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Johns Hopkins Health Plans Provider Newsletter

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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.



"It is always summer somewhere."

— Lilly Pulitzer

// INTRODUCTION

The heat was on all summer long at Johns Hopkins Health Plans. We had it made in the shade as we transitioned into a new fiscal year and started putting plans and programs in place that will modernize key functions and help make our processes and resources an easier lift for providers.

In this issue, we focus on how to make electronic prior authorization requests and provider appeals via our online platform Availity, where to increase your understanding of military culture, and how to get children and adolescents in for their necessary wellness exams. And, if you ever wondered about the inner workings of our Utilization Management (UM) department, we now have selected UM policies available on our provider website. Knowledge is power.

—Jayne Blanchard, Editor

// POLICIES AND PROCEDURES

Electronic Prior Authorization Requests via Availity Required

The **Availity** portal, which was implemented last year, allows Johns Hopkins Health Plans providers to submit electronic prior authorization (PA) requests for outpatient and inpatient services, as well as medical records for concurrent review, to Johns Hopkins Health Plans Utilization Management (UM) for Priority Partners, EHP and Advantage MD. This portal also allows providers to check authorization statuses.

To improve efficiency and response times, **Johns Hopkins Health Plans requires the following submissions to be**

sent through the Availity portal as of Aug. 31, 2025, instead of faxing:

- PA for outpatient services
- PA for inpatient services (and notification of admission for elective admissions)
- Medical records for inpatient concurrent review (medical records for concurrent review may also be accessed/ submitted through EMR or Epic if this has been established for your organization)

Training sessions occurred in 2024; please see the [linked job aids](#) for your reference.

Key points:

- **Prior to Aug. 31, 2025:** Any prior authorization requests faxed into UM prior to Aug. 31, 2025 will be honored.
- **Authorization with a date span beyond Aug. 31, 2025:** If approved via fax, you will **not** have to request a new authorization in Availity for dates of service after August 31. A new authorization request for a service authorized via fax would only be needed if you are requesting an extension of that authorization.
- **Emergency admissions:** Submit the prior authorization request and select "emergency" as the admit type; notification of admission as an attachment is not required for emergency admissions.
- **Elective admissions:** Submit the prior authorization request in advance, and when the patient is admitted, send notification of admission (face sheet) as an attachment to the authorization in Availity.

Exceptions:

- **Newborns without a member ID:** Fax notification/ prior authorization request.
- **USFHP:** Faxes for prior authorization requests will be accepted until Availity is implemented (likely in 2026). Please use the **USFHP prior authorization form** and applicable fax numbers.
- In the unlikely circumstance that the Availity system is not accessible, a fax can be submitted instead, but this would be an exception to normal process.
- **Vendors:** Electronic submission of prior authorization requests through the Availity portal are for services reviewed by the Johns Hopkins Health Plans UM

department. Prior authorization processes for vendors (EviCore, NovoLogix, ProgenyHealth) are not affected by this change.

- **Health systems on Epic:** Payer Platform can also be used to submit prior authorization requests electronically for Priority Partners, EHP, Advantage MD and USFHP to Johns Hopkins Health Plans UM. If you have Payer Platform, it will be the primary process for submitting prior authorization requests to Johns Hopkins Health Plans UM department, with Availity and USFHP faxes as a backup. Please let your Provider Relations representative know if you are interested in using Payer Platform.

Changes to Online Appeals Form

The electronic Provider Appeal webform for Priority Partners and Employer Health Programs (EHP), accessible via [Availity](#), and for US Family Health Plan (USFHP), accessible via HealthLINK, was revised and streamlined. Please see the [linked job aid](#) for screenshots of how the webform looks and operates.

Please remember to include an appeal letter and documentation, including medical records for review, if applicable, when submitting an appeal electronically.

Availity Access Instructions

- When you log in to Availity, select Payer Spaces, Johns Hopkins Health Plans.
- Go to On Base Payment Disputes and Clinical Appeals for EHP and Priority Partners.
- Next, select Provider Clinical Appeal Submission Form, then Provider Appeal.

HealthLINK Access Instructions

- When you log in to HealthLINK, under the References menu, select Provider Clinical Appeal Submission Form, Submit New Form, then Provider Clinical Appeal.

If you need assistance with enrolling in Availity for providers, please contact your office administrator or Johns Hopkins Health Plans Provider Relations representative.

NOTES

- Clinical Disputes and Claims Disputes for Advantage MD must still be submitted via fax or mail with the Advantage MD [Participating Provider Post-Service Payment Dispute Form](#).

- The provider appeal webform for Priority Partners and EHP is also available in HealthLINK.
- A fax or mailed appeal can still be accepted for Priority Partners, EHP and USFHP if electronic submission is not accessible.
- Electronic submission of Priority Partners, EHP and USFHP ER and Non-ER appeals is the preferred and most efficient method.

The Provider Payment Dispute webform for Priority Partners, EHP and USFHP claims disputes has not changed.

ON HOLD: Enhancements to Advantage MD Whole Health Assessment Form

An improved Whole Health Assessment (WHA) form, designed to focus on each member's chronic condition history, was scheduled for implementation in March 2025. However, due to technical constraints, the program is currently on hold.

The Advantage MD team will reach out to providers with information about the new form and how the program will function once the new process is ready to roll out.

The new form and associated process will reduce the number of targeted Advantage MD members. However, most providers will still receive WHA forms to review and then transmit to Johns Hopkins Health Plans. Instead of one blank, generic form per member, Advantage MD providers will use the new WHA form, which is pre-filled for each targeted member and includes the specific conditions we are asking to be evaluated.

Please email WHA@jhnp.org with any questions about these changes and the new WHA form.

Prepayment Review Process Amended in Provider Manuals

The Johns Hopkins Health Plans Payment Integrity department works to identify, recover and prevent improper, erroneous and/or fraudulent claims payments through numerous activities during the life cycle of a claim.

The Payment Integrity section of the [provider manuals](#) was amended to outline the prepayment review process conducted by our Payment Integrity department.

Update to Inpatient Concurrent Review Policy for Advantage MD

Johns Hopkins Health Plans Utilization Management (UM) updated the Inpatient Concurrent Review policy for Advantage MD, effective Sept. 16, 2025.

During an inpatient admission, Advantage MD may determine through the process of utilization review that a delay in service, treatment or discharge has occurred. If this delay results in an overall extended length of stay, even when the admission meets InterQual criteria, the hospital days resulting from the delay in (service/treatment/procedure/discharge) will be denied*.

Please see the applicable [Utilization Management policy](#), which will be available for reference on the effective date, for details.

Note: Johns Hopkins Health Plans Utilization Management has also made some current UM policies available for external reference. Please see the [Utilization Management Policy](#) section on the [Policy page](#) of the provider website.

*This is currently applicable for Priority Partners, US Family Health Plan and Employer Health Programs.

// CLAIMS AND BILLING

USFHP Code Now Covered with No Prior Authorization Required

Per TRICARE guidelines, code 0464U (Cologuard Plus) is now covered for USFHP members (retroactive to 10/2/2024), with No Prior Authorization (NPA) required.

Age Range for Cologuard Plus:

Immunochemical-based testing of three consecutive stool samples once every 12 months is covered for beneficiaries who have attained age 45 (i.e., at least 11 months must have passed following the month in which the last covered screening fecal-occult blood test was done).

Please note, as this is a preventive service, there is no cost share to USFHP members.

USFHP Code Requires Prior Authorization as of Sept. 16

The contact lens code V2510 has been reclassified from Not Covered (NC) to covered with prior authorization (PA), effective Sept. 16, 2025, for USFHP. This update aligns with TRICARE coverage criteria outlined in the [TRICARE Policy Manual, Chapter 7, Section 6.2](#).

Code V2510 provides coverage for contact lenses when used to treat specific medical conditions — not for routine vision correction (with the exception of post-cataract surgery) and this coverage has been effective since Jan. 1, 2025.

The Sept. 16, 2025, effective date refers to the change from NC to PA required.

V2510 – Contact lenses, only covered under TRICARE in the following scenarios:

- Treatment of infantile glaucoma
- Corneal or scleral lenses for treatment of keratoconus
- Scleral lenses to retain moisture when normal tearing is inadequate or absent
- Corneal or scleral lenses prescribed to reduce a corneal irregularity (excluding astigmatism)
- Intraocular lenses (IOLs), contact lenses or eyeglasses used to replace the human lens lost due to intraocular surgery, injury or congenital absence. Note: Benefits for IOLs are limited to standard fixed, non-accommodating monofocal IOLs (V2630, V2631 and V2632).

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Recent Code Changes for Johns Hopkins Health Plans

Please note the authorization requirements status — Prior Authorization (PA), No Prior Authorization (NPA) and Not Covered (NC) — for the codes listed below. These requirements affect members of all ages enrolled in Johns Hopkins Health Plans.

Code changes effective July 28, 2025, for Advantage MD and Priority Partners:

- **C1789** – Implantable breast prosthesis; changes from PA to NC **for Priority Partners only**
- **C57465** – Computer-aided mapping of cervix uteri during colonoscopy; changes from NPA to NC for Advantage MD and changes from NC to NPA for Priority Partners

Code changes effective Aug. 11, 2025, for Advantage MD and USFHP:

- **77386** – Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex, changes from Prior Authorization required (PA) to **No Prior Authorization required (NPA) for Advantage MD only**
- **94660** – Continuous positive airway pressure ventilation (CPAP), initiation and management changes from Prior Authorization required (PA) to **No Prior Authorization required (NPA) for USFHP only**

Code changes effective Sept. 8, 2025, for Priority Partners, Advantage MD and USFHP

- **E1356** – Oxygen accessory, battery pack/cartridge for portable concentrator; any type, replacement only, each; code change from **PA to NC for Priority Partners only**
- **93241** – External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation; changes from PA to NPA for Advantage MD, Priority Partners and USFHP
- **93242** – External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording); changes from PA to NPA for Advantage MD, Priority Partners and USFHP
- **93243** – External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report; changes from PA to NPA for Advantage MD, Priority Partners and USFHP
- **93244** – External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation; changes from PA to NPA for Advantage MD, Priority Partners and USFHP
- **93245** – External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation; changes from PA to NPA for Advantage MD, Priority Partners and USFHP
- **93246** – External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording); changes from PA to NPA for Advantage MD, Priority Partners and USFHP
- **93247** – External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report; changes from PA to NPA for Advantage MD, Priority Partners and USFHP

- **93248** – External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation; changes from PA to NPA for Advantage MD, Priority Partners and USFHP

Reimbursement Policy Updates for Priority Partners

Johns Hopkins Health Plans has updated and created new reimbursement policies, as follows:

Effective May 15, 2025:

(RPC.042) Priority Partners Telemedicine/ Telehealth Services — Update

- Johns Hopkins Health Plans will process and pay telehealth services in alignment with the Code of Maryland Regulations (COMAR) and the Maryland Department of Health (MDH) guidance. Providers are encouraged to review the [Maryland Medicaid Telehealth Program Policy Guide](#) requirements on the appropriate use and reporting of telehealth services.
- Johns Hopkins Health Plans has updated this policy to align with COMAR and MDH guidance, for the reimbursement of Remote Patient Monitoring (RPM) and Self-Measured Blood Pressure Monitoring (SMBP).
 - » Refer to [MDH Transmittal PT 78-25](#) for more information on the update to the reimbursement for Remote Patient Monitoring (RPM) services and Self-Measured Blood Pressure (SMBP) codes. Please ensure that the appropriate staff members in your organization are informed of these changes.

Effective May 30, 2025:

(RPC.037) Priority Partners Ambulance and Medical Transportation Services — Update

- As a courtesy, we have updated the language in our policy to further clarify how we process and reimburse ambulance and medical transportation claims while maintaining consistency with the policy's original effective date (9/6/24). Additionally, we are releasing supplemental billing guidance for inpatient transportation services billed on a UB04 by institutional providers to enhance transparency.

(RPC.0371) Priority Partners Supplemental UB04 Billing Guide for Transportation Services — New

- Johns Hopkins Health Plans recognizes that Non-Emergency Medical Transportation (NEMT) may be required due to a member's medical condition. The purpose of this reference document is to assist providers who submit claims on a UB04 (CMS-1450 or its electronic equivalent) for services in alignment with the established [Johns Hopkins Health Plans Priority Partners Ambulance and Transportation Reimbursement Policy](#), MDH Medicaid guidance and COMAR.

Please refer to this list of acceptable codes for NEMT services. Any code not included on this list may be subject to further review or denial.

- » **HCPCS Codes:** A0225, A0380, A0390, A0425, A0426, A0428, A0434
- » **Revenue Codes:** 542 (Medical Transport)
- » **Modifiers:** HH, QM, QN
- Transportation will only be reimbursed for a member whose status is inpatient. Services reported without a valid modifier(s), diagnosis code, HCPCS code, mileage or revenue code may be denied.
- The facility who arranges for ambulance/transportation services is responsible to reimburse the ambulance provider/supplier directly.
- Johns Hopkins Health Plans will only reimburse for one one-way **or** one round-trip, inpatient NEMT service per day. Transportation to multiple destinations for the same date of service are not allowed.
- Institutions that submit UB04 claims electronically using a vendor or clearinghouse must check with them on the fields that require population, as the vendor/clearinghouse may not have mapped a direct one to one match with the fields defined within the guidance.

REFERENCES:

- [COMAR- Maryland Department of Health- Maryland Medicaid Administration](#)
- [Maryland Medicaid Professional Services Provider Manual](#)
- [Medical Policies | Johns Hopkins Medicine](#)

- [Medicare Claims Processing Manual CH. 15- Ambulance](#)
- [MDH Transmittals](#)
- [MDH Provider Information Site](#)
- [Priority Partners Provider Manual](#)

To view the [Johns Hopkins Health Plans Reimbursement Policies](#), please go to:

HopkinsHealthPlans.org > For Providers > Policies > Reimbursement Policies.

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Revisions to Previously Announced Code Changes

Johns Hopkins Health Plans has revised previously listed code changes.

USFHP Only

Due to a recent TRICARE Policy Manual update, the code below, which was listed in a prior [Provider Notice](#), has changed from Not Covered (NC) to Prior Authorization (PA) required, effective July 1, 2025.

- **Code 0569U** – Oncology (solid tumor), next-generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate.

Priority Partners and USFHP

Unlisted Code Changes effective July 28, 2025:

- **Code S9379** – Home infusion therapy infusion therapy noc; diem; NC to No Prior Authorization (NPA) required.

Priority Partners Only

DME code change effective June 16, 2025:

- **Code E1356** – Battery pack for portable oxygen; PA to NC **Unlisted Code Changes**, effective July 28, 2025.
- **Code S9542** – Home injectable therapy, NOC w/care coordination per diem; NC to PA required.

Prior Authorization Process

- **Priority Partners:** Please use our secure online portal, [Availity](#), to submit electronic prior authorization requests.

- **USFHP:** Submit prior authorization requests to the Johns Hopkins Health Plans Utilization Management (UM) department using these dedicated fax numbers: 410-424-2602 or 410-424- 2603.

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// PHARMACY

SAMS and Strategies for Managing Intolerance

Statins have demonstrated efficacy in atherosclerotic cardiovascular disease prevention; however, muscle-related side effects are frequently reported and cause statin treatment discontinuation.

Statin-associated muscle symptoms (SAMS) can include muscle tenderness, weakness, soreness, stiffness, cramping or fatigue. SAMS are commonly reported in the large muscle areas (e.g., legs and shoulders) symmetrically.

Despite muscle symptoms being the most common statin-related adverse effect, over 70% of patients eventually tolerate statins well¹.

SAMS management strategies differ based on the patient case and include continuous assessment and monitoring. Potential strategies include:

- Discontinue the statin for at least 2 weeks, then rechallenge at the same or a lower dose when asymptomatic.
- Discontinue the statin for at least 2 weeks, then start a different statin at low dose and slowly titrate.
 - » Pravastatin, rosuvastatin and fluvastatin have been found to cause less muscle toxicity².
- Consider updating prescription to an alternate-day dosing schedule.
- Consider non-statin treatment if indicated.

There is conflicting data regarding the administration of coenzyme Q10 (CoQ10) for treatment or prevention of SAMS; benefits and risks should be assessed before use.

If your patient is unable to tolerate statin therapy due to SAMS, consider including the appropriate exclusion code in your claim submission:

- G72.0 – Drug Induced Myopathy
- M79.1 – Myalgia

For additional guidance and information, download the American College of Cardiology Statin Intolerance App at <https://www.acc.org/statintoleranceapp>.

References

1. Cheeley, Mary Katherine, et al. “NLA Scientific Statement on Statin Intolerance: A New Definition and Key Considerations for ASCVD Risk Reduction in the Statin Intolerant Patient.” *Journal of Clinical Lipidology*, June 2022, <https://doi.org/10.1016/j.jacl.2022.05.068>.
2. Jeeyavudeen, Mohammad S., et al. “Statin-Related Muscle Toxicity: An Evidence-Based Review.” *European Endocrinology*, vol. 18, no. 2, 2022, p. 89, <https://doi.org/10.17925/ee.2022.18.2.89>. Accessed Jan. 6, 2023.

Health Outcomes Survey: Best Practices for Advantage MD Pharmacists

The Health Outcomes Survey (HOS) member survey season began this summer for Advantage MD members. The survey evaluates the member’s perception of their health. Johns Hopkins Health Plans would like to offer our pharmacists best practices for some topics covered in the survey.

Below are aspects of member health on which Advantage MD pharmacists could have a positive impact:

1. Improving or Maintaining Physical Health

- Routinely review medication adherence, especially for chronic conditions like diabetes, arthritis and cardiovascular disease that can impact physical function. Stress the importance of taking the medications as instructed and not skipping or conserving doses to save money by stretching out time between refills.
- Go over possible side effects with Advantage MD members, emphasizing that some medications may cause fatigue, dizziness or musculoskeletal side effects, which can affect physical activity levels.
- Encourage patients to stay current with vaccinations and preventive care through brief touchpoints during medication review or medication therapy management sessions.

2. Improving or Maintaining Mental Health

- Screen for potential medication-related contributors to mental health symptoms (e.g., depression, anxiety and sleep disturbances).

- Ask open-ended questions about mental wellness during medication reviews: “How have you been feeling emotionally lately?”
- Collaborate with all the member’s providers, including behavioral health specialists, to ensure timely interventions and referrals are provided.

3. Monitoring Physical Activity

- Use refill encounters or consults to ask about daily routines and offer gentle prompts: “Have you been able to stay active or move around most days?”
- Counsel that some medications may impact energy, endurance or heart rate (e.g., beta blockers, stimulants or certain antidepressants). Educate patients on what to expect and encourage them to stay as active as safely possible.
- Reinforce the importance of hydration and pacing when patients are starting activity, particularly if they are on diuretics or medications that affect fluid balance.

4. Reducing the Risk of Falling

- Review and identify medications that may increase the risk of falls - such as sleep aids, medications for lowering blood pressure, or those that cause dry mouth or confusion.
- If a medication with side effects such as dizziness/loss of balance is prescribed, advise patients of best practices for fall risk reduction such as **STEADI-Rx**, a fall prevention collaboration between the CDC and community pharmacists.
- Educate patients on signs of medication-related dizziness or balance issues and encourage them to report such symptoms to their PCP.
- Encourage use of pill organizers and help patients coordinate all their medications to be refilled on the same day each month. This can reduce confusion, missed doses and the chance of medication-related falls.

5. Improving Bladder Control

- Review medications that may affect bladder control, like water pills, some blood pressure medications or treatments for mood or mental health. Discuss timing of dosage to reduce nighttime urgency.
- Ask patients if they’ve experienced issues like frequent urges, leaks or urinary retention. Normalize the topic by saying, “Some medications can increase bathroom trips, have you noticed anything like that lately?”

- Encourage follow-up care when needed. Bladder issues can often be managed with therapy, medication adjustments or referrals to specialists.

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 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**

// QUALITY IMPROVEMENT UPDATES

Health Outcomes Survey (HOS): Best Practices for Advantage MD Providers

Advantage MD members were sent the HOS member survey this summer. The survey evaluates the member’s perception of their health. Johns Hopkins Health Plans would like to offer our providers best practices for some topics covered in the survey.

- **Improving or Maintaining Physical Health**

- » Conduct annual functional assessments using such tools as ADLs/IADLs to monitor physical capability trends year-over-year.
- » Refer to PT or OT early, especially for members with declining mobility or chronic conditions.
- » Promote preventive screenings and chronic condition management to optimize control of conditions such as diabetes, arthritis and heart disease that impact physical function.

- **Improving or Maintaining Mental Health**

- » Incorporate routine mental health screenings, particularly during Annual Wellness Visits (AWV) or chronic care/sick visits.
- » Discuss stress, sleep health, isolation and depression openly; normalize mental health as part of whole-person care during appointments.
- » Coordinate referrals to behavioral health services promptly by collaborating with behavioral health resources to ensure timely access and follow-up.

- **Monitoring Physical Activity**

- » Ask about exercise in every routine visit and document frequency, type and barriers to physical activity.
- » Offer simple, personalized activity goals and tailor them based on age, condition and functional status (e.g. “walk 10 mins/day,” “stretch during commercial breaks.”)
- » Provide community resource referrals to senior centers or local walking groups (as able) can boost engagement to form connections.

- **Reducing the Risk of Falling**

- » Perform a fall risk assessment annually (or during an AWV) using tools like the Timed Up & Go (TUG) test.
- » Review medications that may increase fall risk; examples include sleep aids, blood pressure medications or certain allergy or nerve medications. Ensure you inform patients about these potential risks.
- » Recommend home safety evaluations or balance training. Refer to PT or OT and/or suggest grab bars and lighting improvements (night lights in walkways, near bedside, etc.).

- **Improving Bladder Control**

- » Ask about bladder issues at AWV and relate it to a common experience for many adults: “Some people experience issues like occasional leaks or strong urges to go. Has that ever come up for you?”
- » Review medications that may increase risk of bladder leakage, including diuretics, blood pressure medications and antidepressants. Ensure you inform patients about these potential risks.
- » Educate patients on normal vs. concerning symptoms and reduce stigma by discussing common causes and treatments.
- » Refer for evaluation when needed — pelvic floor therapy, urology consults or medication adjustments can help.

Engaging the Older Youth, Adolescent and Young Adult Population in Annual Well Child Visits

The Quality department at Johns Hopkins Health Plans conducts compliance audits for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program for Medicaid, which includes Priority Partners. Our results show low compliance in the 9 to 12- and 15 to 21-year-old age groups. This has been validated through our EPSDT provider education sessions.

During discussion, providers expressed challenges with getting patients within these age groups in for their annual well child visits. Findings from our EPSDT Measurement Year 2023 CAP audit revealed the lowest compliance scores were for dyslipidemia (9 to 12 years of age), dyslipidemia (18 to 21 years of age) and HIV (15 to 19 years of age). As in all EPSDT measures, all elements of the measure must be completed within a well child visit for the measure to be scored 100% compliant (screening and associated lab order with documented results).

Johns Hopkins Health Plans provides resources for helping member engagement in well care

- **Members Services Outreach**, (phone) 844-288-9593 (fax) 410-424-4030, can be contacted for member outreach, including, but not limited to, gaps in care, redetermination efforts, provider referrals as well as transportation (inbound and outbound) and updated member contact information.

- **Community Health Advocates (CHA)** are available to providers and members. For more information on the CHA program, to schedule a health presentation/webinar or to request a CHA to attend to an event, call 410-762-5284 or email dejohnson@jhhp.org.
- **Care Management** referrals can be placed for member outreach and assistance by calling 800-557-6916 or faxing 410-424-4885.

You may place a referral for any of the services above by submitting a **Member Referral form**, which can be found on the **provider website**. (For questions about this referral form, call the Provider Relations department at 888-895-4998.)

Evidence-based practice resources, for further reading:

- The Healthy People 2030 data reported for goal AH-01 to “increase the proportion of adolescents who had a preventive health care visit in the past year,” reflects a negative trend overall. Per the Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services. Healthy People 2030, the engagement of the older youth in well care is getting worse (accessed 07/09/2025, <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/adolescents/increase-proportion-adolescents-who-had-preventive-health-care-visit-past-year-ah-01/data?tab=data-table#data-table>).
- Resources available for providers include the U.S. Centers for Disease Control and Prevention (CDC), which offers a dedicated website, “Reducing Health Risks Among Youth” at <https://www.cdc.gov/youth-behavior/index.html>. The website offers links to resources addressing risk behaviors, school connectiveness, condom availability and communication.
- Other adolescent health resources:
 - » Teens Linked to Care (TLC). Link to toolkit: https://www.cdc.gov/youth-behavior/media/pdfs/2024/DASH_teens-linked-to-care_508.pdf.
 - » Condom Availability Programs (CAPs), <https://www.cdc.gov/youth-behavior/caps/index.html>.

» Communication Resources, <https://www.cdc.gov/youth-behavior/communication-resources/index.html>.

// BENEFITS AND PLAN CHANGES

Reminder: LetsGetChecked At-Home Testing Program for Johns Hopkins Health Plans Members

Johns Hopkins Health Plans is working with the vendor LetsGetChecked to help our health plan members stay up to date with their health screenings. We want to remind you that your patients may have recently received an at-home sample collection kit from us. We sent the following kits to members who have not yet completed their recommended screenings.

- **Advantage MD:** Fecal immunochemical test (FIT), kidney health + A1C and A1C ONLY kits
- **EHP:** Fecal immunochemical test (FIT), kidney health + A1C kits
- **Priority Partners:** Kidney health + A1C and A1C ONLY kits
- **USFHP:** Kidney health + A1C kits

There is no cost to the member and, if eligible, the test may have already been mailed to their home. Here is how it works:

- The kit includes everything your patient needs to collect their sample and send it to the LetsGetChecked lab.
- The lab analyzes the sample. LetsGetChecked labs are CUA approved and CAP accredited, the highest levels of accreditation.
- Both providers and their patients will receive the results via mail. Your patient will be encouraged to speak with you about their results.

We hope that by increasing the convenience of this test and addressing barriers like time and transportation, we’re providing one more way for patients to get the care they need, when they need it. We encourage you to discuss this test with your patient if they ask.

If you have any questions about this program, please contact LetsGetChecked at 800-984-9837 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. ET.

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.

// REMINDERS

Advantage MD Providers: Ask Members to Confirm Plan

When confirming coverage or scheduling appointments, please ask members to indicate the **specific** Advantage MD plan in which they are currently enrolled.

To avoid confusion, members also need to be reminded to state precisely the Advantage MD plan in which they are enrolled, and not just say “Johns Hopkins.”

Reminder for Dialysis Facilities: Submission of Form CMS-2728

To ensure timely and accurate outreach to members regarding Medicare enrollment, dialysis facilities are reminded to submit **Form CMS-2728** (End-Stage Renal Disease Medical Evidence Report).

This form is essential for determining Medicare eligibility and ensuring appropriate coordination of benefits when Medicare is expected to be the primary payer.

Please fax completed forms to 410-424-2703.

Now's the Season for Chart Requests from Advantage MD

Over the next several months, Advantage MD providers may notice an increase in requests for medical records. These requests are vital to our evaluation, auditing and compliance efforts, such as:

- **Centers for Medicare and Medicaid Services (CMS) expanded annual Medicare Advantage reviews** — including a catch-up process where CMS is auditing from dates of service in 2018 to present
- **HEDIS chart reviews** — evaluating quality of care
- **Risk adjustment chart retrievals** — currently focusing on dates of service in 2024 to present
- **Compliance and oversight audits**
- **Vendor reviews and authorization/appeals support**

We understand this may be a heavy administrative lift for your office. Advantage MD offers some ways we can support our providers to help us meet these requirements.

- Allow Advantage MD access to your EMRs (for example, through Epic Care Connect or directly to your system) to reduce chart requests.
- Use secure record-sharing methods that fit best with your office workflows.
- Collaborate with Advantage MD to determine the best options for your practice.

» Please reach out to Sarah Ahmad at SAhmad@jhhp.org for assistance.

Thank you in advance, as we are grateful for the time and effort you dedicate to supporting these audits and reviews. Our partnership is invaluable in ensuring compliance and, most importantly, the best care for Advantage MD members.

PsychArmor Supports USFHP Providers in Greater Understanding of Military Patients

Providers and support staff in the US Family Health Plan (USFHP) network seeking to transform the way they engage with USFHP members can look to **PsychArmor**. This nonprofit group is dedicated to providing free, quality education and resources to help civilians better understand, connect with and support military service members, veterans and their families.

Training programs cover topics such as military culture, the unique challenges veterans face, mental health issues like PTSD and strategies for effective communication and support. In addition, PsychArmor gives providers an option for earning continuing education credits.

Recommended **PsychArmor** Courses for USFHP Providers:

1. **15 Things Veterans Want You to Know for Healthcare Providers:** This foundational course provides insights into the military experience and how it influences health behaviors. It's designed to help providers build rapport and trust with veteran patients. The course is eligible for Continuing Education.
2. **Firearms & Suicide in the Military-Connected Community: 5 Things Medical Professionals Need to Know:** This course addresses the critical topic of suicide prevention, focusing on the role of firearms in suicide risk among military-connected individuals. It provides guidance on conducting sensitive conversations about lethal means accessibility during clinical encounters. The course is eligible for Continuing Education.
3. **Crisis Response Plan for Healthcare Providers:** This **two-part series** equips providers with tools to assess and intervene effectively in crisis situations, including strategies for managing suicidal ideation and other urgent mental health concerns. It's designed to enhance preparedness and response capabilities in clinical settings.
4. **Military Culture Informed Healthcare Series Bundle:** This bundle includes multiple modules that delve into military culture, offering strategies to enhance patient understanding and culturally informed care. It's particularly beneficial for providers new to working with military-connected individuals.

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. 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 Customer Service 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 billing missteps, we would like take this opportunity to go over proper ways to bill D-SNP plan 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 plan.
 - » 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.

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.

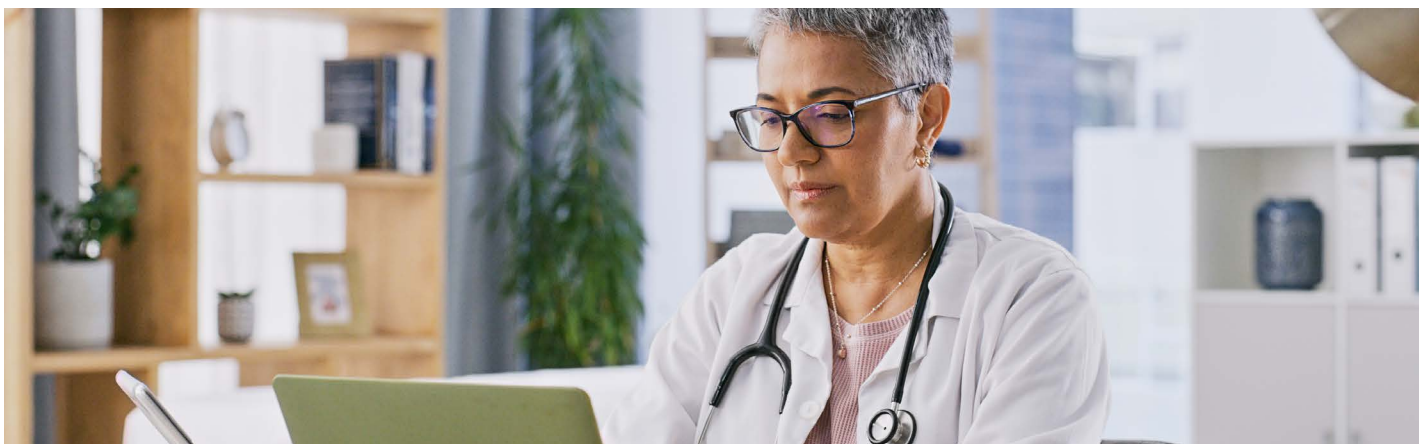
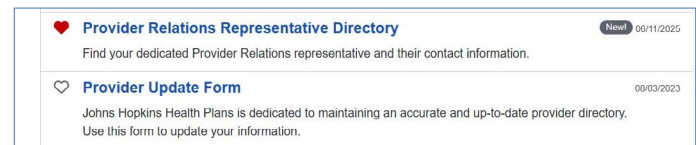
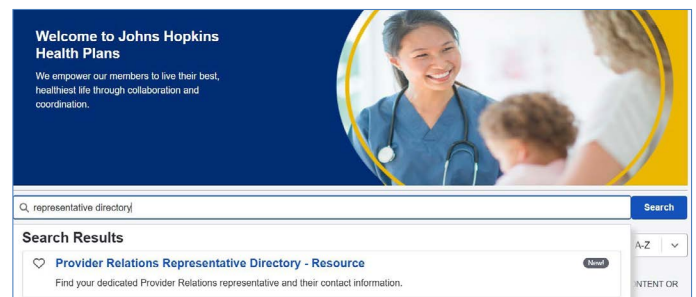
Search functions have been enhanced and now you can select from a list of keywords to narrow your search or search by active or archived transmittals.

Who's Your Provider Relations Rep? Find Out Now in Availity

Johns Hopkins Health Plans is pleased to announce the Provider Relations Representative directory can now be found in [Availity](#).

With this resource, providers can:

- Navigate to the Johns Hopkins Health Plans payer space in Availity and use the search functionality to look up "Provider Relations Representative Directory"
- Or go to the Resources tab
- You can favorite the directory for quick access later



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 410-424-2770
- Outpatient 410-462-5205
- Behavioral Health 410-424-4891

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

**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.

PRPULSE21-SUMMER 2025

Important notice:

Please distribute this information to your billing departments.

PROVIDER
pulse



JOHNS HOPKINS
HEALTH PLANS

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