3333.0	NEW ENROLLMENT	01/26/2012 05:51:04 PM
<a href="#">120260000018</a>	01/26/2012 05:09:18 PM	APPROVED	000065500		5000.0	NEW ENROLLMENT	01/26/2012 05:50:00 PM
<a href="#">120260000011</a>	01/26/2012 04:40:58 PM	APPROVED	000065500		8000.0	NEW ENROLLMENT	01/26/2012 05:43:20 PM
<a href="#">120260000010</a>	01/26/2012 04:39:25 PM	APPROVED	000065500		2300.0	NEW ENROLLMENT	01/26/2012 05:42:34 PM
<a href="#">120200000001</a>	01/20/2012 03:08:07 PM	APPROVED	000065500		3049.0	REVISION	01/20/2012 03:09:32 PM

24 newborns found, displaying all newborns.

Export:  Excel

[Services Home](#)

# Newborn Inquiry – MCO / LHD



You are currently signed in as  
5220076P0001 Priority Partners  
[sign out](#)

## newborn enrollment

Newborn Application ID: 120470000008  
Newborn enrollment application status: APPROVED.

MOTHER	
Mother's Name:	Data blocked for confidentiality
Mother's DOB(mm/dd/yyyy):	Data blocked for confidentiality
Mother's Medical Assistance Number(11 digits):	SS# Data blocked for confidentiality
Mother's Address:	
Name of Mother's MCO:	PRIORITY PARTNERS (522007699)
Mother's Manage Care Type:	MCO
NEWBORN(S)	
Name of Newborn:	Data blocked for confidentiality
Newborn DOB(mm/dd/yyyy):	Medical Assistance Number: 30719295803
Newborn's MCO:	Birth Weight: 3220.00 grams
Newborn's Manage Care Type:	PRIORITY PARTNERS(522007699)
	MCO

[Click Here to view Detail](#)  
[Back To Search](#) [Newborn Home](#) [Services Home](#)

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



## newborn enrollment

Newborn Application ID: 120470000008

Newborn enrollment application status: APPROVED.

<b>SECTION 1: MOTHER</b>	
Mother's Name:	<i>Data blocked for confidentiality</i>
Mother's DOB(mm/dd/yyyy):	<i>Data blocked for confidentiality</i>
Mother's Medical Assistance Number(11 digits):	<i>Data blocked for confidentiality</i>
Mother's Address:	<i>Data blocked for confidentiality</i>
Name of Mother's MCO:	PRIORITY PARTNERS (522007699)
Mother's Manage Care Type:	MCO
<b>SECTION 2: NEWBORN(S)</b>	
Name of Newborn:	<i>Data blocked for confidentiality</i>
Newborn DOB(mm/dd/yyyy):	02/10/2012
Sex(M/F):	M
Medical Assistance Number:	30719295803
Birth Weight:	3220.00 grams
Newborn's MCO:	PRIORITY PARTNERS(522007699)
Newborn's Manage Care Type:	MCO
<b>SECTION 3: HOSPITAL INFORMATION</b>	
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL
Hospital Address:	600 N WOLFE STREET BALTIMORE, MD 21205
Telephone:	410-955-4855
Ext:	
Fax:	410-955-4855
<b>SECTION 4: DISCHARGE INFORMATION</b>	
Will the baby be discharged to the mother?	<input type="radio"/> Yes <input type="radio"/> No
Care Taker's Name:	
Mother's Relationship to Caretaker:	
Address of Caretaker:	
Phone Number of Caretaker:	
<b>SECTION 5: PEDIATRICIAN INFORMATION</b>	
Has the parent selected a pediatrician for ongoing care after discharge?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Name of Pediatrician:	
Practice Name:	
Practice Address:	

[Click Here to hide detail](#)

[Back To Search](#)

[Newborn Home](#)

[Services Home](#)

This is the resultant display when the "Click Here to view Detail" option is selected.

# Newborn Inquiry – MCO / LHD



You are currently signed in as 5220076P0001 Priority Partners [sign out](#)

## newborn enrollment

Newborn Application ID: 12047000008

Newborn enrollment application status: **APPROVED.**

<b>SECTION 1: MOTHER</b>	
Mother's Name:	<b>Data blocked for confidentiality</b>
Mother's DOB(mm/dd/yyyy):	<b>Data blocked for confidentiality</b>
Mother's Medical Assistance Number(11 digits):	<b>Data blocked for confidentiality</b>
Mother's Address:	<b>Data blocked for confidentiality</b>
Name of Mother's MCO:	PRIORITY PARTNERS (522007699)
Mother's Manage Care Type:	MCO
<b>SECTION 2: NEWBORN(S)</b>	
Name of Newborn:	<b>Data blocked for confidentiality</b>
Newborn DOB(mm/dd/yyyy):	<b>Data blocked for confidentiality</b>
Newborn's MCO:	PRIORITY PARTNERS(522007699)
Newborn's Manage Care Type:	MCO
Medical Assistance Number:	<b>Data blocked for confidentiality</b>
Birth Weight:	3220.00 grams
<b>SECTION 3: HOSPITAL INFORMATION</b>	
Complete Name of Hospital:	JOHNS HOPKINS HOSPITAL
Hospital Address:	600 N WOLFE STREET BALTIMORE, MD 21205
Telephone:	410-955-4855
Ext:	
Fax:	410-955-4855
<b>SECTION 4: DISCHARGE INFORMATION</b>	
Will the baby be discharged to the mother?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Care Taker's Name:	
Mother's Relationship to Caretaker:	
Address of Caretaker:	
Phone Number of Caretaker:	
<b>SECTION 5: PEDIATRICIAN INFORMATION</b>	
Has the parent selected a pediatrician for ongoing care after discharge?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Name of Pediatrician:	
Practice Name:	
Practice Address:	

[Click Here to hide detail](#)

[Back To Search](#) [Newborn Home](#) [Services Home](#)

Selecting "Back to Search" -

The screenshot shows the 'newborn enrollment' search results page. At the top, there are navigation buttons: 'Back to Search', 'Newborn Home', and 'Services Home'. Below the navigation is a table with 33 records. The table columns include: Hospital, Application ID, Application Status, Newborn DOB, Newborn's MCO, Newborn's Manage Care Type, Newborn's Last Name, Mother's Last Name, Mother's First Name, Newborn First Name, Newborn Last Name, Newborn Medical Assistance Num, Newborn CCR, Birth Weight, Post-Recd, and Sign. The 'Back to Search' button is highlighted in the top navigation bar.

Selecting "Newborn Home" -

The screenshot shows the 'newborn enrollment' search results page. At the top, there are navigation buttons: 'Back to Search', 'Newborn Home', and 'Services Home'. Below the navigation is a table with 33 records. The table columns include: Hospital, Application ID, Application Status, Newborn DOB, Newborn's MCO, Newborn's Manage Care Type, Newborn's Last Name, Mother's Last Name, Mother's First Name, Newborn First Name, Newborn Last Name, Newborn Medical Assistance Num, Newborn CCR, Birth Weight, Post-Recd, and Sign. The 'Newborn Home' button is highlighted in the top navigation bar.

Selecting "Services Home" -

The screenshot shows the 'Maryland Web Services' portal. At the top, there are navigation buttons: 'Back to Search', 'Newborn Home', and 'Services Home'. Below the navigation is a table with 33 records. The table columns include: Hospital, Application ID, Application Status, Newborn DOB, Newborn's MCO, Newborn's Manage Care Type, Newborn's Last Name, Mother's Last Name, Mother's First Name, Newborn First Name, Newborn Last Name, Newborn Medical Assistance Num, Newborn CCR, Birth Weight, Post-Recd, and Sign. The 'Services Home' button is highlighted in the top navigation bar.

# Newborn Inquiry – MCO / LHD (Exporting to Excel)



You are currently signed in as 5220076P0001 Priority Partners [sign\\_out](#)

## newborn enrollment

[Services Home](#)

Hospital	Mother	Newborn	Application Submitted Date	Txn Processed Date	Application Status
	MAID: <input type="text"/> Last Name: <input type="text"/> First Name: <input type="text"/>	Date Of Birth: <input type="text"/> Last Name: <input type="text"/> First Name: <input type="text"/>	<input type="text"/> <small>FROM(mm/dd/yyyy)</small> <input type="text"/> <small>TO(mm/dd/yyyy)</small>	02 / 08 / 2012 <small>FROM(mm/dd/yyyy)</small> 03 / 09 / 2012 <small>TO(mm/dd/yyyy)</small>	<input type="text"/> ▼
<input type="button" value="Search Newborn"/> <input type="button" value="Clear Form"/>					

10 newborns found, displaying all newborns.

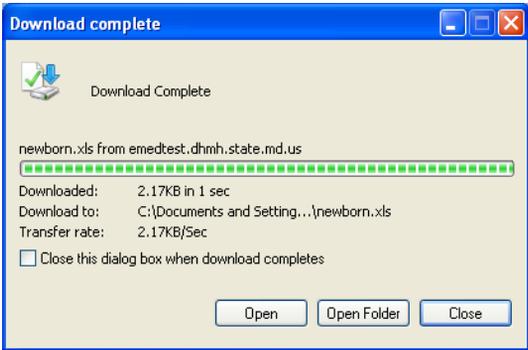
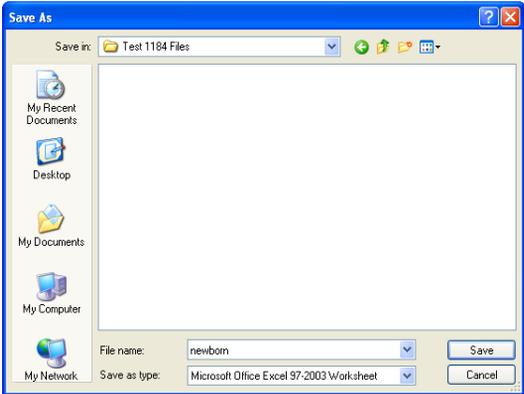
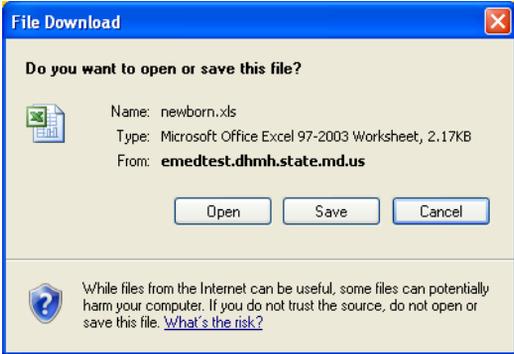
Newborn Application ID	Application Submitted Date	Application Status	Hospital	Mother's Medical Assistance Num	Mother's Last Name	Mother's First Name	Newborn First Name	Newborn Last Name	Newborn Medical Assistance Num	Newborn DOB	Birth Weight	Most Recent Txn Type	Txn Processed Date
<a href="#">120470000008</a>	02/16/2012 09:45:21 AM	APPROVED	000065500						030719295803		3220.0	NEW ENROLLMENT	02/16/2012 09:45:21 AM
<a href="#">120470000003</a>	02/16/2012 09:30:51 AM	APPROVED	000065500						030785307801		3280.0	NEW ENROLLMENT	02/16/2012 09:30:51 AM
<a href="#">120460000019</a>	02/15/2012 03:38:54 PM	APPROVED	000065500						049404575601		2011.0	NEW ENROLLMENT	02/15/2012 03:38:54 PM
<a href="#">120460000018</a>	02/15/2012 03:36:09 PM	APPROVED	000065500						043002672202		2012.0	NEW ENROLLMENT	02/15/2012 03:36:09 PM
<a href="#">120460000017</a>	02/15/2012 03:30:13 PM	APPROVED	000065500						045101227602		2012.0	NEW ENROLLMENT	02/15/2012 03:30:13 PM
<a href="#">120460000014</a>	02/15/2012 03:02:56 PM	APPROVED	000065500						017012464902		3159.0	NEW ENROLLMENT	02/15/2012 03:02:56 PM
<a href="#">120460000012</a>	02/15/2012 02:51:02 PM	APPROVED	000065500						042400335701		3233.0	NEW ENROLLMENT	02/15/2012 02:51:02 PM
<a href="#">120460000011</a>	02/15/2012 02:48:53 PM	APPROVED	000065500						042000128404		3361.0	NEW ENROLLMENT	02/15/2012 02:48:53 PM
<a href="#">120460000008</a>	02/15/2012 02:42:10 PM	APPROVED	000065500						042004566201		4235.0	NEW ENROLLMENT	02/15/2012 02:42:10 PM
<a href="#">120460000005</a>	02/15/2012 02:32:33 PM	APPROVED	000065500						049704295901		511.0	NEW ENROLLMENT	02/15/2012 02:32:33 PM

10 newborns found, displaying all newborns.

Export:  Excel

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.....

# Newborn Inquiry – MCO / LHD (Exporting to Excel)



Similar dialog boxes will appear allowing the MCO or LHD user to save the information in Excel format.

# Web Services – Time Out



Sorry,  
your session time has expired.  
Please start again!

[Home](#)

[Medical Care For You and Your Family](#) • [About Our Programs](#) • [Services for Medical Care Providers](#)  
[Search Our Site](#) • [Contact Us](#) • [Help](#) • [Visit DHMH](#)  
[Medical Programs Home](#)  
[Terms of Use](#) and [Privacy Policy](#)

***This message will appear if the user does not have any activity for a period of time.***