

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.

My EHP Story

Care Management

“With the right information and resources, members can learn to manage their chronic conditions and improve their health.” JHHC

On that premise, Johns Hopkins HealthCare (JHHC) has built its care management program, which it offers to all Priority Partners, Johns Hopkins US Family Health Plan (USFHP) and Employer Health Programs (EHP) members, free of charge. This exceptional health management program aims to educate, empower and inform our members so they can be more engaged in their health care through improved self-management. This unique approach assigns members to one of three levels of care, depending on the acuity of their need: lifestyle management, monitored case management, and complex case management. Members are given a variety of tools, services, and support specifically designed to help them better understand and manage their medical conditions.

Lifestyle Management is for members with conditions that are more easily kept under control.

Monitored Case Management is for members with less complicated conditions, but are at risk for developing other conditions or complications and may benefit from ongoing monitoring and help to stay on track.

Complex Case Management is for members with multiple or complex conditions who work one-on-one with a case manager who will assess their health status, work with them to develop a self-management plan, and help them in getting the right care.

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Condition-specific magazines, developed by Johns Hopkins HealthCare (JHHC), are mailed to members on a monthly basis.

Our websites hold a wealth of information for both our provider network and member community. If you haven't visited our websites recently, please log onto www.jhhc.com.

There are links to Priority Partners, EHP and Johns Hopkins USFHP.



Provider Relations Meet and Greet

Meet Gitu Mirchandani.... a Johns Hopkins HealthCare (JHHC) vendor liaison for the Provider Relations Department. As a vendor liaison, Gitu is responsible for contracting, management and coordination of the plan's contracted vendor relationships.

Gitu began her career at JHHC as a Customer Service representative in 2000. She transferred to the Provider Relations department in 2002 as a network coordinator, and eventually became a network manager. During that time, Gitu completed her Bachelor of Science and Masters of Science degrees in Health Systems Management.

If Gitu can assist you with any questions you might have, please don't hesitate to contact her at 410-762-5279, or by email at gmirchanda@jhhc.com.

MEDICAL DIRECTOR'S *Corner*

Mental Health Co-Morbidity

When a patient develops a life-altering, disabling or painful ailment, it frequently is accompanied by behavioral health problems, especially depression or anxiety.

“If you look across all the chronic medical conditions, these are the patients most likely to become depressed as well,” says Chester W. Schmidt, medical director for Johns Hopkins HealthCare and a psychiatrist. “This co-morbidity makes it more complicated to manage a patient’s treatment.”

Primary care physicians, often facing hectic office schedules, may miss telltale signs or lack the time to deal fully with a patient’s co-morbid mental health problems, Schmidt says. After all, providers are trained to concentrate on a patient’s most serious physical conditions. “It’s natural that the PCP locks in on the life-threatening aspects of the medical situation and ignores the depression,” he adds.

Yet a growing body of evidence shows depression can lead to worsening outcomes for patients with chronic physical illnesses. For instance, there’s a three-fold increase in cardiac morbidity and mortality when heart patients get deeply depressed. Behavioral problems in diabetics lead to unstable blood-sugar levels, failure to maintain prescribed regimens and mounting complications.

Whether it is substance abuse, cancer, COPD, cardiovascular disease, hypertension, HIV/AIDS, an unexpected pregnancy or obesity, there’s a strong likelihood mental health problems will surface, too. “Major health challenges are frequently accompanied by diagnosis of depression,” says Sheryl Kline, program manager for JHHC’s Behavioral Health Department.

Provider recognition of this co-morbidity is crucial because patients with serious medical diagnoses “are not focused on their mental health needs,” notes Kline. “They are unaware that their physical illnesses may be worsened by the stress, depression and other mental problems they are having. Yet the two tie into one another.”

In this regard, JHHC’s Treatment Coaches (800-261-2429) offer valuable services to PCPs, she says. “If a physician recognizes a patient is in crisis, the best thing is to call a Treatment

Coach to get the patient help.”

These coaches can tell the patient or PCP about mental health services in the area. They can even set up a conference call with the PCP or patient to schedule the first appointment, arrange transportation or request an interpreter.

The most important thing for physicians is to be alert to signs of mental health co-morbidity, Schmidt says, and then decide if a Treatment Coach should be contacted.

Administering the two-question Personal Health Questionnaire (PHQ-2) offers PCPs a rapid way to determine if a patient has mental health problems. The longer PHQ-9 gives an even clearer picture.

Schmidt adds a note of caution if anti-depressants are used to alleviate anxiety or depression: Studies show PCPs tend to over-prescribe these medications. He suggests frequent checks to see if dosages need adjustment or a different medication should be tried. “This should continue for five or six weeks. That’s how long it will take to see if it is working.”



Dr. Chester W. Schmidt is a medical director at Johns Hopkins HealthCare (JHHC), and is also a clinical psychiatrist.

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 Jay**; 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

Therapy

Interferential therapy involves a portable, battery-powered pulse generator and skin electrodes placed over the affected tissue to deliver small, electrical currents to relieve pain associated with musculoskeletal disorders and acceleration of healing of soft tissue injuries, surgical wounds, and bone fractures. It is suggested that interferential stimulation allows a deeper penetration of the tissue and more comfort and increased circulation thus differing from TENS unit.

Interferential Therapy devices are considered experimental and investigational by Hayes and will, therefore, *not* be authorized for use by Johns Hopkins HealthCare (JHHC).

Cost-Effective Medications

To continue to encourage appropriate and cost-effective use of medications, the Johns Hopkins HealthCare (JHHC) Pharmacy & Therapeutics (P&T) Committee is asking Priority Partners and Employer Health Programs (EHP) providers to *Prescribe Thoughtfully*. We believe this initiative will help control costs and improve outcomes. Specifically, we are asking you to consider cost-effective alternatives to several commonly prescribed prescription drugs.

JHHC has developed a cost-effective alternative drug guide focusing on eight (8) drug classes. The guide will provide you with recommendations for preferred alternatives for your patients. A complete list of recommended alternatives is posted in the pharmacy section of the JHHC website at www.jhhc.com.

Claims Data

In order to avoid unnecessary denials, please ensure that when submitting paper claims that the claims data is situated in the appropriate box of the claims form. JHHC utilizes technology that scans the claims form and when the data is not correctly lined up, it can result in a denial due to the “electronic eye” not being able to process that data correctly.

Referral Guidelines

Effective January 1, 2011 the updated Outpatient Referral Guidelines for Priority Partners, Employer Health Programs (EHP) and Johns Hopkins US Family Health Plan (USFHP) will be available online at www.jhhc.com.

Pharmacy

A variety of pharmacy resources are available to you on the Johns Hopkins HealthCare (JHHC) website at www.jhhc.com. These include formulary information, generic substitution requirements and prior authorization forms. Information is available for Priority Partners, Employer Health Programs (EHP) and Johns Hopkins US Family Health Plan (USFHP) and is updated regularly.

Denials

Effective January 1, 2011, Johns Hopkins HealthCare (JHHC) will begin denying all claims that are submitted, via paper and/or EDI, without the group/billing NPI number in Box 33a of the CMS 1500 and Box 56 of the UB 04 claim forms.

Please note that all claims submitted should have the rendering providers NPI number in Box 24j and all specialty claims submitted should have the referring providers NPI number in Box 17b of the CMS 1500 form.

Provider Incentive

The *Quality Incentive Program*, which applies to Priority Partners, Employer Health Programs (EHP), and Johns Hopkins US Family Health Plan (USFHP) members, is based upon the specific criteria of HEDIS measure for Postpartum Visits. Your practice will receive a \$25 incentive bonus for each member you are able to provide documentation as having received their postpartum visit on or between 21 and 56 days after a live-birth delivery.

This incentive bonus will apply to all members who delivered on or between the dates of September 15, 2010 and March 15, 2011. Please fax the medical record documentation to the Quality Improvement Department at 410-424-4882.

For additional information or questions, please contact your Provider Relations Network Manager at 888-895-4998.



PROVIDER

Updates

Access Standards

In an effort to improve the quality of health of our members, Johns Hopkins HealthCare (JHHC) provided certain primary care providers with practice specific Opportunity Reports for HEDIS 2010, along with billing and coding tips for the following measures:

- Well Child Visits Age 3-6
- Adolescent Well Care
- Cervical Cancer Screening
- Comprehensive Diabetes Care including:
 - Eye Exam
 - LDL Screening
 - A1c Screening
 - Nephropathy Screening/Presence
- Use of Appropriate Medications for People with Asthma

In order for these measures to count as a HEDIS 'hit', the identified services must be completed prior to December 31, 2010. Please submit claims for these services using current CPT 4/ICD 9 coding to accurately capture these services.

JHHC monitors provider access and availability for our members according to the following standards:

PPMCO Appointment Wait Time Access Standards. The Plan maintains its network as defined in COMAR regulations so that:

Service:		Appointment Wait time (not more than):	
New member initial appointments		Ninety (90) days from enrollment date	
Initial prenatal appointments		Ten (10) days from the date the MCO receives HRA or from the date member requests appointment	
Family Planning appointments		Ten (10) days from the date member requests appointment	
High Risk member appointments		Fifteen (15) days from MCO receipt of HRA	
Urgent Care appointments		Forty-eight (48) hours from the request	
Routine Behavioral Health appointments		Ten (10) business days from the request	
Routine, Preventative Care, or Specialty Care appointments		Thirty (30) days from initial authorization/request from PCP)	
Initial newborn visits		Fourteen (14) days from discharge from hospital	
Regular optometry, lab, or x-ray appointments		Thirty (30) days from date of request	
Urgent lab or x-ray appointments		Forty-eight (48) hours from date of request	
USFHP		EHP	
Service:	Appointment Wait time (not more than):	Service:	Appointment Wait time (not more than):
Well patient	Four (4) weeks	History & Physical Exam	Ninety (90) calendar days
Specialist	Four (4) weeks	Routine health assessment	Thirty (30) days
Routine	One (1) week	Non-urgent (symptomatic)	Seven (7) calendar days
Urgent	Twenty-four (24) hours	Urgent Care	Twenty-four (24) hours
Office Wait Time	Thirty (30) minutes	Emergency Services	Twenty-four (24) hours

TOP PRIORITY



Specific information for Priority Partners MCO Providers

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

Priority Partners Helps Family Stay Afloat

Robert Donnelly, 6, and his sisters, Paige, 8, and Noelle, 3, play in a back room of their mother's latest business venture, a community recreational and enrichment educational outreach center.

The children laugh and horse around with each other, but a little more than a year ago, Robert's stamina may not have allowed him to run around with his sisters. Robert was diagnosed with Respiratory Syncytial Virus (RSV) at 3-months-old.

RSV causes an infection of the lungs and breathing passages.

"It was scary because I didn't know what RSV was. But I knew it was something that could be fatal if not taken care of," said the children's mother, Kim Donnelly.

RSV is a major cause of respiratory illness in young children. For adults, RSV's symptoms may be similar to a common cold, but in young children it can be much more serious. The disease affects the lungs, heart or immune system. It can be spread through droplets from when somebody sneezes or coughs. It lives on people's hands and clothing and on surfaces such as counters or doorknobs.

Although the duration of RSV is generally short term, Robert struggled with the illness for several years. The disease was managed by medication administered through a nebulizer. Priority Partners has covered everything related to Robert's illness and even the minor injuries he has suffered while getting into mischief like most young boys. Paige and Noelle may not get hurt as often as their brother, but Priority Partners has been there to assist with all three of the children's medical needs. The family's needs have ranged from hospital visits, X-Rays, and an ambulance ride for Robert, to doctor's visits for all of the kids. With Priority Partners, Kim can rest easy.

"Robert has put Priority Partners to the test," Kim said. "I have a lot of stuff with three kids to worry about. It's nice that I don't worry about how I will take care of them in an emergency."

The symptoms of RSV have calmed in Robert over the past year. Now Robert enjoys being a healthy, 6-year-old boy.

"I was looking back at old pictures of when he was sick and it's scary," Kim said. "I was wondering how he was going to be. But now to see him so full of life ... it's awesome."



With the support of Priority Partners behind her, Kim Donnelly is able to meet the health care needs of her three children, Paige, 8; Noelle, 3; and Robert, 6 who are all Priority Partners members.

PROVIDER UPDATES

Priority Partners Member Satisfaction Survey 2010

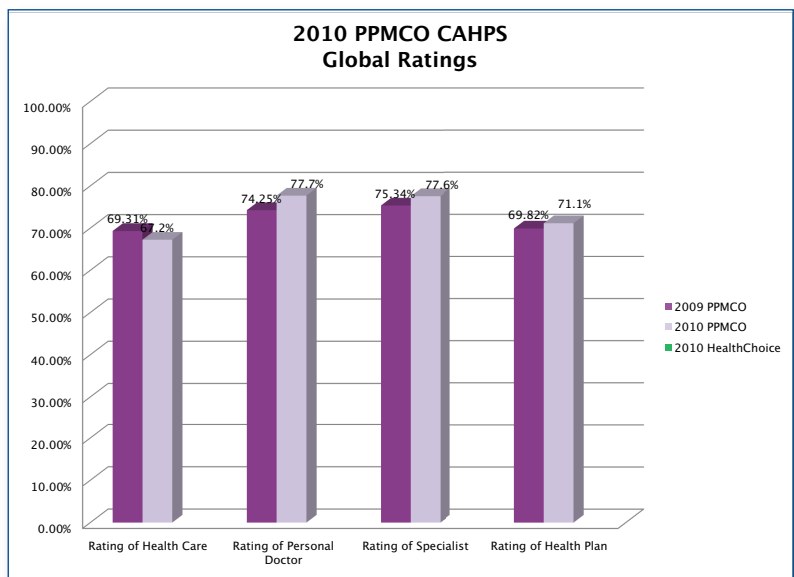
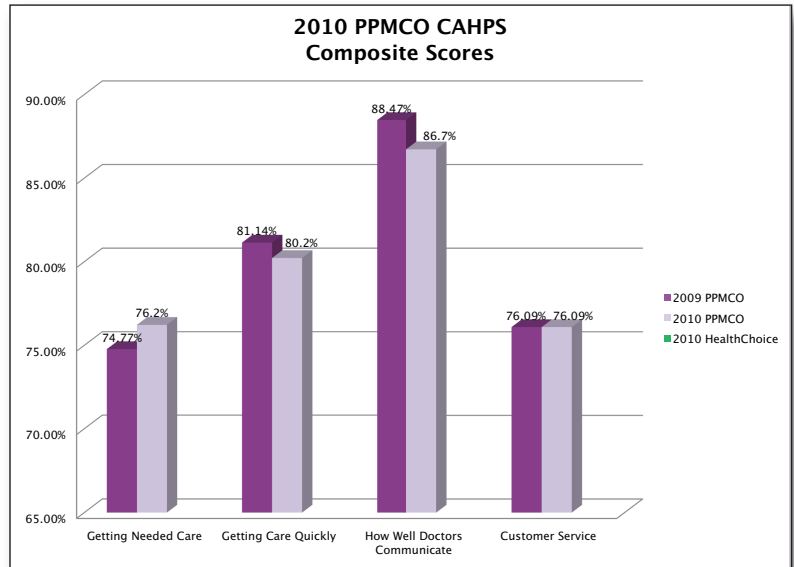
On behalf of Priority Partners (PPMCO), WB&A Market Research was selected by the State of Maryland Department of Health and Mental Hygiene (DHMH) to conduct the annual Consumer Assessment of HealthCare Providers and Systems (CAHPS®) survey. The survey was administered during the spring of 2010 to a random sample of PPMCO members. The objective of the survey was to measure member satisfaction with their health care. Members were asked about their experiences regarding the availability of care, customer service, access to care, how well their doctors communicate, and with the health plan overall.

PPMCO's results demonstrated that improvement was noted in Rating of Health Plan; Rating of Personal Doctor; and Rating of Specialist.

As with any survey there were areas that identified additional opportunities for improvement and this included How Well Doctors Communicate; and Customer Service.

Providers can help meet member needs by explaining things in an understandable way, listening carefully, and showing respect for what members have to say.

The information obtained from the surveys will be incorporated into PPMCO's continuing quality improvement process as we monitor and refine all aspects of the program to best meet our member's health care needs. PPMCO will administer the annual CAHPS® survey during the spring of 2011. Please encourage your members to complete the survey so that we are able to assess their needs, provide better services, and evaluate the impact of our improvement efforts.



PROVIDER UPDATES

Pharmacy

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

- Use of Advair or Symbicort will require step therapy (i.e. use of inhaled corticosteroid provided inadequate asthma control).
- Lipitor 10 mg and 20 mg strength tablets were removed from formulary. Formulary alternatives are Simvastatin and Pravastatin
- Iprivask and Victoza were reviewed and were not added to formulary.

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



Drug Code Reporting

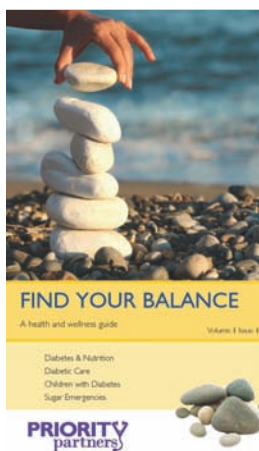
Effective January 1, 2010, new federal regulations require states to collect National Drug Code (NDC) numbers on all physician, outpatient hospital, and dialysis facility claims with outpatient drugs, for the purpose of billing manufacturers for drug rebates. As a result, **Priority Partners will require that an NDC, NDC Unit of Measure, and NDC quantity be included for all outpatient-administered drug claims on and after January 1, 2011, to avoid denials.** (These codes are in addition to the Healthcare Common Procedure Coding System (HCPCS) code and HCPCS quantity.) For detailed information, visit the Priority Partners website at www.ppmco.org for additional details.

Vaccine Administration

Please note that vaccine administration performed in a HSCRC rate regulated facility billed on a UB 04 is not reimbursable for payment based on the DHMH UB Guidelines.



Care Management..., continued from page 1



Our team of health educators, health coaches, clinical technicians, nurse case managers, and social workers provide support, guidance, and encouragement in helping our members manage their health. Working closely with our members and their health care providers to assess physical, psychological, spiritual, and financial needs; educate members on ways to manage their health; assist with referrals to specialty providers; coordinate care with other departments and community agencies; and provide ongoing communication to track and review progress.

We encourage our members to take advantage of this three-tiered health management program and accept referrals from the provider community. Annually, JHHC's care management programs engage more than 38,000 members. If you think one of your patients would benefit from any of these services, please call 800-557-6916.

**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
800-957-9750

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

MOVE! over for Success

On a fall afternoon at the Johns Hopkins Community Physicians (JHCP) site in Annapolis, Md., a tight-knit group of military retirees and family members spoke about the goals they had reached. While they shared their stories of triumph, there were smiles, laughter, and occasional applause.

“The MOVE! Program taught me how to eat healthy. I never drank water, but now I do. I move better, my eyes are bright and I have more energy after losing twenty-one pounds,” explained Marie Marsella, who is 65-years-young.

MOVE! is a national weight management program designed by the Veteran Health Administration (VHA) National Center for Health Promotion and Disease Prevention (NCP), a part of the Office of Patient Care Services. It was designed to help veterans lose weight, to keep it off and to improve their health.

The military gave Johns Hopkins HealthCare’s Care Management team special permission to implement and utilize this program for Johns Hopkins US Family Health Plan (USFHP) members. This particular program was composed of eight sessions over eight weeks. The participants not only learned about exercise and nutrition, they learned how to change their behavior when it comes to food.

“I came into this program with the hope of making better food choices. The MOVE! Program explains nutrition and exercise. It also teaches you about your behavior towards food and how to change that behavior for the better,” said Linda Harville, who is a very active 62-year-old.

According to Health Educator Karen Stewart, this past session showed the participants that the MOVE! program works.

“The MOVE! program was a big success. The nine participants lost a total of 127 pounds in eight weeks,” said Karen.

Although Karen and fellow health educator, Janice Coppola, praise their participants with a job well done, both worked one-on-one with the participants and inspired them toward success.

“This was a great learning experience. It had good information. My advice to others...if you can get into one of these groups, I’d suggest you do it,” said Louis Fuse, a 72-year-old Army retiree. His wife, Helen, was also in the group. Her change in diet has cut her medication in-take in half, and both are feeling great.

After completion of the MOVE! program, several participants joined the Health Coach Program offered through Johns Hopkins US Family Health Plan. The Health Coach Program is a structured six month telephonic program to work with members to develop an individualized lifestyle management plan. The most common wellness areas are: smoking cessation, weight loss, nutrition, fitness and stress management. Health Coaches work around busy schedules, and provide ongoing support and encouragement to help members meet their goals. To enroll in this program, members can call 800-957-9760 or email healthcoach@jhhc.com.



Johns Hopkins US Family Health Plan (USFHP) members gathered together for their last MOVE! session October 7 at the Johns Hopkins Community Physicians (JHCP) site in Annapolis. The class was led by Health Educators, Janice Coppola, far left and Karen Stewart, far right.

PROVIDER UPDATES

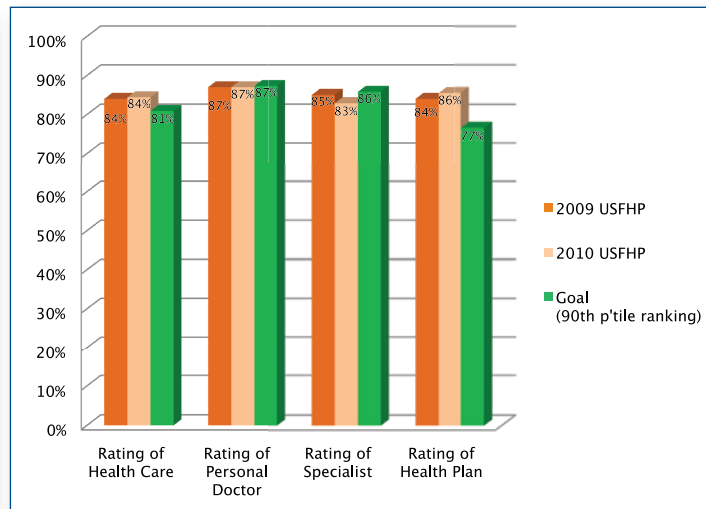
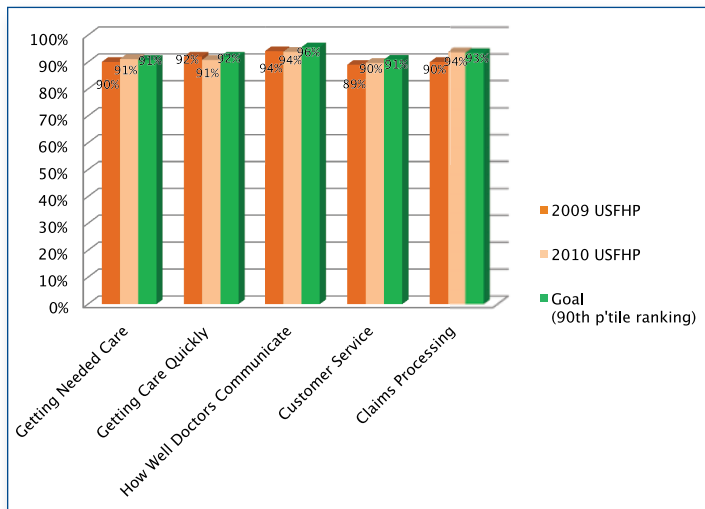
Johns Hopkins USFHP Member Satisfaction Survey - 2010

The Johns Hopkins US Family Health Plan (USFHP) is pleased to announce the results of our 2010 Member Satisfaction Survey. The Myers Group, an NCQA certified vendor, administered the survey using the Consumer Assessment of HealthCare Providers and Systems (CAHPS®) 4.0H survey Methodology. The survey was conducted earlier this year using a random sampling of USFHP members who were asked to rate their satisfaction with their providers, timeliness and quality of services as well as with the Health Plan overall.

Results of the survey indicated that members were highly satisfied with their ability to get the care they needed and with the health care they received overall. Members also felt that their provider was informed and up to date about their care and that their providers discussed specific ways to

prevent illness. An area of significant improvement was seen in Claims Processing. The rating for overall satisfaction with the health plan was at 85.5%, which exceeded the National Quality Compass benchmark of 76.6%. The Quality Compass is a widely used NCQA database that compares a health plan's quality and customer service scores to those of other health plans.

The information obtained from the surveys will be incorporated into USFHP'S continuing quality improvement process as we monitor and refine all aspects of the program to best meet our members health care needs. USFHP will administer the annual CAHPS® survey during the spring of 2011. Please encourage your members to complete the survey so that we are able to assess their needs, provide better services, and evaluate the impact of our improvement efforts.



Vision Benefit

Johns Hopkins US Family Health Plan (USFHP) members are entitled to one (1) routine eye examination per year, including refractions and written lens prescription, which may be obtained from designated plan providers. Members

may obtain eye care at any Johns Hopkins Wilmer Eye Institute, Block Vision network providers, or participating community providers. Call USFHP Customer Service at 800-808-7347 for a list of locations.

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
800-957-9760
healthyhopkins@jhhc.com

Health Education
800-957-9760

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

Website
www.ehp.org

Specific information for Employer Health Programs Providers

My EHP Story – Balancing a Busy Lifestyle



Pat Sullivan, a nurse manager in the psychiatry department at Johns Hopkins Hospital, takes a moment to relax in her garden at work.

Pat Sullivan, a nurse manager in the psychiatry department at Johns Hopkins Hospital, has a demanding occupation. Teaming with an Employer Health Programs (EHP) Health Coach has helped her maintain her hectic lifestyle.

As a nurse manager, Pat is on call 24-hours a day except for when she is out of the country. Pat oversees all clinical and operational issues for three different psychiatric areas at the hospital. She is responsible for hiring staff, managing issues with patients, team building and interacting with patients.

With such a busy schedule and great responsibility, this had led Pat to delve into what she refers to as stress eating and other unhealthful practices. The health coach program helped Pat to better cope with on-the-job stress and to find better alternatives for relief.

“It was more of having little reminders that made me more aware of some potentially unhealthy behaviors,” Pat said. “We set a goal that I would take a break when I came in from work and shift gears. I’ve become more mindful about what I am doing.”

Despite having a full workload, Pat also enjoys an active lifestyle outside of work. She is very involved with her children and grandchildren, and is also an avid gardener. Her health coach has helped Pat manage all of her activities. Pat says the key has been planning ahead and making sure to set boundaries both professionally and socially.

Additionally, Pat fits exercising into her routine with cardio workouts three times a week. She has always followed a workout regiment, but her health coach has helped to reinforce healthy habits. This is a major reason why Pat is positive about the program.

“I really liked the health coach program and have recommended it to all of my staff,” Pat said. “I felt it was very much tailored to me personally and what I wanted to accomplish. I would sign up for it again.”

New Pharmacy Fax Number

Effective January 1, 2011, pharmacy prior-authorization requests for EHP members will be reviewed at Johns Hopkins HealthCare. Providers should fax completed medication prior-authorization request forms to the **new** fax number, 410-424-4607. A list of medications that require prior-authorization, as well as the request form, is on-line at www.jhhc.com. If you have questions regarding prior authorization for an EHP member, please call 888-819-1043.

PROVIDER UPDATES

Employer Health Programs (EHP) Member Satisfaction Survey - 2010

On behalf of Employer Health Programs (EHP), the Myers Group, an NCQA certified vendor conducted the annual Consumer Assessment of HealthCare Providers and Systems (CAHPS®) survey using the 4.0H survey Methodology. The survey was conducted earlier this year using a random sampling of EHP members. The objective of this survey was to measure member experiences with their health care. Members were asked to rate their satisfaction with their providers, timeliness and quality of services as well as with the Health Plan overall.

EHP's results demonstrated that improvement was noted in the following areas:

- Rating of Health Plan
- Coordination of Care
- Doctor spends enough time with members

As with any survey there were areas that identified additional opportunities for improvement and this included;

- How Well Doctors Communicate
- Customer Service

Providers can help meet member needs by explaining things in an understandable way, listening carefully, and showing respect for what members have to say.

The information obtained from the surveys will be incorporated into EHP's continuing quality improvement process as we monitor and refine all aspects of the program to best meet our member's health care needs. EHP will administer the annual CAHPS® survey during the spring of 2011. Please encourage your members to complete the survey so that we are able to assess their needs, provide better services, and evaluate the impact of our improvement efforts.

MultiPlan

On July 1, 2009, Employer Health Programs (EHP) began providing our members with a national provider network through MultiPlan's PHCS Healthy Directions network. This national network offers EHP members access to doctors, hospitals, and ancillary providers when traveling and/or residing outside the state of Maryland.

Please note that the State of Maryland is excluded from this network for all EHP members with the exception of Suburban

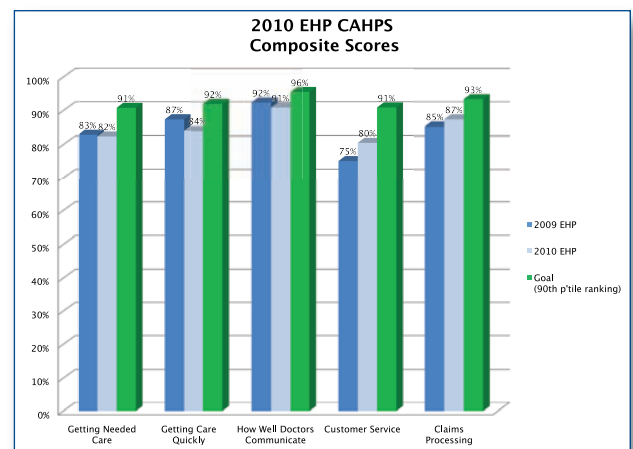
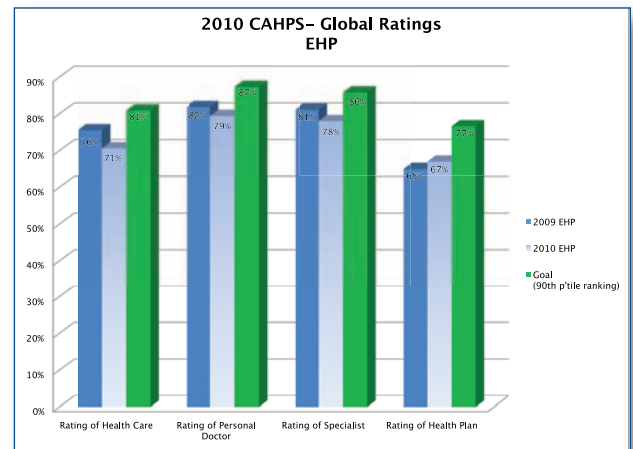
Hospital employees and their dependents. Suburban members can seek care from a participating PHCS Healthy Directions provider within the state of Maryland, excluding University of Maryland Medical System and Mercy Medical Center.

If an EHP member needs to locate a provider, they can call EHP Customer Service at 800-261-2393 or contact MultiPlan at 866-980-7427 or search for a provider on their website at www.multiplan.com

Billing

Effective January 1, 2011, Employer Health Programs (EHP) members will no longer have co-pays for preventative visits provided by their PCP and OB/GYN provider. Therefore it is important for providers to bill for these services using the appropriate ICD-9 and CPT codes in order for the benefit to apply to the claim correctly.

Please note that EHP members do not have timeframe restrictions or quantity limitations on preventative visits. Please contact EHP Customer Service at 800-261-2393 with any questions.



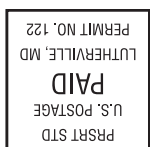
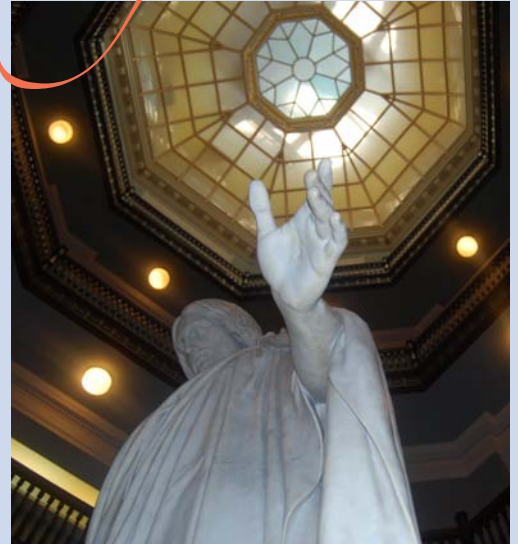
Symbol of Hope

By **Donna L. Chase**, editor

It's easy to get caught up in the regular rituals of life. As Americans, we move fast, we drive fast, we eat fast. Before we know it, another holiday season is upon us and we tend to say, "Where did the time go?" The time went by as "life", something many of us take for granted...until something goes wrong. A job loss, divorce, an illness, to name a few, that "something" can either break us or make us stronger.

In this era of modern medicine, standing amongst the stone and mortar of a famous hospital, is a 10 and a half foot tall statue of Jesus called the *Christus Consolator*. It sits beneath the historic Johns Hopkins Hospital dome. Elsewhere, this religious symbol might cause controversy, but at Hopkins, the statue is a symbol of hope. For many it signifies healing and compassion, especially when that "something" is an illness. For others, the statue is simply a work of art.

As caregivers, we easily get caught up in the regular rituals of life. Our jobs are demanding. But if we take a moment to think about that symbol standing majestically under the dome, perhaps we can regain our sense of self, and extend that compassion not only during the holiday season, but beyond our daily realm of life.



JHHC Practitioner Quality Reference Guide

Key information about our quality initiatives.

Our websites include a wealth of information about Johns Hopkins HealthCare (JHHC) and our health plans. Our website addresses are listed below, and you can find more information by visiting them. If you need hard-copies of information listed here or on our websites, please contact your Provider Relations Network Manager at 410-762-5385 or 888-895-4998. We continuously work to improve our websites – check them regularly for enhancements.

**Johns Hopkins HealthCare
Priority Partners
Employer Health Programs (EHP)
Johns Hopkins US Family Health Plan (USFHP)**

**www.jhhc.com
www.ppmco.org
www.ehp.org
www.hopkinsmedicine.org/usfhp**

Quality Improvement

The Johns Hopkins HealthCare Quality Improvement Program focuses on improving the quality of care and service delivered to our members, network providers, and purchasers. You can obtain more information about our programs and our progress on meeting improvement goals by calling 410-762-5325. You can access that information on our various websites at the above listed addresses. Refer to the website and the newsletter throughout the year for updates on our progress on various measures, such as provider and member satisfaction surveys and HEDIS clinical measures.

Care Management Programs: How to Self-Refer

JHHC's Care Management Team offers a variety of population health programs to help members manage chronic health conditions, recover from serious illness and make healthy lifestyle changes. Our Care Management services are voluntary and are provided at no cost to the member. Members identified with certain needs may be automatically enrolled, but are under no obligation to participate in these programs. Details regarding the programs are located on each of the websites listed above.

If you have questions about the programs or have a member who would benefit from these services, you can make a referral by calling 410-762-5206 or toll free at 800-557-6916. We are available Monday through Friday from 8:30 a.m. to 5 p.m. Voicemail messages received after normal business hours will be addressed the following business day. We can also be contacted via e-mail at populationhealth@jhhc.com.

Clinical Practice Guidelines

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

Utilization Management

The aim of the Johns Hopkins HealthCare (JHHC) Utilization Management (UM) Program is to achieve the mission of JHHC by providing access to high quality, cost-effective, and member-centered care. JHHC's utilization management decisions are based on appropriate care and existence of coverage. JHHC does not have financial incentives for staff that reward denials or promote under-utilization of services.

You may request a copy of the UM criteria or benefit guidelines used in the decision of any case. If you would like to discuss any denial of care with a JHHC physician reviewer, or if you would like to make an UM request or request for care, please contact a UM staff member at 410-424-4480 or 800-261-2421.

JHHC Practitioner Quality Reference Guide

Key information about our quality initiatives.

Member Rights & Responsibilities

JHHC is committed to treating its members in a manner that respects their rights and responsibilities and clearly communicates our expectations to them. You can find a copy of the member ***Rights and Responsibilities*** statement for Priority Partners, Employer Health Programs (EHP) and Johns Hopkins US Family Health Plan (USFHP) in each of the member handbooks, the provider manuals for each product, and under the appropriate member section on each website.

Medical Record Documentation Standards

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

Transition of Care Upon Provider Termination

The JHHC provider agreement requires all providers to give at least 90 days advance notice of contract termination. JHHC notifies members affected by the termination of a primary care practitioner or practice group at least thirty (30) calendar days prior to the effective termination date or within thirty (30) calendar days of notification from the practitioner, and assists them in selecting a new practitioner.

In some cases members may be able to continue care with a terminated practitioner for a short period of time after the practitioner leaves the network. If this situation applies, JHHC will discuss this with the practitioner.

More information about your obligations upon contract termination is located in your provider agreement. A summary is available in each provider manual, which you can reference on our websites. If you have additional questions, please contact Provider Relations at 410-762-5385 or 888-895-4998.

Communication with Covered Persons

JHHC welcomes all opportunities for the provider community to speak freely with their members or other designated parties connected to this organization. Priority Partners, EHP and USFHP participating practitioners are encouraged to discuss treatment options with members. You should explain the pros and cons of each treatment option so the member can make an informed decision. According to your contract and/or the plan's provider manual, you may freely communicate with members about their treatment options regardless of benefit coverage limitations.

Please note that this information is also posted on our websites. If you have additional question regarding our policies, please contact the Provider Relations Department at 410-762-5385 or 888-895-4998.

Health Care Fraud

Johns Hopkins HealthCare (JHHC) wants to find and stop healthcare fraud waste and abuse. On average, healthcare fraud accounts for 10 percent of our nation's annual healthcare expenditure. An estimated \$68 billion is lost annually due to healthcare fraud. While most claims payment errors are just the result of mere oversights, there continues to be a small number of healthcare providers who intentionally engage in conduct intended to commit fraud.

Healthcare fraud is defined as any deliberate and dishonest act committed with the knowledge that it could result in an unauthorized benefit to the person committing the act or someone else who is similarly not entitled to the benefit. Examples of healthcare fraud are:

- Misrepresentation of the type or level of service provided;
- Misrepresentation of the individual rendering service;
- Billing for items and services that have not been rendered;
- Billing for services that have not been properly documented;
- Billing for items and services that are not medically necessary;
- Seeking payment or reimbursement for services rendered for procedures that are integral to other procedures performed on the same date of service (unbundling);
- Seeking increased payment or reimbursement for services that are correctly billed at a lower rate (up coding);

How Can I Help as a Provider?

- Ensure that your medical record documentation supports the type and level of service(s) provided;
- Validate all member ID cards prior to rendering service;
- Ensure coding accuracy when submitting all bills or claims for services rendered;
- Submit appropriate Referral and Treatment forms
- Avoid unnecessary drug prescription and/or medical treatment;
- Report lost or stolen ID cards; and
- Report all suspicions of fraud by contacting one of the following appropriate JHHC lines of business: Priority Partners, Employer Health Programs (EHP), or Johns Hopkins US Family Health Plan (USFHP) or:
- Verify member eligibility by calling the State's Eligibility Verification System (EVS) 866-710-1447

Call: 410-424-4996 or call 1-800-654-9728 and ask for the Compliance Department

Write: JHHC Compliance Department, 6704 Curtis Court, Glen Burnie, MD 21060

Email: Compliance@jhhc.com

Fax: 410-424-4996

What happens to me if I report a concern?

Johns Hopkins HealthCare takes its responsibility to protect your ‘right to report’ seriously! No Health Plan employee may threaten, coerce, harass, retaliate, or discriminate against any individual who reports a compliance concern. To support this effort, the Health Plan has enacted zero-tolerance policies and annually trains all personnel on their obligation to uphold the highest integrity when handling compliance related matters. Any individual who reports a compliance concern has the ‘right’ to remain nameless and JHHC commits to enforcing this ‘right!’

In an effort to deter these and other instances of fraud, the JHHC Corporate Compliance Department routinely performs validation audits on statistical samples of claims. As a result of the recent expansion of the JHHC Corporate Compliance Department, plans are underway to broaden those audits to include encounter and utilization data assessments.

In addition, the JHHC Corporate Compliance Department investigates all detected outliers and other deviations from standard practice as well as all allegations of healthcare fraud it receives from recipients and others and reports substantiated allegations to the appropriate regulatory authorities who may, in turn, perform its own fraud investigation and take action against those who are found to have committed fraud.



Providers can contact the JHHC Corporate Compliance Department at 410-424-4996.