



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 as well as the phone number, facility TIN number, and NPI number.

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)



JOHNS HOPKINS
HEALTH PLANS

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

FOR PROVIDER USE ONLY

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*Required information

Effective May 1, 2022 for EHP & Priority Partners NICU admission, fax this notification and/or clinical information to ProgenyHealth: 888-400-4636

Requesting Provider/Facility:			Date of Request:	Phone #:
Facility TIN #:			NPI #:	
Mother's Information:				
*First Name:			*Last Name:	
*Birthdate:			*Health Plan:	
Address:			<input type="checkbox"/> EHP <input type="checkbox"/> Priority Partners <input type="checkbox"/> USFHP	
City:	State:	Zip:	*Member ID#:	
Delivery Date:	Delivery Type:		Other Insurance:	
	<input type="checkbox"/> Vaginal <input type="checkbox"/> C- Section <input type="checkbox"/> VBAC		Name:	
Birth Type: <input type="checkbox"/> Single <input type="checkbox"/> Multiple (# _____)			Policy #:	Group #:
Comments:				
Newborn's Information:				
Are you reporting multiple births? <input type="checkbox"/> Yes <input type="checkbox"/> 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.