PROVIDER pulse

Johns Hopkins Health Plans Provider Newsletter

FALL 2025

2 Introduction

3 Pharmacy

9 Provider Udates

JOHNS HOPKINS HEALTH PLANS

This newsletter features important information pertaining to providers in the Johns Hopkins Health Plans network: Priority Partners, Employer Health Programs (EHP), US Family Health Plan (USFHP), and Advantage MD. Please contact your Provider Relations coordinator with any questions about this information.

// INTRODUCTION

"Seasons teach us that change can be beautiful."

— Heather Stillufsen

If 2025 was a painting, it would be a Jackson Pollock — splatters, drips and dribbles, and unbridled commotion.

It's nearly 2026 — a fresh canvas, a white space to fill with careful thought and action.

We cannot entirely predict how this next year will roll out, but we do have some insights into changes that are expected to occur in 2026 for Johns Hopkins Health Plans.

Johns Hopkins Advantage MD

- No PCP referrals needed for specialty care for our HMO plans.
- Service area additions: Advantage MD plans have expanded to Caroline, Somerset, Washington, Wicomico and Worcester counties in Maryland; and to Alexandria City, Manassas City and Fairfax, Loudon and Prince William counties in Virginia.
- New vendor (NationsBenefits) for transportation, over-the-counter benefit and rewards program.
- Post-discharge meal delivery service not offered for HMO Select members in Virginia.

Employer Health Programs (EHP)

- No changes impacting providers expected in 2026.

Priority Partners

- Maryland Department of Health (MDH) has contracted with the vendor, DentaQuest, which directly provides dental care for adults, pregnant women and children.

US Family Health Plan (USFHP)

- Please refer to the TRICARE® notice of program changes for details, but some of the projected 2026 benefit changes include:
  - Changes to automatic prescription refill procedures for mail order pharmacy
  - Elimination of cost-sharing for all TRICARE-covered contraceptives under the TRICARE Pharmacy Program
  - Coverage of weight loss drugs for treating obesity
  - TRICARE Reserve Select, TRICARE Young Adult survivor coverage eligibility
  - Waiver requests have been lifted for USFHP members who live within 100 miles of a military medical treatment facility (MTF), but are at least 30 minutes away by car.
  - Pharmacy cost increases:
    - Retail network generic formulary 30-day supply is $16
    - Retail network brand-name formulary 30-day supply is $48
    - Retail network non-formulary 30-day supply is $85
    - Mail order generic formulary 90-day supply is $14
    - Mail order brand-name formular 90-day supply is $44
    - Mail order non-formulary 90-day supply is $85
- TRICARE Benefits Improvements
  - Female Uterine Fibroids Procedures
  - Lung Malignancy Treatment
  - Transcutaneous Electrical Nerve Stimulation
  - Coronary Calcium Scoring
  - Basivertebral Nerve Ablation

- Risk-Reducing Surgeries
- Expediting Cochlear Implantation for Certain Children
- Human Papillomavirus Testing
- Clinical Trials Coverage Expansion
- Monoclonal Antibodies for Treating Alzheimer's Disease

If you have any questions about these anticipated changes, please contact your Provider Relations representative.

— Jayne Blanchard, editor

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// PHARMACY

A Refresher on the Medicare Stars Measure: Statin Use in Persons with Diabetes (SUPD)

Statins have been shown to be highly effective in reducing the risk of cardiovascular disease, a leading cause of morbidity and mortality in people who have diabetes. The Medicare Stars measure, Statin Use in Persons with Diabetes (SUPD), tracks the percentage of Medicare Part D beneficiaries age 40 to 75 years who were dispensed at least two diabetes medication fills on unique dates of service and received a statin medication fill during the measurement period.

While statin therapy is widely recommended for many patients with diabetes, we recognize that it is not appropriate for all patients. There are several measure exclusions that can remove your member from the SUPD measure denominator:

- Hospice enrollment
- ESRD diagnosis or dialysis coverage dates
- Rhabdomyolysis and myopathy
- Pregnancy, Lactation and fertility
- Cirrhosis
- Pre-Diabetes
- Polycystic Ovary Syndrome

We urge you to review your patients in the measure to determine if any of these exclusions apply. By submitting a diagnosis code for one of these exclusions, your patient can be removed from the measure.

Mail Order: A Win-Win for Patients and Providers

In this issue of the newsletter, we highlight an important benefit for both patients and providers: mail order pharmacy! Encouraging your patients to use mail order services promotes not only convenience, but medication adherence as well.

Mail order pharmacy allows patients to have their prescriptions delivered directly to their home, often in larger quantities (90-day supplies), from a pharmacy service partnered with their health plan. This service is available for most long-term medications, including those for chronic conditions like diabetes, hypertension, asthma and mental health disorders.

With mail order, patients receive their prescriptions on time without having to worry about running out of medication. This consistency helps improve adherence to treatment plans. Many mail order services offer automatic refills and reminders, making it easier for patients to stay on track.

For patients with mobility issues, elderly individuals or those with busy schedules, mail order pharmacy eliminates the need to travel to a pharmacy and wait in long lines. Medications are delivered right to their door, offering a more convenient option.

Mail order pharmacies often provide a 90-day supply, reducing the frequency of refills and minimizing the chances of missed doses. This longer supply also limits the hassle of frequent visits to the pharmacy.

How You Can Encourage Mail Order Pharmacy Use:

As providers, you play a key role in guiding your patients toward utilizing mail order pharmacy services. Here are some ways you can encourage this option:

1. **Discuss the benefits during consultations**
   - When prescribing medications, especially for long-term conditions, take the opportunity to explain the benefits of mail order pharmacy: convenience and easier medication management.
2. **Provide clear instructions**
   - When writing prescriptions, ensure patients know how to sign up for mail order pharmacy services. If they have questions,

encourage them to call their health plan to learn how they can enroll, how the process works and what to expect.

3. **Address common concerns**
   - Some patients may be hesitant to switch to mail order pharmacy due to concerns about quality, delivery times or the loss of face-to-face pharmacist interactions. Reassure them that these services are reliable, HIPAA-compliant and designed to enhance their care. Emphasize that they can still consult with pharmacists remotely when needed.
4. **Ensure smooth transition**
   - For patients currently using local pharmacies, help guide them through the transition to mail order. Whether it's transferring prescriptions, setting up automatic refills or providing initial counseling, your support will make the process smoother for patients.
5. **Monitor for medication adherence**
   - As you see patients for follow-up visits, ask about their experience with mail order pharmacy. Ensure they are receiving their medications on time and address any issues promptly.

By encouraging your patients to use mail order pharmacies, you're helping them access a reliable and convenient way to manage their medications. It's a win-win: patients enjoy better adherence and savings, while providers can spend less time on refill management and more time on direct care.

Pharmacy Formulary Update

A variety of pharmacy information and resources are available to you on the Johns Hopkins Health Plans website and the Priority Partners, Employer Health Programs (EHP), US Family Health Plan (USFHP) and Johns Hopkins Advantage MD pharmacy pages. These include information related to the pharmacy formulary, pharmaceutical restrictions or preferences, requesting a benefit exception, step therapy, generic substitution and other pharmacy management procedures.

The pharmacy formularies are specific to each plan and are updated regularly to include new medications and the latest safety information. For additional information on the pharmacy formularies and updates for each plan, use the links listed below. You can also contact the Johns Hopkins Health Plans Pharmacy department at 888-819-1043 for questions or concerns for Priority Partners, EHP and USFHP. Call 877-293-5325 (Option 2) for questions or concerns regarding Advantage MD.

Pharmacy websites to bookmark:

- **EHP**
  HopkinsHealthPlans.org > For Providers > Our Health Plans > EHP > Pharmacy and Formulary
- **Priority Partners**
  HopkinsHealthPlans.org > For Providers > Our Health Plans > Priority Partners > Pharmacy and Formulary
- **USFHP**
  HopkinsHealthPlans.org > For Providers > Our Health Plans > US Family Health Plan > Pharmacy and Formulary
- **Advantage MD**
  HopkinsHealthPlans.org > For Providers > Our Health Plans > Advantage MD > Pharmacy and Formulary

Understanding the New Medicare Stars Measure: Concurrent Use of Opioids and Benzodiazepines (COB)

The Pharmacy team at Johns Hopkins Health Plans hopes you find this overview of the new Medicare Stars measure, Concurrent Use of Opioids and Benzodiazepines (COB), helpful in understanding this new measure.

This measure tracks the percentage of adults aged 18 and older who are using both opioids and benzodiazepines at the same time, a high-risk combination linked to adverse outcomes such as respiratory depression, overdose and even death. A lower rate of dual dosage is better, reflecting safer prescribing.

The measure uses prescription claims data to identify patients, and exclusions include hospice, cancer and sickle cell disease.

Measure Breakdown:

- **Denominator:** Individuals with at least two opioid prescriptions on different dates and a total of at least 15 days' supply during the measurement year
- **Numerator:** The number of individuals from the denominator who also have at least two benzodiazepines prescriptions on different dates, with 30+ days total of overlapping use of opioids and benzodiazepines

Key Takeaways for Providers

As health care providers, we are key in reducing the risks of concurrent opioids and benzodiazepines use. To improve our Star Ratings and, more importantly, enhance patient safety, consider the following approaches:

1. **Review medication regimens regularly:** Assess your patients' medication lists to identify those using opioids and benzodiazepines together.
2. **Consider alternatives:** Explore alternative treatments for anxiety, insomnia or pain management that do not involve benzodiazepines or opioids. Non-pharmacologic therapies and safer medication alternatives should be prioritized when possible.
3. **Discuss risks with patients:** Have conversations with your patients about the risks of using both opioids and benzodiazepines together, including sedation, cognitive impairment and overdose risk.
4. **Implement tapering plans:** For patients already using both medications, work on a gradual tapering plan to reduce their use of either opioids or benzodiazepines. If discontinuation is necessary, do so cautiously and in collaboration with other health care providers.
5. **Monitor patient outcomes:** Continuously assess the effectiveness of alternative therapies, and watch for any signs of adverse effects. Utilize clinical decision support tools to guide prescribing practices.

Managing concurrent opioid and benzodiazepine use requires collaboration between providers, patients and the health care system. By staying informed, proactive and engaged with our Johns Hopkins Advantage MD beneficiaries, we can work to improve patient safety, achieve better clinical outcomes and improve our Medicare Star Ratings.

Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (POLY-CNS)

The POLY-CNS measure tracks the percentage of adults aged 65 and older who are using three or more unique central nervous system (CNS)-active medications at the same time for at least 30 cumulative days in a year. A lower rate indicates safer prescribing.

This measure is based on the American Geriatrics Society (AGS) Beers Criteria, which highlight risks of CNS polypharmacy in older adults such as falls, cognitive impairment and other serious adverse outcomes. The goal is to encourage safer prescribing by reducing unnecessary concurrent use of multiple CNS-active medications.

Formulary Updates Supporting Better POLY-CNS Performance

Beginning in 2026, Johns Hopkins Advantage MD will implement several formulary updates to support safer prescribing and reduce the risk of CNS-active polypharmacy in older adults.

- New Drugs Added Under Prior Authorization (PA)
  Four medications — amitriptyline, desipramine, doxepin and benztropine mesylate — will now require prior authorization.
- Age-Based PA Adjustments
  The age threshold for PA, previously applied only to patients 70 and older, will now begin at age 65. This update applies to amitriptyline, desipramine, doxepin, imipramine, dicyclomine, paroxetine, amoxapine, pregabalin and nortriptyline.
- Duration Limits on PA Approvals
  While most high-risk medications will continue with 12-month PA approval periods, certain drugs will now have a shorter 3-month approval: cyproheptadine, meclizine, hydroxyzine (all forms), cyclobenzaprine and promethazine.

These targeted changes strengthen oversight, encouraging consideration of non-CNS alternatives, de-prescribing or consult before initiating high-risk therapy in older adults.

Safer Alternatives

The chart below presents a selection of conditions and corresponding CNS-active medications, along with safer alternatives for consideration:

- Offer less sedating or non-CNS first-line choices
- Reference non-pharmacologic strategies when appropriate
- Direct providers to relevant clinical guidelines, deprescribing resources, and decision support tools (like AGS Beers Criteria, STOPP/START, MATCH-D) to reinforce safe, patient-centered prescribing

Condition	High-Risk Beers Criteria Medications (Avoid)	Safer Alternatives to Consider
Insomnia	Benzodiazepines, Z-drugs, first-gen antihistamines, tricyclic antidepressants (TCAs), barbiturates	Cognitive behavioral therapy for insomnia (CBT-I, first-line); sleep hygiene strategies; low-dose doxepin (≤6 mg), ramelteon, dual orexin antagonists (e.g., lemborexant, daridorexant)
Anxiety	Benzodiazepines, first-gen antihistamines, TCAs, barbiturates, meprobamate	Evaluate for underlying psychiatric condition; non-pharmacologic therapies (CBT, mindfulness, imagery rehearsal); pharmacologic options per diagnosis, e.g., SSRIs, SNRIs, buspirone, pregabalin, prazosin as appropriate)
Delirium	Antipsychotics (except for schizophrenia, add-on therapy for major depression, or short-term antiemetic use)	Multicomponent non-pharmacologic approaches (e.g., HELP Program); antipsychotics only as a short-term measure if severe — use the lowest dose and plan early discontinuation
Agitation/ aggression in dementia	Antipsychotics (same notes as above)	Address contributing factors (pain, infection, environment); non-pharmacologic behavior strategies; cautious, short-term antipsychotic use if absolutely needed (lowest dose, reassess frequently)
Allergy symptoms/ pruritus (anticholinergic burden)	First-gen antihistamines (e.g., diphenhydramine, chlorpheniramine)	Non-pharmacologic (avoid allergens, nasal irrigation); second-gen antihistamines (loratadine, cetirizine); topical or nasal corticosteroids. For pruritus, tailor treatment to cause: for dry skin, use emollients, short lukewarm showers, and humidifiers; for medication- or condition-related pruritus, address underlying factors; for localized pruritus, consider topical agents (anesthetics, cooling agents, steroids, antihistamines, capsaicin)
Hot flashes/ night sweats	(Not CNS-specific, but high-risk per Beers list context)	CBT, hypnosis, SSRIs (paroxetine, citalopram, escitalopram), SNRIs (venlafaxine), gabapentin, neurokinin-3 receptor antagonist (fezolinetant)
Moderate pain	CNS-active analgesics and muscle relaxants	For nociceptive pain, consider acetaminophen, short-term or topical NSAIDs, COX-2 inhibitors, topical agents (e.g., lidocaine, capsaicin, menthol) or intra-articular corticosteroids; for neuropathic pain, consider SNRIs, gabapentinoids or similar topical agents instead of tricyclic antidepressants (TCAs); physical therapy and non-pharmacologic pain management strategies)

Tips and Call-to-Action for Providers

- ✓ Review medication lists for patients aged 65 or older, especially those on multiple CNS-active therapies.
- ✓ Engage patients in conversations about risks such as falls, confusion or sedation when adding CNS-active meds.
- ✓ Consider non-CNS and non-pharmacologic alternatives, particularly for sleep, pain or mood support.
- ✓ Utilize prior authorizations and the formulary changes as natural checkpoints to reassess necessity.
- ✓ Collaborate with pharmacists or consider medication therapy management for complex cases to optimize regimens.
- ✓ Watch for the upcoming safer-alternatives chart in the next newsletter to support clinical decision-making.

References

American Geriatrics Society Beers Criteria® Alternatives Panel. (2025). Alternative treatments to selected medications in the 2023 American Geriatrics Society Beers Criteria®. Journal of the American Geriatrics Society. https://doi.org/10.1111/jgs.19500

Pharmacy Quality Alliance. (n.d.-a). Medication safety measures. PQA. Retrieved August 22, 2025, from https://www.pqaalliance.org/medication-safety

Pharmacy Quality Alliance. (2024). Summary of CMS Rate Notice CY2025. PQA. https://www.pqaalliance.org/assets/library/PQA_Summary_of_CMS_Rate_Notice_CY2025.pdf

Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH)

POLY-ACH tracks the percentage of adults aged 65 and older prescribed at least two anticholinergic medications for 30 days or more, which can increase risk of adverse drug events, such as cognitive decline, confusion and falls. Reducing the use of multiple anticholinergics is crucial for improving safety and quality of life in older adults. Members in hospice care are excluded from the measure.

Recommendations to Improve POLY-ACH Performance

- **Implement deprescribing interventions** to identify unnecessary or potentially harmful medications and taper or discontinue them safely over time.
- **Encourage regular comprehensive medication reviews** to identify and minimize polypharmacy risks, with an emphasis on managing anticholinergic burden.
- **Promote non-pharmacological alternatives**, especially for conditions such as overactive bladder, insomnia or anxiety, reducing reliance on anticholinergic medications.
- **Engage patients and their caregivers** in discussions about the risks of anticholinergic medications and involve them in making informed decisions about their treatment options.

Top Prescribed Anticholinergics and Safer Alternatives

Therapeutic Class	Anticholinergic Medications	Recommended Alternatives
Allergy medications	Brompheniramine, dimenhydrinate, hydroxyzine, chlorpheniramine, diphenhydramine (oral), meclizine, cyproheptadine, doxylamine, triprolidine	Intranasal normal saline Steroid nasal sprays such as fluticasone (Flonase®) Nasal antihistamines such as azelastine and olopatadine nasal sprays Second-generation antihistamines such as cetirizine, fexofenadine, loratadine Sleep aids such as melatonin
Antiparkinson medications	Benztropine, trihexyphenidyl	Amantadine, carbidopa/levodopa, Entacapone, pramipexole, ropinirole
Muscle relaxant medications	Cyclobenzaprine, orphenadrine	Acetaminophen NSAIDs, such as ibuprofen or naproxen for s hort term use only. Avoid if heart failure or kidney disease
Antidepressant medications	Amitriptyline, desipramine, nortriptyline, amoxapine, doxepin (>6 mg/day), paroxetine, clomipramine imipramine	Bupropion, citalopram, fluoxetine, sertraline, escitalopram
Urinary tract medications	Darifenacin, oxybutynin, tolterodine, fesoterodine, solifenacin, trospium, flavoxate	Myrbetriq, GEMTESA®
Gastrointestinal spasm medications	Atropine*, dicyclomine, hyoscyamine, clidinium-chlordiazepoxide, homatropine*, scopolamine*	Constipation: lactulose oral solution Diarrhea: loperamide
Nausea-relief medications	Prochlorperazine, promethazine	Ondansetron
Antipsychotic medications	Chlorpromazine, olanzapine, clozapine, perphenazine	Aripiprazole, quetiapine, risperidone, ziprasidone

*Excluding ophthalmic

References

1. Pharmacy Quality Alliance (2024). Measure Overview.https://www.pqaalliance.org/measures-overview
2. Pharmacy Quality Alliance (2023). Quality Essentials Review: Strategies for Reducing Polypharmacy to Improve Medication Safety. https://www.pqaalliance.org/index.php?option=com_dailyplanetblog&view=entry&category=quality%20 forum&id=282:quality-essentials-review-strategies-for-reducing-polypharmacy-to-improve-medication-safety
3. 2023 American Geriatrics Society Beers Criteria Update Expert Panel (2023). American Geriatrics Society 2023 updated AGS Beers Criteria for potentially inappropriate medication use in older adults. Journal of the American Geriatrics Society, 71 (7), 2052-2081. https://doi.org/10.1111/jgs.18372

// PROVIDER UPDATES

Summary of Quarterly Updates

Missed a weekly Provider Digest or just want to look over provider updates from the last few months? Take a moment to review this list of quarterly provider updates from Johns Hopkins Health Plans.

Benefits and Plan Changes

- Recent MDH Guidance on COVID-19 and Pediatric Vaccines
- Revised Preventative Services Covered Code List Effective Nov. 1

Claims and Billing

- View Prior Authorization Status in Availity
- Code Changes Effective Dec. 1, 2025
- Code Changes for Advantage MD, EHP, Priority Partners
- Reminder: Site-of-Service Requirements and Policy Adherence
- Quarterly New Codes Effective Oct. 1, 2025

Pharmacy

- New Prior Authorization Requirements for Certain Medications Effective Jan. 1, 2026
- New Prior Authorization Requirement for Certain Medications Effective Dec. 1, 2025

Policies & Procedures

- SFTP Site to Require Multi-Factor Authentication
- Reimbursement Policies Effective Nov. 15, 2025
- Changes to Emergency Department Review Policy
- Complete D-SNP Training Before 2025 Ends

// REMINDERS

Keep Current on MDH Provider Transmittals

Johns Hopkins Health Plans would like to remind our Priority Partners providers about the Maryland Department of Health's (MDH) Provider Transmittals page. There you will find a list of MDH transmittals, allowing you to check for the most recent provider information.

Search functions have been enhanced and now you can select from a list of keywords to narrow your search or search by active or archived transmittals.

Reminder to Update Provider Demographic Information

If there are any demographic changes for your practice or facility, you are required to notify the Johns Hopkins Health Plans Provider Maintenance department 30 days prior to the change via your delegated roster.

If you do not have a delegated credentialing agreement, please use the Provider Information Update form, which can be submitted electronically online, or the PDF can be emailed or faxed.

Please also be sure to include any changes in panel status (accepting new patients or not), as we want to ensure we are reflecting correct access information for our members. In addition, please confirm email addresses, as Johns Hopkins Health Plans communicates provider notices via email.

- **Delegated Rosters:** Follow the established process for submitting notification of any provider changes and confirm whether the provider is accepting new patients or not.
- **Digital Submission of the Provider Information Update Form** *(preferred)*: Submit the Online Digital Provider Information Update Form directly from the provider website.
- **Email Submission:** Fill out the Provider Information Update Form* and email it to ProviderChanges@jhhp.org. This mailbox is monitored daily to collect and process all provider changes.
- **Fax Submission:** Use this method **only** if you are using a Social Security Number in place of a Tax ID Number. Complete the Provider Information Update Form* and fax to 410-762-5302 to ensure identity protection. Do not send digitally or by email.

*This form is located on HopkinsHealthPlans.org, under "For Providers" and then under the Forms section of the "Resources and Guidelines" page.

NOTE: Please submit W-9 requests to w9requests@jhhp.org.

Please call Provider Relations at 888-895-4998 (Option 4) with any questions about the provider changes reporting process.

Important D-SNP Notice: Billing and Services

In light of ongoing missteps with incorrect billing processes, we would like take this opportunity to go over proper ways to bill Dual Special Needs Plan (D-SNP) members.

- Per the Johns Hopkins Advantage MD participating provider agreement, participating providers may not deny services to D-SNP members.
- Providers may not bill D-SNP members for any services covered under the D-SNP.
  - » Providers would need to bill Medicaid for the 20% that the D-SNP members would typically be responsible for, or accept the 80% payment from Advantage MD as full payment for the covered services.
- If a provider is not registered with Maryland Medicaid, we recommend they sign up so they can bill for services provided to D-SNP members.
- The D-SNP member may not be billed and is held harmless.
- Balance billing D-SNP members is prohibited.

Member Benefit Reminder: Behavioral Health Services Available Through UpLift

If your Employer Health Programs, Advantage MD and US Family Health Plan members seek behavioral health services, please advise them that they can use UpLift providers at in-network coverage.

UpLift is a virtual behavioral health practice that expands access to behavioral health providers. This online platform can help patients quickly and easily access quality mental health care. Providers can refer their patients to Uplift or members can self-refer.

About UpLift

- UpLift supplements the existing network of quality behavioral health care providers available to members, adding more therapists and psychiatrists.
- The UpLift platform makes finding the right care simple by matching a therapist or psychiatrist according to personalized needs and provider specialties, allowing members to filter searches for different results. While UpLift is primarily virtual, some providers offer in-person appointment options.
- The interface allows members to schedule an appointment with a psychiatrist or therapist as soon as the next day and no further out than two weeks.
- Member cost shares for UpLift providers are the same as all in-network behavioral health care services.
- Members can self-refer or providers can now refer members to UpLift to locate a provider in the UpLift network. Refer members to joinUpLift.co to learn more and to find a provider.

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:

Priority Partners

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 Primary care provider (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

Employer Health Programs

Service	Appointment Wait Time (Not More Than):
History and physical exam	Ninety (90) calendar days
Routine health assessment	Thirty (30) days
Non-urgent (symptomatic)	Seven (7) calendar days
Urgent care	Twenty-four (24) hours
Emergency services	Twenty-four (24) hours

US Family Health Plan

Service	Appointment Wait Time (Not More Than):
Well-patient	Four (4) weeks
Specialist	Four (4) weeks
Routine	One (1) week
Urgent	Twenty-four (24) hours
Office wait time	Thirty (30) minutes

Advantage MD

Service	Appointment Wait Time (Not More Than):
PCP routine/preventive care	Thirty (30) calendar days
PCP non-urgent (symptomatic)	Seven (7) calendar days
PCP urgent care	Immediate/same day
PCP emergency services	Immediate/same day
Specialist routine	Thirty (30) calendar days
Specialist non-urgent (symptomatic)	Seven (7) calendar days
Office wait time	Thirty (30) minutes

Behavioral Health (all plans)

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	Immediate
Behavioral health emergency	Immediate

FOR YOUR REFERENCE

Provider Relations
Phone 888-895-4998
410-762-5385
Fax 410-424-4604
Monday through Friday, 8 a.m. to 5 p.m.

Provider Demographic Changes and Updates:
If there are any changes in your practice or facility, you are **required** to notify the Johns Hopkins Health Plans Provider Relations department by email at ProviderChanges@jhhp.org or by using the online Provider Information Update Form.

Care Management Referrals
caremanagement@jhhp.org or 800-557-6916

DME (Durable Medical Equipment)
Fax 410-762-5250

Availity Provider Portal
www.availity.com/essentials-for-health-plans
800-282-4528

HealthLINK@Hopkins
www.hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/healthlink

Johns Hopkins Health Plans Corporate Compliance
410-424-4996
Fax 410-762-1527
compliance@jhhp.org

Fraud, Waste & Abuse
FWA@jhhp.org

Utilization/Care Management
410-424-4480
800-261-2421
Fax 410-424-4603 (Referral not needing medical review)

- Inpatient
  Fax 410-424-4894
- Outpatient medical review
  Fax 410-762-5205

ADVANTAGE MD

Websites
Providers: HopkinsHealthPlans.org
Members: HopkinsMedicare.com

Customer Service (Provider): Eligibility, Claims Status or Provider Payment Dispute

- PPO Products
  Phone 877-293-5325
  Fax 855-206-9203
  TTY 711
- HMO Products
  Phone 877-293-4998
  Fax 855-206-9203
  TTY 711

Dental Services
DentaQuest at: 844-231-8318

Medical Claims Submission
Advantage MD
P.O. Box 3537
Scranton, PA 18505

Medical Payment Disputes
Advantage MD
P.O. Box 3537
Scranton, PA 18505

Pharmacy Services
877-293-5325

Prior Authorization
Medical Management: 855-704-5296
Behavioral Health: 844-363-6772

Silver&Fit®
(Plus and Group Members Only)
877-293-5325

TruHearing
(Plus and Group Members Only)
877-293-5325

Vision Services
Superior Vision at 800-879-6901

EHP

Websites
Members: ehp.org
Providers: HopkinsHealthPlans.org

Customer Service (Provider)
800-261-2393
410-424-4450
Suburban Hospital Customer Service
866-276-7889

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

Dental – Delta Dental
800-932-0793

Health Education
800-957-9760

Medical Appeals Submission
Attn: Appeals Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-762-5304

Medical Claims Submission
Attn: Adjustments Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-424-2800

Mental Health and Substance Disorder Services
800-261-2429
410-424-4476

Cigna
800-261-2393

Pharmacy (Mail Order Only)
888-543-4921

Pharmacy Provider Prior Authorization for Medical Necessity
(Fax numbers may vary). Refer to provider website: hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/our-plans/ehp

Utilization Management
800-261-2421
410-424-4480

**Not applicable to all EHP members. Consult specific schedule of benefits.*

PRIORITY PARTNERS

Websites
Members: ppmco.org
Providers: HopkinsHealthPlans.org
800-654-9728

Customer Service (Provider)
800-654-9728

Dental (Maryland Healthy Smiles Dental Program)
855-934-9812

HealthChoice
800-977-7388

Health Education
800-957-9760

Medical Appeals Submission
Johns Hopkins Health Plans
Appeals Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-762-5304

Medical Claims Submission
Johns Hopkins Health Plans
Adjustments Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-424-2800

Mental Health Services
Carelon Behavioral Health
800-397-1630 or
carelonbehavioralhealth.com/providers

Outreach
410-424-4648
888-500-8786

Provider First Line
410-424-4490
888-819-1043

Referrals
866-710-1447
Fax 410-424-4603

Substance Disorder Services
Carelon Behavioral Health
800-397-1630 or
carelonbehavioralhealth.com/providers

USFHP

Websites
USFHP: hopkinsusfhp.org
TRICARE: tricare.mil
Formulary: hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/our-plans/usfhp/pharmacy

Customer Service (Provider)
(benefit eligibility, claims status)
410-424-4528
800-808-7347

Appointment Locator Service
888-309-4573
Members can speak to and work with staff that can help them find urgent and routine appointments with mental health and substance disorder professionals.

Care Management
410-762-5206
800-557-6916

Health Education
800-957-9760
healtheducation@jhhp.org

Inpatient Utilization Management
Fax 410-424-2602

Outpatient Utilization Management
Fax 410-424-2603

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

Medical Claims Submission
Johns Hopkins Health Plans
PO Box 830479
Birmingham, AL 35283
Attn: USFHP Claims

Mail Order Pharmacy
410-235-2128 (Maryland residents)
800-345-1985 (Non-Maryland residents)

Mental Health/Substance Disorder Services
410-424-4830
888-281-3186

Office of Quality & Transformation
410-424-4538

Performance Improvement/Risk Management
410-338-3610

Superior Vision
800-879-6901

United Concordia Dental
800-332-0366
Under a separate agreement, the plan has arranged for members to receive dental services from selected community dentists under a discounted fee structure.

PRPULSE22-FALL 2025

Important notice:
Please distribute this information to your billing departments.

JOHNS HOPKINS HEALTH PLANS

Johns Hopkins Health Plans
7231 Parkway Dr., Suite 100
Hanover, MD 21076