

Johns Hopkins Health Plans

Priority Partners

Presented by: Johns Hopkins Health Plans Provider Relations Department

Agenda

- Welcome
- About Johns Hopkins Health Plans
- Provider Website Review
- Priority Partners Overview
- Care Management
- Priority Partners New for 2024 & Provider Resources
- Claims and Appeals Submission
- Prior Authorization Process
- Additional Information and Resources

Johns Hopkins Health Plans

Welcome:

Johns Hopkins Health Plans provides health care services for four health plans: Priority Partners, Employer Health Programs (EHP), US Family Health Plan (USFHP) and Advantage MD.

Johns Hopkins Health Plans

Mission & Vision



- **Mission:**
- To optimize the health of individuals, populations, and communities through innovations and science-based solutions that advance the mission of Johns Hopkins Medicine.
- **Vision:**
- Establish Johns Hopkins Health Plans as the leader in the translation of evidence-based solutions into population health programs and products that drive proven results and empower individuals and communities to achieve good health.

Johns Hopkins Health Plans



Provider Website



☰ MENU

COVID-19 SEARCH

☰ Johns Hopkins Health Plans



Johns Hopkins Health Plans



Provider website includes:

- [Provider Manuals](#)
- [Forms](#) (Provider Dispute, Clinical Appeals, PCP Change Forms etc.)
- [Availity Web Portal](#)
- [Medical Policies](#)
- [Reimbursement Policies](#)
- [Online Provider Directory](#)
- [Resources & Guidelines](#)
- [Communications Repository](#)
- [Provider Education](#)

Priority Partners Overview



- HealthChoice is a health care program of the Maryland Department of Health and Mental Hygiene.
- The HealthChoice plan provided through Priority Partners includes coverage for Medical Assistance for Families and the Maryland Children's Health Plan for pregnant women and children.
- Eligibility is based on family size, income levels, or special medical circumstances.
- Priority Partners offers special needs and outreach programs to assist provider's offices in improving no-show rates by helping members get into care and partnering with them to provide special programs for diabetics, pregnant women and members with chronic diseases.

- Priority Partners offers programs and services to help members better manage their health. As Priority Partners HealthChoice members, your patients can take advantage of no and low cost services that include:
- **Low-cost prescription drugs and over-the-counter medication.** See the Priority Partners [pharmacy and formulary](#) for more information.
- **Visits to urgent care centers**
- **Emergency department facility services**
- **Dental care:** Dental care for adults, pregnant women and children is directly provided by the Maryland Healthy Smiles Dental Program.

- **Vision care:** Vision care is provided by Superior Vision. Members can contact Superior Vision at 800-428-8789.
- **[HealthLink@Hopkins](#):** 24/7 secure online access to personal health information. Members can login or register at ppmco.org.
- **Transportation to doctor and medical appointments:** Members can call 800-654-9728 for transportation scheduling.
- **Assistance in finding the appropriate health care services, as well as help with making doctor's appointments:** Members can call 800-654-9728 for assistance and appointment scheduling.
- **Diabetes prevention:** Members are eligible to participate in an evidence-based diabetes prevention program established by the Centers for Disease Control and Prevention if they are 18 to 64 years old, overweight or obese, have an elevated blood glucose level or a history of gestational diabetes mellitus, have never been diagnosed with diabetes and are not currently pregnant. Call 800-654-9728.

- **Care management:** Priority Partners is committed to becoming the leader in care management population health solutions. Our care management model promotes prevention skills, performs health risk identification, and manages member compliance to avoid costly treatments. We not only outreach to the sickest members to stabilize and manage conditions, we guide healthy members further along the prevention path. Through our four main service areas of Preventive, Transitional, Complex, and Maternal/Child, we catch members wherever they are on the health continuum.
- **Health education:** Priority Partners has a team of health educators that teach different programs to help members better manage their health. Members can call 800-957-9760 to sign up for a program or contact a health educator.

Member ID Card





 Customer Service: 1-800-654-9728
TTY LINE: 410-424-4643
www.ppmco.org

Name:
PP SAMPLE
ID#: 100441013*00
Case #: 112788254
Doctor:
BABATUNDE AKINYEMI CNP
Doctor Phone: (301)600-1506

Recipient #: 42308204443
Eff. Date: 09/01/2022

RX Co-Pay: \$1.00
Brand: \$3.00
RX Co-Pays apply to members age 21+

Group: RX6810 PCN: ADV Bin #: 610084 

1000001


Benefits & Customer Service 1-800-654-9728
Call us before any inpatient admission or within 24 hours of urgent/emergency inpatient admission.

Maryland Health Connection 1-855-642-8572
Vision Benefits **Dental Benefits**
Superior Vision 1-800-428-8789 DentaQuest 1-800-698-9611
Pharmacy Information 1-855-298-4258
Maryland Department of Health
HealthChoice Enrollee Help Line 1-800-284-4510
Behavioral Health 1-800-888-1965
Submit claims to: Priority Partners MCO
P.O. Box 4228
Scranton, PA 18505

New for 2024

Priority Partners

New for 2024: Availity Essentials Portal

- As part of our continuing effort to boost efficiency and streamline processes, Johns Hopkins Health Plans introduces a new provider portal developed in collaboration with our vendor, Availity.
- [Availity Essentials](#) is a secure, real-time platform that connects providers with payers to help providers manage medical benefits and insurance claims. The portal allows providers to view remittances, validate eligibility and benefits and track claims with ease. The impetus for the switch to Availity Essentials is to lighten administrative burdens while engaging with Johns Hopkins Health Plans, giving providers time back in their day to deliver exceptional patient care.
- Johns Hopkins Health Plans is taking a phased approach with the new provider portal. The following functions are available for providers:
 - Member eligibility requests and benefit information
 - Electronic claims submission
 - Claims status
 - Remittance and claims payment information
 - Insights into financial and administrative transactions

Availity Essentials: Provider Portal



- In addition, the new portal will offer the following resources:
 - Providers can access commonly used forms, find customer service numbers for our plans, review policies and procedures and more.
 - Providers can keep up to date on our communications and provider education presentations.

Coming in 2024:

- Electronic submission of prior authorization requests for PPMCO, EHP and JH Advantage MD
- Authorization status
- Provider reporting
- For more information, visit [availity.com](https://www.availity.com).

- For more information, visit [availity.com](https://www.availity.com).

- **Please Note:** As we transition fully to the new provider portal, our current portal, HealthLINK, will still be available so providers can access needed functions and resources.

New for 2024: Maternal Health Focus



Centering Pregnancy Program:

- Centering Pregnancy is an evidence-based group prenatal care model for low-risk pregnancies. Facilitators support a cohort of eight to ten individuals of similar gestational age through a curriculum of ten 90- to-120-minute interactive group perinatal care visits that largely consist of discussion sessions covering medical and non-medical aspects of pregnancy, including nutrition, common discomforts, stress management, labor and birth, breastfeeding, and infant care.
- Effective January 1, 2024, a practice (OB-GYN, Pediatric, Family Medicine, Midwives, Nurse Practitioners, Doulas) must be accredited or pending accreditation by the Centering Healthcare Institute (CHI), in addition to being licensed. Both the group and each individual rendering provider will need to submit supplemental applications in ePREP to add this new service.
- Groups must update their ePREP account to reflect their CHI licensed status. To update, a group should start a supplemental application in ePREP and attach their CHI approval letter attesting their status, as well as the [Group Centering Pregnancy Addendum](#).
 - Individual rendering providers will also need to submit an [Individual Centering Pregnancy Addendum](#) with the group's accreditation attached.
- The above steps will enable the group to add the code **99078** '*group educational services by physician*' to up to ten Centering Pregnancy perinatal visit claims for patients who are enrolled in and receive prenatal care in the Centering Pregnancy program. This code will pay an additional \$50 per participant per visit, for up to ten group perinatal care visits or \$500.
- Please see MDH Transmittals [PT30-23](#) and [PT61-23](#) and the [MDH Medicaid Centering Pregnancy Provider Information webpage](#) for more information.

New for 2024: Maternal Health Focus



Healthy Steps Program:

- HealthySteps, a ZERO TO THREE program, is a pediatric primary care model that promotes positive parenting and healthy development for babies and toddlers. Under the model, all children ages zero to three and their families are screened and placed into a tiered model of risk-stratified supports, including care coordination and onsite intervention. A HealthySteps Specialist, a child development expert, joins the pediatric primary care team to ensure universal screening, provide successful interventions, referrals and follow-up to the whole family. The HealthySteps Specialist screens all children ages zero to three and their families to place them into the appropriate tier of services.
- To be eligible for additional reimbursement, a group must be currently and actively meeting the HealthySteps National Office (ZERO TO THREE) fidelity requirements, or deemed as on track to fidelity.
- Groups must update their ePREP account to reflect their ZERO TO THREE accreditation status.
 - To update, a group should initiate a supplemental application in ePREP and attach their ZERO TO THREE accreditation letter attesting their status, as well as the [HealthySteps Group Addendum](#).
 - Each rendering provider will also need to submit an [Individual Supplemental Addendum](#) with the group's accreditation attached.
- The above steps will allow the group to add the code **H0025** 'Behavioral health prevention education service' to each pediatric E&M or well-child visit encounter that includes HealthySteps services and was provided in the clinic or outpatient setting. This code will pay an additional \$15 per participant per visit, up to age four. NOTE: While this is a H-code, this code should not be billed to the ASO.
- For more information on Healthy Steps, please visit the MDH website: <https://health.maryland.gov/mmcp/medicaid-mch-initiatives/Pages/HealthySteps-Providers.aspx> or refer to Transmittal [PT30-23](#)

Doula Services

What are doulas?

- A doula, or birth worker, is a trained professional who provides physical, emotional, and informational support to birthing parents. This support can happen before, during, and after birth. Doulas serving Priority Partners members will provide person-centered care that supports their racial, ethnic, and cultural diversity.
- Doulas provide three kinds of services: before birth (prenatal) visits, attendance at the birth, and after birth (postpartum) visits. The prenatal/postpartum visits are often in the birthing parent's home.
- Doulas are non-clinical providers, and cannot perform the work of a nurse-midwife, nurse practitioner or doctor.
- Doula/birth worker services are free for eligible Priority Partners members.

What if I want to become a certified doula/birth worker under Maryland Medicaid?

- Please see our [Doula/Birth Worker Provider information](#).

New for 2024: Maternal Health Focus



Home Health Services

Home Visiting services are designed for pregnant people to get the care and support they need to have a healthy pregnancy and healthy child. These services are usually provided in the home by a specially trained professional or a nurse. After pregnancy, your home visitor will continue to support the Priority Partners member and their child, up to their second or third birthday, depending on the program.

- Maryland Medicaid currently offers two evidence-based home visiting models, Healthy Families America and Nurse Family Partnership.
- Home Visiting Services are free for eligible Priority Partners members.

What if I want to become a certified Home Visiting Services Program under Maryland Medicaid?

- Please see our [Home Visiting Services Provider information](#).

Contact information

- For questions about Maryland Medicaid's Maternal and Child Health programs, email mdh.medicaidmch@maryland.gov.

Vendor Partnerships & Provider Resources

Vendor Partnership: eviCore

- Providers in the Priority Partners network must obtain prior authorization for medical necessity from eviCore for certain codes. The prior authorization requirement applies to Priority Partners members of all ages.
- Providers should submit prior authorization requests via the [eviCore portal](#) or, if the portal cannot be accessed, by calling eviCore at 866-220-3071.
- Providers who already have an eviCore account can also access the Johns Hopkins Health Plans-eviCore portal through their established account.

Vendor Partnership: Novologix Medical Injectables

Prior authorization will be required for the medical injectable drug codes listed in this link:

- **Codes Requiring Prior Authorization:**
 - [List of applicable codes for Priority Partners.](#)

How to Request Prior Authorization:

- Providers may submit prior authorization requests electronically by accessing the NovoLogix portal through the [Avality](#) Provider Portal. The Novologix portal must be accessed through [Avality](#) for prior authorization requests.
- Providers may also contact NovoLogix by phone at 844-345-2803.

Vendor Partnership: ProgenyHealth NICU Management Services

- The utilization management and care management for NICU admissions and NICU graduates up to one year of age is delegated to ProgenyHealth.
- ProgenyHealth is a company specializing in neonatal care management services. ProgenyHealth will serve as a liaison for Priority Partners, providing NICU Admission services and assisting with the discharge planning process to ensure a smooth transition to the home setting.
- ProgenyHealth's neonatologists, pediatricians and neonatal nurse care managers work closely with Priority Partners members, the NICU facility as well as attending physicians and nurses, to promote healthy outcomes for premature and medically complex newborns. Patients will be able to access an extensive online library and an "on-call" staff member available 24/7.

ProgenyHealth-NICU

Utilization Management (UM) Info:

- NICU admissions or a readmissions following a NICU graduation up to one year of age authorization requests should be sent to ProgenyHealth. Do not send to Johns Hopkins Health Plans UM Department.
- For Priority Partners NICU Admission, use the [Newborn Notification Form](#) and fax the request with clinical information to ProgenyHealth: **888-400-4636**.
- For Priority Partners Prior Pediatric Readmission (within 1 year of NICU discharge), fax notification and clinical information to ProgenyHealth: **888-400-4636**
- Providers can use the same [Authorization Request Form](#) they currently submit to Johns Hopkins Health Plans for this purpose.
- For more information, contact ProgenyHealth at 800-832-2006 or progenyhealth.com

Provider Resource: PNC Healthcare

- **Johns Hopkins Health Plans has engaged PNC Healthcare** to provide new electronic methods via their Claims Payments & Remittances (CPR) service.
- Payment for Priority Partners only will be issued using the new CPR service.
- This service will also enable providers to log into a website to access a detailed explanation of payment (EOP) for each transaction.

Provider Resource: JPAL

The Johns Hopkins Prior Authorization Lookup tool (JPAL) is a provider resource to check and verify prior authorization requirements for outpatient services and procedures. Located in the [Availity](#) provider portal, JPAL offers a user-friendly way for providers to look up prior authorization requirements.

- Providers can simply click on the JPAL link in [Availity](#) and [HealthLINK](#) under the “Administration” tab to access this tool.

JPAL tips:

- Please remember to confirm the authorization requirements of all outpatient procedures via JPAL before delivery of service.
- If prior authorization status is unclear, submit an authorization request to Johns Hopkins Health Plans Utilization Management department.
- Authorizations are not a guarantee of payment.
- Instructions on how to use JPAL are on the [Johns Hopkins Health Plans Provider Education webpage](#) and on [Availity](#).

Provider Resource: JPAL (continued)

JPAL features:

- Search by specific procedure code or procedure description.
- Confirm the authorization requirements of all procedures before delivery of service.
- Search results are organized by procedure code, modifiers, procedure description, and individual lines of business.
- Clicking on the procedure code link or on any line of business link brings up specific details, such as the rules pertaining to preauthorization for each line of business and access to the applicable medical policy document.

NOTE: JPAL is a resource to look up preauthorization requirements only. Authorization requests cannot be submitted through JPAL. Please follow Johns Hopkins Health Plans current policies and procedures to request prior authorization, which are available on the [Johns Hopkins Health Plans website](#).

Provider Resource: Online Provider Update Form

If there are any demographic changes in your practice or facility, you are **required** to notify the Provider Relations department:

- Submit digitally via the [Online Digital Provider Information Update Form](#).
- Email to ProviderChanges@jhhp.org. This email box is monitored daily to collect and process all provider changes. Please fill out the [Provider Information Update Form](#) (located under “For Providers” and then under the Forms section of the “Resources and Guidelines” page) and attach it to the email before sending to Johns Hopkins Health Plans.
- Information on both forms includes changes to telephone numbers, address, suite number and email or fax numbers.
- **Note:** If you are using a Social Security Number in place of a Tax ID, the completed update form must be faxed to 410-762-5302 to ensure identity protection. Do not send digitally or by email.
- W-9 requests should be submitted to: w9requests@jhhp.org.
- Any questions about the provider changes reporting process may be directed to Provider Relations at 888-895-4998 (option 4).

*If you are under a Delegated Credentialing Agreement please follow the process outlined per that agreement.

Provider Resource: OnDemand

Johns Hopkins OnDemand Virtual Care (powered by Teladoc) gives members access to an urgent care medical visit 24/7 from the comfort of their home, or anywhere they may travel in the United States. Johns Hopkins Health Plans encourage members to utilize their primary care provider when possible, but Johns Hopkins OnDemand Virtual Care is an alternative option to quickly access needed care.

- The Johns Hopkins OnDemand Virtual Care service is as an online telemedicine platform for both adult and pediatric patients. It is available to members through mobile app, computer or tablet.
 - The service is intended for minor care concerns that do not require lab work, such as colds, rashes and pinkeye.
 - The service is **not** for medical emergencies. If a patient is experiencing a medical emergency, they should call 911 or go to the nearest emergency room.

OnDemand Virtual Care Process

- Johns Hopkins providers will staff the platform and attempt to perform the virtual visit with the member first. If a Johns Hopkins provider is not available, or if the member is located in a state where the Johns Hopkins provider is not licensed, then a Teladoc-employed provider will see the member virtually.
- The health care provider will join via secure video or phone and assess the member's symptoms, make a diagnosis, recommend next steps and answer any questions the member may have.
- If medications are necessary, the provider will electronically send prescriptions to the member's network pharmacy.
- Telemedicine providers will refer members back to their PCP for follow-up care.

Please note: Members can use their providers' telemedicine services, but they cannot request to see their PCP through the Johns Hopkins OnDemand Virtual Care program.

Claims & Appeals Process

- Claims & Appeals Submission

Billing Address

Priority Partners Claims:

P.O. Box 4228, 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 should 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

Claims & Appeals Process

- 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. The Provider Claims/Payment Dispute Form can be used for these issues. A web version of the form is available in Availity.
- For additional information on EDI (Electronic Data Interchange), please send an email request to edi@jhhp.org.
EDI Payor ID #52189.
- For appeals, please use the Provider Appeal Submission Form.

Referral Process



- The Primary Care Provider (PCP) is responsible for determining when a member's health care needs exceed his/her scope of practice and directs the member's care to other providers to meet specific member care goals. Any primary care provider in the group of the assigned PCP on the member's Priority Partners identification card can write a referral for specialty care.
- Referrals for all services must be made to participating Priority Partners providers. Consult the Priority Partners Provider Directory search function on www.ppmco.org for participating specialist, facility and ancillary providers.
- Paper referrals to in-network specialists are not required to be submitted to Priority Partners for payment; however, the PCP must communicate to the specialist the reason for the referral.
- Priority Partners highly recommends PCPs supply the member with instructions for follow-up care. The Personalized Treatment Plan form can be found online at pp_personalized_treatment_plan.pdf (hopkinsmedicine.org).

Prior Authorization Process



Out-of-Network Care

- All out-of-network care requires prior authorization from the Utilization Management department. Out-of-network care based on medical necessity requires the approval of the Priority Partners' medical director.
- Out-of-network care requests, with appropriate clinical information, should be faxed to Utilization Management Medical Review at 410-762-5205.

Prior Authorization and Notification — General

- Some covered services require prior authorization prior to services being rendered.
- When a provider requests an authorization for a member, and Johns Hopkins Health Plans approves that authorization, the provider needs to notify the member that their authorization has been approved.

Prior authorization requests may be telephoned, faxed or mailed to the Utilization Management department.

- Inpatient Initial 410-424-2770
- Inpatient Concurrent 410-424-4894
- Non-urgent Outpatient 410-762-5205
- Urgent Outpatient 410-424-2707
- Durable Medical Equip 410-762-5250
- Transplant/Bariatric: 410-424-4046
- NICU NICU admissions or a readmissions following a NICU graduation up to one year of age authorization requests should be sent to Progeny Health. Do not send to Johns Hopkins Health Plans' UM department. Please call Progeny HealthCare at 888-832-2006 for more information.
- SNF SNF prior authorizations are handled by our vendor at eviCore.
<https://www.evicore.com>

2024 COVID-19 Information

- Priority Partners will pay for the COVID-19 vaccine and its administration (including approved booster doses), without cost sharing, for members enrolled in their plans.
- For the most current information on COVID-19-related services, codes, policies and reimbursement schedules, please visit Johns Hopkins Health Plans COVID-19 information pages at <https://www.hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/covid-19>

Fraud, Waste and Abuse

- Johns Hopkins Health Plans Payment Integrity department wants to inform you of our information processes for reporting Fraud, Waste, and Abuse.
- **Complaints of possible Fraud, Waste, and Abuse can be reported to the Johns Hopkins Health Plans Payment Integrity Department - Fraud, Waste, and Abuse.**
- **By Mail:** Payment Integrity Department
Attention: FWA
7231 Parkway Drive, Suite 100
Hanover, MD 21076
- **Phone:** 410-424-4971
- **Fax:** 410-424-2708
- **Email:** FWA@jhhp.org

Health Care Performance Measures

Healthcare Effectiveness Data and Information Set (HEDIS®)

- The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of health care performance measures that is developed and maintained by the National Committee for Quality Assurance (NCQA).
- Examples of HEDIS® measures are Comprehensive Diabetes Care, Childhood Immunizations, yearly Well Child Exams for Children Ages 3-6 and yearly Adolescent Well Care Exams. For detailed information about HEDIS, please go to www.ncqa.org or read our [Quality Measures Tip Sheet](#).

Health Care Performance Measures

Population Health Improvement Program (PHIP)

- The Maryland Department of Health and Mental Hygiene (DHMH)'s PHIP program is designed to provide incentives and disincentives based on performance indicators that measure access and quality of care. The PHIP measures change annually, and may vary from the HEDIS measures.

Health Care Performance Measures

Consumer Assessment Health Plan Surveys (CAHPS®)

- The Consumer Assessment of Healthcare Providers (CAHPS®) 5.0H is a member satisfaction survey whose objective is to capture information about consumer-reported experiences with healthcare. The focus of the survey is to measure how well plans are meeting member expectations, determine which areas of service have the greatest effect on overall member satisfaction, and identify areas of opportunity for improvement.

Health Care Performance Measures

Health Literacy

- There are many reasons health plan members, patients and caregivers may struggle to understand health information. Johns Hopkins Health Plans has structured its goals to meet its mission to provide quality health care and develop new methods to improve the health of its patient community and set standards of excellence in patient care. For more information on health literacy tools for improved communication, visit the [Agency for Healthcare Research and Quality website](#).

Cultural Competency Training

Cultural competency training is a requirement for participating providers in the Johns Hopkins Health Plans network.

As a health care provider contracted by Johns Hopkins Health Plans, our expectation is for you and your staff to gain and continually deepen your knowledge of, and ability to support, the values, beliefs and needs of diverse cultures. This results in effective care and services for all people by taking into account each person's values, experiences and linguistic needs.

By enhancing the cultural competency of your workforce, together, we can:

- Improve the quality of patient-care delivery and health outcomes
- Increase member satisfaction
- Provide greater access to services

HHS offers [A Physician's Practical Guide to Culturally Competent Care](#), a free, online educational program accredited for physicians, physician assistants, and nurse practitioners. This guide is available at the HHS website (cccm.thinkculturalhealth.hhs.gov). The HHS website offers CME/CE credit and equips health care professionals with awareness, knowledge, and skills to better treat the increasingly diverse U.S. population they serve.

After completing the training, please fax a copy of your certificate to 410-424-4604.

Network Access Standards

Johns Hopkins Health Plans 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:

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

Network Access Standards

Behavioral Health

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

Important Numbers

- **Medical Management**

410-424-4480

800-261-2421

410-424-4603 Fax

(Referrals not needing Medical Review)

- **Inpatient**

410-424-4894 or 410-424-2770 Fax

- **Outpatient Medical Review** 410-762-5205 Fax

- **Case/Disease Management**

800-557-6916 or

caremanagement@jhhp.org

- **DME**

410-762-5250 Fax

- **Customer Service** (*Claims, benefits and eligibility*)

410-424-4500 or 800-654-9728

- **Pharmacy Services**

410-424-4490, option 4 or

888-819-1043

410-424-4607 Fax

- **Health Education**

410-424-4821

800-957-9760

Important Numbers

- **24-Hour Nurse Line**
844-455-3083
- **Mental Health Services**
Optum Maryland 800-888-1965
- **Behavioral Health Services**
(*Substance Use Disorder Referrals*)
Optum Maryland
800-888-1965
Fax 855-293-5407
- **Outreach**
410-424-4648 or 888-500-8786
- **Superior Vision**
866-819-4298
- **HealthChoice**
800-977-7388
- **State of Maryland EVS**
866-710-1448

Customer Service

- **Priority Partners Customer Service**
410-424-4500 or 800-654-9728
ppcustomerservice@jhhp.org

Provider Relations: 888-895-4998
(option 4)

THANK YOU