

Advantage MD (HMO)

Quick Reference Guide

To obtain the most up-to-date information on policies, manuals, directories and other information, providers should review the website on a regular basis: HopkinsHealthPlans.org.

Overview & Important Information

- Advantage MD HMO and HMO Tribute are Medicare Advantage products administered by Johns Hopkins Health Plans. Advantage MD HMO and HMO Tribute have a closed network and require members to coordinate their care through a designated primary care provider (PCP) by obtaining a referral for all specialty services from an in-network provider; exceptions include emergency and urgent care services. Advantage MD HMO does not provide out-of-network coverage.
- Benefits for Advantage MD HMO and HMO Tribute include lower-cost and easy access to preventative medical services, hospital stays, prescription drugs, preventive dental coverage, and vision care. Advantage MD HMO and HMO Tribute offer value-added benefits such as comprehensive case management programs and post-discharge member resources.
- These plans are specially designed for Medicare-eligible beneficiaries who:
 - Live in Anne Arundel, Baltimore, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, and Worcester counties for Advantage MD HMO. Anne Arundel, Baltimore, Frederick, Howard and Montgomery counties for Advantage MD HMO Tribute.
 - Currently have (or are eligible for) Medicare Part A and Part B
- Medicare Advantage beneficiaries are generally age 65 or older and do not have end-stage renal disease
- Annual Enrollment Period: October 15 – December 7
- Effective Date: January 1, 2024
- If a patient is a member of Advantage MD HMO plans, Medicare must not be billed for covered medical services (with the exception of routine clinical research studies and hospice services)

Important Phone Numbers

Medical Management

844-560-2856
855-704-5296 Fax

Behavioral Health Services

844-340-2217
844-363-6772 Fax

Care Management

800-557-6916
caremanagement@jhhp.org

Customer Service (Claims, benefits and eligibility)

877-293-5325
855-206-9203 Fax

Pharmacy Services

877-293-5325
855-633-7673 Fax

Superior Vision

866-819-4298

DentaQuest

844-231-8318

TruHearing

877-293-5325

Silver&Fit

877-293-5325

Provider Relations

(Contracts, fee schedules, and demographic changes)

410-762-5385

888-895-4998

410-424-4604 Fax

Payment Integrity

410-424-4971

FWA@jhhp.org

Medicare

800-633-4227

Social Security

800-772-1213

Maryland SHIP

(State Health Insurance Program)

800-243-3425

Maryland

Health Connection




(Maryland Medical Assistance Program)


855-342-8572



JOHNS HOPKINS
HEALTH PLANS

Member ID Card

	Johns Hopkins Advantage MD (HMO)
Member Name <F_NAME M L_NAME>	Effective Date: <MEIA_REQ_DT>
Member ID: <SBSB_ID> Health Plan: H1225 001 PCP: <PRPR_NAME> Phone#: <PRAD_PHONE>	In-Network Office Visit Copay: <\$XX> Specialist Copay: <\$XX> Urgent Care Copay: <\$XX> ER Copay: <\$XX>
RxBIN: 004336 RxPCN: MEDDADV RxGRP: <MEMR_MCTR_RX_GROUP>	There are no out-of-network benefits. Members are fully liable for the cost of out-of-network services.
	

	For benefit information call Customer Service (Members and Providers): 1-877-293-4998 TTY: 711 or visit www.hopkinsmedicare.com
DO NOT BILL MEDICARE Medicare limiting charges apply.	24-hour Nurse Chat Line: 1-888-202-8828
Submit medical claims to: Johns Hopkins Advantage MD PO Box 3537 Scranton, PA 18505	Over-the-Counter Health Solutions 1-888-628-2770
Present this card at the time of service and with every prescription.	For non-Medicare covered dental related inquiries, please contact DentaQuest: 1-844-231-8318
	Prior Authorization: 1-877-293-4998 Pharmacist Use Only: 1-866-693-4620

Prior Authorization Process

Prior Authorization/Medical Review

Submit request with the [Prior Authorization Form](#).

Key Referral Information

Specialty care requires a referral from the member's PCP.

Medical Review

Review process in which a nurse reviewer or medical director reviews the medical necessity for a procedure scheduled. Information must be faxed with request and clinical documentation.

Preventive Care Visit Benefit

Advantage MD members are allowed one preventative visit/annual exam per calendar year. Members do not have to wait 366 days from their last preventative visit/annual exam.

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

Claims Submission

Part C Payment Requests

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

Part D Payment Requests

Advantage MD c/o Caremark Part D Services
P.O. Box 52000
MC 109
Phoenix, AZ 85072

- Claims must be submitted on CMS 1500 or UB-04 forms
- Claims from specialist or ancillary providers should include the referring provider's NPI in Box 17b of the CMS 1500
- Claims must be submitted with a rendering provider's NPI in Box 24J of CMS 1500
- Claims must be submitted within 180 calendar days of the date of service

Payment Disputes

Please fill out the [Participating Provider Post Service Payment Dispute Submission Form](#) and send to:

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

Fax to 855-206-9206

Payment disputes must be submitted within 90 business days of the date of denial, by fax or mail

Non-Participating Provider Appeals Requests

Advantage MD Appeals
P.O. Box 8777
Elkridge, MD 21075
Fax: 410-424-2806

For a Fast Appeal

Phone: HMO: 877-293-4998 ; TTY users may call 711
Fax: 855-206-9206

Providers are encouraged to submit claims electronically.

EDI Payor ID #66003.

You can switch from paper to electronic payments by calling Change Healthcare at 866-506-2830.