

Hopkins ACROSS THE BOARD

A newsletter for Priority Partners, Johns Hopkins US Family Health Plan and Employer Health Programs network providers

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JOHNS HOPKINS
EHP
Your health. Your life. Your future.

EHP Incentive Program

HealthLINK@Hopkins

Johns Hopkins HealthCare is excited to inform you that we have implemented a new provider and member portal!

HealthLINK@Hopkins is a secure, online web portal for Priority Partners (PPMCO), the Johns Hopkins US Family Health Plan (USFHP) and Employer Health Programs (EHP) members and network providers.

As a provider, you can submit claims and search for existing claims, review electronic remittance advice, search for members based on name, the member's primary care provider or date of birth, receive reports such as member rosters, check the status of referrals and authorizations, directly enter referrals and certain services for prior authorizations, send secure messages to Customer Service, and much, much more.



To register for an account...

On the right side of the homepage at www.jhhc.com you will see a HealthLINK@Hopkins sign-on box. Click "Need to Register?" and follow the instructional screens to register and create a user ID and password. Your password must be nine characters and must contain at least one uppercase letter, one lowercase letter, one number, and one special character, such as #, * or @. Usernames and passwords are case-sensitive.

For additional question, please contact Provider Relations at 888-895-4998. And make sure you visit our portal!



Network Manager Meet and Greet

Meet Barbara Metz... a Johns Hopkins HealthCare (JHHC) network manager for the Provider Relations Department. Barbara has been with JHHC since January 2005, and came here with health insurance experience, as well as extensive experience in radiology services. Barbara's territory includes Frederick, Washington, Allegany, and Garrett counties in Maryland and portions of West Virginia. Barbara also manages the state-wide radiology network and serves as the administrative liaison for Capital Women's Care. Barbara holds a BA in Health Systems Management, a MA in Strategic Leadership, is a telecommuter and resides in Cumberland, MD. If you have any questions or concerns that Barbara can assist you with, please contact her at 800-873-1423 or BMetz@jhhc.com

We're on Facebook!

There are a lot of ways to stay connected to Priority Partners and EHP. Become a fan and get the latest news. Find us on Facebook by typing "Priority Partners" or "Johns Hopkins Employer Health Programs" into the Facebook search or click on the "Follow us on Facebook" link on www.ppmco.org or www.ehp.org.

MEDICAL DIRECTOR'S *Corner*

Money-Saving Prescriptions: There are Options

Johns Hopkins HealthCare's (JHHC) Employer Health Programs (EHP) prescription drug plan spent over \$2 million on branded proton pump inhibitors (PPI's) in 2009, more than any other group of medications. Although several PPI's remain under patent and thus have no generic versions, patients frequently receive the same benefit from Omeprazole, the generic equivalent of Prilosec, at a fraction of the cost.

Officials who oversee JHHC's drug benefits point to the PPI's as a great example of the opportunity to save money for members and the plans by prescribing therapeutic equivalents, or options that are chemically different but have the same effect as brand-name drugs.

"You can practice good medicine and still practice good resource stewardship," says Dr. Robert Kritzler, deputy chief medical officer, JHHC, which administers EHP and its prescription drug plans. He says that Hopkins providers are generally aware of therapeutic equivalents, "but it's not front of mind. Doctors prescribe out of habit."

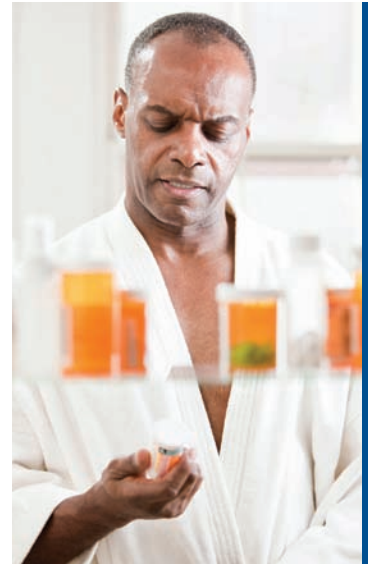
Kritzler is among a group of Hopkins providers and leaders who are encouraging greater prescribing of therapeutic equivalents and the willingness of physicians to broach this alternative with patients, as a means to rein in the overall costs to the drug plans. Prescription coverage makes up 19% of EHP members' overall health premiums, so any increase or decrease in generic use can have a noticeable impact on member's out-of-pocket cost in premium dollars and co-pay. And research suggests that higher out-of-pocket co-pays can negatively impact adherence to medications that treat chronic conditions, such as diabetes and high cholesterol.

As straightforward as it might seem for providers to choose alternatives that are less expensive but equally effective and safe, physicians acknowledge that it can be more difficult in practice. Time constraints, a reluctance to discuss monetary issues with patients, the constantly shifting nature of drug plan formularies, and concerns about patient care, among other factors, make the cost savings hard to realize.

Lack of public awareness presents another barrier. A 2008 survey conducted on behalf of the National Consumers League found that two-thirds of prescription drug users had never heard of therapeutic substitution. Just 7% had heard of it and understood what it meant.

Targeting Three Drug Classes

In an analysis, EHP found that, of its 10 most prescribed drugs in 2009, nine had a less costly alternative. The medications fell into three main categories: proton-pump inhibitors, cholesterol-lowering drugs (statins) and antidepressants. If just half of the prescriptions for those medications were written instead for the less expensive therapeutic equivalent, the plan would save over one million dollars. Members would save through reduced co-pays, and premiums would increase less rapidly, if at all.



EHP has made changes that encourage members to choose the drugs that save money for both them and the plans. For example, EHP moved about 80 brand-name drugs, including several from its top 10, into its non-preferred category. Medications in that group carry the highest co-pays, which can make members think twice before asking for or refilling a prescription. EHP will continue to encourage use of generics and preferred brand drugs over the coming months.

Also, in recent months, Bill Baumgartner, vice dean for Clinical Affairs, convened an informal Hopkins Medicine workgroup to find ways of encouraging prescribers to meaningfully discuss medication options with patients. Its membership includes leaders from the Johns Hopkins Outpatient Center, Johns Hopkins Community Physicians, Johns Hopkins HealthCare and elsewhere who are committed to more cost-effective prescribing.

Hopkins Across the Board is published quarterly for Priority Partners, Johns Hopkins US Family Health Plan and Employer Health Programs network providers by Johns Hopkins HealthCare LLC, Marketing and Communications Department. JHHC President – **Patricia Brown**; Chief Operating Officer – **Jeffrey Joy**; Chief Executive Officer (Priority Partners) – **Robert R. Neall**; Vice President (EHP) – **Keith Vander Kolk**; Vice President (USFHP) – **Mary Cooke**; Chief Financial Officer (EHP) – **Mike Larson**; Vice President (Care Management) – **Linda Dunbar**; Provider Relations Director – **Dina Goldberg**; Marketing and Communications Senior Director – **Victoria Fretwell**; Communications Manager/Editor – **Donna L. Chase**. To submit information or articles, email dchase@jhhc.com

PROVIDER *Updates*

Training Opportunities

Suburban Hospital Provider Seminar

You are cordially invited to a provider educational seminar to learn more about Johns Hopkins HealthCare and its three lines of business: Priority Partners, Employer Health Programs (EHP) and Johns Hopkins US Family Health Plan (USFHP).

Tuesday, October 26, 2010 from 6 to 8 p.m.

Suburban Hospital Auditorium
8600 Old Georgetown Road
Bethesda, MD 20814

Learn more at www.jhhc.com
or call Provider Relations at 888-895-4998



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Buprenorphine Certification Training

The Johns Hopkins Department of Psychiatry and Behavioral Sciences and the Department of Medicine are sponsoring Buprenorphine Certification Training scheduled for November 12, 2010. It will be held at the Johns Hopkins Thomas B. Turner Building, Tilghman Auditorium. To register or for more information visit www.HopkinsCME.edu/CourseDetail.asp?80024085

Register by phone (credit card only)
Confirmation/Certificates
General Information
E-mail the Office of CME

410-502-9634
410-502-9634
410-955-2959
cmenet@jhmi.edu

Research Opportunities

Providers: Please inform your members of the listed research opportunities.

Child Anxiety Prevention Study

Point of Contact: Golda Ginsburg, Ph.D
443-287-4349 CAPS@jhmi.edu

Older Adults & Caregivers: Multiple Medical Conditions in the Elderly

Point of Contact: Travonia Hughes, Ph.D
410-550-5829 Thughe17@jhmi.edu

Prevention/Slowing of Diabetic Neuropathy and Treatment of Pain in Diabetic Neuropathy

Point of Contact: Nicolas Cimino
443-287-0589 ncimino1@jhmi.edu



While Johns Hopkins HealthCare (JHHC) encourages the support of, and participation in medical research generally, JHHC makes no recommendation about participation in any specific research project. Before agreeing to participate in any research projects, ask questions and investigate to reach your own conclusions.

No Authorization

Johns Hopkins HealthCare (JHHC) will not authorize or reimburse for the anti-neutrophil cytoplasmic antibody (ANCA) and anti-Saccharomyces cerevisiae antibody (ASCA) as they are considered investigational in the work up and monitoring of patients with inflammatory bowel disease. Please reference our SABAC policy on www.jhhc.com for additional information.

New Johns Hopkins Community Physicians (JHCP) Sites

JHCP at Bethesda

8218 Wisconsin Ave
Suite 408
Bethesda, MD 20814
301-654-2571

JHCP at Rockville

14804 Physicians Lane
Suite 221
Rockville, MD 20854
301-340-8540

JHCP at North Potomac

1201 Seven Locks Rd
Suite 202
Rockville, MD 20854
240-314-7080



Pharmacy News



Two concentrations of ferrous sulfate drops are currently available which can lead to prescribing and dispensing errors. Mead Johnson previously manufactured ferrous sulfate drops at 15mg of elemental iron per 0.6ml (with dropper markings at 0.3ml and 0.6ml). Their new concentration is 15mg of elemental iron per 1ml (with dropper markings at 0.5ml and 1ml).

Other manufacturers continue to make ferrous sulfate drops at 15mg of elemental iron per 0.6ml allowing two concentrations to exist. The new formulation is less concentrated and contains about 40% less elemental iron than other manufacturers. Since practitioners and parents may be unaware of the two concentrations of ferrous sulfate drops available, the potential for medication errors is increased.

To prevent medical errors, always write prescriptions in mg of elemental iron, not mg of ferrous sulfate, and never write prescriptions in amount of mls. Specifying the number of mg of elemental iron in addition to the volume based on the product specified would help reduce ambiguity.

If a parent gives a dose in mls, always clarify which product is being given before writing the prescription and then proceed to write the prescription in mg not mls. Additionally, warning parents to be mindful of various concentrations, and instructing them to ask the pharmacist to demonstrate the volume to give would be helpful as well.

TOP PRIORITY



IMPORTANT NUMBERS

Customer Service
410-424-4790
888-819-1043

Provider Relations
888-895-4998
410-762-5385

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

Case/Disease Management
888-309-4576

Health Education
800-957-9760

Block Vision Services
800-428-8789

Eligibility Verification System
866-710-1447

HealthChoice
800-977-7388

Outreach
410-424-4648
888-500-8786

ValueOptions
800-888-1965

Substance Abuse
410-424-4476
800-261-2429

Dental (DentaQuest)
800-698-9611

PAC
800-654-9728

Corporate Compliance
Compliance@jhhc.com
410-424-4996

Priority Partners Website
www.ppmco.org

Specific information for Priority Partners MCO Providers

Passion and Teamwork: Larry Crawford's Story

In life, Larry N. Crawford has been knocked down several times, but he has been determined to never stay down for the count.

Larry, a seven-year Priority Partners member, has endured homelessness. He was infected with HIV/AIDS through a blood transfusion and he also lost his left leg, a finger and the shin bones in his right leg to another infection. However, Larry has overcome hurdles to become self sufficient and is now focusing on his passion ... helping others.

"Larry is my hero. He's been through tremendous obstacles from the day he was born," said Larry's case manager, Carolyn Ross-Friend. "He doesn't let obstacles get in his way. Instead, he uses them for his own growth. He's really motivated and has found his passion. He has encouraged me."

Carolyn, who's employed with Johns Hopkins HealthCare, has worked with Larry for four years. As a case manager, Carolyn is responsible for helping clients become self sufficient. She coordinates care and services, removes barriers from getting proper care and is an advocate for her clients. Additionally, she is responsible for educating clients about their illnesses.

Obstacles and challenges have been plentiful. Larry, who is wheelchair bound, missed a lot of appointments due to transportation issues. Eventually, Carolyn arranged regular transportation. She also made sure he received three meals per day through Movable Feast. According to Larry, one of Carolyn's biggest contributions was helping him to regain a roof over his head. Following a 17-month hospital stay, Larry not only lost his livelihood, but his home as well. Carolyn was instrumental in finding Larry shelter and helping him secure a spot at Project PLASE. Project PLASE provides traditional housing and supportive services to the most vulnerable and underserved homeless adults. Today, Larry has a place to call his own after moving into an apartment in September. Carolyn credits Larry with overcoming adversity. However, Larry sees it differently.

"I look at it as if I have a team," Larry said. "I've achieved a lot of goals; things that a year ago I would have never told you I could do."

Despite Larry's struggles, he is motivated to turn negatives into positives. He truly cares about making an impact on the lives of those living with HIV/AIDS. He recently completed training through the Leadership Empowerment and Advocacy Program (LEAP). The program certified Larry to counsel and test people with HIV/AIDS. He also volunteers with organizations that support underprivileged individuals living with or who are at risk of HIV/AIDS or other disabilities.

"If I can affect change in anybody's life, even if it's just one person, then I think I've done what I set out to do," Larry said.



Despite his struggles, Priority Partners member Larry Crawford is motivated to turn negatives into positives.

PROVIDER UPDATES

Formulary Changes



The Priority Partners' Pharmacy and Therapeutics (P&T) Committee recently approved several changes to the Priority Partners Drug Formulary, effective October 1, 2010.

- Ampyra and Tyvaso were added to formulary with prior authorization criteria.
- QVAR (beclomethasone) was added to the formulary.
- Ulesfia was added to the formulary for children younger than 6 years of age. Use of Ulesfia will require step therapy.
- Quantity limits of 6 and 8 tablets per day were added to oxycodone immediate release 30 mg and 20 mg, respectively.

Recognized for Excellence

Congratulations to the following Priority Partners provider who demonstrated excellence in all critical areas reviewed by the Maryland Department of Health and Mental Hygiene (DHMH) for his work with the Maryland Healthy Kids Program.

Dr. Shawki Al-Attar, MD

Screening for Alcohol or Drug Use

Asking members potentially sensitive questions about their alcohol and/or drug use in the context of other lifestyle questions appears to be less threatening and may generate useful information for the provider. Placing a mini-substance abuse screening tool within the context of a health risk evaluation may lessen the stigma and facilitate the conversation between member and provider. One example of a quick and easy screening tool would be the CAGE substance abuse screening tool. Four questions are included and a positive response on at least two of the questions is considered clinically significant. Priority Partners has included the CAGE screening tool on our website at www.jhhc.com.

Cervical Cancer Screening Performance Improvement Project

The Maryland Department of Health and Mental Hygiene (DHMH) requires that Priority Partners MCO conduct two performance improvement projects (PIPs) to assess the quality improvement processes of the MCO and to improve the outcome of care for their members.

One of the study topics selected is Cervical Cancer Screening (CCS).

The quality of care indicator for this project is the HEDIS Cervical Cancer Screening measure. The indicator measures the percentage of women that received a Pap test in the measurement year or the two years prior to the measurement year. Data collection for the measurement is done through administrative claims and by medical record review.

To improve this rate Priority Partners will be educating members about the CCS campaign.

Providers can help Priority Partners track this measure by using ICD-9 codes V72.32 or V76.2 when billing for a GYN exam that includes a Pap smear. You can avoid a medical record review if you use one of the approved codes listed above to identify a Pap smear was performed and it would be captured through administrative data. Please be sure to document in the Medical Record if the member has had a total hysterectomy.

PROVIDER UPDATES

Balance Billing

Providers: Priority Partners members **should not** be balanced billed for any services included in the HealthChoice/Priority Partners benefit package. If members receive a balance bill from a provider, we're asking them to call Customer Service for assistance.

Fall is here and it's time to reapply!



Providers: If you have a Priority Partners member who needs to renew their health care coverage, please let them know that we're here to help. Chrissy Calendar, our member advocate, will be at the following locations to help members fill out their redetermination forms and to answer any questions they may have. Member can also call 866-576-0017 for assistance over the phone.

Three Lower Counties 1104 Healthway Dr. Salisbury, MD 21804	November 9, 2010 December 14, 2010 January 11, 2011
Choptank Community Health System 609 Daffin Lane Denton, MD 21629	October 26, 2010 November 23, 2010 December 28, 2010 January 25, 2011
Community Clinic Inc 200 Girard Street, Suite 212 Gaithersburg, MD 20877	November 3, 2010 December 1, 2010 January 5, 2011
Community Clinic Inc 7676 New Hampshire Avenue, Suite 220 Takoma Park, MD 20912	November 19, 2010 December 17, 2010 January 21, 2011
People's Community Health Center Greenmount Avenue Center 3028 Greenmount Avenue Baltimore, 21218	November 11, 2010 December 9, 2010 January 13, 2011
People's Community Health Center Yorkwood Center 5225 York Road Baltimore, 21212	October 27, 2010 November 24, 2010 December 22, 2010 January 26, 2011
People's Community Health Center 5517 Ritchie Highway Baltimore, MD 21225	November 1, 2010 December 6, 2010 January 3, 2011
Baltimore Medical System 3700 Fleet Street, Suite 200 Baltimore, MD 21224	October 22, 2010 November 26, 2010 December 24, 2010 January 28, 2011
Chase Brexton 1001 Cathedral Street Baltimore, MD 21201	November 5, 2010 December 3, 2010 January 7, 2011
Baltimore Medical System 3120 Erdman Ave Baltimore, MD 21213	November 15, 2010 December 20, 2010 January 17, 2011
Greater Baden 13605 Baden Westwood Road Brandywine, MD 20615	October 20, 2010 November 17, 2010 December 15, 2010 January 19, 2011

**IMPORTANT
NUMBERS**

Customer Service
410-424-4528
800-808-7347

Provider Relations
888-895-4998
410-762-5385

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

Case/Disease Management
888-309-4576

Fraud and Abuse
410-424-4996

Mental Health/Substance Abuse
410-424-4885

Pharmacy Services
888-819-1043

Corporate Compliance
Compliance@jhmc.com
410-424-4996

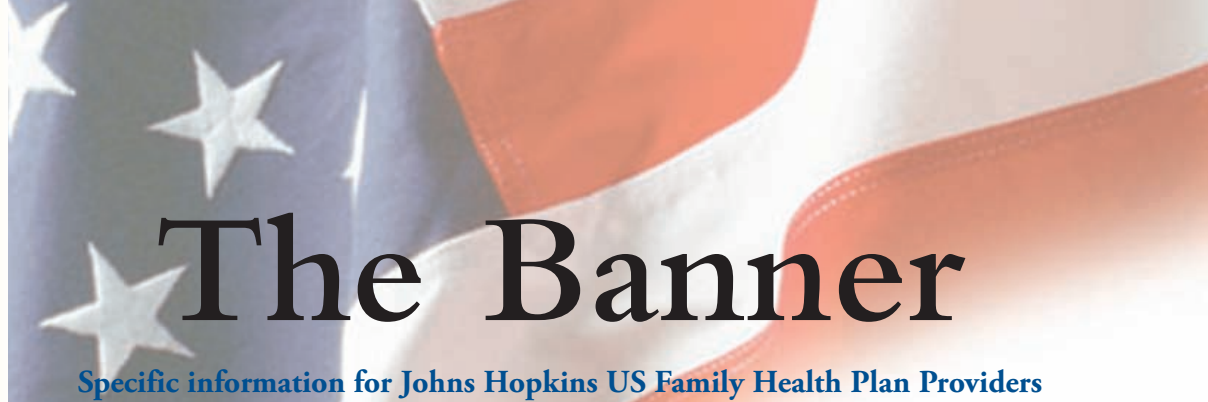
Health Education
800-957-9760

USFHP Website
www.hopkinsmedicine.org/usfhp

For Your Information

Claim Submissions
Johns Hopkins
US Family Health Plan
P.O. Box 33
Glen Burnie, MD 21060-0033
Attn: Claims Department

Appeal Submissions
Johns Hopkins
US Family Health Plan
P.O. Box 33
Glen Burnie, MD 21060-0033
Attn: Appeals Department



The Banner

Specific information for Johns Hopkins US Family Health Plan Providers

Complex Medical Needs: ECHO Program Helps Families Cope

If you ask a parent whose child has a complex medical condition how they manage caring for the child's routine needs, frequent doctor visits, or obtaining other services like physical therapy, they often simply smile and say, "We do our best." There is no doubt, however, that the challenges of getting care and navigating the health care system can be demanding.

Kathy Just, RN, pediatric case manager for Johns Hopkins US Family Health Plan (USFHP), understand that parents often need assistance. Kathy and her case management colleagues do their best to find ways to help families cope and heal.

Rebecca Hulter is a 4-year-old who was born with Rett syndrome, a genetic disorder which, over time, causes increased difficulty with walking, chewing, speaking and even breathing. Although there is no cure for the condition, there are treatments for improving movement and communication.

Last year, Kathy began working with Rebecca and her mother, Jessica, who until then, had been driving back and forth to various providers located all over Baltimore.

"The driving was exhausting Jessica," says Kathy, and she quickly found a solution by suggesting that Jessica use the services offered by Mt. Washington Pediatric Hospital. Kathy's advice has turned things around for Rebecca and her family.

"We love Mt. Washington Pediatric Hospital. They've been wonderful," says Jessica. "They use a coordinated team approach to handle Rebecca's therapies and her various medical needs. They understand children and are devoted to her care, so my quality of life is vastly different."

Since the family belongs to USFHP, Kathy also introduced Jessica to the Extended Care Health Option (ECHO) program. This initiative provides financial assistance for active duty family members with qualifying mental or physical conditions. ECHO benefits include services and supplies that are not available through the basic TRICARE Prime Plan.



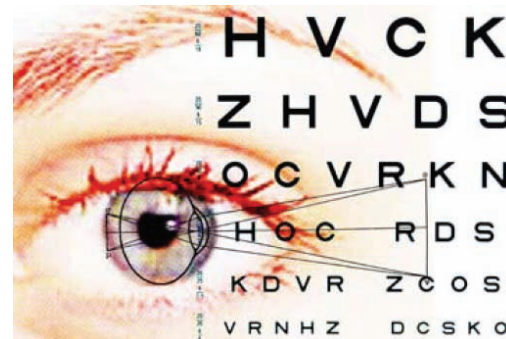
Kathy Just is a registered nurse and a pediatric case manager for Johns Hopkins US Family Health Plan (USFHP).

Continued on page 9

PROVIDER UPDATES

Block Vision Offers Routine Eye Exams

Regular eye examinations do much more than just provide vision correction. They can detect not only medical eye conditions such as glaucoma and cataracts, but also other medical conditions such as high blood pressure and tumors. By keeping one's eyes healthy and seeing well, we increase our productivity and overall quality of life. Johns Hopkins US Family Health Plan members can access their routine vision benefit by contacting Block Vision, Inc. at 800-428-8789. No referrals or authorizations are required for routine vision/eye exams.



Radio Frequency Ablation for Back Pain – USFHP

Non-pulsed Radio Frequency Denervation (Radiofrequency Ablation for chronic back pain) is now considered covered when criteria are met. This request requires pre-authorization with an effective date of November 1, 2010. Please refer to the Johns Hopkins HealthCare website at www.jhhc.com for additional details and criteria.

Network Pharmacy Information

The Johns Hopkins US Family Health Plan retail pharmacy network is comprised of 5,170 Rite Aid Pharmacies and Eckerd Pharmacies nationwide. Retail prescriptions may be filled for up to a 30-day supply, and mail order up to a 90-day supply. However, members may fill up to a 90-day supply at any of the network retail pharmacy for the same co-pay as mail order. To locate a Rite Aid pharmacy, log onto <http://www.riteaid.com/stores/locator/>

ECHO Program Helps Families of Children Cope..., continued from page 8



Rebecca Hulter is a 4-year-old who has benefited from the ECHO Program.

Cutting through red tape, Kathy, with assistance from co-workers, coordinated the authorization required to access ECHO. Although Rebecca already had a wheelchair, she desperately needed a specialized tray for her school activities, and durable medical equipment can be very expensive. The

program now pays for Rebecca's wheelchair tray plus some other needs.

"The cost of adult diapers alone could break a family's budget," Jessica says, "but ECHO is here to help us."

Meanwhile, Kathy's admiration for the parents of her young patients knows no bounds. "It's amazing what these parents are able to do," she says. "This is their norm. They show an unwavering confidence in taking care of their children, which makes it easy for me to help support them."

THE SCOPE OF THINGS



IMPORTANT NUMBERS

Customer Service
410-424-4450

Provider Relations
888-895-4998
410-762-5385

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

United Concordia (Dental)
866-851-7576

Dental (Members)
800-516-0646

Pharmacy Prior Authorizations
888-413-2723

Mental Health/
Substance Abuse Referrals
410-424-4476
800-261-2429

Health Coach Services
410-762-5390
800-957-9760
healthyhopkins@jhhc.com

Corporate Compliance
Compliance@jhhc.com
410-424-4996

Website
www.ehp.org

Specific information for Employer Health Programs Providers

My EHP Story: Health Coach Success

Suzanne M. Cowpertwaite, assistant director of nursing, Department of Oncology, Johns Hopkins Hospital, has reinvented herself. She has a twinkle in her eye, pep in her step and new-found confidence. Her transformation began when she decided to change her mind-set and the way she looked at life.

“I’ve learned that I’ve always taken care of everybody around me, but that I didn’t take care of myself,” said Suzanne, who donated a kidney to her sister nine years ago. “I rarely got sick, but I never went to the doctor, not even for screenings.”

About eight months ago Suzanne reluctantly signed up for a health coach at a benefits fair through Employer Health Programs (EHP). The mother of four remained skeptical, especially since she didn’t have any physical ailments that bothered her.

“I talked with the health coach for about an hour the first time she called. We talked about what motivates me, what doesn’t motivate me and long-term goals. I was amazed with the process because I was finally going to be held accountable for my own health,” said Suzanne.

With guidance and a soft push, Suzanne set out to challenge herself. “Exercise was the biggest struggle for me. I needed to find something that fit into my schedule and something I liked.” Suzanne did just that.

Three times a week Suzanne tests her mind and body while paddling to the beat of a drum. She is part of a dragon boat team that can be found slicing through the waters of Baltimore’s Inner Harbor. “The team effort is amazing. The key to this sport is staying in perfect time to the beat of the drum. And the workout is incredible.”

Suzanne’s success also includes her new internist. She has completed all her annual screenings. She said that most of her EHP services have been preventative, so she is grateful for that and for the pep in her step.



Suzanne Cowpertwaite has learned how to be accountable for her own health.

For more information about the Health Coach program, please call 410-762-5390 or email healthyhopkins@jhhc.com

PROVIDER UPDATES

EHP Care Management Incentive Program

Later this fall, EHP will be offering an incentive to join and participate in our Care Management Programs. Many EHP members are eligible for care management, but have not taken advantage of this opportunity to improve their health and wellness. Members with chronic illnesses such as diabetes, asthma, cardiovascular disease, and HIV may also have comorbidities that challenge both themselves and their provider to properly manage their day-to-day lives. To encourage members to take advantage of this service, EHP will give them the opportunity to earn a total of \$200 for participation in the program.

A care manager will work with each member to develop individual goals to assist in management of their condition(s). The member will sign an agreement to indicate consensus with these goals. Upon initial enrollment in the program, members will receive a check for \$50. At the completion of the program, the member will receive another check for \$150.

By incenting members to participate in the programs and working with our providers on positive outcomes, we can all

make a difference in the quality of life for our members.

By increasing the number of members taking advantage of our programs, we hope to promote better compliance, adherence, and self-management skills with each member, resulting in better overall health. The care managers are always eager to partner with our providers on these goals. Our provider community can greatly assist in this effort by referring members to our programs. The member, or their provider on behalf of the member, can contact us at populationhealth@jhhc.com or call us at 800-557-6916.



While care management programs assist members of any age, the incentive program is only available to adult members age 18 and over.

Radio Frequency Ablation for Back Pain – EHP

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Attention EHP Routine Vision Providers

For covered materials, you must bill EHP directly for the services. EHP will reimburse you according to the benefit structure and the contracted rate for the services rendered. EHP members should only be charged the difference after the allowable for materials. Members should not be billed for the materials allowable up front.

EHP GREAT News

- We have added nearly 1,500 new providers and have over 15,000 providers in the EHP network. With the implementation of the Multiplan PHCS Healthy Directions Network, EHP members have access to care nationwide.
- EHP implemented a new dental vendor, United Concordia Companies, Inc., with more than 3,500 providers now available across the state of Maryland resulting in improved customer service and timely payment of claims.
- Our Care Management team is offering health management services, enhanced outreach, education and interventions for all members and their dependents.
- EHP Customer Service calls are answered within 30 seconds and our abandon rate is less than one percent.
- The HealthLINK@Hopkins Web Portal was completed and implemented for members and providers.
- EHP welcomed Suburban Hospital as a new EHP client effective June 1, 2010, which brought EHP's membership to just over 52,000.

Which one? PCP, Urgent Care Center or the ER...

By **Donna L. Chase, editor**

It was just after 10 p.m. on a rainy Friday night in November. My 4-year-old son was screaming, crying and said his ears hurt. Bundling him up in some warm clothes, we drove around the corner to an urgent care center. I tried the front door, but it didn't budge. I saw people inside, but I didn't understand what was going on until I saw the receptionist mouth to me, "We're closed."

I was surprised, upset and I didn't know what to do. My son continued to cry. I tried not to panic. I ended up calling a neighbor who was a nurse. I asked her what to do and she told me to go to the emergency room.

Later that night in the hospital's ER, my son was seen. He was diagnosed with severe bronchitis. The doctor explained to me that the build-up of fluids in his system had drained into his ears, and that's why they hurt so badly. He administered a combination of medications, and within a half hour, my son was feeling better, smiling and playing with toys.

If this incident had happened during regular business hours, I would have called my child's pediatrician. That should always be the first choice for medical care. After regular business hours, as in the case cited above, my second choice for medical care should be an urgent care center. But if it's closed, as it was in this situation, my third choice for medical care would be the ER.

Johns Hopkins HealthCare (JHHC) counts on our provider network to inform members about the choices they have when they're faced with a medical situation. Please take note of the urgent care centers in your area (listed on our websites), and inform your members of their locations. Encourage them to use urgent care centers when they can't be seen by you. Let them know they should go to the ER only when their medical situation is a sudden or serious illness or injury that a reasonable person believes will place his or her health in danger of disability or death.

JHHC is counting on YOU!