

Joan Kapowich, Manager  
Program and Policy Section, OMAP

**Number:** OMAP-IM-04-020

**Authorized Signature**

**Issue Date:** 4/7/04

**Topic:** Medical Benefits

**Subject:** Provider Notice - Reminder of Newborn Notification form

**Applies to (check all that apply):**

- |                                                        |                                                                                                                                    |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> All DHS Employees             | <input type="checkbox"/> County Mental Health Directors                                                                            |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Health Services                                                                                           |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities                                                                      |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): DHS staff identified on the SPD, CAF, OMHAS and OMAP transmittal lists |

**Message:**

OMAP is mailing the following provider notice to hospitals, birthing centers, and direct entry midwives. The notice reminds these providers to complete a Newborn Notification form (OMAP 2410) to expedite enrollment of newborns on the Oregon Health Plan and ensure prompt payment of services.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Jennifer McKinley		
<b>Phone:</b>	(503) 945-6491	<b>Fax:</b>	
<b>E-mail:</b>	jennifer.mckinley@.state.or.us		



# Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

Health Services

Office of Medical Assistance Programs

500 Summer Street NE, E44

Salem, OR 97301-1079

Voice - (503) 945-5772

FAX - (503) 373-7689

TTY - (503) 378-6791

April 7, 2004

To: Hospitals, Birthing Centers  
Direct Entry Midwives

From: Joan M. Kapowich, *Joan M. Kapowich* Manager  
Program and Policy Section, OMAP



Subject: Reminder of Newborn Notification Form

For providers to be paid promptly, we must be notified of births in your facility. A method for reporting births for children in the Oregon Health Plan (not all births) was developed. Attached is a copy of the Newborn Notification Form to be used by hospitals, birthing centers and direct entry midwives. This form is also available on the DHS website:

<http://dhsforms.hr.state.or.us/Forms/Served/OE2410.pdf>

Print the name of your facility, address, phone, fax number and the name of a contact person on the top of the form. This will allow us to contact you if we have questions. Information on the father, if available, should be included in the appropriate section. Please send or fax the completed Newborn Notification Form to the address or fax number listed on the bottom of the form. Again, this will expedite enrollment of newborns on the Oregon Health Plan and payment to providers.

Thank you for your cooperation.

*"Assisting People to Become Independent, Healthy and Safe"*  
*An Equal Opportunity Employer*

# NEWBORN NOTIFICATION FORM

Provider \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Contact Person \_\_\_\_\_

	Name	D.O.B.	SSN #	Prime #
Baby's Father				
Baby's Mother				
Baby	Baby's Gender M F			
Baby's Father				
Baby's Mother				
Baby	Baby's Gender M F			
Baby's Father				
Baby's Mother				
Baby	Baby's Gender M F			

Fill out and return to: **OHP Central Processing Branch**      **FAX: (503) 373-7493**  
**P O Box 14520**  
**Salem OR 97309-5044**