



JOHNS HOPKINS
EHP

Your health. Your life. Your future.

Member Handbook



How to Use This Handbook

This is your official Johns Hopkins Employer Health Programs (EHP) handbook. It can help you use and better understand your health plan, but it does not contain every detail about covered benefits and services. For specific benefit information, you must also read your Summary Plan Description (SPD) and Schedule of Benefits (SOB). Your SPD can be obtained through your HR office. Your SOB can be found in the back of this handbook. It provides information about:

- Covered services, requirements, and limitations
- Specialists or circumstances that require a referral
- What you must pay in co-payments, co-insurance, deductibles, etc.
- Services and prescription drugs that require prior authorization

In cases where this handbook's language differs from your SPD's language, your SPD's language governs; please read it carefully.

Important Contact Information

All services are available to all EHP members. (pharmacy, dental, Cobra, Flex spending and STD)

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Fax</i>
EHP Customer Service (M-F 8 am - 5 pm) www.ehp.org	6704 Curtis Court Glen Burnie, MD 21060	410-424-4450 1-800-261-2393	410-424-4895
National Provider Network MultiPlan, Inc.: www.multiplan.com	115 Fifth Avenue New York, NY 10003	212-780-2000 1-866-980-7427	212-780-0420
Mental Health and Substance Abuse Services	6704 Curtis Court Glen Burnie, MD 21060	410-424-4476 1-800-261-2429	410-424-4891
Dental Services United Concordia Companies, Inc.: www.ucci.com /was/uccweb/clients/jhmed0028.jsp	N/A	1-866-851-7576	N/A
Health and Dependent Care Flexible Spending Accounts Ceridian: www.Ceridian-benefits.com	PO Box 534055 St. Petersburg, FL 33747	1-800-877-7994	1-877-488-6454
Cobra Services Ceridian: www.Ceridian-benefits.com	PO Box 534066 St. Petersburg, FL 33747-4066	1-800-877-7994	N/A
EHP Care Management	6704 Curtis Court Glen Burnie, MD 21060	410-424-4480	1-800-261-2421
Short-Term Disability	6704 Curtis Court Glen Burnie, MD 21060	410-762-5312	410-762-5313
Pharmacy Caremark: www.caremark.com	PO Box 961066 Ft Worth, TX 76161-0066	1-800-522-8159	1-800-213-0879
EHP Nurse Triage Line (Starting January 2010)	N/A	1-866-796-1855 Audio Library PIN Number: 380	N/A



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EHP

Welcomes You

Thank you for choosing Johns Hopkins Employer Health Programs (EHP)! As a member, your health and well-being are our number one concern. We have prepared this handbook to help you better understand EHP and your coverage, and to help you use your health benefits. Please note that we will provide you with any other information about your health plan as needed, except when the law prohibits it. Call Customer Service at 1-800-261-2393 for details. Some items for which we can provide more information include:

- Facts about how we choose our providers
- Standards we use to choose providers in our network and medical review staff
- Standards we use to review the quality of care
- Listings of our providers, including specialists, Primary Care Providers (PCPs), and others
- A list of mental health and substance abuse providers
- Advice on how to get a copy of your medical records

What Can Be Found Online

After you review this handbook, your Summary Plan Description (SPD), and Schedule of Benefits (SOB), please visit **www.ehp.org**. Among other features, this Web site will allow you to:

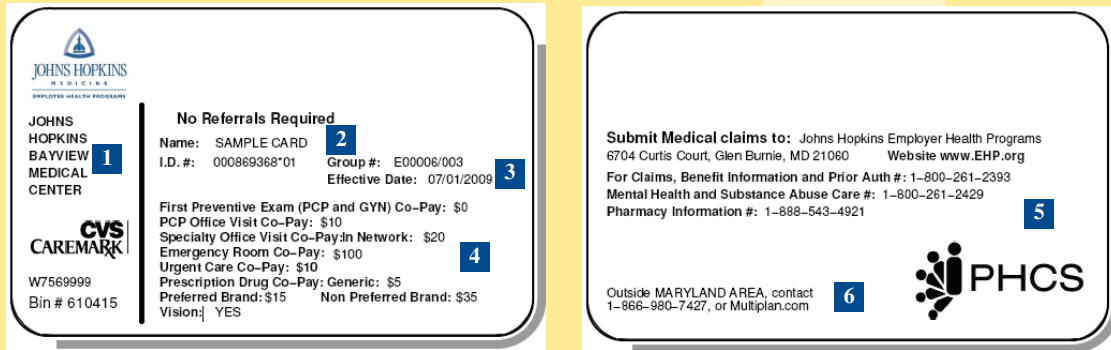
- Search for provider by location, language spoken, gender, professional qualifications and more
- Request to change your Primary Care Provider (PCP)
- Contact Customer Service via email
- Access the pharmacy Web site (**www.caremark.com**) not applicable to all EHP plans
- Access and download forms
- Obtain general information about EHP and our national medical and dental networks

(Starting in 2010, you will also be able to review your eligibility and benefit coverage, check claim status, access your specific pharmacy benefit information, and review Utilization Management requirements and cost information through our secure online portal, HealthLINK@Hopkins.)

Membership Card Overview

Your EHP member ID card should be enclosed in your enrollment packet or will be mailed to you shortly. Your card identifies you as an EHP member and contains important information about you, your PCP should you select one, your co-payments, and telephone numbers for service information. Always carry your member ID card with you and present it when you receive health care services. If you haven't received one yet, please call Customer Service at 1-800-261-2393.

The diagram below shows the information on the front and back of your card:



This is a **sample** member ID card. Please review your actual card for your ID number and information specific to your coverage.

1. Employer
2. Member ID number
3. Group number
4. Co-payments
5. EHP member services contact information
6. National network contact information

Continuation of Coverage

As a member of EHP, you may be eligible for COBRA continuation of health coverage, as well as other members of your family who are covered under EHP when you and/or your family members would otherwise lose your medical plan coverage because of a "qualifying event." If you are the member under EHP, an event of this nature could be one of the following:

- Your hours of employment are reduced so that you are no longer eligible for EHP coverage
- Your employment ends for any reason other than your gross misconduct

To learn more about this continuation of coverage, including if and how COBRA is offered for your plan, contact Customer Service at 1-800-261-2393.

EHP

Information About Your Coverage

Covered and Non-Covered Benefits and Services

EHP provides benefits for many employers, each offering specific covered benefits and services, prescription drug coverage and co-payment amounts. However, regardless of the plan, EHP does not cover services that are not covered by a physician, services covered by workers compensation, automobile accidents, services deemed experimental, investigational or not medically necessary by EHP, or services listed as “non-covered benefits” in your Summary Plan Description (SPD). Review your employer’s SPD and Schedule of Benefits (SOB) for details as to what is covered or not covered in your unique plan. If you have specific questions regarding your coverage, you can always call Customer Service or log on to your secure account on HealthLINK@Hopkins starting in 2010. Your SOB is located in the back pocket of this handbook; your SPD can be obtained through your HR office.

Prescription and Pharmacy Information

Prescription drug benefits vary among EHP employer groups. Certain programs referenced in this section of the handbook, and in some cases the prescription benefit itself, are not applicable to all EHP employer groups. Be sure to consult your SPD for information on specific plan benefits, limitations, and exclusions.

Co-pay Tier

EHP members that have prescription drug coverage have a three-tier drug benefit. With a three-tier drug benefit, your prescription medications fall into one of three tiers. Each tier has a different co-pay or out-of-pocket expense.

The three-tier co-payment benefit consists of the following tiers:

- Tier One: All Generic Drugs (lowest co-pay). Approved by the Food and Drug Administration (FDA), generic drugs contain the same active ingredients as brand-name medications. Generics are chemically and therapeutically equivalent to brand drugs, but are available at a lower price.
- Tier Two: Preferred Brand Drugs (middle tier co-pay). These brand-name drugs have been identified as the most therapeutically safe and effective options for treatment of most medical conditions.
- Tier Three: Non-Preferred Brand (highest co-pay). These drugs often have either a generic equivalent or a preferred-brand drug alternative. This tier also includes new drugs not yet reviewed by the Johns Hopkins HealthCare Pharmacy and Therapeutics Committee.

To determine co-payment amount, formulary status, availability of generic substitute, and preferred formulary alternatives for any of your medications, or to search for a participating pharmacy near you, visit www.caremark.com (registration is required for first use).

Generic Substitution

Generic substitution is mandatory when a generic equivalent is available. Cost share for members covered under the EHP pharmacy benefit vary by employer plan design. Member cost share for brand name drugs with a generic equivalent available is determined by the employer's SPD. Brand name drugs that have commercially available generic equivalents may:

- Incur a higher co-payment (tier 3)
- Require payment of the difference in price between the brand and generic equivalent, in addition to applicable co-payment

To view information on a drug, including how to take the medication, the possible side effects, and drug interactions, visit www.caremark.com and select Drug Search.

Prior Authorization

Certain medications require prior authorization before coverage is approved to assure medical necessity, clinical appropriateness and/ or cost effectiveness. Coverage of these drugs is subject to specific criteria approved by physicians and pharmacists on the Johns Hopkins HealthCare Pharmacy and Therapeutics Committee. Established criteria are based on medical literature, physician expert opinion, and FDA-approved labeling information.

Quantity Limits

Certain prescription medications have specific dispensing limitations for quantity and maximum dose. These dispensing limitations are based on generally accepted guidelines, drug label information approved by the FDA, current medical literature and input from a committee of physicians and pharmacists. The three types of quantity limits are:

- Coverage limited to one dose per day for drugs that are approved for once daily dosing
- Coverage limited to specific number of units over a defined time frame
- Coverage limited to approved maximum daily dosage

When medically necessary, an exception to quantity limits can be requested. To see a list of drugs in your EHP plan that have quantity limitation or that require prior authorization, visit the member's pharmacy section on www.ehp.org or call Customer Service to have a list mailed to you. This list is subject to change without notice and is not applicable to all EHP plans. Consult your SPD to determine if your plan is subject to this list.

Evaluation of New Technology, Drugs, and Benefits

EHP's written process for evaluating new technology and the new application of existing technology for inclusion in its benefits plan includes the evaluation of medical procedures, behavioral health procedures, pharmaceuticals, and devices. In considering these changes, EHP reviews scientific literature and solicits input from relevant specialists and professionals who have expertise in the technology.

EHP

When You Need Care

Our Provider Network

As an EHP member, you have access to 14,000 health care providers and more than 30 hospitals in Maryland, ensuring that you can find care and services near you. You also have access to a national network of over 600,000 providers and hospitals through MultiPlan's PHCS Healthy Directions network. MultiPlan is a vendor that contracts with providers nationwide; PHCS Healthy Directions is the name of the network that EHP has purchased from MultiPlan and it serves as your extended provider network for services rendered outside of Maryland. MultiPlan's PHCS Healthy Directions network is considered in-network, so your coverage will be the same as your EHP in-network benefits. To locate an in-network doctor in your area, visit www.ehp.org and click on "Find a Provider." You can also visit www.multiplan.com to locate an in-network medical provider nationwide. Please note that MultiPlan providers in the State of Maryland will only be considered in-network if they also participate in the EHP network. If you want information regarding your health care practitioner/provider's background, qualifications, and experience, call Customer Service at 1-800-261-2393.

Accessing Care Outside of the State

As mentioned above, if you need care outside of the State of Maryland you can go to a MultiPlan PHCS Healthy Directions network provider. Simply go to www.multiplan.com to search for a provider, or call the toll-free number on the back of your EHP member ID card. If you see a MultiPlan PHCS Healthy Directions provider, then your in-network benefits will apply.

Accessing Care Outside of the Network

There may be times, however, that you need service outside of the network. If you have an emergency, go to the nearest emergency room whether or not that hospital is in- or out-of-network. (For details, review the Emergencies section in this handbook.) For medical conditions that are not serious enough to be an emergency, but that still require prompt/urgent medical attention, your physician may refer you to an urgent care center. Physician visits and diagnostic services and treatment at an urgent care center are covered under your plan. (A deductible, coinsurance or co-pay may apply.) If you cannot locate an in-network EHP or MultiPlan PHCS Healthy Directions provider to treat a non-urgent condition, you may still be covered. To determine if and what urgent and non-urgent services are covered out-of-network, or to determine whether your plan has a co-pay or reimbursement process, review your Summary Plan Description (SPD) which is available through your HR office, or your Schedule of Benefits (SOB), which found in the back pocket of this handbook.

Scheduling or Canceling an Appointment

Please make an appointment before you visit your Primary Care Provider (PCP) or other provider. Advance notice will allow the office staff to have your records ready and your wait will be shorter. If you cannot keep an appointment, please call the doctor's office the day before to cancel or reschedule; your doctor may be able to offer your appointment time to another patient. While it is not required for all EHP plans, we encourage all of our members to select a PCP. By selecting a PCP, you will be able to schedule appointments more easily and you will therefore be more likely to form a comfortable, familiar relationship with your physician. You can choose a PCP by calling Customer Service at 1-800-261-2393 or by logging onto your HealthLINK@Hopkins account starting in 2010.

After Office Hours

Call your provider's office when you need non-emergent care, even if it is after office hours. They, or a covering physician, may need to see you or may refer you to an urgent care center. As always, it is best to be preventative. Ask questions before they become urgent. Examples of non-emergency situations include:

- Back pain
- Ear aches
- Fever
- Sore throats
- Flu and colds
- Frequent urination
- Headaches
- Minor illnesses
- Minor injuries

Review your SPD or SOB to be sure your EHP plan doesn't require a referral for these services.

Emergencies

A medical emergency is when you suddenly feel very sick and have severe pain. If you believe that your health is in serious danger, or you are concerned that you may have experienced serious damage to an organ or part of your body, seek medical care immediately by heading to the nearest hospital emergency room or by dialing 9-1-1 for an ambulance. Some examples of a medical emergency are:

- Major injury such as a broken leg or large wound
- Heart attack symptoms: severe chest pain, shortness of breath, sweating, and nausea
- Heavy bleeding
- Bleeding during pregnancy
- Major burn
- Unconsciousness
- Difficulty breathing
- Poisoning
- Severe head pain or dizziness

If you have an emergency, remember to inform your PCP within 24 hours to let him or her know what happened.

Hospital Care

Before you can receive benefits for certain medical services and supplies, you must have these services and supplies pre-certified and coordinated through the Johns Hopkins EHP Care Management Program. Your in-network provider will initiate this pre-certification for you. Hospital care follows the same policy. All EHP members will be able to receive hospital care, but the services covered and the costs associated with that hospital care are unique to your plan. All plans require prior authorization before any hospital care, whether inpatient or outpatient. Similar to services and supplies, prior authorization for both inpatient and outpatient care will be handled by the participating hospital. If they fail to receive pre-certification or prior authorization, coverage for care, services or supplies may be limited or denied entirely. Please note that if you go to a hospital for an emergency and are not admitted, you will have to pay a co-payment. You are to reference your SOB to determine your co-payment. You are also responsible for notifying EHP of any out-of-network hospitalization. For a list of hospitals in the EHP network, go to www.ehp.org, click “Find a Provider” and search for a hospital.

Specialist Care

Most EHP members have direct access to specialty providers and services in- and out-of-network with no referral required. However, some plans do require prior authorization before receiving specialist care. If your plan requires prior authorization, your doctor will handle it for you; if they fail to receive the prior authorization for you, coverage for services may be limited or denied entirely. You should review your SPD to see what your individual policy requires. If you already see a specialist and would like to stay with that doctor, click “Find a Provider” on www.ehp.org to see if he or she is in the EHP network.

Behavioral Health Care

All EHP plans cover in and outpatient mental health care, as well as care and services for substance abuse. Some plans may require a Clinical Case Manager to coordinate this care for you. A Clinical Case Manager is a mental health professional who will help you determine the best course of behavioral health treatment. If your plan requires a Clinical Case Manager and you instead refer yourself, there may be a substantial reduction in your benefits. For more information on plan-specific care, or to speak with a Clinical Case Manager, call Mental Health and Substance Abuse Services at 1-800-261-2429. To find an in-network behavioral or mental health provider, visit www.ehp.org and click on “Find a Provider.”

Interpreter Services

Many of our physicians and hospitals have interpreting services on-site. Please let your physician know if you need an interpreter and they will arrange for one. EHP provides language and American Sign Language interpreters for medical appointments when your physician cannot provide this service. To request an interpreter, please call EHP Customer Service at 1-800-261-2393. A TTY line is also available to all members between 8 a.m. and 5 p.m., Monday through Friday. The Maryland Relay Operator telephone number is 1-800-201-7165.

EHP

Care and Utilization Management

Care Management

Your health and well-being are our number one priority at Johns Hopkins Employer Health Programs (EHP). At no cost, Care Management offers you the tools and ongoing support you need to better understand and manage your health through Care Management: *Population Health Initiative*.

The *Population Health Initiative* was developed to give you individual support and services that are designed to help you understand and self-manage your medical conditions. Assistance is offered on two levels, depending on your need.

Complex Care Management – High Intensity

Complex case management is provided for adults and children with diabetes and asthma, as well as all adults with Chronic Obstructive Pulmonary Disease (COPD) and Cardiovascular Disease. Once a member is identified with complex medical conditions or a special need, our highly qualified staff determines the specific services the member needs. A wide range of services are managed by our staff of nurses and social workers who are trained to help these members coordinate services, access available resources, and serve as member health advocates.

Case management is also available for the following:

- High-risk pregnancy
- Cancer
- HIV/AIDS
- Children with conditions such as sickle cell, genetic conditions, complications from prematurity, obesity, neurological problems
- End Stage Renal Disease and members on dialysis
- Members with rehabilitation needs for spinal cord injury, traumatic brain injury, severe burns, trauma from motor vehicle accidents, and stroke

Monitored Case Management – Moderate Intensity

Members with less complicated asthma and diabetes conditions may benefit from ongoing monitoring and improvement of self-management skills.

Once a member is identified with asthma and/or diabetes and may have risk factors for developing other conditions or complications, our skilled staff of personal care managers monitor the member's health status and ongoing needs over time. These personal care managers encourage progress towards health goals. They provide guidance and tools aimed at improving overall self-management of asthma and diabetes.

Care Managers: Member Advocates

Care managers work closely with members and all their health care providers to share information to achieve the best possible health for the member. Care managers help members to improve their health and quality of life by:

- Assessing each member's physical, psycho-social, spiritual and financial needs
- Educating members on ways to manage their health
- Assisting with referrals to specialty providers
- Coordinating care with our outreach and health education department, home health and other health and community agencies
- Providing ongoing communication to check member's progress and review for continuing services

Other Services

Other population health-based services include:

- Periodic mailings of educational materials focused on increasing self-management skills and preventing complications
- Communicating to the member and health care provider about medical and pharmacy claims
- Use of the TeleWatch Patient Monitoring System which allows members to enter health status data from home, which can be checked by their care manager and physician
- Review of medications and discussion with our clinical pharmacy services if needed
- Assistance with getting behavioral health services, provided by Care Management
- Treatment Coaches. This service can be reached by calling the toll-free number 1-888-309-4573
- Outreach Department to select members when they are leaving an inpatient facility. Staff makes sure the member gets the correct follow-up care and assistance in getting needed medical equipment
- Assistance to members moving from a hospital to a lower level of care and then home. Staff works with providers, members, and families with discharge planning, care coordination, and member and family education

How to Self Refer

We encourage you to take advantage of the services and programs provided by Care Management; our Care Management Population Health Initiative services and programs are voluntary and are provided at no-cost. Members identified with certain needs may be automatically enrolled but are under no obligation to participate in these programs. If you have questions about our Population Health Initiative or other Care Management services, or if you'd like to refer yourself or a loved one to a program, call 410-762-5206 or toll-free at 1-800-557-6916. We are available Monday through Friday, 8:30 a.m. - 5 p.m. Any voice mail messages received after normal business hours will be addressed the next business day. We can also be contacted by e-mail at populationhealth@jhhc.com.

How to Access Utilization Management

EHP is committed to maintaining the health and wellness of all our members and through Utilization Management, ensures that care is provided at the right time and in the right setting. The Utilization Management department evaluates requests for services for medical care, mental health treatment, and substance abuse treatment based upon appropriate clinical criteria or guidelines and local health care delivery options. Often times this requires prior authorization by your provider for certain services and the review of requests for authorization for elective hospital admissions. All review decisions are based upon appropriate care and service, and existence of coverage. Registered nurses and physicians administer the Utilization Management department policies. To contact Utilization Management, call 410-424-4480 or 1-800-261-2461.

EHP

Administration

How To File a Claim

At EHP, we are committed to making it easy for you. With a dedicated claims department, you can be assured that your claims will be handled quickly and accurately. Our objective is to process your claim within 30 days of receipt and 100% correctly.

If you receive care from an in-network provider – even a national MultiPlan provider – the provider will submit the claim. However, if you receive out-of-network care, you may be required to pay for the service and then submit a reimbursement claim form to EHP as soon as possible. These forms are available at your Human Resources office, on www.ehp.org, or by calling EHP Customer Service at 1-800-261-2393. Fill out the demographic information and attach a copy of the receipts or invoices associated with the claim to the form. It's absolutely necessary to include all receipts and invoices in order for EHP to properly process the claim.

Mail all paper claims to:

Johns Hopkins EHP
Attn: Claims Department
6704 Curtis Court
Glen Burnie, Maryland 21060

Most plan members have one year from the date of service to submit your receipts. Refer to your Summary Plan Description (SPD) to see if this applies to you.

Appeals and Complaints

You may appeal an adverse decision made in whole or for part of a service and request a reversal or adjustment of a denied or paid claim. Clinical appeals are reviewed by a peer comparable to the ordering provider.

A member or an authorized representative may appeal or request a review in writing to EHP. Urgent appeals may be accepted over the phone. *Appeals must be received within 180 days of the date of the denial or all rights to appeal are lost.* If you have not received the services that were denied, you will receive an appeal determination within 15 days. If you have already received the services that were denied you will receive an appeal determination within 30 days. If your appeal is considered urgent, you will receive a determination within 36 hours.

Mail appeals to:

Johns Hopkins HealthCare LLC
Attn: Appeals Department, Johns Hopkins EHP
6704 Curtis Court
Glen Burnie, MD 21060

For urgent appeals, please call:

410-762-5383

EHP appreciates your feedback and would like to know if you ever have a complaint about our services or services received by a network provider. We will accept both written and verbal feedback.

Complaints can be called in to EHP Customer Service or can be mailed to:

Johns Hopkins HealthCare LLC
Attn: Complaints and Grievances Department, Johns Hopkins EHP
6704 Curtis Court
Glen Burnie, MD 21060

EHP

Your Rights and Responsibilities

We value you as a member of our EHP health care family. As a member, you have the following rights and responsibilities:

You have the right to:

- Be treated with respect for your dignity and privacy.
- Discuss all appropriate treatment options for a condition regardless of cost or benefit coverage.
- Receive information, including information on treatment options and alternatives in a manner you can understand.
- Participate in decisions regarding your healthcare, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Request and receive a copy of your medical records and request that they be amended or corrected as allowed.
- Exercise your rights and to know that the exercise of those rights will not adversely affect the way that EHP or our providers treat you.
- File complaints, appeals, and grievances with us. (See page 11)
- Request that ongoing benefits be continued during appeals (although you may have to pay for the continued benefits if our decision is upheld in the appeal).
- Receive a second opinion from another doctor in EHP's network if you disagree with your doctor's opinion about the services that you need. Contact us at 1-800-261-2393 for help with this.
- Receive other information about us such as how we are managed. You may request this information by calling 1-800-261-2393.
- Receive information about the organization, its services, its practitioners, and providers and member rights and responsibilities.
- Make recommendations regarding the organization's member rights and responsibilities policy.

You have the responsibility to:

- Carry your membership card with you at all times and know your eligibility status with EHP. If you lose your card, you can obtain a new one by calling Customer Service, or from your HealthLINK@Hopkins account, starting in 2010.
- Follow your plan's referral and prior authorization guidelines and policies.
- Cancel doctor's appointments if you cannot keep them.
- Pay any applicable co-pay, coinsurance, and deductible at the time of service.
- Report any other health insurance coverage to your doctor and to EHP.
- Report any communicable diseases, family history, problem with substance abuse, and any other information your doctor may need in order to provide adequate care.
- Cooperate with health care providers and follow their instructions.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

EHP

What to Know About Your Privacy

Privacy Practices Overview

EHP is committed to respecting your privacy. The purpose of this information is to describe how your Protected Health Information (PHI) may be used and disclosed and how you can get access to this information. Please review it carefully. EHP's **official Notice of Privacy Practices (NPP)**, which is included in your enrollment packet and also available upon request by calling Customer Service, fully describes:

1. EHP's routine use and disclosure of PHI
2. Use of authorizations
3. Access to PHI

Please take time to review your NPP. If you misplace your copy, you may access another copy on www.ehp.org or by contacting Customer Service at 1-800-261-2393. Please contact the Johns Hopkins Privacy Officer at 410-735-6509 if you have any questions regarding the NPP's content.

Health information means information that identifies you and tells about your past, present, or future physical or mental health or condition and provision of health care to you. It also includes information about payment for health care services, such as your billing records. By law, we are required to:

1. Ensure that your health information is protected
2. Provide to you the NPP describing our responsibilities and privacy practices with respect to your health information
3. Follow the terms of the Notice that is currently in effect

In addition, EHP has implemented internal policies and procedures that *address how we protect oral, written, and electronic use of PHI*. For your protection, EHP always verifies the identities of both the member and the requestor prior to responding to a request for a member's PHI. Examples of such contact are:

1. Questions about your treatment or payment activities
2. Requests to look at, copy, or amend your Plan records
3. Requests to obtain a list of Plan disclosures of your health information

EHP secures and limits access to all hardcopy and electronic files. All electronic data is password protected. EHP limits workforce member access to all hardcopy and electronic files. Internal controls are in place to ensure that only those workforce members with a “need to know” have access to information required to perform their specific job function. All workforce members are required to only utilize and/or access the “minimum necessary” information.

EHP takes disclosure of PHI to plan sponsors (employers) very seriously. Our first duty is to protect your privacy. EHP has placed very specific controls on your information to ensure that it is protected. We will only release your health information to the plan sponsor for administrative purposes if certain provisions have been added to EHP to protect the privacy of your health information, and the sponsor agrees to comply with the provisions. EHP will not disclose PHI to the plan sponsor for employment-related actions, or for decisions in connection with any other benefit or benefit plan of the sponsor, unless the individual signs an authorization permitting such disclosure. For more information on authorizations or to download the forms required to permit an authorization of disclosure, visit www.ehp.org.

Health Care Fraud and Abuse

Johns Hopkins Employer Health Programs (EHP) wants to find and stop health care fraud which is any dishonest act that a person commits on behalf of someone else that results in benefits that he/she is not entitled to. Some examples of health care fraud are:

- Using someone else’s EHP insurance card to get health care services
- Loaning your EHP insurance card to another person so that they can receive health care services
- Receiving bills for equipment or services you never received

Johns Hopkins HealthCare takes its responsibility to protect your ‘right to report’ seriously. No JHHC employee may, threaten, coerce, harass, retaliate, or discriminate against, any individual who reports a compliance concern. To support this effort, EHP has enacted zero-tolerance policies and annually trains all personnel on their obligation to maintain the highest integrity when handling compliance related matters. Any individual who reports a compliance concern has the ‘right’ to remain nameless and Johns Hopkins HealthCare commits to enforcing this ‘right’. The Compliance Department at EHP investigates all charges of actual or suspected health care fraud. If you believe someone is committing fraud against EHP, please report the act to the EHP Compliance Department at 410-424-4996 or Compliance@jhhc.com. You can also write to:

EHP Compliance Department
6704 Curtis Court
Glen Burnie, MD 21060

For additional information including how you can help reduce health care fraud, visit www.ehp.org.



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M E D I C I N E

EMPLOYER HEALTH PROGRAMS

Johns Hopkins EHP
6704 Curtis Court
Glen Burnie, MD 21060
410-424-4450
www.ehp.org