

PROVIDER pulse

Johns Hopkins HealthCare Provider Newsletter

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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

“Spring work is going on with joyful enthusiasm.”

—*John Muir*

As we move through Year Two of work and life during the pandemic, the new normal continues to be defined and shaped by COVID-19 and other challenges. Yet, the warmer weather, blossoming gardens and trees, and the smell of fresh-cut green grass of spring bring on a feeling of hope and renewal.

JHHC tackles a burgeoning to-do list of projects and corporate objectives this spring, including our Site-of-Service initiative, new reimbursement and medical policies, COVID-19 emergency fee schedules, pharmacy updates and incentive efforts from our Quality Care team.

Now more than ever, JHHC appreciates the effort and dedication our providers bring to offering high-quality care to our members, going above and beyond under our current, trying conditions. Thanks for all you do.

—*Editor*, Provider Pulse

// POLICIES AND PROCEDURES

COVID-19 Vaccination Registration through ImmuNet, Maryland's Immunization Information System, Now Open to Providers

The Maryland Department of Health (MDH) recently released updated information on provider registration for COVID-19, including a Quick Reference Guide to ImmuNet, MDH's secure, web-based registry for COVID-19 ordering and distribution. This information applies to providers in the Johns Hopkins Advantage MD, Johns Hopkins Employer Health Programs (EHP), Priority Partners, and Johns Hopkins US Family Health Plan (USFHP) networks.

- MDH is using the same public health infrastructure for ordering and distributing COVID-19 vaccines that it did in the past for H1N1 flu vaccine and the Vaccines for Children (VFC) vaccine.
- Currently, the VFC vaccine is ordered and distributed through ImmuNet. If your practice is interested in potentially providing the COVID-19 vaccine, you are required to register with ImmuNet prior to vaccine availability. To receive the COVID-19 vaccine, your practice must:
 1. Be onboarded with ImmuNet and report routine vaccinations administered
 2. Register with the Center for Immunization through ImmuNet to receive the COVID-19 vaccine

Please see the [Clinician Letter from MDH and the COVID-19 Vaccine Provider Registration Quick Reference Guide](#) for more information. You can also contact ImmuNet at mdh.mdimmunet@maryland.gov.

Reminder: Vaccination Reporting Requirement as of October 1, 2019

Since October 1, 2019, the Maryland statute Health General §18–109 mandates that all vaccinations administered in the State of Maryland be reported to [ImmuNet](#), regardless of patient opt-out status in ImmuNet. This will include administered COVID-19 vaccines. COVID-19 vaccine administration data from ImmuNet will be used to determine vaccine coverage rates throughout the state and ensure high-risk populations are being successfully vaccinated.

Vaccine providers are encouraged to review the [Report to ImmuNet](#) website to determine what steps are needed to connect/onboard with ImmuNet to prepare to receive the COVID-19 vaccine. This website has details on reporting and how to contact the ImmuNet Help Desk for additional assistance.

Medical Policy Updates for Q2 2021

The JHHC Medical Policy Advisory Committee (MPAC) has approved changes and additions to our medical policies. These changes became effective effect May 3, 2021.

View the Medical Policy Updates

Changes and additions this quarter include:

- Hospice and palliative services
- Genetic testing
- Preventive health guidelines
- Nutritional assessment and counseling
- Expanded access and compassionate care
- Bariatric surgery
- Implanted devices for hearing loss
- Chiropractic services
- Noninvasive testing for liver fibrosis
- Exhaled nitric oxide measurement for respiratory disorders

To view the full descriptions of these policies, please visit the [Medical Policies](#) section of the JHHC website or call Provider Relations at 888-895-4998.

New 2021 CPT Codes Requiring Preauthorization

Effective May 15, 2021, JHHC will require preauthorization for selected medical procedure codes for the Johns Hopkins Advantage MD, Priority Partners, and Johns Hopkins USFHP health plans*. This requirement affects members of all ages enrolled in these plans. There are no new preauthorization requirements for these codes for Johns Hopkins EHP.

*As previously communicated, Radiology codes managed by eviCore for Advantage MD and Priority Partners require preauthorization as of April 1, 2021. See below lists.

The following lists of procedure codes requiring prior authorization is provided for reference purposes only and may not be all-inclusive:

- Johns Hopkins Advantage MD
- Priority Partners
- Johns Hopkins USFHP

The listing of a code does not imply that the service described by the code is a covered or non-covered health service.

Benefit coverage for health services is determined by the member-specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

Please refer to the Johns Hopkins Prior Authorization Lookup tool (JPAL), located in the [HealthLINK](#) portal, to check and verify preauthorization requirements for outpatient services and procedures.

Preauthorization Process

Submit preauthorization requests to JHHC Utilization Department (UM) only via the fax numbers listed below:

- **Advantage MD**—855-704-5296
- **Priority Partners**—410-762-5205 or 410-424-4603
- **USFHP**—410-424-2603 or 410-424-2603

New Seven-Day Supply Limit for Opioid-Naïve Priority Partners Members

In accordance with recent guidance from the Maryland Department of Health (MDH), Priority Partners adopted the following safety alerts at pharmacies starting April 20, 2021:

- Opioid prescriptions will be limited to a 7-day supply limit for opioid naïve Priority Partners members, i.e. members who have not filled an opioid prescription within the previous 108 days. The pharmacist can dispense up to a 7-day supply of an initial prescription per state regulations.
 - » If a prescriber writes another prescription for an additional days-supply, or any subsequent opioid prescriptions, those prescriptions are not subject to the 7-day supply limit because the member will no longer be considered opioid naïve.
 - » If it is believed that an opioid naïve member will need more than an initial 7-day supply of medication, the prescriber may submit an Opioid Prior Authorization Form to obtain a quantity limit exception. Prior authorization (PA) requests may be submitted electronically through [CoverMyMeds](#)® or [Surescripts](#)®, or by fax (faxing directions included on form).

Clinical documentation should be included with the PA request attesting to the medical necessity for an initial supply that is greater than 7 days.

For additional Priority Partners Pharmacy Benefit Information, please visit: https://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/our_plans/priority_partners/pharmacy.html

JHHC Reimbursement Policy Update

This notice is to inform you John Hopkins HealthCare (JHHC) has released its policies on:

- Injection and Infusion Codes
- Non-Reimbursable Codes
- Two surgeon/Co-Surgeon (Modifier 62) Procedures

The above policies went into effect May 1, 2021 and apply to provider claims submitted on the CMS-1500 Claim Form or its electronic equivalent. They apply to all plans: Johns Hopkins Employer Health Programs (EHP), Priority Partners, Johns Hopkins US Family Health Plan (USFHP), and Johns Hopkins Advantage MD.

JHHC has also released its policy on Supply Codes for provider claims submitted on the CMS-1500 Claim Form or its electronic equivalent. This policy became effective May 1, 2021 and applies to Johns Hopkins Employer Health Programs (EHP), Priority Partners, and Johns Hopkins Advantage MD. At this time, the Johns Hopkins US Family Health Plan (USFHP) is excluded from this policy.

These policies make public JHHC's existing policies on the subject matter, and were applied prior to the Effective Date of this policy statement.

To view the [JHHC Reimbursement Policies](#), please go to: [JHHC.com > For Providers > Policies > Reimbursement Policies](#) on or after the effective date. If you have questions, please contact Provider Relations at 1-888-895-4998.

Recent Site-of Service Preauthorization Requirements Updates for Priority Partners and Johns Hopkins USFHP

On April 15, 2021, JHHC added to its list of procedures requiring preauthorization and site-of-service review when performed in an outpatient hospital setting.

The additions include certain Respiratory, Auditory (including ENT), Urinary, and Male Genital and Female Genital (GYN)

procedures. This requirement affects Priority Partners and Johns Hopkins US Family Health Plan members of all ages for select planned surgical procedures in Maryland hospitals. Some procedures may also require medical necessity review using clinical review criteria specific to the procedure in ANY site of service (outpatient hospital setting, ambulatory surgery center or office).

Please refer to [Updates to CMS23.05 Site of Service – Outpatient Surgical Procedures](#) for a detailed listing of affected procedure (CPT *) codes. The CMS23.05 Site-of-Service-Outpatient Surgical Procedures policy specifies that members receive certain outpatient diagnostic or surgical procedures in an ambulatory surgery center (ASC) when clinically appropriate. A surgical procedure performed in a hospital setting will require preauthorization and must meet medical necessity criteria for the hospital setting. The outpatient hospital setting, classified by Place of Service 22, is also known as “regulated space” within the state of Maryland.

Preauthorization Process

Submit preauthorization requests to the JHHC Utilization Management department (UM) only via the fax numbers listed below:

- Priority Partners 410-762-5205 or 410-424-4603
- USFHP 410-424-2603

View a [listing of participating providers and freestanding ambulatory surgery centers](#).

To access the full description of the CMS23.05 Site-of-Service Outpatient Surgical Procedures policy and important appendices, please visit the [Medical Policies](#) section of the JHHC website.

Emergency Reimbursement Policy Set for COVID-19 Diagnostic Testing, Treatment and Vaccination

In order for all JHHC members to have equal provider access and experience, JHHC is implementing an emergency reimbursement policy to pay fixed rates for all COVID-19 diagnostic testing, treatment, and vaccination codes, for participating and nonparticipating network providers, in alignment with state and federal regulatory guidelines.

The COVID-19 emergency reimbursement policy applies to Johns Hopkins Advantage MD, Johns Hopkins Employer Health Programs (EHP), Priority Partners (PPMCO), and Johns Hopkins US Family Health Plan (USFHP).

This reimbursement policy is effective immediately, applicable for dates of service on and after April 5, 2021 and consistent with the code effective date noted on the applicable fee schedule chart. The policy will expire at the end of the Public Health Emergency (PHE).

The COVID Testing, Treatment and Vaccination Reimbursement Policy and detailed list of PHE COVID-19 codes pertaining to reimbursement for testing, treatment and vaccination can be viewed at the Policies section of JHHC’s provider website. Click on “[Reimbursement Policies](#)” and scroll down to “COVID Testing, Treatment and Vaccination Policy and PHE COVID-19 Codes.” The PHE COVID-19 code charts will also be listed on the JHHC’s [Coronavirus \(COVID-19\) Updates](#) page.

Please visit the [Coronavirus \(COVID-19\) Updates](#) page on JHHC’s Provider website for information and updates related to the pandemic.

// QUALITY CARE

Working Together to Improve Diabetes Management: Partnering for Healthy Outcomes

Diabetes, primarily Type 2 diabetes, continues to impact the health of our communities regardless of demographic factors such as age or gender. What makes self-management challenging is existing population-wide health disparities and pandemic-related access to care barriers. In 2020, providers and health plans adapted to the limitations caused by COVID-19 and found innovative ways to care for their members, including those with diabetes.

Johns Hopkins Advantage MD and Priority Partners understand the challenges providers continue to face each day as we move forward in 2021. We know preventive care and chronic condition management require practical solutions to meet the needs of your patients.

Right now is an ideal time to identify diabetic gaps in care and take action. Provider Reports from JHHC are a great resource to identify patients on your panel who are due for diabetes-related services and may need help with self-management.

We’re here to help our provider partners by offering patient-centered initiatives to improve diabetic health. In 2021, Advantage MD and Priority Partners are taking a targeted

approach to support you and your patients with recommended diabetes care. Some highlights include the following:

- At-home testing kits delivery with our partner BioIQ for convenient screening options; we have planned multiple rounds of delivery of test kits for targeted cohorts
- Personalized reminders for overdue diabetes screenings (CDC Report Card), mailed multiple times throughout the year
- Preventive care text campaigns linking to health education resources
- Newsletters highlighting diabetes management
- Customized mailers supporting the importance of self-care

Together, we have the opportunity to identify needs early and make lasting impacts to patients’ diabetic health.

Patient-focused Intervention	Description	Adv MD	PPMCO
CDC Report Card – biannual mailing	A1c, eye exam, and kidney health status	✓	✓
At-home testing – biannual campaign	A1c test kit	✓	✓
At-home testing – biannual campaign	Kidney Screening test kit	✓	
Preventive care phone calls & SMS messages	A1c Control	✓	✓
Women’s health mailer – May mailing	A1c, Eye exam, Kidney Health, Rx adherence	✓	
Men’s health mailer – June mailing	A1c, Eye exam, Kidney health, Rx adherence	✓	

Provider Options	Diabetes Measure(s)
In-office eye exam software	Eye exam
Telehealth visit education and scheduling	A1c; Eye exam; Kidney screening; Rx adherence
Outreach for women’s health	A1c; Eye exam; Kidney screening
Outreach for men’s health	A1c; Eye exam; Kidney screening
e-Messaging appointment reminders	A1c; Eye exam; Kidney screening
Follow-up at-home testing results	A1c; Kidney screening; Rx adherence
Health education resource connection	A1c; Eye exam; Kidney screening; Rx adherence
Annual Wellness Visit	A1c; Eye exam; Kidney screening; Rx adherence
Whole Health Assessment	A1c; Eye exam; Kidney screening; Rx adherence

We look forward to continuing our strong collaboration with our provider partners to address the needs of our special populations and improve health outcomes.

Take the Provider Experience Survey

Be on the lookout – you may receive the 2021 Johns Hopkins HealthCare (JHHC) Provider Experience Survey soon!

Who?

A National Committee for Quality Assurance (NCQA) certified vendor, Symphony Performance Health (SPH) Analytics, conducts the Provider Experience Survey for Employer Health Programs (EHP) and Johns Hopkins US Family Health Plan (USFHP). The EHP and USFHP survey is sent to a statistically valid, random sample of primary care providers (PCPs), specialty providers, and behavioral health providers.

The Provider Experience Survey for Priority Partners is facilitated by the Maryland Department of Health (MDH) through a certified vendor, the Center for the Study of Services (CSS). This survey is only sent to PCPs who participate in the MDH's HealthChoice Program.

What?

The Provider Experience Survey allows JHHC health plans to measure provider satisfaction within the overall quality of services delivered and our core business functional areas, including but not limited to Utilization Management, Pharmacy, and Customer Service.

When?

Surveys are distributed through fax, email, telephone interviews, and web links.

The 2021 Provider Experience Survey for Priority Partners was distributed the week of March 1, 2021, and fielding will conclude in June. There is still time to take the survey. CSS will begin conducting telephone survey calls starting May 16, and will continue through mid-June.

The 2021 Provider Experience Survey for EHP and USFHP will begin fielding in early June 2021, and telephone surveys calls will begin in early August. The survey fielding will end in late August.

Why?

Your feedback is valuable. JHHC analyzes the findings to identify meaningful improvement opportunities geared towards enhancing provider experience. JHHC's extensive provider network plays a critical role in our ability to provide high quality services and care to our members. Please complete this survey upon receipt.

2020 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Member Perception Survey in Progress

A quick reminder: What is the CAHPS survey?

The CAHPS survey is a standardized tool used to assess the experiences and satisfaction that Johns Hopkins HealthCare (JHHC) members maintain as it relates to their health plan and health care providers. This survey is an objective and meaningful comparison between health plans on the quality domains that are important to consumers, but otherwise difficult to quantify.

What's next?

The CAHPS surveys are scheduled to wrap up by the end of May. Some of your patients may have already received the questionnaire and completed the survey. We want to say thank you for encouraging your patients to complete and return the survey. Results from the CAHPS surveys help us, at JHHC, to prioritize and collaborate with you on the identified improvement opportunities.

We will share a summary of the results with you in a future newsletter, to continue our partnership in improving and enhancing the experiences of our members, and your patients.

What can you do today to help improve the experiences of your patients, and our members?

- **Make a connection** – Ensure your office (front and back end) and clinical support staff are trained to treat every patient with respect and compassion. Provide the highest possible standard of customer service every time and in every interaction, and be a good “host.”
- **Help patients get care quickly** – Connect patients with the care provider that best meets their needs at the time (doctor, physician assistant, nurse, etc.) and consider leveraging digital tools such as a nurse line or telehealth visits with your patients that may be covered by a majority of the JHHC health plan products.
- **Always be on time** – Physicians who start on time are more likely to run on time; this will also set the example for your staff and the entire care team.
- **Manage patient expectations** – Help patients understand what to expect before and after their visit in terms of needed tests and test results, follow-ups, etc.

- **Thoroughly explain tests and follow-up** - In an easily understandable way, inform the patient of how and when you plan to share their results. Notify the patient promptly of any delays.

Again, we thank you for your commitment and dedication in helping us provide the highest quality of care and exceptional experiences to our members.

// CLAIMS AND BILLING

New Electronic Claims Payment Methods for EHP and Priority Partners Available Through PNC Healthcare Beginning Third Quarter 2021

As part of JHHC's ongoing commitment to help providers simplify and improve payment transactions, JHHC is offering more ways for providers to receive payments.

Recent feedback from our network indicates quicker reimbursement and more efficient payment reconciliation are high priorities for providers. We are excited to announce that we have engaged PNC Healthcare to offer additional electronic payment solutions to address these priorities for our Johns Hopkins Employer Health Programs (EHP) and Priority Partners plans.

Beginning early Third Quarter 2021, payments for EHP and Priority Partners will be issued using the new Claims Payments & Remittances (CPR) service. We will send out official notification by email soon, which will include detailed information about the change and actions providers may need to take.

// PHARMACY

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 with questions or concerns for Priority Partners, EHP, and USFHP. Contact 877-293-5325 (option 2) with 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](#)

Electronic Prior Authorization Request Option Now Available for Priority Partners

As of April 15, 2021, JHHC accepts electronic prior authorization (ePA) submissions for pharmacy benefit-covered medications under Priority Partners. Certain self-administered medications require prior authorization before coverage may be approved in order to assure medical necessity, clinical appropriateness, and/or cost effectiveness. This new ePA access serves as an additional avenue to request prior authorizations. Providers may still submit their requests via fax, if preferred, to 410-424-4607.

- How does a provider submit an ePA request?
 - » An ePA request may be submitted using the [CoverMyMeds®](#) or [Surescripts®](#) online submission tool.
 - Helpful step-by-step navigation guides are available for both CoverMyMeds and Surescripts. These ePA assistance tools may be found at the following links:
 1. [CoverMyMeds® Walkthrough](#)
 2. [Surescripts® Walkthrough](#)
- If a provider is unable to submit an ePA request, a completed [Pharmacy Drug-specific Prior Authorization Form](#) may be faxed to Priority Partners at the fax number listed on the form. If the medication being requested is

not listed among the available drug-specific forms, the [Pharmacy Non-specific Drug Prior Authorization Form](#) may be used.

- Please visit the [Priority Partners Forms](#) web page for a complete list of available pharmacy forms, including the non-formulary, step therapy, and quantity limit exception forms.
- Please provide clinical documentation to support all prior authorization requests that are submitted electronically, or by fax.

[Additional Priority Partners Pharmacy Benefit Information](#)

Vaccine Coverage for Advantage MD Members

Johns Hopkins Advantage MD covers commercially available vaccines. However, some vaccines are covered under Medicare Part B, which are billed as a medical claim, and some under Medicare Part D, which are billed as a pharmacy claim.

- Part B vaccines include:
 - » Influenza
 - » Pneumococcal pneumonia
 - » Hepatitis B for patients at high or intermediate risk
 - » Vaccines directly related to **treatment** of an injury or **direct exposure** to a disease or condition (i.e. tetanus for wound treatment)
- Part D vaccines include:
 - » Vaccines for other conditions not listed above (such as shingles)

Patients should receive **Part D vaccines at a pharmacy**. Part D vaccines (such as shingles) are not covered when administered in a provider office. Patients may receive **Part B vaccines at a provider office or a pharmacy**.

COVID-19 vaccines are provided by the federal government free of charge. Administration should be billed directly to Medicare FFS.

- Health care providers will receive the vaccines from the federal government. Fee for Service Medicare is paying for vaccine administration for Medicare beneficiaries, not Advantage MD or any Medicare Advantage plan. Please bill the CMS Medicare Administrative Contractor (MAC) for all charges for administering COVID-19 vaccines to Advantage MD members. The MAC will reimburse claims for Medicare beneficiaries with no member copayment, coinsurance or deductible for dates

of service in 2021. For more information, visit the [CMS COVID-19 Insurers Toolkit](#).

- Any COVID-19 vaccine-related claims for Medicare beneficiaries that are submitted to Advantage MD will be denied, and health care professionals will be directed to submit the claims to the MAC.

Excluded Medications List for Medicare Part D

Johns Hopkins Advantage MD follows Medicare Part D regulations on how medications are covered. The following classes of medications are not a covered benefit by Medicare Part D and Advantage MD:

- **Over-the-counter (OTC) drugs**
- Prescription **vitamins and mineral products**, except prenatal vitamins and fluoride preparations.
- Drugs when used for the **relief of cough or cold symptoms**
- Drugs when used for the treatment of **sexual or erectile dysfunction**
- Drugs when used for **cosmetic purposes** or to promote **hair growth**.
- Drugs when used to **promote fertility**.
- Drugs when used for treatment of **anorexia, weight loss, or weight gain**.

Many excluded medications are prescribed for our members and can result in delayed access to treatment and patient dissatisfaction. Below are the top 15 prescriptions written for our members for excluded products (**these products are not covered by Advantage MD**):

- Vitamin D2
- Folic Acid
- Ferrous Sulfate
- Magnesium Oxide
- Cyanocobalam
- Benzonatate (Tessalon Perles)
- Aspirin
- Acetaminophen
- Loratadine
- Cetirizine
- Sildenafil
- Docusate
- Polyethylene Glycol (Miralax)
- Sodium Bicarbonate
- Phenazopyridine

As appropriate, please consider asking the patient to purchase the product or a comparable product over the counter. Let them know that the drug is not covered by Medicare Part D and they should expect to pay the full cost of the medication at the pharmacy.

For additional questions on medications covered by Advantage MD, please check our formularies for [HMO](#) and [PPO](#).

Saving Patients Money with Real-Time Access to Drug Coverage

Help your patients save money on their prescriptions with electronic health record (EHR) access to patient-specific drug coverage and out-of-pocket cost information.

The portion of health care costs shouldered by consumers is rising, and cost continues to be a barrier to medication adherence. In a recent survey, 84 percent of Americans said it would be helpful to know their prescription cost before they go to the pharmacy, and 64 percent said they would use prescription cost information to find lower-cost alternatives instead of forgoing treatment.¹

With the rise of consumerism in health care, and the growth of high deductible health plans, many pharmacy benefit managers (PBMs) and electronic health record system vendors are making patient-specific prescription benefits information available at the point of prescribing.

While the type of information provided by PBMs and the availability of this information across different EHR systems may vary, key attributes of a truly comprehensive real-time prescription benefits solution at the point of prescribing include:

- Knowing if the drug you want to prescribe is covered under your patient's prescription plan and what they will pay out-of-pocket (OOP) based on where they are in their deductible
- Seeing a list of clinically appropriate lower-cost brand and generic alternatives that you could consider prescribing to save your patients money
- Understanding which therapy options require prior authorization (PA) or have other restrictions like step therapy or quantity limits
- Initiating the PA process directly from your EHR and receiving a near real-time approval decision

JHHC uses CVS Caremark as its PBM vendor. CVS Caremark's real-time prescription benefits capability is powered by the company's proprietary engine, Script Intelligence, and database of clinically mapped therapeutic alternatives.

The database displays up to five clinically appropriate lower-cost brand or generic alternatives with equal or better formulary status on the patient's specific pharmacy benefit design, and the real-time OOP cost for each based on where they are in their deductible. In addition, information on any restrictions is displayed, such as whether or not a PA is required.

With real-time prescription benefits information, you have a more complete picture of your patient's actual cost and coverage to help you make more informed prescribing decisions. Additionally, the ability to instantly initiate a PA request, if needed, will help streamline and simplify the prescribing process.

There's no charge for the service; however, you will need the latest version of your patient's EHR.

The following systems and versions are providing real-time prescription benefits:

EHR Systems and Versions Enabled

- AdvancedMD AdvancedEHR
- Allscripts Professional
- Aprima (v2016 – 16.0.1612.2146)
- Cerner Millennium (v2015.01.25)
- ClaimatComtron Medgen HER
- eMedicalNotes (v3.0)
- Enabledoc Enablemypractice
- EHREpic EpicCare (Epic2018)
- MD Office Manager GeeseMed HER
- Medical Office Solutions Adaptamed
- MedNet Medical Solutions emr4MD
- Modernizing Medicine EMA
- MTBC ChartsPro
- Office Ally EHR 24/7
- Practice Fusion
- Quest Quantum HER
- Waiting Room Solutions WRS Health (v5.0)

e-Prescribing Solutions Enabled

- Allscripts ePrescribe
- DrFirst
- eazyScripts (v3.0)
- InstantDx OnCallData (v5)
- 0)MD Toolbox

Specialty Portal/Hub Solutions Enabled

- Asembia
- United Biosource
- VirMedica

If you don't see your EHR vendor or version listed, contact your EHR vendor and tell them that your providers need patient-

specific drug benefit and cost information in their e-prescribing workflow. Ask if they have contracted with Surescripts for real-time prescription benefits.

If you are not using the most recent version of your EHR's system, contact your EHR vendor account manager. For Epic users, contact your Epic account manager to confirm your 2020 upgrade go-live date and determine whether additional interfaces are needed. Work with your Surescripts account manager to complete the contract addendum.

Still having trouble accessing real-time prescription benefits? Contact your EHR vendor's help desk support line. For Epic users, work with your Ambulatory and Bridges TS representative and log a ticket with Surescripts.

¹CVS Health Morning Consult poll, July 23-25, 2018. The Morning Consult poll was conducted from July 23-25, 2018, among a national sample of 2,201 registered voters. The interviews were conducted online and the data were weighted to approximate a target sample of registered voters based on age, race/ethnicity, gender, educational attainment, and region. Results from the full survey have a margin of error of plus or minus 2 percentage points.

Training Opportunities and Additional Information on the JHHC and CVS-NovoLogix Partnership for Preauthorization of Medical Injectables

Effective July 1, 2021, Johns Hopkins HealthCare LLC (JHHC) will require prior authorization for certain provider-administered medications. This new requirement will apply to members enrolled in Johns Hopkins Employer Health Plans (EHP) and Johns Hopkins Advantage MD. Similar prior authorization requirements have been in place for Priority Partners. There are no changes for Johns Hopkins USFHP.

Also effective July 1, 2021, the process for obtaining these prior authorizations will be managed in collaboration with CVS Health–NovoLogix for Johns Hopkins EHP and Johns Hopkins Advantage MD. Additionally, Priority Partners will be moving its direct prior authorization services to the CVS Health–NovoLogix platform as of this date.

Lists of Applicable Codes

- [Advantage MD, EHP, Priority Partners NovoLogix Code Lists](#)

Training Opportunities for Providers

Please select a training date from the schedule below and enter the password (Johnshopkins123!) to access the training. Do not go to the meeting site until your chosen date and time.

Date	Day	Time	Hyperlink	Password
June 23	Wed	10 a.m.	https://cvs.webex.com/cvs/j.php?MTID=m464b-b57ac05f3ebc50e-813168651ae81	Johnshopkins123!
June 28	Mon	10 a.m.	https://cvs.webex.com/cvs/j.php?MTID=m1f-dee39bc2ca65f3237acd22a44ed33	Johnshopkins123!
June 30	Wed	2 p.m.	https://cvs.webex.com/cvs/j.php?MTID=m-2b47586a487a7f14fb-be3cae1a3a2fad	Johnshopkins123!
July 6	Tues	3 p.m.	https://cvs.webex.com/cvs/j.php?MTID=mb-c0ebb64cc5fe84714d-e2eb7ce5a753a	Johnshopkins123!
July 8	Thurs	10 a.m.	https://cvs.webex.com/cvs/j.php?MTID=m6d-fee5ac8c42acee-a6b58fd610cf6864	Johnshopkins123!
July 12	Mon	3 p.m.	https://cvs.webex.com/cvs/j.php?MTID=mb-2506455ba76678d-b46a9b8c2e65ded6	Johnshopkins123!

*NOTE: EHP members from Johns Hopkins University are exempt from the NovoLogix process.

// CODING

The Y's of Z Status Codes

Z codes are a special group of codes provided in *ICD-10-CM* for the reporting of factors influencing health *status* and contact with health services. These codes are used when a circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.

The following Z codes should be used to capture member health status when conditions are present.

HIV/AIDS

- Z21 Asymptomatic human immunodeficiency virus [HIV] infection status

Diabetes without Complication

- Z794 Long term (current) use of insulin

Respirator Dependence/Tracheostomy Status

- Z430 Encounter for attention to tracheostomy
- Z930 Tracheostomy status
- Z9911 Dependence on respirator [ventilator] status
- Z9912 Encounter for respirator [ventilator] dependence during power failure

Artificial Openings for Feeding or Elimination

Artificial openings are made on the surface of the body leading to a hollow organ, such as the gut or trachea, to provide feeding or elimination.

Z43 - Attention to Artificial Opening

Codes in category Z43 are appropriate when routine care and attention is given to the artificial opening (closure, cleansing).

- Z431 Encounter for attention to gastrostomy
- Z432 Encounter for attention to ileostomy
- Z433 Encounter for attention to colostomy
- Z434 Encounter for attention to other artificial openings of digestive tract
- Z435 Encounter for attention to cystostomy
- Z436 Encounter for attention to other artificial openings of urinary tract
- Z438 Encounter for attention to other artificial openings
- Z439 Encounter for attention to unspecified artificial opening
- Z435 Encounter for attention to cystostomy
- Z436 Encounter for attention to other artificial openings of urinary tract
- Z438 Encounter for attention to other artificial openings
- Z439 Encounter for attention to unspecified artificial opening

Z93 - Artificial Opening Status

Codes in Z93 describe functional artificial category opening status. These codes are appropriate when no treatment is directed at the site.

- Z931 Gastrostomy status
- Z932 Ileostomy status
- Z933 Colostomy status
- Z934 Other artificial openings of gastrointestinal tract status
- Z9350 Unspecified cystostomy status
- Z9351 Cutaneous-vesicostomy status
- Z9352 Appendicovesicostomy status
- Z9359 Other cystostomy status
- Z936 Other artificial openings of urinary tract status
- Z938 Other artificial opening status
- Z939 Artificial opening status, unspecified

Z890 - Amputation Status/Acquired Absence of Limb

Documentation should include anatomical location and laterality. The final digit is used to indicate laterality: 1 – right, 2 – left, 9 - unspecified

Acquired Absence of Upper Limb

- Z8901x Acquired absence of thumb
- Z8902x Acquired absence of other finger(s)
- Z8911x Acquired absence of hand
- Z8912x Acquired absence of wrist *Includes: Disarticulation at wrist*
- Z8920x Acquired absence of upper limb, NOS *Includes: Acquired absence of arm*
- Z8921x Acquired absence of upper limb, below elbow
- Z8922x Acquired absence of upper limb, above elbow *Includes: Disarticulation at elbow*
- Z8923x Acquired absence of shoulder

Acquired Absence of Lower Limb

- Z8941x Acquired absence of great toe
- Z8942x Acquired absence of other toe(s)
- Z8943x Acquired absence of foot
- Z8944x Acquired absence of ankle
- Z8951x Acquired absence of leg below knee
- Z8961x Acquired absence of leg above knee

Z768 - Adult Body Mass Index (BMI)

BMI codes are supplemental codes that can be assigned to support an associated condition. A clinical condition, such as overweight, obesity, or morbid obesity, **must be documented by the provider** before a BMI code may be reported. The treating provider must document obesity, morbid obesity, or any other diagnosis-related code from a BMI measurement. Documentation should include height, weight, and calculated BMI. These may be documented in the medical record (i.e., the vitals) by other clinicians involved in the patient's care, such as nurses or dietitians.

BMI codes should never be a primary diagnosis code.

Adult BMI

- Z681 BMI 19.9 or less, adult

BMI 20-29, adult

- Z6820 BMI 20.0-20.9, adult
- Z6821 BMI 21.0 – 21.9, adult
- Z6822 BMI 22.0-22.9, adult
- Z6823 BMI 23.0-23.9, adult
- Z6824 BMI 24.0-24.9, adult
- Z6825 BMI 25.0 – 25.9, adult
- Z6826 BMI 26.0 – 26.9, adult
- Z6827 BMI 27.0-27.9, adult
- Z6828 BMI 28.0-28.9, adult
- Z6829 BMI 29.0-29.9, adult

BMI 30-39, adult

- Z6830 BMI 30.0-30.9, adult
- Z6831 BMI 31.0-31.9, adult
- Z6832 BMI 32.0-32.9, adult
- Z6833 BMI 33.0-33.9, adult
- Z6834 BMI 34.0-34.9, adult
- Z6835 BMI 35.0-35.9, adult
- Z6836 BMI 36.0-36.9, adult
- Z6837 BMI 37.0-37.9, adult
- Z6838 BMI 38.0-38.9, adult
- Z6839 BMI 39.0-39.9, adult

BMI 40 or greater, adult

- Z6841 BMI 40.0-44.9, adult
- Z68.42 BMI 45.0 – 49.9, adult
- Z6843 BMI 50.0-59.9, adult
- Z6844 BMI 60.0-69.9, adult
- Z6845 BMI 70 or greater, adult

Renal Dialysis

ICD-10-CM includes codes for dialysis status, dialysis care, and noncompliance with dialysis. Code also associated ESRD (N18.6).

- Z4901 Encounter for fitting and adjustment of extracorporeal dialysis catheter
- Z4902 Encounter for fitting and adjustment of peritoneal dialysis catheter
- Z4931 Encounter for adequacy testing for hemodialysis
- Z4932 Encounter for adequacy testing for peritoneal dialysis
- Z9115 Patient's noncompliance with renal dialysis
- Z992 Dependence on renal dialysis

Z48/Z94 - Organ Transplant Status

Category Z94 codes identify post-transplant status when there are no complications of the transplanted organ. A code from this category is appropriate as an additional code when a post-organ transplant patient presents for treatment of a condition that does not affect the function of the transplanted organ. *Note: Transplant rejection or post-transplant illnesses that affect the function of the transplanted organ are considered complications. To report a transplant complication, refer to the ICD-10-CM Alphabetic Index and search under "Complication(s), transplant."*

- Z4821 Encounter for aftercare following heart transplant
- Z4823 Encounter for aftercare following liver transplant
- Z4824 Encounter for aftercare following lung transplant
- Z48280 Encounter for aftercare following heart-lung transplant

- Z48290 Encounter for aftercare following bone marrow transplant
- Z940 Kidney transplant status
- Z941 Heart transplant status
- Z942 Lung transplant status
- Z943 Heart and lungs transplant status
- Z944 Liver transplant status
- Z945 Skin transplant status
- Z946 Bone transplant status
- Z947 Corneal transplant status
- Z9481 Bone marrow transplant status
- Z9482 Intestine transplant status
- Z9483 Pancreas transplant status
- Z9484 Stem cells transplant status
- Z9489 Other transplanted organ and tissue status
- Z949 Transplanted organ and tissue status, unspecified
- Z95811 Presence of heart assist device
- Z95812 Presence of fully implantable artificial heart

// REMINDERS

Reminder of Specialty Provider Responsibilities for USFHP Members

A specialty provider is a medical practitioner who specializes in a branch of medicine or surgery, such as cardiology or neurosurgery. The primary care managers (PCMs) for Johns Hopkins US Family Plan (USFHP) members refer their patients to the appropriate service or specialist when outside of the scope of the PCM's practice.

Responsibilities of the specialty provider include the provision of specialty services upon referral by the PCM, recommending appropriate treatment plans, and providing written reports to the referring PCM to ensure continuity of care. Consistent with commercial timeframes and in support of continuity of care for the member, JHHC requires that all consultation or referral reports, operative reports, and discharge summaries be provided to the PCM within 30 calendar days.

Specialty providers must also ensure that members are billed correctly. DO NOT bill Medicare for services covered by Johns Hopkins USFHP.

Provider Information Updates and Changes

If there are any demographic and/or PCP panel (open/closed) status changes in your practice or facility, you are required to notify

the Johns Hopkins HealthCare Provider Relations department by email at ProviderChanges@jhhc.com. This email box is monitored frequently to collect and process all provider changes.

Updated Addresses for Remitting Overpayments for Claims Related to Priority Partners, EHP and USFHP

Effective May 15, 2021, providers remitting overpayments for claims paid by JHHC, including Priority Partners, Johns Hopkins Employer Health Programs (EHP), and Johns Hopkins US Family Health Plan (USFHP), must remit overpayments to the addresses below. **NOTE: This change does not apply to Johns Hopkins Advantage MD*.**

Post Office Remittance Address:

Johns Hopkins HealthCare, LLC
P.O. Box 412856
Boston, MA 02241-2856

Overnight Mail Address:

Bank of America Lockbox Services
Johns Hopkins Healthcare, LLC 412856
MA5-527-02-07
2 Morrissey Blvd.
Dorchester, MA 02125

Failure to send checks to the addresses noted above may result in delays in application of the payment(s) against your account(s).

NOTE: Please include the claim # (s), applicable Dates of Service, and applicable EOB, if possible, with the check when submitting a refund.

We appreciate your support as we roll out these new payment requirements.

*As noted, the updated address shown above does not apply to Johns Hopkins Advantage MD. For your reference, here is the lockbox address for Advantage MD provider refunds:

- Hopkins Health Advantage Inc.
P.O. Box 3538Scranton,
PA 18505


Medicare Leakage Reminder for USFHP Providers

Providers are required to check Johns Hopkins US Family Health Plan (USFHP) beneficiaries' identification cards in order to verify their eligibility.

The information on the back of the membership card can assist a member in case of emergency. It also gives the health care provider valuable claims processing information.

For beneficiaries who have coverage under both USFHP and TRICARE:

- Medicare cannot be billed for services covered by USFHP.
- Beneficiaries filing Medicare claims, or who have claims filed on their behalf, are in violation of the conditions of participation for USFHP and are subject to disenrollment.
- Beneficiaries who have coverage under both the USFHP and Medicare plans may only use Medicare benefits for non-covered USFHP services, such as chiropractic care.
- Beneficiaries using Medicare for benefits covered under TRICARE Prime are subject to disenrollment.

 JOHNS HOPKINS MEDICINE US FAMILY HEALTH PLAN		A TRICARE Prime designated provider.
PCN: ADV Grp: RX4291 BIN: 004336		Name: SAMPLE CARD 2 ACTIVE DUTY PCM: JHCP AT ODENTON PEDIATRIC PCM Phone #: 410-874-1600 Member #: 480424101 Effective: 01/01/2021 CoPays: PCP: \$0 Spec: \$0 ER: \$0 www.hopkinsusfhp.org

US Family Health Plan MEMBER INFORMATION		
EMERGENCY CARE: If you are experiencing a life-threatening emergency, call 911 or proceed to the nearest emergency room. You must notify your primary care manager within 24 hours of an emergency room visit and any follow up care must be pre-approved. If you are unsure if your condition is life-threatening, call your Primary Care Manager first.		
AFTER-HOURS CARE: Contact your primary care provider's after hours service. For nurse advice and answers to your health questions 24 hours a day, contact our Nurseline: 1-844-344-4218		
BEHAVIORAL HEALTH SERVICES: 1-888-281-3188		
BENEFITS: For information, call Customer Service at 410-424-4528 or 1-800-808-7347		
HOSPITAL PROVIDER INFORMATION Call the plan five days prior to an elective admission or outpatient procedure to obtain authorization. If the patient holds other commercial health insurance, bill that carrier as primary. DO NOT BILL MEDICARE except for ESRD and services not covered by the US Family Health Plan. For Claims Submission only: P.O. Box 830479 Birmingham, AL 35289-0479		

Additional Security Measures for HealthLINK Access

Starting June 10, 2021, additional security measures have been put in place requiring providers and members using HealthLINK to complete two-factor authentication before accessing the portals for Johns Hopkins Employer Health Programs (EHP), Priority Partners and Johns Hopkins Advantage MD. The two-factor authentication process is as follows:

1. When providers try to log into HealthLINK, after entering their user name and password, they will be brought to this page:
 - Providers will be prompted to receive the security code either through text (if you have a cell phone number listed in your account) or by email.
 - If you don't have any cell phone listed in your account, you can add it later by scrolling down to the "Communication Preference" section of the Administration tab.
 - If your request the code through email, and it does not appear in your inbox, check the spam/junk folder.

To protect your account against unauthorized access, we need to verify your identity with a one-time security code.

How would you like to receive your security code?

Text message
Send an SMS text message to phone number

Email
Send an email to c*****@jhbc.com

Remember this computer for 60 days?
Only use for private, secure machines.

If you don't have access to email or a messaging device, or you're having trouble authenticating your account, please call the help desk for assistance:
1-877-814-9909

The contact information above can be edited or updated in the Communication Preferences area of your user account.

2. Enter the security code on the next screen:

A code has been sent to you. Please check your device.

Enter the 6 digit code in the boxes below to access your account

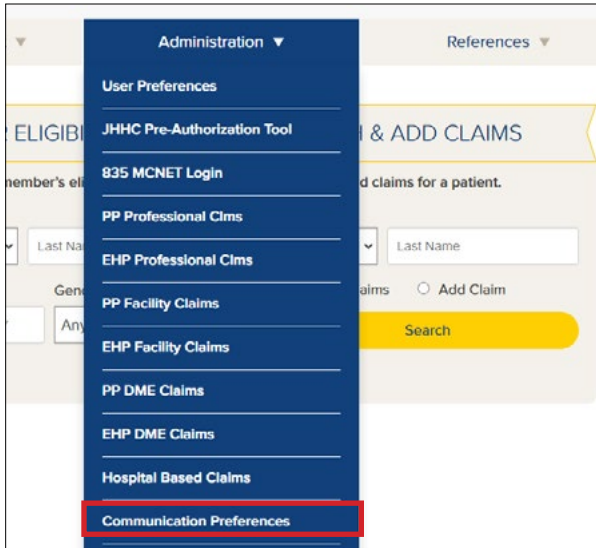
□ □ □ □ □ □

Resend code or try another method

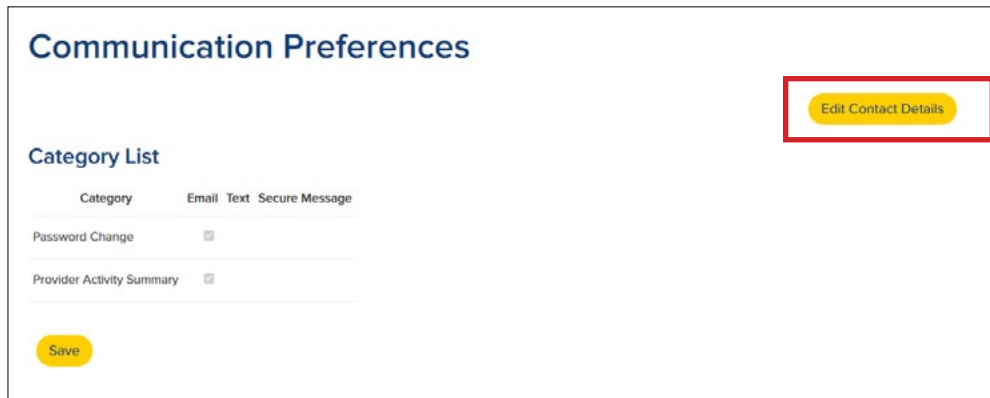
If you don't have access to email or a messaging device, or you're having trouble authenticating your account, please call the help desk for assistance:
1-877-814-9909
Reference Number: af901e9e

The contact information above can be edited or updated in the Communication Preferences area of your user account.

3. Changing Communication Preferences (Adding a cell phone for text authentication instead of email)
 - After completing the two-factor authentication process using your email and successfully entering the HealthLINK portal, go to the Administration tab and scroll down to Communication Preferences.



- Go to “Edit Contact Details”



- Enter text address and hit Save.



Network Access Standards

JHHC 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.

Care Management Referrals

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

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

Fraud Waste & Abuse

FWA@jhhc.com

Preauthorization Guidelines

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

Members: 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

Providers: 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

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

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

Providers: 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

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

Health Coach Services

800-957-9760
healthcoach@jhhc.com

Health Education

800-957-9760
healtheducation@jhhc.com

Inpatient Utilization Management

Fax 410-424-2602

Outpatient Utilization Management

Fax 410-424-2603

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.

PRPULSE I | Spring 2021

PROVIDER
pulse



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