Johns Hopkins Health Plans

Provider Education Presentation-All Health Plans

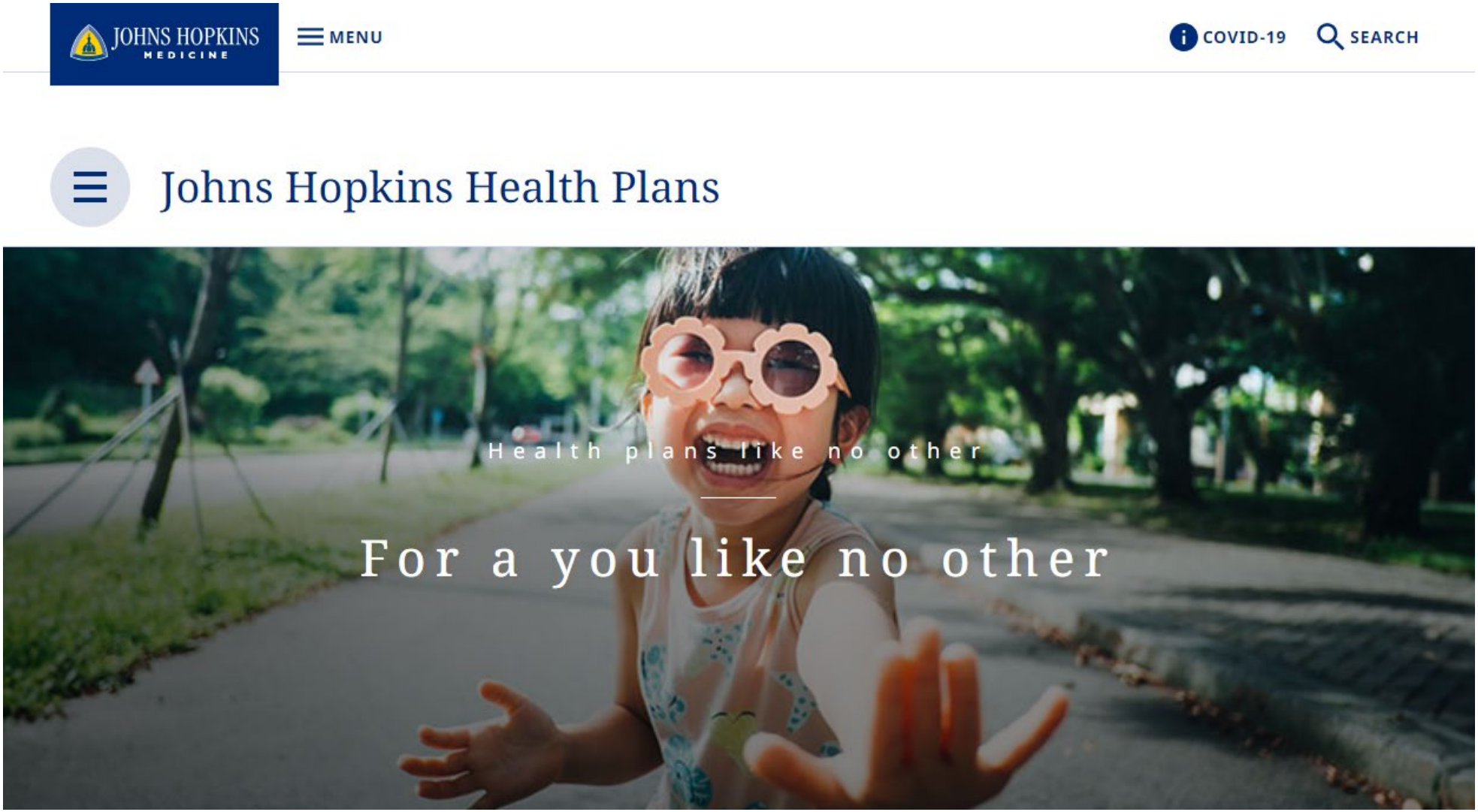
Presented by the Johns Hopkins Health Plans Provider Relations Department

Agenda

- Welcome
- Provider Website Review
- New for 2024
- Johns Hopkins Health Plans
  - **Advantage MD (HMO, PPO, Group and D-SNP)**
  - **Employer Health Programs (EHP)**
  - **Priority Partners Managed Care Organization**
  - **US Family Health Plan (USFHP)**
- Important Information

Johns Hopkins Health Plans

Provider Website



Johns Hopkins Health Plans

Provider website includes:

- Provider Manuals
- Forms (Provider Dispute, Clinical Appeals, PCP Change Forms etc.)
- Availity Web Portal
- Medical Policies
- Reimbursement Policies
- Online Provider Directory
- Resources & Guidelines
- Communications Repository
- Provider Education

New for 2024

Johns Hopkins Health Plans

Availity Essentials: Provider Portal

Johns Hopkins Health Plans introduces a new provider portal developed in collaboration with our vendor, Availity.

Availity Essentials is a secure, real-time platform that connects providers with payers to help providers manage medical benefits and insurance claims. With Availity, **Advantage MD, EHP and Priority Partners** (USFHP will be added to Availity in 2024) providers can view:

- Member eligibility requests and benefit information
- Electronic claims submission
- Claims status
- Claims payment information
- Insights into financial and administrative transactions
- JPAL (check prior authorization requirements prior to rendering services)
- Access to eviCore and Novologix portals, electronic submission of payment disputes and clinical appeals for PPMCO and EHP.*

*Available via link to HealthLINK under resources tab initially, direct access in Availity in late 2023/early 2024. Payment disputes for Advantage MD must still be submitted via fax or mail until further notice.

Availity Essentials: Provider Portal (continued)

In addition, the new portal will offer the following resources:

- Providers can access commonly used forms, find customer service numbers for our plans, review policies and procedures and more.
- Providers can keep up to date on our communications and provider education presentations.

Coming in 2024:

- Electronic submission of prior authorization requests for Priority Partners, EHP and Advantage MD
- Authorization status
- For more information, visit availity.com.

- **Please Note:** As we transition fully to the new provider portal, our current portal, HealthLINK, will still be available so providers can access needed functions and resources.

New in 2024: UpLift Virtual Behavioral Health Services

- All plan members of **Advantage MD, EHP and USFHP** have access to behavioral health providers in the UpLift network. UpLift is a virtual behavioral health practice that expands access to providers. The interface also allows members to schedule an appointment with a psychiatrist or therapist as soon as the next day, and no further out than two weeks.
- UpLift supplements the existing network of quality behavioral health care providers available to members, adding more therapists and psychiatrists. The UpLift platform also makes finding the right care simple by matching a therapist or psychiatrist according to personalized needs and provider specialties, allowing members to filter searches for different results. While UpLift is primarily virtual, some providers offer in-person appointment options. Member cost shares for UpLift providers are the same as all in-network behavioral health care services.
- Members can self-refer or providers can now refer members to UpLift to locate a provider in the UpLift network. Refer members to join UpLift.co to learn more and to find a provider.

Advantage MD

Advantage MD Products

- Advantage MD HMO
- Advantage MD HMO Tribute
- Advantage MD Select (HMO) (Virginia only)*
- Advantage MD D-SNP HMO
- Advantage MD PPO
- Advantage MD PPO Plus
- Advantage MD PPO Premier, PPO Primary
- Advantage MD Group

* HMO Select for Virginia is a new product for 2024

Virginia Expansion

Advantage MD Select (HMO) Service Area

Fairfax, Falls Church and Arlington counties

JOHNS HOPKINS HEALTH PLANS

HMO Select Plan

HMO Select

- Primary care physician (PCP) coordinates all care for the member.
- All care must be within the plan network (no out-of-network coverage), unless in an emergency situation.
- Lower out-of-pocket costs
- Monthly premiums are lower than PPO plans.
- Referrals are required for specialty care only; please provide a copy to the patient and for HMO, referring PCP NPI is required in box 17b of the HCFA1500 on specialist claim, so please include referring provider NPI on the referral as well

Advantage MD Select (HMO)

Member Benefits

- Fitness Programs
- 24/7 Nurse-advice Services
- Transportation
- Vision & Hearing
- Over-the-Counter (OTC) Medication Catalog
- Home Meals Delivery
- Prescription Drug Support
- Dental Care – Preventative & Comprehensive Dental

Advantage MD Select (HMO) Benefit Highlights

Premium: $0

Category	Benefit		Category	Benefit
PCP	$0		**Medication Refill**	100 days –Tier 1 Only 90 days – Tiers 2-4 30 days – Tier 5
Urgent Care	$55			
Specialist	$40		**RX**	$0 Tier 1 $10 Tier 2 $47 Tier 3 $100 Tier 4 33% Tier 5
Preventive Dental (DentaQuest)	2 Cleanings per year			
Comprehensive Dental (DentaQuest)	$2,500 Annual Max			
Vision (Superior Vision)	$400/ yr (Eyewear)		**RX Deductible**	Annual Deductible $0
Transportation (RoundTrip)	24 one way trips		**Silver & Fit Fitness**	$0 Annual Member Fee (Included in plan)
Over-the-Counter	$150/ quarter		**Hearing Aid (TruHearing)**	$399 - $699 copay per aid per ear

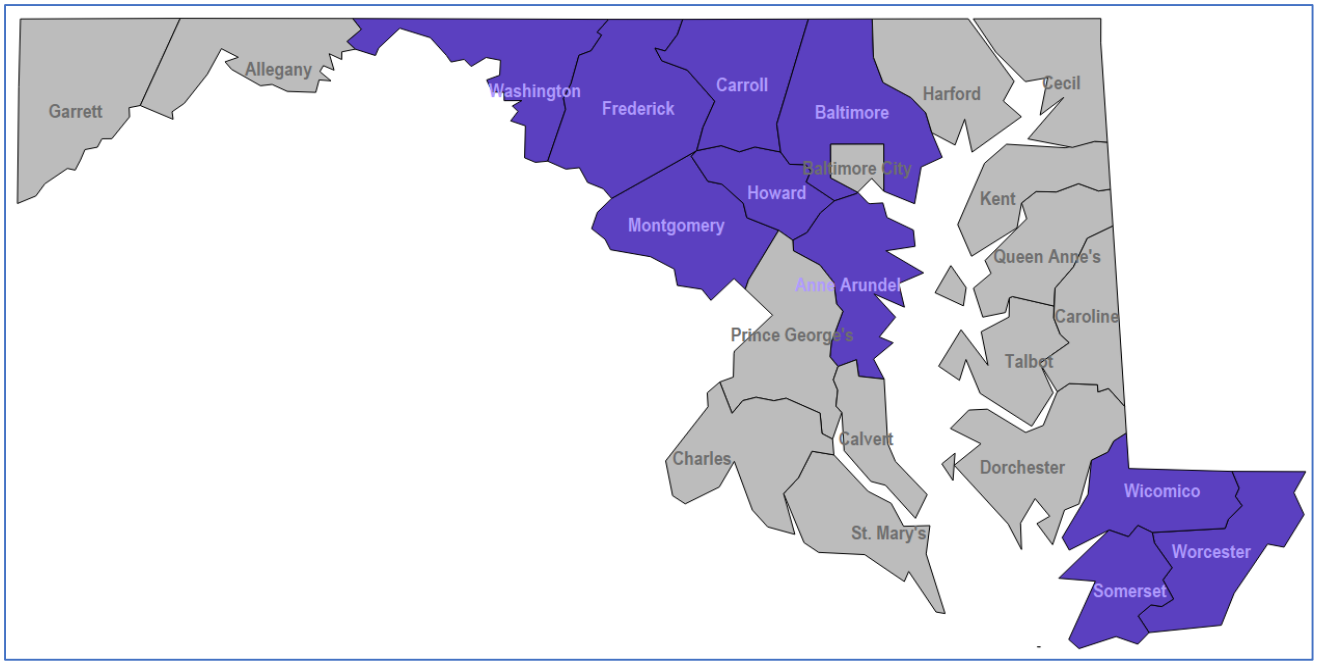
HMO Plans: Advantage MD D-SNP

- Center for Medicare and Medicaid Services (CMS) Special Needs Plans (SNPs) are a specific type of Medicare Advantage coordinated care plan that provides targeted care to individuals with unique, special needs.
- D-SNP members are those who are eligible for both Medicare and Medicaid (dual eligible).
  - Qualify for Medicare because of age (65 or older) or due to a disability.
  - Eligible for Medicaid because they meet the requirements to qualify for Medicaid in the State of Maryland.
- Some key differences between Advantage MD D-SNP HMO and our other Medicare Advantage plans include:
  - D-SNPs can limit enrollment to targeted special needs individuals
  - D-SNPs beneficiaries can enroll and dis-enroll at anytime throughout year
  - Approved Model of Care (MOC) required
  - Must offer Part D coverage
- Advantage MD D-SNP (HMO) benefits are defined in the plan's Summary of Benefits.

Where Advantage MD D-SNP (HMO) Members Live

Johns Hopkins Health Plans offers D-SNP to beneficiaries in the following Maryland communities:

- Anne Arundel County
- Baltimore County*
- Carroll County*
- Frederick County*
- Howard County
- Montgomery County
- Somerset County*
- Washington County*
- Wicomico County*
- Worcester County*



- *Effective January 1, 2024

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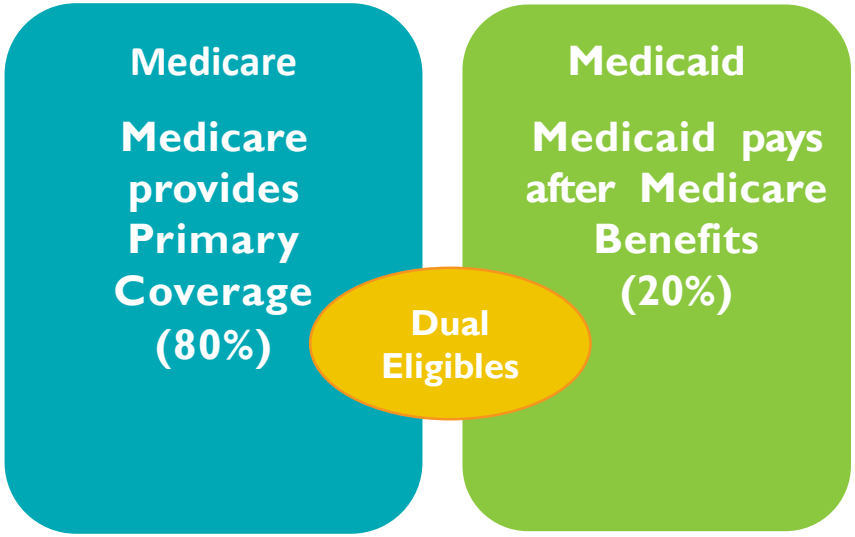
D-SNP Administrative Components: Member Benefits

- Advantage MD D-SNP Benefits are defined in the plan Evidence of Coverage (EOC). This document is provided to each member and is published on our website at
- Johns Hopkins 2024 Evidence of Coverage Effective 01-01-24 (hopkinsmedicare.com)



D-SNP Billing Information

Balancing Billing D-SNP Members is Prohibited

- Per the Advantage MD participating provider agreement, participating providers **may not deny services** to D-SNP members.
- Providers **may not** bill D-SNP members for any services covered under the D-SNP plan.
- Providers would need to bill Medicaid as the secondary for the 20% that other non-DSNP members would typically be responsible for, **or** accept the 80% payment from Advantage MD as full payment for the covered services.
- If a provider is not registered with Maryland Medicaid, we recommend they do so they can bill for services provided to D-SNP members.
- **The D-SNP member may not be billed and is held harmless.**

D-SNP member ID cards indicate this language as well.

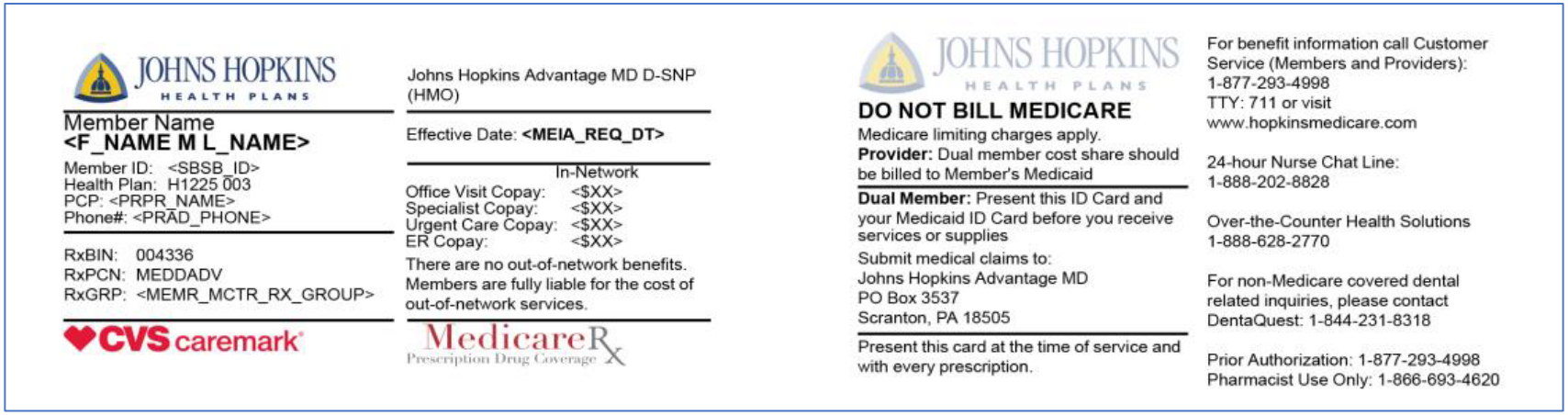
Confidential – Internal Use Only

D-SNP Administrative Components: Provider Education

- Providers are required to complete D-SNP MOC Training annually
- A Provider Education Training Presentation for the Advantage MD D-SNP HMO is available on our website's Provider Education page.
- To view the training, please visit:
  - https://www.hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/resources-guidelines/provider-education
- All providers, especially those on a D-SNP member care team, are required to complete this training annually. Please complete the electronic attestation form at the end of the presentation once the online training is completed.
- The D-SNP MOC Training is also presented virtually by the Provider Relations Team (invitations are sent monthly)

D-SNP Administrative Components: Enrollment & Eligibility

Advantage MD D-SNP (HMO) Identification Cards



Front Back

- Each member is provided with an individual member identification card that includes the member's identification number, plan, certain copayment information, and effective date. Since changes do occur with eligibility, the card alone does not guarantee that the member is eligible. Therefore, it is imperative to check eligibility. You must call the health plan or use the Availity or HealthLINK online portal to verify eligibility.
- **Customer Service at 877-293-4998**
- **HealthLINK at https://www.hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/our-plans/advantage-md**

PPO 2024 Group Benefits

- The Group plan is available to eligible Johns Hopkins Health System retired employees and families who reside in Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, and Virginia.

- Plan Overview
  - Low monthly premium ($175)
  - Low in-network maximum out-of-pocket ($300)
  - Worldwide emergency and urgently needed services coverage ($50,000 combined limit annually)
  - Visitor/Traveler benefit (ability to reside outside of the service area less than 12 months, remain in plan and receive in-network cost sharing anywhere in the United States).
  - Comprehensive dental coverage
  - Routine podiatry and chiropractic services
  - Acupuncture allowance

Advantage MD Changes for 2024

	HMO	HMO Tribute	PPO	PPO Plus	PPO Premier	PPO Primary	PPO Group
Premium	~~$30~~ $20	$0	~~$100~~ $90	~~$130~~ $120	~~$301~~ $291	$0	$175
MOOP	$7,550 - IN	$8,330 – IN	$7,550 / $11,300	$7,550 / $11,300	$7,550 / $11,300	$7,550 / $11,300	$3,000 / $10,000
Inpatient	~~$325~~ $350 days 1-5	$350 days 1-5	$330 days 1-6	$330 days 1-6	$200 Days 1-5	$350 days 1-5	$250 days 1-7
PCP	$0	$20	$5	$0	$0	$0	$5
Specialist	$45	$50	$50	$40	$25	$40	$30
Outpatient Hospital	$300 (Outpatient) $225 (ASC)	$350 (Outpatient) $250 (ASC)	$300 (Outpatient) $225 (ASC)	$300 (Outpatient) $225 (ASC)	$300 (Outpatient) $225 (ASC)	~~$300~~ $150 (Outpatient) ~~$225~~ $100 (ASC)	$300 (Outpatient) $225 (ASC)
ER	~~$90~~ $100	$95	$90	$90	$90	$95	$90
Urgent Care	$50	$40	$40	$40	$40	$50	$40
Supplemental Benefits	Podiatry Preventive Dental Hearing Vision Post-Discharge Meals Expanded Telehealth Silver&Fit Over-the-Counter (OTC) Transportation support	Full Dental Hearing Vision Expanded Telehealth Silver&Fit Transportation support	Podiatry Full Dental Hearing Vision Expanded Telehealth Visitor/Traveler Silver&Fit	Podiatry Preventive Dental Hearing Vision Chiropractic Acupuncture Expanded Telehealth Silver&Fit	Podiatry Chiropractic Acupuncture Full Dental Hearing Vision Silver&Fit Visitor / Traveler Expanded Telehealth	Full Dental Hearing Vision Silver&Fit Visitor / Traveler Expanded Telehealth	Podiatry Chiropractic Acupuncture Full Dental Hearing Vision Silver&Fit Visitor / Traveler Expanded Telehealth
RX	$0/$10/$47/$100/33% No Deductible	N/A	$4/$12/$47/$100/33% No Deductible	$4/$12/$47/$100/33% No Deductible	$0/$10/$40/$90/33% No Deductible	$5/$20/$47/$100/33% No Deductible	$4/$12/$42/$92/33%
Optional Rider	Comp Dental $25 No Dental Waiting Period	-		Comp Dental $25 No Dental Waiting Period	-	-	-

Inflation Reduction Act: 2024 New Updates

Through the Inflation Reduction Act, members will save money with Medicare by improving access to affordable treatments and strengthening the Medicare program. All **Advantage MD Plans** will implement these changes to members Part D coverage:

- Reduced copays on Insulins for all Advantage MD **Plans**
- The cost of a month's supply of each Part D-covered insulin will be **capped at $35.**
- Member's won't have to pay a **deductible** for insulin.
- Member cost share for Insulins will be $35 for a one-month supply and up to $105 for a three-month supply with additional savings for mail order.

Inflation Reduction Act: 2024 New Updates (continued)

- Starting on Jan. 1, 2024, **all Advantage MD plans** will implement these changes to members Part D coverage

- Low-Income Subsidy Program: there will no longer be a partial program in the Low-Income Subsidy program.
  - Full benefits will be offered to people with Medicare with limited resources and incomes up to 150 percent of the federal poverty level, which in 2023 is $21,870 per year for an individual.
  - With full benefits, the majority, if not all out-of-pocket costs for prescription medications will be covered. People who qualify for Extra Help will pay:
    - No deductible
    - No premium
    - Fixed lower copays for certain medications
- The five percent (5%) prescription cost-sharing obligation for Part D will be eliminated.
  - When someone on Medicare has spent $3,100, they will enter what's called the catastrophic phase of their benefit. In this phase, the member will have no cost sharing of prescription drugs for the remainder of the year.

2024 Supplemental Benefits

Silver & Fit Healthy Aging & Exercise Program

Benefits include:

- Fitness Center Access: Single-facility Access
- $0 Membership fee
- National Service area with MD core states
- Get Started Guide
- Home Fitness Kit
- Digital Workout Library
- Connected! With Rewards
- Healthy Aging Coaching
- Standard Fitness Network Choices

Silver&Fit®
Exercise & Healthy Aging Program

Over the Counter (OTC) Program

Examples of OTC items:

- First aid and medical supplies
- Cough, cold and allergy
- Pain relievers and sleep aids
- Personal care
- Antacids and digestive care
- Vitamins and minerals
- Eye, ear, and dental care
- COVID 19 at-home test kits

CVSHealth®

2024 Supplemental Benefits

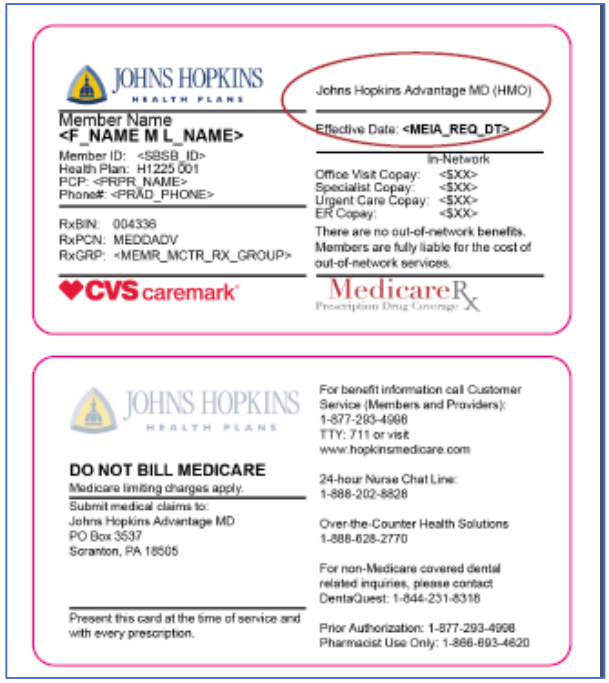
Roundtrip

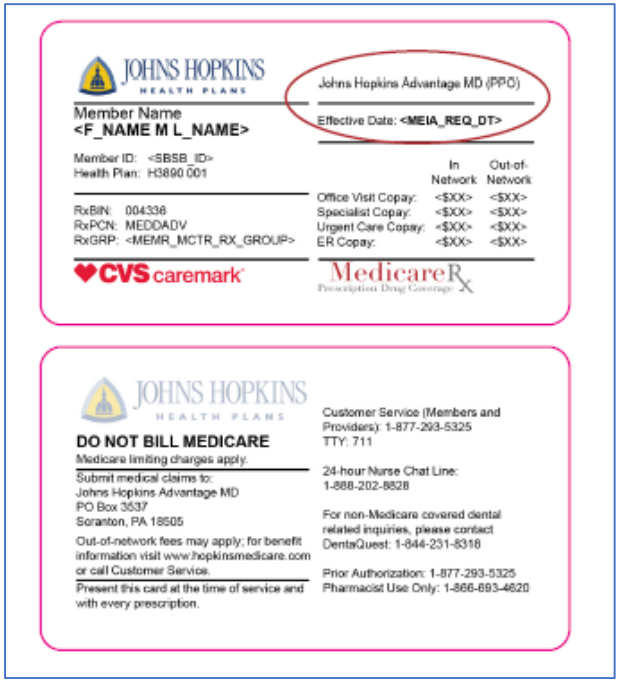
Available to HMO Select and D-SNP Members only

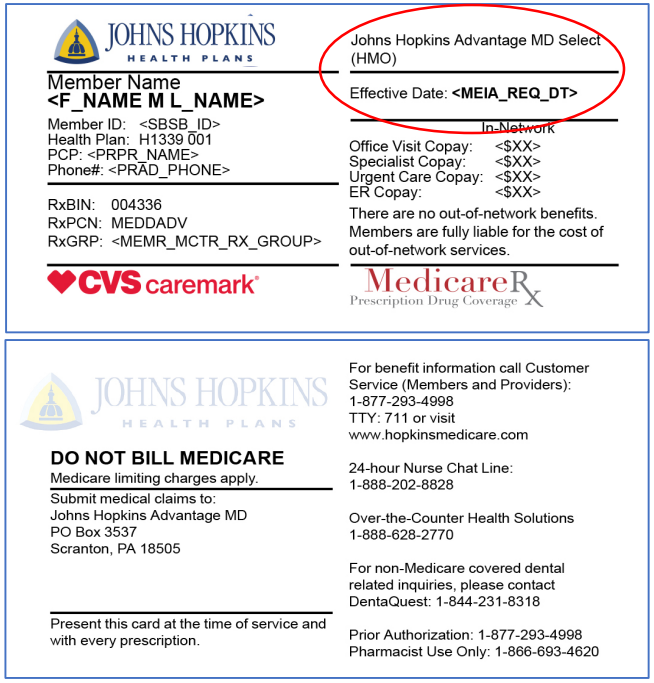
- Round Trip is a transportation company that offers health related rides to our members.
- 24 one-way trips will be available for members to get rides to doctors appointments, pick up pharmacy prescriptions, etc.

roundtrip
Healthcare transportation. Simplified.

Advantage MD Member ID Cards







HMO **PPO** **Select**

Employer Health Programs (EHP)

Employer Health Programs (EHP)

- Broadway Services
- Howard County General Hospital
- Johns Hopkins Bayview Medical Center
- Johns Hopkins Hospital
- Johns Hopkins Health System
- Sibley Memorial Hospital
- Suburban Hospital
- **NOTE**: The Schedule of Benefits (SOB) for the above programs can be found on EHP.org

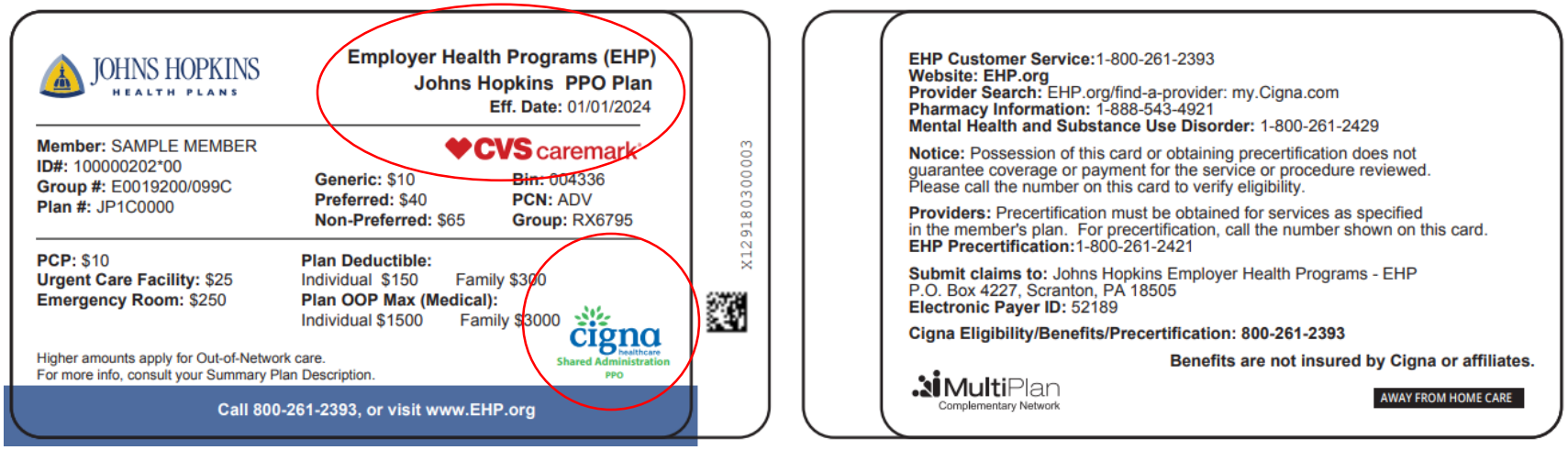
*JHU and JHU retirees will no longer have EHP as of 1/1/24 and 4/1/24 respectively

Questions about benefits for JHU members after 12/31/23 and JHU retirees after 3/31/24 should be directed to Quantum Health at 844-460-2801.

New for 2024: PrudentRx

- PrudentRx Program: EHP has engaged with CVS Health and PrudentRx on a program that will help members save money when they fill eligible specialty medications. This program is effective January 1, 2024.
- All medications on the PrudentRx Specialty Drug List are subject to a 30% coinsurance. However, if a member is participating in the PrudentRx program, they will have a $0 out-of-pocket responsibility for the covered specialty medication prescription.
- Participation in the program includes enrollment in an available manufacturer copay assistance program for the specialty medication being taken. Medications on the PrudentRx Specialty Drug List may only be obtained from Johns Hopkins Outpatient Pharmacies and CVS Specialty Pharmacies.
- Please note the following:
  - The PrudentRx Specialty Drug List is subject to change, and updated monthly.
  - NOTE: PrudentRx is available Jan. 1, 2024 for Johns Hopkins Health System and other entities only. BSI is expected to include the benefit starting July 1, 2024.

Member ID Cards



- The specific plan is identified in the top right section of the EHP Member ID card
  - **Johns Hopkins EHP PPO**
  - **Johns Hopkins EHP EPO**
  - **Johns Hopkins EHP DPC**
  - **BSI PPO Plan**

  Members with the DPC plan (Direct Primary Care) can only see their assigned Johns Hopkins Community Physicians
- **Cigna National Network for EHP Members:** National medical coverage inside and outside the state of Maryland through the Cigna PPO Network
  - https://www.ehp.org/news-and-updates/cigna-network/ or call 866-494-4872

PRIORITY PARTNERS

Priority Partners

New for 2024: Maternal Health Focus

Centering Pregnancy Program:

- Centering Pregnancy is an evidence-based group prenatal care model for low-risk pregnancies. Facilitators support a cohort of eight to ten individuals of similar gestational age through a curriculum of ten 90- to-120-minute interactive group perinatal care visits that largely consist of discussion sessions covering medical and non-medical aspects of pregnancy, including nutrition, common discomforts, stress management, labor and birth, breastfeeding, and infant care.
- Effective January 1, 2024, a practice (OB-GYN, Pediatric, Family Medicine, Midwives, Nurse Practitioners, Doulas) must be accredited or pending accreditation by the Centering Healthcare Institute (CHI), in addition to being licensed. Both the group and each individual rendering provider will need to submit supplemental applications in ePREP to add this new service.
- Groups must update their ePREP account to reflect their CHI licensed status. To update, a group should start a supplemental application in ePREP and attach their CHI approval letter attesting their status, as well as the Group Centering Pregnancy Addendum.
  - Individual rendering providers will also need to submit an Individual Centering Pregnancy Addendum with the group's accreditation attached.
- The above steps will enable the group to add the code 99078 'group educational services by physician' to up to ten Centering Pregnancy perinatal visit claims for patients who are enrolled in and receive prenatal care in the Centering Pregnancy program. This code will pay an additional $50 per participant per visit, for up to ten group perinatal care visits or $500.
- Please see MDH Transmittals PT30-23 and PT61-23 and the MDH Medicaid Centering Pregnancy Provider Information webpage for more information.

New For 2024: Maternal Health Focus

Healthy Steps Program:

- HealthySteps, a ZERO TO THREE program, is a pediatric primary care model that promotes positive parenting and healthy development for babies and toddlers. Under the model, all children ages zero to three and their families are screened and placed into a tiered model of risk-stratified supports, including care coordination and onsite intervention. A HealthySteps Specialist, a child development expert, joins the pediatric primary care team to ensure universal screening, provide successful interventions, referrals and follow-up to the whole family. The HealthySteps Specialist screens all children ages zero to three and their families to place them into the appropriate tier of services.
- To be eligible for additional reimbursement, a group must be currently and actively meeting the HealthySteps National Office (ZERO TO THREE) fidelity requirements, or deemed as on track to fidelity.
- Groups must update their ePREP account to reflect their ZERO TO THREE accreditation status.
  - To update, a group should initiate a supplemental application in ePREP and attach their ZERO TO THREE accreditation letter attesting their status, as well as the HealthySteps Group Addendum.
  - Each rendering provider will also need to submit an Individual Supplemental Addendum with the group's accreditation attached.
- The above steps will allow the group to add the code **H0025** '*Behavioral health prevention education service*' to each pediatric E&M or well-child visit encounter that includes HealthySteps services and was provided in the clinic or outpatient setting. This code will pay an additional $15 per participant per visit, up to age four. NOTE: While this is a H-code, this code should not be billed to the ASO.
- For more information on Healthy Steps, please visit the MDH website: https://health.maryland.gov/mmcp/medicaid-mch-initiatives/Pages/HealthySteps-Providers.aspx or refer to Transmittal PT30-23

New for 2024: Maternal Health Focus

Home Health Services

- Home Visiting services are designed for pregnant people to get the care and support they need to have a healthy pregnancy and healthy child. These services are usually provided in the home by a specially trained professional or a nurse. After pregnancy, your home visitor will continue to support the Priority Partners member and their child, up to their second or third birthday, depending on the program.
- Maryland Medicaid currently offers two evidence-based home visiting models, Healthy Families America and Nurse Family Partnership.
- Home Visiting Services are free for eligible Priority Partners members.

Doula Services

- A doula, or birth worker, is a trained professional who provides physical, emotional, and informational support to birthing parents. This support can happen before, during, and after birth. Doulas serving Priority Partners members will provide person-centered care that supports their racial, ethnic, and cultural diversity.
- Doulas provide three kinds of services: before birth (prenatal) visits, attendance at the birth, and after birth (postpartum) visits. The prenatal/postpartum visits are often in the birthing parent's home.
- Doulas are non-clinical providers, and cannot perform the work of a nurse-midwife, nurse practitioner or doctor.

Language and Ethnicity Data

Priority Partners has reliable data on practitioners who speak languages other than English. The results of this analysis are below.

Total Providers that speak identified languages*	Percent of Total Network	Total Members that Speak identified Languages**	Percent of total membership
Asian: 9,709	Asian: 35%	Asian: 9,435	Asian: 3%
Spanish: 5,686	Spanish: 20%	Spanish: 17,385	Spanish: 5%
Other: 9,971	Other: 36%	Other: 18,869	Other: 6%

This table displays the proportion of the practitioner network which reports speaking the predominant languages other than English reported through the credentialing process for the service area. The proportion of the practitioner network is compared to the proportion of members who report speaking that language to determine whether the practitioner network can meet member linguistic needs.

Total Practitioners for PPMCO is 27,832 and total membership for PPMCO is 342,886.

**Based on language reported on credentialing application*
***Based on data captured from enrollment files*

Member ID Card

US Family Health Plan

New in 2024: Preconception and Prenatal Testing

USFHP covers preconception and prenatal carrier screening for the following conditions:

- Cystic fibrosis
- Spinal muscular atrophy
- Fragile X syndrome
- Tay-Sachs disease
- Hemoglobinopathies
- Conditions linked with Ashkenazi Jewish descent

The TRICARE benefit will cover one test per condition throughout the beneficiary's lifetime regardless of risk status.

- Codes 81200, 81205, 81209, 81242, 81250, 81251, 81260, 81290, 81330, 81361, 81362, 81363, 81364, 81412, 81443, 0236U covered with prior authorization.

New in 2024: Behavioral Health Audit

Beginning in 2024, USFHP is conducting an annual statistically valid sample size audit of Behavioral Health (BH) network providers documentation for the following standardized measures:

- Post-Traumatic Stress Disorder (PTSD)
- Anxiety disorders
- Depressive disorders

The audit is across all BH settings (outpatient mental health (MH) and SUD, Opioid Treatment Programs (OTPs), Intensive Outpatient Programs (IOPs), partial hospitalization, psychiatric RTCs, and inpatient/residential Substance Use Disorder Rehabilitation Facilities (SUDRFs)) and when age appropriate, USFHP will report audit results of the Standardized Behavioral Health Measures that complies with the requirements in the TOM Chapter 7, Section 6, Para 8. (CDRL A090)

Behavioral Health Audit (continued)

- USFHP is also creating educational materials for behavioral and mental health providers to promote the use of required standardized measure assessments. The materials will be posted on our website: HopkinsHealthPlans.org

- USFHP will use claims data to identify all providers submitting anxiety, depressive disorder, and/or post-traumatic stress syndrome, either as primary or secondary.

- Direct outreach will be made to diagnosing providers to ensure they are performing the appropriate assessments in accordance with timelines outlined in this requirement. Outreach may be conducted telephonically, electronically, or in-person, depending on volume of claims and members captured in claims review.

USFHP Reminders

For members who have coverage under both USFHP and Medicare:

- Medicare cannot be billed for services that are covered by USFHP.*
- Members who have coverage under both USFHP and Medicare may only use Medicare benefits for non-covered USFHP services, such as chiropractic care or end-stage renal disease.
- Members using Medicare for benefits covered under USFHP are subject to disenrollment.
- Providers billing Medicare for services covered by USFHP are subject to termination from the USFHP network.
- Johns Hopkins Health Plans Provider Relations will contact you to remind you of these requirements and ask that you rebill if it is reported that your office billed Medicare as primary in error.

*NOTE: Members with End Stage Renal Disease (ESRD) are the exception to this.

Reminders:
Required Specialist Provider Responsibilities for USFHP Providers

- Please take note that specialist providers for USFHP members are responsible for providing all consultation and treatment notes to the PCP who referred the member for these specialist services.

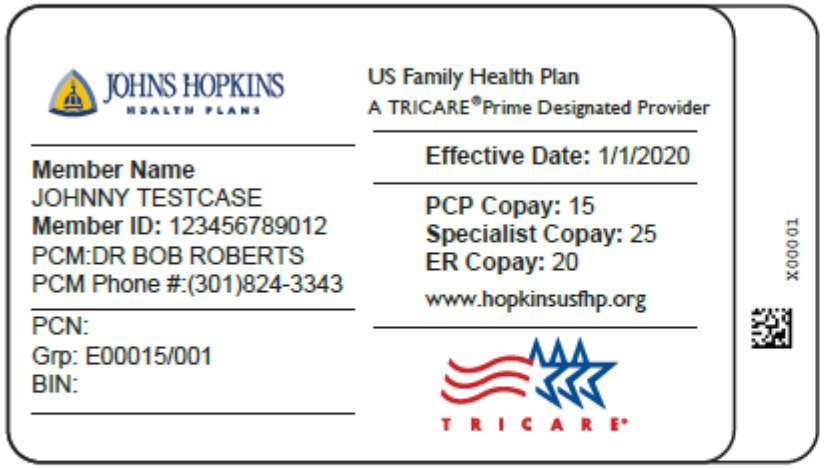
- The U.S. Department of Defense requirement states that the PCP should receive an initial report of specialty services and treatment. This initial report may be oral, as long as a written report is provided to the PCP within 30 calendar days from the date or service, or sooner if the member's condition warrants a shorter timeframe. Please take note that specialist providers for USFHP members are responsible for providing all consultation and treatment notes to the PCP who referred the member for these specialist services.

Claims

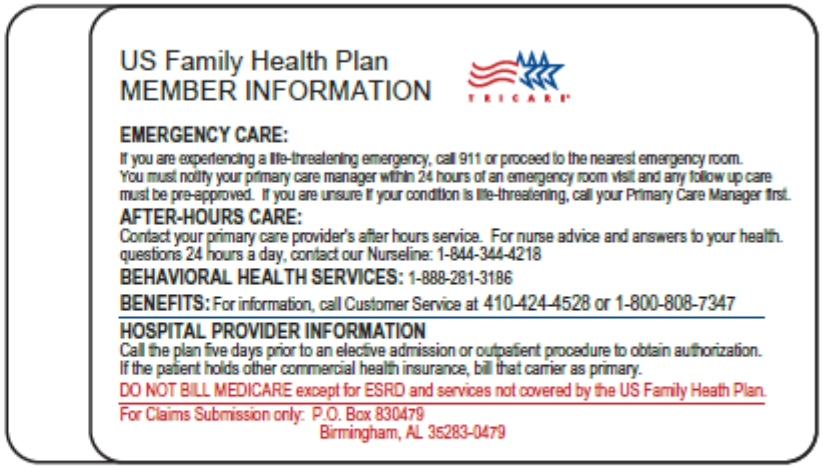
- Must be submitted on CMS 1500 or UB-04 forms
- Specialist or ancillary providers must include referring PCP's NPI in Box 17b of the CMS 1500 form
- Rendering provider's NPI must be in Box 24J of CMS 1500 form
- Referring primary care provider's NPI is also required in box 78/79 on the UB-04 form for outpatient hospital services that do not require an authorization.
- Submission must be within six months (180 calendar days) of the date of service.
- Participating providers cannot balance bill a member for a covered service.
- A participating provider cannot balance bill a member for a non-covered service unless the member has signed a specific acknowledgment of financial responsibility.
- The Acknowledgement and Financial Responsibility form can be found at the Johns Hopkins Health Plans website under "Forms."

USFHP Member ID Cards

Front



Back



Important Information for All Plans

Telemedicine

Johns Hopkins OnDemand Virtual Care:
Johns Hopkins OnDemand Virtual Care (powered by Teladoc) is an online telemedicine platform for both adult and pediatric patients. It is available to members through mobile app, computer or tablet.

Johns Hopkins Health Plans Products Supported:

- Advantage MD (HMO and PPO)
- Employer Health Programs (EHP)
- Priority Partners Managed Care Organization
- US Family Health Plan (USFHP)*

*The service is only available to USFHP members on weekdays between 6 p.m. and 8 a.m. and 24/7 on weekends. During normal office hours, USFHP members should connect with their PCP.

- The service is intended for minor care concerns (ONLY) that don't require lab work, such as colds, rashes and pinkeye.
- The service is <u>not</u> for medical emergencies. If a patient is experiencing a medical emergency, they should call 911 or go to the nearest emergency room.
- **NOTE:** Johns Hopkins Health Plans encourages members to use their primary care provider when possible, but Johns Hopkins OnDemand Virtual Care is an alternative option to quickly access needed care.

Diabetes Prevention Programs

- Johns Hopkins Health Plans offers diabetes prevention and management programs for members as recognized by the Centers for Disease Control & Prevention (CDC).
- **Advantage MD and EHP**
- A 12-month, evidence-based curriculum focusing on lifestyle changes with coaching support and resources. Patients who prefer to self-refer may contact the DPP team at brancaticenter@jhmi.edu or call us at 410-614-2701.
- **Priority Partners**
- Members are eligible to participate in an evidence-based diabetes prevention program established by the Centers for Disease Control and Prevention if they are 18 to 64 years old, overweight or obese, have an elevated blood glucose level or a history of gestational diabetes mellitus, have never been diagnosed with diabetes and are not currently pregnant. Call 800-654-9728.
- **USFHP**
- USFHP offers programs to help members, whether they are learning how to live with a recent diabetes diagnosis, or are trying to prevent the onset of diabetes. Call 800-808-7347.

Network Access Standards

Johns Hopkins Health Plans comply with state regulations designed to help make sure our plans and providers can give members access to care in a timely manner. These state regulations require us to ensure members are offered appointments within the following time frames:

Priority Partners

Service	Appointment Wait Time (not more than):
Initial prenatal appointments	Ten (10) business days from request, or from the date the MCO receives a Health Risk Assessment (HRA) for the new enrollee (unless enrollee continues care with established provider and established provider concludes that no initial appointment is necessary), whichever is sooner.
Family Planning appointments	Ten (10) days from the date enrollee requests appointment
High Risk enrollee appointments	Fifteen (15) business days from MCO's receipt of the enrollee's completed HRA
Urgent Care appointments	Forty-eight (48) hours from date of request
Routine, Preventive Care, or Specialty Care appointments	Thirty (30) days from initial request or, where applicable, from authorization from PCP.
Initial newborn visits	Fourteen (14) days from discharge from hospital (if no home visit has occurred)
Initial newborn visits if a home visit has been provided	Within thirty (30) days from date of discharge from hospital
Regular optometry, lab, or x-ray appointments	Thirty (30) days from date of request
Urgent optometry, lab or x-ray appointments	Forty-eight (48) hours from date of request
Wait for enrollee inquiries on whether or not to use an emergency facility	Thirty (30) minutes

Network Access Standards

Employer Health Programs (EHP)

Service	Appointment wait time (not more than):
History & Physical Exam	Ninety (90) calendar days
Routine Health Assessment	Thirty (30) days
Non-urgent (symptomatic)	Seven (7) calendar days
Urgent Care	Twenty-four (24) hours
Emergency Services	Twenty-four (24) hours

Advantage MD

Service	Appointment Wait time (not more than):
PCP Routine/Preventive Care	Thirty (30) calendar days
PCP Non-Urgent (Symptomatic)	Seven (7) calendar days
PCP Urgent Care	Immediate/Same Day
PCP Emergency Services	Immediate/Same Day
Specialist Routine	Thirty (30) calendar days
Specialist Non-Urgent (Symptomatic)	Seven (7) calendar days
Office Wait Time	Thirty (30) minutes

US Family Health Plan (USFHP)

Service	Appointment wait time (not more than):
Health Assessment	Four (4) weeks
Routine	One (1) week
Urgent	Twenty-four (24) hours
Office Wait Time	Thirty (30) minutes

Behavioral Health (All Plans)

Service	Appointment Wait time (not more than):
Behavioral Health Routine Initial	Ten (10) business days
Behavioral Health Routine Follow-up	Thirty (30) calendar days
Behavioral Health Emergency	Immediate
Behavioral Health Urgent	Immediate

Payment Dispute and Clinical Appeal

Priority Partners, USFHP and EHP have two separate forms for **Provider Payment Disputes and Medical Necessity/Clinical Appeal Requests.**

- **Provider Claims/Payment Dispute and Correspondence Submission Form**: Use this form for provider claim/payment disputes and claim correspondence only. Please do not use this form for clinical/medical necessity appeal requests.
- **Provider Appeal Submission Form-Clinical/Medical Necessity:** Use this form when you want to appeal a clinical/medical necessity denial.

Advantage MD has one Participating Provider Payment Dispute Form used for submission of claims disputes and clinical disputes.

- **Please be sure to submit one form for each request.**
- These forms can be found on HopkinsHealthPlans.org at the *For Providers* tab, in the "Resources and Guidelines" section under "Forms."
- The Provider Payment Dispute Form and the Provider Appeal Submission Form for Priority Partners, USFHP and EHP are also available in a web version on Availity and HealthLINK under the "Administration" section and the "Resources" tab.

eviCore

- Providers in the **Advantage MD and Priority Partners** networks are required to obtain prior authorization for High Tech Radiology, Advanced Cardiac Imaging, Lab Management, Musculoskeletal (MSK) Advanced Procedures, MSK Therapies, and Post-Acute Care services through eviCore. Lists of applicable CPT codes can be found under Resources and Guidelines. Certain lab management codes are subject to post service Claims Studio review by eviCore. For more information, visit www.eviCore.com.
- Request prior authorization through the eviCore portal via Availity or HealthLink, directly on the eviCore portal, or by calling 866-220-3071.

NovoLogix

Johns Hopkins Health Plans **Advantage MD, EHP** and **Priority Partners** engage Novologix (CVS Health) to manage its prior authorization process for certain provider-administered medications to determine medical necessity.

Codes Requiring Prior Authorization Links:

- Advantage MD code list
- EHP code list
- Priority Partners code list

How to Request Prior Authorization:

- Providers may submit prior authorization requests electronically by accessing the NovoLogix portal through the Availity or HealthLINK portal.

NovoLogix Contact Support:

- Advantage MD: 800-932-7013
- EHP & Priority Partners: 844-345-2803
- Priority Partners providers may also fax drug-specific prior authorization forms to 866-212-4756.

ProgenyHealth

- Johns Hopkins Health Plans Supported Products
  - **EHP & Priority Partners**
- Partnership Features:
  - ProgenyHealth's neonatal care management program enhances services to our members and support our mission to make a lasting difference in our members' lives by improving their health and well-being.
  - ProgenyHealth's neonatologists, pediatricians and neonatal nurse care managers work closely with the NICU facility, EHP and Priority Partners members, as well as attending physicians and nurses, to promote healthy outcomes for EHP and Priority Partners' premature and medically complex newborns.
  - Visit progenyhealth.com for more information on their services.

Provider Resource: Online Provider Update Form

If there are any demographic changes in your practice or facility, you are **required** to notify the Provider Relations department:

- Submit digitally via the Online Digital Provider Information Update Form.
- Email to ProviderChanges@jhhp.org. This email box is monitored daily to collect and process all provider changes. Please fill out the Provider Information Update Form (located under "For Providers" and then under the Forms section of the "Resources and Guidelines" page) and attach it to the email before sending to Johns Hopkins Health Plans.
- Information on both forms includes changes to telephone numbers, address, suite number and email or fax numbers.
- **Note:** If you are using a Social Security Number in place of a Tax ID, the completed update form must be faxed to 410-762-5302 to ensure identity protection. Do not send digitally or by email.
- W-9 requests should be submitted to: w9requests@jhhp.org.
- Any questions about the provider changes reporting process may be directed to Provider Relations at 888-895-4998 (option 4).

*If you are under a Delegated Credentialing Agreement please follow the process outlined per that agreement.

Johns Hopkins Health Plans Communication Services

- Johns Hopkins Health Plans provides free tools and services to people with disabilities to communicate effectively.
- Johns Hopkins Health Plans also provides free language services to people whose primary language isn't English (e.g. qualified interpreters and information written in other languages).
- These services can be obtained by calling the Customer Service number on their member ID card.
- You may also contact Johns Hopkins Medicine International for assistance or submit a member referral to Priority Partners.
  - **Language Assistance Services**
  - **Johns Hopkins Medicine Language Services**
  - **Priority Partners Member Referral Form**

Language Services Analysis

Advantage MD Language Table

Total Providers that speak identified languages	Percent of Total Network	Total Members that Speak identified Languages*	Percent of total membership
Asian: 8,841	Asian: 36%	Asian: 1,090	Asian: 2%
Spanish: 5,322	Spanish: 22%	Spanish: 1,620	Spanish: 3%
Other: 9,221	Other: 38%	Other: 1,710	Other: 3%

USFHP Language Table

Total Providers that speak identified languages	Percent of Total Network	Total Members that Speak identified Languages*	Percent of total membership
Asian: 6,655 (-143)	Asian: 19%	Asian: 1,292 (-44)	Asian: 1%
Spanish: 4,037 (-189)	Spanish: 11%	Spanish: 2,258 (-70)	Spanish: 3%
Other: 6,807 (-515)	Other: 19%	Other: 1,958 (-43)	Other: 2%

Language Services Analysis (continued)

Priority Partners Language Table

Total Providers that speak identified languages*	Percent of Total Network	Total Members that Speak identified Languages**	Percent of total membership
Asian: 9,709	Asian: 35%	Asian: 9,435	Asian: 3%
Spanish: 5,686	Spanish: 20%	Spanish: 17,385	Spanish: 5%
Other: 9,971	Other: 36%	Other: 18,869	Other: 6%

EHP Language Table

Total Providers that speak identified languages*	Percent of Total Network	Total Members that Speak identified Languages**	Percent of total membership
Asian: 11,219	Asian: 33%	Asian: 1,545	Asian: 3%
Spanish: 6,832	Spanish: 20%	Spanish: 2,593	Spanish: 6%
Other: 11,752	Other: 34%	Other: 2,740	Other: 6%

Johns Hopkins Health Plans Resources/Contacts

- **JPAL**: The Johns Hopkins Prior Authorization Lookup tool (JPAL) is a provider resource to check and verify preauthorization requirements for outpatient services and procedures.
- Located in the Availity and HealthLINK portal, JPAL offers a user-friendly way for providers to look up prior authorization requirements.
- **Provider Relations**
  888-895-4998 (option 4)
- **Advantage MD Customer Service**
  HMO: 877-293-4998
  PPO: 877-293-5325
- **Employer Health Programs (EHP) Customer Service**
  410-424-4450 or 800-261-2393
  ehpcustomerservice@jhhp.org*
- **Priority Partners Customer Service**
  800-654-9728
  ppcustomerservice@jhhp.org*
- **US Family Health Plan (USFHP) Customer Service**
  410-424-4528 or 800-808-7347
  usfhpcustomerservice@jhhp.org*

Complete provider education packets for each Johns Hopkins Health Plans line of business available on the provider website.

***Please do not send any Protected Health Information (PHI) and personal medical information when using any of the email links above. Please include contact information in case we need to reach you.**

Provider Relations:
888-895-4998 (option 4)

THANK YOU