STATE OF MARYLAND
DHMH
Office of Health Services
Medical Care Programs
Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Hospital Transmittal No. 178
Managed Care Organization Transmittal No. 29
January 7, 2002

TO: Hospitals
Managed Care Organizations

FROM: Susan J. Tucker, Executive Director
Office of Health Services

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

New Educational Pamphlet for New Mothers

Hospitals' Responsibility to Complete the Hospital Report of Newborns (DHMH 1184)

The first purpose of this transmittal is to inform you about a new educational pamphlet that the Department is providing to Hospitals for distribution to postpartum women enrolled in Medicaid. The second purpose is to emphasize to the hospitals, the importance of submitting the DHMH form 1184 to the Department immediately after birth in order to trigger Medicaid enrollment of the newborn.

Prior to their hospital discharge, distribute this new pamphlet to all mothers enrolled in Medicaid. The pamphlet contains important information about Medicaid enrollment and access to care for their newborns. Additional copies of this pamphlet can be obtained by calling 1-800-456-8900.

Also please remember that the Hospital Report of Newborns (DHMH 1184) must be completed as soon as possible after birth, within 24 hours would be considered best practice. This important form sets in motion the newborn's enrollment in Medicaid and subsequent payment for hospital and all other Medicaid services. Without enrollment via this process, mothers are unable to easily access care for their newborns. Newborns cannot be officially enrolled into a HealthChoice MCO until DHMH receives and processes appropriate eligibility information via the Hospital Report of Newborns form (DHMH 1184).

Upon completion, the DHMH 1184 form should be faxed to the Department of Health and Mental Hygiene, Recipient Master File Unit, Fax Number 410-333-7012. The infant's temporary Medical Assistance number will be sent to the birth hospital, mother's MCO, and the client's designated eligibility office at either the local health department or local department of social services.

Attached please find a copy of the revised (DHMH 1184) form dated February 2000. The critical fields that must be completed are:

1. Mother's Name – Last, First, Middle Initial
2. Mother's Medical Assistance number
3. Mother's Address
4. Mother's Social Security Number
5. Newborn's Name – Last, First and Middle Initial
6. Newborn's Date of Birth
7. Newborn's sex
8. Name and Signature of person completing the form
9. Date form was completed
10. Name of Hospital – to be specific, as there are several "Memorial" hospitals
11. Hospital Address

The pediatrician information should be completed if available; however, this is an optional field and faxing the form should not be delayed to obtain this information. Newborn forms will be processed as follows:

All hospitals should fax the 1184 to DHMH (410-333-7012) within 24 hours after birth.

DHMH will process the 1184 within 48 hours of receipt (in most cases the same day it is received).

On the day after the 1184 is processed, DHMH will fax the 1184 and the Daily MCO Newborn Enrollment Report (see attached) to the MCO to confirm that the newborn has been certified for Medical Assistance and the MCO in which the child has been enrolled. This will ensure that the newborn's eligibility information will be on the Eligibility Verification System (EVS) at DHMH the following day.

Your prompt completion and faxing of the DHMH 1184 form ensures that newborns can access the medical attention they need in a timely manner.

Please direct any questions on this transmittal to Mr. Paul Scholz, Manager Recipient Master File at 410-767-5378.

Attachment
SJT:lfl

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND MEDICAL ASSISTANCE PROGRAM

HOSPITAL REPORT OF NEWBORNS

DHMH USE ONLY
Date Received:
Date Processed:
Processed By:

FAX FORM IMMEDIATELY TO:
Recipient Master File Unit
410-333-7012
or
MAIL FORM TO:
Recipient Master File Unit
201 West Preston Street, Room SS7C
Baltimore, Maryland 21201

Mother's Name: ______________________ **DOB:** ___/___/___
(Last) (First) (M.I.)

Mother's Medical Assistance Number: ___/___/___/___/___/___/___/___/___/___/___

Address: ______________________ **S.S.#:** ___ ___ ___/___ ___/___ ___ ___

Full Name of Newborn(s) Last	First	M.I.	Birth Date Mo/ Day/ Yr	SEX M or F	DHMH Use Only MA Number Assigned
			/ /		
			/ /		
			/ /		

Complete Name of Hospital: ______________________

Address: ______________________ **Telephone #:** ______________________

Printed Name of Person Completing Form **Signature of Person Completing Form** **Date of Completion**

Optional

Has parent selected pediatrician for ongoing care after discharge? **Yes** ☐ **No** ☐

Name: ______________________ **Practice Name:** ______________________

Address: ______________________

Note: **Automatic eligibility for the newborn(s) is dependent on the mother being eligible for and receiving Medical Assistance at the time of the child's or children's birth and the child living with the mother. It is advisable to confirm the mother's eligibility status on the date of delivery by using the Eligibility Verification System (EVS). Do not submit this form if the child will not be discharged to the mother.**

DHMH 1184 (Rev. 2/00)