

# PROVIDER pulse

Johns Hopkins HealthCare Provider Newsletter

WINTER 2020



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JOHNS HOPKINS  
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

“Let us love winter, for it is the spring of genius.”

—*Pietro Aretino*

Hibernation isn't an option for us at Johns Hopkins HealthCare. The cold weather months are among our busiest, as we put into service all the new benefits, policies and procedures that went into effect in January and February, as well as laying the groundwork for changes that will come later in the year.

In this issue, you will find information on 2020 changes to our benefit plans — Johns Hopkins Advantage MD, Johns Hopkins Employer Health Programs (EHP), Priority Partners, and Johns Hopkins US Family Health Plan (USFHP). We also have an update on new preauthorization requirements for medical injectables and other pharmacy news.

We're also introducing a new feature that you'll find on the back page of *Provider Pulse* in every issue. We call it *For Your Reference* and it is a handy guide to the phone numbers, fax numbers, websites and email addresses you need to reach different departments associated with our JHHC health plans.

The year is still young, but it is never too early to express appreciation for our dynamic partnerships with our providers, and to thank you for your continuing commitment to high-quality medical services that can measurably enhance the health of our members.

—*Editor*, Provider Pulse

## // POLICIES AND PROCEDURES

### Expedited Authorization for Transfer from an Acute Inpatient Facility to a Skilled Nursing Facility (SNF)

Effective January 21, 2020, JHHC will expeditiously approve the transfer of a Priority Partners, EHP, or USFHP member from an acute inpatient facility for five (5) days at an in-network\* Skilled Nursing Facility (SNF) when the following conditions are met (this process is already in place for Advantage MD members as of August 27, 2019):

#### It is the Hospital's Responsibility to:

- Identify the SNF where the member will be transferred.
- Provide the appropriate supporting clinical documentation to JHHC in the authorization request, along with a valid diagnosis.
- Fax an authorization request to JHHC for the SNF transfer. Requests must be submitted with a completed Authorization Request Form, accompanied by complete clinical documentation. When requests are received without clinical documentation, JHHC intake staff will fax the hospital and request the required documentation.
- Clinical documentation must include, at a minimum:
  - » PT and OT notes
  - » Wound management
  - » Respiratory management
  - » Progress notes
  - » History and physical
- Bed level should be entered at the time of the request
  - » If a request is received without a bed level, JHHC will enter the case at the lowest level.
- When a member requires non-emergent ambulance transportation to a SNF, the hospital must also submit a separate ambulance authorization request when it is medically necessary for the member.
  - » Non-emergent ambulance transportation requests require the submission of a Physician Certification statement from the hospital. Requests submitted without this form will be pended for clinical review.

## Where to Submit SNF Authorization Requests and Non-Emergent Ambulance Authorization Requests:

Once the hospital has identified the receiving SNF and gathered the required clinical documentation, the hospital should submit the authorization request for the member requiring SNF services to JHHC:

- Fax the request to 410-424-2703
  - » A dedicated Utilization Management (UM) representative is available at 410-762-5210 to answer questions.
  - » When the conditions outlined above are completed and JHHC approves the 5 days, a Concurrent Review Task is created for the appropriate JHHC UM reviewer with a case follow-up date, and an approval letter is sent by JHHC to the member, along with a fax to the hospital.
  - » If the above conditions are not met, the request will be pended for a JHHC UM nurse to review.

## What If the SNF Authorization Request is for More Than 5 Days?

- If JHHC receives a request beyond the 5-day expedited approval, the Utilization Management department will reach out to the hospital as part of their concurrent review for medical necessity.

*\*NOTE: If a request is submitted for an out-of-network SNF, the request will be pended for a UM nurse to review.*

## JHHC Policy on Retrospective Authorization Requests

Cold and flu season is upon us, which means that some of your patients may be getting their flu and other preventive vaccines now (better late than never!). In light of the seasonal influx of claims and appeals concerning vaccinations, we would like to remind you that JHHC will deny administrative appeals for lack of authorization. In accordance with our provider policies, all retrospective authorization requests are denied.

## Required Specialist Provider Responsibilities for USFHP Providers

Please take note that specialist providers for Johns Hopkins US Family Health Plan (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 10 calendar days from the date of service, or sooner if the member's condition warrants a shorter timeframe.

## // BENEFITS AND PLAN CHANGES

### New Diabetes Prevention & Management Programs

Two programs developed by experts at Johns Hopkins Medicine (DECIDE and act2) are now available to eligible plan members of Johns Hopkins USFHP and Priority Partners. Providers can refer USFHP members to either program, beginning Feb. 1. Providers can refer Priority Partners members to DECIDE only, beginning Feb. 1. (Note: Providers have been able to refer Johns Hopkins Advantage MD members to both programs since Jan. 1.)

#### DECIDE

DECIDE is a literacy-adapted, self-paced self-management program that helps adults learn how to change everyday behaviors to better manage their type 2 diabetes. The program — which takes a participant between two-and-a-half and six months to complete — enhances health behavior change, coaches patients online, and improves clinical outcomes. *This program is intended for patients who have struggles with the management of their diabetes.*

#### act2

act2 is an interactive, online, year-long support and engagement program. The goal is to empower individuals who have been diagnosed with prediabetes to take charge of their health as they work with a personal coach to lose weight gradually (5% to 7% body weight), build physical activity into their daily routine, understand good nutrition and healthy eating habits, develop skills for behavior change, and stay motivated. *This program is intended for patients at high risk of developing type 2 diabetes.*

#### Referral Process

Members cannot be enrolled in both programs, and they cannot self-refer, though they may be referred by JHHC Care Management or by their health care provider.

If your patients would benefit from one of these programs, please refer them to us in one of the following ways:

- **Phone:** 866-809-2073
- **Email:** [HopkinsDiabetes@healthy.works](mailto:HopkinsDiabetes@healthy.works)
- **Online:** [bit.ly/hopkinsdiabetes](http://bit.ly/hopkinsdiabetes)

For all referrals, please include the following information:

- Patient's name; address; home phone #; mobile phone #; email address (if available)
- Referring provider's name; NPI #; office address; office phone #; mobile phone #; email address

*For more information on DECIDE and act2, call 866-809-2073.*

## Changes to Advantage MD Plans for 2020

We would like to make you aware of new benefit and plan changes that became effective January 1, 2020. Complete 2020 benefit schedules for Advantage MD are available on [JHHC.com](http://JHHC.com).

### Pharmacy Changes

Martins Pharmacy and PillPack will not participate in the Advantage MD pharmacy network in 2020. If a member frequents either of these pharmacies, they will need to switch to an in-network pharmacy as of January 1, 2020. In-network pharmacies can be located on the Pharmacy Locator at [hopkinsmedicare.com](http://hopkinsmedicare.com).

Prescriptions can be transferred from the old pharmacy to the new pharmacy, or providers can send in a new prescription to the new in-network pharmacy. Members can also sign up for mail-order prescriptions online at [hopkinsmedicare.com](http://hopkinsmedicare.com) or call Advantage MD Customer Service at 877-293-4998 (HMO) or 877-293-5325 (PPO).

### New Plan—Johns Hopkins Advantage MD Premier PPO

Starting in January, Johns Hopkins Advantage MD stopped offering its PPO and PPO Plus products in Montgomery County, Maryland. In addition to the Advantage MD HMO plan, Montgomery County members may enroll in a new plan, Johns Hopkins Advantage MD Premier PPO.

- Exclusive PPO plan available **only** to residents of Montgomery County
- Features simple design with the same member cost sharing in network and out of network

- Members have the flexibility to see any doctor
- Many benefits beyond original Medicare, including coverage of acupuncture, chiropractic care, preventive and comprehensive dental, vision exams and eyewear, hearing exams and aids, worldwide emergent and urgent services, and fitness center access or at-home fitness kits.

## Priority Partners Makes Changes in 2020

JHHC's managed care organization, Priority Partners, would like to inform providers of changes to the plan for the coming year. These changes and additions to the plan went into effect January 1, 2020:

### AIDS/HIV Prescription Drug Benefit Coverage Moves to Priority Partners

AIDS/HIV prescription drug benefit coverage has moved from the Maryland Department of Health (MDH) to Priority Partners. The [2020 Priority Partners Formulary](#) includes a listing of preferred products in the HIV therapeutic class.

### Substance Abuse Drugs and Behavioral Health Drugs

The MDH is responsible for formulary management of drugs used for substance use disorder (SUD) and most drugs used for behavioral health. Please refer to the [Maryland Medicaid Mental Health Formulary and the Maryland DHMH Clinical Criteria for Substance Use Disorders \(SUD\) Medications](#) for more specific information. This list may also be viewed at the [Maryland Department of Health Medicaid Pharmacy Program](#) website.

### Specialty Medications

- **Pharmacy Benefit Medications:** Are self-administered and processed through the member's pharmacy benefit. These medications are available at a local retail or specialty pharmacy and may require prior authorization. You may find a list of these self-administered specialty medications and their specific authorization requirements on the [Priority Partners formulary](#). Use the [Prior Authorization form](#) to request prior authorization for self-administered specialty medications.
- **Medical Benefit Medications:** Are administered by a provider or under supervision of a provider and processed through the member's medical benefit. Providers may supply these medications and bill the health plan for the medication and related administration using HCPCS Codes or J codes.

Please [view the HCPCS Codes](#) that require prior authorization for medical necessity and site-of-service. To request prior authorization, submit the [Medical Injectable Prior Authorization form](#) along with clinical supporting documentation via fax to 410-424-2801.

## Mandatory ePREP Enrollment

If you have not enrolled in the state's Medicaid agency yet through its online electronic Provider Revalidation and Enrollment Portal (ePREP), your claims could be affected. New federal rules state that enrollment is mandatory even if you do not participate with fee-for-service Medicaid.

After January 1, 2020, claims payments from unregistered providers will not be reimbursed by the state, which means Priority Partners will not pay claims from unregistered providers.

For additional information, please visit [health.maryland.gov/ePREP](http://health.maryland.gov/ePREP) or call 844-4MD-PROV.

## 2020 Changes to Copays and Out-of-Pocket for USFHP Members

Johns Hopkins US Family Health Plan (USFHP) initiated the following increases in pharmacy copays and out-of-pocket costs for members effective January 1, 2020:

- **Mail-Order Pharmacy (Home Delivery) – 90-day supply**
  - » Generic drug copay: increase from \$7 to \$10
  - » Brand-name drug copay: increase from \$24 to \$29
  - » Non-formulary\* drugs: increase from \$53 to \$60
- **Walgreens Pharmacy – 30-day supply**
  - » Generic drug copay: increase from \$11 to \$13
  - » Brand-name copay: increase from \$28 to \$33
  - » Non-formulary copay: increase from \$53 to \$60

*\*Non-formulary means that the drug is not on TRICARE's list of fully covered medications.*

- **Annual Catastrophic Cap**
  - » **For Active Duty Group B:** increase from \$1,028 to \$1,044
  - » **For Retiree Group B:** increase from \$3,598 to \$3,655
- **Annual Individual Enrollment Fee**
  - » **For Retiree Group A:** increase from \$297 to \$300
  - » **For Retiree Group B:** increase from \$360 to \$366

- **Annual Family Enrollment Fee**
  - » **For Retiree Group A:** increase from \$594 to \$600
  - » **For Retiree Group B:** increase from \$720 to \$732
- **Copays**
  - » **Specialty Care:** increases from \$30 to \$31 for Retiree Groups A and B
  - » **Ambulatory Surgery:** increases from \$61 to \$62 for Retiree Groups A and B
  - » **Urgent Care:** increases from \$30 to \$31 for Retiree Groups A and B
  - » **ER Visit:** increases from \$61 to \$62 for Retiree Groups A and B
  - » **Inpatient Admission (per admission):** increases from \$154 to \$156 for Retiree Groups A and B
  - » **Inpatient SNF/Rehab Facility:** increases from \$30 to \$31 for Retiree Groups A and B

## Modifications to Employer Health Programs (EHP) for 2020

A new year and a new decade bring changes to the EHP benefit plans. The following changes and additions went into effect January 1, 2020:

### Dermatological Screening Added for JHU

Johns Hopkins University (JHU) has added Dermatological Screening as a covered preventive service. Please refer to the Preventive/Well Child/ Adult Care guidelines and Preventive Services section of the Schedule of Benefits (SOB) for additional information.

### Vision Benefit

Vision benefits are now offered separately during the enrollment process. Members can elect coverage through EHP or opt out.

NOTE: Members pay a separate premium for this coverage.

- The cost EHP pays toward materials increased. The member's SOB reflects the increased amount.

## Merging of PPO Plans

As of January 1, 2020, all JHHS (Johns Hopkins Health Systems) groups merged into one PPO plan structure. The EPO options will remain separated. The following are included in the new JHHS PPO plan structure:

- Johns Hopkins Hospital
- Johns Hopkins Health System Corporation
- JH Bayview Medical Center
- Howard County General Hospital
- Sibley Memorial Hospital (Sibley does not have an EPO option)
- Suburban Hospital

Please note:

- Hopkins Preferred Providers and facility selections are the same for all JHHS PPO options.
- Howard County and Suburban will also include Hopkins Preferred Providers with the EPO option.
- Direct Primary Care (DPC) will remain as an available PCP option for selection during open enrollment. (This is for the EPO and PPO plans.)

## Pharmacy Changes

Suburban Hospital transitioned to the prescription benefits manager CVS/caremark for processing.

## MDH Appoints New Vendor for Priority Partners' Behavioral Health Services

The Maryland Department of Health (MDH) selected Optum Maryland to be the new Administrative Service Organization (ASO) for behavioral health and substance abuse services provided to Medicaid members. Optum Maryland replaces Beacon Health Options effective January 1, 2020 for Priority Partners members.

Optum Maryland is working closely with the MDH and Beacon Health Options during the transition process, which includes transferring authorizations, claims payment processing, participant history and other information and materials.

Providers of behavioral health and substance abuse services to Priority Partners members may contact Optum Maryland at 800-888-1965 Monday through Friday from 8 a.m. to 6 p.m. Visit Optum Maryland's website at <https://maryland.optum.com/> or email them at [marylandproviderrelations@optum.com](mailto:marylandproviderrelations@optum.com) for the most up-to-date information.

## // QUALITY CARE

### Five-Star Goal for Advantage MD - A Collaborative Effort

Advantage MD recognizes your role in meeting quality metrics, closing gaps in care and improving the overall patient experience. With your continued collaboration, we aim to achieve our goal of five stars quality ratings from the Centers for Medicare and Medicaid Services (CMS) Stars Ratings System.

One area of collaboration to accomplish this goal is through the CMS-sponsored Medicare Consumer Assessment of HealthCare Providers and Systems (CAHPS®) survey, which is conducted between March and June each year. The CAHPS survey measures capture important aspects of a patient's experience that are otherwise difficult to quantify. Provider partners are integral to reaching our goal of five stars, especially in the area of member education. "Providers can engage and refer members to specific health and wellness programs we offer at Johns Hopkins HealthCare," says Tejaswita Karve, Director of Medicare Stars at JHHC. "We have plan benefits and other resources that can help members with everything from maintaining health and wellness to dealing with a medical condition."

### Four measures that affect Stars ratings and are heavily influenced by providers are:

- **C23—Getting Needed Care.** Assesses how easy it is for members to get needed care. Survey questions include:
  - » In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
  - » In the last 6 months, how often was it easy to get the care, tests or treatment you needed?
- **C24—Getting Appointments and Care .** Measures how quickly members get appointments and care. Survey questions include:
  - » In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
  - » In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?
  - » In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

- **C26—Rating Health Care Quality.** Evaluates members' view of the quality of care received from the health plan.  
Survey question:
  - » Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?
- **C28—Care Coordination.** Assesses care coordination.  
Survey questions include:
  - » In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
  - » In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
  - » In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?
  - » In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?
  - » In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
  - » In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

## Tips to improve the provider-member experience

You can help us accomplish our five star goal with these tips that enhance our Advantage MD member-provider experience:

- Familiarize yourself with the member survey questions.
- Understand members' costs and coverage for prescription drugs based on their plan formulary.
- Encourage your Advantage MD patients to schedule preventive screenings annually or as recommended.
- Follow up promptly with members concerning test results, whether or not the results require additional care.
- Make timely patient appointments a priority, for both routine and specialty care.
- Leverage health plan-offered tools and programs to improve patient experience and achieve better outcomes.
- Ensure your office (front and back end) and clinical support staff is trained to treat every patient with respect and compassion, and that they provide the highest possible standard of customer service, every time and in every interaction.

## // PHARMACY

### Preauthorization Required for Selected Medical Injectables for USFHP Members

The following codes (listed in the next section) pertaining to physician-administered medical injectables for USFHP members will require preauthorization for medical necessity effective March 1, 2020. This applies to medical injectables administered in outpatient and office settings.

In addition to medical necessity, some of the services will also be subject to site-of-service requirements. As such, if those services are performed in the outpatient hospital setting (Place of Service 22), the reasoning must also meet medical necessity.

#### Affected Codes:

J0129	J0178*	J0202	J0490	J0517*	J0717	J0800*	J1459	J1555	J1556
J1557	J1559	J1561	J1566	J1568	J1569	J1572	J1575	J1599	J1602
J1628	J1745	J2182*	J2323	J2350	J2357*	J2505*	J2778*	J2796*	J3031*
J3111	J3245	J3316*	J3358	J3380	J3398*	J7318	J7320	J7321	J7322**
J7323	J7324	J7325	J7326	J7327	J7328	J7329	J7331	J7332	J9226*
Q5103	Q5104	Q5108*	Q5109	Q5111*					

\* Not subject to site of care requirement

The following is a list of preferred biosimilar drugs. Use of preferred biosimilar product prior to the use of non-preferred product is required. Please note the preferred biosimilar are subject to prior authorization.

Non-Preferred Medical Injection Drug	Preferred Biosimilar
J1745	Q5104
J2505	Q5108 & Q5111

#### Prior Authorization Process

For prior authorization requests, submit the [Medical Injectable Prior Authorization form](#) along with clinical supporting documentation via fax to 410-424-2801.

NOTE: A [complete list of the HCPCS Codes](#) for all specialty medications that require prior authorization is available on our website.



## Priority Partners Requires Prior Authorization for Certain Provider-Administered Medications

Prior authorization to determine medical necessity is required for the following provider-administered medications (procedure codes are listed below). These new requirements impact members of all ages for Priority Partners and became effective January 1, 2020.

### Prior authorizations are required as of January 1, 2020 for:

#### Impacted procedure codes

- J3111 (Evenity®)
- J3031\* (Ajovy®)
- Q5117\* (Kanjinti®)
- Q5112\* (Ontruzant®)
- Q5113\* (Herzuma®)
- Q5114\* (Ogivri®)
- Q5116\* (Trazimera®)
- Q5115 (Truxima®)
- Q5118\* (Zirabev®)
- J7331 (SynoJoynt®)
- J7332 (Triluron®)

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

As of January 1, 2020, Kanjinti®, Ontruzant®, Herzuma®, Ogivri®, and Trazimera® are the preferred agents for members initiated on trastuzumab therapy. Similarly, Truxima® is the preferred agent for members initiated on rituximab. Additionally, Mvasi® (Q5107) and Zirabev® are the preferred agents for members initiated on bevacizumab therapy. Kanjinti®, Ontruzant®, Herzuma®, Ogivri®, Trazimera®, Truxima®, Mvasi®, and Zirabev® will continue to require prior authorization for Plan coverage.

### Prior Authorization Process

For prior authorization requests, submit the [Medical Injectable Prior Authorization form](#) along with clinical supporting documentation via fax to 410-424-2801.

NOTE: A [complete list of the HCPCS Codes](#) for all specialty medications that require prior authorization is available on our website.

## 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

### Provider Inquiries and Updates

If there are any demographic changes in your practice or facility, you are required to notify the Johns Hopkins Provider Relations department by email at [ProviderChanges@jhhc.com](mailto:ProviderChanges@jhhc.com). This email box is monitored frequently to collect and process all provider changes.

## 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
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 Urgent	Forty-eight (48) hours
Behavioral Health Emergency	Six (6) hours

## For Your Reference

### Provider Relations

Phone 888-895-4998  
410-762-5385  
Fax 410-424-4604  
Monday through Friday, 8 a.m. to 5 p.m.

### Provider Demographic Changes and Updates:

If there are any changes in your practice or facility, you are **required** to notify the JHHC Provider Relations department by email at [ProviderChanges@jhhc.com](mailto:ProviderChanges@jhhc.com).

### Care Management Referrals

[caremanagement@jhhc.com](mailto:caremanagement@jhhc.com) or 800-557-6916

### DME (Durable Medical Equipment)

Fax 410-762-5250

### HealthLINK@Hopkins

[hopkinsmedicine.org/johns\\_hopkins\\_healthcare/providers\\_physicians/healthlink](http://hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/healthlink)  
NOTE: First time users must register for an account. If you need assistance with registration, please contact Provider Relations at 888-895-4998.

### JHHC Corporate Compliance

410-424-4996  
Fax 410-762-1527  
[compliance@jhhc.com](mailto:compliance@jhhc.com)

### Preauthorization Guidelines

[hopkinsmedicine.org/johns\\_hopkins\\_healthcare/providers\\_physicians/resources\\_guidelines](http://hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/resources_guidelines)

### Utilization/Care Management

410-424-4480  
800-261-2421  
Fax 410-424-4603 (Referral not needing medical review)

- **Inpatient**  
Fax 410-424-4894
- **Outpatient medical review**  
Fax 410-762-5205

### Advantage MD

#### Websites

Providers: [jhhc.com](http://jhhc.com)  
Members: [hopkinsmedicare.com](http://hopkinsmedicare.com)

#### Customer Service (Provider): Eligibility, Claims Status or Provider Payment Dispute

- **PPO Products**  
Phone 877-293-5325  
Fax 855-206-9203  
TTY 711
- **HMO Products**  
Phone 877-293-4998  
Fax 855-206-9203  
TTY 711

### Dental Services

Dentaquest at: 844-231-8318

### Medical Claims Submission

Johns Hopkins Advantage MD  
P.O. Box 3537  
Scranton, PA 18505

### Medical Payment Disputes Johns Hopkins Advantage MD

P.O. Box 3537  
Scranton, PA 18505

### Pharmacy Services

877-293-5325

### Preauthorization

Medical Management: 855-704-5296  
Behavioral Health: 844-363-6772

### Silver & Fit

(Plus and Group Members Only)  
877-293-5325

### TruHearing

(Plus and Group Members Only)  
877-293-5325

### Vision Services

Superior Vision at: 800-879-6901

### EHP

#### Websites

Members: [ehp.org](http://ehp.org)  
Providers: [hopkinsmedicine.org](http://hopkinsmedicine.org)

#### Customer Service (Provider)

800-261-2393  
410-424-4450  
-Suburban Hospital Customer Service  
866-276-7889

#### Care Management

800-261-2421  
410-424-4480  
Fax 410-424-4890

#### \*Dental – United Concordia Companies, Inc.

866-851-7576

#### \*Health Coaching Services

800-957-9760  
[healthcoach@jhhc.com](mailto:healthcoach@jhhc.com)

#### Health Education

800-957-9760

#### Medical Appeals Submission

Attn: Appeals Department  
7231 Parkway Drive, Suite 100  
Hanover, MD 21076  
Fax 410-762-5304

#### Medical Claims Submission

Attn: Adjustments Department  
7231 Parkway Drive, Suite 100  
Hanover, MD 21076  
Fax 410-424-2800

### Mental Health and Substance Abuse Services

800-261-2429  
410-424-4476

### National Provider Network/MultiPlan

866-980-7427

### \*Pharmacy (Mail Order Only)

888-543-4921

### Pharmacy Provider Prior Authorization for Medical Necessity

(fax numbers may vary): refer to provider website [hopkinsmedicine.org/johns\\_hopkins\\_healthcare/providers\\_physicians/our\\_plans/ehp/index.html](http://hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/our_plans/ehp/index.html)

### Utilization Management

800-261-2421  
410-424-4480

*\*Not applicable to all EHP members. Consult specific schedule of benefits.*

### Priority Partners

#### Websites

Members: [ppmco.org](http://ppmco.org)  
Providers: [jhhc.com](http://jhhc.com)  
800-654-9728

#### Customer Service (Provider)

800-654-9728

#### Dental (Scion)

855-934-9812

#### HealthChoice

800-977-7388

#### Health Education

800-957-9760

#### Medical Appeals Submission

Johns Hopkins HealthCare LLC  
Appeals Department  
7231 Parkway Drive, Suite 100  
Hanover, MD 21076  
Fax 410-762-5304

#### Medical Claims Submission

Johns Hopkins HealthCare LLC Adjustments  
Department  
7231 Parkway Drive, Suite 100  
Hanover, MD 21076  
Fax 410-424-2800

#### Mental Health Services

Optum Maryland  
800-888-1965  
Fax 855-293-5407

#### Outreach

410-424-4648  
888-500-8786

#### Provider First Line

410-424-4490  
888-819-1043

**Referrals**

866-710-1447  
Fax 410-424-4603

**Substance Abuse Services**

Optum Maryland  
800-888-1965  
Fax 855-293-5407

**USFHP****Websites**

USFHP –hopkinsusfhp.org  
TRICARE –tricare.mil  
FORMULARY – [hopkinsusfhp.org](http://hopkinsusfhp.org)

**Customer Service (Provider)**

*(benefit eligibility, claims status)*  
410-424-4528  
800-808-7347

**\*Appointment Locator Service**

888-309-4573

*\*Members can speak to and work with staff that can help them find urgent and routine appointments with mental health and substance abuse professionals.*

**Care Management**

410-762-5206  
800-557-6916

**Fraud & Abuse**

410-424-4996  
Fax 410-762-1527  
[compliance@jhhc.com](mailto:compliance@jhhc.com)

**Health Coach Services**

800-957-9760  
[healthcoach@jhhc.com](mailto:healthcoach@jhhc.com)

**Health Education**

800-957-9760  
[healtheducation@jhhc.com](mailto:healtheducation@jhhc.com)

**Medical Appeals Submission**

Johns Hopkins HealthCare  
7231 Parkway Drive, Suite 100  
Hanover, MD 21076  
Attn: USFHP Appeals

**Medical Claims Submission**

Johns Hopkins HealthCare  
PO Box 830479  
Birmingham, AL 35283  
Attn: USFHP Claims

**Mail Order Pharmacy**

410-235-2128 (Maryland residents)  
800-345-1985 (Non-Maryland residents)

**Mental Health/Substance Abuse Services**

410-424-4830  
888-281-3186

**Quality Improvement**

410-424-4538

**Performance Improvement/Risk Management**

410-338-3610

**Superior Vision**

800-879-6901

**United Concordia Dental**

800-332-0366

*Under a separate agreement, the plan has arranged for members to receive dental services from selected community dentists under a discounted fee structure.*

**Important notice:**

Please distribute this information to your billing departments.

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**Johns Hopkins HealthCare**  
7231 Parkway Dr., Suite 100  
Hanover, MD 21076