

PROVIDER pulse

Johns Hopkins HealthCare Provider Newsletter

SPRING 2019



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Quality Care



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MEDICINE

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HEALTHCARE

This newsletter features important information pertaining to providers in the JHHC network: Priority Partners, Johns Hopkins Employer Health Programs (EHP), Johns Hopkins US Family Health Plan (USFHP), and Johns Hopkins Advantage MD. Please contact your Provider Relations coordinator with any questions about this information.

// INTRODUCTION

The deep roots never doubt spring will come. —Marty Rubin

And so it has. Spring has arrived with longer, brighter days and a feeling of growth and renewal. Speaking of growth, the big news here at JHHC is that we've moved to new corporate headquarters in Hanover, MD, not far from JHHC's former location in Glen Burnie. The larger and more modern office space accommodates our evolution as a health care company and our expanded services to providers and members.

There's an article in this issue about the new corporate address, but you may want to make a note of it now:

Johns Hopkins HealthCare
7231 Parkway Drive, Suite 100
Hanover, MD 21076

Delivering quality medical services to our members is the hallmark of JHHC. Dedication to the partnerships we've established with our providers is a vital component of this commitment. We appreciate your efforts to provide high value services to JHHC members.

—*Editor*, Provider Pulse

// BENEFITS AND PLAN CHANGES

Site of Service Change for Sleep Study Tests

JHHC requires prior authorization and clearance for medical necessity for sleep study procedures performed in an outpatient hospital setting. This policy, which went into effect March 1, pertains to Johns Hopkins Advantage MD, Priority Partners and the Johns Hopkins US Family Health Plan (USFHP) and impacts members ages 18 years and older.

Partnership with In-Home Sleep Study Providers

With 43 million Americans suffering from sleep apnea, it is likely that many of your patients have the condition. To provide greater member access to the sleep study benefit, JHHC has added home sleep study vendors to the provider networks.

Sleep Study Provider Search:

To locate an in-home or outpatient hospital sleep study provider, use the links below or go to jhhc.com and click "Search for a Provider."

- [Advantage MD Provider Search](#)
- [Priority Partners Provider Search](#)
- [USFHP Provider Search](#)

Procedure Codes

The affected procedure codes are listed below:

95800	95801	95803	95805	95806
95807	95808	95810	95811	

Prior Authorization Process

Prior authorization requests to our Utilization Management Department (UM) must be submitted **only** via the FAX numbers listed below:

- **Advantage MD:** 410-424-2621
- **Priority Partners:** 410-762-5205 or 410-424-4603
- **USFHP:** 410-762-5205 or 410-424-4603

Updates to Breast Pump Device Policies for USFHP Members

JHHC has applied updates and clarifications to the breast pump device policies for Johns Hopkins US Family Health Plan (USFHP) members. Beginning April 12, 2019:

- Members are covered for one breast pump (previously, the limit was two).

- Breast pump coverage is for all pregnant members beginning the 27th week of pregnancy and for all female members who legally adopt an infant and plan to personally breastfeed that infant (previously, there was no gestational time limit).
- Breast pumps and supplies may be purchased from any supplier or retail store. However, members are responsible for any charges in excess of the fee schedule.
- The following supplies are covered for 36 months after the birth event; additional supplies require a prescription from an authorized individual provider:
 - » Bottles—two replacement bottles and caps/interlocking rings every 12 months following a birth event
 - » Power adapters—one power adapter per birth event
 - » Valves—12 valves/membranes for each 12-month period following a birth event
 - » One set (2) of flanges/breast shields per birth event
 - » One set of tubing per birth event
 - » Ninety (90) breast milk bags every 30 days following the birth event
 - » Two sets of nipple shields and one supplemental birthing system per birth event may be covered when prescribed by a TRICARE-authorized provider

Breast Pump Policy Reminders

- A prescription from an authorized provider is required for breast pumps and equipment.
- Breast pump kits, which are specific to each manufacturer, are covered. These kits provide the necessary supplies to pump from both breasts simultaneously.
- Lactation counseling (99401-99404)
 - » Services must be rendered by a TRICARE authorized provider.
 - » No cost shares are associated with lactation counseling.
 - » Up to 6 outpatient lactation counseling session are covered per birth event.
- Excluded items include:
 - » Breast pump batteries, battery powered adapters, battery packs
 - » Regular baby bottles, nipples, caps and lids
 - » Travel bags and other carrying accessories

- » Cleaning supplies
- » Baby weight scales
- » Garments and other products that allow hands free pump operation
- » Ice packs, labels, labeling lids
- » Nursing bras, bra pads
- » OTC creams and ointments
- » Breast pumps with “luxury or deluxe” features such as smart phone connectivity, Bluetooth features, rechargeable batteries, luxury tote bags, and car adapters. Members may elect to purchase these items and pay the difference between the TRICARE allowable amount and the actual cost of the item.

Electric Breast Pump (E0603)/ Standard/Manual Breast Pump (E0602)

- Effective for dates of service on or after April 12, 2019:
 - One electric or manual breast pump is covered per birth event (birth or adoption) beginning at the 27th week of pregnancy (third trimester) or birth of a child should the birth occur earlier than 27 weeks.
- Pumps may be purchased from an in-network provider or any retail store or pharmacy. However, any charges above the maximum allowable charge are not covered and will be the responsibility of the member.

Hospital Grade Pumps (E0604)

- **Preauthorization required.** Hospital grade pumps are only covered for premature infants (born less than 37 weeks and requiring hospitalization).
- Use of hospital grade pumps is covered while the premature infant remains hospitalized during the immediate postpartum period.
- Provider can submit clinical documentation to Medical Review at 410-762-5205.
- Continued use of a hospital-grade breast pump may be covered after the premature infant is discharged and if medically necessary.
 - » Physician should submit additional clinical documentation to Medical Review at 410-762-5205.

// POLICIES AND PROCEDURES

Site of Service Preauthorization Requirement Reminders

In light of recent inquiries, JHHC would like to clarify preauthorization requirements for certain outpatient procedures for Priority Partners and Johns Hopkins US Family Health Plan (USFHP) members. Authorization is required for outpatient gastroenterology, ophthalmology, ENT services, urology, infusion services, and sleep studies performed in regulated space or an outpatient hospital setting. The following outlines preauthorization requirements for each site of service. The procedure codes for the above noted services, which require authorization to be performed in an outpatient hospital setting, are listed below.

Outpatient Hospital Setting (Place of Service 22)

- Members 18 and older require a prior authorization for all below specialty services/CPT codes when provided in an outpatient hospital setting. For sleep studies, this includes instances with equipment issued in or provided in an outpatient hospital setting, or Place of Service 22 (POS 22), intended for home sleep studies.
- Members under the age of 18 require a prior authorization for ENT services/CPT codes only when provided in an outpatient hospital setting.

Office Setting (Place of Service 11)

- No authorization required for all ages for specialty services/CPT codes

Ambulatory Surgery Center (ASC) Setting (Place of Service 24)

- No authorization required for all ages for specialty services/CPT codes

NOTE: All codes are subject to change in compliance with state and federal guidelines.

Ophthalmology Codes

65135	65426	65855	66172	66820	66986	67120	67318	67700	67875
65155	65430	65860	66180	66821	67005	67121	67343	67710	67880
65175	65435	65865	66220	66825	67010	67208	67345	67715	67882
65205	65436	65870	66250	66830	67015	67210	67346	67800	
65210	65450	65875	66680	66840	67025	67218	67400	67801	
65220	65600	65880	66682	66850	67027	67220	67405	67805	
65222	65730	65900	66700	66852	67028	67221	67412	67808	
65265	65780	65920	66710	66920	67030	67227	67413	67810	
65280	65782	65930	66711	66930	67031	67228	67414	67820	
65285	65800	66020	66720	66940	67036	67255	67415	67825	
65286	65810	66030	66740	66982	67039	67311	67500	67830	
65400	65815	66130	66761	66983	67040	67312	67505	67835	
65410	65820	66160	66762	66984	67041	67314	67515	67840	
65420	65850	66170	66770	66985	67042	67316	67550	67850	

Urology Codes

50590	51725	51784	52204	52260	52318	52353	53020	53500	54161	54520	54840	55250
51040	51726	51797	52214	52276	52320	52450	53200	53620	54162	54530	54860	55700
51102	51727	51798	52224	52281	52327	52500	53230	54000	54163	54550	54865	57288
51710	51728	52000	52234	52310	52332	52601	53260	54060	54164	54600	54900	
51715	51729	52001	52235	52315	52351	52640	53265	54100	54500	54700	55000	
51720	51741	52005	52240	52317	52352	52648	53275	54105	54505	54830	55040	

Gastroenterology Codes

43200	43241	43246	43250	45330	45335	45378	45382	45399
43236	43243	43247	43251	45332	45337	45380	45384	
43239	43244	43248	44380	45333	45338	45381	45388	

ENT Services Codes

21188	29800	30140	30435	42145	42830	69421
21198	29804	30400	30450	42820	42831	69433
21199	30110	30410	30460	42821	42835	69436
21206	30115	30420	30462	42825	42836	
21299	30130	30430	30520	42826	69420	

Infusion Services Codes

For USFHP only:

J0129	J1602	J1745	J3262	J3357	J3380	J9310
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Infusion Services Codes

For Priority Partners only:

J0129	J0587	J1557	J1572	J2326*	J3357	J7324	J9299*	Q5103
J0178*	J0588	J1559	J1575	J2350	J3380	J7325	J9305*	Q5104
J0202	J0717	J1561	J1602	J2357*	J7320	J7326	J9310	Q5108*
J0490	J0897	J1566	J1745	J2505*	J7321	J7327	J9355*	
J0585	J1459	J1568	J2182*	J2778*	J7322	J7328	Q2040*	
J0586	J1556	J1569	J2323	J3262	J7323	J9035*	Q2041	

***NOTE:** These HCPCS codes require medical necessity authorization only.

Sleep Studies Codes

95800	95801	95803	95805	95806	95807	95808	95810	95811
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To locate unregulated outpatient facilities or home sleep study vendors for sleep study procedures, go to jhhc.com and click “Search for a Provider” or use the links below:

- [Priority Partners Provider Search](#)
- [USFHP Provider Search](#)

You can also contact Provider Relations at 888-895-4998.

Preauthorization Process

Prior authorization requests must be submitted to our Utilization Management department (UM) **only** via the fax numbers listed below:

- Priority Partners - 410-762-5205 or 410-424-4603
- USFHP - 410-762-5205 or 410-424-4603

Introducing New Preauthorization Request Forms

JHHC has created a new standardized preauthorization request form for Priority Partners, Johns Hopkins Employer Health Programs (EHP) and the Johns Hopkins US Family Health Plan (USFHP). JHHC also has a new, separate form for Johns Hopkins Advantage MD. This move is part of an effort to ensure all necessary information is received upon submission of the preauthorization request.

These forms went into effect May 16, 2019. Please use these new forms and fax your request to the correct fax as noted on the forms.

These forms are available on the JHHC site in the For Providers section. Go to the Resources and Guidelines page and select “Forms.”

Recommendations for Vaccines in Light of U.S. Measles Outbreaks

In response to the measles outbreaks in the United States, including Maryland, the [Centers for Disease Control and Prevention](#) (CDC) and the [Maryland Health Department](#) (MHD) recommend that children, adolescents and adults get the MMR vaccine to protect against measles, mumps, and rubella.

Recommendations

The following recommendations apply to Johns Hopkins Advantage MD, Johns Hopkins Employer Health Programs (EHP), Priority Partners and Johns Hopkins US Family Health Plan (USFHP): Healthcare providers should consider the following steps for patients who might be at increased risk of measles exposure, such as people planning to travel to areas with measles outbreaks (see [list of measles outbreaks](#) reported to CDC, or who might have contact with visitors from these areas.

- Children 6-11 months old should be given the initial MMR vaccine to help protect them against measles. These children must be revaccinated when they are 12-15

months old and again when they are 4-6 years of age (3 doses of the vaccine in total).

- » Children may also get MMRV vaccine, which protects against measles, mumps, rubella, and varicella (chickenpox). This vaccine is only licensed for use in children who are 12 months through 12 years of age.
- Teens and adults should also be up to date on their MMR vaccination.
 - » Some adolescents and adults may need an MMR if they are showing poor immunity or have uncertain history of MMR vaccination.

Quantity limits for CPT vaccine codes (no prior authorization is required):

- CPT 90707: 1 unit per day per provider
- CPT 90708: No quantity limit
- CPT 90710: 1 unit per day per provider

Revised Procedure for Criminal Background Checks for Prospective USFHP Providers

Per TRICARE regulations, JHHC is required to initiate criminal background checks on providers who request to participate with the Johns Hopkins US Family Health Plan (USFHP).

HireRight is a company JHHC uses to conduct the criminal background checks. JHHC will initiate the process by submitting to HireRight the email address listed on the provider's credentialing application.

- The applicant will receive an email from HireRight with the web address and login information to fill out the background screening information necessary to complete the background check.
 - » When you see an email from HireRight, please do not delete it; this is a legitimate email. Applicants may also want to check their spam folders for this email.
 - » HireRight uses a secure online portal for the applicant to provide their personal information.
- Once the applicant signs in using the authentication information provided in the email, they will be required to set up their own password. Instructions will be provided with a brief explanation of what to expect when completing the required information.
- The applicant will be prompted to provide information appropriate to the screening order (JHHC Criminal Background Check Package). Once complete, the

applicant will review the accuracy of the information they entered and then provide electronic consent.

- The applicant will review the disclosure and authorization forms, check the two certification boxes and provide an electronic signature.
- A confirmation message will display an estimated date of completion for the background check.

Priority Partners Providers Must Enroll in e-PREP to Ensure Medicaid Reimbursements

New federal rules require that all Priority Partners providers enroll with the state's Medicaid agency. To continue receiving Medicaid reimbursable funds, providers must submit an electronic application through the online electronic Provider Revalidation and Enrollment Portal (ePREP). Enrollment is mandatory even if you do not participate with fee-for-service Medicaid.

Providers need to register with ePREP by October 1, 2019.

After that date, the state will not reimburse claims from unregistered providers.

Enrollment Instructions

1. To enroll with Maryland Medicaid, please visit eprep.health.maryland.gov.
2. If your organization is a group practice, please submit an enrollment application for your group practice first.
 - a. As part of your group application, you will be able to add yourself and your affiliated providers in ePREP.
 - b. After you enter yourself and the affiliated providers, you and your providers must access ePREP under his/her separate user profile to accept the affiliation, complete the application and sign using his/her electronic signature.
3. If you are a solo practitioner, select "solo practitioner" when prompted in ePREP and follow the instructions.

NOTE: Providers contracted with multiple MCOs only need to enroll one time with the state's ePREP system. With ePREP it's one and done.

For additional information and to complete your application, please visit health.maryland.gov/ePREP or call 844-4MD-PROV.

Updates to Payment Dispute Forms

As part of our ongoing efforts to improve the workflow for provider inquiries, we have updated our Provider Claims/Payment Disputes and Correspondence Submission Form.

This affects Johns Hopkins Employer Health Programs (EHP), Priority Partners, Johns Hopkins US Family Health Plan (USFHP), as well as the Johns Hopkins Advantage MD, which has a separate Participating Provider Post-Service Payment Dispute Submission Form.

These forms became effective May 15, 2019. Please use these updated forms, complete all fields and submit as noted on the forms.

These updated forms can be found by visiting jhhc.com and clicking "Download Forms."

// QUALITY CARE

Talk with Your Patients about Screenings and Preventive Care

When you see your patients, make sure that you stress the importance of preventive care. Discuss a recommended frequency for well-visits based on their health needs. Additionally, be sure to put these screenings and preventive measures on their to-do list:

- **Mammograms.** The American Cancer Society recommends that women should get a mammogram every year starting at age 45. Women ages 55 and older have the option of getting a mammogram every two years or continuing with the annual screenings.
- **Pap test and/or HPV test.** The U.S. Preventive Services Task Force recommends women ages 21 to 29 get a Pap test once every three years. Women ages 30 to 65 years can choose to have a Pap test every three years, an HPV test once every five years, or a Pap test and an HPV test once every five years. Women older than 65 who have had normal screenings and do not have a high risk for cervical cancer do not need to be screened. Talk with your patients about the schedule that works best for them.
- **Cholesterol.** Check your patients' cholesterol every four to six years after they turn age 20.
- **Diabetes.** Test your patients for diabetes if they are overweight or obese and between the ages of 40 and 70.
- **Osteoporosis.** Women ages 65 and older, and younger women at high risk, should be screened for osteoporosis.
- **Colorectal cancer screening.** Medical opinions vary about when to begin screening for colorectal cancer—age 45 or 50. Talk with your patients to determine the right schedule for them.

CAHPS and HOS Surveys

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and Health Outcomes Survey (HOS) star measures account for more than a quarter of the overall CMS Star quality ratings that Johns Hopkins Advantage MD receives each year. The surveys will go out to a random sample of our members and is administered by a certified vendor. As a participating provider, you can help us drive performance on these measures, which are an integral part of JHHC's PCP incentive program.

Star Ratings: CAHPS

The CAHPS® survey evaluates the members' satisfaction with the care and services they have received over the past six months. Almost 20% of a plan's Star rating is driven by CAHPS. Over 70% of that Star rating depends on what does or does not happen in the provider's office—and many CAHPS questions deal directly with this aspect of patient experience. Here are some tips to keep in mind when it comes to delivering a quality experience to our members, your patients:

- Help members seek care as timely as possible.
- Be familiar with the questions members are being asked on the survey.
- Encourage patients to get a flu shot each year.
- Understand the patients' costs for prescribed drugs based on their plan formulary.
 - » Follow up with patients promptly regarding test results, regardless if the results do or do not require additional care.

Star Ratings: Health Outcomes Survey (HOS)

HOS is a member survey that assesses the physical and mental health of a patient over a two-year period. Here are some items to discuss with your patients during the Annual Wellness Visit:

- Talk about falling or problems with balance or walking
- Suggest that patients use a cane or walker when applicable
- Suggest that patients participate in an exercise or physical therapy program
- Suggest a vision or hearing test
- Advise patients on ways to manage the leaking of urine, including bladder training exercises, medication, over-the-counter supplies/aids, and surgery.

Advantage MD has created a tip sheet on the HOS measures to assist provider groups with understanding how they impact the responses on this survey. For more information and to receive this tip sheet, please contact your provider engagement liaison.

Sample CAHPS Survey Questions

- Have you had a flu shot since July 1?
- In the last 6 months:
 - ✓ How often did you get care as soon as you needed?
 - ✓ How often did you see your provider within 15 minutes of your appointment time?
 - ✓ How often was it easy to get the care, tests or treatments you needed?
 - ✓ How often did you and your personal doctor talk about all the prescription medicines you were taking?

Clinical Practice Guidelines

JHHC has adopted clinical practice guidelines developed by specialty groups, associations and other medical organizations as the foundation for our population health programs.

These guidelines may address the following:

- ADHD
- Asthma
- Back pain
- Chronic kidney disease
- Coronary artery disease
- COPD
- Major depression
- Diabetes
- Diabetes testing during pregnancy
- Geriatric care
- Heart failure
- Hypertension
- Obesity
- Opioids for chronic pain
- Osteoarthritis

For the complete list of adopted guidelines and links to download copies, please visit the *Providers and Physicians* section of the jhhc.com website.

// PHARMACY

Priority Partners Now Requires Preauthorization for Certain Provider-Administered Medications

As of April 1, 2019, preauthorization is required for the following medications administered by providers to Priority Partners members of all ages:

Impacted procedure codes

- J7318 (Durolane®)
- J0517* (Fasenra®)
- J3245 (Ilumya®)
- Q5109 (Ixifi®)
- J3398* (Luxturna®)
- J9311 (Rituxan Hyclea®)
- J1628 (Tremfya®)
- J7329 (TriVisc®)
- Q5111* (Udenyca®)
- J9305* (Alimta®)

*NOTE: These codes require medical necessity authorization only (not site of service).

As a reminder, the procedure codes below went into effect January 1, 2019:

- J9312 (Rituxan®) - Replaced J9310
- J9306 (Perjeta®) - Removed prior authorization requirement
- Q2042 (Kymriah®) - Replaced Q2040

Preauthorization Process

For preauthorization requests, submit the Medical Injectable Prior Authorization form along with clinical supporting documentation via FAX to 410-424-2801. The form is available on the JHHC website: go to jhhc.com and click “Download Forms.”

Pharmacy Formulary Update

A variety of pharmacy information and resources are available to you on the JHHC, Priority Partners, EHP, USFHP and Advantage MD websites. These include information related to the pharmacy formulary, pharmaceutical restrictions or preferences, requesting a benefit exception, step therapy, generic substitution and other pharmacy management procedures.

The pharmacy formularies are specific to each plan and are updated regularly to include new medications and the latest safety information. For additional information on the pharmacy formularies and updates for each plan, use the links listed below. You can also contact the JHHC Pharmacy Department at 888-819-1043 for questions or concerns for Priority Partners, EHP, and USFHP. Contact 877-293-5325 (option 2) for questions or concerns for Advantage MD.

Pharmacy websites to bookmark:

- **Johns Hopkins Employer Health Programs (EHP)**
Jhhc.com > For Providers > Our Health Plans > EHP > [Pharmacy and Formulary](#)
- **Priority Partners**
Jhhc.com > For Providers > Our Health Plans > Priority Partners > [Pharmacy and Formulary](#)
- **Johns Hopkins US Family Health Plan (USFHP)**
Jhhc.com > For Providers > Our Health Plans > US Family Health Plan > [Pharmacy and Formulary](#)
- **Johns Hopkins Advantage MD**
Jhhc.com > For Providers > Our Health Plans > Advantage MD > [Pharmacy and Formulary](#)

// REMINDERS

Network Access Standards

JHCC complies 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

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

Johns Hopkins US Family Health Plan

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

Johns Hopkins 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
Behavioral Health Routine Initial	Ten (10) business days
Behavioral Health Routine Follow-up	Thirty (30) calendar days
Behavioral Health Urgent	Forty-eight (48) hours
Behavioral Health Emergency	Six (6) hours
Office Wait Time	Thirty (30) minutes

HealthLINK Videos Offer Tips and Tools

Your provider portal (HealthLINK@Hopkins) features many tools to help you track your patients' health and do business with JHHC. We have created a series of instructional videos explaining how to use the HealthLINK web portal.

These videos focus on the following four topics:

- Reviewing claims in HealthLINK
- Submitting a claim
- Checking the eligibility of a member
- Searching for referrals/authorization.

Learning how to effectively use HealthLINK can save your staff valuable time by reducing calls to customer service. Your staff can use the portal to self-serve many questions.

Click the links below to view the videos:

Johns Hopkins EHP Providers:

<https://ehp.healthtrioconnect.com/app/index.page>

Priority Partners Providers:

<https://pp.healthtrioconnect.com/app/index.page>

Advantage MD Providers:

<https://medicareadvantage.healthtrioconnect.com/app/index.page>

Johns Hopkins US Family Health Plan Providers:

<https://usfhp.healthtrioconnect.com/app/index.page>

Required Cultural Competency Training for Priority Partners

Cultural competency training is a requirement for participating providers in the Priority Partners network. As a health care provider contracted by JHHC, our expectation is for you and your staff to gain and continually deepen your knowledge of, and ability to support, the values, beliefs and needs of diverse cultures.

This results in effective care and services for all people by taking into account each person's values, experiences and linguistic needs.

By enhancing the cultural competency of your workforce, together, we can:

- Improve the quality of patient-care delivery and health outcomes
- Increase member satisfaction
- Provide greater access to services

HHS offers **A Physician's Practical Guide to Culturally Competent Care**, a free, online educational program accredited for physicians, physician assistants, and nurse practitioners. This guide is available at the [HHS website](#). The HHS website

offers CME/CE credit and equips health care professionals with awareness, knowledge, and skills to better treat the increasingly diverse U.S. population they serve.

Once you have completed the training please fax a copy of your certificate to 410-424-4604.

JHHC Announces New Corporate Address

JHHC has moved to a larger and more modern office space to accommodate our growth and expanded services to our providers and members. This change means we have a new corporate office address. For providers to send all correspondence for Johns Hopkins Advantage MD, Johns Hopkins Employer Health Plan (EHP), Priority Partners and Johns Hopkins US Family Health Plan (USFHP).

As of April 15, 2019, the official corporate address is:

Johns Hopkins HealthCare
7231 Parkway Drive, Suite 100
Hanover, MD 21076

Please make a note of the new address. Mail will be forwarded to the new address for 12 months, but we encourage you to use this address as soon as possible since forwarded mail can take 7-10 postal business days to arrive at JHHC.

Claims

When sending paper claims to JHHC, please use the address on the back of the member's ID card. All mail will be forwarded to the correct address until new member ID cards are issued.

Appeals

Appeals should be mailed to the new corporate address.

Important notice:

Please distribute this information to your billing departments.

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7231 Parkway Dr., Suite 100
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