Newborn Request Form

Facility Notification System User Guide

7/1/2013

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DHH Facility Notification System

The Department of Health and Hospitals Facility Notification System provides an electronic means of form submission from hospitals and facilities to Medicaid, Office of Aging and Adult Services (OAAS), Statistical Resources, Inc. and Office of Citizens with Developmental Disabilities (OCDD). The following forms are available for electronic submission using this system: Newborn Request Form, Form 142BH, Form 148 and 148W, Notification of Admission, Status Change, Discharge for Facility Care or Waiver Services, 148 PLI requests and Demographic Change forms.

Obtaining Access to the System

To access the Facility Notification System, type the following URL into your internet browser: https://bhsfweb.dhh.louisiana.gov/DHH148/

DHH Provider Facilities, Statewide Management Organization (SMO) and Support Coordination Agencies can request access to the system by clicking the link **Register for Account** in the left menu. Each user will be required to sign a confidentiality agreement when requesting a user id. The original signed copies must be mailed to the address on the form. Each user within the facility must complete their own access form, and provide a separate email address. **User names and passwords are not to be shared.**

Login Process

To log into the system enter your assigned username and password. The password will appear as a series of hidden characters to prevent unauthorized persons from viewing the actual password.

Once both username and password are entered, either click the **Login** button or press the **Enter** key. If any information is incorrect or invalid, you will be redirected to the login screen and prompted to make corrections before continuing.

NOTE: In the left menu of the login screen there are links for blank forms. If the system is unavailable or you are unable to log in, you may still submit information to DHH by selecting a form to download, print, and mail.
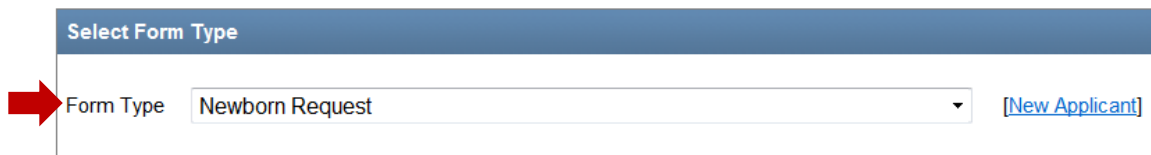
Reset or Change Password

Your username will always be your email address. If you require a password reset or change, there are **Reset Password** and **Change Password** options on the Login screen. Your new password will be sent to you via email.

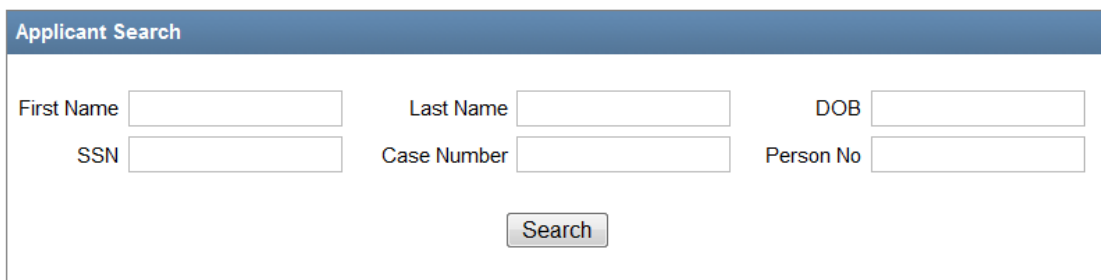## Completing a Newborn Request-Newborn

Once logged in, you'll be directed to the main FNS screen shown below.

If not already selected for you, choose the **Newborn Request** option from the dropdown provided in the **Select Form Type** section.
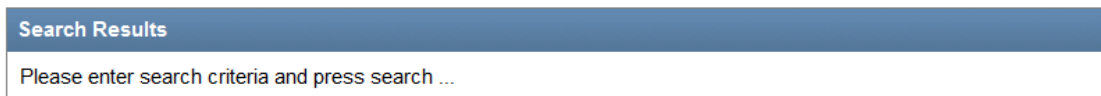

In the **Applicant Search** section, fill in any information you have for the mother of the child then click **Search**.

Results will appear in the **Search Results** section at the bottom of the screen. If the applicable result appears, click the hyperlink titled **Select** next to the search result. By choosing to search for an applicant before starting the form, the applicant's personal information will prepopulate the Newborn Request.

Search Results			
Select	**SSN**	**Applicant Name**	**DOB**
Select	****-1111	******* *****	10/24/2008

If your search doesn't produce a result, proceed by clicking the **New Applicant** hyperlink in the **Select Form Type** section.

Select Form Type		
Form Type	Newborn Request	[New Applicant]

The **Create Newborn Forms** screen will appear. Answer the two questions provided in this step. If the answer to the second question, "Does the mother or father have access to employer sponsored health insurance?" is **Yes**, you'll be required to complete a **Third Party Liability (TPL)** form after completing the Newborn Request. Click **Start Form(s)** when finished answering the questions.

Create Newborn Forms	
Does the mother have Medicaid?	● Yes ○ No
Does the mother or father have access to employer sponsored health insurance?	● Yes ○ No

Start Form(s)

Part I: Mother's Information

The next screen that appears is the Newborn Request form. If not already chosen for you, choose your **Current Location** from the dropdown menu at the top of the page.

Current Location   BATON ROUGE CLINIC AMC THE ▾

PART I: MOTHER'S INFORMATION

Complete all of the mother's personal information in **Part I: Mother's Information**. You are required to answer the question, "Upon release from the hospital, will the newborn live with the mother?". Your answer to this question will determine the next section of the form. See the two options below:

If you answer, "**Yes**", the below section will appear. Please choose the **Parish of Residence** from the dropdown menu and complete the **Phone** information if known. If the **Physical Address** is the same as the mailing address, check off the box at the bottom of this section next to **Same as mailing address**.

If the **Physical Address** is different than the **Mailing Address**, complete the **Physical Address** section.

Part II: Baby's Responsible Party

If you answer, "**No**", the **Part II: Baby's Responsible Party** section will appear. Fill in all categories in this section. This information may consist of personal information or agency information depending on the circumstances.

Part III: Child/Birth Information

The next section is **Part III: Child/Birth Information**. From the dropdown menu next to **Multiple Child Birth**, choose **Yes** or **No**. This answer will determine the next step. See the below information based on the choices:

If you answer "**No**" from the **Multiple Child Birth** dropdown, personal information fields for one baby will appear. Complete each field provided in this section. If the **Expired** box is chosen, you must fill in the baby's date of death. You are required to answer the question, "**Does the mother of the newborn have private health insurance coverage?**".

If you answer "**Yes**" from the **Multiple Child Birth** dropdown, an additional section will appear asking "**How many births?**". From the dropdown provided, choose the number of births. The number chosen in this dropdown will dictate the number of personal information fields provided for each baby born. Complete the appropriate sections. If the **Expired** box is checked, you must fill in the baby's date of death. You are required to answer the question, "**Does the mother of the newborn have private health insurance coverage?**".

Part IV: Provider Information

To complete **Part IV**, click the **Find Doctor** hyperlink at the top of this section.

The **Find A Doctor** window will appear. Search for the appropriate doctor using the **Name**, **City**, and/or **Zip Code** fields and click **Search**.

Based on the criteria you enter for the search, the filtered results will appear in the **Find A Doctor** window. Depending on the number of results, you may need to move to the next page of search results to find the appropriate doctor. Click the **Select** hyperlink next to the appropriate **Provider**.

The provider information you selected in the **Find A Doctor** window will prepopulate in the fields provided in **Part IV**. An **Email** <u>or</u> **Fax** is required so Medicaid can provide the child's Medicaid number.

Pediatrician Information

Complete the **Pediatrician Information** section in the same manner as you completed **Part IV**.

Additional Providers

If additional providers are needed, check the box next to **Include Additional Providers** in the section heading. Complete this section in the same manner you completed **Part IV** and **Pediatrician**.

Facility Representative Information

The **Facility Representative Information** section will be prepopulated based on the information Medicaid has on file.

Additional Information

You can provide additional information or clarification if needed in the text box provided.
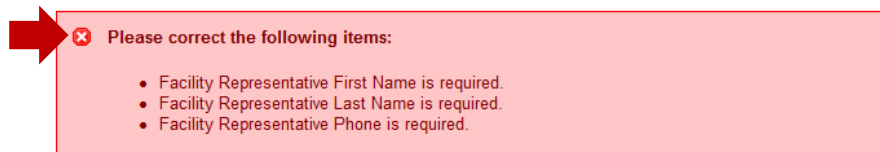
Submitting a Newborn Request

Click the **Submit** button at the bottom of the form to send the form to DHH. Click the **Save Draft** button to save the information entered and return later for completion. Click **Cancel** to end and close the form you are completing. Cancelling the form will not save any of the information entered.

When you click **Submit**, one of two things will occur. You will either receive a "**Please correct the following items**" error message or your request will be sent without an error and you'll be returned to the main screen of the Facility Notification System or the **TPL** page, if a **TPL** is required.

An error message similar to the one shown below may appear when submitting a Newborn Request. This message occurs when required fields are missing information. Review the bulleted items in the error message and correct the required fields and click **Submit**.

Please correct the following items:
- Facility Representative First Name is required.
- Facility Representative Last Name is required.
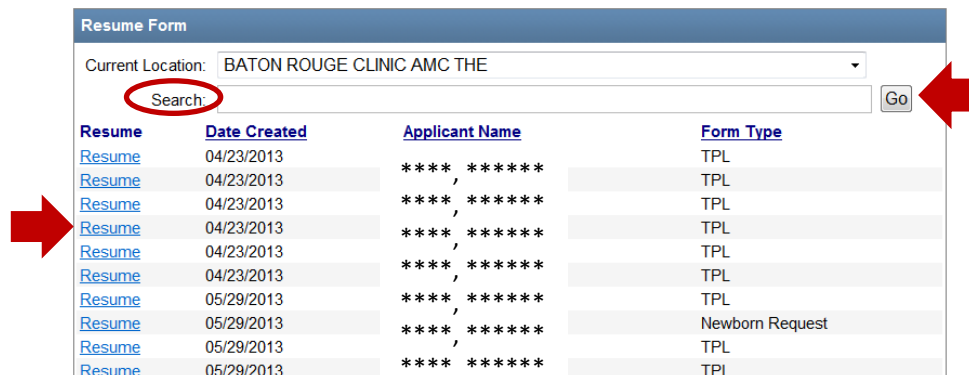- Facility Representative Phone is required.

Resuming a Newborn Request

To resume a form saved as a draft, click on the **Resume Form** link on the top left of the home page. A list of forms that have been saved as a draft will be displayed. Click **Resume** next to the form to open the saved form.

- Logout
- Start New Form
- Resume Form
- History

<u>NOTE</u>**:** A **Search** field is available to make it easier to find saved drafts. Enter your search criteria in the field provided and click the **Go** button.

Resume Form			
Current Location:	BATON ROUGE CLINIC AMC THE		
Search:			Go
Resume	**Date Created**	**Applicant Name**	**Form Type**
Resume	04/23/2013		TPL
Resume	04/23/2013	****, ******	TPL
Resume	04/23/2013	****, ******	TPL
Resume	04/23/2013	****, ******	TPL
Resume	04/23/2013	****, ******	TPL
Resume	04/23/2013	****, ******	TPL
Resume	05/29/2013	****, ******	TPL
Resume	05/29/2013	****, ******	Newborn Request
Resume	05/29/2013	****, ******	TPL
Resume	05/29/2013	****, ******	TPL

The saved form will open prepopulated with the information previously saved. Complete the required fields and click **Submit**. A successful submission will bring you to the home page of FNS. An unsuccessful submission will produce an error message detailing what required information is needed to submit the form.

History

From the home page, click the **History** link in the left menu. Under the **History** section, a grid view of all of the forms submitted will be displayed. Paging arrows and links will appear on the bottom right hand side of the screen if more than one page of data is available. From here, a form can be **viewed** or **edited**. The **cancel** feature cannot be used from **History**. **Any attempts to cancel a form will not be honored.**

Viewing a Form

To view a printable report of a specific form, click the **View** hyperlink to the left of the item.

NOTE: A **Search** field is available to make it easier to find submitted forms. Enter your search criteria in the field provided and click the **Go** button. When viewing the form in history, the status of the case can be found in **Part V (To be completed by Medicaid)**

Newborn Request Eligibility Status

The eligibility status of a Newborn Request submission will be faxed or emailed to the doctor and/or pediatrician based on the information provided in **Part IV** and **Pediatrician Information**.

In addition, the **Status** of the request can be found in **Part V** of the form when in viewing the form from the **History** window.

Editing a Form

In the event that an error has been made on a submitted form, you can edit the form in the history window. Find the form that need editing and click **Edit** to the left of the item.

The form will open with a red heading titled **Corrected Copy**. Make the necessary edits and click **Submit** at the bottom of the screen. A successful submission will return you to the home page of FNS.

Third Party Liability Form (TPL)

If a parent has private insurance a **Third Party Liability (TPL)** form is required. You'll be directed to the page below. To print or view a copy of the **TPL** click the hyperlink labeled "**Click here to view or print the completed form.**" When ready to proceed, click the **Continue** button.

To resume the **TPL** form later, click the **Resume Later** button.

After clicking **Continue**, the Third Party Liability form will appear prepopulated with the information from the Newborn Request. Confirm that the **Current Location** at the top of the form is correct. If it is not, choose the location from the dropdown menu.

Hospital Information

Complete the following required fields in the **Hospital Information** section: **Date, Was the newborn delivered in your facility?, Facility Provider No., Discharge Date, Will the attending provided accept health insurance as Primary and Medicaid as Secondary?,** and **Was the newborn discharged to another facility?**

If the newborn was discharged to another facility, the **Facility Name** and **Telephone No.** are required.

Mother's Information

The mother's information will prepopulate with information from the Newborn Request. The question, "**Will the Mother enroll the newborn in her employer sponsored insurance plan?**" requires an answer.

Mother's Information	
Name	******** ******
Date of Birth	**/**/**** SSN ****-**-2335 Edit
Mailing Address	***** ****** **
City, State Zip	DENHAM SPRINGS LA 70726
Phone Number	
Is the mother covered by medicaid?	● Yes ○ No Applied? ○ Yes ○ No Date Applied
Will the Mother enroll the newborn in her employer sponsored insurance plan? ○ Yes ● No

Mother's Employment

If details regarding the mother's employment are known, fill in the provided fields. This section is not required.

Mother's Employment	
Employer	
Telephone #	

Father's Information

If details about the father are known, fill in the provided fields. This section is not required.

Father's Information	
Name	
Date of Birth	SSN
Mailing Address	
City, State Zip	
Phone Number	
Is the father covered under health insurance coverage? ○ Yes ○ No	
Name of Insurance Company	

Father's Employment

If details regarding the father's employment are known, fill in the provided fields. This section is not required.

Father's Employment	
Employer	
Telephone #	

Other Contact- #1 and #2

If additional contact information for the family is known, fill in the **Other Contact** sections.

Newborn Section

Depending on the number of births, there may be more than one **New Born** section. The following information is required in these sections: **Birth Weight, Gestation Age,** and **NICU** information.

Health Insurance-Primary Plan and Secondary Plan

If information regarding a primary or secondary plan are known, fill in the fields provided in these sections. These sections are not required.

Insurance Notification

If information for an insurance company or insurance representative are known, fill in the fields provided in this section. This section is not required.

Additional Information

If you feel additional information, notes, or further explanation is needed, use the text box provided in this section.

Submitting a Third Party Liability (TPL)

At the bottom of the TPL form, click **Submit** to send the form to Medicaid, click **Save Draft** to save your work and resume later, or click **Cancel** to stop working on the form. (Cancelling the form will delete any work you've done thus far.)

When you click **Submit,** one of two things will occur. If successful, you'll be returned to the home page of the Facility Notification System. If unsuccessful, you'll be directed to the top of the TPL form where you'll see an error message detailing what required information was missing from the form. See an example of the error message below:
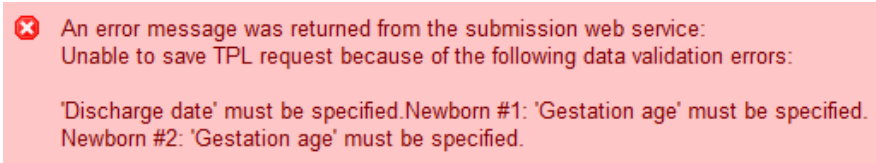
Once you've updated the form to include the required information, click **Submit** at the bottom of the form.
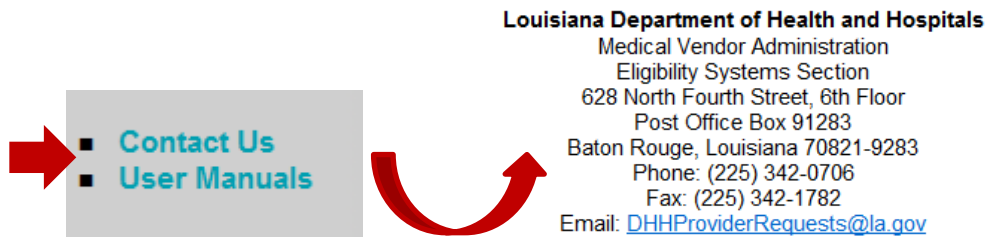
Resuming a TPL Draft
The TPL form can be saved as a draft and finished at a later time. Follow the same process as shown in *Resuming a Newborn Request.*

Resources
DHH has provided you with several useful resources in the Facility Notification System.

Contact Us
In the left menu of FNS there is a **Contact Us** hyperlink that will direct you to DHH and Medical Vendor Administration contact information.

Louisiana Department of Health and Hospitals
Medical Vendor Administration
Eligibility Systems Section
628 North Fourth Street, 6th Floor
Post Office Box 91283
Baton Rouge, Louisiana 70821-9283
Phone: (225) 342-0706
Fax: (225) 342-1782
Email: DHHProviderRequests@la.gov

User Manual
In the left menu of FNS there is a **User Manual** hyperlink that will direct you to the available manuals and guides for the Facility Notification System.
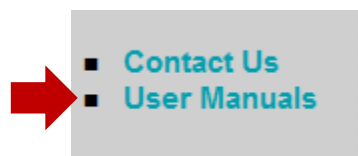
Training Videos

In the left menu of FNS there is a **Training Videos** section where you'll find hyperlinks to the available training videos on how to navigate and submit forms using FNS.
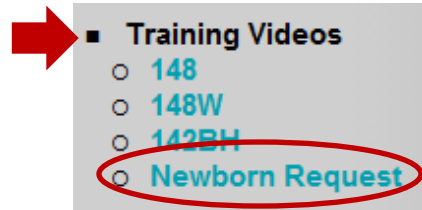
Logout

When you're ready to log out of the Facility Notification System, click the **Logout** hyperlink from the left menu. You'll be returned to the Log In screen of FNS.