

Allison Knight, Assistant Manager
DMAP Policy and Planning Section

Authorized Signature

Number: DMAP-IM-06-204

Issue Date: 11/30/2006

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, AMH and DMAP transmittal lists |

Message: DMAP will mail 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:	DMAP.providerservices@state.or.us		



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

Health Services

Division 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

November 30, 2006

To: DMAP Hospitals, Birthing Centers
and Midwives

From: Allison Knight, Assistant Manager
DMAP Policy and Planning Section

Subject: OHP Newborn Notification



In order to be paid promptly, you need to notify DMAP of Oregon Health Plan (OHP) births. DMAP 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.

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

-or-

Electronic Data Interchange
Support

DMAP.providerservices@state.or.us

DHS.hipaatesting@state.or.us

1-800-336-6016

1-800-422-5047 (Option 2)

Enc: OHP Newborn Notification Form (OMAP 2410)

“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 <u>Gender</u> M F				
Baby's Father					
Baby's Mother					
Baby	Baby's <u>Gender</u> M F				
Baby's Father					
Baby's Mother					
Baby	Baby's <u>Gender</u> M F				

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