

**Health Services
Office of Medical Assistance Programs**

 Allison Knight, Acting Manager
 OMAP Program and Policy Section

Authorized Signature
Number: OMAP-IM-06-098

Issue Date: 06/14/06

Topic: Medical Benefits

Subject: Provider Announcement: OHP Newborn Notification

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: The week of June 5, 2006, OMAP mailed the following message to hospitals, birthing centers and midwives as a reminder to send us notification of OHP births. We will enclose a copy of the appropriate reporting form (OMAP 2410).

If you have any questions about this information, contact:

Contact(s):	Provider Services		
Phone:	1 (800) 336-6016	Fax:	
E-mail:	OMAP.prov-callcenter@state.or.us		



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services Health Services

Office of Medical Assistance Programs

500 Summer Street NE, E35

Salem, OR 97301-1077

Voice (503) 945-5772

FAX (503) 373-7689

TTY (503) 378-6791

June 5, 2006

To: OMAP Hospitals, Birthing Centers
and Midwives

From: Allison Knight, Interim Manager
OMAP Program and Policy Section



Subject: OHP Newborn Notification

In order to be paid promptly, you need to notify OMAP of Oregon Health Plan (OHP) births. OMAP developed the attached Newborn Notification form to be used easily by hospitals, birthing centers and direct entry midwives. This form is also available on the DHS Web site: <http://dhsforms.hr.state.or.us/Forms/Served/OE2410.pdf>.

Instructions for completing the form

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. Mail or fax the completed Newborn Notification Form to the address or fax number listed on the bottom of the form.

Importance of early notification

A recent study* showed the link between early enrollment and healthier babies for OHP clients. Read about it online at <http://egov.oregon.gov/DHS/healthplan/healthy-living/ajph06.pdf>.

Thank you for your help in achieving this important goal and for your continued support of the Oregon Health Plan.

Billing questions?

Contact Provider Services
OMAP.prov-callcenter@state.or.us
1-800-336-6016

-or-

Electronic Data Interchange Support
DHS.hipaatesting@state.or.us
1-800-422-5047 (Option 2)

Enc: OHP Newborn Notification Form (OMAP 2410)

* Jessica W. Henderson, Susan A. Arbor, Steven L. Broich, Judy Mohr Peterson, and Jean E. Hutchinson, "Immunization Initiation Among Infants in the Oregon Health Plan," *American Journal of Public Health*, May 2006

(OMAP CU June 06-103)

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

OREGON HEALTH PLAN 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