

# PROVIDER pulse

Johns Hopkins HealthCare Provider Newsletter

WINTER 2019



2

Claims and  
Billing

3

Policies and  
Procedures

7

Benefits and  
Plan changes



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MEDICINE

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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

*Winter makes a bridge between one year and another.*  
—Andy Goldsworthy

At JHHC, we're making good use of these cold months to build that bridge between a successful 2018 and a promising 2019. We're establishing and employing new policies and procedures that went into effect in January, as well as laying the groundwork for changes that will come later in the year.

The winter issue of *Provider Pulse* is both a look back and a look forward. We've summarized the changes for 2019 that affect Johns Hopkins Advantage MD, Johns Hopkins Employer Health Programs, Priority Partners, and Johns Hopkins US Family Health Plan providers. We have also included a few reminders about copays, state requirements for Priority Partners providers, and network access standards.

Part of our strategy at JHHC is to drive our providers to the [website](#) for information and the resources you need for a successful partnership with us. To that end, we've included a few articles on where to find the correct forms, updates, and essential provider information on our website. These articles should help you quickly and efficiently locate the right form or educate yourself and your staff on processes and procedures for all our health plans.

The year is still relatively new, but it is never too early to express appreciation for our dynamic partnerships with our providers, and to thank you for your continuing commitment to high-quality, medical services that can measurably enhance the health of our members.

—*Jennifer Sandoval*  
*AVP, Network Strategy & Innovation, Provider Relations*

## // CLAIMS AND BILLING

### Make Sure Advantage MD Member Claims Go to the Right Address

Regularly, JHHC receives claims for Advantage MD members incorrectly addressed to our corporate headquarters in Glen Burnie, Maryland.

We'd like to take this opportunity to remind you that member claims for Advantage MD should be mailed exclusively to this address:

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

### Where to Find Forms for Submission of Payment Disputes and Clinical/Medical Necessity Denial Review Requests

As part of our ongoing efforts to improve the workflow for provider inquiries, we have updated the process for submitting payment disputes and clinical/medical necessity denial reviews.

For Priority Partners, Johns Hopkins USFHP and Johns Hopkins EHP, we now offer two separate forms for Provider Payment Disputes and Medical Necessity/Clinical Appeal Requests.

- **Provider Claims/Payment Dispute and Correspondence Submission Form.** Use this form for provider claim/payment disputes and claim correspondence only. Please do not use this form for clinical/medical necessity appeal requests.
- **Provider Appeal Submission Form-Clinical/Medical Necessity Appeals Only.** Use this form when you want to appeal a clinical/medical necessity denial. If you are a provider submitting appeals through CareLink, please attach this form to your appeal.

For Advantage MD, please submit the Johns Hopkins Advantage MD **Participating Provider Post-Service Payment Dispute Submission Form** for post-service payment disputes, with or without a request for clinical review. Be sure to submit one form for each request.

The correct forms for all lines of business can be found on [www.jhhc.com](http://www.jhhc.com) at the **For Providers** tab, in the "**Resources and Guidelines**" section, under "**Forms.**"

## // POLICIES AND PROCEDURES

### Priority Partners Providers Must Enroll in e-PREP to Ensure Medicaid Reimbursements

New federal rules require that all Priority Partners providers enroll with the state's Medicaid agency. To continue receiving Medicaid reimbursable funds, providers must submit an electronic application through the online electronic Provider Revalidation and Enrollment Portal (ePREP). Enrollment is mandatory even if you do not participate with fee-for-service Medicaid.

Providers need to register with ePREP by June 30, 2019. After that date, claims payments could be impacted for any provider who has not yet registered.

#### Enrollment Instructions

1. To enroll with Maryland Medicaid, please visit [eprep.health.maryland.gov](http://eprep.health.maryland.gov).
2. If your organization is a group practice, please submit an enrollment application for your group practice first.
  - a. As part of your group application, you will be able to add yourself and your affiliated providers in ePREP.
  - b. After you enter yourself and the affiliated providers, you and your providers must access ePREP under his/her separate user profile to accept the affiliation, complete the application and sign using his/her electronic signature.
3. If you are a solo practitioner, select "solo practitioner" when prompted in ePREP and follow the instructions.

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

For additional information and to complete your application, please visit [health.maryland.gov/ePREP](http://health.maryland.gov/ePREP) or call 844-4MD-PROV.

### Using the Eligibility Verification System (EVS)

JHHC would like to inform providers that the most current eligibility status for Priority Partners members can be found through the Maryland Medicaid Eligibility Verification System, also known as EVS, which is available 24 hours a day, 7 days a week.

EVS is maintained by the state of Maryland's Department of Health and is used to verify insurance coverage for those enrolled in a state of Maryland health insurance program such as Medical Assistance or Medicare.

Phone: 866-710-1447

Website: [www.emdhealthchoice.org](http://www.emdhealthchoice.org)

Before using the EVS, you must be registered to use the [eMedicaid website](#).

Only authorized users can access EVS. Providers must register as an authorized user to access EVS.

- To verify eligibility through EVS, click on the Recipient Eligibility Verification link. **TIP:** If you are only authorized for EVS at one location, this location will be pre-selected.
- Enter the recipient's last name as it appears on the Medical Assistance card.
- Enter the recipient's Maryland Medical Assistance Number OR Social Security Number. Please do not enter both.
- Historical date of the past year is an optional inquiry. Current date will be used if left blank.

## // QUALITY CARE

### Care Management Programs: How to Self-Refer

JHHC's Care Management team offers a variety of population health programs to help members manage chronic health conditions, recover from serious illness and make healthy lifestyle changes.

Our care management services are voluntary and are provided at no cost to the member. Members identified with certain needs may be automatically enrolled, but are under no obligation to participate in these programs.

Details regarding the programs are located on each of our websites. If you have questions about the programs or know a member who could benefit from these services, please make a referral by calling 410-762-5206 or toll free at 800-557-6916. We are available Monday through Friday, 8:30 a.m. to 5 p.m. Voicemail messages received after normal business hours will be addressed the following business day.

We can also be contacted via email at [caremanagement@jhhc.com](mailto:caremanagement@jhhc.com). Please do not send any private health information via email.

## Value Based Purchasing Program Changes for 2019

The Maryland Department of Health (MDH) Value Based Purchasing (VBP) program is designed to provide incentives and disincentives based on performance indicators that measure access and quality of care. The VBP measures change annually, so the 2019 updates are noted below. Please note that the VBP measures decreased from 13 to nine this year.

### Value Based Purchasing 2019

2019 VBP Measure	2018 Benchmarks		2019 Benchmarks		Variance from 2018 to 2019	
	Neutral	Incentive	Neutral	Incentive	Neutral	Incentive
Adolescent Well Care	69%	74%	68%	73%	↓1%	↓1%
SSI Adult	84%	87%	84%	87%	No change	No Change
SSI Child	83%	86%	84%	87%	↑1%	↑1%
Asthma Medication Ratio > 50%	68%	73%	66%	72%	↓2%	↓1%
Breast Cancer Screening	71%	75%	70%	75%	↓1%	No change
CDC - HbA1c Control (<8%)- New Measure	N/A	N/A	57%	64%	New	New
Controlling High Blood Pressure	65%	71%	63%	69%	↓2%	↓2%
Lead Screening	64%	70%	66%	71%	↑2%	↑1%
Well Child Visits- 1st 15 months of life (6+ visits)- New Measure	N/A	N/A	71%	76%	New	New

### 2019 Measure Description

Measure	Description
Adolescent Well Care	Annual well care visit ages 12-21
SSI Adult	Ambulatory Care Outpatient visit ages 21-64
SSI Child	Ambulatory Care Outpatient visit ages 0-20
Asthma Ratio	DX with Persistent Asthma ratio of controller medications to total asthma medications .50 or greater during measurement year ages 5-64
Breast Cancer Screening	Screening every two years for members ages 52-64
CDC-HbA1c Control (<8)	The member is compliant if the most recent HbA1c during the measurement year is < 8.0 Members age 18-64 years of age
Controlling High Blood pressure	Control being defined as members: <ul style="list-style-type: none"> <li>• 18-59 years (&lt;140/90 mm Hg)</li> <li>• 60-85 years with diabetes (&lt;140/90 mm Hg)</li> <li>• 60-85 years without diabetes (&lt;150/90 mm Hg)</li> </ul>
Lead Screening	All members born in 2018 need lead testing completed in 2019- CPT 83655. Testing can begin as early as 9 months of age
Well Child-1st 15 MOS 6+ visits	First 15 months of life-all members need six plus well visits

## Member Safety Program

JHHC has embraced the innovative patient safety model developed by the Johns Hopkins Medicine Armstrong Institute of Patient Safety and Quality in order to promote quality improvement and patient safety activities within its health plans. The Armstrong Institute is working to advance the science of safety and quality through an array of projects and initiatives.

The director of Quality Improvement (QI) attends Armstrong Institute Quality Improvement and Patient Safety committees and shares information regarding patient outcomes, patient satisfaction, and patient safety trends. The member safety program outlines JHHC's plan for monitoring quality of care, disparities of care, and tracking outcomes of QI initiatives and studies related to safety.

Activities of the Member Safety Program are facilitated through an interdisciplinary functional team meeting. These activities include, but are not limited to, the following:

- Quality of care reviews (clinical, behavioral, and pharmacy quality issues)
- Medical record chart audits identified through Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicator software
- Safety activities associated with regulatory compliance oversight

## HEDIS and CAHPS Results

The Quality Improvement (QI) department at JHHC is dedicated to providing Johns Hopkins EHP, Priority Partners, and Johns Hopkins US Family Health Plan (USFHP) members with the highest quality health care services available. The QI department utilizes key processes of analysis, strategy, implementation, monitoring, and reporting as integral parts of the internal QI process.

Each of our health plans follows a certain set of health care performance measures. These measures include the **Consumer Assessment Health Plan Surveys (CAHPS®)**, a member satisfaction survey in which the objective is to capture information about consumer-reported experiences with health care, and the **Healthcare Effectiveness Data and Information Set (HEDIS®)**, a widely used set of health care performance measures that is developed and maintained by the National Committee for Quality Assurance (NCQA®).

The **CAHPS and HEDIS results for 2018** have just been released. View the results by going to [jhhc.com](http://jhhc.com) > For Providers > Health Care Performance Measures > Quality Improvement.

Here are some of the most encouraging results:

### EHP achieved:

- Highest possible percentile ranking (NCQA 90th percentile) for these HEDIS measures:
  - » Avoidance of antibiotic treatment for adults with bronchitis, Childhood immunizations combo 10, Comprehensive Diabetes Care eye exams, Immunizations for Adolescents (Combo 1 and 2), Pharmacotherapy Management of COPD – Bronchodilator
- Second-highest ranking (NCQA 75%) for these HEDIS measures:
  - » Adult BMI Assessment, Appropriate Testing for Children with Pharyngitis, Appropriate Testing for Children with URI, Asthma Medication Ratio, Breast Cancer screening, Cervical Cancer Screening, Chlamydia Screening for Women, Follow up After Hospitalization for Mental Illness, Initiation and Engagement of Alcohol and Drug Dependency Treatment; Initiation and Engagement, Prenatal and Postpartum Care; Timeliness of Prenatal Care, Statin Therapy for Patients with Cardiovascular Disease; Total, Weight Assessment and Counseling for Children; BMI Percentile, Nutrition and Physical activity counseling.
- Highest ranking (NCQA 90%) for this CAHPS measure:
  - » Flu Vaccination for Adults Ages 18-64
- Second-highest ranking (NCQA 75%) for these CAHPS measures:
  - » Rating of Personal Doctor and Rating of Specialist Seen Most Often

### Priority Partners achieved:

- Highest possible percentile ranking (NCQA 90th percentile) for these HEDIS measures:
  - » Adult BMI Assessment, Immunizations for Adolescents (Combo 1 and 2).

- Second highest ranking (NCQA 75%) for these HEDIS® measures:
  - » Appropriate Testing for Children with Pharyngitis, Breast Cancer Screening, Childhood Immunizations (Combo 2 and 10), Prenatal and Postpartum Care; Timeliness of Prenatal Care, Use of Imaging for Low Back Pain.
- Highest possible ranking (NCQA 90%) for these CAHPS measures:
  - » Getting Care Quickly, Rating of all Health Care, Rating of Personal Doctor, Rating of specialist Seen Most Often, and Rating of Health Plan
- Second highest ranking (NCQA 75%) for the following CAHPS® measure:
  - » Customer Service

#### USFHP achieved:

- Highest possible percentile ranking (NCQA 90th percentile) for these HEDIS® measures:
  - » Adult BMI Assessment, Antidepressant Medication Management; Acute Phase, Appropriate Testing for Children with Pharyngitis, Appropriate Treatment for Children with URI, Asthma Medication Reaction Ratio, Childhood Immunization Status; Combo 10, Colorectal Cancer Screening, Comprehensive Diabetes Care; Eye Exams, HbA1c Testing and HbA1c Control (<8.0%), Immunizations for Adolescents; Combo 1 and Combo 2, Medication Management for Asthma 75% Total, Prenatal and Postpartum Care; Timeliness of Prenatal Care, Statin Therapy for Patients with Cardiovascular Disease; Statin Adherence, Statin Therapy for Patients with Diabetes; Received Statin Therapy -Total and Statin Adherence.
- Second-highest ranking (NCQA 75%) for these HEDIS measures:
  - » Antidepressant Medication Management; Continuation Phase, Avoidance of Antibiotics Treatment for Adults with Bronchitis, Breast Cancer Screening, Cervical Cancer Screening, Comprehensive Diabetes Care; Blood Pressure Control <140/90, Controlling High Blood Pressure, Pharmacotherapy Management of COPD Exacerbation; Bronchodilator.

- Highest possible ranking (NCQA 90%) for these CAHPS measures:
  - » Flu Vaccinations for Adults Ages 18-64, Getting Needed Care, Coordination of Care, Rating of all Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Rating of Health Plan.
- Second-highest ranking (NCQA 75%) for this CAHPS measure:
  - » Getting Care Quickly

## // PHARMACY

### 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 Partners**  
[Jhhc.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](#)

## Priority Partners Now Requires Prior Authorization for Certain Provider-Administered Medications

JHHC requires prior authorization to determine medical necessity for certain provider-administered medications (procedure codes are listed in the chart below). These new requirements impact Priority Partners members of all ages as of January 1, 2019.

The following HCPCS codes require prior authorization for medical necessity and site-of-service (unless otherwise noted below):

J0129	J0587	J1557	J1572	J2326*	J3357	J7324	J9299*	Q5103
J0178*	J0588	J1559	J1575	J2350	J3380	J7325	J9306*	Q5104
J0202	J0717	J1561	J1602	J2357*	J7320	J7326	J9310	Q5108*
J0490	J0897	J1566	J1745	J2505*	J7321	J7327	J9355*	
J0585	J1459	J1568	J2182*	J2778*	J7322	J7328	Q2040*	
J0586	J1556	J1569	J2323	J3262	J7323	J9035*	Q2041*	

\*NOTE: These HCPCS codes require medical necessity authorization only.

### Prior Authorization Process

For prior authorization requests, submit the [Medical Injectable Prior Authorization form](#) along with clinical supporting documentation via FAX to 410-424-2801. The form is also available on the Priority Partners section of the JHHC website, [here](#).

## // BENEFITS AND PLAN CHANGES

### Text Messaging Reaches Out to Priority Partners Members

In September 2017, Priority Partners surveyed their members and found that 73 percent of survey respondents wanted to communicate via text messaging.

Early in 2018, PPMCO began partnering with an ACAP-approved mobile messaging vendor to use text messaging to connect and engage with members through their preferred communication method.

Recent text message campaigns include:

- Redetermination
- State bad addresses and internal bad addresses
- Value-Based Purchasing (VBP) measures (AWC/ WC, HbA1C, Lead, Mammogram, & SSI)
- Food bank drops
- Unengaged members
- New member welcome events
- Member satisfaction surveys

Future messaging campaigns will feature health service needs inventories and health education topics for controlling blood pressure and asthma.

Priority Partners is also developing campaigns for immunization schedules, the first 15 months of life measures, and alerts for members who fail to fill their prescriptions.

### 2019 Changes to JHHC Health Plans and Programs

A new year brings new changes to JHHC's health plans and programs. Here is a brief rundown of the changes to the Johns Hopkins Advantage MD, Johns Hopkins US Family Health Plan (USFHP), and Priority Partners. As you may recall, upcoming changes to the Johns Hopkins Employer Health Programs (EHP) were outlined in the Fall 2018 issue of Provider Pulse.

#### Advantage MD

- Group Changes
  - » The Group retiree plan for eligible Johns Hopkins and PRMC retired employees and families will be offered to residents of Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, and Virginia.
- Other Changes
  - » Reduced monthly premium (\$175)
  - » Reduced in-network maximum out-of-pocket (\$3,000)

- » Worldwide emergency and urgently needed services coverage (\$50,000 combined limit annually)
- » Visitor/Traveler benefit (ability to reside outside of the service area for less than 12 months, remain in plan and receive in-network cost sharing)
- Refer to the [Plan Benefits](#) section of the JHHC website for a summary of benefits for both the PPO and HMO plans.

### Priority Partners

- **Audiology Benefit Changes.** Audiology services will be covered by Priority Partners for both adults and children. For individuals under age 21, bilateral hearing amplification devices are covered by Priority Partners. Bilateral hearing amplification devices are only covered for adults 21 and older when the individual has a documented history of using bilateral hearing aids before age 21. Priority Partners will provide medically necessary audiology services (regardless of age) including:
  - » Hearing aid
  - » Cochlear implants
  - » Auditory osseointegrated devices
  - » Related audiology services
- **Value Based Purchasing (VBP) Update.** The number of VBP measures has been reduced from 13 measures to nine measures for CY 2019. Several measures were removed and two new measures have been added. (For more information, see the article in this issue .)
- **Contraceptives.** A 12-month supply of contraceptives will be dispensed to a member at one time.
- **Remote Patient Monitoring Benefit.**
- **Changes to Network Adequacy Regulations.** Details pending from state.
- **REM Promotion**
  - » The MDH administers a Rare and Expensive Case Management (REM) program to address the special needs of waiver-eligible individuals diagnosed with rare and expensive medical conditions. The REM program, a part of the HealthChoice program, was developed to ensure that individuals who meet specific criteria receive high-quality, medically-necessary and timely access to health services.
  - » To qualify for the REM program, a member must have one or more of the diagnoses specified in the Rare and Expensive Disease List in the Priority

Partners Provider Manual. The members may elect to enroll in the REM program, or to remain in Priority Partners if the department agrees that it is medically appropriate.

### USFHP

- Updates to breast pump policies
- Clarification of language regarding medically necessary foods
- Updates to ambulance services
- Expansion of behavioral health services
- New coding changes for ABA services

### 2019 TRICARE Prime Out-of-Pocket Expenses

	Prime** Group A Retirees CY19	Prime** Group B Retirees CY19
Annual Enrollment Fee		
Individual	\$297	\$360
Family	\$594	\$720
Annual Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Annual Catastrophic Cap	\$3000	\$3598
Preventive Visit	\$0	\$0
Primary Care	\$20	\$20
Specialty Care	\$30	\$30
ER Visit	\$61	\$61
Urgent Care Center Visit	\$30	\$30
Ambulatory Surgery	\$61	\$61
Ambulance, Outpatient Ground	\$41	\$41
Ambulance, Outpatient Air	\$20	\$20
Durable Medical Equipment	20%	20%
Inpatient Admission		
In-Network	\$154 Per admission	\$154 Per Admission
Out of Network	\$154 Per Admission	\$154 Per Admission
Inpatient SNF/Rehab Facility	\$30 Per Day	\$30 Per Day

\*\*When TRICARE Prime enrollees self-refer to specialty or non-emergent inpatient care without a referral from a network provider, the TRICARE Point of Service deductible and copayment applies in lieu of TRICARE Prime copayments.



	Prime** Group A ADFM CY19	Prime** Group B ADFM CY19
Annual Enrollment Fee		
Individual	\$0	\$0
Family	\$0	\$0
Annual Deductible		
E1-E4, Individual	\$0	\$0
E1-E4, Family	\$0	\$0
E5 & Above, Individual	\$0	\$0
E5 * Above, Family	\$0	\$0
Annual Catastrophic Cap	\$1000	\$1028
Preventive Visit	\$0	\$0
Primary Care	\$20	\$20
Specialty Care	\$30	\$30
ER Visit	\$0	\$0
Urgent Care Center Visit	\$0	\$0
Ambulatory Surgery	\$0	\$0
Ambulance, Outpatient Ground	\$0	\$0
Ambulance, Outpatient Air	\$0	\$0
Durable Medical Equipment	0%	0%
Inpatient Admission		
In-Network	\$0	\$0
Out of Network	\$0	\$0

\*\*When TRICARE Prime enrollees self-refer to specialty or non-emergent inpatient care without a referral from a network provider, the TRICARE Point of Service deductible and copayment applies in lieu of TRICARE Prime copayments.

## // REMINDERS

### Don't Forget—Whole Health Assessments Now Offered in Digital Format

The Johns Hopkins Advantage MD Whole Health Assessment (WHA) form has gone digital. This is our preferred method for submitting this form.

The link to the WHA form is: [jhhc.formstack.com/forms/wha](http://jhhc.formstack.com/forms/wha).

Providers can also access the WHA form by logging into [HealthLINK@Hopkins](mailto:HealthLINK@Hopkins), and at [jhhc.com](http://jhhc.com) >For Providers > Resources and Guidelines > Forms.

### Advantages of Going Digital with WHAs

- Saves money on paper and faxing costs
- Lowers administrative expenses and staff time downloading and filling out forms, faxing, storing or shredding paper forms
- Smaller carbon footprint
- Online forms are received directly into JHHC's secure electronic system
- Submitting WHAs electronically results in better protection of private health information
- Receive credit quickly for completing the WHA form through this streamlined process

### Allergy Copays for USFHP Members

JHHC would like to remind providers in the Johns Hopkins US Family Health Plan network that there is a \$30 copay for members using allergy treatment services provided by a specialist.

### Reminder: Walgreens Exclusive Pharmacy Provider for USFHP

Walgreens became the exclusive pharmacy provider for the Johns Hopkins US Family Health Plan (USFHP) on January 1, 2019.

Walgreens entered the USFHP network in the summer of 2018 and the transition to exclusive pharmacy provider (replacing Rite Aid) was completed by the end of the year. Walgreens has purchased many Rite Aid pharmacies. This switch will offer members greater access to their prescription needs.

Please remind your USFHP members that if they still have a prescription or refill on file with a Rite Aid pharmacy, they need to transfer it to their local Walgreens.

## 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
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
Office Wait Time	Thirty (30) minutes

## Looking for Something?

Helpful resources and guidelines, provider education materials, required forms and other essential information for our health plans can be found all in one place—the [Resources and Guidelines](#) page of the [jhhc.com](#) website.

There, you can view the latest editions of the provider manuals, get recent updates, download needed forms, access CareLink and more. In the [Communications Repository](#) section, you can find

Provider Updates for 2019 and look up older Updates for reference.

How do you get there from here?

- Go to [jhhc.com](#).
- Select the “Resources and Guidelines” on the left-hand side of the page.



Johns Hopkins HealthCare LLC

Home For Providers Research News & Publications About JHHC Careers

Overview  
Our Health Plans  
Health Services  
Health Programs for Members  
Resources & Guidelines  
Overview  
Forms  
Provider Education  
Manuals  
CareLink  
Communications Repository  
Health Care Performance Measures

Home > Johns Hopkins HealthCare LLC > Providers & Physicians > Resources and Guidelines

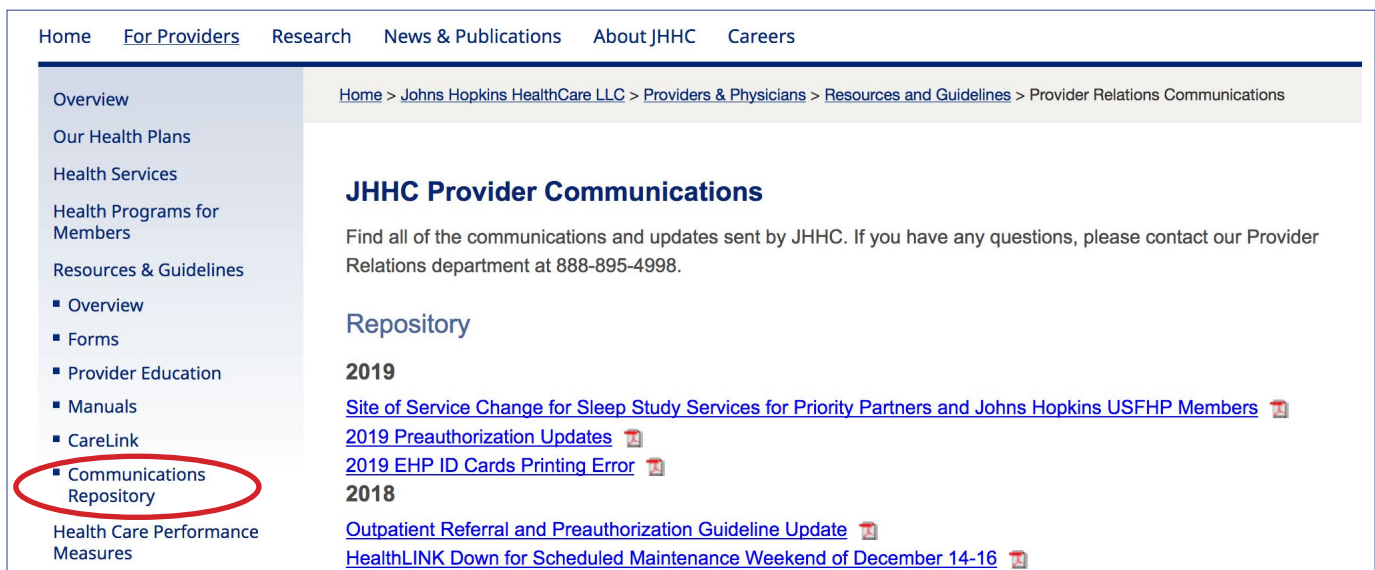
### Resources & Guidelines

Find helpful resources and guidelines for all of our health plans.

For all health plan providers

- [Anesthesia Guidelines](#)
- [Care Management Programs](#)
- [CareLink](#)
- [Claims Retraction](#)
- [Clinical Practice Guidelines Policy](#)
- [Emergency Department Review Process](#)
- [Find a Lab](#)

- Click on “Communications Repository” in the bulleted list to view current and past Provider Updates.



Home For Providers Research News & Publications About JHHC Careers

Home > Johns Hopkins HealthCare LLC > Providers & Physicians > Resources and Guidelines > Provider Relations Communications

### JHHC Provider Communications

Find all of the communications and updates sent by JHHC. If you have any questions, please contact our Provider Relations department at 888-895-4998.

#### Repository

**2019**

- [Site of Service Change for Sleep Study Services for Priority Partners and Johns Hopkins USFHP Members](#)
- [2019 Preauthorization Updates](#)
- [2019 EHP ID Cards Printing Error](#)

**2018**

- [Outpatient Referral and Preauthorization Guideline Update](#)
- [HealthLINK Down for Scheduled Maintenance Weekend of December 14-16](#)

## HealthLINK Video Tutorials

JHHC works actively to equip our providers with the tools they need to track and improve member health. In our latest endeavor, our Shared Services Training & Development and Provider Relations departments collaborated to produce a series of instructional videos explaining how to use helpful features within the HealthLINK@Hopkins web portal.

These videos will focus on the following four topics:

- Reviewing claims in HealthLINK
- Submitting a claim
- Checking the eligibility of a member
- Searching for referrals/authorization

The first video in this series “Reviewing Claims in HealthLINK” is now ready and available! The other three videos will be released later this winter.

Click the links below to view the first video:

**Johns Hopkins EHP Providers:**

<https://ehp.healthtrioconnect.com/app/index.page>

**Priority Partners Providers:**

<https://pp.healthtrioconnect.com/app/index.page>

**Advantage MD Providers:**

<https://medicareadvantagehealthtrioconnect.com/app/index.page>

**Johns Hopkins US Family Health Plan Providers:**

<https://usfhp.healthtrioconnect.com/app/index.page>

You can access the videos by clicking on the **References** drop-down and choosing **Training Videos** via the home page of the HealthLINK portal, as illustrated below:

Role: Office Manager  
Access List: Johns Hopkins Home Health  
laura Message Center: 0 New

PATIENT MANAGEMENT OFFICE MANAGEMENT ADMINISTRATION REFERENCES

He@lthLINK HOPKINS FOR PROVIDERS

USFHP Customer Service  
Training Videos

Training Videos

A series a videos will be released over the next few months to help providers learn how to use HealthLINK. The first video, [Reviewing Claims in HealthLINK](#) is available now. Review all the videos by going to the References tab and clicking on Training Videos.

Welcome

Delivering quality medical services to our members is the hallmark of Johns Hopkins HealthCare, and we are dedicated to our providers who deliver these services. To streamline the process and assist you in meeting your patients' - and our members'-needs, we are proud to offer this secure, online site.

If you need any help, please contact your Provider Relations Network Manager or Provider Relations at 888-895-4998.

Start Exploring

- Look up patient coverage & eligibility information
- Check the status of claims

## Resources Available to Advantage MD Members to Improve Medication Adherence

Resource	Description	Action Recommended
Automatic refill programs	Service is offered by most retail pharmacy chains. Facilitates automatic refills for prescriptions and notifies patients that their medications are ready.	Notify your patients of this program and encourage them to participate in it. Or personally connect them to their pharmacy via telephone to enroll in this service.
Medication synchronization	Tool that coordinates fill dates so that all medications for a 30-day supply can be obtained on the same day each month.	Notify your patients of this program and encourage them to ask their pharmacist about it. Or personally connect them to their pharmacy via telephone to enroll in this service.
90 Day Benefit	Service that allow members to fill a 90-day supply of medication at their local pharmacy or through Mail Order. May provide total lower copays for 90-day supplies.	Send a new 90 day supply prescription to the patient's pharmacy via electronic prescription system, fax, or phone. Communicate these changes to your patient.
Mail order	Service that offers home delivery of 90-day supplies for maintenance medications. Provides total lower copay for 90-day supply compared to retail pharmacy setting.	Contact Caremark at 877-293-5325 for PPO members and 877-293-4998 for HMO members, Option 2 to set your patients up for mail order services.
Automated reminders	Service offered by pharmacies that will send automated refill reminders in the form of text messages or interactive voice-response calls to notify patients that it is time to pick up their medications.	Notify your patients of this program and encourage them to participate in it. Or personally connect them to their pharmacy via telephone to enroll in this service.

**Important notice:**

Please distribute this information to your billing departments.

PROVIDER  
pulse



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