Newborn Notification and Authorization Request Form (EHP, Priority Partners, and USFHP)

JOHNS HOPKINS
H E A L T H   P L A N S

7231 Parkway Drive Suite 100
Hanover, MD 21076

*required information

FOR PROVIDER USE ONLY

Complete this form and fax to the Utilization Management department – Inpatient Intake at:
410-762-5204 (for Johns Hopkins Bayview deliveries)
410-762-5203 (for Johns Hopkins Hospital deliveries)
410-424-4894 (all other hospital deliveries)
410-424-2602 (USFHP UM Inpatient)
Effective 5/1/2022 For EHP & PPMCO NICU admission, fax this notification and/or clinical information to ProgenyHealth: 888-400-4636

Requesting Provider/Facility:		Date:	Phone#

Mother's Information:

*First Name:	*Last Name:
*Birthdate:	***Health Plan:**
Address:	☐EHP ☐Priority Partners ☐USFHP
City: State: Zip:	*Member ID#:

Delivery Date:	Delivery Type:	Other Insurance:
	☐Vaginal ☐C- Section ☐VBAC	Name:

Birth Type: ☐Single ☐Multiple (#_____)	Policy#	Group#

Comments:

Newborn's Information:

Are you reporting multiple births? ☐Yes ☐No	Birthdate:	Gestational Age:

*Name	*Gender	*Birth Weight (in grams)	*Disposition	*Health Plan Coverage

Please Note:
Priority Partners - facility must enroll newborn through the Maryland Medicaid Verification System using the 1184 form.
EHP and USFHP - if the newborn has not been pre- enrolled, the enrollment process may take 30-45 days and an authorization cannot be issued until after the payer establishes newborn eligibility.