



**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 133**  
**January 2007**

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

---

**Background**

MassHealth has revised the Notification of Birth (NOB-1) form. The NOB-1 has been used by hospitals to facilitate eligibility determinations and health-plan enrollment for newborns of MassHealth-eligible women. The NOB-1 was revised to support the Commonwealth Care Health Insurance Program, also known as Commonwealth Care, which began on October 1, 2006.

---

**Commonwealth Care**

Commonwealth Care is a new health-insurance program administered by the Commonwealth Health Insurance Connector Authority (the Connector). Commonwealth Care is a program that provides subsidies toward the purchase of private health insurance on behalf of enrolled Massachusetts residents who are not eligible for MassHealth benefits (other than MassHealth Limited). Applicants must have household incomes at or below 300% of the federal poverty level (FPL). Commonwealth Care coverage is not MassHealth, but MassHealth is assisting the Connector in eligibility and enrollment processing.

Commonwealth Care enrollment is beginning in two phases:

- Phase I – Beginning October 1, 2006, enrollment in Commonwealth Care is available for eligible adults with family incomes at or below 100% of the FPL.
  - Phase II – Beginning January 2007, enrollment in Commonwealth Care will be offered to eligible adults with family incomes of up to 300% of the FPL.
- 

*(continued on next page)*

***Managed Care  
Organizations (MCOs)***

At this time, Commonwealth Care coverage for both phases will be available exclusively through the following four MassHealth-contracted managed-care organizations (MCOs):

- Boston Medical Center HealthNet Plan
- Cambridge Health Alliance's Network Health
- Neighborhood Health Plan
- Fallon Community Health Plan

Although the MCOs for MassHealth and Commonwealth Care are the same, service areas in which the MCOs operate differ between programs. As a result, some members may be able to enroll with an MCO for Commonwealth Care in certain service areas that may not be available to MassHealth members.

---

***Enrollment  
Process for a Child  
Born to a Commonwealth  
Care Mother***

**Pregnant woman eligible for MassHealth**

Most women enrolled in Commonwealth Care will be eligible for MassHealth once they become pregnant. If a pregnant woman's eligibility for MassHealth has been established before the birth of her child, the hospital must follow the regular process for a MassHealth-eligible newborn. In this case, any child born to a woman who is 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. A newborn of a woman enrolled in a MassHealth MCO is enrolled in the mother's MCO, retroactive to the baby's date of birth.

**Pregnant woman enrolled in Commonwealth Care at time of birth**

For a woman enrolled in Commonwealth Care who either is not eligible for MassHealth or whose MassHealth eligibility has not been established before the birth of her child, a different process will apply. When data about the newborn is entered into the eligibility system, the newborn child will be determined eligible for MassHealth Standard or Family Assistance. A MassHealth-eligible newborn of a woman enrolled in a Commonwealth Care MCO will be retroactively enrolled in the same MCO as the mother, as long as the MCO is available to MassHealth members in the service area where the mother lives. If the MCO is not available to MassHealth members, no retroactive MCO enrollment will occur, and the newborn will receive MassHealth benefits on a fee-for-service basis until a health plan has been selected or assigned, if the mother or guardian does not voluntarily select a health plan for the newborn.

MassHealth and Commonwealth Care eligibility and enrollment information is available by checking the MassHealth Recipient Eligibility Verification System (REVS) system.

---

*(continued on next page)*

***Changes to NOB-1 Form***

The NOB-1 form has been updated to identify the mother's health plan as either a MassHealth or Commonwealth Care MCO.

---

***Requesting a Supply***

Enclosed is a sample of this revised form. The NOB-1 form is a two-part carbonless 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  
ATTN: Forms Distribution  
P.O. Box 9118  
Hingham, MA 02043  
Fax: 617-988-8973

---

***Use of Old NOB-1***

Hospitals should start using the NOB-1 (Rev. 01/07) immediately. To minimize the impact of this change on MassHealth providers, MassHealth will continue to accept the NOB-1 (Rev. 03/05) through February 2007. Until the new NOB-1 (Rev. 01/07) is in use, when the mother is enrolled in a Commonwealth Care MCO, the hospital should write "Commonwealth Care" after the MCO name in the "Mother's Plan" area of Section 1 of the NOB-1 form.

---

***Questions***

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

---



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

The MassHealth NOB-1 form is used by hospitals to facilitate eligibility determination and health-plan enrollment of newborns born to MassHealth- or Commonwealth Care-eligible women. Any child born to a woman who is 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. A newborn of a woman who is enrolled in a MassHealth managed care organization (MCO) will be retroactively enrolled in the mother's MCO to the baby's date of birth. A newborn of a woman who is enrolled in the Primary Care Clinician (PCC) Plan or receiving services on a fee-for-service basis is 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. A newborn of a woman enrolled in a Commonwealth Care MCO will be determined eligible for MassHealth Standard or Family Assistance. A MassHealth-eligible newborn will be retroactively enrolled in the same MCO as the mother, as long as the MCO is available to MassHealth members in the service area where the mother lives. If the MCO is not available to MassHealth members, no retroactive enrollment will occur and the newborn will receive MassHealth benefits on a fee-for-service basis until a health-plan selection has been made or assigned, if the mother or guardian does not voluntarily select a health plan for the newborn.

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 10th 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 10th 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.
- **Mother's MCO Information:** If the mother is a MassHealth member, select the "MassHealth" box and select the box next to the name of the mother's MCO. If the mother is a Commonwealth Care member, select the "Commonwealth Care" box and select the box next to the name of the mother's MCO.

#### **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:** 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**

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