



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



**MassHealth**  
**Acute Inpatient Hospital Bulletin 129**  
**April 2005**

**TO:** All Acute Inpatient Hospitals Participating in MassHealth  
**FROM:** Beth Waldman, Medicaid Director *BW*  
**RE:** Revised Notification of Birth (NOB-1) Form

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**Background**

MassHealth has revised the Notification of Birth (NOB-1) form. The NOB-1 form is used by hospitals on behalf of MassHealth members to facilitate eligibility determination and health plan enrollment of newborns of MassHealth-eligible women.

Any child born to a woman eligible for MassHealth Standard or Limited is automatically eligible for MassHealth Standard for one year from the date of birth if the child continues to live with the mother. Newborns of women enrolled in a MassHealth Managed Care Organization (MCO) are retroactively enrolled in the mother's MCO to the baby's date of birth.

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**Changes to NOB-1 Form**

The NOB-1 form has been updated to simplify the enrollment of MassHealth-eligible newborns. Previously, NOB-1 forms for babies born to MassHealth MCO-enrolled mothers could be completed by either the hospital or by the MCO. Effective immediately, all NOB-1 forms are to be completed by the hospital. All hospitals should complete this form when a child is born to a MassHealth-enrolled woman. Previously, each newborn had to be documented on a separate NOB-1 form. The revised NOB-1 form now includes room for up to two children per MassHealth-eligible woman. If there are more than two children born to a MassHealth-eligible woman, please use an additional form. Please mail both copies of the form to:

MassHealth Enrollment Center  
ATTN: NOB Unit  
300 Ocean Avenue, Suite 4000  
Revere, MA 02151

Please mail completed NOB-1 forms on a daily basis, as delays may result in the delay of payment for services rendered.

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***Requesting a Supply***

Enclosed is a sample of this revised form. The NOB-1 form is a carbon copy form and is not available electronically. Requests for additional supplies of this form must be submitted in writing, and can be mailed or faxed to:

MassHealth Forms Distribution  
P.O. Box 9101  
Somerville, MA 02145  
Fax: 617-576-4087  
Fax: 703-917-4937

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***Use of Old Form***

To minimize the impact of this change on MassHealth providers, MassHealth will continue to accept the previous version of the NOB-1 form through May 31, 2005.

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***Questions***

If you have any questions about the information in this bulletin, please call MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

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## **Purpose of MassHealth Notification of Birth (NOB-1) Form**

The MassHealth NOB-1 form is used by hospitals on behalf of MassHealth members to facilitate eligibility determination and health plan enrollment of newborns born to MassHealth eligible women. Any child born to a woman eligible for MassHealth Standard or Limited is automatically eligible for MassHealth Standard for one year from the date of birth if the child continues to live with the mother. Newborns of women enrolled in a MassHealth Managed Care Organization (MCO) will be retroactively enrolled in the mother's MCO to the baby's date of birth. Newborns of women enrolled in the Primary Care Clinician (PCC) Plan or receiving services on a fee-for-service basis are provided MassHealth benefits on a fee-for-service basis until a health plan selection is made or assigned, if the member does not voluntarily select a health plan.

The NOB-1 form is used to:

- Process newborn MassHealth eligibility
- Provide hospitals with a mechanism for receiving newborn temporary Recipient Identification Numbers (RID) in order to submit claims
- Enroll newborns into MCOs
- Track Federal government required birthweight and race information

## **Instructions For Completing The NOB-1 Form**

### **SECTION I: Mother's Information**

- **Mother's RID/SSN:** Enter the nine-digit RID of the mother. Please include the 10<sup>th</sup> digit in the separate box.
- **Casehead RID/SSN (if different):** If the casehead is someone other than the mother, for example, a spouse or grandparent, please enter the RID of that person. Please include the 10<sup>th</sup> digit in the separate box.
- **Mother's Name, Address, Date of Birth, and Phone:** Enter the name, address, date of birth, and phone number of the child's mother.
- **MassHealth MCO Information:** If the mother is enrolled in a MassHealth Managed Care Organization (MCO), please select the box next to the MCO name.

### **SECTION II: Child's Information**

- **Child's Name:** Enter the child's last name, first name, and middle initial. If the child is unnamed, enter the last name, followed by "Baby Boy," or "Baby Girl." In the case of same-sex multiple births as yet unnamed, add a letter suffix to the child's name, for example, "Smith, Baby Boy A" and "Smith, Baby Boy B."
- **Child's Date of Birth:** Enter the child's date of birth, using an MM/DD/YYYY format.
- **Sex:** Enter F for female or M for male.
- **Birthweight:** Use the appropriate box to enter the child's birthweight in pounds and ounces or in grams.
- **Race:** Select the child's race.
- **Social Security Application:** Indicate if an application for the child's social security number has been made through the hospital.
- **Certification:** Please sign and date the form. Please include your title. The director of medical records or patient accounts manager of the hospital must sign the NOB-1.

### **Mailing the NOB-1 Form**

- Please use original NOB-1 forms only. Photocopies will not be accepted.
- Please mail both copies to: MassHealth Enrollment Center, Attn: NOB Unit, 300 Ocean Avenue, Suite 4000, Revere, MA. 02151.