



# Newborn Notification and Authorization Request Form Instructions

## **PURPOSE**

The Johns Hopkins Health Plans Newborn Notification and Authorization Request form is used to assist providers with meeting the notification requirements of plan member's newborn deliveries. Johns Hopkins Health Plans will utilize this form to process newborn eligibility, provide newborn member identification numbers for claim submission, and track federally required information.

## **INSTRUCTIONS**

**Date of Request:** Complete this form within 24 hours of newborn delivery.

**Requesting Provider/Facility:** Enter the Provider/Facility name associated with the newborn delivery.

### **Mother's Information**

- **Mother's Name, Address:** Enter the mother's full name and address.
- **Mothers Health Plan:** Indicate the mother's health plan and enter the associated member ID number.
- **Delivery Date, Delivery Type, and Birth Type:** Enter the date the newborn was delivered. Indicate the delivery type and birth type.

### **Newborn's Information**

- **Multiple births, Birthdate, and Gestational age:** Indicate whether or not this is a multiple birth. Enter the newborn(s) date of birth using MM/DD/YYYY format. Enter the newborn's gestational age.
- **Newborn Name, Gender, Birth Weight:** Enter the newborn(s) full name. Indicate the gender using F for female or M for male. Enter the birth weight in grams.
- **Disposition** Enter the newborn(s) disposition using Nursery, Special Care Nursery, or NICU (for NICU, please enter the current level of care for the newborn). *Please Note: this form does not serve as inpatient newborn admission notification or preauthorization request. If applicable, after submitting this newborn notification and authorization request, the separate inpatient admission notification and preauthorization process should be followed.*
- **Health Plan Coverage:** Enter the newborn(s) health plan. *For Priority Partners - Facility must enroll newborn through the Maryland Medicaid Verification System using the 1184 form for Priority Partners health plan. For 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.*

### **After form completion fax to 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)