



Newborn Enrollment

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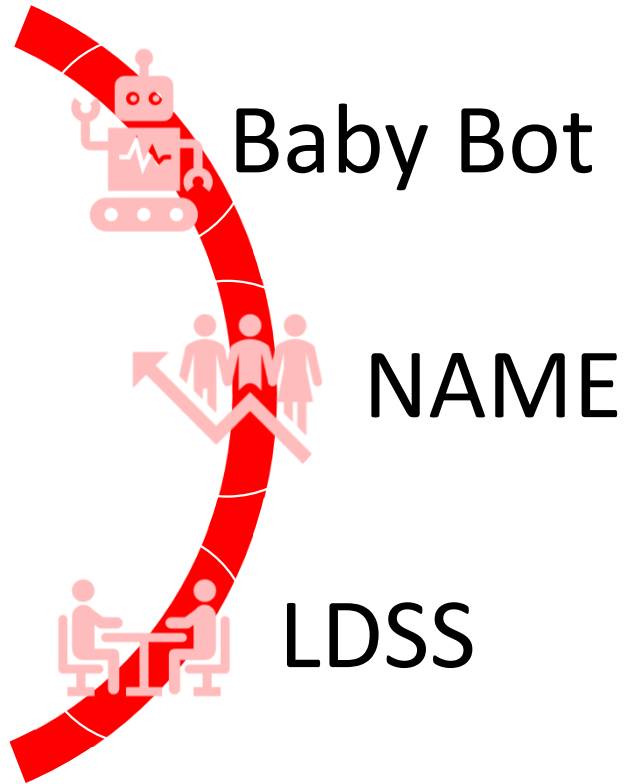
Planting Seeds of Success: Newborn Enrollment

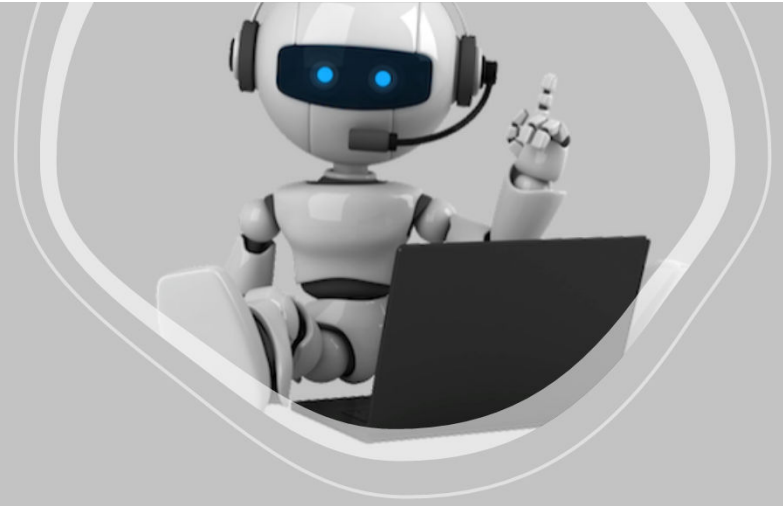
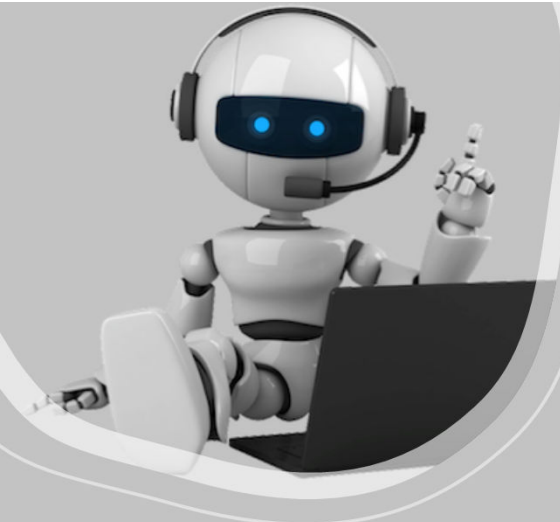
This workshop will explain the deemed newborn enrollment process via the deemed newborn automated bot and manual enrollment.





Goals

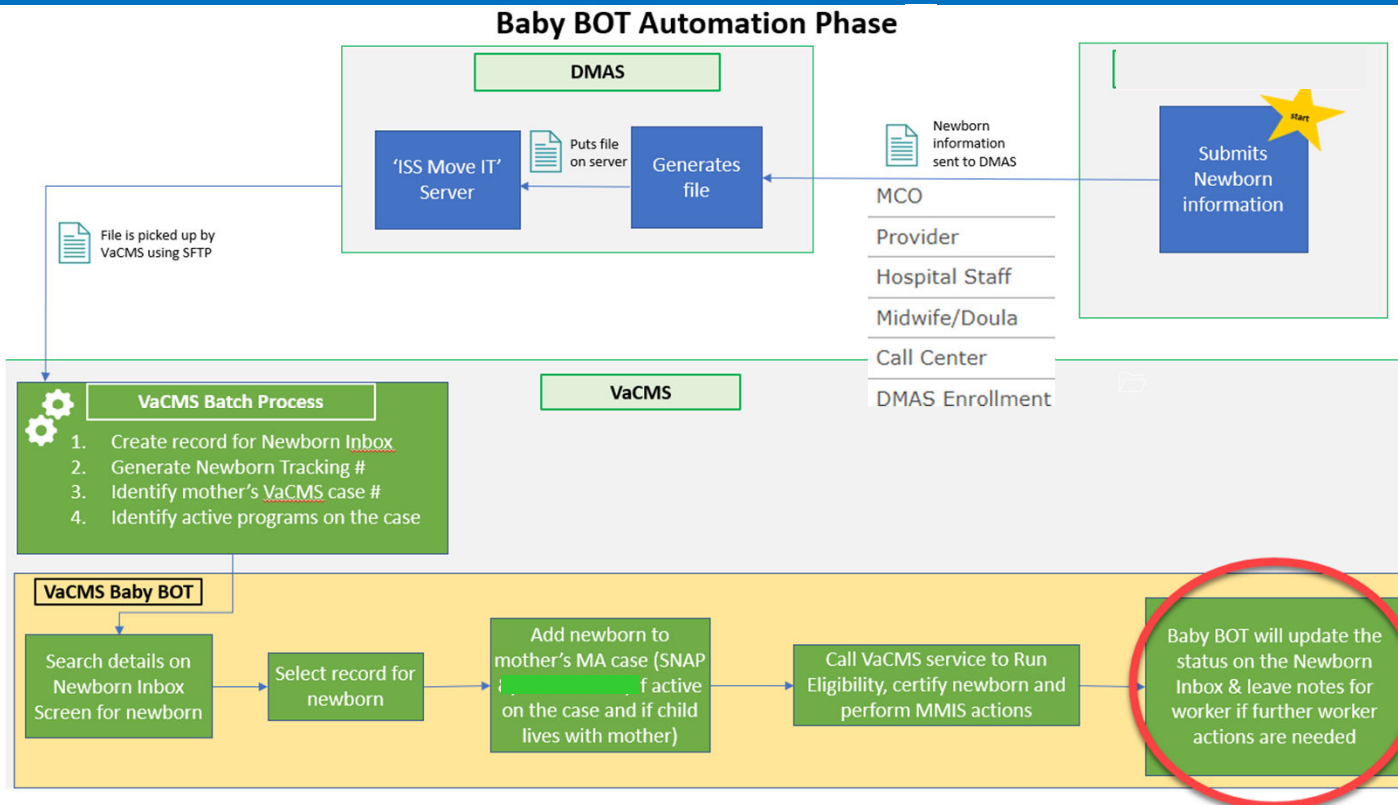


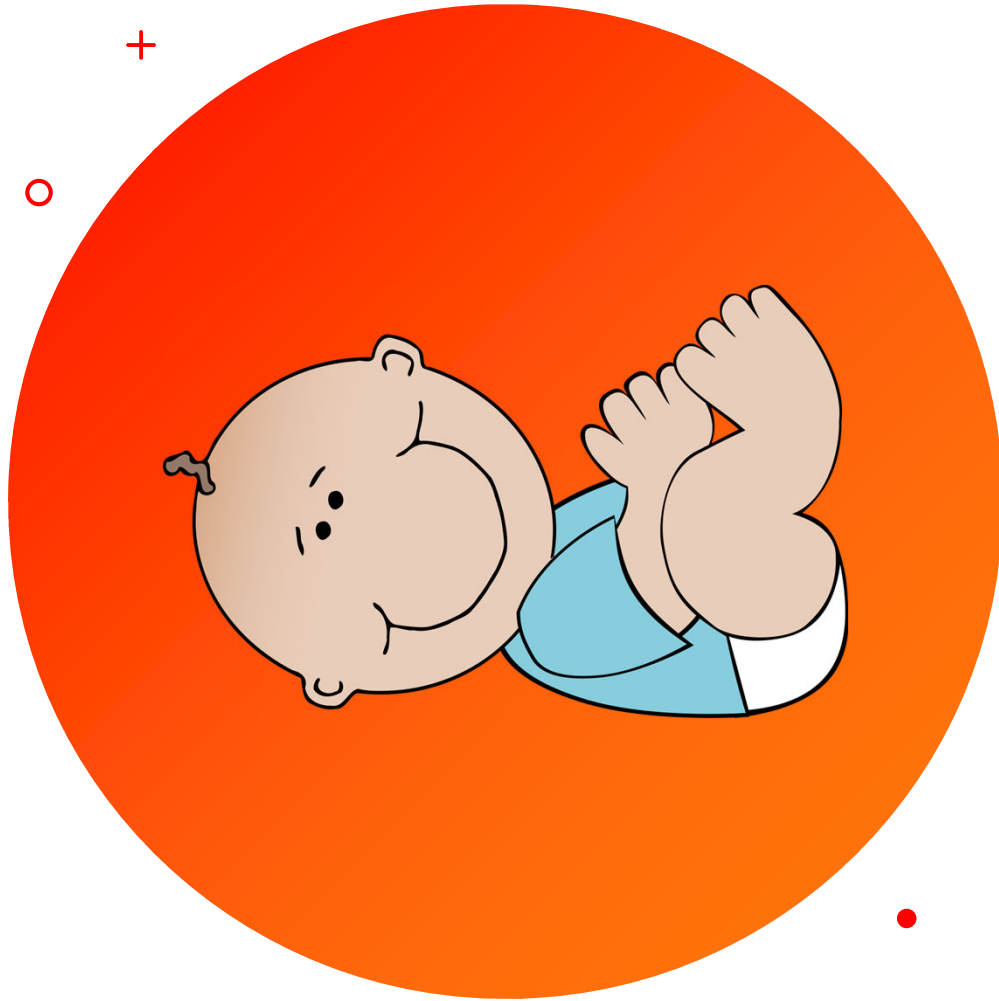


Deemed Newborn Automation (Baby Bot)



Deemed Newborn Automation (Baby Bot)





Baby Bot Exceptions

Newborn Enrollment Inbox

Alerts

Exception Report

Newborn Enrollment - Inbox

History Case info
Navigation Organizer

VaCMS Home
Dashboard Tools
Rapid Data Entry (RDE)
Application/Screening
My Workspace
SSA Referral Inbox
Locality Inbox
Newborn Inbox
Inbox Reports
EAP
Data Collection
Eligibility
Benefit Issuance
ESP
Foster Care DCSE Referral
Forms
Redetermination
Interfaces
Inquiry
Replacement Cards
DMIS
Maintain LDSS Resources
Ad Hoc Reports
Reports Search
SNAP Apptrack
Conversion
Useful Links

Newborn Inbox Summary

Newborn Inbox Search

Newborn Inbox Search Criteria

Newborn Tracking #: Mother's Medicaid Enrollee ID Number: Mother's SSN: - - Newborn's DOB: / /

Mother's First Name: Mother's Last Name: Newborn's Date of Death, if applicable: / /

Newborn's First Name: Newborn's Last Name:

Newborn Record Received From: / / Newborn Record Received To: / /

Case #: Baby BOT Process Status: Worker Process Status:

Baby BOT Process Status: In Progress
Exceptioned
In Progress
Processed
Technical Exception
Unprocessed

of Records in Search Results: 6

| Newborn Record Received | Mother's Medicaid Enrollee ID Number | Newborn Tracking # | Newborn's Name | Mother's Name | Case # | Baby BOT Process Status | Worker Process Status |
|-------------------------|--------------------------------------|--------------------|-----------------|-----------------------|-----------|-------------------------|-----------------------|
| 08/10/2023 | 351272691018 | N00000731 | UK, London | France, Paris | 114612986 | Technical Exception | |
| 08/10/2023 | 351272598018 | N00000649 | Darling, Steele | Darling, Wendy | 114612972 | Technical Exception | |
| 08/10/2023 | 351272683015 | N00000718 | Suh, Bbre | Applicationbb, Momtpg | 114613544 | Technical Exception | |
| 08/10/2023 | 351268467015 | N00000715 | Goa, Mibb | Lessi, Mona | 114593544 | Technical Exception | |
| 08/10/2023 | 351272571012 | N00000722 | Morris, Melvin | Morris, Melinda | 114612945 | Technical Exception | |

Record Set 1 of 2

Newborn Enrollment Bot- Exception

Newborn Inbox Search Summary

Newborn - Summary ? ⓘ

Certification was unsuccessful Previous

Summary

Batch #: 1 Newborn Tracking #: N16375830 Newborn Record Received: 06/06/2023

Mother's Information

Client #: 2103603952 Case #: 113270552 - Medical Assistance MMIS Enrollee ID: 351038165019

First Name: Amy Last Name: Miller DOB: 05/21/1990 SSN: 657-79-8798

Address: 123 N Main Street Amherst Virginia, 24521 Telephone Number: (375) 789-2425

Was Mother incarcerated at the time they gave birth? No Eligibility Type: FAMIS MOMS

Is this a single/multiple birth? Single Order of Birth/Total in Birth:

Newborn's Information

First Name: Dillion Last Name: Miller DOB: 06/06/2023 Gender: Male

Primary Language: English Race: American Indian or Alaskan Native

Does child live in the mother's household? Yes Child's Address: 123 N Main Street Amherst Virginia, 24521

Reporter Entity: MCO MCO Provider: Anthem

Comments

Baby BOT Process Status: Worker Process Status:

Baby BOT Comments:

Worker Comments:

Run Eligibility + Continue

0

Newborn Enrollment Baby Bot- Alerts



| Alert ID | Alert Name | Removed/Reviewed | Alert Text | Task Type | Target role | Case/Individual Alert | Trigger Condition | Alert Trigger / Generation Date |
|----------|--|------------------|---|-----------|--------------------|-----------------------|---|---------------------------------|
| 7127 | Record is exceptioned by Baby BOT | New | Case <case number> has been exceptioned out by the Baby BOT, please review the case to take further actions. | | Eligibility Worker | Case | When a record is exceptioned by the Baby BOT | Same Day |
| 7128 | A case is in case action. Record has been exceptioned out by Baby BOT, notify eligibility worker | New | Case <case number> has been exceptioned out by the Baby BOT, please go to the Newborn Inbox and take action for the newborn record, the newborn number is <newborn tracking number> | | Eligibility Worker | Case | When a case is in case action, the Baby BOT should not be working on that case. The case is exceptioned out by the Baby BOT | Same Day |

Newborn Automation Data Collection Daily Newborn Processing Report (RP-284)



Daily Newborn Processing Report
Run Date: 06/07/2023

1. Baby BOT:

- a. Total completed tasks for the previous the day: X
- b. Total completed tasks for the current week, the previous week: X, X
- c. Total completed tasks for the current month, the previous month: X, X
- d. Total completed tasks to date: X
- e. Total tasks that are awaiting worker action: X

2. Baby BOT and worker combined:

- a. Total completed tasks for the previous the day: X
- b. Total completed tasks for the current week, the previous week: X, X
- c. Total completed tasks for the current month, the previous month: X, X
- d. Total completed tasks to date: X
- e. Total tasks that are awaiting worker action: X

| SUCCESSFULLY PROCESSED CASES BY BABY BOT ON PREVIOUS DAY | SUCCESSFULLY PROCESSED CASES BY WORKER ON PREVIOUS DAY | WORKER ACTION REQUESTED AND NOT COMPELTED, AGE | PROGRAM(S) CHILD WAS ADDED TO | CASE # | MOTHER'S CLIENT ID | MOTHER'S MMIS ENROLEE ID | MOTHER'S MMIS CASE # | MOTHER'S AID CATEGORY | MOTHER'S ELIGIBILITY STATUS | INCARCERATED OR OTHER | NEWBORN'S CLIENT ID | NEWBORN'S NAME | NEWBORN'S DOB | NEWBORN'S GENDER | NEWBORN'S MMIS ENROLEE ID | NEWBORN'S MMIS CASE # | EFFECTIVE BEGIN DATE | DATE REPORTED | REASON NEWBORN WAS NOT PROCESSED |
|--|--|--|-------------------------------|-----------|--------------------|--------------------------|----------------------|-----------------------|-----------------------------|-----------------------|---------------------|----------------|---------------|------------------|---------------------------|-----------------------|----------------------|---------------|----------------------------------|
| 114738596 | 113271560 | 114758295, 1 day | Medical Assistance | 113271560 | 2103606475 | 351038419011 | 351038467007 | 091 | Approved | No | 2103607459 | Winter, Helen | 6/6/2023 | Female | 351038516016 | 351038515001 | 6/6/2023 | 6/6/2023 | N/A |

Adding a Deemed Newborn in VaCMS

Newborn Inbox Search Summary

Newborn Inbox Search ? ⓘ

Newborn Inbox Search Criteria

Newborn Tracking #: Mother's MMIS: Mother's SSN: - - Newborn's DOB: / /

Enrollee ID:


Mother's First Name: Mother's Last Name:

Newborn's First Name: Newborn's Last Name:

Newborn Record Received From: / /

Newborn Record Received To: / /

Case #: Baby BOT Process Status: Worker Process Status:

| Newborn Record Received | Mother's MMIS Enrollee ID | Newborn Tracking # | Newborn's Name | Mother's Name | Case # | BOT Process Status | Worker Process Status |
|-------------------------|---------------------------|--------------------|-----------------|---------------|-----------|--------------------|---|
| 06/06/2023 | 351038165019 | N16375830 | Miller, Dillion | Miller, Amy | 113270552 | In Progress |  |

Adding a Deemed Newborn in VaCMS

Newborn Inbox Search Summary

Newborn - Summary

Certification was unsuccessful

Summary

Batch #: 1 Newborn Tracking #: N16375830 Newborn Record Received: 06/06/2023

Mother's Information

Client #: 2103603952 Case #: 113270552-Medical Assistance MMIS Enrollee ID: 351038165019

First Name: Amy Last Name: Miller DOB: 05/21/1990 SSN: 657-79-8798

Address: 123 N Main Street Amherst Virginia, 24521 Telephone Number: (375) 789-2425

Was Mother incarcerated at the time they gave birth? No Eligibility Type: FAMIS MOMS

Is this a single/multiple birth? Single Order of Birth/Total in Birth:

Newborn's Information

First Name: Dillion Last Name: Miller DOB: 06/06/2023 Gender: Male

Primary Language: English Race: American Indian or Alaskan Native

Does child live in the mother's household? Yes Child's Address: 123 N Main Street Amherst Virginia, 24521

Reporter Entity: MCO MCO Provider: Anthem

Comments

Baby BOT Process Status:

Worker Process Status:

Baby BOT Comments: The case has been excepted out and worker needs to take further action.

Worker Comments:

Run Eligibility Continue

Adding a Deemed Newborn in VaCMS

The screenshot shows the VaCMS Case Action form. The left sidebar contains navigation options: History, Case info, Navigation, and Organizer. The main content area is titled 'Case Action' and includes a search bar, a dropdown menu for 'What Action Do You Want to Perform?' (set to 'Add Member'), and a date range selector. The form also features 'Reset' and 'Next' buttons.

Case Action ? [document icon] [stop icon]

Reset Next

Case Action

* Case or Application or Screening #: [search icon]

* What Action Do You Want to Perform? [dropdown arrow]

To View Historical and Replaced/Voided Records:

Between: / / [calendar icon] and / / [calendar icon]

Reset Next

Adding a Deemed Newborn in VaCMS

Client Information ? [Icons]

Case Name: [Redacted] Case #: [Redacted] Case Action: Case Status: Approved

Screen is opened in read-only mode

Reset Cancel +Add Client + Previous Next

Client Name

Prefix: [v] *First Name: [Redacted] Middle Name: Mae *Last Name: [Redacted] Suffix: [v]

Demographic Information

*Gender: Female [v] *DOB: 03 / 15 / 2024 [calendar]

DOB Verification: Hospital certificate of birth [v]

SSN: [Redacted] [Redacted] [Redacted] [Redacted]

SSN Verification Date: mm / dd / yyyy [calendar]

Verification Source: No SSN Required [v]

Verify Client SSN/DOB Verified by Federal Hub?

*Primary Race: Unknown [v] *Ethnicity: Unknown [v]

Secondary Race: American Indian or Alaskan Native
Asian Indian
Black or African American



Adding a Deemed Newborn in VaCMS

Client Household Status

Case Name: [REDACTED] Case #: [REDACTED] Case Action: Case Status: Approved

Screen is opened in read-only mode

Populate [Reset] [Cancel] [+Add Client] [Previous] [+Continue]

Client Information

Name: [REDACTED] OF

Client Household Status Dates

* Effective Begin Date: 03/15/2024 End Date: mm/dd/yyyy

* Reported On: 03/26/2024 * Date Change Occurred: 03/26/2024

* Verification Received On: 03/26/2024

Client Household Status

* Household Status: In Household

Household Status Verification:

Date Left Home: mm/dd/yyyy

Intend to Return?



Adding a Deemed Newborn in VaCMS

Program Request - Summary ? [print] [refresh] [help] [close]

Case Name: [redacted] Case #: [redacted] Case Action: Case Status: Approved

Screen is opened in read-only mode

Add Program Previous

| Program | Application Received/Screening Date | Clients | Date Requested for Client | VaCAP | SNAP ESAP | Program Status |
|--------------------|-------------------------------------|------------|---------------------------|-------|-----------|----------------|
| | | [redacted] | 12/08/2023 | | | |
| Medical Assistance | 12/08/2023 | [redacted] | 01/13/2022 | | | Approved |
| | | [redacted] | 01/13/2022 | | | |
| | | [redacted] | 01/13/2022 | | | |
| | | [redacted] | 06/02/2022 | | | |
| SNAP | 12/08/2023 | [redacted] | 12/08/2023 | | NO | Approved |
| | | [redacted] | 06/02/2022 | | | |

Adding a Deemed Newborn in VaCMS

Summary Details Clients Waitlist Information Visited 11 of 39 Pages

Program Request - Clients

Case Name: Multi, Mother Case #: 11327762 Case Action: Add Member Case Status: Approved

Cancel Previous + Continue

Program

Program: Medical Assistance Program Request Type: Ongoing
Application Received/Screening Date: 06/20/2023

Client Program Dates

* Effective Begin Date: 06/20/2023 End Date: mm/dd/yyyy

Client Information

* Name: Multi, Newborn Client #: 2103622965
* Requesting Assistance: YES Client Program Request Date: 06/20/2023
* Form Type: Medical Assistance Application
Retroactive Coverage for 3 months: NO
Plan First:
APR Signed Date: mm/dd/yyyy

Reset Update

Program-Clients Summary

| Name | Effective Begin Date | End Date | Application Received/Screening Date | System Application Date | Retroactive Coverage for 3 months | Requesting Assistance | Plan First |
|------------------------|----------------------|----------|-------------------------------------|-------------------------|-----------------------------------|-----------------------|------------|
| Multi, Mother 33F | 06/20/2023 | | 06/20/2023 | 06/20/2023 | NO | YES | |
| Multi, Father 33M | 06/20/2023 | | 06/20/2023 | 06/20/2023 | NO | YES | |
| Multi, Grandma 83F | 06/20/2023 | | 06/20/2023 | 06/20/2023 | NO | YES | |
| Multi, Son 7M | 06/20/2023 | | 06/20/2023 | 06/20/2023 | NO | YES | |
| Multi, Newborn Son 0 M | 06/20/2023 | | 06/20/2023 | 06/20/2023 | NO | NO | |

Cancel Previous + Continue

Adding a Deemed Newborn in VaCMS

Custody Details

Is this Child in Joint Custody?

Has Supervision for the Child Been Ordered by a Court?

Custodial Parent the Child Spends Majority of Month with:

Court Order Verification:

Other Demographic Information

* Tax Filing Status:

Is the individual taking care of the disabled individual in the household?

Medical Assistance Information

* Received Medical Service/Expense in the Last Three Months:

* Eligible/Received Health Services from Indian Health Services:

MCO: NPI:

Effective Date:

Type of Medical Assistance Mother Received or Expected to Receive at the Time of Child Birth:

Do you need help with everyday things like bathing, dressing, eating, walking or using the bathroom to in your home? OR Has a doctor or nurse told you that you have a physical disability or long term disease or emotional illness, or addiction problem?

TANF Information

FAMS
FAMS MOMS
FAMS Prenatal Coverage
MN Spenddown Medicaid
Medical
NONE



Adding a Deemed Newborn in VaCMS

Medicaid - EDG Summary ? ⓘ

Case Name: Jeter, Olivia Case #: 113776483 Case Action: Case Status: Approved

Waitlist Communication Form **Communication Form** Verification Checklist Next

| Name | EDG # | Program/TOA | Eligibility/Service Period | Family Unit Size | Eligibility Result | Eligibility Status | Eligibility Determination Date | Pending Reasons | | Overridden |
|------------|-------|-------------------------|---|------------------|--------------------|--------------------|--------------------------------|-----------------|-------|------------|
| | | | | | | | | VCL | Other | |
| [REDACTED] | OF | 1047475106 MA-Deemed NB | 03/01/2024 - 03/31/2024 | 4 | Approved | Authorized | 03/26/2024 | NA | NA | NO |
| [REDACTED] | OF | 1047475106 MA-Deemed NB | 04/01/2024 - 04/30/2024 | 4 | Approved | Authorized | 03/26/2024 | NA | NA | NO |
| [REDACTED] | OF | 1047475106 MA-Deemed NB | 05/01/2024 - | 4 | Approved | Authorized | 03/28/2024 | NA | NA | NO |



Adding a Deemed Newborn in VaCMS

Medicaid Eligibility - EDG Summary

Eligibility Summary

Case Name: [REDACTED] Case #: [113776483](#) Case Mode: Ongoing Case Status: Approved

EDG #: [REDACTED] Program/TOA: MA-Deemed NB Eligibility/Service Period: 03/01/2024-03/31/2024
 Eligibility Result: Approved Eligibility Status: Certified
 Redetermination Date: 11/30/2024 Interim Report Date: N/A

EDG Information:

Eligibility Begin Date: 03/15/2024 Eligibility / Patient Pay End Date: 03/31/2024

| | | | | |
|------------------------|------------------|-------------------|---------------------|-----------------------|
| Non Financial: Pass | Resource: N/A | Financial: N/A | Gap Filling: N/A | Verification: Pass |
|------------------------|------------------|-------------------|---------------------|-----------------------|

| | | | | | | |
|---|------------------|----------------------------------|--------------------------------|---------------------------------|--------------------|-------------------------|
| Institutionalized Status: Non - Institutionalized | Home Equity: N/A | Adjusted Patient Pay Amount: N/A | Original Spenddown Amount: N/A | Remaining Spenddown Amount: N/A | Spenddown Met: N/A | Incarcerated Status: No |
|---|------------------|----------------------------------|--------------------------------|---------------------------------|--------------------|-------------------------|

Adding a Deemed Newborn in VaCMS

What happens if you forget and put the program request date as the DOB?

- Go back to data collection> Case Change> Program Request> Put the correct DOB in the effective begin date and client program request.

Summary | Details | **Clients** | Waitlist Information | Visited 11 of 39 Pages

Program Request - Clients

Case Name: Multi, Mother Case #: 11327762 Case Action: [Add Member](#) Case Status: Approved

[Cancel](#) [Previous](#) [+ Continue](#)

Program

Program: Medical Assistance Program Request Type: Ongoing
Application Received/Screening Date: 06/20/2023

Client Program Dates

* Effective Begin Date: End Date:

Client Information

* Name: Multi, Newborn Client #: 2103622965
* Requesting Assistance: YES Client Program Request Date:
* Form Type: Medical Assistance Application
Retroactive Coverage for 3 months: NO
Plan First:
APR Signed Date:

[Reset](#) [Update](#)

Program-Clients Summary

Addind a Deemed Newborn in VaCMS



Then run retro cancel reinstate (RCR) for the month the baby was born.

Run Eligibility

Wrapup - Run Eligibility ? ⓘ

Next

Case Information

* Case #: 1143916

* Child Care Medical Assistance SNAP/TANF All Programs
 Cooling Crisis Fuel EAP COVID Assistance
 PIPP

Program Category (Child Care Only):

Run EDBC From (Medical Assistance Only): 04 / 2024

Run EDBC Until (Medical Assistance Only): mm / yyyy

Evaluate for Ongoing Spend down (Medical Assistance Only): YES

Perform Compatibility Check for Zero Income (Medical Assistance - MAGI Only): YES

Does the applicant waive right to the advance notice?(Yes/No):

Run Eligibility As Determined Client (FFM/SBE D Only): YES

Restart Self Direct/Determination

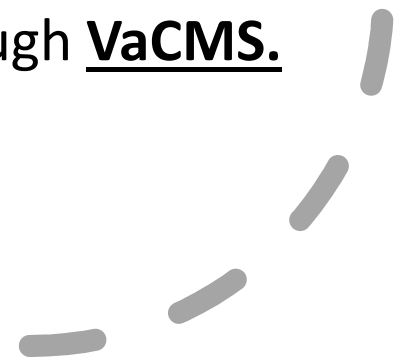
Next

The Newborn and Member Enrollment Unit (NAME)



NAME Unit

- Responsible for enrollment of **deemed** newborns on Medicaid only cases.
- Deemed newborn aid categories are 093, 010, 014.
- Enrolls Deemed Newborns through **VaCMS.**





Local Agency Benefit Specialists

Responsible for enrollment of all newborns that cannot be enrolled by the Baby Bot or the NAME unit

MA cases that have SNAP and /or TANF attached

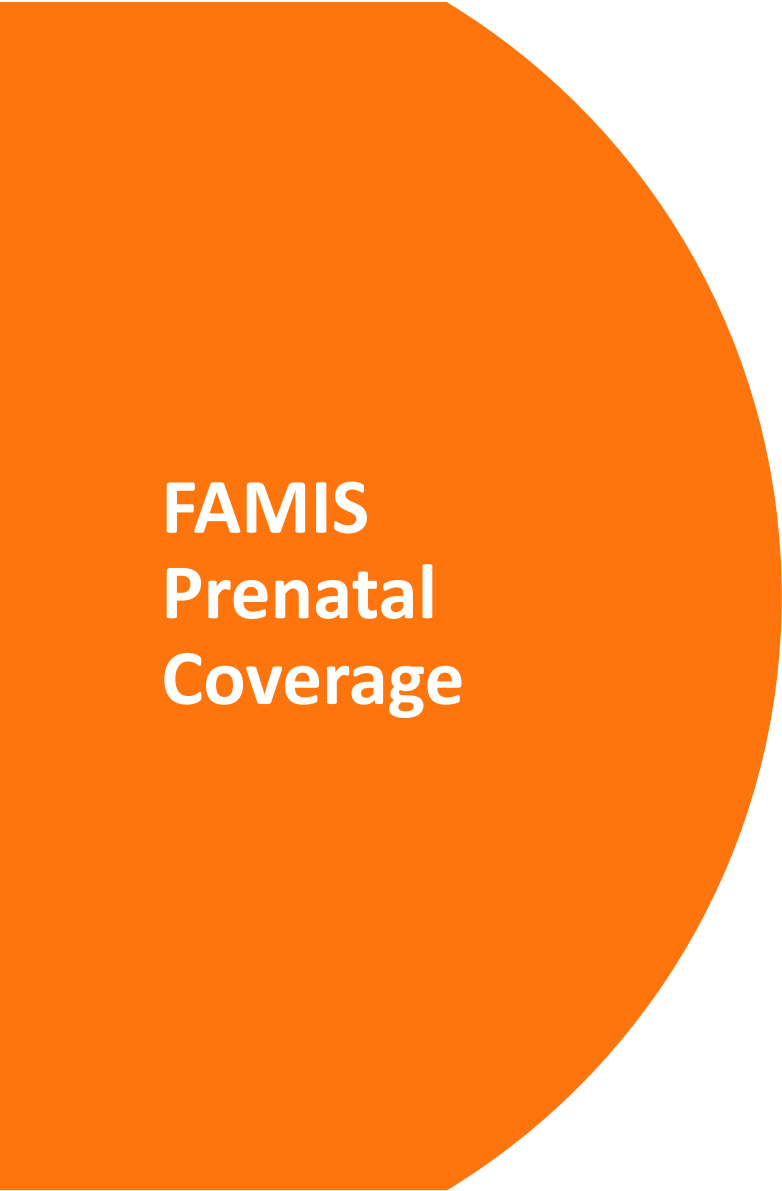
MA cases that are in case action

Newborn Enrollment



FAMIS Prenatal Coverage

FAMIS Prenatal Coverage is for uninsured low-income pregnant women who are not eligible for Medicaid or FAMIS MOMS due to immigration status

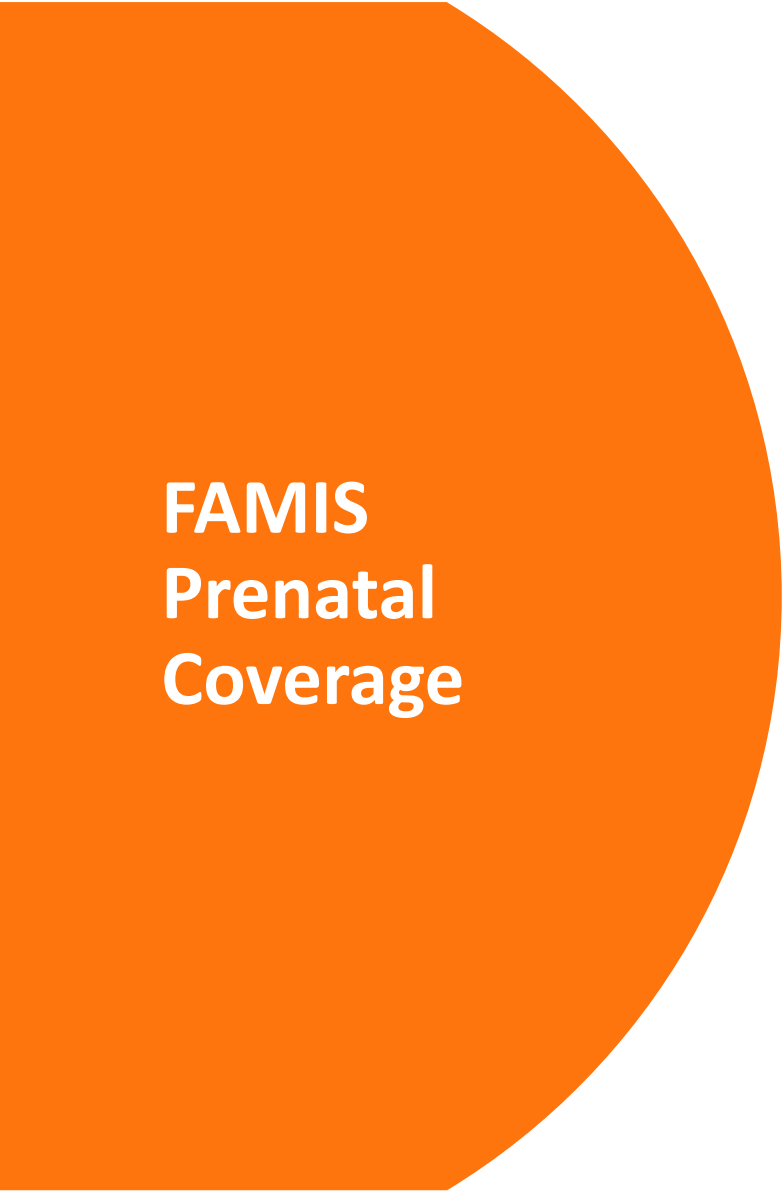


**FAMIS
Prenatal
Coverage**

If a member is enrolled in Fee For Service (FFS) at time of birth

Child is a deemed newborn

Mother Aid Category is 110



**FAMIS
Prenatal
Coverage**

If a member is enrolled in managed care (MCO) at time of birth

Child is a not a deemed newborn

Mother Aid Category is 110,111

FAMIS Prenatal Coverage

Fee for Service member in MMIS

Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessment Drugs Reports

Screen ID: MC-S-010 **VIRGINIA MEDICAID** Date: 06/22/2021
 Trans ID: VE62 **MANAGED CARE ASSIGNMENT - INQUIRY** Time: 14:10
 Program ID: MCT010 Page: 001 of 001

Member ID: [REDACTED] Name (F, L, MI): [REDACTED] Sex: F DOB: 08/22/1984 FIPS: 041
 Sub Program: [] Preassignment Reason: 11 Cancel Date: 12/31/9999 OE Begin Month: 06
 Member Phone: [REDACTED] Type: Restriction Period Begin Date: End Date: Restriction End Reason:
 CCC Indicator: CCC Begin Date: CCC End Date: Status Date:
 CMM Level: Review Date: CMM Status Code: MBR IND End Date:
 MBR IND: MBR IND Value: MBR IND Begin Date: MBR IND Update Date:
 MBR IND Status: MBR IND Add Date: MBR IND Update Date: User ID:

| Select | Benefit Plan | Exception | Provider | Begin Date | Assignment | Re-Assignment | Status | Change |
|--------|--------------|-----------|---------------|------------|------------|---------------|--------|--------|
| | Init FIPS | | Init Psn Prov | End Date | Data | Data | Data | Code |
| | | | | | | | | |
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| | | | | | | | | |

NO ASSIGNMENT DETAILS FOUND FOR THE ENROLLEE.

Scroll Up Scroll Down

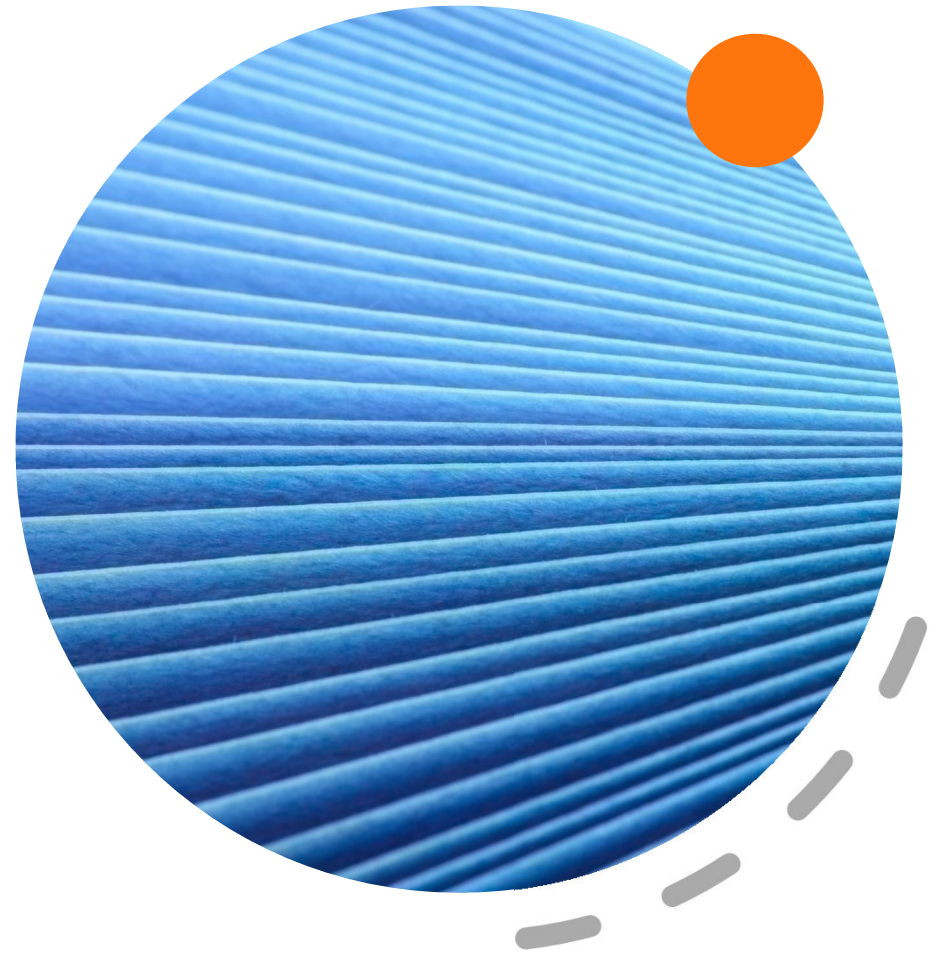
Local Agency Benefit Specialists

- FAMIS Prenatal Coverage

Aid Category 110


If member is enrolled in managed care service at time of birth

Child is a not a **deemed newborn**



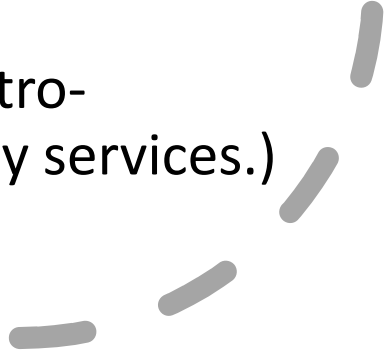
Local Agency Benefit Specialists

FAMIS Prenatal Reminders

- To determine eligibility for the infant, the eligibility worker must have the information below, either obtained from the hospital or parent:
 - name
 - date of birth
 - sex
 - If the father of the infant is known to be in the household, income information will need to be requested unless already on file from last 12 months
 - Do not re-verify income for mom
- 

Local Agency Benefit Specialists

FAMIS Prenatal (continued)

- The newborns SSN or birth certificate is not required
 - An eligible infant born to a woman enrolled in FAMIS Prenatal Coverage will receive ongoing coverage beginning on the date of the child's birth.
 - Coverage for the infant is backdated to date of birth, even if FAMIS prenatal coverage has ended for parent.
 - FAMIS Prenatal does not have retro-coverage (evaluate for emergency services.)
- 



Questions

Contact Information

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