

# Johns Hopkins USFHP Quick Reference Guide

To obtain the most updated information on policies, manuals, directories and other information, providers should review the website on a regular basis at [www.jhhc.com](http://www.jhhc.com).

## IMPORTANT PHONE NUMBERS

### Customer Service

*(Claims, benefits and eligibility)*

410-424-4528

800-808-7347

### Provider Relations

*(Contracts, fee schedules and demographic changes)*

410-762-5385

888-895-4998

410-424-4604 Fax

### Pharmacy Services

888-819-1043

410-424-4607 Fax

### Care Management

410-424-4480

800-261-2421

410-424-4603 Fax

*(Referrals not needing  
Medical Review)*

### Inpatient

410-424-4894 Fax

### Outpatient Medical Review

410-762-5205 Fax

### DME

410-762-5250 Fax

### Case/Disease Management

800-557-6916

[populationhealth@jhhc.com](mailto:populationhealth@jhhc.com)

### Mental Health & Substance Abuse

410-424-4845

410-424-4839 Fax

### Health Education

410-762-5348

800-957-9760

### Fraud and Abuse

410-424-4996

[compliance@jhhc.com](mailto:compliance@jhhc.com)

## SERVICES

### Laboratory

Johns Hopkins Medical Laboratories *or*  
Quest Diagnostic Laboratories

### Radiology

American Radiology Services (*preferred vendor*)

## REFERRALS

All services require a referral from the member's  
Primary Care Physician. Please refer to the  
USFHP Outpatient Referral Guidelines at  
[www.jhhc.com](http://www.jhhc.com)

## CLAIMS SUBMISSION

### US Family Health Plan/TRICARE

P.O. Box 33

Glen Burnie, MD 21060-0033

Attn: Claims Department

If a claim is returned, billing information could be incorrect. The billing information on your W-9 form must match the billing information on Box 33 of the CMS 1500 or Box 1 of the UB-04 form. Claims from specialists or ancillary providers should include the referring provider's name and NPI in Box 17b of the CMS 1500.

Claims must be submitted within 180 days of the date of service.

## APPEALS

### US Family Health Plan/TRICARE

P.O. Box 33

Glen Burnie, MD 21060-0033

Attn: Appeals Department

Administrative appeals  
must be submitted within  
*90 working days*  
of the date of denial.

[www.jhhc.com](http://www.jhhc.com)



JOHNS HOPKINS  
M E D I C I N E

US FAMILY HEALTH PLAN

# For Providers At A Glance

Providers are required to check **USFHP** member identification cards to verify eligibility.

**JOHNS HOPKINS MEDICINE**  
US FAMILY HEALTH PLAN  
www.hopkinsmedicine.org/usfhp

A TRICARE Prime designated provider.

JHCPAT  
WYMAN PARK  
(410) 338-3000

Medical Practice

02/11/1940 F

Member's birth date

Member #: 000000000000

RX Member #: RXU999999\*02

Member's unique prescription Plan number type

Effective: 02/01/2010

Office Co-pays: \$12.00

ER Co-pay: \$30.00

Brand \$9.00 Non Pref \$22.00

Additional co-pays

RX Co-pays: Gen \$3.00

RAHSRXS BIN# 610014

Unique member identification number

Effective date

Co-payment applicable to membership plan

Identifying number to assist Rite Aid with prescription processing

(See reverse side for important member information.)

**US Family Health Plan MEMBER INFORMATION**

**EMERGENCY CARE:**  
If you are experiencing a life-threatening emergency, call 911 or proceed to the nearest emergency room. You must notify your primary care provider within 24 hours of an emergency room visit and any follow-up care must be pre-approved. If you are unsure if your condition is life-threatening, call your primary care provider first.

**AFTER-HOURS CARE:**  
Call our NurseLine - Answers for Your Health Questions 24 Hours a Day: 866-444-3008, PIN 382 or call your primary care provider's after-hour service.

**MENTAL HEALTH SERVICES:** 1-888-281-3186.

**BENEFITS:** For information, call Customer Service at 410-424-4528 or 1-800-808-7347.

**HOSPITAL PROVIDER INFORMATION**  
Call the plan five days prior to an elective admission or outpatient procedure to obtain certification. If patient holds other commercial health insurance, bill that carrier as primary.  
**DO NOT BILL MEDICARE** except for ESRD and services not covered by the US Family Health Plan.  
**Billing Address:** Johns Hopkins Medical Services Corporation  
Attn: Claims Department, P.O. Box 33, Glen Burnie, MD 21060-0033

## For members who have coverage under both Johns Hopkins USFHP and Medicare:

- ★ Medicare cannot be billed for services that are covered by USFHP.
- ★ Members filing Medicare claims, or 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.