

# PROVIDER pulse

Johns Hopkins HealthCare Provider Newsletter

Spring 2018



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MEDICINE

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HEALTHCARE

This newsletter features important information pertaining to providers in the JHHC network: Priority Partners, EHP, USFHP, and Advantage MD. Please contact your Provider Relations coordinator with any questions about this information.

## // INTRODUCTION

Welcome to the spring 2018 issue of *Provider Pulse*, the quarterly newsletter from the Johns Hopkins HealthCare (JHHC) Provider Relations department. In this issue, you will find timely information on JHHC's various initiatives, policies and procedures, compliance requirements and updates from our departments.

Take a few minutes to read up on:

- Site of service requirements
- 2018 Quality Measures Tip Sheet
- Importance of the CMS-sponsored Medicare Consumer Assessment of HealthCare Providers and Systems (CAHPS®) survey
- Our new claims tool, Clear Claim Connection.

Other stories highlight the importance of updated, accurate information and the impact of outdated, incorrect information on providers and, most importantly, members.

Delivering quality medical services to our members is the hallmark of JHHC. Dedication to the partnerships we've established with our providers is a vital component of this commitment. We appreciate your efforts to provide high-quality services to JHHC members.

—Jennifer Sandoval

AVP, Network Strategy & Innovation, Provider Relations

## // CLAIMS AND BILLING

### Clear Claim Connection™ Web-Based Reference Tool

JHHC offers you an easy way to view most edits applied to the claims you submit. Clear Claim Connection is a web-based reference tool that allows you to look up the justifications and clinical rationale on claims edits.

Clear Claim Connection is an adjunct to McKesson Claim Check 10.0®. JHHC's claims processing systems are currently integrated with McKesson Claim Check 10.0, Knowledge

Base 60, which includes Outpatient Code Editor (OCE) and Correct Coding Initiative (CCI) edits version 23.3. The software automatically and carefully audits codes before claims are paid.

To use Clear Claim Connection:

1. Go to [www.jhhc.com](http://www.jhhc.com).
2. Select either the EHP/Priority Partners/Advantage MD or the USFHP portal.
3. Log into HealthLINK.
4. Go to Administration, then click on the correct claims menu item depending on the claim:
  - a. PP Professional Clms
  - b. EHP Professional Clms
  - c. PP Facility Claims
  - d. EHP Facility Claims
  - e. PPDME Claims
  - f. EHP DME Claims
  - g. Hospital Based Claims
5. Read the terms and conditions and click on the "I Have Read and Agree" button.
6. Select the gender of the member.
7. Enter the member's date of birth.
8. Enter the claim diagnosis (code).
9. Enter the following:
  - a. Procedure Code
  - b. Units
  - c. Date of Service

*Note:* This will automatically populate with the current date

  - d. Enter any modifiers (Mod 1, etc.)
  - e. Select the "Provider Specialty" from the drop-down menu
  - f. Select the "Place of Service" from the drop-down menu
10. Click "Review Claim Audit Results"
  - a. If the codes entered in the claim are correct, you will get a screen message telling you that the claim is allowed.
  - b. If the claim contains information that will cause the claim to deny, you will get a screen message that tells you what is disallowed. Depending on the information entered it may also tell you what part of the claim will be allowed.
  - c. Clicking on the red "Disallow" link will give you an explanation of why the claim was rejected.
11. Click "Current Claim" to modify the existing claim.
12. Click "New Claim" to enter a brand new claim.

## // POLICIES AND PROCEDURES

### Inpatient Concurrent Review Policy for Advantage MD Members

As part of our standard operations at Johns Hopkins HealthCare, we review all policies on a regular basis. The Inpatient Concurrent Review Policy has been reviewed. As a result, this review initiated the following change: Effective May 1, 2018, notification of hospital admissions of an Advantage MD member must occur within 48 hours of the admission or by the next business day. Should notification occur after the allotted timeframe, all days before the notification will be denied. Consideration of extenuating circumstances may apply. JHHC will not render an adverse decision solely for the lack of notification if the member's medical condition prevented the hospital from determining the member's insurance status and/or when the identity of a member cannot be determined.

### The Importance of a Correct Address

Educate your Priority Partners members about the importance of correct home and email addresses. The Maryland Department of Health (MDH) will terminate coverage for members who do not have accurate addresses in the system, resulting in loss of benefits. Any time a member's address or other information changes, they will need to update their application.

Priority Partners members can check or change their addresses in one of three ways:

- Online at [MarylandHealthConnection.gov](http://MarylandHealthConnection.gov). Members can sign into their account and click on the "Change My Information" button on the home page to update personal information.
- By phone through the Maryland Health Connection at 855-642-8572 (TTY 855-642-8573).
- In-person help is available free of charge from the health department or Department of Social Services.

### Provider Enrollment Portal - ePREP

The MDH launched a new electronic Provider Revalidation and Enrollment Portal (ePREP). You will need to use this portal for Maryland Medicaid and Managed Care Organization (MCO) network enrollment, re-enrollment, revalidation, information updates, and demographic changes. Implementation of ePREP is to ensure providers are compliant with federal and state managed care regulations supporting network adequacy, provider information and directory standards, interoperability, information system management, and data reporting.

The ePREP implementation consists of two phases:

**Phase I:** The first phase will consist of rendering only providers, group practices, and most solo practitioners. A complete list of Phase 1 provider types can be found at Maryland Medicaid's ePREP website [ePREP.health.maryland.gov](http://ePREP.health.maryland.gov).

To speak to a representative regarding Phase I contact the Call Center at 844-4MD-PROV (844-463-7768).

**Phase II:** The second phase is scheduled to go live in the spring of 2018 to include hospitals, clinics, other medical facilities, long-term services and support waivers providers.

For questions pertaining to provider enrollment contact MDH:

- Phone: 410-767-5340
- Email: [mdh.providerenrollment@maryland.gov](mailto:mdh.providerenrollment@maryland.gov)

Additional information can be found online at [mmcp.health.maryland.gov/Pages/ePREP.aspx](http://mmcp.health.maryland.gov/Pages/ePREP.aspx).

### Redirection of Care

Effective Jan. 1, 2018, Priority Partners and Johns Hopkins US Family Health Plan members ages 18 and older are required to receive outpatient gastroenterology, ophthalmology or urology diagnostic or surgical procedures in an ambulatory surgery center (ASC). A diagnostic or surgical procedure performed in a Maryland hospital or other regulated setting<sup>1</sup> will require a prior authorization and must meet medical necessity.

### Prior Authorization

If you seek to perform these services in a Maryland hospital or regulated setting, you must submit a prior authorization request to JHHC via the [HealthLINK@Hopkins](mailto:HealthLINK@Hopkins) portal or by fax at 410-424-4603. The prior authorization request should include all pertinent clinical information to support the medical necessity. If there are no medical reasons to have the procedure in a Maryland hospital or regulated setting<sup>1</sup>, the member should be referred to a specialist with privileges at a participating ASC.

A list of participating ASCs is available at: [www.hopkinsmedicine.org/johns\\_hopkins\\_healthcare/provider\\_search.html](http://www.hopkinsmedicine.org/johns_hopkins_healthcare/provider_search.html).

JHHC medical policies can be found at: [www.hopkinsmedicine.org/johns\\_hopkins\\_healthcare/providers\\_physicians/medicalpolicies\\_disclaimer.html](http://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/medicalpolicies_disclaimer.html).

To request an ASC addition to our participating network, please call the Provider Relations department at 888-895-4998.

<sup>1</sup>Regulated setting is considered any health care setting whose rates are regulated by the Maryland Health Services Cost Review Commission.



## // QUALITY CARE

### Announcing the Advantage MD PCP Incentive Program

The Advantage MD PCP Incentive Program is designed to reward our participating primary care providers (PCPs) for providing high-quality, cost-effective care to our members. The program offers incentives to PCP practices for meeting certain requirements and quality measures.

#### Level I-Advantage MD PCP Incentive Program

- Additional reimbursement of \$450-\$500 per attributed member
- Monthly reporting by JHHC on your progress and gaps in care
- Support and guidance from JHHC on practice transformation from an episodic-based health delivery system to a patient-centered system

#### Level II-Advantage MD PCP Incentive Program

- Additional reimbursement up to \$3,000 per practice for meeting certain program requirements and quality measures
- Additional reimbursement of \$150 for the completion of each Whole Health Assessment (WHA) form per member per year
- Monthly reporting by JHHC on your Incentive Program progress
- Support and guidance from JHHC on practice transformation from an episodic-based health delivery system to a patient-centered system

For more information on the incentive program and its requirements and quality measures, please call Provider Relations at 888-895-4998.

### Priority Partners Offers \$50 Postpartum Visit Reimbursement

JHHC is pleased to announce a \$50 postpartum visit reimbursement, effective for dates of service beginning April 1, 2018. Provider offices may now submit a separate claim for the postpartum visit for Priority Partners members and receive an additional \$50 in reimbursement.

To be eligible for payment, the postpartum visit must occur within the HEDIS® deadline of **21-56 days** after delivery. Billing departments may use **Category II CPT code 0503F** on the claim form to be reimbursed \$50 for this service.

If you have any questions about this quality initiative, please contact your Provider Relations Network Manager at 888-895-4998.

### Five-Star Goal for Advantage MD - A Collaborative Effort

Advantage MD recognizes your role in meeting quality metrics, closing gaps in care and improving the overall patient experience. With your continued collaboration, we hope to achieve our goal of a five-star quality rating from the Centers for Medicare and Medicaid's (CMS) Star Rating System.

A significant way to accomplish this is through the CMS-sponsored Medicare Consumer Assessment of HealthCare Providers and Systems (CAHPS) survey, which is conducted between March and June each year. The CAHPS survey measures important aspects of a patient's experience that cannot be captured by other methods.

You can help us accomplish our five-star goal with these tips that enhance the Advantage MD member-provider experience:

- Familiarize yourself with the questions members are being asked on the survey.
- Understand members' costs for prescription drugs based on their plan formulary.
- Encourage your Advantage MD patients to schedule preventive screenings annually or when recommended.
- Follow up promptly with members concerning test results, whether or not the results require additional care.
- Make timely patient appointments a priority, for both routine and specialty care.

## // REMINDERS

### Network Access Standards

JHHC complies with state regulations designed to help make sure our plans and providers can give members access to care in a timely manner. These state regulations require us to ensure members are offered appointments within the following time frames:

#### Priority Partners

Service	Appointment Wait Time (not more than):
Initial prenatal appointments	10 business days from request, or from the date the MCO receives a Health Risk Assessment (HRA) for the new enrollee (unless enrollee continues care with established provider and established provider concludes that no initial appointment is necessary), whichever is sooner.
Family Planning appointments	10 days from the date enrollee requests appointment
High Risk enrollee appointments	15 business days from MCO's receipt of the enrollee's completed HRA
Urgent Care appointments	48 hours from date of request
Routine, Preventative Care, or Specialty Care appointments	30 days from initial request or, where applicable, from authorization from PCP.
Initial newborn visits	14 days from discharge from hospital (if no home visit has occurred)
Initial newborn visits if a home visit has been provided	30 days from date of discharge from hospital
Regular optometry, lab, or x-ray appointments	30 days from date of request
Urgent optometry, lab or x-ray appointments	48 hours from date of request
Wait for enrollee inquiries on whether or not to use an emergency facility	30 minutes

#### Employer Health Programs (EHP)

Service	Appointment wait time (not more than):
History & Physical Exam	90 calendar days
Routine health assessment	30 calendar days
Non-urgent (symptomatic)	7 calendar days
Urgent Care	24 hours
Emergency Services	24 hours

#### Johns Hopkins US Family Health Plan

Service	Appointment wait time (not more than):
Well patient	4 weeks
Specialist	4 weeks
Routine	1 week
Urgent	24 hours
Office Wait Time	30 minutes

#### Johns Hopkins Advantage MD

Service:	Appointment Wait time (not more than):
PCP Routine/Preventive Care	30 calendar days
PCP Non-Urgent (Symptomatic)	7 calendar days
PCP Urgent Care	Immediate/Same Day
PCP Emergency Services	Immediate/Same Day
Specialist Routine	30 calendar days
Specialist Non-Urgent (Symptomatic)	7 calendar days
Behavioral Health Routine Initial	10 business days
Behavioral Health Routine Follow-up	30 calendar days
Behavioral Health Urgent	48 hours
Behavioral Health Emergency	6 hours
Office Wait Time	30 minutes

## 2018 Quality Measures Tip Sheet

Each of our health plans at JHHC follows a certain set of health care performance measures. We want to let you know the [2018 Quality Measures Tip Sheet](#) is now available to distribute to your billing and office personnel. To view the tip sheet, click on the link above or go to [jhhc.com](http://jhhc.com) and on the For Providers tab, click on “Health Care Performance Measures.” The tip sheet can be found for all our plans in “Consumer Assessment Health Plan Surveys (CAHPS®).”

## Keep Your Information Current

Please use the JHHC [Provider Update Form](#) to keep us informed and current on provider contact information. Accurate contact information—especially correct email addresses—helps us communicate efficiently with you about medical policy updates, provider notifications and other announcements. Current listings of your provider staff also ensures accuracy in our network directories. If any of your information changes, including an email address, office address, phone number, or fax, please update your information with the Council for Affordable Quality Healthcare (CAQH) in a timely manner. You also need to notify us of any changes using the [Provider Update Form](#) on [jhhc.com](http://jhhc.com). Updating with CAQH and Provider Relations go hand-in-hand to further our shared commitment to high-quality, cost-effective care. For more information, call Provider Relations at 888-895-4998.

## Communications Repository

Searching for a particular provider update, medical or reimbursement policy update or provider education opportunity? Look no further than our Communications Repository, where the most recent and prior communications are housed. Go to [jhhc.com](http://jhhc.com) and click on the *For Providers* tab. In the left navigation panel, choose “Resources and Guidelines” and then “[Communications Repository](#).” Contact us at 888-895-4998 for more information.

## Medical Records Request

As a reminder, your participation with JHHC allows us access to your medical records for services delivered to covered members. This includes records for HEDIS reporting purposes. In the next few months you may receive a fax or call from JHHC staff requesting medical records information. We appreciate your cooperation in helping us achieve the best outcomes for HEDIS.

## Rite Aid-Walgreens Transition

Rite Aid has been the exclusive pharmacy provider for Johns Hopkins USFHP members. However, Walgreens is in the process of acquiring many Rite Aid stores in the JHHC service area.

**Note:** Not all Rite Aid stores are becoming Walgreens. Some will be converted to Walgreens, some Rite Aid locations will close, and other locations will remain Rite Aids even if the pharmacies are technically operated by Walgreens.

At this time, your USFHP patients may only use Rite Aid pharmacies and Rite Aids that have converted to Walgreens. Access to the full Walgreen’s network of pharmacies is not available to members at this time. Mail-order pharmacy services will remain the same. Please call the Provider Relations department at 888-895-4998 with questions or if you need additional information on this transition.

### Important notice:

Please distribute this information to your billing departments.