

DATE: February 27, 2020
TO: All Well Sense Health Plan Providers
FROM: Well Sense Health Plan
SUBJECT: **Notification of Birth (NOB) Form Update**

NH DHHS requests that Well Sense Health Plan include the **child's full legal name** on all birth notifications the Plan sends to them. In furtherance of this, Well Sense is requiring that all providers use the child's full legal name, if known, when submitting Notification of Birth (NOB) forms to the Plan as of February 27, 2020. The NOB submission form has been updated to include an indicator field to be completed if the child's full name is not known. Incorrectly completed forms will be returned to the provider with a request for the needed information to be included.

If the mother is enrolled in Well Sense on the newborn's date of birth, the hospital or treating provider must make best efforts to submit an NOB form within 24 hours or 1 business day of the birth to Well Sense's Enrollment Department by faxing to 866-335-9317.

Please see the examples below:

Old format:

Baby Boy Smith (covered mother's last name)
Baby Girl Smith (covered mother's last name)

New Format:

John Smith (child's legal name)
Jane Smith (child's legal name)

As a best practice, we suggest providers confirm that forms have been submitted **with child's full legal name prior to mother's discharge**.

Please find the document here: [Notification of Birth Form](#)

We encourage providers to visit our website for additional information on services and our policies. As always, if you have any questions, please contact your dedicated Well Sense Health Plan Provider Relations Consultant or email NHProviderInfo@WellSense.org.