

# Priority Partners HealthChoice

## 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

- HealthChoice is a health care program of the Maryland Department of Health.
- 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.
- Before rendering services, verify HealthChoice eligibility by contacting Priority Partners Customer Service at 800-654-9728.

### Member ID Card



Customer Service: 1-800-654-9728  
TTY LINE: 410-424-4643  
[www.ppmco.org](http://www.ppmco.org)

Name:  
JOHNNY TESTCASE  
ID#: 123456789012  
Case #: 8675309

Recipient #: 546372819  
Eff. Date: 1/1/2020

Doctor:  
DR BOB ROBERTS  
Doctor Phone: (301)824-3343

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

Group: RX6810 PCN: ADV Bin #: 610084



**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**

Superior Vision 1-800-428-8789

**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

### Important Phone Numbers

#### Medical Management

410-424-4480

800-261-2421

410-424-4603 Fax

(Referrals not needing  
Medical Review)

#### Intital 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)

410-424-4500

800-654-9728

#### Pharmacy Services

410-424-4490, option 4

888-819-1043

410-424-4607 Fax

#### Health Education

410-424-4821

800-957-9760

#### Outreach

410-424-4648

888-500-8786

#### Superior Vision

866-819-4298

#### HealthChoice

800-977-7388

#### State of Maryland EVS

866-710-1447

#### Mental Health Services

Optum Maryland

800-888-1965

#### Behavioral Health Services

Optum Maryland

800-888-1965

855-293-5407 Fax

#### 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](mailto:FWA@jhhp.org)



JOHNS HOPKINS  
HEALTH PLANS

# Payment Dispute & Clinical Appeals Submission

## Payment Dispute

Please complete the [Payment Disputes Form](#) and fax to 410-424-2800 or mail to:

Priority Partners  
P.O. Box 4228  
Scranton, PA 18505

## Appeals Address

Please complete the [Participating Provider Appeal Submission Form](#)

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

Johns Hopkins Health Plans  
Attn: Appeals Department  
7231 Parkway Dr, Ste.100  
Hanover, MD 21076

- 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.

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. Or call Change Healthcare at 866-506-2830.

# Referral & Prior Authorization Process

## Submit Referrals by Phone or Fax

Phone: 410-424-4480 or 800-261-2421

Fax: 410-424-4603

## Key Referral Information

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

*\*Indicates required fields*

## Number of Visits

If the number of visits and date span is specified in the referral, the request will be honored up to a maximum of 50 visits and a one-year period. If the number of visits and date span is not specified on the referral, the referral will be considered valid for one visit and 120 calendar days.

## Eligibility

All providers should verify the member's eligibility at the time of service or as close to the time of service as possible by calling the State of Maryland EVS at 866-710-1447.

## Lab and Radiology Policies

Please refer to the Priority Partners website for Lab and Radiology Policies.

## Preventative Care Visit Benefit

Priority Partners 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.