

# PROVIDER pulse

Johns Hopkins Health Plans Provider Newsletter

SPRING 2026



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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.



*“Spring is a time of new beginnings, new possibilities... what quality would you like to grow this spring?”*

— Tara Killen

## // INTRODUCTION

In this time of graduations, proms and other rites of passage and celebration, spring can be a rush of beginnings and endings, as well as possibilities. At Johns Hopkins Health Plans, we'd like to take a moment to consider what we would like to grow this season and throughout the year.

With our operational improvements and upgrades, we focus on the quality of the services and products we offer in our health plans and in our partnership with providers. Quality and tactical growth is our goal this spring as we wrap up the 2026 fiscal year and look toward 2027.

This issue introduces a new collaboration with Quest Analytics/BetterDoctor that will help improve the accuracy of our provider directories. We also look at our EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) efforts concerning at-risk adolescents, as well as important provider reminders. We thank you for all you do to help our growth as a provider of high-quality health care that serves our members.

—Jayne Blanchard, Editor

## // PHARMACY

### 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](#)

## // POLICIES AND PROCEDURES

### Building a Better Provider Directory with Quest Analytics BetterDoctor

At Johns Hopkins Health Plans, an accurate provider directory helps our members easily find the right provider or service. To enhance the accuracy of our provider directories, we are working with Quest Analytics BetterDoctor to verify and amend our provider directory data.

Johns Hopkins Health Plans network providers will be contacted by BetterDoctor by email, telephone, fax and U.S. mail. Please know that when you hear from BetterDoctor, they are working with Johns Hopkins Health Plans on this initiative to increase provider directory accuracy. BetterDoctor will reach out to our network every 90 days starting this summer.

We encourage you to support our efforts, in tandem with BetterDoctor, to capture demographic and other changes to our provider directory data.

Not only does it simplify the process of looking up providers and services, but it also ensures our network is compliant with new federal No Surprises Act requirements.

The federal No Surprises Act requires health plans to verify all provider directory data every 90 days. It also requires that all providers and facilities submit this information to in-network plans and that health plans remove unverified providers from their directories.

We will provide more details about the directory data project as it unfolds. In the meantime, learn more about BetterDoctor at <https://questanalytics.com/how-we-help/betterdoctor/>.

## // CLAIMS AND BILLING

### Fee Schedule Updates

Fee schedule updates are received each quarter. Johns Hopkins Health Plans configures these updates in the claims payment systems accordingly the month these updates are received. As reimbursement is based on these fee schedules for Employer Health Programs, Advantage MD, Priority Partners and US Family Health Plan, this may result in slower processing times while the system updates are being made in order to ensure accurate payment, but claims will be paid within the required time frame.

### Proper Billing for USFHP Providers

For members with coverage under both Medicare and Johns Hopkins US Family Health Plan (USFHP), Medicare cannot be billed for services covered by USFHP. Providers filing Medicare claims, or who have claims filed on their behalf, are in violation of the conditions of participation with USFHP and are subject to disenrollment.

Members having coverage under both Medicare and USFHP may only use Medicare benefits for non-covered USFHP services. End Stage Renal Disease (ESRD) is a covered service, but is considered secondary after Medicare. Providers billing Medicare for services covered by USFHP are subject to termination from the USFHP network. Federal regulations prohibit the federal government from paying twice for services.

## // QUALITY IMPROVEMENT UPDATES

### Spring EPSDT Provider Guidance: Improving Comprehensive STI Screening and Management

#### Summary and Audit Findings

New Priority Partners Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Quality Improvement (QI) internal audits have identified a concerning trend: providers are frequently ordering screenings only for chlamydia and gonorrhea when evaluating members at risk for sexually transmitted diseases (STDs). This practice falls short of the current standard of care for high-risk adolescents and young adults, which requires a more comprehensive diagnostic and preventive approach.

#### Clinical Standards of Care

The current standard for high-risk adolescents includes annual (or every 3 to 6 months) screenings for **chlamydia, gonorrhea, HIV and syphilis**. Comprehensive management must also include:

- **Rapid Treatment:** On-site or expedited treatment for positive results.
- **Preventive Services:** Risk-reduction counseling, vaccinations (HPV/Hepatitis B) and partner notification services provided in confidential settings (CDC, 2020).
- **Site-Specific Screening:** For symptomatic patients or those with specific exposures, clinicians should screen genital, rectal and pharyngeal sites as indicated. While routine extragenital screening is not universally mandated for all, it is a critical strategy in high-prevalence settings or when patients report only extragenital exposure (Ghanem & Tuddenham, 2026).

- **Relevant Pathogens:** Beyond the standard panel, clinicians should remain vigilant for *Mycoplasma genitalium*, *Trichomonas vaginalis* (particularly in females) and HSV-2 (in patients with recurrent lesions).

## Adolescent and Minoritized Youth Considerations

Sexual minority youth (homosexual, bisexual) often face higher risks due to earlier sexual experimentation, lack of medically accurate information and reduced access to supportive services. Research indicates these youth are nearly twice as likely to engage in sexual activity while intoxicated compared to their heterosexual peers (Fortier & Olsen-Kennedy, 2026). Providers should use a non-judgmental, inclusive approach to ensure these barriers do not prevent necessary care.

## Coding and Documentation Best Practices

Accurate coding is essential for appropriate billing and minimizing patient costs. Clinicians should integrate clinical judgment with the following ICD-10-CM codes to document the necessity of screening and counseling:

- **Z11.3:** Encounter for screening for infections with a predominantly sexual mode of transmission (asymptomatic).
- **Z11.4:** Encounter for HIV screening.
- **Z20.2:** Contact with or (suspected) exposure to STDs.
- **Z72.51–Z72.53:** High-risk sexual behavior (Heterosexual, Homosexual, or Bisexual).
- **G0445:** High-intensity behavioral counseling (HIBC) for STIs.

## Maternal and Child Health Trends

While national teenage pregnancy rates have declined, the 2025 Priority Partners EPSDT internal audit observed an increase in pregnancies within the member population. Consequently, fifteen (15) members were referred to the Priority Partners Maternal/Child Care Management (MCCM) team for specialized support. Priority Partners works with ProgenyHealth, delivering evidence-based maternity and NICU care to ensure healthy outcomes for these members.

## Provider Resources and Support

### Clinical & Behavioral Tools:

- **CDC STI Risk Assessment & Prevention:** CDC Provider Guides
- **The Violet Project (Johns Hopkins):** Confidential sexual health resources for youth.
  - » *Web:* violetproject.org | *Text/Call:* 443-267-7765
- **Community Preventive Services Task Force:** Evidence-based interventions for school-aged youth and MSM populations.

### Priority Partners Member Support:

- **Health Education (Online Classes):** PPMCO Pregnancy Support
- **Care Management (Maternal/Child/Pediatric):**
  - » *Email:* Caremanagement@jhhp.org | *Phone:* 800-557-6919 (Monday through Friday, 8 a.m. to 5 p.m.)

## References

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- Cox, J.E. (2026). Pregnancy in adolescents. UpToDate. Topic 110 Version 67.0. Accessed 03/24/2026 from: <https://www.uptodate.com/contents/pregnancy-in-adolescents/print>
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National Vital Statistics System. (2025). Births: Final Data for 2023. National Vital Statistics System Reports. Volume 74, Number 1. March 18, 2025. Accessed 3/24/2026 from: <https://www.cdc.gov/nchs/data/nvsr/nvsr74/nvsr74-1.pdf>

NONGENITAL NAAT CODE GUIDE. (August 2016) CODING GUIDE for nucleic acid amplification testing to diagnose nongenital infections with gonorrhea and chlamydia Revised: 2016 | Original document: 2012. NAAT\_CodeGuide\_FINAL-for-STD-TAC-website-posting-11.1.161PDF ([www.ncsddc.org](http://www.ncsddc.org)). Accessed 3/25/2026 from: [https://www.ncsddc.org/wp-content/uploads/2019/09/NAAT\\_CodeGuide\\_FINAL-for-STD-TAC-website-posting-11.1.161.pdf](https://www.ncsddc.org/wp-content/uploads/2019/09/NAAT_CodeGuide_FINAL-for-STD-TAC-website-posting-11.1.161.pdf)

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Johns Hopkins Medicine (2024) The Violet Project. 248 Phipps, 600 N. Wolfe St. Baltimore, MD 21287. Email: [info@violetproject.org](mailto:info@violetproject.org) Text or call anonymously:

Tyson, N. & Romano, M. (2026) Contraception: Overview of issues specific to adolescents. UpToDate. Topic 107, Version 80.0. Accessed on 3/24/2026 from: <https://www.uptodate.com/contents/contraception-overview-of-issues-specific-to-adolescents/print>

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United States Preventive Services Task Force (USPSTF) [2020] Final Recommendation Statement. Sexually Transmitted Infections: Behavioral Counseling.

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## // PROVIDER UPDATES

### Summary of Provider Updates

Review the weekly communications from the past several months via this roundup of recent provider updates from Johns Hopkins Health Plans.

### Benefits and Plan Changes

- [UpLift Virtual Behavioral Health Releases New Provider Resource](#) (4/1/2026)
- [Reminder: Newborn Delivery Notification Changes for Priority Partners](#) (4/1/2026)
- [Cabana Live Mental Health and Peer Support for USFHP Members](#) (3/18/2026)
- [Quarterly Medical Policy Changes Effective July 1, 2026](#) (5/13/2026)

### Claims and Billing

- [Upcoming Testing and Screening Code Changes Effective July 1, 2026](#) (5/6/2026)
- [Authorization Changes Effective July 1, 2026](#) (5/6/2026)
- [Government No-Pay List Changes for USFHP Effective April 1, 2026](#) (4/29/2026)
- [Quarterly New Codes Effective April 1, 2026](#) (4/22/2026)
- [Authorization Changes for Advantage MD Home Health Care Services](#) (4/15/2026)
- [Quarterly New Codes Review Effective April 1, 2026](#) (3/18/2026)
- [Recent Authorization Changes for Priority Partners](#) (3/18/2026)
- [Quarterly New Codes Effective July 1, 2026, for Johns Hopkins Health Plans](#) (5/13/2026)

## Pharmacy

- [New Prior Authorization Requirements for Certain Medications \(4/29/2026\)](#)
- [New Prior Authorization Requirements for Certain Medications \(4/22/2026\)](#)
- [Submitting Pharmacy Benefit Drug Prior Authorization Requests for USFHP \(3/18/2026\)](#)

## Policies & Procedures

- [Availity Essentials™ Risk Condition Validation \(RCV\): Frequently Asked Questions \(5/13/2026\)](#)
- [Quarterly Medical Policy Authorization Changes Effective July 1, 2026 \(5/6/2026\)](#)
- [Reminder: MDH Changeover to New Provider Enrollment System \(5/6/2026\)](#)
- [Prior Authorization Requirement Tool Moving to Itiliti Platform \(4/8/2026\)](#)
- [Go-Live Date Now May 18 for Availity Accepting EMRs and Itemized Bills \(4/8/2026\)](#)
- [New and Updated Reimbursement Policies Effective May 30 \(4/1/2026\)](#)
- [Announcing Major Upgrades to Our Digital Provider Experience \(3/25/2026\)](#)
- [New Study on Potential Impacts of One Big Beautiful Bill Act on Medicaid \(3/25/2026\)](#)

## // REMINDERS

### Member Benefit Reminder: Refer Your Members to Mental Health Services Through UpLift

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

UpLift is a virtual mental 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 mental 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 mental 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](https://joinUpLift.co) to learn more and to find a provider.

## Important D-SNP Notice: Billing and Services

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

- Per the 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.

## Reminder of Overpayments Address for Johns Hopkins Health Plans

Recently, a number of checks from providers have been reported as mailed to the Hanover, Maryland, address. To help rectify this issue, we would like to confirm the correct addresses and process for overpayment remittances.

When submitting overpayments, make sure the “Pay To” field on the check is made payable to **Johns Hopkins HealthCare**. We can only accept and process remittances when checks are payable to Johns Hopkins HealthCare. Do not make checks payable to Bank of America.

Also, please do not mail overpayment remittances to our Hanover, Maryland, corporate headquarters address.

As a reminder, the correct lockbox addresses for Johns Hopkins Health Plans are:

### Priority Partners, Employer Health Programs (EHP), and US Family Health Plan (USFHP)

- **Post Office Remittance Address:**

Johns Hopkins Health Plans  
P.O. Box 412856  
Boston, MA 02241-2856

- **Overnight Mail Address:**

Bank of America Lockbox Services  
Johns Hopkins Health Plans  
412856  
MA5-527-02-07  
2 Morrissey Blvd.  
Dorchester, MA 02125

### Advantage MD providers ONLY must remit overpayments to this address.

Hopkins Health Advantage Inc.  
P.O. Box 419185  
Boston, MA 02241-9185

**NOTE:** Please include the claim number(s), applicable dates of service and applicable EOB, if possible, with the check when submitting a refund.

## Keep Current on MDH Provider Transmittals

If our Priority Partners providers would like to check out the latest transmittals from the Maryland Department of Health (MDH), please visit the [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](mailto: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. 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](https://HopkinsHealthPlans.org), under “For Providers” and then under the Forms section of the “Resources and Guidelines” page.

**NOTE:** Please submit W-9 requests to [ProviderChanges@jhhp.org](mailto:ProviderChanges@jhhp.org).

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

## 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@jhph.org](mailto:ProviderChanges@jhph.org) or by using the online [Provider Information Update Form](#).

### Care Management Referrals

[caremanagement@jhph.org](mailto:caremanagement@jhph.org) or 800-557-6916

### DME (Durable Medical Equipment)

Fax 410-762-5250

### Availity Provider Portal

[www.availity.com/essentials-for-health-plans](http://www.availity.com/essentials-for-health-plans)  
800-282-4528

### HealthLINK@Hopkins

[www.hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/healthlink](http://www.hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/healthlink)

### Johns Hopkins Health Plans Corporate Compliance

410-424-4996  
Fax 410-762-1527  
[compliance@jhph.org](mailto:compliance@jhph.org)

### Fraud, Waste & Abuse

[FWA@jhph.org](mailto:FWA@jhph.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](http://HopkinsHealthPlans.org)  
Members: [HopkinsMedicare.com](http://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](http://ehp.org)  
Providers: [HopkinsHealthPlans.org](http://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](http://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](http://ppmco.org)  
Providers: [HopkinsHealthPlans.org](http://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](http://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](http://carelonbehavioralhealth.com/providers)

## USFHP

### Websites

USFHP: [hopkinsusfhp.org](http://hopkinsusfhp.org)

TRICARE: [tricare.mil](http://tricare.mil)

Formulary: [hopkinsmedicine.org/  
johns-hopkins-health-plans/  
providers-physicians/our-plans/  
usfhp/pharmacy](http://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](mailto: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.*

PRPULSE24-SPRING 2026

### Important notice:

Please distribute this information to your billing departments.

PROVIDER  
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**JOHNS HOPKINS**  
HEALTH PLANS

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