

**Needy Newborn  
Data Entry Manual**

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## Tips Section

### Effective Begin Date Field

The **Effective Began Date** when adding a newborn **is always** the newborns date of birth (DOB). This will ensure the Medicaid Spans correctly identify the newborn's eligibility from DOB.

### Date Reported Field

The **Date Reported** field is used to record the date the client reported the change or the date the change became known to the sites via other means, such as an interface. Although this is not a required field for Family Medicaid and Child Health Plan *Plus* (CHP+), it is a required field for other High Level Program Groups. To review fields, reference the **Navigating Effective Begin and End Dates** document or **Shift-F1** in CBMS for more information.

### Date Verified Field

The **Date Verified** field is used to record the date the change was verified. Although this is not a required field for Family Medical and CHP+, it is a required field for other High Level Program Groups. To review specific fields, reference the **Navigating Effective Begin and End Dates** document or **Shift-F1** in CBMS for more information.

### Household Relationships Detail Page

The newborn must be related to the other members of the household; based off of how the Mother of the Child is related to the other members. **Exception:** If there is more than one adult male in the home and the Mother is related to both as (Spouse) then the father must be verified. If the newborn is not correctly related to the Mother on this page the newborn will not pass as an eligible **Needy Newborn**.

### Pregnancy Record End Date Page

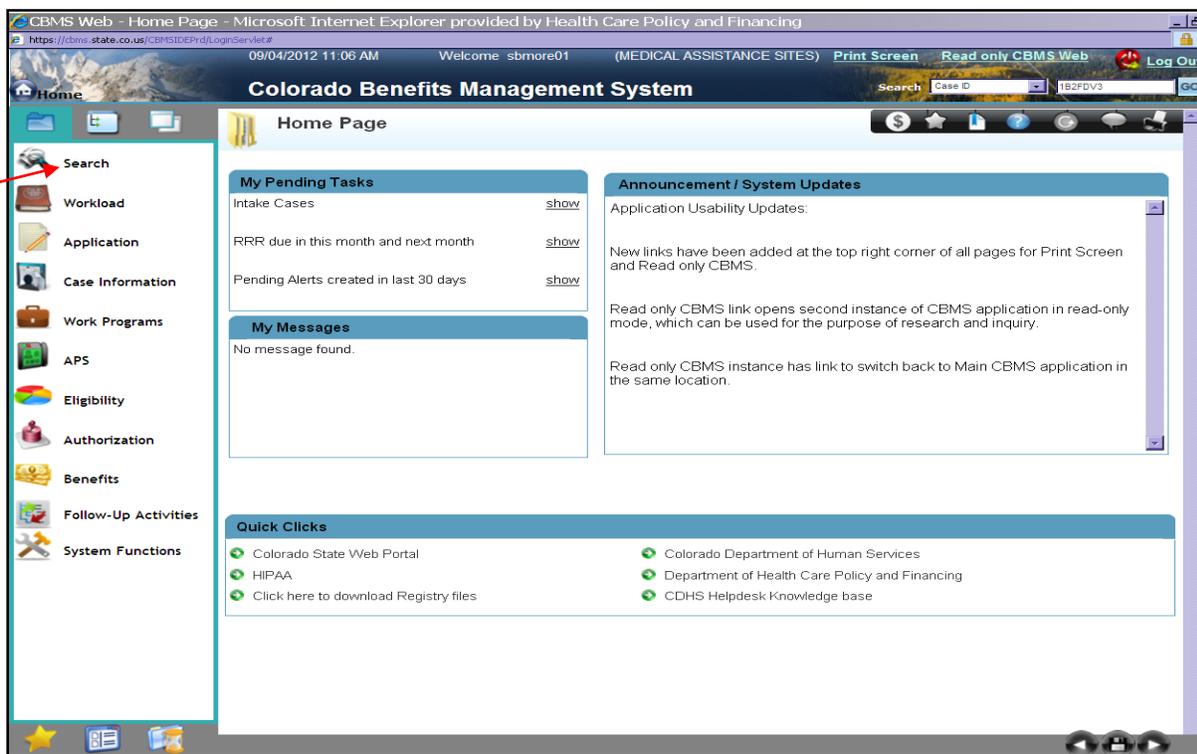
When a **Pregnancy** record does not exist in the **Summary** section for the current pregnancy the old record will need to be end dated first; before a new record for the current pregnancy can be added.

1. Is there a pregnancy end date entered? If "Yes" the **Effective End Date** will be 60 days from the pregnancy end date. Example: Pregnancy End date is 01/22/2009; EED will be 03/31/2009 since Medicaid closes at the end of the month.
2. If "No" the **Effective End Date** will be 60 days from the **Expected Due Date**.
3. Once the old record is closed a new pregnancy record can be added.

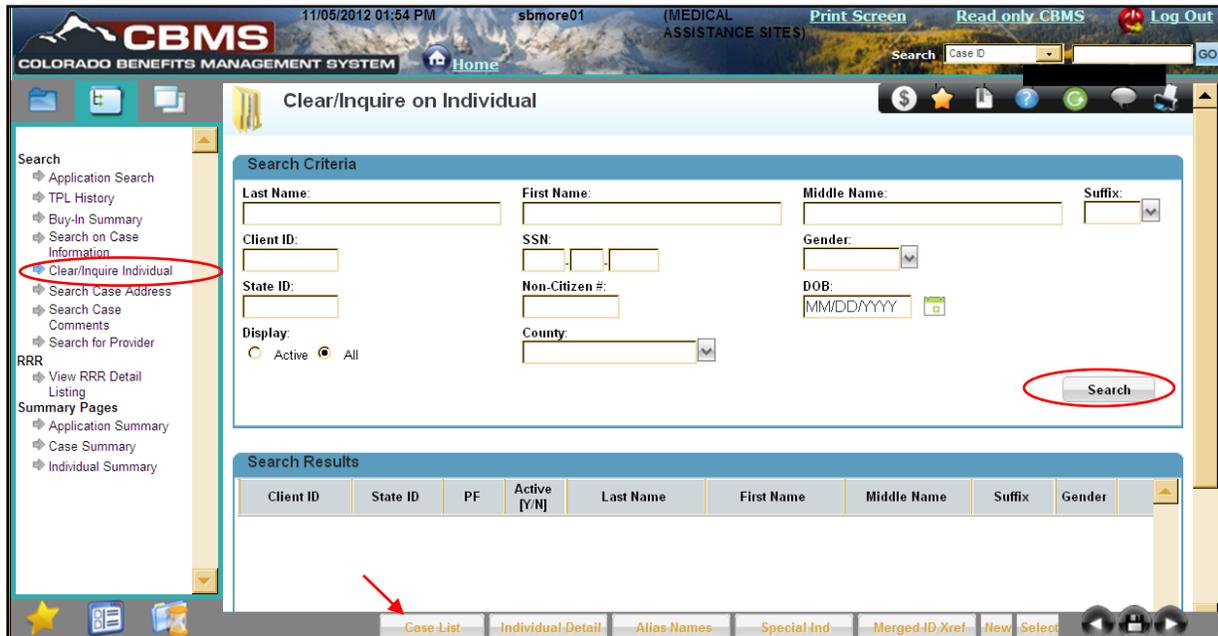
## Client/Inquire on Individual

Always complete a thorough inquiry in the Colorado Benefits Management System (CBMS) before adding a newborn to a case to determine if a mother was active on Medicaid or CHP+ at the time of birth; and to determine if the newborn has already been added to a case. Best practice is to check each individual on the request according to the process discussed in the ***Client ID and State ID Research Web Based Training***. Check on each case that is associated with any of the individuals; such as Linked or Companion cases. If a thorough inquiry is not performed before adding a newborn, you may create duplicate identities or have trouble attaching an Application to an existing case. The following steps must be done for all individuals on the request.

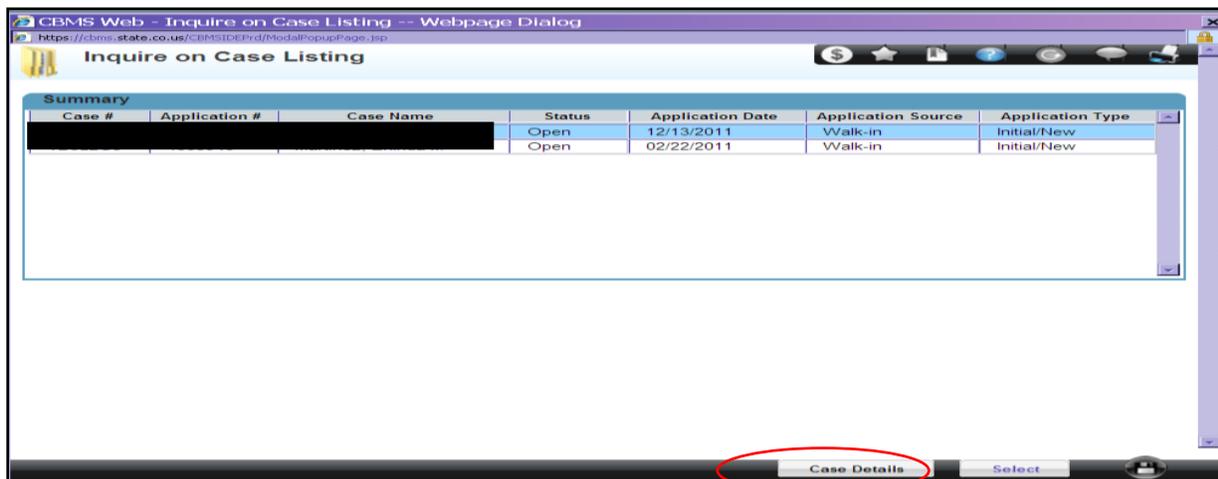
1. On the **Home** page, click on the **Search** button.



2. Click on the **Clear/Inquire Individual** to search for the mother's case and information.
3. Enter the **Last Name, First Name, Social Security (if applicable), Gender and DOB** for mother of the child (MOC).
4. Click on the **Search** button. The search results for the criteria you have entered will display. Review all rows displayed to ensure the information matches the individual searched for.
5. Highlight the row that displays your client and click on the **Case List** button.



7. Multiple cases can be listed in **the Inquire on Case Listing** page. Highlight the case you want to review and click on the **Case Details** button.



8. **Inquire on Case Information** page shows if the client is currently active on a case.

- a. **Programs** tab – Displays the high level program groups (HLPG's) on the case, as well as, the Programs' status, the RRR period and the assigned program user. Online Help/Shift +F1 is available if more details in CBMS are needed.
- b. **Application List** tab – Displays the applications associated to the case, the Application Date, the date that the application was entered, and the user who entered the application. The Application List button also displays what Programs were requested on the application.
- c. **Case Members** tab – Displays all members in the case, as well as, some demographic information. The buttons along the bottom of the window will display any applicable information for that individual.
- d. **Contact Summary** tab – Displays contact information for the client, including address and phone number.

Benefit Begin Date	Program Group	Program	Status	Status Date	RRR Begin	RRR End	Verification Due	
05/01/2012	Workforce		Approved	08/12/2011	08/2011		No	dur
	Colorado Works		Discontinue	04/30/2012	12/2011	11/2012	No	ma
03/01/2011	Food Stamps	Food	Approved	03/01/2011	08/2012	01/2013	No	ara
	Expedited Food		Denied		02/2011		No	ma
	Childrens Health	CHP+	Discontinue	04/30/2011	02/2011		No	aa
05/01/2011	Family Medical	1931	Approved	03/01/2011	11/2012	05/2013	No	ara
	Employment		Denied	08/12/2011	08/2011		No	gor

9. After reviewing each tab, (Close) all of the Inquiry pages, and return to the **Clear/Inquire on Individual** page.

10. Has the newborn been added (YES) here.

11. If (NO) enter the case number in the **Search** field; so that you can add the newborn.

09/06/2012 11:38 AM Welcome sbmore01 (MEDICAL ASSISTANCE SITES) Print Screen Read only CBMS Web Log Out

**Colorado Benefits Management System**

Search: Case ID

**Home Page**

**My Pending Tasks**

- Intake Cases [show](#)
- RRR due in this month and next month [show](#)
- Pending Alerts created in last 30 days [show](#)

**My Messages**

No message found.

**Announcement / System Updates**

Application Usability Updates:

New links have been added at the top right corner of all pages for Print Screen and Read only CBMS.

Read only CBMS link opens second instance of CBMS application in read-only mode, which can be used for the purpose of research and inquiry.

Read only CBMS instance has link to switch back to Main CBMS application in the same location.

# Adding a Needy Newborn to CBMS

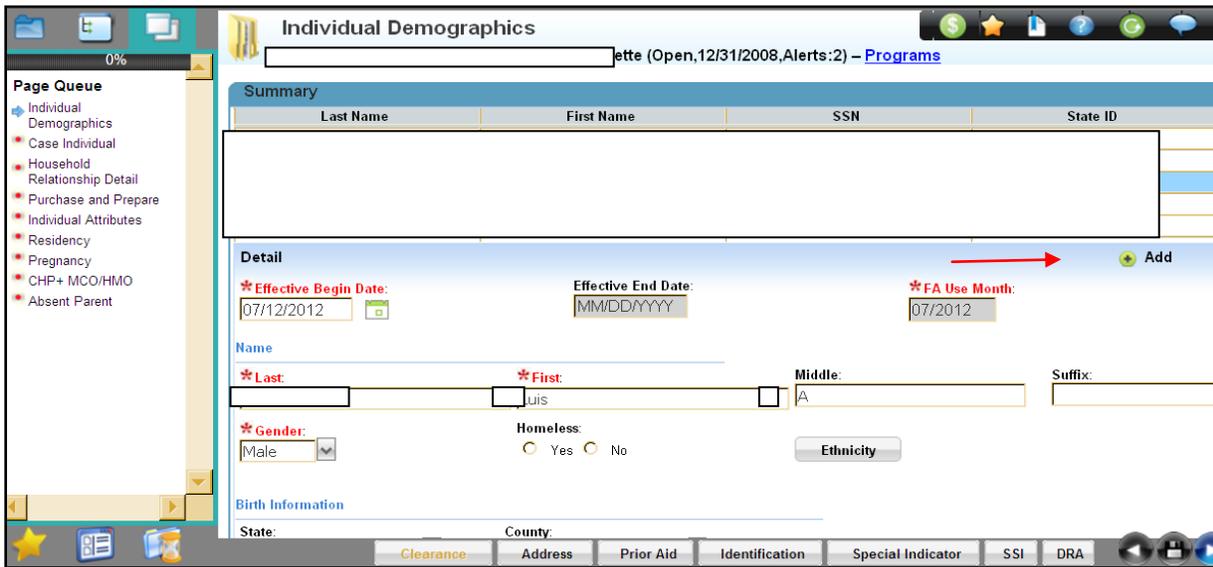
1. Select **Add A Baby** in the **Mini Queue Options** after you ensure that the correct case has been selected, then click **Start**.



## Individual Demographics

The third page in the queue is the **Individual Demographics** page. Complete the required fields that have an \* (asterisk) next to them.

2. To add a newborn, click the  button.



## Details

1. Enter the **Effective Begin Date**. (**Newborns Date of Birth**)
2. Enter the newborns **Name**.
3. Select “**Male or Female**” for the **Gender** from the drop-down menu.

CBMS Web Application  
Colorado Benefits Management System

Navigation  
27%

Page Queue  
Case Questions  
Case Information  
Individual Demographics  
Case Individual  
Retro Information  
Individual Attributes  
Individual Residency  
Pregnancy  
CHP+ MCO/HMO  
Data Conflict  
Case Wrap Up

My Favorites  
Application / Case Info  
History

Individual Demographics

Summary

Last Name	First Name	SSN	State ID

Add

Detail

\*Effective Begin Date: 05/01/2010  
Effective End Date: MM/DD/YYYY  
\*FA Use Month: 08/2010

Name  
\*Last: \*First: Middle: Suffix:  
\*Gender: Female  
Homeless:  Yes  No  
Ethnicity

Birth Information  
State: Country:

Clearance Address Prior Aid Identification Special Indicator SSI

4. Enter the newborns **Date** of birth.
5. Select “**Received**” for the **Verification** and “**Client Statement**” for the **Source** from the drop-down menu.

Individual Demographics

\*Gender: Female  
Homeless:  Yes  No

Birth Information  
State: County:  
Date: 04/21/1993  
Issue Date: MM/DD/YYYY  
\*Verification: Received  
\*Source: Client Statement  
State id: Request State ID

Marital Information  
Status: Status Date: MM/DD/YYYY  
Verification: \*Source: Reason for Separation:

Death Information  
Date: MM/DD/YYYY  
County:

Clearance Address Prior Aid Identification Special Indicator SSI DRA

Note: **SSN Details** do not need to be completed when adding a Needy Newborn.

**SSN Detail**

SSN: [ ]-[ ]-[ ]

Applied:  
 Yes  No

Application Date: [MM/DD/YYYY]

Attempted to Obtain:  
 Yes  No

Good Cause Date: [MM/DD/YYYY]

Verification: [ ] [ ] [ ]

Source: [ ] [ ] [ ]

Reason for not attempting to obtain SSN: [ ]

6. Select the **US Citizen** status then from the drop-down menu select “Yes”.
7. Select **Status** then from the drop-down menu select “US Citizen”.
8. Select “Received” for the **Verification** and “Client Statement” for the **Source** from the drop-down menu.
9. Select “Yes” for **Acceptable Doc.**
10. Enter the **Date Reported** and **Date Verified**.

**Citizenship Verified By**

\*US Citizen: Yes

\*Verification: Received

Qualified Non-Citizen:  
 Yes  No

Acceptable Doc.:  Yes  No

Eligibility Site: [ ]

\*Status: US Born

\*Source: Client Statement

Non Citizen

SSA Confirmation:  
 Yes  No

Name: [ ]

**Other Information**

Highest Grade Completed: [ ]

Other Insurance:  
 Yes  No

\*Date Reported: [ ]

\*Date Verified: [ ]

## Clearance

The newborn must be entered and cleared before proceeding. When an individual is cleared a **Client ID** is assigned that allows the individual to be added to CBMS. Ensure a thorough inquiry has been performed prior to entering any information in CBMS. CBMS determines whether an individual is known to the system.

1. Click on the **Clearance** button.

Other Information

Highest Grade Completed:

Other Insurance:  Yes  No

\*Date Reported: 06/13/2012

\*Date Verified: 06/13/2012

Clearance Address Prior Aid Identification Special Indicator SSI DRA

## Client Known to CBMS

1. If an individual is **already known** to the system, CBMS retrieves the **Client ID** and **State ID**. client records that may match those of the individual will display in the **Search Results** area.
2. If there is a match, select the client that matches the newborns information; if that individual is already assigned a **State ID** but no **Client ID** select the one with the **State ID**.

Clear/Inquire on Individual

Search Criteria

Last Name:  First Name:  Middle Name:  Suffix:

Client ID:  SSN:  Gender:

State ID:  Non-Citizen #:  DOB: 10/09/2012

Display:  Active  All County:

Search

Search Results

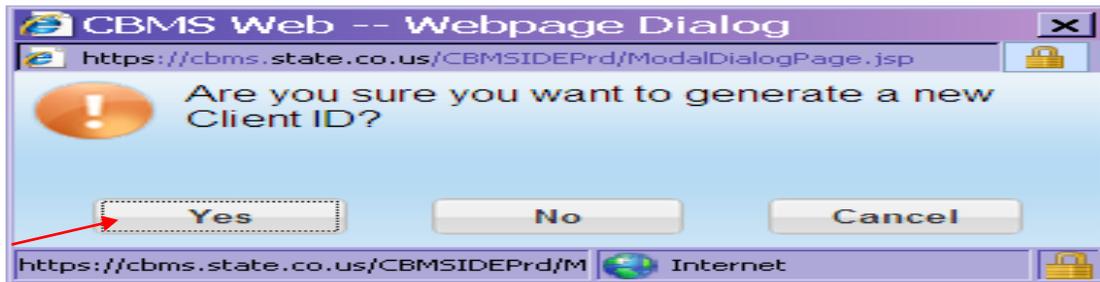
Client ID	State ID	PF	Active [Y/N]	Last Name	First Name	Middle Name	Suffix	Gender
								M

Case List Individual Detail Alias Names Special Ind Merged ID Xref New Select

3. After a thorough search if the client records displayed do not match those of the client; go to the next set of instructions for the **Client Not Known to CBMS** to create a new **Client ID**.

## Client Not Known to CBMS

1. After a thorough search, if an individual is new to the system, CBMS displays the message “No data found for the entered search criteria,” indicating the individual was not found.
2. Click on the **OK** button in the message box.
3. Click on the **New** button. CBMS displays the message “Are you sure you want to generate a new Client ID.”
4. Click on the **Yes** button. CBMS displays the message “Client ID xxxxxxxx has been created successfully.”
5. Click on the **OK** button to close the message box. CBMS automatically returns to the **Household Members** page.



## Assigning the State ID

1. Highlight the individual a **State ID** needs to be requested for.
2. Click on the **Request State ID** button to assign a **State ID**.
3. Write down the **State ID**.
4. The **State ID** number displays in the State Id field.
5. If a 24 SIDMOD message is received wait 24 hours to re-request a State ID. This can be re-requested in the **Individual Demographics** page in Interactive Interview (II). See the **Tips for SIDMOD Overrides** document (CBMS Portal/CBMS Users).

**Individual Demographics** (Open,12/31/2008,Alerts:1) – Programs

**Name**

\*Last: [z] \*First: [ ] Middle: [ ] Suffix: [ ]

\*Gender: [Male] Homeless:  Yes  No Ethnicity: [ ]

**Birth Information**

State: [ ] County: [ ]

\*Date: [07/12/2012] Issue Date: [MM/DD/YYYY] \*Verification: [Received] \*Source: [Client Statement]

State id: [ ] Request State ID

**Marital Information**

Status: [ ] Status Date: [MM/DD/YYYY]

Verification: [ ] Source: [ ] Reason for Separation: [ ]

Clearance Address Prior Aid Identification Special Indicator SSI DRA

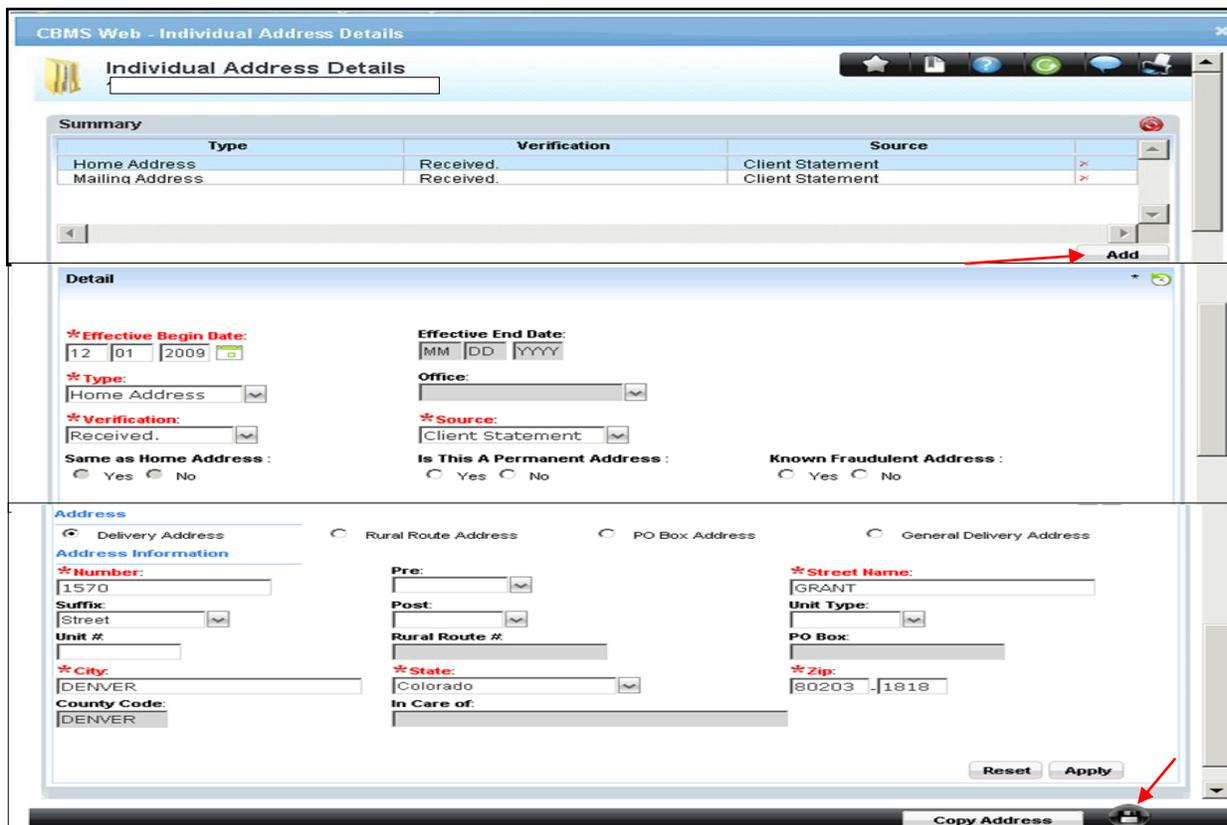
### The following event(s) occurred:

 **214**: Error in retrieving State ID. CBP is unable to assign State ID. A SIDMOD override transaction has been submitted and will be approved or rejected within 24 hours. Re-request the State ID within 24 hours.

## Individual Address Details

Note: Every individual in the household, including the newborn, must have an address listed.

1. Click the **Address Tab** at the bottom of the **Individual Demographics** page.
2. Enter the **Effective Begin Date**. (**Newborns Date of Birth**)
3. Select **Type** then from the drop-down menu select "Home Address".
4. Select "Received" for the **Verification** and "Client Statement" for the **Source** from the drop-down menu.
5. Click on the  button.
6. Enter the **Effective Begin Date**. (**Newborns Date of Birth**)
7. Select **Type** then from the drop-down menu select "Mailing Address".
8. If the "Mailing Address" is the same as the "Home Address", select the "Yes" radio button under the **Same as Home Address** field. The "Mailing Address" field is automatically populated with the home address. Otherwise, select the "No" radio button under the **Same as Home Address** field and enter the mailing address.
9. Click on the  (**Save**) icon.
10. Click on the  (**Close**) icon to close the **Individual Address Details** page.



CBMS Web - Individual Address Details

### Individual Address Details

**Summary**

Type	Verification	Source	
Home Address	Received.	Client Statement	×
Mailing Address	Received.	Client Statement	×

**Detail**

**\*Effective Begin Date:** 12/01/2009

**Effective End Date:** MM/DD/YYYY

**\*Type:** Home Address

**\*Verification:** Received.

**Same as Home Address:**  Yes  No

**Office:**

**\*Source:** Client Statement

**Is This A Permanent Address:**  Yes  No

**Known Fraudulent Address:**  Yes  No

**Address**

Delivery Address  Rural Route Address  PO Box Address  General Delivery Address

**Address Information**

**\*Number:** 1570

**Suffix:** Street

**Unit #:**

**\*City:** DENVER

**County Code:** DENVER

**Pre:**

**Post:**

**Rural Route #:**

**\*State:** Colorado

**In Care of:**

**\*Street Name:** GRANT

**Unit Type:**

**PO Box:**

**\*Zip:** 80203-1818

Reset Apply

Copy Address 

## Case Individual

The next page in the queue is **Case Individual**. The following steps must be completed.

1. Select the “**Newborn’s Name**” from the drop-down menu in the **Name** field.

The screenshot shows a web browser window titled "Case Individual". Below the title bar, there is a search bar and a status bar that reads "(Open,07/11/2012,Alerts:1) - Programs". The main content area features a form with a field labeled "\*Name:" followed by a dropdown menu.

## Program Requested Summary

1. Highlight the row within the **Program Group** for either **CHP+** or **Family Medical**.
2. Enter the **Effective Begin Date**. (**Newborns Date of Birth**)
3. Enter the **Request Date**. (**Newborns Date of Birth**)
4. Select the **Reason** “Needs Medical Assistance” from the drop-down menu.
5. Select **Requesting Assistance** and “Yes” radio button. If **Requesting Assistance** for **CHP+** is “Yes”, then **Requesting Assistance** for **Family Medical Assistance** must also be “Yes.”
6. Select **Ancillary Member** and “No” radio button. When this field is left blank, CBMS looks at it as if it were a “No”.
7. Enter **Date Reported**.
8. Highlight the next **Program Group** row and repeat steps 2 – 7.
9. Scroll down to complete the **Other Information** section.

The screenshot displays two sections of a form. The top section, "Program Requested Summary", contains a table with the following data:

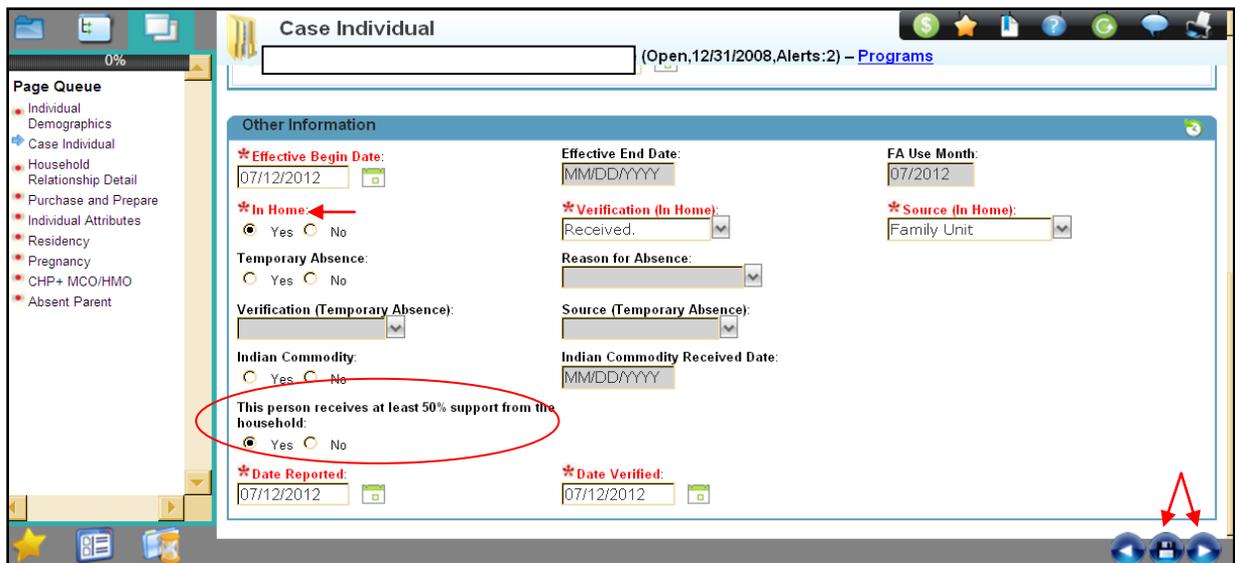
Program Group	Request Date	Requesting Assistance	Ancillary Member	Effective Begin Date
Childrens Health Plan Plus	10/09/2012	Yes	No	10/09/2012
Expedited Food Stamps		No		10/09/2012
Family Medical Assistance	10/09/2012	Yes	No	10/09/2012
Food Stamps		No		10/09/2012

The bottom section, "Program Requested Detail", contains the following fields:

- \* Effective Begin Date:** 10/09/2012
- Effective End Date:** MM/DD/YYYY
- \* FA Use Month:** 10/2012
- Program Group:** Family Medical Assistan
- \* Request Date:** 10/09/2012
- \* Reason:** Needs Medical Assistan
- \* Requesting Assistance:**  Yes  No
- \* Ancillary Member:**  Yes  No
- ELE:**  Yes  No
- AwDC Benchmark II:**  Yes  No
- \* Date Reported:** 10/09/2012

## Other Information

1. Enter the **Effective Begin Date**. (**Newborns Date of Birth**)
2. Select the “Yes” radio button for **In Home**.
3. Select “Received” for the **Verification** and “Family Unit” for the **Source** from the drop-down menu.
4. Select the “Yes” or “No” radio button for the “**This person receives at least 50% support for the household**” field. If “No” the individual will not be included in the **CHP+** household.
5. Enter **Date Reported** and **Date Verified**.
6. Click on the  (**Save**) icon.
7. Click on the  (**Next**) icon to display the next page in the queue.



Case Individual (Open,12/31/2008,Alerts:2) – Programs

0%

Page Queue

- Individual
- Demographics
- Case Individual
- Household
- Relationship Detail
- Purchase and Prepare
- Individual Attributes
- Residency
- Pregnancy
- CHP+ MCO/HMO
- Absent Parent

**Other Information**

\* **Effective Begin Date:** 07/12/2012

**Effective End Date:** MM/DD/YYYY

**FA Use Month:** 07/2012

\* **In Home:**  Yes  No

\* **Verification (In Home):** Received

\* **Source (In Home):** Family Unit

**Temporary Absence:**  Yes  No

**Reason for Absence:**

**Verification (Temporary Absence):**

**Source (Temporary Absence):**

**Indian Commodity:**  Yes  No

**Indian Commodity Received Date:** MM/DD/YYYY

**This person receives at least 50% support from the household:**  Yes  No

\* **Date Reported:** 07/12/2012

\* **Date Verified:** 07/12/2012

## Household Relationship

The **Household Relationships Detail** page is where you will determine the relationship for each individual.

1. Select the newborn from the drop-down menu for the **Relationships of** field.
2. Select the “Relationship” from the drop-down menu of the **Individual** on the left of the page to the **Related Individual** on the right of the page.
3. Enter the **Effective Begin Date**. (**Newborns Date of Birth**)
4. Select “Received” for the **Verification** and “Client Statement” for the **Source** from the drop-down menu.
5. Enter the **Date Reported** and **Date Verified**.
6. Click on the  (Save) icon.
7. Click on the  (Next) icon to display the next page in the queue.

Household Relationships Details (Open,07/11/2012,Alerts:1) – Programs

Relationships of: [Red circle around dropdown]

Relationships Completion status for this case: 100%

[Red circle around dropdown] is the [Red circle around dropdown] of [Red circle around dropdown]

Female (39)

\*Effective Begin Date: 10/09/2012

\*Effective End Date: MM/DD/YYYY

\*Verification: Received

\*Source: Client Statement

\*Date Reported: 10/09/2012

\*Date Verified: 10/09/2012

Parental Care and Control

Sponsor

Tax Dependant

Responsible Relative

Community Spouse

Exercises the Responsibility for Verification: [Red circle around dropdown]

Source: [Red circle around dropdown]

[Red circle around dropdown] is the [Red circle around dropdown] of [Red circle around dropdown]

Male (9)

\*Effective Begin Date: 10/09/2012

\*Effective End Date: MM/DD/YYYY

\*Verification: Received

\*Source: Client Statement

\*Date Reported: 10/09/2012

\*Date Verified: 10/09/2012

Parental Care and Control

Sponsor

Tax Dependant

Responsible Relative

Community Spouse

Exercises the Responsibility for Verification: [Red circle around dropdown]

Source: [Red circle around dropdown]

[Red circle around dropdown] is the [Red circle around dropdown] of [Red circle around dropdown]

Male (9)

\*Effective Begin Date: 10/09/2012

\*Effective End Date: MM/DD/YYYY

\*Verification: Received

\*Source: Client Statement

\*Date Reported: 10/09/2012

\*Date Verified: 10/09/2012

Parental Care and Control

Sponsor

Tax Dependant

Responsible Relative

Community Spouse

Exercises the Responsibility for Verification: [Red circle around dropdown]

Source: [Red circle around dropdown]

Summary   

## Purchase and Prepare

Note: **Do not complete** the Purchase and Prepare page for Medical Assistance Programs.

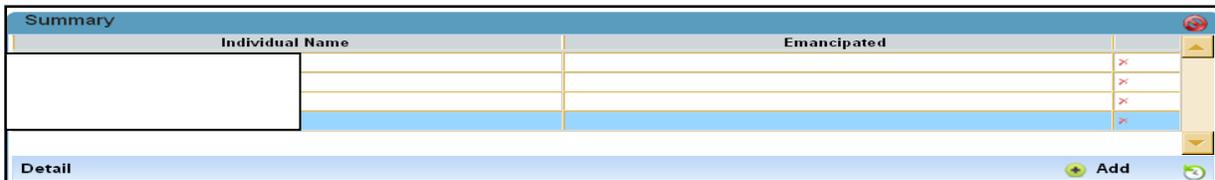
1. Click on the  (Next) icon to display the next page in the queue.

## Individual Attributes

The next page is **Individual Attributes**. Complete the required fields that have an \* (asterisk) next to them.

### Summary

1. To add a new client to the **Summary** section, click the  button.

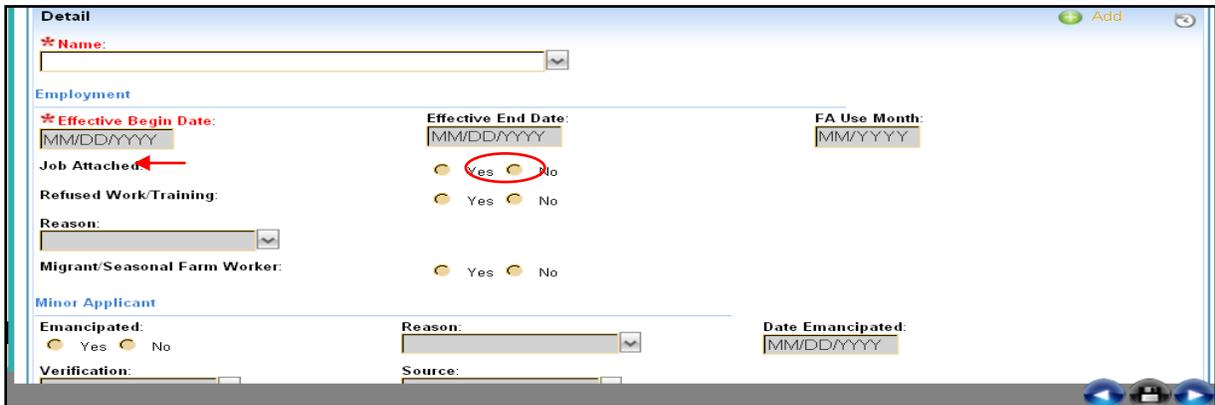


Individual Name	Emancipated

Detail Add

### Detail

1. Select the “Clients Name” from the drop-down menu in the **Name** field.
2. Enter the **Effective Begin Date**. (Newborns Date of Birth)
3. **Job Attached** is sometimes highlighted as a required field; in that instance select “NO”.



Detail Add

\*Name:

**Employment**

\*Effective Begin Date:  Effective End Date:  FA Use Month:

Job Attached:  Yes  No

Refused Work/Training:  Yes  No

Reason:

Migrant/Seasonal Farm Worker:  Yes  No

**Minor Applicant**

Emancipated:  Yes  No Reason:  Date Emancipated:

Verification:  Source:

4. **Living Arrangement** is sometimes highlighted as a required field; in that instance select “with parents” from the drop down-menu.
5. Select “Received” for the **Verification** and “Client Statement” for the **Source** from the drop-down menu.



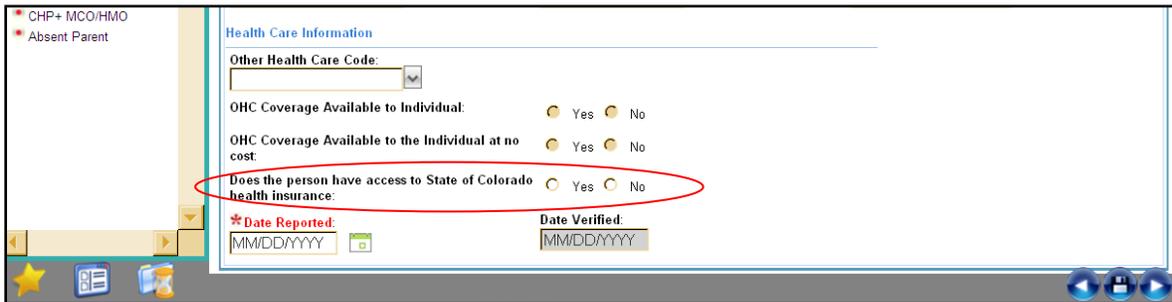
\*Living Arrangement:  With Parents

\*Verification (Living Arrangement):  Received

\*Source (Living Arrangement):  Client Statement

## Health Care Information

1. Select “Yes” or “No” radio button for “**Does the person have access to State of Colorado Health Insurance**” field. If this is not answered, a data conflict displays at the end of Interactive Interview (II).
2. Enter the **Date Reported**.
3. Click on the  (Save) icon.
4. Click on the  (Next) icon to display the next page in the queue.



CHP+ MCO/HMO  
Absent Parent

**Health Care Information**

Other Health Care Code:

OHC Coverage Available to Individual:  Yes  No

OHC Coverage Available to the Individual at no cost:  Yes  No

**Does the person have access to State of Colorado health insurance:**  Yes  No

\*Date Reported:

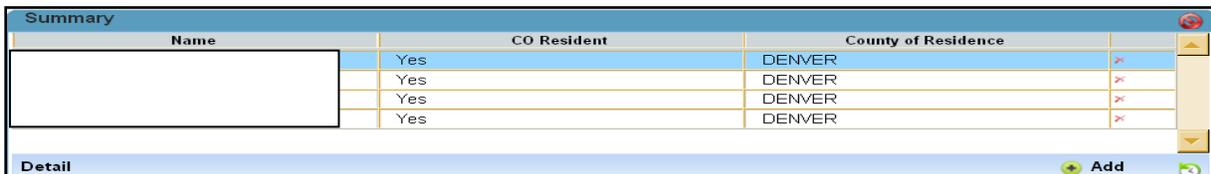
Date Verified:

## Individual Residency

The next page is the **Individual Residency**. The following steps must be completed.

### Summary

1. To add a new client to the **Summary** section, click the  button.

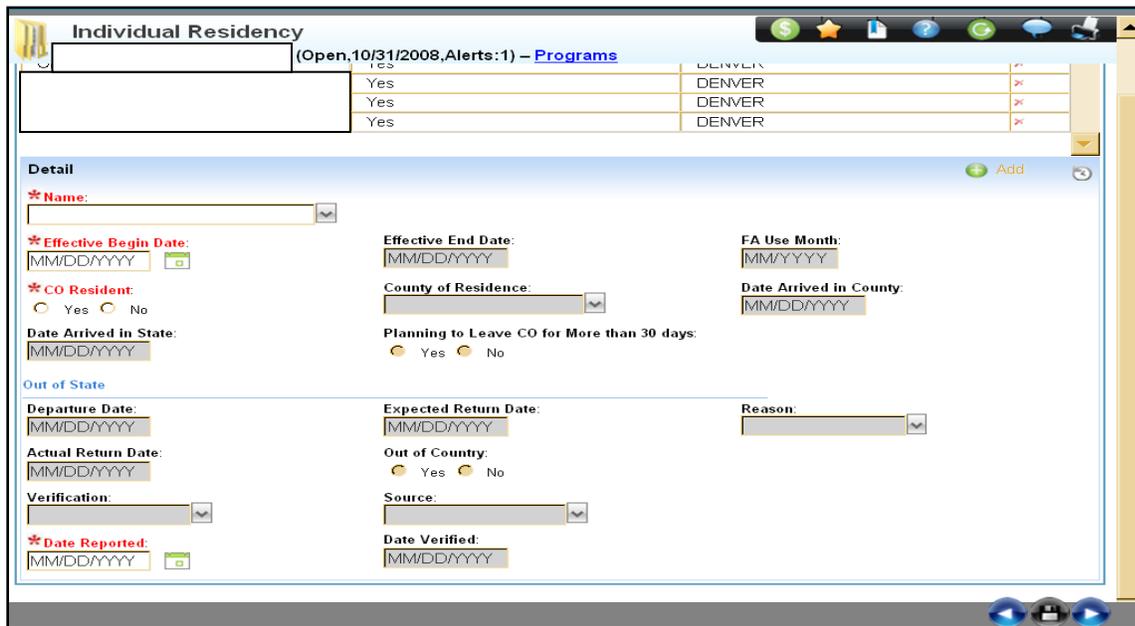


Name	CO Resident	County of Residence
	Yes	DENVER

Detail 

## Details

1. Select the “Clients Name” from the drop-down menu in the **Name** field.
2. Enter the **Effective Begin Date**. (**Newborns Date of Birth**)
3. Select the “Yes” radio button for **CO Resident**.
4. Select the “County of Residence” from the drop-down menu (should be same as Mother of Child).
5. Enter the **Date Reported**. Click on the  (**Save**) icon.
6. Click on the  (**Next**) icon to display the next page in the queue.



**Individual Residency** (Open, 10/31/2008, Alerts: 1) – Programs

Yes	DENVER	↕
Yes	DENVER	✖
Yes	DENVER	✖
Yes	DENVER	✖

**Detail** ➕ Add 🔄

\* **Name:**

\* **Effective Begin Date:**

\* **CO Resident:**  Yes  No

**Date Arrived in State:**

**Effective End Date:**

**County of Residence:**

**FA Use Month:**

**Date Arrived in County:**

**Planning to Leave CO for More than 30 days:**  Yes  No

**Out of State**

**Departure Date:**

**Expected Return Date:**

**Reason:**

**Actual Return Date:**

**Out of Country:**  Yes  No

**Verification:**

**Source:**

\* **Date Reported:**

**Date Verified:**

🏠 🖨 🔍

## Pregnancy

The next page in the queue is **Pregnancy**.

1. Select the “Clients Name” from the drop-down menu in the **Name** field.



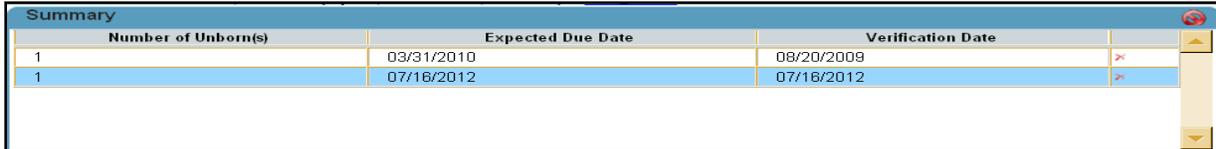
Pregnancy

di Ali (Open, 10/31/2008, Alerts: 1) - Programs

\* Name: 35

## Summary

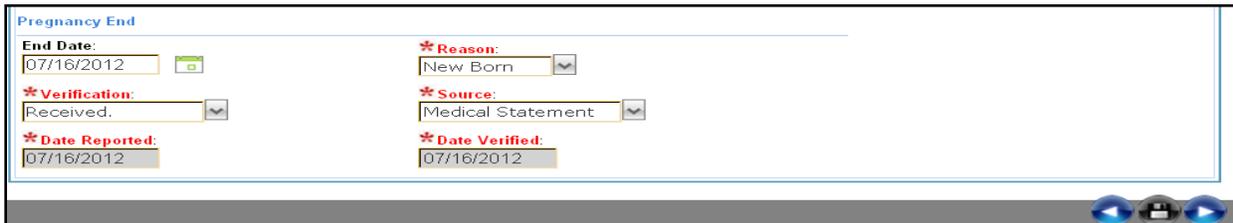
2. Select the current **Pregnancy** record.



Number of Unborn(s)	Expected Due Date	Verification Date
1	03/31/2010	08/20/2009
1	07/16/2012	07/16/2012

## Pregnancy End

1. Enter the “Newborn’s date of birth” in the **End Date** field.
2. Enter the “Newborn” as the **Reason**.
3. Enter “Received” for the **Verification** and “Medical Statement” for the **Source** if a request was received from a Medical Provider.
  - a. If the request was received from the client enter “Client Statement” for the **Source**.
4. Click on the  (**Save**) icon.
5. Click on the  (**Next**) icon to display the next page in the queue.



Pregnancy End

End Date: 07/16/2012

\* Reason: New Born

\* Verification: Received

\* Source: Medical Statement

\* Date Reported: 07/16/2012

\* Date Verified: 07/16/2012

Note: If a **Pregnancy** record does not exist in the **Summary** section for the current pregnancy end date the old record; and then add a new record for the current pregnancy. (See Tips Section)

## CHP+ MCO/HMO

The next page in the queue is **CHP+ MCO/HMO**.

NOTE: This page should only be completed if a newborn is being added to a **CHP+ Prenatal** mother or a **CHP+** mother.

1. Select the “newborn’s name” from the drop-down menu in the **Name** field.
2. Select the “MCO/HMO” from the drop-down menu in the **MCO/HMO** field. This list only shows HMO’s available in the client’s county of residence, with the **exception** of the CHP+ Network, State Network CO Access, which displays for all counties.
  - a. A newborn should not be put into the State Network CO Access.
  - b. If a HMO was not provided and there are other children in the home on CHP+; put the newborn on the same HMO as those other children.
3. Click on the  (**Save**) icon.
4. Click on the  (**Next**) icon to display the next page in the queue.



For a complete listing of available MCO options for each county please refer to <http://chplus.org/index.cfm?action=hmo&language=eng>

## Absent Parent

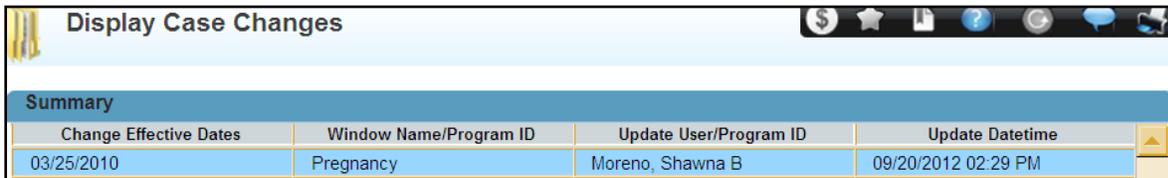
The last page is **Absent Parent** which does not need to be completed when adding a Needy Newborn or CHP+ Newborn.

## Running EDBC

1. Click on **Run EDBC**  button.
2. Click on the **Display Case Changes** button.



3. View the **Display Case Changes** page and  (Close).



A screenshot of the 'Display Case Changes' page. The page title is 'Display Case Changes'. Below the title is a 'Summary' section containing a table with the following data:

Change Effective Dates	Window Name/Program ID	Update User/Program ID	Update Datetime
03/25/2010	Pregnancy	Moreno, Shawna B	09/20/2012 02:29 PM

4. Click on the **Run EDBC** button.



## Display Eligibility Summary

High-level *Household* results for EDBC will display for each program on the **Display Eligibility Summary** page. To view *Individual* results, please refer to the **Display Individual Eligibility Summary** page in the **Viewing Results by Program** section.

1. View the **Display Eligibility Summary** page.

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Family Medical Assistance	2012/09	PASS	\$0.00	\$0.00	2	06/01/2012	06/28/2012
Family Medical Assistance	2012/07	PASS	\$0.00	\$0.00	2	06/01/2012	06/28/2012
Family Medical Assistance	2012/08	PASS	\$0.00	\$0.00	2	06/01/2012	06/28/2012
Family Medical Assistance	2012/06	PASS	\$0.00	\$0.00	2	06/01/2012	06/28/2012
Family Medical Assistance	2012/10	PASS	\$0.00	\$0.00	2	06/01/2012	06/28/2012
Family Medical Assistance	2012/11	PASS	\$0.00	\$0.00	2	10/06/2012	06/28/2012
Family Medical Assistance	2012/12	PASS	\$0.00	\$0.00	2	10/06/2012	06/28/2012

2. Click on the **Initiate Wrap Up**  button then click  (Close).

## Initiate Wrap Up

1. Click the “Selected” radio button in the **Display** field.
2. Select the “Display Individual Eligibility Summary” box and the “Authorize Eligibility Program Benefit” box.
3. Click the **Start Queue** button.

The screenshot shows a software interface with the following elements:

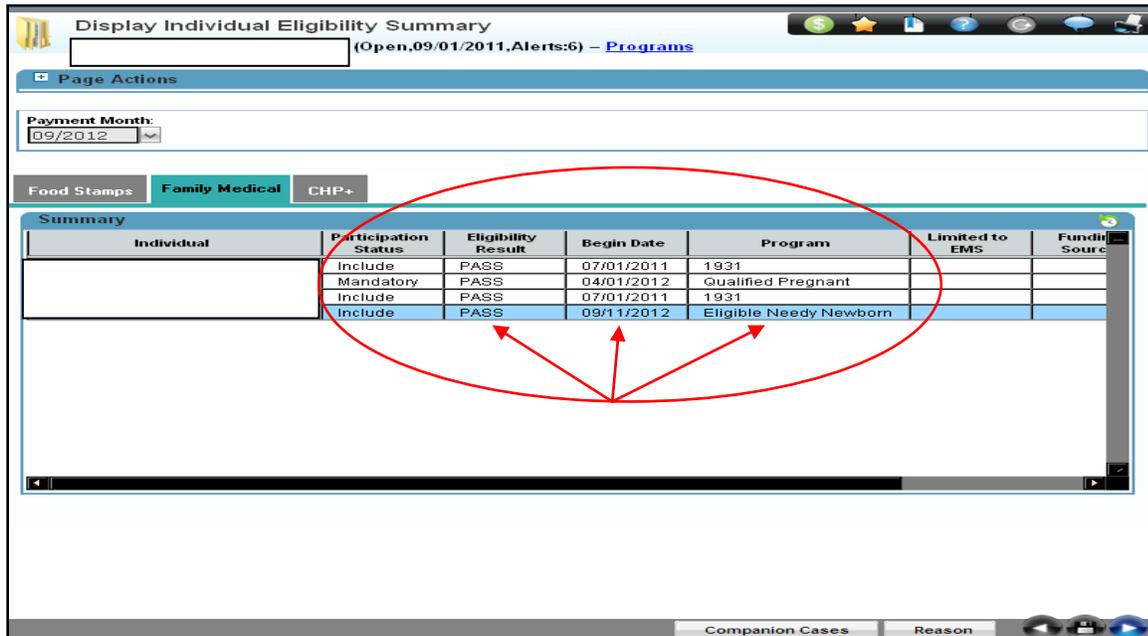
- Display field:** A dropdown menu with the label "Display:" and two radio buttons: "All" (unselected) and "Selected" (selected). A red arrow points to the "Selected" radio button.
- Summary table:** A table with two columns: "Select" and "Screen Name". The table contains the following rows:

Select	Screen Name
<input checked="" type="checkbox"/>	Display Individual Eligibility Summary
<input type="checkbox"/>	Display Non-Financial Eligibility Summary
<input type="checkbox"/>	Display Food Stamps - Financial Eligibility
<input type="checkbox"/>	Display Family Medical Financial Eligibility Program List
<input type="checkbox"/>	Display Claim Summary
<input type="checkbox"/>	Display Benefit Discrepancy
<input checked="" type="checkbox"/>	Authorize Eligibility Program Benefit
- Start Queue button:** A button labeled "Start Queue" located at the bottom right of the interface. A red arrow points to this button.

## Display Individual Eligibility Summary

The **Display Individual Eligibility Summary** page displays the results for each individual. Click on the program tabs to switch to different programs.

1. Verify the newborn shows “Pass” in the **Eligibility Result** field.
2. Verify the newborn’s effective **Begin Date** is the newborns “Date of Birth”.
3. Verify the newborn’s **Program** group is “Eligible Needy Newborn”. If another program group is identified re-check the data entry.
4. Click the  (**Next**) icon on the toolbar.



Display Individual Eligibility Summary  
(Open,09/01/2011,Alerts:6) – Programs

Page Actions

Payment Month: 09/2012

Food Stamps Family Medical CHP+

Summary

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Fund Source
	Include	PASS	07/01/2011	1931		
	Mandatory	PASS	04/01/2012	Qualified Pregnant		
	Include	PASS	07/01/2011	1931		
	Include	PASS	09/11/2012	Eligible Needy Newborn		

Companion Cases Reason

## Authorizing Eligibility

To authorize from the **Authorize Eligibility Program Benefit** page complete the following:

1. Highlight the row and click the **Reasons** button to view denial reasons.
2. Select the **Programs to be Authorized** box. (ex. Family Medical Assistance)
3. Click the **Authorize** button.
4. When authorization is complete, a text box will display. Click **OK** in the message box.
5. Click the  (Next) icon on the toolbar.

Authorize Eligibility Program Benefit  
(Open,09/01/2011,Alerts:6) - Programs

The following event(s) occurred:  
155: Authorization was successful.

Page Actions

Summary

Program Group	Payment Month	Payment Type	Gross Benefit Amt.	Recoup Amt.	Eligibility Status	Authorization Status	Adverse Action Amt	Effective Begin Date	Effective End Date
Family Medical	2012/01	Regular	\$0.00	\$0.00	PASS	Authorized	0.00	01/01/2012	01/31/2012
Family Medical	2012/02	Regular	\$0.00	\$0.00	PASS	Authorized	\$0.00	02/01/2012	02/29/2012
Family Medical	2012/03	Regular	\$0.00	\$0.00	PASS	Authorized	\$0.00	03/01/2012	03/31/2012
Family Medical	2012/04	Regular	\$0.00	\$0.00	PASS	Authorized	\$0.00	04/01/2012	04/30/2012
Family Medical	2012/05	Regular	\$0.00	\$0.00	PASS	Authorized	\$0.00	05/01/2012	05/31/2012
Family Medical	2012/06	Regular	\$0.00	\$0.00	PASS	Authorized	\$0.00	06/01/2012	06/30/2012
Family Medical	2012/07	Regular	\$0.00	\$0.00	PASS	Authorized	\$0.00	07/01/2012	07/31/2012

Programs to be Authorized  
 Childrens Health Plan Plus  Family Medical Assistance  Food Stamps

Detail

Issuance Type: [dropdown]  
Pick-up Location: [dropdown]  
Disposition Status: [dropdown]  
First Payee(Case Payee): Sandoval, Tyrele Lee  
First Payee(Provider): [dropdown]

Issuance Method: [dropdown]  
Supervisor Approval Requested:  Yes  No  
Disposition Date: [MM/DD/YYYY]

Discontinuation Date: [MM/DD/YYYY]  
Appeal/Cont Benes: [dropdown]  
Second Payee(Case Payee): [dropdown]  
Second Payee(Provider): [dropdown]

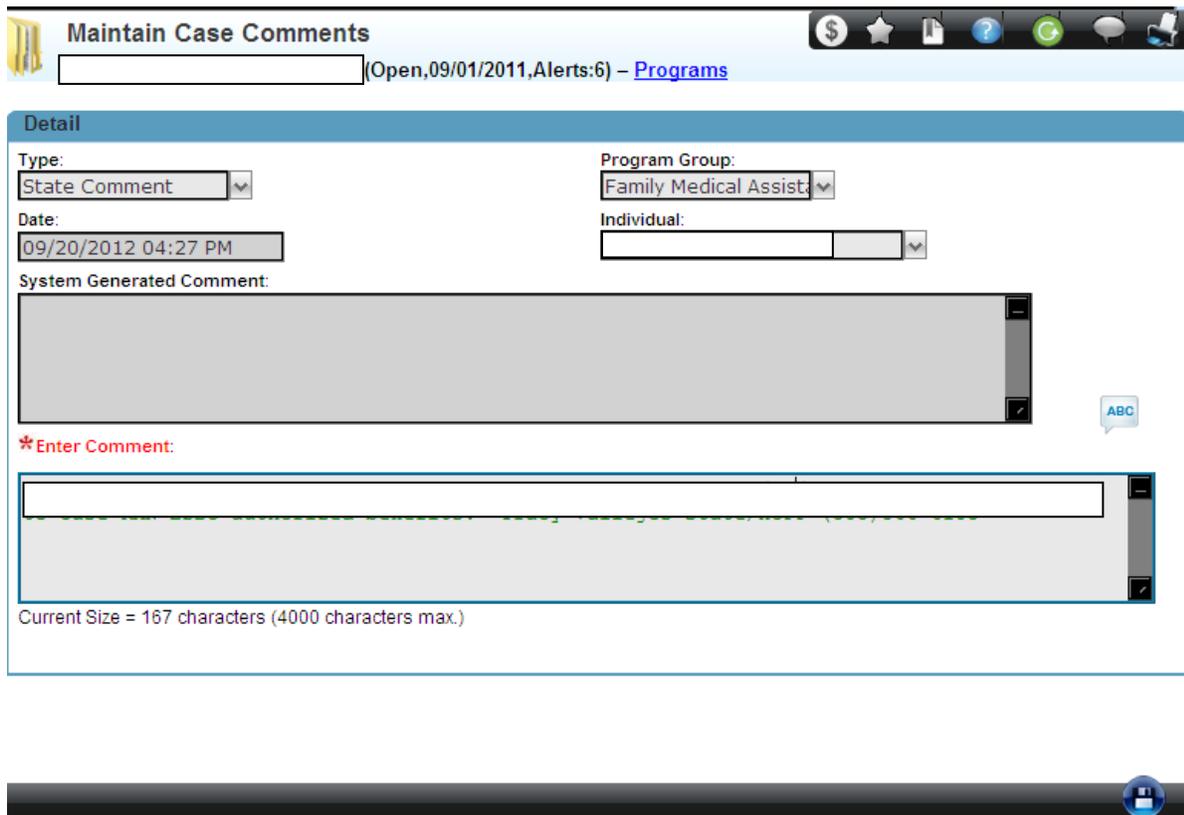
Detail Supervisor Action **Authorize** Claim Reasons Special Payments

## Maintain Case Comments

The **Maintain Case Comments** page is extremely helpful when researching a case.

Note: Always insert a case comment when making a **change** to a case.

1. Click the  button to add a new case comment.
2. Select the **Type** of case comment you are making from the drop-down menu.
3. Select the **Program Group** from the drop-down menu.
4. Select the “Newborn’s name” from the drop-down menu in the **Individual** field.
5. The **Date** field will auto populate.
6. Enter in case comments in the **Enter Comment** field.
7. Click on the  (**Save**) icon



The screenshot shows the 'Maintain Case Comments' web application interface. At the top, there is a navigation bar with the title 'Maintain Case Comments' and a breadcrumb trail '(Open,09/01/2011,Alerts:6) - Programs'. Below the navigation bar is a 'Detail' section containing several form fields: 'Type' (set to 'State Comment'), 'Program Group' (set to 'Family Medical Assist...'), 'Date' (set to '09/20/2012 04:27 PM'), and 'Individual' (a dropdown menu). Below these fields is a 'System Generated Comment' area, which is currently empty. Below that is a red asterisk followed by the text '\*Enter Comment:', indicating a required field. This is followed by a large text input area for entering the comment. At the bottom of the input area, it says 'Current Size = 167 characters (4000 characters max.)'. In the bottom right corner of the application, there is a blue circular icon with a white document symbol, representing the 'Save' button.