

Health Services  
Office of Medical Assistance Programs

Joan Kapowich, Manager  
Program and Policy Section, OMAP

**Authorized Signature**

**Number:** OMAP IM 05-080  
**Issue Date:** 06/14/2005

**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 and others 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>	Nancy Rudolf		
<b>Phone:</b>	(503) 945-6497	<b>Fax:</b>	
<b>E-mail:</b>	Nancy.Rudolf@DHS.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

June 13, 2005

To: Hospitals, Birthing Centers  
Direct Entry Midwives

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

Subject: Reminder of Newborn Notification Form



Attached is a revised copy of the Newborn Notification Form for hospitals, birthing centers and direct entry midwives to report births of children from mothers enrolled in the Oregon HealthPlan. This form is also available on the DHS Web site:

<http://egov.oregon.gov/DHS/healthplan/forms/omapforms.shtml>

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. Include information on the father, if available, 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. 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

HSB 1014 (5/05)



# 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) 373-0868**  
**P O Box 14520**  
**Salem OR 97309-5044**