PROVIDER pulse

Johns Hopkins HealthCare Provider Newsletter

SUMMER 2020

JOHNS HOPKINS MEDICINE

JOHNS HOPKINS HEALTHCARE

This newsletter features important information pertaining to providers in the JHHC network: Priority Partners, Johns Hopkins Employer Health Programs (EHP), Johns Hopkins US Family Health Plan (USFHP), and Johns Hopkins Advantage MD. Please contact your Provider Relations coordinator with any questions about this information.

// INTRODUCTION

"A fallen leaf is nothing more than a summer's wave goodbye."
– *Unknown*

As a summer like no other dwindles, we at JHHC trust that you are staying safe and rising to the challenges of the new normal. The impacts of the COVID-19 pandemic affect every aspect of our lives professionally, at home, and in the community. We've been spending the warm weather months working with our provider network to expand telehealth benefits, gearing up for open enrollment season, and finalizing new benefits and products for 2021 for all of our health plans. We are encouraging our members to begin scheduling the preventive and routine care they may have delayed during the pandemic. Please reiterate your safety protocols, in-person appointment availability, and alternate care offerings to your patients as reassurance to seek this critical care. Our mission is to deliver consistent, quality health services to our members. Your partnership and dedication is paramount to realizing these goals.

–***Editor,*** Provider Pulse

// POLICIES AND PROCEDURES

Need to Check Preauthorization Requirements? JPAL Can Help

The Johns Hopkins Prior Authorization Lookup tool (JPAL) is a recently-added provider resource to check and verify preauthorization requirements for services and procedures for Johns Hopkins Advantage MD, EHP, Priority Partners and Johns Hopkins US Family Health Plan. Located in the **HealthLINK** portal, JPAL offers a user-friendly way for providers to look up preauthorization requirements.

Providers can simply click on the JPAL link in **HealthLINK** to access this tool.

- Search by specific procedure code or procedure description.
- Search results are organized by procedure code, modifier, procedure description, and individual line of business.
- Clicking on the procedure code link or on any line of business link brings up specific details, such as the rules pertaining to preauthorization for each line of business and access to the corresponding medical policy document.

NOTE: JPAL is a tool to look up preauthorization requirements **only**; it does not handle preauthorization requests. Please follow JHHC's policies and procedures as usual to request an authorization:

- Confirm the status of all procedures before delivery of service.
- If preauthorization status is unclear, submit an authorization request.
  - » Authorizations are not a guarantee of payment.

Instructions on how to use the JPAL tool are available once you log into **HealthLINK**. There is also a Job Aid for JPAL on the **Provider Education** page on JHHC's provider website.

Medical Policy Updates Effective August 3, 2020

The JHHC Medical Policy Advisory Committee (MPAC)* has approved changes and additions to our medical policies. These changes went into effect August 3, 2020.

Revised Policies:

- Computed Tomography Angiography (CTA)-CMS03.09
- Cosmetic & Reconstructive Services-CMS03.12
- High-Frequency Pulsed Electromagnetic Stimulation for Healing Chronic Wounds-CMS08.04
- Interferential Therapy-CMS09.03

- Prenatal Obstetrical Ultrasound-CMS16.19
- Solid Organ Transplantation-CMS19.05
- SpeechEasy Fluency Device- CMS19.08
- Thermography-CMS20.04
- Vagus Nerve Stimulation for Depression-CMS22.06

Retired Policy:

- Breast Ductal Lavage and Fiberoptic Ductoscopy-CMS02.06

To view the full descriptions of these policies, please visit the **Medical Policies** section of the JHHC website or call Provider Relations at 888-895-4998.

*MPAC was formerly called SEEPAC (Scientific Evaluation and Policy Advisory Committee).

JHHC Reimbursement Policy Updates

The following is a summary of recent reimbursement policy updates for Johns Hopkins HealthCare (JHHC). If you have questions about these reimbursement policies, please contact Provider Relations at 888-895-4998.

Therapy Modifiers Policy

In accordance with the CMS billing guidelines update, as of January 1, 2020, JHHC updated its claims systems to recognize, and accept billing of, the therapy assistant modifiers CQ and CO. These services may be furnished in part or in whole by physical therapy assistants (PTAs) or occupational therapy assistants (OTAs). The modifiers are defined as follows:

- CQ modifier: Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
- CO modifier: Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant

When billing PTA and OTA services, the CQ and CO modifiers must be paired with the respective GP or GO therapy modifier. The GP and GO modifiers must be in the first position as identifying the service rendered. Claims billed without the appropriate GP or GO modifier, or those not following the modifier position guidelines, will be denied.

More information on this change can found in the CMS change request: **Change Request 11362, Transmittal 4440**, and above is the example provided in the transmittal.

Code	Therapy Modifier	Service Unit	Assistant Modifier
97110	GP	1	
97110	GP	1	CQ
97535	GP	1	
97535	GP	2	CQ
97530	GO	2	
97530	GO	1	CO

Unlisted Codes

JHHC has released its policy on Unlisted Codes for provider claims submitted on the CMS-1500 Claim Form or its electronic equivalent. This policy applies to all plans: Johns Hopkins Employer Health Programs (EHP), Priority Partners MCO, Johns Hopkins US Family Health Plan (USFHP), and Johns Hopkins Advantage MD. This policy makes public JHHC's existing policy on the subject matter, and applied prior to the Effective Date of this policy statement.

New and Updated Policies

JHHC would like to inform you of an updated policy and several new policies, listed below, which became effective August 1, 2020. These policies were created, or revised, to align with industry and regulatory guidelines.

- *Updated* **Bilateral and Split-Care Procedures: Modifier 50**
  The Payment Methodology section was amended for Advantage MD in accordance with CMS guidelines. This section was additionally revised to include guidelines for Bilateral Indicators.
- *New* **Assistant-at-Surgery: Modifiers 80, 81, 82 or AS**
  Surgical procedures where the complexity of the surgery necessitates the need for additional, skilled operative assistance.
- *New* **Discontinued Procedures: Modifiers 73 and 74**
  Procedures terminated due to extenuating circumstances that threatened the well-being of the patient after the patient had been prepared for the procedure and cancelled at the physician's discretion, before or after administration of anesthesia.
- *New* **Reduced Procedures: Modifier 52**
  Procedures reported with modifier 52, indicating a partial reduction, cancellation, or discontinuation of services for which anesthesia is not planned.
- *New* **Multiple Procedures: Modifier 51**
  Subsequent medical or surgical procedures performed on the same date of service by the same provider.

- *New* **Increased Procedures: Modifier 22**
  Surgical procedures that required increased services, also known as Unusual Procedural Services. This policy makes public JHHC's existing policy on the subject matter, and applied prior to the Effective Date of this policy statement.
- *New* **Staged, Related, & Unrelated Procedures: Modifiers 58, 78 and 79**
  Procedures performed during the postoperative period that were planned, anticipated, more extensive than the original procedure, therapeutic following a diagnostic procedure, or necessitated a return to the operating room to treat a problem or complication that was either related or unrelated to the original procedure.

To view these and other JHHC Reimbursement Policies, please go to: **JHHC.com > For Providers > Policies > Reimbursement Policies**.

// CLAIMS AND BILLING

Priority Partners Begins Denial Claims to Individual Providers/ Provider Groups Not Enrolled in ePREP Starting May 1, 2020

As of May 1, 2020, Priority Partners will not reimburse claims payments to providers unregistered in ePREP, the state's provider enrollment portal. Please be aware that the claims denial only applies to providers not yet enrolled in ePREP. If you and your group are registered, claims will be processed as usual.

Maryland Department of Health (MDH) requires all providers delivering services to Maryland Medicaid members to have an active enrollment status in the electronic **P**rovider **R**evalidation and **E**nrollment **P**ortal (ePREP) every 5 years. Providers are responsible for updating their professional license information prior to license expiration in the ePREP portal.

New Verification Tool from MDH

The MDH has rolled out the Provider Verification System (PVS), a new resource to perform real-time checks of provider fee-for-service enrollment status. Providers can use this link to access their enrollment status and to incorporate these lookups into their enrollment verification workflows: **https://encrypt.emdhealthchoice.org/searchableProv/main.action**

The PVS requires no login from providers. Please note the PVS system is for verification purposes only. The provider and their group (if applicable) must still enroll in ePREP if they have not already done so.

NOTE: Active enrollment applies to providers (individuals and provider groups). Both the provider and their group must be enrolled in ePREP.

- MDH's implementation of ePREP went into effect January 1, 2020.
- Priority Partners began validating billing and rendering NPI against a weekly file from MDH on this date.
- If billing or rendering NPI is not found on the most recent file or does not have an active status, the claim will deny with a specific denial reason. The claim will deny until the provider corrects the issue in ePREP.
  - » Explanation of payment will reflect the reason for the claim denial specific to ePREP: *"Claim has been denied due to failure to obtain/maintain an active status with the Maryland Medicaid ePrep Program. Please verify your status at https://eprep.health.maryland.gov/ and resubmit your claim."*
  - » Providers can resubmit claims for adjudication within timely filing deadlines (180 days from date of service) once their status has been updated.

Please visit **health.maryland.gov/ePREP** or call 844-4MD-PROV to complete your application or for more information.

NOTE: Providers contracted with multiple MCOs only need to enroll one time with the state's ePREP system.

Johns Hopkins US Family Health Plan (USFHP) and Johns Hopkins Advantage MD No Longer Paying Ancillary Fees for Services Provided on Denied Inpatient Days

Johns Hopkins US Family Health Plan (USFHP) and Johns Hopkins Advantage MD will no longer pay ancillary fees for services provided on denied inpatient days effective September 15, 2020.

Hospitals should continue to submit clinical information to JHHC Utilization Management for all inpatient days for which authorization is being requested. JHHC Utilization Management will advise of any denied days based on clinical review.

Please bill only for approved days and services in accordance with the authorizations provided. If JHHC receives a claim with charges for room and board and ancillary services provided on denied inpatient days, the entire claim will be denied with

a request to submit a claim in accordance with authorizations provided (approved days and related ancillaries only). Please do not submit a payment dispute; submit a new claim with charges for approved days and ancillary services provided during approved days only.

Provider Payment Dispute Form Now Available on HealthLINK

In an effort to streamline processes and promote efficiency and convenience for our providers, Johns Hopkins HealthCare LLC (JHHC) now offers the Provider Payment Dispute Form on HealthLINK, the secure, online web portal for JHHC members and their in-network providers.

NOTE: The Provider Payment Dispute Form on HealthLINK is available for EHP, Priority Partners and USFHP in-network provider payment disputes only. This enhancement does not apply to Johns Hopkins Advantage MD payment disputes at this time; the current **Advantage MD Participating Provider Post Post-Service Payment Dispute Submission Form** should still be mailed or faxed in to submit Advantage MD payment disputes.

The form can be found under "References" on the HealthLINK home page. From the drop-down menu, select the "Provider Payment Dispute Form."

Advantages of web version of Provider Payment Dispute Form:

- **Fewer steps.** No need to download or fax the form: just complete the web-based form and submit.
- **Ability to submit up to 5 claims on a single web form.** If you want to dispute more than one claim, click on the yellow "Add" button for additional claims data sections.
  - » The maximum claims submitted on a single form is limited to 5. You can add 5 claims, one at a time, for the same or different dispute reasons. If you have multiple claims that are being disputed all for the same dispute reason, you can enter one claim into the system and attach an Excel spreadsheet to include the remaining claims as examples or for review.

Instructions on how to use the web version of the Provider Payment Dispute Form for EHP, PP and USFHP are available on the JHHC Provider Education webpage (scroll down to the "HealthLINK Job Aids" section) and within HealthLINK.

Please note: The Provider Claims/Payment Dispute Submission Form is still available for download on jhhc.com in the Communications Repository section under **Forms**, and can still be mailed or faxed in at this time, in addition to the new web version of the form on **HealthLINK**. Please continue to use the current Participating Provider Appeal Submission Form available for download on jhhc.com to mail or fax in clinical appeals for Johns Hopkins EHP, Priority Partners, and Johns Hopkins US Family Health Plan until further notice.

Other HealthLINK Enhancements

HealthLINK has been recently updated to allow providers to select claims from main selection list on the main screen. Providers can enter the patient's name and then select claims for that patient from the main screen. This enhancement applies to all JHHC health plans.

Clarification of Preservice Appeals Process for Priority Partners

In order to comply with Maryland regulation **COMAR 10.67.09.0**, Priority Partners has clarified its preservice appeals process, effective September 15, 2020.

Participating providers in the Priority Partners network do not have appeal rights for preservice appeals; however, they can submit first-level appeals on the member's behalf. All preservice appeals will be processed as member appeals, regardless of who submits them, member or provider. Standard preservice member appeals must be submitted no later than 60 business days after the date of the original denial notification. Priority Partners will send a determination letter to the member, and a copy to the provider, within 30 days. Members have one level of appeal. The member may request a State Fair Hearing if the first-level appeal decision is upheld.

Standard preservice appeals require signed member consent for submission, either by signed letter or using JHHC's **Authorization for Release of Health Information-Specific Request** form. This must be submitted along with the appeal to the Appeals Department at JHHC. A copy must also be sent to the Compliance Department at JHHC.

Expedited appeals, due to their urgency, do not require a written consent from the member. If the appeal needs to be reviewed quickly due to the seriousness of the member's condition, and Priority Partners agrees, the member will receive a decision about their appeal as expeditiously as the member's health condition requires, or no later than 72 hours from the request.

For more information on the preservice appeals process, please consult the **Priority Partners Provider Manual**.

// QUALITY CARE

High NCQA Accreditation Scores for JHHC Health Plans

This year, the National Committee for Quality Assurance (NCQA) audited three of Johns Hopkins HealthCare (JHHC)'s health plans to determine how well our operations align with the priorities of our states, employers and consumers. We are pleased to report that all three plans achieved accreditation and maintained their high scores from the last audit. These results are based on our clinical performance (HEDIS® measures) and consumer experience (CAHPS® measures).

Johns Hopkins US Family Health Plan received a score of Excellent, the highest possible designation. Johns Hopkins Employer Health Programs and Priority Partners each scored Commendable (the second highest designation).

We could not have achieved these high scores without the successful collaboration of our providers. These results are a testament to the daily diligence of everyone involved to give our members – your patients – the highest quality care. Thank you for all you do.

// PHARMACY

Flu Season 2020-2021: Administering Flu Vaccines Amid COVID-19 Pandemic

While it's not possible to say with certainty what will happen in the fall and winter, the Centers for Disease Control and Prevention (CDC) believes it's likely that flu viruses and the virus that causes COVID-19 will both be spreading. In this context, getting a flu vaccine will be more important than ever. CDC recommends that all people 6 months and older get a yearly flu vaccine.

Efforts to reduce the spread of COVID-19, such as stay-at-home and shelter-in-place orders, have led to decreased use of routine preventive medical services, including **immunization services**. Ensuring that people continue or start getting routine vaccinations during the COVID-19 pandemic is essential for protecting people and communities from vaccine-preventable diseases and outbreaks, including flu. Routine vaccination prevents illnesses that lead to unnecessary medical visits and hospitalizations, which further strain the health care system.

JHHC will be communicating the importance of the flu vaccine to our members, and we encourage you do help as many of your patients as possible get the vaccine this year. Below is some information from the CDC pertaining to the 2020-2021 flu season.

What flu vaccines are recommended this season?

For the 2020-2021 flu season, providers may choose to administer any licensed, age-appropriate flu vaccine (IIV, RIV4, or LAIV4) with no preference for any one vaccine over another.

Vaccine options this season include:

- **Standard dose flu shots.**
- **High-dose shots** for people 65 years and older.
- **Shots made with adjuvant** for people 65 years and older.
- **Shots made with virus grown in cell culture.** No eggs are involved in the production of this vaccine.
- Shots made using a vaccine production technology (**recombinant vaccine**) that do not require having a candidate vaccine virus (CVV) sample to produce.
- **Live attenuated influenza vaccine** (LAIV). – A vaccine made with attenuated (weakened) live virus that is given by nasal spray.

Will there be changes in how and where flu vaccine is given this fall and winter?

Some settings that usually provide flu vaccine, like workplaces, may not offer vaccination this upcoming season, because of the challenges with maintaining social distancing. This may result in an increased demand for flu shots at your facility.

How many vaccines will be available this season?

For the 2020-2021 season, manufacturers have projected they will provide as many as 194-198 million doses of flu vaccine, which is more than the record-setting 175 million doses provided during the 2019-2020 flu season.

Should a flu vaccine be given to someone with suspected or confirmed COVID-19?

No. Vaccination should be deferred for people with suspected or confirmed COVID-19, regardless of whether they have symptoms, until they have met the **criteria** to discontinue their isolation. While mild illness is not a contraindication to flu vaccination, vaccination visits for these people should be postponed to avoid exposing health care personnel and other patients to the virus that causes COVID-19. When scheduling or confirming appointments for vaccination, provider's offices

or clinics should ask patients to notify them in advance if they currently have or develop any symptoms of COVID-19.

What steps can health care personnel take to safely give flu vaccine during the COVID-19 pandemic?

The potential for asymptomatic spread of the virus that causes COVID-19 underscores the importance of applying infection prevention practices to encounters with all patients, including physical distancing (at least 6 feet) when possible, respiratory and hand hygiene, surface decontamination, and source control while in a healthcare facility. Immunization providers should refer to the guidance developed to prevent the spread of COVID-19 in health care settings, including outpatient and ambulatory care settings. Read more about guidance on administering the flu vaccine during the COVID-19 pandemic.

Visit the CDC's page on the 2020-2021 flu season for more information and for talking points about the flu and COVID-19 that may help when discussing the shot with your patients.

Reminder: Submit Medical Injectable Prior Authorization Requests to JHHC's Pharmacy Department

To avoid delays in processing prior authorization requests for medical injectables, requests must be sent directly to JHHC's Pharmacy department. Please do not send these requests to the Utilization Management department or any other JHHC departments.

For Priority Partners: Submit medical injectable prior authorization requests for Priority Partners members using the Medical Injectable Prior Authorization Form, along with clinical supporting documentation, via fax to the JHHC Pharmacy department at 410-424-2801.

A complete list of the HCPCS codes for all specialty medications that require prior authorization is available on Priority Partners website.

EHP, Priority Partners, and US Family Health Plan Now Require Prior Authorization for Certain Provider-Administered Medications

JHHC requires prior authorization to determine medical necessity for the following newly added provider-administered medications (impacted procedure codes are listed below). This new requirement affects members of all ages, effective August 1, 2020.

As of August 1 2020, prior authorizations are required for:

Procedure Code	Drug Name	EHP	Priority Partners	USFHP
J0179*	Beovu®	No	Yes — effective since 4/1/2020	Yes
J0791*	Adakveo®	Yes	Yes	Yes
J1429*	Vyondys 53®	Yes	Yes	Yes
J3399*	Zolgensma®	Yes	No — not covered by Priority Partners. Eligible for coverage under Fee-For-Service (FFS) since 1/1/2020	Yes
J7333	Visco-3®	No	Yes	Yes

***NOTE:** This code requires medical necessity authorization only (not site of service).

- **For EHP:** Submit medical injectable prior authorization requests for EHP members using the EHP Medical Injectable Prior Authorization Form, along with clinical supporting documentation, via fax to the **JHHC Pharmacy department at 410-424-2801.**

  A complete list of the HCPCS codes for all specialty medications that require prior authorization is available on the EHP section of JHHC's website.

- **For Priority Partners:** Submit medical injectable prior authorization requests for Priority Partners members using the PPMCO Medical Injectable Prior Authorization Form, along with clinical supporting documentation, via fax to the **JHHC Pharmacy department at 410-424-2801.**

  A complete list of the HCPCS codes for all specialty medications that require prior authorization is available on the Priority Partners section of JHHC's website.

- **For USFHP:** Submit medical injectable prior authorization requests for USFHP members using the USFHP Medical Injectable Prior Authorization Form, along with clinical supporting documentation, via fax to the **JHHC Pharmacy department at 410-424-2801.**

  A complete list of the HCPCS codes for all specialty medications that require prior authorization is available on the USFHP section of JHHC's website.

Pharmacy Formulary Update

A variety of pharmacy information and resources are available to you on the JHHC, Priority Partners, EHP, USFHP and Advantage MD websites. These include information related to

the pharmacy formulary, pharmaceutical restrictions or preferences, requesting a benefit exception, step therapy, generic substitution and other pharmacy management procedures.

The pharmacy formularies are specific to each plan and are updated regularly to include new medications and the latest safety information. For additional information on the pharmacy formularies and updates for each plan, use the links listed below. You can also contact the JHHC Pharmacy Department at 888-819-1043 for questions or concerns for Priority Partners, EHP, and USFHP. Contact 877-293-5325 (option 2) for questions or concerns for Advantage MD.

Pharmacy websites to bookmark:

- **Johns Hopkins Employer Health Programs (EHP)**
  Jhhc.com > For Providers > Our Health Plans > EHP > Pharmacy and Formulary
- **Priority PartnersJhhc.com >**
  For Providers > Our Health Plans > Priority Partners > Pharmacy and Formulary
- **Johns Hopkins US Family Health Plan (USFHP)**
  Jhhc.com > For Providers > Our Health Plans > US Family Health Plan > Pharmacy and Formulary
- **Johns Hopkins Advantage MD**
  Jhhc.com > For Providers > Our Health Plans > Advantage MD > Pharmacy and Formulary

Advantage MD Billing Procedures for Shingles Vaccine

The Centers for Disease Control and Prevention (CDC) recommends that healthy adults 50 years and older get two doses of the shingles vaccine called Shingrix (recombinant zoster vaccine), separated by 2 to 6 months, to prevent shingles and the complications from the disease.

Advantage MD covers commercially available vaccines. However, some vaccines are covered under Medicare Part B, which are billed as a medical claim, and some under Medicare Part D, which are billed as a pharmacy claim.

- Part B vaccines include:
  - » Influenza
  - » Pneumococcal pneumonia
  - » Hepatitis B for patients at high or intermediate risk
  - » Vaccines directly related to **treatment** of an injury or **direct exposure** to a disease or condition (i.e. tetanus for wound treatment)
- Part D vaccines include:
  - » Vaccines for other conditions not listed above (like shingles)
  - » **If a Part D vaccine is billed as a medical claim, it will not be approved or paid.**

JHHC recommends Advantage MD members go to the pharmacy for the shingles vaccine.

Members will only pay their Part D copayment ($40-$47) for the vaccine at the time of administration.

NOTE: Please bear in mind that during the COVID 19 pandemic, many pharmacies may not offer the shingles vaccine or may offer it only on selected days and times. Members should check with their pharmacy, and if available, make an appointment to receive the shingles vaccine.

If the provider gives Part D vaccines, including the vaccine for shingles, at the provider's office, the medical claim will be denied. The provider then often bills the member for the full cost of the vaccine and administration, which unnecessarily places the financial burden on the member. The Advantage MD member has to pay the provider and seek reimbursement from the plan, a complicated process that may cause unnecessary financial stress.

Benefits of billing under Part D

- Reduces member financial strain
  - » Prevents the Advantage MD member's financial burden of having to pay the full cost of the shingles vaccine after the denial of the provider claim. Although the member is later reimbursed from Advantage MD if they submit the payment receipt, the process can take time, which may be difficult for patients on fixed income.
- Improves patient satisfaction
  - » Billing under Part D is a proactive way to boost member satisfaction, which may positively affect CAHPS scores.
- Increased provider revenue
  - » By submitting the Part D claim for the shingles vaccine to Medicare Part D, the claim is correctly processed the first time and will not be denied for payment.

// REMINDERS

USFHP Providers Can Help Our Military Community Fight COVID-19

If you are a provider who has administered a positive test for COVID-19 to a Johns Hopkins US Family Health Plan (USFHP) member or treated a member for the virus, you can play an important role in treating future patients.

Authorized by the Food and Drug Administration, convalescent plasma can be used as an investigational treatment for patients with moderate or severe COVID-19 infection. The Department of Defense (DoD) is hoping to collect more than 10,000 units of COVID-19 convalescent plasma by Sept. 30.

The DoD is seeking donations from TRICARE beneficiaries who have recovered from COVID-19 and meet other eligibility requirements. Your assistance is vital to identifying these individuals.

Please reach out to these patients and inform them of this opportunity. Johns Hopkins USFHP is also communicating this message out to our membership.

For more information, please visit the **TRICARE website**, which features eligibility requirements and where to find a local Armed Services Blood Program center for donations. Thank you for helping treat future patients and ensuring military readiness.

Reminder: COVID-19 Testing is Available for Priority Partners Members

To continue making progress in our fight against COVID-19, we ask providers in the Priority Partners network to encourage their patients to seek a COVID-19 test. You may do this in one of three ways:

1. **Build testing capabilities in your offices.** This provides for a more sustainable long-term solution to COVID-19, and it allows the provider to be closely involved through both the diagnostic and treatment stages. Here are the CDC guidelines:
   i. **Infection prevention and control practices, including use of recommended personal protective equipment (PPE), for COVID-19 test specimen collection**
   ii. **Collecting, handling, and testing clinical specimens from persons for COVID-19**
2. **Order tests for Priority Partners members.** For those who are not ready to provide testing, you may order tests for your members through CRISP.
   Please view the CRISP **Overview and instructions** for ordering tests.
3. **Refer Priority Partners members to local testing sites.** The **MDH website** lists testing site locations.

As stated in MDH's Amended Directive and Order Regarding Various Healthcare Matters issued on June 12, 2020, the following populations should now be prioritized for testing:

- Any symptomatic individual
- Asymptomatic individuals where COVID-19 exposure may be possible, including:
  - » contacts of confirmed COVID-19 cases
  - » residents and staff of congregate living settings and long-term care facilities
  - » healthcare workers and first responders
  - » patients, especially high-risk unstable patients, whose care would be altered by a diagnosis of COVID-19
  - » individuals employed in close contact settings
  - » individuals previously in a large gathering
  - » individuals directed to be tested by MDH who are associated with a cluster, outbreak or contact investigation

Network Access Standards

JHCC 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	Ten (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	Ten (10) days from the date enrollee requests appointment
High Risk enrollee appointments	Fifteen (15) business days from MCO's receipt of the enrollee's completed HRA
Urgent Care appointments	Forty-eight (48) hours from date of request
Routine, Preventive Care, or Specialty Care appointments	Thirty (30) days from initial request or, where applicable, from authorization from PCP.
Initial newborn visits	Fourteen (14) days from discharge from hospital (if no home visit has occurred)
Initial newborn visits if a home visit has been provided	Within thirty (30) days from date of discharge from hospital
Regular optometry, lab, or x-ray appointments	Thirty (30) days from date of request
Urgent optometry, lab or x-ray appointments	Forty-eight (48) hours from date of request
Wait for enrollee inquiries on whether or not to use an emergency facility	Thirty (30) minutes

Employer Health Programs (EHP)

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

Johns Hopkins US Family Health Plan

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

Johns Hopkins Advantage MD

Service	Appointment Wait time (not more than):
PCP Routine/Preventive Care	Thirty (30) calendar days
PCP Non-Urgent (Symptomatic)	Seven (7) calendar days
PCP Urgent Care	Immediate/Same Day
PCP Emergency Services	Immediate/Same Day
Specialist Routine	Thirty (30) calendar days
Specialist Non-Urgent (Symptomatic)	Seven (7) calendar days
Office Wait Time	Thirty (30) minutes

Behavioral Health (all plans)

Service	Appointment Wait time (not more than):
Behavioral Health Routine Initial	Ten (10) business days
Behavioral Health Routine Follow-up	Thirty (30) calendar days
Behavioral Health Urgent	Forty-eight (48) hours
Behavioral Health Emergency	Six (6) hours

For Your Reference

Provider Relations

Phone 888-895-4998
410-762-5385
Fax 410-424-4604
Monday through Friday, 8 a.m. to 5 p.m.

Provider Demographic Changes and Updates:
If there are any changes in your practice or facility, you are **required** to notify the JHHC Provider Relations department by email at ProviderChanges@jhhc.com.

Care Management Referrals
caremanagement@jhhc.com or 800-557-6916

DME (Durable Medical Equipment)
Fax 410-762-5250

HealthLINK@Hopkins
hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/healthlink
NOTE: First time users must register for an account. If you need assistance with registration, please contact Provider Relations at 888-895-4998.

JHHC Corporate Compliance
410-424-4996
Fax 410-762-1527
compliance@jhhc.com

Preauthorization Guidelines
hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/resources_guidelines

Utilization/Care Management
410-424-4480
800-261-2421
Fax 410-424-4603 (Referral not needing medical review)

- Inpatient
  Fax 410-424-4894
- Initial Inpatient Preauthorization Requests
  Fax 410-424-2770
- Outpatient medical review
  Fax 410-762-5205

Advantage MD

Websites
Providers: jhhc.com
Members: hopkinsmedicare.com

Customer Service (Provider): Eligibility, Claims Status or Provider Payment Dispute

- PPO Products
  Phone 877-293-5325
  Fax 855-206-9203
  TTY 711
- HMO Products
  Phone 877-293-4998
  Fax 855-206-9203
  TTY 711

Dental Services
Dentaquest at: 844-231-8318

Medical Claims Submission
Johns Hopkins Advantage MD
P.O. Box 3537
Scranton, PA 18505

Medical Payment Disputes
Johns Hopkins Advantage MD
P.O. Box 3537
Scranton, PA 18505

Pharmacy Services
877-293-5325

Preauthorization
Medical Management: 855-704-5296
Behavioral Health: 844-363-6772

Silver & Fit
(Plus and Group Members Only)
877-293-5325

TruHearing
(Plus and Group Members Only)
877-293-5325

Vision Services
Superior Vision at: 800-879-6901

EHP

Websites
Members: ehp.org
Providers: hopkinsmedicine.org

Customer Service (Provider)
800-261-2393
410-424-4450
-Suburban Hospital Customer Service
866-276-7889

Care Management
800-261-2421
410-424-4480
Fax 410-424-4890

***Dental – United Concordia Companies, Inc.**
866-851-7576

***Health Coaching Services**
800-957-9760
healthcoach@jhhc.com

Health Education
800-957-9760

Medical Appeals Submission
Attn: Appeals Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-762-5304

Medical Claims Submission
Attn: Adjustments Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-424-2800

Mental Health and Substance Abuse Services
800-261-2429
410-424-4476

National Provider Network/MultiPlan
866-980-7427

***Pharmacy (Mail Order Only)**
888-543-4921

Pharmacy Provider Prior Authorization for Medical Necessity
(fax numbers may vary): refer to provider website hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/our_plans/ehp/index.html

Utilization Management
800-261-2421
410-424-4480

**Not applicable to all EHP members. Consult specific schedule of benefits.*

Priority Partners

Websites
Members: ppmco.org
Providers: jhhc.com
800-654-9728

Customer Service (Provider)
800-654-9728

Dental (Scion)
855-934-9812

HealthChoice
800-977-7388

Health Education
800-957-9760

Medical Appeals Submission
Johns Hopkins HealthCare LLC
Appeals Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-762-5304

Medical Claims Submission
Johns Hopkins HealthCare LLC Adjustments Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-424-2800

Mental Health Services
Optum Maryland
800-888-1965
Fax 855-293-5407

Outreach
410-424-4648
888-500-8786

Provider First Line
410-424-4490
888-819-1043

Referrals
866-710-1447
Fax 410-424-4603

Substance Abuse Services
Optum Maryland
800-888-1965
Fax 855-293-5407

USFHP

Websites
USFHP –hopkinsusfhp.org
TRICARE –tricare.mil
FORMULARY – hopkinsusfhp.org

Customer Service (Provider)
(benefit eligibility, claims status)
410-424-4528
800-808-7347

***Appointment Locator Service**
888-309-4573
**Members can speak to and work with staff that can help them find urgent and routine appointments with mental health and substance abuse professionals.*

Care Management
410-762-5206
800-557-6916

Fraud & Abuse
410-424-4996
Fax 410-762-1527
compliance@jhhc.com

Health Coach Services
800-957-9760
healthcoach@jhhc.com

Health Education
800-957-9760
healtheducation@jhhc.com

Medical Appeals Submission
Johns Hopkins HealthCare
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Attn: USFHP Appeals

Medical Claims Submission
Johns Hopkins HealthCare
PO Box 830479
Birmingham, AL 35283
Attn: USFHP Claims

Mail Order Pharmacy
410-235-2128 (Maryland residents)
800-345-1985 (Non-Maryland residents)

Mental Health/Substance Abuse Services
410-424-4830
888-281-3186

Quality Improvement
410-424-4538

Performance Improvement/Risk Management
410-338-3610

Superior Vision
800-879-6901

United Concordia Dental
800-332-0366
Under a separate agreement, the plan has arranged for members to receive dental services from selected community dentists under a discounted fee structure.

Important notice:
Please distribute this information to your billing departments.

PRPULSE11-Summer 2020

PROVIDER pulse

JOHNS HOPKINS MEDICINE
JOHNS HOPKINS HEALTHCARE

Johns Hopkins HealthCare
7231 Parkway Dr., Suite 100
Hanover, MD 21076