Employer Health Programs (EHP)

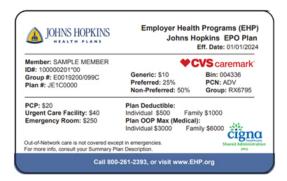
Quick Reference Guide

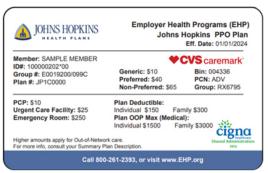
To obtain the most up-to-date information on policies, manuals, directories and other information, providers should review the website on a regular basis: <u>HopkinsHealthPlans.org</u>.

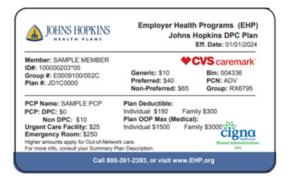
Overview & Important Information

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







Phone Numbers

Medical Management

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

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

Customer Service

(Claims, benefits and eligibility) 410-424-4450 800-261-2393

Health Coach Services

410-762-5390 800-957-9760 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



Claims

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 24| of CMS 1500
- Claims must be submitted within 180 calendar days of the date of service

Payment Dispute

Please complete the Payment Disputes Form and fax to 410-424-2800 or mail to:

Johns Hopkins Health Plans

Attn: Adjustments Department 7231 Parkway Drive, Suite 100

Hanover, MD 21076

or submit electronically through Availity.

Medical Necessity/Clinical Appeals

Appeals letters and other clinical information should be mailed or faxed to Johns Hopkins Health Plans.

Please complete the <u>Participating Provider Appeal Submission</u>

Form and fax 410-762-5304 or mail to:

Johns Hopkins Health Plans

Attn: Appeals Department

7231 Parkway Drive, Suite 100 Hanover, MD 21076

or submit electronically through Availity.

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

For Electronic Claims Payment and Remittance, contact PNC/ECHO or 888-697-6755.

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 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.

Prior **Authorization Process**

Submit Prior Authorization Requests

Complete the Authorization Request Form and fax to 410-762-5205.

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 (IPAL), located in the Availity and HealthLINK portals, to check and verify prior authorization requirements for outpatient services and procedures.

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