ABE Partner Portal_____

> This Job Aid is designed to help you use the **Report of Birth** function in the ABE Partner Portal.

ABE

ABE

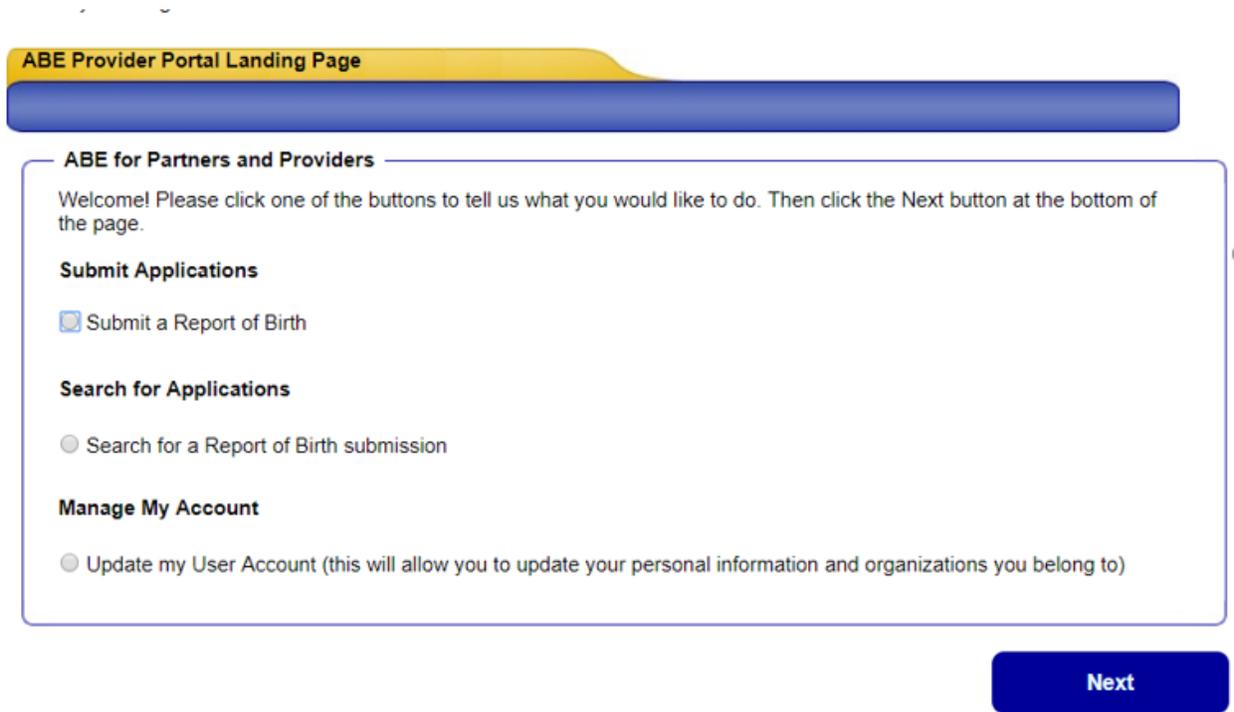## Reporting a Birth in the ABE Partner Portal

Check MEDI First!

Before using the Report of Birth function in ABE, check MEDI to make sure the Mother of the newborn (or under13 months old) has active coverage! If the Mother does not show 'active' for medical coverage in MEDI, do not submit a Report of Birth. In this situation you would, instead, help Mother apply for benefits with the newborn, or for the newborn alone, depending upon eligibility, through ABE.Illinois.gov.

ABE Provider Portal Landing Page

After logging in to the ABE Partner Portal, activating your email, completing Multi-Factor Authentication, and choosing your work location (if you have multiple locations) you will arrive at the Provider Portal Landing Page for Hospitals. Select, "Submit a Report of Birth" and click **[Next].**

You will choose the "Manage My Account" selection if you need to update your user profile including adding or changing a location, changing user type, or changing an e-mail.

ABE Provider Portal Landing Page

ABE for Partners and Providers

Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.

Submit Applications

☐ Submit a Report of Birth

Search for Applications

○ Search for a Report of Birth submission

Manage My Account

○ Update my User Account (this will allow you to update your personal information and organizations you belong to)

Next

Entering Newborn Information

The Hospital Name and Address will be prefilled based on your Account information. Complete babies' information next. All fields with a red * must be filled. Don't forget to add contact information for the hospital representative completing this report.

Reporting a Birth

To begin the process for a child born in your hospital:
- Complete all known information below
- Be sure to include the name and the phone number of a hospital person for information

A baby is automatically eligible for Medical Assistance as a deemed newborn when the mother was eligible for medical coverage at the time of the baby's birth. Accurate entry of the mother's information will help expedite this request.

Report Birth Details

Hospital: `MT SINAI HOSP MED CTR CHICAGO`

Hospital Street Address or P.O. Box Number
`15TH`
`_____`

City : `CHICAGO`   State : `Illinois ▼`   Zip Code : `60608`

Hospital Contact: First Name : `_____`   Last Name : `_____`   Phone Number: `__ __ ____`

* Number of Babies: `1 ▼`

* Baby's Name:
* First Name : `_____`   Middle Initial : `_____`   * Last Name : `_____`   * Date of Birth `__/__/__`   * Gender : ○ Male ○ Female

Other Information   Death Date `__/__/__`

* Was an application made for Social Security Number for the newborn?   ○ Yes   ○ No

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If you choose a number greater than 1 in the Number of Babies field, a corresponding number of entries for baby's information will display.

Important! DO NOT enter suffixes (for example Jr.) in the last name field! This will prevent a match and the Newborn will not be added nor assigned a RIN. Instead the request is sent to a Queue in the local office for a worker to process. This, in turn, means the addition of the newborn to the Mothers medical coverage will be delayed. We will be adding an extra field in the ABE Report of Birth screen as soon as possible to address this problem.

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Entering Parent Information

Mother's Information is mandatory since baby is added to mother's case; you must also know the Recipient Number for the Mother. The Father's information is optional although helpful if known. Click, **[Submit]. It is CRITICAL that you enter information correctly (NO SUFFIX)! Check and recheck before submitting this information. DO NOT resubmit** if you discover you have submitted incorrect information, instead, send an email to: DHS.NBU@Illinois.gov with Mothers Name, DOB and RIN, correct information for the newborn, and a contact name in case there are questions.

Mother's Information

* First Name :   Middle Initial :   * Last Name :   * Date of Birth

[   ]   [   ]   [   ]   [   ] / [   ] / [   ]

Social Security Number   * Recipient Number:

[   ] - [   ] - [   ]   [   ]

Father/Parent 2's Information

First Name :   Middle Initial :   Last Name :   Date of Birth   Recipient Number:

[   ]   [   ]   [   ]   [   ] / [   ] / [   ]   [   ]

[Back]   [Reset]   [**Submit**]

Confirmation

The confirmation page is your proof that the Report of Birth was transmitted successfully. Use the **[Print]** key to save for your records. **Click [View Report of Birth (PDF)]** or **[View Report of Birth (HTML)].** A summary of the information and date submitted will display in a printable format. Save both items for your records.

ABE — APPLICATION FOR BENEFITS ELIGIBILITY   Help | Print   Logged in: Alldone | 👤 Logout

Hello, Margaret. You are logged in.
Currently Working At: **QUINCY MEDICAL GROUP KEOKUK AF**

Before you go to the next page:

🏁 The Report of Birth form has been sent successfully. The Tracking number is: 9100818798
View Report of Birth (PDF) View Report of Birth (HTML)

[Back]