

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 Select is a Medicare Advantage product administered by Johns Hopkins Health Plans. Advantage MD HMO Select has a closed network and requires 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 Select include lower-cost and easy access to preventative medical services, hospital stays, prescription drugs, preventive dental coverage, and vision care. Advantage MD HMO Select offers value-added benefits such as comprehensive case management programs and post-discharge member resources.
- This plan is specially designed for Medicare-eligible beneficiaries who:
 - Live in Arlington, Fairfax City, and Falls Church City Counties
 - 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 the Advantage MD HMO Select plan, 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

FVA@jhhp.org

Medicare

800-633-4227

Social Security

800-772-1213

Virginia Insurance Counseling & Assistance Program (VICAP)

(Virginia SHIP)




800-552-3402


Virginia Department of Medical Assistance Services

855-242-8282



Member ID Card

 Member Name <F_NAME M_L_NAME> Member ID: <SBSS_ID> Health Plan: H1330 001 PCP: <PRPR_NAME> Phone#: <PRAD_PHONE> RxBIN: 004336 RxPCN: MEDDADV RxGRP: <MEMR_MCTR_RX_GROUP> 	Johns Hopkins Advantage MD Select (HMO) Effective Date: <MEIA_REQ_DT> In-Network Office Visit Copay: <SXX> Specialist Copay: <SXX> Urgent Care Copay: <SXX> ER Copay: <SXX> There are no out-of-network benefits. Members are fully liable for the cost of out-of-network services. 
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 DO NOT BILL MEDICARE Medicare limiting charges apply. Submit medical claims to: Johns Hopkins Advantage MD PO Box 3537 Scranton, PA 18505 Present this card at the time of service and with every prescription.	For benefit information call Customer Service (Members and Providers): 1-877-293-4998 TTY: 711 or visit www.hopkinsmedicare.com 24-hour Nurse Chat Line: 1-888-202-8828 Over-the-Counter Health Solutions 1-888-628-2770 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
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Referral & Prior Authorization Process

Submit Coverage Decisions (Authorizations) by Fax or Mail

Advantage MD
P.O. Box 3538 Scranton, PA 18505
855-206-9203 Fax

For Medical Review Call or Fax

844-560-2856
855-704-5296 Fax

Key Referral Information

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

Prior Authorization

Authorization from the insurance plan for a scheduled service (not requiring additional clinical documentation).

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 [Availability 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

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

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

Electronic Remittance & EFT

Non-Participating Provider Appeals Requests

Advantage MD Appeals
P.O. Box 8777
Elkridge, MD 21075
Fax: 1-410-424-2806

For a Fast Appeal

Phone: HMO: 877-293-4998; TTY users may call 711
Fax: 1-855-206-9206

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.



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