



NOTIFICATION OF BIRTH



- Instructions:
- Complete form and print it out.
 - **Sign form and fax it to (617) 887-8777.**
 - Fields explained on back of form.

Purpose of Notification of Birth (NOB-1) Form

- Process MassHealth eligibility for newborns
- Enroll a newborn into a health plan
- Provide hospitals with a way to receive a newborn member ID to submit claims

Hospital Name
Hospital Address
Contact Name
Phone

Section I: Mother's Information		
Last Name		First Name
Address		
Date of Birth	Phone	MassHealth Member ID
Primary Commercial Insurance (if applicable)		ConnectorCare <input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Holder or Guardian		Relationship to Newborn

Section II: Child's Information – Please Note: You must include the child's name (Last, First, and Middle), Date of Birth, and Gender. Please list additional children on a separate sheet.			
Last Name		First Name	Middle Name
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	PCP (eg: Jane F. Doe)	
Health Plan		Street	
		City	State Zip Phone
Last Name		First Name	Middle Name
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	PCP (eg: Jane F. Doe)	
Health Plan		Street	
		City	State Zip Phone

Please do not use "BABY BOY" or "BABY GIRL" as a substitute for the newborn's name. If you enter "BABY BOY" or "BABY GIRL," the form will not be processed.

Has an application for the child's social security number been made through the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I certify that the above-named child was born to the mother listed above. Signature	Title
	Date

NOB forms should be submitted to MassHealth as soon as possible after birth and no later than 10 days after birth whenever possible. The NOB-1 form is used by hospitals to facilitate eligibility determination and health-plan enrollment of newborns born to MassHealth or ConnectorCare eligible individuals. Any child born to an individual who is eligible for MassHealth is automatically eligible for MassHealth Standard for one year from the date of birth.

Once MassHealth eligibility has been established, all newborns are required to be enrolled in a health plan within 14 days. Parents/guardians should be encouraged to voluntarily choose a primary care provider and health plan for their baby. The parent/guardian's selection of a plan and provider for their baby can be added to the NOB using the appropriate fields. Please note that the managed care enrollment will be prospective. If the parent/guardian does not yet know which plan or provider to select, hospital staff should encourage the parent/guardian and their family to visit www.masshealthchoices.com or call MassHealth Customer Service at (800) 841-2900; TTY: (800) 497-4648. If the parent/guardian does not choose a health plan and/or a primary care provider/pediatrician/practice for their baby, the baby will be in Fee-for-service (FFS) status for up to 14 days until MassHealth **automatically assigns** the baby to a health plan in the following ways:

- If the child has older siblings currently enrolled in a managed care plan, the child will be assigned to the same managed care plan as their next oldest sibling.
- If there are no older siblings currently enrolled in a managed care plan, the child will be enrolled in the same managed care plan as their parent/guardian who is listed as head of household for the family with MassHealth.
- If assignment based on the next oldest sibling or the head of household does not result in a managed care plan enrollment for the newborn, MassHealth will use the existing member auto-assignment process to assign the newborn to a health plan in their geographic area.

Health plans can provide helpful resources at the beginning of a newborn's life. Each plan has a specific network of primary care providers/pediatricians/practices and supportive services. Parents/guardians may change a newborn's plan or PCP for any reason within the child's first year of life.

Instructions for Completing the NOB-1 Form

Section I: Mother's Information

- **Member ID:** Enter the 12-digit MassHealth member ID of the mother.
- **Name, Address, Date of Birth, and Phone:** Enter the name, address, date of birth, and phone number of the child's mother.
- **Primary Commercial Insurance:** If MassHealth is secondary coverage, enter the name of the primary commercial insurance plan (eg: BC/BS). If ConnectorCare is primary coverage, enter the name of the ConnectorCare plan.
- **Policy Holder or Guardian:** When other insurance is present, list the name of the person who holds the insurance and their relationship to the newborn.
- **ConnectorCare:** When the mother has been determined ConnectorCare eligible or enrolled in ConnectorCare, please check Yes or No as appropriate. For information on determining ConnectorCare status, please see the "Guide to Identifying ConnectorCare Coverage" at <https://www.mass.gov/lists/masshealth-provider-forms-by-provider-type-h-m#hospitals-Section>

Section II: Child's Information

- **Name:** Enter the child's last name, first name, and middle name. Please do not use "BABY BOY" or "BABY GIRL" as a substitute for the newborn's name. If you enter "BABY BOY" or "BABY GIRL," the form will not be processed.
- **PCP and Health Plan:** Please encourage parents/guardians to select a primary care provider/pediatrician/practice and health plan for the newborn; if the family does not voluntarily select a plan within 14 days after eligibility is established, MassHealth will automatically assign the newborn to a plan as described above. More information on which health plans and primary care provider/pediatrician/practice are available for the newborn can be found at www.masshealthchoices.com or by calling MassHealth Customer Service at (800) 841-2900; TTY: (800) 497-4648. Please note that not all health plans or PCPs/pediatricians/practices may be available. MassHealth will notify the parent/guardian if the health plan or PCP/pediatrician/practice selection is not available.
 - Providers must check EVS to see the effective date of a newborn's health plan enrollment. Submitting this NOB form does not mean a provider may now submit claims to the newborn's selected plan.
- **Date of Birth:** Enter the child's date of birth, using MM/DD/YYYY format.
- **Gender:** Enter "F" for female or "M" for male.
- **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.

Faxing the Completed NOB-1 Form

- Fax the signed original to (617) 887-8777.

Check member eligibility using the Eligibility Verification System in the [Provider Online Service Center](#).