

Measuring Quality and Measuring Up



It's that time of year again.

Encounter data from 2010 has been compiled, evaluated and submitted. The Healthcare Effectiveness Data and Information Set (HEDIS) scores are now being calculated. Preliminary data suggests that several of the measures show improvement over 2009's results. The final results will be available this summer.

The annual sweep of claims data and medical records to cull the needed information to complete the report is a major undertaking, and one we cannot accomplish alone. We appreciate the support our staff received from our network physician offices during this year's medical record review cycle for

Priority Partners, the Johns Hopkins US Family Health Plan (USFHP) and Employer Health Programs (EHP).

2010 HEDIS Reports

Beginning in June and throughout the summer months, physician performance reports will be distributed, providing each office with its rates compared to the overall Johns Hopkins HealthCare (JHHC) network rates. Aggregate data for the entire JHHC network will be reported in the next issue of this newsletter.

2011 Head Start

Even as we wait for the final 2010 results, sights are set on improving the scores in 2011. Plans are underway to provide our network providers with Opportunity Reports listing individual members and the screenings each needs to meet specific HEDIS measures. Previously the reports were delivered in late summer. However, this year's reports will be delivered during the second quarter in direct response to providers' requests for more time to contact members and schedule the appropriate services.

Continued on page 7



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MEDICAL DIRECTOR'S

Corner

Substance Abuse: Alcoholism Is Treatable

How big a medical problem is compulsive drinking?

According to the National Council on Alcohol and Drug Dependence, recurring or excessive consumption of beer, wine or hard liquor affects 18 million Americans; three times the number of people with drug dependence.

More than half of all adults have a family history of alcoholism or problem drinking. Men constitute two-thirds of excessive drinkers, but women are at greater risk because smaller amounts of alcohol can result in serious physical and psychological impairment.

The poor, homeless, teenagers and parents in stressful situations are more likely to turn to alcohol. It has serious social consequences including family breakups, domestic violence, child abuse, absenteeism and loss of income.

Alcoholism is an insidious disorder because the public stigma associated with it leads people to hide the problem from loved ones, work associates or their doctors. Alcoholics are either embarrassed or believe they can control the addiction themselves.

Most Americans take a pessimistic view of the medical community's ability to treat alcoholism. Yet clinicians and scientists who deal with excessive drinking know it is a very treatable condition. With commitment and continuing support, alcohol addiction can be controlled.

Unfortunately, few patients walk into a doctor's office and say, "I drink too much." Unless the disorder has progressed to a point where the medical situation is obvious, or worried family members contact the doctor, it is easy to miss this diagnosis.

That's why practitioners should consider screening patients for alcoholism just as they do for other common ailments.

The most practical approach is to add a few questions to the forms doctors usually have patients fill out before an appointment. Four of the best screening questions go by the acronym CAGE:

- Have you ever felt you ought to cut down on your drinking?
- Have people annoyed you by criticizing your drinking?
- Have you ever felt bad or guilty about your drinking?
- Have you ever had a drink first thing in the morning (eye-opener) to steady your nerves or get over a hangover?

Research shows 70 to 90 percent of alcoholics respond "yes" to one or more of these questions.

If a physician has experience working with alcoholics, referral to a program can start immediately and the physician can monitor the patient's progress. Johns Hopkins HealthCare (JHHC) providers can also



phone the medical director's office and we will identify appropriate treatment in the area.

Psychotherapy is useless until an alcoholic has been sober for a sustained period. Even then, psychotherapy is just an adjunct in helping a patient put his or her life back together again.

Similarly, medications can help restore recovering alcoholics to a normal lifestyle, but only if sobriety has been maintained for some time.

Alcoholics Anonymous (AA), the oldest support group for addicted drinkers, still gets the best results. Its 12-step program has been duplicated by over 200 self-help organizations.

Continuity, or long-term management of the disorder, is essential in any treatment program for alcohol addiction. PCPs can play a vital role by remaining positive during regular office visits as they encourage the patient's self-help efforts.

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

FOR ALL

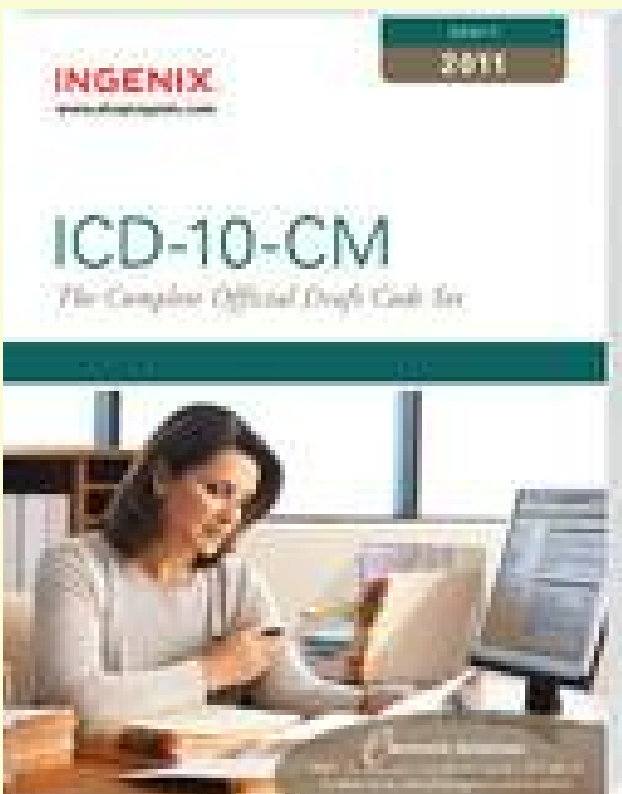
Providers



It's Coming

ICD-10 codes must be used on all HIPAA transactions, including outpatient claims with dates of service, and inpatient claims with dates of discharge on and after October 1, 2013. Otherwise, your claims and other transactions may be rejected, and you will need to resubmit them with the ICD-10 codes. This could result in delays and may impact your reimbursements. It is important to start now to prepare for the changeover to ICD-10 codes.

This change does not affect CPT coding for outpatient procedures.



Referral Guidelines

Effective July 1, 2011 Johns Hopkins HealthCare (JHHC) has updated the outpatient referral guidelines. Please reference the updated versions on our website at www.jhhc.com under Providers and Physicians, then click on Resources and Guidelines.

Version 5010 Transition

Beginning January 1, 2012, standards for electronic health care transactions change from Version 4010/4010A1 to Version 5010. These electronic health care transactions include functions such as claims, eligibility inquiries, and remittance advices. Unlike the current Version 4010/4010A1, Version 5010 accommodates the ICD-10 codes, and must be in place first before the changeover to ICD-10. The Version 5010 change occurs well before the ICD-10 implementation date to allow adequate Version 5010 testing and implementation time.

If providers do not conduct electronic health transactions using Version 5010 as of January 1, 2012, delays in claim reimbursement may result. Preparing for ICD-10 and Version 5010, including potential updated software installation, staff training, changes to business operations and workflows, internal and external testing and, reprinting of manuals and other materials, will take time.

For additional information please visit the CMS website at: www.cms.hhs.gov/ICD10/

Anesthesia Guidelines

The Johns Hopkins HealthCare (JHHC) anesthesia policy has been updated for Priority Partners, the Johns Hopkins US Family Health Plan (USFHP), and Employer Health Programs (EHP), effective July 1, 2011. Please visit our website at www.jhhc.com to review the updated policy.

FOR ALL

Providers



Former Hopkins Resident Returns as Medical Director



“The health care system is undergoing major changes, and my goal is to be a part of it in a good way.” - Dr. Bruce Vanderver, Medical Director

Dr. Glenn Bruce Grimes Vanderver, MD, has been expeditiously introduced to the inner-workings of Johns Hopkins HealthCare (JHHC) as its newest medical director.

During the past several weeks, Dr. Vanderver has been absorbing and processing information about the mission-vision of JHHC and its three lines of business.

“I was a resident here many years ago, so I was exposed to Johns Hopkins HealthCare. I learned then about what USFHP did, verses Priority Partners, verses EHP. Right now

it’s a lot of review, and I’m trying to learn what the details are, as well as what has changed,” stated Dr. Vanderver.

Dr. Vanderver brings a host of experience to JHHC. He recently served as the physician advisor for Utilization Management and Quality Improvement and as the medical director of the hospitalist program at Baltimore-Washington Medical Center.

Dr. Vanderver attended medical school at the Jefferson Medical College in Philadelphia, Pa. He completed his internship at Georgetown University/Washington Hospital Center, Washington D.C. He performed his residency there and at Johns Hopkins University.

As Dr. Vanderver becomes more familiar with the inner-workings of JHHC, he has an idea of what he’d like to accomplish here.

“I would like to try and improve the way care is delivered, and to improve the health of the population we care for. Ultimately, whatever we do will hopefully have an impact on the way care is provided for the entire population of the U.S. I hope what I do here will be positive and will be generalizable for the whole country. Not that that’s ambitious or anything,” said Dr. Vanderver with a smile.

As a physician, Dr. Vanderver is used to challenges and realizes that there will be many at JHHC.

“I think the biggest is the fact that unlike typical insurance, or with a typical managed care company, there is a clinical component. It’s a great opportunity because whatever you want to do here, you’ve got clinicians involved and more people that you have to interact with. So, it’s a challenge, and an opportunity. Most insurance companies don’t have that clinical aspect.”

Outside of his professional work, Dr. Vanderver is a family man. Dr. Vanderver and his wife, Adeline, a pediatric neurologist, have three children; Owin, 8; Emmaline, 5; and Aliane 3. To relax, the family spends time together on their farm in Western Maryland.



JUST FOR

Priority Partners MCO Providers

The Positive Reality of Priority Partners



Heaven Hines

For the first 15 years of her life, Heaven Hines, 18, was essentially blind. Heaven was both near and far sighted, which made it difficult for her to see without the use of glasses.

Doctors were not certain if they could help Heaven improve her sight, and laser eye surgery was not an option. Heaven hated not being able to see without relying on her glasses.

Her condition forced her to wear bifocals and she had to go through years of therapy.

Today, Heaven, a Priority Partners member since age 3, has nearly 20/20 vision. Between regular checkups, purchasing glasses, and therapy, Heaven is grateful to Priority Partners for helping her to get the assistance she needed.

“At first it was hard. I hated wearing glasses, but I knew that I had to,” Heaven said. “Priority Partners covered all of my expenses and allowed me to get everything that I needed.”

Antoine Corbin has asthma, avascular necrosis, and sickle cell disease. This requires dealing with several different doctors, but Antoine rests easy knowing that Priority Partners will take care of everything.

What has really impressed Antoine is the customer service Priority Partners provides. Whenever he has a concern, the issue has been taken care of right away, often times before he gets off the phone with the customer service representative.

Antoine’s nephew is currently looking into getting health insurance. Of course, Antoine knew exactly where to recommend him.

“Priority Partners has changed my life and helped me coexist with my conditions. They’ve taken care of me and that isn’t easy,” Antoine said. “I let my nephew know that Priority Partners is the best thing out there.”

By his own admission, Antoine Corbin’s medical conditions are difficult to deal with. But Priority Partners has done its part to help the Baltimore resident cope.



Antoine Corbin



Diane Rocci

Dundalk resident Diane Rocci has suffered from bronchitis for many years. However, a few months ago her condition became worse. Diane was having serious trouble breathing, but she could not quite put her finger on what was wrong.

When Diane went to see her doctor, she was given a chest X-ray. It was discovered that Diane had emphysema.

Diane has been a Priority Partners’ member for over 10 years. It is very comforting to her that she can see her doctor regularly and can maintain getting help with her health problems. Diane is confident that any extra expenses needed to treat her emphysema will be taken care of.

“Priority Partners has been very good as far as the (pharmacy) co-pays and it’s good to have the medicine that I need because I wouldn’t be around without it,” Diane said. “I know that Priority Partners is there for me when I need help.”

PROVIDER UPDATES

Priority Partners

Outreach for Non-Compliant Members

Priority Partners Outreach services connect with hundreds of community-based resources to expedite the delivery of service to meet the needs of our members. Requests for outreach services can come from members, PCP's, specialty providers, care coordinators, case managers, family members and friends. Requests for outreach may be submitted by telephone, our website or by faxing a completed Outreach Services Referral Form.

Call 410-424-4648 or 888-500-8786

Fax 410-424-4884

Email oreferrals@jhhc.com

Outreach Services Include:

- Notification to members of upcoming health maintenance activities and written reminders of appointments to ensure scheduling of initial appointment within specified guidelines for targeted groups
- Follow-up on all members (who missed appointments) by phone or letter to include rescheduling of the appointment within 30 days
- Schedule necessary and mandated referrals with the local health departments
- Work with social service departments in obtaining solutions to resolve social issues
- Work with care coordinators in the coordination and implementation of a member's care plan
- Coordinate and/or arrange transportation
- Coordinate and/or arrange interpretation services, including services for the hearing impaired

After Hours Code Payment

PCP's will now be able to bill for after-hours care rendered between 6:00 p.m. and 8:00 a.m., Monday through Friday, effective June 1, 2011. This also includes Saturday and Sunday and federal holidays as defined in House Bill 435. To be reimbursed, the PCP office must bill with CPT code 99050 and will be reimbursed for this code according to your contracted rate with Priority Partners and Priority Partners Primary Adult Care (PAC).

From the Pharmacy

The Priority Partners' Pharmacy and Therapeutics (P&T) Committee approved several changes to the Priority Partners Drug Formulary, effective July 1, 2011.

- Humalog and Humulin vials were added to the formulary.
- Levocetirizine (generic Xyzal) was added to the formulary.
- Maxalt was added to the formulary for patients with migraines. Maxalt will have a quantity limit of 16 tablets/month. Zomig was removed from the formulary.
- Levalbuterol Inhalation Solution and Xopenex HFA were added to formulary for patients with asthma who are unable to tolerate albuterol.
- Savella was added to formulary for patients with fibromyalgia. Savella will require prior authorization.
- Detrol LA and Avelox were removed from formulary.
- Makena will require prior authorization. Makena is FDA approved for women with a singleton gestation and a history of prior spontaneous preterm birth.

If you have questions regarding this information, please call 888-819-1043, option 4.

ID Number Change

A change has been made to the member ID card number sequence for both Priority Partners and Priority Partners Primary Adult Care (PAC) members. The ID card numbers will begin with 001 because the 000 sequence has run out. Our system has automatically updated the ID to this new sequencing.

Billing Don'ts

Providers are required to bill Priority Partners for services, and not request payment from a member for a covered benefit. A member should not be balanced billed or be asked for payment upfront.

Providers who receive federal funds are held to the federal statute, Article 42 CFR 447.15, therefore, providers servicing Medicaid recipients must accept payment in full.

PROVIDER UPDATES

Priority Partners

Measuring Quality and Measuring Up... Continued from page 1

Recognizing that the responsibility doesn't rest solely with our providers, several communication initiatives including mailings, emails, phone calls, and monetary incentives have been used to encourage members to seek care. JHHC is specifically targeting measures that proved challenging in previous years (immunizations, post partum visits, cervical cancer screenings, as well as dilated eye exam, and A1c).

Value Based Purchasing Incentives

Each year the Maryland Department of Health and Mental Hygiene (DHMH) identifies 10 quality measures it uses to evaluate the performance of the Medicaid Managed Care Organizations (MCOs). Hitting or missing measures, known as *Value Based Purchasing*, can result in DHMH either assessing financial penalties or paying incentives to the MCOs. To minimize penalties and improve its chances of reaching incentive levels, Priority Partners is introducing a new Value Based Purchasing incentive program for members and providers.

The measures for which incentives are being offered this year include:

- Adolescent Well Care Annual Comprehensive Visit
- Cervical Cancer Screening for Women Ages 21-64
- Diabetes Eye Exams
- Immunization (Combo 3)
- Lead Screening in Children Ages 12-23 Months
- Postpartum Care (21-56 days after delivery)
- SSI (disabled) Children Annual Comprehensive Well Visit
- SSI (disabled) Adult Annual Out Patient Visit
- Well Child Ages 3-6 Annual Visit

Specifics about this program were mailed to providers' offices in late May. For additional information, providers can contact JHHC's Provider Relations Department at 888-895-4998.

PRIORITY PARTNERS 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 (EVS)
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

Camp Superkids

Each summer Priority Partners sponsors children interested in attending Camp Superkids. Camp Superkids is a week-long residential camp for Maryland children between ages 8 and 14 who have been diagnosed with asthma. The camp is supported by Johns Hopkins Bayview Medical Center's Department of Pediatrics.

Camp Superkids provides asthmatic children with the opportunity to participate in a fun, educational and interactive learning experience at a camp staffed with volunteer physicians, registered nurses, respiratory therapists, and non-medical counselors. Only a limited number of sponsorships are available. If you would like to recommend a child for this opportunity, please contact us at 410-762-5280.

FYI - Fee Schedule Rates

The Maryland Department of Health and Mental Hygiene (DHMH) needs to cut rates to the MCOs and reduce the fee schedule. However, Priority Partners is proud to announce that we **will not** implement the reduced fee schedule being put in place on July 1, 2011.

JUST FOR

Johns Hopkins US Family Health Plan Providers

Healthy People



Johns Hopkins US Family Health Plan (USFHP) emphasizes achieving the leading health care indicators of “Healthy People” by encouraging provider participation in the program. Healthy People provide a science-based, 10-year national objective for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

USFHP Offers Self-Management Program

This workshop is facilitated in two and a half hours, once a week, for six weeks. Members with chronic health problems attend the program. Class topics include:

- Techniques to deal with problems such as frustration, fatigue, pain and isolation
- Appropriate exercise for maintaining and improving strength, flexibility, and endurance
- Appropriate use of medications
- Communicating effectively with family, friends, and health professionals

Healthy People 2020 continues in this tradition with the launch in December of its ambitious, yet achievable, 10-year agenda for improving the nation’s health. Healthy People 2020 is a result of a multiyear process that reflects input from a diverse group of individuals and organizations.

Vision

A society in which all people live long, healthy lives.

Mission

Healthy People 2020 strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, state, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Additional information can be found at www.healthypeople.gov/2020/default.aspx.

- Nutrition
- How to evaluate new treatments

These classes are highly participative, where mutual support and success build the participants’ confidence in their ability to manage their health and maintain active and fulfilling lives. The participants learn how to implement a weekly action plan to take small steps toward reaching their ultimate health goals. For more information, please call Health Education at 800-957-9760.

PROVIDER UPDATES

Johns Hopkins US Family Health Plan

NEXIUM

Due to recent Department of Defense (DoD) changes, Johns Hopkins US Family Health Plan (USFHP) must modify the way members receive their Nexium 40 mg prescriptions.

USFHP members will now have two options for receiving Nexium 40mg.

Members can continue to receive Nexium from their local Rite Aid pharmacy. However, those members will need to obtain a new prescription for Nexium 20 mg, taking two capsules per day instead of one.

Or

Members can continue to take Nexium 40 mg, but may only obtain this strength through home delivery or at the Rite Aid Pharmacy at Wyman Park. Members who choose to receive the prescription through the mail can receive a 90-day supply, together with automatic refills of the prescription.

Under both options, member co-pays remain unchanged.

If your patients have questions about this change, they may call the USFHP's dedicated toll-free number 855-239-2952.



Medicare Leakage

For members who have coverage under both Johns Hopkins US Family Health Plan (USFHP) and Medicare:

- Medicare cannot be billed for services which are covered by USFHP
- Members filing Medicare claims or who have claims filed on their behalf are in violation of the conditions of participation for USFHP and are subject to disenrollment
- Members who have coverage under both USFHP and Medicare may only use Medicare benefits for non-covered USFHP services, such as chiropractic care or ESRD
- Members utilizing Medicare for benefits covered under USFHP are subject to disenrollment

National Disaster Medical System

All acute-care medical and surgical hospitals in the Johns Hopkins US Family Health Plan's provider network are encouraged to become members of the National Disaster Medical System



(NDMS). The NDMS is a federally coordinated system. It augments the nation's medical response capability and is a supplement to an integrated national medical response capability for assisting state and local authorities in dealing with the medical impact of major peacetime disasters. It also 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. For more information online, visit: www.phe.gov/preparedness/responders/ndms/Pages/default.aspx

USFHP 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

Mental Health/Substance Abuse
 410-424-4885

Pharmacy Services
 888-819-1043

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

Health Education
 800-957-9760

Health Coach Services
 800-957-9760
 healthcoach@jhhc.com

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



JUST FOR *Employer Health Programs Providers*

My EHP Story- Colleen Lee



Colleen Lee is a senior financial reporting analyst for Johns Hopkins Community Physicians (JHCP) and is also an EHP member.

During her spare time, Colleen M. Lee enjoys teaming with a host of players across the globe for online gaming. In order to be successful in the massive multiplayer online role-playing game, Colleen has to be accountable and dependable to her teammates, which are the same attributes Employer Health Programs (EHP) offers her.

Colleen, a senior financial reporting analyst for Johns Hopkins Community Physicians (JHCP), takes advantage

of EHP's Health Coaching benefit, which has helped her improve her diet. Prior to using the benefit, Colleen acknowledges a lack of motivation in taking time to eat healthy. By working with a health coach, Colleen has improved her eating habits, which has helped her to lose weight.

"I knew in four weeks I would be meeting with my health coach, so it made me accountable," Colleen explained. "I am really surprised how helpful it has been."

The biggest change for Colleen is that she now plans her meals, so she cooks a lot more instead of grabbing food from the nearest fast food restaurant. That doesn't mean she is not tempted when she drives by some of her favorite fast food spots. Instead, her cravings are under control as her health coach has helped her achieve a sense of heightened willpower.

"It is nice how my health coach has helped me break everything down into workable tasks," Colleen said. "It is great to set and accomplish goals."

On occasion when Colleen needs to see a physician, she is able to access an urgent care center in her neighborhood. Colleen states that it's very convenient, especially since she doesn't get sick very often.

Colleen teams with other online gamers to compete in a computer generated universe. She now has a more important teammate, EHP, which has helped her improve her health and diet.

PROVIDER UPDATES

Employer Health Programs Providers

New Member ID number

A change has been made to the member ID card number sequence for Employer Health Program (EHP) members. You will start seeing ID cards with member ID numbers beginning with 001 since the 000 sequence has run out. Our system has automatically updated the ID number to this new sequencing.

Dual Speciality Claims

In order to process claims appropriately: and according to benefit guidelines, providers who act dually as a primary care physician as well as a specialist should submit claims for their services rendered on a specialty basis using the modifier AF which represents “specialty physician.” Modifier AF should be appended to the claim line that corresponds with the evaluation and management CPT only. Claims submitted with modifier AF will be processed as specialist claims.

Smart Moms use text4baby

There's a free, new service to help your Employer Health Programs members during their pregnancy. It's text4baby.

Text4baby provides totally free text messages three times a week with information to help pregnant members through their pregnancy and their baby's first year. Let our members know that they can text BABY to 511411 to sign up!



EHP After Hours Code Payment

Effective June 1, 2011 PCPs will now be able to bill for After Hours care rendered between the hours of 6 p.m to 8 a.m., Monday through Friday, and weekends, along with federal holidays as defined in House Bill 435. In order to be reimbursed for this service, the PCP office must bill with CPT code 99050. You will be reimbursed for this code according to your contracted rate with Employer Health Programs (EHP).

Prescribe Thoughtfully

You have the opportunity to help our members save money by prescribing therapeutic equivalents to brand-name drugs and to “Prescribe Thoughtfully.”

“You can practice good medicine and still practice good resource stewardship,” says Dr. Robert Kritzer, 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.”

However, you can join the ranks of providers who decide to “Prescribe Thoughtfully.” For additional information visit www.jhhc.com

EHP 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
800-957-9760
healthcoach@jhhc.com

Health Education
800-957-9760

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

Website
www.ehp.org

NETWORK MANAGER

Meet and Greet



Meet Angelica Torres-Reid...

a Johns Hopkins HealthCare (JHHC) network manager in the Provider Relations Department. As a network manager, Angelica is responsible for Baltimore City, Howard County, and the Federally Qualified Health Centers (FQHCs).

Angelica began her career at JHHC in January. She previously worked for a health care plan as a provider account manager with the physician engagement model. Angelica has more than 12 years of health care experience, and is happy to be part of the JHHC team.

If Angelica can assist you with any questions or concern, please don't hesitate to contact her at 410-762-1590 or by email at atorres-reid@jhhc.com or contact her Network Coordinator, Shirley Griffin, at 410-424-4686 or SGriffin@jhhc.com.

MEDICAL FACTOIDS

You can't catch a cold or contract the flu at the North Pole in winter. The winter temperature is so low in this part of the world that none of the standard disease causing micro-organisms can survive.

If you have questions regarding fraud or suspected fraudulent activities involving a Priority Partners, USFHP or EHP member, provider or employee, please contact the Corporate Compliance Department at 410-424-4996 or by email at compliance@jhhc.com



We are proud to announce that Priority Partners, the Johns Hopkins US Family Health Plan, and Employer Health Programs (EHP) have received health plan accreditation from the National Committee for Quality Assurance (NCQA) in May. The accreditation was a collaborative effort from all departments at Johns Hopkins Healthcare LLC, but an effort that was well worth the hard work involved.

JOHNS HOPKINS HEALTHCARE

JOHNS HOPKINS MEDICINE



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