

Jean Phillips, Interim Deputy Administrator

Authorized Signature

Number: DMAP IM 07-158

Issue Date: 11/07/07

Topic: Medical Benefits

Subject: Provider reminder: 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: Every six months, DMAP reminds providers who deliver OHP babies of the importance of notifying us of the birth. We'll include a sample Newborn Notification form ([DMAP 2410](#)) with the attached RA stuffer.

If you have any questions about this information, contact:

Contact(s):	Provider Services		
Phone:	1-800-336-6016		
E-mail:	DMAP.providerservices@state.or.us		



Important Reminder About OHP Newborn Notifications

In order to receive prompt payment for services to Oregon Health Plan (OHP) newborns, you need to notify DMAP of OHP births so we can get these little ones entered into our system.

In their excitement, new mothers often forget, or don't know, that they need to notify their DHS case workers of the birth in order to get them insured.



Notification form

We developed the attached Newborn Notification form to be used easily by hospitals, birthing centers and direct entry midwives.

This form, DMAP 2410, is also available in an interactive format on the DHS Web site: <http://dhsforms.hr.state.or.us/Forms/Served/OE2410.pdf>.

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.

Include information on the father, if available, 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.

Healthy babies

Studies show that starting babies on OHP immediately improves their chances for complete and continuing medical care, including getting immunizations on time.

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

Billing questions?

Contact DMAP Provider Services at:

- ◆ DMAP.providerservices@state.or.us
- ◆ 800-336-6016



(DMAP CU Nov 07-076)

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 <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>				
Baby's Father					
Baby's Mother					
Baby	Baby's Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>				
Baby's Father					
Baby's Mother					
Baby	Baby's Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>				

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