

# PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

## Johns Hopkins Health Plans Utilization Management (UM) Transitions to Epic Platform for Medical Necessity Reviews

**Effective Date:** Feb. 12, 2024 and April 22, 2024

**Health Plan(s) Affected:** Advantage MD, Employer Health Programs (EHP), Priority Partners, US Family Health Plan (USFHP)

### Explanation of Change:

In order to more efficiently service the needs of our members and providers, Johns Hopkins Health Plans has moved to a new Utilization Management (UM) platform, Epic, for both inpatient and outpatient reviews.

- The go-live date for USFHP was Feb. 12, 2024.
- Priority Partners, Advantage MD and EHP will go live on April 22, 2024.

There is no change in process for any providers at this time. There are no changes to the fax numbers the providers use for submission but future enhancements will allow greater portal access for authorization requests.\*

With this internal system transition for Johns Hopkins Health Plans UM, providers may notice some changes in the format of authorization responses with the transition to Epic.

- For example, authorization numbers now start with the letter "E:" **REFERENCE # E00001571**
- Each request for an extension of services or visits will result in a new authorization number.
- A detailed grid is provided in the provider letters to indicate the number of units/visits requested and those approved (including requested codes that do not require prior authorization):

Proc Code	Desc	Status	Start Date	End Date	Req Units/Visits	Appr Units/Visits
99215 (CPT®)	PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	No Authorization Required	4/8/2024	6/7/2024	4	
99205 (CPT®)	PR OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	Authorized	4/8/2024	6/7/2024	2	2

- The Status column (outlined in red) is a new feature. Please note that the Appr Units/Visit column will be empty/blank (outlined in red) if no authorization is required.\*\*
- Johns Hopkins Health Plans UM will manage group codes for outpatient PT/OT authorizations. The codes are 97161 for PT and 97165 for OT. These group codes cover

the requested CPT codes for the multiple modalities used in the treatment of the member.  
**NOTE:** This is not applicable for reviews managed by eviCore

\*The process for electronic submission of prior authorization requests to Johns Hopkins Health Plans UM for Priority Partners, Advantage MD, and EHP will transition to Availity, starting with a pilot group of current iExchange users on April 22, 2024, then with the rest of the network in late May (details forthcoming). Providers will continue to submit prior authorization requests to Johns Hopkins Health Plans UM for USFHP via fax until Availity is implemented for USFHP at a later date. If, for some reason, a provider cannot submit an electronic prior authorization request through Availity, the request can still be faxed for all plans. This transition to Availity for electronic prior authorization requests will not affect prior authorization request processes for services managed by eviCore and Novologix.

\*\*Always check JPAL for prior authorization requirements prior to rendering services.