

# Employer Health Programs (EHP)




## Quick Reference Guide


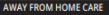
To obtain the most up-to-date information on policies, manuals, directories and other information, providers should review the website on a regular basis: [HopkinsHealthPlans.org](http://HopkinsHealthPlans.org).

### Overview & Important Information

Employer Health Programs (EHP), established in 1996, is a self-funded health plan that serves over 43,000 plan members in Maryland, Southern Pennsylvania, and Northern Virginia.

### Member ID Card

	<b>Employer Health Programs (EHP)</b> <b>Johns Hopkins EPO Plan</b> Eff. Date: 01/01/2024
<b>Member:</b> SAMPLE MEMBER <b>ID#:</b> 100000201*00 <b>Group #:</b> E0019200/099C <b>Plan #:</b> JE1C0000	 <b>Generic:</b> \$10 <b>Preferred:</b> 25% <b>Non-Preferred:</b> 50% <b>Bin:</b> 004336 <b>PCN:</b> ADV <b>Group:</b> RX6795
<b>PCP:</b> \$20 <b>Urgent Care Facility:</b> \$40 <b>Emergency Room:</b> \$250	<b>Plan Deductible:</b> Individual \$500 Family \$1000 <b>Plan OOP Max (Medical):</b> Individual \$3000 Family \$6000 
<small>Out-of-Network care is not covered except in emergencies. For more info, consult your Summary Plan Description.</small>	
Call 800-261-2393, or visit <a href="http://www.EHP.org">www.EHP.org</a>	

<b>EHP Customer Service:</b> 1-800-261-2393 <b>Website:</b> <a href="http://EHP.org">EHP.org</a> <b>Provider Search:</b> <a href="http://EHP.org/find-a-provider">EHP.org/find-a-provider</a> ; my.Cigna.com <b>Pharmacy Information:</b> 1-888-543-4921 <b>Mental Health and Substance Use Disorder:</b> 1-800-261-2429 <b>Notice:</b> Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Please call the number on this card to verify eligibility. <b>Providers:</b> Precertification must be obtained for services as specified in the member's plan. For precertification, call the number shown on this card. <b>EHP Precertification:</b> 1-800-261-2421 <b>Submit claims to:</b> Johns Hopkins Employer Health Programs - EHP P.O. Box 4227, Scranton, PA 18505 <b>Electronic Payer ID:</b> 52189 <b>Cigna Eligibility/Benefits/Precertification:</b> 800-261-2393 <b>Benefits are not insured by Cigna or affiliates.</b>  <small>Complementary Network</small> 
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### Important Phone Numbers

#### Medical Management

410-424-4480

800-261-2421

410-424-4890 Fax

*(Referrals not needing  
Medical Review)*

#### Inpatient

410-424-4894 Fax

Initial Inpatient:

410-424-2770 Fax

#### Outpatient

##### Medical Review

410-762-5205 Fax

##### Outpatient Urgent Requests

410-424-2707 Fax

#### DME

410-762-5250 Fax

#### Case/Disease Management

800-557-6916

[populationhealth@jhhp.org](mailto:populationhealth@jhhp.org)

#### Customer Service

*(Claims, benefits and eligibility)*

410-424-4450

800-261-2393

#### Health Coach Services

410-762-5390

800-957-9760

[healthcoach@jhhp.org](mailto:healthcoach@jhhp.org)

#### Cigna PPO Network

[Find a provider](#)

866-494-4872

#### Pharmacy Services

888-819-1043, option 4

410-424-4607 Fax

#### Provider Relations

*(Contracts, fee schedules,  
and demographic changes)*

410-762-5385

888-895-4998

410-424-4604 Fax

#### Behavioral Health Services

410-424-4476

800-261-2429

410-424-4891 Fax



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HEALTH PLANS

# Payment Dispute & Clinical Appeals Submission

## Billing Address

Employer Health Programs  
P.O. Box 4227,  
Scranton, PA 18505

- 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

## Administrative Appeals

- Administrative appeals (timely filing, care not coordinated by PCP, authorization not on file, member not eligible at time of service, incorrect coding) must be submitted within 90 business days of the date of denial
- Appeals letters and other clinical information should be mailed or faxed to Johns Hopkins Health Plans.

Please complete the [Participating Provider Appeal Submission Form](#) and fax 410-762-5304 or mail to:

Johns Hopkins Health Plans  
Attn: Appeals Department  
7231 Parkway Drive, Suite 100  
Hanover, MD 21076

For additional information on EDI (Electronic Data Interchange), please send an email request to [edi@jhhp.org](mailto:edi@jhhp.org). EDI Payor ID #52189.

# Referral & Prior Authorization Process

## Submit Referrals by Fax

Complete the [Authorization Request Form](#) and fax to 410-762-5205

## Key Referral Information

- Patient/member name\*
- Member ID\*
- DOB\*
- Address
- Referring provider
- Referred services
- Limitations
- Diagnosis/Procedure Codes

*\*Indicates required fields*

## 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

EHP 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](#) and [HealthLINK](#) portals, to check and verify prior authorization requirements for outpatient services and procedures.**

# Availity Essentials Provider Portal

Availity is a secure, online web portal where providers can check patient eligibility, claims and authorizations status, access plan-specific reports and more.

Register for an Availity account at [www.Availity.com](http://www.Availity.com) or contact your Network Manager. First time users must register for an account. If you need assistance with registration, contact Provider Relations at 888-895-4998.