

PROVIDER pulse

JHHC Provider Newsletter

Winter 2017



2
Claims and
Billing

3
Policies and
Procedures

6
Member
Experience Survey



JOHNS HOPKINS
MEDICINE

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HEALTHCARE

// OPEN COMMUNICATIONS

Johns Hopkins HealthCare (JHHC) welcomes all opportunities for the provider community to speak freely with their members or other designated parties connected to this organization. Priority Partners, Employer Health Programs (EHP), Johns Hopkins US Family Health Plan (USFHP), and Johns Hopkins Advantage MD (Advantage MD) participating providers are encouraged to discuss treatment options with members. You should explain the pros and cons of each treatment option so the member can make an informed decision. According to your contract and/or the plan's provider manual, you may freely communicate with members about their treatment options regardless of benefit coverage limitations. Please note that this information is also posted on our websites. If you have additional questions regarding our policies, please contact the Provider Relations team at 410-762-5385 or 888-895-4998.

// PHARMACY

Updates

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

Utilization Management

JHHC utilization management (UM) decisions are based on medical necessity, appropriateness of care, and existence of benefit coverage. There are no rewards to practitioners, providers, or UM staff to encourage barriers to care and service through the issuance of denials of coverage or requested services. There are no financial incentives for UM decision makers to encourage decisions that result in underutilization of services.

If you would like to request a copy of criteria used in UM decisions, contact the UM department at 800-261-2421 for Priority Partners, EHP, or USFHP and 844-560-2856 for Advantage MD.

// CLAIMS AND BILLING

Fecal Immunochemical Testing

Effective April 6, 2017, FDA-approved stool DNA tests are covered every three years after the age of 50. The CPT code for this test is 81528. Pre-authorization for this test is not required for Priority Partners, EHP, or USFHP. For Advantage MD members, please refer to Medicare's guidelines.

How to Submit Appeals

Please be advised that all appeals can be faxed to JHHC. For Priority Partners, EHP, and USFHP, please fax appeals to 410-762-5304. This number is also on the denial letters that go out to providers.

For Advantage MD, please note the following:

Standard Appeals

Mailing Address:

Johns Hopkins Advantage MD
PO Box 3507
Scranton, PA 18505

In Person Delivery Address:

Johns Hopkins Advantage MD
6704 Curtis Court
Glen Burnie, MD 21060
Phone: 877-293-5325 (TTY: 711)
Fax: 855-206-9206

Fast Appeals

Phone: 877-293-5325 (TTY: 711)
Fax: 855-206-9206

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.

// POLICIES AND PROCEDURES

Outpatient Referral and Pre-Authorization Guidelines Updates

The Outpatient Referral and Pre-Authorization Guidelines clearly outline the referral and pre-authorization requirements for many outpatient services for our Priority Partners, EHP, USFHP, and Advantage MD members. These guidelines are updated biannually and posted to the JHHC website. To ensure that the most-up-to-date referral and pre-authorization guidelines for outpatient services are being followed, visit jhhc.com.

Medical Record Documentation Standards

JHHC has adopted standards for medical record documentation, availability of records, and maintaining confidentiality of medical records. We assess compliance with these requirements during a review of primary care physician (PCP) records through our quality improvement program, and compare performance to our goals. The standards are located in the provider manuals and can be referenced online.

Clinical Practice Guidelines

JHHC has adopted Clinical Practice Guidelines developed by specialty groups, associations, and other medical organizations as the foundation for our population health programs. The complete list of adopted guidelines, and web links to download copies, is available on the provider section of the jhhc.com website.

// QUALITY CARE

Transitions in Care

Transition of care from pediatric to adult care begins at age 18. More information on what providers should do, what to include in the health care transition (HCT) plan, and how to meet the HCT needs of young adults with special needs is available in our *Summer 2016 Hopkins Across the Board* edition. Support tools are also available from the Got Transition website at gottransition.org.

Help Advantage MD Become a Five-Star Plan

Advantage MD appreciates the quality care that you provide to our members. We recognize the importance of your role in meeting quality metrics and improving the patient experience. We would like to continue collaborating with you to achieve our goal of a Five-Star Quality Rating for our health plan through the Centers for Medicare & Medicaid's (CMS) Five-Star Quality Rating System. We've listed a few tips on how this can be accomplished:

- Continue to encourage our members, your patients, to obtain preventive screenings annually or when recommended.
- Understand the metrics included in the CMS Star Rating System. Some of these are also part of our provider incentive program in which you may be eligible to participate.
- Encourage your patients to be proactive and ask questions about their health.

Hierarchical Condition Categories (HCCs) are another critical performance component for the Medicare Advantage product, and your collaboration on this process is extremely important. This will ultimately improve Advantage MD's Risk Adjustment Factor (RAF) scores, which will have an impact on the ratings and allow for the appropriate allocation of resources to care for our complex member population. Advantage MD sponsors additional projects that support this initiative to include:

- Provider coding seminars offered throughout the year
- Retrospective RAF medical record chart review process performed by our contracted vendor
- RAF and quality in-home health risk assessments performed by our contracted vendor, to close gaps on care not already received, and connecting the member with a physician

This program is meant to enhance the Advantage MD member/provider relationship, and strengthen the doctor/patient bond. Thank you for your continued dedication to providing quality health care. We look forward to seeing these efforts reflected in our future star rating.

Vaccinations and Health Screenings – Getting Members in for These Services

As a provider, you understand how important preventive care is for your patients. At JHHC, we are continually educating our members on the importance of vaccinations and health screenings and encouraging them to get these services as recommended.

This effort is better achieved through collaboration, and we appreciate your assistance in getting members to follow through on these services. We encourage you to go over any necessary, outdated, or recommended vaccinations and health screenings with your patients whenever they have a visit with you. If possible, see if you or your staff can administer any vaccinations during the appointment or at least schedule other appointments while the patient is there.

Being proactive with patients and reaching out to them to inform them of any preventive services they need can go a long way toward ensuring their long-term health.

EHP Encouraging Members to Seek Care in the Right Setting

In addition to the right care at the right cost, JHHC also wants members to seek care in the right setting. EHP is educating members about the differences between providers' offices, urgent care facilities, and emergency rooms, as well as when to seek care from each.

You can serve an important role in helping members use the appropriate health care setting. We first want members to seek advice and treatment from their PCP. Please make sure they have the after-hours phone number and protocol for your office. Encourage your patients to call your office as a first step or utilize your after-hours number for nights and weekends.

EHP members can call our Nurse Chat line—24 hours a day, seven days a week—at 844-495-6432. A real nurse can help them determine what care they may need and where to get it. Remind your patients of this service that is available to them.

If their situation is more serious or if your office cannot accommodate their health needs at the time, an urgent care facility might be necessary. Urgent care can be used for medical problems such as a broken bone, sprain, cut, fever, infection, earache, flu, or unexplained skin rash.

If their situation is a true emergency, where their health is in sudden and serious danger, patients should go to the ER.

We appreciate your help in encouraging members to use primary care whenever possible. It is important that members only utilize urgent and emergency care when it is appropriate and when primary care is unavailable.

New Benefits and Improvements to Advantage MD

As we prepare for another benefit year, Advantage MD has improved its PPO and Plus PPO plans with added and enhanced benefits. Benefits to the standard PPO plan include hearing aids, routine vision exams, and routine hearing exams. Benefits to both the standard PPO and Plus PPO plans include (but are not limited to):

- Routine podiatry visits (six per calendar year)
- Diabetes monitoring supplies (0% co-insurance)
- Annual physical exam (in addition to Annual Wellness Visit)

Advantage MD is always trying to provide the best coverage for our members to address their health care needs. We are confident that these and the other benefit improvements will assist in your ability to provide our members with the care you deem necessary.

Advantage MD Offering New HMO Plan

Advantage MD understands that Medicare is not a one-plan-fits-all solution for patients. That's why we launched a new Health Maintenance Organization (HMO) plan for 2018. With the new plan, Advantage MD has created more options for Maryland seniors to be healthy.

HMO plans provide great coverage at a lower cost for members. All health care is coordinated by the member's PCP, so the focus is on prevention and wellness. PCPs will work with members to schedule referrals to specialists or other treatment options. There is no out-of-network coverage (except in true emergencies), so all care must be received from an in-network provider.

Advantage MD (HMO) will become available to all Medicare-eligible Maryland residents living within Advantage MD's service area during the Annual Election Period from Oct. 15 through Dec. 7 for coverage in 2018.

Advantage MD Expanding to Frederick County

For 2018, Advantage MD will be offered in Frederick County. This means that more Maryland residents will be able to sign up for Advantage MD for their health care needs. It also means that we will be adding more quality providers to our network within Frederick County.

Learn the Basics of Medicare Coverage

Medicare, with its four parts plus supplements, can be confusing for both providers and patients. But understanding the basics of Medicare can help you work with your patients to make the best decisions for their health. We have put together a Medicare overview for you:

- Medicare is available to US citizens or residents age 65 and older or adults under age 65 who have been permanently disabled for 24 months or longer. Patients living with end stage renal disease are also eligible.
- Original Medicare is composed of Part A and Part B. Part A is free for most people and covers inpatient care in hospitals and skilled nursing facilities, plus hospice and home health care. Part B covers medically necessary services and supplies, plus preventive services, and beneficiaries pay a monthly premium.
- With Original Medicare, beneficiaries also pay deductibles, copayments, and co-insurance. There is no out-of-pocket maximum, and patients are typically responsible for about 20% of their health care costs.

For more complete coverage, beneficiaries often sign up for Part D, which is a separate plan that covers prescription drugs for a monthly premium. Another coverage option is a Medicare Supplement Insurance (Medigap) policy that can help offset some health care costs. Medicare Supplement plans do not offer any extra benefits or coverage.

Instead of three separate plans with incomplete benefits, another option is a Medicare Part C (Medicare Advantage or MA) plan like Advantage MD. Medicare Advantage (MA) plans cover everything that Original Medicare covers, plus prescription drugs and added benefits and services such as dental, hearing, vision, podiatry, acupuncture, care management, and health and wellness programs. MA plans also have an out-of-pocket maximum and simplify coverage into an all-in-one plan with one premium.

A patient's health care needs, financial abilities, personal preferences, and provider advice can help determine which Medicare coverage option is right for them.

2016 Provider Experience Survey Results

JHHC is committed to providing excellent service to our providers. Our providers are the backbone of the health care system. Open communication and feedback between providers, members, and the health plan is important to JHHC in order to continue to improve our services. Your satisfaction with our services is an important indicator of our success.

The annual Provider Experience Survey was conducted for Priority Partners, EHP, and USFHP. The survey results demonstrate strengths as well as areas for improvement:

- EHP and USFHP overall satisfaction exceeded comparable plan benchmarks
- Almost 9 out of 10 (88%) of PCPs would recommend Priority Partners to their patients
- 8 out of 10 PCPs (83%) would recommend Priority Partners to other physicians
- Opportunities exist in the areas of Customer Service and Utilization Management

A number of initiatives have been chosen for implementation to improve provider satisfaction:

- UM organization restructure
- Customer Relationship Management Tool
- Regional Care Teams

Our goal is to improve our service to you. The 2018 Provider Experience Survey will be conducted in the spring of 2018. Your feedback is important to continue to identify areas of improvement and best practices for future support of our provider network. If you receive a survey, please take a few moments to fill it out.

// 2017 MEMBER EXPERIENCE SURVEY

JHHC members are surveyed annually in order to obtain information about consumer reported experience with health care. Members of Priority Partners, EHP, and USFHP were randomly selected for the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) 5.0 survey in the spring of 2017. Each survey is administered by a National Committee for Quality Assurance[®] (NCQA) certified vendor. Members provided information regarding their experiences with both the health plan and network providers in the following areas: availability and coordination of care, access to care, how well their doctors communicate, rating of their provider, timeliness and quality of services, and overall satisfaction with the health plan. Results of the member experience surveys are used to develop projects to improve member experience with the healthcare delivery system.

EHP

EHP Adult Survey results demonstrated that the composite How Well Doctors Communicate trended up from 2016. Although the composites Getting Needed Care and Claims Processing trended up, they are identified as areas for improvement along with Customer Service. EHP continues to work with network providers to improve access for members.

Priority Partners

Priority Partners Child Survey results demonstrate that members gave positive scores for the Ratings of; Health Care, Personal Doctor, and Health Plan, and the composite How Well Doctors Communicate: all of which performed higher than the HealthChoice aggregates. The composites Getting Needed Care and Getting Care Quickly are opportunities for improvement.

USFHP

USFHP Adult Survey participants rated the health plan in the 97th percentile against the NCQA Quality Compass benchmark. Results indicate that improvement was made in the areas of How Well Doctors Communicate and Getting Needed Care. Opportunities for improvement were identified for Customer Service and Claims Processing.

All three lines of business continue to pursue Triple Aim objectives. In order to improve the member experience across all three lines of business, the Customer Service department will be implementing a customer relationship management system which will streamline benefit information access and accuracy. We value our partnership with you, the provider, and thank you for the ongoing effort you make in providing outstanding care to our members.

The information obtained from the surveys will be incorporated into each health plan's continuing quality improvement process to ensure that we monitor and refine all aspects of the program to best meet our members' health care needs. We look forward to continued collaboration with our network providers to meet this goal. The next annual CAHPS[®] survey will be administered during the spring of 2018. Please encourage your members to complete the survey so that we are able to assess their needs, provide better services, and evaluate the impact of our improvement efforts.

Access detailed Member Experience Survey results on our Quality Improvement pages:

- [EHP Member Experience](#)
- [Priority Partners Member Experience](#)
- [USFHP Member Experience](#)

// REMINDERS

Acknowledgement and Financial Responsibility Statement

For patients enrolled in the USFHP, an Acknowledgement and Financial Responsibility Statement should be completed and signed by the member/patient when excluded (non-covered) services are rendered. This form serves as acknowledgement to both the member and the provider that the member is financially liable for a rendered service as that service is not covered by the plan. This form must be completed in full before the service is rendered and signed by both the member and the provider. Please note: providers do not submit this form to the health plan. Providers should keep the form on record. If this form is not completed before excluded services are rendered, the provider cannot bill the member.

Guidelines on Urgent Care Referrals for USFHP

When it is necessary for USFHP members to seek non-emergency urgent care services, we ask that they notify their PCP. In the member's handbook, we instruct them to call their PCP office or after-hours service for evening and weekend concerns. If the PCP is not able to see the member, they should provide the member with an urgent care center referral.

The referral does not need to be submitted to the health plan, but the referring provider's National Provider Identifier **MUST** be included on the urgent care center claim to ensure prompt payment.

Please Update Your Information

It is very important for us to have your office's accurate information on file. Up-to-date contact information helps us communicate timely and important notices to you, and current listings of your provider staff ensures accuracy in our network directories. If any of your information has changed, including your address, email address, phone number, fax number, etc., we ask that you please update your information with the Council for Affordable Quality Healthcare and contact the JHHC Provider Relations department at 888-895-4998.

Member Rights & Responsibilities

JHHC is committed to treating our members in a manner that respects their rights and responsibilities and clearly communicates our expectations to them. You can find a copy of the Member Rights and Responsibilities statement for Priority Partners, EHP, USFHP, and Advantage MD in each of the member handbooks, the provider manuals for each product, and under the appropriate member section on each website.