

PROVIDER
pulse
JOHNS HOPKINS HEALTHCARE PROVIDER NEWSLETTER

SPECIAL EDITION
WINTER 2023



JOHNS HOPKINS
MEDICINE

JOHNS HOPKINS
HEALTHCARE

PROGRESS & PROMISE: THE YEAR AHEAD

The first few months of a new year give rise to periods of reflection of all that occurred in the seasons past as well as a sense of anticipation and excitement about what's in store for 2023.

At Johns Hopkins HealthCare (JHHC), we're constantly evaluating how we can do better and be better. This year will be no exception, as we enhance our products, processes and systems to best serve our customers, as well as launch new initiatives to expand our commitment to quality, member-centered health care.

In addition to previewing the ways we will improve JHHC's health plans and services, we will also look back at last year's

accomplishments that showed how dedication to our provider community and our members advanced our growth and capabilities across all sectors of JHHC.

As always, we thank our providers for their partnership in all we have achieved together and the great work ahead of us in 2023.

Janice Henry

Associate Vice President, Network Management

Johns Hopkins HealthCare

2022: A REVIEW

- ◆ **Grew.** JHHC expanded into southeastern Virginia and added Sentara Healthcare/SQCN, Virginia Health Center, Children's Hospital of The King's Daughter's and Riverside Health System to its USFHP provider network to offer health care services to military families in this region.
- ◆ **Gave.** JHHC donated almost \$150,000 to charitable organizations in 2022, including United Way of Central Maryland, the Franciscan Center of Baltimore, the Maryland Dental Action Coalition, Maryland Latino Unidos, the Eastern Shore Area Health Education Center, the Esperanza Center and the Washington English Center, to address community health needs and social determinants of health.
- ◆ **Expanded.** We enhanced our partnerships with eviCore, an independent company that provides authorization management for certain services for Johns Hopkins Advantage MD and Priority Partners; Novologix, our vendor for cutting-edge medical pharmacy management for Advantage MD, Johns Hopkins Employer Health Programs (EHP) and Priority Partners; and Progeny, a company specializing in neonatal care management services for EHP and Priority Partners.
- ◆ **Fed.** Priority Partners unveiled three custom-converted "Club On The Go" mobile pantries as part of the Cupboards Project, a program to combat food insecurity in Maryland communities. Operated by the Boys & Girls Clubs of Annapolis and Anne Arundel County and Harford and Cecil Counties, they are the most recent developments in the program, which has also successfully established three stationary free mini pantries in Maryland neighborhoods.
- ◆ **Diversified Plan Offerings.** Last fall, Advantage MD introduced two new plans that became effective in early 2023. The new Advantage MD Tribute (HMO) and Advantage MD Primary (PPO) plans offer a \$0 monthly premium and have flexible, tailored benefits for members.
- ◆ **Claims System Migration.** In 2022, JHHC migrated to the Facets platform for Priority Partners and EHP. Our Medicare Advantage program is already on Facets. This new platform supports enhanced claims processing, operations, analytics and reporting. We greatly appreciate your patience and partnership during the claims systems migration period.



2023: A PREVIEW

- ◆ **Launch.** JHHC is initiating Availity, a new provider portal that will replace HealthLINK and equip providers with the patient management resources, claims management services, remittance tools, information and demographic data, authorization and referral processes, and provider communication opportunities they need to do day-to-day business with JHHC.
- ◆ **Grow.** We have commenced efforts to grow our Advantage MD products and services by expanding into Northern and Central Virginia in 2024. JHHC plans to broaden the USFHP provider network in Southern Virginia in 2023 as well.
- ◆ **Expand.** The capabilities of the EPIC Payer Platform will increase. This Payer Platform is a rich, bi-directional data exchange, showcasing the power of our provider-owned health plan status with Johns Hopkins Medicine.
- ◆ **Increase Value-Based Programs.** Our commitment to value-based health care continues with new care delivery models aimed at incentivizing providers to help patients improve their health, reduce the cost of care and drive quality outcomes.
- ◆ **Elevate.** We are putting programs and provider outreach efforts in place to raise our quality and health care performance measures. Teams across JHHC will work together to support overall business and operational success to foster collaborative provider relationships that ensure each health plan member's needs meet or exceed industry standards and measures.

Provider Pulse is a summary of important updates and information delivered to providers throughout every quarter.

// POLICIES AND PROCEDURES

Medical Policy Updates Effective Feb. 1, 2023

The Johns Hopkins HealthCare (JHHC) Medical Policy Advisory Committee (MPAC) has approved changes and additions to our medical policies. These changes went into effect Feb. 1, 2023. Changes and additions this quarter include:

New Medical Policy

- CMS24.12: Investigational and Experimental Devices, Treatments and Health Services

Revised Medical Policies

- CMS23.07: Infertility Evaluation and Treatment
- CMS02.13: Bronchial Thermoplasty in the Treatment of Asthma
- CMS16.12: Pulse Electrical Stimulation Devices
- CMS05.02: Computed Tomography and Coronary Calcium Scoring
- CMS11.01: Clinical Practice Guidelines
- CMS22.06: Vagus Nerve Stimulation for Depression
- CMS19.08: Speech Devices
- CMS15.04: Foot Orthotics
- CMS16.17: Pulse Oximetry for Home Use

To view the full descriptions of these policies, please visit the [Medical Policies](#) section of the JHHC website on or after the effective date or call Provider Relations at 888-895-4998.

Changes to Prior Authorization Process Concerning Dismissals and Withdrawals for Advantage MD

Johns Hopkins HealthCare's (JHHC) Utilization Management Team has made an adjustment to the outpatient prior authorization process for Johns Hopkins Advantage MD in order to comply with a recent mandate from the Centers for Medicare and Medicaid Services (CMS) relating to Dismissals and Withdrawals.

The [Advantage MD Authorization Request Form](#) has been updated with designations and check boxes for Outpatient Pre-Service and Outpatient Post-Service reviews, which bring the form into compliance with CMS.

With this change, JHHC's Utilization Management (UM) department will begin issuing prior authorization Dismissals and Withdrawals notifications when a request does not meet Medicare Advantage plan requirements and is considered invalid. The new process goes into effect Feb. 28, 2023.

A Dismissal is a decision by Advantage MD not to review an initial determination request because it is considered invalid or does not otherwise meet Medicare Advantage requirements.

- UM will issue a Pre-service Dismissal when:
 1. A requested valid [Appointment of Representation \(AOR\) form](#) has not been received, if applicable.
 2. When the service has already been received:
 - i. If the pre-service request has a date span that includes both the past and future dates relative to the request receipt date and time, the dates prior to the dates the request was received by JHHC will be dismissed and the dates from receipt forward will be reviewed.
 - ii. If the pre-service request is for dates already passed relative to the receipt date and time, the entire request is dismissed. (NOTE: If the provider requests a post-service review, it is not a pre-service review request and can be reviewed as post-service rather than dismissed.)

A Withdrawal is a verbal or written request to cancel or rescind an initial determination request. The request to cancel can be made by the member, his/her valid representative or the provider and may occur any time BEFORE a coverage determination is made.

- UM will issue a Notification of Withdrawal when:
 1. The requesting provider withdraws the request
 2. Any "party" (the member, AOR, ordering physician) to the case requests a withdrawal

Important:

- Pre-service and post-service designations are determined based on the date the request was received by JHHC, which may differ from the actual start of care.

- Services that occurred prior to receipt date and time of request cannot be considered pre-service reviews. Those requests must be marked as a post-service review by the requestor to avoid dismissal.
- Review requests that include dates prior to the request, as well as services to continue beyond the date the request was received by JHHC, should be made as two (2) separate requests:
 1. One to be processed as a post-service request for services with dates prior to receipt.
 2. One to be processed as a pre-service request for services with dates from receipt forward.

Who May Request Initial Determination Requests?

1. Members or their valid representatives may make a request for all types of decisions about coverage.
2. Standard pre-service requests may also be asked for by a contracted or non-contracted provider/physician that furnishes or intends to furnish services to the enrollee, or the staff of provider's/physician's office acting on said provider's behalf.

New Home Care Authorization Form Available

As part of our continued effort to streamline processes and further efficiency and convenience for our providers, Johns Hopkins HealthCare (JHHC) now offers a new [Home Care Authorization Request Form](#) from the Utilization Management department.

The Home Care Authorization Request Form can be found on the [Forms](#) page of the provider website. Providers in the Johns Hopkins Advantage MD, Johns Hopkins Employer Health Programs, Priority Partners and Johns Hopkins US Family Health Plan networks need to use this form to request home care services for both new episodes of care and an extension of services for care.

// BENEFITS AND PLAN CHANGES

Maryland Medicaid Extends Coverage of Dental Services to Adults

Maryland Medicaid now provides coverage of dental services to adults under the Maryland Healthy Smiles Dental Program (MHSDP). This change became effective Jan. 1, 2023.

The expansion of dental services to adults through Maryland Medicaid means that Priority Partners will no longer offer adults dental benefits through the vendor DentaQuest as of Jan. 1, 2023. Please direct questions about the adult dental coverage expansion to MHSDP at 844-275-8753.

The MHSDP program provides comprehensive dental services, which include diagnostic, preventative, restorative, endodontic, periodontics and certain prosthodontic services; oral maxillofacial surgery; and sedation.

To ensure the continuation of care, we encourage all Priority Partners dental providers to enroll with Maryland Medicaid to participate in MHSDP. To enroll as a Medicaid provider:

- Visit the Electronic Provider Enrollment and Revalidation Portal (ePREP) at ePREP.health.maryland.gov.
 - » For more information about Medicaid enrollment, call the ePREP help desk at 844-463-7768.
- Step-by-step enrollment instructions with tutorial videos can be found under the prospective provider section of the MHSDP website: <https://health.maryland.gov/mmcp/Pages/maryland-healthy-smiles-dental-program.asp>

If you are already enrolled in Medicaid, there is NOTHING additional you need to do.

// CLAIMS AND BILLING

New Codes Requiring Prior Authorization

A new year brings new batches of code additions and changes for Johns Hopkins Advantage MD, Priority Partners and Johns Hopkins US Family Health Plan (USFHP). Here's a summary of those code changes.

Advantage MD

Effective Feb. 1, 2023, Johns Hopkins HealthCare (JHHC) will require prior authorization for selected medical procedure codes for Advantage MD.

- [List of Advantage MD procedure codes requiring prior authorization](#)
- Providers should submit prior authorization requests via the [eviCore portal](#)* through HealthLINK, the eviCore portal directly or, if the portal cannot be accessed, by calling eviCore at 866-220-3071.

Priority Partners

Effective March 4, 2023, JHHC will require prior authorization for select new codes for the Priority Partners plan. Codes subject to prior authorization through eviCore are noted. The prior authorization requirement applies to Priority Partners members of all ages.

- [List of Priority Partners procedure codes requiring prior authorization](#)
- For codes subject to prior authorization through eviCore, providers should submit prior authorization requests via the [eviCore portal](#) through HealthLINK, the eviCore portal directly, or, if the portal cannot be accessed, by calling eviCore at 866-220-3071.
- For codes requiring prior authorization through JHHC, please submit prior authorization requests to the JHHC Utilization Management (UM) department using the dedicated fax numbers for Priority Partners: 410-762-5205 or 410-424-4603

USFHP

JHHC requires prior authorization for selected medical procedure and equipment codes for USFHP, effective Feb. 13, 2023. This requirement affects members of all ages.

- Review the list of [USFHP procedure codes](#)** requiring prior authorization effective Feb. 13.
- Prior Authorization Process
 3. Submit prior authorization requests to the JHHC UM department using the dedicated fax numbers for USFHP: 410-424-2602 or 410-424-2603.

Contact the JHHC Provider Relations department at 888-895-4998 with any questions or concerns.

Please refer to the Johns Hopkins Prior Authorization Lookup tool (JPAL), located in the [HealthLINK](#) portal, to check and verify prior authorization requirements for outpatient services and procedures.

Note: Prior authorization requirements are subject to change.

"This link is from an external website that is not provided or maintained by or in any way affiliated with JHHC. Please note JHHC does not guarantee the accuracy, relevance, timeliness or completeness of any information on this external website.

***The listing of a code does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member's specific benefit plan document and applicable laws that may require coverage for*

a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

// 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](#)

New Prior Authorization Requirements for Certain Provider-Administered Medications

Johns Hopkins HealthCare (JHHC) will require prior authorization to determine medical necessity for several provider-administered medications under the Priority Partners and Johns Hopkins Employer Health Programs (EHP) health plans. This requirement affects members of all ages.

Priority Partners

Effective Date: March 1, 2023

- [View the Priority Partners Prior Authorization Requirement effective March 1, 2023.](#)

For certain drug classes, Priority Partners has a preferred drug list. These preferred drugs are indicated on the “Preferred Medical Injectable Drug List” included at the above link. The comprehensive list of provider-administered medications that require prior authorization is also available on the [JHHC website](#) for your reference.

- Submitting Medical Injectable Prior Authorization Requests:
 - » Providers may submit electronic prior authorization requests through NovoLogix using the Priority Partners [HealthLINK](#) secure provider portal.
 - » If HealthLINK cannot be accessed, a completed [Medical Injectable Drug-specific Prior Authorization Form](#) with supportive clinical documentation may be faxed to Priority Partners at 866-212-4756.

EHP

Effective Dates:

- JHU groups E00015 and E000151: Providers may request prior authorization as of Jan. 1, 2023 for dates of service on or after Jan. 16, 2023.
- JHU retiree group E00051: Providers may request prior authorization as of April 1, 2023 for dates of service on or after April 17, 2023.

[List of applicable codes for EHP*](#)

How to Request Prior Authorization:

- Providers may submit prior authorization requests electronically by accessing the NovoLogix portal through the JHHC [HealthLINK](#) portal. The NovoLogix portal must be accessed through HealthLINK for JHHC prior authorization requests.
- Providers may also contact NovoLogix by phone at 844-345-2803.

*If the link to this PDF breaks, please visit our [EHP Pharmacy page](#).

// QUALITY CARE

It's CAHPS® Survey Season!

We're taking this opportunity to thank you and your staff for the exceptional service you provide to members of Johns Hopkins HealthCare's health plans all year round—and to remind you that now through June is CAHPS survey time.

CAHPS stands for **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems and the annual survey, given to a random sample of health plan members, measures the member's experience on the quality of health services that they receive in their provider's office.

JHHC has developed a CAHPS Provider Toolkit packed with information on selected measures, tips and resources for you and your Johns Hopkins Advantage MD patients. You can find the [CAHPS Provider Toolkit](#) on the [Provider Engagement: Performance and Quality Resources](#) page of the [jhhc.com](#) website.

Providers are an integral part of the survey process, since most of the CAHPS questions deal directly with the patient's experience in the provider office. Thanks again for being partners with us to deliver high quality health services to our members.

Highlighting the HEDIS® Prenatal and Postpartum Care Measure for USFHP Providers

Johns Hopkins HealthCare (JHHC) will be focused on prenatal and postpartum care measures to improve pregnancy and birth outcomes in our Johns Hopkins US Family Health Plan (USHP).

Measure Description: Women who had a live birth(s) on or between 10/8 year prior to the measurement year (MY) and 10/7 of the MY. The percentage of live birth deliveries on or between Oct. 8 of the year prior to the MY and Oct. 7 of the MY. For these women, the measure assesses the following:

- **Timeliness of prenatal care:** A prenatal care visit in the first trimester or within 42 days of enrollment in the health plan.
- **Postpartum care (PP):** A postpartum visit on or between 7 and 84 days after delivery.

Provider Specialty: PCP, OB/GYN, Prenatal Care Provider

- Services provided during a telephone visit, e-visit or virtual check-in are acceptable for prenatal and postpartum care.

- Birth is considered a live birth if delivered twin and one was stillborn.
- Can appear twice in the measure if two separate pregnancies during time frame.

Best Practices:

Prenatal care with visit date and one of the following:

- A diagnosis of pregnancy (this must be included for PCP visits).
- Documentation indicating the woman is pregnant or references to the pregnancy; for example:
 - » Standardized prenatal flow sheet, LMP, EDD, gestational age, gravidity and parity, notation of positive pregnancy test result, OB history, of prenatal risk assessment and counseling.
 - » PE with auscultation for fetal heart tone, obstetric observations or measurement of fundus height.
- Evidence that a prenatal care procedure was performed, such as:
 - » Obstetric panel or TORCH antibody panel alone or rubella antibody test/titer with RH incompatibility (ABO/Rh) blood typing.
 - » Ultrasound of a pregnant uterus.
- Not acceptable:
 - » Ultrasound and lab results not combined with an office visit.
 - » A visit or documentation with a RN alone. It must be associated with appropriate provider's note.

Postpartum with visit date and one of the following:

- Notation of PP care (including but not limited to “postpartum care,” “PP care,” PP check,” 6-week check.” (Alone will make member compliant.)
- Assessment of breasts or breastfeeding, weight, BP check and abdomen (breastfeeding is acceptable for evaluation of breasts).
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
- Pelvic exam — a pap test will count toward PP care as a pelvic exam.
- Glucose screening for women with gestational diabetes.
- Documentation of discussion any of the following topics:

- » Infant care/breastfeeding. Resumption of physical activity, intercourse, birth spacing or family planning. Sleep or fatigue.
- » Attainment of healthy weight.

- Not Acceptable:

- » Colposcopy alone.
- » Care in an acute inpatient setting.

Measure Tips:

Required exclusions:

- Hospice
- Pregnancy did not result in a live birth
- Member not pregnant
- Delivery outside of measure date parameters

Measure codes:

- Bundled service — codes may be used only if the claim indicates when prenatal care was initiated.
- Visit for prenatal care
 - » CPT/CPT II: 99500, 0500F-05002F
 - » HCPCS: H1000-04
- Prenatal visit
 - » CPT/CPT II: 99201-05, 99211-15, 99241-45, 99483
 - » HCPCS: G0463, T1015
 - » Bundled service — codes may be used only if the claim indicates when PP care was rendered.
 - › CPT/CPT II: 59400, 59410, 59425, 59426, 59510, 59515, 59610, 59614, 59618, 59622
 - › HCPCS: H1005
- Postpartum visits
 - » CPT/CPT II: 57170, 58300, 59430, 99501, 0503F
 - » HCPCS: G0101
 - » ICD-10 Diagnosis: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
- Cervical cytology
 - » CPT/CPT II: 88141-43, 88147-48, 88150, 88152-54, 88164-67, 88174-75
 - » HCPCS: G0123-24, G0141, G0143-45, G0147-48, P3000, P3001, Q0091

// REMINDERS

USFHP Encourages Acute Care Facilities to Join National Disaster Medical System

Johns Hopkins US Family Health Plan (USFHP) encourages all acute care medical/surgical hospitals in our provider network to become members of the National Disaster Medical System (NDMS).

The NDMS is a federally coordinated system that augments the nation's medical response capability. The NDMS supplements an integrated national medical response capable of assisting state and local authorities in dealing with the medical impacts of major peacetime disasters. It provides support to the military and the Department of Veterans Affairs medical systems in caring for casualties evacuated back to the U.S. from overseas, armed conventional conflicts.

The National Response Framework uses the NDMS as part of the Department of Health and Human Services' Office of Preparedness and Response, under Emergency Support Function No. 8 (ESF #8), Health and Medical Services, to support federal agencies in the management and coordination of the federal medical response to major emergencies and federally declared disasters. These include:

- Natural disasters
- Major transportation accidents
- Technological disasters
- Acts of terrorism including weapons of mass destruction events

For more information, please review the NDMS recruitment link at: <https://aspr.hhs.gov/NDMS/Pages/join-ndms.aspx>.

JHHC's Overpayment Process

When submitting overpayments, please make sure the "Pay To" field on the check is made out to Johns Hopkins HealthCare. We can only accept and process remittances when the checks are payable to Johns Hopkins HealthCare. Do not make checks payable to Bank of America.

As a reminder, the lockbox address for JHHC is:

- **Bank of America Lockbox Services**
Johns Hopkins HealthCare LLC 412856
MA5-527-02-07
2 Morrissey Blvd.
Dorchester, MA 02125

If you have any questions, please contact us via email OvpRecovery@jhhc.com or via fax at 410-424-2809.

Medicaid Renewal Requirement Restarts in May

During the Public Health Emergency (PHE), the Maryland Department of Health suspended the annual requirement for Medicaid recipients to renew their benefits. The PHE will end in April and the requirement to renew will begin again in May.

Medicaid beneficiaries, including Priority Partners members, will be assigned a renewal month by MDH and phased in over the course of several months. Individuals will receive a notice from MDH and several messages from Priority Partners informing them when it is their turn to renew.

There are 3 ways members can renew their benefits:

- Go online to **Maryland Health Connection*** – Log into their account, then click the Change My Information/ Renew Coverage button.
- Call Maryland Health Connection at **855-642-8572**
- Download and use the free mobile app, Enroll MHC.

Members can call Priority Partners Member Services at 844-288-9593 for questions or support.

Priority Partners is asking our providers to partner with us in reaching out to members to renew their benefits now.

- Providers can access a list of impacted members at the same location in HealthLINK where you currently get your monthly Redetermination Reports (FTP and FTA).
- The impacted member list is labeled "PPP10101," and the name of the report is "Public Health Emergency."
- The list contains the Priority Partners members who did not complete their Redetermination/Renewal in 2021 and were granted an extension.

Attention: Updated Provider Demographic Information Needed

If there are any demographic changes for your practice or facility, you are required to notify the Johns Hopkins Provider Maintenance department 30 days prior to the change via:

- Your delegated roster
- If you do not have a delegated credentialing agreement, please use the Provider Information Update form, which can be submitted electronically online. The PDF form may be emailed or faxed.

Be sure to include any changes in panel status (accepting new patients or not), as we want to ensure we are reflecting correct access information for our members. In addition, please confirm email addresses, as JHHC communicates provider notices via email.

- **Delegated Rosters:** Follow the established process for submitting notification of any provider changes, and confirm if the provider is accepting new patients or not.
- **Digital Submission of the Provider Information Update Form (preferred):** Submit the [Online Digital Provider Information Update Form*](#) directly from the provider website.
- **Email Submission:** Fill out the [Provider Information Update Form*](#) and email it to ProviderChanges@jhhc.com. This mailbox is monitored daily to collect and process all provider changes.
- **Fax Submission:** Use this method **only** if you are using a Social Security number in place of a Tax ID. Complete the [Provider Information Update Form*](#) and fax to 410-762-5302 to ensure identity protection. Do not send digitally or by email.

Please call Provider Relations at 888-895-4998 with any questions about the provider changes reporting process.

NOTE: Submit W-9 requests to w9requests@jhhc.com.

*This form is located on jhhc.com, under “For Providers” and then under the Forms section of the “Resources and Guidelines” page.

Reminder: Updated Priority Partners Forms for Newborn Notification and Primary Care Provider Change Requests

Please use these revised Priority Partners request forms, which can be found on the [Forms page](#) of the Provider website. The old versions of the forms are no longer accepted and cannot be processed.

- Priority Partners [Newborn Enrollment Notification Form](#)
- Priority Partners [Primary Care Provider Change Form](#)

NOTE: Due to the conversion to Facets, as of Sept. 1, 2022, all Priority Partners members were assigned to an individual primary care provider (PCP), instead of a provider group/site. The change from provider group to individual PCP is reflected on the Priority Partners member ID card.

- Please do not submit a Provider Change Form requesting members be assigned back to their

former provider group instead of the individual PCP assignment. Priority Partners members can no longer be assigned at the group level.

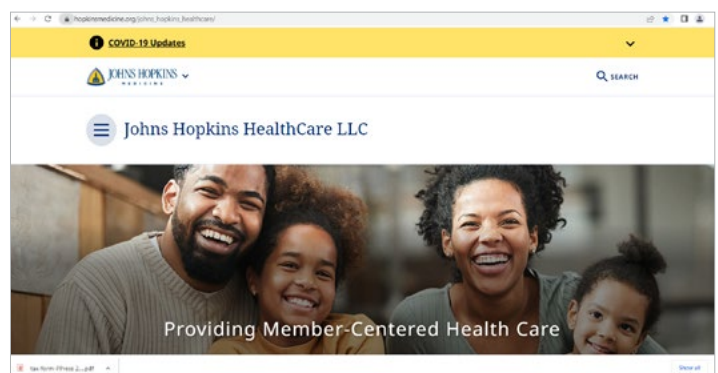
- If members see a primary care provider in the same group as their assigned PCP (as indicated on their member identification card), and that PCP bills under the same TIN and group NPI number as the assigned PCP, **the claims will pay.**

New Design for JHHC.com Provider Website

The [JHHC provider website](#) has been redesigned. The reason for the redesign is to ensure all pages on HopkinsMedicine.org, which includes the [JHHC provider website](#), have the same look and feel, as well as reflect a recent back-end system renovation.

Provider Website Tips

- Please be aware the information, materials and resources you currently use on jhhc.com have carried over to the new website. Everything from the former website is there — **it is the navigation that has changed.**
- URLs, bookmarks and links will still work in the new website and are expected to go to the correct content. If there is a broken link or navigation issue, please contact Provider Relations, and we will submit the request to the Digital Marketing team.
- Educational resources and job aids for navigating the redesigned provider website are forthcoming.



Network Access Standards

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

Priority Partners

Service	Appointment Wait Time (not more than):
Initial prenatal appointments	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

Fraud Waste & Abuse

FWA@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
- **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

Health Coach Services

800-957-9760
healthcoach@jhhc.com

Health Education

800-957-9760
healtheducation@jhhc.com

Inpatient Utilization Management

Fax 410-424-2602

Outpatient Utilization Management

Fax 410-424-2603

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.

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.

Important notice:

Please distribute this information to your billing departments.

PRPULSE12-Winter 2023

PROVIDER
pulse



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