

Jean S. Phillips, DMAP Deputy Administrator

Authorized Signature

**Number:** DMAP IM 09-004

**Issue Date:** 01/13/2009

**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:** At least twice per year, DMAP reminds providers who deliver OHP babies of the importance of notifying us of the birth. We included a link to the revised Newborn Notification form ([DMAP 2410](#)) in the attached message to be posted to the web in January 2009. Due to budget constraints the postcard will not be mailed until July '09. Providers will receive email notification via eSubscribe.

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

<b>Contact(s):</b>	Provider Services		
<b>Phone:</b>	1-800-336-6016		
<b>E-mail:</b>	<a href="mailto:DMAP.providerservices@state.or.us">DMAP.providerservices@state.or.us</a>		

**Please forward this message to staff responsible for completing and submitting Newborn Notification Form (DMAP 2410) to the Department of Human Services, Division of Medical Assistance Programs.**



## **IMPORTANT REMINDER OHP Newborn Notification**

### **Help us enroll newborns in OHP**

To receive prompt payment for delivery services covered by OHP, providers (including hospitals, birthing centers and mid-wives) need to notify the Division of Medical Assistance Programs (DMAP) of new births.

### **OHP Newborn Notification Form (DMAP 2410)**

The DMAP 2410 is convenient and easy to use. Find the form on the DHS Web site:

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

**Questions?** Contact Provider Services at:

[dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us)

1-800-336-6016



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